Health Service Executive
Annual Report and
Financial Statements 2021

Our Health Service

For Us All









ABOUT THIS REPORT

This Annual Report describes the performance and operation of the Health Service Executive (HSE) during 2021. It has been prepared according to legislative requirements and is arranged as below:

PART I

Section 1: Foreword

Outlines our key messages through the Statement from the Chair of the Board and the Chief Executive Officer Review

Section 2: Strategic Context and Direction

Describes the context in which services were delivered in 2021 and outlines our longer-term vision and direction

Section 3: Operational Delivery

Describes how services were delivered during 2021, summarises performance against our National Service Plan 2021, and elaborates on the key enablers for making change happen

Section 4: Our Management and Accountability

Provides an overview of key governance and accountability arrangements within the HSE, including a Board Members' Report and Risk Management Report for 2021

Appendices

Includes a description of our organisational structure and the mechanism through which services are delivered, a report on expenditure and Human Resource data, a report on the NSP 2021 scorecard and key activity, a report on capital infrastructure, a schedule of Board and Committee attendance, fees and expenses, a checklist describing how legislative compliance has been met within this Annual Report and a glossary of terms

PART II

Financial Governance

Provides details of our financial governance including the Annual Financial Statements

Contents

PART I

PART II

1 Foreword

1.1 Statement from the Chair of the Board

1.2 Chief Executive Officer Review

1.1 STATEMENT FROM THE CHAIR OF THE BOARD

As Chair of the HSE Board, I and my colleagues are pleased to publish the HSE Annual Report and Financial Statements for 2021.

Our key focus, during the year, continued to be the provision of safe health and social care services in a COVID-19 environment while, simultaneously, progressing fundamental reforms across our entire service delivery model, including the further implementation of national strategies. In 2021 the implementation of *Sláintecare* reforms provided the opportunity to address long-standing challenges including waiting lists for scheduled care in hospitals and long waits in emergency departments, particularly for older people and those who have more complex needs. Our reform programme addressed these challenges as well as addressing waiting times for mental health and community-based services, with the ultimate aim of improving the experience of patients and service users through innovative initiatives including the ongoing digitisation of our health service.

While the implementation of real and sustained reform is complex, it is also essential and as an organisation we are committed to making this change happen. Going forward, we will continue to identify practical approaches to strengthen relationships with voluntary organisations (including through the Dialogue Forum), review service level agreements and create better structures around accountable autonomy.

A key component in Ireland's national response to the COVID-19 pandemic has been the successful roll-out of the national vaccination programme. As the number of cases are currently reducing we will be guided by the advice of our public health teams, while always remembering those we have lost and those who are continuing to suffer over the duration of the pandemic.

The cyberattack on 14 May 2021 had a hugely detrimental effect on our healthcare system, which was already under significant pressure from the impact of COVID-19. It exposed weaknesses in our ICT infrastructure and highlighted the need for substantial investment. The attack resulted in widespread disruption across all services. We will continue to develop, implement and monitor improvements in the security and resilience of critical national infrastructure for the provision of essential services, ensuring an improved rapid response is available to these threats when they occur. Engagement has begun with the Department of Health with a view to agreeing a multi-year ICT and cyber security transformation programme to strengthen our resilience and responsiveness in this area and reduce the potential impact on care for patients and service users in the future.

The challenges throughout 2021 remained very significant and the need to respond quickly and find solutions in such a large and complex organisation as the HSE required a range of solutions to be delivered. These were progressed through the skills, dedication and strategic approaches taken by teams throughout the HSE. While there is much that we, as a health service, have improved and continue to improve, it must also be acknowledged that challenges remain and mistakes have been made. The key findings of the *Independent Review of the Management of Brandon – Report for Publication (Brandon*

Report) highlighted significant failings which must and are being addressed so that events of this nature can never happen again.

Despite these challenges the HSE continued to carry out its statutory duties and functions effectively during 2021. During the year, the HSE Board continued to fulfil key functions including reviewing and guiding strategic direction and major plans of action, reviewing implementation of risk management policies and procedures, approval of annual service plans and budgets, and financial accounts, overseeing major capital expenditure and investment decisions while continuing to monitor implementation and evaluating the HSE's overall performance.

Due to the prevailing environment, we faced significant challenges in delivering on our National Service Plan targets. A number of factors contributed to this, most notably the third wave of COVID-19 infection which emerged in December 2020 and dominated well into the first half of 2021. Our response required a more sustained diversion of resources from other areas of healthcare than we had anticipated. As a result, some of the key activity levels and targets for 2021 as set out in the National Service Plan were revised during the year to ensure the best use of resources in the context of the ongoing pandemic and the cyberattack.

Our Government has stood firm supporting us in the provision of the immediate support needed to address COVID-19 but also to bring about the ongoing fundamental investments necessary to ensure the safe and effective delivery of health and social care, for all our citizens for future generations.

On behalf of the Board, I am deeply grateful for the support of the public and the ongoing efforts and dedication of our staff, who worked tirelessly during the year to respond to the direct and indirect impact of COVID-19, and to deal with the effects of the May 2021 cyberattack. The health service must over the course of 2022, prepare to operate all of our services in a COVID environment while returning to something resembling the core business of healthcare. We continue to build trust and confidence with the public, who have relied on the Health Service to help navigate these most difficult of times. I would like to thank sincerely all the Board members who served during the year for their commitment and valued contribution as well as those who gave their time to our Board Committees.

I would also like to thank the Minister for Health, Stephen Donnelly TD, the Minister of State with Special Responsibility for Disability, Anne Rabbitte TD, and their officials for their support, as well as our Chief Executive Officer, Paul Reid, his management team and all our HSE colleagues. I look forward to our continued collaborative working.

Meitheal de dhíth arís.

Ciarán Devane

Chair HSE Board

1.2 CHIEF EXECUTIVE OFFICER REVIEW

I am pleased to publish the HSE Annual Report and Financial Statements 2021.

Last year, due to the prevailing environment, we endured challenges in delivering our National Service Plan targets. A number of factors contributed to this, most notably the third wave of COVID-19 infection which emerged in December 2020 and then remained with us well into the first half of 2021. Our response demanded a sustained concentrated refocus of available resources from other areas of healthcare, a situation that we hope to reverse in 2022.

The impact of the cyberattack in May caused a catastrophic disturbance in our ICT infrastructure which underpins the efficient functioning of health and personal social services. The criminal actions of those responsible compounded the pressures we were already experiencing as a nation and a health service. Once again, our staff stepped up to the mark and showed remarkable resilience and ingenuity to ensure that we continued to deliver essential care while we worked to stop and minimise the effects of the cyberattack, the contagion and then on the orderly restoration of these systems and applications.

Due to the success of our national vaccination programme, we are moving progressively away from a crisis response. Having said that, we cannot become complacent and in the medium term we will maintain an ability to scale-up our workforce to support the changing disease trajectory.

Although the climate in which we provide services has changed significantly, including our support to Ukrainian nationals arriving in Ireland due to the current conflict, our mandate to safeguard the health and welfare of the public has not changed. We must engage all available channels (including collaboration with Section 38 and 39 organisations, academic institutions, and the private sector) to restore services and minimise unacceptable waiting times. As we look ahead, we take with us the learnings of 2021, such as the Brandon Report and the HIQA Report of governance arrangements of gynaecology services at Letterkenny University Hospital. We are translating the findings from these reports into lessons learned to ensure that such instances are not replicated elsewhere and to further refine how we deliver care to the highest quality and safety levels.

The planning for the introduction of regional health areas (RHAs), as recommended by *Sláintecare*, will create and foster better opportunities for system-wide collaboration. It will also facilitate a better mix of strategic direction at national level coupled with devolved decision-making at RHA level, where care is actually delivered.

Our ability and our willingness to come together has been the driver of the successes that we have experienced in the face of significant challenge. We continue to work hard to maintain trust and confidence with the public, conscious that they supported our health service during these most difficult few years. The Government has also supported us hugely in terms of enabling the HSE to make the investments that were needed to sustain the safe and effective delivery of health and social care.

Financial management

Although we have been primarily preoccupied with maintaining services during COVID-19, we are nevertheless under a legal obligation to manage services within the available funding. During 2021, there

was a significant additional focus on financial reporting, including analysis and forecasting, and related ongoing interim improvements in the areas of COVID-19, working capital and cash. Significant energy and focus has gone into progressing the integrated financial management system (IFMS) and into a number of key related programmes of work, including planning for the expansion of shared services, integration with the NISRP (SAP HR) programme, engagement with the voluntary sector around IFMS adoption and laying the foundation for progressing the reporting strategy which is a key chapter within the Financial Management Framework that underpins IFMS. The IFMS and other key projects referenced above, many of which are key enablers for *Sláintecare*, bring real hope that sustainable improvements in how finance and procurement can support our health services will be achieved in line with our projections. The year 2021 represents the third consecutive year where the HSE has managed its overall finances within expected overall parameters as discussed with the Department of Health (DoH) and Department of Public Expenditure and Reform (DPER). Core services (i.e. non-COVID) returned a net non-capital overall surplus that substantially (circa 80%) off-set additional, demand-led, sanctioned but not specifically funded, COVID response costs. This left a residual end 2021 €195m / 0.9% net excess of COVID costs that HSE, DoH and DPER will engage on and agree how to address as part of the overall 2022 approach to COVID costs and funding.

Integrated Operations

There was considerable activity across the delivery system throughout 2021 thanks to the volume of work undertaken by a committed and dedicated workforce in the face of multiple pressures, including an ongoing and ever-changing pandemic; a crippling cyberattack; increased demands on normal services and higher complexity of presentations to our services. While much regular work was paused for reasons referred to above, this was recovered somewhat in the latter part of the year and we continue to work to address waiting times in both acute and community services.

Community services are implementing community healthcare networks and associated models of care, while the Enhanced Community Care Programme has begun implementation and is progressing in line with Phase 1 objectives. The implementation of the recommendations of the *COVID-19 Nursing Homes Expert Panel Report* has also made good progress in 2021.

In addition to managing day-to-day operations in line with national, winter, pandemic and service recovery plans, engaging with DoH and stakeholders on the pandemic response and associated staffing and service implications, work has commenced on designing the new Integrated Operations function. A new service planning function was added which will improve our overall planning approach and will assure, from a population and whole-service perspective, that service area plans are evidence-based, integrated, deliverable and aligned to our strategic objectives.

Vaccination Programme and Test and Trace

The COVID-19 vaccination programme team continued its responsibility for the end-to-end distribution and administration of COVID-19 vaccines. This included ongoing and direct engagement with the public and with relevant stakeholders; provision of a cold chain service to manage storage and distribution; identification and maintenance of licenses for vaccination centre locations; provision and ongoing assessment and upgrading of the necessary ICT system; and monitoring and remediation of any risks, including data quality risks, to the successful delivery of the programme.

By the end of 2021, 95.1% of the adult population and 77.8% of the total population had received their primary vaccination. In addition, over 2.25 million booster doses had been administered.

One of the key activities this year was to continue to implement the National Operating Model for COVID-19 Test and Trace including the required workforce, infrastructure and service enhancements. Testing capacity, at end of year, was 300,000 PCR tests per week. This is due to the series of enhancements made in 2021 to deliver multi-channel access (with specific appointments) through GPs, through a self-referral portal and through walk-in appointments across the country.

Our Workforce

A significant number of large-scale recruitment campaigns were delivered, notably in medical, nursing and health and social care services. International recruitment, and the expansion of international recruitment frameworks beyond that of nursing and midwifery to all other grades of staff, was also undertaken. Timely advice was made available to managers on managing and supporting staff through the pandemic – particularly in addressing staff concerns and staff welfare issues.

Professional relationships and networks with our stakeholders have proven pivotal in getting things done and continued focus is needed on enabling teams and networks with local organisations.

Conclusion

Our staff have continued to deliver COVID-19 services alongside non-COVID-19 services, despite the unrelenting pressures we have faced since the onset of the pandemic. This sustained response is only possible because of the extraordinary commitment, tenacity and courage of an outstanding workforce, fostering trust and confidence across our wide range of services. The HSE has matured considerably as an organisation over this time with supportive, strong leadership evident at all levels of the services. Professionalism has been apparent in the performance of our staff across the organisation. For me, that is the hallmark of a united workforce that is invested and striving always for excellence in service delivery. This unity of purpose will undoubtedly define our future success as we continue the task of rebuilding and co-designing a better health service on which our staff, our families and our population can depend, and of which we all can rightly be proud.

Míle Buíochas

Paul Reid
Chief Executive Officer

2 Strategic Context and Direction

2.1 The COVID-19 Environment

2.2 Impact of the Cyberattack

2.3 Health of Our Population Informing Service Delivery

2.4 Our Corporate Plan – Looking Forward

2.5 Whole System Reform

2.6 Energy and Sustainability

2.1 THE COVID-19 ENVIRONMENT

While COVID-19 case numbers remained high in January 2021 despite country-wide Level 5 restrictions, the COVID-19 vaccination programme that commenced in December 2020 accelerated at pace. Nevertheless, the number of patients admitted to Intensive Care Units (ICUs) with COVID-19 continued to increase, as did the number of COVID-19 related deaths. Throughout January, the situation remained volatile with the hospital system under significant pressure. This pattern continued throughout February but, slowly in March, the numbers in ICUs began to trend downwards as the country approached the first anniversary of the first reported case of COVID-19 in Ireland.

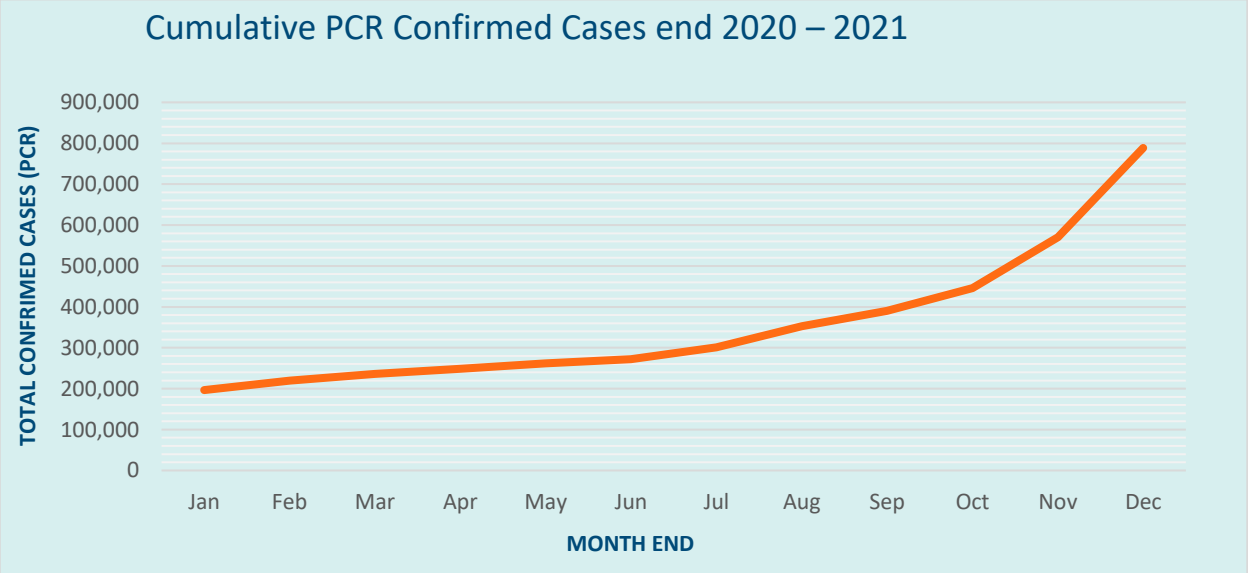
By April 2021, the positive impact of the vaccination programme was evident through reduced mortality, incidence of the disease, and hospitalisations. The changing profile of the disease was particularly apparent amongst the most vulnerable groups that were initially prioritised for vaccination. These effects enabled incremental increases in the provision of non-COVID-19 activity across the healthcare system. However, despite the significant impact across the health system of the criminal cyberattack in May, HSE staff continued to deliver both essential and COVID-19 care and the mass vaccination programme continued.

While the first variant of concern was detected in Ireland in December 2020, by April 2021 four COVID-19 virus variants of concern had been identified: Alpha, Beta, Gamma and Delta. By mid-summer, Delta was the most prevalent variant of the COVID-19 virus and there was an exponential growth in the number of COVID-19 infections reported. Fortunately, this did not result in the same level of hospitalisations experienced during previous waves of the virus.

In December 2021, a fifth variant of concern, Omicron, was identified which was significantly more contagious than the Delta variant. However, early evidence showed that, coupled with booster vaccinations, Omicron caused less severe disease than previous variants.

A Long COVID Model of Care was developed in 2021 which included the establishment of post-acute and Long COVID clinics in identified sites across the country. A detailed programme of work subsequently commenced to progress implementation of this model of care.

With high levels of vaccination in the population, we need to manage our resources and efforts appropriately to deal with the number of cases arising from ongoing infection and to protect those most vulnerable to the disease. There are significant challenges ahead and foremost is to address historical



Source: Ireland's COVID-19 Data Hub

high waiting lists and to improve the quality of life for those who have been impacted by deferred or delayed care. An important consideration going forward will be preparing for and responding to the threat posed by new pathogens and more virulent COVID-19 variants of concern in 2022 and beyond.

2.2 IMPACT OF THE CYBERATTACK

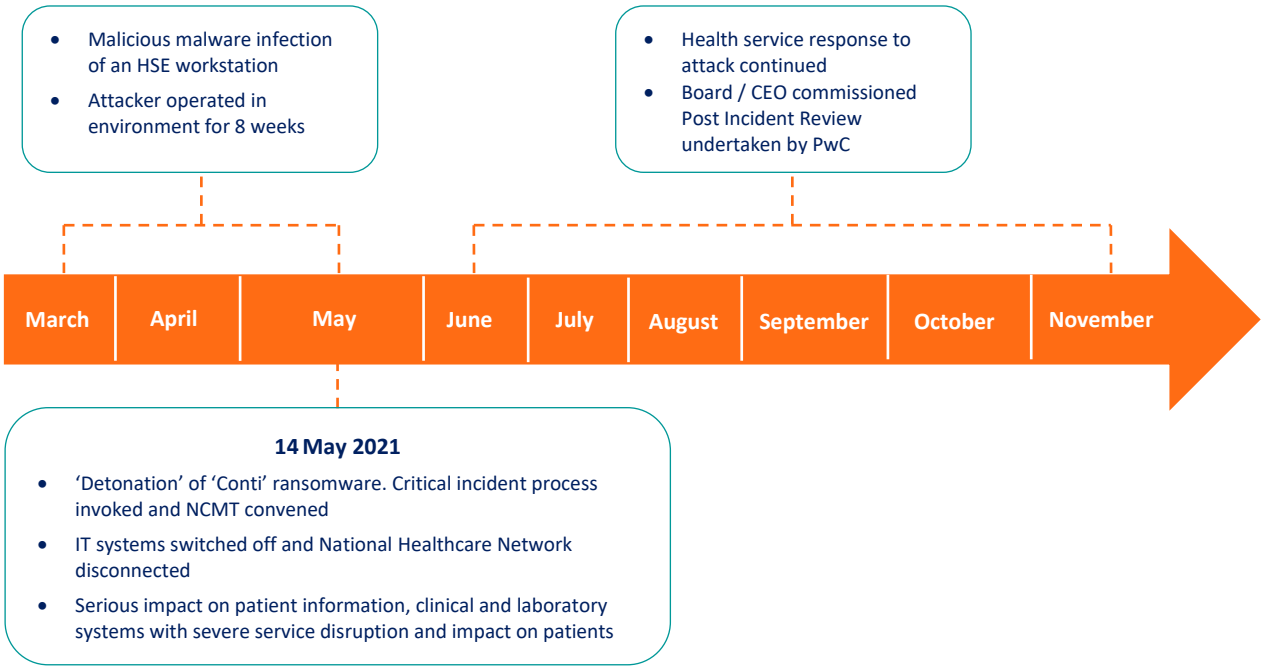
Background to Attack

On 14 May 2021 a human-operated 'Conti' ransomware attack was detected on the HSE network. It severely disabled a number of systems. The aim of the attack was to disrupt health services and steal data, in order to demand a ransom for a) the non-publication of this data and b) restoration of access to encrypted data. While the detonation of the Conti ransomware occurred on 14 May, the source of the cyberattack originated some eight weeks earlier, when a phishing email, sent to the HSE, was opened. The risk of patient identifiable information being released into the public domain was of major concern.

Following detonation of the ransomware, the CEO invoked the HSE Critical Incident Process and established a National Crisis Management Team (NCMT) to manage the incident and recovery process. The HSE requested the assistance of the Garda National Cyber Crime Bureau, the Data Protection Commissioner and the National Cyber Security Centre (NCSC) to support the response. During the recovery process the HSE was assisted by the Defence Forces and NCSC, as well as third parties, in the early weeks of the incident.

On the night of the detonation the decision was taken to switch off all HSE IT systems and disconnect the National Healthcare Network from the internet in order to contain and assess the impact of the attack. As a result, healthcare professionals lost access to all HSE provided IT systems including patient information systems, clinical care systems and laboratory systems. Significant disruption immediately occurred with real and immediate consequences for the thousands of people who require health services every day. This included essential services like blood tests and diagnostic services taking much longer to operate than usual due to the requirement for manual processes, increasing turnaround times for patients in our care. Non-clinical systems (e.g. financial systems, payroll and procurement systems) were also not available.

Summary Timeline of Conti Attack



Cyber Response

On 20 May 2021, the HSE secured a High Court injunction restraining any sharing, processing, selling or publishing of data stolen from its computer systems. On the same day, the attacker posted a link to a key that would decrypt files encrypted by the ransomware allowing for access to this data. Without this key, restoration would have taken longer as recovery could only have been made via offline backups.

The HSE's cyber security critical incident response contains four stages / phases:

i. The Contain Phase – contain the ransomware and secure the HSE network

ii. The Inform Phase – inform and continue to keep informed the public, the HSE staff, the DoH and Government stakeholders, and the regulatory authorities

iii. The Assess and Recovery Phase – this concerns the restoration of services and the eradication of ransomware from the HSE's network

iv. Remedy – this refers to strengthening our network against future cyberthreats, increasing the cyber profile of the HSE, and applying the lessons from the present attack.

From 22 May 2021, the HSE Information and Communications Technology (ICT) team moved from the Contain Phase to the Assess and Recovery Phase. The prioritisation of systems to be restored was agreed in conjunction with the Chief Operations Officer and the Chief Clinical Officer. The approach to prioritisation was based on a hierarchy of clinical and operational risk. The technical work focused on decrypting systems, cleansing workstations, restoring systems and recovering applications in line with the agreed clinical and service priorities.

Primary identity systems were recovered within days of the incident, but decryption of servers and acute and community services applications took place over the following months. By 21 September, the HSE had recovered all servers, 80% of its PCs and 1,075 applications out of a total of 1,087.

Independent Post Incident Review

The Board of the HSE in conjunction with the Chief Executive Officer and the Executive Management Team requested an independent review into the ransomware cyberattack. The purpose of the Review was to:

i. Establish the facts in relation to the preparedness and response of the HSE

ii. Identify the learning from this incident to bring about improvements to the HSE's preparedness for and response to other major risks

iii. Share those learnings within the HSE and externally with State and non-State organisations

iv. Make recommendations to improve the HSE's preparedness for and response to major cyber security threats and other major risks and incidents that cause significant business disruption.

The *Conti Cyber attack on the HSE – Independent Post Incident Review* made a number of key recommendations which can be summarised under four areas of strategic focus:

- ICT / Cyber governance
  - Board and Executive level working groups to be established to drive continuous assessment of cyber security
- Technology and Transformation
  - Appoint a Chief Technology and Transformation Officer

  - Enhance our ICT Strategy and multi-year technology plan in line with cyber recommendations
  - Develop a significant investment plan
  - Transformation of a legacy IT estate
  - Build cyber security and resilience into IT architecture
- Cyber security
  - Appoint a Chief Information Security Officer and resource a skilled cyber function
  - Develop and implement a cyber security transformation programme
- Clinical and services continuity
  - Establish clinical and services transformation programmes
  - Build on HSE risk, incident, crisis and business continuity processes
  - Establish an Operational Policy and Resilience Steering Committee
  - Enhance crisis management capabilities.

Key areas progressed:

- Urgent changes have already been made by the HSE to provide greater protection to the organisation against a similar future attack, including implementation of a range of new cyber security controls, and monitoring and threat intelligence measures based on best international expert advice
- Engagement has begun with the DoH with a view to agreeing a multi-year ICT and cyber security transformation programme to strengthen our resilience and responsiveness in this area and reduce the potential impact on care for patients and service users in the future.

While the HSE has undertaken work to improve its overall cyber security posture, this is a multi-year programme of work and until this is completed there is a continued risk of cyberattacks.

Further information on our response to the attack and its impact on healthcare provision can be seen in Section 3 of this Annual Report.

2.3 HEALTH OF OUR POPULATION INFORMING SERVICE DELIVERY

Planning for health and setting priorities for service development must be based on knowledge of our population. The population of Ireland was estimated to be 5.01 million in April 2021. This is the first time that the Irish population has risen above five million since the 1851 census, when the population was recorded at 5.11 million. The current population figures show an increase of 34,000 (+0.7%), since April 2020 and continue to grow across all regions and age groups. As before, the most significant population growth has been among the older age groups. There were 60,396 births in 2021 and estimates suggest that Ireland continues to have a higher population aged 0-14 years than other countries in Europe (figures from 2020 show that just over 20% of the Irish population are aged 0-14, compared with approximately 15% in the rest of Europe). The annual number of births and the total fertility rate in Ireland have declined in the last decade and are projected to continue to decline towards 2030.

Ageing Population

Over the last decade, the number of people in Ireland aged 65 years and over has increased by over one-third, and growth in this age group has been twice that of the European average in the same period. There were 742,300 people living in Ireland aged 65 years and over in April 2021, an increase from 629,800 (17.8%) in 2016. Within this age group, there were 176,000 people aged 80 years and above, an increase from 147,800 (19.1%) in 2016.

The prevalence of chronic disease increases with age, with the highest prevalence observed in the population aged 50 years and over. In this age cohort, the number of those living with one or more chronic diseases is estimated to increase by 40% to 1.1 million between 2016 and 2030. *The Irish Longitudinal Study on Ageing* (TILDA) reports that 64.8% of people over the age of 65 years currently live with co-morbidity.

Frailty is described by TILDA as a 'distinctive health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves'. The TILDA survey has been conducted over many years and has shown an increase in the prevalence of frailty in those aged over 50 years from 12.7% in 2009 / 2010 to 19.0% in 2016. Frailty increases with age and is a significant risk factor for falls, deterioration in mental health and cognition, and disability among older adults, which contribute to an increased need for health and social care services.

As the population ages, the number of people with dementia is also projected to increase. It is estimated that there are approximately 68,000 people living with dementia in Ireland. The *Irish National Dementia Strategy 2014* has predicted that the number of people in Ireland living

Healthy Ireland in the Health Service Progress Report 2015-2020 highlighted that….

One in five will experience mental health problems in our lifetime

20% of children aged three to nine and 60% of people aged 15 and over are either overweight or obese

The oldest population ie. those aged 80 years and over, is expected to nearly quadruple increasing from **128,000** to **476,700** by 2046

55,000 people in Ireland are living with dementia and **4,000 people** develop it each year, an average of approximately 11 people per day

with dementia could rise to over 150,000 people by 2046 with significant implications for health and social care services.

Health of the Population

The most recent estimate of life expectancy in Ireland is 80.8 years for males and 84.7 years for females. Life expectancy for females has risen by 2.0 years between 2009 and 2019 and males, in the same period, are living an additional 3.0 years on average. The most significant factor in this increase in life expectancy is reduced mortality rates from major diseases. However, life expectancy is socially patterned and remains lower for unskilled workers compared to professional workers.

The leading causes of death in Ireland are cancer, diseases of the circulatory system and diseases of the respiratory system, which respectively accounted for 29.5%, 27.5% and 10.7% of total deaths in 2020. There has been significant and strong progress in reducing mortality from diseases of the circulatory system in Ireland. In the period 2011-2020, age-standardised mortality for this cause reduced by 31.3%. There has also been progress in reducing mortality from cancer and diseases of the respiratory system, with age-standardised mortality for these causes reducing by 16.8% and 29.8% respectively in the period 2011-2020. However, recent age-standardised mortality for diseases of the respiratory system (including cancer of trachea, bronchus and lung) was 66.5% higher in Ireland compared to the European Union average, underlining the need to strengthen national progress on respiratory health.

External causes of injury and poisoning, including deaths by suicide and accident, accounted for 4% of all deaths in Ireland in 2020. These causes of death are significant among younger people, with external causes leading to 14.5% of deaths in people aged under 65 years in 2018. In the period 2011-2020, age-standardised mortality from external causes reduced by 31.9% in Ireland, with a 63.5% reduction in age-standardised mortality due to transport accidents and 41.6% reduction in age-standardised mortality due to suicide.

The 2016 Census reported that 643,000 people (13.5%) had a longstanding illness or difficulty indicative of a disability. This represented an increase of 48,000 (8%) since 2011. In total, in 2016, 6.7% of the population aged under 20 and 49.5% of the population aged 75 and over had a disability. The Census of Population that should have taken place in April 2021 was deferred by 12 months because of the COVID-19 pandemic and will allow a number of health-related parameters to be updated.

The COVID-19 pandemic has posed one of the greatest threats to our nation's health; as at end December 2021, 5,788 people in Ireland had

Healthy Ireland in the Health Service Progress Report 2015-2020 highlighted that….

76% of deaths in Ireland are attributed to chronic disease. It accounts for 40% of admissions, 75% of bed days and 55% of hospital expenditure

Cancer is the most common chronic disease with **36,000 new cases** diagnosed per annum. Cardiovascular and respiratory disease are the next most common

Overall smoking rates dropped from **23% to 17%** between 2015 and 2020

4 out of 5 adults drink alcohol and **37% of drinkers** binge drink on a typical drinking occasion

died with COVID-19. In addition, hospital admissions were reduced during the height of the pandemic across all diagnostic groups with potential correlated impacts on mortality and morbidity.

Social Determinants of Health and Marginalised Groups

Our social environment is a key determinant of health status. Poverty, socio-economic status and health are strongly interconnected. In 2020, the 'at risk of poverty' rate was 13.2%. In total, 15.6% of the population were defined as living in enforced deprivation, i.e. experiencing two or more of the 11 types of deprivation. The deprivation rate for those at risk of poverty was 38.3% in 2020 compared with 12.2% for those not at risk of poverty. The consistent poverty rate in 2020 was 5.0%, which compared with 8.5% in 2015 and 6.9% in 2011. Marginalised or socially excluded groups have complex health needs and experience poorer health outcomes across a range of indicators, including chronic disease, morbidity, mortality and self-reported health. Homeless people, especially those persistently homeless or sleeping rough and those with substance use disorders, often experience complex and chronic health conditions.

People from Traveller and Roma communities often experience severe health inequalities, leading to poorer health outcomes, lower life expectancy and higher infant mortality, compared to the general population. As a result of this, Irish Travellers tend to be much younger than the general population, with only 3% aged 65 years and over compared to 13.3% in the general population as at census 2016.

While there are a number of determinants contributing to the differences in health status across social groups, ensuring appropriate access to health services can help. At the end of 2021, 1.5m people in Ireland held a medical card to enable access to services and almost 526,000 held a GP visit card. In addition, many diseases and premature deaths are preventable through focusing on preventative care and health behaviours. The *Healthy Ireland* / HSE policy priority programmes focus particularly on population health issues such as physical activity, healthy eating, healthy childhood, mental health and wellbeing, tobacco control, alcohol, drugs, and positive ageing.

Additional data sources: Central Statistics Office: Population and Migration Estimates April 2021; Population and Labour Force Projections 2017-2051; Census of Population 2016; COVID-19 Death and Cases; Survey on Income and Living Conditions 2020; Department of Health: Health in Ireland Key Trends 2021; and National Cancer Registry Ireland: Cancer Incidence Projections for Ireland 2020-2045.

Healthy Ireland in the Health **Service Progress Report 2015-2020 highlighted that….**

54% of men but only **38% of women** achieve the National Physical Activity Guidelines.

50% experiencing a **crisis pregnancy** did not use contraception at the time of conception

67% of all **STIs** identified in people occurred in the under 30s age group

49% of Irish people over 50 have one **chronic disease** and **18%** have more than one

2.4 OUR CORPORATE PLAN – LOOKING FORWARD

Under the *Health Act 2004* (as amended), the HSE is required to prepare and adopt a Corporate Plan, specifying the key objectives of the HSE for the three-year period concerned. The *Corporate Plan 2021-2024* was approved in early 2021.

The current Corporate Plan demonstrates the HSE whole-system commitment to building a healthier Ireland where people receive the right care, at the right time and in the right place. It seeks to enhance the services we provide in community settings, improve access to all services, improve value for money, and accelerate the reform and digitisation of our services, building on our collective experience of dealing with a pandemic. While delivering core services and continuing to respond to COVID-19 are a primary focus of the Corporate Plan, there is also a focus on the transformation and reform of services, informed primarily by *Sláintecare*. We will support our staff to develop skills and to innovate, and we will work to ensure a supportive environment that enables a healthy work-life balance and a culture where concerns can be freely raised.

The Corporate Plan outlines six objectives, consistent with *Sláintecare* and informed by the Programme for Government. Consideration is also given to recognised risks, challenges and opportunities, and the wider COVID-19 environment.

By working together, our Plan seeks to deliver:

- A healthier start for children and reduced health inequities
- Reduced risk factors for chronic disease focusing on harmful alcohol use and rising obesity rates
- Increased community services and support to live independently in your own home or in the community
- Improved access to tests and specialist appointments closer to home
- Reduced waiting times for diagnostic tests, outpatient appointments, inpatient and day case procedures
- Mental health support that aims to keep you well and responds quickly when you need it
- More person-centred support for people with disabilities to live full, independent lives.

Delivering on our Corporate Plan

The *National Service Plan 2021* (NSP 2021), published on 24 February 2021, set out the first year of the Corporates Plan's implementation. The NSP outlined the type of health and social services planned for 2021 based on an allocated budget of more than €20.6bn which represented an increase of 21%

(including COVID-related funds) on the previous year. It also set out the approach to address key Government and HSE policies, including *Healthy Ireland*; *Sharing the Vision – A Mental Health Policy for Everyone*; *Connecting for Life – Ireland's National Strategy to Reduce Suicide*; *New Directions*; and regulation of home support services.

The key aims and objectives outlined in our NSP 2021 included:

- The continued strategic reform of our health services aligned with *Sláintecare*
- Tackling COVID-19 via a comprehensive action plan including:
  - A stable personal protective equipment supply and distribution service
  - A test and trace programme with a capacity of 25,000 tests daily
  - The safe and effective administration of the COVID-19 vaccine to all citizens
- Minimising the impact of COVID-19 on non-COVID-19 services
- Continuing to support chronic disease prevention and self-management
- Strengthening primary and community care through the Enhanced Community Care programme
- Progressing eHealth initiatives to improve efficiencies
- Reducing waiting times particularly in the areas of scheduled care, mental health services and emergency department visits
- Improving health outcomes for marginalised communities including people who are homeless, people with addictions and members of the Traveller and Roma communities
- Increasing the workforce by over 16,000 WTE including an additional 3,500 nurses and midwives
- Improving disability services via additional support hours, day service places and the continued emphasis on the move from congregated settings to person-centered homes in the community
- Investing in acute hospital care by providing additional acute, sub-acute and critical care beds
- Enhancing quality and patient safety through the continued implementation of the Patient Safety Strategy.

In addition to the NSP, the HSE also prepared a Capital Plan. This Plan set out the capital investments required to support the enhancement of healthcare across primary, community and acute settings. The capital budget allocated to the HSE in 2021 was €1,033m of which €130m was reserved specifically for COVID-19 related projects and €120m for ICT projects, detailed in a separate eHealth and ICT Capital Plan.

Further detail on the delivery of NSP 2021 objectives can be seen in Section 3 of this Annual Report.

2.5 WHOLE SYSTEM REFORM

Continuing to safely deliver core services in the context of COVID-19 and of the cyberattack was a primary focus in 2021. In parallel, however, was the need to accelerate our reform priorities resulting in permanent improvements to health and social care services in line with *Sláintecare*.

We acknowledge the significant, long-standing challenges that exist within our health service. Our reform and innovation programme centres around enhancing patient experience, improving service access across primary, community and acute services, increasing the range and capacity of services delivered to patients in community settings, increasing bed capacity, addressing health inequalities, focusing on health promotion and ultimately working towards achieving Universal Healthcare. The scale of reform and innovation required is significant, including the requirement to implement regional health areas (RHAs) in 2022 and beyond through a population health management approach, and will impact almost every part of our health system. However, our experience dealing with COVID-19 has given us invaluable insights into how we can permanently embed the better ways of working together that emerged by necessity.

Each of the key reform areas are outlined below and further detail in relation to implementing these reforms in 2021 can be found in Section 3 of this Annual Report.

Primary Prevention Services and Partnerships

Through existing services and the prevention elements of the Enhanced Community Care programme, we are delivering evidence-based prevention and self-support programmes to people living with lifelong conditions, strengthening our partnership model at local level and enhancing the linkages between health and social care service delivery and between wider cross-sectoral partnerships, programmes and services.

In 2021, we significantly enhanced our focus on prevention and early intervention to improve children's health and wellbeing, reduce the risk factors for chronic disease, and tackle harmful alcohol use and rising obesity rates. This is being achieved through the establishment of child health and parenting supporting teams in each Community Healthcare Organisation and Healthy Communities initiatives in areas of greatest disadvantage, and by implementing new programmes to address childhood obesity and alcohol misuse.

Enhanced Primary and Community Services

Reducing our dependence on a hospital-centric model of care and supporting capacity-building in the community is key to realising the vision of *Sláintecare*. Ensuring that care can be provided for people close to home reduces visits to and admissions from emergency departments (EDs) and reduces transfer of care delays for older people and people with chronic conditions. It also has the potential to lower ED waiting times more generally and the number of people on trolleys.

In 2021, work continued on the roll-out and establishment of community healthcare networks and community specialist teams (CSTs) for older people and for chronic disease management, ensuring integrated care is provided locally at the appropriate level of complexity. Access to diagnostics for general practice and CSTs was enhanced and implementation of the 2019 GP Agreement continued, including a structured programme for chronic disease management and prevention for all general medical services / GP visit cardholders.

Supporting Older People

A key aim in transforming health services is to support older people to live independently in the community, for as long as possible. To achieve this, we have continued our collaboration with the DoH to establish and implement the Statutory Home Support Scheme and continue the roll-out of the International Resident Assessment Instrument (interRAI) care needs assessment to assist with care planning and decision-making.

In 2021, the Home Support Pilot commenced across four pilot sites to inform the development of the Statutory Home Support Scheme. Work continued to reform services for older people and reduce the number of older people in long stay residential care through repurposing existing or developing additional rehabilitation and intermediate care beds, expanding reablement and outreach services and significantly increasing home support hours. Implementation continued of the recommendations of the *COVID-19 Nursing Homes Expert Panel Report* in collaboration with the DoH, the Health Information and Quality Authority (HIQA), service providers and service users. The dementia model of care progressed in line with the implementation of the National Dementia Strategy and through improved access to specialist teams for assessment, diagnosis and post-diagnostic support for people with dementia.

Person-Centred Disability Services

The reform of disability services is continuing through the implementation of the Transforming Lives programme to improve access and enhance specialist disability services. The Transforming Lives reform programme encompasses changes in how we deliver children's therapy services, day services for adults, and community-based models of residential services.

In 2021, in line with the publication of the *Disability Capacity Review to 2032 - A Review of Social Care Demand and Capacity Requirements to 2032, w*e continued to work collaboratively with government departments and agencies, including the new government department with responsibility for disability, and disability services stakeholders, to work towards financial and operational sustainability of the sector. Efforts focused on developing individualised person-centred supports to enable people with disabilities participate to their full potential in economic and social life in the community and to live ordinary lives in ordinary places. In addition, 91 Children's Disability Networks were reconfigured, ensuring that children with complex needs due to a disability have access to supports closer to home.

