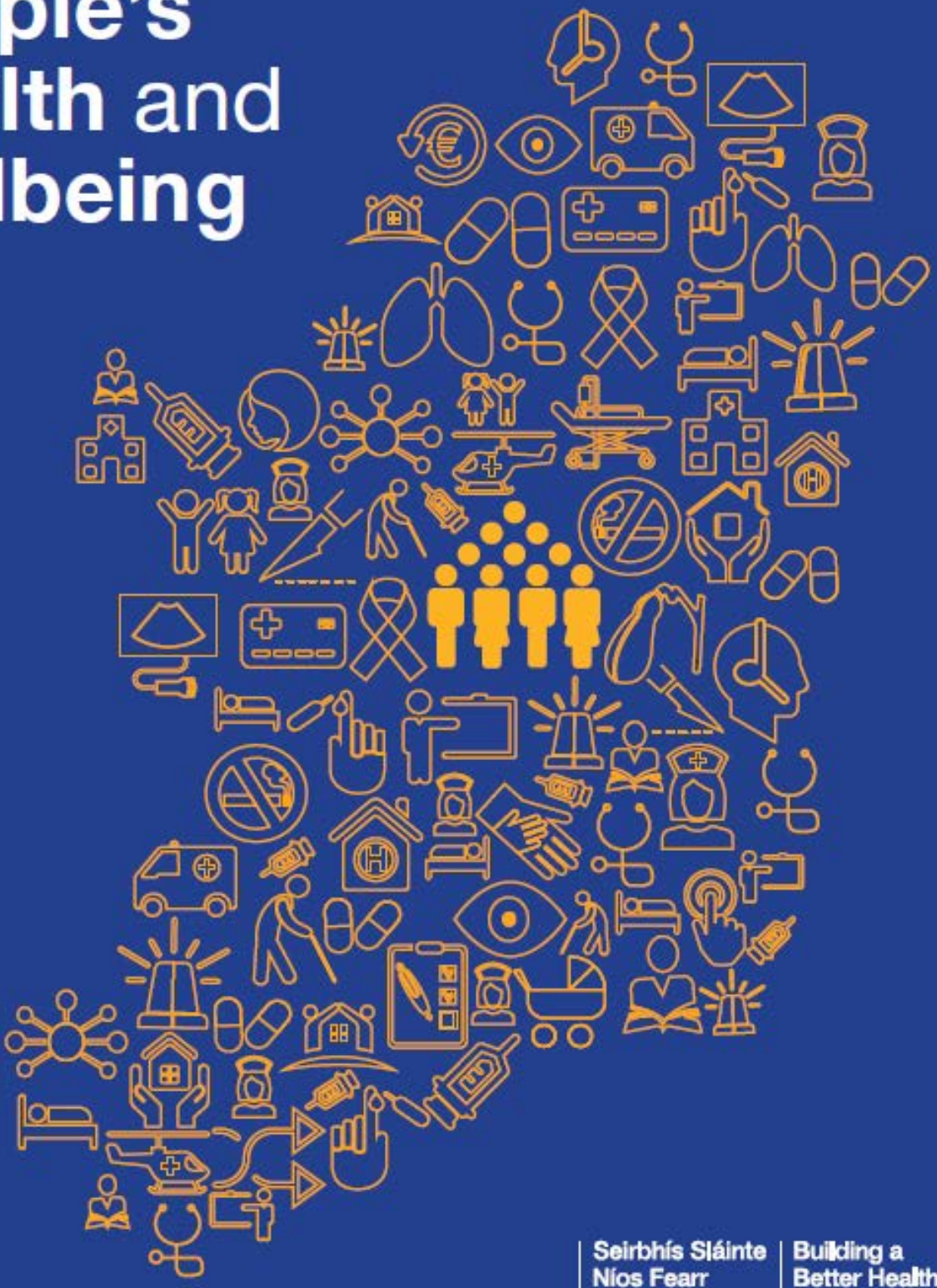
Health Service Executive

Annual Report and Financial Statements 2018

Improving People's Health and Wellbeing



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

Healthcare Activity in 2018

To be presented as info graphics fold-out on front cover of designed Annual Report

Enabling better population health and wellbeing

- 94.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine
- 92.3% of children aged 24 months received the MMR vaccine
- 10,608 smokers received intensive cessation support
- 413 healthcare professionals trained in Making Every Contact Count (MECC) brief intervention
- 3,259 people completed a structured patient education programme for diabetes
- 170,583 women had a mammogram
- 339,161 women had a smear test
- 105,416 people completed a BowelScreen FIT test
- 100,000 people participated in Diabetic RetinaScreen

Responding to infectious diseases

- 727 infectious disease outbreaks managed
- 1,116 cases of verotoxigenic E. coli (VTEC)
- 315 cases of tuberculosis
- 89 cases of meningococcal disease
- 77 cases of measles

Supporting people in primary care in the community and at home

- 96.5% newborn babies visited by a public health nurse within 72 hours
- 44,406 referrals to community intervention teams
- 1.06 million contacts with GP Out-of-Hours
- 23,471 ultrasounds provided in primary care settings
- 1,615 patients received treatment as part of the hepatitis C treatment programme
- 377 paediatric home care packages provided
- 503,329 people with GP visit cards
- 1.56 million people with medical cards
- 77.5 million items submitted as claims for payment
- €2.9 billion paid in reimbursement fees

Supporting those who are vulnerable

- 9,848 patients received opioid substitution treatment (outside of prisons)
- 9,387 members of the Traveller community received health information on type 2 diabetes and cardiovascular health

Supporting people with disabilities

- 155 people transitioned from congregated settings
- 1.6 million personal assistant hours provided
- 3.1 million home support hours provided
- 156,725 respite overnights provided
- 17,092 people attended other day services
- 93.1% new school leavers provided with day care placement

Supporting the achievement of optimal mental health

- 10,796 children / adolescents seen by child and adolescent mental health services (CAMHs)
- 203 admitted to CAMHs acute inpatient units
- 27,124 adults seen by mental health services
- 12,106 admitted to adult acute inpatient units
- 8,553 psychiatry of later life patients seen by mental health services
- 1.3 million page views for *www.yourmentalhealth.ie*

Supporting older people

- 17.13 million home support hours (excluding hours from intensive home care packages) delivered to over 53,000 people
- 250 people in receipt of intensive home care packages
- 23,305 people supported under the Nursing Homes Support Scheme
- 991 people supported through transitional care

Palliative Care Services

- 303 people on average each month supported by specialist palliative day care services

Pre-Hospital Emergency Care Services

- 480 vehicles including 269 emergency ambulances available
- 337,754 emergency ambulance calls answered
- 32,983 inter-hospital transfers undertaken

- 923 specialised unit transfers undertaken by children's ambulance, neonatal unit, National Paediatric Transport Programme and mobile intensive care service
- Over 90% patient transfer calls managed by the intermediate care service
- 451 aeromedical calls completed

Services provided within acute hospital settings

On a typical weekday…

- 1,761 inpatients discharged from hospital
- 254 elective inpatients discharged
- 1,205 emergency inpatients discharged
- 9 emergency hip fracture surgeries performed
- 10 elective laparoscopic cholecystectomies performed
- 4,349 people received day case treatment
- 13,505 people attended hospital outpatients departments
- 3,635 people attended an emergency department (ED)
- 2,347 people admitted or discharged from ED within six hours
- 2,887 people admitted or discharged from ED within nine hours
- 258 patients attended an injury unit
- 167 babies born
- 83 patients, triaged as urgent, presented to symptomatic breast clinics
- 15 patients presented to lung rapid access clinics
- 14 patients presented to prostate rapid access clinics

Contents

Part I

Part II

Appendices

Statement from the Director General

It gives me great pleasure to present the Annual Report and Financial Statements for the Health Service Executive (HSE) for 2018. The past year has seen a number of significant events which have been exciting but also challenging.

Slaintecare

The HSE has welcomed and is fully supportive of *Sláintecare* which presents a ten-year vision to transform Ireland's health and social care services. In particular, the publication of the *Sláintecare Implementation Strategy* during the year represents real progress as it provides the framework for a comprehensive reform programme which is system-wide. We now have a direction for the next ten years and the actions to be taken in the first three years of the *Sláintecare* implementation process. The focus is on establishing the building blocks for a significant shift in the way in which health and social care services are delivered in Ireland.

In addition, the membership of the *Sláintecare* Implementation Advisory Council was announced. It comprises 23 members from a range of backgrounds, including a number of clinical leaders, patient advocates and service user representatives along with a number of independent change experts from outside the health service who will bring expertise and an independent perspective. This is a critical element in the implementation of the *Sláintecare* vision with the council providing advice and support on the delivery of the *Sláintecare Implementation Strategy.*

As part of the next important step on our reform journey we are working with our colleagues in the *Sláintecare* Programme Implementation Office to develop an Action Plan which will deliver real change during 2019 as the first year of this ten-year journey, changes which are widely recognised as being essential given the changing demographic profile and the expectations around clinical governance and standards.

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, continue to increase.

New HSE Board

A key *Sláintecare* recommendation is the establishment of an independent Board for the HSE in order to strengthen governance in the health system. Under the *Health Service Executive (Governance) Bill 2018*, to be enacted in early 2019, the Board will be the governing body of the HSE and will be accountable to the Minister for Health for the performance of its functions. The CEO of the HSE will be accountable to the Board.

Priority issues for the new HSE Board will include:

- delivering effective and safe services within the resources allocated
- developing and implementing an effective performance management and accountability system in the HSE
- developing a plan for building public trust and confidence in the HSE and the wider health service
- ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the *Sláintecare Implementation Strategy*.

I welcome the announcement during the year of the appointment of Ciarán Devane as the incoming Chair of the new Board and can assure him of the full support of all staff working in the health service. We look forward to the appointment of the remaining members of the Board prior to the enactment of the legislation.

We also look forward to working with the new Board once established and, in particular to developing a three-year Corporate Plan that reflects the ambition of *Sláintecare*.

CervicalCheck Programme

The past year was extremely challenging for the health service as a result of issues which arose from the audit process in CervicalCheck, our national cervical screening programme. At the centre of this was our failure to communicate with the women involved. These women should have been informed and the HSE apologised unreservedly for our short-comings in that regard. I reiterate that apology now. Through the CervicalCheck programme over 100,000 cases of abnormal cervical cells have been detected and treated since 2008 – many of these could have developed into cancer if not detected through screening. It is essential that the public has confidence in this vital service.

In this regard, we welcomed the publication of the final report of the Scoping Inquiry by Dr Gabriel Scally and his team. I acknowledge the focus and commitment of Dr Scally and his team and the patient-centred approach that they have taken. The recommendations contained in the report are comprehensive and far ranging and we have moved swiftly to implement all 50 recommendations through an extensive implementation plan which we published and update on a monthly basis. More importantly however is the absolute requirement of our health service to learn from issues like this to ensure that we don't repeat our mistakes. During the year ahead we will continue to develop our systems of open disclosure to ensure that we inform our patients of all significant events in a timely, honest and transparent manner.

Uptake of the human papillomavirus (HPV) vaccine among girls showed a marked increase in 2018. We look forward to the extension of this vital vaccine to boys in 2019 and to the introduction of HPV screening over the next twelve months which will both aid in the eventual eradication of cervical and other cancers.

Patients, Service User and Staff Engagement

One of the great attributes of a strong and vibrant organisation is its willingness and ability to receive and act on feedback from its key stakeholders. This will help us to ensure that we truly live our values of Care, Compassion, Trust and Learning and to ensure that we develop a health service that is driven by quality and safety.

During 2018 we carried out our second annual National Patient Experience Survey which was run jointly with the Department of Health (DoH) and the Health Information and Quality Authority (HIQA). The results of this survey were encouraging and have led to hospital specific action plans to address issues raised.

We also conducted a system-wide staff engagement survey where people working in agencies across the public health system were given an opportunity to share their views and opinions on their health service. As with the views and suggestions of our service users, we will seek to ensure that we address areas of concern and also accentuate what is good in what we do.

Service Delivery

While I believe that recent annual increases in the HSE's annual budget allocation have helped us to make significant improvements in many areas of our operations, there are still significant challenges in terms of service delivery. In particular, we face challenges with waiting times for elective inpatient treatment and outpatient appointments. We must ensure that we continue to maximise efficiency in the delivery of these services. We also need to ensure that we are delivering services as close as possible to patients, with a focus on removing our over-reliance on hospital-based service delivery through the development of appropriate community-based services delivered within the Community Health Network. A properly resourced capital building and equipment replacement programme will help to deliver services that are both accessible and safe.

Following the Referendum in May 2018, extensive planning and engagement took place to prepare for the introduction of a safe, high quality termination of pregnancy service. A contract was agreed to allow general practitioners (GPs) to provide terminations at nine weeks of pregnancy and under in a primary care setting. The hospital based service commenced in nine hospitals, increasing to ten in early 2019.

Brexit

The possibility that the United Kingdom will depart from the European Union (EU) without an agreement continues to be a possibility. This has potentially significant implications for this country and particularly for the delivery of health services. In this regard, I was pleased to see the level of inter-agency co-operation across the health sector in the contingency planning process. I am confident that we will have the necessary arrangements in place to ensure the continuity of services for those we serve.

Thank you

In conclusion, I wish to express my gratitude to all staff working in the HSE, across our Community Healthcare Organisations (CHOs), Hospital Groups, Ambulance Service and National Services. I also wish to give my thanks to all the members of the Directorate, Leadership Team and our Risk, Audit and other Committees. Your commitment, professionalism and dedication are vital to ensuring that we strive to provide the health service that our population deserves.

Anne O'Connor
Director General
Health Service Executive

Our Health Service

Our Corporate Plan

Under the *Health Act 2004* (as amended), the HSE is required to submit a Corporate Plan every three years, specifying the key objectives of the HSE for the period concerned. The most recent *Corporate Plan 2015-2017* concluded at the end of 2017 and in anticipation of the *Sláintecare Implementation Strategy*, it was agreed that a one-year update to the *Corporate Plan* would be developed.

This update builds on the strategic direction outlined in the *Corporate Plan 2015-2017* and reflects additional strategic elements including those priorities described in the *National Service Plan 2018*.

The Corporate Goals and Objectives 2018 sets out how we aim to improve our health service. Our aim is to develop a first-rate service, available to people where and when they need it and 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.

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

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

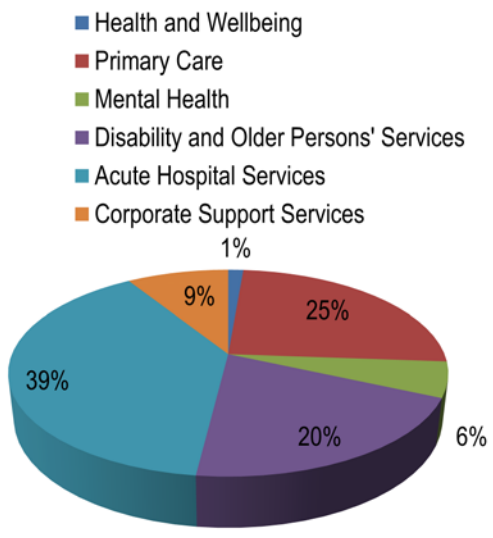
Over the following pages, both achievements and challenges in 2018 are outlined.

Our Organisation

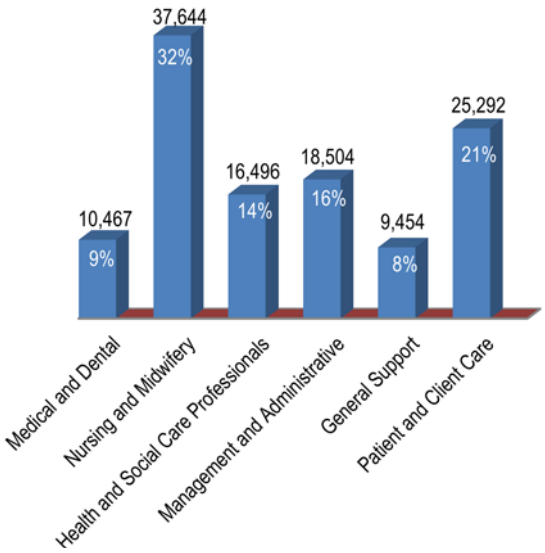
Data to be presented as infographics in designed Annual Report

- €6.3 billion gross expenditure on acute hospital services
- €4.0 billion gross expenditure on primary care
- €3.3 billion gross expenditure on disability and older persons' services
- €0.9 billion gross expenditure on mental health
- 117,857 whole time equivalents (WTEs) employed
- 3,560 increase in overall staffing levels since 2017
- 346 increase in medical / dental staff since 2017
- 867 increase in nursing and midwifery staff since 2017
- 4.6% annual absence rate

Breakdown of Expenditure 2018



Staff Distribution December 2018



Our Organisation

This Annual Report describes what was accomplished in 2018 to meet the priorities set out in our *National Service Plan 2018.* 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.*

In 2018, the Directorate had collective responsibility as the governing body of the HSE and the authority to perform the functions of the Executive. It was accountable to the Minister for the performance of these functions. The Director General, as Chairman of the Directorate, accounted on behalf of the Directorate to the Minister and was 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 Part II Financial Governance of this Annual Report and also an organisation structure as at 31/12/18 in Appendix 2.

Under the *Health Act 2004*, the HSE is required to have in place a Code of Governance, which was updated in 2015 to set out the principles and practices associated with good governance. The Statement on Internal Control in Part II Financial Governance of this Annual Report reflects our compliance with the requirements of the *Code of Practice for the Governance of State Bodies 2016*.

The enactment of the *Health Service Executive (Governance) Bill 2018* will provide for the re-establishment of a HSE Board in 2019 to strengthen independent oversight and performance of the HSE, with the Chair of the Board selected in 2018. The establishment of the Board is an important step in improving governance arrangements and is a priority in the implementation of *Sláintecare*. The HSE Executive will work proactively with the new Chair and the new Board to ensure it can work effectively as well as responding efficiently and productively to a range of new governance requirements stemming from these new arrangements.

Improving Communication

Thirty-nine healthcare staff completed the HSE Irish Sign Language (ISL) Programme this year. Knowledge of ISL assists communication and good customer and patient care support, helping to break down barriers that may be experienced by deaf employees and service users.

Our Workforce

We are committed to putting people at the heart of everything we do, delivering high quality healthcare to our patients, service users, communities and the wider population. The *Health Services People Strategy 2015-2018*, recognising the vital role of staff at all levels of our organisation, was developed and implemented to engage, develop, value and support our workforce in addressing the many challenges in delivering health and personal social services. An updated strategy is in development, to further build on this work.

Staff engagement

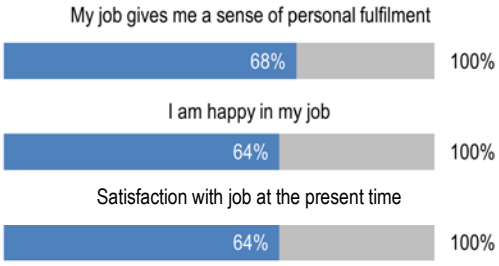
- Staff feedback is an important method of identifying opportunities for improvement and one way to do this is through the National Staff Survey, conducted every two years to assess current staff opinions. In 2018, 15% of staff participated in the survey with the majority of responses showing improvements since the last survey was conducted, an indication that the policies being implemented (*Health Services People Strategy 2015-2018*, *Dignity at Work Policy for the Health Service*, Leadership training, etc.) are having a positive effect. Key findings (some of which can be seen on the following page) will be used to further improve the working lives of staff, leading to better services for healthcare users and better care for patients.
- The National Staff Engagement Forum met five times during the year. The forum promotes staff engagement, encouraging staff to have a strong sense of connection to the organisation.

Recruitment and retention

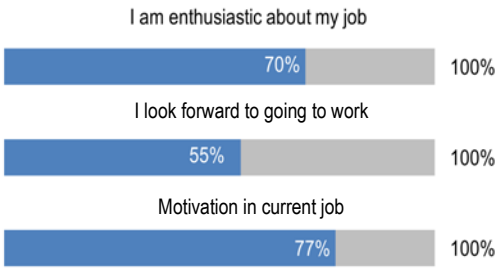
- A recruitment awareness campaign was run at the beginning of the year to which a total of 2,914 individuals responded from Ireland and abroad. The campaign demonstrated the benefits and reach of a social and digital media approach in creating recruitment awareness.
- A new national *Strategy for Doctors' Health and Wellbeing 2018-2021* was announced, outlining standards to apply from the first day in medical school up to and including retirement, and addressing the unique challenges at every stage of a doctor's working life.
- A Medical Careers Day was held in Dublin Castle, organised by the National Doctor Training Programme (NDTP). The event featured speakers from twenty different medical specialties including emergency medicine, surgery, general practice, and obstetrics and gynaecology, and allowed future doctors the opportunity to speak to specialists as well as getting advice from current doctors about their career choices and learning experiences.

Findings from the National Staff Survey 2018

Job Satisfaction

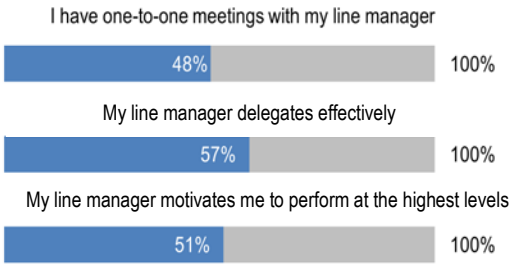


Job Motivation

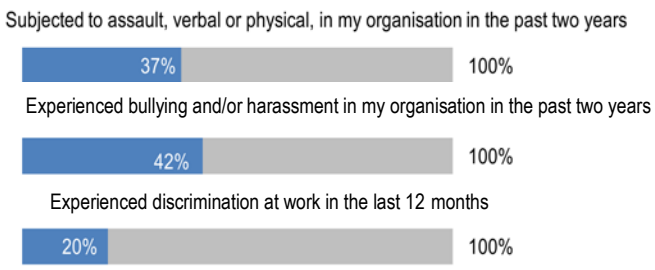


Job Optimism

Relationship with Line Manager



Dignity at Work



Pictured at the first Multicultural Celebration Day to be held at University Hospital Limerick are Kayla Lingat and Dr Abrar Haier. UL Hospitals Group has over 300 employees from 50 different countries including the Philippines, Brazil, South Africa, Poland, the UK, Sudan and Pakistan.

- The *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* was launched. The framework, which focuses on delivering positive patient outcomes and creating a healthier and more attractive work environment for staff, has been piloted with work on-going on its full implementation.
- A number of Health Service Career Days were co-ordinated in collaboration with designated secondary schools, as part of the DEIS schools initiative, to highlight potential career opportunities in the health service. The career days also afforded transition year students, who may be disadvantaged due to socioeconomic factors, the opportunity to access social or professional contacts offering practical career advice.

Training and development

- The first cohort of staff who participated in the Health Service Leadership Academy programmes have completed their study programme and have graduated. Feedback has been extremely positive, with six further cohorts underway comprising 330 participants.
- A pilot programme, delivered in close collaboration and partnership with the Leinster Institute of Professional Development (LIPD), is enabling healthcare support workers to train as healthcare assistants. Directors of Nursing in South Tipperary General Hospital and St. Patrick's Hospital, Cashel have worked closely with the LIPD to ensure the course is highly practical and is applicable and transferable to both the acute and community setting.

Nursing and Midwifery

Our nurses and midwives make up approximately one third of the health service workforce and are at the frontline in ensuring service delivery that reflects our organisational values of Care, Compassion, Trust and Learning.

A number of initiatives were developed and progressed during the year to support nursing and midwifery services in meeting the health and wellbeing needs of the population.

- *Shaping the Future of Intellectual Disability Nursing in Ireland* was launched. The report, which was developed in conjunction with the Office of Nursing and Midwifery Services and with services, sets out a clear direction for the future role of intellectual disability nursing ensuring the best possible health and social care is delivered to people with an intellectual disability.
- A *Guiding Framework for the Development of Registered Advanced Nurse Practitioners – Acute Medicine* was published. Its aim is to ensure that all acute medical patients have a better patient experience with improved communication, receiving safe, quality care with timely diagnosis and correct treatment in an appropriate environment.
- Guidelines and policies were produced on a number of practice development initiatives including:
  - HSE National Wound Management Guidelines.
  - National nurse and midwife medicinal product prescribing policy.
- Quality Care-Metrics are quantifiable measures that capture the quality of the nursing and midwifery care process in relation to agreed evidence-based standards. A national research study was completed during the year to identify the important areas of nursing and midwifery care that should be measured, reflecting on the processes by which we provide care, and the values underpinning practice. The research resulted in a suite of seven reports that outline a suite of metrics and indicators for the following areas: acute care, older persons, mental health, intellectual disability, midwifery, children's and public health nursing.
- The Caring Behaviours Assurance System – Ireland (CBAS-I), an evidence-based system for assuring the delivery of safe care, was extended to the UL Hospitals Group in 2018.
- The Digital Professional Development Planning Framework was launched to enable nurses and midwives to identify short and long term professional goals for the benefit of themselves, their service users and the organisations in which they work.
- The evaluation report on the implementation of electronic rostering into Letterkenny University Hospital was launched, the findings of which will be used to guide the roll-out of eRostering to other hospitals throughout the country. The eRostering system is used to create and manage staff rosters, align rosters with service demands, record staff attendance and report compliance with employment law.
- Education and training:
  - 605 nurses / midwives were supported to undertake leadership training.
  - 16,000 staff accessed the Clinical Leadership Competency on-line resource.
  - 1,183 nurses or midwives have authority to prescribe medicines.
  - 386 nurses or midwives have authority to prescribe ionising radiation (x-ray).
  - 1,500 nurses and midwives were sponsored to undertake postgraduate education programmes.
  - 3,622 continuing education programmes were provided to 37,893 nurses, midwives and healthcare assistants through the centres of nursing and midwifery education.

- A training programme was rolled out for Health and Social Care Professionals (HSCPs) to equip HSCP supervisors with the knowledge, skills and attitudes necessary for the effective engagement in and delivery of professional supervision as part of their role. More than 25 professions were eligible to apply for the programme.
- Changing Gears is a course designed to help workers aged 50 years and older plan their goals for the next ten years. It also aims to help staff in facing change and challenges both in their workplaces and in their personal lives. Three-day Changing Gears programmes were facilitated with the support of the Calouste Gulbenkian Foundation as part of their Transitions in Later Life programme.

Employment levels

The health service is the largest employer in the state with 117,857 whole-time equivalents (WTEs) employed by the HSE and section 38 agencies, at 31st December 2018. Since 2017, overall staffing levels have increased by 3.1% or 3,560 WTEs. All staff categories showed growth in 2018 compared with 2017. The largest growth was seen in patient and client care (1,011 WTEs), including ambulance staff, followed by nursing and midwifery (867 WTEs) which is the largest staff category and continues to constitute around one-third of the health workforce. Medical and dental staffing rose by 346 WTEs.

Table 1: WTEs by staff grouping

Staff grouping	WTE Dec 2017	WTE Dec 2018
Medical and dental	10,121	10,467
Nursing and midwifery	36,777	37,644
Health and social care professionals	15,950	16,496
Management and administrative	17,714	18,504
General support	9,454	9,454
Patient and client care	24,281	25,292
Total Health Service	114,297	117,857

Data source: Health Service Personnel Census
Note: Difference in 2017 WTEs against that shown in Annual Report 2017 is due to the inclusion of home helps in the reporting

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 and social care workers. As of end December 2018, there was:

- 84% compliance with the 48 hour average working week (1% increase on December 2017).
- 97% did not work more than 24 hours on-site on call (0% increase on December 2017).
- 98% received 11 hour daily rest breaks or equivalent compensatory rest (0% increase on December 2017).
- 98% compliance with 30 minute breaks (1% decrease on December 2017).
- 99% compliance with weekly / fortnightly rest or equivalent compensatory rest (0% increase on December 2017).

Pay and Staffing Strategy and Funded Workforce Plans

The 2018 Pay and Staffing Strategy was a continuation of the 2017 strategy, central to which is compliance with allocated pay expenditure budgets. These budgets are set out at different levels within the organisation through annual funded workforce plans and are robustly monitored, managed and controlled.

This process was further enhanced in the last quarter of the year in line with the *Performance and Accountability Framework*. An integrated approach, supported by National HR and Finance, focused on the aim to reduce and / or control pay costs and implement cost containment plans, in addition to maximising the performance and productivity of the health workforce.

Storm Emma

During Storm Emma, healthcare staff clearly demonstrated that care for our patients and service users is at the heart of everything we do. Key services were able to continue due to the dedication of those who found ways of getting to and staying at work. Additional information on the impact of Storm Emma can be found throughout this Annual Report.

Pictured above: Staff at Our Lady's Hospital, Crumlin, during Storm Emma

Finance

The total HSE expenditure in 2018 was €16.1 billion (bn) for the delivery and contracting of health and personal social services.

Total capital expenditure in 2018 was €528 million (m) including €468.4m for capital projects and €59.6m for ICT capital projects. This included capital grants to voluntary agencies of €180.3m. Further information on capital and ICT infrastructure developments can be found on pages 110-113.

Payroll

The overall pay bill of the health service, excluding voluntary service providers and superannuation, increased by €224m (4.8%) in 2018 to a total of €4.9bn. Basic pay increased by €204m (6.0%) and other allowances increased by €30m (5.3%).

Governance arrangements with the non-statutory sector

The HSE provided funding of €4.3bn to non-statutory agencies to deliver health and personal social services:

- Acute voluntary hospitals €2.239bn (52%).
- Non-acute agencies €2.044bn (48%).

Over 2,150 agencies were funded, with over 4,800 separate funding arrangements in place. Nine agencies accounted for over 50% of the funding.

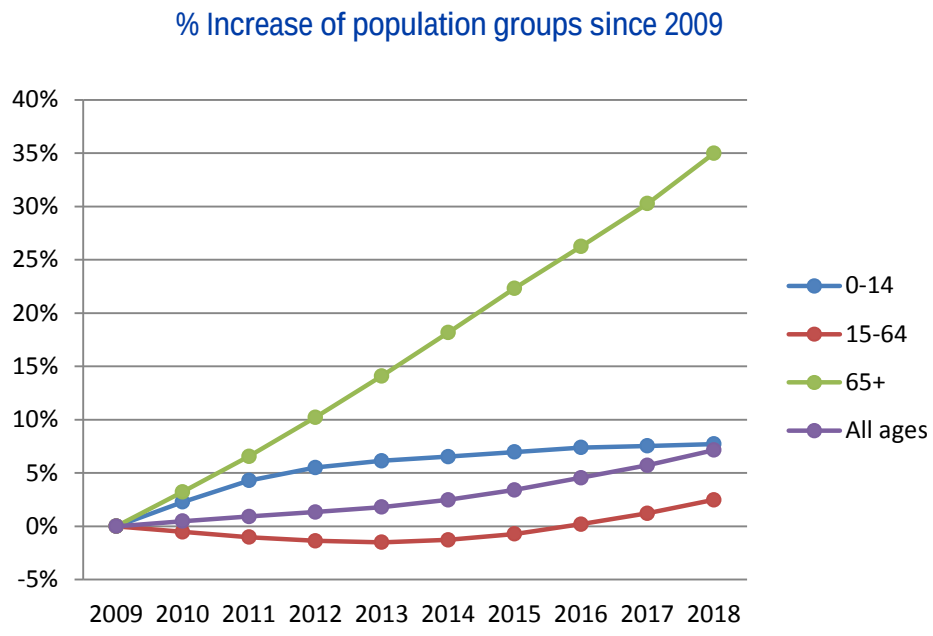
Work continued to enhance governance arrangements with section 38 and section 39 funded agencies. In particular:

- Governance documentation for 2018 was again made available to the operational system from the beginning of the previous November, with a substantial number of Service Arrangements and Grant Aid Agreements being completed and signed by agencies before the end of February.
- Briefing sessions on the governance framework for both HSE staff and staff from agencies were held in all CHOs during November and December.
- The Annual Compliance Statement process continued, which requires all section 38 and section 39 agencies (which are funded by more than €3m annually) to submit a statement annually to the HSE confirming their compliance with good governance practice in the previous year. The Annual Compliance Statement process covers approximately 93% of the funding released to section 38 and section 39 agencies. These statements were reviewed and matters requiring further clarification were addressed with the agencies concerned.
- The review of governance at Board and Executive level in section 38 agencies made good progress with a further 18 reviews finalised in 2018 and 22 reviews completed to date.
- Preliminary work on the establishment of Contract Management Support Units (CMSUs) was concluded in 2018 and four pilot CMSUs will be established in 2019.

Our Population

Placeholder for infographics

- Over 4.8m people live in Ireland
- 64,500 increase in population since 2017
- 13.3% of population are aged 65 years and over
- Approximately 25% of population are children aged between 0 and 17 years
- 85% of people perceive their health to be very good or good
- Over 1 million ex-smokers in Ireland
- Life expectancy: women 83.6 years, men 79.9 years



Data source: *Health in Ireland – Key Trends 2018*, DoH
Note: Data for 2017 and 2018 is preliminary

Our Population

Over 4.8m people live in Ireland (Central Statistics Office (CSO), 2018). There was an overall increase of 64,500 people from April 2017 to April 2018, the largest annual increase since 2008.

The population in 2018 has grown by an estimated 2% since the 2016 Census. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups. Latest population projections released by the CSO indicate that this population growth is set to continue for at least the next two decades. Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.64m by 2038 with more than one in five people expected to be aged 65 years or over. Notwithstanding this growth in the older population, in 2016 approximately a quarter of our population are children aged 0-17 years.

Ageing population

The number of people aged 65 years and over has increased in the period between 2011 and 2016 Census from 11.6% to 13.3% and by 35% since 2009, which is considerably higher than the EU average of 16% over the same period.

It is projected that the number of people aged 65 years and over will increase by 21,969 (3.3%) in 2019 and 23,327 (3.3%) in 2020. Similarly, the number of adults aged 85 years and over will increase by 3,116 (4.3%) in 2019 and by 3,369 (4.5%) in 2020. This continuing growth is due mainly to medical innovations, enhanced treatments and improved lifestyles. Living longer however brings with it challenges such as chronic disease, social isolation, disabilities and cognitive loss which have major implications for the future planning and provision of health services.

Birth rates

There were 62,053 births in 2017 and live birth numbers are gradually decreasing year on year with a 2.9% decrease between 2016 and 2017. This is mainly due to the decline in recent years of the number of women in child-bearing age groups and will in turn result in a steady reduction in the number of births over the coming decade. Despite reductions in the number of births in recent years, the fertility rate in Ireland, at 1.82%, remains the third highest in the EU, behind France and Sweden.

Life expectancy and health of the population

Life expectancy in Ireland is now above the EU average having increased by almost two and a half years since 2005 with women living to 83.6 years and men to 79.9 years. The greatest gains in life expectancy however have been achieved in the older age groups, showing lower mortality rates from conditions such as heart disease and cancer. People living longer show that we are managing to prevent and treat diseases more effectively. Mortality rates from circulatory system diseases decreased by 31.5% between 2008 and 2017, and cancer death rates decreased by 11.3% over the same period. Transport accident mortality rates have fallen by 44.5% in the past decade (*Health in Ireland – Key Trends 2018,* DoH). Suicide rates have decreased by 5.5% between 2005 and 2014 (CSO 2018).

Survival rates from breast, cervical, colon and rectal cancer have improved in the last 15 years. However, with the exception of rectal cancer, the five year survival rates between 2000 and 2004 and between 2010 and 2014 are lower in Ireland than the average for Organisation of Economic Co-operation and Development (OECD) countries.

Chronic disease

The three most common chronic diseases are cancer, cardiovascular disease and respiratory disease and these give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases (based on analysis of *The Irish Longitudinal Study on Ageing (TILDA), wave1, 2017* and *Quarterly National Household Survey, special module on health, 2010*). As people age however, chronic conditions become more prevalent. The number of people aged 50 years and over, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.09m in 2030 (based on analysis of TILDA data, 2018).

Multi-morbidity is common in older people with 45.3% of adults aged 65 years and over affected by arthritis, 44.4% by high blood pressure, 11.8% by diabetes and 3.7% by stroke (TILDA wave 3, 2014-2015).

Marginalised Groups

Ethnic and minority groups within our population include Travellers (30,987, CSO, 2016), asylum seekers (5,670 pending applications, Irish Refugee Council, 2017) and those who are homeless (6,194 adults and 3,559 children, Department of Housing Planning and Local Government, 2018).Evidence indicates higher morbidity and mortality amongst these groups including poor mental health.

Lifestyle Risk Factors

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, obesity and unhealthy eating, all of which have the potential to jeopardise many of the health gains achieved over the past decade. The HSE is sustaining its focus on prevention and promotion through a wide variety of campaigns and interventions to address lifestyle risk factors.

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.

Findings from a number of analyses and surveys, published in 2018 can be seen over the next few pages. The aim of these is to support and inform future policy and planning in the health service.

What the 2018 surveys told us

Healthy Ireland

Healthy Ireland Survey 2018, Summary of Findings was launched. As part of the *Healthy Ireland* Framework, this is an annual face to face survey commissioned by the DoH and conducted by the Market Research Bureau of Ireland (MRBI). The survey of over 7,500 people aged 15 and over living in Ireland, gives an up-to-date picture of the health of the nation and reports on many lifestyle behaviours.

- 20% of the population are current smokers. 17% smoke daily and 3% smoke occasionally.
- Of all those who have smoked in the past 12 months, 9% have successfully quit during this time.
- 37% of drinkers report binge drinking.
- Those aged between 25 and 44 years are most likely to drink alcohol; 84% of those aged between 25 and 34 years and 82% of those aged between 35 and 44 years drink alcohol.
- Drinkers from more disadvantaged areas are more likely to binge drink (43%) than those from more affluent areas (33%).
- Of the five unhealthy food types measured (sweets, cakes and biscuits, salted snacks, pastries and takeaways), 34% of people consume at least one of these daily and 91% consume at least one of these weekly.
- 37% of the population reported that they consume at least five portions of fruit and vegetables daily, including juices.
- 85% perceive their health to be very good or good with 3% perceiving their health to be very bad or bad.

Source: Department of Health. Healthy Ireland Survey 2018: Summary of Findings (prepared by Ipsos MRBI).

Harm from others' drinking

The Untold Story: Harms experienced in the Irish population due to others' drinking report was launched in 2018, setting out findings on the harms experienced as a result of other people's drinking in the Republic of Ireland. The report is based on findings from the first dedicated Irish survey on alcohol harm to others, known as AH20.

The report found that:

- One in six carers (16%) reported that children, for whom they had parental responsibility, experienced harm because of someone else's drinking.
- One in every two people (51%) reported experiencing harm due to strangers' drinking in the past 12 months.
- Three in every five people (61%) reported having a known heavy drinker in their life.
- One in seven workers (14%) reported work-related problems due to co-workers' drinking.
- The total estimated cost of AH20 as assessed in this survey was €862.75m.

Harms that are prominent throughout the report include: feeling unsafe, being harassed or insulted verbally, physical harassment, stress, having less money for household expenses, sleep disturbances, being a passenger with a drunk driver, ruined belongings and having to leave home for safety reasons.

The report also found that: women carry the burden of alcohol's harm to others in the home; men carry the burden of alcohol's harm to others in the workplace and younger adults are at greater risk of harm from others.

Source: Hope A, Barry J and Byrne S. (2018) The untold story: Harms experienced in the Irish population due to others' drinking. Health Service Executive.

Findings from these surveys are being incorporated into how we plan and deliver our services – further results of which can be seen throughout this Annual Report

Youth Smoking

Youth Smoking in Ireland: A special analysis of the Health Behaviour in School-aged Children (HBSC) study was published. The aim of the study was to better inform tobacco control policy and planning in Ireland to tackle smoking among children and young people through describing smoking behaviour, relationship with health, wellbeing and life experience and the impact of current control measures. Findings are set out below.

Health and wellbeing of school children who smoke:

- Poorer self-reported health
- Poorer self-reported happiness with life
- More health complaints experienced with
  - 1 in 2 experiencing irritability / bad temper
  - 1 in 3 reporting feeling low
  - 1 in 3 reporting difficulties in getting to sleep
- More likely to dislike school
- More difficult relationships with teachers
- More difficult relationships with family and friends.

Access to cigarettes and packaging:

- Smokers find it easy to purchase cigarettes for themselves, or to get somebody to purchase cigarettes for them
- Half of smokers have read warnings on cigarette packs
- One in ten smokers reported not having a cigarette because of a warning, compared to one in two non-smokers.

Source: Evans D, O'Farrell A, Sheridan A and Kavanagh P. Youth Smoking in Ireland: A special analysis of the Health Behaviour in School-aged Children (HBSC) study. Report prepared on behalf of Health and Wellbeing Tobacco Free Ireland Programme, Health Service Executive, 2018.

Adult Smoking

Adult Smoking in Ireland: A Special Analysis of the Healthy Ireland Survey and The Irish Longitudinal Study on Ageing (TILDA) was published. The aim of this study was to undertake an analysis of smoking patterns among adults in Ireland, and to document the effects of smoking on their health and wellbeing. Findings are set out below.

Health and wellbeing profile of those who ever smoked:

- Poorer self-reported health, both physical and mental
- Living with more smoking-related health conditions
- More limited daily activities
- More likely to use health services.

Current smoking prevalence:

- Males 24%, Females 21%
- Highest among those aged 25-34 years
- 864,000 current smokers in Ireland
- 1,050,000 ex-smokers in Ireland.

Source: Sheridan A, O'Farrell A, Evans D.S., and Kavanagh P. Adult Smoking in Ireland: A Special Analysis of the Healthy Ireland Survey and the Irish Longitudinal Study on Ageing (TILDA). Report prepared on behalf of Health and Wellbeing Tobacco Free Ireland Programme, Health Service Executive, 2018.

Findings from these surveys are being incorporated into how we plan and deliver our services – further results of which can be seen throughout this Annual Report

Positive Ageing

Positive Ageing in Age Friendly Cities and Counties, Local Indicators for Ireland – Findings from the HaPAI survey was launched, presenting the findings from a random sample survey carried out with more than 10,000 older people on a county by county basis in 21 different local authority areas.

Key findings from the survey indicated that:

- 70% rated their health as good or very good, but only 32% were free of chronic conditions
- 18% of participants are smokers
- 24% reported consuming alcohol at least weekly
- 32% stated they never drink alcohol
- 65% of those aged 65 years and older were vaccinated against the flu
- 51% of all survey respondents do at least 150 minutes of moderate physical activity every week
- 21% of those aged 55 years and older had difficulty accessing local health services with 7% reporting these services as not being available.

Source: Gibney S, Ward M, Shannon S, Moore T and Moran N. Positive ageing in age friendly cities and counties: local indicators report: Department of Health, 2018.

Findings from these surveys are being incorporated into how we plan and deliver our services – further results of which can be seen throughout this Annual Report

Listening to our Service Users

Listening to the views, concerns and experiences of patients is vital in ensuring we provide high quality care. We continually engage with patients and service users to ensure their needs are at the centre of service delivery. A number of areas were progressed during the year to promote patient and service user involvement across our health service.

National Patient Experience Survey

All patients aged 16 and over, discharged in May, who spent 24 hours or more in one of the forty participating hospitals and had a postal address in the Republic of Ireland were asked during the year to complete the National Patient Experience Survey, a nationwide survey asking people for feedback about their stay in hospital. The survey, which first launched in 2017, asked patients about their experiences of hospital care in order to find out what is working well in our health service, and what needs to be improved.

Over 13,000 people participated, a strong response rate of over 50%. Key findings included:

- 84% of respondents said that they were always treated with respect and dignity while in hospital, with 16% reporting a fair to poor experience.

"I was treated with the utmost level of respect, caring and professionalism by a dedicated and efficient staff over all disciplines"

"Consultant made time to explain my condition and aftercare"

Pictured above: Deirdre King De Montano, Business Manager, Clinical Director's Office; Miriam McCarthy, PALS Manager; and Barbara Meaney, Staff Officer, Peri-operative Services encouraging all staff to check out the results of the National Patient Experience Survey.

National Patient Experience Survey 2018

	What you told us	What we have done
Admission to hospital 	• The average patient rating for the admissions stage of care was 7.9 out of 10. • 81% of respondents said that they were always treated with respect and dignity in the emergency department (ED). • 31% of people said that they were admitted to a ward within the HSE's target waiting time of six hours, with 3% saying that they waited 48 hours or more before being admitted to a ward.	• Quality improvements projects were put in place across all Hospital Groups with the aim of improving patient experience of ED services. ED teams across all hospitals have reviewed patient suggestions for improvements to inform their quality improvement priorities at local level. • In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED will be provided by Quality Improvement in collaboration with the Emergency Medicine Programme.
Care on the Ward 	• The average patient rating for care on the ward was 8.3 out of 10. • 27% of people said that the food they received in hospital was poor or fair. • 96% of people said that the hospital room or ward that they were in was very clean or fairly clean.	• A thorough review of the survey's 2018 findings on food related questions has been conducted by the Clinical Lead for Hospital Nutrition, who has also aided in the dissemination of results to catering managers nationally. This feedback will be used to prioritise key areas for improvement at both a national and local hospital level, including the development of the National Food and Nutrition Policy.
Examinations, diagnosis and treatment 	• The average rating for examinations, diagnosis and treatment was 8.2 out of 10. • 40% of people said that they did not always have enough time to discuss their care and treatment with a doctor. • 85% of people said that they were always given enough privacy when being examined or treated.	• A National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. • This work was significantly advanced in 2018 with the introduction of the National Communications Programme, delivering a training programme to staff across acute hospital services.
Discharge or Transfer 	• The average rating for discharge or transfer was 6.9 out of 10. • 38% of people (3,442) said that they were not adequately informed about the side effects of medication to watch for when they went home. • 71% of people (7,329) said that the purpose of medications they were to take at home was completely explained to them.	• The HSE has developed a roadmap in consultation with over 3,000 patients, service users and members of the public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2018 and 2019 will see an enhanced directory of services available on-line and a more patient-centred approach to how we communicate the health information our patients need on-line.

- 97% of those who had important questions to ask said that nurses on the ward answered questions in a manner that they could understand.
- 82% had confidence and trust in the hospital staff that treated them.

"The attention of doctors and especially nursing staff was excellent"

In general, improvements were seen over the findings from the previous year's survey reflecting the significant efforts made by acute hospitals to address the issues highlighted in 2017. It is clear that most of the patients who completed the survey had positive experiences of acute healthcare; however, some did not. By sharing these experiences, patients help identify the areas where improvements have been made and still are needed.

"Emergency department was very busy – I had to sleep on a very uncomfortable bed in a very busy environment"

Listening, Responding and Improving – the HSE response to the findings of the National Patient Experience Survey details the actions in place to address patient concerns. Response to the survey is being co-ordinated through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and Hospital Groups.