The HSE will work to ensure an effective working relationship with the newly established Department of Children, Equality, Disability, Integration and Youth with responsibility for Disability Services.

Improved Access to Mental Health Services

The strategic goal for mental health services is to promote the mental health of our population, support those seeking recovery from mental health difficulties, and prevent self-harm and suicide. All mental health services are informed by a person-centred and recovery approach.

In 2021, we continued to enhance access to mental health services for children, adolescents and adults through the continued implementation of *Sharing the Vision – A Mental Health Policy for Everyone* and *Connecting for Life – Ireland's National Strategy to Reduce Suicide* (extended to 2024). This included the phased implementation of child and adolescent mental health services (CAMHS) telehealth hubs and community health teams, and the reduction of adult waiting times through the resourcing of adult crisis

resolution teams and crisis cafes. Additional acute mental health beds were procured for patients with complex mental health needs and new staff were recruited for community mental health teams.

Timely Access to Scheduled Care

The Scheduled Care Transformation Programme continued to work closely during 2021 with clinical and managerial colleagues across the service to develop and take forward a comprehensive programme of strategic change. This included the establishment of more robust data and information; the completion of a comprehensive assessment of demand and capacity; the expansion of existing capacity to address identified gaps; the establishment of more streamlined referral pathways, and maximising opportunities for eHealth. Increased capacity was also progressed through the purchasing of additional capacity from the private and public sectors, funding more hospital beds and using resources more effectively.

A core component of the reform of scheduled care services is the redesign and reorientation of services towards community care, ensuring we see patients in a timely fashion, in the right place and at the lowest level of complexity that is appropriate to a given condition. Where community delivery is not possible due to complexity, the reform programme is redesigning pathways to deliver acute care in the most efficient manner possible, utilising new technologies and innovative service-delivery models. Significant progress has been made to develop over 70 new clinical pathways within 16 clinical specialities (representing over 90% of the entire acute waiting lists).

In 2021, a short-term plan for waiting lists was implemented following its development between the DoH, the HSE and the National Treatment Purchase Fund, to ensure a sustained, system-wide transformation process. This saw reductions in waiting lists for outpatients and GI scopes for the last quarter of the year. A Health Performance Visualisation Platform was also developed to provide real-time health data and trends across EDs, outpatients, theatres, diagnostics and bed management.

The HSE, in conjunction with the DoH, has taken forward a detailed process to consider proposals for stand-alone elective hospitals. Work in 2021 culminated in the adoption by Government of a new National Elective Ambulatory Care Strategy in December. This new strategy outlines changes to the way day cases and other surgeries, scans and outpatient services are arranged to ensure greater capacity in the future and help to address waiting lists.

Women's Health

Working alongside the DoH, our goal is to improve women's health outcomes and experiences of healthcare with particular attention to the priorities identified by the Women's Health Taskforce. These include gynaecological health, supports for menopause, physical activity, and mental health among women and girls.

In 2021, the National Women and Infants Health Programme continued to lead on implementation of the National Maternity Strategy, including the management, organisation and delivery of women's health initiatives across maternity, gynaecology, neonatology and sexual and reproductive health services. Work also continued to maximise the uptake of screening services including BreastCheck, CervicalCheck and BowelScreen.

Dialogue Forum

We recognise the contribution of a vibrant and sustainable voluntary sector. An important enabler in health sector reform is ongoing improvement in the collaborative working between the State and voluntary providers, through a Dialogue Forum, with the shared objective of strengthening relationships for the benefit of patients and service users.

Through the work programme, agreed by the Dialogue Forum in 2021, a set of co-designed partnership principles are being developed and a series of case studies are under way, to provide a greater understanding of the challenges faced by all parties, particularly building on the recent pandemic experience, and to inform progression of the HSE review of the content and implementation of current service arrangements.

Digital Transformation and Innovation

In 2021, we continued to explore new and innovative ways of working in everything we do. Digital transformation and innovation continued to be developed in the health service including the establishment of 40 Digital Living Labs where several digital solutions were deployed. These included an innovative electronic wireless respiratory rate monitoring device which was rolled out to over 50 wards in 22 hospitals and played a key role in the COVID-19 and chronic respiratory response. 2021 also saw 40 clinicians graduating from our Masters in Digital Transformation programme. A number of Digital Academy Forums were held with over 7,000 attendees.

2.6 ENERGY AND SUSTAINABILITY

In November 2021, the Government launched the Climate Action Plan. The plan commits Ireland to a legally binding target of net-zero greenhouse gas (GHG) emissions no later than 2050, and to an absolute reduction of 51% in GHG emissions by 2030, (against a 2016-2018 baseline).

The HSE wishes to play a leadership role in achieving the carbon emissions reduction targets set out in the Climate Action Plan and in adopting a preventative approach to reducing GHG emissions to reduce the negative impact of climate change on the health of our nation. At the end of 2020 the HSE had reduced its actual unit based energy use by 12.4% against a 2009 baseline.

HSE Energy consumption 2020 and 2019 * (Total Primary Energy Requirement)

Type	Consumption 2020	Consumption 2019
Electricity	399,568,791 kWh	413,546,736 kWh
Thermal	600,604,642 kWh	600,415,046 kWh
Transport	56,132,709 kWh	52,323,865 kWh
Total HSE 2020 Energy Consumption	1,056,306,142 kWh	1,066,285,647 kWh
Reduction in consumption since 2009 baseline (TPER)	12.4%	11.6%
**Section 38/39 Organisations report separately to SEAI and are not included in these figures.*		
Data source: Sustainable Energy Authority of Ireland (SEAI)		

Key areas progressed in 2021 included:

- Development of a HSE Infrastructure Decarbonisation Strategy and Implementation Roadmap
- Significant expansion to support energy reduction initiatives, with the provision of additional dedicated Energy Officers in the Capital and Estates Energy Unit, supporting local Energy and Green Teams
- Expansion of the network of supported Energy and Green teams to significant energy users across the HSE and Section 38 and 39 organisations. Despite the disruption caused by the pandemic, significant progress was made due to the commitment of staff and the Energy and Green Team members
- Continuation of the HSE shallow energy retrofit, minor capital upgrade programme. In 2021 a total of €7.9m was invested, with initial savings achieved of €1.72m and a reduction in emissions of 3,098 tonnes of CO2
- Implementation and roll-out of the energy efficient design and towards carbon zero design approach, to all projects in the HSE Capital Plan, including progression of a national training programme assisted by the Sustainable Energy Authority of Ireland (SEAI)
- Initiation of a pilot deep energy and carbon retrofit programme for existing buildings, in partnership with SEAI
- Demonstrated compliance with public sector organisations energy auditing obligations, as set out in SI426 (EU Energy Efficiency Regulations 2014).

The HSE initiated the establishment of an overarching Climate Action Steering Group. The purpose of this group is to oversee the development, implementation and reporting of a comprehensive strategic plan to address wider decarbonisation of the HSE. This will include decarbonisation opportunities in supply-chain, procurement, transport, infrastructure and clinical services.

3 Operational Delivery

3.1 COVID-19 Vaccination Programme and Testing and Tracing

3.2 Responding to the Cyberattack

3.3 Performance and Key Achievements in 2021

3.4 Ensuring the Quality and Safety of Our Services

3.5 Enabling Healthcare Delivery

3.1 COVID-19 VACCINATION PROGRAMME AND TESTING AND TRACING

Two key parts of the national response to the COVID-19 pandemic were the HSE's Test and Trace and Vaccination Programmes. These programmes were developed from a low capacity base and involved almost all parts of the organisation to ensure successful delivery.

As the number of cases are currently reducing, it is important that we transition these programmes safely back into a normal operational model. However, as we do this we will need to ensure that it is done in a manner that allows development of an emergency response in the event of another surge or of a new variant or another virus. Both programmes are developing future operating models to address this requirement.

Over **9.8m** vaccine doses administered in Ireland across both primary and booster programmes.

COVID-19 Vaccination Programme

With the first batch of COVID-19 vaccines received on 26 December 2020, the start of Ireland's COVID-19 vaccination programme was signalled. From the initial low supply of vaccines, the primary vaccination programme scaled up and was administering more than 390,000 per week at the peak of the primary vaccination roll-out before moving to the booster programme, which was delivered at pace in response to the emerging threat posed by virus variants.

In the midst of the many challenges faced (e.g. supply volatility, impact of virus, emerging variants, etc.), the programme has widely been recognised both nationally and internationally as a resounding success with Ireland achieving one of the highest vaccination levels in Europe.

Primary programme max administration rate was **392,000** vaccines per week and **69,000** per day.

The core pillars of the COVID-19 vaccination programme, whose integrated management ensured the end-to-end management and distribution of the COVID-19 vaccines, were:

- **Governance and public communications** – liaising and communicating with the public and with all relevant stakeholders on all matters related to the programme
- **Vaccine supply chain and logistics** – ensuring all necessary products and services were procured on time to facilitate the roll-out of the programme and safe distribution of vaccines to over 2,000 vaccination sites, maintaining the correct temperature of products
- **Vaccine process and workforce** – design and delivery of the end-to-end vaccination process including the workforce and sites required
- **Enabling technology and information** – selection, deployment and maintenance of a vaccine information solution enabling scheduling, registration, vaccine administration and reporting
- **Training and education of vaccinators** – high quality training and education materials produced and made available to all vaccinators, updated regularly to reflect National Immunisation Advisory Committee and European Medicines Agency advice
- **Surveillance, monitoring and reporting** – design and delivery of the surveillance, monitoring, and reporting approach for the implementation of the programme.

Booster programme max administration rate was **466,000** vaccines per week and **132,000** per day.

By 31 December 2021, the key achievements of the COVID-19 vaccination programme included:

Vaccination Programme Key Achievements
• **95.1%** of the adult population (18+) received their primary vaccination • **77.8%** of the total population received their primary vaccination • **Circa 730** 5-11-year-olds were partially vaccinated • **60.1%** of the adult population (18+) have received a Booster dose with over **2.25m** administered (including immunocompromised) • A network of **circa 1,300 GPs**, **36 vaccination centres** and **circa 1,000 pharmacies** coupled with pop up clinics, mobile vaccinators for housebound people and focused clinics for socially vulnerable groups.
Data source: HSE COVID-19 Vaccination Programme

The high-level of vaccine-induced and naturally acquired population immunity in Ireland is mitigating against the worst impacts of COVID-19 illness in terms of significantly reduced rates of hospitalisation, ICU admission and mortality.

In parallel to the ongoing roll-out of primary and booster programmes, planning is well advanced to develop a Future Operating Model which will be implemented upon the completion of the booster programme. Its objectives are to define a sustainable Vaccination Operating Model which will enable the HSE to meet any future requirement to administer COVID-19 vaccines.

Testing and Tracing

The COVID-19 pandemic resulted in the establishment of a national Test and Trace function in 2020. The current Testing and Tracing model delivers widespread testing for active case finding in order to detect the maximum number of infectious cases and to engage the public in measures to prevent onward spread through contact identification and case management. The service works closely with the DoH on implementation of the latest public health guidance.

Citywest COVID-19 vaccination centre

The core pillars of the Test and Trace service whose integrated management ensured the end-to-end management and execution of testing and tracing, were:

- Referral service for testing (GP referrals, contact management programmes (CMP) close contact referrals, self-referrals, international travel referrals)
- Swabbing delivered via 35 dedicated community test centres and six pop-up fleets at standing capacity. During surge, this increased to 45 testing centres with the inclusion of 10 privately operated test centres
- Outbreak testing and serial testing programmes in response to National Public Health Emergency Team (NPHET) recommendations
- Laboratory testing for COVID-19 and result communication. Our laboratory network includes community, acute and private laboratories, with an offshore capability that can be ramped up or down as required
- Contact tracing for all COVID-19 positive complex and non-complex cases
- Provision of timely information to support policy making and public health measures.

Key activities within the Test and Trace programme in 2021

- The highest number of referrals received was 77,312 on 29 December 2021
- The highest number of swabs taken was 37,206 on 29 December 2021
- The highest number for laboratory testing was 45,517 on 30 December 2021
- Circa 1.15 million calls in relation to contact tracing were completed by over 1,000 contact tracers
- As of 31 December 2021, the HSE had distributed circa 380,450 antigen test kits.

PCR Testing:	Antigen Testing:
• Baseline weekly capacity of **105,000** tests • Testing capacity was at **300,000** per week by year-end.	• Baseline weekly capacity of **20,000** tests, with surge capacity up to 140,000 • Testing capacity was at **600,000** by year-end, with capacity to flex upward to 700,000 if required.

Data source: HSE COVID-19 Test and Trace Programme

In line with government policy and direction, public health advice and ongoing review of the overall efficiency of the service pathways, several improvement initiatives in Test and Trace were designed and implemented in 2021. Some of these key achievements included:

Test and Trace Achievements

- Enhanced Referral Pathways – the self-referrals portal was launched in June 2021 with 1,960,059 self-referrals to December 2021
- Over 90% of referrals (GPs and CMP close contacts) received a test within 24 hours
- A network of 35 test centres and six mobile test centres were in place to support swabbing for laboratory testing, with an expansion at surge to 45 test centres and 10 privately operated test centres

Test and Trace Achievements

- Increased laboratory capacity to 300,000 PCR testing capacity per week and 600,000 antigen testing capacity per week. Laboratories have completed over 11 million tests up to the end of December 2021. The service utilised over 50 laboratories across the public and private service to deliver this capacity
- On 28 October 2021, a programme of home deliveries for antigen testing for close contacts (vaccinated, asymptomatic, and over 13 years old) was implemented
- In November and December, antigen testing was made available for staff and children in primary school and childcare settings, where they were identified as members of a pod with a confirmed case of COVID-19
- In late December, a decision was taken to introduce antigen testing for individuals aged 4-39 years with symptoms of COVID-19 to commence early January 2022
- The Test and Trace function maintained services throughout the cyberattack with minimal disruptions to service delivery.

Data source: HSE COVID-19 Test and Trace Programme

Overall, the Test and Trace service has been one of the key cornerstones of our country's response to the pandemic. It has assisted with the public health response and supported the public's personal concern for themselves and their families. Capacity was significantly enhanced in 2021 to support the various waves of the pandemic and a timely and reliable response was consistently provided for the public.

Case finding, through a robust testing programme, has allowed contact tracers to provide cases with clear information and identify others at risk. Through its advice to cases to self-isolate and to close contacts to restrict their movements, the Test and Trace Programme has interrupted lines of transmission and substantially decreased the spread of COVID-19. Test and Trace also worked closely with local public health efforts to identify and provide advice to people in vulnerable communities and supported the response to outbreaks. Overall, the number of cases of COVID-19 in Ireland and the burden on acute hospitals was significantly reduced through the Test and Trace Programme.

A resident of a Dublin homeless shelter after receiving a one-shot COVID-19 vaccine as part of the HSE's programme to reach vulnerable groups.

COVID-19 Vaccination Programme reaching vulnerable groups

The Salvation Army provides over 400 beds every night in Dublin, as well as a wide range of services to help people overcome the complex reasons for their homelessness, such as mental ill health, domestic violence, trauma or addiction. The service is facilitating the HSE's vaccination programme for Dublin's homeless at another of its locations in the city centre. *"It has been a tough year and COVID has affected a lot of our social and support activities"* said Eddie, one of the residents of The Salvation Army's York House facility who received the Janssen single dose vaccine. *"Like most homeless services, our main challenge has been to ensure that residents continued to receive the appropriate level of care and support"* said Emeline Le Prince, Service Manager at York House.

3.2 RESPONDING TO THE CYBERATTACK

The cyberattack on the HSE had a hugely detrimental effect on our healthcare system, which was already dealing with the unprecedented impact of the pandemic, causing widespread disruption across all services and further impacting on patients and service users through delayed care and missed appointments.

To contain the impact of the attack, all HSE IT systems were switched off and the National Healthcare Network disconnected from the internet. As a result, healthcare professionals lost access to all HSE provided IT systems including patient information, clinical care and laboratory systems with the subsequent restoration of systems prioritised on the basis of clinical need.

In the initial response to the cyberattack, specialist cyber surveillance expertise was engaged to safeguard our critical technology infrastructure while the process of embedding sophisticated and robust cyber security systems and protocols right across our ICT estate was begun. This allowed core systems and services, including radiology and diagnostic systems, maternity and infant care, patient administration systems, chemotherapy and radiation oncology to be restored. The re-activation of email accounts was also a key priority, not only as an administrative imperative but also as a critical service requirement, due to the important part email plays in the scheduling of appointments and communication with patients and service users. In addition, the following actions were taken:

- Community and acute healthcare services developed contingency arrangements for the operation of essential services, including redeploying staff, rescheduling some procedures and appointments, and adjusting processes as needed
- Clinical guidance was provided to all clinicians on patient safety and priority focus while services responded to the attack
- As medical card applications could not be registered online, the service reverted to postal applications
- Communication workstreams were put in place for decision-making, for public information and for the political system
- Following the securing of a High Court injunction restraining any sharing, processing, selling or publishing of data stolen from HSE computer systems, specialists and the HSE legal team monitored websites used by criminals to check for activity involving any stolen data; no evidence to date has been found of this data being published online or used for criminal purposes.

The HSE continues to engage with the Data Protection Commission in accordance with the HSE's obligations under the General Data Protection Regulation and *Data Protection Act 2018* in relation to the cyberattack.

Also in December, a number of recommendations were made as part of the *Conti Cyberattack on the HSE – Independent Post Incident Review*. Going forward, our main focus is to compel improvements in the security and resilience of critical national infrastructure, and to improve awareness of cyber security threats across the organisation, while allowing for greater consistency and co-ordination of response to these threats when they occur, including through:

- Increased cyber security resilience
- Responding to the cyberattack through the implementation of the external cyber security expertise and the recommendations of the *Conti Cyberattack on the HSE – Independent Post Incident Review*
- Improved life cycle management of existing application to enable faster recovery from cyberattacks

- Establishment of a funding base for a full move to cloud based office tools for users
- Funding of existing Cloud workloads on a permanent basis.

If there was any positive outcome to the cyberattack, it was the renewed focus it brought to the importance of IT. Technology has enormous potential to assist healthcare professionals in leveraging their skills, for example, by providing key services in a virtual space, no longer constrained by the physical boundaries of hospitals, clinics, or community residential facilities. There is also obvious potential for technology to be a strategic enabler in our reform agenda, a key theme of our Corporate Plan.

We therefore have a golden opportunity to improve how we interact with patients by using technology to dissolve outdated demarcations between acute, community and home-based services, while also supporting clinical collaboration and person-centred healthcare. Technology will enable people to obtain the care and the supports that they need in their own homes, while also providing clear-cut pathways to access other services when needed.

3.3 PERFORMANCE AND KEY ACHIEVEMENTS IN 2021

Operational performance is measured primarily on the basis of how we delivered against our National Service Plan (NSP) which sets out the type and volume of health and social care services to be provided in response to the funding made available and the level of staff to be deployed. More detailed operational plans were also developed to give effect to the priorities set out in the NSP.

Under the *Health Service Executive (Governance) Act 2019*, the Board of the Executive is accountable to the Minister for Health for the performance of the HSE. The Performance and Accountability Framework sets out the systems, procedures and practices for performance management and accountability within the HSE including with statutory, voluntary and private providers, and with the Board and DoH / Minister for Health. Under this Framework, the National Performance Oversight Group has delegated authority from the CEO to serve as a key performance and accountability oversight and scrutiny process for the health service and to support the CEO and the Board in fulfilling their accountability responsibilities. This Group meets on a monthly basis. It is their responsibility, as part of the overall performance and accountability process, to scrutinise the performance of the health service provider organisations to assess achievement of objectives in accordance with the NSP.

Some of the key activity in 2021 is set out in the table below. It should also be noted that targets and expected activity were revised during the year to ensure the best use of resources. It should be noted that the very strong performance in 2021 took place in the context of several waves of COVID-19 with significant impact on services and related staff illness. Additionally the cyberattack of 2021 significantly impacted services for a period of at least three months from May 2021, given these challenges the performance of the health system was very strong.

Further information on key performance indicators (KPIs) and activity metrics, including revised targets, can be seen in Appendix 3 of this Annual Report and on hse.ie.

Key activity in 2021 and increase / decrease against expected activity
• **71,128** referrals to community intervention teams **(↑18.7%)**
• **1.2m** patients seen in community therapy settings **(↑4.6%)**
• **20.4m** home support hours **(↓6.6%)** delivered to **55,043** people **(↓1.1%),** excluding hours from intensive homecare packages, and **115** people in receipt of an intensive homecare package **(↓51.1%)**
• **91** new emergency places provided to people with a disability **(↑106.8%)**
• **12,614** referrals seen by child and adolescent mental health teams **(↑35.1%)**
• **1.0m** day case procedures **(↓0.2%)**
• **592,692** inpatients discharged from hospital **(↓0.5%)**
• **1.3m** new and return ED attendances **(↑2.5%)**

Specific actions and achievements from 2021 for each of the key programmes of care are outlined in the following pages.

Health and Wellbeing

57.3% of smokers on cessation programmes were quit at four weeks (against 2021 target of 45%)

- The *Sláintecare* Healthy Communities Programme was launched and work progressed on establishing the programme in 19 community areas of greatest need. Local implementation groups became operational in nine CHOs delivering services such as stop smoking, healthy food made easy, social prescribing, parenting supports and making every contact count. Progress during 2021 was impacted somewhat due to staff redeployment to COVID-19 testing and vaccination centres and recruitment challenges
- *Healthy Weight for Children HSE Action Plan 2021-2023*, the *Healthy Weight for Children Framework (0-6 years)* was published and the HSE model of care for the management of overweight and obesity was launched
- New programmes targeting the prevention and treatment of childhood obesity were progressed in South East Community Healthcare and Dublin South, Kildare and West Wicklow Community Healthcare and new programmes for alcohol misuse were progressed in Mid West Community Healthcare and Cork Kerry Community Healthcare. Delays in the commencement of service delivery were impacted by challenges with recruitment of Health and Social Care Professional (HSCP) staff and identifying suitable accommodation
- *HSE Social Prescribing Framework* was launched setting out a common approach for the delivery of social prescribing, in partnership with the community and voluntary sector
- Additional resources and online solutions were developed to support a number of programmes including eLearning modules to support the Living Well programme, two additional eLearning modules for Making Every Contact Count (MECC) – Mental Health and Wellbeing and Talking about Weight. The free online Sexually Transmitted Infection (STI) testing service was expanded to improve access, support management and treatment.

Public Health

- An enhanced service delivery model is being implemented, on a phased basis, to radically change the governance and operating structure within Public Health, including the establishment of the grade of Consultant in Public Health Medicine to provide strategic leadership
- Surveillance and reporting across all notifiable infectious diseases was maintained and developed, with additions to the Computerised Infectious Disease Reporting (CIDR) system and to the robotic assisted transfer of data from the COVID-19 Contact Management Programme and CoVax IT systems

Sabina Higgins; Marla Kennedy, CMM2 Antenatal Education, Sligo University Hospital; and Meena Purushothaman, HSE Assistant National Breastfeeding Coordinator.

Colostrum Harvesting

The antenatal education team in Sligo University Hospital are distributing Colostrum Harvesting Packs to pregnant women as a way to increase breastfeeding initiation rates. The packs, contain storage syringes, labels and an information leaflet with a link to an information video. The video instructs women on how to hand express, collect and store colostrum which is so beneficial for newborn health. Marla Kennedy CMM2 Antenatal Education, Sligo University Hospital, said *"In our hospital we believe that empowering, enabling and protecting the breastfeeding journey is of the upmost importance. Breastfeeding comforts a new baby and also helps prevent against common infection and illness".*

to CIDR. These improvements in the surveillance and reporting of notifiable infectious diseases could be greatly enhanced through the linking of COVID-19 data between databases (ie CCT, CIDR and Covax), however this would require the development of a unique health identifier

- Control of STIs and human immunodeficiency virus (HIV) was prioritised as well as the surveillance and prevention of healthcare associated infections (HCAI) and reduction of antimicrobial consumption
- A Health Protection Guidance Development team and unit was established
- The Health Threats and Preparedness Programme was established, including the appointment of an interim Clinical Lead
- The Whole Genome Sequencing (WGS) Programme was established and significant EU funding was secured for ongoing work in this area over the next two years.

77.1% BreastCheck screening uptake rate (against 2021 target of 70%)

Environmental Health Service

- Work continued following Brexit, to increase capacity to ensure official controls on food imports could be carried out, and additional requests could be responded to for food export certificates
- A new service contract with the Food Safety Authority of Ireland was agreed (2021 to 2026) and was implemented. This contract sets out the statutory obligations for the HSE in relation to the enforcement of food safety legislation
- Notwithstanding challenges due to the COVID-19 related closure of premises, a number of inspections and test purchases of food premises, sunbed establishments and tobacco retailers was undertaken
- Work continued with key stakeholders to ensure the provisions of the *Public Health (Alcohol) Act 2018* were implemented
- Preparation commenced for the implementation of the proposed Public Health (Tobacco and Nicotine Inhaling Products) Bill which seeks, amongst other matters, to introduce an annual licensing requirement for retailers of tobacco or nicotine inhaling products
- Additional responsibilities were assigned to the Environmental Health Service in 2021 in the context of the COVID-19 pandemic. This involved the enforcement of Indoor Dining legislation and the assessment of the Working Safely with COVID-19 Protocol provided for under a Memorandum of Understanding (MoU) with the Health and Safety Authority (HSA).

National Screening Service

- BreastCheck introduced a new text message appointment system to maximise uptake and ensure that, as far as possible, all appointment slots were filled. The programme commissioned three mobile screening units to increase capacity, with the first mobile unit becoming operational in October
- Building works began in January on a new national laboratory on site at the Coombe Women's and Infants' University Hospital, designed as a Centre of Excellence for cervical screening
- CervicalCheck saw a 25% increase on estimated screening sample volumes in the first six months of the year and ended the year 14% ahead of the target number of screening tests taken overall

- A global Cervical Cancer Elimination Day of Action was marked on 17 November. In partnership with key stakeholders, a joint project was launched to bring Ireland closer to realising the aim of eliminating cervical cancer
- BowelScreen embarked on a media campaign as part of Bowel Cancer Awareness Month, which resulted in 47,000 visits to the BowelScreen website during April. Screening uptake was 37% above expected targets in April and May
- BowelScreen has continued to enhance capacity by increasing the number of screening colonoscopies delivered through developing additional capacity within existing units and opening a new screening colonoscopy service at University Hospital Waterford (UHW)

1,048,437 contacts with GP Out of Hours Service

- Diabetic RetinaScreen introduced a two-yearly screening interval for suitable participants with low risk of sight loss in February. Of those screened to date, 80% will remain on the two-yearly pathway. This initiative will release capacity in the screening pathway and reduce the inconvenience for this group attending appointments.

Enhanced Community Care (ECC) Programme

The Enhanced Community Care Programme (ECC) was allocated €240m for the establishment of 96 Community Healthcare Networks (CHNs) and 30 Community Specialist Teams (CSTs) for older people and people with chronic diseases, providing integrated services for people nearer to home. In addition, over 2019-2022, €210m has been made available through the GP Agreement 2019, supporting modernisation initiatives, the eHealth agenda and the roll-out of the Chronic Disease Management Programme to over 430,000 people. The ECC Programme, in conjunction with the GP agreement, aims to deliver increased levels of healthcare with service delivery reoriented towards general practice, primary care and community-based services. The focus is on an end-to-end pathway that will prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so.

Key components of the ECC Programme and areas progressed in 2021:

- 3,500 additional staff with funding in excess of €200m: In 2021, 899 were recruited with 522 at an advanced stage of recruitment
- Roll-out of 96 CHNs with over 1,850 staff being recruited; 49 of 96 CHNs are now established
- 30 CSTs for the Integrated Care Programme for Older People (ICPOP) and Integrated Care Programme for Chronic Disease Management (ICPCDM) with an estimated 1,500 staff for Specialist Teams; 15 are now established for ICPOP and two are established for ICPCDM

Lymphoedema Treatment

A Lymphoedema Specialist Clinic opened in Clare to support people living with this progressive, disabling chronic condition. It brings together a nurse, physiotherapist and multi-task attendant to offer lymphoedema assessments, treatment and supported self-care. The clinic will also provide treatment for lipoedema. Grainne Ryan, Project Lead Implementation of Lymphoedema Services, and Director of Public Health Nursing, Clare, said*: "Previously we could only go so far with patients and have nowhere to send them, some would have to travel abroad, it is wonderful now we can take referrals and treat people in their own community in Clare."*

- Community Intervention Teams (CITs): 21 teams are now operational with national coverage secured in 2021 for the first time; five new teams and three enhanced teams were established in 2021
- GPs, HSCPs, and nursing leadership empowered at a local level to drive integrated care delivery and support egress from our hospitals to community
- The provision of community diagnostics was expanded to improve access for general practice with over 138,000 scans delivered in 2021, (30,951 x-rays, 10,256 CT scans, 88,776 MRIs and 8,382 DEXA scans).

246,374 home support hours provided from Intensive Homecare Packages

Primary Care Services

- Five new community intervention teams (CITs) became operational in Mayo, Donegal, Cavan / Monaghan, Longford / Westmeath and Wexford
- 63 additional paediatric homecare packages were provided, with a cumulative total at year end of 576
- 1,556 new Outpatient Parenteral Antimicrobial Therapy (OPAT) episodes were accepted onto the service where the total number of bed days saved in 2021 was 35,192 and potential bed days saved from referrals received in 2021 was 34,945
- Nine new primary care centres became operational in 2021, bringing the total number of primary care centres in operation to 147
- 1,247,048 patients were seen by community therapy services in 2021 which represents an increase of 9.0% compared to 2020, alongside supporting of COVID-19 services including the delivery of testing and vaccination clinics
- 1,048,437 contacts were made in 2021 with GP out of hours services, which represents an increase of 12.2% compared to 2020.

Social Inclusion

- Work continued on enhanced COVID-19 responses for outbreaks and clusters in social inclusion settings including travellers, homeless and diverse ethnic groups, as well as special quarantine for those seeking asylum
- New models of care were implemented, including the provision of wrap-around supports for homeless people in Housing First tenancies
- Implementation continued of the Homeless Hospital Discharge Programme, to ensure appropriate access to and continuity of care for homeless persons leaving hospital
- Implementation of the European Web Survey on Drugs to gain insight on current drug use patterns and the impact of COVID-19
- A new campaign was launched, aimed at young people who use drugs in nightlife spaces, to promote harm reduction messages about emerging drug trends and drug market concerns
- Work continued on the Traveller Health Action Plan, aligned with the *National Traveller and Roma Inclusion Strategy 2017-2021*. Work commenced to co-ordinate the delivery of HSE-led health responses from the *National LGBTI+ Inclusion Strategy 2019-2021*, *LGBTI+ National Youth Strategy 2018-2020* and the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*.

Older Persons' Services

- 20.46m home support hours were delivered to 55,043 clients and 68% of day services for older persons re-opened that had been temporarily suspended due to the COVID-19 pandemic
- The *Nursing Homes Support Scheme (NHSS) Amendment Act 2021* was implemented to enhance protections under the scheme for family farms and businesses
- The COVID-19 Temporary Assistance Payment Scheme (TAPS) was administered which provided financial support to nursing homes by contributing towards the costs associated with COVID-19 preparedness, mitigation and outbreak management
- A home support pilot commenced in November to inform the final design of the new Statutory Home Support Scheme
- The interRAI Ireland IT system went live nationally with all data from the former Single Assessment Tool (SAT) pilot system being successfully migrated to it and over 10,000 clients receiving an interRAI assessment to date
- Turners Cross Day Care Centre in Cork won the Health Service Excellence Award in the Supporting a Healthy Community category for a project which helped reduce the risk of falls for older people
- The National Dementia Adviser service was expanded to support more people living with dementia to live well in their communities.

74.8% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team (in line with 2021 target of 75%)

Palliative Care

- Patients were admitted to the new specialist palliative care inpatient units in Waterford, Mayo, Wicklow and Kildare. Plans were progressed for new units in Cavan, Drogheda and Tullamore
- Work continued in partnership with voluntary hospice groups and philanthropy on the development of voluntary hospice sustainability plans
- Implementation commenced on the recommendations contained in the 2020 review of clinical governance and operational arrangements for children's palliative care
- Funding was provided to support the crucial work of voluntary groups delivering a range of palliative care and end-of-life services including LauraLynn Ireland's Children's Hospice, Jack and Jill Children's Foundation, the Irish Hospice Foundation, the Irish Cancer Society, bereavement organisations and the All-Ireland Institute of Hospice and Palliative Care.

DASH Mobile Unit

The 'DASH' (Drugs, Alcohol and Sexual Health) mobile unit is the first of its kind in Ireland, providing community-wide mobile services such as rapid HIV testing, condom provision, drug and alcohol assessments and support from trained health promotion professionals. Delivered on a partnership basis and supported by the HSE through Cork Kerry Community Healthcare, the service was described by Emily Barrett, Project Worker with DASH as bridging a gap for all people in Cork and Kerry. *"DASH mobile unit will bring informal interventions to all villages and towns through Cork and Kerry. Our aim is to invite people in to speak with us in a friendly and welcoming environment and we look forward to meeting with everybody"* she said.

Disability Services

- The waiting list for assessment of need has seen a significant reduction nationally of 63%
- A significant milestone in the reform of children's services was achieved with the reconfiguring of 91 Children's Disability Networks, ensuring that children with complex needs as a result of their disability, and their families, have access to a team close to their home
- Work continued to support the change from an institutional model of service to a person-centred model of support in the community, including supporting people living in congregated settings and 18 people under the age of 65 with disabilities inappropriately placed in nursing homes, to transition to more appropriate placements in the community
- A range of resources to support the implementation of New Directions were developed, including the National Framework for Person Centred Planning, and a dedicated section on HSELanD with supporting tools, documentation and webinars was launched and implemented in Adult Disability Day Services
- The Quality Assurance function to support the profiling of young people leaving school and requiring day services was established and implemented
- In December 2021, the HSE published the *Independent Review of the Management of Brandon* (The Brandon Report) which was carried out by the National Independent Review Panel. The HSE apologised to residents and their families for the failings in care at a HSE residential and day care service for adults with intellectual disability in the North West and fully accepted the findings of the National Independent Review Panel. The HSE's primary concern is the safety of residents. Regular safeguarding meetings take place within the service, which has undergone significant reforms in advancing the CHO's strategy for disability services generally, and specifically in response to the Report findings, building on ongoing improvements in that specific service prior to the report.

Mental Health Services

- A Child and Adolescent Mental Health Service (CAMHS) telehealth hub site was operationalised in Community Healthcare West. Two additional telehealth hub pilot sites are in development in Mid West Community Healthcare and Cork Kerry Community Healthcare
- The capacity of Community Mental Health Teams was increased by 129 new staff which included staffing on three Eating Disorder Teams and three Attention Deficit Hyperactivity Disorder (ADHD) teams
- 28 additional acute mental health beds were procured to support patients presenting with complex mental health needs
- Work commenced on the implementation of *Sharing the Vision – A Mental Health Policy for Everyone* and new governance structures were developed
- Work commenced on the development of the Model of Care for Crisis Resolution Services and a new Model of Care for Dual Diagnosis was developed
- Expansion of the Mental Health Clinical Care programmes was prioritised including Mental Health and Intellectual Disabilities (MHID) and Early Intervention in Psychosis (EIP)
- The expansion of Peer Support, Recovery Engagement and Service User Family Member Carer Engagement structures continued in 2021

- Bereavement support services continued to be developed as part of *Connecting for Life* and the National Suicide Bereavement Support Guide was launched.

62.8% of all attendees at ED were discharged or admitted within six hours of registration (against 2021 target of 70%)

Acute Hospital Services

- Of 1,146 additional permanent beds planned to be delivered in 2021, 813 were open by the end of the year with the remainder to be delivered in 2022
- An additional 42 critical care beds opened on a permanent basis bringing the total number of critical care beds to 297
- Staff numbers in acute hospitals increased by 3,690, including over 1,300 additional nurses, 300 additional medical / dental staff and almost 700 additional HSCPs
- A targeted action plan to reduce waiting lists was implemented in the last quarter of 2021. This resulted in a reduction in total numbers waiting across all waiting lists (inpatient, day case, outpatient and scopes) of 40,644. There was also significant progress in terms of reducing the number of long waiters. Movements in the numbers waiting over six months to year end 2021, since peaking in Autumn 2020, were as follows:
  - Outpatient: the number waiting over six months reduced by 69,720 (17%) from 411,452 to 341,732
  - Inpatient / day case: the number waiting over six months reduced by 16,532 (37%) from 45,193 to 28,661
  - GI scopes: The number waiting over six months reduced by 6,644 (44%) from 15,147 to 8,503
- In April 2021, the Mater Misericordiae University Hospital (MMUH) was designated as the Major Trauma Centre (MTC) for the Central Trauma Network, with St Vincent's University Hospital (SVUH) and Tallaght University Hospital (TUH) designated as the Trauma Units for Dublin. This is a crucial step in the development of a national trauma system for Ireland
- The governance of the HSE Homebirth Service is in the process of being transferred from community services to acute services. An extensive consultation phase with a range of key stakeholders was carried out in the second half of 2021 and it is envisioned that the service will be transferred in full to acute services by 1 March 2022
- In response to the Climate Action Act, Acute Hospitals in collaboration with HSE Estates are engaging as part of an Infrastructure Decarbonisation Pilot Programme, in partnership with the Sustainable Energy Authority of Ireland (SEAI). In 2021, four acute hospital sites were selected to be included in a retrofit programme to fully understand operational gaps and barriers and detailed

Age Related Care

Wexford General Hospital and South East Community Healthcare are integrating acute and community services for older people with their project Age Related Care Team, which is funded by *Sláintecare*. The team includes an Advanced Nurse Practitioner, a Senior Dietitian, a Medical Social Worker, a Senior Occupational Therapist and a Senior Physiotherapist. Results of this project have been extremely beneficial for patients, most of whom get an appointment for a full geriatric assessment. *"It allows patients to access a range of services in one visit, avoiding multiple trips to hospital, and it reduces waiting times for individual services"* according to Aideen McGuinness, Senior Dietitian

costs associated with progressing a major building energy retrofit programme for all health buildings. The acute sites involved in the programme are the Midland Regional Hospital Mullingar, Sligo University Hospital, Our Lady of Lourdes Hospital Drogheda and Wexford General Hospital

62.9% of people were waiting <52 weeks for first access to OPD services (against revised 2021 target of 65%)

- Acute hospitals supported the first National Children First Awareness Week which ran during the first week in November 2021. The aim of the week was to raise awareness of Children First and remind wider society, including organisations working with children and young people, of our collective responsibility to keep them safe in our communities
- Acute Operations and maternity sites have been involved in significant positive engagement with BetterMaternityCare advocates in 2021 in relation to maternity access and COVID-19 restrictions. The importance of advocacy groups in patient care has been acknowledged and it is evident that working constructively with these groups allows for improved patient outcomes
- Following delays due to the impact of COVID-19, the Children's Health Ireland (CHI) Tallaght Paediatric Outpatient and Emergency Care Unit was opened in September
- *Leading the Way – A National Strategy for the Future of Children's Nursing in Ireland 2021-2031* was launched, setting out recommendations for t*he role of* the children's nurse in delivering care
- 206 organ transplants were carried out during the year thanks to the generosity and kindness of 99 organ donors and their families. Over the course of the year, 10 heart, 20 lung, 35 liver, two pancreas and 139 kidney transplants were completed, including 35 living donor kidney transplants. This represents a reduction in the number of organ donations and transplants owing to the sustained impact of COVID-19, despite mitigations such as use of private hospitals to ensure capacity was available for transplant services.
- The National Gestational Trophoblastic Disease Centre in Cork University Hospital (CUH) won the Excellence in Quality Care category at the Health Service Excellence Awards. Established by CUH in 2017 with support from the HSE National Cancer Control Programme, the centre has successfully managed the care of over 500 women diagnosed with gestational trophoblastic disease and molar pregnancy in Ireland.