Patient and Family Engagement

The National Patient Representative Panel has participated in a number of focus, steering and working groups, and has provided input into a wide range of programmes and projects. Examples of this engagement include:

- Providing guidance and advice on the implementation of the *Hello my Name is* initiative in CHOs and hospitals and promoting the *What Matters to You* initiative as a way of providing care that is more compassionate and person-centred
- Consultation on the development of a Patient Safety Strategy
- Participation in the oversight group for the national acute floor implementation to ensure joined-up care on admission to ED
- Consultation on the development of guidance for communication of critical laboratory results in the community
- Recruitment of 18 patient representatives to sit on a number of national electronic health record (EHR) project groups
- Participation in the HIQA eHealth Standards Advisory Group
- Participation in the Cross-Border Healthcare Intervention Trials in Ireland Network
- Membership of the HSE Drugs Committee
- Participation in a focus group for MedLIS, the national medical laboratory information system

As well as the National Patient Experience Survey, findings from a number of additional surveys as outlined on pages 18-20 were examined during the year to see how they might inform improvements in our health service. Such surveys included:

- *Healthy Ireland Survey 2018, Summary of Findings.*
- *The Untold Story: Harms experienced in the Irish population due to others' drinking.*
- *Youth Smoking in Ireland: A special analysis of the Health Behaviour in School-aged Children (HBSC) study.*
- *Adult Smoking in Ireland: A special analysis of the Healthy Ireland Survey and the Irish Longitudinal Study on Ageing (TILDA).*
- *Positive Ageing in Age Friendly Cities and Counties, Local Indicators for Ireland – Findings from the HaPAI survey.*

- Participation in the working group for the HSE National Volunteer Policy
- Consultation on the *Review of Hospital Car Parking Charges* to lay a foundation for establishing clear guidance and principles for hospitals
- Consultation on proposed guidelines and allowances for post-mastectomy products, wigs and hairpieces for cancer patients
- Membership on the judging panel for the National Health and Social Care Professions Innovation and Best Practice Awards 2018
- Attendance at Public and Patient Involvement (PPI) Ignite at NUI Galway, focused on working with researchers to guide and influence research
- Attendance at a joint facilitated workshop with HSE staff for the Future Leaders Programme.

Outside of the work of the National Patient Representative Panel, a number of other service user engagements took place including a public meeting for survivors of childhood cancer, organised by CanCare4Living and the Boyne Research Institute with support from the National Cancer Control Programme (NCCP). The event was attended by survivors of childhood and adolescent cancer, their families and friends as well as health care professionals, researchers and advocacy groups, to share information and news of best practice in the care of childhood cancer survivors across Europe. The NCCP are working on a range of projects to improve the experience and care for cancer survivors.

A workshop was also held to gather the views of stakeholders, including groups such as Pavee Point, Cuidiú and Cairde, on what the antenatal education standards should include to support improvements in the quality of antenatal education and the health and wellbeing of babies, pregnant women and their partners throughout the antenatal and postnatal periods.

Information on other service user engagement initiatives can be seen throughout the sections that follow including development of plans for effective participation in decision-making and for end-of-life care, mental health engagement, and events organised by service users.

"Not enough staff to take the time to talk to the patients"

Pictured above at the 'Survivorship after childhood cancer' event: Sarah Quigley, Patient advocate, Aoife Moggan, Patient advocate, Dr Larry Bacon, St James' Hospital; Dr Peter Barrett, NCCP, Louise Mullen, NCCP, Dr Heleen van der Pal, Princess Maxima Centre, Netherlands, Dr Julianne Byrne, Boyne Research Institute and Patricia McColgan, CanCare4Living.

Patient representative

A prostate cancer survivor used personal experiences to help others and to shape the new National Cancer Control Programme (NCCP) Prostate Cancer GP Referral Guidelines.

Diagnosed in 2009 Tom Hope was given two options: surgery or active surveillance. He chose the latter and after two clear biopsies Tom is now in good health.

In 2016 he was invited as a patient representative to join the NCCP committee reviewing the Prostate Cancer GP Referral Guidelines. This was an experience he valued, being given a chance to input the patient's perspective of the test, receiving the results, reaction, anxiety and uncertainty. After his experience of participating on this NCCP committee, he would encourage any cancer patient to participate on a committee as patient representative or in support groups where they can help others by sharing their treatment experience.

Pictured above: Tom Hope at the launch of the NCCP Prostate Cancer GP Referral Guidelines.

Office of the Confidential Recipient

The Office of the Confidential Recipient is a national service that receives concerns / complaints such as allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in an independent capacity and, in good faith, from patients, service users, families, other concerned individuals and staff members. It has dealt with almost 750 formal concerns / complaints from across the country since its establishment in December 2014.

In 2018, the total number of formal concerns / complaints received by the Confidential Recipient was 206, a slight increase on 2017. 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*.

Communicating Clearly

Patients and service users ask us to be clear when we give them information about their health.

When we explain things clearly and with care and compassion, people have more confidence and trust in us and are more likely to take our advice, and follow medical guidance.

In response to this, National Communications has produced a short leaflet to aid staff when speaking and writing to patients and services users. A comprehensive set of guidelines for those producing letters, leaflets, websites, images for patients and services users has also been published, The guidelines contain a health literacy checklist which allows staff to evaluate if the message is clear and if it can be understood and acted on.

> *"More written information could be given to discharged patients on their injury, treatment and aftercare"*

Appeals Service

The National Appeals Service ensures that applicants for eligibility schemes (e.g. medical cards / GP visit cards, residential support services maintenance and accommodation contributions, Nursing Homes Support Scheme (NHSS)) are

Communicating clearly

Michael Power, with the National Adult Literacy Agency (NALA), helped National Communications update new plain English guidelines for all staff to ensure clear messaging. For most of his life Michael hid the fact that he could barely read or write. Whilst in his late 30s and after years of contemplation, he decided to return to school for a formal education and is now NALA student representative.

Pictured above: Michael Power, NALA Student Representative, speaking at the guidelines launch.

given their correct entitlement, and also provides governance to the HSE in relation to the correct application of legislation, regulations and guidelines. 2,330 cases were processed, in 2018, of which 31% were allowed or partially allowed.

Table 2: Appeals

Appeal Type	Received	Processed	Approved	Partial Approved
Medical / GP Visit Card (General Scheme)	1,549	1,515	453	105
Medical / GP Visit Card (Over 70's Scheme)	85	79	20	1
Nursing Homes Support Scheme	510	486	55	41
Common Summary Assessment Report	53	53	3	0
Home Care Package	17	*22	7	6
Home Help	87	85	18	11
Other	92	90	8	4
Total	2,393	2,330	564	168

*Some received 2017 but processed in 2018

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 2018, there were 6,268 compliments recorded. However, many compliments go unrecorded and 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 6,610 complaints recorded and examined by complaints officers under the *Health Act 2004* and the *Disability Act 2005.* Of the total number of complaints received, 3,695 or 56% were dealt with within 30 working days.

Complaints addressed by Complaints Officers are either formal complaints or unresolved complaints escalated from point-of-contact in a frontline service. During 2018, there was an increased emphasis on supporting staff to resolve complaints at point-of-contact, including the introduction of an interactive on-line module to empower staff to respond to these. A total of 2,847 staff completed this module in 2018.

Complaint handling tool

The HSE's National Complaints Governance and Learning Team has developed, in conjunction with the Office of the Ombudsman, an interactive on-line complaint handling e-learning tool, hosted through the HSELanD portal and consisting of two modules:

- Module one is designed to help HSE staff, as the first point of contact, to resolve complaints from service users, encompassing stage one of the *Your Service Your Say* policy.
- Module two is designed for Complaints Officers and goes through the entire process of handling a complaint at Stage 2 under the *Your Service Your Say* policy.

Table 3: HSE complaints received and % dealt with within 30 working days

	No. of complaints received	No. and % dealt with within 30 working days
2018	6,610*	3,695 (56%)*
2017	8,281	6,298 (76%)
2016	9,158	6,972 (76%)
2015	9,289	6,854 (74%)
2014	8,375	5,704 (68%)

Data source: HSE Quality Assurance and Verification

Table 4: Complaints received by category 2018

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2017	2018	2017	2018
Access	3,163	2,267	3,505	3,114
Dignity and respect	1,094	684	1,605	1,653
Safe and effective care	2,667	2,154	3,596	4,026
Communication and information	1,414	1,413	3,396	3,724
Participation	65	56	190	164
Privacy	123	56	218	313
Improving health	148	89	180	141
Accountability	353	266	555	615
Clinical judgement	191	160	261	423
Vexatious complaints	5	9	45	128
Nursing homes / residential care for older people (65 and over)	50	33	31	10
Nursing homes / residential care (aged 64 and under)	5	12	14	84
Pre-school inspection services	0	0	125	16
Trust in care	12	1	26	68
Children first	0	0	49	67
Safeguarding vulnerable persons (new 2016)	12	1	253	267

Data source: HSE Quality Assurance and Verification

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

* The introduction of the HSE's Complaints Management System and increased staff training have resulted in enhanced reporting on formal complaints. The number of complaints received now refers to those which are formally addressed by Complaints Officers only and no longer includes point-of contact complaints, received by frontline services which have been immediately resolved. This is reflected in the 2018 data above in respect of both complaints received and those dealt with within 30 working days.

Voluntary hospitals and agencies

In 2018, there were 11,950 compliments recorded, although many go unrecorded.

There were 11,367 complaints recorded and examined by complaints officers. Of the total number of complaints received, 9,029 or 79% were dealt with within 30 working days.

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

741 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 0.4%. Seven complaints were received under Part 3 of the Act, relating to access to buildings and services for people with disabilities.

Building a Better Health Service

Our aim is to be a world class health service available to people when and where they need it.

Laying the Foundations for Transformation

New ways of working

A key focus for the health service is to support better patient care and improve health outcomes by delivering effective, sustainable models of care that are integrated across service settings and in the person's home and community. Changes in our ways of working are designed to streamline performance and management across the CHOs, Hospital Groups and other services. To enable this, the Strategy and Planning, Operations and Clinical functions of the HSE were established on 1st January, 2018. These functions are engaging together in networked Commissioning Teams to plan health services and to solve complex challenges. Commissioning Teams will work to strengthen relationships and collaboration between commissioners and service providers, moving clinical accountability closer to patients and building services around their needs. This will provide greater equity and transparency, improving service delivery, influenced by collaboration between patients, services users and all stakeholders.

Health service improvement

The Programme for Health Service Improvement (PHSI) continued to support transformation within the health service through a range of programmes, including development of a best practice management methodology.

PHSI also provided support to allow key enablers for healthcare delivery to be progressed, including:

- *Healthy Ireland* and eHealth
- Integrated models of patient care
- Development of the new children's hospital
- Strategic programmes including quality and safety, and value improvement projects.

Implementation of *Sláintecare*

The *Sláintecare Report* (2017) and *Sláintecare Implementation Strategy* (2018) signal a new direction for the delivery of health and social care services in Ireland. A whole of government vision for health, *Sláintecare* focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system to provide patients and service users with care closer to home, to be more responsive to needs and to deliver better health outcomes with a strong focus on prevention and population health improvement.

A detailed action plan is in development, led by the *Sláintecare* Programme Office in the DoH, which will set out a series of work streams, designated actions and associated measures. The HSE is committed to working with all stakeholders to ensure frontline delivery of the *Sláintecare* vision.

Values in Action

Values in Action is a structured culture development programme – using a social movement model – that aims to make the health service a better place to be for patients, service users and staff. It is a long-term behaviour-based approach to creating a chosen culture in the health service and is based on nine visible behaviours centred on our core values of Care, Compassion, Trust and Learning.

The nine behaviours that reflect the three dimensions of our working lives (us as individuals, working with colleagues, and how we treat our patients and service users) are as follows:

Personal

- Am I putting myself in other people's shoes?
- Am I aware that my actions can impact on how other people feel?
- Am I aware of my own stress and how I deal with it?

With colleagues

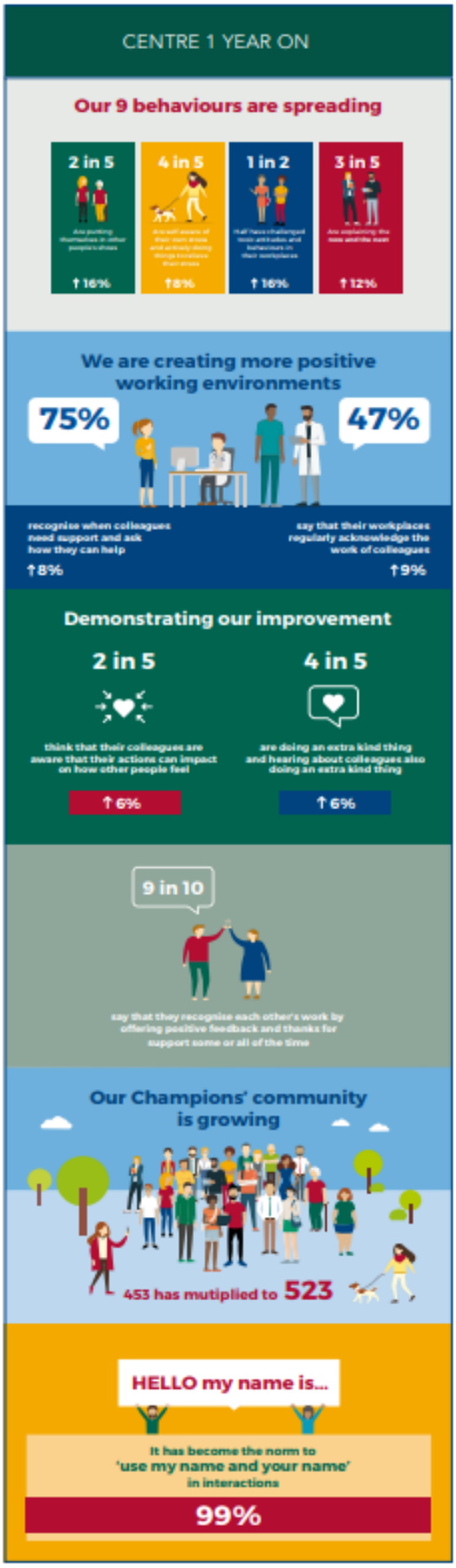
- Acknowledge the work of your colleagues
- Ask your colleagues how you could help them
- Challenge toxic attitudes and behaviours

With patients and service users

- Use my name and your name
- Keep people informed – explain the now and the next
- Do an extra, kind thing

The movement is mobilising staff and empowering them to lead the way in creating the culture change needed to truly build a better health service. It is a bottom-up approach, led by over 1,400 staff from across all disciplines and backgrounds (known as Champions) who have been nominated by their peers as trusted and influential members of the service who can help to create new norms and shape the culture in their workplace for the better.

This culture change effort is now well and truly underway with staff engaged in Mid West Community Healthcare, UL Hospitals Group, the Centre (those staff reporting nationally), Dublin North City and County Community Healthcare and most recently Community Healthcare East and Doctors for Values in Action.



Values in Action – Progress to date

Values in Action is already showing very promising results, as can be seen on these pages, indicating that there is a substantial appetite among staff to support this movement throughout the health service.

To learn from what is changing in our culture, baseline surveys were carried out for each service area at the outset of implementing Values in Action, with changes tracked as the programme progressed.

We have discovered that, at the end of the first year of Values in Action, the prevalence of the nine behaviours increases by an average of approximately 10%. By the end of the second year (as we are currently seeing in the Mid West), the behaviours begin to embed and become internalised as they start to become the norm for how things are done. A baseline survey for Dublin North City and County Community Healthcare was carried out in May with comparative data due to be available summer 2019.

While there is still a significant way to go in shaping the culture of the health service, progress to date is very encouraging. All in a Week's Work celebrated this progress over seven days in October when activities were organised by the Values in Action Champions to help further spread the nine behaviours.

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

Transformation through our Workforce

Our staff have a vital role in addressing the challenges faced in delivering our health services. We are committed to engaging, developing and supporting our workforce to deliver the best possible care to the people who depend on them, noting that staff who are valued deliver improved patient care and improved overall performance.

Through the *Health Services People Strategy 2015-2018*, a number of key priorities were progressed, including:

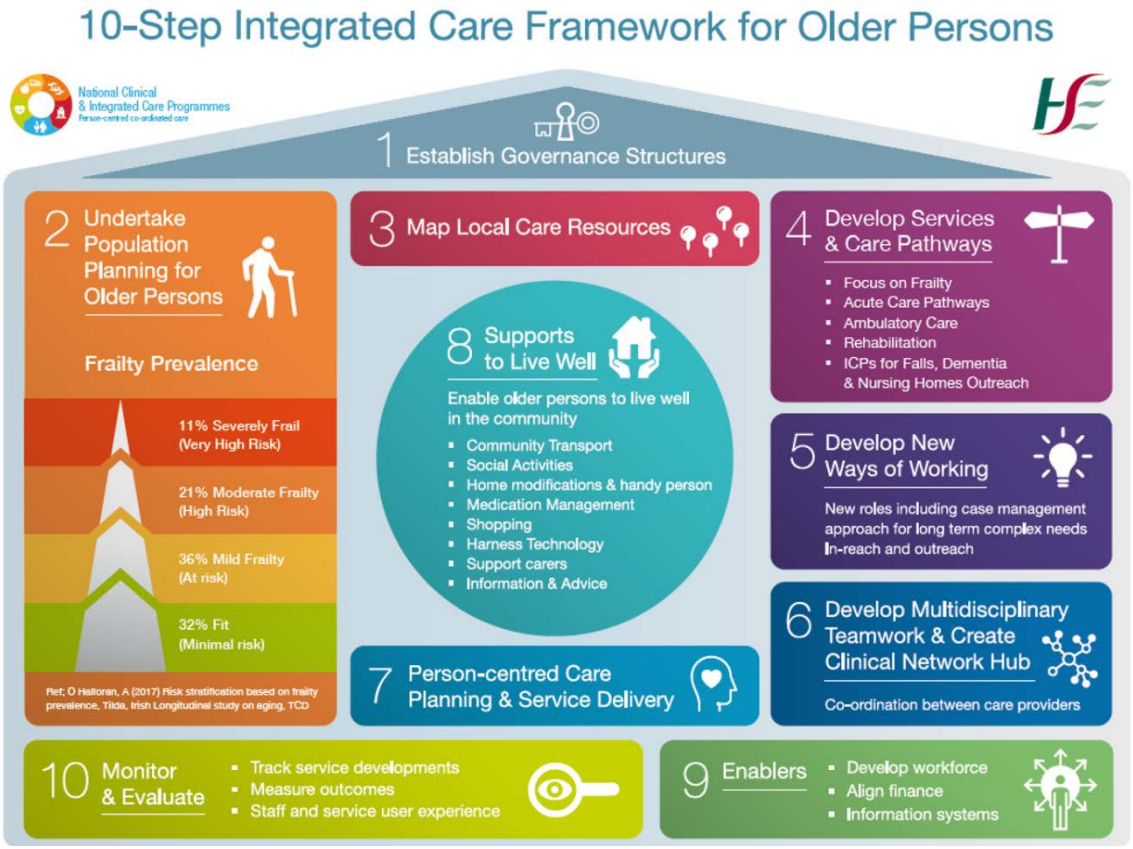
- Embedding an approach to staff engagement through our Staff Engagement Forum.
- Creating conditions which enable staff improve their health and wellbeing, including the establishment of a staff health and wellbeing unit.
- Implementing the *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning* across the health service.
- Introducing a new system of performance management for senior managers during the year and working on the introduction of performance appraisal for all staff. Effective performance management is essential in achieving both personal and organisational goals, in order to achieve positive outcomes for the population we serve.
- Developing leadership across the health service through the Leadership Academy, providing a consistent approach to programmes for staff as they progress in their careers.

Further information in relation to the *Health Services People Strategy 2015-2018* can be seen in the Enabling Healthcare Delivery section of this Annual Report.

Redesigning how Care is Delivered

The national clinical and integrated care programmes are working to redesign care from the traditional hospital-based model to models of care delivered in the community. Significant improvements can be achieved in the delivery of health and social care through this approach.

- The Integrated Care Programme for Older Persons continued to support successful patient journeys for older people through an integrated care system, with 10 key essential steps that need to be in place to allow integrated care for older persons to be implemented, evaluated and sustained in a variety of locations. Implementation of this 10-step framework was progressed in 13 sites nationally by the end of the year, including the development of redesigned care pathways and linkages in the areas of dementia, home care, falls and the single assessment tool (SAT). (See next page for more information on the 10 step framework)
- A new national undergraduate curriculum for chronic disease prevention and management called *Making Every Contact Count for Health Behaviour Change* was launched in November, supported by the Integrated Care Programme for the Prevention and Management of Chronic Disease, aiming to bring a standardised approach to how healthcare professionals of the future are trained to support their patients to enjoy the best possible health. (Further information on this can be seen in the Population Health and Wellbeing section of this Annual Report).
- The Integrated Care Programme for Children progressed the implementation of phase 2 of the targeted hip ultrasound screening programme for infants at increased risk of developmental dysplasia of the hip. Screening is available in 17 maternity units across the country. A co-designed integrated care pathway for children with neuromuscular disorders has been developed, including an early detection algorithm, transition resource and a suite of informational supports for children, young adults and families. The pilot of consultant delivered services in University Hospital Waterford continued, aiming to provide an increased presence of senior decision-makers and special interest clinics, to reduce length of stay and admissions, and improve EWTD compliance and satisfaction



levels among patients, their families and staff.

- The following initiatives were progressed in 2018 to improve patient flow and access to care:
  - The Criteria Led Discharge (CLD) project commenced phase 1 of the pilot with the identification and approval of four implementation test sites. The pilot will continue in 2019 and results will be used to measure the effectiveness of CLD.
  - The National Clinical Programme for Stroke continued to support sites delivering stroke specific rehabilitation services with a seventh site, Beaumont Hospital, added during the year. Early Support Discharge (ESD) is the recognised model of care for patients, aiming to accelerate discharge home through the provision of stroke specific rehabilitation in the home setting. In 2018, 366 patients were discharged to an ESD team, an increase to 142% since 2017 representing 20% of the total population of stroke patients discharged home from participating hospitals.
- Timeliness for acute coronary syndrome treatment has significantly improved and a standard national delivery of treatment for patients has been developed. A report, *Heart Attack Care Ireland 2016*, showed that treatment for heart attack patients in Ireland is on a par with, or above, international standards.
- A number of initiatives were progressed through the national clinical programme for surgery:
  - Set up and accreditation of acute surgical assessment units (ASAUs) in four model 4 acute hospitals. ED patient experience times were reduced by at least 50% in a pilot site, with patients being seen within 30 minutes of attending the ASAU.
  - A standardised See and Treat algorithm and a standardised pathway for minor procedures in outpatient departments were established.

  - The otolaryngology (ENT) Education in Primary Care initiative was awarded the Best Educational Project in primary care at the Irish Healthcare Awards. As part of this initiative, 60 healthcare professionals were trained in the technique of ear suctioning to provide this service in the primary care setting. Patients would previously have had to attend a hospital-based ENT surgeon for delivery of care.
  - The Theatre Quality Improvement Programme continued to deliver a systematic approach to process and pathway improvement.
- Development of the Clinical Programme for Attention Deficit Hyperactivity Disorder (ADHD) in Adults continued and the model of care is being considered by the College of Psychiatry of Ireland. Detailed plans are underway and recruitment has commenced for three demonstration sites aligned with the draft model of care.
- The National Clinical Programme for Older People designed the National Frailty Education Programme in partnership with TILDA. Its purpose is to co-ordinate and develop an integrated plan for treatment and rehabilitation, support and long term follow up.
- National quality improvement pilots were progressed by the Chronic Obstructive Pulmonary Disorder (COPD) Collaborative in South Tipperary General Hospital, and St. Vincent's University Hospital, Dublin. Early results included a reduction in admission rates and, where patients were admitted, an increase in respiratory reviews.
- A Musculoskeletal (MSK) programme collaboration continued in 2018 between the National Clinical Programmes for Rheumatology and Trauma and Orthopaedics to address growing waiting lists, nationally, for both orthopaedic and rheumatology outpatient services. A model of care for integrated MSK services between primary and secondary care is also in development.
- An Asthma Education e-Learning Programme was developed by the National Clinical Programme for Asthma and the Asthma Society of Ireland and launched in November to provide the core knowledge needed by healthcare professionals to manage all aspects of asthma care in line with international best practice.
- The National Clinical Programme for Palliative Care, in conjunction with the All Ireland Institute of Hospice and Palliative Care (AIIHPC), commenced the second phase of the pilot of the ECHO AIIHPC Nursing Home project. The project is designed to support nursing home staff to improve their knowledge and skills in the care and management of patients with a wide range of palliative healthcare needs.
- Models of care which have been completed include Specialist Geriatric Services Model of Care Part 2: mental health service provision; adult palliative care services; model of integrated care for patients with Type 2 diabetes; and the transition from paediatric to adult healthcare providers in rare diseases. A number of clinical documents were also developed, including:
  - Investigation and management of ovarian cysts in post-menopausal women
  - Management of breech presentation
  - Revised practice guide for the management of women with epilepsy
  - Swallow screening in stroke
  - Rapid discharge pathway for patients who wish to die at home
  - Care and management of a central venous access device for a child in the community.

Improving access and patient experience during the winter period

Winter is always a period of increased unscheduled care activity, however, winter 2017/2018 was a particularly challenging time for our health service. An extreme weather event, Storm Emma, occurred in early 2018, and the severity of the storm and its effect on the healthcare system was profound. The significant increase in unscheduled care admissions, which necessitated an extended recovery period to return to normal daily operations, impacted significantly on the capacity available to deliver scheduled care.

Seasonal influenza during winter 2017/2018 was at its highest level since the 2011/2012 season with peak influenza like illness rates exceeding 100 per 100,000 population (90 per 100,000 during 2016/2017). Furthermore, there were 4,680 confirmed influenza hospitalisation cases notified during the 2017/2018 season compared to 1,425 in the previous year.

The *Winter Plan 2017/2018* included a number of initiatives to support the health service during the busy winter period. Key initiatives focused on providing additional acute hospital bed capacity, and measures to expedite patient discharges from acute hospital care, including:

- 1,269 additional home care packages
- 128 additional acute beds were opened
- 3,526 patients were supplied with aids and appliances to facilitate their safe and timely discharge.

Key issues during the winter period include increased number of patient attendances at EDs, increased number of patients requiring hospital admission, infection outbreaks in the health service and wider community, heightened requirements for isolation due to infection prevention and control requirements, high hospital bed occupancy rates and increased numbers of patients in acute hospitals whose discharge is delayed. The *Winter Plan 2018/2019* focused on supporting services through the provision of:

- €10.6m for 550 additional home support packages
- €4m for aids and appliances
- €1.5m to support access to transitional care beds
- 66 additional community beds
- 4 additional rehabilitation beds
- 75 additional acute beds.

Additionally, a four week period of enhanced measures was put in place from 17th December 2018 to 13th January 2019, targeted at nine of the most challenged sites. A Winter Action Team was established for each of the sites and additional funding was provided to support the sites during this focus period. The enhanced measures included Frail Intervention Therapy Teams (FITT) to support frail elderly patients, extended availability of diagnostics, extended opening hours of acute medical assessment units and additional senior decision makers on site. Other initiatives included:

- Arrangements with private providers in terms of access to diagnostics and inpatient beds
- Curtailment of elective and outpatient care, routine community activity and scheduled diagnostics
- Scheduling of additional emergency theatre lists
- Optimal usage of Clinical Hub and Hear and Treat by NAS
- Optimal usage of day hospitals
- Optimised public health nurse (PHN) and HSCP engagement to maintain patients in the community and / or facilitate early discharge
- Public campaigns including Winter Wellness, Flu Vaccine and Under the Weather
- Promotion of injury units as an alternative to attendance at ED.

Improving Performance, Efficiencies and Effectiveness

The *Performance and Accountability Framework* lays out how performance will be managed across the areas of:

- Access to and integration of services
- Quality and safety of those services
- Finance, governance and compliance requirements
- Workforce.

The emphasis within the framework is on recognising good performance and on improving performance at all levels of the health service, while setting out how CHOs, Hospital Groups, the National Ambulance Service (NAS), the Primary Care Reimbursement Service (PCRS), heads of other national services and individual managers are held to account.

The framework was revised in 2018 to take account of new governance arrangements and organisational changes.

The role and membership of the National Performance Oversight Group, which has authority for performance and accountability oversight, was also revised in line with the new governance arrangements, and accountability and responsibility for performance was embedded further within the service delivery system.

A Performance Management Unit (PMU) is being developed to support improvement activities across the health service where there are significant performance challenges. The PMU is an additional resource to support the performance escalation process in the *Performance and Accountability Framework*.

Research and Development

Health research, innovation and evidence are key enablers of healthcare systems, and a growing body of evidence indicates that healthcare organisations with a strong research culture deliver better care. In 2018, the Research and Development function was established in the HSE to foster a research culture in the health service, increase the integration of research into health service delivery, improve research governance and contribute to the development of our research capacity.

During the year, this function carried out the first ever research benchmark exercise within the organisation. It showed that significant levels of research activity currently take place in the health service, in addition to that performed in collaboration with our academic partners. A parallel assessment was also undertaken to determine the current status of research governance and support structures, and a significant number of gaps were identified. This has informed the development of a HSE strategic action plan for research as well as on-going work towards the development of a research governance framework required to safeguard public confidence, ensure good use of resources and encourage public and patient participation in research.

Enhancing EU and North-South Co-operation

There are many health services for which it is sensible to develop an all-island approach or where provision needs to be made for patients to move across the border to receive a service. Examples of this North-South co-operation include the all-island paediatric congenital heart disease network, the North West Cancer Centre and the primary percutaneous coronary intervention service provided in Altnagelvin.

The HSE also partners (including as lead partner) on a number of EU funded programmes in the areas of acute services, mental health, population health, children's services, primary

care and older persons' services. These projects are financed by the European Regional Development Fund and are designed to support strategic cross-border co-operation in order to help overcome issues that arise from the existence of a border.

Preparing for Brexit

Given the potential impact of Brexit, the HSE has established a Steering Group to prepare for the UK's withdrawal from the EU and is working closely with the DoH and other relevant stakeholders to mitigate any negative impact of Brexit on our population's health.

A project team is also in place to review and co-ordinate preparations and contingency planning. This includes continuation of current patient and service user services, cross-border arrangements including Co-operation and Working Together (CAWT), continuity of supply of goods and services, procurement arrangements, workforce issues and environmental health.

Quality and Safety

Our focus is on the quality of services we deliver and the safety of those who use them. Continual improvement in the quality of care, learning from patient experience, and systems to maintain standards and minimise risk are essential in ensuring safer healthcare.

The National Patient Safety Programme

Healthcare associated infections (HCAI) are infections which can occur in hospital or community settings when attending for treatment, and antimicrobial resistance (AMR) is the issue of bacteria that are no longer easy to kill with antibiotics. CPE (Carbapenemase Producing Enterobacterales) is one of the newer AMR bacteria. It was declared a national public health emergency in 2017. An Oversight Group and Implementation Team are in place to support staff to improve patient safety by controlling HCAI and AMR. One of the important steps in control of CPE is identifying people who are CPE carriers.

During 2018, following increases in the level of screening, 537 people were newly detected with CPE and 7,000 patients were identified as having been in contact with CPE, allowing for further testing.

- Knowledge and awareness of AMR and infection prevention control improved through campaigns such as Under the Weather, European Antibiotic Awareness, Hand Hygiene Week, International Infection Prevention Control Week and the Winter Campaign. Also, a new web-based resource was developed to help staff working in all areas of the health service, providing:
  - Guidelines and information for hospitals, community services, GPs and public health nurses
  - Updated on-line antibiotic prescribing guidelines for GPs and dentists (*www.antibioticprescribing.ie*)
  - New hand hygiene training programme for community services staff
  - Information for patients.
- A national project to train more people as Hand Hygiene Trainers resulted in 40 sessions being organised to train trainers in the community. Those trainers gave 541 local training sessions, reaching 4,200 staff in community services.
- A project in collaboration with 200 GPs in the Southdoc GP Out of Hours service aimed to reduce the percentage of those antibiotics prescribed that should be avoided in primary care, as a percentage of total antibiotics prescribed, from 45% pre-intervention to 22.5% by end June 2018. The project resulted in prescriptions for antibiotics to be avoided in primary care accounting for only 16.8% of all antibiotic prescriptions as of June 2018. Work is underway to expand this project to a wider area as well as looking at other ways to improve prescribing.
- At the Health Service Excellence Awards the national sepsis programme won the Excellence in Quality Care award. The number of sepsis associated hospital deaths has fallen by more than 20% over the past four years. Sepsis is a potentially life-threatening condition that can affect a person of any age, irrespective of underlying good health or medical conditions. Sepsis recognition improved by 67% between 2015 and 2016 and by a further 15% by 2017; this improved recognition led to earlier treatment with the appropriate treatment bundle.
- A national hospital-wide sepsis awareness and education initiative is on-going and, to

assist in raising wider awareness, the Community Sepsis Awareness Campaign was launched during the year at the National Ploughing Championships.

- Phase 3 of the Pressure Ulcers To Zero collaborative was completed in 2018, focusing on acute services, with 23 multi-disciplinary teams participating from acute hospitals in the South / South West and Dublin Midlands Hospital Groups. A 67.2% reduction in newly acquired pressure ulcers was achieved during the 12 months to the end of this phase.
- Preparation and planning for a Reducing Falls and Improving Bone Health Awareness programme commenced with high level engagement with relevant stakeholders, in preparation for roll-out in 2019.
- Quality improvement initiatives, targeting medication management associated with blood clots, included:
  - Educational materials were produced for patients to facilitate better recognition of signs and symptoms of blood clots
  - Healthcare-associated venous thromboembolism (VTE) key performance indicators were developed
  - The Safermeds programme undertook a survey of hospitals participating in the collaborative, informing the production of the *Preventing Blood Clots in Hospitals: Improvement Collaborative Report.* The report contains national recommendations and an improvement toolkit and was distributed to hospitals and made available on-line.
- Medication safety improvements were also progressed in a number of other areas, including:
  - Medication management in disability services
  - Psychotropic medication in people with dementia
  - National clinical guideline development group
  - Minimising risk with valproate in women and girls.
- The National Early Warning Systems (NEWS), including the Paediatric Early Warning System (PEWS), Irish Maternity Early Warning System (IMEWS) and Emergency Medicine Early Warning System (EMEWS) are key patient safety systems used in acute hospitals to aid timely recognition of and response to a deteriorating patient. The Deteriorating Patient Recognition and Response Improvement Programme completed a NEWS Audit of nine acute hospital sites, and new KPIs with multiple indicators for NEWS and IMEWS were rolled out for acute hospitals.
- The Decontamination Safety Programme published two documents to support safe decontamination practice. The Foundation Programme for Quality Improvement in Decontamination Practice has engaged with 12 acute hospital decontamination teams and one primary care dental team realising significant cost savings and improvements in service delivery. Two academically accredited minor award programmes have been developed in collaboration with the Institute of Technology Tallaght which has led to over 150 decontamination practitioners participating in these education programmes in 2018.

Service User Involvement and Experience

- The National Patient Experience Survey was undertaken during the year, with improvement plans underway in response to the patient feedback received. Further information in relation to the survey findings and the health service's response can be

Global Health Programme

The drive for improved quality and safety extends as far as Africa (Mozambique, Sudan and Ethiopia) with collaborative partnership agreements in place via the Global Health Programme to improve quality of care in health systems in developing countries. The programme also delivers technical assistance to Irish Aid for Global Product Development Partnerships.

Pictured above: Lorraine Murphy facilitating a pressure ulcer prevention workshop as part of a HSE collaboration with the Ministry of Health in Maputo, Mozambique.

seen in the Listening to Our Service Users and Acute Hospital Services sections of this Annual Report.

- An initiative, Patient Safety Stories, has been launched as part of the further development of a person-centred approach to incident management. The stories, available as videos, describe how individuals felt in the aftermath of a patient safety incident. Taken collectively, these stories help us build a picture of how incidents can impact on people affected and will be used in training and education sessions to improve our understanding of and response to incidents.
- Publication of the Office of the Ombudsman's *Learning to Get Better* progress report showed that 27 of the 33 recommendations that specifically related to the HSE were implemented fully or were underway.
- Your Voice Matters is a tool designed to capture patient experiences as part of the Patient Narrative Project, which aims to position the patient or service user centrally in the design and delivery of healthcare. Phase 3 of the project is now on-going with feedback gathered being used to support the implementation of local service improvement initiatives.

Hearing the patient and service user's voice is essential to the planning, delivery and improvement of services. Further detail on this and the additional initiatives undertaken during the year can be found in the Listening to Our Service Users section of this Annual Report.

Improving the quality and safety of services

- Monthly learning set networks were facilitated with quality and safety staff in CHOs and acute hospitals to share learning and best practice in quality improvement among staff on the frontline.
- CHO committee terms of reference were developed to support the implementation of quality and patient safety committees across CHO services, and two CHOs completed projects on the development of governance processes and guidance documents for these committees.
- QITalktime webinars have been delivered on a wide range of quality improvement topics including open disclosure, quality and safety walk-rounds, quality improvement coaching and effective staff engagement, with national and international speakers, and 16 webinars were facilitated.
- To support staff in implementing the *Framework for Improving Quality in our Health Service*, an evaluation of demonstration sites was completed. A toolkit to support implementation was developed, including testing of the toolkit in the National Rehabilitation Hospital, Dún Laoghaire and Mayo University Hospital.
- 106 participants graduated from the Royal College of Physicians Ireland (RCPI) having completed the Diploma in Leadership and Quality in Healthcare which teaches senior healthcare professionals and managers how to formulate and lead quality improvement initiatives in the workplace, translating theory and methodology into measurable outcomes such as quicker access to care and fewer adverse events.
- The first formal education programme in Ireland for Clinical Directors and consultants aspiring to undertake leadership roles in healthcare commenced in March. This was provided by the Institute of Leadership, Royal College of Surgeons Ireland (RCSI) with 33 participants in the first cohort (March) and 32 participants in the second cohort (November).
- The person-centred culture national facilitator development programme has been completed by 18 hospitals (11 programmes in 2017 and seven programmes in 2018) with a total of 60 facilitators trained. This training will enable teams to translate their shared values and beliefs about person-centred practice into how they plan and provide care that can deliver measurable culture improvement.
- A practical toolkit *Leadership Skills for Engaging Staff in Improving Quality* was published in collaboration with the National Staff Engagement Forum, to support leaders to create workplaces which value staff.
- Cork University Maternity Hospital trained staff engagement facilitators who lead quality improvement initiatives.
- Microsystems training and coaching was provided to seven frontline ED teams in the Dublin Midlands Hospital Group.
- Implementation support was provided to 20 frontline teams to roll out Schwartz Rounds, which are facilitated conversations with staff about the emotional impact of their work. They improve staff wellbeing (reducing psychological distress) and teamwork which ultimately has a positive impact on person-centred care.
- Over 70 staff engagement sessions, events and conferences were provided to staff in frontline services.
- A guidance document was rolled out through a series of regional workshops to assist residential disability services in understanding and addressing an enhanced HIQA monitoring approach.

- Over 780 staff were trained in clinical audit in hospitals and community settings. A suite of on-line measurement and audit resources were also developed which are available on the HSE website.
- A project was completed at Children's University Hospital (Temple Street) to enhance its board's understanding and assurance of clinical care indicators.

Maintaining standards and minimising risk

- Development of a number of National Clinical Effectiveness Committee (NCEC) guidelines was progressed including:
  - Maternity, including risk in pregnancy
  - Sepsis management
  - COPD, including guidance on the provision of rehabilitation and outreach services
  - Diagnosis, staging and treatment of patients with colon, rectal, pancreatic and oesophageal cancers
  - Diagnosis and treatment of tobacco addiction
  - Intraoperative haemorrhage.
- The *Incident Management Framework 2018* was launched, designed to provide health and social care services with a practical and proportionate approach to the management of incidents, placing a particular emphasis on supporting the needs of service users, families and staff in the aftermath of an incident.
- 45 healthcare audits were completed across five themes relating to healthcare records management, NEWS, clinical hand-over, the national counselling service and safety incident management / serious reportable events. 26 audits across four themes were commenced on work related violence and aggression, home births, CPE in long term care facilities and the school immunisation programme.
- A Quality Improvement Project commenced with HSE Directorate members to enhance their understanding of quality of care information and to support them in their Directorate role in leading the organisation in improving quality. This includes a monthly review and discussion on key clinical care information in addition to qualitative information on patient and staff experience.

Safeguarding and Protection

Awareness campaign

The key message at the launch of the 2018 Safeguarding Ireland public awareness campaign was to encourage people to safeguard their future by planning ahead, putting in place an Enduring Power of Attorney to give financial and legal decision-making responsibility to a chosen and trusted person. Other important decisions to be considered include notifying of future healthcare preferences and advance healthcare directives.

Safeguarding

The HSE is committed to ensuring that all adults within its care, regardless of the setting in which they live, are treated with respect and dignity in a supportive environment where their welfare is promoted. All vulnerable people have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed.

Through the nine Safeguarding and Protection Teams in each of the CHOs 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.

In 2018:

- Over 10,000 safeguarding concerns were raised
- The *National Safeguarding Office Report 2017* was launched which indicates that:
  - There has been a 28% overall increase in concerns being raised to the HSE
  - Physical abuse remains the most significant category of alleged abuse for those aged under 65 (46%, compared to 47% in 2016)
  - For those aged over 65 years, the most significant category of alleged abuse is psychological abuse (31%) and financial abuse (22%)
  - Financial abuse and neglect increase with age with the highest level of reporting in those aged over 80 years.
- A review of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014,* which commenced in 2017, was progressed and is due for finalisation in early 2019.
- The provision of training is integral to the roll-out of the HSE safeguarding policy and this is implemented through two main training programmes which are designated officer training and the safeguarding vulnerable persons' awareness programme. Indicative figures for 2018 show that:
  - Over 1,500 people undertook designated officer training
  - Over 16,000 people undertook safeguarding vulnerable persons' awareness training.

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

Children First

Children First applies to everyone

To ensure the safeguarding of children:

- The HSE (Corporate) Child Safeguarding Statement (CSS) was developed, setting out how the health service protects children and young people.
- Publication of a CSS is a new requirement for organisations working with children and families and, due to the complexities of the health service with many services under its remit, a CSS is being developed at each CHO and Hospital Group level and, where necessary, subsidiary CSSs at individual relevant service levels are being adopted to include any further relevant risks and procedures applicable.
- In 2018, across the HSE and HSE funded and contracted services, over 172,000 staff completed the mandatory HSE programme An Introduction to Children First.

Protected Disclosure

The HSE operates under two sets of legislation which govern protected disclosures in the health sector, the *Health Act 2004* (as amended in 2007) and the *Protected Disclosures Act 2014*.

Procedures for the *Protected Disclosures Act 2014* were adopted by the Leadership Team in 2018. The Protected Disclosures Unit continues to process disclosures received as well as providing support and guidance to disclosers and managers, and information sessions on protected disclosures across the HSE.

48 protected disclosures were received in 2018.

National Independent Review Panel

The National Independent Review Panel (NIRP) continues to provide the HSE with a means to independently review circumstances involving individuals with a disability in receipt of, or known to, HSE or HSE funded services. In 2018, five independent panel members and a service manager were appointed in addition to the existing independent chairperson of the NIRP. Operational guidelines were developed which set out the purpose and principles of the NIRP and provide clear guidance on the process that will be followed for all reviews.

Assisted Decision Making

In order to support the roll-out of Assisted Decision Making, a national training and education plan was developed and 76 information and briefing sessions were delivered to 3,009 people on the implications of the *Assisted Decision Making (Capacity) 2015 Act* in acute, community and voluntary services.

Open Disclosure

It is the policy of the HSE that service users who experience harm as a result of their health care are communicated with in an open, honest, empathic and timely manner. Open disclosure involves an acknowledgement to the service user that an incident has occurred, providing a sincere and meaningful apology/expression of regret, keeping the service user informed and providing feedback on reviews and on the steps taken to prevent a recurrence of the incident.

A number of initiatives have been progressed to support the implementation of the HSE open disclosure policy and programme:

- The open disclosure policy and programme is co-ordinated via the recently established National Open Disclosure Office which also provides strategic guidance on the implementation of:
  - (i) The HSE Open Disclosure Policy and accompanying guidelines
  - (ii) Part 4 of the *Civil Liability (Amendment) Act 2017* and the regulations accompanying Part 4 of this Act.
  - (iii) The open disclosure national training programme
- Over 31,500 staff members have completed staff training on the open disclosure policy, 362 staff have completed the Train the Trainer course and work has commenced with HSELanD on the development of three e-learning modules. Work has also commenced on the development of a communication and open disclosure programme for medical staff, and training has been provided to open disclosure trainers and leads on the *Civil Liability Amendment Act 2017*.
- The HSE policy on open disclosure has been revised in response to the implementation of the relevant recommendations from the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018*, the commencement of Part 4 of the *Civil Liability Amendment Act 2017* and the *Assisted Decision Making (Capacity) Act 2015.* It is planned to launch the revised open disclosure policy in April 2019. A compliance self-assessment tool will be developed to support the roll-out of this policy.
- The HSE National Open Disclosure Steering Committee is currently being established to strengthen corporate oversight, strategic leadership and accountability with the on-going implementation of the national open disclosure programme and policy.
- Work has commenced on the collection of open disclosure data on the National Incident Management System (NIMS).
- Work continues with multiple stakeholders across the health and social care system, professional and regulatory bodies, indemnifying bodies and royal colleges to support the implementation of the HSE open disclosure policy and programme e.g. GPs, pharmacists, and CPE expert group.

Excellence in Delivering our Health Services

The award ceremony for the annual Health Service Excellence Awards, held at Farmleigh in December provided a platform to celebrate the success, commitment and dedication of staff and to promote learning for the benefit of others while empowering staff to take pride in the services they provide.

332 projects from all over the country entered into the 2018 awards, highlighting the enthusiasm of staff for new ways of working that can lead to real improvement for patients, service users and their families. Following a rigorous selection process, six innovative projects made it through to the final shortlist. These projects highlight how so many staff are working to deliver better services with easier access and higher quality of care for patients.

The projects of the finalists	
Award	**Winner**
Innovation in Services Delivery	The National Verotoxigenic E. Coli Reference Laboratory (VTEC NRL) – Public Health Laboratory, Cherry Orchard Hospital
Championing Mental Health across our Health Services	Primary Care Psychology Service – Access to Psychology Services Ireland (APSI), Roscommon
Improving the Patient Experience	Frail Older People, Rapid Improvement Programme – Regional Hospital Mullingar, Co. Westmeath
Excellence in Quality Care	The National Sepsis Programme
Improving our Children's Health	Public Health Nurse Oral Healthy Intervention Initiative – Waterford Community Services
Supporting a Healthy Community	Inclusion Health – A Primary Care Team with a difference – St. James's Hospital, Mater Misericordiae University Hospital and mental health teams in conjunction with homeless charities and Safetynet Primary Care medical charity

Details of these winning projects can be seen throughout various sections of this Annual Report.

In addition to the final six projects, the following three awards were also presented.

Special Recognition Award

Kieran Henry (The Gathering)

This award was presented to Kieran Henry, Advanced Paramedic, Emergency Medical Services, in recognition of his role in organising The Gathering, an annual event for those working in the frontline of emergency services. The event which attracts emergency personnel from home and abroad allows ambulance, hospital, defence and policing services to join forces and train together, sharing their experiences, practising lifesaving skills and rehearsing how to deal with challenging scenarios. A diverse range of training events were held during the course of The Gathering in 2018, including a simulation of an aircraft disaster.

Outstanding Employee Award

Tony Leahy...In his memory

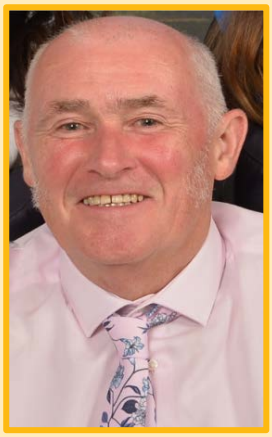
This award allows colleagues to recognise the broader personal achievements and contributions of individual staff members that set them apart from any particular project. It recognises and celebrates the impact and effect that person has in terms of their personal commitment to health service delivery and the effect they have in their work community.

Twelve employees were nominated for this award, which was awarded to the late Tony Leahy who passed away in November. Tony was a General Manager who played an important leadership role in realising many of the innovations in mental health and reform in recent years. His vision was based on making lives better for all those who used services, their supporters and those who provided services. Tony understood that unless we were inclusive of all voices in the planning of our services that change could not happen. He was one of the first to invite those with lived experience and their families and supporters to sit at the national table with those who provide and plan for mental health services. He championed the recovery approach and worked tirelessly to help build a modern mental health service which has led to the establishment of the office for Mental Health

Some Award Winners...

Pictured above: Attendees at one of the training events held during the Gathering

Special Recognition Award: Kieran Henry (The Gathering)



Pictured left: Tony Leahy

Outstanding Employee Award

Pictured above: Rose Potter being assessed through FIT by Noeleen Burke

Popular Choice Award: Frail Older People Rapid Improvement Programme

Engagement and inclusion of peer support workers supporting recovery on the mental health teams. All of this work has culminated in the co-producing of the *National Framework for Recovery in Mental Health 2018-2020*, Tony's ultimate legacy to ensure a consistent evidence-based approach to embedding recovery oriented practice in services.

Popular Choice Award

Frail Older People Rapid Improvement Programme

The Regional Hospital Mullingar introduced a Frailty Intervention Team (FIT) for patients over 75 years attending their ED. By introducing FIT, a whole system pathway for frail older people is now in place, starting at the front door to ED, ensuring their needs are managed assertively and their length of stay in hospital is kept to a minimum. When patients present at triage, they are screened for frailty and a comprehensive geriatric assessment is undertaken. At that point, choice of care is also discussed enabling people to identify their preferences quite early on in their journey of care. Appropriate priority referrals are then made to the health and social care professions within the community or hospital, as required.

The many benefits of introducing this programme include:

- Seamless transition for frail older people moving between acute and community services
- Admissions to hospital avoided
- Length of stay in hospital reduced
- Number of discharges increased in the first seven days
- Number of discharges home increased, thus reducing the requirement for convalescence by half
- Hospital and community staff working together to provide the best service for frail older adults
- Positive experience by service users, family members and carers noticing that their family member's condition has improved more rapidly both psychologically and physically
- Identification of other symptoms such as dysphagia and malnutrition with a broadened selection of foods made available to enable this to be addressed
- Development of frailty education and training booklet for all staff to further support the care provided to older frail people.

Service Delivery

Population Health and Wellbeing

Feel good together...

The *Healthy Ireland* summer campaign encouraged people to get out and get active together, to make positive lifestyle choices to improve their physical and mental health. The campaign theme Feel Good Together is built around the three themes of eat well, think well and be well. The campaign, which was advertised across radio, digital social and print media provides links to support and information to help people make those healthier choices.

Pictured above at the launch of the campaign: An Taoiseach, Leo Varadkar TD, Minister for Health, Simon Harris TD and Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD.

Population health and wellbeing is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion and improvement. As part of the healthcare reform programme, *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* aims to create a society where health and wellbeing is valued and supported at every level of society.

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

Implementing *Healthy Ireland* Framework

- *Healthy Ireland* Implementation Plans were launched for seven out of nine CHOs and more on these can be seen in the CHO section of this Annual Report. Development and completion of plans for the remaining CHOs are well underway. Implementation of *Healthy Ireland* plans continued in Saolta University Health Care Group, UL Hospitals Group, RCSI, Dublin Midlands and Ireland East Hospital Groups. Planning commenced with South / South West Hospital Group for the development of their plan.
- *Healthy Ireland Survey 2018, Summary of Findings* was launched and some key survey findings can be seen on page 18 of this report.
- Promoting positive mental health
  - A number of initiatives were rolled out including training 312 teachers to support the mental health of primary school

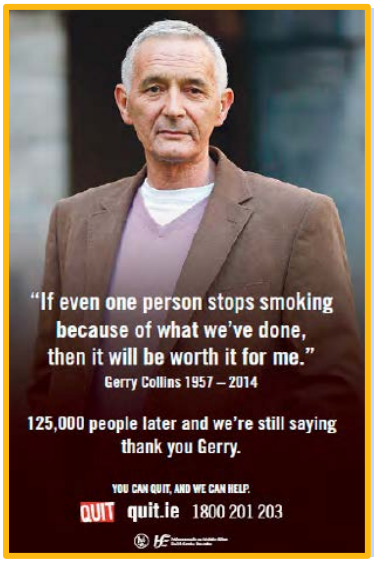
children through the Zippy's Friends programme.

- The MindOut programme was launched to support the social and emotional wellbeing of young people aged 15 to 18 years. 18 training days were delivered, reaching 267 post primary school teachers and Youthreach centre teachers across the country.
- The Minding Your Wellbeing programme was delivered to over 900 staff.
- The *National Men's Health Action Plan Healthy Ireland – Men HI-M 2017-2021* continued to be implemented, including the delivery of Men's Health Week in June and Men's Health Engage training programme to 612 participants.

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

Improving the health and wellbeing of the population

- Making Every Contact Count (MECC)
  - A new third level curriculum called Making Every Contact Count for Health Behaviour Change was officially launched. This is a collaboration between the HSE and Higher Education Institutions to prepare newly qualified health professionals with the skills needed to engage with patients and encourage them to make healthier choices and reduce their risk of chronic disease.
  - The MECC on-line training programme went live and provides the knowledge and skills required to undertake a brief intervention in the main lifestyle risk factors for chronic disease, which are tobacco, unhealthy eating, inactivity, alcohol and drugs. Three train the trainer programmes were completed to train Health Promotion and Improvement staff to deliver the skills workshop and face to face element of the training programme.
- All nine self-management support co-ordinators are now in position within the CHOs to promote and co-ordinate services, increasing patients' skills and confidence in managing their own health conditions.
- Healthy Eating and Active Living Programme
  - *Let's Get Active* booklet was published to support staff in promoting awareness of the benefits of physical activity as a powerful therapeutic tool for people with mental health difficulties.
  - 6,524 staff across all CHOs and Hospital Groups participated in the national Steps to Health challenge in May, supported by 469 team co-ordinators. On average, there was a 70% increase in activity levels recorded between week one and week five of the challenge.
  - Move for Life, a research project funded by the Healthy and Positive Ageing Initiative (HaPAI) was launched. The purpose of the project is to carry out an evaluation of peer mentoring intervention, designed to broaden and increase access to existing Move for Life programmes, to help those aged over 50 years that are inactive to become more active.
  - As part of developing the *Healthy Weight for Children Framework* and in partnership with Safefood, the *START* campaign, *START your child on a healthy lifestyle* booklet was published. In excess of 4,000 visits were made to *www.makeastart.ie* and four community activity programmes were delivered in collaboration with section 39 funded partners, including Parkrun and Community Games.
- Alcohol Programme
  - Based on findings from the first Irish survey on alcohol harm to others (AH20), the HSE



A tribute to Gerry Collins and family

Since the summer of 2013 Gerry Collins and his family have inspired over 1.3 million people to quit smoking. Gerry, who shared an insight into his family life and how they coped with his diagnosis of tobacco-related throat cancer in the QUIT campaign's films and TV adverts, had an extraordinary impact on people to quit smoking. Gerry wanted to share his story to help people avoid the illness and premature separation from loved ones.

The remarkable impact of this campaign was marked by the release of a new video to show gratitude to Gerry and his family who together have changed many lives for the better. In conjunction with this, Gerry's daughter Lisa published a memoir about the campaign called *The Man who Moved the Nation.*

published a report *The Untold Story: Harms experienced in the Irish population due to others drinking* that quantifies some of alcohol's harm to others in Ireland. Some key survey findings can be seen on page 18 of this report.

- *Alcohol and Drugs: A Parent's Guide* was launched and is filled with information and practical advice for parents on how to talk to their teenagers about alcohol and other drugs.
- In December, the *Public Health (Alcohol) Act* was signed into law. This was a significant milestone for the www.*askaboutalcohol.ie* campaign and marked the achievement of one of the core objectives of the campaign.

- Tobacco Free Ireland
  - The *State of Tobacco Control in Ireland, 2018* was launched by the Tobacco Free Ireland Programme. It describes the scope and impact of tobacco control activities undertaken by the HSE over the past number of years which have contributed to the reduction in the number of people smoking in Ireland today. Two secondary analysis reports *Adult Smoking in Ireland* and *Youth Smoking in Ireland* were also launched and findings from these reports can be seen on page 19 of this Annual Report.
  - In collaboration with *Tobacco Free Ireland* partners, a conference was held to mark World No Tobacco Day with the aim of supporting communities to take action to achieve the *Tobacco Free Ireland* 2025 goal of less than 5% smoking prevalence in Ireland. Research published at the conference indicated that those most vulnerable in our communities are most at risk of death and long-term smoking-related illnesses.
  - Implementation of the national tobacco free campus policy progressed across all CHO and Hospital Group sites.
  - QuitManager is a comprehensive smoking cessation patient management system and will facilitate electronic referral to the HSE's QUIT service and detailed feedback reporting. Following input from key stakeholders, including extensive user acceptance testing and training of a group of 'super users', the QuitManager system was adapted and designed to meet the needs of smoking cessation services and QUITline. In November, QuitManager went live for the national QUITline and in a number of community and hospital services with further roll-out due in 2019.

- Sexual health and wellbeing
  - As part of the implementation of the *National Sexual Health Strategy 2015-2020* and the strengthening of parents' role in sexual education *Talking to Your Young Child about Relationships, Sexuality and Growing Up* was launched. This resource will support parents to talk to their younger children about relationships and sexuality in a gradual, age appropriate way.
  - The foundation programme in sexual health promotion, which is a comprehensive capacity building training programme for service providers who want to develop their confidence, skills and knowledge in the areas of sexual health promotion, was delivered across a number of CHOs.
  - The 16th annual all-Ireland gay health forum was launched in partnership with Gay Health Network and with support from the DoH. The aim is to present an opportunity for those involved in the areas of HIV, sexual health and other health related issues for men who have sex with men (MSM) to network and share knowledge.
  - The new sexual wellbeing campaign *#RespectProtect* was launched and more on this can be seen on page 56. To support this campaign *www.sexualwellbeing.ie* was also launched to provide information on many aspects of sexual health including consent, relationships, contraception, sexually transmitted infections and crisis pregnancy.
- Nurture Programme
  - Accidental injuries in children aged up to five years of age are a leading cause of harm and death among children in Ireland. To combat this, the original Child Safety Awareness Programme has been updated to address new child safety risks and includes an e-learning module, available through *www.hseland.ie* together with updated child safety resources for public health nurses, parents and carers.
- Dementia – Understand Together
  - The success of the Dementia Understand Together campaign, co-created with people with dementia and their carers has resulted in increased levels of understanding of dementia and almost six in ten people have reported taking some action as a result of the campaign. A Dementia Understand Together Facebook page was launched with 19,000 followers. 5,610 people received advice and support via the free Helpline service, an increase of 13% since the campaign launched in 2016. Over 190 people across Ireland have volunteered to become Dementia Understand Together Community Champions.

Pictured above: At the launch, Minister for Health, Simon Harris TD, reads the new My Child: 0 to 2 years book for parents with Sadie Sheridan, Elena Holly McGrath and Cormac O'Brien

As part of the National Healthy Childhood Programme, a new pregnancy and child health website *www.mychild.ie* was launched. It is designed to be a one stop shop for parents and parents-to-be where they can access trusted information and advice on pregnancy that will influence their child's health and wellbeing through their first three years. The books *My Pregnancy, My Child 0 to 2 years* and *My Child 2 to 5 years* were launched, providing evidence-based information from experts to parents and parents-to-be.

Protecting the population from threats to their health and wellbeing

- Control of healthcare associated infections (HCAI) and antimicrobial resistance (AMR) is the responsibility of everyone who works in or accesses our health services. A number of initiatives are underway throughout the health service and further information on these can be seen in the Quality and Safety section of this Annual Report.
- Protecting the population from the spread of communicable diseases is an important priority for us. Timely and effective responses were provided to 727 notifiable infectious disease outbreaks and 4,144 individual outbreak associated infectious disease cases around the country.
- Immunisation
  - The influenza campaign *#YourBestShot* was launched in October with a strong emphasis again on increasing uptake rates among healthcare workers. The impact of this campaign, which included a peer vaccination programme, has resulted in increased uptake of the vaccine among healthcare workers in acute hospitals and long term care facilities. In acute hospitals, uptake increased to 44.8% in 2017 / 2018 compared to 34% in 2016 / 2017. In long term care facilities, uptake increased to 33.1% in 2017 / 2018, compared to 27.1% in 2016 / 2017.
  - Rotavirus and meningococcal B vaccines have been implemented as part of the national primary childhood immunisation schedule and the uptake of these vaccines are in line with uptake for other vaccines in the schedule.
  - A social media and digital print communications campaign took place to highlight the importance of getting the pertussis (or whooping cough) vaccine during pregnancy, including through publication of *My Pregnancy* and information on the new *www.mychild.ie* website. From November each pregnant woman is entitled to receive the pertussis vaccination free of charge during pregnancy.
  - The HPV vaccine information campaign was launched in March to support parents in making an informed decision in ensuring their daughters get the vaccine and get protected from cervical cancer. The uptake rate for HPV vaccine has increased significantly (uptake rate for two doses of the vaccine for the 2017 / 2018 academic year is at 59.4%, up from 49.4% in the 2016 / 2017 academic year).
- As part of the National Newborn Bloodspot Screening Programme, screening commenced in December for two new metabolic conditions (Medium Chain Acyl-CoA Dehydrogenase Deficiency and Glutaridc Aciduria Type 1 (GA1). These are rare but treatable inherited conditions and, with screening, newborns can be diagnosed and treated early to prevent serious and potentially life threatening complications.

Environmental Health Service

- In general, compliance with the *Public Health (Tobacco) Act 2002* was high. However, there were 27 prosecution cases in 2018 which resulted in convictions for tobacco related offences.
- The *Food Safety Authority of Ireland Service Contract 2016-2018* was implemented and all aspects of the service contract were complied with.
- The *Public Health (Sunbeds) Act 2014* is designed to protect young people and promote a more informed choice amongst adults in relation to the use of sunbeds. Year four of the Public Health Sunbeds Inspection Programme involved the undertaking of a number of inspections, test purchases and mystery shopper inspections.

- Work continued to identify and agree a sustainable funding model to ensure compliance with fluoridation requirements in public water supplies.
- As part of 2018 food import activities, 3,020 consignments of food were assessed with 7,048 routine checks and 583 additional control checks undertaken.
- Engagement on the implications of the *Public Health (Alcohol) Act 2018* is on-going with the DoH.

National Screening Service

- BreastCheck
  - As part of the phased implementation of the BreastCheck age extension for women aged from 65 to 69 years, which commenced in 2016 and is due to conclude in 2021, screening was extended to the remaining women aged 66 years, together with a portion of women aged 67 years.
  - Uptake remained high with a greater number of women attending for mammography screening than was targeted.
- CervicalCheck
  - 370,000 smear tests in all settings were carried out in 2018 compared to 280,000 in 2017. It should be noted that for performance purposes, CervicalCheck reports only those tests carried out in a primary care setting and these equated to 340,000 in 2018 compared to 260,000 in 2017. The additional demand for tests in 2018 created a backlog of women waiting for results with some waiting up to 27 weeks. Sourcing additional capacity to clear the backlog is an on-going priority for the programme but challenges still remain.
- BowelScreen
  - Targeted communication and promotion of the BowelScreen programme was undertaken to increase uptake of the programme amongst eligible men and women aged 60-69 years. Participation amongst men was still lower than women and focused campaigns targeting men were undertaken during the year, including through Men's Sheds and at the Ploughing Championship.
- Diabetic RetinaScreen
  - A digital surveillance screening programme and model of care continued to be rolled out successfully on a pilot basis. This digital surveillance, when fully implemented, will enhance the patient treatment pathway by removing the requirement for a hospital outpatient appointment.
  - Uptake of the screening programme by people with diabetes aged 12 and over remained high with the number of people attending greater than was targeted.

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

Following discovery of the issues which emerged in relation to the CervicalCheck screening programme, a Serious Incident Management Team was established in April and a helpline set up to allow women with concerns regarding previous smear tests to get information.

In May, the Government established a scoping inquiry led by Dr Gabriel Scally.

A Steering Group was established to oversee the implementation of recommendations under the auspices of the CervicalCheck Steering Committee established by the Minister and work commenced on receipt, in June, of the first progress report from the scoping inquiry, containing six recommendations.

Dr Scally published his final report in September which contained 50 more recommendations that will improve both the CervicalCheck screening programme and other screening programmes. An Implementation Plan for all the recommendations, setting out 126 actions, was published in December.

Behaviour change campaigns 2018

A number of HSE campaigns continued in 2018 to promote the health and wellbeing of the population and to make public health services more accessible such as:

Ask About Alcohol – improving people's knowledge about alcohol and how it affects us health wise

#DrinkLessGainMore www.askaboutalcohol.ie

Protect Our Future – providing information on the importance of the HPV vaccine

#ProtectOurFuture www.hpv.ie

Your Best Shot – annual influenza campaign encouraging staff and at risk groups to get vaccinated against flu.

#YourBestShot www.hse.ie/flu

START focusing on a healthier lifestyle for children

#MakeAStart #PauseForPlay www.makeastart.ie

Little Things – focusing on the little things we can do to protect our mental health.

Green Ribbon campaign – getting people to talk openly about common mental health problems.

#LittleThings www.yourmentalhealth.ie

Dementia: Understand Together – increasing understanding, keeping friendships, community and family connections alive so that more people can live well with dementia.

#UnderstandTogether www.understandtogether.ie

QUIT – continuing to provide free, personalised support to help people to quit smoking.

#YouCanQuit www.quit.ie

New Campaigns 2018

Pictured above at the campaign launch: Dr Eamon Keenan Consultant Psychiatrist and HSE Clinical Lead for Addiction (centre), Emma Lynam and Áine O'Connell HSE Communications (left), Tony Duffin (CEO), Rebecca Doyle, Paul Duff and Nicki Killeen from the Ana Liffey Drug Project.

In light of the upward trend in cocaine use and associated deaths, the Do You Use Cocaine campaign was launched for drug users and health professionals with the Ana Liffey Drug Project to raise awareness of the dangers of using cocaine. More on this can be viewed on *www.drugs.ie*.

Pictured above: Helen Deely, Programme Lead, Sexual Health and Crisis Pregnancy Programme; Darragh O'Loughlin, Secretary General, Irish Pharmacy Union; Grainne O'Leary, Hanover Quay Pharmacy and Minister for Health, Simon Harris TD.

#RespectProtect a new sexual health campaign was launched to provide information on many aspects of sexual health, proving greater flexibility in conveying more targeted and credible safer sex messages to young people. A national public awareness campaign, in partnership with the Irish Pharmacy Union, was also launched to increase public awareness of the emergency hormonal contraceptive. The campaign is supported by the new website *www.sexualwellbeing.ie.*

Community Healthcare

Community healthcare services include primary care, social inclusion, disability services, mental health, older persons' services and palliative care services, and are provided for children and adults, including those who are experiencing marginalisation and health inequalities.

Primary Care

Working to deliver accessible, comprehensive, continuous and co-ordinated primary care to service users close to home through community-based interventions, reducing the need for admission to hospital.

Services include primary care teams, community healthcare networks, general practice and social inclusion. A wide range of core services are provided by GPs, nursing and health and social care professionals, working with wider community services (disability, mental health, older people and palliative) and acute hospital services in response to service user needs.

People with Disabilities

Supporting and enabling people with disabilities to live the life of their choosing in their own homes, in accommodation that is designed and / or adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible.

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.

Mental Health

Promoting positive mental health to enable people get the most out of spending time with their families and friends. Successfully treating those who experience mental health problems 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 (child and adolescent mental health service, general adult and psychiatry of later life), mental health of intellectual disability, community residential and continuing care residential services.

Older People

Empowering older people to live independently in their own homes and communities for as long as possible. Improving the quality of life for those with more complex health and social care needs by shifting the delivery of care towards community-based, planned and co-ordinated care.

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

Community healthcare services are delivered across nine Community Healthcare Organisations (CHOs) and are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. The Chief Officer in each CHO has full responsibility for the delivery of all primary, community, social and continuing care services within their area, working to ensure appropriate integration with secondary care and all appropriate stakeholders.

Primary Care

Co-ordinated care to those experiencing homelessness

The Safety-net homeless primary care team, which is funded by the HSE, provides co-ordinated care to those experiencing homelessness in conjunction with St. James's Hospital, the Mater Misericordiae University Hospital and mental health services. The team won the Supporting a Healthy Community Award at the Health Service Excellence Awards 2018. Through nine fully equipped GP and nurse clinics, care is provided to approximately 500 homeless people monthly. In-reach specialty primary care and mental health services are provided to homeless accommodation with out of hours outreach service provided through mobile health units.

Pictured above: A primary care team with a difference. Dr Fiona O'Reilly leading her team to success and winning a Health Service Excellence Award in 2018.

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

- Community Healthcare Networks (CHNs) are essential to the development of smooth, clear pathways of care between community and acute services. Significant planning was undertaken in preparation for the implementation of CHNs in 2019 to support the delivery of a model of integrated and patient-centred care, ensuring optimal care is being provided in the most appropriate setting.
- Coverage and services provided by Community Intervention Teams (CITs) and Outpatient Parenteral Antimicrobial Therapy (OPAT) services was expanded to facilitate avoidance of admission to and support early discharge from hospitals. New services opened in Sligo and Laois / Offaly. Hospitals were also supported to increase the number of patients who are taught to self-administer intravenous antibiotics allowing them to access their care away from hospital and closer to home.
- Progress is on-going in three of the CHOs to expand or establish paediatric eye care teams with new sites being selected and equipped and staff recruitment underway.
- GP Services
  - Direct access by GPs to ultrasound was further strengthened with 23,471 ultrasounds provided in a number of CHOs thus minimising the need for referrals to outpatient departments.
  - A contract was agreed to allow GPs to provide terminations at nine weeks of pregnancy and under in a primary care setting.
- The recruitment of 111 assistant psychologists and 20 staff grade psychologists was completed, funded by mental health services.
- 16 primary care centres became operational, bringing the total number of primary care centres in operation to 126.
- *Primary Care Island Services Review* was published focusing on the provision of health services to nearly 3,000 people living on 18 islands off the coast of Ireland. The review

sets out 71 recommendations designed to provide a fair, high quality and sustainable primary care services to island communities.

Hepatitis C

- 1,615 patients received treatment as part of the hepatitis C treatment programme.
- A new patient-focused on-line resource was launched on World Hepatitis Day 2018 and is available on *www.hse.ie/hepc*. It provides easy to understand information regarding symptoms, treatment and prevention of hepatitis C and is aimed at those who may be at risk or who in the past may have been at risk of contracting hepatitis C.

Improving health outcomes for the most vulnerable in society

Addiction Services

- Implementation of *Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland, 2017-2025* was further progressed:
  - Training was delivered to GPs and pharmacists in the community to facilitate the roll-out of suboxone as an alternate opioid substitution treatment to methadone. An additional 95 GPs were trained to prescribe suboxone with 220 patients in receipt of suboxone by end of the year.
  - Naloxone training and prescribing continued during the year to address the issue of opioid overdose. Naloxone was administered in overdose situations on 190 separate occasions. On international overdose awareness day, nasal naloxone was introduced in Ireland and by year end 775 nasal preparations were distributed.
  - Screening and brief intervention training for alcohol and substance misuse (SAOR) training was delivered to 1,469 people.

Engagement with service users

- The *National Standards for Better Safer Healthcare* continued to be rolled out.
- An extensive consultation process was undertaken in four key locations across the country as part of the development of a National Traveller Health Action Plan, a recommendation of the *National Traveller and Roma Inclusion Strategy 2017 – 2021*.
- A community-based liaison and support service was established for women and families affected by the issues within CervicalCheck screening programme.

  - The number of monthly site visits to *www.drugs.ie* peaked in November, with the site receiving 321,946 hits and 23,422 people completing the on-line self-assessment and brief intervention.
  - Work progressed in establishing a supervised injecting facility in the Dublin city centre area. A contract was entered into for the pilot phase of its development. The medically supervised initiative seeks to bring vulnerable people to a place of safety which is clean and supervised, enabling access to a harm reduction service that will contribute towards improving their health and to reducing drug related deaths. The planning process is underway with Dublin County Council.

Homeless services

- Implementation of *Rebuilding Ireland, Action Plan for Housing and Homelessness, 2016* progressed through:
  - Roll-out of the *National Hospital Discharge Protocol for Homelessness (Guidance Framework)*, supporting the development and pilot implementation of a Dublin homeless hospital discharge protocol and model of care.

- Enhanced in-reach specialty primary care services to homeless accommodation and increased outreach services for difficult to reach homeless people with complex needs.
- Expansion and development of services through section 39 service providers and regional homeless supports was further supported with regard to accommodation (temporary and long term), specialist multi-disciplinary supports and other services.
- Provision of wrap-around health support for housing first tenancies in line with the *Housing First National Implementation plan 2018-2021.* The expansion of such services was rolled out in Cork, Limerick, Galway and Waterford and enhancement of existing Dublin housing first programmes was rolled out through the service reform fund.

Traveller, refugee, asylum seeker and Roma communities

- A number of initiatives were progressed to improve the mental health of the Traveller community including the appointment of Traveller Mental Health Co-ordinators in six CHOs, with appointments pending in the remaining three CHOs.
- A Roma primary healthcare project commenced.
- The Mobile Health and Screening Unit, established to provide health screening and basic primary care for refugees and other marginalised groups, conducted 1,644 assessments across the country. This service, delivered by Safetynet primary care in partnership with social inclusion services comprises a core health team of a GP, nurses, a radiographer and an interpreter. An innovative development is the establishment of a radiographic service in the unit that is linked to the National Integrated Medical Imaging System (NIMIS) at St. James's Hospital.
- In line with the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021* and *Ireland's Second National Action Plan on Women, Peace and Security 2015-2018,* 160 frontline staff undertook domestic, sexual and gender-based violence (DSGBV) training and 25 participants commenced a second national DSGBV train the trainer programme.
- Social Inclusion services were involved in the development of *LGBTI+ National Youth Strategy 2018-2020*, which has three main goals for LGBTI and young people. They are to create a safe, supportive and inclusive environment, to improve their mental, physical and sexual health and wellbeing and to develop the research and data environment to better understand their lives.

Primary Care Reimbursement Service

Delivering primary care schemes through the primary care reimbursement service

The Primary Care Reimbursement Service (PCRS) supports the delivery of primary care services by providing reimbursement services to 7,000 contractors for the provision of health services to members of the public in their own community. PCRS also manages the National Medical Card Unit to assess eligibility for Primary Care schemes.

- The reduction in the prescription charge and in the monthly threshold, and the increase in the earnings disregard for those on Disability Allowance (intended to enable people with

disabilities to work while maintaining their medical card), was implemented from the start of the year.

- Prices of patent-expired medicines were reduced as generic and biosimilar products became available.
- Roll-out commenced in September of the scheme to provide GP visit cards to those in receipt of carers allowance or carers benefit, with approximately 3,000 people receiving the card.
- The Freestyle Libre flash glucose monitoring system is a device which can be used as an alternative to invasive daily injections of insulin, alleviating inconvenience and discomfort for children and young adults and a positive step in the management of diabetes. Following a review by the HSE's Health Technology Assessment Group, reimbursement of FreeStyle Libre for children and young adults with type 1 diabetes was approved under the Community Drugs Schemes (subject to review at one year).
- Applications in relation to new drugs and new uses of existing drugs were assessed and reimbursed in accordance with the procedures outlined in the Framework Agreement.

Improving service provision through technology

Pictured above: Five-year-old Ella Treacy from Dublin at the launch of the new on-line medical card service

- New services were launched to allow on-line application for the medical card and Drugs Payment Scheme service. The system is accessible 24 hours a day, seven days a week and, for the medical card, users can immediately find out if they may be eligible.
- A new dental on-line claim system was launched allowing Dental Treatment Services Scheme contractors to submit dental claims on-line. A second phase will see the roll-out of the scheme to dentists applying on-line for prior approval from their principal dental surgeon which will in turn improve the turnaround time for approval for patients receiving treatment under the scheme.
- The High Tech Ordering and Management System (High Tech Hub) went live for all community pharmacies in March, streamlining administration of the scheme for pharmacists and providing enhanced visibility of stock management and spending on the scheme to the HSE.

Disability Services

Effective participation in decision-making

As part of implementation of Transforming Lives, *Effective Participation in Decision-Making Planning for Ordinary Lives in Ordinary Places* was launched in September and was developed in collaboration with service users, families, carers and organisations working with those with disabilities.

The plan identifies four core values that will motivate, guide and direct the effective participation of people with disabilities, and families, in decision making. These are autonomy, respect, creative responses, and mutual support.

A step by step guide to implementation was also developed that provides clear information for managers and staff to support them to build the capacity of people with disabilities, their families and advocates to successfully participate in effective decision making process that directly affect their lives.

Pictured above: Martin Naughton, a member of the group responsible for developing the plan, which was dedicated to his memory. Martin is remembered as an inspirational leader, a communicator and networker who kept driving the message on behalf of those with disabilities Nothing About Us, Without Us

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

- *Towards Personalised Budgets for People with a Disability in Ireland – Report of the Task Force on Personalised Budgets* was published, setting out how personalised budgets could work as a funding mechanism for people with a disability. A project manager was recruited to implement the recommendations of the Task Force.
- *The National Disability Inclusion Strategy 2017-2021* is a whole of Government approach to improving the lives of people with disabilities and incorporates a number of policies including the *Comprehensive Employment Strategy for People with Disabilities 2015-2024.* A process has commenced to support people with disabilities who have access to adult day places, to defer that place while they explore mainstream work or further education options.
- In conjunction with the Department of Housing, Planning and Local Government and the DoH, 91 houses were purchased and are being upgraded to provide homes to those transitioning to community services from institutional care.

Time to move on from congregated settings – A Strategy for Community Inclusion – supporting the move from institutional to community settings

- Supporting independence and choice for people with disabilities was further enabled through continued implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion*. 155 people transitioned from institutional settings to more appropriate accommodation in the community. The strategy identified over 4,000 people in congregated settings and this has now been reduced to less than 2,200.
- As part of an innovative programme of change, supported by Atlantic Philanthropies, Genio, the DoH and the HSE, a range of

programmatic inputs have been established, including service user and staff mentoring and training as well as establishing the role of community connectors, to facilitate access to mainstream community supports and services. In partnership with Genio, work is on-going to build on learning to date which aims at better and more co-ordinated strategic alignment of statutory roles in the area of housing, training, employment and education.

- Delivering on service improvements and focusing on compliance with HIQA regulatory standards, implementation of the *National Quality Improvement Operational Plan for Disability Services in Ireland (2018-2020)* has been a key focus. All designated centres for people with disabilities have been registered by HIQA. A range of actions have been implemented to improve quality within disability residential centres as follows:
  - Establishment of a Change Hub on HSELanD providing tools and supports for disability residential providers which span a spectrum of key competency areas such as governance and leadership, personal planning and self-assessment tools.
  - A National Workshop Summit for residential providers engaged in the HIQA Registration Cycle was held in Croke Park. Approximately 130 people participated in this event.
  - Establishment of a webinar series involving the active participation of 40 disability residential centres on a range of regulatory topics such as risk management, safeguarding and personal planning.

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

- Promoting and developing independent life skills for students leaving secondary school, through appropriate day services is a focus in implementing *New Directions.* Approximately 1,500 young people leaving school or graduating from rehabilitative training programmes were supported during the year.
- A person-centred planning framework was developed.
- Interim standards for *New Directions* through the EASI (Evaluation, Action and Service Improvement) process commenced.

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

- As part of the reconfiguration of 0-18s disability services into children's disability networks, the recruitment process for children's disability network managers progressed and will be completed in early 2019.
- Implementation of the joint protocol between Tusla and the HSE, the National Access Policy, including recommendations from the Children's Ombudsman (the 'Molly' Report) progressed with workshops delivered to managers responsible for implementation within the CHOs.

Neuro-Rehabilitation strategy

- The *National Strategy and Policy for the Provision of Neuro-Rehabilitation Services in Ireland (Implementation Framework 2019 – 2021)* was published which is a three year plan, built on a 10-step programme encompassing clear governance structures, population planning and a mapping approach to inform service development requirements to improve the quality of life of people living with neurological conditions.

- To progress the implementation of the strategy, a project has been designed that demonstrates the operation of the managed clinical rehabilitation network in line with the model of care for rehabilitation medicine.

Respite support for those with disabilities and their families – Government Disability Respite Programme – 2018

- Additional investment has greatly enhanced provision of respite services across the country. Additional facilities opened in each CHO, benefiting a total of 763 people in 2018. In addition, 15,144 additional hours of in-home respite sessions were delivered to approximately 400 people and 1,296 alternative respite sessions were delivered through holiday clubs and evening / weekend sessions.

Mental Health

Advanced on-line resources available

www.yourmentalhealth.ie was updated to provide a significantly improved experience for those seeking mental health information, supports and services. People can now access personalised options through a search tool that generates information on on-line resources, telephone and face-to-face services relevant to a wide range of mental health issues including depression, anxiety and stress.

Pictured at the launch of the redeveloped website: Minister of State with special responsibility for Mental Health and Older People, Jim Daly TD, Shazny McNally, Rebekah Connolly, Deividas Morkunas, Aine O'Connell and Caitlin Grant.

Promoting positive mental health

- *Connecting for life* sets out a vision of an Ireland where fewer lives are lost through suicide:
  - An additional five local *Connecting for Life* Suicide Prevention Action Plans were developed bringing the total to 17 plans developed nationwide. More on these can be seen within the CHO sections of this Annual Report.
  - Suicide bereavement programmes for staff and communities were developed in collaboration with the Irish Hospice Foundation.
  - Two suicide prevention training programmes were implemented (safeTALK and ASIST).
  - A Best Practice Guidance for Suicide Prevention Services to help ensure safe and high quality services for people vulnerable to suicide was developed.
- An outcomes-based monitoring and evaluation system of suicide prevention training is in place.
- An interim strategy review of *Connecting for Life* implementation was progressed.

Research on suicide prevention

- The *National Office for Suicide Prevention, Annual Report 2017* and the *National Suicide Research Foundation's Self Harm Registry Report 2017* were launched with provisional data for 2016 and 2017 indicating a decreasing trend in Ireland's suicide rate.
- The Men's Health Forum in Ireland and the HSE launched *Middle-Aged Men and Suicide in Ireland Report* that examines why middle aged Irish men have the highest rate of suicide of all age groups in Ireland.
- A new study carried out by the National Office for Suicide Prevention and the Irish College of General Practitioners found that 77% of survey respondents have experienced a patient suicide. The study highlighted that GPs consistently reported a desire for further suicide prevention training and that, for those who had undertaken further training, they showed a more positive attitude towards suicide prevention, more confidence in dealing with patient needs and identifying appropriate service for onward referral.

- Implementation plans were completed for *The National Framework for Recovery in Mental Health 2018-2020* building on the committed efforts of service users, family members, carers and service providers to

develop a more recovery-oriented mental health service. Two new Recovery Colleges were opened to support people with mental health needs to engage in recovery through education.

- 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. New creative messaging relevant to second level students was developed and launched in November.
- *Let's Get Active* guidelines were launched aimed at supporting staff to promote awareness of the benefits of physical activity as a powerful therapeutic tool for people with mental health difficulties.

Improving access to mental health services and improving service user flow

- Enhancement of primary care-based services
  - An evaluation of Jigsaw services, funded by the HSE to provide primary care mental health interventions to young people, was undertaken which will inform future service developments.
- Enhancement of secondary mental health services
  - One new CAMHs team was put in place, increasing the total to 70 teams nationally, and one psychiatry of later life team was also developed increasing the total to 31 teams nationally.
  - In partnership with the national youth organisation, SpunOut, 16 videos were created to give introductory information on CAMHs, how it fits within wider health services and the routes and pathways for referrals.
  - Seven-day per week community mental health services were enhanced in all CHOs to ensure supports for vulnerable young persons in line with *Connecting for Life*.
  - The recruitment process for ten advanced nurse practitioners commenced.
  - Implementation of the HSE's Specialist Perinatal Mental Health Services Model of Care commenced. Specialist perinatal mental health multi-disciplinary teams are up and running in the maternity hospital / service hub of three of the Hospital Groups.
  - The construction of the new national forensic hospital commenced and is on target to deliver 170 beds in 2020.
- Implementation of Clinical Programmes
  - A new model of care, developed in partnership with Bodywhys and the College of Psychiatrists of Ireland, for the treatment of eating disorders in Ireland was launched. The first two dedicated teams to provide specialist eating disorder services commenced in May serving CAMHs and adult services across Community Healthcare East, Community Healthcare Dublin South, Kildare and West Wicklow and Midlands Louth Meath Community Healthcare. A third team is in recruitment for Cork Kerry Community Healthcare.
  - A model of care was developed for people with severe and enduring mental illness and complex needs and two specialist rehabilitation inpatient units were opened to provide specialist interventions for people with severe and enduring mental illness and complex needs.

Older Persons' Services

Dementia Understand Together

Moments in Time garden at Bord Bia's Bloom is an initiative of the Dementia Understand Together campaign, which aims to create an Ireland that embraces and includes people with dementia, and which displays solidarity with them and their loved ones.

To coincide with the unveiling of the garden, the campaign has published its *Top Tips for a Dementia-friendly Garden* for members of the public on-line at *www.understandtogether.ie/bloom* which includes recommended plants to stimulate memory.

An ambassador for Dementia: Understand Together, Nora Owen (former Minister for Justice) unveiled the campaign's Moments in Time show garden at Bord Bia's Bloom

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

- Extra funding was provided in March to enhance delivery of services during adverse weather conditions, providing 156,000 additional home support hours and supporting approximately 300 additional people to leave hospital which otherwise would not have been possible. 6,874 transitional care beds were also made available. More on the Winter Plan can be seen on page 34 of this Annual Report.

Enhancing home support services

- The HSE moved to a single funded home support service, combining the home help service and the home care package scheme into a single home support service for older people. This change improves accessibility and experience of these services for older people and their families. It makes the home support service easier to understand and reduces complexity of the application process. The delivery of intensive home care packages remains separate.
- The Consumer Directed Home Support, an approach to delivering home support at home was introduced as an option, giving people greater control and choice in relation to days and times of service delivery.
- A new tender for home support services was completed which provides a list of HSE approved providers for the delivery of home supports for those who require it when HSE directly employed staff are not available.

Preventing harm from falls

- Slips, trips and falls are the leading cause of injury in people aged over 65 years and can have a devastating impact, causing suffering and loss of independence and for some, the need for nursing home care. AFFINITY, which is the HSE's national falls and bone health project aims to build a system wide approach to preventing harm from falls in Ireland. As part of this work, the HSE, together with the State Claims Agency, hosted a symposium on falls prevention and

bone health in Dublin Castle where more than 200 delegates attended. With representatives from the HSE, State Claims Agency, Age Friendly Ireland and Older People's Council, attendees had the opportunity to hear about the pioneering work in falls prevention and bone health both nationally and internationally with speakers from Ireland, New Zealand and Scotland.

Improving services and supports for people with dementia

- Implementation of *The Irish National Dementia Strategy* continued with work in progress under each of the priority areas: better awareness and understanding, timely diagnosis and intervention, integrated services supports, training and education, and leadership.
- Work progressed with key stakeholders in eight pilot sites nationally to develop a process for the design and delivery of personalised intensive home care packages to people with dementia.
- Memory technology resource rooms provide a safe environment for people with memory difficulties and their families to discuss challenges encountered in their daily lives. Assistive technology enables a person to complete day to day tasks and manage risks in the home, thus maintaining independence, improving the person's quality of life and reducing stress for carers. 23 memory technology resource rooms were launched across 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 13 demonstrator sites in 2018.
- As part of implementing integrated care for older persons in Ireland, *Early Stage Insights and Lessons for Scale Up* and *Case Management Approaches to Support Integrated Care for Older Adults* were launched at the Integrated Care Programme for Older Persons networking day in December.

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

- Residential care services continue to be provided in line with regulations.
- Implementation of findings from the *Review of the Nursing Homes Support Scheme, A Fair Deal,* in conjunction with the DoH, progressed including reconfiguration of the Nursing Homes Support Offices, which will be completed in 2019.

Implementation of the Single Assessment Tool

- The Single Assessment Tool which uses the international Residential Assessment Instrument (interRAI) assessment suite for older people continues to be implemented. This software supported information system provides a comprehensive, holistic assessment of individuals healthcare needs to support personalised care planning.
- InterRAI assessments are being implemented for older people who are seeking access to home support services and to the NHSS, so that care is provided in the most appropriate setting based on the person's identified needs.
  - Recruitment of clinical leads for SAT continued in six of the nine CHOs, with the recruitment process almost complete in the remaining CHOs.
  - A train the trainer approach is in place with training provided to 140 assessors (clinicians) and 602 non-assessors (other healthcare personnel) on the use of the interRAI system in clinical practice. A further 1,402 staff have attended information sessions.

- Over 3,000 older people in both community and hospital locations have received interRAI assessments.

Palliative Care

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

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

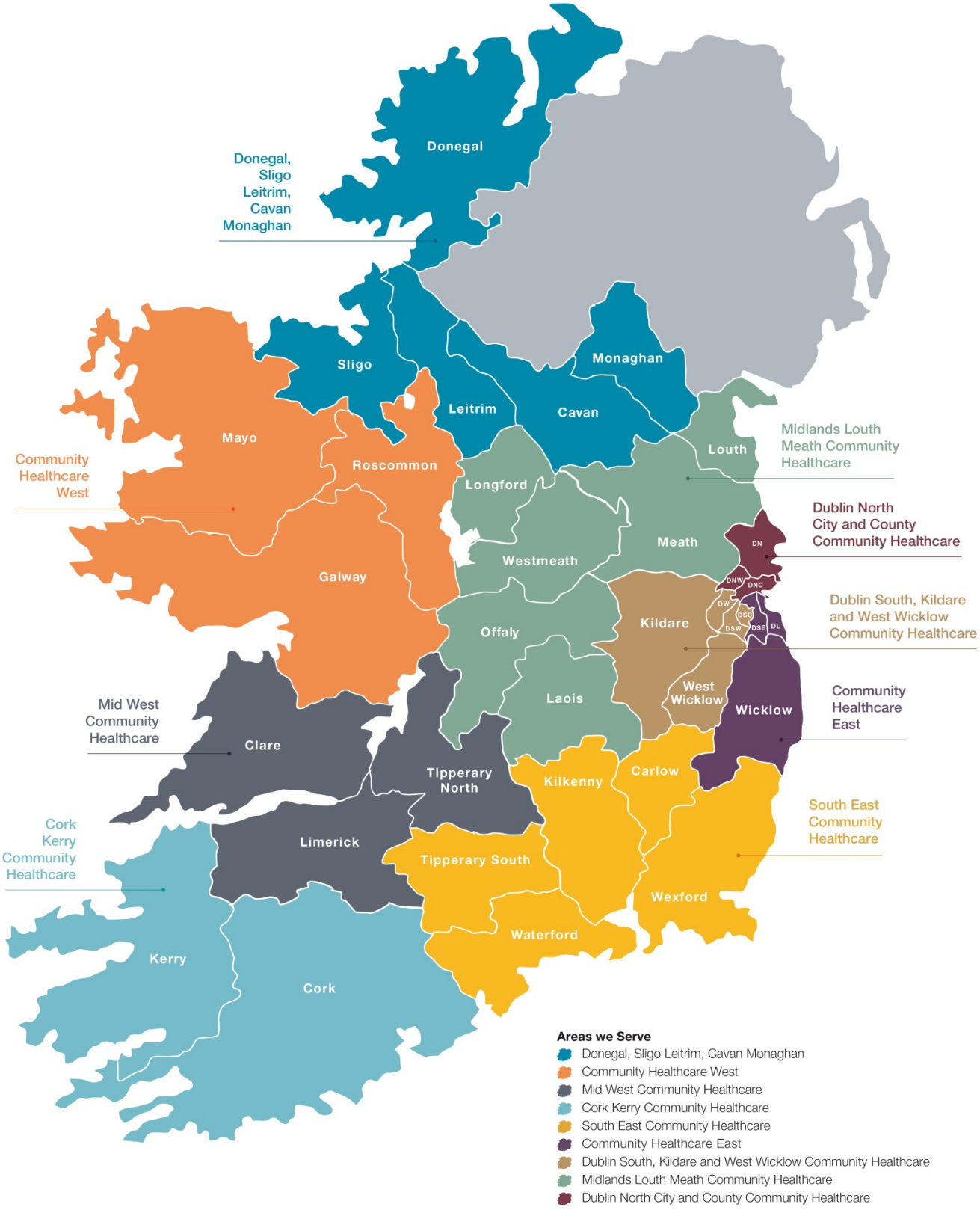
- Implementation of the *Palliative Care Services, Three Year Development Framework 2017-2019* which aims to ensure a seamless care pathway across inpatient, home care, nursing home, acute hospital and day services was progressed. Two redeveloped palliative care units opened in south Dublin and Limerick providing a total of 66 single patient rooms, as well as modern facilities for families, day care services and home care teams.
- Six additional palliative care inpatient beds were opened in Kildare.
- *Evaluation of the Children's Palliative Care Programme, 2016* was further implemented with the recruitment of a national co-ordinator for children's palliative care and a second palliative care consultant paediatrician recruited.

Community Healthcare Organisations

Delivery of community healthcare services through the nine CHOs aims to increase access, quality and integration of care to people in local communities.

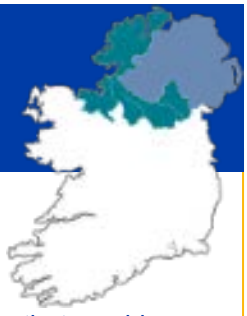
Many service improvements took place within our CHOs during the year and a flavour of these is included over the following pages.

Nine Community Healthcare Organisations



Donegal, Sligo Leitrim, Cavan Monaghan

Population: 391,281



Providing care for those with complex needs close to family life

Pictured above: Minister of State with special responsibility for Disabilities, Finian McGrath T.D. at the official opening of Antoine House and Slí na Daoine, Co.Monaghan

Slí na Daoine, a group of houses that provides semi-independent living for people with disabilities in Co. Monaghan was officially opened. Antoine House which is part of these 11 houses was also opened and offers an opportunity for those with a disability to live within a family environment as close to family life as possible.

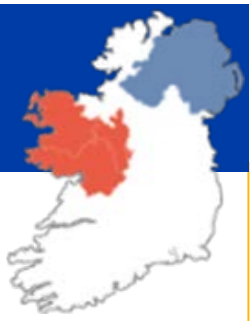
It provides 24 hour nursing care to those with complex needs and accommodates up to five adults with an intellectual disability.

- *Healthy Ireland Implementation Plan 2018-2023* was launched.
- *Sligo City Alcohol Strategy 2018-2023*, developed by Sligo *Healthy Ireland* project, in conjunction with the North West Regional Drug and Alcohol Task Force was launched.
- Community Health Synchronisation – CoH-Sync, developed by the Co-operation and Working Together (CAWT) cross-border health partnership commenced, aimed at supporting people to improve their health and wellbeing.
- The Triple P parenting programme was launched in Sligo / Leitrim. This is a free evidence-based positive parenting programme.
- A Donegal Self-Management Support Website *www.hse.ie/selfmanagementsupport-donegal* was launched, targeted at adults living with long-term health conditions.
- Ballymote Primary and Mental Health Care Centre was officially opened.
- The mPower Project was launched aimed at supporting older people with long-term conditions or chronic illnesses to live well, safely and independently in their own homes.
- The *Primary Care Island Services Review* was overseen by the CHO. This review encompasses 3,000 people living on 18 islands off the coast of Ireland.
- *CHO 1 Traveller Health Strategic Plan 2018-2022*, prepared in collaboration with Travellers and Traveller organisations, was launched.
- HIQA registration was achieved for all HSE disability residential services across the CHO.
- Ballytivnan Training Centre hosted a Fun Fest day for adults with disabilities, organised by service users.
- Alternative respite services were delivered to adults and children with intellectual disabilities and to adults and children with physical and sensory disabilities. A tender was awarded for the provision of additional residential services.
- Day services were provided to 122 people with disabilities leaving school and rehabilitative training.
- Over 200 young people attended the Born to Change World Café Research Event. This initiative allows young people to engage to inform the planning and development of mental health services to best meet their needs.
- 300 delegates including service users, carers and families attended the Mental Health Service International Conference in Cavan.