Cancer Services

- A number of multi-disciplinary clinical appointments were made within CHI-Crumlin for adolescent and young adult cancer in Ireland
- Radiotherapy Service enhancements progressed through the implementation of a stereotactic ablative radiotherapy (SABR) service in the Dublin region (St Luke's Radiation Oncology Network) and preparation is underway to implement this service in Cork
- Systemic Therapy services were enhanced through:
  - The establishment of a peptide receptor radionuclide therapy (PRRT) service at St Vincent's University Hospital for patients suffering with neuroendocrine tumours and the provision of chimeric antigen receptor T-cell (CAR-T) treatment was made available in St James's Hospital. These services were previously only accessible through the treatment abroad scheme
  - Improving patient access to new drugs for systemic anti-cancer therapy (SACT), by approving their reimbursement and putting ring-fenced funding in place

- Cancer Survivorship and Psycho-Oncology programmes continued to be rolled out, with the significant development of multidisciplinary teams and community-based supports including the Together4Cancer helpline and Life After Cancer Emphasising Survivorship (LACES) programme
- Implementation of the National Cancer Information System (NCIS) was severely impacted by the cyberattack, resulting in only two further hospitals with NCIS implementation by the end of 2021.

366,438 emergency ambulance calls received

Women and Children's Services

- Phase 2 of the Ambulatory Gynaecology Model of Care was implemented, resulting in an additional 11 'one-stop see and treat' gynaecology clinics being approved and funded across the country, in which women can be seen and assessed following referral by their GP
- The first dedicated and specialist menopause clinic opened in the acute sector as part of a new approach to menopause care, with funding and support provided to the Irish College of General Practitioners (ICGP) to develop a structured clinical reference guide and educational support for GPs in the area of menopause
- Phase 1 of the Model of Care for Fertility Services was completed, with the last two regional fertility hubs in Galway and Limerick being approved and funded, bringing to six the total number of publically funded and regionally provided secondary level fertility hubs supported by the HSE
- A programme of structured investment and expansion in the area of specialist endometriosis services commenced in the Dublin region
- Phase 1 of the development of the Obstetric Event Support Team was launched, to support maternity hospitals and units in the identification and mitigation of clinical risk
- Investment and expansion continued across a range of maternity and neonatology services in line with the National Maternity Strategy including foetal assessment, perinatal pathology services, quality and risk, specialist midwifery services, dietetics, physiotherapy, clinical skills and perinatal mental health
- The antenatal component of the midwifery-provided supported care pathway was implemented in all 19 maternity units, with early transfer home services established in 14 maternity sites
- Universal anomaly scanning was in place in 18 maternity units, with the nineteenth unit actively expanding its service to achieve 100% coverage

Animal Therapy

King a golden Labrador has been bringing his good humour to service users at the Carraig Mór Centre, Adult Mental Health Services, Cork. King works as a therapy dog assisting with both Animal-Assisted Activities (a human-animal interaction that takes place for the purpose of recreation and education) and Animal-Assisted Therapy (the use of a trained animal in therapy, where specific therapeutic goals are achieved through interaction with the animal). *"The empirical evidence to date has revealed many improvements across a wide range of mental health related difficulties. These include improvements in symptoms of PTSD, psychosis, stress and depressive symptoms amongst adults in treatment for trauma, reduced anhedonia among adult inpatients with a diagnosis of schizophrenia, and other negative symptoms"* explained Dr Claire O'Sullivan, Senior Clinical Psychologist.

- The National Self-Assessment Framework to Enhance Knowledge and Skills for the Perinatal Mental Health (PMH) Midwife, Clinical Midwife Manager 2 (CMM2) was launched to support new and existing PMH Midwife CMM2s in their transition to specialist clinical practice.

National Ambulance Service

- Over 360,000 emergency ambulance calls were responded to in 2021 and approximately 24,000 inter-hospital transfers were undertaken with 82% of patient transfer calls managed by the Intermediate Care Service
- 1,059 air ambulance calls were completed and 2,047 specialised unit transfers were undertaken by the National Ambulance Service (NAS) Critical Care Retrieval Service and Children's Ambulance Service
- Work continued, led by the NAS, on the implementation of the Out of Hospital Cardiac Arrest (OHCA) Strategy for Ireland, with the goal of saving the lives of approximately 80 people a year who experience an OHCA
- Following an extensive consultation process with a range of key stakeholders, additional resources were deployed in the area of Connemara to enhance the provision of service delivery
- Implementation of the *Report of the Trauma Steering Group: A Trauma System for Ireland* was progressed through the standardising of protocols for triage and bypass for trauma and orthopaedic patients
- Enhancement of alternative care pathways to support the reorientation of healthcare away from hospitals, bringing care closer to home and reducing unnecessary ED attendances (8,400 patients availed of those pathways in 2021)
- Strengthening of the NAS Critical Care and Retrieval Service for adults, children and neonates.

3.4 ENSURING THE QUALITY AND SAFETY OF OUR SERVICES

The delivery of high quality, safe, effective and accessible services is a priority for our health services. Our vision is for a truly integrated model of healthcare delivery which enables our workforce to work to their full potential, ensures patients are partners in their own care, promotes a culture of transparent patient safety and drives a culture of continuous learning. In 2021, programmes of work were initiated and supported within the key focus areas set out below.

Clinical Expertise

Implementation of a new service delivery model for public health medicine was agreed between the HSE, the DoH, and the Irish Medical Organisation (IMO), including the introduction of the grade of Consultant in Public Health Medicine for the first time in Ireland. The new model introduces a strong public health function strategically aligned to protect and promote the health of the Irish population, to contribute effectively to major service design and policy implementation, to address health inequalities, and to ensure a population needs-based approach to integrated healthcare delivery.

Scaled up implementation of models of integrated care for older persons and chronic diseases were enabled through the Enhanced Community Care (ECC) Programme. Community specialist teams (CSTs) in community healthcare networks worked in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end-to-end care, keeping older people and people living with chronic disease out of hospital, enabling a home first approach.

There were 300 citizen health guides, relating to common health conditions, medicines and treatments, published through the Health A-Z section of the HSE website. These provide up-to-date patient-facing clinical information on these conditions. A new video-based multi-disciplinary pulmonary rehabilitation education support programme for people with long-term lung conditions was made accessible on the HSE website. Research shows that completing a course of pulmonary rehabilitation and learning to self-manage a lung condition may help to shorten time spent in hospital and can even prevent a hospital stay.

Our health services were enhanced through work to support the implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland* (Phase 1).

Models of care were developed or updated to outline how health services should be delivered. These included the *Diabetic Foot Model of Care*, the *Model of Care for the Management of Overweight and Obesity*, the Model of Care for Self Harm and Suicide-Related Ideation (launched in 2022) and *An End to End Model of Care for Asthma Part 1: Adult Asthma*. The *Model of Care: Adults Accessing Talking Therapies while Attending Mental Health Services* was also launched. In line with *Sharing the Vision*, this model of care seeks to facilitate a cultural shift in the awareness and prioritisation of talking therapies within our specialist mental health services, ensuring greater integration, consistency and equity of access, while maintaining opportunities for local innovation.

A range of initiatives for a sustainable clinical workforce addressing key challenges around education, professional development, future workforce needs, specialist and advanced practice, and recruitment and retention were progressed for HSCPs, nurses and midwives, and doctors. Work continued on the development of specific clinical leadership programmes based on identified service needs, including in the area of digital transformation to better enable clinical expertise be incorporated into the design and

delivery of digital health solutions. As part of this, the *All-Ireland Nursing and Midwifery Digital Health Capability Framework* was launched and published in November.

HSCP Deliver: A Strategic Guidance Framework for Health and Social Care Professions 2021-2026 was launched. This framework, created through widespread engagement with stakeholders, including patients and service users, includes examples of the impact of the work that HSCPs have delivered and recognises the supports required to enable HSCPs deliver on their full potential to bring care closer to home.

The development of the medical workforce continues with a particular focus on increasing opportunities for postgraduate training for doctors. In 2021, a permanent increase of intern positions plus increases in postgraduate training places were confirmed with an overall increase of 9% from the previous year. The significant expansion of 40 new Aspire Fellowship posts in 2021 allowed us to enhance the training and skills of our specialist trainees and help retain specialists in the Irish health system. Fellowships offer training to specialists in a narrow field where there are skill shortages, and provide candidates with the additional experience required to apply for specialist consultant posts.

Patient Experience and Engagement

A Memorandum of Understanding was signed between the HSE and the newly established Patient Advocacy Service (PAS) which sets out the commitment to ensure that people receive a timely, compassionate and comprehensive response to their complaints. The PAS provides free, independent and confidential information, and supports patients and service users who wish to make a formal complaint about their care in a HSE public acute hospital, or in the aftermath of a patient safety incident.

Patient engagement continued through the Partnering with People who use Health Services Programme to promote partnering with patients, service users, family members and carers in the planning, design and delivery of services. This facilitates meaningful engagement at a strategic level through the National Patient and Service User Forum, Patients for Patient Safety Ireland, National Patient Representative Panel and other advocacy and patient support groups.

A new HSE Record Retention Policy was drafted and contains recommendations in relation to streamlining the process for patients' access to their records, including new signposting on the HSE website.

To improve confidence in how we respond to patient safety incidents, Module 2 of the national open disclosure training programme, Open Disclosure: Applying Principles to Practice, was launched, focusing

Ryan Goulding and Jennie Synnott at the launch.

Rainbow Badge

Eist Linn is a residential mental health service in Cork City for people under 18 and the team there recently launched their Rainbow Badge initiative which breaks down barriers for young people who want to discuss LGBT+ issues. Staff wearing the badge are signalling to the young people in the service that they are open to having conversations around LGBTQ+ issues, have completed training, and can signpost to other supports if needed. Ryan Goulding, acting Clinical Nurse Manager (CNM2) said *"It's important from a young age to have people that you can turn to, and open up about these things"*, he added *"It could be something that might help young people to open up, maybe for the first time, about issues relating to LGBT+"*.

on how to prepare for and manage a formal open disclosure meeting, including addressing some of the complexities that may arise. The development and pilot of a revised open disclosure face-to-face skills training programme with senior managers, staff and consultants in Donegal, Sligo, Leitrim, Cavan and Monaghan and Sligo University Hospital was completed and evaluated.

To share lessons learned from patient safety incidents and to provide resources including patient safety alerts, patient safety supplements, and patient and staff stories, significant progress was made working closely with patient representatives and colleagues, within the HSE and across Irish healthcare, to develop a web-based platform which will be ready in 2022.

Improvement and Assurance

In the immediate aftermath of the cyberattack, an integrated Clinical and Operational Risk Subgroup of the Conti National Crisis Management Team was established. The advice on clinical management over the course of the crisis response was underpinned by the need to prioritise patient safety and to maintain critical clinical services with the lowest practical level of risk within an extremely difficult environment. The role of the group was to:

- Provide an integrated hierarchy of clinical and operational risk and identify mitigation measures as risks emerged
- Establish clinical communication networks for major risk areas to harness expert advice and share mitigation strategies
- Provide advice on additional actions required at national and local level to mitigate existing and emerging risks
- Support operational management of recovery.

The implementation of the *Patient Safety Strategy 2019-2024* continued with the aim of reducing causes of harm (including falls, venous thromboembolism and sepsis), supporting key quality and patient safety priorities and expanding the development and reporting of key quality and safety indicators.

The National Medication Safety Programme, Safermeds, continued to work with patients, healthcare professionals and organisations to reduce patient harm associated with medicines or with their omission.

Two new foundational eLearning programmes that focused on building knowledge and skills in quality improvement were completed by 1,677 staff members, with a further 73 participants graduating from the Diploma in Leadership and Quality Improvement Programme.

Four additional organisations signed MoUs with the HSE for the purpose of establishing Schwartz Rounds in those settings and facilitating people working there to participate and gain an understanding of the challenges and rewards that come with providing healthcare. Schwarz Rounds facilitate conversations between staff about the emotional impact of their work.

National Clinical Guidelines were published in collaboration with the National Clinical Effectiveness Committee (NCEC) for the Management of Chronic Obstructive Pulmonary Disease (COPD) and for Sepsis Management for Adults (including Maternity).

On November 18, on European Antibiotic Awareness Day, *Ireland's Second One Health National Action Plan on Antimicrobial Resistance 2021-2025* (iNAP2) was published and the *HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* was also published. The HSE AMRIC Action Plan is distinguished from its predecessor by including challenging outcome targets (in addition to quality

improvement programmes) for achievement by 2025, and sets out a range of HSE actions aligned to the five strategic objectives of iNAP2:

- Improving awareness and knowledge of antimicrobial resistance (AMR)
- Enhancing surveillance of antibiotic resistance and antibiotic use
- Reducing infection and disease spread
- Optimising the use of antibiotics in human and animal health
- Promoting research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions.

143 updated AMRIC COVID-19 guidance documents were developed with extensive stakeholder consultation during 2021. 27 educational webinars were delivered to support services in implementing AMRIC guidance and an additional seven AMRIC eLearning modules were launched on HSELanD.

Fifteen of the recommendations from the *National Review of Clinical Audit* have commenced, with a Patient Representatives briefing session completed and the National Steering Group for Clinical Audit meeting monthly. Planning is also underway for a National Clinical Audit Training and Education Programme.

The HSE *Incident Management Framework 2020* has put in place a patient-centred response to the management of those occasions termed 'safety incidents'. The approach in the framework aligns to the HSE values of Care, Compassion, Trust and Learning, and core training modules have been developed to support staff in the framework's implementation, including online incident management training courses delivered to specified cohorts within Community Healthcare Organisations (CHOs) and Hospital Groups. An Introduction to Quality Improvement eLearning module was also launched.

Linda Daffy, Clinical Nurse Manager (CNM3) in Critical Care, University Hospital Limerick, filling in a 'Get To Know Me' whiteboard in the hospital's Intensive Care Unit.

Get To Know Me

The 'Get To Know Me' project in UHL makes use of whiteboard wallcharts for each patient where simple details such as personal preferences and interesting stories can be filled in. The Get To Know Me boards were devised by Ger Crilly, a Clinical Nurse Manager (CNM2) and Clinical Placement Co-ordinator. *"The 'Get To Know Me' project is important for the care of critically ill patients because it shows that this is a whole person, not just a patient. It's very much appreciated by loved ones of patients. It helps staff to provide a more holistic model of care in the hi-tech clinical environment of the ICU,"* Ger said.

Annual Report

Protected Disclosures 2021

The Protected Disclosures Act 2014 allows workers to disclose information about wrongdoing in the workplace by ensuring workers who speak up are protected from penalisation. Disclosures can be made by workers to any manager and also to a range of other parties including relevant Government Ministers, prescribed bodies and other parties. A protected disclosure is a disclosure of information which in the reasonable belief of the worker tends to show one or more relevant wrongdoings.

While disclosers in most cases are not fully clear about the relevant wrongdoing heading under which their concern relates, in general terms they tend to fall within the following areas:

1. That the health or safety of any individual has been, is being or is likely to be endangered
2. That an unlawful or otherwise improper use of funds or resources of a public body, or of other public money, has occurred, is occurring or is likely to occur
3. That an act or omission by or on behalf of a public body is oppressive, discriminatory or grossly negligent or constitutes gross mismanagement
4. A combination of the above.

In a small number of cases the communication received may not appear to fall within the framework for Protected Disclosures.

The breakdown below categorises the Protected Disclosures made under the heading which is most relevant to the concerns raised. In many cases Protected Disclosures span a number of relevant areas of wrongdoing. That is why the category 'combination of the above' accounts for the highest number of disclosures.

The information below reflects information related to 2021, provided in returns received up to 17 February 2022.

Protected Disclosures 2021	
Disclosure Heading	**Number**
Alleged misuse of resources	2
Health and safety of an individual	0
Alleged mismanagement	16
Combination of the above	38
Other contacts / notifications	1
Not within the Framework	8
Total*	**65**
Number of 2021 disclosures open as of 17.02.2022	**38**

**2020 total was 54*

3.5 ENABLING HEALTHCARE DELIVERY

Delivering safe quality healthcare relies not only on frontline services but also on the key enablers that ensure services can function effectively.

Primary Care Reimbursement Service (PCRS)

The Primary Care Reimbursement Service (PCRS) is responsible for making payments to healthcare professionals for the free or reduced cost services they provide to the public across a range of community health schemes and arrangements. These schemes form the infrastructure through which the HSE delivers a significant proportion of primary care services to the public.

Key areas progressed in 2021 included:

- Reimbursement of approximately 7,000 contractors for the provision of health services to the public
- Continued roll-out of online application processes for those wishing to apply or renew their eligibility under the General Medical Service (GMS) scheme, Long Term Illness (LTI) scheme or Drugs Payment Scheme
- Assessment and reimbursement of applications for new drugs and new uses of existing drugs, in accordance with agreed procedures
- Supporting the successful delivery of a new four-year Framework for the Supply and Pricing of Medicines between the pharmaceutical industry and the State which will improve patients' access to the latest innovative medicines
- Commencement of the Medicinal Cannabis Access Programme, including the establishment of arrangements to approve its use in individual cases and recording of relevant information on a register as provided for in the regulations.

The above commitments were progressed despite the significant challenges caused by the cyberattack on the HSE in May 2021. Although PCRS ICT systems were not attacked in May, the wider cyberattack response necessitated a shutdown of all PCRS ICT systems (including all links to contractors and other government departments) followed by a progressive re-start over a period from late May to end July 2021. The loss of the medical card online application system for a two-month period and a loss of remote working connectivity were significant challenges to maintaining a high-level of service and required nimble redesign of processes and process steps. Thousands of days of productivity were lost between

Roberta Moloney holding baby Cillian with sons Senan on left and Darragh on right.

Midwife-Led Clinics

South Tipperary General Hospital has set up three midwife-led clinics, one in Clonmel, one in Thurles and one in Tipperary town, to offer women choice and community-based integrated care as close as possible to home. *"The gold standard is to offer continuity of care for our patients. Continuity of care is when a woman sees the same midwife throughout her pregnancy, including postnatally in hospital and at home."* said midwife Michelle Frederick. The first woman to benefit from the continuity of care model was Roberta Moloney when she gave birth to her third son in early 2021. Roberta said she was thrilled that she chose midwife-led care to support her throughout her pregnancy. *"For me, it meant continuity of care right through my pregnancy, home visits after the delivery, and the icing on the cake was being able to go home after 24 hours"* she said.

May 14 and end of July due to the knock-on impact of the cyberattack on PCRS ICT systems availability combined with the limitations around onsite attendance due to the necessity to maintain physical distancing in the office as a result of COVID-19.

Emergency Management

The Emergency Management function works across the organisation to support hazard analysis, risk assessment and risk mitigation. The function supports management to develop contingency plans, response capacity and major emergency plans.

Key areas progressed in 2021 included:

- Supporting National and Area Crisis Management Teams in their response to COVID-19, including communication and co-ordination of NPHET actions
- Updating of severe weather planning guidance in October to help management and staff mitigate the impact of severe weather on key services
- Continued engagement with other principal response agencies and government departments to meet HSE obligations as established under *A Framework for Major Emergency Management* and *Strategic Emergency Management: National Structures and Framework* as well as statutory and non-statutory obligations in regard to upper tier Control of Major Accident Hazard (COMAH) sites, airports, ports, and crowd events.

eHealth and Health Information Systems

The eHealth and Disruptive Technology function is responsible for the delivery of transformational eHealth capability across the healthcare system as part of business transformation, which is enabled through the use of digital technologies. By accelerating the digitisation of our health services, improvements in population wellbeing, health service efficiency and economic opportunity can be achieved, while supporting a culture of continuous improvement and innovation.

2021 was dominated by the COVID-19 response and the response to the cyberattack which impacted on the delivery of the 2021 eHealth and ICT Capital Plan. The early parts of the year saw close to 25% of the eHealth and disruptive technology workforce dedicated to COVID-19 work.

Between May and September, with over 80% of the ICT estate impacted by the cyberattack , all available ICT resources were deployed in the restoration of services. A four-phase approach to the recovery was utilised to include (i) contain (ii) inform (iii) assess and (iv) remedy / strengthen the network. The cyberattack had a significant impact on the HSE's ability to deliver care during the restoration timeframe of approximately 16 weeks, which impacted on scheduled and unscheduled care across all services.

Key areas progressed in 2021 included:

- Undertaking four primary programme areas of work with regard to COVID-19 to include contact tracing, vaccination programme, GP and pharmacy support and integration and data insights
- Supporting the delivery and equipping of contact tracing centres, providing telephony solutions while delivering the core contact tracing solution which incorporated booking tests online, supporting the swabbing centres along with the delivery and ongoing support of the Contact Relationship Management solution

- Digitally equipping each vaccination centre and continuous upgrading to support the changes in the vaccination programme throughout the year
- Designing and implementing digital solutions which enabled GPs and pharmacies to digitally record vaccine delivery
- Developing and managing the business intelligence solutions for the vaccination programme, to include dashboards and reports required to provide additional insights for all COVID-19 data
- Implementing the Health Performance Visualisation Platform in the Midland Regional Hospital Mullingar, St.Vincent's University Hospital and National Orthopaedic Hospital Cappagh with the planned expansion to all acute hospitals in 2022
- Setting up the Patient Administration System (PAS) in Portiuncula Hospital and extending the NCIS into Beaumont Hospital and St. James' Hospital
- Finalisation of National Integrated Medical Imaging System (NIMIS) BEAM, an image record sharing solution which enables the electronic transfer of a patient's imaging record between facilities, in all NIMIS sites.

National Finance

National Finance supports the organisation to secure and account for the maximum appropriate investment in our health services, ensuring the delivery of high-quality services and demonstrating value for money. This includes promoting strengthened financial management, best practice procurement, a robust governance and control environment and ongoing improvement in financial and procurement systems, planning, reporting, costing, and budgeting in order to drive and demonstrate value.

Key areas progressed in 2021 included:

- Completing the detailed design of the integrated financial management system (IFMS) to support improved financial reporting, including analysis and forecasting, in preparation for build, test and deployment activity commencing in 2022
- Developing and implementing a three-year Controls Improvement Plan and an Activity Based Funding Implementation Plan
- Responding to the challenges of the cyberattack in maintaining service levels across payroll, payment services, income services and inventory / logistics
- Delivering the future operating model design, and progressing the resource model and payroll strategy for financial shared services

Non-Consultant Hospital Doctor Staff App

A new NCHD staff app has been launched in UL Hospitals Group. The app contains a huge amount of information including sections dedicated to each specialty as well as a digital edition of the Intern Handbook. In addition the app will provide NCHDs with information on health and wellbeing; human resources; and training and education. Chief Clinical Director of UL Hospitals Group, Prof Brian Lenehan, said, *"The NCHD app will become an invaluable source of information and support for NCHDs in UL Hospitals Group".*

- Advancing key projects across a number of finance and procurement areas e.g. weekly COVID-19 flash reporting, monthly working capital reporting, finalisation and approval of new payroll strategy in Q1 2022, completing development and adoption of the HSE three-year Corporate Procurement Plan in Q1 2022 and continuing the roll-out of the National Distribution Centre
- Continued implementation of the single National Integrated Staff Records and Pay Programme (NiSRP) with a successful implementation in the South East and implementation continuing in the South. Commenced the implementation of "My HSE Self Service" across a number of integrated sites
- Supporting a number of key COVID-19 initiatives including the vaccination programme, test and trace, private hospitals' agreement and Personal Protective Equipment (PPE), while also providing financial modelling support to these areas.

National Human Resources

National Human Resources (HR) develop best practice HR management capability and capacity across the HSE system by driving a culture of learning and fostering a values-based culture across the HSE system. National HR are committed to supporting evidence-based workforce planning processes to build a sustainable workforce supported and enabled to deliver service needs.

2021 presented many COVID-19 challenges including the third lockdown in the first quarter, the criminal cyberattack in May and the development of the national COVID-19 vaccination roll-out.

Key areas progressed in 2021 included:

- Commencement of the design and implementation of a new digital improvement programme, the Recruitment Operating Model, to introduce an end-to-end recruitment process. This programme is designed to introduce greater process automation, data transparency oversight and reporting, from both the candidate and service perspective
- A recruitment effort delivering a net additional growth of 6,149 WTE as direct employees as reported via our Health Service Personnel Census. This is in addition to our recruitment of a further minimum 9,000 replacement posts
- Delivery of a substantial recruitment drive to enable the timely and proactive recruitment of COVID-19 staff to populate the test and trace and vaccination programmes. This resulted in excess of 2,900 vaccinators, 760 contact tracers and over 1,200 community swabbers being available
- Delivery of a number of large-scale national and international recruitment campaigns in medical, nursing and health and social care recruitment. Over 1,000 international nurses were recruited and international recruitment frameworks expanded beyond that of nursing and midwifery to other grades of staff
- Our Resourcing Strategy 2021 set out a comprehensive approach and suite of initiatives to support the execution of the additional recruitment capacity and capability across our services, including strong governance and oversight coupled with reporting and monitoring. In addition National Human Resources:
  - Commenced the development of a microsite to attract consultants from across the globe
  - Identified all 2021 HSCP graduates at source to fill opportunities across the country
  - Offered permanent opportunities to all nurse graduates
- Continued roll-out of the EAPandMe programme and timely and operational advice provided to managers to support them in managing staff through the pandemic; addressing staff concerns and

providing definitive and supportive advice nationally. This was supported by regular circulars in relation to revised working practices e.g. redeployments, remote working, and FAQs regarding COVID-19 circulars. In 2021, 39 HR Circulars were issued to support over 62 HR circulars and COVID-19 FAQs issued in 2020, providing governance, clarity, guidance, consistency and protection to staff and managers in the health service

- Supporting the development and roll-out of HSELanD training programmes for staff, including for voluntary and support organisations on COVID-19 related topics. Over 1.18 million programmes have been completed, including over 700,000 COVID-19 related programmes since March 2020. Work is ongoing regarding HSELanD system enhancement to improve the user experience and reporting facilities. HSELanD won the award for the Most Innovative Use of Technology at the 2021 HR Leadership and Management Awards
- The 2021 HSE 2021 Staff Survey was completed
- The 2021 Health Service Excellence Awards were held virtually. These awards included two categories related to projects initiated in response to the COVID-19 pandemic
- Negotiations commenced in conjunction with the DoH on a new *Sláintecare* public only consultant contract along with associated engagement with staff representative bodies
- Networking and partnering at local and national level (with voluntary organisations, DoH, DPER, staff representative bodies) advanced through engagement on a weekly or bi-monthly basis to provide decisions and direction to managers and frontline staff in an agile and comprehensive manner
- A reform agenda was developed to advance *Building Momentum – A New Public Service Agreement 2021-2022*
- Agreement was reached on the establishment of a number of sectoral bargaining units to deal with legacy pay issues subject to a maximum of 1% of payroll within the groups encompassed within each unit
- A substantial written submission was made to the independent review body dealing with the restoration of pre 2013 working hours in the health sector.

Capital Investment in Healthcare

The Capital and Estates function oversees the development and delivery of key strategic priorities in the HSE Capital Plan, including a number of large-scale capital programmes. The Capital Plan takes cognisance of government strategy and HSE policy. Capital investment programmes and projects funded in 2021

Social robot MARIO pictured with the CARE CONNECT project team from l-r: Dr Aoife Murray, CÚRAM at NUI Galway, Professor Derek O'Keeffe, CÚRAM at NUI Galway, Mr Frank Kirrane, University Hospital Galway, and Mr Hemendra Worlikar and Mr Vijay Vadhiraj, CÚRAM at NUI Galway.

MARIO the Social Robot

A Care Connect project will see social robot MARIO, used alongside a videoconferencing platform to improve patient family communications in paediatrics. *"The pandemic has restricted patient's families from visiting them in hospital and healthcare settings and therefore isolating them from their loved ones. Communication is a vital part of providing medical care and addressing patients' biopsychosocial needs and their families"* said Professor Derek O'Keeffe, CÚRAM Investigator and project lead at NUI Galway. *"Our first study will be using social robot MARIO with our video-conferencing platform to improve patient-family communications in Paediatrics, where the children have already nicknamed him Super MARIO".*

included those arising from Government priorities; the prevailing challenges within the healthcare environment - specifically COVID-19; national strategies; health service objectives; input from frontline services and the Capital and Estates function.

Key investment and initiatives progressed in 2021 included:

- Advancement of capital projects in the acute sector including support for the ongoing construction of the New Children's Hospital and the completion and operationalisation of the paediatric ambulatory care facilities on Tallaght University Hospital campus. Additional critical care and acute beds were also developed at a number of locations with supporting diagnostic capacity and equipment
- Delivering facilities supporting the COVID-19 response, including community vaccination centres and testing centres to enable the vaccination and booster rollout
- Meeting the commitment to delivering primary care accommodation closer to home, aligned with *Sláintecare,* by providing additional primary care centres in each geographical region
- Improving older persons' residential facilities to meet HIQA compliance standards through the provision of new community nursing units
- Progressing the person-centred model of housing for people with an intellectual disability by advancing decongregation within disability services to meet targets
- Initiating the HSE Property Strategy to support the delivery of key strategic goals as they relate to the development and management of the property portfolio
- Progressing Phase 1 of the National Estates Information System (NEIS) which will provide the tools to strategically manage the HSE Capital and Estates' property and asset portfolio in line with international best practice
- A draft final Business Case was submitted to the Department of Health in December 2021, for formal evaluation of proposals to develop a new co-located National Maternity Hospital (NMH) on the campus of St. Vincent's University Hospital. Once this has been approved, tenders for construction of the new Hospital will be progressed. Following a detailed process of engagement, final drafts of the proposed Legal Framework documents have been agreed, together with the proposed Constitution for the new Hospital and these have been considered and approved by the HSE Board and the two hospitals. It is intended to submit Business Case and Legal Framework recommendations to Government for consideration and approval in the near future.

Delivery of some components of the Capital Plan were impacted by the ability to access facilities as a result of the residual consequences of COVID-19. Challenges affecting infrastructure globally such as availability of resources and materials and construction inflation, had the potential to impact on the Capital Plan. An agile approach to management ensured that the total spend amounted to €985m.

Strategy and Research

The Strategy and Research function encompasses a number of areas including Research and Evidence, Human Rights and Equality and the Global Health Programme.

Research and Evidence

The Research and Evidence function aims to be a key driver in exploiting available data, enabling the discovery of new approaches and innovative ways to deliver health and social care services, and

broadening access to the latest evidence by integrating the work of its three component multi-disciplinary services: Research and Development, Health Intelligence, and the National Health Library and Knowledge Service.

Key areas progressed in 2021 included:

- Launch of the first *HSE National Framework for Governance, Management and Support of Health Research.* As part of implementing the framework, the Standard HSE Code of Governance and Management for the Health and Social Care Research Ethics Committees (RECs) and the HSE Roadmap for the Reform of the HSE REC System were finalised
- Development of a Knowledge Translation In Research online training module to support decision-making informed by research findings
- Delivering key geographic and demographic profiling information to support the *Sláintecare* Healthy Communities Programme and the population health planning for CHNs on a national basis
- Continuing reform of the National Health Library and Knowledge Service, including the establishment of the national office to manage the repository for national policies, protocols, procedures and guidance, and the initiation of the National eHealth Library.

Human Rights and Equality

The role of the National Office of Human Rights and Equality Policy is to build the capacity and capability of staff to achieve compliance with human rights policy and legislation.

Key areas progressed in 2021 included:

- Establishment of reformed oversight group and supporting workstreams for the implementation of the *Assisted Decision-Making (Capacity) Act 2015*. Continuing the delivery of information and support to staff to comply with the *Assisted Decision-Making (Capacity) Act 2015* including publication of *The Assisted Decision-Making (Capacity) Act 2015: Personal and Professional Reflections* which demonstrates the scale of impact that the Act may have on people's lives
- Revision of the HSE National Consent Policy
- Delivery of webinars for staff including consent and vaccination webinars with over 5,000 registering. A consent and vaccination webinar was also held for family members with over 2,000 registering
- Delivery of information and briefing sessions for staff on the Assisted Decision-Making (Capacity) Act 2015 with approximately 1,500 attendees.

New 24 Bed Block at Croom

A newly developed 24 bed block opened at Croom Orthopaedic Hospital. The Maigue Unit is a modern, state-of-the-art ward complex, with its 24 en-suite single rooms built around a courtyard garden area. Work is also ongoing on the first floor of the facility to complete a new €15m theatre suite, complete with four new operating theatres, a first stage recovery room and reception area. Margaret Gleeson, Chief Director of Nursing & Midwifery, said, *"Services are expanding in Croom, and with them the clinical experience to be gained. Croom is a rich field of training and development options, and that will continue with the new theatres."*

Global Health

The Global Health Programme aims to support the least developed countries to strengthen their health services and improve health outcomes, providing reciprocal benefits to our own health service through learning from other countries.

Key areas progressed in 2021 included:

- Contributing towards healthcare for COVID-19 in less developed countries through co-ordination of emergency donations of medical equipment, PPE and drugs to India, Nepal, Brazil and Zambia
- Completing a review of the MoU with Irish Aid, a partnership aimed at enhancing Ireland's overall contribution to global health and development
- Undertaking an evaluation of a social media campaign for fourteen COVID-19 training videos produced in 2020. Developed by the Gorey-Malawi Health Partnership with support from the HSE, these were viewed 2.2 million times across Africa
- Contributing to the development of a global health competency framework with the Forum of Irish Post Graduate Medical Training Bodies
- Initiating production of global health eLearning modules for doctors, with the longer-term plan to develop training courses for all health professionals.

National Communications

Our communications teams provide news, information and health advice to everyone living in Ireland. We develop, publish and promote guidance and tools to help people manage their own health and find the health services they need. We also communicate important information to staff and partners and explain the HSE's work to media and public representatives every day.

In 2021, the HSE's COVID-19 communications programme was at the centre of the national pandemic response, and our COVID-19 vaccine information campaign contributed to Ireland having the highest vaccine uptake in the EU, at nearly 95% for the primary course (i.e. two doses, or three for immunocompromised people).

Key activity in 2021 included:

- Setting the news agenda and leading the public health information campaign with a constant flow of information including HSE voices on air each day, press, broadcast, social media, the HSELive phone service and digital activity to support the public through the pandemic
- Supporting behaviour change and social marketing campaigns such as the QUIT campaign, Dementia Understand Together, sexual wellbeing and screening services
- Providing strategic communications guidance, planning and services to HSE services and teams nationwide
- Initiating work on a trust and confidence plan that involved a programme of research, consultation and action to enable the HSE to measure public trust on an ongoing basis and use the results to make service improvements.
- Supporting the HSE communications response to the cyberattack and a range of critical incidents and news events
- Managing the COVID-19 helpline handling 2.6 million calls in 2021, up from 200,000 in 2019
- 93 million visits to *hse.ie*, up from 20 million from 2019

- Increasing HSE social media followers to 1.45 million from 600,000 in 2019. Over 160,000 queries were responded to on social media in 2021, increased from 10,000 in 2019
- Securing 1.7 million visits from staff members to *healthservice.ie*, our staff website. This provided staff with information to support them to book their COVID-19 vaccine, information about key staff policies and support to access staff benefits and services.

Responding to Brexit

In 2021, the HSE's overriding concern in the context of Brexit was to ensure the continuity of health services post Brexit, including supply chain continuity. The United Kingdom left the EU at the end of January 2020 and was in a transition period until 31 December 2020, the final exit date. On 24 December 2020, the EU and UK concluded a Trade and Co-operation Agreement which has been applied provisionally since 1 January 2021. The HSE, through the Brexit Steering Group, remains fully engaged in the oversight of all Brexit contingency planning, mitigating actions and readiness with a view to ensuring continuity of relevant health services post Brexit.

Key areas progressed in 2021 included:

- Continuity of patient and client health services, including reciprocal access to health services in the UK as appropriate and ensuring that adequate supplies of medicines and medical devices remain available
- Cross-border and frontier arrangements, including Co-operation and Working Together (CAWT) programmes, EU funding programmes such as Interreg VA, and planning for Peace Plus for the benefit of patients in both jurisdictions
- Support for emergency and urgent calls provided by the National Ambulance Service and the Northern Ireland Ambulance Service working together in border areas
- Continuing the implementation of a sustainable model of statutory food controls and supporting the development of ports infrastructure
- Addressing workforce and recognition of qualifications issues
- Continuity of supply of goods and services for health services, and monitoring local and central procurement arrangements including customs clearance agent requirements
- Ensuring General Data Protection Regulation (GDPR) compliance
- Communication with our staff, patients, suppliers and other stakeholders.

Emma Stack, Medical Scientist, at work in the new Molecular Laboratory at University Hospital Limerick.

Molecular Laboratory

A new molecular Laboratory at University Hospital Limerick (UHL) has boosted the hospital's already significant COVID-19 testing capacity, and provides the potential, post-pandemic, to increase the scope of molecular testing in infectious diseases. The total project cost approximately €4m and was funded as part of the national pandemic response. The serology and microbiology laboratories were *"delivering fast, accurate test results for people attending our hospitals, and for people in the local community. However, the new Molecular Lab enhances this with permanent facilities, designed to ensure that we have best possible practices, procedures and environments in place to prevent any contamination of samples"* said Dr Patrick Stapleton, Consultant Microbiologist

4 Our Management and Accountability

4.1 Governance and Board Members' Report 2021

4.2 Risk Management Report

4.3 Complaints and Compliments

4.1 GOVERNANCE AND BOARD MEMBERS' REPORT 2021

As the governing body of the HSE, the Board is accountable to the Minister for Health for the performance of its functions and to give assurances that things are being done in a compliant manner and objectives are being met. The Chief Executive Officer (CEO) in turn is also accountable and reports to the Board, and is responsible for managing and controlling generally the administration and business of the organisation. The HSE exercises a wide range of statutory functions which may have significant implications both for individuals and for the general public.

Role of the HSE Board

The HSE Board is collectively responsible for leading and directing the HSE's activities. While the Board may delegate particular functions to the CEO, the exercise of the power of delegation does not absolve the Board from the duty to supervise and be accountable for the discharge of the delegated functions.

In accordance with the *Health Act 2004* the Board has been assigned a number of key functions as follows:

- It is required to satisfy itself that appropriate systems, procedures and practices are in place:
  - (i) to achieve the HSE's objectives
  - (ii) for the internal performance and accountability in respect of the HSE's:
    - (a) performance of its functions
    - (b) achieving its objectives in accordance with the Corporate Plan
    - (c) delivery of health services in accordance with the *Health Act*
  - (iii) in order to enable compliance with the policies (whether set out in codes, guidelines, or other documents, or any combination thereof) of the Government or a Minister of the Government to the extent that those policies may affect or relate to the functions of the HSE
- Establish and implement arrangements for the management of the performance of the CEO.

The Board fulfils key functions in respect of the HSE, including:

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

The Board must ensure that the HSE's Corporate Plan and its strategic planning are aligned to *Sláintecare* and to the DoH's Statement of Strategy, to the extent relevant, and should also be consistent with the HSE's statutory mandate.

The Board must act on a fully informed and ethical basis, in good faith, with due diligence and care, and in the best interest of the HSE, having due regard to its legal responsibilities and the objectives set by Government. The Board promotes the development of the capacity of the HSE including the capability of

its leadership and staff. The Board is responsible for holding the CEO and senior management to account for the effective performance of their responsibilities.

Oversight Agreement

Governance in the HSE is overseen by the Board working closely with the CEO and the Executive Management Team. The Board values and promotes clear accountability which provides the underpinning of effective relations between Government Departments and State Bodies under their aegis, and depends on roles and responsibilities being clearly defined and understood by the parties. To that end, the Department of Health and HSE have entered into an Oversight Agreement in accordance with the *Code of Practice for the Governance of State Bodies 2016.* The Agreement outlines the roles and responsibilities of the Minster for Health / Department of Health. The Oversight Agreement was approved by the Board in July 2021.

HSE Code of Governance

In accordance with Section 35 of the *Health Act 2004* as amended, the HSE must have in place a Code of Governance. *The Health Act 2004* provides that the HSE shall review the Code periodically and at such times that may be specified by the Minister and shall revise the Code as the HSE considers appropriate.

The Board adopted a revised Code of Governance on 26 February 2021 which was approved by the Minister. This Code replaces the previous document, published in October 2015, and took effect from 9 September 2021.

The revised Code of Governance details the principles, policies, procedures and guidelines by which the HSE directs and controls its functions and manages its business. In support of a cohesive best practice corporate governance infrastructure, it is intended to guide the Board, the CEO and all those working within the HSE and the agencies funded by the HSE in performing their functions to the highest standards of accountability, integrity and propriety. Publishing the Code is an important element of discharging the HSE's responsibility in this regard. The Code of Governance is a key part of the suite of governance documents that facilitate high performance and effective oversight and interactions between the HSE and the DoH.