- An Integrated Care for Older Persons workshop took place seeking feedback from older people in Sligo and Leitrim.

Community Healthcare West

Population: 453,109



Enabling participation in prestigious sporting events

Six residents from Áras Attracta / Mayo Community Living were among the 1,800 athletes who took part in the Special Olympic Ireland Games. The real measure of success can be seen in the impact that participation has made on the participants lives.

Pictured left: Bernard Dunne former world champion boxer, Seamus Brennan winner of two gold medals and Fiona Mulligan chaperone.

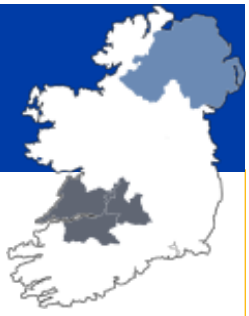
- *Community Healthcare West Healthy Ireland Implementation Plan 2018-2022* was officially launched.
- Áras Mhuire Community Nursing Unit, Tuam received a public health award in recognition that 93% of staff received the flu vaccine in the 2017 / 2018 season.
- A total of 1,159 staff participated in the Staff Step Challenge.
- New primary care centres were officially opened in Tuam, Co. Galway; Boyle, Co. Roscommon; Westport, Ballinrobe and Claremorris, Co. Mayo.
- Disability day services were successful in their application for Social Reform Fund grants through Genio for a two year project to enhance the roll-out of *New Directions*.
- As part of the on-going programme to support people with disabilities to transition to the most appropriate accommodation to meet their needs, three community houses opened to support residents move from Áras Attracta, with a further seven houses scheduled to open in 2019.
- A new purpose built acute adult mental health unit opened in Galway providing a modern, safe, therapeutic environment for people needing inpatient care.
- A series of meetings took place throughout the region with mental health services, including with family members and carers. The results of these events will inform and influence person-centred service improvement initiatives.
- A memory technology resource room for people with dementia and their families opened in Boyle Primary Care Centre.

Award / Staff Recognition

- The inaugural Staff Recognition Awards were held in October. The awards honour the achievements of those who have been either involved in a project, or provided a service that has made a real and lasting difference to health and social care service provision. Of the 61 applications received, 19 were selected as winners across three categories Service Improvement, Exceptional Service and Innovative Projects.

Mid West Community Healthcare

Population: 384,998



Combined *Healthy Ireland* Family Fun Day

Pictured above from left to right: Kay Loughran, Siobhan Stapleton, Geraldine Bennett, Josephine Rennison, Alice Riddler, Colette Malone, and Ciara Long, at the HSE Family Fun Day in the University of Limerick

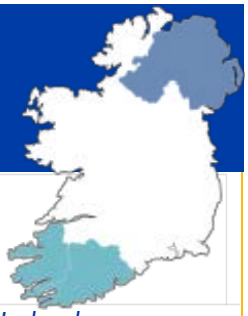
A *Health and Wellbeing Strategic Plan for HSE Mid West Community Healthcare - A Step in the Right Direction* was launched. The plan sets out a direction of travel over the next seven years and is focused on prevention, early detection and self-management.

A number of *Healthy Ireland* initiatives took place during the year including a Family Fun Day in conjunction with UL Hospitals Group, which included a 50k cycle, a 5k run / walk and a host of healthy and fun activities for all to enjoy.

- A *Strategy for a Healthy Tipperary 2018-2020* was launched.
- Barrack View primary care centre in Limerick City was officially opened providing a wide range of integrated primary care services, helping to keep people well and minimising the need for patients to be admitted to hospital.
- The *Traveller Health Unit Strategic Plan 2018-2022* was launched supporting Traveller inclusion in general service provision through the primary health care project network.
- An additional 1,610 respite nights were provided for both adults and children with a disability.
- The *Mid-West Interagency Safeguarding Committee Three Year Action Plan, 2018-2020* was launched.
- A seminar marking 18 months of the *Connecting for Life Mid West Plan* took place at Thomond Park with over 300 partners and stakeholders attending.
- A new perinatal mental health service was launched in conjunction with the University Maternity Hospital Limerick.
- A programme was designed to up-skill public health nurses and registered general nurses to set up and manage leg ulcer clinics in the community, in partnership with vascular consultants and tissue viability nurses at University Hospital Limerick (UHL). This programme delivers timely assessments to patients and reduces the demand on outpatient vascular clinics at UHL.
- Chimers, the mental health service's choir, which comprises staff, service users and supporters, participated in the Sing for Wellbeing Concert at University of Limerick concert hall.
- The Robin Wing refurbishment was officially opened within Regina House, Kilrush, a 30 bed community nursing unit (CNU) providing 24 hour care to residents. Robin Wing provides a modern purpose built environment which is comfortable and homely.
- The new inpatient specialist palliative care centre at Milford Hospice in Limerick was officially opened. The hospice contains 34 beds, all single rooms and four overnight rooms to support families and carers.

Cork Kerry Community Healthcare

Population: 690,575



Implementing *Healthy Ireland*

Pictured above: Representatives from the National Learning Network, Midleton and Meithal Mara at one of two launch events for COMPASS.

COMPASS was the first CHO *Healthy Ireland* implementation plan launched in the country, and all areas took on the challenge to enable everyone to optimise their health and wellbeing. Initiatives throughout the year included staff health checks, couch to 5k programmes and a staff wellbeing event in Tralee.

The first ever Kerry Health and Wellbeing Week took place in partnership with Cork and Kerry Community Healthcare. A men's wellbeing conference took place at Cork County Hall. Both these events coincided with World Mental Health Day.

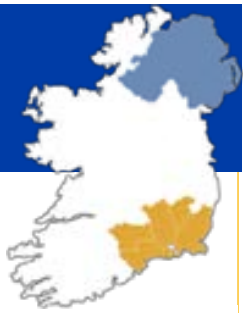
- All three mental health campuses on the north side of Cork City were declared tobacco-free.
- The new primary care centre at St. Mary's Campus, Gurranabraher, Cork, the largest of its kind in the country, opened. A new primary care centre also opened in Carrigaline, Co. Cork.
- Outreach GP-led gynaecological services, with clinical oversight from Cork University Maternity Hospital, commenced at Mallow primary health care centre.
- Training was provided to 200 staff to enable them meet the health and social care needs of refugees.
- To ensure people in residential care with a disability, are cared for in the most appropriate accommodation for their requirements, the ground floor of the St. Raphael's centre in East Cork closed and residents moved to new homes in the community. Supporting residents to move from Chluain Fhionnan, Co. Kerry was also progressed.
- A four-bed respite house in Kilmorna, Co. Kerry for adults with a disability became fully operational.
- The CAMHs service improvement project helped to reduce the number of young people waiting over a year to be seen.
- Electronic referral of patients commenced between GPs and two mental health home-based treatment teams in Cork.
- A bright and modern 25-bed extension to Bandon Community Hospital officially opened. The facility now offers almost exclusively single-room accommodation ensuring older people have their own private and comfortable space.
- The roll-out of a person-centred programme in community hospitals is being progressed.
- Work continued on the ground-breaking Five Fundamentals of Unscheduled Care project in partnership with the South / South West Hospital Group and the Special Delivery Unit. It involves planning on a three-year basis for unscheduled hospital care. Community-led initiatives include a winter respiratory pathway and the funding of a Frail Intervention Therapy Team (FITT) in Cork University Hospital ED.

Award / Staff Recognition

- The first annual Cork Kerry Community Healthcare Awards staff awards ceremony took place under the banner Making a Difference, honouring winners in nine categories.

South East Community Healthcare

Population: 510,333



Supporting those in need of respite care

Pictured above: Minister of State with special responsibility for Disabilities, Finian McGrath T.D. officially opens Windrock Respite Centre for people with disabilities and their families in Co. Wexford

To support families providing care for adults with intellectual disabilities and special needs, a further 28 people are benefiting from the opening of Windrock respite centre in Co. Wexford. This is a new four bedroom house supporting individuals to engage in meaningful activities both inside the home and out in the community. Extra funding in 2018 also increased respite capacity in other areas including extra respite nights in South Tipperary and once off summer camps for preschool and school aged children.

- A peer support and exercise group for people with chronic obstructive pulmonary disease was established in Wexford to provide encouragement and support to manage the condition through regular education and exercise sessions.
- Primary care centres in Waterford City, Dungarvan, Carrick-on-Suir and Grogan's Road, Wexford opened.
- As part of an interagency pilot initiative, aimed at providing Roma and Travellers to progress into further training and employment opportunities in the area of health and social care, training programmes were delivered across Wexford and certificates presented to four of the Roma community that participated in a ten week youth and community course.
- *Connecting for Life Kilkenny* was launched.
- Mental Health Engagement forums were established across the counties enabling service users, their families, carers and supporters to contribute to the design, planning and evaluation of mental health services.
- Four new state of the art palliative care suites were opened at the newly refurbished Carlow District Hospital, providing a comfortable and caring environment to patients and families.
- To reduce the stigma around dementia and to support people and their families to come to terms with the challenges of coping with dementia, a number of community awareness sessions took place in Kilkenny and Carlow. The sessions provided information on the supports available when dealing with dementia.

Award / Staff Recognition

- The Public Health Nurse Oral Health Intervention initiative in Waterford won the Improving our Childrens' Health Award at the Health Service Excellence Awards. The goal of the project is to improve the dental health of young children and reduce the demand for dental extractions under general anaesthesia.
- As part of the Community and Council Awards, Dungarvan Community Hospital was nominated for their On The Move programme under the Best Disability Access and Inclusion category. This programme ensures that residents in their care are no longer confined as residents but are actively encouraged to participate in the wider community and maintain all social contacts they would have previously enjoyed.

Community Healthcare East

Population: 393,239

Building primary care capacity

Pictured above with Minister Simon Harris, T.D. were Martina Queally, Chief Officer and Loraine Kennedy, Health of Service Primary Care.

The development of Bray primary care centre which is being progressed through public private partnership will support the delivery of integrated primary care services in one location for the people of Wicklow. This will enable a collaborative team approach to managing complex cases. Along with a variety of primary care services, it will also provide general community adult mental health services.

- There was an increase in the uptake of the flu vaccination by staff to 47%.
- Staff participated in a number of health and wellbeing initiatives including mini health checks to 520 staff, waist watchers challenge, yoga, minding your wellbeing training and Sing for your Soul choir.
- Orthodontic services moved to a state of the art facility in the Simms Building, Tallaght providing enhanced delivery of care through technologically advanced surgeries, training facilities, imaging and patient management systems.
- A number of respite initiatives were implemented for people with disabilities including alternative methods (two projects) of respite for children in North Wicklow
- The transfer of six people to more appropriate care settings was supported under the *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* programme.
- In line with *New Directions*, an additional 129 day care places were provided benefiting 104 school leavers and 25 graduates from rehabilitative training programmes.
- A number of capital projects were progressed including the refurbishment of a dedicated respite centre for adults with disabilities.
- A number of key staff were appointed to progress services within mental health services (including medical and nursing posts).

Award / Staff Recognition

- The National Verotoxigenic E. Coli Reference Laboratory (VTEC NRL) won the Innovation in Services Delivery Award at the HSE Service Excellence Award. This initiative has significantly improved the Public Health Laboratory's capacity to identify potential disease outbreaks and to protect the public from illness caused by VTEC resulting in substantial cost savings.
- CAIRDEAS Clubhouse, mental health day service, Bray, Co. Wicklow was awarded the gold Active@Work award, by the Irish Heart Foundation. Cairdeas members started a physical activity programme which included a walking group, tending to their garden allotment as well as football and tai chi.
- The Regional Stroke Team was highly commended for their project, completed as part of the RCPI / HSE Diploma in Quality and Excellence in Primary Care. This study investigated how the stroke service can better support the needs of service users through insights provided by their carers.

Dublin South, Kildare and West Wicklow Community Healthcare

Population: 697,644

Benefiting quality of people's lives in the community

Pictured above: Nancy with Morgan, a Zendesk volunteer, during one of their trips out on the Trishaw.

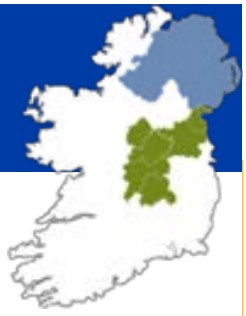
Belvilla CNU officially opened in October. This is a recently refurbished modern 49 bed unit providing long-term care for older people in Dublin South City area. A number of initiatives were progressed to support residents both within the CNU and out and about to reap the benefits of interacting with their community. These included:

- Teaming up with Cycling without Age and international IT Company Zendesk to obtain sponsorship of a trishaw.
- An eight week walking programme including provision of pedometers was conducted as part of a research project on the clinical effectiveness of a quality initiative walking programme. Its aim was to improve physical activity for long-stay residents, proving the importance of supporting resident's mobility and independent living inside the CNU.

- *Community Healthcare Dublin South, Kildare and West Wicklow Healthy Ireland Implementation Plan 2018-2022* was launched.
- The diabetes education and self-management for people with on-going and newly diagnosed type 2 diabetes (DESMOND) programme was rolled out. It provides accurate and up to date information and an opportunity for people to meet and share experiences with others.
- A number of primary care centres were officially opened including Kilnamanagh / Tymon and Tallaght Academic Primary Care Centre, Co. Dublin and Kilcock and Cellbridge, Co. Kildare.
- The In Schools and Early Years Demonstration Project is being implemented and will provide tailored therapeutic supports to allow for early intervention in provision of speech and language therapy within schools across Dublin South, Kildare and West Wicklow. It is a joint collaboration between the Department of Education and Skills, the Department of Children and Youth Affairs, the DoH and the occupational and speech and language therapy services.
- St. Brigid's Hospice was redeveloped as a centre of excellence delivering palliative care services to the people of Kildare and West Wicklow. Services include palliative home care services, a 13 bed inpatient service and day services providing access to a multidisciplinary team to assist and support patients who wish to remain in their own homes.
- *Connecting for Life* plans were launched for Dublin South, and for Kildare and West Wicklow, which set out very specific steps to deliver on actions that are relevant to the needs of people towards the prevention of suicide.
- The Dublin South West Early Intervention and School Age Team Social Workers, facilitated Sibshops for children aged 7-13. These groups provide an opportunity for brothers and sisters of children with developmental needs to meet with other siblings in a relaxed setting and know that they are not alone in their experience.

Midlands Louth Meath Community Healthcare

Population: 619,281



Defending against the flu

The flu vaccine is the only defence against the flu and is the best shot for vulnerable people against the life-threatening complications of flu.

To enable staff to easily avail of the flu vaccination, a number of Peer Vaccination Clinics were held throughout the region to train staff to administer the flu vaccine to their colleagues in the areas in which they work.

Pictured left Rena Martin, Health Care Assistant is vaccinated by Sharon McGinty, Staff Nurse, Cottage Hospital, Drogheda.

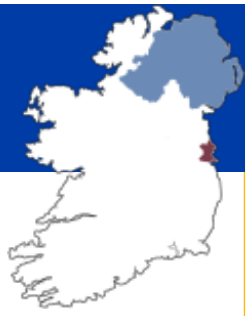
- A number of staff health and wellbeing initiatives were delivered with 937 staff attending staff health checks in collaboration with the Irish Heart Foundation.
- *Midlands Louth Meath CHO Healthy Ireland Implementation Plan 2018-2022* was launched.
- Primary care centres opened in Drogheda, Co. Louth and Tullamore, Co. Offaly.
- A new Community Intervention Team was established in Laois and Offaly.
- The pharmacy needle exchange programme was rolled out in Louth and Meath.
- Bower House, Balbriggan was officially opened. This six bed residential house for young adults with autism and / or an intellectual disability or other complex needs is a joint project with Dublin North City and County Community Healthcare and will provide regular planned breaks, to support families and carers in caring and supporting family members.
- *Connecting for Life Midlands, Louth, Meath, Suicide Prevention Action Plan 2018-2020* was launched.
- In collaboration with Dundalk Institute of Technology, a Masterclass entitled Aggression and Violence within Acute Mental Health Settings: evidence to practice for benefit of all took place in Dundalk which was attended by 120 delegates.
- A new EU INTERREG VA funded project called mPower was launched which targets those over 65 years of age, living with long-term conditions or chronic illnesses within the Drogheda and Carrickmacross area. The two key aspects of the mPower project include reconnecting older people into community activities according to their interests and helping them manage chronic conditions such as diabetes and COPD using apps and other digital supports.
- Cluain Lír CNU, Mullingar launched its vision for end-of-life care, developed and owned by all residents and staff as part of a project that is central to their work with the CEOL (Compassion End of Life) programme run by the Irish Hospice Foundation.

Award / Staff Recognition

- The first annual Midlands Louth Meath Staff Excellence Awards was launched in September with awards in five categories.
- Clonbrusk Primary Care Centre won the Primary Care Centre of the Year 2018 at the Irish Healthcare Centre Awards acknowledging the range of high quality services provided at the centre.

Dublin North City and County Community Healthcare

Population: 621,405



Empowering communities to enjoy a healthy lifestyle

Pictured above (L-R): Anne O'Connor former DDG Operations; Mary Walshe Chief Officer and Stephanie O'Keeffe, National Director Strategic Planning and Transformation.

The *Healthy Ireland Implementation Plan 2018-2022* for Dublin North City and County was launched. The aim of the plan is to support and empower service users, communities and staff to enjoy health and wellbeing to their full potential.

- Staff participated in 33 health and wellbeing projects throughout the year.
- New primary care centres opened in Coolock, Grangegorman, Portmarnock and Balbriggan.
- A Community Eye Care Multi-disciplinary Team was established in Grangegorman.
- Following the implementation of the speech and language therapy service waiting list initiative, significant reductions in waiting times for children were achieved.
- A revised model for psychology services was implemented with the appointment of 13 assistant psychologists and five clinical psychologists.
- SAOR training, which is a standardised alcohol and substance misuse screening and brief intervention support, was provided to 282 staff.
- Sexual and gender-based violence training was provided to 90 staff.
- A community-based hepatitis C treatment initiative commenced with the pilot site launched in the City Clinic.
- A shared learning event was attended by 130 delegates including service users, families and carers to demonstrate the many changes that have been implemented in line with the *New Directions* national guidance framework.
- *Connecting for Life, Dublin North City and County Suicide Prevention Action Plan 2018-2020* was launched.
- Four mental health engagement forums were established to incorporate the views and voices of people who use mental health services, their families, carers and supporters.
- Seven people were supported to move from mental health intellectual disability services to the most appropriate accommodation to meet their needs.
- North Dublin participated in a pilot project facilitated by Genio on the provision of personalised care supports for people living with dementia.

Pre-Hospital and Acute Hospital Services

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

Pre-Hospital Emergency Care Services

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

Acute Hospital Services

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

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

Women and Infants' Health

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

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

Pre-Hospital Emergency Care Services

Eye in the Sky

In July, the NAS was delighted to announce the utilisation of the first drone within the service. The HSE under the Emergency Management Framework has lead responsibility in dealing with medical emergencies involving chemical and biological materials. The use of drones will enable enhanced communication at the scene of an incident by providing an eye in the sky at accident scenes, allowing observation of the high-risk incident ground quickly and prior to deployment of additional staff. The drone will also give teams a quick overview of patients' condition and location, allowing the leader to direct paramedics towards them.

The National Ambulance Service (NAS) is a demand-led service serving the whole population of the state. Working in conjunction with the Dublin Fire Brigade, the Irish Air Corps, the Irish Coast Guard and, at a community level, with First Responder teams, the NAS responds to emergency and urgent calls, transports intermediate care patients and undertakes adult, paediatric and neonatal retrievals.

- Additional paramedics were deployed to improve response times in targeted areas including Galway, Donegal, Cork, Kildare and Monaghan.
- To support the expansion of intermediate care and aeromedical services, a recruitment process for additional staff was completed, enhancing performance and access for patients.
- The Clinical Hub (phase 1 – Hear and Treat) which provides appropriate telephone advice on alternative pathways to care to 112 / 999 callers who do not have serious or life-threatening conditions commenced operations during the year. The key benefits of this alternative model of care include:
  - Care closer to home
  - Most appropriate pathway chosen and a reduction in ED attendances
  - Reduction in dispatches
  - Incidents dealt with more promptly.
- The number of Community First Responder schemes in place now stands at 210, in line with the NAS Implementation Plan. Community First Responders are invaluable in responding to particular types of medical emergencies (cardiac arrest, respiratory arrest, chest pain, choking and stroke) where it is essential that the patient receives immediate life-saving care while an emergency response vehicle is en route.

Storm Emma

Advanced paramedic Declan Cunningham and Corporal Steve Holloway carried seven-year-old Logan Shepherd 3km to get him to hospital during Storm Emma.

Logan needs medical equipment 24 hours a day and when the storm knocked out power lines he urgently needed to be brought to hospital. However, blizzards and snow drifts meant no vehicles could get near his home.

Logan and his mother, Louise, started walking from their home and were met after a short distance by Declan and Steve who took turns carrying Logan, ensuring he reached hospital safely.

Pictured Left: Advanced paramedic Declan Cunningham, Logan Shepherd and Corporal Steve Holloway

- The National Transport Medicine Programme, which transfers seriously ill patients for specialist treatment, was integrated into the NAS. It is now known as the NAS Critical Care Retrieval Service and operates from the Retrieval Co-ordination Desk based in the National Emergency Operations Centre (NEOC). From June, NEOC has provided a single point of contact for all retrieval requests.
- A cross border Community Paramedic Project was launched during the year, a collaboration between the NAS, the Northern Ireland Ambulance Service and the Scottish Ambulance Service. Community paramedics associated with the project received specialised training, accredited by Glasgow Caledonian University, which enables them to provide safe and effective care to patients in their own homes, reducing unnecessary ambulance transports to EDs. The service operates in liaison with GP practices in Clones, Co. Monaghan and Buncrana, Co. Donegal.
- Following the adoption of the Key Performance Indicator (KPI) Framework document, two new clinical KPIs were developed and tested during 2018. Both KPIs will come into operation in 2019 as part of a move to measure the effectiveness of clinical care to patients.
- The NAS has established formal engagement with the HSE National Patient Forum, allowing the NAS to seek input from patients / service users in the planning, design and delivery of services.
- The Education and Competency Assurance Plan continued to be rolled out across the service.
- A recruitment process for the appointment of clinical data analysts has commenced to enhance clinical competencies and improve the quality of patient care.
- Fleet management and maintenance have been strengthened with the appointment of a NAS fleet and equipment maintenance manager.

Acute Hospital Services

Organ Donation Saves Lives

In 2018, the families of 81 people who had died, donated the organs of their loved one courageously and generously. A combined total of 274 transplant surgeries were recorded across the three national transplant centres including 127 kidney, 18 heart, 28 lung, 56 liver and five pancreas surgeries, as well as 40 kidney transplants from living donors.

Double lung recipient David Crosby, pictured above with his wife Katie Crosby, completed his second marathon in Berlin in September this year having already ran the New York Marathon last year. He is ever grateful to his donor and the donor's family, who have saved his life.

Acute hospitals play a key role in improving the health of the population by providing services including pre-hospital care for adults and children, emergency care, urgent care, short term stabilisation, scheduled care, trauma care, acute surgery and critical care.

Improving patient and staff health and wellbeing

- Implementation of *Healthy Ireland* plans to ensure everyone enjoys physical and mental health and wellbeing to their full potential is well underway in Saolta University Health Care Group, UL Hospitals Group, RCSI, Dublin Midlands and Ireland East Hospital Groups. Work has also commenced in the South / South West Hospital Group on the development of their plan.
- The Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals was approved in November and subsequently disseminated to Hospital Groups for implementation.
- Uptake of flu vaccine among healthcare workers in hospitals increased to 44.8% in 2017 / 2018 compared to 34% in 2016 / 2017.
- Health promotion managers are working with the Hospital Group *Healthy Ireland* leads to encourage the uptake of training programmes in Making Every Contact Count (MECC) and a skills workshop to ensure that hospital personnel have the required knowledge and skills to carry out behaviour change interventions.

Increasing critical care capacity

- As part of efforts to increase capacity in hospitals for patients, five additional critical care beds were opened in Cork University Hospital and the Mater Misericordiae University Hospital.

Improving the provision of scheduled (planned) and unscheduled (unplanned) care

- New referral and elective care pathways to improve the patient journey commenced development for urology, ophthalmology, orthopaedics, ENT, general surgery, paediatrics and gynaecology.
- A new action plan, aiming to reduce the number of patients waiting for inpatient or day case procedures was conjointly produced by the HSE, DoH and National Treatment Purchase Fund (NTPF). The number of patients waiting for an inpatient or day case procedure reduced from a peak of 86,111 in July 2017 to 70,204 in December 2018. In addition, the number of patients waiting over

nine months almost halved from 28,124 in July 2017 to 14,910 at the end of 2018.

- A proposal was agreed with the DoH to validate outpatient waiting lists for patients waiting from six to 24 months (a number totalling 249,838 patients). As a result of the validation, 69,836 patients were identified as no longer requiring outpatient appointments, ensuring more timely access for those patients remaining on the waiting list.

Increasing acute hospital capacity

- The *Health Service Capacity Review,* published during the year, was undertaken as part of the requirement to develop a more integrated health service, moving from the current hospital dominated care model to one that is based more on community services. A key concern highlighted is that acute hospital occupancy levels are around 95%, far in excess of the international norm of 85%, meaning that at times of peak demand hospitals have extremely limited additional capacity available.
- An additional 128 beds, provided for under Winter Planning 2017, opened in ten hospitals across the country.

Developing children's acute health services

- The adolescent / young adult scoliosis service became operational in the Mater Misericordiae University Hospital. 435 paediatric orthopaedic and scoliosis surgical procedures (including 218 spinal fusions) were carried out across the sites supporting the service including in Our Lady's Children's Hospital (Crumlin), Children's University Hospital (Temple Street), and Cappagh National Orthopaedic Hospital.
- Additional staff were recruited to further develop spina bifida services in the Children's University Hospital (Temple Street).
- ICT and integration projects for the new children's hospital progressed as planned, including clinical integration, workforce planning and commissioning, with recruitment on-going of additional staff required for the Paediatric Outpatient and Urgent Care Centre at Connolly Hospital.
- Work continued on the further development of the all-island paediatric cardiology service.

Activity in 2018

- 1.72m patients discharged from hospital – 642,646 inpatient and 1,074,172 day case – an increase of 8,844 (0.5%).
- 1.47m emergency presentations to acute hospitals (an increase of 3.7%).
- 3.34m outpatient attendances (an increase of 1.5%).
- A 3.7% increase in ED attendances year on year.
- 84.3% of adults waited less than 15 months for an inpatient procedure and 92.9% for a day case procedure by the end of the year (89.8% and 83.9% respectively for children).
- 70.4% of patients waited less than 52 weeks for an outpatient appointment by the end of the year.
- 253 patients waited more than four weeks for an urgent colonoscopy by year-end and 59.1% of patients waited less than 13 weeks for a routine endoscopy.
- 96.5% of patients were admitted or discharged within 24 hours of registration at ED and 79.4% were admitted or discharged within nine hours.

Developing and improving national specialties

- Two additional heart / lung unit beds opened, with seven in total to be opened on a phased basis between 2018 and 2019.
- Work is underway through the National Trauma Office to establish regional trauma networks and trauma units following publication of the report of the Trauma Steering Group, *A Trauma System for Ireland, 2018*.
- Additional staff were recruited to further develop endoscopy and narcolepsy services.

Marking World Asthma Day

A free information day for patients, public and staff was held at the Midland Regional Hospital Portlaoise to improve asthma awareness and care.

Ireland has the fourth highest prevalence of asthma worldwide. The illness can cause a substantial burden on individuals and their families, restricting activities and reducing quality of life.

The multi-disciplinary respiratory team from the hospital were on hand on the day to answer questions, provide support and advise on how asthma can be identified and treated.

Pictured left: Lisa Egan, Candidate Advanced Nurse Practitioner, speaking at the asthma Information day

- Achieving the best possible patient outcomes is the aim of all our health services and a Steering Group was established for the National Review of Specialist Cardiac Services with a particular emphasis on the safety, quality and sustainability of services.

Ensuring quality and patient safety

- The launch of the *Incident Management Framework 2018* and Guidance in February was a key enabler to improve reporting and review of incidents when they occur, and work continued to fully embed the framework across acute services.
- Hospital Patient Safety Indicator Reports continued to be published on a monthly basis across all Hospital Groups.
- Work continued at hospital, group and national level to support the management of HCAIs, including CPE. (Further information in relation to HCAI / AMR can be seen in the Quality and Safety section of this Annual Report.)
- Blood clots are a serious risk to patient safety and at least 60% happen during or after a hospital stay. New patient alert cards have been launched and a national report and toolkit made available to assist hospitals in preventing blood clots. Monitoring of incidence of hospital associated blood clots (venous thromboembolisms) also commenced.

Enhancing medicines management

- Work continued through the Acute Hospitals Drugs Management programme to further

Perspectives from the Frontline

The ED Taskforce Unscheduled Care Forum 'Perspectives from the Frontline' took place in Dublin Castle in September. The purpose of the forum was to provide frontline staff from across the health service with the opportunity to share their views, experiences and suggestions on how further improvements in managing the unscheduled care journey of patients through the healthcare system can be made.

The role of the ED Taskforce is to develop sustainable long-term solutions to ED overcrowding and its membership includes representatives from Hospital Groups, the DoH, patient advocates, staff representative bodies and the HSE.

Information on some of the work underway to address ED overcrowding can be seen under 'Improving access and patient experience during the winter period' in the Building a Better Health Service section of this Annual Report.

enhance medicines management, including improving access to medicines for patients and improving pharmaceutical value.

Supporting and progressing the policies and initiatives of the Office of the Chief Nursing Officer

- The final report on phase 1 of a framework to determine safe requirements for the nursing workforce in a range of major specialties (*Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland*) was launched in April. It has been adopted as Government policy and potential to roll-out nationally in model 4 hospitals is being explored. Work has advanced on phase 2 of the framework to determine the numbers and skill mix required in emergency care settings.

Monitoring and performance managing financial allocations.

- Work continued to prioritise the management of financial allocations in line with the *Performance and Accountability Framework*.

National Patient Experience Survey

Over 13,000 patients participated in the 2018 National Patient Experience Survey representing a strong response rate of 50%. The majority of patients, 84%, rated their hospital experience as good or very good.

In November, *Listening Responding and Improving - the HSE response to the findings of the National Patient Experience Survey* was published, outlining the work currently underway across our hospitals to improve patients' experience.

Initiatives in place include:

- The National Healthcare Communications Programme, completed by over 500 staff in Cork, Kilkenny, Dublin, Galway, Waterford and Limerick, to improve the communication skills of healthcare professionals
- Volunteer and patient advocacy initiatives such as the project in St Luke's Kilkenny ED to support patients with mental health difficulties and the Volunteer Befriender Programme in Nenagh Hospital
- Patient information on medications management and leaving hospital including *Know Check Ask* in Mayo University Hospital and the Saolta University Health Care Group *Planning Your Discharge from Hospital Patient Information Leaflet*.

Further information on the survey can be seen in the Listening to Our Service Users section of this Annual Report.

Cancer Services

As part of the *National Cancer Strategy 2017-2026*, several improvement initiatives are on-going covering various aspects of cancer services, including diagnosis, treatment, follow-up and survivorship support in both the hospital and community setting. The key focus in 2018 was on implementation of the principles of the *National Cancer Strategy 2017-2026* – reducing the cancer burden, providing optimal care, and maximising patient involvement and quality of life.

- An Irish Cancer Prevention Network has been set up in partnership between the National Cancer Control Programme (NCCP) and cancer charities.
- A skin cancer prevention plan is being developed in conjunction with *Healthy Ireland*.
- An Early Detection Project Group hosted by the NCCP commenced in December, looking at new ways to improve GP access to diagnostic tests for patients with possible cancer.
- A group was established to improve public awareness of lung cancer symptoms.
- A new report issued by the National Cancer Registry Ireland has indicated that the centralisation of cancer services has contributed to higher survival rates for patients, even after adjusting for factors such as age and social deprivation.
- 72% of all breast, prostate and lung cancer GP referrals are now received electronically. A facility for including attachments has been developed, which should further assist the triage process. There has also been a pilot of the pigmented lesion (suspected melanoma) GP referral form.
- The Prostate Cancer GP Referral Guidelines were updated to reflect patient values, improve the quality of clinical care and reduce variation in practice.

Cancer incidence in Ireland

- One in three men and one in four women are at risk of developing an invasive cancer in Ireland during their lifetime.
- Over 22,000 cases of invasive cancer (excluding non-melanoma skin cancer (NMSC)) are diagnosed each year.
- The most common invasive cancers diagnosed (excluding NMSC) are prostate cancer, breast cancer, bowel cancer and lung cancer.
- Cancer accounts for approximately 30% of deaths every year.
- There are more than 170,000 people living with and beyond cancer today.
- Three to four out of ten cancers can be prevented.
- Tobacco use is the most important risk factor for cancer and is responsible for up to one third of all cancer deaths.

[Sources: *National Cancer Registry Ireland Annual Report 2018*, *National Cancer Strategy 2017-2026* and WHO]

- As part of on-going work to improve the experience of and care for cancer survivors, two new guides, *Sexual wellbeing after breast or pelvic cancer treatment – A Guide for Women* and *Good bone health after cancer treatment* were launched.
- A Cancer Thriving and Surviving Training the Trainer programme was established, resulting in the delivery of peer-led programmes for cancer survivors throughout the country.
- Under phase 2 of the rapid access clinic review (breast, lung and prostate), implementation of the service recommendations continued in the eight adult cancer centres. The first wave of these improvement initiatives is 88% complete and implementation of the *National Cancer Strategy 2017-2026* will drive the delivery of the remainder of the initiatives.

- Capital developments are underway which will allow patients to receive radiotherapy closer to home. The national programme for radiation oncology (NPRO) phase 2 is underway in two sites, Cork University Hospital and University Hospital Galway, and work is also on-going on the continued development of the cross-border radiotherapy initiative at Altnagelvin, benefiting patients in the north-west.
- Work continued on the configuration and testing of the National Cancer Information System (NCIS), which is scheduled to go live in 2019. The system will provide an e-health solution for cancer multi-disciplinary meetings, supporting the care of oncology and haemato-oncology patients including electronic prescribing, scheduling and administration of systemic anti-cancer therapy (SACT).
- Recruitment of specialist clinical staff is underway for medical oncology, haematology, radiation oncology, surgical oncology and psycho-oncology services, and for additional staff to support rapid access clinics.
- Work continued to support access for patients to new SACT agents and to support hospitals in meeting rising drug costs. An additional 11 new SACT therapies were made available for the treatment of various cancers.
- The *National Cancer Control Programme Oral Anti-Cancer Medicines Model of Care Recommendations* was published, in line with recommendation 23 of the *National Cancer Strategy 2017-2026*.
- Work continued on the development of the national chemotherapy regimens. These regimens support safe, evidence-based and cost-effective cancer treatment for all Irish cancer patients with an additional 68 regimens completed during the year.
- Recommendation 34 of the *National Cancer Strategy 2017-2026* states that the '*NCCP will ensure that each hospital has a clearly defined framework for cancer patient safety and quality*' and work commenced in 2018 to develop a framework for all cancer centres. The framework will provide greater clarity on processes and measures to improve quality and patient safety.

Women and Infants' Health

The National Women and Infants' Health Programme (NWIHP) was established to lead the management, organisation and delivery of maternity, benign gynaecology and neonatal services, strengthening these services by bringing together work undertaken across primary, community and acute care. Key priorities in 2018 were ensuring equity of access for women and their infants to high quality, nationally consistent, women-centred maternity care, including preparation for the implementation of termination of pregnancy services to be in place from January 2019.

- The implementation of the new model of care for maternity services is well underway and a governance structure with a number of work streams has been established to ensure consistency of approach. An additional 50 midwives were approved in 2018, to support the development of community midwifery, and a quality and safety manager is being recruited for each maternity network to support the function of a Serious Incident Management Forum, dedicated to maternity services.
- Alongside Birth Centres are in development with the aim of each Hospital Group having at least one such facility within their maternity services. The centres provide comfortable, low tech birth rooms for normal risk mothers and babies with midwives leading and delivering care within a multi-disciplinary framework.
- Significant progress has been made across the Hospital Groups on the availability of anomaly screening. Of the 19 maternity hospitals / units, 14 now provide all women with a 20 week anomaly scan, with a fifteenth site providing the scan but at a later date. The remaining four units are working towards full provision of the service as capacity increases.
- As part of Making Every Contact Count training, all staff are receiving training in identifying and discussing with women at ante-natal visits:
  - Domestic violence issues
  - Smoking cessation
  - Alcohol consumption
  - Emotional and / or mental health issues.
- An anaesthetics model of care for maternity services is in development and will be piloted in 2019.
- Over 100 additional staff are being recruited to improve the delivery of safe maternity services, including those required to support

The *National Maternity Strategy 2016-2026 – Creating a Better Future Together*

The *National Maternity Strategy 2016-2026* was developed to transform our approach to maternity services, ensuring that women and their babies have access to safe, high-quality care. The recommendations are being implemented through the National Women and Infants' Health Programme. The strategy contains four key priorities:

- Mothers and families are supported and empowered to improve their own health and wellbeing.
- Women have access to safe, high-quality, nationally consistent, women-centred maternity care.
- Pregnancy and birth is recognised as a normal physiological process and, insofar as it is safe to do so, a woman's choice is facilitated.
- 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.

Childbirth support

Water immersion in labour is now being offered in University Maternity Hospital Limerick as part of a range of supports for women with normal-risk pregnancy.

Pictured above are mother Sarah Dineen, who used the pool during her labour, and one week old baby Fiadh with Sandra O'Connor, Clinical Midwifery Manager 3.

the introduction of the maternal and newborn clinical management system (MN CMS), which allows for the implementation of an electronic health record for all women and babies in receipt of maternity services.

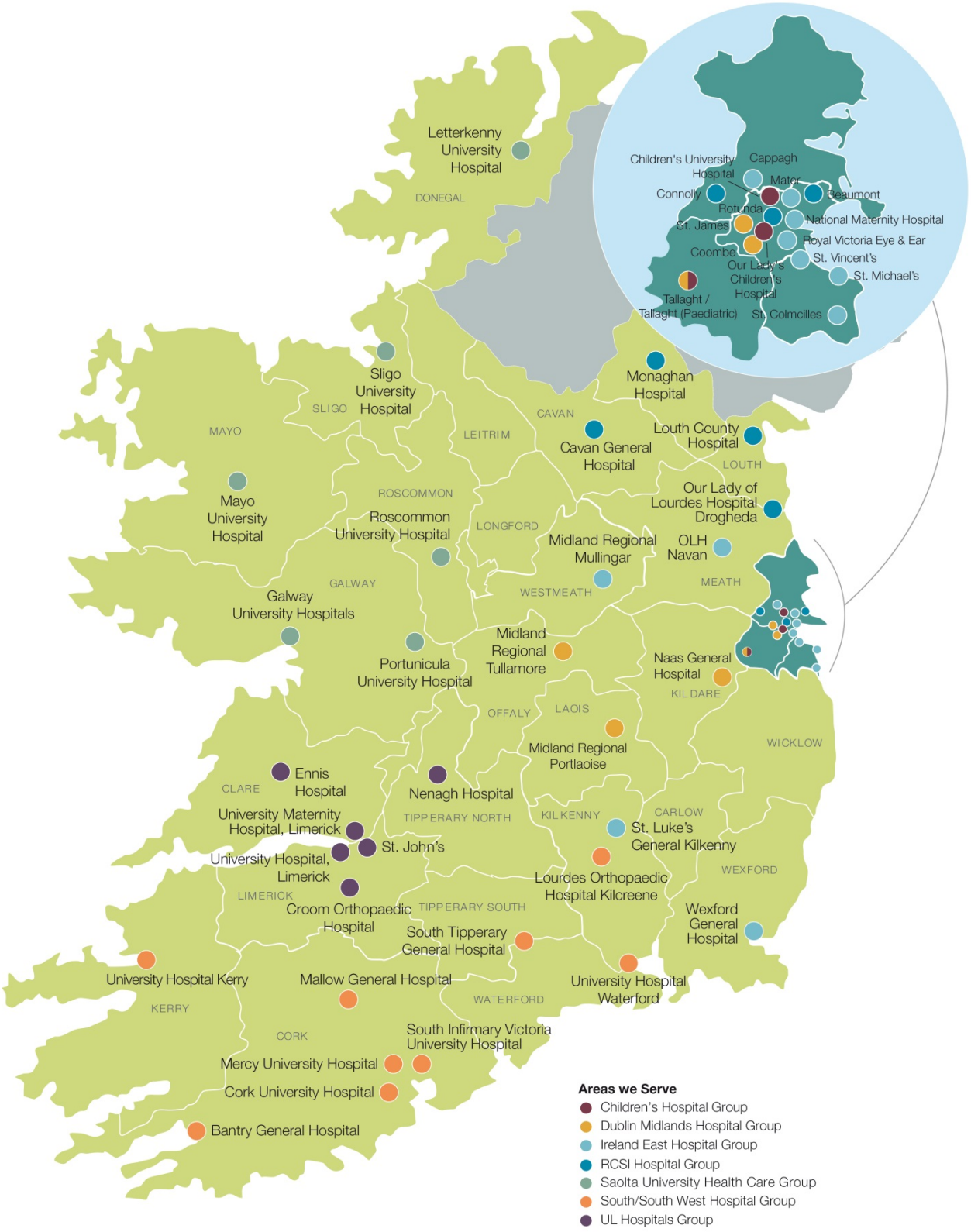
- An on-line resource is being developed to empower women to make informed decisions about their care, including details of the pathways of care and best available information on outcomes, risks, benefits and consequences associated with the different birth settings.
- A benign gynaecology plan is being prepared to address the significant capacity issues around the country.
- Following the referendum in May, extensive planning and engagement took place to prepare for the introduction of a safe, high quality termination of pregnancy service. The hospital-based service commenced in nine hospitals from January 2019, increasing to ten in early 2019.
- Following the pause in the use of transvaginal mesh devices during the year, the NWIHP is working with a multidisciplinary group, including patient advocates, to develop an implementation plan in response to the Chief Medical Officer's Report, *The Use Of Uro-Gynaecological Mesh In Surgical Procedures, 2018.* The implementation plan will include appropriate consent forms and information for women, a system of training and credentialing, and the development of a register for transvaginal mesh device procedures.

Hospital Groups

Delivery of acute services through the seven Hospital Groups 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.

Delivering Hospital Care through Hospital Groups



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

Storm Emma brought snow days to children all across the country, with children making the most of the novelty weather. The snow came indoors for Holly who has been spending the last year at Our Lady's Children's Hospital (Crumlin) waiting on a heart transplant; the ICU nursing team didn't want Holly to miss out, so they brought the snow to her. Holly's parents, Jessica and Jamie, wanted to say a special thank you to the ICU team. '*This has to be the most special snowman ever! Little Holly got to play with some snow while in ICU at Crumlin'.*

Pictured left: Holly Carroll making a snowman in the ICU at Our Lady's Children's Hospital (Crumlin)

- The *Children's Health Act 2018* was announced by Minister for Health, Simon Harris TD, providing for the establishment of a single statutory entity, Children's Health Ireland, to govern and operate paediatric services in Dublin across the existing locations at Crumlin, Temple Street and Tallaght.
- The Children's Hospital Group and the Office of the Ombudsman for Children launched the results of the *Joining the Dots: Connecting Voices* for child-friendly healthcare in hospital bringing together the views of children, their families and hospital staff on the delivery of services.
- A review of work processes was carried out by the cardiology team in Our Lady's Children's Hospital (Crumlin). By introducing pre-clinic triage, enforcing appointment times and removing non-essential diagnostics, efficiency was improved and a significant wait time reduction was achieved.
- A paediatric cystic fibrosis self-management app was developed in Our Lady's Children's Hospital (Crumlin).
- Our Lady's Children's Hospital (Crumlin) was the overall winner at the Irish Healthcare Awards 2018 for their projects, *Children's Heart Centre: Shared Care of Paediatric Heart Transplantation between Ireland and England* and *Pelvic Osteotomies for the Developmental Dysplasia of the Hip – Virtual Clinic for Patients*.
- A new renal (the Gill Unit) and neurology OPD (the King Unit) was unveiled at Children's University Hospital (Temple Street), offering superior clinical facilities, bright and spacious waiting rooms and patient play areas. The new OPD caters for over 6,500 children every year.
- A new on-line booking system for parents and families to plan their visit to the Children's University Hospital (Temple Street) has reduced waiting times.
- A Telehealth Trauma Assessment Clinic was established in the National Children's Hospital (Tallaght), reducing the need for parents and children to attend the fracture clinic for follow up. This has reduced attendance by 30% thus creating space for children with more complex fractures.

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 University Hospital

Academic partner: Trinity College Dublin

St James's Hospital has gone digital with a new electronic patient record system which is expected to enhance patient safety and reduce waiting times. The project, known as Project Oak as a reference to the paper that will be saved, is the largest-scale digitisation of inpatient records in an Irish hospital to date.

Pictured left: Dr Joseph Browne using the new electronic patient record

- Use of technology is being embraced to improve services for patients and their families. Both St James's Hospital and Tallaght University Hospital (TUH) have developed apps to provide users with fast and reliable hospital information.
- An anatomy scanning service is now being offered to women who attend the maternity services in the Midland Regional Hospital Portlaoise. This development is in addition to a number of other developments at the hospital including an early pregnancy assessment unit and established dating scanning service.
- Following a staff survey, the Dublin Midlands Hospital Group and Midland Regional Hospital Tullamore produced an educational video to promote awareness of the benefits of being vaccinated against flu for the protection of individuals and their families. In the video, former Galway Hurling All-Star, Sean Treacy, shares his near death experience of contracting the flu virus in an effort to highlight the dangers of flu.
- Stereotactic ablative radiotherapy treatment is now available in St. Luke's Hospital, Rathgar. This is a new technique which is a more effective way of treating small lung cancers, giving a high dose of radiotherapy to a small portion of the lung.
- Coombe Women and Infants University Hospital celebrated 50 years of providing care for neonatal intensive care unit (NICU) babies on World Prematurity Day. The NICU has 1,000 admissions each year.
- TUH celebrated its 20th anniversary with the first annual Hero Awards. The employee recognition scheme celebrated the individuals and teams who go the extra mile and make a real difference to patients and families, supporting the hospital ethos of People Caring for People.
- TUH opened a Memory Hut in September. This is the first hospital-based drop-in service to focus on brain health and dementia in Ireland. This collaboration of staff from the specialist memory service, TUH volunteers and the Alzheimer's Society of Ireland has created an informal weekly drop-in or drop-by service for people living with memory difficulties, members of the public, staff, patients and their families.

Ireland East Hospital Group

Cappagh National Orthopaedic Hospital – Mater Misericordiae University Hospital – National Maternity Hospital – Our Lady's Hospital (Navan) – Regional Hospital Mullingar – 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 opened its Pillar Centre for Transformative Healthcare in November to improve practical skills training and team-based interdisciplinary learning. It will also provide a space where industry can join with the hospital to develop innovative solutions to healthcare challenges.

Pictured left: Medical students, Catherine Murphy, Daniel Ferry, Marie Dromey and Sean Collins training in the Pillar Centre

- A unified gynaecological oncology service was established at the Mater Misericordiae and St. Vincent's University Hospitals to improve the patient journey and the quality of care for women availing of the service. As part of this improvement work a standardised referral form and associated process have been defined to expedite patient access into the service.
- During the year, improvement work focused on improving access for patients by enabling increased access to senior decision-makers, improving flow at triage, and developing visual management within the acute floor setting.
- As part of on-going work to develop a model of care to meet the specific needs of older people, the Regional Hospital Mullingar, Wexford General Hospital and Our Lady's Hospital (Navan) joined St. Luke's General Hospital (Carlow / Kilkenny) on the frailty improvement journey with all four model 3 sites now implementing frailty screening in their hospitals.
- At the Health Service Excellence Awards, the Frailty Intervention Team in Regional Hospital Mullingar were the recipients of both the Popular Choice and the Improving the Patient Experience awards for their implementation of a whole system pathway for frail older people.
- Significant inroads have been made at Cappagh National Orthopaedic Hospital in relation to waiting lists. All patients, who had been waiting longer than nine months for surgery at the end of the year, had a date for surgery scheduled within the first six weeks of 2019.
- Closer links are being developed with community services through integrated care projects including community ophthalmology, virtual clinics for heart failure, the hepatitis C service plan, frailty initiatives and a winter preparedness process.

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

Beaumont Hospital launched the Hospital Sli Na Slainte walking initiative, in partnership with the Irish Heart Foundation and supported by *Healthy Ireland*. Slí na Sláinte, which translates as path to health, encourages people in workplaces, schools and communities to incorporate more walking into their day, using mapped and measured routes. Over 400 routes have been developed across the country, more than 50 of which are in HSE sites.

Pictured left: Fiona Hillary Emergency Department Nurse Manager and Joint Lead in *Healthy Ireland*, Tara Curren, Irish Heart Foundation and Michele McGettigan, Health Promotion Manager and Joint Lead in *Healthy Ireland*

- Beaumont Hospital won the Procurement Excellence Award – Public Sector for their Laboratory Modernisation project at the National Procurement Awards.
- The fourth Annual Frailty Conference was held by Beaumont Hospital, focused on developments in dementia care.
- Midwife-led antenatal yoga classes have been introduced at Our Lady of Lourdes Hospital. These classes offer the opportunity for local women to meet in a relaxed atmosphere and are taught by a midwife with qualifications in pre and post-natal fitness and antenatal yoga instruction.
- A new 29 bed ward was opened in Our Lady of Lourdes Hospital in April, increasing hospital capacity.
- The Rotunda Hospital led by example as 220 staff members were vaccinated for the flu vaccine in one day alone. Early morning clinics to catch night staff, daily pop up clinics, email reminders, twitter feeds and posters were just some of the initiatives undertaken to alert staff to the service.
- Scratch Films and RTÉ followed the comings and goings of the Rotunda Hospital, 24 hours a day for a total of 21 days. The hospital is one of the most active maternity hospitals in all of Europe and the resulting series encapsulated the multitude of emotions that are part of everyday life within the hospital.
- The redeveloped stroke unit in Connolly Hospital, which will improve the hospital experience for stroke patients, was officially opened in December by An Taoiseach, Leo Varadkar TD.
- Louth County Hospital celebrated with patients and their families at a mid-summer event to acknowledge the transformation that has taken place in the hospital in how services are provided for dementia patients. Dementia-friendly healing spaces, established on the ward for patients to relax in and enjoy, and a garden activity area are just some of the facilities available at the hospital.

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

In July the first HSE robotic-assisted prostatectomy was performed on a patient at University Hospital Galway. Robotic surgery represents the highest international standard of surgery worldwide and is the most advanced form of minimally invasive surgery available to patients. More than 70 men were successfully treated by the team in Galway in 2018.

Pictured left: Robotic surgery team at University Hospital Galway

- Patient flow improvement projects this year included model wards for medicine and surgery focused on improved discharge planning, board rounds and multi-disciplinary collaboration, staff education, and patient experience improvements including welcome and discharge information.
- A new 75-bed ward block development at University Hospital Galway was officially opened by An Taoiseach Leo Varadkar TD. The new building, over three floors, provides 75 single en-suite bedrooms, including six dedicated isolation rooms, along with a dedicated oncology ward, infection control ward and a haematology ward. The second floor provides a high efficiency particulate air (HEPA) filtered air supply to protect immunocompromised patients.
- A new Discharge Lounge was opened in Letterkenny University Hospital staffed by a clinical nurse manager and health care assistant to improve patient flow. The initiative was an integral part of the hospital's winter plan to decrease the waiting times for patients on trollies in the ED and the acute medical assessment unit (AMAU).
- The Butterfly Scheme, which helps staff to identify people with temporary confusion, memory loss and dementia was introduced to Mayo University Hospital. More than thirty staff members, from all areas in the hospital, volunteered as Butterfly Champions.
- Midwifery-led clinics were introduced as part of Portiuncula University Hospital's commitment to providing evidence-based maternity services in the community. The antenatal clinics are based within the hospital with outreach clinics in Loughrea and Athlone.
- The department of plastic surgery in Roscommon University Hospital held a Safe Sun and Awareness health promotion event in association with Roscommon GAA.
- Sligo University Hospital was successfully awarded accreditation through the UK-based accreditation programme for Gastrointestinal Endoscopy known as the Joint Advisory Group. Sligo was originally accredited in 2012 as one of only 15 sites in Ireland providing the National Colorectal Cancer Screening Service.

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

Storm Emma hit Ireland during the first days of March, bringing extreme cold, snow, ice and arctic conditions to most of the country. However, through the dedication of staff who found ways of getting to and staying at work, key services including maternity services at Cork University Maternity Hospital were able to continue.

Pictured left: Twin baby girls Cora and Isla Deasy born during Storm Emma at Cork University Maternity Hospital.

- Cork University Hospital (CUH) performed its first scarless thyroid surgery procedure. The technique used to perform scarless thyroid surgery involves performing keyhole surgery through the mouth to remove the diseased thyroid gland, avoiding a scar in the neck that can be difficult to conceal.
- CUH commenced the process to become an Autism Friendly Hospital with the first meeting of the Autism Friendly Hospital Working Group held in August, with work underway to ensure feedback from service users is an integral part of the process.
- An eight-bed surgical day unit was opened in CUH in January dedicated to the management of surgical day patients, improving access and enhancing the patient experience.
- A free skin cancer screening day was held in the South Infirmary Victoria University Hospital in May. Skin cancer is the most common cancer in Ireland and early detection is essential in its successful treatment.
- South Infirmary Victoria University Hospital commenced a criteria led discharge process to assist in the discharge of patients from inpatient hospital care, addressing key challenges relating to quality and safety issues for patients.
- The Pulmonary Rehabilitation project at South Tipperary General Hospital was shortlisted in three categories at the Irish Healthcare Awards. Pulmonary rehabilitation is an evidence-based, multi-disciplinary intervention for patients with chronic respiratory disease, with over 500 patients completing the programme since its establishment.
- All pregnant women in the South / South West Hospital Group will now have equal access to a mid-trimester foetal anatomy scan, carried out between 21-23 weeks. Four maternity units are in operation within the Hospital Group.
- University Hospital Kerry has been named as the flagship hospital for the new hospital Theatre Quality Improvement Programme. The programme will increase access to theatres for patients.

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

A reunion with a difference took place at Limerick's Dreamland recently with a party for premature babies delivered at University Maternity Hospital Limerick. The 'Prem Party' event reunited children who have graduated from the Neonatal Unit at the hospital.

Pictured left: Triplets Courtney, Brooke and Alanna Martin, aged 3, at the Prem Party

- A number of free public lectures took place as part of UL Hospitals *Healthy Ireland* programme. These included sessions on:
  - how to look after your heart health
  - services available to diabetes patients
  - water immersion for labour.
- A new acute surgical assessment unit opened at University Hospital Limerick, providing an improved clinical environment for patients and laying the foundations for an expanded service in the future. This allows for shorter waiting times, reduced overall length of stay and a reduction in inappropriate admissions, together with minimal patient discomfort and priority access for certain diagnostic imaging.
- A new medical social work walk-in clinic opened at University Maternity Hospital Limerick. Prior to this, women or their families seeking the support of medical social work within UL Hospitals Group had to be referred by a healthcare professional. The walk-in clinic will also provide information from other relevant agencies.
- Patients and staff at Croom Orthopaedic Hospital are set to benefit from being included in the Irish National Orthopaedic Register (INOR). INOR collects information electronically at pre-operative, surgical and post-operative assessment stages, from patients who are undergoing joint replacement surgery. This supports early detection of implant performance and improves the efficiency of the review process. Croom is the largest site to date and the third hospital in Ireland to go-live with the register.
- Nenagh Hospital was unveiled as a national centre of excellence for cataract surgery. All suitable cataract surgery within UL Hospitals Group is to migrate to the new theatres at Nenagh.
- A befriending programme was introduced in Nenagh Hospital with trained volunteers giving their time to provide informal support and encouragement to patients.

Enabling Healthcare Delivery

Delivering safe quality health services relies not only on frontline services but also on those key enablers that ensure the services our population depend on can function effectively. These support services include National Human Resources, National Finance, the Office of the Chief Information Officer, Health Business Services, National Communications, Emergency Management and Internal Audit.

National Human Resources

Providing strategic support, direction, advice and interventions to all areas of the health service, through the *Health Services People Strategy 2015-2018*, recognising that our staff are key to the delivery of safe, efficient and effective services.

National Finance

Supporting the organisation to secure and account for the maximum appropriate investment in our health services, to ensure the delivery of high quality services and demonstrate value for money.

Office of the Chief Information Officer

Implementing the *eHealth Ireland Strategy* which is focused on improving population wellbeing, health service efficiency and economic opportunity through the use of technology.

Health Business Services

Providing a range of business services, including procurement, finance, human resources, estates, HR / payroll systems and analytics, and business excellence and innovation, on a shared basis to our corporate partners and customers, supporting health structures as they continue to evolve and mature.

National Communications

Supporting people to manage their health and use the best health services for them, and making information about health services more widely accessible to the population.

Emergency Management

Working with services across the organisation to provide advice and support in the preparation of emergency plans, and working on an interagency, interdepartmental and cross border basis in the planning and response phase of emergency planning.

Internal Audit

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

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

Enabling Healthcare Delivery

Data to be presented as infographics in designed Annual Report

Some activity undertaken within enabling healthcare delivery in 2018…

- 87,639 staff and 37,534 pensioners paid
- 2.3 million invoices processed
- 122,379 calls and 375,000 emails to service desk supported
- 354,728 electronic referrals processed
- 116 eHealth systems and upgrades went live
- 450 ICT projects supported
- Approximately 2,540 media queries answered
- Approximately 100 press releases sent
- Approximately 500 media interviews arranged

Enabling Healthcare Delivery

History was made when more than 50 staff from across the health service marched this year in the Dublin Pride Parade. Participation in the parade was organised by the Health Services LGBTI+ and Allies Network, in line with the organisation's policy on embracing diversity which is a key priority of the *Health Services People Strategy 2015-2018.*

National Human Resources

- 2018 was the final year of the *Health Services People Strategy 2015-2018* which was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. Further information on its implementation in 2018 can be found in the Building a Better Health Service section of this Annual Report. Development of a new strategy to further engage, develop and support our workforce is underway.
- *People's Needs Defining Change – Health Services Change Guide* was developed to guide and support staff at all levels to become change leaders in our health service. The framework provides practical assistance that can be adapted and applied to different national and local contexts.
- Healthcare staff often have to deal with traumatic, adverse or critical incidents in the course of their work. The Critical Incident Stress Management / Work Positive programme was reviewed, resulting in a joint project between the National Health and Safety function and Employee Assistance Programme to provide both preventative measures and specialised acute emergency mental health interventions in the aftermath of such an incident.
- The Workplace Health and Wellbeing Unit participated in the 32nd International Congress on Occupational Health in March. The theme of this year's conference was Linking Research to Practice and the conference provided the opportunity to examine how work in the Irish health service compared with international projects.
- A number of learning and self-development programmes were made available throughout the country. These included Corporate Induction programmes, First Time Manager's programmes, People Management the Legal Framework, Leaders in Management, Coaching Skills for Managers, Clerical and Administration Officer Development programmes, Mid-Career and Retirement Planning seminars, together with an accredited national coaching service for staff. In addition, numerous team development initiatives have been undertaken across the health service which are aimed at systemically improving team effectiveness.

Our staff commitment to patient care during Storm Emma

Two paramedics delivered a healthy baby girl on the side of a Kilkenny road after the ambulance her mother was travelling in got stuck in snow.

Staff from Regional Hospital Mullingar making their way into work through Storm Emma.

Staff from St Mary's Hospital in the Phoenix Park who braved the weather to make sure residents were well looked after.

Annie, a Public Health Nurse in Donegal, getting a lift from her nephew Liam to ensure that she reached all her patients.

Local residents in Tallaght assisting NAS retrieve a Rapid Response Vehicle that got stuck in the snow.

National Finance

- Implementation of the activity-based funding (ABF) model progressed with 39 hospitals now participating in the funding process.
- Development of the community costing programme progressed with the commencement of a high level review of disability services expenditure and work continued on the calculation of unit costs in relation to mental health services.
- A work plan is in place for the Pay Foundation Programme, to improve the costing, reporting, forecasting and planning of pay across the health service.
- To improve confidence and capability for staff across the health service in working with financial reports and documentation, a Finance training hub was developed and is available on the HSELanD share centre.

Finance Reform Programme

Established to deliver the phased implementation of a new Finance Operating Model for the Irish health service, the Finance Reform Programme is considered to be one of the key non-clinical priorities of the organisation. A core element of the programme is the design and implementation of a single integrated financial and procurement system (IFMS) for the Irish Health Services. This system will be based on the modern SAP S/4 HANA platform and will support our services in their efforts to deliver and demonstrate value for patients and their families. During 2018:

- The single instance interim SAP solution was extended to its first voluntary site with the go-live in Crumlin Hospital.
- The procurement process for an external partner to support systems integration and change was commenced.
- A Financial Management Framework for the health service and its initial iteration was approved.
- An initial communication and change management strategy was approved and commenced with a series of lunch and learn awareness raising sessions for staff on sites expected to go-live in phase 1.

People *Process* *Technology*

Office of the Chief Information Officer

- Work continued on the development of plans to deliver the electronic health record (EHR) which has been identified as a key requirement for the future delivery of healthcare and is the cornerstone of the *eHealth Ireland Strategy*. The acute EHR business case has been developed and the approval process is being worked through with the relevant government departments.
- The One Programme is continuing to work towards creating a single platform for the delivery of all digital services for HSE staff. 3,200 existing staff have been migrated to the new HealthIrl domain and all new staff will be set up there.
- The Healthmail service, used by GPs, GP support staff and pharmacists to send correspondence, including clinical patient information, electronically in a secure manner, has been rolled out as a service for optometrists to allow documents and images to be attached for timely and secure transfer.
- The number of eReferrals continued to grow. By year end, eReferrals represented 31.7% of all referrals for outpatient services (17,029 referrals in December 2018).
- Following significant work on the design and build of a National Cancer Information System to support the shared medical oncology care delivery model, implementation began on a phased basis across the 26 systemic anti-cancer therapy (SACT) sites. St. Luke's

Hospital, Rathgar is the first site due to go live in 2019.

- The maternal and newborn clinical management system (MN CMS) went live in the National Maternity Hospital completing phase 1 of the system's implementation. The system allows information to be shared with relevant healthcare providers as and when required.
- The individual health identifier (IHI) has been seeded into several health service systems including PCRS, as well as into 22 volunteer GP practices. This improves patient safety by ensuring patients are identified accurately.
- The systems for the new children's hospital paediatric outpatient and urgent care centres are well advanced supporting a 2019 go-live. These systems support and enable the delivery of paediatric care as part of an integrated clinical network.
- 35 hospitals have been supported in monitoring key unscheduled care metrics through the development of real time dashboards, allowing these metrics to be embedded in operational and strategic decision-making.
- As part of the move to a national electronic laboratory record, the MedLIS project has continued incorporating national guidelines into its design and the system testing phase has been completed. The IHI interface specifications have been agreed and a data protection impact assessment has been completed for General Data Protection Regulation (GDPR) compliance.
- The National Integrated Medical Imaging System (NIMIS) is reaching the end of its current implementation phase. Implementation commenced in Children's University Hospital (Temple St.) in October and a number of new services went live on existing NIMIS sites, including the vascular ultrasound department in University Hospital Limerick.
- The Open Health Data Portal is available at *http://data.ehealthireland.ie/* making it easy to find and access data from across the health service, including information on available health services, statistics on hospital cases and national waiting lists, and performance of new digital initiatives, such as eReferrals. 380 datasets are now available to view.
- In the development of the health service's Cloud First Digital Strategy, key principles have been agreed and are in place. These include the requirement for Cloud Solutions to have a business owner, be subject to risk assessment, follow the standard Office of the Chief Information Officer (OoCIO) business case approval process and comply with HSE policies and standards. Work to improve governance of the strategy has also continued with a risk assessment template created and piloted in University Hospital Limerick and the procurement process for the required infrastructure and platform commenced.
- A number of workshops were held in advance of the GDPR implementation date to assist in providing guidance and direction on compliance. The supplier confidentiality agreement was also updated to incorporate GDPR regulations.
- The ePrescribing pilot continued with total medical card prescriptions exceeding 200,000 by year end. Work also commenced on the Falsified Medicines Directive (FMD) project to enable the decommissioning and verification of medicines on hospital and community sites. Both initiatives are utilising digital solutions to ensure safer, more efficient ePharmacy delivery.

Health Business Services

- A national integrated staff records and pay (NiSRP) programme was established which aims to implement a single system with streamlined business processes for staff records and payroll services. It will also introduce a self-service option and provide

In September, the first Joint Digital Collaborathon was hosted by HBS with Business Shared Services from Health and Social Care Northern Ireland, and Ervia (formerly Bord Gáis) in the Trinity Innovation Centre. In the weeks running up to the event, the three organisations brought forward three challenges each that they were facing in their digital journeys, and set these out in a series of animations and fact files that were shared with the 140 attendees. Those at the event were able to select which challenge they took on and each organisation has agreed to take back the three solutions proposed for each of their challenges and to look at them in more detail. Planning for next year's event is already underway.

improved data in terms of payroll expenditure.

- To provide for necessary upgrades to payroll systems, the first phase of the Payroll Stabilisation Project was implemented in the North East, with more than 10,000 employees and pensioners migrated to a new payroll software solution. Phase 2 of the project will commence in early 2019.
- In order to provide a more resilient systems environment for critical HSE functions and eliminate a number of existing risks, the Health Business Services (HBS) HR / Payroll Systems Transition Programme completed the upgrade and migration of SAP® HR, Payroll, Business Warehouse and a number of finance systems to a new state of the art solution.
- HBS Digital Programme
  - The digitisation of personnel files is one of the single biggest enablers for many of the HBS strategic programmes. A total of 75% (71,000) of staff records have now been digitised.
  - A digital solution to manage the health estate was progressed. When fully implemented, the National Estates ICT System will include a property database, and a project management system incorporating workflow and document management and facilities management.
  - The concepts and tools of LEAN were introduced into HBS to improve the quality of services, generate cost savings and remove unnecessary non-value adding activities. Staff took on projects to

find and eliminate waste using Lean tools. 28 successful participants on the Yellow Belt programme and seven on the Green Belt programme were accredited by the University of Limerick. Many benefits have been achieved through the first cohort of projects, with verified savings or cost avoidance in the region of €665,000.

- To increase productivity and efficiency, a new procurement hub to the National Distribution Centre was opened in Cork and the national logistics service was further extended to Kerry, Galway, Drogheda, and Crumlin.
- With a focus on continuous seamless delivery, 20 additional Point of Use (POU) procurement stock management locations were live by the end of the year. 402 POU locations are now in place.
- A multiyear project working towards a more modern pension service was advanced, including actions to support the full implementation of the Single Public Service Pension Scheme. A number of work streams have been established in areas such as digital enablement, workforce and capacity planning, and support / training for section 38 agencies.
- Work progressed on a number of key capital projects to create and sustain a physical environment that enhances wellness in patients and service users. These projects include:
  - National Rehabilitation Hospital
  - Radiation oncology programme facilities
  - National Forensic Mental Health Service Hospital
  - National Maternity Hospital
  - Primary care centres
  - Social care residential programme housing.

Capital projects completed during the year

Grangegorman Primary Care Centre

Mental Health Unit, University Hospital Galway

Boyle Primary Care Centre

Kilcock Primary Care Centre

National Communications

- A number of projects were progressed to help make information about health services more widely accessible to the population:
  - A pilot project between UL Hospitals Group and Mid West Community Healthcare commenced to create a complete geographical list of information on health and social care services available in the area. This project is being run in collaboration with the OoCIO with the aim of subsequently rolling it out nationwide.
  - Easy to understand guides are being developed in association with mental health services on conditions and services, how to access these services and what you can expect from them.
  - HSELive was present at the 2018 Ploughing Championships to provide information to visitors about how to access various health services, who qualifies for health services and where to find information about health. Information material was distributed about the various ways of contacting HSELive – through telephone, live chat, email and Twitter.
- In March, during Storm Emma, HSE social media was a leading source of information for patients, service users, their families and staff. Posts in relation to Storm Emma were seen by almost one million people.

Emergency Management

- External emergency plans for top tier Seveso (hazardous material) sites were reviewed, updated and tested in compliance with legislation.
- In March, Ireland was impacted by Storm Emma, an event which resulted in wide scale disruption of transport infrastructure. The national crisis management team and seven area crisis management teams were supported by Emergency Management Services in their implementation of plans to mitigate the disruption caused by the storm on the delivery of patient care.
- In co-operation with the national clinical advisor and the acute hospitals, a draft mass casualty incident framework for the greater Dublin area was prepared.
- Training continued as part of interagency responsibilities as set out in *A Framework for Major Emergency Management*, including leading the HSE element of Operation Barracuda, a mass casualty exercise-based on the scenario of a terrorist attack within a crowed place.
- Emergency Management Services led on the planning and delivery of the healthcare element of the Papal visit to Ireland, the largest crowd event in Ireland in 2018.

Internal Audit

- 160 audit reports were issued including 37 reports in respect of HSE funded agencies and ten reports in respect of TUSLA.
- Special investigations were undertaken, in the areas of procurement, clients' money and proposed sale of land.
- The implementation of audit recommendations, contained in internal audit reports issued in 2018 and prior years, was monitored and reported on.
- Advice and guidance on controls and processes was provided to senior management.
- Development commenced of a three year Internal Audit Strategy.

Appendices

Appendix 1: Membership of the Directorate and Leadership Team

Directorate Members as at 31st December 2018:

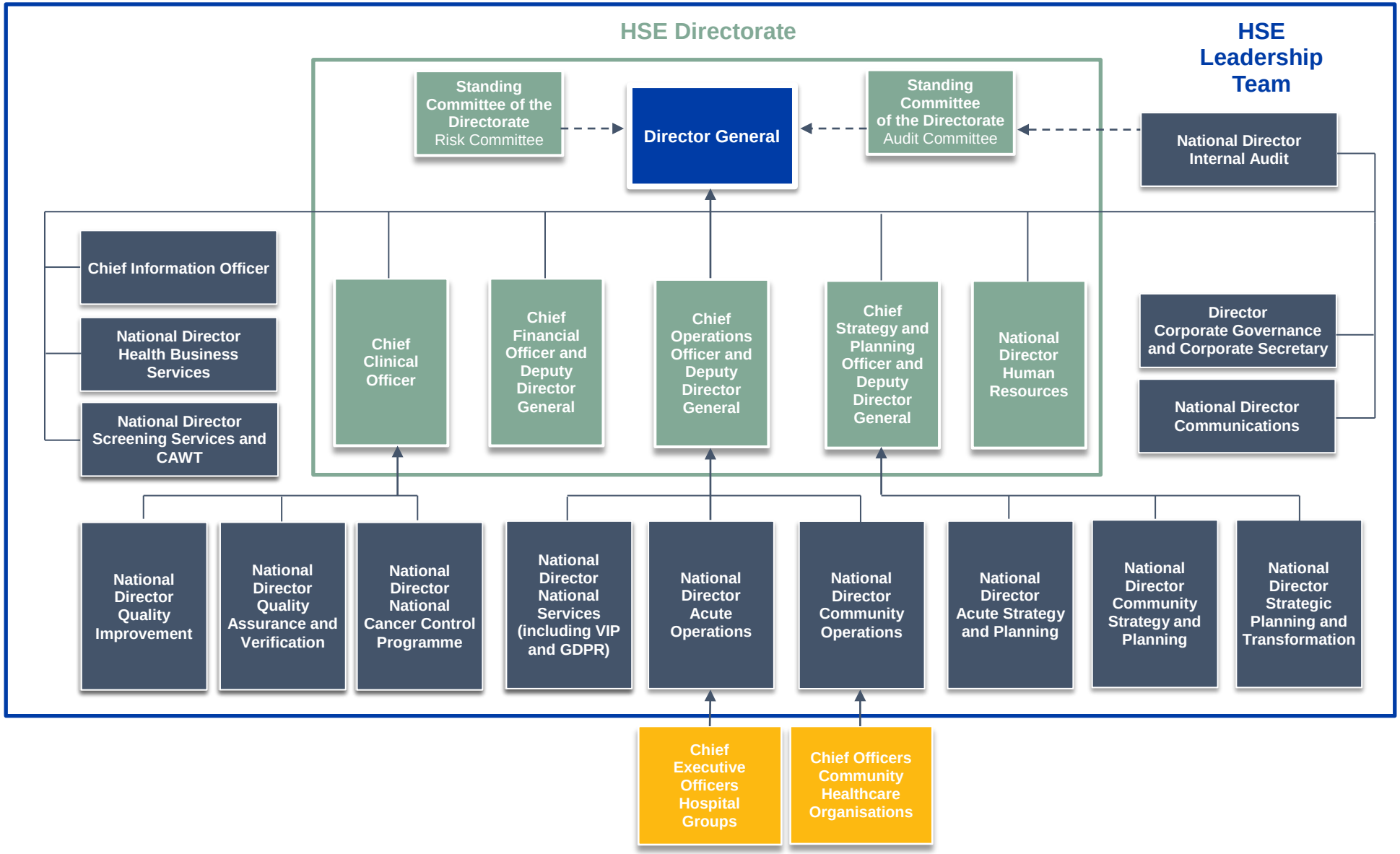
- Ms Anne O'Connor (Director General / Chairperson)
- Dr Colm Henry (Chief Clinical Officer)
- Ms Rosarii Mannion (National Director, Human Resources)
- Mr Stephen Mulvany (Chief Financial Officer and Deputy Director General)
- Mr Dean Sullivan (Chief Strategy and Planning Officer and Deputy Director General)

Leadership Team as at 31st December 2018:

- Ms Anne O'Connor (Director General / Chairperson)
- Ms Jane Carolan (National Director, Health Business Services)
- Dr Jerome Coffey (National Director, National Cancer Control Programme)
- Dr Paul Connors (National Director, Communications)
- Dr Philip Crowley (National Director, Quality Improvement)
- Mr Martin Curley (Chief Information Officer)
- Ms Angela Fitzgerald (National Director, Acute Operations)
- Mr Pat Healy (National Director, Community Strategy and Planning)
- Mr John Hennessy (National Director, Acute Strategy and Planning)
- Dr Colm Henry (Chief Clinical Officer)
- Dr Stephanie O'Keeffe (National Director, Strategic Planning and Transformation)
- Mr Patrick Lynch (National Director, Quality Assurance and Verification)
- Ms Rosarii Mannion (National Director, Human Resources)
- Mr Damien McCallion (National Director, Screening Services and CAWT)
- Mr Stephen Mulvany (Chief Financial Officer and Deputy Director General)
- Mr Joe Ryan (National Director, National Services (including VIP and GDPR))
- Dr Geraldine Smith (National Director, Internal Audit)
- Mr Dean Sullivan (Chief Strategy and Planning Officer and Deputy Director General)
- Mr David Walsh (National Director, Community Operations)
- Mr Liam Woods (Chief Operations Officer and Deputy Director General)

- Mr Jim O'Sullivan (Director, Corporate Governance and Corporate Secretary)

Appendix 2: Organisational Structure



Appendix 3: Performance against NSP 2018 Volume Activity and Key Performance Indicators

Note: Reported data position for 2017 and 2018 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 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Finance Net expenditure variance from plan (total expenditure)	Reported in Annual Financial Statements 2017	≤0.1%	Reported in Annual Financial Statements 2018	-
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		-
Non-pay expenditure variance from plan		≤0.1%		-
Capital Capital expenditure versus expenditure profile	102.0%	100%	100.0%	0.0%
Governance and Compliance Procurement - expenditure (non-pay) under management	New PI 2018	25% increase	53.0%	-22.0%
Audit % of internal audit recommendations implemented within six months of the report being received	77.0%	75%	71.0%	-5.3%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	90.0%	95%	86.0%	-9.5%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	91.2%	100%	92.6%	-7.4%
% of the monetary value of service arrangements signed	95.9%	100%	95.0%	-5.0%
% annual compliance statements signed	98.0%	100%	99.0%	-1.0%
Workforce Staff Engagement % of staff who complete staff engagement survey annually	New PI 2018	20%	15%	-25.0%
Attendance Management % absence rates by staff category	4.4%	≤3.5%	4.6%	31.4%
Pay and Staffing Strategy / Funded Workforce Plan Pay expenditure variance from plan	New PI 2018	≤0.1%	Reported in Annual Financial Statements 2018	-
EWTD <24 hour shift (acute – NCHDs)	98.0%	100%	95.4%	4.6%
<24 hour shift (mental health – NCHDs)		100%	94.0%	6.0%
<24 hour shift (disability services – social care workers)	New PI 2018	95%	100.0%	5.3%
<48 hour working week (acute – NCHDs)	84.0%	95%	81.0%	-14.7%
<48 hour working week (mental health – NCHDs)		95%	90.6%	-4.6%

System Wide

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
<48 hour working week (disability services – social care workers)	New PI 2018	90%	100.0%	11.1%
Quality and Safety Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	80.0%	75%	56.0%	-25.3%
Serious Incidents % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	New PI 2018	99%	29.0%	-70.7%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident	New PI 2018	90%	2.0%	-97.8%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS	47.0%	90%	52.0%	-42.2%
Extreme and major incidents as a % of all incidents reported as occurring	1.0%	<1%	0.62%	-38.0%
% of claims received by State Claims Agency that were not reported previously as an incident	63.3%	<30%	66.2%	>100.0%

Health and Wellbeing

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
National Screening Service BreastCheck No. of women in the eligible population who have had a complete mammogram	164,187	170,000	170,583	0.3%
% BreastCheck screening uptake rate	71.7%	70%	74.5%	6.4%
% of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	93.4%	90%	86.3%	-4.1%
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting	259,099	255,000	339,161	33.0%
% of eligible women with at least one satisfactory CervicalCheck screening in a five year period	79.8%	80%	79.5%	-0.6%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test	120,764	125,000	105,416	-15.6%
% of client uptake rate in the BowelScreen programme	41.8%	45%	40.0%	-11.1%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result	96,239	93,000	100,000	7.5%
% Diabetic RetinaScreen uptake rate	65.7%	65%	63.9%	-1.6%
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out	356	384	390	1.5%
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	32	32	32	0.0%
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*	32	32	32	0.0%

Health and Wellbeing

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	New PI 2018	225	274	21.7%
No. of official food control planned, and planned surveillance, inspections of food businesses.	33,162	33,000	32,252	-2.2%
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*	New PI 2018	40	38	-5.0%
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor	11,952	13,000	10,608	-18.4%
% of smokers on cessation programmes who were quit at one month	53.0%	45%	48.8%	8.4%
Chronic Disease Management No. of people who have completed a structured patient education programme for diabetes	2,521	4,500	3,259	-27.5%
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine	94.7%	95%	94.5%	-0.5%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	92.2%	95%	92.3%	-2.8%
% of first year girls who have received two doses of HPV vaccine	49.4%	85%	59.4%	-30.1%
% of healthcare workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (acute hospitals)	34.0%	65%	44.8%	-31.0%
% of healthcare workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (long term care facilities in the community)	27.1%	65%	33.1%	-49.0%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	54.5%	75%	57.6%	-23.2%
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	558	500	727	-
Making Every Contact Count No. of frontline staff to complete the online Making Every Contact Count training in brief intervention	New PI 2018	7,523	397	-94.7%
No. of frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention	New PI 2018	1,505	16	-98.9%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Primary Care Services				
Community Intervention Teams No. of referrals	38,207	38,180	44,406	16.3%
Health Amendment Act: Services to persons with State Acquired Hepatitis C No. of *Health Amendment Act* card holders who were reviewed	117	459	101	-77.9%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	24.6	<21.7	19.5	-10.1%
GP Activity No. of contacts with GP Out of Hours Service	1,065,230	1,024,152*	1,065,567	3.5%
**Change to NSP 2018 target due to activity associated with the expansion of structured GP out of hours provision in Community Healthcare East*				
Nursing No. of patients seen	687,704	743,605	695,062	-6.5%
% of new patients accepted onto the nursing caseload and seen within 12 weeks	86.7%	96%	100.0%	4.1%
Therapies / Community Healthcare Network Services Total no. of patients seen	1,524,240	1,524,864	1,553,140	1.8%
Physiotherapy No. of patients seen	585,037	581,661	576,409	-0.9%
% of new patients seen for assessment within 12 weeks	79.3%	80%	80.4%	0.5%
% on waiting list for assessment ≤52 weeks	94.8%	93%	94.3%	1.3%
Occupational Therapy No. of patients seen	335,389	336,836	356,716	5.9%
% of new service users seen for assessment within 12 weeks	66.7%	68%	64.9%	-4.5%
% on waiting list for assessment ≤52 weeks	77.0%	85%	74.4%	-12.4%
Speech and Language Therapy No. of patients seen	279,023	279,803	276,343	-1.2%
% on waiting list for assessment ≤52 weeks	96.7%	100%	93.6%	-6.4%
% on waiting list for treatment ≤52 weeks	92.3%	100%	90.6%	-9.4%
Podiatry No. of patients seen	74,629	74,206	83,917	13.0%
% on waiting list for treatment ≤12 weeks	42.4%	26%	29.5%	13.4%
% on waiting list for treatment ≤52 weeks	82.6%	77%	69.0%	-10.3%
Ophthalmology No. of patients seen	96,484	96,404	101,405	5.1%
% on waiting list for treatment ≤12 weeks	24.2%	26%	25.7%	-1.1%
% on waiting list for treatment ≤52 weeks	61.5%	66%	61.2%	-7.2%
Audiology No. of patients seen	52,954	52,548	51,573	-1.8%
% on waiting list for treatment ≤12 weeks	36.3%	41%	35.6%	-13.1%
% on waiting list for treatment ≤52 weeks	86.5%	88%	86.3%	-1.9%
Dietetics No. of patients seen	63,961	63,382	64,402	1.6%
% on waiting list for treatment ≤12 weeks	35.2%	37%	39.8%	7.5%
% on waiting list for treatment ≤52 weeks	73.8%	79%	77.7%	-1.6%
Psychology No. of patients seen	36,763	40,024	42,375	5.8%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
% on waiting list for treatment ≤12 weeks	25.0%	36%	27.1%	-24.7%
% on waiting list for treatment ≤52 weeks	72.2%	81%	75.8%	-6.4%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment	92.1%	92%	90.0%	-2.1%
Orthodontics No. and % of patients seen for assessment within six months	2,142 46.7%	2,483 46%	1,463 29.1%	-41.0% -36.7%
Reduce the proportion of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years	3.6%	<1%	6.4%	>100.0%
Paediatric Homecare Packages No. of packages	508	584	377	-35.4%
GP Trainees No. of trainees	170	198	194	-2.0%
National Virus Reference Laboratory No. of tests	853,482	855,288	908,071	6.1%
Child Health % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	92.8%	95%	93.0%	-2.1%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	98.3%	98%	96.5%	-1.5%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	54.5%	58%	56.1%	-3.2%
% of babies breastfed exclusively at first PHN visit	New PI 2018	48%	41.0%	-14.5%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	38.9%	40%	40.1%	0.3%
% of babies breastfed exclusively at three month PHN visit	New PI 2018	30%	31.0%	3.3%
Social Inclusion Services				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	9,804	10,028	9,848	-1.8%
Average waiting time from referral to assessment for opioid substitution treatment	5.5 days	3 days	6.4 days	>100.0%
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	155.5 days	28 days	24.9 days	-11.1%
Needle Exchange No. of unique individuals attending pharmacy needle exchange	1,849	1,628	Data not available	-
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,101	1,035	1,252	21.0%
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	74.0%	73%	86.3%	18.2%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Traveller Health				
No. of people who received information on type 2 diabetes or participated in related initiatives	New PI 2018	3,735	4,000	7.1%
No. of people who received information on cardiovascular health or participated in related initiatives	New PI 2018	3,735	5,387	44.2%
Substance Misuse				
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	4,295 98.4%	4,946 100%	3,061 89.0%	-13.6% -11.0%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	280 92.5%	333 100%	230 96.1%	-9.4% -3.9%
Palliative Care Services				
Inpatient Palliative Care Services				
No. accessing specialist inpatient beds within seven days (during the reporting month)	3,402	3,595	3,772	4.9%
Access to specialist inpatient bed within seven days	97.8%	98%	98.1%	0.1%
% of patients triaged within one working day of referral (inpatient unit)	97.1%	95%	96.9%	2.0%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	80.6%	90%	91.7%	1.8%
Community Palliative Care Services				
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,331	3,376	3,465	2.6%
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	92.1%	95%	86.6%	-8.8%
% of patients triaged within one working day of referral (community)	94.7%	94%	96.0%	2.1%
Children's Palliative Care Services				
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	219	280	275	-1.7%
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	55	97	35	-63.9%
Primary Care Reimbursement Service				
Medical Cards				
No. of persons covered by medical cards as at 31st December	1,609,820	1,564,230	1,565,049	0.0%
No. of persons covered by GP visit cards as at 31st December	487,510	492,293	503,329	2.2%
Total	2,097,330	2,056,523	2,068,378	0.5%
% of completed medical card / GP visit card applications processed within 15 days	99.6%	96%	99.8%	3.9%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days	23.3%	91%	97.8%	7.4%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	94.1%	95%	95.9%	0.9%
General Medical Services Scheme				
Total no. of items prescribed	58,129,657	56,854,793	58,192,133	2.3%
No. of prescriptions	18,883,872	18,721,471	18,691,105	-0.1%
Long Term Illness Scheme				
Total no. of items prescribed	8,259,643	8,241,730	8,892,719	7.8%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
No. of claims	2,349,027	2,342,248	2,525,456	7.8%
Drug Payment Scheme Total no. of items prescribed	7,163,687	7,872,735	7,585,690	-3.6%
No. of claims	2,193,578	2,389,599	2,310,928	-3.2%
Other Schemes No. of high tech drugs scheme claims	654,867	650,150	714,937	9.9%
No. of dental treatment services scheme treatments	1,194,730	1,261,381	1,113,777	-11.7%
No. of community ophthalmic services scheme treatments	870,537	869,891	793,540	-8.7%
Mental Health Services				
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	93.2%	90%	92.3%	2.6%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by General Adult Community Mental Health Team	74.1%	75%	72.7%	-3.1%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	21.4%	<20%	22.5%	12.5%
No. of adult referrals seen by mental health services	28,513	29,135	27,124	-6.9%
No. of admissions to adult acute inpatient units	12,155	12,692	12,106	-4.8%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams	97.7%	98%	97.7%	-0.3%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams	95.4%	95%	95.2%	0.2%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month	2.4%	<3%	2.9%	-4.8%
No. of Psychiatry of Later Life referrals seen by mental health services	8,614	9,045	8,553	-5.4%
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units	73.5%	95%	70.7%	-25.5%
% 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	96.9%	95%	93.7%	-1.4%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	78.0%	78%	79.7%	2.2%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	70.6%	72%	72.6%	0.8%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month	10.4%	<10%	9.7%	-2.9%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	New PI 2018	100%	95.6%	-4.4%
No. of CAMHs referrals received by mental health services	18,489	18,831	18,650	-1.0%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
No. of CAMHs referrals seen by mental health services	10,304	14,365	10,796	-24.8%
Disability and Older Persons' Services				
Safeguarding % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	95.8%	100%	98.1%	-1.9%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	98.4%	100%	99.7%	-0.3%
Disability Services				
Quality % of compliance with regulations following HIQA inspection of disability residential services	80.0%	80%	87.0%	8.8%
% of CHO quality and safety committees in place with responsibilities to include governance of the quality and safety of HSE provided Disability Services who have met in this reporting month	New PI 2018	100%	66.7%	-33.3%
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services	67.0%	100%	66.7%	-33.3%
Residential Places No. of residential places for people with a disability	7,249	8,399	8,235	-2.0%
New Emergency Places and Supports Provided to People with a Disability No. of new emergency places provided to people with a disability	176	130	132	1.5%
No. of new home supports for emergency cases	147	135	121	-52.5%
No. of in home respite supports for emergency cases		120		
Total no. of new Emergency and Support Places	323	385	253	-34.3%
Transforming Lives – VfM Policy Review Deliver on VfM implementation priorities	82.1%	100%	Data not available	-
Congregated Settings Facilitate the movement of people from congregated to community settings	147	170	155	-8.8%
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability)	2,645	2,752	2,364	-14.1%
No. of people (all disabilities) in receipt of rehabilitation training (RT)	2,282	2,432	2,269	-6.7%
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)	16,290	19,672	17,092	-13.1%
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	97.0%	100%	93.1%	-6.9%
Respite Services No. of day only respite sessions accessed by people with a disability	32,429	42,552	35,866	-15.7%
No. of overnights (with or without day respite) accessed by people with a disability	158,296	182,506	156,725	-14.1%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,112	6,320	5,688	-10.0%
One additional respite house in each of the nine CHO areas - no. of individuals supported	New PI 2018	251	504	>100.0%
Three additional respite houses in the greater Dublin Region - no. of individuals supported	New PI 2018	143	254	77.6%
Alternative models of respite provision including Home Sharing, Saturday Club, Extended Day – no. of individuals supported	New PI 2018	250	2,116	>100.0%
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	1.5m	1.46m	1,636,883	12.1%
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,109	2,357	2,553	8.3%
Home Support Service No. of home support hours delivered to persons with a disability	2.8m	2.93m	3,138,939	7.1%
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	6,154	7,447	7,165	-3.8%
Disability Act Compliance No. of requests for assessments of need received	5,838	6,548	5,060	-22.7%
% of assessments completed within the timelines as provided for in the regulations	25.3%	100%	8.7%	-91.3%
Progressing Disability Services for Children and Young People (0-18s) Programme No. of Children's Disability Network Teams established	0	*82	0	-100.0%
% of Children's Disability Network Teams established	0.0%	100%	0.0%	-100.0%
**The 2018 target of 129 teams was subject to change due to further development of Progressing Disability Services implementation plans, bringing the revised target to 138 teams. 56 teams were previously established leaving an active target of 82 teams for 2018.*				
Service Improvement Team Process Deliver on service improvement priorities	50.0%	100%	Data not available	-
Older Persons' Services				
Quality % of compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	New PI 2018	80%	84.9%	6.1%
% of CHO quality and safety committees, with responsibilities to include governance of the quality and safety of Older Persons' Services who have met in this reporting month	New PI 2018	100%	66.7%	-33.3%
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Older Persons' Services	88.9%	100%	100.0%	0.0%
Home Support No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	New PI 2018	17.094m	17,130,453	0.2%
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs)) – each person counted once only	New PI 2018	50,500	53,016	5.0%
Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an Intensive Home Care Package	224	235	250	6.4%

Community Healthcare

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
No. of home support hours provided from Intensive Home Care Packages	New PI 2018	360,000	406,047	12.8%
% of clients in receipt of an IHCP with a key worker assigned	82.1%	100%	95.2%	-4.8%
Transitional Care No. of people at any given time being supported through transitional care in alternative care settings	975	879	991	12.7%
No. of persons in acute hospitals approved for transitional care to move to alternative care settings	8,930	9,160	11,079	20.9%
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care during the reporting month	22,949	23,334	23,305	-0.1%
No. of NHSS beds in public long stay units	4,973	5,096	4,961	-2.6%
No. of short stay beds in public long stay units	1,998	2,053	1,946	-5.2%
% of population over 65 years in NHSS funded beds (based on 2016 Census figures)	4.1%	≤4%	3.4%	-14.1%
% of clients with NHSS who are in receipt of ancillary state support	13.2%	10%	14.4%	43.9%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks	90.9%	90%	88.7%	-1.5%
Service Improvement Team Process Deliver on service improvement priorities	84.5%	100%	95.0%	-5.0%

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Acute Hospital Services				
Discharge Activity Inpatient	634,993	634,815	642,646	1.2%
Day case (includes dialysis)	1,072,981	1,055,851	1,074,172	1.7%
Total inpatient and day cases	1,707,974	1,690,666	1,716,818	1.5%
Emergency inpatient discharges	432,353	430,995	439,922	2.1%
Elective inpatient discharges	92,293	92,172	92,760	0.6%
Maternity inpatient discharges	111,195	111,648	109,964	-1.5%
Inpatient discharges ≥75 years	119,952	119,146	124,934	4.9%
Day case discharges ≥75 years	186,046	183,625	192,899	5.0%
Emergency Care New ED attendances	1,182,844	1,178,977	1,227,274	4.1%
Return ED attendances	96,981	97,371	99,542	2.2%
Injury unit attendances	89,326	91,588	93,997	2.6%
Other emergency presentations	48,741	48,709	49,916	2.5%
Births Total no. of births	61,753	61,720	61,083	-1.0%
Outpatients No. of new and return outpatient attendances	3,287,693	3,337,967	3,335,855	0.0%

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Outpatient attendances				
New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	1:2.5	1:2	1:2.5	25.0%
Activity Based Funding (MFTP) model				
HIPE Completeness – Prior month: % of cases entered into HIPE	94.0%	100%	93.0%	-7.0%
Inpatient, Day Case and Outpatient Waiting Times				
% of adults waiting <15 months for an elective procedure (inpatient)	86.5%	90%	84.3%	-6.3%
% of adults waiting <15 months for an elective procedure (day case)	92.6%	95%	92.9%	-2.2%
% of children waiting <15 months for an elective procedure (inpatient)	88.7%	90%	89.8%	-0.2%
% of children waiting <15 months for an elective procedure (day case)	85.9%	90%	83.9%	-6.8%
% of people waiting <52 weeks for first access to OPD services	72.4%	80%	70.4%	-12.0%
Colonoscopy / Gastrointestinal Service				
No. of people waiting > four weeks for access to an urgent colonoscopy	68	0	253	>100.0%
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	57.8%	70%	59.1%	-15.6%
Emergency Care and Patient Experience Time				
% of all attendees at ED who are discharged or admitted within six hours of registration	66.3%	75%	64.6%	-13.9%
% of all attendees at ED who are discharged or admitted within nine hours of registration	80.9%	100%	79.4%	-20.6%
% of ED patients who leave before completion of treatment	5.6%	<5%	6.4%	28.0%
% of all attendees at ED who are in ED <24 hours	96.9%	100%	96.5%	-3.5%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	43.2%	95%	42.4%	-55.4%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	62.0%	100%	60.7%	-39.3%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	92.4%	100%	91.5%	-8.5%
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)	92.4%	95%	89.2%	-6.1%
Length of Stay				
ALOS for all inpatient discharges excluding LOS over 30 days	4.7	4.3	4.7	9.3%
Medical				
Medical patient average length of stay	6.8	≤6.3	7.0	11.1%
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	63.1%	75%	61.9%	-17.5%
% of all medical admissions via AMAU	33.4%	45%	31.2%	-30.7%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	11.1%	≤11.1%	11.3%	1.8%
Surgery				
Surgical patient average length of stay	5.4	≤5.0	5.5	10.0%
% of elective surgical inpatients who had principal procedure conducted on day of admission	74.1%	82%	74.2%	-9.2%
% day case rate for Elective Laparoscopic Cholecystectomy	45.0%	60%	45.4%	-24.3%