As part of the HSE Code of Governance, the *Code of Practice for the Governance of State Bodies 2016* has been adopted by the Board and is being complied with, and the additional Business and Financial Reporting Disclosure requirements have been included in Part II Financial Governance of the HSE Annual Report for 2021.

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.*

Statutory Accountability Obligations

Corporate Plan 2021-2024

Under the statutory accountability obligations, the Board have put in place a 3 year *Corporate Plan 2021-2024* adopted by the Board in July 2020 and approved by the Minister in February 2021.

HSE National Service Plan 2021

In accordance with the *Health Act 2004* (as amended), the HSE *National Service Plan 2021* (NSP 2021) was prepared in response to the Letter of Determination and the Annual Statement of Priorities, received from the Minister in November 2020.

NSP 2021 was adopted by the Board on 24 November 2020 and approved by the Minister on 12 February 2021. A COVID-19 Action Plan, key elements of the Access to Care Action Plan, ICT Capital Plan and Capital Plan for infrastructure / equipment and a summary of the Resourcing Strategy were approved as part of the NSP 2021 document.

NSP 2021 is the annual document setting out the type and volume of health and personal social services to be provided by the HSE in 2021, in line with priorities set out by the Minister for Health, and the longer-term transformation agenda for health and social care services in Ireland. In particular, in 2021 the Plan set out how a number of key *Sláintecare* reforms would be progressed and was informed by the *Corporate Plan 2021-2024*, the 2021 Winter Plan (*Winter Planning within the COVID-19 Pandemic, October 2020-April 2021*) and the Pandemic Plan (*Planning for Health Services Delivery in the COVID-19 Pandemic – Winter 2020 to End 2021*). The NSP reflected a very significant budget allocation of €20.6bn in 2021.

NSP 2021 focused on the resilience and preparedness of the health service as we continued to manage the pandemic and operate in a COVID-19 environment. Importantly, it also progressed in parallel the HSE's reform agenda in line with the *Sláintecare* strategic framework and the *Corporate Plan 2021-2024*. The Board carefully prioritised our spending for 2021, investing in initiatives that it considered most likely to deliver demonstrable improvements to health service performance and delivery, fully reflective of the Letter of Determination and the Statement of Priorities. The Board also prioritised the mitigation of the most significant risks for the HSE as identified in the Corporate Risk Register.

While it was acknowledged that it was an ambitious plan in response to an unprecedented level of investment, the Board were satisfied, insofar as practicable, that the appropriate systems, procedures and practices were in place to achieve objectives and that these systems are in compliance with Government policies, public spending codes and guidelines.

HSE Board Strategic Scorecard

In 2021 the Board oversaw the introduction of the HSE Board Strategic Scorecard which provides a monthly report to Board members on progress with key strategic and operational priorities. The Scorecard is also used to provide monthly progress updates to the Minister for Health.

For each priority, the Scorecard provides a monthly position in relation to progress against relevant performance indicators and with the achievement of key milestones and deliverables.

The Scorecard is a key reporting and assurance tool for the HSE's Executive Management Team and Board.

Conti Cyberattack Post Incident Review

On Friday 14 May 2021, there was a major cyberattack against the HSE's IT systems through the criminal infiltration of these systems using Conti Ransomware. As a result, all HSE IT systems were shut down. This event is thought to be the most serious cyberattack on the country's critical infrastructure and was considered by the HSE to be a Major Incident. Healthcare services across the country were severely

disrupted, with real and immediate consequences for the thousands of people who require health services every day.

Given the seriousness of this attack, the Board of the HSE in conjunction with the CEO and EMT decided to commission an independent Post Incident Review into the circumstances surrounding this infiltration of the HSE's IT systems. The final report was accepted by the HSE Board at its November 2021 meeting and was published in December 2021.

Delegation of Functions

A broad range of functions has been vested in the HSE by the Oireachtas, which are exercisable by the Board on behalf of the HSE. The HSE Board must satisfy itself that the functions which it has delegated are being exercised in accordance with the *Health Act 2004*, in accordance with good corporate governance, and in accordance with any directions that the Board may have been given by the Minister in relation to the exercise of those functions. The *Health Act 2004* provides for a formal system of delegations in accordance with Sections 16P and 21D.

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 CEO and the EMT. Both the Board and the CEO have been conferred with legal authority to delegate their functions. However, the Board may also issue directions in writing to the CEO in relation to his or her powers of delegation, with which he or she is obliged to comply.

The Board may delegate appropriate functions in writing to the CEO. The CEO is accountable to the Board for the performance of his or her functions and any functions delegated to him or her by the Board. Any delegation of functions from the Board to the CEO, or any revocation of such delegation(s) must be notified to the Minister for Health in writing. Board delegations to the CEO remain in force until they are revoked by the Board, which must be done by notice in writing to the CEO.

During 2020, the HSE Board, recognising the unique and rapidly changing environment caused by the COVID-19 pandemic, took the decision to delegate to the CEO authority to make the necessary decisions as required within the all-Government and multi-agency approach to the management of the emergency. This delegation was time bound and was appropriate to the emergency situation caused by the COVID-19 pandemic. All reserved functions of the Board were restored on 24 September 2021.

Reserved functions

The following functions are reserved functions of the Board:

- The Board shall satisfy itself that appropriate systems, procedures and practices are in place to achieve the HSE's objectives, and for the internal performance management and accountability of the HSE in relation to specified matters
- The Board shall adopt (and approve any amendments to) the HSE's Corporate Plan, the HSE's National Service Plan (NSP), Capital Plan and Capital Investment Framework and shall approve the submission of any superannuation schemes prior to their submission to the Minister for Health. Any amendments made to the aforesaid plans and superannuation scheme require the prior approval of the Minister

- The Board shall adopt the HSE's Code of Governance and all subsequent updates and the Board shall approve any Code of Conduct and all subsequent updates to be issued for the guidance of members of a Committee of the Board but who are not members of the Board, employees, advisers, or employees of advisors
- The Board shall adopt the HSE's Annual Report prior to it being submitted to the Minister for Health
- The Board shall approve changes to the corporate structure of the HSE, it shall approve all contracts in excess of specified monetary thresholds, it shall approve appointments to the Audit and Risk Committee, the appointment of external auditors (other than the Comptroller and Auditor General), and the creation and appointment of members to Committees of the Board and the dissolution of Board Committees
- The Board shall appoint the CEO, who shall be accountable to the Board for the effective and efficient management of the HSE and for the performance of his or her functions
- The Board shall approve the HSE's bank arrangements, including the opening of all new bank accounts. The Board shall approve acceptance of gifts to the HSE in excess of €100,000 and shall approve arms-length acquisitions of land and property where the transaction value exceeds €2m exclusive of VAT and service charges.

The schedule of attendance, fees and expenses can be seen in Appendix 5 of this Annual Report.

Committees

The Board has established four Committees in order to provide it with assistance and advice in relation to the performance of its functions. Three of the Board's Committees act in an advisory capacity and have no executive function. Membership of Committees includes both Board and external members. Appointment of external members ensures appropriate patient and service user representation on the Committees.

The Audit and Risk Committee has a number of specific functions, and those pertaining to audit have a legislative basis.

The Board's Committees are:

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

Joint meetings were held between the Audit and Risk Committee and the Safety and Quality Committee to have oversight of the COVID-19 risks on the Corporate Risk Register.

Audit and Risk Committee

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

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

Under current legislation the Committee is required to:

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

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

In support of its statutory remit, the Committee's Terms of Reference (ToR), as approved by the Board on 26 July 2019, amended 28 April 2021, provide for the Committee's role to extend to the following areas:

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

The amendment of the ToR saw the Committee approve the incorporation of healthcare audit into the Internal Audit function. The Committee assigned responsibility for reviewing and monitoring the outcome of healthcare audits to the Safety and Quality Committee. The Committee also provides oversight of and support to the Board with regards to the scrutiny of major contracts and review of the Protected Disclosure Report and related policies and procedures.

The CEO is required to ensure that the Committee is provided with all the Executive's audit reports, audit plans and monthly reports on expenditure, and if he or she has reason to suspect that any material misappropriation of the Executive's money, or any fraudulent conversion or misapplication of the Executive's property, may have taken place, report that matter to the Audit and Risk Committee as soon as practicable. In addition, the CEO shall furnish to the Committee information on any financial matter or procedure necessary for the performance of its functions by the Committee.

The membership of the Audit and Risk Committee during 2021 was:

- Brendan Lenihan, Committee Vice Chairperson and Board Member
- Fergus Finlay, Board Member
- Fiona Ross, Board Member (resigned 4 August 2021)
- Ann Markey, External Member
- Colm Campbell, External Member
- Pat Kirwan, External Member
- Martin Pitt, External Member.

Geraldine Smith, the National Director of Internal Audit, who reports directly to the Committee, attended Audit and Risk Committee meetings and reported regularly on the work of the Internal Audit Division. The Committee was also joined by Stephen Mulvany, Chief Financial Officer, supported by Mairead Dolan, Assistant Chief Financial Officer and Patrick Lynch, Chief Risk Officer, who were the members of the HSE's senior management assigned by the CEO to assist the Committee. Throughout the year, the Committee also invited additional members of the EMT to attend and present at its meetings and where appropriate sought further information and clarifications.

The Committee agreed a detailed workplan for 2021 to address in a systematic and comprehensive manner its key roles and responsibilities. The Committee fulfilled its responsibilities as planned. Through the Committee's 17 meetings, the Committee members had oversight and discussion on a range of issues such as a review of internal audit reports, which over the year saw 161 reports, including audits of funded agencies, follow-up audits, special investigations, and ICT audits. In addition to the planned programme of internal audits, the Committee also reviewed an audit of payroll irregularities at St Columcille's Hospital. Briefings were also presented to the Committee on the implementation of recommendations of a number of key internal audit reports on non-consultant hospital doctors (NCHDs) recruitment, the impact of the European Working Time Directive on NCHDs, Children First legislation, senior management overtime, and the Job Evaluation Scheme. The Committee also approved a revised Internal Audit Plan for 2021 to reflect the impact of the cyberattack on the operational capacity of the Internal Audit Division. During the year, the 2020 Annual Report of the Internal Audit Division and the 2022 Annual Internal Audit Plan were presented to the Committee. The Committee reviewed and approved the updated Internal Audit Charter to reflect the incorporation of healthcare audit into the Internal Audit Division. In accordance with best practice, the Committee met in private session with the National Director of Internal Audit without executive management present.

As per the workplan, the members of the committee reviewed the HSE's Annual Financial Statements and Special Legislative Accounts, which were submitted to the Comptroller and Auditor General (C&AG). In addition to monthly expenditure updates, the Committee monitored and reviewed COVID-19 expenditure throughout the year. The Committee also supported the development and implementation of a three-year Controls Improvement Plan and an Activity Based Funding Implementation Plan. The Committee was also kept abreast throughout the cyberattack of activity with regards to payroll, payment services, income services and inventory, and logistics. The Committee provided a focus on procurement compliance and on re-integrating PPE into mainstream procurement governance and reviewing the KPMG PPE Audit process and deliverables.

Over the year, the Committee maintained oversight of the delivery of the Capital Plan, including emerging proposals for the legal status and relocation of the National Maternity Hospital, and the funding and oversight arrangements for the new Children's Hospital. Both of these developments will remain major

components of the Committee's work during 2022, along with monitoring relevant aspects of the design and development of regional health areas (RHAs). The Committee also supported the delivery of facilities for the HSE's COVID-19 response, including community vaccination centres and testing centres.

During the year, the Committee oversaw the implementation of the recommendations in the Moody Risk Management Report, the appointment of a Chief Risk Officer and the development of the HSE's first Risk Appetite Statement, while the Corporate Risk Register remains a standing item on the Committee's agenda. The Committee also reviewed the HSE's Fraud and Corruption and Data Retention policies and received an overview of the HSE Legal Department.

People and Culture Committee

The People and Culture Committee was established by the HSE Board to provide strategic oversight of the Health Services People Strategy 2019-2024 to have the right people, with the right skills, in the right place, at the right time. The key areas of focus for the Committee are: leadership, culture, talent, and communication and capability.

The Committee has established a Terms of Reference approved by the Board. The Committee is not responsible for any executive functions and is not vested with any executive powers. Its purpose is to provide reassurance and to make recommendations to the Board on matters relating to people and culture.

The membership of the People and Culture Committee during 2021 was:

- Dr Yvonne Traynor, Chairperson and Board Member
- Aogán Ó Fearghail, Board Member
- Dr Sarah McLoughlin, Board Member
- Brendan Whelan, Board Member (appointed Board member 12 March 2021)
- Bernie O'Reilly, External Member
- Deirdre Cullivan, External Member (appointed 26 February 2021).

The Committee met on seven occasions in 2021. The Committee was joined by Anne Marie Hoey, National Director Human Resources, and Mark Brennock, National Director Communications, who were the members of the HSE Senior Management Team assigned by the CEO to assist the Committee. Throughout the year, the Committee invited additional members of the Senior Management Team to attend and present at its meetings and sought further information and clarifications, as appropriate.

The Committee adopted a detailed workplan for 2021, to address its key roles and responsibilities and to provide the appropriate focus. The Committee fulfilled these responsibilities as planned. Committee members had oversight and discussion on a range of issues. 2021 presented a number of challenges, in particular dealing with impacts on staff wellbeing from the COVID-19 lockdown, the cyberattack, and the rapid development (and roll-out) of the national vaccination service. The Committee provided oversight of these areas and ensured awareness of staff experiences throughout the HSE during an extremely challenging year.

The Committee was kept abreast of the significant large-scale recruitment campaigns, notably for medical, nursing, and health and social care professionals, for the Test and Trace and Vaccination Programmes, and for new development posts. Recruitment remains the biggest challenge for the service and will be key to the success of many of the HSE strategic priorities.

In January 2021, the Committee reviewed the HSE Strategic Workforce and Resourcing Plan. In subsequent meetings, the Committee reviewed ongoing recruitment updates, the People and Recruitment Dashboard, reporting KPIs covering recruitment, HSE WTEs, staff turnover by Hospital Group, by CHO, and by staff category[1]. Under the Risk Management Framework, the Committee monitored Risk 10 – Workforce and Recruitment, Risk 19 – Safety, Health and Wellbeing and Risk 14 – Delivering Transformation and Change including Culture Change. The Committee also reviewed the development of the new *Sláintecare* public-only consultant contract.

The Committee participated in judging the 2021 Health Service Excellence Awards. It also reviewed the 2021 staff survey results. While the response rate was low, it showed higher levels of staff enthusiasm and motivation than comparable organisations. The committee looks forward to the implementation of an action plan which followed the survey.

The Committee also reviewed a number of deep-dive reports on workplace health and wellbeing initiatives, the National Integrated Staff Records and Pay Programme system, community healthcare and the Ireland East Hospital Group HR Overview. The Committee also received a number of reports on the HSE Trust and Confidence project and the implementation of actions that have been taken. Bi-monthly updates were also received from Internal Communications.

The Committee welcomed the appointment of a new National Communications Director who kept it abreast of all activity with regards to communications support for the COVID-19 vaccination programme and the communication response to the cyberattack.

The committee carried out a review of its own performance.

Performance and Delivery Committee

The role of the Performance and Delivery Committee is to advise the Board on all matters relating to performance within the health service and to ensure that such performance is optimised across all relevant domains of the agreed balanced scorecard to ensure better experience for patients and service users. The Committee focuses on the monitoring of performance of the health service against its NSP targets. The Committee is not responsible for any executive functions and is not vested with any executive powers.

The membership of the Performance and Delivery Committee during 2021 was:

- Tim Hynes, Chairperson and Board Member
- Brendan Lenihan, Board Member
- Dr Sarah McLoughlin, Board Member
- Fergus Finlay, Board Member
- Brendan Whelan (appointed Board member 12 March 2021)
- Lt Col Louis Flynn, External Member
- Regina Moran, External Member (1 January – 3 September 2021)
- Dr Sarah Barry, External Member.

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[1] Due to the cyberattack some elements of dashboard data were unavailable to the Committee during the year

The Committee met on 10 occasions in 2021. The Committee was joined by Anne O'Connor, Chief Operations Officer, Dean Sullivan, Chief Strategy Officer, Stephen Mulvany, Chief Financial Officer and Fran Thompson, Chief Information Officer, who were the members of the HSE Senior Management Team assigned by the CEO to assist the Committee. Throughout the year, the Committee invited additional members of the EMT to attend and present at its meetings and sought further information and clarifications, as appropriate.

The Committee adopted a detailed workplan for 2021, to address its key roles and responsibilities and to provide appropriate focus. The work of the Committee was impacted in 2021 by the cyberattack; however the Committee oversaw the enhancing of the HSE National Scorecard, the HSE Annual Report 2020, the NSP 2022 (including Capital Plan 2022, Workforce Resourcing Strategy 2022 and eHealth and ICT Capital Plan 2022) and the ongoing development of the Integrated Financial Management System (IFMS) project. The Committee also completed quarterly monitoring of its allocated Corporate Risk Register risks and their controls.

Following the Conti cyberattack in May 2021, the Committee provided and continues to provide ongoing support in the oversight of the recommendations of the Post-Incident Review into the Conti cyberattack. During the year the Committee also provided oversight and support to the Chief Information Officer in the delivery of technology to support and improve healthcare for the health service and the delivery of new eHealth and corporate solutions.

At each monthly meeting, the Committee considered Performance Profiles provided by the Chief Operations Officer. The Performance Profiles provide an update on key performance areas across the four domains of the National Scorecard for Community Healthcare, Acute Hospitals and National Services in addition to Quality and Patient Safety, Finance and Human Resources. The results for KPIs are provided on a heat map, and in table and graph format, together with a commentary on performance that is provided by services. These profiles provided the Committee with the data required to assess the HSE's performance against the NSP targets in key performance areas. The Committee were also kept informed and updated regularly on items such as the implementation of the *COVID-19 Nursing Homes Expert Panel Report* recommendations, the Corporate Centre Review process and the transfer of the Disability function from the DoH to the Department of Children, Equality, Disability, Integration and Youth. The Committee also recommended to the Board, for approval, the HSE / DoH Oversight Agreement and the 2021 Winter Plan.

Safety and Quality Committee

The Safety and Quality Committee was established to advise the Board on all matters relating to patient safety and quality in the health service and to provide strategic oversight of the development and implementation of national programmes and strategies relevant to the safety and quality agenda of the HSE, with specific reference to the *Patient Safety Strategy 2019-2024*.

The Committee has established Terms of Reference which were revised in September 2021 to include advising on the appropriateness, efficiency and effectiveness of the HSE's healthcare audit function by reviewing and recommending for approval, the healthcare audit activities in the Annual Internal Audit Plan, reviewing the findings and recommendations of healthcare audit and monitoring actions taken by management to resolve any issues identified. The Committee may also request special reports from the National Director of Internal Audit in relation to healthcare audit, as the Committee considers appropriate or as requested by the Committee Chair, the Chair of the Board, or the CEO.

The scope of the Committee's authority extends to all aspects of safety and quality within the public health service. For 2021, a detailed workplan focused on these areas was adopted by the Safety and Quality Committee, covering key roles and responsibilities of the Committee to ensure that all areas within its remit and terms of reference receive the appropriate focus. The work programme for the Committee incorporates learning and development opportunities for members, with subject matter experts presenting to the Committee on developments in the areas of quality, safety and risk.

The membership of the Safety and Quality Committee during 2021 was:

- Prof Deirdre Madden, Chairperson and Board Member
- Prof Fergus O'Kelly, Board Member
- Dr Yvonne Traynor, Board Member
- Anne Carrigy, Board Member (appointed Board member 12 March 2021)
- Dr Chris Luke, External Member
- Margaret Murphy, External Member
- Jacqui Browne, External Member (appointed 28 April 2021)
- Dr Cathal O'Keeffe, External Member.

All members of the Committee are highly experienced and have the relevant skills and experience to perform the functions of the Committee.

At meetings, the Committee was joined by the HSE's Chief Clinical Officer (CCO) Dr Colm Henry who is supported by Prof Orla Healy. Throughout the year, the Committee invited additional members of the HSE Senior Management Team to attend and present at its meetings and sought further information and clarifications, as appropriate.

Every month, the Committee reviews a report from the CCO which provides briefings on activity within the CCO Office including data in relation to the COVID-19 pandemic, test and trace and vaccination roll out. Data included information on new cases which included the seven and 14-day incidence rates of the disease in different age groups, number of cases in hospitals and details on outbreaks nationwide and Ireland's COVID-19 rate by comparison to other EU/EEA countries. Reports on the pandemic's impact on scheduled and unscheduled care, paediatric care, older persons' care and the National Cancer Control Programme were also considered.

During the year, the Committee also received in-depth briefings in areas including the National Screening Services, National Cancer Control Programme, Antimicrobial Resistance and Infection Control, National Women and Infants Health Programme and Medicines Management Programme. The CCO also ensured that the Committee was kept informed of relevant safety and quality matters such as the review of gynaecological services in Letterkenny University Hospital, organ disposal in Cork University Hospital, and the Maskey Report in relation to the child and adolescent mental health service (CAMHS) in South Kerry. The Chair of the National Independent Review Panel (NIRP) also met with the Committee during the year to brief the Committee on the report from the NIRP on Ard na Greine and other ongoing reviews. The National Office of Clinical Audit met with the Committee in December and the Committee also received a briefing on the HIQA Standards Programme Advisory Group, the five year NOCA Strategy and supported the establishment of the National Framework for the Governance, Management and Support of Research Framework. Annually, the Committee receives a briefing from the Open Disclosure Office who work with patients and patient representatives' groups.

The Committee also reviewed quality and safety assurance in various areas by examining regulatory reports, incident reports, healthcare audit reports, clinical complaints and the HSE Corporate Risk Register. These were considered regularly by the Committee and updates on implementation of the recommendations from the reviews were sought. The Committee held responsibility for monitoring a number of Corporate Risks including Risk 7 – Current Configuration of Hospitals, Risk 9 – Healthcare Associated Infection / COVID-19 and Antimicrobial Resistance, Risk 15 – Screening Services, Risk 16 – Regulatory Compliance, and Risk 18 – Policy and Legislation Development and Implementation.

The Committee are also presented monthly with the HSE Quality Profile Report to measure and monitor safety improvements within the organisation. This is a national suite of key safety and quality performance indicators which was developed by the Quality Improvement Team.

The Committee also have a standing agenda item aimed at helping Committee members engage with the lived experiences of those who use and work within health services. The People's Experience of Quality agenda item presents both positive and negative experiences from patients, service users, families and staff members.

Support to the Board and Committees

The Secretary of the HSE Board also acted as Secretary to the Committees and additional administrative support was provided through the Office of the Board.

Members of the Board (as at 31 December 2021)

			
Mr Ciarán Devane **Chair**	**Prof Deirdre Madden** **Deputy Chair**	**Anne Carrigy**	**Mr Fergus Finlay**
Appointed **28 June 2019**	**Appointed** **28 June 2019**	**Appointed** **12 March 2021**	**Appointed** **28 June 2019**
Tenure **5 years**	**Tenure** **5 years**	**Tenure** **3 years**	**Tenure** **5 years**
Skills and Experience: Executive Director of the Centre for Trust, Peace and Social Relations at Coventry University. Chair of Clore Social Leadership. Formerly member of the Board of the NHS, England, Chief Executive of Macmillan Cancer Support and Chief Executive of the British Council. Recipient of a knighthood in the UK for services to cancer patients and was awarded the Freedom of the City of London.	**Skills and Experience:** Professor of Law at University College Cork specialising in healthcare law and ethics. Chaired the Commission on Patient Safety and Quality Assurance and has extensive experience of healthcare and professional regulation.	**Skills and Experience:** Served as Director of Nursing and Head of Corporate Affairs at the Mater Misericordiae University Hospital before becoming Director of the HSE's Serious Incident Management Team and subsequently National Lead for Acute Hospital Services. Has served on national and international Boards and Committees including as President of the Nursing and Midwifery Board of Ireland and the European Federation of Nursing Professions.	**Skills and Experience:** Retired Chief Executive Officer of Barnardos. Former Government and political adviser. Chair of Dolphin House Regeneration Board and member of the Charities Regulatory Authority. Lifelong disability activist.

			
Mr Tim Hynes	**Mr Brendan Lenihan**	**Dr Sarah McLoughlin**	**Mr Aogán Ó Fearghail**
Appointed **28 June 2019**	**Appointed** **28 June 2019**	**Appointed** **28 June 2019**	**Appointed** **28 June 2019**
Tenure **3 years**	**Tenure** **5 years**	**Tenure** **5 years**	**Tenure** **3 Years**
Skills and Experience: Group Chief Information Officer for Allied Irish Bank. Holds a Masters in Executive Leadership from Ulster University, qualified bank director, and Fellow of the Irish Computer Society.	**Skills and Experience:** Managing Director of Navigo Consulting and former President of the Institute of Chartered Accountants in Ireland. Non-executive director of Bus Éireann. Board of Trustees of Good Shepherd Cork. Holds a Professional Diploma in Corporate Governance from University College Dublin Smurfit Business School and is a member of the Institute of Directors.	**Skills and Experience:** Patient advocate and research scientist in University College Dublin involved in patient, clinical and research initiatives in cross-disease areas in Ireland. Graduate of the first 'Patient Education Programme in Health Innovation' in Ireland by the Irish Platform for Patient Organisations, Science and Industry.	**Skills and Experience:** School placement tutor with Dublin City University. Gaelic Athletic Association President from 2015 to 2018. Former school principal.

		
Prof Fergus O'Kelly	**Dr Yvonne Traynor**	**Brendan Whelan**
Appointed **28 June 2019**	**Appointed** **28 June 2019**	**Appointed** **12 March 2021**
Tenure **5 Years**	**Tenure** **3 years**	**Tenure** **3 years**
Skills and Experience: Retired GP / family physician and Clinical Professor of General Practice / Family Medicine, Trinity College Dublin. Has held numerous roles progressing the discipline of family medicine and primary care and has been involved in GP / family medicine training since 1985, including as Director of the Trinity College Dublin / HSE programme for 18 years. President of the Irish College of General Practitioners (ICGP) (2015-2016) and member of the Governing Board of ICGP (2014-2017).	**Skills and Experience:** Vice President of Regulatory and Scientific Affairs with Kerry Group. Chartered Director and held role of Chair of the Audit, Risk and Compliance Committee of the Irish Blood Transfusion Service. Holds a PhD in Chemistry from Trinity College Dublin, a Certified Diploma in Accounting and Finance and an MSc in Executive Leadership.	**Skills and Experience:** Chief Executive Officer of Social Finance Foundation. Chairman of Special Olympics Ireland. Chair of St. Catherine's Association Wicklow and Patron of the related St. Catherine's Special School. Former senior executive at Bank of Ireland. Holds qualifications in Commerce and Management and is a Fellow of the Institute of Bankers in Ireland.

Members of the Executive Management Team (as at 31 December 2021)

			
Mr Paul Reid **Chief Executive Officer**	**Mr Mark Brennock** **National Director, Communications**	**Dr Colm Henry** **Chief Clinical Officer**	**Ms Anne Marie Hoey** **National Director, Human Resources**
Skills and Experience: Paul Reid is the Chief Executive Officer of the HSE. In previous roles he has led large organisations in the private, not-for-profit, central and local government sectors including Fingal County Council, the Department of Public Expenditure and Reform, Trócaire and eir. He holds a Masters degree in Business Administration from Trinity College Dublin and a BA in Human Resources and Industrial Relations from the National College of Ireland.	**Skills and Experience:** Mark Brennock is the National Director of Communications, leading the development and management of the HSE's communications efforts, providing consultancy advice and support to staff across the organisation. He was formerly Director of Public Affairs with Murray, one of Ireland's largest communications agencies, and spent 23 years working as a journalist, mainly with The Irish Times.	**Skills and Experience:** Dr Colm Henry is the Chief Clinical Officer of the HSE. Prior to his appointment as Chief Clinical Officer, he was National Clinical Advisor and Group Lead for Acute Hospitals in the HSE and, before this, was the National Lead for the Clinical Director Programme in the HSE. He was appointed as consultant geriatrician to the Mercy University Hospital in Cork in 2002 and was the hospital's Clinical Director from 2009 to 2012.	**Skills and Experience:** Anne Marie Hoey is the National Director of Human Resources for the HSE since 2019. She has over 30 years' experience in the Irish health service, holding a number of senior management roles, across acute hospitals, community services and the Primary Care Reimbursement Service. She holds a BSc in Management in addition to a Master's Degree in Health Service Management from Trinity College Dublin and is a Fellow of the Chartered Institute of Personnel and Development.

			
Mr John Kelly **Head of Corporate Affairs**	**Mr Damien McCallion** **National Director, Vaccination and Test and Trace Programmes and Director General CAWT**	**Mr Stephen Mulvany** **Chief Financial Officer**	**Ms Anne O'Connor** **Chief Operations Officer**
Skills and Experience: John Kelly is Head of Corporate Affairs for the HSE. He is a qualified solicitor and has worked for one of the largest law firms in the country where he specialised in public administrative law, employment law, and healthcare law. Prior to training as a solicitor he worked as a senior healthcare manager.	**Skills and Experience:** Damien McCallion is National Director leading the roll-out of the COVID-19 Vaccination and Test and Trace Programmes and is also Director General of CAWT (Co-operation and Working Together). Over the course of his career, he has held a number of senior roles including in the National Screening Service, ICT, the Health Service Reform Programme, Emergency Management and the National Ambulance Service, and holds a MSc. in Change and Innovation Management.	**Skills and Experience:** Stephen Mulvany is the Chief Financial Officer of the HSE with extensive experience in financial planning, operational planning and service delivery. He is a chartered accountant (FCCA) with a Postgraduate Diploma in Information Technology for Managers, a MSc in Management Practice, an Institute of Directors Certificate and a Diploma in Company Direction.	**Skills and Experience:** Anne O'Connor is the Chief Operations Officer of the HSE, leading in excess of 100,000 staff members who deliver health services across community and hospital settings in Ireland. She has led health services in Ireland at local and national level. She is an occupational therapist and holds a MSc in Occupational Therapy and a MSc in Management Practice.

		
Dr Geraldine Smith **National Director, Internal Audit**	**Mr Dean Sullivan** **Chief Strategy Officer**	**Mr Fran Thompson** **Chief Information Officer**
Skills and Experience: Dr Geraldine Smith is National Director of Internal Audit for the HSE. She also chairs the Audit and Risk Committee of a central government department. She is a Fellow of the Association of Chartered Certified Accountants and a Chartered Internal Auditor, has a PhD in Governance, a Masters in Public Management and a Professional Diploma in Corporate Governance.	**Skills and Experience:** Dean Sullivan is the Chief Strategy Officer of the HSE. He has 30 years' experience in the public and private sectors, including senior roles in the Northern Ireland Health and Social Care Board and the DoH, and with PA Consulting and Price Waterhouse. He is a qualified accountant (CIPFA) and has also completed the Institute of Directors Certificate and Diploma in Company Direction.	**Skills and Experience:** Fran Thompson is Chief Information Officer of the HSE enabling the digital transformation of Ireland's health service. With over 25 years' health ICT leadership experience leading on a wide range of key strategic eHealth programmes, he is particularly focused on maximising digital transformation within the health sector.

4.2 RISK MANAGEMENT REPORT

Risk Management

Anticipating and reducing threats to the delivery of health and social care services remains a critical priority for the HSE. Managing corporate risks is therefore an important organisational process and these risks are recorded in the HSE's Corporate Risk Register. The identification and monitoring of corporate risks allows the Board and the Executive Management Team (EMT) to assess and manage the HSE's key risks and the response to these risks.

The Board has overall responsibility for approving the risk management framework, setting the HSE's risk appetite, and approving the Risk Management Plan and Corporate Risk Register annually. It also has responsibility for reviewing management reporting on risk management and either noting and / or approving actions as appropriate.

Risk Appetite Statement

In November 2021, the Board approved the HSE's Risk Appetite Statement. The Risk Appetite Statement describes and sets parameters on the target level of risk the HSE is willing to accept to achieve its strategic objectives.

The HSE's appetite for risk is dictated by the nature of the risk involved. For example we are 'open' to considering all options where the probability of benefits exceeding potential risks is greater, such as in the area of technology. We are however averse to taking risks in other areas, such as patient safety or where disruption could be caused to critical systems or processes.

Corporate Risk Register

Each of the risks on the Corporate Risk Register is assigned to a member of the EMT as 'owner' of that risk and each of the risks has been allocated to one of the four committees of the Board by the Audit and Risk Committee (ARC). Board Committees provide oversight for the management of risks assigned to them and review these risks and associated action plans with the relevant members of the EMT.

In November 2021, the Board also reviewed and approved the HSE's Corporate Risk Register, a summary of which is included in the tables below. The Board is supported by the ARC and other Board Committees who report the findings of their reviews of risk to the Board. The ARC also receives regular reports on risk management from the internal auditors and checks progress against agreed action plans to manage identified risks.

The HSE assesses the Corporate Risk Register and risk reports in the process of developing its Corporate Plan, National Service Plan (NSP) and annual Budget. The risk management process is intended to ensure principal risks are identified, prioritised, managed, monitored and reported consistently at national level. Corporate Risks are reviewed by the EMT and feed into the Board and ARC wider discussions. All Corporate Risks and associated action plans are reviewed by the EMT as part of either a monthly or quarterly review process depending on the nature of the risk.

Corporate Risk in 2021

There are currently 27 risks on the Corporate Risk Register. Some of the key changes in risk profile during 2021 include:

- COVID-19 has continued to impact all areas of society and the health service. While 2021 saw significant surges in cases, both early and later in the year, the successful roll-out of the vaccination programme significantly reduced the risk of serious illness and death for those who contracted the virus. This reduction in risk is also reflected in long-term residential care services, so seriously impacted in the early days of the pandemic. Risks in relation to critical pandemic supplies including PPE have also reduced
- In May 2021, one of the HSE's principal corporate risks, risk of a cyberattack, materialised. This attack caused major disruption across the health network and seriously impacted the delivery of services in its aftermath. As part of the overall risk process, an Independent Post Incident Review was commissioned. This review set out a series of recommendations to improve the management of cyber-risk in both the immediate term and in the future. The HSE's experience through the cyberattack, together with increased cyber security threats internationally resulted in the risk rating in relation to cyber security being increased in 2021
- While some risks associated with Brexit remain, the overall risk profile continued to reduce in 2021.

Improving our risk management processes

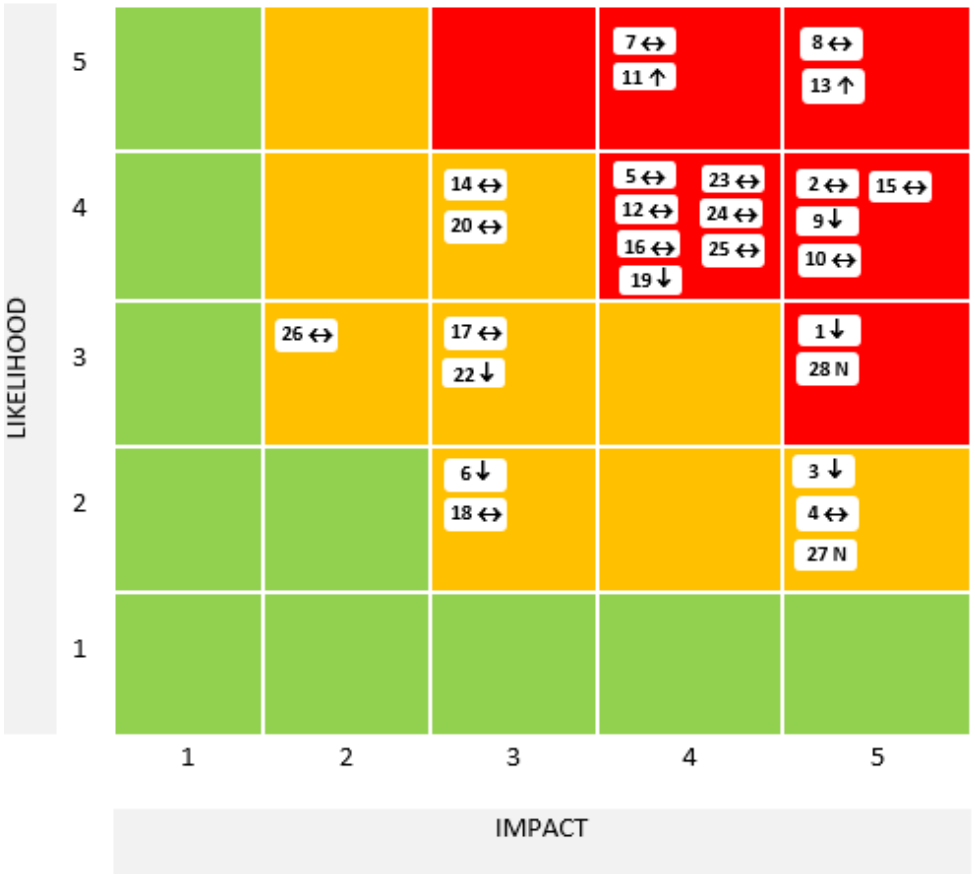
A joint Board / EMT commissioned review of the HSE's corporate risk management processes was completed in January 2021. The review identified that many areas of good practice are in place within the HSE. It also provided a set of recommendations for improving the overall risk management process which are currently being implemented.

In November 2021, the HSE Board approved the proposal for appointing the HSE's Chief Risk Officer.