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
% of emergency hip fracture surgery carried out within 48 hours	85.7%	95%	86.6%	-8.8%
% of surgical re-admissions to the same hospital within 30 days of discharge	2.0%	≤3%	2.0%	-33.3%
Delayed Discharges No. of bed days lost through delayed discharges	191,898	182,500	206,606	13.2%
No. of beds subject to delayed discharges	480	500	476	-4.8%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	0.9	<1/10,000 bed days used	0.9	-9.9%
Rate of new cases of hospital acquired C. difficile infection	1.8	<2/10,000 bed days used	2.2	10.0%
No. of new cases of CPE	New PI 2018	Reporting to commence in 2018	531	-
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	New PI 2018	100%	55.3%	-44.7%
% of acute hospitals implementing the national policy on restricted anti-microbial agents	New PI 2018	100%	34.0%	-66.0%
Mortality Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition	New PI 2018	-	Data available by clinical condition	-
Quality Rate of slip, trip or fall incidents as reported to NIMS that were classified as major or extreme	0.01	-	0.005	-
Medication Safety Rate of medication incidents as reported to NIMS that were classified as major or extreme	0.00	-	0.004	-
Patient Experience % of Hospital Groups conducting annual patient experience surveys amongst representative samples of their patient population	100.0%	100%	86.0%	-14.0%
National Early Warning Score (NEWS) % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	96.7%	100%	97.6%	-2.4%
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	New PI 2018	100%	72.4%	-27.6%
Clinical Guidelines % of acute hospitals with an implementation plan for the guideline for clinical handover	Data not available	100%	Data not available	-
National Standards % of hospitals who have completed second assessment against the NSSBH	New PI 2018	100%	50.0%	-50.0%
% of acute hospitals which have completed and published monthly hospital patient safety indicator report	New PI 2018	100%	72.0%	-28.0%

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	New PI 2018	90%	71.0%	-21.1%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	14.5%	12%	9.4%	-21.7%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	72.4%	90%	68.0%	-24.4%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	94.6%	90%	95.5%	6.1%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	64.1%	80%	63.5%	-20.6%
National Women and Infants Health Programme 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	86.1%	100%	87.8%	-12.2%
Clinical Guidelines % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	Data not available	100%	Data not available	-
% maternity hospitals / units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team / Hospital Group / NWIHP meetings each month	95.2%	100%	100.0%	0.0%
Cancer Services				
Symptomatic Breast Cancer Services Urgent No. of patients triaged as urgent presenting to symptomatic breast clinics	19,266	19,600	20,443	4.3%
No. of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	14,518	18,620	15,473	-16.9%
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	75.4%	95%	75.7%	-20.3%
Symptomatic Breast Cancer Services Non-urgent No. of non-urgent attendances presenting to symptomatic breast clinics	21,543	22,500	22,408	-0.4%
No. 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 (No. offered an appointment that falls within 12 weeks)	15,305	21,375	15,142	-29.2%
% 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)	71.0%	95%	67.6%	-28.9%
Clinical Detection Rate No. of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer	1,918	1,176*	1,890	-
**The target identified in NSP2018 referred to a minimum diagnostic threshold, that is, the least expected number of patients attending clinics who are subsequently diagnosed with cancer.*				
% of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	10.0%	6%	10.2%	-

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Lung Cancers No. of patients attending the rapid access lung clinic in designated cancer centres	3,447	3,700	3,730	0.8%
No. of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	2,852	3,515	3,289	-6.4%
% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	82.7%	95%	88.2%	-7.2%
Clinical Detection Rate No. of new attendances to clinic that have a subsequent primary diagnosis of lung cancer	1,120	925	1,083	-
% of new attendances to clinic that have a subsequent primary diagnosis of lung cancer	32.5%	25%	29.0%	-
Prostate Cancer No. of patients attending the rapid access clinic in cancer centres	3,015	3,100	3,360	8.4%
No. of patients attending prostate rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	1,853	2,790	2,625	-5.9%
% of patients attending prostate rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	61.5%	90%	78.1%	-13.2%
Clinical Detection Rate No. of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	1,097	930	1,168	-
% of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	36.4%	30%	34.7%	-
Radiotherapy No. of patients who completed radical radiotherapy treatment (palliative care patients not included)	5,178	5,200	5,522	6.2%
No. 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)	3,952	4,680	4,544	-2.9%
% 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)	76.3%	90%	82.3%	-8.6%
Pre-Hospital Emergency Care Services				
Total no. of AS1 and AS2 (emergency ambulance) calls	321,379	318,370	337,754	6.1%
Total no. of AS3 calls (inter-hospital transfers)	30,396	31,100	32,983	6.1%
No. of clinical status 1 ECHO calls activated	4,981	5,787	5,101	-11.9%
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	4,770	5,494	4,877	-11.2%
No. of clinical status 1 DELTA calls activated	128,701	129,036	140,249	8.7%
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	121,217	125,103	128,574	2.8%
Aeromedical Service - Hours (Department of Defence)	2,690	480	451	-6.0%
Irish Coast Guard - Calls (Department of Transport, Tourism and Sport)	340	200	121	-39.5%

Pre-Hospital and Acute Hospital Care

Key Performance Indicators	Reported Actual 2017	Target NSP 2018	Reported Actual 2018	% Variance from Target 2018
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	44.1%	40%	47.1%	17.8%
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	92.7%	90%	93.6%	4.0%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	82.7%	80%	79.5%	-0.6%
% of ECHO calls which had a resource allocated within 90 seconds of call start	98.3%	95%	97.3%	2.3%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	61.4%	80%	57.4%	-28.3%
% of DELTA calls which have a resource allocated within 90 seconds of call start	91.3%	90%	87.7%	-2.6%
Intermediate Care Service No. of intermediate care vehicle (ICV) transfer calls	27,073	28,000	29,875	6.7%
% of all transfers provided through the intermediate care service	89.1%	90%	90.6%	0.6%
Ambulance Turnaround % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within: • 30 minutes • 60 minutes	98.8% (60 minutes only reported)	100%	52.9% 97.1%	-47.1% -2.9%

Appendix 4: Capital Projects

This appendix reports on capital projects that: 1) were due to be completed in 2016 / 2017 and operational in 2018; 2) due to be completed and operational in 2018; or 3) due to be completed in 2018 and operational in 2019

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Primary Care Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
Killybegs CNU, Co. Donegal Carndonagh CNU, Co. Donegal Dungloe CNU, Co. Donegal, Donegal CNU	Purchase of radiology and diagnostic equipment for the primary care service in Donegal including installation	Q1 2018	Q2 2018	Q2 2018	Q2 2018	0	0	0.60	1.60	0	0
Community Healthcare West											
Westport, Co. Mayo	Primary Care Centre by PPP	Q1 2018	Q2 2018	Q1 2018	Q2 2018	0	0	0.00	0.00	0	0
Cork Kerry Community Healthcare											
Knocknaheeny, Fairhill, Gurranebraher, Cork City	Primary Care Centre	Q1 2018	Q1 2018	Q1 2018	Q4 2018	0	0	3.00	18.35	0	0
South East Community Healthcare											
Wexford	Primary Care Centre by PPP	Q2 2018	Q2 2018	Q2 2018	Q2 2018	0	0	0.00	0.00	0	0
Carrick on Suir, Co. Tipperary	Primary Care Centre by PPP	Q1 2018	Q1 2018	Q1 2018	Q3 2018	0	0	0.00	0.00	0	0
Dungarvan, Co. Waterford	Primary Care Centre by PPP	Q1 2018	Q1 2018	Q1 2018	Q2 2018	0	0	0.00	0.00	0	0
Waterford City East	Primary Care Centre by PPP	Q2 2018	Q2 2018	Q2 2018	Q3 2018	0	0	0.00	0.00	0	0
Community Healthcare East											
Simms Building, Tallaght, Dublin	Purchase and fit-out of the building to provide accommodation for orthodontic services (currently in St. James's Hospital)	Q4 2017	Q1 2018	Q1 2018	Q3 2018	0	0	0.10	6.50	0	0
Churchtown / Nutgrove, Dublin	Extension to Primary Care Centre, by lease agreement	Q3 2018	Q2 2019	Q4 2018	Q2 2019	0	0	0.10	0.10	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Royal Hospital, Donnybrook, Dublin	Primary Care Centre, by lease agreement	Q3 2018	Q3 2019	Q3 2018	Q4 2019	0	0	0.10	0.10	0	0
Dublin South, Kildare and West Wicklow Community Healthcare											
Kilnamanagh / Tymon (Junction House), Dublin	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	Q3 2018	Q3 2018	0	0	0.45	0.45	0	0
Cashel Road / Walkinstown (Crumlin), Dublin	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	Q2 2018	Q3 2018	0	0	0.30	0.30	0	0
Kilcock, Co. Kildare	Primary Care Centre by PPP	Q1 2018	Q1 2018	Q2 2018	Q1 2018	0	0	0.00	0.00	0	0
Our Lady's Hospice, Harold's Cross, Dublin	Equipping of new hospice.	Q1 2018	Q1 2018	Q1 2018	Q3 2018	0	0	0.20	1.20	0	0
Midlands Louth Meath Community Healthcare											
Drogheda North, Co. Louth	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	Q2 2018	Q2 2018	0	0	0.30	0.30	0	0
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	Q3 2018	Q3 2018	0	0	0.30	0.30	0	0
St. Fintan's Campus, Portlaoise, Co. Laois	Community addiction services unit - new facility for counselling and support services	Q4 2018	Q1 2019	Q1 2019	Q1 2019	0	0	2.40	2.95	0	0
Dublin North City and County Community Healthcare											
Coolock (Coolock South combined with Coolock North Darndale), Dublin	Primary Care Centre by PPP	Q1 2018	Q1 2018	Q1 2018	Q3 2018	0	0	0.00	0.00	0	0
Dublin North East Inner City (Summerhill), Dublin	Primary Care Centre by PPP	Q2 2018	Q4 2018	Q2 2018	Q1 2019	0	0	0.00	0.00	0	0
Mental Health Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
St. Conal's Hospital, Letterkenny, Co. Donegal	Phased upgrade of building fabric	Q2 2018	Q2 2018	Q2 2018	Q3 2018	0	0	0.40	1.72	0	0
Mid West Community Healthcare											
St. Joseph's Hospital, Ennis, Co. Clare	Refurbishment of Gort Glas (at front of St. Joseph's) to provide a Mental Health Day Centre	Q4 2017	Q4 2017	Q1 2018	Q3 2018	0	0	0.14	1.50	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Cork Kerry Community Healthcare											
University Hospital Kerry	Refurbishment and upgrade of the acute mental health unit, phase 2.	Q4 2018	Q1 2019	Q4 2018	Q2 2019	0	0	1.40	2.10	0	0
South East Community Healthcare											
University Hospital Waterford	Further upgrade acute mental health unit to comply with recommendations of the Mental Health Commission Report	Q4 2017	Q4 2017	Q1 2018	Q1 2018	0	0	0.05	0.60	0	0
Dublin North City and County Community Healthcare											
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 13 people currently in Weir Home	Q4 2018	Q4 2019	Q1 2019	Q1 2020	0	0	1.80*	2.20	0	0
** Cost included in NSP2018 as €2.5m – updated post-publication*											
Disability Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
Cregg House and Cloonamahon, Co. Sligo	Nine units at varying stages of purchase / new build / refurbishment to meet housing requirements for 28 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (3 units completed in 2018)	Phased 2018 / 2019	Phased 2018 / 2019	0	28	0.50	3.50	0	0
Community Healthcare West											
Aras Attracta, Swinford, Co Mayo	11 units at varying stages of purchase / new build / refurbishment to meet housing requirements for 39 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (4 units completed in 2018)	Phased 2018 / 2019	Phased 2018 / 2019	0	39	2.00	6.00	0	0
	Fire safety and infrastructural upgrade	Q1 2018	Q2 2018	Q1 2018	Q1 2018	0	0	0.15	0.40	0	0
Brothers of Charity, Galway	One unit for purchase / new build to meet housing requirements for four people transitioning from a congregated setting	Q3 2018	Q3 2019	Q4 2018	Q3 2019	0	4	0.70	0.78	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Mid West Community Healthcare											
Daughters of Charity, Co. Limerick Daughters of Charity, Roscrea, Co. Tipperary Brothers of Charity, Co. Limerick	Seven units at varying stages of purchase / new build / refurbishment to meet housing requirements for 26 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2019 / 2020	Phased 2018 / 2019	Phased 2019 / 2020	0	26	2.00	4.00	0	0
Cork Kerry Community Healthcare											
Cluain Fhionnain, Co. Kerry St. Raphael's, Youghal, Co. Cork COPE Foundation, Ashville, Co. Cork St. John of God, Beaufort Campus, Killarney, Co Kerry Brothers of Charity, Co. Cork	Eight units at varying stages of purchase / new build / refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	Phased 2018 / 2019	Phased 2018 / 2019	0	24	1.20	5.00	0	0
South East Community Healthcare											
St. Patrick's Centre, Co. Kilkenny	Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for 15 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (3 units completed in 2018)	Phased 2018 / 2019	Phased 2018 / 2019	0	15	1.30	2.40	0	0
Community Healthcare East											
Sunbeam, Rosanna, Bray, Co. Wicklow	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (1 unit completed in 2018)	Phased 2018 / 2019	Q1 2019	0	4	0.02	1.30	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Southside Intellectual Disability Service: Hawthorns, Stillorgan, Co. Dublin and Aishling House, Newtown Grove, Maynooth, Co. Kildare	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for seven people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (1 unit completed in 2018)	Phased 2018 / 2019	Q1 2019	0	7	0.50	1.20	0	0
Dublin South, Kildare and West Wicklow Community Healthcare											
St. John of God, St. Raphael's Centre, Celbridge, Co. Kildare	Five units at varying stages of purchase / new build / refurbishment to meet housing requirements for 17 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (2 units completed in 2018)	Phased 2018 / 2019	Phased 2018 / 2019	0	17	0.25	2.50	0	0
Midlands Louth Meath Community Healthcare											
St. John of God, St. Mary's Campus, Drumcar, Co. Louth Muiriosa, Delvin, Co. Westmeath	Eight units at varying stages of purchase / new build / refurbishment to meet housing requirements for 19 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019 (6 units completed in 2018)	Phased 2018 / 2019	Phased 2018 / 2019	0	19	1.20	3.70	0	0
Dublin North City and County Community Healthcare											
Daughters of Charity, Rosalie, Portmarnock, Dublin	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for eight people transitioning from congregated settings	Q4 2017	Phased delivery 2019	Q1 2018	Phased 2018 / 2019	0	8	0.06	0.93	0	0
Grangegorman, Dublin	Relocation of Eve Holdings to 1-5 Grangegorman Villas to facilitate development of Grangegorman PCC	Q4 2018	Q1 2020	Q1 2019	Q1 2020	0	0	1.17	1.97	0	0
Older Persons' Services											
Mid West Community Healthcare											
St. Camillus, Co. Limerick	Refurbishment of unit 5 to relocate the children and family service from the main building to facilitate the development of a new CNU	Q1 2018	Q1 2020	Q1 2018	Q1 2020	0	0	0.10	0.50	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Dublin South, Kildare and West Wicklow Community Healthcare											
Tymon North, Tallaght, Dublin	100 bed CNU to address capacity deficit	Q4 2018	Q2 2019	Q1 2019	Q3 2019	45	55	17.82	22.68	0	0
Midlands Louth Meath Community Healthcare											
St. Joseph's CNU, Trim, Co. Meath	HIQA compliance (including 12 bed dementia unit)	Q4 2018	Q1 2019	Q4 2018	Q3 2019	0	50	2.66	6.67	0	0
St. Loman's, Mullingar, Co. Westmeath	Refurbishment of former Children and Family Unit to facilitate removal of staff from the main building	Q4 2017	Q4 2018	Q1 2018	Q2 2019	0	0	0.10	0.60	0	0
Dublin North City and County Community Healthcare											
Sean Cara and Clarehaven, Glasnevin, Dublin	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2018	Q4 2019	Q4 2018	Q4 2019 / Q1 2020	0	25	2.20	3.48	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Pre-Hospital Emergency Care Services											
Edenderry Ambulance Station, Co. Offaly	New ambulance station	Q1 2018	Q3 2018	Q3 2018	Q3 2018	0	0	0.41	1.22	0	0.05
Carlow Ambulance Station	New ambulance station	Q1 2018	New station on hold, interim solution completed	Q1 2018	Q3 2019	0	0	0.10	0.30	0	0
St. Joseph's Hospital, Stranorlar, Co. Donegal	The provision of an ambulance restroom at St. Joseph's Hospital, Stranorlar	Q2 2018	Q3 2019	Q2 2018	Q3 2019	0	0	0.15	0.30	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Acute Hospital Services											
Children's Hospital Group											
Our Lady's Children's Hospital (Crumlin), Dublin	Upgrade of services to the existing PICU	Q1 2018	Q1 2018	Q1 2018	Q1 2018	0	0	0.25	0.50	0	0
Dublin Midlands Hospital Group											
Simms Building, Tallaght, Dublin	Purchase and fit out of the building to provide accommodation for chronic care / day services from Tallaght Hospital	Q4 2017	Q1 2018	Q1 2018	Q3 2018	0	0	0.10	3.43	0	0
Midland Regional Hospital, Portlaoise, Co. Laois	New hospital street extension linking ED and AMAU	Q3 2018	Q4 2019	Q3 2018	Q1 2020	0	0	0.80	1.00	0	0
Ireland East Hospital Group											
St. Vincent's University Hospital, Dublin	The provision of a PET-CT facility. (PET-CT being donated by UCD)	Q4 2017	Q2 2018	Q1 2018	Q1 2019	0	0	0.00	0.89	0	0
RCSI Hospital Group											
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	Phase 3: Fit-out and equipping of theatres	Q4 2018	Q1 2019	Q4 2018	Q3 2019	0	0	8.16	10.94	0	0
	Phase 4: Fit-out and equipping of ED expansion at ground floor of ward block - including reconfiguration of existing ED and equipping of surgical ward	Q2 2018	Q3 2018	Q2 2018	Q2 2019	28	25	3.97	9.09	110	4.0
	Upgrade of hospital-wide fire detection and alarm system and emergency lighting to facilitate current and future developments	Q4 2017	Q4 2017	Q1 2018	Operational on a phased basis – completion Q4 2019	0	0	0.55	1.30	0	0
Connolly Hospital, Dublin	Phased upgrade of the existing radiology department - phase 1 in 2015 (Interventional Suite) includes equipment	Q1 2018	Q4 2018	Q2 2018	Q2 2019	0	0	1.00	8.32	0	0
	Upgrade of hospital-wide fire detection and alarm system and emergency lighting to facilitate current and future developments	Q1 2017	Q1 2018	Q1 2018	Q2 2018	0	0	0.22	1.02	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
Beaumont Hospital, Dublin	Provision of accommodation for the cochlear implant programme - refurbishment of existing St. Martin's Ward after decant to renal dialysis unit	Q4 2018	Q1 2019	Q4 2018	Q2 2019	0	0	0.90	1.61	0	0
Saolta University Health Care Group											
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2018	Q3 2018	Q3 2018	Q3 2018	0	0	1.20	2.30	0	0
University Hospital Galway	Medium temp hot water system upgrade / replacement Phase 1	Q1 2018	Q2 2018	Q1 2018	Operational on phased basis – Phase 1 Q2 2019	0	0	0.20	0.50	0	0
	Provision of a new IT room for the hospital	Q2 2018	Q3 2019	Q2 2018	Q3 2019	0	0	0.35	0.50	0	0
Letterkenny University Hospital, Co. Donegal	Refurbish / upgrade CSSD	Q4 2017	Q4 2017	Q1 2018	Q2 2018	0	0	0.05	0.70	0	0
Mayo University Hospital	Replacement of lifts in main concourse.	Q4 2017	Q1 2018	Q1 2018	Q2 2018	0	0	0.08	0.70	0	0
South / South West Hospital Group											
Cork University Hospital	Blood Science Project - extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q4 2018	Q4 2019	Q1 2019	Q1 2020	0	0	1.10	2.20	0	0
	Radiation oncology	Q4 2018	Q1 2019	Q4 2019	Operational on a phased basis from Q4 2019	0	0	20.00	56.00	0	0
	Provision of a helipad	Q3 2018	Delayed	Q3 2018	Delayed	0	0	1.00	1.70	0	0
South Tipperary General Hospital	Upgrade of hospital wide fire detection and alarm system and emergency lighting to facilitate current and future developments	Q1 2018	Q1 2018	Q1 2018	Q4 2018	0	0	0.22	1.02	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
UL Hospitals Group											
St. John's Hospital, Co. Limerick	Upgrade of hospital-wide fire detection and alarm system and emergency lighting to facilitate current and future developments	Q4 2017	Q1 2018	Q1 2018	Q2 2018	0	0	0.08	0.88	0	0
University Hospital Limerick	Reconfiguration of recently vacated ED to create a medical short stay unit	Q4 2018	Q4 2018	Q1 2019	Q4 2018	17	0	0.60	1.00	30	1.4
Ennis Hospital, Co. Clare	Phase 1a of the redevelopment of Ennis General Hospital - consists of the fit out of vacated areas in the existing building to accommodate physiotherapy and pharmacy (complete) and the reconfiguration of layouts and the provision of a viewing room.	Q4 2017	Q1 2018	Q1 2018	Operational on phased basis - Partial completion Q1 2019	0	0	0.05	1.32	0	0
Nenagh Hospital, Co. Tipperary	Part 2 - Refurbishment of vacated space, support accommodation for 16 single rooms and 4 double rooms (part funded by the Friends of Nenagh Hospital)	Q3 2018	Q3 2019	Q4 2018	Q4 2019	0	0	0.90	4.79	0	0

Enabling Healthcare Delivery

Facility	Project details	Planned Completion Date (as per NSP 2018)	Updated Completion Date	Planned Operational Date (as per NSP 2018)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
								2018	Total	WTE	Rev Costs €m
St. Joseph's Hospital, Co. Limerick	Refurbish existing vacant space for Pension Management	Q3 2018	Q3 2019	Q4 2018	Q4 2019	0	0	0.38	0.43	0	0
Ballycummin, Raheen, Co. Limerick	Refurbish existing vacant space for Finance	Q1 2018	Q2 2018	Q2 2018	Q2 2018	0	0	0.20	0.35	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 2018

The NHSO is fully compliant with the requirements of SI 426 and has verified all HSE meter points for 2018. 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-2019.

The overview below is the verified energy usage in 2017 (excluding section 38 / 39 agencies). The verified 2018 energy usage, when issued by SEAI, will be made available at *www.hse.ie/sustainability.*

- 225,941 MWh of electricity
- 596,143 MWh of fossil fuels
- 278 MWh of renewable fuels

Actions undertaken in 2018

- Increased focus from all levels of management on the identification of energy efficiency as one of the main pillars of the *Sustainability Strategy for Health 2017–2019* was supported.
- Energy awareness programmes were implemented, improving energy management practices and performance through the:
  - Optimising Power at Work Staff Energy Awareness Programme in partnership with the Office of Public Works.
  - Establishment of Energy Bureaux in partnership with the SEAI to work with hospitals to monitor and measure energy usage, and develop educational programmes to identify ways of saving energy.
- Working with other partners, the planning of healthcare facilities was integrated with the provision of sustainable transport through the use of design tools.
- In partnership with HBS Procurement and the Office of Government Procurement, national contracts for the supply of electricity and gas to the HSE and public funded organisations were completed and awarded.

Actions planned for 2019

- Continue the roll-out of the Optimising Power at Work Staff Energy Awareness Programme to large healthcare facilities.
- Establish Energy Bureaux in the south and west of the country
- Develop a proposal regarding the roll-out of Energy Bureaux to section 38 / 39 agencies.
- Develop a programme plan for the National Energy Performance Contracting programme.
- Generate registers of opportunities for energy efficiency projects via the new Energy Bureaux and work with SEAI to progress grant funding for these projects.

Financial Governance

Operating and Financial Overview 2018

INTRODUCTION

2018 was in many ways a challenging year for the HSE with significant pressures on acute, community and social care services contributing to a financial overrun by year end. Despite the challenges faced by the HSE, progress is being made in key areas, which will bring real benefits to our patients and service users.

It has been acknowledged that the current model for healthcare in Ireland is unsustainable and needs to be significantly changed over the medium to long term. This year saw the publication of the Sláintecare Implementation Strategy, which has provided a framework within which the HSE will focus on transforming health services over the coming decade. In 2019 we will work with the new Board and Chair to publish a three-year Corporate Plan, aligned to Sláintecare and focused on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders.

The key elements of the HSE's 2018 financial performance are summarised under the following headings: Strategic Context; Financial Overview; Income Analysis; Outturn 2018 by Service Areas; Finance-related initiatives and Outlook for 2019.

STRATEGIC CONTEXT

Annually the HSE is required to prioritise safe services within the resources available to it and deliver the type and volume of services provided for in the national service plan while seeking to sustainably improve the quality of services.

It that context it is important to note the increasingly complex service demands and pressures arising from a population that is:

- **Growing in numbers**. According to the Central Statistics Office (CSO), the population of Ireland, in the year to April 2018, grew by the single largest amount over a 12 month period since 2008.[1] The ERSI[2] projects that the population will continue to increase by up to 23% between now and 2030 adding up to another 1.1 million people requiring the services of the HSE.

- **Living longer**. Life expectancy in Ireland has risen and the ESRI has indicated that by 2030 share of the population aged 65 and will increase from 1 in 8 to 1 in 6, and that the current numbers of people who are 85 and over is expected to double. Although many people are living longer in better health, there are also an increasing number of older people presenting with challenges such as disabilities, cognitive loss and chronic disease. The fact

[1] CSO Population and Migration Estimates April 2018
[2] ESRI Report, Projections of demand for healthcare in Ireland 2015-2030

that we are living longer in better health or living longer with chronic disease is partly due to improved treatment of disease combined with other environmental factors.

- **Presenting with mounting incidence of chronic disease**, requiring increasing intervention and follow-up services. As people live longer with chronic disease this in turn creates a demand for additional health care services. As the population age's there is a corresponding increase in chronic disease especially in the age cohort who are over 50. It is expected that the number of people in this age cohort living with one or more chronic disease is expected to increase by 40% based on 2016 levels by 2030.[3]

- **Presenting with healthcare needs** driven by lifestyle factors including smoking, excessive alcohol consumption and obesity. There are almost 1.7 million adults in Ireland who are overweight or obese and 5% of Irish adults suffer from type 2 diabetes. The HSE has put in place programmes to deal with these challenges, for eg, it has been reported that the prevalence of smoking has declined from 23% in 2015 to 20% in 2018 [4]

- **Presenting with healthcare needs arising from societal change,** there is a strong link between poverty, socio-economic status and health.

Additional challenges experienced by the HSE during 2018 included:

- **Staffing challenges** both in terms of the difficulties in recruiting and retaining certain specialist healthcare staff, in the context of a global shortage of healthcare staff, and also the challenge to respond to service demands while seeking to keep our mix and numbers of staff within what is affordable.

- **Impact of major adverse weather conditions such as Storm Emma** which put significant pressure on our services which had to deal with a rise in unscheduled care admissions, as well as the challenge of ensuring safe access for patients and staff alike. Our staff responded exceptionally well to this challenge.

- **Issues related to the cervical screening programme** which have impacted on those who use this service, on the staff in the programme and more generally on senior clinical and management capacity.

- **Preparing for Brexit.** The HSE has in place a steering group who are preparing the HSE for the impact of the UKs withdrawal from the European Union.

[3] The Irish Longitudinal Study on Ageing (TILDA) 2018)
[4] HSE National Service Plan 2019

Transformation

The HSE is fully supportive of the need to make significant changes to the current unsustainable models of healthcare and is committed to working with the Sláintecare Programme to deliver this change.

Hospital Groups

There are currently seven hospital groups which are responsible for the delivery of hospital services. These hospital groups allow a 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 an 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 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 currently nine regional Community Healthcare Organisations which are responsible for the local delivery of community health services including primary care, social inclusion, older person's service's palliative care, mental health and disability services. These services represent 51% of overall HSE expenditure. A factor of our aging population is that it is expected that there will be an increased demand for services such as home help care by up to 54% by 2030 [5]as well as increased GP visits and other related services.

The Sláintecare Report acknowledges that in order to achieve the best outcomes for our population, safe, quality services must be provided in an integrated way, where and when they are needed. Improved geographic alignment between the services currently provided by these HGs and CHOs is a key recommendation of the report. It is expected that the design of revised structures, built around integrated care organisations, will be progressed in 2019.

FINANCIAL OVERVIEW

At the start of 2018, via the national service plan, the HSE received revenue funding of €14.6 billion for the provision of health and social care services. This represented an increase of circa €0.4 billion or 2.8% over the 2017 final allocation.

By the end of 2018 the financial statements shows a final revenue allocation of €15.2 billion. This final budget includes the receipt of €625m of additional recurring revenue funding provided by way of a supplementary estimate for 2018. The letter of determination received on the 23rd October indicated that of the additional funding received, €50m was available for PCRS, €46m for State Claims Agency, €90m for 2017 First Charge[6], €76m for Acute services and €73m for Community. €85m was also made available for a shortfall on acute income in addition to €150m technical adjustment and €55m for a range of other support service areas.

[5] ESRI Report
[6] As required by legislation, provision was made in 2018 for the revenue deficit brought forward from the end of 2017.

Table 1 below illustrates the 2018 & 2017 outturn for each respective service area and compares the growth year on year. This is further expanded under each service area narrative outlined below.

Table 1 illustrates the expenditure by Service Area in 2018 compared to 2017

Division	AFS 2018 €000	AFS 2017 €000	% Var
Acute Hospitals	6,299,385	5,919,614	6.4%
Primary Care	3,997,759	3,808,673	5.0%
Social Care	3,264,017	3,072,502	6.2%
Corporate Support Servies	1,439,634	1,377,216	4.5%
Mental Health	891,376	841,791	5.9%
Health and Wellbeing	214,181	209,479	2.2%
	16,106,352	15,229,275	5.8%

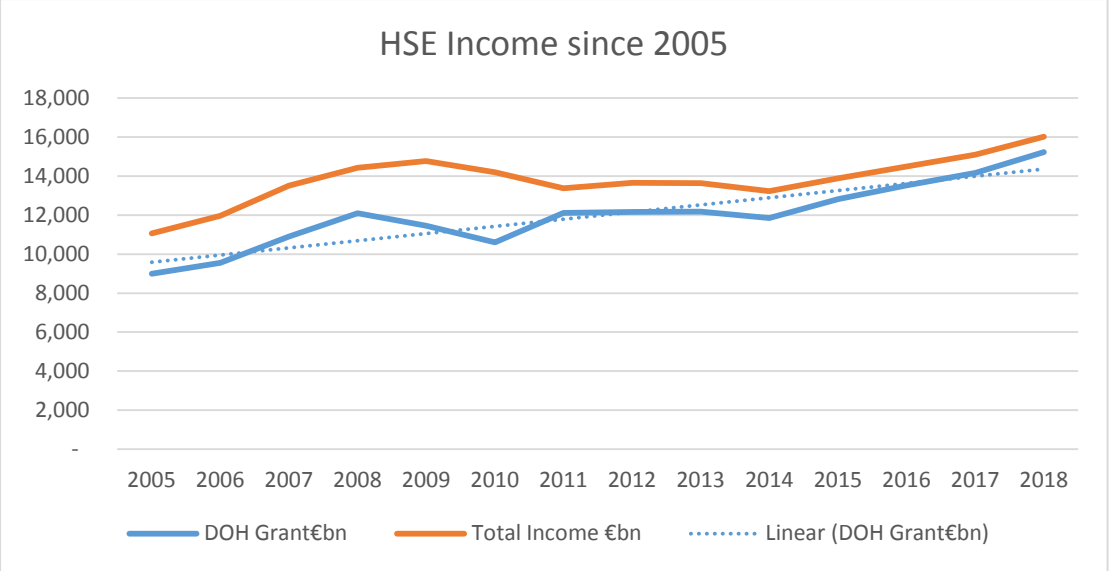
INCOME ANALYSIS

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 2 provides an analysis of this Income.

Table 2

Income Stream	FY2018 €000	FY2017 €000	% Var
Department of Health Grant	15,221,624	14,156,207	7.5%
"First Charge"	(139,871)	(10,292)	n/a
Patient Income	406,079	424,905	-4.4%
Superannuation Income	156,379	160,882	-2.8%
Pension Levy Deductions	263,123	247,617	6.3%
Other Income	113,846	109,753	3.7%
Total Income per AFS	**16,021,179**	**15,089,072**	**6.2%**

The income graph below shows that in recent years the HSE's income levels have started to recover from the drop in funding arising from the economic downturn.



OUT-TURN 2018 BY SERVICES

Acute Hospitals Services

Acute service include emergency care, urgent care, short term stabilisation, scheduled care, trauma, acute surgery, ambulance services as well as critical care and pre-hospital care for adults and children. Hospitals continually work to improve access to both scheduled and unscheduled care and to maximise the provision of safe, quality services within the allocated budget. The seven Hospital Groups provide the structure to deliver an integrated hospital network of acute care in each geographic area.

The final outturn for Acute Hospital Services in 2018 was €6,299m after a challenging year impacted by reduced income from hospital private maintenance changes, increased impact of bad debt provisioning as well as additional expenditure arising from required operational services and increases in clinical non pay.

Despite the impact of Storm Emma, activity delivery in most areas was higher than the targets set out in NSP 2018, in terms of both activity volume and overall complexity. The higher than expected operational costs experienced is a direct consequence of this enhanced level of service delivery.

Social Care – comprising Disability and Older Persons Services

The challenge in 2018 for the Social Care Services was to continue to meet the rising demand for services as a result of an aging population with a longer life expectancy. The change in demographics in Ireland has meant that the Health Service has to adapt to the changing needs of its service users and patients including providing services for an increasing number of people with a disability or multiple illnesses requiring more complex service requirements. The final outturn for the Disability and Older Persons Services in 2018 was €3,264m, which after the application of additional

supplementary funding meant that costs in this service area were broadly in line with available funding.

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 2018. The largest increase in Ireland's population is in the age range of 65 and over, presenting a particular challenge for serving a growing, ageing and increasingly diverse population with more complex service needs. Older Persons Services provide a wide range of services including home supports, short stay and long stay residential care (Nursing Homes Support Scheme). In addition 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.

Disability Services

The costs of providing residential care to people with an intellectual disability, including the provision of emergency placements, where individual placements can cost up to €0.5m, continued to be a significant financial pressure for this service area in 2018. The cost is primarily driven by the clients need and the complexity of each individual case presenting. Work is underway to bring greater transparency and comparability to the underlying unit costs associated with staffing and other inputs, particularly within higher cost residential provision. This is necessary to ensure the maximum number of service users in need of residential care can be appropriately supported within the limits of the funding available. Another very significant and related financial pressure in 2018 was the cost associated with the implementation of quality improvements and action plans arising from the Health Information and Quality Authority (HIQA) inspection and compliance requirements. HIQA has advised the HSE that all 1,149 disability centres are now registered as at 31st October 2018 under the national standards for residential services for children and adults with disabilities. This has been a substantial achievement for the sector.

Mental Health Services

The final outturn for Mental Health Services in 2018 was €891m.

In relation to service delivery there were a number of developments progressed in 2018, these include;

- €6m of investment in service infrastructure.
- The advancement of the new National Forensic Mental Health Services capital project.
- 23.5 new individual placement support workers were employed to support people who have attended mental health services returning to work.
- 9 new housing coordinators were employed to support people with mental health needs to live independently.
- The process of recruiting 10 CAMHS Advanced Nurse practitioners commenced.
- Seven day community mental health services were enhanced in all CHO areas.
- 10,796 children / adolescents; 27,124 adults and 8,553 psychiatry of old age patients were seen by mental health services.

Notwithstanding the above developments MH also have a number of financial 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 residential placements with external private providers. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients, along with the inability of our own services to cater for high need clients due to capacity and staffing constraints.

Primary Care Services

The final outturn for the Primary Care Services in 2018 was €3,997m including the Primary Care Reimbursement Service. Core operational services within Primary Care, Social Inclusion and Palliative Care (excluding PCRS) reported a largely balanced result at the end of 2018, mostly attributable to once off time related savings relating to development funding.

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 PCRS budget for 2018 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 throughout the year with the main expenditure drivers being Community Demand-Led Schemes and High Tech Medicines. The PCRS continues to face significant financial challenges and increased demand for services. In summary, the various schemes, including the medical card scheme, are operated by the HSE PCRS on the basis of legislation as well as policy. Included in the €3,997m outturn, were non-pay costs in relation to “Primary Care and Medical Card Schemes” totalling €3,176m which is mainly attributable to Pharmaceutical Services of €2,100m, Doctors' Fees and Allowances of €572m and €225m on Intellectual/Physical Disabilities, Psychiatry, and Therapeutic Services etc.

Health & Wellbeing Services (H&WB)

The final outturn in 2018 for the Health & Wellbeing Division, including National Screening Service and Environmental Health Service, was €214m, reflecting a range of required services which support our whole population to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The final outturn was broadly in line with overall expectations.

FINANCE -RELATED INITIATIVES

Finance Reform

The Finance Reform Programme continues to support the progression of the one of the key non-clinical strategic priorities of the HSE, namely to implement a single modern integrated financial management and procurement system (IFMS) across the Irish health service. This system, along with

the standard national processes it will support, aims to change how Finance operates in the health service. It will enable our finance teams to better support our services in operating within their available resources while also enhancing their ability to deliver and demonstrate value for patients.

The plan is to see IFMS implemented across 80% by value of the health service by Q1 2024, including HSE directly provided services and services provided by HSE funded voluntary organisations (s.38s and larger s.39s). In 2019, we will complete the procurement of an external systems implementation support partner and commence the national design and build stage.

Activity Based Funding

The HSE continued to progress the embedding of activity based funding (ABF) i.e. funding of service outputs as opposed to historical block budgets, in 2018. This form of funding, to varying extents, is in place in a number of service areas including primary care (PCRS €2.6bn), long term care (Fair Deal i.e. the Nursing Home Support Scheme, circa €1bn) and acute hospital care (Inpatient and day case circa €3.5bn). Service pressures, and the resulting need to prioritise finance staff time towards operational financial management support activities, has meant that we have not made as much progress as we would like in 2018 on advancing ABF, both in relation to hospital activity or on our plans to begin to address the need for a structured approach to community costing. In 2019, as part of the work on Sláintecare actions, we will bring forward a plan for the further development of ABF over the next 3 years.

OUTLOOK FOR 2019

The HSE in 2019 will, within the level of available resource, continue to prioritise the delivery of safe services for its service users and patients whilst also proactively preparing for the implementation of Sláintecare.

The National Service Plan (NSP) 2019 sets out the type and volume of health and social care services to be delivered for the funding level provided by the Department of Health, and the level of staff that are affordable within that funding level.

The NSP 2019 provides an estimate of the likely scale of financial challenge facing our health and social care services in 2019. It therefore sets out a range of measures and savings required to produce a balanced result in FY2019, along with the risks to the delivery of the NSP. These measures, building on the lessons learned from the 2018 value improvement programme, were formulated jointly from a combination of the HSE's internal commissioning process, as well as measures that resulted from engagement with the DoH.

There will be an enhanced focus on the management of staffing levels within affordable limits and on overall financial management in 2019 within the context of the prioritisation of safe services. This will be supported by a pay and numbers strategy and a savings measures plan, both of which will be agreed with the DOH.

The HSE will continue to place significant focus on efforts to progress the e-Health agenda including working with key internal and external stakeholders to secure the necessary approvals and

investment to progress Electronic Health Care Record (EHR) programme which is fully aligned with the Sláintecare agenda.

The Sláintecare Report (2017) and Sláintecare Implementation Strategy (2018) signal a new direction for the delivery of health and social care services in Ireland. It has the potential to create a far more sustainable, equitable, cost effective system and one that delivers better value for patients and service users. The HSE is committed to working with the Sláintecare Programme Office and all stakeholders to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. Changes will result in more positive experiences and better outcomes for patients, service users and their families.

CONCLUSION

Despite the on-going challenges outlined above, during 2018 the HSE has reported good progress in key areas including:

- A decrease in inpatient and day case waiting lists (scheduled hospital care).
- The provision of more integrated services for older people building on the work of the Integrated Care Programme for Older People
- Introduction of initiatives aimed at improving unscheduled hospital care, such as the Five Fundamentals Programme (leadership, governance, patient flow (pre and post admission), integrated services and using information to measure and monitor improvement.
- Introduction of a number of initiatives in respect to nursing and midwifery services during 2018, acknowledging the importance of the skills and services delivered by our Nursing staff who make up almost a third of the HSEs workforce and who are the forefront of the delivery of services.

In order to create the conditions within which the health service can maximise its ability to attract the investment envisaged by Sláintecare, it is necessary to get to the position where operating within the limits of the available budget is the norm that is delivered each year. This includes improving our management of staffing levels so that staffing growth in 2019 is within the level that can be afforded and is therefore sustainable. This would exclude technical issues such as pensions and recognised demand led schemes, in year government decisions around public pay etc.

Governance Statement and Directorate Members' Report

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.*

In 2018, the Directorate had collective responsibility as the governing body of the HSE and the authority to perform the functions of the Executive. It was accountable to the Minister for the performance of these functions. The Director General, as Chairperson of the Directorate, accounted on behalf of the Directorate to the Minister and was 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. Further information on the operation of these committees is provided under the relevant headings in this report and an organisation chart is provided at Appendix 2.

Under the *Health Act 2004*, the HSE is required to have in place a Code of Governance, which was updated in 2015 to set out the principles and practices associated with good governance. The Statement on Internal Control reflects our compliance with the requirements of the *Code of Practice for the Governance of State Bodies 2016*.

The enactment of the *Health Service Executive (Governance) Bill 2018* will provide for the re-establishment of a HSE Board in early 2019 to strengthen independent oversight and performance of the HSE, with the Chair of the Board appointed in 2018. The establishment of the Board is an important step in strengthening governance arrangements. The HSE Executive will work proactively with the new Chair and the new Board to ensure it can work effectively and respond efficiently and productively to a range of new governance requirements stemming from these new arrangements.

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 have been properly prepared and properly present the state of the HSE's affairs at 31 December 2018 and its income and expenditure for 2018.

Directorate Structure

The membership of the Directorate consists of the Director General and such other numbers of directors as the Minister appoints. Section 16A(2) of the *Health Act 2004* specifies that the number of persons appointed to the Directorate as 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 2018, the Directorate met on 23 occasions, holding 10 monthly Directorate meetings and 13 additional meetings. The attendance at Directorate meetings is recorded in Table 5. The Directorate meetings deal with the reserved functions and other key areas.

Table 5: Attendance at Directorate meetings

Internal Members	HSE Directorate monthly meetings (Total Meetings 10)		HSE Directorate additional meetings (Total meetings 13)		HSE Directorate Expenses €
	Meetings during member's term of office	Total attended	Meetings during member's term of office	Total attended	
T. O'Brien (Term of office ended 11th May 2018)	4	4	1	1	3,990
S. Mulvany	10	8	13	12	275
A. O'Connor (Appointed 11th June 2018)	6	6	10	10	361
P. Crowley (Term of office ended 31st January 2018)	1	1	1	1	1,222
D. Sullivan	10	10	13	13	8,671
J. Connaghan (Term of office ended 31st December 2018)	10	9	13	10	4,493
R. Mannion	10	9	13	12	6,419
C. Henry (Appointed16th October 2018)	2	2	6	5	7,705

* Directorate members' expenses for 2018 are shown for the term of office for each member in 2018.

The Directorate comprises senior executives appointed by the Minister for 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 5 above two members of the Directorate were appointed by the Minister in 2018:

Ms Anne O'Connor, in her role as Deputy Director General and Chief Operations Officer and Dr Colm Henry, Chief Clinical Officer. The terms of office of three members of the Directorate ended, Dr Philip Crowley, National Director, Quality Improvement, Mr Tony O'Brien, Director General and John Connaghan, Director General.

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. 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 maximum 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 maximum 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[1]) 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[2]) 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 obligations (under section 34A[3]) 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
   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 2018, 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

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

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

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

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 2018:

- 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
- Ms Anne O'Connor – HSE Deputy Director General Chief Operations Officer
- Mr John Connaghan – HSE Deputy Director General Chief Operations Officer.

Table 6: Attendance at Directorate Committee meetings – Audit Committee

	HSE Audit Committee Meetings (Total Meetings 8)		HSE Audit Committee Fees	
External Members	Total number of meetings	Attendance	Fees €	Expenses €
T. O'Higgins (Chair)	8	8	8,978	-
P. Barker	8	6	1,710	-
R. George	8	8	1,710	-
A. Markey	8	8	1,710	-
S. McGovern	8	8	1,710	-
Internal Members				
A. O Connor (Appointed 21st June 2018)	4	2	N/A	See Table 5
J. Connaghan (Term of office ended 21st June 2018)	4	4	N/A	See Table 5

Meetings

The Audit Committee met on eight occasions in 2018. Attendance by each member of the Committee at these meetings is set out in Table 6 including fees and expenses received by each member.

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.

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 2017 financial statements and to discuss the audit plan in relation to the 2018 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 2018 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 2018. 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 2018:

- 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
- Mr Dean Sullivan, HSE Deputy Director General and Chief Strategy and Planning Officer
- Dr Colm Henry – HSE Chief Clinical 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.

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

During the year the Committee considered a wide range of areas of risk including: the Corporate Risk Register, HSE's staff health and safety function, internal audit reports concerning the effectiveness of non-financial internal controls, CervicalCheck, General Data Protection Regulation (GDPR), quality and patient safety, disability services, National Independent Review Panel Report, consultants not on the specialist register, National Incident Management System, implementation of the HIQA Portlaoise Report recommendations, staff recruitment and retention, and unscheduled care.

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.

Table 7: Attendance at Directorate Committee meetings – Risk Committee

External Member	HSE Risk Committee Meetings (Total Meetings 7)		HSE Risk Committee Fees and Expenses	
	Total number of meetings	Attendance	Fees €	Expenses €
S. Ryan (Chair)	7	7	2,414	1,540
S. Kelly (Term of office ended 27th August 2018)	5	1	-	-
P. Kirwan	7	6	-	-
M. Murphy	7	4	1,140	-
R. Ryan (Term of office ended 26th June 2018)	3	1	-	-
C. Campbell	7	7	1,710	-
P. Lachman	7	6	-	-
L. McGuinness	7	6	1,425	143
Internal Members				
D. Sullivan (Term of office ended 21st June 2018)	4	4	N/A	See Table 5
C. Henry (Appointed 21st June 2018)	3	1	N/A	See Table 5

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, was provided by the Corporate Secretary, Mr Dara Purcell (Term of office ended 31st May 2018) and Mr Jim O'Sullivan (appointed 1st June 2018).

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 offer advice, support and guidance in the delivery of high level objectives contained in the *Knowledge and Information Plan*.

The Committee is not responsible for the executive functions of the Office of the Chief Information Officer (OoCIO) but will exercise an advisory and assurance role in relation to its duties. The Committee is considered to be an expert group that provides commentary to the OoCIO that enables it to learn lessons from other areas, eHealth and wider.

The Committee advises the Directorate on:

- Providing expert knowledge, guidance and networking opportunities for the OoCIO to aid it on its delivery path
- That appropriate arrangements exist to deliver a governance framework which ensures a clear line of sight from high level objectives on a programmatic basis to implementation at business operational level of the content of the *Knowledge and Information Plan*
- That the working of OoCIO is supported by strategic planning, delivery, review and assessment of service performance and strategic performance
- That OoCIO is based around the provision of eHealth solutions to health delivery throughout Ireland within government policy and legislation
- The promotion of a customer service culture within the operational delivery of ICT, ensuring that the OoCIO remains clinically led and with patient focus at the centre.

In particular, it will:

- Advise the Directorate on OoCIO's overall progress in the implementation of its *Knowledge and Information Plan*
- Advise the Directorate through the Committee Chair on 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
- Advise on appropriate action to maintain the highest standards of probity and honesty throughout the OoCIO in accordance with the Code of Governance
- Review and advise the Directorate on all the OoCIO divisional risk registers and advise of the risk management process in operation in the OoCIO
- Advise executive management about the maintenance and promotion of a culture that enables the delivery of the *Knowledge and Information Plan*
- Provide support in the delivery of regular reports on the annual work programme of the OoCIO and advise the Directorate on the adequate resourcing and appropriate standing of this function within the HSE.

The eHealth Committee met on two occasions in 2018. 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 OoCIO. In addition, the Committee provided advice and guidance on a number of national programmes, for example the Children's Hospital Programme, IT Capability Maturity Framework, Newborn and Maternal, NIMIS and the EHR Programme.

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 2018:

- Prof Philip Nolan – President Maynooth University (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 Strategic Planning and Transformation
- Mr Leo Kearns – Chief Executive Officer, RCSI
- Mr Ger Reaney – Chief Officer, Cork and Kerry Community Healthcare
- Mr Richard Corbridge – CDIO Leeds Teaching Hospital Trust
- Ms Jane Carolan – HSE National Director Health Business Services
- 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
- 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 Trevor O' Callaghan – HG CEO, Dublin Midlands Hospital Group
- Mr Donal Maguire – Consultant, St. Vincent's University Hospital.

Table 8: Attendance at Directorate Committee meetings – eHealth Committee

Member	Total number of meetings	Attendance	Fees €	Expenses €
P. Nolan (Chair) (Appointed 11th September 2018)	1	1	No fees paid to any Committee members in respect of their membership of the Committee	
B. Caulfield	2	2		_
M. O'Connor	2	1		_
E. Mulroe	2	2		_
E. Kyne	2	1		_
D. Mitchell	2	2		_
G. Crooks	2	0		_
J. Peppard	2	0		_
A. Griffiths	2	2		_
J. Batchelor	2	0		_
C. Doherty	2	0		_
B. O'Mahony	2	1		_
A. Carroll (Term of office ended 30th June 2018)	2	1		_
S. O'Keeffe	2	2		_
L. Kearns	2	0		_
G. Reaney	2	0		_
R. Corbridge	2	0		_
J. Carolan (Term of office ended 10th April 2018)	2	1		_
H. Minogue	2	2		_
H. McBreen	2	0		_
Y. Goff	2	2		_
D. Lee	2	2		_
D. Nevin	2	1		_
H. Chappell	2	2		_
M. Curley	2	1		_
R. Flynn	1	1		_
C. McHale	2	0		_
T. Pereira	2	2		_
T. O'Callaghan (Appointed 11th September 2018	1	1		_
D. Maguire(Appointed 11th September 2018	1	0		_

Meetings and Documentation

Two meetings were held in 2018

- 20th June – Update on Core Programmes and an introduction to the eHealth Ireland IT Capability Maturity Framework Model, the OoCIO Resourcing compared to other local organisations and the eHealth Ireland Committee ways of working going forward.
- 12th December – Update on EHR Programme, Patient and Public Roadmapping and eHealth Ireland Committee Framing 2019.

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

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.

Disclosures Required by the *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. The following disclosures are required by the code.

Table 9 Statement of Compliance

Employee Short-Term Benefits

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

Consultancy Costs *

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2018	2017
	€'000	€'000
Legal Advice	5,038	97
Tax and Financial advisory	348	498
Public relations/marketing	575	612
Human Resources and Pensions	896	5,003
Strategic Planning and Business improvement	8,658	14,766
IT Consultancy	2,352	3,812
Other	23,529	23,178
Total consultancy costs	41,396	47,966
Total consultancy costs further analysed as follows:		
Consultancy costs capitalised	-	-
Consultancy costs charged to Income and Expenditure and Retained Revenue Reserves	41,396	47,966
	41,396	47,966

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

Legal Costs and Settlements*

The table below provides a breakdown of amounts recognised as expenditure in 2018 in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the HSE which is disclosed in Consultancy costs above.

	2018	2017
	€'000	€'000
Legal fees – legal proceedings	15,789	13,939
Conciliation and arbitration payments	91	62
Settlements	2,833	499
Total	18,713	14,500

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

Included in these legal costs there are no costs in relation to on-going matters involving other State bodies.

The number of cases covered by the above legal costs amounted to 1,671 in 2018 (2017: 1,139).

Additional legal costs and settlements were paid by the HSE's Insurance Company.
The legal costs associated with claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme are not included in these legal costs and settlements but are instead included in the costs report in note 11 of the Annual Financial Statements.

Travel and Subsistence Expenditure*

Travel and subsistence expenditure is categorised as follows:

	2018	2017
	€'000	€'000
Domestic		
- Directorate	31	50
- Employees	67,719	66,813
International		
- Directorate	8	8
- Employees	904	808
Total	68,662	67,679

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

Hospitality Expenditure *

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

** Included in Note 8 Non Pay Expenditure, Other Operating Expenses, Recreation.*

Statement of Compliance

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

Signed on behalf of the Directorate

Anne O'Connor
Chairperson
13 May 2019.

Health Service Executive

Statement on Internal Control

This Statement on Internal Control represents the position for the year ended **31 December 2018**. It sets out the Health Service Executive's approach to, and responsibility for, Risk Management, Internal Controls and Governance.

1. Responsibility for the System of Internal Control

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

The Health Service Executive (Governance) Bill 2018, which is due to be enacted in 2019, provides for the creation of a HSE Board and CEO governance structure. The Bill proposes that the Board will be the governing body of the HSE, accountable to the Minister, and responsible for strengthening governance, oversight and performance. The CEO of the HSE will be accountable to the Board. The Bill also contains provision for the establishment of an Audit Committee and any other Committees that the Board deem as necessary.

2. Purpose of the System of Internal Control

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

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in the HSE for the year ended 31 December 2018, 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 the governing body of the HSE, has overall responsibility for the system of internal financial control and risk management. The Directorate may establish committees to provide assistance and advice in relation to the performance of its duties and functions.

Health Service Executive

Statement on Internal Control

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 consists of an independent external Chairperson, four other external members and a member of the HSE Directorate. All members have the relevant skills and experience to perform the functions of the Committee and all external members are highly experienced and qualified Finance Professional's. 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 2018 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 an **Internal Audit Division** with appropriately trained personnel operating in accordance with a written charter approved by the Audit Committee. 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 2018 the Internal Audit Division completed a substantial body of work as part of its annual risk based work plan, issuing 160 audit reports. Particular focus was placed on auditing funded agencies as well as ICT audits. The findings of these reports were considered by the HSE Audit Committee and Leadership Team.

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 external chairperson and comprises a member of the Directorate and five external members. The Committee operates under an agreed Charter 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 2018 the Risk Committee met on 7 separate occasions.

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

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

Health Service Executive

Statement on Internal Control

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.

In Q4 2018, informed by the Scally Report, the HSE Leadership team commissioned a Risk Management Working Group to prepare proposals in relation to Risk Management in the HSE for consideration by the HSE Risk Committee, the HSE Leadership team and the incoming HSE Board.

This working group is comprised of key Senior HSE Managers representing all HSE Divisions, Community Healthcare Organisations (CHOs), and Hospital Groups (HGs). It is sponsored by the National Director, Quality Assurance and Verification (QAV), and is chaired by the Assistant National Director, Quality Risk and Safety and is supported by an external expert advisor in risk management.

The working group have met on 4 occasions between October 2018 and March 2019 and a draft proposal document for review by management is at a late stage of completion.

The HSE has established a Healthcare audit function, which is part of HSE's Quality Assurance Division. The National Director of Quality Assurance & Verification reports to the Risk Committee and to the Director General and is a member of the HSE Leadership Team. The work programme of Healthcare audit is agreed with the Risk Committee. During 2018, the Healthcare audit team completed 45 audits and the findings were considered by the HSE Risk Committee and Leadership Team.

The annual work programme of the Internal Audit Division is co-ordinated with the work programme of the Healthcare audit function and in 2019 this will be further developed to involve joint audits.

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[1] 31000 (ISO 31000 is an internationally recognised standard informed by international experts in the area of risk management). This policy, and its guidance documentation, has been updated and communicated to all relevant staff during 2018. The Quality and Patient Safety leads in service areas facilitate and support staff in the application of this policy.

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

[1] International organisation for standardisation (ISO)

Health Service Executive

Statement on Internal Control

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

The HSE has in place an internal control framework which is monitored to ensure that there is an effective culture of internal control. The HSE's **Code of Governance** is set out on 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 Performance and 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 within the HSE. This is an area of high priority for the HSE given the challenges of managing multiple systems across the entire HSE. There are on-going developments to improve security and to ensure that the HSE has the appropriate level of resource and skills to protect the integrity of its systems to ensure that data and information is protected.

Health Service Executive

Statement on Internal Control

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 the code of governance in place within the HSE.

5. 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.

6. On-going 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 on-going 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 as well as including other key non financial reporting such as workforce planning.

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.

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 certificates 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.

Health Service Executive

Statement on Internal Control

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 and risk areas. This allows the HSE to monitor the effectiveness of key controls and to direct remediation activity where required.

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 2018 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 2018 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).
- Feedback from the HSEs Healthcare audit division.

The report on the review of the system of internal control has been considered 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 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 and accountability has increased during 2018 with the number of staff who completed the ICQ survey increasing significantly by circa 26%. 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 2018 indicates on-going varying levels of compliance in many control areas. This information will be used in 2019 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 significant focus from the HSE Leadership Team in the coming years.

In summary, notwithstanding the control weaknesses which were identified and are being addressed by management, including 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 Team has agreed to support the actions identified in response to key issues identified during the review. Progress on the implementation of these actions will be monitored by the HSE Leadership Team during 2019.

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.

The Finance Reform Programme established under the Finance Operating Model (FOM) Business Case (June 2014) is delivering a programme of change to address these challenges on a phased basis that incorporates People, Process and Technology.

The implementation of an Integrated Financial Management and Procurement System requires the adoption of a set of national standard finance and procurement processes. To support this, a new and developing Financial Management Framework has been drafted which defines the process, governance and controls required to demonstrate effective financial management practice.

Health Service Executive

Statement on Internal Control

The National Reporting Strategy, which is a key element of the Financial Management Framework, is a significant piece of work currently underway. This strategy seeks to ensure that accurate financial information can be readily accessed to deliver better planning and delivery of services.

Preparatory work is underway in the Programme (including the appointment of a Systems Integrator) for the commencement of the detailed design, build and test of the IFMS which will commence in Q4 2019.

IFMS will be deployed in two phases across the entire publicly funded Health System commencing in Q4 2020.

Phase 1 deployment is targeted to commence in Q4 2020 and is expected to conclude in Q4 2022 accounting for 39% of the overall health system expenditure. Phase 2 coverage is targeted to account for 80% of the overall health system expenditure by Q1 2024.

In recognition of IFMS progressing to design and implementation phase the steering group membership of the Finance Reform Programme was broadened in 2018 to include senior functional representation from the wider health family.

Compliance with Procurement Rules

The HSE incurs expenditure of approximately €2.2bn in relation to goods and services subject to procurement regulations that are set out in detail in the HSE's National Financial Regulations. In line with the revised code of practice for the governance of state bodies, and the public procurement policy framework, the HSE is required to ensure that all contracts that are for a value of €25k or above, are secured competitively in line with public procurement requirements and to report the levels of non-compliance identified.

The findings of the review of the internal control system indicates that compliance with procurement regulations remains an issue for the HSE, in particular in relation to 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 on-going 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 2018 audit findings indicated a level of non-compliance in relation to 30% (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).

Health Service Executive

Statement on Internal Control

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 2018 organised around three key themes:

Sourcing

Health Business Service (HBS) Procurement 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 circa €1bn.

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.
- 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.
- 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.

Supporting Infrastructure

- 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.
- Continuing development of the Pricing and Assisted Sourcing System (PASS) which will continue to assist HSE staff by improving access and visibility of current contracts.

Compliance

- 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.

- HBS Procurement is developing a digital Corporate Procurement Planning (CPP) toolset which will be available to each HG and CHO on-line. This online tool is expected to provide bespoke analysis and information such as procurement activity, expenditure which is greater than €25K, compliance levels and savings.

Governance of grants to outside agencies

In 2018 circa €4.3 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. The HSE funded over 2,150 agencies in 2018 ranging from the large voluntary hospitals such as St. James's 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 with one sanctioned exception in respect of prefunding arrangements.

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

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

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.

The audit of the C&AG examined a sample of 63 agencies allocated funding of €500 million across two CHO's. 53 of these agencies (including two "for profit's") were funded under a Service Arrangement valued at greater than €250k and ten were managed under a Grant Aid Agreement, valued at less than €250k. As part of that examination, the audit identified control weaknesses relating to the monitoring and oversight of agencies in receipt of exchequer funding. These findings are consistent with the findings of the HSEs own Internal Audit Division during their own internal audit program of work in respect of funded agencies during 2018.

In addition, the requirement to submit financial reports and staffing returns and to hold monitoring meetings is dependent on the size of the Agency. During 2018, there were weaknesses identified by the HSE's own annual internal control review, via the Controls Assurance Review process, particularly in the application of these processes relating to monitoring and oversight of some agencies. The HSE has two types of contractual agreements with these agencies that are in the main tailored to reflect the level of funding in place.

- Service Arrangement (SA), health agencies in receipt of funding in excess of €250,000

Health Service Executive

Statement on Internal Control

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

External and Internal Audits have found that:

- Where financial statements had been submitted as required by health agencies, in some cases, there was no clear evidence 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 a 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, in particular with respect to S39's.
- Contractual agreements 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. Audits and Annual Compliance Statement's submissions indicate gaps in governance arrangements, compliance in some cases with public sector pay policy and in particular procurement remains an issue.

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

- Agencies which do not sign the SA in accordance with requirements of the current policy are subject to a withholding of 20% of funding which has improved compliance rates. At the end of 2018 95% (2017 96%) of funding was covered by a completed SA/GA These returns are circulated at regular intervals to the National Divisions, Chief Officers of the Community Health Organisation's (CHOs) and CEOs of the Hospital Groups (HGs) for their necessary attention.
- Briefing sessions on the governance framework for both HSE staff and staff from agencies were held in all CHOs in November and December 2018. The objective of these briefing sessions is to reinforce, in advance of the completion of SAs and GAs for 2019, the key elements of the governance framework in terms of the completion of relevant documentation and the associated processes.
- 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 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 nine CHOs. The CMSUs will be a key resource within the CHO's in terms of enhancing the level of management and oversight in respect of Section 38 and Section 39 Agencies funded by the CHO's. Phase 1 entails setting up pilot sites in four CHO's and an implementation team has been set up in this regard.

Health Service Executive

Statement on Internal Control

The HSEs Compliance Unit will continue to act in an advisory and support role during the implementation of this initiative. The HSE will seek additional resources to ensure CMSU's are set up in all CHO's.

- In 2016, the HSE commenced an External Review of Governance at Board and Executive level in certain Section 38 Agencies. At 13 May 2019 23 of these reviews have been completed and the remaining 6 are underway. However all Chairs of the Boards of each of these agencies have received either a Final report or a Draft report to consider. An overall composite report will be completed which will highlight key issues identified in these Reviews. Each review contains management responses with regard to recommendations set out in the reviews and a follow up process has been established in this regard.
- The HSE plans to commence a rolling review programme in 2019 to include large Section 39 Agencies as well as additional Section 38 Agencies. These reviews would expect to draw from and build upon on the work being completed in the current external review process. A five year cycle is envisaged with eight Agencies being reviewed annually.
- The HSE's Compliance Unit have in 2018 carried out a limited review of Service Arrangements, Grant Aid Agreements and related documentation in two CHO's. A report is being prepared and the learning's from this review will be used to inform the work plans of the CMSU's.
- Some of the larger Section 38 and Section 39 Agencies have themselves used the outputs of the Annual Compliance Statement, Annual Financial Monitoring Return and the External Reviews, to implement their own initiatives to enhance their Governance at Board level. Specifically this has had some positive impact in key areas such as
    - Development of Internal Audit Function
    - Rotation of Boards
    - Development of Codes of Conduct
- In relation to the weaknesses identified in the area of procurement, HBS continues to work with and provide on-going support to the Section 38 and Section 39 agencies. All agencies receiving annual funding in excess of €150k have been provided with online access to the HBS Pricing and Assisted Sourcing System (PASS). This provides access for these Agencies to the HBS/OGP contracts and Framework Agreements. A Corporate Procurement Plan Guidance for Health Agencies has been finalised and has been communicated along with training by HBS Procurement
- On-going review of audit findings related to the governance of grants to outside agencies is a priority for the HSE and there are established processes in place for following up on Internal Audit as well as External Audit findings (local management and national management letters).

Information Communication Technology (ICT)

The Office of the Chief Information Officer (OoCIO) delivers and manages a full range of ICT services throughout the HSE and in part of the voluntary acute sector. The HSE have a base of over 50,000 users using approximately 1400 applications and over 1000 networked sites. In addition the OoCIO provide a range of national applications to the acute voluntary sector and indirectly support their user base. There are approx. 380 ICT projects currently being progressed, of which about 50 are large multi annual programmes or projects. The OoCIO currently has 318 staff and has a revenue budget of €42.69m and a capital budget of €85m.

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

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

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

Migration to One ID has commenced and will continue to be rolled out during 2019 across CHOs, HGs, Health Business Services (HBS) as well as central divisions.

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

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

Risk Management

As a result of issues identified by the Scally report in the area of risk management, the HSE has established a working group, as detailed in Section 3 of this statement. The groups mandate is to prepare proposals in relation to risk management in the HSE, for consideration by the incoming HSE Board, HSE Risk Committee and the HSE Leadership team.

It is expected that the work of this group will be completed during Q3 2019.

9. Conclusion

The report on the Review of effectiveness of the System of Internal Control in the HSE has been considered by the HSE Directorate and reviewed by the Audit and Risk Committees.

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.

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.

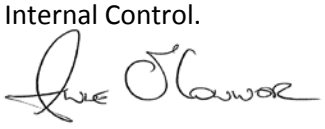
Health Service Executive

Statement on Internal Control

As evidenced by the HSEs own review of internal controls, and notwithstanding the control breaches which have been identified, and which are being addressed by management as set out above in section 7, satisfactory levels of compliance with the control framework are generally observed by the majority of staff.

It is also encouraging to note that this review indicates a growing awareness of the importance of improved accountability and responsibility at all levels of HSE staff, and stronger engagement with the controls assurance process for 2018.

The Directorate acknowledges that it has overall responsibility for the system of internal control within the HSE and will continue to monitor and support further development of controls. Progress will be reassessed in the 2019 Review of the Effectiveness of the System of Internal Control.



Anne O'Connor

Chairperson

13th May 2019

Ard Reachtaire Cuntas agus Ciste
Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

Health Service Executive

Opinion on the financial statements

I have audited the financial statements of the Health Service Executive for the year ending 31 December 2018 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 2018 and its income and expenditure for 2018
- have been properly prepared in accordance with the accounting standards specified by the Minister for Health as set out in the basis of preparation section of the accounting policies.

Basis of the opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions (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.

Emphasis of matter

Note 1 to the financial statements sets out the significant accounting policies used in the preparation of the financial statements. These include a number of exceptions to generally accepted accounting principles which the Minister has directed are to be applied by the Health Service Executive.

The Minister has issued an additional direction for 2018, in respect of the non-recognition of a liability arising from a legal settlement with medical consultants which was agreed in June 2018. The circumstances giving rise to this exception and the financial effect are set out in Notes 6 and 26 to the financial statements. My audit opinion is not modified in respect of this matter.

Report of the C&AG (continued)

Reporting 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-compliance with procurement rules

The Health Service Executive is still 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-compliant procurement that is consistent with findings in previous years. There was non-compliance in relation to 30% (by value) of a sample of payments examined at five Health Service Executive locations visited by the audit. The total value of the sample was €66.1 million.

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

Seamus McCarthy.

Seamus McCarthy
Comptroller and Auditor General

13 May 2019

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 I identify material matters relating to the manner in which public business has been conducted.

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

I also report by exception if, in my opinion,

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

Health Service Executive
Statement of Revenue Income and Expenditure
For the year ended 31 December 2018

		Notes	2018	2017
Income			**€'000**	**€'000**
	Department of Health Revenue Grant	3(a)	15,221,624	14,156,207
	Deficit on Revenue Income and Expenditure brought forward	3(b)	(139,871)	(10,292)
			15,081,753	14,145,915
	Patient Income	4	406,079	425,219
	Other Income	5	533,347	518,271
			16,021,179	15,089,405
Expenditure				
	Pay and Pensions			
	Clinical	6 & 7	3,530,941	3,409,005
	Non Clinical	6 & 7	1,230,996	1,188,166
	Other Client/Patient Services	6 & 7	860,838	760,137
			5,622,775	5,357,308
	Non Pay			
	Clinical	8	1,098,509	1,035,462
	Patient Transport and Ambulance Services	8	69,522	65,094
	Primary Care and Medical Card Schemes	8	3,176,042	2,989,730
	Other Client/Patient Services	8	6,169	23,685
	Grants to Outside Agencies	8	4,283,454	4,007,433
	Housekeeping	8	259,042	249,662
	Office and Administration Expenses	8	609,943	565,112
	Other Operating Expenses	8	12,176	11,278
	Long Stay Charges Repaid to Patients	9	193	39
	Hepatitis C Insurance Scheme	10	484	898
	Payments to State Claims Agency	11	318,690	283,224
	Nursing Home Support Scheme (Fair Deal) - Private Nursing Home only	12	649,354	640,351
			10,483,578	9,871,968
	Total Expenditure		16,106,353	15,229,276
Operating Deficit for the Year before Exceptional Items			(85,174)	(139,871)
Net Operating Deficit for the Year			(85,174)	(139,871)

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.

Anne O'Connor
Chairperson
13 May 2019

Stephen Mulvany
Chief Financial Officer
13 May 2019

Health Service Executive
Statement of Capital Income and Expenditure
For the year ended 31 December 2018

		Notes	2018 €'000	2017 €'000
Income				
	Department of Health Capital Grant	3(a)	500,771	439,914
	Surplus on Capital Income and Expenditure brought forward	3(b)	8,322	14,974
			509,093	454,888
	Revenue Funding Applied to Capital Projects		1,607	3,058
	Application of Proceeds of Disposals		4,199	2,886
	Government Departments and Other Sources	13(c)	29,514	1,018
			544,413	461,850
Expenditure				
	Capital Expenditure on HSE Capital Projects	13(b)	347,756	340,967
	Capital Grants to Outside Agencies (Appendix 1)	13(b)	180,301	112,561
			528,057	453,528
Net Capital Surplus for the Year			16,356	8,322

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.

Anne O'Connor
Chairperson
13 May 2019

Stephen Mulvany
Chief Financial Officer
13 May 2019

Health Service Executive
Statement of Changes in Reserves
For the year ended 31 December 2018

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

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.

Anne O'Connor
Chairperson
13 May 2019

Stephen Mulvany
Chief Financial Officer
13 May 2019

Health Service Executive
Statement of Financial Position
As at 31 December 2018

		Notes	2018 €'000	2017 €'000
Fixed Assets				
Property, Plant and Equipment		15	5,274,606	5,161,796
Financial Assets			2	3
Total Fixed Assets			5,274,608	5,161,799
Current Assets	Inventories	16	164,196	157,628
	Trade and Other Receivables*	17	410,853	353,176
	Cash		114,128	61,983
Creditors (amounts falling due within one year)*		18	(1,962,936)	(1,907,340)
Net Current Liabilities			(1,273,759)	(1,334,553)
Creditors (amounts falling due after more than one year)		19	(179,385)	(184,677)
Deferred Income		20	(41,887)	(53,057)
Net Assets			3,779,577	3,589,512
Capitalisation Account			5,117,012	4,989,085
Capital Reserves			(122,631)	(130,072)
Revenue Reserves			(1,214,804)	(1,269,501)
Capital and Reserves			3,779,577	3,589,512

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.

Anne O'Connor
Chairperson
13 May 2019

Stephen Mulvany
Chief Financial Officer
13 May 2019

Health Service Executive
Statement of Cash Flows
For the year ended 31 December 2018

	Notes	2018 €'000	2017 €'000
Net Cash Inflow from Operating Activities	21	76,392	146,186
Cash Flow from Investing Activities			
Interest paid on loans and overdrafts		0	(1)
Interest paid on finance leases		(993)	938
Interest received		0	79
Capital expenditure funded from Capital Allocation - capitalised	13(b)	(261,051)	(250,542)
Capital expenditure funded from Capital Allocation - not capitalised	13(b)	(267,006)	(202,986)
State Investment in PPP Service Concession Arrangements - Movement		15,118	(172,711)
Payments from revenue re: acquisition of property, plant and equipment (net of trade-ins)	13(a)	(44,207)	(29,505)
Revenue funding applied to Capital		1,607	3,058
Receipts from sale of property, plant and equipment (excluding trade-ins)	14	3,607	3,471
Net Cash Outflow from Investing Activities		(552,925)	(648,199)
Cash Flow from Financing Activities			
Capital Grant received		500,771	439,914
Capital receipts from other sources	13(c)	29,514	1,018
Payment of capital element of finance lease and loan repayments from Revenue funding		(1,607)	(3,058)
Net Cash Inflow from Financing Activities		528,678	437,874
(Decrease)/Increase in cash and cash equivalents in the year		52,145	(64,139)
Cash and cash equivalents at the beginning of the year		61,983	126,122
Cash and cash equivalents at the end of the year		114,128	61,983

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.

Anne O'Connor
Chairperson
13 May 2019

Stephen Mulvany
Chief Financial Officer
13 May 2019

Health Service Executive
Note 1 Accounting Policies

Statement of Compliance and Basis of Preparation

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

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure, rather it is charged against the Capitalisation (Reserve) Account balance. Under GAAP depreciation must be charged in the Statement of Revenue Income and Expenditure.
2. Capital grants received from the State to fund the purchase of property, plant and equipment are recorded in the Statement of Capital Income and Expenditure. Under GAAP, capital grants are recorded as deferred income and amortised over the useful life of related property, plant and equipment, in order to match the accounting treatment of the grant against the related depreciation charge. Capital expenditure in relation to assets other than those purchased by way of service concession arrangement are recognised in the Statement of Capital Income and Expenditure as incurred. Under FRS 102, such expenditure is capitalised and charged to income and expenditure over the life of the asset.
3. Pensions are accounted for on a 'pay as-you go' basis. The provisions of FRS 102 '*Section 28: Employee Benefits*' are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements.
4. Claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf, are accounted for on a 'pay as-you go' basis. This does not comply with FRS 102 '*Section 21 - Provisions and Contingencies*'. Details of the amount recognised in the Statement of Revenue Income and Expenditure in 2018, together with the actuarially estimated future liability attaching to this scheme at 31 December 2018, are set out in Note 11.
5. The Consultant Contract (2008) settlement was agreed between the State and medical consultants in June 2018 and provides for the payment of retrospective remuneration in 2019 and 2020 to eligible consultants' subject to compliance with the terms of the legal agreement. The estimated liability arising from the settlement has not been recognised in 2018. This is not compliant with FRS 102 Section 21 — Provisions and Contingencies which requires the recognition of the liability due at the yearend date. Recognition of this remuneration will be matched with future funding allocated on a 'receipts and payments' basis in 2019 and 2020.

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 2018 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

Health Service Executive
Note 1 Accounting Policies

final Letter of Determination in relation to 2018 was received on 23 January 2019.

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

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

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

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

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

Other Income

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

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

(iii) Income from all other sources is recognised when received.

Grants to Outside Agencies

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

Leases

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

Finance Leases - The HSE is not permitted to enter into finance lease obligations under the Department of Public Expenditure and Reform's Public Financial Procedures, without prior sanction or approval from the HSE 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.

Health Service Executive
Note 1 Accounting Policies

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

Health Service Executive
Note 1 Accounting Policies

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 2018 for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €6 million in 2018 (2017: €4 million). The proceeds of the sale of assets in the 2018 AFS is below this €6 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and in 2018 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

Health Service Executive
Note 1 Accounting Policies

minimum lease payments, each determined at the inception of the lease. The asset value is recognised in the 2018 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

Health Service Executive
Note 1 Accounting Policies

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.

Health Service Executive
Notes to the Financial Statements

Note 1 Basis of Accounting and Statement of Compliance prepared separately (Word document)

Note 2 Operating Deficit

Net operating deficit for the year is arrived at after charging:	2018 €'000	2017 €'000
Audit fees	540	510
Remuneration - Director General	351*	188**

** The Director General (1 January 2018 to 11 May 2018) received total payments of €238,207 during 2018, comprising basic salary payments of €139,649 and severance pay of €98,558.*
The Interim Director General (12 May 2018 to 31 December 2018) received total payments of €112,468 in basic pay in this capacity.

***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 their pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.*

Directorate members' expenses**	2018 €	2017 €
Tony O'Brien (resigned 11 May 2018)	3,990	12,460
Stephen Mulvany	275	746
Dr. Philip Crowley (resigned 31 January 2018)	1,222	5,306
John Connaghan (resigned 31 December 2018)	4,493	5,797
Dean Sullivan	8,671	639
Rosarii Mannion	6,419	2,165
John Hennessy (resigned 31 July 2017)	0	833
Dr. Stephanie O'Keeffe (resigned 31 July 2017)	0	534
Pat Healy (resigned 31 July 2017)	0	6,968
Anne O'Connor (appointed 11 June 2018)	361	3,176
Liam Woods (resigned 31 August 2017)	0	11,152
Dr Colm Henry (appointed 16 October 2018)	7,705	0
	33,136	49,776

***Directorate members' expenses for 2018 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	2018 €'000	2017 €'000
Net Revenue Funding allocated to HSE	15,722,395	14,596,121
Less: Capital Funding	(500,771)	(439,914)
Department of Health Revenue Grant	15,221,624	14,156,207

The table below provides further analysis of Department of Health funding received.	2018 €'000	2017 €'000
Revenue Grant - Funding allocation from the Department of Health	15,221,624	14,156,207
Less: Remittances from Department of Health between 1 January and 31 December	(15,220,753)	(14,156,207)
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	54,861	53,990
Capital Grant - Funding allocation from the Department of Health	500,771	439,914
Less: Remittances from Department of Health between 1 January and 31 December	(500,771)	(439,914)
Capital Grant balance due from Department of Health (up to Approved Allocation) carried forward	46	46
Balance forward utilised during the year	0	0
Capital Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	46	46
Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December (Note 17)	54,907	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 €139.871 million at 31 December 2017 to the Statement of Revenue Income and Expenditure in 2018 and credited the capital operating surplus of €8.322 million at 31 December 2017 to the Statement of Capital Income and Expenditure in 2018.

Health Service Executive
Notes to the Financial Statements

Note 4 Patient Income

	2018 €'000	2017 €'000
Private Charges	278,246	305,231
Inpatient Charges	22,688	21,081
Emergency Department Charges	12,521	11,392
Road Traffic Accident Charges	6,051	5,559
Long Stay Charges	81,300	78,861
EU Income - E111 Claims	5,273	3,095
	406,079	425,219

Note 5 Other Income

(a) Other Income	2018 €'000	2017 €'000
Superannuation Income	156,379	161,351
Pension levy deductions from HSE own staff	181,164	165,727
Pension levy deductions from service providers	81,959	81,980
Other Payroll Deductions	7,207	6,806
Secondments Recoupments of Pay	17,032	18,336
Agency/Services - provided to Local Authorities and other organisations	7,324	6,472
Canteen Receipts	12,474	11,848
Certificates and Registration Income	11,730	11,848
Parking	11,844	11,815
Refunds	12,268	11,199
Rental Income	4,369	4,745
Donations	2,800	3,030
Legal Costs Recovered	185	891
Income from other Agencies (See Note 5(b) analysis below)	13,358	8,032
Miscellaneous Income	13,254	14,191
	533,347	518,271

(b) Income from Other Agencies *	2018 €'000	2017 €'000
Department of Foreign Affairs & Trade - Irish Aid: programme for overseas development	133	0
Friends of St. Lukes Rathgar	211	583
Department of Arts, Heritage, Regional and Gaeltacht Affairs - Helicopter Services	151	132
Department of Children and Youth Affairs - Young Peoples Facilities and Services	1,113	1,090
Clinical Trials Ireland - Clinical Research Trials	925	461
EU Income - various projects	1,676	285
Genio Trust (Mental Health Projects)	2,038	756
Education and Training Boards/ Solas	1,455	1,777
The Atlantic Philanthropies - Single Assessment Tool for the Elderly	64	4
The Atlantic Philanthropies - National Dementia Strategy	2,213	1,589
Department of Children & Youth Affairs/TUSLA - Galway Teen Parents Support Programme	239	0
Katherine Howard Foundation - Nurture	1,029	360
National Treatment Purchase Fund	1,937	151
Friends of Wexford General Hospital	174	844
	13,358	8,032

**Only income from agencies in excess of €100,000 in either year are shown. Income from Other Agencies that did not exceed €100,000 in either year is shown at Note 5(a) under Miscellaneous Income. Accordingly, the 2017 comparatives above have been re-stated where appropriate.*

Note 6 Pay and Pensions Expenditure

		2018 €'000	2017 €'000
Clinical HSE Staff	Medical/Dental	761,285	763,220
	Nursing	1,540,872	1,476,381
	Health and Social Care Professional	587,079	555,893
	Superannuation	447,380	425,299
		3,336,616	3,220,793
Clinical Agency Staff	Medical/Dental	94,194	105,624
	Nursing	76,902	64,323
	Health and Social Care Professional	23,229	18,265
		194,325	188,212
Non Clinical HSE Staff	Management/Administration	654,336	612,810
	General Support Staff	336,526	361,902
	Superannuation	177,077	170,169
		1,167,939	1,144,881
Non Clinical Agency Staff	Management/Administration	24,301	16,411
	General Support Staff	38,756	26,874
		63,057	43,285
Other Client/Patient Services HSE Staff	Other Patient and Client Care	684,421	600,199
	Superannuation	103,050	90,411
		787,471	690,610
Other Client/Patient Services Agency Staff	Other Patient and Client Care	73,367	69,527
		73,367	69,527
Total Pay Expenditure		5,622,775	5,357,308

Health Service Executive
Notes to the Financial Statements

Note 6 Summary Analysis of Pay Costs

	Clinical 2018 €'000	Non Clinical 2018 €'000	Other Client/ Patient Services 2018 €'000	Total 2018 €'000	Total 2017 €'000
Basic Pay	2,269,508	845,146	510,039	3,624,693	3,420,910
Allowances	73,706	15,580	18,073	107,359	100,658
Overtime	139,780	14,731	25,375	179,886	164,519
Night duty	53,727	5,107	14,022	72,856	70,336
Weekends	104,613	24,291	52,136	181,040	176,541
On-Call	51,208	2,307	335	53,850	53,127
Arrears*	(53,416)	3,259	3,036	(47,121)	20,724
Wages and Salaries	2,639,126	910,421	623,016	4,172,563	4,006,815
Employer PRSI	250,110	80,441	61,405	391,956	363,590
Superannuation**	447,381	177,077	103,050	727,508	685,879
Total HSE Pay	3,336,616	1,167,939	787,471	5,292,027	5,056,284
Agency Pay	194,325	63,057	73,367	330,748	301,024
Total Pay	3,530,941	1,230,996	860,838	5,622,775	5,357,308

*Clinical arrears in 2018, includes the reversal of a legacy provision of €68 million relating to the ongoing consultants liability. This has resulted in a one off benefit in the year which will not be replicated, see Note 26.

Total Pay Costs above relate to HSE services only. Pay costs for employees in the voluntary sector are accounted for under Non-Pay Expenditure (Revenue Grants to Outside Agencies). See Note 8 and Appendix 1.

Superannuation

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

Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to income and expenditure in the year in which they become payable. In accordance with a Directive from the Minister for Health, no provision is made in the financial statements in respect of future pension benefits and no charge is made to the Statement of Revenue Income and Expenditure in respect of this. Superannuation contributions from employees who are members of these schemes are credited to the Statement of Revenue Income and Expenditure when received. No formal actuarial valuations of the HSE's pension liabilities are carried out. The Pension charge to the Statement of Revenue Income and Expenditure for 2018 was €728m (2017: €686m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €128m (2017: €115m)

**Analysis of Superannuation	2018 €'000	2017 €'000
Ongoing superannuation payments to pensioners	599,250	570,230
Once-off lump sums and gratuity payments	128,258	115,649
	727,508	685,879

Termination Benefits

	2018 €'000	2017 €'000
Termination benefits charged to Statement of Revenue Income and Expenditure	461	54
	461	54

The termination benefits above relate to settlements with 5 staff during 2018.

In addition to the payments outlined above, no staff were granted added years on termination. The value of the enhanced pension arrangements was €nil.

Legal costs of €28,380 were also incurred in relation to concluding the termination agreements.

Note 7 Employment

The number of employees at 31 December by Area of Operation was as follows (in whole time equivalents (WTEs)):	2018	2017 *
Acute Services	33,246	31,831
Mental Health	9,446	9,355
Primary Care	10,672	10,234
Disability and Older Persons' Services	16,527	16,373
Health and Wellbeing	576	581
Ambulance Services	1,887	1,843
Corporate and HBS	4,016	3,892
Total HSE employees	**76,370**	**74,109**
Voluntary Sector - Acute Services	25,228	24,428
Voluntary Sector - Non Acute Services	16,258	15,759
Sub-total Section 38 Sector employees * **	**41,486**	**40,187**
Total Health Sector Employees (including Home Helps) ****	**117,856**	**114,296**

Source: Health Service Personnel Census

**2017 figures are restated to reflect current methodology and organisational mappings.*

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

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

***** Directly employed home help staff are included in reported WTE w.e.f. 2018 and historical figures have been restated to reflect this methodology change. Pre-registration Student Nurses on clinical placement are recorded @ 50% actual WTE in line with WRC agreement.*

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

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

Pay Band (Number of Staff)	2018	2017
€60,001 to €70,000	8,028	7,113
€70,001 to €80,000	3,368	2,942
€80,001 to €90,000	1,839	1,675
€90,001 to €100,000	1,011	691
€100,001 to €110,000	485	433
€110,001 to €120,000	363	288
€120,001 to €130,000	179	141
€130,001 to €140,000	152	142
€140,001 to €150,000	142	153
€150,001 to €160,000	190	209
€160,001 to €170,000	168	206
€170,001 to €180,000	275	272
€180,001 to €190,000	247	279
€190,001 to €200,000	237	142
€200,001 to €210,000	117	89
€210,001 to €220,000	74	63
€220,001 to €230,000	72	48
€230,001 to €240,000	40	30
€240,001 to €250,000	24	20
€250,001 to €260,000	19	6
€260,001 to €270,000	13	6
€270,001 to €280,000	7	7
€280,001 to €290,000	7	3
€290,001 to €300,000	4	3
€300,001 to €310,000	4	2
€310,001 to €320,000	0	1
€320,001 to €330,000	2	2
€330,001 to €340,000	2	0
€340,001 to €350,000	0	3
€350,001 to €360,000	0	2
€370,001 to €380,000	2	2
€390,001 to €400,000	2	0
€420,001 to €430,000	1	0
€430,001 to €440,000	1	0
€500,001 to €510,000	0	1
€610,001 to €620,000	1	0
€970,001 to €980,000 **	0	1
Total HSE employees	17,076	14,975

**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.*

				2018 €'000	2017 €'000
Note 8	Non Pay Expenditure	Clinical	Drugs and Medicines (excl. demand led schemes)	303,458	281,390
			Less Rebate from Pharmaceutical Manufacturers*	(10,402)	(9,938)
			Net Cost Drugs and Medicines (excl. demand led schemes)	293,056	271,452
			Blood/Blood Products	31,041	30,850
			Medical Gases	11,197	12,483
			Medical/Surgical Supplies	301,840	281,497
			Other Medical Equipment	141,444	126,621
			X-Ray/Imaging	34,163	33,291
			Laboratory	128,621	118,283
			Professional Services (e.g. therapy costs, radiology etc.)	99,131	101,486
			Education and Training	58,016	59,499
				1,098,509	1,035,462
		Patient Transport and Ambulance Services	Patient Transport	53,473	50,514
			Vehicles Running Costs	16,049	14,580
				69,522	65,094

Primary Care and Medical Card Schemes	Pharmaceutical Services	2,329,147	2,205,969
	Less Rebate from Pharmaceutical Manufacturers*	(135,459)	(100,121)
	Less Prescription Levy Charges	(93,550)	(105,244)
	Net Cost Pharmaceutical Services	2,100,138	2,000,604
	Doctors' Fees and Allowances	572,660	557,467
	Pension Payments to Former District Medical Officers/Dependents	2,238	2,618
	Dental Treatment Services Scheme	58,768	61,759
	Community Ophthalmic Services Scheme	29,864	32,237
	Cash Allowances (Blind Welfare, Mobility etc.)	31,311	34,238
	Capitation Payments:		
	Treatment Abroad Schemes and Related Expenditure	47,250	27,913
	Intellectual/Physical Disabilities, Psychiatry, Therapeutic Services etc.	225,384	182,881
	Elderly and Non-Fair Deal Nursing Home Payments	78,451	66,460
	Rehabilitative and Vocational Training	22,461	17,950
	Respite Beds	7,517	5,603
		3,176,042	2,989,730
Other Client/Patient Services	Professional Services e.g. care assistants, childcare contracted services	4,989	22,766
	Education and Training	1,180	919
		6,169	23,685
Grants to Outside Agencies	Revenue Grants to Outside Agencies (Appendix 1)	4,283,454	4,007,433
		4,283,454	4,007,433
Housekeeping	Catering	63,366	61,478
	Heat, Power and Light	68,709	66,605
	Cleaning and Washing	99,500	94,704
	Furniture, Crockery and Hardware	13,921	12,743
	Bedding and Clothing	13,546	14,132
		259,042	249,662
Office and Administration Expenses	Maintenance	113,910	104,820
	Finance Costs	3,122	2,642
	Prompt Payment Interest and Compensation	632	869
	Insurance	6,138	6,416
	Audit	540	510
	Legal and Professional Fees	88,083	85,958
	Bad and Doubtful Debts	22,448	26,669
	Education and Training	22,183	13,038
	Travel and Subsistence	68,662	67,679
	Vehicle Costs	4,373	1,961
	Office Expenses	144,206	134,571
	Rent and Rates	68,894	59,377
	Computers and Systems Maintenance	66,752	60,602
		609,943	565,112
Other Operating Expenses	Licences	957	849
	Sundry Expenses	7,421	7,300
	Burial Expenses	98	76
	Recreation (Residential Units)	1,042	1,124
	Materials for Workshops	299	329
	Meals on Wheels Subsidisation	1,286	1,231
	Ex Gratia Payments to Patients**	336	0
	Refunds	737	369
		12,176	11,278

**In respect of 2016 IPHA Agreement and special arrangements for specific drugs and medicines.*

***This relates to Cervical Check payments*

Note 9 The Health (Repayment Scheme) Act 2006

The Health (Repayment Scheme) Act 2006 provides the legislative basis for the repayment of what has been referred to as 'long stay charges', which were incorrectly levied on persons with full medical card eligibility prior to 14 July 2005. The scheme allows for the repayment of charges to the following people:

- Living people who were wrongly charged at any time since 1976
- The estates of people who were wrongly charged and died on or after 9 December 1998

A special account was set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €2m was set aside in 2018 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 2018, 20,299 claims were paid. As at December 2018, there were no outstanding claims being processed to offer stage under the scheme. €2m has been provided in the HSE's 2019 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2018 is €485.690m.

In 2018, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2018 €'000	2017 €'000
Pay	118	66
Non Pay		
Repayments to Patients	193	39
Payments to Third Party Scheme Administrator	0	0
	193	39
Legal and Professional Fees	0	0
Office Expenses*	15	2
Total Non Pay	208	41
Total	326	107

**All expenditure in relation to the Health (Repayment Scheme) Act 2006 is included in HSE expenditure.*

Note 10 The Hepatitis C Compensation Tribunal (Amendment) Act 2006

The Hepatitis C Compensation Tribunal (Amendment) Act 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection and life assurance policies as a result of contaminated blood products being administered to them. The scheme 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 2018 was €10.3m.

In 2018, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2018 €'000	2017 €'000
Pay	88	84
Non Pay		
Payments of premium loadings	462	627
Payments of benefits underwritten by HSE	22	271
	484	898
Office Expenses*	3	8
Total Non Pay	487	906
Total**	575	990

**All expenditure in relation to the Hepatitis C Compensation Tribunal (Amendment) Act 2006 is included in HSE expenditure.*

***These costs are included in the Hepatitis C Insurance Scheme Special Account. Other Hepatitis C Costs are included in the Hepatitis C Special Account and the Hepatitis C Reparation Account.*

Note 11 State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plantiff legal costs and defence costs such as fees payable to counsel, consultants etc. In 2018, the charge to the Statement of Revenue Income and Expenditure was €318.7m (2017: €283.2m). 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 2018, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €2,792m (2017 €2,354m). Of this €2,792m, approximately €2,332m 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)

	2018 €'000	2017 €'000
Private Nursing Homes	610,991	595,780
Section 39 Agencies	18,271	18,968
Private Nursing Homes Contract Beds and Subvention Payments	20,092	25,603
Total Payments to Private Nursing Homes including Section 39 Agencies	649,354	640,351
Gross NHSS Cost of Public Nursing Homes*	354,675	340,048
Payments to Section 38 Agencies	26,082	25,127
Nursing Home Fixed and Other Unit Costs	23,122	19,623
Total Long Term Residential Care	1,053,233	1,025,149

**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 €61.128m (2017: €60.483m) and are included in the HSE Financial Statements - Revenue Income & Expenditure Account.

NHSS recipient contributions for those patients in voluntary centres (S38 Organisations) amounted to €6.669m (2017: €7.435m), is retained by those centres and does not constitute income for the HSE.

Additional Income

Under Section 27 of the Nursing Homes Support Scheme Act 2009 a Schedule of Assets must be submitted to the HSE in respect of a deceased person who received financial support under the Scheme. This is checked to identify and calculate any overpayment of financial support that is repayable to the HSE pursuant to Section 42 of the Act. The HSE collected income of €6.579m during 2018(2017 : €5.146m)in respect of non-declared income and assets of Fair Deal clients.

Contract beds, Subvention beds

In 2018, payments of €20.1m (2017: €25.6m) 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 2018 there was an additional €23.122m (2017: €19.623m) of costs relating to long term care. These costs related to fixed unit costs and other costs incurred which were in excess of the reimbursed 'money follows the patient' rate paid under the Nursing Homes Support Scheme.

Cost of Public Nursing Homes

In 2018,the cost of public nursing homes amounted to €354.67m(2017 €340.04m), these costs are gross and the client contribution element amounted to €61.13m (2017 € 60.48m). The contributions are recognised as income in Long Stay Charges in Statement of Income and Expenditure.