Risk Areas

Risk areas			
1	COVID-19 integrated testing and contact tracing	**15**	Screening services
2	Restoration of core health service activity while retaining surge capacity for COVID-19	**16**	Regulatory compliance
3	COVID-19 long-term residential care settings	**17**	Organisational reputation
4	COVID-19 critical supplies and equipment including PPE	**18**	Policy and legislation development and implementation
5	Resourcing of public health capacity and teams	**19**	Safety, health and wellbeing of staff
6	Health service funding	**20**	Individual performance management and accountability
7	Current configuration of hospitals	**21**	*Merged with Risk 13 Cyber during 2021*
8	Capacity and access across community and acute services	**22**	System of internal control
9	Healthcare associated infections / COVID-19 and antimicrobial resistance	**23**	Business continuity management
10	Workforce and recruitment	**24**	New children's hospital project
11	Disability services	**25**	HSE funded agencies
12	Capital infrastructure and critical equipment	**26**	Post-Brexit
13	Cyber security and ICT systems and infrastructure	**27**	COVID-19 vaccination programme
14	Delivering transformation and change including culture change	**28**	Governance of private nursing homes

Heatmap



Note: Heatmap details changes to the rating of risks Q3 2021 Corporate Risk Register from Q4 2020

- ↑ Increasing Risk
- ↔ Risk level remained the same
- ↓ Decreasing Risk
- N New Risk added during 2021

#	Risk area	Key Mitigating Controls and Actions	Status
1	COVID-19 integrated testing and contact tracing	• Capacity was put in place to provide circa 30,000 (25,000 community and 5,000 acute) tests per day with a turnaround time of three days • An online self-referral portal to facilitate convenient access to COVID-19 testing for those without symptoms was developed • An antigen pilot in early years and third level was completed • There was ongoing capacity planning and surge capacity work to plan and adapt the service so it can respond most effectively and efficiently in situations where volume exceeds capacity • A number of further enhancements to the contact management programme to support improvements to communication with cases and close contacts were developed • A phased Transition Strategy for the test and trace function to align with Government policy and HSE strategy was developed	↓
2	Restoration of core health service activity while retaining surge capacity for COVID-19	• Additional capacity as set out in the Winter Plan and NSP 2021 to support necessary lowered occupancy levels to meet surge requirements was developed • Telehealth reduced the number of contacts at healthcare sites • NTPF / Private hospitals arrangements put in place • Clinical guidance on resumption of acute services including scheduled surgical services, unscheduled care acute floor and outpatient services was developed	↔
3	COVID-19 long-term residential care settings	• COVID-19 Response Teams established in CHOs • COVID-19 booster vaccination programme put in place to prioritise residential care • National COVID-19 Monitoring Group established for residential care • HSE facilities had the ability and space to isolate and cohort residents, preparedness plans were put in place	↓
4	COVID-19 critical supplies and equipment including PPE	• A PPE forecasting model was developed based on calculations derived from various inputs and clinical guidance, that formed the basis for ordering the national stock of PPE from both domestic and international markets and for issuing PPE to all healthcare locations in Ireland • Supply agreements were secured in 2021, primarily with indigenous manufacturers, for additional stock as required • An independent audit of the systems and controls in relation to the sourcing, management and usage of PPE was completed • An assessment of PPE usage / issues versus clinical guidance in relation to stock levels was undertaken	↔
5	Public health capacity	• The plan and funding to expand infection prevention and control (IPC) capacity was approved • The Public Health Governance Group met bi-monthly to review progress of the pandemic resource implementation plan	

#	Risk area	Key Mitigating Controls and Actions	Status
		• Detailed design of the future service delivery model for a sustainable public health function, workforce plan, change management plan and implementation plan was developed • Proposal accepted by the HSE Board, in relation to the reduction in current prevalence of the disease, outlined the agreed transition in public health response, moving from containment to a phase of harm-reduction and mitigation • The successful roll-out of the COVID-19 vaccination programme of the eligible population fully vaccinated, will help protect vulnerable populations with implications for public health capacity	⟷
6	Health service funding	• Core financial reporting policies and practices were in place such as performance against budget, service plan and projections • COVID-19 cost codes framework set up to ensure appropriate tracking of costs • Regular updates and reporting between HSE and the DoH with respect to demands, funding and escalation of issues • Regular liaison with the State Claims Agency, HSE and DoH to monitor the level of claims	↓
7	Current configuration of hospitals	• Development of clinical networks are ongoing for particular services e.g. emergency care, cancer care, maternity and infant services, trauma etc. • Introduction of additional acute and critical care beds in the context of actions taken to address the challenges of COVID-19 • Progressed the appointment of: - Group Clinical Directors, Group Directors of Nursing and Midwifery and CEOs - Clinical leads for each of the key specialities • Implementation of trauma and orthopaedic bypass protocols • Separation of scheduled and unscheduled care services is ongoing in order to improve capacity and access • Implementation programme for enhanced community services and hospital care redesign, linked to the Pandemic Plan, Corporate Plan and Sláintecare is ongoing	⟷
8	Capacity access and demand	• NSP 2021 (incorporating the Winter Plan) – whole system reform programme, investment in additional staff, services and infrastructure including: - Additional acute bed capacity including ICU, homecare packages, intermediate care beds, development of models of care - Nine Area Crisis Management Teams in place - Implementation of agreed five-year plans for the implementation of key transformation priorities commenced.	⟷

#	Risk area	Key Mitigating Controls and Actions	Status
		- Optimisation of NTPF to support additional diagnostics for primary care - Capacity and Access *Sláintecare* programme	
9	Healthcare associated infections (HCAI) / COVID-19 and antimicrobial resistance (AMR)	• HSE oversight and implementation / working governance groups in place. Surveillance arrangements in place • Technical support / guidance (181 additional antimicrobial resistance and infection control (AMRIC) guidance documents published in January 2021) • Microbiology reference laboratory services for a number of pathogens, distributed over a number of sites • HCAI minor capital programme in place for acute services and IPC minor capital community programme agreed • Legal framework for notification of infectious diseases and outbreaks • Education programme delivered including incorporating videos, webinars and guidance documents • Procurement of IPC information management system is ongoing	↓
10	Workforce and recruitment	• Workforce planning strategy and draft strategy Demand for Medical Consultants and Specialists to 2028 and the Training Pipeline to Meet Demand in place. • DoH / HSE working with external agencies to develop workforce data sharing agreements – e.g. Nursing and Midwifery Board of Ireland / education sector • Agency frameworks in place has reinforced clinical staff numbers • Investment in the strategic workforce projection model and development in consultation with the DoH and Economic and Social Research Institute • An overarching workforce plan that accounts for current and projected staff requirements or staff redeployments for COVID-19 services to continue in the longer-term, has been developed • Hybrid recruitment operating model considered and approved by Design Authority and funding for implementation submitted as part of NSP2022 • Implementation of *People Strategy 2019-2024* is ongoing • A system is in place to actively monitor the number of consultants not on the specialist division of the medical register	↔
11	Disability services	• Residential placement committees operate at CHO level to triage and risk manage waiting lists and new referrals governed by a national policy framework • The national disability operations team and CHOs provide support to challenged service providers in order to stabilise day-to-day operations and ensure service continuity. This is inclusive of professional capacity building supports / service improvement initiatives as well as defined financial supports to ensure adequate operational cash liquidity	↑

#	Risk area	Key Mitigating Controls and Actions	Status
		• Provider forum exists with the umbrella organisations to enable the return to safe service, including capacity and risk assessments • The HSE has in place an existing consultative forum that has key stakeholder representation including: - Federation of Voluntary Bodies - Disability Federation of Ireland - Inclusion Ireland - National Advocacy Service - Not-for-Profit Organisations • Plans developed to assist people with a disability to return to day services, occupation or education • Roll-out of a single assessment of need tool is ongoing to enable efficient, transparent and equitable service	
12	Capital infrastructure and critical equipment	• Available capital funding has been prioritised to address: - Infrastructural and clinical risk - The Equipment Replacement Programme • Planned preventative maintenance programmes are in place for all critical infrastructure and equipment • HSE buildings and contents are adequately insured at replacement value • The Capital Plan has been reviewed to ensure its alignment with the HSE's Corporate Plan and NSP • Risk assessment of delays in delivering the HSE Capital Plan for larger projects is ongoing	⟷
13	Cyber security and ICT systems	• Cloud Security Control Improvement Plan in place including identity and access management, information protection, threat protection and security protection • Secure remote access tools in place utilising secure remote access software for all vendors to mitigate threats and identify potential breaches • Certificate based virtual private network (VPN) method of authentication operationalised on all HSE devices • ICT critical incident management team and supporting policies in place • Cyber security protection products implemented and updated on an ongoing basis • Multiple network sites have been updated from legacy to newer circuits and continue to do so; main network site roll-out to new higher capacity network is ongoing	↑

#	Risk area	Key Mitigating Controls and Actions	Status
14	Delivering transformation and change including culture change	• The resources required to support the delivery of the transformation priorities were secured through the Pandemic / Winter Plan and the NSP Estimates process • Development of a Healthcare Innovation Strategy for the HSE is ongoing • Appropriate structures and processes have been established to take forward key transformation programmes. Monthly reports to EMT and the Board through the Board Strategic Scorecard • An eHealth workstream has been established as part of the arrangements for implementing the Pandemic / Winter Plan	⟷
15	Screening services	• Laboratory contract in place until mid-2022 and joint Board in place to oversee the establishment of the new National Cervical Screening Laboratory • HPV testing implemented • Implementation of the *Expert Reference Group Interval Cancer Reports 2020* recommendations is ongoing • Communication and information strategy developed for staff, service users, service providers and other stakeholders with ongoing updates in progress	⟷
16	Regulatory compliance	• Code of Governance and the Performance and Accountability Framework • A review of the position with the development and implementation of capital plans across the HSE which have been included in corrective and preventative action plans submitted to regulators internal and healthcare audit functions is ongoing • Regulatory inspections by the Health Information and Quality Authority (HIQA), Mental Health Commission (MHC) and Health and Safety Authority (HSA) etc. and quarterly compliance reporting • There is an established process in place to facilitate data sharing with HIQA and the Mental Health Commission • Nationwide review of fire safety in designated centres completed with plans for remediating action	⟷
17	Organisational reputation	• An approach to building Trust and Confidence in the HSE being developed • Integrated public health communications campaigns on the vaccination programme and COVID-19 • A robust and comprehensive monitoring service with a number of providers to help inform the mitigation and communications strategies • Enhanced capability of HSELive (HSE's multi-platform public information and signposting service) • National communications function and press office in place • Enhanced internal communications team and activities	⟷

#	Risk area	Key Mitigating Controls and Actions	Status
18	Policy and legislation development and implementation	• There are a range of regular processes for formal and informal engagement between the DoH and HSE, at which there is an opportunity to discuss emerging major national policies and new legislation at an early stage • An oversight agreement between the HSE Board and DoH to formalise the expectations and engagement arrangements between the DoH and the HSE has been completed	⟷
19	Safety, health and wellbeing of staff	• National Workplace Health and Wellbeing Unit (WHWU) governance arrangements encompass health and safety, Employee Assistance Programme, rehabilitation, occupational health and organisational health. Terms of engagement amended to focus on strategic response in light of challenges from COVID-19 • Fast track outbreak management for COVID-19 in frontline workers • Roll-out of COVID-19 vaccine to priority frontline healthcare workers and support staff • Roll-out of COVID-19 specific health and safety training programmes • Development of a monitoring tool for return to work guidelines • Approval of proposal for workforce plan for WHWU and new governance arrangements including occupational health service availability through the Winter Planning process. • HSE data on staff COVID-19 cases reviewed weekly and analysed for trends • The procurement of the national occupational health software project for the introduction of the national software programme is ongoing • Development of a quality assurance system to self-audit has been completed • The statutory responsibility for employee mental health services has been devolved to WHWU, who retain governance over employee mental health supports	⬇
20	Individual performance management and accountability	• Performance achievement process defined and agreed with staff representative bodies • Suite of key performance indicators (KPIs) developed to ensure effectiveness of process • Communication of requirements and guidance and training provided to staff • Performance achievement implementation process was launched by video message • Process for the monitoring and reporting to EMT implemented	⟷
21	*Merged with Risk 13 Cyber during 2021*		
22	System of internal control	• NSP KPIs and performance monitoring • Annual review of effectiveness of HSE system of internal control	⬇

#	Risk area	Key Mitigating Controls and Actions	Status
		• Annual audit and C&AG management letter • Integrated risk management policy • Regulatory inspections (HIQA, MHC, HSA etc.) reports and feedback • Internal and healthcare audit functions • As part of the development of a longer-term control framework improvement programme ('controls plan') the identification of relevant framework(s) to assess, at a high-level, the current maturity status of the HSE centre, and a sample of providers, including alignment between strategy, risk management and prioritisation decisions is being undertaken • Scoping and detailed planning completed for a number of internal control initiatives including a project to review National Financial Regulations, HSE assurance mapping exercise and the re-establishment of the National Financial Controls Assurance Group	
23	Business continuity management	• Engagements process for national and regional management with unions and strike committees • Phased reduction, up to closure, of non-essential services • National and Area Crisis Management Teams in place • COVID-19 operational preparedness process in place • Enhanced structured engagement with stakeholders • Current status of business continuity plans at service level is being established • Review of emergency management framework in light of learning from COVID-19 is ongoing	⟷
24	New children's hospital project	• The National Paediatric Hospital Development Board and Children's Health Ireland (CHI) have been set up on a statutory basis with primary responsibilities for construction of the hospital and bringing it into use, respectively • New children's hospital project and programme structures are in place and continue to provide the governance framework for the project • The National Paediatric Hospital Development Board and CHI have developed a joint risk management process in line with their statutory responsibilities and maintain an integrated risk register in relation to the project and programme	⟷
25	HSE funded agencies	• Application of the Performance and Accountability Framework including management meetings with providers in the agreement and monitoring of service arrangements • Engagement with providers in service planning, development and delivery • Service arrangements with providers in place and signed • Review of HSE Governance Framework for funded agencies including review of service arrangements contracts is ongoing	⟷

#	Risk area	Key Mitigating Controls and Actions	Status
26	Post-Brexit	• An information and communication plan was carried out in conjunction with the DoH, from December 2020 to February 2021 targeting suppliers, service providers and the public • Recruitment of extra staff for compounding facilities has been completed, to develop greater resilience in relation to these facilities within Ireland • Risk assessments were completed for each priority workstream and a detailed Brexit work plan / action log prepared. These are being updated to take account of the impact of COVID-19 • The Brexit Emergency Response Plan which includes other health sector agencies, to mitigate Brexit impact is in place, with as required meetings scheduled in case of urgent issues arising • A Memorandum of Understanding (MoU) has been signed between the National Ambulance Service (NAS) and the Northern Ireland Ambulance Service • The HSE Data Protection Office undertakes an annual review of workings of the Data Adequacy Agreements	⟷
27	COVID-19 vaccination programme	• National Immunisation Advisory Committee in place • HSE lead for programme in place • HSE Immunisation Implementation Group, PMO, and associated workstreams (supply chain and logistics, process and workforce, surveillance monitoring and reporting, enabling technology and information, finance, communications, client services) established. • Weekly vaccine supply resilience scenario analysis undertaken • Cold chain arrangements in place • Inventory management system in place • Proactively engaging with the manufacturers to ensure ongoing clarity on the final delivery schedules regarding vaccine delivery schedules and ensure integrated supply • Supply planning roadmap and associated model developed to ensure a clear supply plan and to assess the impact of forecast supply changes • 37 vaccination centres were operational • GP and pharmacy pathways were operational with significant teams stood up to support this activity with new contracts for booster and third dose for immunocompromised established • Ongoing public campaign aligned across the HSE, DoH and Government • Ongoing uptake by county, in all age groups is being monitored by a dedicated working group in order to continue high uptake rates	***New Risk added during 2021***
28	Governance of private nursing homes	• Provision of information and escalation of issues to HIQA in relation to the intensive support provided to private providers to assist them in their regulatory oversight role	

#	Risk area	Key Mitigating Controls and Actions	Status
		• Significant governance and implementation planning for responding to recommendations of the *COVID-19 Nursing Homes Expert Panel Report* • Liaising with policy makers regarding the current governance – including clinical governance of and model for private nursing home provision in Ireland • HSE HIQA communications protocol in place • HSE training programmes, such as HSELanD, continue to be made available to private nursing homes • New integrated community support teams will be established to build providers' capacity to effectively self-manage in terms of outbreak prevention, preparedness planning and management, and to facilitate closer integration of these facilities with the wider health and social care system	***New Risk added during 2021***

4.3 COMPLAINTS AND COMPLIMENTS

Health Service Executive

(Excluding voluntary hospitals and agencies)

Many compliments go unrecorded and work is ongoing to encourage all staff to record compliments as they provide important information on the positive aspects of our services to assist in learning from what is working well. In 2021, there were 4,438 compliments recorded.

There were 5,415 formal complaints recorded in 2021 and examined by complaints officers under the *Health Act 2004* (as amended) and the *Disability Act 2005.* Of these, 540 were excluded from investigation under the Your Service Your Say complaints process or withdrawn. Of the remaining 4,875 complaints, 2,989 or 61% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

Voluntary Hospitals and Agencies

There were 19,846 compliments recorded in 2021. There were also 9,820 complaints recorded and examined by complaints officers. Of the total number of complaints received, 9,283 were investigated. The other 537 were either excluded or withdrawn. Of those investigated, 7,614 or 82% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

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

508 complaints were received in 2021 under Part 2 of the *Disability Act 2005* in relation to a child's assessment of need for disability services, a decrease of 55% on 2020. Of these, 35% were recorded as resolved within 30 working days. Six complaints were recorded as received under Part 3 of the Act, relating to access to buildings and services for people with disabilities.

HSE formal complaints received and % dealt with within 30 working days

	No. of complaints received	No. and % dealt with within 30 working days
2021	5,415*	2,989 (61%)*
2020	5,394*	2,916 (57%)*
2019	5,938*	3,398 (65%)*
2018	6,610*	3,695 (56%)*
2017	8,281	6,298 (76%)

Data source: HSE Quality Assurance and Verification

**The introduction of the HSE's Complaints Management System and increased staff training have resulted in enhanced reporting on formal complaints. The number of complaints received now refers to those which are formally addressed by Complaints Officers only and no longer includes point of contact complaints, (which are reported separately) received by frontline services which have been immediately resolved. This is reflected in 2018-2021 data above in respect of both complaints received and those dealt with within 30 working days. This figure includes 540 complaints received which were either excluded or subsequently withdrawn.*

Formal complaints received by category 2021

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2020	2021	2020	2021
Access	2,318	1,684	2,521	2,377
Dignity and respect	635	776	1,477	1,333
Safe and effective care	1,797	2,324	3,274	3,627
Communication and information	989	1,955	2,396	3,745
Participation	33	135	253	178
Privacy	55	85	213	160
Improving health	52	89	184	161
Accountability	235	250	490	433
Clinical judgement	193	277	211	171
Vexatious complaints	4	3	82	61
Nursing homes / residential care for older people (65 and over)	8	2	27	29
Nursing homes / residential care (aged 64 and under)	0	0	23	6
Pre-school inspection services	0	0	7	0
Trust in care	6	5	91	42
Children First	10	2	35	49
Safeguarding vulnerable persons	1	6	356	230

Data Source: HSE Quality Assurance and Verification

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

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 for people with disabilities and, at times, cases relating to people residing in mental health or older persons' units or day services, in an independent capacity and, in good faith, from patients, service users, families, and other concerned individuals and staff members. It has dealt with over 1,200 formal concerns / complaints from across the country since its establishment in December 2014.

In 2021, the total number of formal concerns / complaints received by the Confidential Recipient was 155 a decrease of 10 on 2020. The type of concerns raised included a lack of service provision and respite placements, alleged abuse or neglect and inappropriate placement of service users.

National Appeals Service

The National Appeals Service ensures that applicants for eligibility schemes both statutory and administrative (e.g. medical cards / GP visit cards, residential support services maintenance and accommodation contributions, Nursing Homes Support Scheme (NHSS)) are given their correct entitlement, and also provides oversight in relation to the correct application of the relevant legislation,

regulations and guidelines. 1,418 cases were processed in 2021, of which 33% were allowed or partially allowed. The Appeals Service shares the learning from appeals, including feedback from appellants, with scheme managers and with other relevant stakeholders. It also provides expertise to relevant stakeholders on a broad range of relevant issues related to eligibility, including interpretation of legislation and schemes.

Appeals received and approved

Appeal Type	Received	Processed	Approved	Partially Approved	% Approved / Partial Approvals
Medical / GP Visit Card (General Scheme)	629	636	158	78	37%
Medical / GP Visit Card (Over 70s Scheme)	83	82	25	1	32%
16 and 25 Year Old Medical Card / GP Visit Card	258	255	89	19	42%
Nursing Homes Support Scheme	387	369	27	60	24%
Blind Welfare Allowance	11	7	1	0	14%
Common Summary Assessment Report	33	32	5	0	16%
Homecare Package	1	1	0	0	0%
Home Help	1	0	0	0	-
Residential Support Services Maintenance and Accommodation Contribution	8	8	2	0	25%
Other	28	28	5	0	18%
Total	**1,439**	**1,418**	**312**	**158**	**33%**

Note: Appeals received are from 01.01.2021-31.12.2021. Those processed also relate to cases carried forward from 2020.

Appendices

Appendix 1: Organisational Structure and Service Delivery

Organisational Structure

Health and Social Care Delivery

Community healthcare

Community healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by GPs, public health nurses and HSCPs through primary care teams and CHNs. Community healthcare services are currently delivered through nine 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. These services are delivered to people in local communities as close as possible to their homes.

Acute hospital care

While our aim is to deliver services as close as possible to people's homes, there are instances where hospital admission or attendance is unavoidable. Acute hospital services aim to improve the health of the population by providing health services that range from early diagnosis through to specialist services, including inpatient scheduled care, unscheduled / emergency care, cancer services, maternity services, outpatient services and diagnostics. Hospitals in Ireland are organised into six Hospital Groups and CHI with care provided through multi-disciplinary teams. Pre-hospital emergency care, intermediate care and critical care retrieval services are provided through the NAS.

Appendix 2: Expenditure and Human Resource Data

Breakdown of Expenditure

Service area	2020 €'000	2021 €'000
Health and Wellbeing	263,266	582,892
Primary Care	4,581,477	4,974,705
Mental Health	1,038,601	1,070,648
Disability and Older Persons' Services	3,695,946	3,951,737
Acute Hospital Services	7,749,615	8,206,397
Corporate Support Services	2,735,124	2,856,134
Total	20,064,029	21,642,513
Data source: National Finance		

	2020 €'000	2021 €'000
Total HSE expenditure 2021	20,064,029	21,642,513
Total capital expenditure 2021	983,719	1,061,697
Total ICT capital projects	94,962	115,256
Total capital grants to voluntary agencies	359,730	451,940
Data source: National Finance		

Payroll

	2020 €'000	2021 €'000
Overall pay bill of health service (excl. voluntary service providers and superannuation)	5,679,547	6,193,963
Basic pay	4,074,480	4,330,114
Other allowances	132,135	136,099
Data source: National Finance		

Governance arrangements with the non-statutory sector

As part of the annual cycle, work continued in 2021 to ensure appropriate governance arrangements with Section 38 and Section 39 funded agencies are in place through completion and signing of Service Arrangements and Grant Aid Agreements. Annual Compliance Statements were returned by all relevant agencies. Phase 2 of the external reviews of governance, at Board and Executive level, in the relevant Section 38 and Section 39 service providers commenced during 2021. Contract Management Support Units (CMSUs) have been established across all nine CHOs with CMSU Managers and relevant staff in place in each CMSU.

Funding provided by HSE

Funding provided by HSE	2020 €'000	2021 €'000
Acute voluntary hospitals	2,768,991	2,936,578
Other agencies	2,673,832	2,754,804
Total	5,442,823	5,691,382
Data source: National Finance		

Funding arrangements

Funding arrangements	2020	2021
No. of agencies funded	2,268	2,311
Separate funding arrangements in place	4,873	4,924
Data source: Compliance Unit		

Human Resource Data

WTEs by staff category

Staff Category	WTE Dec 2020	WTE Dec 2021
Medical and dental	11,762	12,113
Nursing and midwifery	39,917	41,576
Health and social care professionals	17,807	18,999
Management and administrative	19,829	21,583
General support	9,876	10,010
Patient and client care	26,985	28,042
Total health service	126,174	132,323
Data source: Health Service Personnel Census. Figures rounded to the nearest WTE.		

EWTD compliance

	2020 %	2021 %
Compliance with 24 hour shift		
NCHDs, acute	97.7%	98.0%
NCHDs, mental health	97.6%	98.7%
Social care workers, disability services	83.0%	68.0%
Compliance with 48 hour working week		
NCHDs, acute	86.0%	83.8%
NCHDs, mental health	89.9%	91.9%
Social care workers, disability services	89.0%	89.0%
Received 11 hour daily rest breaks or equivalent compensatory rest (NCHDs)	97.7%	98.4%
Compliance with 30 minute breaks (NCHDs)	98.6%	99.2%
Compliance with weekly / fortnightly rest or equivalent compensatory rest (NCHDs)	98.6%	99.3%
Data source: National HR		

Appendix 3: National Service Plan 2021 National Scorecard and Key Activity

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

Appendix 3(a) National Scorecard

National Scorecard				
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**	**Target NSP2021** *(*targets revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%	61.0%
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident	30%*	26.0%
		% of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	50%*	50.0%
		% of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS	60%*	53.0%
		Extreme and major incidents as a % of all incidents reported as occurring	<0.9%*	0.7%
	HCAI Rates	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	<0.8/10,000 bed days used	1.0
		Rate of new cases of hospital associated C. difficile infection	<2/10,000 bed days used	2.0
	Child Health	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%	90.2%
		% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	55%*	59.7%
		% of babies breastfed exclusively at three month PHN visit	32%	35.7%
		% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	99%	98.2%
	Urgent Colonoscopy within four weeks	No. of new people waiting > four weeks for access to an urgent colonoscopy	0	3,933
	BreastCheck	% BreastCheck screening uptake rate	70%	77.1%
	Surgery	% of surgical re-admissions to the same hospital within 30 days of discharge	≤2%	1.8%
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	≤11.1%	11.4%
	Ambulance Turnaround	% of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	80%	27.5%
	CAMHS Bed Days Used	% 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	95%	99.6%

National Scorecard				
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**	**Target NSP2021** *(*targets revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
	Disability Services	Facilitate the movement of people from congregated to community settings	144	135
	Smoking	% of smokers on cessation programmes who were quit at four weeks	45%	57.3%
Access and Integration	**Therapy Waiting Lists**	Physiotherapy – % on waiting list for assessment ≤52 weeks	80%*	76.5%
		Occupational Therapy – % on waiting list for assessment ≤52 weeks	60%*	71.8%
		Speech and Language Therapy – % on waiting list for assessment ≤52 weeks	80%*	87.3%
		Podiatry – % on waiting list for treatment ≤52 weeks	55%*	51.3%
		Ophthalmology – % on waiting list for treatment ≤52 weeks	55%*	50.7%
		Audiology – % on waiting list for treatment ≤52 weeks	65%*	68.3%
		Dietetics – % on waiting list for treatment ≤52 weeks	65%*	54.8%
		Psychology – % on waiting list for treatment ≤52 weeks	50%*	58.7%
	Nursing	% of new patients accepted onto the nursing caseload and seen within 12 weeks	100%	100.0%
	Emergency Department Patient Experience Time	% of all attendees at ED who are discharged or admitted within six hours of registration	70%	62.8%
		% of all attendees at ED who are in ED <24 hours	97%	97.4%
		% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	95%	42.7%
		% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	99%	94.1%
	Waiting Times for Procedures	% of adults waiting <15 months for an elective procedure (inpatient)	80%*	77.5%
		% of adults waiting <15 months for an elective procedure (day case)	85%*	85.9%
		% of children waiting <15 months for an elective procedure (inpatient)	85%*	75.1%
		% of children waiting <15 months for an elective procedure (day case)	85%*	82.3%
		% of people waiting <52 weeks for first access to OPD services	65%*	62.9%
		% of people waiting <13 weeks following a referral for colonoscopy or OGD	50%*	48.3%
	Ambulance Response Times	% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%	74.6%
		% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	70%	37.0%
	Cancer	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	95%	60.8%
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being	90%	75.6%

National Scorecard				
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**	**Target NSP2021** *(*targets revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
		deemed ready to treat by the radiation oncologist (palliative care patients not included)		
	National Screening Service	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	280,000	318,491
	Disability Services	% of child assessments completed within the timelines as provided for in the regulations	100%	14.7%
		No. of Children's Disability Networks established	96	91
		No. of new emergency places provided to people with a disability	44	91
		No. of in home respite supports for emergency cases	358	497
		No. of day only respite sessions accessed by people with a disability	20,958	16,306
		No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	4,392	4,427
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))	21.9m*	20,462,993
		No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only	55,675	55,043
	Mental Health	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	>90%	93.7%
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	75%	74.8%
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	95%	93.4%
	Homeless	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	79.4%
	Substance Misuse	No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	312	153
		% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	95.7%
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (pay + non-pay - income)	≤0.1%	Reported in Annual Financial Statements 2021
	Governance and Compliance	% of the monetary value of service arrangements signed	100%	85.7%
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	95%	63.0%
Workforce	**Attendance Management**	% absence rates by staff category	≤3.5%	4.9%**

***Absence rate including COVID-19 was 7.9%*

Appendix 3(b) Other Key Activity in 2021

Other Key Activity 2021				
Service Delivery Area		**Key Activity**	**Expected Activity NSP2021** *(*expected activity revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
Population Health and Wellbeing	**Environmental Health**	No. of official food control planned, and planned surveillance, inspections of food businesses	18,000*	20,837
	Tobacco	No. of smokers who are receiving online cessation support services	7,000	6,420
	Making Every Contact Count	No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention	3,946	1,178
Primary Care Reimbursement Service	**Medical Cards**	No. of persons covered by medical cards as at 31st December	1,636,109	1,545,222
		No. of persons covered by GP visit cards as at 31st December	556,996	525,918
	General Medical Services Scheme	Total no. of items prescribed	62,317,500	62,754,498
	Long-Term Illness Scheme	Total no. of items prescribed	10,521,900	10,169,870
	Drug Payment Scheme	Total no. of items prescribed	8,724,000	9,585,130
National Screening Service	**BreastCheck**	No. of women in the eligible population who have had a complete mammogram	110,000*	127,290
	BowelScreen	No. of clients who have completed a satisfactory BowelScreen FIT test	87,500*	91,529
	Diabetic RetinaScreen	No. of Diabetic RetinaScreen clients screened with final grading result	90,000*	93,356
Community Healthcare	**Primary Care**	**Community Intervention Teams** Total no. of CIT referrals	59,919	71,128
		GP Activity No. of contacts with GP Out of Hours Service	922,094	1,048,437
		Nursing No. of patients seen	474,366	379,718
		Therapies / Community Healthcare Network Services Total no. of patients seen	1,193,121*	1,248,046
		Physiotherapy No. of patients seen	413,089*	429,888
		Occupational Therapy No. of patients seen	330,071*	337,246
		Speech and Language Therapy No. of patients seen	197,181*	206,068
		Psychology No. of patients seen	50,204*	44,991
		GP Trainees No. of trainees	235	235
	Social Inclusion	**Homeless Services** No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,168	1,195

Other Key Activity 2021				
Service Delivery Area		**Key Activity**	**Expected Activity NSP2021** *(*expected activity revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
	Older Persons' Services	**InterRAI Ireland (IT based assessment)** No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	1,196*	1,982
		Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an Intensive Homecare Package	235	115
		No. of home support hours provided from Intensive Homecare Packages	360,000	246,374
		Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long-term residential care during the reporting month	22,500	22,296
		No. of NHSS beds in public long-stay units	4,501	4,670
		Residential Care No. of short stay beds in public units	2,209	1,477
	Palliative Care	**Inpatient Palliative Care Services** No. accessing specialist inpatient beds within seven days (during the reporting year)	2,776*	3,489
		Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,358	3,371
	Disability Services	No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	180	78
		Residential Places No. of residential places for people with a disability (including new planned places)	8,130	8,146
		Respite Services No. of overnights (with or without day respite) accessed by people with a disability	85,336	94,606
		Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	1.74m	1,700,309
		Home Support Service No. of home support hours delivered to persons with a disability	3.01m	2,949,806
		No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	7,130	6,452
		Disability Act Compliance No. of requests for assessment of need received for children	4,613	5,899
	Mental Health	**General Adult Community Mental Health Teams** No. of adult referrals seen by mental health services	23,042	25,280
		No. of admissions to adult acute inpatient units	11,939	8,734
		Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	7,388	7,628
		Child and Adolescent Mental Health Services No. of CAMHS referrals seen by mental health services	9,338	12,614

Other Key Activity 2021				
Service Delivery Area		**Key Activity**	**Expected Activity NSP2021** *(*expected activity revised as part of NSP Q1 2021 review)*	**Reported Actual 2021**
Acute Hospital Care	**Acute Hospital Services**	**Discharge Activity** Inpatient	595,424*	592,692
		Day case (includes dialysis)	1,015,050*	1,012,927
		Level of GI scope activity	79,884*	87,357
		Emergency inpatient discharges	422,782*	418,102
		Elective inpatient discharges	82,166*	73,377
		Emergency Care New ED attendances	1,168,414*	1,203,095
		Return ED attendances	101,953*	99,641
		Injury unit attendances	101,312*	109,271
		Other emergency presentations	42,120*	42,050
		Outpatients No. of new and return outpatient attendances	3,235,143*	3,250,704
	National Ambulance Service	Total no. of AS1 and AS2 (emergency ambulance) calls	360,000	366,438
		No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,400	5,857
		No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	125,000	126,828

Appendix 4: Capital Infrastructure

Work continued in 2021 to deliver on the projects outlined in the HSE Capital Plan. The tables below outline those projects that: 1) were completed and operational by end 2021; 2) completed by end 2021 and will be operational in 2022; and 3) were delayed with completion now expected in 2022 / 2023.

Projects Completed and Operational by end 2021

Community Healthcare

Primary Care Services

- St Conal's Hospital, Letterkenny, Co. Donegal: Refurbishment – fabric upgrade of blocks G and H
- St Nessan's Road, Dooradoyle, Co. Limerick: Occupational health accommodation upgrade
- Newmarket, Co. Cork: Primary Care Centre, by lease agreement
- Kilkenny City: Primary Care Centre, by lease agreement
- Rathdrum, Co. Wicklow: Primary Care Centre, by lease agreement
- Kildare, Co. Kildare: Primary Care Centre, by lease agreement (extension of facility)
- Banagher / Kilcormac, Co. Offaly: Primary Care Centre, by lease agreement

Older Persons Services

- Community Hospital of the Assumption, Thurles, Co. Tipperary: Extension to care unit at the hospital providing additional clinical capacity
- Clonskeagh Hospital, Dublin 6: Fire alarm and emergency lighting replacement
- Sean Cara, Co. Dublin: Upgrade, extension and refurbishment to achieve HIQA compliance
- St Mary's Hospital, Phoenix Park, Dublin: Upgrade of heating system in original main building. Phased upgrade

Acute Hospital Care

Children's Health Ireland

- Children's Health Ireland, Temple Street, Dublin 1: Interim Works including: ECG room, Admissions Unit, Cochlear Implant / Audiology Facility, Rapid Access Clinic in ED, Endoscopy and Radiology upgrade and Neurology Unit.
- Children's Health Ireland, Tallaght, Dublin: Paediatric Ambulatory and Urgent Care Centre

Dublin Midlands Hospital Group

- Midland Regional Hospital, Tullamore, Co. Offaly: Upgrade fans and ventilation ductwork throughout hospital
- St James's Hospital, Dublin 8: Reconfiguration of current Catheterisation Lab Unit and replacement of the equipment

Ireland East Hospital Group

- Our Lady's Hospital, Navan, Co. Meath: Modifications to theatres and increased recovery area to make second theatre operational for elective surgery; to free theatres up in Mater to deal with COVID-19 specific and backlog procedures. Total additional beds – 5
- St Vincent's University Hospital, Dublin 4: Provision of a second MRI
- Wexford General Hospital: Development of eight bed ambulatory care facility

RCSI Hospital Group

- Beaumont Hospital, Dublin 9: Respiratory and Infectious Disease Assessment Unit – reconfigure open ward area to provide isolation cubicles and support rooms for respiratory assessment and direct admission
- Beaumont Hospital, Dublin 9: Recovery area necessary to satisfy COVID-19 requirements and creation of 16 (additional) endoscopy beds. Refurbishment of St Raphael's ward to accommodate 16 beds
- Beaumont Hospital, Dublin 9: Emergency Department treatment bay – reconfigure space to provide nine additional assessment bays and remodel existing space in ED to expand existing general waiting area
- Beaumont Hospital, Dublin 9: Development of a specialist Neuro Interventional Radiology Thrombectomy service (two rooms)
- Connolly Hospital, Dublin 15: Segregate within ED for COVID-19 positive patients and social distancing measures
- Connolly Hospital, Dublin 15: Laboratory Extension

Acute Hospital Care (contd.)

Saolta University Health Care Group

- Portiuncula Hospital, Ballinasloe, Co. Galway: Building works associated with new fluoroscopy equipment
- Portiuncula Hospital Ballinasloe, Co. Galway: Lift replacement programme (four lifts)
- Portiuncula Hospital, Ballinasloe, Co. Galway: Winter 2020 – ED converting to OPD
- Sligo University Hospital: Provision of a Diabetic Centre to facilitate the commencement of a paediatric insulin pump service

South / South West Hospital Group

- Mercy University Hospital Cork: Lift replacement programme
- South Tipperary General Hospital: Fit-out of St Michael's, Phase 2, including Pre-Op Assessment Unit and pods for two bed bays in 11 bay / Surgical 2 / CCU. Total additional beds – 33
- University Hospital Kerry: Second CT scanner for UHK. Acquisition of a second scanner to address the 3,111 annual shortfall in CT capacity
- University Hospital Waterford: New replacement mortuary and post-mortem facilities
- University Hospital Waterford: Upgrade of theatre AHUs – Phase 1 in 2015, Phase 2 in 2018 and Final Phase 2020

UL Hospitals Group

- Ennis Hospital, Co. Clare: Equipping of new OPD, including provision of x-ray room and other diagnostics
- University Maternity Hospital Limerick: Neo-natal expansion – Phase 1
- University Hospital Limerick: Construction of a new modular COVID-19 lab at UHL to manage testing. The equipment and the team are currently housed in the CERC building which needs to return to education

National Ambulance Service

- Ballybofey, Co. Donegal: The provision of ambulance base at St Joseph's Hospital Stranorlar, including relocation of Older Persons' Services

Projects Completed by end 2021 and Operational in 2022

Community Healthcare

Primary Care Services

- Thurles, Co. Tipperary: Primary Care Centre, by lease agreement
- Bandon, Co. Cork: Primary Care Centre, by lease agreement
- Bantry, Co. Cork: Primary Care Centre, by lease agreement
- Ballyboden, Co. Dublin: Primary Care Centre, by lease agreement

Older Persons Services

- Dungloe Community Hospital, Co. Donegal: Upgrade and refurbishment to achieve HIQA compliance
- Our Lady's Hospital, Manorhamilton, Co. Leitrim: Refurbishment of all electrical services
- Castletownbere Community Hospital (St Joseph's), Co. Cork: Upgrade and refurbishment to achieve HIQA compliance
- Skibbereen Community Hospital (St Anne's), Co. Cork: Upgrade and refurbishment to achieve HIQA compliance

Disability Services

- Brothers of Charity Galway: One unit for purchase / refurbishment to meet housing requirements for four people transitioning from a congregated setting

Mental Health Services

- Oakgrove House, St Brigid's Hospital, Ballinasloe, Co. Galway: Provision of two five bed houses (high support hostels) for residents with intellectual disabilities
- University Hospital Waterford: Further upgrade to Acute Mental Health Unit to comply with recommendations of the Mental Health Commission Report
- National Forensic Mental Health Services Hospital, Portrane, Co. Dublin: Phase 1: National Forensic Central Hospital (100 replacement and 70 additional beds). Also part of this project are Child and Adolescent Mental Health (10 beds) and Intensive Care Rehabilitation Unit (30 beds), as proposed by *Vision for Change*
- Stanhope Terrace, Dublin North Central: Refurbishment of Stanhope Terrace to provide accommodation for 13 people currently in the Weir Home

Acute Hospital Care

Ireland East Hospital Group

- St Luke's General Hospital, Kilkenny: Extension to Radiology and provision of a new MRI

RCSI Hospital Group

- Connolly Hospital, Dublin 15: Connolly Wing additional waiting areas

Saolta University Health Care Group

- University Hospital Galway: Winter 2020 – Temporary ED reconfiguration and extension. The expansion of the existing ED into the adjacent OPD to allow Green and Red areas to be created for separation of COVID-19 flow of patients – waiting areas, minor injuries assessment and paediatrics
- University Hospital Galway: Sexual Assault Treatment Unit. Relocation to leased facility. Co-funded with TUSLA and Dept. of Justice
- University Hospital Galway: Provision of new IT room

South / South West Hospital Group

- Cork University Hospital: Nurse training accommodation – enables an additional four acute beds
- South Infirmary Victoria University Hospital, Cork: Relocation of the Ophthalmology OPD from CUH to SIVUH
- University Hospital Kerry: Decant to relocated UHK Outpatient Services to recently completed PCC in Tralee

UL Hospitals Group

- Croom Hospital, Co. Limerick: Orthopaedic Surgical Unit development. Theatre and CSSD fit-out including link to St Anne's Ward and lifts (excludes refurbishment of St Anne's Ward)
- Ennis Hospital, Co. Clare: Phase 1b of redevelopment of Ennis General Hospital – consists of fit-out of vacated areas in the existing building to a Local Injuries Unit
- Nenagh Hospital, Co. Tipperary: Provision of dedicated clinical space for OPD clinic

Completion Delayed until after 2021

Community Healthcare

Primary Care Services

- Buncrana, Co. Donegal: Primary Care Centre, by lease agreement
- Carrickmacross, Co. Monaghan: Primary Care Centre, by lease agreement
- Clones, Co. Monaghan: Primary Care Centre, by lease agreement
- Donegal Town, Co. Donegal: Primary Care Centre, by lease agreement
- Dunfanaghy / Falcarragh, Co. Donegal: Primary Care Centre, by lease agreement
- Killeshandra, Co. Cavan: Primary Care Centre, by lease agreement
- Nazareth House, Sligo: Refurbishment – Phase 2: Primary care team and other community services
- North Sligo Network Primary Care Centre: Primary Care Centre HSE built.
- Ballyhaunis, Co. Mayo: Primary Care Centre, by lease agreement
- Moycullen, Co. Galway: Primary Care Centre, by lease agreement
- Portumna, Co. Galway: Primary Care Centre, by lease agreement
- Ennis 1 (Station Road), Co. Clare: Primary Care Centre, by lease agreement
- Newcastle West, Co. Limerick: Primary Care Centre, by lease agreement
- Roscrea, Co. Tipperary: Primary Care Centre, by lease agreement
- Castletownbere, Co. Cork: Primary Care Centre, by lease agreement
- St Otteran's Hospital, Waterford: Development of audiology services
- Thomastown, Co. Kilkenny: Primary Care Centre, by lease agreement
- Arklow, Co. Wicklow: Primary Care Centre, by lease agreement
- Dun Laoghaire, Co. Dublin: Primary Care Centre, by lease agreement
- Springfield, Tallaght, Co. Dublin: Primary Care Centre, by lease agreement (extension of facility)

Older Persons Services

- Carndonagh Community Hospital, Co. Donegal: Upgrade and refurbishment to achieve HIQA compliance
- Falcarragh Community Nursing Unit, Co. Donegal: Upgrade and refurbishment to achieve HIQA compliance
- St John's Community Hospital, Co. Sligo: Upgrade and refurbishment to achieve HIQA compliance
- Raheen, Co. Clare: Upgrade and refurbishment to achieve HIQA compliance

Community Healthcare (contd.)