Ancillary State Support

Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of a person paying their assessed contribution for care from their own resources, a person can choose to apply for a Nursing Home Loan, to cover the portion of their contribution, which is based on property or land-based assets within the State. The HSE then pays that portion of the cost of care on top of the State Support payment. The loan is paid back to the State following the 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 2018 for recoupment from the commencement of the Nursing Homes Support Scheme (where a relevant and non-relevant event has occurred) was €123.525m, representing 6,170 client loans. As at 31st December 2018 the Revenue Commissioners are currently collecting €123.448m, representing 6,169 clients. The difference accounts for clients where their Nursing Home loan is not due for repayment such as the Further Deferral option, as mentioned above, and also clients who wish to make a voluntary repayment prior to a relevant event occuring. The Revenue Commissioners have confirmed that they had received €86.83m of loan repayments paid in full,representing 4,668 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 2018 is €115.945m. 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:

	2018 €'000	2018 Number of loans	2017 €'000	2017 Number of loans
Advised by HSE to Revenue for recoupment	123,525	6,170	93,441	4,986
Confirmed by Revenue as being paid*	(86,829)	(4,668)	(64,844)	(3,709)
Subtotal	36,696	1,502	28,597	1,277
Not yet advised to Revenue for recoupment	115,945	4,518	94,429	3,963
Total Ancillary State Support outstanding	152,641	6,020	123,026	5,240

**Amounts confirmed by Revenue does not include part payments and only includes loans fully repaid*

Note 13 Capital Expenditure

(a) Additions to Fixed Assets	2018 €'000	2017 €'000
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Service Concession*	-	165,217
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Other	232,906	192,863
Additions to Property, Plant and Equipment (Note 15) Other than Land and Buildings	72,352	87,184
	305,258	445,264
Funded from Department of Health Capital Grant	261,051	250,542
Funded from Department of Health Revenue Grant	44,207	29,505
Capitalised - Investment in PPP Service Concession Arrangements*	0	165,217
	305,258	445,264

(b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure	2018 €'000	2017 €'000
Expenditure on HSE's own assets (Capitalised)	261,051	250,542
Expenditure on HSE projects not resulting in property, plant and equipment additions**	71,587	97,919
Capitalised Interest - PPP Service Concession Arrangements*	15,118	(7,494)
Total expenditure on HSE Projects charged to capital***	347,756	340,967
Capital grants to outside agencies (Appendix 1)**	180,301	112,561
Total Capital Expenditure per Statement of Capital Income and Expenditure	528,057	453,528

**Relates to Primary Care Centre assets acquired under Public Private Partnership (PPP) service concession arrangements.*

***Total capital expenditure not capitalised amounts to €267.0m (2017: €210.5m)*

****Capital funded assets and Revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes.*

(c) Analysis of Capital Income from Other Sources	2018	2017
Income from Government Departments and Other Sources in respect of Capital Projects:	€'000	€'000
Insurance Proceeds - Letterkenny General Hospital, flood damage	10,051	0
Waterford Hospice Movement Ltd - Waterford Hospital Palliative Care Unit	4,000	0
Department of Education - Children's Hospital school	3,100	0
NUI Galway - Sligo Regional Hospital Medical Academy	1,664	0
University of Limerick - Clinical Education & Research Centre Project Contribution	1,347	
NUI Galway - Letterkenny General Hospital Medical Education and Training Unit	978	0
Sustainable Energy Authority of Ireland (SEAI) - energy savings in acute hospitals	408	67
Insurance Proceeds - St. Dympna's Hospital, fire damage	807	0
Aontacht Phobail Teoranta - due to HSE on liquidation of subsidiary holding	718	0
Letterkenny Hospital Association Ltd - Contribution towards Mental Health Unit.	760	0
Irish Hospice Foundation - Design and Dignity grant	580	0
Cystic Fibrosis Ireland - Cavan General Hospital Paediatric Department Extension	0	50
Friends of Mid West Regional Hospital - Nenagh Ward Upgrade	300	0
Charitable Contribution towards Community Nursing Unit, Tuam, Co. Galway	250	0
University College Cork - CUH Paediatric Projects	0	277
Friends of Bandon Community Hospital - Day Room Extension to the Hospital	230	0
University College Cork - CUH Paediatric Projects	59	0
Build 4 Life - CUH Paediatric projects	0	474
Other Miscellaneous Income	4,262	150
Total Capital Income from Other Sources	29,514	1,018

Note 14 Proceeds of Disposal of Fixed Asset Account

	2018 €'000	2017 €'000
Gross Proceeds of all Disposals in year	3,721	3,944
Less: Net Expenses Incurred on Disposals	(114)	(473)
Net Proceeds of Disposal	3,607	3,471
Less Application of Proceeds	(4,200)	(2,886)
Movement in the year	(593)	585
At 1 January	631	46
Balance at 31 December	38	631

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 €6 million in 2018 (2017: €4 million). The proceeds of the sale of fixed assets during 2018 was below this €6 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*	Buildings**	Work in Progress (L&B)	Motor Vehicles	Equipment	Work in Progress (P&E)	Total 2018
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
Cost / Valuation							
At 1 January 2018	1,657,633	4,186,486	405,143	87,140	1,433,819	8,882	7,779,103
Additions	22,786	7,686	202,434	6,238	60,336	5,778	305,258
Transfers from Work in Progress	1,004	280,248	(281,252)	6,624	2,103	(8,727)	0
Disposals	(3,744)	(3,529)	(3,598)	(8,032)	(10,188)	(35)	(29,126)
At 31 December 2018	1,677,679	4,470,891	322,727	91,970	1,486,070	5,898	8,055,235
Depreciation							
Accumulated Depreciation at 1 January 2018	0	1,312,803	0	65,614	1,238,890	0	2,617,307
Charge for the Year	0	105,841	0	9,861	66,072	0	181,774
Disposals	0	(1,468)	0	(7,083)	(9,901)	0	(18,452)
At 31 December 2018	0	1,417,176	0	68,392	1,295,061	0	2,780,629
Net Book Values							
At 1 January 2018	1,657,633	2,873,683	405,143	21,526	194,929	8,882	5,161,796
At 31 December 2018	1,677,679	3,053,715	322,727	23,578	191,009	5,898	5,274,606

The current carrying value of land amounting to €1.67bn held by the HSE at 31 December 2018 is based on the 2002 Department of Health Valuation rates .

Building assets held under Finance Leases/ Service Concession Arrangements	**2018 €'000** Finance Lease	**2017 €'000** Finance Lease	**2018 €'000** Service Concession*	**2017 €'000** Service Concession	**2018 €'000** Total	**2017 €'000** Total
Cost	45,824	45,824	165,217	0	211,041	45,824
Additions	0	0	0	165,217	0	165,217
Accumulated Depreciation at 1 January	(21,623)	(19,762)	0	0	(21,623)	(19,762)
Depreciation charged for the year	(1,862)	(1,861)	0	0	(1,862)	(1,861)
Net Book Values at 31 December	22,339	24,201	165,217	165,217	187,556	189,418

**Relates to Primary Care Centre (PCC) assets acquired under Public Private Partnership (PPP) service concession arrangements. The ten PCC sites included within Work in Progress (Land and Buildings) at a value of €137m in 2017 were transferred to Buildings during 2018. All fourteen PCC sites have reached service commencement.*

PCC Assets are not depreciated where they have been acquired or are managed under service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned.

Note 16 Inventories

	2018 €'000	2017 €'000
Medical, Dental and Surgical Supplies	37,398	36,291
Laboratory Supplies	6,345	6,267
Pharmacy Supplies	22,366	21,475
High Tech Pharmacy Inventories	56,867	55,705
Pharmacy Dispensing Inventories	589	623
Blood and Blood Products	1,133	1,245
Vaccine Inventories	30,066	27,447
Household Services	6,569	6,569
Stationery and Office Supplies	1,874	1,626
Sundries	989	380
	164,196	157,628

			2018	2017
			€'000	€'000
Note 17	Trade and Other Receivables	Receivables: Patient Debtors - Private Facilities in Public Hospitals*	97,759	104,512
		Receivables: Patient Debtors - Public Inpatient Charges	6,174	6,257
		Receivables: Patient Debtors - Long Stay Charges	10,745	8,982
		Prepayments and Accrued Income	31,443	29,125
		Department of Health (DoH)	54,907	54,036
		Pharmaceutical Manufacturers	61,789	51,784
		Payroll Technical Adjustment	18,592	21,035
		Pension Levy Deductions from Staff/Service Providers	8,670	7,627
		Statutory Redundancy Claim	2,200	2,027
		Local Authorities	519	831
		Payroll Advances	844	889
		Voluntary Hospitals - National Medical Device Service Contracts	2,085	0
		Voluntary Hospitals - Grant Funding Advances	73,558	31,308
		Sundry Receivables	41,568	34,763
			410,853	353,176

**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.

			2018	2017
			€'000	€'000
Note 18	Creditors (amounts falling due within one year)	Finance Leases	2,675	2,619
		Service Concession Liability	5,667	17,424
		Payables - Revenue	140,702	131,796
		Payables - Capital	8,520	6,313
		Accruals Non Pay - Revenue	731,113	716,351
		Accruals Non Pay - Capital	5,436	11,020
		Accruals - Grants to Voluntary Hospitals and Outside Agencies	397,073	336,574
		Accruals Pay	501,974	522,718
		Taxes and Social Welfare	148,489	142,791
		Department of Public Expenditure and Reform - Single Public Service Pension Scheme	2,916	2,577
		Lottery Grants Payable*	1,390	1,874
		Sundry Payables	16,981	15,283
			1,962,936	1,907,340

**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.*

			2018	2017
			€'000	€'000
Note 19	Creditors (amounts falling due after more than one year)	Finance Leases	27,458	29,122
		Service Concession Liability	151,927	155,287
		Total Finance Lease obligations	179,385	184,409
		Liability to the Exchequer in respect of Exchequer Extra Receipts - Other Sales	0	268
			179,385	184,677

			2018	2017
			€'000	€'000
Note 20	Deferred Income	Deferred Income comprises the following:		
		Donations and bequests*	15,616	12,890
		Grant Funding from the State and other bodies	21,895	21,622
		Funding from specific capital projects	154	3,794
		General	4,222	14,751
		Balance at 31 December	41,887	53,057

**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.*

			2018	2017
			€'000	€'000
Note 21	Net Cash Inflow from Operating Activities	Deficit for the current year	(85,174)	(139,871)
		Capital element of lease payments charged to revenue	1,607	3,058
		Less Interest received	(0)	(79)
		Purchase of equipment charged to Statement of Revenue Income and Expenditure	44,207	29,505
		Finance Costs charged to Statement of Revenue Income and Expenditure	993	(937)
		(Increase) in Inventories	(6,568)	(7,924)
		(Increase) in Trade and Other Receivables	(57,678)	(23,082)
		Increase in Creditors (falling due within one year)	55,596	115,749
		Revenue Reserves - transfer of Deficit in accordance with *Section 33(3) of the Health Act, 2004*, as amended	139,871	10,292
		Increase/(Decrease) in Creditors (falling due in more than one year)	(5,292)	151,831
		(Decrease) in Deficit Income	(11,170)	7,644
		Net Cash Inflow from Operating Activities	76,392	146,186

Note 22 Commitments

		2018	2017
		€'000	€'000
Capital Commitments	Future Property, Plant and Equipment purchase commitments:		
	Within one year	690,401	550,774
	After one but within five years	1,496,800	1,100,180
	After five years	0	0
		2,187,201	1,650,954
	Contracted for but not provided in the financial statements	1,398,339	1,083,971
	Included in the Capital Plan but not contracted for	788,862	566,983
		2,187,201	1,650,954

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 contractual commitments identified above are in respect of the total cost of projects for which specific funding budgets have been approved at year end. These contractual commitments may involve costs in years after 2018 for which budgets have yet to be approved and are therefore estimated.

		2018	2017
		€'000	€'000
Operating Lease Commitments	Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)		
	Land and Buildings	50,450	49,257
	Motor Vehicles	146	180
	Equipment	801	1,114
		51,397	50,551

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:	Land and Buildings 2018 €'000	Other 2018 €'000	Total 2018 €'000	Total 2017 €'000
Within one year	44,769	230	44,999	39,202
In the second to fifth years inclusive	163,254	425	163,679	134,802
In over five years	483,275	0	483,275	390,155
	691,298	655	691,953	564,159

		2018	2017
		€'000	€'000
Public Private Partnership Forward Commitments	Nominal Amount:		
	Service Concession Arrangement - Primary Care Centres (14 sites bundle)	201,551	204,865

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:	2018 €'000 Finance Lease	2017 €'000 Finance Lease	2018 €'000 Service Concession	2017 €'000 Service Concession
	Not later than one year	3,600	3,600	10,832	23,157
	Later than one year but not later than five years	10,960	10,400	35,139	34,758
	Later than five years	21,790	24,950	185,397	194,319
	Total Gross Payments	36,350	38,950	231,368	252,234
	Less: Finance Charges	(6,217)	(7,209)	(73,774)	(79,523)
	Carrying Amount of Liability	30,133	31,741	157,594	172,711
	Classified as:				
	- Creditors (amounts falling due within one year)	2,675	2,619	5,667	17,424
	- Creditors (amounts falling due after more than one year)	27,458	29,122	151,927	155,287

**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 2018 is €157.6m.*

Note 23 Property

The HSE estate comprises 2,501 properties.

Title to the properties can be analysed as follows:	2018 Number of Properties	2017 Number of Properties
Freehold	1,585	1,573
Leasehold	916	915
Total Properties	2,501	2,488

Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	2,422	2,412
Health Business Services and Support (including medical card processing, etc.)	79	76
Total Properties	2,501	2,488

During the year there were 59 property additions to the healthcare estate and 46 properties were removed through both disposals and lease terminations. The net result is a increase of 13 healthcare properties during 2018. The total number of properties in the HSE healthcare estate at the end of 2018 has been impacted by a combination of routine estate management activities as well as the requirements of specific key healthcare strategies to deliver ongoing rollout of primary care centres and relocation of disability services to community settings.

Note 24 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2017 with external specialist tax assistance which was completed in 2018. 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 and penalties) was made to the Revenue Commissioners in September 2018. 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 25 Contingent Liabilities

General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for professional indemnity, fire and specific all risk claims. In most cases, such insurance would be sufficient to cover all costs, but this cannot be certain due to indemnity limits and certain policy conditions. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Patient Private Property Retained Interest

Prior to 2005, interest income earned on patients' private funds was retained by the former Health Boards and used to partially defray the costs incurred in administering approximately 19,000 Patients' Private Property Accounts. This action was based on previous legal advice. Subsequent legal advice taken by the HSE indicated that the Patients' Private Property Accounts operated under an implied trustee relationship with the patients and as such the HSE was obliged to remit interest earned to those patients.

The lack of available historic private patient property records limits the ability of the HSE to estimate the full potential liability and therefore a partial liability only has been provided for in the 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 26 Consultants' Settlement

In June 2018, a settlement was agreed between the State and medical consultants arising from an alleged breach of contract in relation to non-implementation of the 2008 Consultants contract. The settlement provides that 40% of the retrospective remuneration will be paid in 2019 and the balance in 2020. The HSE's best current estimate of the liability arising as at 31 December 2018 is circa €198 million. An interim provision of €68m had been included in the HSE's financial statements since 2008 and was being reversed in 2018 (see Note 6). As explained in Note 1 Accounting Policies, no provision is reported in 2018 as the liability is being treated on a receipts and payments basis.

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 2018, no Directorate members held a direct interest within any related parties. However, one Directorate member sat on the board of the Peter McVerry Trust. The Directorate Member sat on the board in a medical professional capacity only and is not involved in requesting or approving any payments to these entities. He resigned on 31st January 2018.

Another person who was a Directorate Member during the year is a Non-Executive Director of Evofem Biosciences Inc. This research and development company has no commercial and/or financial relationship with the HSE.

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 €1.067m (2017: €1.152m). Directorate remuneration packages comprise of basic pay only. No allowances, bonuses or perquisites apply to these posts. However in the year there was a severance payment of €98,558 included in remuneration above, see Note 2. 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 13 May 2019.

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Total Grants under €100,000 (1,596 Grants)	**30,645**	**0**	**30,645**	**28,750**
Grants €100,000 or more each				
A Ghra Homecare Services Ltd	1,721		1,721	1,435
Ability West Ltd	26,557		26,557	25,437
Abode Hostel and Day Centre	1,026		1,026	1,072
ACCORD	108		108	66
ACET Ireland	320		320	135
Acquired Brain Injury Ireland (Formerly Peter Bradley Foundation)	11,114		11,114	10,064
Active Retirement Ireland	356		356	339
Adapt Community Drugs Team	0		0	416
Addiction Response Crumlin (ARC)	920		920	1,031
Aftercare Recovery Group	121		121	105
AGC Healthcare	171		171	10
Age Action Ireland	441		441	434
Age and Opportunity	595		595	593
AIDS Help West	261		261	259
Aiseanna Tacaiochta	1,699		1,699	1,440
Aiseiri	475		475	512
Aislinn Centre, Kilkenny	1,226		1,226	1,142
Alcohol Action Ireland	212		212	212
All About Healthcare T/A The Care Team	1,060		1,060	1,090
All In Care	8,713		8,713	8,248
All Ireland Institute of Hospice & Palliative Care (AIIHPC)	204		204	192
Alliance	227		227	227
Alone	709		709	57
Alpha One Foundation	320		320	240
Alzheimer Society of Ireland	10,846		10,846	11,172
An Saol Foundation	500		500	0
Ana Liffey Drug Project	1,427		1,427	1,413
Anchor Treatment Centre	336		336	58
ANEW Support Service	462		462	477
Anne Sullivan Foundation for Deaf/Blind	109		109	149
Applewood Homecare Ltd	1,786		1,786	1,442
Arabella Counselling, t/a Here2Help	191		191	199
Aras Mhuire Day Care Centre (North Tipperary Community Services)	297		297	300
ARC Cancer Support Centre	187		187	187
Ard Aoibhinn Centre	4,340		4,340	4,049
Ardee Day Care Centre	288		288	286
Arklow South Wicklow Home Help Service	103		103	91
Arlington Novas Ireland	2,665		2,665	2,785
Arthritis Ireland	200		200	200
Asperger Syndrome Association of Ireland (ASPIRE)	278		278	306
Associated Charities Trust	187		187	203
Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Aislinn Centre, Dublin).	228		228	230
Association of Parents and Friends of The Mentally Handicapped	1,367		1,367	1,342
Asthma Society of Ireland	212		212	186
Athlone Community Services Council Ltd	265		265	278
Autism Initiatives Group	5,309		5,309	5,001
Aware	484		484	365
Ballinasloe Social Services	154		154	135
Ballincollig Senior Citizens Club Ltd	361		361	391
Ballyfermot Advanced Project Ltd	398		398	462
Ballyfermot Chapelizod Partnership	133		133	113
Ballyfermot Local Drug and Alcohol Task Force CLG	145		145	170
Ballyfermot Star Ltd	370		370	370
Ballymun Local Drugs Task Force	295		295	287
Ballymun Regional Youth Resource (BYRY)	243		243	193
Ballymun Youth Action Project (YAP)	646		646	678
Ballyphehane and Togher Community Resource Centre	290		290	140
Barnardos	946		946	886
Barretstown Camp	151		151	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	1,078		1,078	762
Be Independent Home Care	3,121		3,121	2,590
Beaufort Day Care Centre	230		230	189
Beaumont Hospital	330,376	4,457	334,833	309,114
Beechfield Care Group	197		197	218
Behaviour Detectives Ltd, Kilkenny.	169		169	8
Belong to Youth Services Ltd.	233		233	233
Bergerie Trust	290		290	304
Best Home Care Services	134		134	0
Blakestown and Mountview Youth Initiative (BMYI)	484		484	480
Blanchardstown and Inner City Home Helps	3,253		3,253	3,308
Blanchardstown Local Drugs Task Force	567		567	389
Blanchardstown Youth Service	221		221	253

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Bloomfield Health Services	384		384	575
Bluebird Care	24,975		24,975	20,619
Bodywhys The Eating Disorder Association of Ireland	325		325	368
Bon Secours Sisters	471		471	612
Bray Community Addiction Team	706		706	714
Bray Lakers Social and Recreational Club Ltd	137		137	137
Bray Travellers Group	133		133	113
Brindley Healthcare	71		71	226
Brothers of Charity Services Ireland	204,171		204,171	189,289
Cabra Resource Centre	217		217	223
Cairde	624		624	614
Cairdeas Centre Carlow	521		521	393
Camphill Communities of Ireland	1,753		1,753	1,448
Cancer Care West	600		600	525
Cappagh National Orthopaedic Hospital	37,592	230	37,822	34,980
Capuchins	97		97	117
Care About You	1,693		1,693	1,042
Care at Home Services Ltd	1,864		1,864	1,508
Care For Me Ltd	1,737		1,737	1,583
Care of the Aged, West Kerry	110		110	129
CareBright	4,658		4,658	4,508
Caredoc GP Co-operative	9,084		9,084	8,864
Caremark Ireland	10,217		10,217	8,104
Careworld	717		717	946
Caring and Sharing Association (CASA)	102		102	150
Caritas Convalescent Centre	1,841		1,841	2,236
Carlow Day Care Centre (Askea Community Services)	102		102	10
Carlow Regional Youth Service	67		67	105
Carlow Social Services	271		271	58
Carlow/Kilkenny Home Care Team	218		218	218
Carnew Community Care Centre	143		143	143
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	11,291		11,291	10,046
Carrigoran Nursing Home – Day Care Centre	102		102	100
Casadh	215		215	195
Casla Home Care Ltd	634		634	660
Castle Homecare	1,423		1,423	1,383
Catholic Institute for Deaf People (CIDP)	4,174		4,174	4,136
CDA Trust Ltd (Cavan Drug Awareness)	221		221	214
Central Remedial Clinic	18,348		18,348	17,508
Centres for Independent Living (CIL)	11,409		11,409	11,289
Charleville Care Project Ltd	170		170	163
Cheeverstown House Ltd	26,706		26,706	24,873
Cheshire Ireland	26,689		26,689	24,118
Childrens Sunshine Home	3,830		3,830	3,799
ChildVision (St Joseph's School For The Visually Impaired)	4,331		4,331	4,216
Chrysalis Community Drug Project	275		275	256
Cill Dara Ar Aghaid	215		215	186
Clann Mór	1,597		1,597	1,447
Clannad Care	1,429		1,429	1,345
Clare Accessible Transport (T/a Clare Bus)	70		70	78
Clarecare Ltd Incorporating Clare Social Service Council	6,838		6,838	6,674
Clarecastle Daycare Centre	394		394	388
Claregalway and District Day Care Centre	375		375	13
Clareville Court Day Centre	166		166	165
CLASP (Community of Lough Arrow Social Project)	81		81	99
Clondalkin Addiction Support Programme (CASP)	862		862	880
Clondalkin Behavioural Initiative Ltd	86		86	135
Clondalkin Drugs Task Force	233		233	203
Clondalkin Tus Nua Ltd	440		440	442
Clonmany Mental Health Association	322		322	101
Clontarf Home Help	3,835		3,835	2,996
Cluain Training & Enterprise Ctr	385		385	0
CLUB 91 (Formerly Chez Nous Service), Sligo	125		125	125
Co-Action West Cork	7,813		7,813	7,361
Cobh General Hospital	406		406	421
Comfort Keepers Ltd	23,424		23,424	21,664
Communicare Healthcare Ltd	4,354		4,354	2,836
Community Creations Ltd	321		321	190
Community Games	100		100	137
Community Response, Dublin	340		340	367
Community Substance Misuse Team Limerick	417		417	420
Contact Care	1,705		1,705	1,671
Coolmine Therapeutic Community Ltd	1,696		1,696	1,634
Coombe Women's Hospital	64,011	666	64,677	61,723
COPE Foundation	56,266		56,266	53,210
COPE Galway	1,718		1,718	1,786

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Cork Association for Autism	6,108		6,108	5,509
Cork City Partnership Ltd	1		1	109
Cork Foyer Project	302		302	216
Cork Mental Health Association	150		150	77
Cork Social and Health Education Project (CSHEP)	798		798	768
Cork University Dental School and Hospital	2,117		2,117	1,945
County Sligo Leader Partnership Company	159		159	88
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	5,479		5,479	4,682
CPL Healthcare	1,983		1,983	2,807
CROI (West of Ireland Cardiology Foundation)	486		486	503
Crosscare	2,701		2,701	2,716
Crumlin Home Care Service Limited	3,530		3,530	3,365
Cuan Mhuire	2,399		2,399	2,106
Cumann na Daoine	107		107	85
Cura	221		221	497
Curam Altranais Paediatric and Adult Case Management Service Ltd.	0		0	187
Curam Clainne Ltd	103		103	93
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	192		192	48
Dara Residential Services	1,933		1,933	1,875
Darndale Belcamp Drug Awareness	250		250	243
Daughters of Charity	118,291	176	118,467	113,439
Dawn Court Day Care Centre Ltd	93		93	97
Deafhear.ie	4,572		4,572	4,537
Delta Centre Carlow	3,834		3,834	3,164
Depaul Ireland	1,793		1,793	1,750
Diabetes Federation of Ireland	426		426	248
Dignity 4 Patients	100		100	100
Disability Federation of Ireland (DFI)	1,520		1,520	1,455
Dóchas	105		105	101
Dolmen Clubhouse Ltd	124		124	123
Donnycarney and Beaumont Home Help Services Ltd.	1,526		1,526	1,705
Donnycarney Youth Project Ltd	410		410	410
Donnycarney/Beaumont Local Care	96		96	109
Donore Community Development	178		178	180
Down Syndrome Ireland	179		179	139
Drogheda Community Services	116		116	119
Drogheda Homeless Aid Association	104		104	131
Dromcollogher and District Respite Care Centre	548		548	495
Drumcondra Home Help	1,271		1,271	1,430
Drumkeerin Care Of The Elderly	175		175	209
Drumlin House	164		164	127
Dublin 12 Local Drug and Alcohol Task Force CLG	126		126	133
Dublin AIDS Alliance (DAA) Ltd.	548		548	482
Dublin City University	62		62	239
Dublin Dental Hospital	6,206	20	6,226	6,057
Dublin North East Drugs Task Force	317		317	317
Dublin Region Homeless Executive	430		430	636
Dublin West Homehelp	5,166		5,166	5,091
Dun Laoghaire Home Help	1,032		1,032	998
Dun Laoghaire Rathdown Community Addiction Team	417		417	417
Dun Laoghaire Rathdown Local Drugs Task Force	124		124	105
Dun Laoghaire Rathdown Outreach Project	255		255	236
Dundalk Outcomers	83		83	116
Edward Worth Library	165		165	165
Enable Ireland	42,049		42,049	41,415
Environmental Protection Agency	65		65	269
Epilepsy Ireland	774		774	773
Errigal Truagh Special Needs Parents and Friends Ltd	244		244	188
Extern Ireland	649		649	563
Familibase	296		296	221
Family Carers Ireland	8,982		8,982	8,654
Farranree Family Centre	62		62	64
Father McGrath Multimedia Centre (Family Resource Centre)	31		31	122
Fatima Groups United	116		116	80
Fatima Home, Tralee	40		40	36
Ferns Diocesan Youth Services (FDYS)	346		346	258
Festina Lente Foundation	459		459	436
Fettercairn Drug Rehabilitation Project	95		95	111
Fighting Blindness Ireland	113		113	114
Fingal Home Care	4,724		4,724	4,718
Finglas Addiction Support Team	521		521	525
Finglas Cabra Local Drugs and Alcohol Task Force	177		177	102
Finglas Home Help / Care Organisation	3,030		3,030	2,655
First Fortnight Ltd	155		155	155
Focus Ireland	1,716		1,716	1,859

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Fold Ireland	3,813		3,813	2,119
Foróige	320		320	365
Forum The North West Connemara Rural Project	243		243	86
Friedreich's Ataxia Society in Ireland	37		37	31
FRS Homecare	1		1	23
Fusion CPL Ltd	111		111	111
Gaelic Athletic Association	140		140	150
Galway Hospice Foundation	4,975		4,975	4,955
Gay Health Network	319		319	331
Genio Trust	3,586		3,586	7,660
Gheel Autism Services Ltd	7,499		7,499	7,935
Good Morning Inishowen	129		129	129
Good Shepherd Sisters	1,132		1,132	1,078
Graiguenamanagh Elderly Association	225		225	160
Grantstown Daycare Centre	104		104	119
GROW	1,247		1,247	1,207
Guardian Ad Litem and Rehabilitation Office (GALRO)	4,493		4,493	3,002
HADD Family Support Group	163		163	139
Hail Housing Association for Integrated Living	645		645	563
Hands On Peer Education (HOPE)	145		145	145
Hazel Hall Nursing Home	148		148	0
Headway the National Association for Acquired Brain Injury	2,599		2,599	2,438
Heritage Homecare Ltd.	1,633		1,633	1,069
Hesed House	241		241	241
Holy Angels Carlow, Special Needs Day Care Centre	616		616	717
Holy Family School	111		111	111
Holy Ghost Hospital	1,130		1,130	1,050
Home Care Plus	1,016		1,016	896
Home Instead Senior Care	49,058		49,058	38,399
Homecare Independent Living Ltd	3,766		3,766	2,922
Homecare Solutions Ltd.	1,002		1,002	742
Hope House	269		269	294
IADP Inter-Agency Drugs Project UISCE	120		120	97
Immigrant Counselling and Psychotherapy (ICAP)	262		262	266
Inchicore Community Drugs Team	549		549	477
Inclusion Ireland	774		774	774
Incorporated Orthopaedic Hospital of Ireland	10,979		10,979	11,254
Inspire Ireland Foundation Ltd	119		119	196
Inspire Wellbeing	545		545	369
Íontas Arts & Community Resource Centre, Castleblanyey	188		188	190
Irish Advocacy Network	781		781	792
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	904		904	927
Irish Autism Action	84		84	56
Irish Cancer Society	672		672	236
Irish College of General Practitioners	379		379	483
Irish College of Opthalmogists	206		206	75
Irish Family Planning Association (IFPA)	1,210		1,210	1,257
Irish Guide Dogs for the Blind	822		822	832
Irish Haemophilia Society (IHS)	575		575	550
Irish Heart Foundation	311		311	336
Irish Homecare Services	11,747		11,747	11,163
Irish Hospice Foundation	249		249	288
Irish Kidney Association (IKA)	362		362	364
Irish Motor Neurone Disease Association	264		264	260
Irish Prison Service	256		256	256
Irish Society for Autism	3,082		3,082	4,129
Irish Society for the Prevention of Cruelty to Children (ISPCC)	351		351	350
Irish Wheelchair Association (IWA)	40,101		40,101	39,141
Jack and Jill Childrens Foundation	1,038		1,038	1,080
Jigsaw (also known as Headstrong)	8,046		8,046	9,559
Jobstown Assisting Drug Dependency Project (JAAD Project)	278		278	281
K Doc (GP Out of Hours Service)	1,969		1,969	1,881
KARE Plan Ltd	6,895		6,895	5,021
KARE Social Services, Raheny	125		125	80
KARE, Newbridge	19,863	43	19,906	18,731
Kerry Hospice Foundation	0		0	252
Kerry Parents and Friends Association	10,491	255	10,746	9,340
Kilbarrack Coast Community Programme Ltd (KCCP)	456		456	416
Kildare and West Wicklow Community Addiction Team Ltd	368		368	368
Kildare Youth Services (KYS)	371		371	436
Killinarden (KARP)	150		150	143
Kilmaley Voluntary Housing Association	270		270	252
Kingsriver Community	338		338	334
L'Arche Ireland	3,511		3,511	3,301
Leap Ireland	100		100	100
Leitrim Association of People with Disabilities (LAPWD)	522		522	567

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Leitrim Development Company	413		413	361
Leopardstown Park Hospital	14,107	49	14,156	13,788
Letterkenny Women's Centre	203		203	212
Liberties and Rialto Home Help	1,526		1,526	1,403
Lifetime Care	731		731	823
Lifford Clonleigh Resource Centre	90		90	194
Limerick Social Services Council	322		322	327
Limerick Youth Service Community Training Centre	245		245	204
LINC	147		147	179
Link (Galway) Ltd	168		168	155
Liscarne Court Senior Citizens	115		115	115
Little Angels Hostel Letterkenny	415		415	155
Lochrann Ireland Ltd	133		133	133
Longford Community Resources Ltd	207		207	197
Longford Social Services Committee	144		144	140
Lotamore Family Centre	136		136	69
Lourdes Day Care Centre	254		254	223
Macroom Senior Citizens Housing Development Sullane Haven Ltd	124		124	124
Mahon Community Creche	173		173	155
Marian Court Welfare Home Clonmel	128		128	176
Mater Misericordiae University Hospital Ltd	287,343	1,580	288,923	265,765
Matt Talbot Adolescent Services	1,173		1,173	1,291
McGann Family Home Care Services	187		187	133
Meath County Council	175		175	0
Meath Local Sports Partnership	97		97	123
Meath Partnership	472		472	505
Mens Health Development Network	156		156	121
Mental Health Associations (MHAs)	414		414	434
Mental Health Ireland	2,207		2,207	2,794
Mental Health Reform	339		339	287
Merchant's Quay Ireland (MQI)	3,454		3,454	2,710
Mercy University Hospital, Cork	87,537	1,468	89,005	84,574
Middlequarter Ltd	14		14	559
MIDOC	1,070		1,070	924
Mid-West Regional Drugs Task Force	472		472	400
Migraine Association of Ireland	140		140	131
Milford Care Centre	11,727		11,727	13,120
MOJO	137		137	23
Moorehaven Centre Tipperary Ltd	1,701		1,701	1,233
Mount Cara House	347		347	286
Mount Carmel Home, Callan, Co Kilkenny	395		395	127
Mounttown Neighbourhood Youth Project	133		133	127
Mowlam Healthcare	323		323	23
MS Ireland - Multiple Sclerosis Society of Ireland	2,695		2,695	2,548
Muintir na Tire Ltd	128		128	130
Mulhuddart/Corduff Community Drugs Team	324		324	331
Multiple Sclerosis North West Therapy Centre Ltd	223		223	261
Muscular Dystrophy Ireland	1,172		1,172	1,255
Mymind Ltd	171		171	116
Nasc (The Irish Immigrant Support Centre)	115		115	50
National Association of Housing for the Visually Impaired Ltd	820		820	827
National Childhood Network (NCN)	145		145	185
National Council for the Blind of Ireland (NCBI)	6,374		6,374	6,389
National Federation of Voluntary Bodies in Ireland	351		351	280
National Maternity Hospital	59,725	277	60,002	57,509
National Nutrition Surveillance Centre UCD	192		192	93
National Office of Victims of Abuse (NOVA)	1,068		1,068	1,003
National Paediatric Hospital	10	107,846	107,856	68,071
National Rehabilitation Hospital	31,330	38,637	69,967	34,600
National Suicide Research Foundation (NSRF)	998		998	878
National University of Ireland, Galway (NUIG)	51		51	111
National Youth Council of Ireland	179		179	209
Nazareth House, Mallow	1,745		1,745	1,478
Nazareth House, Sligo	2,309		2,309	3,027
Neart Le Cheile	488		488	488
New Ross Community Hospital	30		30	129
Newport Social Services, Day Care Centre	270		270	235
No Name Youth Club Ltd	135		135	150
North Doc Medical Services	356		356	0
North Dublin Inner City Homecare and Home Help Services	1,026		1,026	1,424
North Tipperary Disability Support Services Ltd	684		684	660
North Tipperary Leader Partnership	222		222	221
North West Alcohol Forum	572		572	516
North West Parents and Friends Association	2,401		2,401	2,155
North West Regional Drugs Task Force	39		39	133
Northside Community Health Initiative (NICHE)	653		653	437

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Northside Homecare Services Ltd	4,035		4,035	3,081
Northside Partnership	169		169	104
Northstar Family Support Project	175		175	177
Northwest Hospice	1,166		1,166	967
Nua Healthcare Services	3,601		3,601	2,736
Nurse on Call - Homecare Package	4,113		4,113	4,584
O'Connell Court Residential and Day Care	273		273	259
Offaly Local Development Company	114		114	135
Offaly Travellers Movement	232		232	232
One Family	405		405	475
One in Four	595		595	581
Open Door Day Centre	379		379	366
Order of Malta	500		500	494
Ossory Youth Services	101		101	102
Our Lady's Children's Hospital, Crumlin	165,160	961	166,121	153,579
Our Lady's Hospice & Care Services (Sisters of Charity)	30,727	598	31,325	30,536
Outhouse Ltd	195		195	187
Parkinson's Association of Ireland	29		29	166
Parkrun Ireland Ltd	98		98	146
Patient Focus	108		108	216
Pavee Point Traveller and Roma Centre	1,419		1,419	1,192
Peacehaven Trust	810		810	771
Peamount Hospital	30,032	5,577	35,609	25,104
Peter McVerry Trust (previously known as The Arrupe Society).	1,782		1,782	1,970
PHC Care Management Ltd	3,475		3,475	3,046
Pieta House	2,007		2,007	1,775
Pioneer Homecare Ltd	236		236	30
Positive Futures	357		357	1
Positive Options Crisis Pregnancy Agency	49		49	81
Post Polio Support Group (PPSG)	363		363	354
Prague House	315		315	148
Praxis Care Group	5,905		5,905	4,829
Private Home Care, Lucan	64		64	103
Prosper Group	11,363		11,363	10,925
Purple House Cancer Support	127		127	76
RADE (Recovery through Art Drama and Education)	106		106	80
RAH Home Care Ltd t/a Right At Home	2,596		2,596	1,653
Redwood Extended Care Facility	57		57	235
Regional and Local Drugs Task Forces	4,376		4,376	4,008
Rehab Group	54,844	615	55,459	50,400
Resilience Ireland (Resilience Healthcare Ltd)	3,716		3,716	1,581
Respond! Housing Association	738		738	747
Rialto Community Development	121		121	118
Rialto Community Drugs Team	422		422	423
Rialto Partnership Company	693		693	649
Right of Place Second Chance Group	160		160	111
Ringsend and District Response to Drugs	397		397	427
Roscommon Home Services Co-op	4,200		4,200	4,120
Roscommon Partnership Company Ltd	134		134	234
Roscommon Support Group Ltd	1,581		1,581	1,583
Rosedale Residential Home	410		410	151
Rotunda Hospital	61,836	580	62,416	56,381
Royal College of Physicians	1,659		1,659	2,397
Royal College of Surgeons in Ireland	2,992		2,992	3,605
Royal Hospital Donnybrook	19,544	51	19,595	17,982
Royal Victoria Eye and Ear Hospital	28,682	95	28,777	27,715
Ruhama Women's Project	230		230	220
S H A R E	208		208	192
Safeguarding Ireland	200		200	0
Safetynet Primary Care	584		584	307
Sage Advocacy	1,358		1,358	0
Salesian Youth Enterprises Ltd	457		457	457
Salvation Army	1,650		1,650	1,652
Samaritans	661		661	614
Sandra Cooneys Homecare	2,206		2,206	1,897
Sandymount Home Help	359		359	386
Sankalpa	237		237	248
Saoirse Addiction Treatment Center	124		124	83
SAOL Project	340		340	318
Schizophrenia Ireland Lucia Foundation	128		128	144
SCJMS/Muiriosa Foundation	57,535		57,535	53,235
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	688		688	519
Senior Citizens Concern Ltd	86		86	119
Servisource Recruitment	5,185		5,185	3,561
Shalamar Finiskilin Housing Association	243		243	196
Shankhill Old Folks Association	132		132	127

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Shannondoc Ltd (GP Out Of Hours Service)	4,784		4,784	4,906
SHINE	1,715		1,715	1,632
Simon Communities of Ireland	9,005		9,005	7,978
Sisters of Charity	6,602		6,602	5,738
Sisters of Charity St Marys Centre for the Blind and Visually Impaired	3,175		3,175	3,231
Sisters of Mercy	402		402	304
Skibereen Community and Family Resource Centre	135		135	92
Slí Eile Support Services Ltd	805		805	104
Sligo Family Centre	128		128	127
Sligo Social Services Council Ltd	419		419	430
Sligo Sport and Recreation Partnership	89		89	54
Snug Community Counselling	168		168	168
Society of St Vincent De Paul (SVDP)	4,177		4,177	4,040
Sophia Housing Association	908		908	847
SOS (Kilkenny) Ltd Special Occupation Scheme.	171		171	69
South Doc GP Co-operative	8,480		8,480	8,301
South Dublin Senior Citizens Club	95		95	95
South Infirmary Victoria University Hospital	56,993	401	57,394	55,425
South West Counselling Centre	82		82	131
South West Mayo Development Company	262		262	204
Southern Gay Health Project	101		101	100
Southside Partnership	120		120	122
Spinal Injuries Ireland	311	68	379	300
Spiritan Asylum Services Initiative (SPIRASI)	385		385	424
St Aengus Community Action Group	143		143	141
St Aidan's Services	4,869		4,869	4,697
St Andrew's Resource Centre	575		575	446
St Bridgets Day Care Centre	117		117	167
St Carthage's House Lismore	505		505	352
St Catherine's Association Ltd	7,181		7,181	6,151
St Christopher's Services, Longford	9,516		9,516	8,764
St Colman's Care Centre	155		155	183
St Cronan's Association	1,155		1,155	975
St Dominic's Community Response Project	536		536	391
St Fiacc's House, Graiguecullen	401		401	331
St Francis Hospice	11,024		11,024	10,991
St Gabriel's School and Centre	1,900		1,900	2,032
St Hilda's Services For The Mentally Handicapped, Athlone	5,313		5,313	4,774
St James' Hospital	381,986	4,234	386,220	377,754
St James' Hospital, Jonathan Swift Hostels	4,927		4,927	4,780
St John Bosco Youth Centre	104		104	132
St John of God Hospitaller Services	157,290	15	157,305	147,218
St John's Hospital	21,670	327	21,997	21,588
St Joseph's Foundation	18,970		18,970	17,590
St Joseph's Home For The Elderly	472		472	499
St Joseph's Home, Kilmoganny, Co.Kilkenny	313		313	140
St Kevin's Home Help Service	375		375	390
St Laurence O' Toole SSC	1,061		1,061	1,336
St Lazarians House, Bagenalstown	337		337	236
St Luke's Home	1,046		1,046	1,224
St Michael's Hospital, Dun Laoghaire	29,164	20	29,184	27,161
St Michael's House	90,494		90,494	83,941
St Michael's Day Care Centre	175		175	177
St Monica's Community Development Committee	391		391	380
St Monica's Nursing Home	124		124	124
St Nicholas Special School	110		110	93
St Patrick's Centre, Kilkenny (Sisters of Charity)	16,923		16,923	16,571
St Patrick's Hospital/Marymount	336		336	0
St Patrick's Special School	174		174	182
St Patrick's Wellington Road	9,147		9,147	9,945
St. Paul's Child and Family Care Centre	3,093		3,093	3,052
St Vincent's Hospital Fairview	15,145		15,145	14,664
St Vincent's University Hospital, Elm Park	259,180	5,851	265,031	256,101
Star Project Ballymun Ltd	306		306	301
Stella Maris Facility	147		147	149
Stewart's Care Ltd.	53,314	66	53,380	46,745
Stillorgan Home Help	542		542	531
Suicide or Survive (SOS)	273		273	248
Sunbeam House Services	27,232		27,232	24,123
Support 4 U Ltd.	575		575	152
Tabor House, Navan	158		158	158
Tabor Lodge	799		799	746
Talbot Group	690		690	20
Talbot Grove Treatment Centre	167		167	152
Tallaght Home Help	1,915		1,915	1,794
Tallaght Rehabilitation Project	201		201	206

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Tallaght Travellers Youth Service	124		124	120
Tallaght University Hospital	249,839	4,036	253,875	240,688
Teach Mhuire Day Care Centre	82		82	101
Tearmann Eanna Teo	365		365	289
Teen Challenge Ireland Ltd	277		277	277
Temple Street Children's University Hospital	110,555	1,102	111,657	105,177
Templemore Day Care Centre	159		159	157
Terenure Home Care Service Ltd	1,468		1,468	1,306
The Avalon Centre, Sligo	261		261	364
The Beeches Residential Home	131		131	133
The Birches Alzheimer Day Centre	308		308	231
The College of Anaesthetists of Ireland	123		123	71
The Eating Disorder Centre Cork	136		136	5
The Edmund Rice International Heritage Centre	0		0	270
The Irish Forum for Global Health (IFGH)	110		110	0
The Irish Men's Sheds Association (IMSA)	327		327	226
The Killarney Asylum Seekers Initiative (KASI)	89		89	123
The Nightingale Placement Agency (TNPA)	628		628	189
The Oasis Centre	164		164	164
The Paddy McGrath Housing Project (Formerly Aids Fund Housing)	364		364	364
The Sexual Health Centre	314		314	310
The TCP Group	1,412		1,412	1,051
Third Age	28		28	779
Threshold National Housing Organisation	98		98	101
Thurles Community Social Services	210		210	256
Thurles Lions Trust Housing Association Ltd	122		122	109
Tintean Housing Association Ltd	184		184	173
Tipperary Association for Special Needs	130		130	133
Tipperary Hospice Movement	220		220	220
Tolka River Project	283		283	226
Tralee International Resource Centre	108		108	50
Tralee Womens Forum	146		146	181
Transfusion Positive	81		81	121
Transgender Equality Network Ireland	294		294	159
Traveller Groups and Organisations	4,764		4,764	4,385
Treoir	374		374	399
Tribli Limited, t/a Exchange House National Travellers Service	905		905	977
Trinity College Dublin	230		230	319
Trinity Community Care	3,774		3,774	3,845
TTM Healthcare Ltd.	422		422	88
Tullow Day Care Centre	164		164	167
Turas Counselling Services Ltd	359		359	363
Turn2Me	165		165	97
Turners Cross Social Services Ltd	202		202	177
TUSLA Child & Family Agency	148		148	48
University College Cork	102		102	105
University College Dublin	32		32	168
University of Limerick	920		920	843
Valentia Community Hospital	304		304	359
Victoria Healthcare Organisation Ltd	740		740	49
Village Counselling Service	135		135	135
Walkinstown Association For Handicapped People Ltd	4,067		4,067	4,283
Walkinstown Greenhills Resource Centre	233		233	237
Wallaroo Pre-School	85		85	103
Waterford and South Tipperary Community Youth Service	1,365		1,365	1,065
Waterford Association for the Mentally Handicapped	3,465		3,465	3,477
Waterford Community Childcare	183		183	183
Waterford Hospice Movement	169		169	285
Well Woman Clinics	547		547	551
West Cork Carers Support Group Ltd	156		156	150
West Limerick Resources Ltd	153		153	116
West Of Ireland Alzheimer Foundation	1,891		1,891	1,580
Westcare Homecare Ltd	137		137	30
Westdoc (GP Out Of Hours Service)	2,418		2,418	2,315
Western Care Association	36,040		36,040	33,993
Western Region Drugs Task Force	280		280	251
Western Traveller and Intercultural Development Association	208		208	194
Westgate Foundation	103		103	3
Westmeath Community Development Ltd	252		252	232
Wexford Homecare Service	202		202	202
Wexford Local Development	125		125	50
White Oaks Housing Association Ltd	379		379	379
Wicklow Community Care Home Help Services	7,059		7,059	6,538
Wicklow Hospice Foundation	1,250		1,250	0
Wicklow Rural Partnership Ltd.	94		94	84
Windmill Therapeutic Training Unit	701		701	623

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 2018 €000	Capital Grants 2018 €000	Total Grants* 2018 €000	Total Grants* 2017 €000
Young Social Innovators Ltd	100		100	120
Youth For Peace Ltd	139		139	139
Youth Work Ireland	242		242	75
Total Grants to Outside Agencies (see Note 8 for Revenue; see Note 13 for Capital)	**4,283,454**	**180,301**	**4,463,755**	**4,119,994**

** 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 2017 comparatives above have been re-stated where appropriate.*

Contact us with your queries and feedback

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