- Caherciveen Community Hospital, Co. Kerry: Upgrade and refurbishment to achieve HIQA compliance
- Clonakilty Community Hospital and Long Stay (Mount Carmel), Co. Cork: Upgrade and refurbishment to achieve HIQA compliance
- Listowel Community Hospital, Co. Kerry: Upgrade and refurbishment to achieve HIQA compliance
- Monfield Nursing Home, Rochestown, Cork: Purchase of property and upgrade works at Rochestown, Cork to provide additional Older Persons capacity (not proceeding)
- Sacred Heart Hospital, Co. Carlow: Upgrade and refurbishment to achieve HIQA compliance

Disability Services

- Cregg House and Cloonamahon Co. Sligo: Five units at varying stages of purchase / new build / refurbishment to meet housing requirements for 20 people transitioning from congregated settings
- Áras Attracta, Swinford, Co. Mayo: Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for 14 people transitioning from congregated settings
- Brothers of Charity, Bawnmore, Co. Limerick: Fire alarm, emergency lighting and compartmentation works in conjunction with decongregation programme
- Daughters of Charity, Co. Limerick and Roscrea, Co. Tipperary: One unit at varying stages of purchase / new build / refurbishment to meet housing requirements for four people transitioning from congregated settings
- St Raphael's Centre, Youghal, Co. Cork, St Vincent's Centre, St Mary's Road, Cork: Three units of purchase / refurbishment to meet housing requirements for 12 people transitioning from congregated settings
- St Patrick's Centre, Co. Kilkenny: Two units of refurbishment to meet housing requirements for eight people transitioning from congregated settings
- St John of God, St Mary's Campus, Drumcar, Co Louth: Three units of purchase / refurbishment to meet housing requirements for 12 people transitioning from congregated settings
- Grangegorman Villas, Dublin 7: Relocation of Eve Holdings to 1-5 Grangegorman Villas to facilitate development of Grangegorman Primary Care Centre

Mental Health Services

- Mount Carmel Campus, Co. Dublin: Provision of accommodation in vacant convent for Eating Disorder Specialist Hub

Acute Hospital Care

Dublin Midlands Hospital Group

- Midland Regional Hospital, Portlaoise, Co. Laois: Respiratory Assessment Unit. Provision of two-storey modular building ca. 800m^2 to provide Respiratory Assessment Unit for ED to segregate COVID-19 and non-COVID-19 clients
- Midland Regional Hospital, Portlaoise, Co. Laois: Reconfiguration of available space to provide additional clinical and admin accommodation
- Midland Regional Hospital, Portlaoise, Co. Laois: Ward refurbishment project. Provision of nine isolation rooms
- Midland Regional Hospital, Tullamore, Co. Offaly: Reconfiguration works to provide mid-term AMAU, two isolation rooms in ED, reconfigure and extend Blood Transfusion and Histology Labs
- St James's Hospital, Dublin 8: Bone marrow. Modular unit (four bay) and refurbishment of existing space to create additional three spaces. Provision of seven isolation rooms for the Bone Marrow Unit
- Naas General Hospital: 12 single rooms / isolation beds
- Tallaght University Hospital: 12 bed Integrated Critical Care Unit. Refurbish and extend over the existing OPD

Ireland East Hospital Group

- Mater Misericordiae University Hospital, Dublin 7: Construction of 112 bed ward block (94 single isolation rooms, each capable of ventilation and high-flow oxygen delivery, two highly infectious disease containment suites and 16 intensive care beds. Phase 1 to deliver 48 beds inclusive of eight critical care beds by end 2021
- Midland Regional Hospital, Mullingar, Co. Westmeath: Extension to Radiology Department to accommodate an MRI being provided by others
- Midland Regional Hospital, Mullingar, Co. Westmeath: Respiratory Assessment Unit. OPD space to accommodate RAU – adult and paediatric
- St Luke's General Hospital, Kilkenny: New 72 bed medical ward block
- National Rehabilitation Hospital: Upgrade existing recently vacated building to deliver 35 beds (for possible use by acute services)

RCSI Hospital Group

- Beaumont Hospital, Dublin 9: Freehold acquisition of Beaumont Convent and upgrade for admin accommodation

Acute Hospital Care (contd.)

Saolta University Health Care Group

- Portiuncula Hospital, Ballinasloe, Co. Galway: 14 bed isolation ward. Conversion of OPD on first floor
- Sligo University Hospital: Provision of a roof top extension to the ICU at Sligo University Hospital to provide four additional isolation rooms to deal with capacity issues for the COVID-19 Intermediate / Winter Plan 2020
- University Hospital Galway: Cardio-thoracic ward

South / South West Hospital Group

- Cork University Hospital: Lift replacement programme.
- Mercy University Hospital, Cork: Additional bed capacity. Provision of a new modular 30 bed ward block
- South Infirmary Victoria University Hospital, Cork: Refurbishment / upgrade of two theatres and accommodation to facilitate relocation of ophthalmic surgery from CUH
- University Hospital Waterford: MRI replacement and associated fire / infrastructure upgrade works (equipment purchase in ERP)

UL Hospitals Group

- Croom Hospital, Co. Limerick: Fire upgrade works
- University Hospital Limerick: Lift replacement programme (four lifts)
- University Hospital Limerick: Fire safety upgrade – Phase 2. Installation of a fire alarm and emergency lighting system

National Ambulance Service

- Ardee Ambulance Base, Co. Louth: New ambulance station
- Mullingar, Co. Westmeath: Relocation of ambulance station

Appendix 5: Schedule of Board and Committee Attendance, Fees and Expenses

Board

In accordance with Schedule 2, paragraph 2A of the *Health Act 2004*, (as amended by Section 32(b) of the *Health Service Executive (Governance) Act 2019*), the Board are required to hold no fewer than one meeting in each of 11 months of that year.

For the period January - December 2021, the HSE Board have met on 19 occasions holding 11 monthly Board meetings and 8 additional meetings. The attendance at Board meetings is recorded in the table below.

Board Member	Monthly Meetings											Additional Meetings								No of meetings attended	Remuneration €	Expenses €
	29/01/2021	26/02/2021	26/03/2021	28/04/2021	26/05/2021	25/06/2021	28/07/2021	24/09/2021	29/10/2021	26/11/2021	17/12/2021	05/01/2021	08/01/2021	13/01/2021	15/01/2021	16/03/2021	21/05/2021	23/10/2021	19/11/2021			
Ciarán Devane (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19	80,000	362.14
Deirdre Madden (Deputy Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		17	N/A	0
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19	14,963	0
Aogán Ó Fearghail	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19	14,963	0
Sarah McLoughlin	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		17	14,963	0
Fiona Ross	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	✓	✓			13	14,963 (pro rata)	0
Fergus O'Kelly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	18	14,963	0
Brendan Lenihan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19	14,963	0
Yvonne Traynor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19	14,963	0
Tim Hynes	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	17	14,963	0
Anne Carrigy			✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓		11	14,963 (pro rata)	0
Brendan Whelan			✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	13	14,963 (pro rata)	0

Notes:

- Professor Deirdre Madden does not receive a fee in respect of her membership of the HSE Board under the one person one salary rule; however, an equivalent value is made to University College Cork in relation to backfilling her post
- Fiona Ross resigned from Board 4 August 2021
- Anne Carrigy and Brendan Whelan appointed Board members 12 March 2021

Audit and Risk Committee

Audit and Risk Committee Member	12/02/2021	12/03/2021	09/04/2021	22/04/2021	10/05/2021	21/05/2021	11/06/2021	21/06/2021	09/07/2021	19/07/2021	10/09/2021	22/09/2021	08/10/2021	27/10/2021	12/11/2021	17/11/2021	13/12/2021	No. of meetings attended	Remuneration €
Brendan Lenihan (Deputy Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	Board Member
Fiona Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								10	Board Member
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	Board Member
Ann Markey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓	13	1,710.00
Colm Campbell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	1,710.00
Pat Kirwan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	N/A
Martin Pitt	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	16	1,710.00

Notes:

- Pat Kirwan does not receive a fee in respect of his membership of the Audit and Risk Committee under the one person one salary rule
- Fiona Ross resigned from Board 4 August 2021

People and Culture Committee

People and Culture Committee Member	20/01/2021	05/02/2021	09/04/2021	11/06/2021	03/09/2021	08/10/2021	03/12/2021	No. of meetings attended	Remuneration €
Yvonne Traynor (Chair)	✓	✓	✓	✓	✓	✓	✓	7	Board Member
Aogán Ó Fearghail		✓	✓	✓	✓	✓	✓	6	Board Member
Sarah McLoughlin	✓		✓	✓	✓	✓	✓	6	Board Member
Brendan Whelan				✓	✓	✓	✓	4	Board Member
Deirdre Cullivan			✓	✓	✓	✓		4	1,140.00
Bernie O'Reilly	✓	✓	✓	✓	✓	✓	✓	7	1,710.00

Notes:

- Brendan Whelan appointed Board member 12 March 2021
- Deirdre Cullivan appointed to Committee 26 February 2021

Performance and Delivery Committee

Performance and Delivery Committee Member	19/02/2021	19/03/2021	23/04/2021	18/06/2021	23/07/2021	17/09/2021	22/10/2021	09/11/2021	16/11/2021	10/12/2021	No. of meetings attended	Remuneration €
Tim Hynes (Chair)	✓	✓	✓	✓	✓			✓	✓	✓	8	Board Member
Brendan Lenihan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	Board Member
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓		✓	9	Board Member
Brendan Whelan				✓	✓	✓	✓	✓	✓	✓	7	Board Member
Sarah McLoughlin		✓	✓	✓	✓	✓	✓			✓	7	Board Member
Louis Flynn	✓	✓	✓	✓	✓	✓	✓			✓	8	N/A
Regina Moran			✓	✓							2	570.00
Sarah Barry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	1,710.00

Notes:

- Louis Flynn does not receive a fee in respect of his membership of the Performance and Delivery Committee under the one person one salary rule
- Regina Moran resigned from Committee 3 September 2021
- Brendan Whelan appointed Board member 12 March 2021

Safety and Quality Committee

Safety and Quality Committee Member	19/01/2021	16/03/2021	20/04/2021	13/05/2021	15/06/2021	13/07/2021	15/09/2021	20/10/2021	17/11/2021	14/12/2021	No. of meetings attended	Remuneration €
Deirdre Madden (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	Board Member
Fergus O'Kelly	✓	✓	✓	✓	✓	✓		✓		✓	8	Board Member
Yvonne Traynor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	Board Member
Anne Carrigy	✓	✓	✓	✓	✓	✓	✓	✓	✓		9	Board Member
Margaret Murphy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	1,710.00
Cathal O'Keeffe	✓	✓	✓	✓	✓	✓	✓		✓	✓	9	N/A
Chris Luke	✓	✓	✓	✓	✓	✓	✓	✓		✓	9	1,710.00
Jacqui Brown				✓	✓	✓	✓	✓		✓	6	1,710.00

Notes:

- Cathal O'Keeffe does not receive a fee in respect of his membership of the Safety and Quality Committee under the one person one salary rule
- Anne Carrigy appointed Board member 12 March 2021 (previously, external member of Committee)
- Jacqui Brown appointed to Committee 28 April 2021

Appendix 6: Legislative Compliance

Annual Report Legislative Requirements

Legislative Act	
Health Act 2004	
Section 37. – (2) An annual report shall include:	
	A general statement of the health and personal social services provided during the preceding year by or on behalf of the Executive (whether provided in accordance with an agreement under Section 8 or an arrangement under Section 38) and of the activities undertaken by the Executive in that year
	A report on the implementation of the corporate plan in the year
	A report on the implementation of the service plan in the year
	A report on the implementation of the capital plans in the year
	An indication of the Executive's arrangements for implementing and maintaining adherence to its code of governance
	The report required by Section 55 (complaints), and
	Such other information as the Executive considers appropriate or as the Minister may specify.

Appendix 7: Glossary of Terms

Acronym	
ADHD	Attention Deficit Hyperactivity Disorder
AMR	Antimicrobial Resistance
AMRIC	Antimicrobial Resistance and Infection Control
ARC	Audit and Risk Committee
BA	Bachelor of Arts
C&AG	Comptroller and Auditor General
CAMHS	Child and Adolescent Mental Health Services
CAR-T	Chimeric Antigen Receptor T-cell
CAWT	Co-operation and Working Together
CCO	Chief Clinical Officer
CCT	COVID-19 Care Tracker
CEO	Chief Executive Officer
CHI	Children's Health Ireland
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
CIDR	Computerised Infectious Disease Reporting
CIPFA	Chartered Institute of Public Finance and Accountancy
CIT	Community Intervention Team
CMM	Clinical Midwife Manager
CMP	Contact Management Programme
CMSU	Contract Management Support Unit
COMAH	Control of Major Accident Hazard
COPD	Chronic Obstructive Pulmonary Disorder
CoVax	COVID-19 Vaccination Management System
COVID	Corona Virus Disease
CUH	Cork University Hospital
DEXA	Dual Energy X-ray Absorptiometry
DoH	Department of Health
DPER	Department of Public Expenditure and Reform
ECC	Enhanced Community Care
ECG	Electrocardiogram
ECHO	Echocardiogram
ED	Emergency Department
EEA	European Economic Area
EIP	Early Intervention in Psychosis
EMT	Executive Management Team
EU	European Union
EWTD	European Working Time Directive
FCCA	Fellow Member of Association of Chartered Certified Accountants
FIT	Frailty Intervention Therapy
GHG	Greenhouse Gas
GDPR	General Data Protection Regulation
GI	Gastrointestinal
GMS	General Medical Service
GP	General Practitioner
HCAI	Healthcare Associated Infection

Acronym	
HIQA	Health Information and Quality Authority
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HR	Human Resources
HSA	Health and Safety Authority
HSCP	Health and Social Care Professional
HSE	Health Service Executive
HSELanD	Health Services eLearning and Development
ICGP	Irish College of General Practitioners
ICPCDM	Integrated Care Programme for Chronic Disease Management
ICPOP	Integrated Care Programme for Older People
ICT	Information and Communications Technology
ICU	Intensive Care Unit
ID	Intellectual Disability
IFMS	Integrated Financial Management System
IHCPs	Intensive Homecare Packages
IMO	Irish Medical Organisation
iNAP	Ireland's National Action Plan
InterRAI	International Resident Assessment Instrument
IPC	Infection Prevention and Control
ISBN	International Standard Book Number
IT	Information Technology
KPI	Key Performance Indicator
LACES	Life After Cancer Emphasising Survivorship
LTI	Long Term Illness
MECC	Making Every Contact Count
MHC	Mental Health Commission
MHID	Mental Health of Intellectual Disability
MMR	Measles, Mumps, Rubella
MMUH	Mater Misericordiae University Hospital
MoU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MTC	Major Trauma Centre
NAS	National Ambulance Service
NCEC	National Clinical Effectiveness Committee
NCHD	Non-Consultant Hospital Doctor
NCIS	National Cancer Information System
NCMT	National Crisis Management Team
NCSC	National Cyber Security Centre
NEIS	National Estates Information System
NHS	National Health Service
NHSS	Nursing Homes Support Scheme
NIAC	National Immunisation Advisory Committee
NIMIS	National Integrated Medical Imaging System
NIMS	National Incident Management System
NIRP	National Independent Review Panel
NiSRP	National Integrated Staff Records and Pay Programme
NPHET	National Public Health Emergency Team

Acronym	
NSP	National Service Plan
NTPF	National Treatment Purchase Fund
OGD	Oesophago Gastro Duodenoscopy
OHCA	Out of Hospital Cardiac Arrest
OPAT	Outpatient Parenteral Antimicrobial Therapy
OPD	Outpatients Department
PA	Personal Assistant
PAS	Patient Administration System
PCC	Primary Care Centre
PCRS	Primary Care Reimbursement Service
PHN	Public Health Nurse
PMH	Perinatal Mental Health
PPE	Personal Protective Equipment
PRRT	Peptide Receptor Radionuclide Therapy
REC	Research Ethics Committee
SABR	COVID-19 Vaccination Management System
SAT	Single Assessment Tool
SEAI	Sustainable Energy Authority of Ireland
SIVUH	South Infirmary - Victoria University Hospital
STI	Sexually Transmitted Infection
SVUH	St. Vincent's University Hospital
TAPS	Temporary Assistance Payments Scheme
TILDA	The Irish Longitudinal Study on Ageing
ToR	Terms of Reference
TUH	Tallaght University Hospital
UHW	University Hospital Waterford
UK	United Kingdom
VAT	Value Added Tax
VPN	Virtual Private Network
WHWU	Workplace Health and Wellbeing Unit
WTE	Whole Time Equivalent

Financial Governance

Operating and Financial Overview 2021

Statement on Internal Control

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

Financial Statements

Notes to the Financial Statements

Appendices

Operating and Financial Overview 2021

INTRODUCTION

The COVID-19 pandemic continued into 2021 causing a significant ongoing impact on the HSE. The key focus was on responding to the ongoing COVID-19 environment whilst also working to provide for the safe delivery of prioritised core (non-COVID-19) services. This has continued to place significant pressure on funding and expenditure during the full year of 2021.

The HSE received revenue and capital funding from the DoH in 2021 of €21.6bn reflecting the need to ensure that the HSE's COVID-19 strategy was appropriately funded whilst ensuring the delivery of ongoing health services in a continuing COVID-19 environment.

€1.6bn of this funding was provided on a once off basis to fund in particular the following key areas and initiatives which are fundamental to the HSE's COVID-19 response. These are summarised below:

- Roll out of Vaccination programme
- Testing and Tracing Initiative
- Community and Hospital Response including:
  - GP COVID-19 related services
  - Temporary Payment Assistance Scheme for private nursing homes (TAPS)
  - Commissioning of private hospital capacity
- Procurement of Personal Protective Equipment (PPE) and associated logistics costs
- Winter planning in the context of the pandemic

The HSE suffered a cyberattack on 14 May 2021 which further added to the challenges for staff across all functions of the HSE already working in the prevailing COVID-19 environment. This cyberattack has highlighted existing weaknesses within the HSE's ICT infrastructure which will require additional future funding investment for a multi-year ICT and transformation programme.

STRATEGIC CONTEXT

In 2021, COVID-19 continued to challenge the overall capacity and capability of the health service. The pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected in the delivery and improvement of healthcare services, while continuing to manage within a COVID-19 environment. COVID-19 has materially and perhaps permanently changed the way that the HSE provides healthcare. In 2021, we continued to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care.

Ireland's population is currently estimated at over 5.01m people, with an annual population increase of 34,000 in the year to April 2021. Ireland has the highest birth rate with 60,396 recorded births in the past year and the lowest death rate within Europe. The most significant population growth continues to be among the older age groups. We are the second fastest growing population in Europe.

The number of people aged 65 years and over has increased by over one-third in the past decade which is twice that of the European average. Within this age group there were 176,000 people aged 80 years and above, an increase of 19% since 2016. The life expectancy of the Irish population has

increased significantly since 2000 and is now the fifth highest in Europe 84.7 years for women and 80.8 years for men. The most significant increase in life expectancy is driven by reduced mortality rates from major diseases such as diseases of the circulatory system and some cancers. As people in Ireland live longer they continue to live with one or more chronic illness, including dementia. These population changes represent a significant challenge for our health services planning, exacerbated again this year by the impact of COVID-19 and the cyberattack. With an increasing population who are living longer, it is crucial that the health services effectively plan for future healthcare needs.

Lifestyle factors also continue to contribute to the complexity of health provision in Ireland. This includes the impact of smoking, drug use, alcohol consumption and obesity. The number of adults smoking in Ireland has decreased significantly; however, Irish adults' alcohol consumption is greater than the OECD average and obesity rates have continued to rise presenting additional complexity in the provision of health services.

Over the last two years, we had to adapt our entire health system to serve the needs of patients falling ill, many seriously ill, from COVID-19, and we had to find a way to safeguard core services, for people in need of both emergency and urgent planned care. Not only have existing services been significantly impacted, but new services have had to be rapidly developed and deployed. During the course of the last year, we also had to staff, equip, and maintain supplies of vaccination on a mass scale, and continue a major testing and tracing operation.

The cyberattack on 14 May 2021, had a hugely detrimental effect on our healthcare system, and on the delivery and access to timely healthcare services in 2021, which was already dealing with the unprecedented impact of the pandemic. This criminal act resulted in widespread disruption across all services and this continued for a number of weeks. As we move from pandemic management towards living with COVID-19 as one of many endemic diseases, it will be essential that we continue with a measured and proportionate response.

FINANCIAL OVERVIEW

Income Analysis

The HSE received revenue funding from the DoH of €20.6bn for the provision of health and social care services. Overall this represented an increase of €1.2 billion (6%) over 2020.

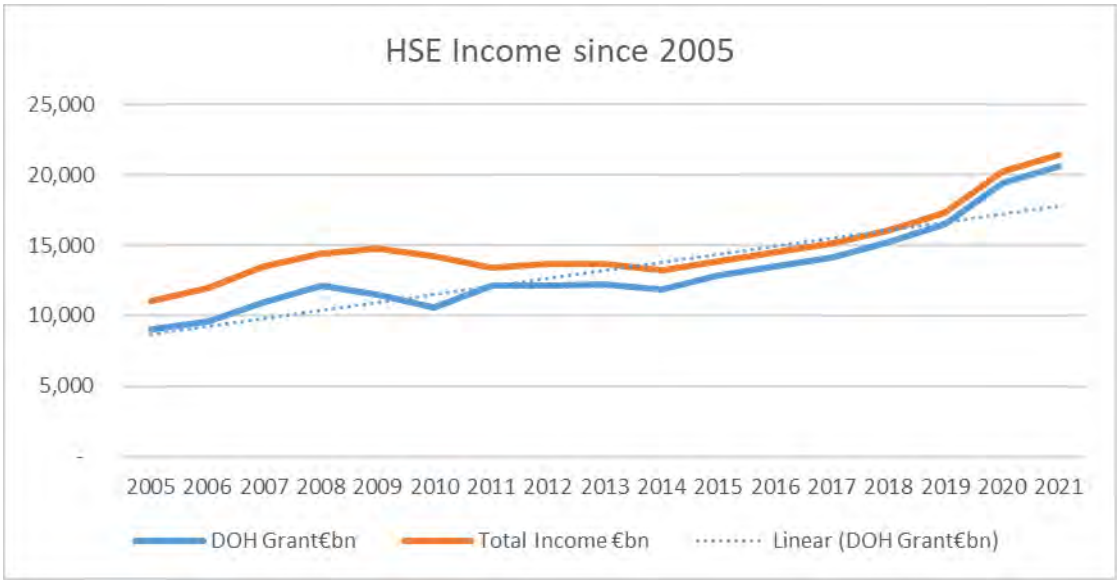
This funding included the allocation of once off funding of €1.6bn provided to cover 2021 COVID-19 costs. An additional €592m of time-related savings arising from reduced activity levels in core services and delayed planned developments was also available as part of overall funding.

Table 1 analyses overall HSE income for 2021 and 2020

Income Stream (Revenue) (shown in €'000s)	FY2021	FY2020	% Var
Department of Health Grant	20,617,795	19,451,541	6.0%
"First Charge"	-	6,472	-100.0%
Private Patient Income	342,780	328,549	4.3%
Superannuation Income from staff	156,180	159,838	-2.3%
Pension Levy	200,289	191,903	4.4%
Other Income	130,435	126,437	3.2%
Total Income per AFS	**21,447,479**	**20,264,740**	**5.8%**

Figure 1 HSE income since 2005

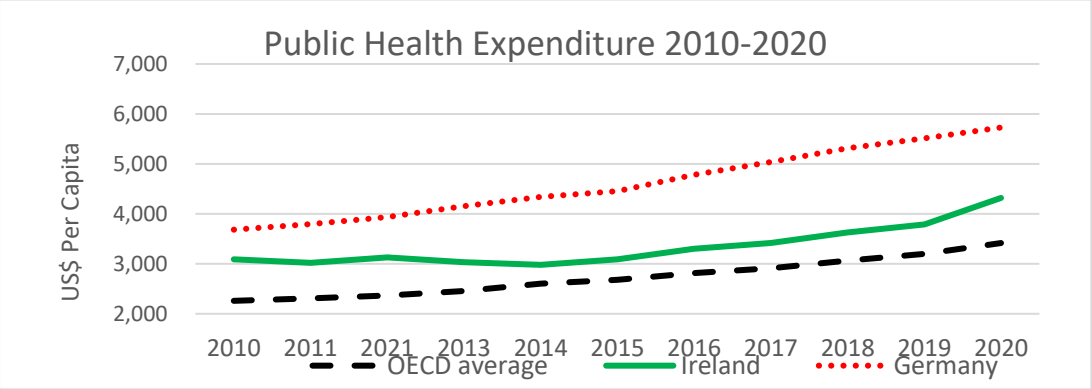
Figure 1 details the increase in HSE income and funding since 2005. There has been a significant increase in income since 2019 reflecting the additional funding required to respond to the COVID-19 pandemic.



Irish public health expenditure (capital and revenue) has been on the increase from a low of €13.4bn in 2013 to over €21bn in 2022.

However, the amount of money available for the health and social services of each person in Ireland has increased at a much slower rate over this period than for the average person in the OECD. In fact, between 2010 and 2020, the per capita public health expenditure for the average OECD citizen rose by 51% compared to a 40% increase in Ireland. Hidden in this trend is the worrying fact that half of Ireland's increase only came in the last two years masking the below average increases and their cumulative effects for eight of the years. In comparison, Germany which started the period at a public health per capita expenditure 19% higher than Ireland's, experienced a 56% increase in funding and is now funding public health at a rate of 33% more than in Ireland. This is demonstrated in Figure 2 below:

Figure 2 % Change in Public Health Expenditure, per Capita, 2010 -2020



Expenditure and Outcome Analysis

At the end of 2021, the HSE is reporting a revenue deficit of income over expenditure of €195m or 1% of its overall income, with a significant element of this being driven by the direct impacts of COVID-19 surges. The cost of responding to COVID-19 of €2.4bn are significantly higher than the specific COVID-19 funding provided of €1.6bn. The COVID-19 costs of €2.4bn include the following three specific COVID-19 expenditure items: Testing and Tracing Programme costs of €719m, Vaccinations costs of €530m and PPE costs of €352m, in addition to other pay and non-pay costs incurred across the acute and community services which were categorised as directly attributable to COVID-19 expenditure.

In summary terms, COVID-19 costs are €787m higher than the specific COVID-19 funding provided to the HSE with some of this offset by €592m in net once-off savings in core areas, leading to a €195m adverse variance. Most of the savings relate to activity levels being lower as a result of COVID-19 and delays in our capacity to progress with developments, including recruitment of additional staff to permanently strengthen the health service. These delays were largely caused by our need to prioritise the overall effective response to the pandemic.

The overall revenue expenditure reported for 2021 is €21.6bn which is 8% higher than the expenditure in 2020. The table below analyses this expenditure by HSE service area. Acute Hospitals and National Ambulance Services represent 38% of overall expenditure, with 46% of expenditure in Community Services[1].

The overall increased expenditure in 2021 of 8% or €1.6bn is mainly in respect of additional measures put in place in 2021 for the health services response to the COVID-19 pandemic.

Table 2 HSE Expenditure per Service Area 2021 and 2020

HSE Division (€000's)	FY2021	FY2020
Acute Hospitals	8,206,397	7,749,615
Primary Care	4,974,705	4,581,477
Disability Services and Older Persons' Services	3,951,737	3,695,946
Corporate Support Services *	2,856,134	2,691,501
Mental Health	1,070,648	1,038,601
Health and Wellbeing	582,892	263,266
Total Expenditure	**21,642,513**	**20,020,406**
* Including Other Demand Led Costs		

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

Acute Hospitals Services

Acute hospital services aim to improve the health of the population by providing health services ranging from self-management support, brief intervention and early diagnosis to specialist tertiary services. Acute hospital services are provided for adults and children within six Hospital Groups, Children's Health Ireland and the National Ambulance Service (NAS). These services include scheduled

[1] Primary Care, Disability Services and Older Persons' Services, Mental Health

care (planned care), unscheduled care (unplanned / emergency care), diagnostic services, specialist services (specific rare conditions or highly specialised areas such as critical care and organ transplant services), cancer services, trauma services, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. These services are provided in response to population need and are consistent with wider health policies and objectives, including those of Sláintecare. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety initiatives are prioritised within allocated budgets, including the management of COVID-19 and other infections.

The interruption to normal healthcare activity as a result of the pandemic resulted in significantly reduced activity levels in the acute system in 2021. Scheduled care services have been particularly impacted by COVID-19 and the cyberattack, resulting in longer waiting times and larger waiting lists. However, significant developments in critical care capacity in 2021, included 42 critical care beds that were planned and funded, bringing the total to 297 beds across the service, as well as resources for rapid response teams, nurse educator roles and enhancement of critical care retrieval services.

During 2021, Service Level Agreements (SLAs) were signed with 18 private hospitals. These SLAs were activated by 'surge events' and also the cyberattack, ensuring the continued provision of unscheduled, urgent and time critical care to core activity patients.

Community Healthcare

Community healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by general practitioners (GPs), public health nurses and HSCPs through primary care teams and CHNs. Community healthcare services are currently delivered through nine 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. These services are delivered to people in local communities as close as possible to their homes.

Older Persons' Services

Older persons' services provide a wide range of services including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible (Nursing Homes Support Scheme). These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers. 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. In responding to COVID-19, services like transitional care, emergency residential respite services, home support and home respite and carer support continued but were reduced due to capacity constraints. Despite reduced activity almost 20.5 million home support hours were delivered in 2021. Also, adaptations to service delivery continued into 2021 such as increasing Meals on Wheels, phone line support and outreach through social distancing compliant visitations.

Disability Services

Disability services are delivered through HSE services, section 38 / section 39 and for-profit providers. Disability services are provided to those with physical, sensory, intellectual disability and autism in residential, home support and personal assistance services, clinical / allied therapies, neuro-rehabilitation services, respite, day and rehabilitative training. The cost in Disability Services is primarily driven by the clients need and the complexity of each individual case presenting. In responding to COVID-19, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential (including new emergency residential placements), Home Support/PA services and tele-/online supports for service users and families, whilst curtailing or closing certain services such as day services, respite services, and certain clinical supports.

Mental Health Services

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHS, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds. As a result of COVID-19 some community mental health services were reduced. The reduction in services was in line with public health advice on the provision of safe services. There was extensive use of remote consultation tools such as Attend Anywhere to ensure continuity of services for mental health patients.

Primary Care Services

Primary care delivers care and supports to people across the continuum of their lives, close to home, through a community-based approach and incorporates general practice and GP out of hours' services, in addition to a wide range of diagnostic, treatment and support services including dental, audiology, ophthalmology, child psychology and therapy services.

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. 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. These centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres. Nine new primary care centres became operational in 2021, bringing the total number of primary care centres in operation to 147. While clinic-based therapies were suspended at the outset of the pandemic, innovative approaches (such as Attend Anywhere) were established to provide therapies virtually, where possible.

Health and Wellbeing Services and Public Health

Health and wellbeing services support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within health and wellbeing support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; and building an intelligent health system and a healthier population.

Our public health teams played a major role in responding to the COVID-19 pandemic. Public health teams worked closely with the wider health system to mitigate and limit the spread of the virus using evidence-based strategies, guidance, disease surveillance and health intelligence developed nationally. Public health also supported end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's testing and tracing programme.

Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing and the core components of the service include referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management). The Testing and Tracing function is also supported by acute and community services, including testing centres and hospital laboratory testing, GP consultations in PCRS and swabbing centres in the Primary Care CHOs. Accurate and large-scale testing, coupled with a robust contact tracing system, has played a central role in the management of the COVID-19 pandemic. Over the past 18 months, testing and tracing capacity has been significantly increased. The continued leveraging of technology, such as online portals, will allow testing and tracing to continue to efficiently co-ordinate testing operations as needed in 2022.

COVID-19 Vaccination Programme

A key component of Ireland's national response to the COVID-19 pandemic has been the roll-out of a national vaccination programme, with key involvement from the National Immunisation Office and Health Protection Surveillance Centre. The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines and the core components of the service include establishment of vaccination locations, development of a new ICT infrastructure, development of effective partnership arrangements with GPs and pharmacists and the expansion of our trained vaccinator workforce. The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies providing the vaccines directly to patients on an age profile basis as determined by NIAC (National Immunisation Advisory Committee) and NPHET (National Public Health Emergency Team). By the end of October 2021, more than 90% of the eligible population had been fully vaccinated, with significant impacts in terms of reduced incidence of the disease, hospitalisations, and mortality. In addition, the success of the Vaccination

Programme is a cornerstone in supporting the reopening of society and easing of restrictions. The programme is working to ensure flexibility and preparedness for future COVID-19 vaccination programmes to adapt to NIAC recommendations (perhaps annually if needed) as well as general pandemic responsiveness.

Primary Care Reimbursement Scheme

The Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through primary care contractors like GPs, dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and/or government policy and direction provided by the DoH. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications. In response to the COVID-19 pandemic, significant COVID-19 related costs have occurred in PCRS, including costs in respect of the GP support package (primarily for respiratory clinics, COVID-19 telephone consultations, non COVID-19 remote telephone consultation, increased out of hours), card eligibility extension costs and delivering vaccinations through GPs and community pharmacists.

Finance-Related Initiatives

National Finance supports the organisation to secure and account for the maximum appropriate investment in our health services, ensuring the delivery of high-quality services and demonstrating value for money. This includes promoting strengthened financial management, best practice procurement, a robust governance and control environment and ongoing improvement in financial and procurement systems, planning, reporting, costing, and budgeting in order to drive and demonstrate value.

Key areas progressed in 2021 included:

- Completing the detailed design of the integrated financial management system (IFMS) to support improved financial reporting, including analysis and forecasting, in preparation for build, test and deployment activity commencing in 2022
- Developing and implementing a three-year Controls Improvement Plan and an Activity Based Funding Implementation Plan
- Responding to the challenges of the cyberattack in maintaining service levels across payroll, payment services (AP), income services and inventory / logistics
- Delivering the future operating model design, and progressed the resource model and payroll strategy for financial shared services
- Progressing the delivery of a Corporate Procurement Plan and improvements to self-assessment of procurement compliance.
- Ongoing implementation of the single National Integrated Staff Records and Pay Programme (NiSRP) with a successful implementation in the South East and implementation continuing in the South.

OUTLOOK FOR 2022

While COVID-19 remains a major challenge for our staff, patients, service users and vulnerable groups we will continue to work across the organisation to maximise the delivery of high-quality health and social care services as we transition from a pandemic to an endemic scenario. Simultaneously, we will continue to deliver reforms and improvements to support the permanent strengthening of the health services, based on the recommendations of the Sláintecare report.

In 2022, we will be taking forward a range of programmes and initiatives central to Sláintecare. We will focus on addressing waiting lists and waiting list times in both the acute services and in the community, women's health and driving improvements in mental health and disability services, reduce our dependence on the current hospital-centric model of care, and focus on reforms of home support and residential care in older persons' services. The Sláintecare Report 2017 also included a commitment to HSE regionalisation. During 2022, working with the DoH, the HSE will work to design and develop the specification of RHAs, including completion of a comprehensive implementation plan, clarity on corporate and clinical governance, and commencement of the transition phase to the new arrangements.

The National Service Plan (NSP) was published on 01 March 2022 outlining the health and social care services that will be provided within the 2022 allocated budget of €20.683bn, which focuses on the delivery and improvement of healthcare services while continuing to manage within a COVID-19 environment. This represents an increase of core funding of €1.037bn and once off COVID-19 funding of €697m. A total of €1.4bn of core new measures funding has been included in the 2022 budget, of which €1.1bn was made available in 2021 and an additional €0.3bn in 2022, which will provide increased capacity in the health system and will support the delivery of Sláintecare.

The total capital budget for 2022 is €1.045bn, which includes core funding of €130m and once off COVID-19 funding of €50m. The focus in the coming year is not just on new builds but on upgrading existing infrastructure to bring our estate up to modern standards. From an ICT perspective we will significantly enhance our e-Health capability, consolidating the digital enhancements we have made during the pandemic to support GPs to communicate more effectively with hospitals and the community in relation to patient care. Robust cyber security is also a top priority, and we will significantly upgrade our foundational infrastructure and cyber technology to safeguard our systems to the greatest extent possible against future attacks.

Events such as COVID-19 and the cyberattack on health service systems have demonstrated that there is a range of threats to the delivery of healthcare which can emerge without warning and can have a devastating impact on the delivery of care. The ongoing pandemic will continue to bring uncertainly and complexity to the planning and delivery of services in 2022. Consequentially this will also bring additional complexity to financial planning and financial management for 2022. The National Service Plan[2] notes that "It follows that it is not practical to provide the usual level of assurance around the extent and affordability of likely 2022 activity, particularly in respect of acute hospital services, albeit every practical effort will be made to manage and mitigate the various financial issues and risks."

Notwithstanding, the HSE is fully aware of, and committed to, its obligation to managing its resources to protect and promote the health and well-being of people in Ireland.

[2] National Service Plan 2022, Section 6, Financial Management Framework 2022

Health Service Executive

Statement on Internal Control

This Statement on Internal Control represents the position for the year ended 31 December 2021. It sets out the Health Service Executive's approach to, and responsibility for, Risk Management, Internal Controls and Governance. This statement has been written considering the context of the ongoing COVID-19 environment in 2021. During 2021 the HSE had been subject to a serious cyberattack which is detailed in this statement.

1. Responsibility for the System of Internal Control

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

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

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

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

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

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

The work of the HSE Board and its Committees and the Executive has continued to have been impacted by the ongoing COVID-19 pandemic.

During 2020 the HSE Board recognising the unique and rapidly changing environment caused by the COVID-19 pandemic took the decision to provide a mandate to the CEO to make the necessary decisions as required within the all Government and multi-agency approach to the management of the emergency. This delegation was time bound and was appropriate to the emergency situation caused by the COVID-19 pandemic. All reserved functions of the Board have been restored on 24 September 2021.

The HSE wishes to acknowledge the continuing substantial support from the private sector and the citizens of Ireland at all times over the course of 2021 and which is continuing. The HSE Board met on 21 occasions in 2021 including facilitating 2 detailed workshops.

During 2021 owing to the ongoing impact of the COVID-19 pandemic HSE staff have continued to react at pace to changed working environments and practices such as redeployment from their normal roles to support COVID-19 requirements as well as working from home in line with Government requirements for social distancing.

The system of internal control is considered even more crucial in a time of crisis and the Board and Management have had to review and reassess elements of the control environment which has been further considered as part of the overall annual review of the effectiveness of the system of internal control.

On the 14 May 2021 the HSE and wider health system had been subject to a very serious cyberattack perpetuated by a criminal organisation which is believed to operate outside of the State. All HSE systems were restored, however, this situation has also impacted on the system of internal control and is discussed in greater detail later in this statement.

2. Purpose of the System of Internal Control

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

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

The system of internal control, which accords with guidance issued by DPER, has been in place in the HSE for the year ended 31 December 2021, and up to the date of approval of the financial statements, except for the control issues outlined below.

Sections 7 and 8 detail the impact of the COVID-19 pandemic and the cyberattack on the HSE's control environment and the mitigating actions taken by management to ensure that its internal controls remain fit for purpose.

3. Capacity to Handle Risk

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

The **Audit and Risk Committee** was established in accordance with the provisions of the 2019 Act. The membership of the Audit and Risk Committee consists of four external members and three members of the HSE Board. All members are considered by the Board to have the relevant skills and experience to perform the functions of the Committee including highly experienced and qualified finance professionals.

Among its responsibilities the Audit and Risk Committee is required to:

- Advise the Board and the CEO on financial matters relating to their respective functions and a number of compliance matters related to same
- Provide advice to the Board and the CEO on the regularity and propriety of transactions recorded in the accounts and on the effectiveness of the system of internal control operated by the HSE
- Provide oversight and advice regarding the operation of the HSE Risk Management framework and related activities
- Provide oversight and advice in relation to the HSE Internal Audit Function
- Report in writing at least once a year to the CEO and Board on all matters within its remit and to provide a copy of that report to the Minister for Health.

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

The Audit and Risk Committee operates under an agreed Charter which sets out in detail the role, duties, and authority of the Committee. The Audit and Risk Committee is required to meet at least four times annually. In 2021 the Audit and Risk Committee met on 17 occasions reflecting the additional responsibilities which arose due to the COVID-19 pandemic as well as the HSE Cyberattack.

Anticipating and reducing threats to the delivery of health and social care services remains a critical priority for the HSE. The management of corporate risks is therefore an important organisational process and these risks are recorded in the HSE's Corporate Risk Register. The identification and monitoring of corporate risks allows the Board and the EMT to assess and manage the HSE's key risks and responses to those risks.

The Board is supported by the ARC and other Board Committees who report the findings of their reviews of risk to the Board. The ARC also receives regular reports on risk management from the Chief Risk Officer and checks progress against agreed action plans to manage identified risks. The Audit and Risk Committee provide significant oversight in this regard.

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

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

During 2021 the Health Care Audit function was integrated into the Internal Audit function and this statement is written in that context.

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

Despite the ongoing challenges of the ongoing COVID-19 environment as well as the impact of the cyberattack in 2021 the Internal Audit division completed a substantial body of work as part of its annual risk-based work plan, issuing 161 audit reports, containing 890 recommendations,

in relation to HSE and its funded agencies. The findings of these reports were considered by the HSE Audit and Risk Committee and EMT.

Based on the work of Internal Audit and the results of the individual internal audit engagements, the 2021 Annual Report of the National Director of Internal Audit provided an overall audit opinion that limited assurance can be provided in respect of governance, risk management and financial control processes.

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

Type of Overall Opinion Rating	**Definition**
1. Satisfactory	Overall, there is an adequate and effective system of governance, risk management and controls. Some improvements may be required to enhance the adequacy and/or effectiveness of the system.
2. Moderate	There are weaknesses in the system of governance, risk management and controls which create a moderate risk that the system will fail to meet its objectives. Action is required to improve the adequacy and/or effectiveness of the system.
3. Limited	There are weaknesses in the system of governance, risk management and controls which create a significant risk that the system will fail to meet its objectives. Action is required to improve the adequacy and/or effectiveness of the system.
4. Unsatisfactory	There are weaknesses in the system of governance, risk management and controls which create a serious and substantial risk that the system will fail or has failed to meet its objectives. Urgent action is required to improve the adequacy and/or effectiveness of the system.

The HSE has in place an **integrated risk management policy** which clearly defines the roles and responsibilities for all levels of staff in relation to risk (financial and non- financial). The policy is communicated across all levels of staff.

The HSE is committed to ensuring that risk management is seen as the concern of everyone, is embedded as part of normal day to day business and informs the strategic and operational planning and performance cycle. The HSE has appointed a Chief Risk Officer in 2021 to ensure appropriate senior oversight of this key area.

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

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

The **People and Culture Committee** provides advice to the Board on all matters relating to staff and workforce planning,

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

4. Risk and Control Framework

Management of risk is an integral part of good governance. The HSE has developed an **Integrated Risk Management** policy which has been guided by the principles of risk management outlined in ISO 31000 (ISO 31000 is an internationally recognised standard informed by experts in risk management). This policy and its guidance documentation, is available to all staff.

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

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

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

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

Risk registers are required to be in place at key levels in the organisation. These identify the key risks facing the HSE.

At an organisational level, the **Corporate Risk Register** is subject to monitoring and updating on a quarterly basis. The risk registers set out the existing controls, the risk rating and any additional actions required to mitigate each risk and assigns both persons and timescales for completion of these. During 2021 all COVID-19 risks were reviewed monthly to reflect the dynamic nature of the risks caused by the pandemic.

The responsibility for the management of claims from clinical and operational incidents under the Clinical Indemnity Scheme (CIS) and General Indemnity Scheme (GIS) has been delegated to the State Claims Agency (SCA) under the *National Treasury Management (Amendment) Act 2000*. The SCA also provides specialist advice, including risk management advice, to the HSE which is supported by the 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** which was revised in 2021 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 Code of Governance provides clarity on the governance roles and responsibilities in relation to the roles of the Minister for Health and his Department officials, The HSE Board and the CEO and Executive Management team of the HSE
- The Performance and Accountability Framework describes in detail how managers in the health service, including those in CHOs and Hospital Groups will be held to account for performance in relation to service provision, quality and patient safety, finance and workforce
- There is a framework of administrative procedures in place including segregation of duties, a system of delegation and accountability, a system for the authorisation of expenditure and regular management reporting
- The HSE's National Financial Regulations form an integral part of the system of internal control and have been designed to be consistent with statutory requirements and to also ensure compliance with public sector guidelines issued by the DPER
- The HSE has in place a devolved annual budgetary system and each year the Minister for Health formally approves the annual National Service Plan (NSP). Defined accountability limits are set which are closely monitored by the National Performance Oversight Group (NPOG) on behalf of the CEO
- The HSE has in place a wide range of written policies, procedures, protocols and guidelines in relation to operational and financial controls
- The HSE carries out an annual comprehensive review of the system of internal control, details of which are covered in a later section of this report
- There are systems and controls aimed at ensuring the security of the information and communication technology systems within the HSE. This is an area of high priority for the HSE given the challenges of managing multiple systems across the entire HSE. There are ongoing 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

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

5. Procurement

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

During the early stages of the COVID-19 pandemic in 2020 there was an urgent need for the HSE and Ireland to source sufficient purchases of PPE to equip the Irish Healthcare system in the COVID-19 response. The HSE procurement effort had to move at pace and it was necessary to use the emergency protocols of Article 32 of the Procurement Directive extensively.

Article 32 governs the use of the negotiated procedure without prior publication insofar as is strictly necessary for reasons of extreme urgency and it allows the removal of the requirement to competitively tender for publicly awarded contracts.

The impact of the COVID-19 pandemic has had an ongoing and significant impact on competitive and compliant procurement in 2021 as the health services had to respond with urgency to national public health initiatives to address the pandemic and many key procurement staff are still in re-deployed roles.

Matters arising regarding controls over procurement are highlighted under heading 14 Internal Control Issues.

6. Ongoing Monitoring and Review

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

- Key risks and related controls have been identified and there is a process in place to monitor the operation of these controls
- Reporting arrangements have been established at all levels where responsibility for financial management has been assigned
- The Minister for Health, the Chair of the Board and CEO meet monthly to discuss and review performance matters
- 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 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 CEO and EMT meet as part of normal business at least twice monthly
- There are monthly Board meetings which are attended by the CEO and members of the EMT
- During 2021 the Board met on a greater frequency than monthly to adequately react to the ongoing HSE COVID-19 environment as well as the impact of the cyberattack
- All Committees of the Board meet regularly to review areas that fall under their specific remit and to provide advice and feedback to the Board
- The Board and its committees and the EMT have considered the impact of COVID-19 and the cyberattack on all areas of the HSE including funding, its control and risk environment and governance arrangements.

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

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

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

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

The work of Internal Audit forms an important part of the monitoring of the internal control system within the HSE. The annual work plan of Internal Audit is informed by analysis of the key risks to which the HSE is exposed and is approved by the Audit and Risk Committee. The National Director of Internal Audit attends all Audit and Risk Committee meetings and has regular one to one meetings with the Vice Chairperson of the Audit and Risk Committee who is a member of the HSE Board. Additionally the National Director of Internal Audit has regular one to one meetings with the CEO. Monitoring and review of the effectiveness of the HSE's internal controls is also informed by the work of the Comptroller and Auditor General (C&AG). Comments and recommendations made by the C&AG in his management letters, audit certificates or annual reports, are reviewed by the Board, EMT and the Audit and Risk Committee, and actions are taken to implement recommendations.

7. Impact of COVID-19 on the System of Internal Control

The COVID-19 pandemic continued to impact the normal ways of working across all major divisions of the HSE requiring HSE staff to work remotely to be compliant with public health and government guidance to safeguard the health of the HSE workforce and the people that rely on them.

During 2021 the Board delegation in respect of Contract approvals and donations was no longer required and normal protocols were restored to the Board.

HSE staff and management were still required to make many significant changes to support the provision of services during the COVID-19 pandemic. A key new development in 2021 related to the setting up of vaccination centres across Ireland involving many HSE staff who continued to be re-deployed from their normal roles.

The HSE has continued to issue a very significant number of circulars over the course of the past year to provide appropriate guidance and support to HSE staff and management given these new working arrangements. This guidance covered areas such as:

- Health and Safety guidance
- Mental Health supports
- ICT controls, encryption requirements and password protocols
- GDPR requirements and safeguarding of information
- Getting back to the work environment as appropriate.

Despite the changed working environment, the HSE's financial systems operate with the same security controls whether staff are working in a HSE location or remotely at home. Access to our financial systems is online using encrypted laptops and PC's using VPN and/or MIFI devices. All of which are protected by password protocols.

Staff working on privileged systems such as payroll, accounts payable, Fair Deal and treasury were supported by updated contingency plans which provided them with extra security and advice with regards to the new working arrangements. Some key tasks could only be conducted at a secure HSE location with appropriate safety protocols in place to protect these staff. Staff rotas were instigated in such instances to ensure the protection of the staff, the activity, and the controls environment.

Normal ICT protocols are still in operation requiring user password protocols. Regarding priority systems segregation of duties remained high priority in relation to input and authorisation tasks and no changes were made to authoriser levels in those key areas.

The new working arrangements did necessitate amendments to some of the HSE's national financial regulations (NFRs) to consider the impact of staff redeployments and the threat of staff shortages to allow as much as possible for business-as-usual continuity. These amendments continue to be reviewed in 2021 and only those deemed necessary have continued.

The HSE's NFR19 requires all areas of the HSE with significant inventories at the year-end date to perform stock takes. Considering the impact of the COVID-19 pandemic derogations were provided in locations which were directly impacted by COVID-19 as a safety measure for staff, patients, and service users. At the end of 2021 arising from the significant Omicron surge €5 million of the HSE's year-end inventory has been estimated using most recent and reasonable stock count information.

The amended regulations are monitored closely by the National Financial Division.

8. Impact of Cyberattack on the System of Internal Control

The cyberattack which occurred in May 2021 (and which is discussed in more detail in Section 14 of this statement) significantly impacted the non-clinical systems around financial reporting, processing of payroll, payment to suppliers and access to procurement systems.

HSE finance and procurement staff lost access to all IT systems, and due to the infiltration of the HSE's systems normal disaster recovery plans had to re-designed at speed in order to ensure that all appropriate payments could proceed with the least impact on controls.

The HSE has a backup of all payroll and payment processes managed by a third party expert supplier. This supplier was able to provide a secure backup as well as a physical location whereby HSE staff could work to ensure that all appropriate payments were made on time and with minimal disruption.

Once the HSE financial systems were brought back on-line this data was restored to the HSE's ledgers and systems.

9. Personal Protective Equipment (PPE)

The use of appropriate PPE remained a significant element of the Government and HSE's management of the COVID-19 pandemic during 2021 particularly through the specific surges. The HSE continued to take the lead in ensuring that there was a secure pipeline of PPE available when it was needed most. During 2020 the bulk of PPE was dominated by Chinese suppliers, however in 2021 the Irish Government made a commitment to ensure Irish indigenous companies were not further disadvantaged and to ensure that there is a secure future pipeline

of PPE not dependant on international markets. Therefore the majority of the expenditure during 2021 was from Irish suppliers.

The HSE was mandated by Government to source PPE and received additional sanction of up to €450 million to ensure supplies were available. This sanction includes the logistics costs such as warehousing and transport.

As a result of the HSE successfully securing vital PPE during 2020 and again in 2021 all healthcare settings were appropriately stocked with PPE at all times in 2021 and in particular during the well noted COVID-19 surges.

The cost price of PPE continued to be significantly higher due to ongoing worldwide demand especially in the early stages of 2021 when additional purchases of PPE was made.

As at 31 December 2021 the HSE has reported that it holds €73 million of stock related to items of PPE which were not used before the end of the year. (FY2020 PPE stock was €182 million). The cost of PPE items purchased during 2021 is €170 million because of the market forces noted above.

The HSE values its year-end stock in the financial statements at the lower of cost or replacement cost. The HSE has recorded the difference between the cost of this PPE and its replacement cost of €70.6 million as an expense in its Revenue Income and Expenditure account. This is detailed in Note 16 Inventories in the Annual Financial Statements (AFS).

Additionally the HSE has reviewed a number of key PPE stock items to determine whether there is any requirement to provide for obsolescence arising from factors such as the normal shelf life of these stocks. This review has determined that the stocks of hand gels held at the end of 2021 indicate that it will take a number of years at current demand levels to use these in HSE services. Accordingly the HSE has recorded a provision of €25.6 million in relation to the predicted impairment of these hand gels.

The HSE is considering whether there are stocks of PPE on hand that can be donated to overseas countries which may have a need for these stocks, this has been estimated at €12.7 million which has been recorded in 2021 financial statements.

The overall impairment loss therefore in 2021 is €108.8 million which is charged to expenditure in 2021. The overall cost of these PPE items in 2021 is estimated at €352 million of which €279 million has been charged to the Revenue Income and Expenditure Statement with the remainder of €73 million charged to Inventory in the Statement of Financial Position.

10. Procurement of Ventilators

The HSE's financial statements of 2020 reported a bad debt provision of €42.5 million in relation to advance payments to vendors in 2020 where orders had not been fulfilled or where equipment was received but not deemed to be clinically appropriate for use.

During 2021 the HSE has recovered €12.1 million which has been reflected in the 2021 financial statements. All efforts are still being taken by the HSE to recover additional monies in this regard.

The Comptroller and Auditor General team are currently working on a report on this matter.

11. Review of HSE non-pay accruals

The financial statements disclose a non-cash adjustment of €71.4 million to previously reported expenditure figures. This mainly relates to one region ("region A") which uses an accounting system which has limited reporting functionality on accrued balances. Excess accruals were booked over a number of financial years but were most significant between 2016 and 2019. Controls to mitigate the limited functionality had been in place prior to 2016 but due to the impact of structural organisation change, and lack of clarity of responsibilities the errors were not detected for a period.

In 2020, financial staff in the region A identified a problem with the level of accrued balances but due to the onset of the Covid-19 pandemic and re-deployment of staff arising from same, they were not in a position to complete the necessary work to correct the balances until 2021 at which point the National Financial Division (NFD) had commenced a detailed assurance review of almost €761 million or 76% of its overall non-pay accruals that had been reported in the financial statements of 2020. This review included all HSE accruals greater than €20,000 but not limited to same.

The detailed review conducted by the NFD agreed with the findings of "region A" and aside from an immaterial amount in one other region, the review concluded that there was satisfactory evidence to support the accrual balances in the financial statements.

The HSE's financial statements are prepared in line with Irish and UK Generally Accepted Accounting Principles (GAAP), FRS102 with some exceptions specified by the Minister for Health. Therefore the HSE is required to account for the €71.4 million adjustment in line with FRS102. This accounting treatment is considered a technical accounting adjustment and the appropriate accounting treatment is to reduce this expenditure in the HSE's Statement of Movement in Reserves by reducing the opening deficit by the adjustment identified by the review team. This technical adjustment is non-cash impacting, it does not increase expenditure but reduces it, and does not require any additional funding to be provided and therefore does not impact on the delivery of HSE services to patients or service users.

The HSE has reviewed the adjustments found in each relevant year in the context of the overall revenue funding required to deliver health services and has determined that there is no material impact on the financial results of any of the years in which the adjustments arose. The most material of these adjustments €16.3 million relates to 2018 when the HSE's revenue funding was in the order of €15.2 billion. The HSE has concluded that there is no material impact on the Income and Expenditure included in the financial statements in any of the affected years.

The HSE and region A has enhanced its procedures with regard to the checking and validating of accrued expenditure and provisions. It has also strengthened its monitoring and review of ongoing balances.

The NFD are developing a HSE wide process regarding the validation, approval and ongoing monitoring of accrued expenditure. Additionally there is some system work which is being conducted to allow aging of accruals which will further enhance the ongoing review of same.

Notwithstanding the fact that the HSE has not identified a systemic issue in relation to accrued expenditure, additional assurance activity will take place during 2022.

This adjustment is not the correction of a fundamental error. Up to the implementation of the current accounting standard (FRS102) in 2015, prior year adjustments were rare and were reserved for very limited circumstances, including where there was an error in the financial

statements that destroyed their truth and fairness. Since 2015, prior year adjustments are used more frequently in financial statements, including to improve comparability between reporting periods. For the avoidance of doubt, had the higher level of HSE accruals carried on the HSE Balance Sheet been corrected, none of the necessary adjustments would have threatened the truth or fairness of the financial statements or qualified in previous years as a fundamental error.

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

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

I confirm that the HSE conducted an annual review of the effectiveness of the Internal Controls for 2021 which took into account:

- Audit and Risk Committee minutes and reports
- Annual Report of the National Director of Internal Audit including the findings and recommendations from internal audit reports
- Findings arising from the Internal Control Questionnaire (ICQ) and Controls Assurance Statements (CAS)
- Status of the recommendations of previous years' reports on the Review of the Effectiveness of the System of Internal Control
- Recommendations from management letters of the C&AG
- The 2021 audit programme of the C&AG and, in particular, the audit risks identified therein.
- Reports of the Committee of Public Accounts
- HSE Board and EMT minutes
- Minutes of steering group/working group/implementation groups etc.
- External reviews undertaken by the HSE to assist in identifying financial control issues and implementing revised policies and business processes
- HSE Corporate Risk Register new monthly process in relation to key operational risks including COVID-19 risks and an enhanced quarterly review process overseen by the Corporate Risk Support Group
- Findings arising from the compliance monitoring arrangements with S38 and S39 agencies
- Guidance from the office of the Comptroller and Auditor General (OCAG) (Audit Insights paper 2020) to public organisations in respect of their control environment in the current COVID-19 pandemic
- Changes to working environment and remote working and new ways of working
- Impact of staff redeployments particularly in key privileged areas such as Payroll, Accounts Payable and Banking and Treasury functions
- Review of Key NFRS during COVID-19 particularly around approvals for purchasing (procurement)
- Review of key plans such as the HSE Winter Plan, National Service Plan and impact of additional funding
- Status of the progress of each of the six work-streams identified as part of the three year controls improvement programme which was approved in early 2021 by the EMT.

Statement on Internal Control

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

Despite the challenges of COVID-19 and the cyberattack an additional 6% of HSE staff participated in the ICQ process. This reflects the growing understanding across HSE staff at all levels of the importance of good controls and compliance with same.

In response to the COVID-19 impact on its control's environment an additional section on COVID-19 controls was again included in the HSE Leadership ICQ. This considered the guidance from OCAG as noted above.

The HSE has engaged an independent audit firm through a competitive process who have conducted a review of 7% of ICQ participants which has provided a very high level of assurance as to the integrity of the responses.

The report on the review of the system of internal control is reviewed annually by the Audit and Risk Committee, the CEO and EMT and by the Board of the HSE.

The results of the review indicate there is evidence that:

- The HSE has adopted a suite of internal policies and procedures, which form the basis of the internal control framework
- Where high level risks have been identified, mitigating/compensating controls are generally in place
- There are several instances of non-compliance with these HSE adopted policies and procedures which have been identified exposing the organisation to material risk however ongoing process and control improvements are visible in many areas
- Awareness of the requirement for internal controls and accountability has increased during 2021 with a continued increase in the number of staff who completed the ICQ survey increasing by a further 6% which is very significant in the context of the COVID-19 environment in which most staff were coping with
- Analysis indicates that most managers have a very high understanding and awareness of their responsibility in respect to internal controls. However, there is still further work to be conducted to ensure a consistent approach and understanding by all managers which will further improve the internal control environment
- Additional COVID-19 assurances were sought from HSE leadership based around the C&AG's Audit Insights document which was used as part of the ICQ review and which included assurances around controls implemented during the COVID-19 pandemic
- Despite the challenges the review considered that assurance can be placed on the sufficiency of internal controls to mitigate and/or manage key inherent risks to which activities are exposed. However, when combined with the weaknesses identified and the findings of the National Director of Internal Audit, this assurance can only be considered as limited. A significant number of weaknesses remain in the HSE's internal controls as evidenced by the number of breaches that occur. It should be noted however that during trying conditions for all staff, controls and compliance remains a priority and, in some places, improvements were recognised
- There is evidence that there is a continuing awareness and understanding of the need for accountability and responsibility by HSE managers to ensure a strong system of internal

control. However, there is still evidence of a lack of full understanding of the relevant core guidelines and policies across the organisation. Additional focus such as management and staff training sessions have been a key part of control improvement plans for 2021.

Overall, limited and not absolute assurance can be placed on the current system of internal control to mitigate and/or manage key inherent risks to which financial activities are exposed. Instances of non-compliance observed reduce the level of assurance that can be provided. Improvements in these areas will continue to receive significant focus from the HSE in the short to medium term and in particular through the three year controls improvement programme which commenced in 2021.

The control weaknesses observed in the review are set out in section 14 Internal Control Issues along with management action that is being taken to address these issues.

13. Internal Control Framework Improvement Plan

During 2021 the CEO and EMT have agreed and approved the commencement of a 3-year plan intended to improve the HSE's current internal control framework.

This controls improvement programme is a key objective for the HSE and is led by the office of the Chief Financial Officer (CFO).

This plan focuses on the following six major work steams which will help underpin strong controls across all key areas within the HSE.

Work Stream #1:	Review, Revision and Rollout of HSE National Financial Regulations
Work Stream #2:	Communication and awareness campaign
Work Stream #3:	Continued Development of Controls and Compliance Reporting and Monitoring Tools
Work Stream #4:	Internal Control Framework, including selection, benchmarking of HSE and creation of toolset and programme for ongoing self-assessment by service units
Work Stream #5:	Performance management and performance achievement optimisation
Work Stream #6:	Investing in an enhanced 2nd Line of Defence

Each work-stream commenced in 2021 with some being further advanced than others in line with the timescales identified in the programme plan. Ultimately it is anticipated that by early 2024 all work streams where appropriate will have successfully moved to business as usual activities and will have a significant impact on the HSE's overall system of internal controls. It is

equally anticipated that as each work stream progresses to completion that this will drive continuous improvements in the system of internal controls.

The cyberattack in 2021 has required that the timelines of the original plan have had to be amended, however, despite this work continued and in some instances the team were able to reschedule work to keep the overall work of the programme operational.

Work stream 1 which is the revision and rewrite of the HSE's National Financial Regulations is at an advanced stage of progress. A new and improved NFR framework has been agreed which are built around 5 key areas:

- Overarching Principles
- Operational Regulations
- Custodian Regulations
- Financial Reporting
- Budgeting, Planning and Performance.

The review has gone through a series of workshops with subject matter experts (SMEs) and initial road testing has been conducted. Final user acceptance testing is expected to conclude by early Q3 2022. A suite of updated documents are expected to be finalised and published by end of Q3 2022.

The HSE is also looking to develop a digital platform where users can easily access relevant regulations in line with HSE digital communication policy and plans.

Work stream 2 which relates to communication and training is well developed and is essentially now business as usual. A full schedule of broadcasts and training webinars were completed on various control subjects, such as payroll, travel and subsistence, annual leave, assets and ICT issues.

Significant numbers of HSE staff have availed of these training supports to date. Over 3,300 HSE staff attended these training and communication sessions during 2021.

Training videos have been developed which can be shared online with HSE staff through various digital channels. There have been articles in Hospital Group (HG) and Community Healthcare Organisation (CHO) newsletters as well as articles in Health Matters HSE staff publication.

These communications are intended to raise the awareness of the importance of the system of internal control. A series of surveys are helping to track improvement awareness and to target additional training needs.

Work stream 3 targets improved reporting and monitoring of control findings so that management across all CHO, HGs and National Divisions can easily determine what control issues require their attention in their own areas of responsibility.

This improved reporting will also provide more timely information for the EMT who can work with their senior teams to target control improvements.

An interim data repository tool has been developed which currently can provide detailed information relating to internal audit findings as well as the findings arising from OCAG external audits both locally and at the national level.

A business case has been approved for the development of a bespoke data repository and reporting tool which will reduce manual activity and which will allow multiple users live but

secure access to improve timeliness of reporting and response. This is a longer term objective and is anticipated to go live in pilot areas by early 2023.

Work-stream 4 relates to the development of a controls framework which will enable HSE HGs, CHOs and Division to benchmark their internal controls and to conduct a detailed review in their areas across all financial control headings.

Pilot sites have been agreed for testing, and detailed checklists and support documentation is at a late stage of development. The pilots are expected to commence by Q4 2022.

Work stream 4 relates to performance achievement and performance management. All key HSE management are expected to include awareness of controls as part of their individual personal objectives and to ensure that this is disseminated across their wider teams.

Currently management reports are being developed from the data repository noted in work stream 3 which will assist HSE Management to include the progression of control findings and recommendations in their performance management processes.

Work stream 6 refers to the enhancing of the HSE's second line of defence by ensuring that there are sufficient resources in place to support management in its objective to carry out regular checks as to the sufficiency of their internal controls.

Significant additional resources have been secured and are in place in the key areas of National Governance and Compliance, HR oversight of payroll overpayments, and setting up of Contract Management Support Units (CMSUs) in each community organisation to assist with the governance of grants to external agencies. Additionally resource has been secured in the key area of risk and currently key roles are in an advanced stage of recruitment. Procurement resourcing has been agreed for a further 20 Grade 7 staff and recruitment will commence by Q2 2022 in this key area.

14. Internal Control Issues

The weaknesses identified are detailed below.

I. Integrated Financial Management and Procurement System (IFMS)

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

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

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

A significant enabler of the IFMS project is the development of a Financial Management Framework which defines the process, governance and controls required to demonstrate effective financial management practice across the health system. The Framework is a living

document which is reviewed on a regular basis and has most recently been approved by the Finance Reform Programme (FRP) Steering Committee in January 2020. Development of the framework and associated strategies will continue as the programme progresses.

Benefits of IFMS

IFMS will provide more timely financial reporting and forecasting and will enable improved financial management, governance, compliance and transparency, and a stronger overall financial control environment. The deployment of a single standardised financial and procurement system across the entire health sector will, for the first time, provide quality standardised financial and procurement information across both statutory and voluntary services, facilitating:

- Valid comparison of costs across the entire sector
- A more equitable and evidence-based resource allocation model
- Demonstration of VFM to support investment in service development
- Leveraging full procurement capacity of the health sector by having quality data at a catalogue item level
- Position-level reporting of pay costs for more than 132k WTE (c. 85k WTE statutory and c. 47k WTE voluntary).

Impacts on Project Schedule

In recognition of the extraordinary impact of the COVID-19 pandemic in early 2021 the IFMS project was temporarily suspended to alleviate any burden on the stakeholders who are vital to the success of the project. IFMS staff were in some cases re-deployed to assist in COVID-19 activities and reporting.

Work had recommenced in April 2021 but the project was further impacted by the cyberattack in May 2021.

The draft IFMS delivery schedule will be refined as each phase of the project proceeds through detailed planning stages, overseen by the Finance Reform Programme Steering Group, in line with the approved governance process. This group is chaired by the Chief Financial Officer of the HSE, and the membership is comprised of relevant stakeholders.

IFMS Detailed Design Stage

Following engagement with Health System stakeholders through a series of design confirmation workshops, the detailed design for the IFMS was completed and was approved by IFMS Governance in July 2021. The completed design which is based on SAP best practice is aligned with the Financial Management Framework and is sufficiently flexible to accommodate future organisational changes in the Health System and its reporting requirements, such as those envisaged under Sláintecare. Following completion of the detailed design stage, the contract with the System Integrator was terminated by the HSE. A public procurement process is underway to procure a new System Integrator to build, test and deploy the approved IFMS design across the health system. The deployment plan will be finalised by the new System Integrator and confirmed during the build stage of the project and as part of detailed deployment planning to be approved by project governance. The proposed deployment approach aims to hold to the greatest extent possible the original project timelines so that by

2025 IFMS will have been deployed across all HSE directly run services as well as a number of voluntary providers accounting for 80% by expenditure of overall Health Services.

Deployment of IFMS in S.38 and larger S.39 organisations is a key enabler of Sláintecare, is mandated by the Finance Reform Board (Governing body involving HSE, DOH and DPER), and has been expressed as a Ministerial Priority in the HSE National Service Plan.

The shared services model underpinning IFMS is consistent with the Government mandate to expand and accelerate shared services in the Irish Public Service.

Stakeholder engagement, change management and pre-deployment activities

With the completion of the IFMS design, project teams have increased the focus on stakeholder engagement and change management activities in preparation for IFMS deployment. This preparation and change management activity is intended to assist with the transition to IFMS and optimise project timelines.

Alignment with Key Strategic Programmes

The IFMS project continues to work cross functionally with project teams from HR and Payroll on a number of strategically aligned initiatives. These include:

- Developing an end-to-end solution for pay budgeting and reporting which has been incorporated in to the overall IFMS design
- Alignment with the National integrated Staff Records and Pay (NiSRP) Programme, the single HR/Payroll system for Health which has also been developed on the SAP platform and is currently being rolled out nationally.

Financial Reporting and IFMS

The continued development and quality improvement of financial reporting pending the deployment of IFMS is an ongoing priority for the programme. Key 2021 activities in this area in 2021 and 2022 include:

- Technical upgrade and maintenance of stabilisation systems including SAP support pack upgrades
- Development of reporting capability to track and report on new funding allocations, e.g. COVID-19 and vaccination programme
- Ongoing engagement with key stakeholders to develop and align the current and future IFMS enterprise structure in light of new and evolving organisation structures and reporting requirements.

II. Compliance with Procurement Rules

The HSE estimates expenditure of approximately €4.2 billion in 2021 in relation to goods and services which are subject to procurement regulations that are set out in detail in the HSE's National Financial Regulations and underpinned by EU Directive 2014/24 and Public Procurement Guidelines for Goods and Services. In line with the revised code of practice for the governance of state bodies, and the public procurement policy framework, the HSE is required

to ensure that all contracts 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 effectiveness of the HSE's internal control system indicates that compliance with procurement regulations remains an issue for the HSE, in relation to lack of compliance with:

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

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

The HSE is undertaking a self-assessment review of its non-competitive spend >€20k for 2021. (In 2020 this review was based on spend >€25k and involved approximately 12k invoices).

The estimated total expenditure on invoices over €20k is in the order of €2.37 billion (involving approximately 36k invoices) which is 56% of HSE procurable spend in 2021. All major budget holders are required to complete a self-assessment return to determine the level of non-competitive and non-compliant procurement.

Self-assessed returns covered €2.066 billion (87+% of spend under review). The returns indicate that non-competitive procurement was in the region of 19% (€0.4 billion) and non-compliant procurement was in the region of 9% (€0.186 billion). When excluding COVID-19 specific expenditure the non-compliant rate is 16% equating to €0.144 billion.

The HSE is aware that there are limitations regarding the review as it currently does not capture expenditure below €20k. The HSE considers that it is probable that the actual non-compliance is higher particularly if the spend less than €20k was considered.

It should be noted that under Directive Articles 12, 32 and 72 there continue to be valid reasons for non- competitive procurement particularly in relation to the ongoing impact of the COVID19 pandemic in 2021.

A statistical sample of 292 returns totalling €0.444 billion was subject to a review carried out by an external independent firm of accountants engaged by the HSE to help verify the robustness of the returns made. This sample represented 19% of HSE expenditure of €2.370 billion. When returns were not submitted to the review team these were considered in the sample as non-complaint.

The findings of the independent review indicated a 94% compliance rate.

The HSE is aware that significant work is required to improve the level of non-competitive procurement.

The HSE remains committed to progress a transformational programme of reform to support the Services in compliance with public procurement regulations and to increase the usage of contracts awarded by HSE and OGP. Additionally the HSE will need to work collaboratively with the Office of Government Procurement (OGP) to deliver a more extensive programme of

compliant contracts for the health services. In the context of the HSE's current procurement systems and resourcing challenges it is acknowledged that it will take a number of years to fully address procurement compliance issues. However, in the interim, the HSE is in the process of developing and resourcing a structure to sustain and enhance the capability to drive multi annual procurement planning, compliance improvement and capacity development.

The HSE is currently in the process of preparing its Corporate Procurement Plan (2022-2024) which is a requirement of the Code of Practice for the Governance of State Bodies (2016).

The draft HSE Corporate Procurement Plan will focus on a number of key objectives summarised below under key headings:

Sourcing and Contracts:

- Co-ordinate and collaborate with all HSE organisations to agree a **Multi Annual Procurement Plan (MAPP)** aligned to the implementation of the HSE Corporate Procurement Plan by end Q2 2022. This will improve SME participation and increase and maintain HSE spend under management
- Roll out of induction / training programme "Procurement for non-Procurement Officers" for Procurement and Finance professionals including Compliance Business Analysts across Hospital Groups, Community and Healthcare Organisations - Q3 2022 and ongoing refreshers thereafter
- Implement a Central Assisted Sourcing Service by Q3 2022 to support publication of all tender opportunities >€25k on the Governments eTenders website www.eTenders.gove.ie consistent with Circular 10/2014 requirements
- Develop a bespoke CPP / **Procurement Compliance Improvement Programme** to enable a consistent deployment and measurement across the HSE groups (CHOs, HGs, Corporate)
- Continue to support HSE Digital Transformation and Innovation, and Health Innovation Hub Ireland, to develop expertise and Standard Operating Procedures to enable optimum exploitation of the opportunities arising from pre-commercial and health innovation procurement initiatives. Q2 2022 ongoing.

Systems Development:

- As part of introducing an integrated finance and procurement system across the health service, the **Integrated Financial Management System (IFMS)** Project will appoint a new systems integrator (SI), validate design, build and test the standard system, and deploy the solution on a phased basis with a target of 80% of expenditure transacted on IFMS by Q2 2025
- Continue to **digitally enable procurement processes** through continuous improvement practices and usage of technologies including the implementation of a single CRM system / Operating Model for Procurement Shared Services by Q4 2023.

Logistics and Inventory Development:

- Complete the rollout of the **National Distribution Centre (NDC**) to the remaining 6 locations across the statutory Hospitals within the HSE by Q3 2024
- Conduct a review by Q4 2023 on the future strategy/model development of the **National Distribution Service** to meet client requirements.

Organisational Development:

- Promote greater understanding of procurement regulations and individual obligations through the relaunch of the National Financial Regulations in Q3, 2022
- Implement the Target Operating Model to support IFMS including: self-service procurement for purchases below €25,000; and Procurement Shared Services for strategic sourcing above €25,000
- Agree the engagement model between HSE Procurement and HSE Clients, Section 38 and Section 39 agencies and the OGP commencing Q2 2022 with full engagement model fully implemented by Q4 2023.

Monitoring of the Corporate Procurement Plan

The monitoring of the Corporate Procurement Plan will be through an oversight group comprising HSE, the Department of Health and the Department of Public Expenditure and Reform.

The Audit and Risk Committee of the HSE Board will have a review and monitoring role in this regard.

III. Governance of Grants to Outside Agencies

In 2021 €5.7 billion of the HSE's total expenditure related to grants to outside agencies. The legal framework under which the HSE provides grant funding to agencies is set out in the *Health Act 2004*. Annually the HSE funds more than 2,300 agencies, ranging from the large voluntary hospitals in receipt of over €300 million to small community-based agencies in receipt of €500.

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

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

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

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

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

During 2021 there were weaknesses identified by the HSE's annual internal control review, via the Controls Assurance Review process, and Internal Audit reports particularly in the application of processes relating to monitoring and oversight of some agencies. The HSE has two types of contractual agreements with these agencies that are, in the main, tailored to reflect the level of funding in place.

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

External and internal audits have found that:

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

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

It has to be noted that the impact of COVID-19 and the cyberattack will have impacted on monitoring and review arrangements as staff were either re-deployed on COVID-19 responses or engaged in service restoration.

At the end of 2021, 86% of funding was covered by a completed SA/GA despite the challenges arising from the COVID-19 pandemic and the Cyberattack.

Contract Management Support Units

In accordance with the HSE's Performance and Accountability Framework, the CEOs of the HGs and the Chief Officers of the CHOs are the accountable officers for their areas of responsibility. This responsibility extends to ensuring that Service Arrangements (SAs) and Grant Aid Agreements (GAs) are in place in respect of all funding which is released by the CHO to Section 38 and Section 39 agencies.

In relation to the discharge of these responsibilities, the HSE has established Contract Management Support Units (CMSUs) in each of the nine CHOs to assist service managers in managing and documenting all aspects of the relationship with S38 and S39 agencies.

These dedicated resources in the nine CHOs, where the majority of agencies are funded, provide an ongoing focus at local level in respect of the implementation of the Governance Framework. It should also be noted that in each CMSU there is at least one staff member with a professional financial qualification.

Among the key responsibilities of the CMSU are to ensure that:

- SAs and GAs are completed and finalised in a timely manner
- Audited Annual Financial Statements (AFS) and Annual Financial Monitoring Returns (AFMR) are both received and reviewed
- A system is in place in each CHO to ensure review meetings are taking place in accordance with performance monitoring guidelines

- Key documents such as the Chairperson's Statement, Management Accounts and Activity Data are received and reviewed as appropriate
- The Service Provider Governance (SPG) database is updated accurately.

It should be noted that the Compliance Unit works with each of the CMSU Managers so that any matters that emerge in relation to the above five matters are resolved in a standard manner.

In addition to the establishment of the CMSUs, the Compliance Unit issues monitoring reports on a twice-monthly basis to all accountable officers in respect of the completion of SAs/GAs and the receipt and review of AFSs/AFMRs. Furthermore, teleconferences are held and direct contact is made on a regular basis with representatives of the accountable officers, so as to ensure that all aspects of the Governance Framework are being implemented in CHOs.

The following key areas are important in the context of corporate governance in these funded agencies.

Annual Compliance Statements (ACS)

All Providers who receive funding in excess of €3 million from the HSE are required to submit an ACS. The Providers self-certify retrospectively in respect of the corporate governance procedures maintained at Board and Executive level within their respective agencies in the previous calendar year. This process ascertains the level of corporate governance in existence and ensures that improvements in this regard are made where necessary.

Some of the larger Section 38 and Section 39 agencies have themselves used the outputs of the ACS, AFMR and the below-mentioned External Review processes to implement further initiatives to enhance their corporate governance at Board level. Specifically this has had positive impacts in key areas such as:

- Development of Internal Audit Functions
- Rotation of Board members
- Board Committee Structure
- Development of Codes of Conduct
- Procurement policies and practices
- Board Governance and Assurance
- Board Policies.

Governance Reviews

Phase 2 of the Governance Reviews has commenced and it will ensure external review of governance at Board and Executive level will be undertaken in Section 38 agencies not reviewed in Phase 1 and a number of Section 39 Providers.

It should be noted that as a follow-up to the reports from Phase 2 reviews a process will again be established whereby the Boards of the relevant Providers will be required to submit updates on actions agreed in the reports in respect of these reviews.

Where Providers have raised specific corporate governance issues regarding their processes, the Compliance Unit works with such Providers to suggest and identify solutions.

IV. Information Communication Technology (ICT)

The Office of the Chief Information Officer (OoCIO) delivers and manages a range of ICT services throughout the HSE and in part of the voluntary acute sector.

The HSE consists of approximately 4,500 locations, including 45 acute hospitals. The HSE runs and manages the largest ICT estate within the state, there are over 4,200 servers, 9 petabytes of storage and 87,000 devices such as laptops and PCs and 26,000 mobile phones. The OoCIO provides support in this context. The HSE provide a wired network to 1274 and wireless access to the others.

There are approximately 870 individual ICT projects of various sizes and scale currently being progressed, which are categorised into 3 broad areas, Foundational Infrastructure and Cyber Technology ((8 programmes), National Programmes (26 programmes) and HSE Transformation priorities (16 programmes). The OoCIO currently has 542 WTE staff and approximately a further 300 vacancies, a revenue budget of €126.6 million and a capital budget of €130 million.

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

Cyberattack May 2021

The HSE was subject to a serious cyberattack in 2021 through the criminal infiltration of its IT systems, using Conti ransomware.

The HSE invoked its Critical Incident Process which resulted in the decision to switch off all HSE IT systems and to disconnect the National Healthcare Network from the internet to contain and assess the impact of the cyberattack. This also served to limit the attacker's access to the HSE's IT environment.

This resulted in HSE staff in all areas losing access to HSE provided IT systems including patient, laboratory and clinical care systems. Non clinical systems such as payroll, procurement and financial systems were also unavailable and disaster recovery plans and processes were instigated. The National Cyber Security Centre recommended an external cyber security firm to assist the HSE to eradicate the ransomware and provide ongoing protection to the estate.

The HSE Board in conjunction with the CEO and Executive Management Team commissioned an Independent Post Incident Review which was undertaken by PWC and published on the 3 December 2021. (The Conti PIR report)

The PWC Report has highlighted a number of strategic recommendations and findings as below:

- Implement enhanced governance arrangements for IT and cybersecurity that will provide appropriate focus, attention and oversight. This recommendation envisages specific oversight of the Programme by the EMT and the Board
- Appoint a Chief Technology and Transformation Office (CTTO) and office to lead the transformation programme that is required to future-fit the technology in this area
- Appoint a Chief Information Security Officer (CISO) and establish a suitably resourced and skilled cybersecurity function
- Implement a clinical and services continuity transformation programme to enhance operational preparedness and crisis management capabilities to encompass events such as this.

The CEO has established a sub-group of the EMT to oversee and lead the multi-year implementation of the Post Incident Review recommendations.

Under the governance of this group, a High Level Plan has been developed and more detailed plans are being developed for each of the work-streams. An early deliverable of the Programme is the development of an investment case for eHealth, IT and Cyber-security transformation.

ICT Security Controls

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

The CIO has created an eHealth SMT subgroup to drive specific ICT/Cyber improvements. A tactical "ICT Control Environment Improvement plan" is underway. This plan is implementing priority improvements as a recommended by PWC, Mandiant and other partners in the Cyber space. This CTO led plan is funded from existing sources namely:

- eHealth and ICT Capital plan 2022
- eHealth Opex funding (NSP 2022/Cyber).

The plan has already achieved significant includes "hardening" of our servers, implementation of new password policies, multi-factor authentication at key access points, removed the pre-existing "AD trusts" with voluntary organisations, and more.

ICT Policies

A review of all ICT policies has commenced and will be complete in Q2 2022 as part of eHealth Security Control Improvement plan. Following this review and the likely updating of some policies, OoCIO management intends to conduct a compliance exercise to assess and baseline the level of compliance with these policies. This compliance assessment will inform what further actions are required.

Key Activities

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

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

Migration to a single digital identity for staff has commenced and will continue to be rolled out during 2022 across CHOs, Hospital Groups and HBS, as well as central divisions.

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

Windows 10 Patch management for high/critical patches is operational across our desktop estate with a high level of compliance across regions.

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

OoCIO cloud for disaster recovery initiative has moved on significantly, with the following activities underpinning the organisations ambition to leverage Cloud for disaster recovery:

- Cloud Framework completed with 4 successful bidders
- OoCIO have completed a pilot of a hybrid on-premise/Cloud VMware environment which will enable the seamless migration of systems to the Cloud
- Disaster Recovery has been built in the Cloud for one of our critical services (Healthlink)
- Azure network hub in pilot for key programmes. This is the 'central station' for secure, resilient Cloud Network connectivity

Other Disaster Recovery Supporting activity:

- Core Network Resilience Testing scheduled for Q1, 2021
- National Backup policy has been agreed and published on the HSE intranet
- Disaster recovery Test of CHI Evolve system was successfully executed.

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

The current cyberattack further supports the requirement that the HSE will require additional investment in its ICT systems to protect against future threats and attacks.

V. Risk Management

As detailed in sections 2 and 3 earlier, the HSE recognises the importance of a strong Risk Management Framework. Despite the impact of the COVID-19 pandemic and the cyberattack significant activity has taken place during 2021 to monitor existing risks continue to bring about improvements to the overall area of risk management in the HSE. While there has been significant progress centrally within the HSE, there is still work that is required to be completed in order to embed a strong culture of risk management across the wider organisation.

Improving Risk Management Process

In November 2021 the HSE Board approved the assignment of the Chief Risk Officer role to the National Director, Governance and Risk. The CRO has full access to and involvement in key planning and other processes where consideration of risk is a central element.

The Corporate Risk Support Team (CRST) is well established and comprises a Chair who is currently the National Director, Governance and Risk. Membership of the CRST comprises senior staff representing each EMT member.

This team reviews the Corporate Risks identified and meets on a monthly basis.

During late 2020 and early 2021 the HSE Board and EMT jointly commissioned the services of an external expert to review the HSE's corporate risk management process. This was intended to enable the development of a series of sustainable and focused interventions to improve risk management capability.

The report found a very high number of good practices already in place with the HSE including:

- The HSE has a strong Board that champions the importance of good risk management and supported by the Audit and Risk Committee provides the necessary guidance and challenge to the Executive in the risk management process it has adopted
- The EMT has adopted a more agile approach to providing monthly assurance and oversight of the HSE's key operational risks
- The HSE has developed an Integrated Risk Management Policy that is based on the ISO 31000 risk management standard
- The HSE has formed a CRST to support the EMT and to manage corporate risks.

The report has also provided a number of recommendations which are in various stages of progress and these include:

- The appointment of a suitably senior Chief Risk Officer
- Fast tracking the recruitment of the staff required to create a fully functional and multi-disciplinary team to accelerate the embedding of risk management processes
- The implementation of an Enterprise Risk Management IT solution (Risk Information system (RIS))
- Articulating the HSE's risk appetite
- Ensure sufficient training across all levels of HSE management to ensure that the consideration of risk is a core competency in the organisation.

Progress has been made with addressing these recommendations including:

- The appointment of a suitably senior Chief Risk Officer
- The HSE has successfully recruited a multi-disciplinary risk team, incorporating a General Manager and seven Grade VIII risk leads to support the CRST leads. These roles are embedded in each EMT division
- The recruitment for the Assistant National Director of Risk is at an advanced stage and the role is expected to be filled in early quarter 3 2022
- The implementation of a Risk Information System with the State Claims Agency
- Board approval of the HSE's Risk Appetite Statement.

One of the early priorities for the incoming multi-disciplinary risk management team will be the development and delivery of training and enhanced communications in relation to risk.

Corporate Risk Register

At the end of 2021 there were 27 risks on the CRR. Each of the risks on the Corporate Risk Register is assigned to a member of the EMT as 'owner' of that risk and each of the risks has been allocated to one of the four committees of the Board by the Audit and Risk Committee (ARC). Board Committees provide oversight for the management of risks assigned to them and scrutinise these risks and associated action plans with the relevant members of the EMT.

In November 2021 the Board also reviewed and approved the HSE's current Corporate Risk Register. The Board is supported by the ARC and other Board Committees who report the findings of their reviews of risk to the Board.

The HSE assesses the Corporate Risk Register and risk reports in the process of developing its Corporate Plan, National Service Plan (NSP) and annual Budget. The risk management process is intended to ensure principal risks are identified, prioritised, managed, monitored and reported consistently at national level. Corporate Risks are reviewed by the EMT and feed into the Board and ARC wider discussions. All Corporate Risks and associated action plans are reviewed by the EMT as part of either a monthly or quarterly review process depending on the nature of the risk.

Board Committee risk oversight

In 2020 a revised risk oversight process was introduced between the EMT and the Committees of the Board. The ARC who retains oversight of the overall Risk Framework has assigned individual corporate risks to the relevant Board Committee for oversight. Guidance for Board Committees has been developed and EMT members attend committee meetings to report on risks for which they are the owners.

VI. High Earners Review

The HSE is required by the Code of Practice for the Governance of State Bodies 2016 to disclose details related to the number of employees whose total employment benefits (including basic pay, allowances, overtime, night-duty, weekends, on-call and arrears excluding employer PRSI and employer pension costs) for the reporting period fell within each band of €10,000 from €60,000 upward. This disclosure is shown in Note 7 of the Annual Financial Statements for 2021.

As part of its work-plan Internal Audit conducted assurance work in this area in order to provide assurance over:

- The number of people on the High Earners List
- The appropriateness of payments to these persons in accordance with Government Guidelines and Pay Policy
- The correctness of the figures as reported in Note 7 of the financial statements.

The work included a detailed review of all employees whose earnings were in the pay band of €300k and higher. All of the employees who were within the scope of the assurance work are HSE Consultant Clinicians.

Internal Audit's review identified some instances where payments made to these Consultants were inconsistent with policy. The review also identified potential internal control gaps around payments made to these Consultants under local hospital arrangements.

The remuneration of the CEO is fully consistent with pay policy and is detailed in note 2 of the financial statements.

At the time of writing, the CEO has established a review process under the direction of the HSE's Chief Operating Officer (COO) tasked with setting in place a process to examine the findings and recommendations of this audit which is expected to be completed by the end of Q2 2022. This may give rise to additional assurance work during 2022.

VII. Payroll Controls

The findings of the HSE's review of the effectiveness of the system of internal control noted potential weakness in the operation of controls in this key area particularly in local payroll operations outside of the shared services model. Some of the concerns raised were:

- Lack of segregation of duties in some HSE areas
- Gaps in management oversight or hierarchical controls
- Inconsistent reviews in relation to the review of divisional personnel reporting
- Lack of evidence in relation to key payroll and HR controls.

The HSE has been rolling out a National Integrated Staff Records and Pay Programme (NiSRP) since mid-2019. The purpose of NiSRP is to implement a single HR/Staff Records technical platform for national coverage of all people related data for the HSE using SAP HR. It also covers the implementation of one Payroll technical platform for all HSE employees using SAP Payroll. It will allow for the automation of appropriate staff processes through the introduction of Employee and Manager self-service.

Currently NiSRP has been rolled out in the HSE East and South East and is currently in various stages of rollout in the Midlands, North West and Midwest at the time of writing.

The full rollout of NiSRP will mitigate the risk of payroll fraud and irregularity through workflow automation, inbuilt system controls and process standardisation.

The HSE's National Financial Division are co-ordinating a 3-year control improvement programme as noted earlier. As part of this an information bulletin will be issued to all divisions

of the HSE providing support, clarification, and advice as to what constitutes a good payroll controls environment.

15. Conclusion

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

The HSE is an organisation undergoing significant change whilst continuing to deal with the ongoing impact that COVID-19 has had on HSE service delivery. The HSE must also manage the impact of the 2021 cyberattack on the HSE and the wider health system. The HSE's control systems still rely on the legacy financial systems of the former health bodies it replaced. These legacy systems will be replaced on a phased basis with a single national integrated financial and procurement system as detailed earlier in section 14.

The review of the system of internal control indicates that there are limitations and weaknesses observed in the HSE's system of internal controls. However, where these weaknesses have been observed there is some evidence of mitigation and/or management action plans that have been undertaken to reduce the risk exposure, sufficient to support the adoption of the Annual Financial Statements. These weaknesses taken in conjunction with the overall 2021 limited audit opinion issued by the National Director of Internal Audit mean that the review can only provide limited assurance in respect of the system of internal control.

The HSE acknowledges that there is a requirement to improve overall levels of compliance with the system of internal control, and this is receiving senior management attention, however, it is encouraging to note that the 2021 review indicates a continued growing awareness of the importance of improved accountability and responsibility at all levels of HSE staff, and stronger engagement with the controls assurance process for 2021.

The Board acknowledges that it has overall responsibility for the system of internal control within the HSE and will continue to monitor and support further development of controls. Progress will be reassessed in the 2022 Review of the Effectiveness of the System of Internal Control.

Ciarán Devane

Chairperson of the HSE Board

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 ended 31 December 2021 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 2021 and its income and expenditure for 2021, and
- have been properly prepared in accordance with the accounting standards specified by the Minister for Health as set out in the basis of preparation section of the accounting policies.

Basis of the opinion

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

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

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

The Health Service Executive has presented certain other information together with the financial statements. This comprises the annual report, including the governance statement and Board members' report, the statement on internal control, and two appendices. 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.

1 Losses related to procurement of personal protective equipment

Impairment of stock value

Accounting rules require that stock items being held for future use are valued at the lower of acquisition cost, or replacement cost at the reporting date. Because the market prices for personal protective equipment (PPE) continued to fall in 2021, the Health Service Executive has valued the stock of PPE items on the basis of the estimated replacement cost at the end of 2021. As a result, the Health Service Executive has recognised an impairment charge of €70.6 million in the revenue income and expenditure account, to reflect the loss in value of the PPE being held in stock at the year end.

Following impairment, the PPE stock held at the end of 2021 for future use is valued in the financial statements at €73.4 million.

Stock obsolescence

In addition to the price impairment, the revenue income and expenditure account includes charges totaling €38.3 million related to the obsolescence of quantities of hand sanitizing gel and of PPE owned by the Health Service Executive at the end of 2021.

A provision for obsolescence totaling €25.6 million is charged to the revenue income and expenditure account in respect of hand sanitising gel which the Health Service Executive anticipated will pass its expiry date before it can be used. The provision comprises €10.9 million related to stock of around 5.1 million bottles of gel purchased in 2021, and €14.7 million related to stock of around 6.8 million bottles of hand gel purchased in 2020 that are still unused. (The 2020 financial statements had already recognised a charge of €14.1 million related to price impairment in respect of the latter.)

A charge of €12.7 million has also been recognised in the income and expenditure account in respect of PPE held at end 2021 which the Health Service Executive, considers is unlikely to be used before its expiry date. The items of PPE recognised as obsolete comprise protective goggles, face shields, aprons, protective suits and masks. All of the items were purchased in 2020 at an estimated cost of €96.4 million. The products were already subject to price impairment charged in the 2020 financial statements of €83.7 million.

Following determination of the products as obsolete, the items are held at zero value, and are not considered as part of stock. The Health Service Executive is considering whether the PPE items can be donated to the health systems in other countries.

Storage costs of protective suits

The 2020 financial statements included a provision for obsolescence to the value of €64 million in respect of around 2.5 million protective suits that were purchased in 2020 but were unlikely to be used before expiry. The Health Service Executive has not yet decided on how to dispose of these suits and continues to incur storage costs. The cost in 2021 of storing the obsolete suits is estimated at around €1.25 million.

2 Non-compliant procurement

Section 14(II) of the statement on internal control discloses that non-compliance with procurement rules remains an issue for the Health Service Executive. I have repeatedly drawn attention to this issue in my annual reports on the audits of the financial statements.

A self-assessment exercise to determine the level of non-compliant procurement was carried out by the Health Service Executive in respect of purchases in 2021 of goods and services valued in excess of €20,000. This exercise indicated that the rate of non-compliant procurement in 2021 was around 9% (€186 million). For non-Covid related procurement, the non-compliance

rate was around 16% (€144 million). The Health Service Executive accepts that there are limitations to its review.

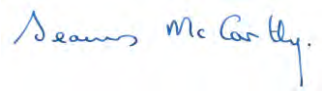
In my view, the estimated rate of non-compliant procurement may not accurately represent the scale of the underlying problem of non-compliant procurement by the Health Service Executive, for a couple of reasons.

- 44% of the Health Service Executive's procurement (i.e. procurements each valued at €20,000 or less) was not within the scope of the self-assessment exercise.
- Compliance assessments were not completed in respect of 13% of the procurement expenditure within the scope of the exercise, either because the manager responsible for the expenditure could not be readily identified centrally, or because the identified managers failed to respond to the exercise.

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

3 Cyber-attack

The statement on internal controls outlines (at section 14(IV)) the actions taken by the Health Service Executive in the aftermath of the cyber-attack in May 2021 and the proposals to act on the key strategic recommendations and findings from a consultant's report commissioned by the Health Service Executive to examine the incident.



Seamus McCarthy
Comptroller and Auditor General

30 May 2022

Responsibilities of Board members

The members are responsible for

- the preparation of annual 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.

I 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.

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 receipt of substantial funding from the State in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

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

Health Service Executive
Statement of Revenue Income and Expenditure
For the year ended 31 December 2021

		Notes	2021 €'000	2020 €'000
Income				
	Department of Health Revenue Grant	3(a)	20,617,795	19,451,541
	Surplus/Deficit on Revenue Income and Expenditure brought forward	3(b)	-	6,472
			20,617,795	19,458,013
	Patient Income	4	342,780	328,549
	Other Income	5	486,904	478,178
			21,447,479	20,264,740
Expenditure				
	Pay and Pensions			
	Clinical	6 & 7	4,390,573	4,127,292
	Non Clinical	6 & 7	1,562,238	1,368,286
	Other Client/Patient Services	6 & 7	1,052,529	950,673
			7,005,340	6,446,251
	Non Pay			
	Clinical	8	2,306,767	2,066,701
	Patient Transport and Ambulance Services	8	113,065	135,690
	Primary Care and Medical Card Schemes	8	3,923,558	3,642,405
	Other Client/Patient Services	8	30,706	8,761
	Grants to Outside Agencies	8	5,691,382	5,442,823
	Housekeeping	8	362,974	383,630
	Office and Administration Expenses	8	1,002,080	795,210
	Other Operating Expenses	8	11,986	807
	Long Stay Charges Repaid to Patients	9	19	55
	Hepatitis C Insurance Scheme	10	418	1,054
	Payments to State Claims Agency	11	461,331	372,704
	Nursing Home Support Scheme (Fair Deal) - Private Nursing Home only	12	732,887	767,938
			14,637,173	13,617,778
	Total Expenditure		21,642,513	20,064,029
Net Operating (Deficit)/Surplus for the Year			(195,034)	200,711

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.

Ciaran Devane
Chairperson
27 May 2022

Paul Reid
CEO
27 May 2022

Health Service Executive
Statement of Capital Income and Expenditure
For the year ended 31 December 2021

		Notes	2021 €'000	2020 €'000
Income				
	Department of Health Capital Grant	3(a)	985,328	1,023,288
	Surplus on Capital Income and Expenditure brought forward	3(b)	0	15,182
			985,328	1,038,470
	Revenue Funding Applied to Capital Projects		1,785	1,724
	Application of Proceeds of Disposals		2,549	9,179
	Government Departments and Other Sources	13(c)	26,573	1,752
			1,016,235	1,051,125
Expenditure				
	Capital Expenditure on HSE Capital Projects	13(b)	609,757	623,989
	Capital Grants to Outside Agencies (Appendix 1)	13(b)	451,940	359,730
			1,061,697	983,719
Net Capital (Deficit)/ Surplus for the Year			(45,462)	67,406

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.

Ciaran Devane
Chairperson
27 May 2022

Paul Reid
CEO
27 May 2022

Health Service Executive
Statement of Changes in Reserves
For the year ended 31 December 2021

	Notes	Revenue Reserves €'000	Capital Reserves €'000	Capitalisation Account €'000	Total €'000
Balance at 1 January 2020(as previously reported)		(1,069,168)	(123,759)	5,252,331	4,059,404
Prior Year Adjustment - Accruals*	26	71,440			71,440
Revised Balance at 1 January 2020		(997,728)	(123,759)	5,252,331	4,130,844
Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004*, as amended	3(b)	(6,472)	(15,182)		(21,654)
Net Surplus for the year		200,711	67,406		268,117
DOH Debtor offset by First Surplus	3(b)	(53,990)	(46)		(54,036)
Proceeds of Disposal Account - reserves movement	14		0		0
Additions to Property, Plant and Equipment in the year	13(a)			446,918	446,918
State Investment in PPP Service Concession Arrangements				3,186	3,186
Less: Net book value of Property, Plant and Equipment disposed in year				(6,544)	(6,544)
Less: Depreciation charge in year	15			(226,530)	(226,530)
Balance at 31 December 2020		(857,479)	(71,581)	5,469,361	4,540,301
Balance at 1 January 2021		(857,479)	(71,581)	5,469,361	4,540,301
Transfer of Deficit/(Surplus) in accordance with *Section 33(3) of the Health Act 2004*,as amended	3(b)	(200,711)	(67,406)		(268,117)
Net (Deficit) for the year		(195,034)	(45,462)		(240,496)
Proceeds of Disposal Account - reserves movement	14		0		0
Additions to Property, Plant and Equipment in the year	13(a)			499,828	499,828
State Investment in PPP Service Concession Arrangements				3,621	3,621
Less: Net book value of Property, Plant and Equipment disposed in year				(40,762)	(40,762)
Less: Depreciation charge in year	15			(256,761)	(256,761)
Balance at 31 December 2021		(1,253,224)	(184,449)	5,675,287	4,237,614

*2020 figures have been restated to reflect the impact of the prior year adjustment for accruals, which is a requirement under FRS102.

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.

Ciaran Devane
Chairperson
27 May 2022

Paul Reid
CEO
27 May 2022

Health Service Executive
Statement of Financial Position
As at 31 December 2021

		Notes	2021 €'000	2020 €'000
Fixed Assets				
Property, Plant and Equipment		15	5,820,648	5,618,343
Financial Assets			363	351
Total Fixed Assets			5,821,011	5,618,694
Current Assets	Inventories	16	299,948	359,880
	Trade and Other Receivables	17	468,787	415,613
	Cash	21	603,789	812,031
Creditors (amounts falling due within one year)*		18	(2,715,379)	(2,445,707)
Net Current Liabilities			(1,342,855)	(858,183)
Creditors (amounts falling due after more than one year)		19	(162,528)	(168,419)
Deferred Income		20	(78,014)	(51,791)
Net Assets			4,237,614	4,540,301
Capitalisation Account			5,675,287	5,469,361
Capital Reserves			(184,449)	(71,581)
Revenue Reserves*		26	(1,253,224)	(857,479)
Capital and Reserves			4,237,614	4,540,301

*2020 figures have been restated to reflect the impact of the prior year adjustment for accruals, which is a requirement under FRS102.

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.

Ciaran Devane
Chairperson
27 May 2022

Paul Reid
CEO
27 May 2022

Health Service Executive
Statement of Cash Flows
For the year ended 31 December 2021

	Notes	2021 €'000	2020 €'000
Net Cash Inflow from Operating Activities	21	(51,480)	486,412
Cash Flow from Investing Activities			
Cash payments for Capital purposes		(1,057,731)	(966,883)
Cash payments from Revenue for Capital purposes	13(a)	(34,942)	(84,502)
Receipts from sale of property, plant and equipment (excluding trade-ins)	14	2,549	9,179
Net Cash Outflow from Investing Activities		(1,090,124)	(1,042,206)
Cash Flow from Financing Activities			
Capital Grant received		985,328	1,023,288
Capital receipts from other sources	13(c)	26,573	1,752
State Investment in PPP Service Concession Arrangements		(3,621)	(3,186)
Payment of capital element of finance lease		(1,785)	(1,724)
Interest paid on loans and overdrafts		0	(9)
Interest paid on Service Concession Arrangements		(4,911)	(5,025)
Interest paid on finance leases		(816)	(876)
Capital Surplus Transferred to DOH	3(a)	(67,406)	0
Net Cash Inflow from Financing Activities		933,362	1,014,220
Increase in cash and cash equivalents in the year		(208,242)	458,426
Cash and cash equivalents at the beginning of the year		812,031	353,605
Cash and cash equivalents at the end of the year		603,789	812,031

Ciaran Devane
Chairperson
27 May 2022

Paul Reid
CEO
27 May 2022

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 2021, together with the actuarially estimated future liability attaching to this scheme at 31 December 2021, are set out in Note 11.

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

Going Concern

The HSE is an organisation that has experienced significant pressures in terms of the COVID-19 ongoing pandemic, the impact of the cyber-attack in 2021 and the ongoing structural changes as envisaged by the Slaintecare programme. The HSE has received the Letter of Determination for 2022 which aligned to the National Service Plan for 2022 and confirms that the HSE has Government support to ensure funding is available for the provision of Health and Social Services. The financial statements for 2021 are therefore appropriately prepared on the Going Concern basis

Income Recognition

Department of Health Revenue and Capital Grant

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

Section 33(1) of Health Act 2004, as amended provides that each year the Minister will issue a Letter of Determination to the HSE setting out the maximum expenditure it may incur in the relevant financial year. The final Letter of Determination in relation to 2021 was received on 28th February 2022.

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. In 2021 Surpluses from both of the 2020 Statements of Income and Expenditure have not been credited to the Statements of Income and Expenditure this year on the instruction of the Department of Health .In 2021, the revenue and the capital operating surplus from 2020 have been used to offset unused allocations from the Department of Health.

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 with the exception of advanced payments for specified products and services that are to be delivered in the future where the expenditure has not yet occurred.

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. Where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life.

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

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

Capital Grants

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

of the exceptions to generally accepted accounting principles specified by the Minister.

Property, Plant and Equipment and Capitalisation Account

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

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

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

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

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

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

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

Depreciation – In accordance with the accounting standards specified by the Minister for Health, depreciation is not charged to the Statement of Income and Expenditure over the useful life of the asset. Depreciation is reflected on the Statement of Financial Position, through the reserve account. This reserves entry (in the Capitalisation Account), is the reciprocal entry to Property, Plant and Equipment. Depreciation is charged to the Capitalisation Reserve Account over the useful economic life of the asset.

Assets are not depreciated where they have been acquired or are managed under PPP service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned. Other

fixed assets, where subject to depreciation, are depreciated for a full year in the year of acquisition.

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

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

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

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

The Letter of Sanction for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €2.5 million in 2021 (2020: €9.1 million). The proceeds of the sale of assets in the 2021 AFS is below this €2.5 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and in 2021 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.

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.

Additional Superannuation Contribution (ASC)

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

Inventories

Inventories are stated at the lower of cost or replacement cost. The HSE historically carries a provision against specific vaccine inventories and any other write offs. Adjustments for obsolescence are charged in the current year against revenue income and expenditure.

Patients' Private Property

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

Critical Accounting Judgements and Estimates

The preparation of the financial statements requires the HSE to make significant judgements and estimates that effect the amounts reported for assets and liabilities as at the Statement of Financial Position date and the amounts reported for revenue and capital income and expenditure during the year. However the nature of estimation means that actual outcomes could differ from those estimates. Whilst determining these judgements and estimates the HSE has taken into consideration the impact of COVID-19. The following judgements and estimates have had the most significant effect on amounts recognised in the financial statements.

Accounting for Contingent Assets relating to Vat Receivable

Vat has been charged on some of the COVID-19 testing services provided. The HSE's view, and that of its advisors, is that the services provided are exempt and that the VAT paid is recoverable. The HSE has therefore recognised the VAT amount recoverable as a Contingent Asset on the basis that an inflow of economic benefits is deemed probable.

Quantification of PPE Replacement Cost

The HSE is required to revalue its year end inventories at the lower of cost or replacement cost and additionally, to determine whether these stocks should be impaired. The revaluation of PPE in 2021 resulted in an overall impairment of €109m.

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. The estimates 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. Similar to 2020, due to the COVID-19 pandemic there has been an increase in the number of annual leave days not taken by HSE staff and this will be reflected in the quantum of the accrual as at 31 December 2021.

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

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

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

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

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

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

Note 1(b) COVID-19

The COVID-19 Pandemic continued into 2021 causing a significant ongoing impact on the HSE, its hospital, ambulance and community services, and staff across all disciplines and in particular front line staff. This has continued to place pressure on funding and expenditure during the full year of 2021.

The HSE has received Revenue and Capital funding of €21.6 billion from the Department of Health in 2021 reflecting the need to ensure that the HSE's COVID-19 strategy was appropriately funded whilst ensuring the delivery of ongoing health services in a continuing COVID-19 environment.

Specific funding of €1.6 billion has been provided in relation to the key areas and activities which are fundamental to the HSEs COVID-19 strategy. Additionally €0.6 billion in time-related savings arising from reduced activity levels in core services and delayed planned developments were available as part of overall funding. The key initiatives are summarised below:

- Roll out of Vaccination programme
- Testing and Tracing Initiative
- Community and Hospital Response including:
    - GP COVID-19 related services
    - Temporary Payment Assistance Scheme for private nursing homes (TAPS)
    - Commissioning of Private Hospital Capacity
- Procurement of Personal Protective Equipment (PPE) and associated logistics costs

The material items of expenditure which are primarily driven by the COVID-19 response are further reported in Note 8, Note 12 and Note 16 and are discussed in more detail below.

The cost of Personal Protective Equipment (PPE)

The timely ordering and purchasing of PPE was again vital to the HSE's management of the pandemic. At the end of 2020 the HSE had managed to successfully secure an appropriate pipeline of PPE from indigenous suppliers at more favourable costs that had been available in 2020, noting that these costs were still significantly higher than the equivalent international costs.

The HSE received sanction from the DOH for expenditure up to €450 million in respect of additional PPE costs during 2021 (including logistics and transportation charges).

The overall expenditure for 2021 has been estimated as €352 million of which €279 million has been charged to the HSE's Income and Expenditure account and the balance of €73 million is recorded in Inventory (note 8 and note 16).

As per FRS 102, the HSE is required to ensure that its inventories reported at the year- end are reported at lower of cost or replacement cost. This has resulted in an impairment of €70.6m in respect to changes in cost prices between time of purchase and the appropriate

replacement value as at 31st December 2021. Additionally the HSE is required to consider whether any of its assets are impaired. The HSE has deemed that its stocks of hand-gels are potentially surplus to requirements and has therefore provided for an impairment of €25.6 million in this regard. There are items of stocks that the HSE will be donating which are therefore also written down, estimated as €12.7 million. The overall impairment therefore in 2021 is in the order of €108.8 million. The value of the HSEs PPE inventory at 31st December 2021 is therefore €73.4 million.

Other key areas of COVID-19 related expenditure in 2021

- COVID-19 Vaccination Programme has been estimated at €530 million which is recorded in the income and expenditure account.
- The costs of testing and tracing in 2021 are estimated as €719 million as a direct result of the COVID-19 surges during 2021, most notably Omicron surge.
- The TAPS scheme has provided an additional €48 million in respect of private nursing home services.
- The ongoing costs of securing private hospital capacity to support the health system has cost €148 million.

During 2021 the HSE donated the following items to Brazil, India, Nepal, Uganda and Lebanon, Ventilators €10 million, Vaccines €6.7 million and PPE €1 million.

The HSE has considered the impact of COVID-19 when determining whether it is appropriate to prepare these Annual Financial Statements on the basis of a going concern. Given the significant investment by the State in the HSE and its services during 2021 as detailed above along with the fact that funding has been secured for 2022 as well as the longer term Slaintecare plan for the provision of future health services the HSE has determined that these Annual Financial statements are prepared on the going concern basis.

The review and impact on the HSEs governance and controls environment is considered in the Statement of Internal Control.

Note 1 Basis of Accounting and Statement of Compliance prepared separately

Note 2 Operating Deficit

Net operating deficit for the year is arrived at after charging:	2021 €'000	2020 €'000
Audit fees	707	653
Remuneration CEO*	430	426

**The CEO received total remuneration of €430,339. This is comprised of basic pay €363,915, allowances €49,127 and benefit in kind (BIK) €17,298.*
The BIK amount relates to the provision of a company car, is not a paid allowance and does not increase the overall gross pay. It is calculated value for the purposes of deducting tax in accordance with Revenue requirements.
The CEO is not a member of the HSE pension scheme and no employer pension contributions are made by the HSE on the behalf of the CEO. As a consequence the CEO receives an equivalent pension allowance. The CEO total expenses for 2021 amounted to €4,420 (2020 :€3,579).

Board members' expenses*	2021 €	2020 €
Ciarán Devane	362	2,162
Professor Deirdre Madden	0	1,831
Fergus Finlay	0	0
Fiona Ross (resigned 4 August 2021)	0	0
Brendan Whelan (appointed 12 March 2021)	0	0
Anne Carrigy (appointed 12 March 2021)	0	0
Dr Yvonne Traynor	0	0
Tim Hynes	0	0
Aogán Ó Fearghail	0	0
Dr Sarah McLoughlin	0	0
Brendan Lenihan	0	0
Professor Fergus O'Kelly	0	0
	362	3,993

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

Note 3 Department of Health Revenue and Capital Grant

3(a) Department of Health Revenue and Capital Grant	2021 €'000	2020 €'000
Net Revenue Funding allocated to HSE	21,627,500	20,474,829
Less: Capital Funding	(985,328)	(1,023,288)
Less: Once Off funding deferred until 2022*	(24,377)	0
Department of Health Revenue Grant	20,617,795	19,451,541

*Once off funding allocations were sanctioned by the relevant Minister towards the end of 2021. These funding allocations have been treated as deferred income to cover expenditure in respect of specific services in Mental Health €7.9m, Disability €6.4m and Palliative Care €10m.

The table below provides further analysis of Department of Health funding received.	2021 €'000	2020 €'000
Revenue Grant - Funding allocation from the Department of Health	20,617,795	19,451,541
Less: Remittances from Department of Health between 1 January and 31 December	(20,324,347)	(19,451,541)
Revenue Grant balance due from Department of Health 2021 (up to Approved Allocation)	293,448	0
Revenue Grant balance due from Department of Health 2020 (up to Approved Allocation)	0	53,990
Revenue Grant balance due from Department of Health offset against First Surplus 2019	0	(53,990)
Less: Retraction of Revenue First Surplus 2020 to the Department of Health	(200,711)	0
Revenue Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	92,737	0
Capital Grant - Funding allocation from the Department of Health	985,328	1,023,288
Less: Remittances from Department of Health between 1 January and 31 December	(985,328)	(1,023,288)
Capital Grant balance due from Department of Health (up to Approved Allocation) carried forward	0	46
Capital Grant balance due from Department of Health offset against First Surplus 2019	0	(46)
Less: Retraction of Capital First Surplus 2020 to the Department of Health	(67,406)	0
Capital Grant owed to the Department of Health as at 31 December	(67,406)	0
Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December Note 17	25,331	0

3(b) Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004*, as amended
In 2020, the non-Capital Income and Expenditure Account recorded a surplus for the year of €200.7 million and the Capital Income and Expenditure Account recorded a surplus of €67.4 million. These surpluses were included in the HSE Reserves at 31 December 2020. In February 2022 the Minister directed, pursuant to Section 33 of the Health Act (as amended), that these amounts should not be carried forward by the HSE against its 2021 Income and Expenditure. In 2021, total payments issued from the Health Vote to the HSE were €293 million less than the amount set out in the Minister's annual letter of determination. The HSE has offset the 2020 surpluses of €200.7 million and €67.4 million against this debtor giving a net balance owed to the HSE of €25 million.

Note 4 Patient Income

	2021 €'000	2020 €'000
Private Charges	219,303	206,936
Inpatient Charges	22,508	20,597
Emergency Department Charges	14,879	11,670
Road Traffic Accident Charges	4,312	3,385
Long Stay Charges	75,821	78,735
EU Income - E111 Claims	5,957	7,224
	342,780	328,549

Note 5 Other Income

(a) Other Income	2021 €'000	2020 €'000
Superannuation Income	156,180	159,838
Additional Superannuation Contributions (ASC) deductions from HSE own staff	137,388	130,264
Additional Superannuation Contributions (ASC) deductions from service providers	62,901	61,639
Other Payroll Deductions	9,015	8,833
Secondment Recoupments of Pay	18,719	18,659
Agency/Services - provided to Local Authorities and other organisations	5,171	8,595
Canteen Receipts	8,841	8,759
Certificates and Registration Income	9,623	8,081
Parking	5,147	5,233
Refunds	14,661	12,515
Rental Income	3,788	2,422
Donations	1,600	2,376
Legal Costs Recovered	495	253
Income from other Agencies (See Note 5(b) analysis below)	44,265	36,992
Miscellaneous Income	9,110	13,719
	486,904	478,178

(b) Income from Other Agencies *	2021 €'000	2020 €'000
Department of Foreign Affairs & Trade - Irish Aid: programme for overseas development	243	142
Friends of St. Luke's Rathgar	325	88
Department of Arts, Heritage, Regional and Gaeltacht Affairs - Helicopter Services	207	74
Pobal/Slainte Care	7,573	3,775
Clinical Trials Ireland - Clinical Research Trials	676	964
EU Income - various projects	3,657	6,566
Genio Trust (Mental Health Projects)	4,282	3,894
Education and Training Boards/ Solas	875	1,028
Regional Drug Task Force	5	727
The Atlantic Philanthropies - National Dementia Strategy	382	959
Katherine Howard Foundation - Nurture	242	1,110
National Treatment Purchase Fund	22,751	15,339
UHL Chidren's Ark Development Fund	0	172
UCC Oncology Clinical Trials	263	1,055
UHW Clinical Trials	296	0
Nursing and Midwifery Board of Ireland	333	57
Merck Sharp Dohme Clinical Trials	593	0
Bayer Clinical Trials	125	0
BMS Clinical Trials	99	110
DMG Media- The Pulse Campaign	111	0
NEIC Development Grant	789	0
Tusla	262	0
Niall Horan Donation	0	100
Novartis (Donations & Clinical Trials)	176	432
Kerry Hospice Donation	0	400
	44,265	36,992

**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 2020 comparatives above have been re-stated where appropriate.*

Note 6 Pay and Pensions Expenditure

		2021 €'000	2020 €'000
Clinical HSE Staff	Medical/Dental	1,048,912	1,048,654
	Nursing	1,837,233	1,724,700
	Health and Social Care Professional	726,370	664,303
	Superannuation	498,455	472,403
		4,110,971	3,910,060
Clinical Agency Staff	Medical/Dental	97,228	95,488
	Nursing	122,234	87,277
	Health and Social Care Professional	60,140	34,467
		279,602	217,232
Non Clinical HSE Staff	Management/Administration	819,121	735,908
	General Support Staff	361,185	351,511
	Superannuation	194,875	184,022
		1,375,181	1,271,441
Non Clinical Agency Staff	Management/Administration	108,851	44,327
	General Support Staff	78,206	52,518
		187,057	96,845
Other Client/Patient Services HSE Staff	Other Patient and Client Care	832,691	764,374
	Superannuation	118,047	110,278
		950,738	874,652
Other Client/Patient Services Agency Staff	Other Patient and Client Care	101,791	76,021
		101,791	76,021
Total Pay Expenditure		7,005,340	6,446,251

Note 6 Summary Analysis of Pay Costs

	Clinical 2021 €'000	Non Clinical 2021 €'000	Other Client/ Patient Services 2021 €'000	Total 2021 €'000	Total 2020 €'000
Basic Pay	2,723,057	1,000,200	606,857	4,330,114	4,074,480
Allowances	104,002	8,569	23,528	136,099	132,125
Overtime	183,352	19,965	37,022	240,339	210,830
Night duty	68,253	5,608	19,716	93,577	84,311
Weekends	132,564	28,783	65,671	227,018	194,154
On-Call	67,547	1,998	406	69,951	78,011
Arrears	4,998	14,795	1,260	21,052	44,240
Wages and Salaries	3,283,773	1,079,918	754,459	5,118,150	4,818,150
Employer PRSI	328,743	100,388	78,232	507,363	471,299
Superannuation*	498,455	194,875	118,047	811,377	766,704
Total HSE Pay	4,110,971	1,375,181	950,738	6,436,890	6,056,153
Agency Pay	279,602	187,057	101,791	568,450	390,098
Total Pay	4,390,573	1,562,238	1,052,529	7,005,340	6,446,251

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 2021 was €811m (2020: €767m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €143m (2020: €117m).

*Analysis of Superannuation	2021 €'000	2020 €'000
Ongoing superannuation payments to pensioners	668,421	650,020
Once-off lump sums and gratuity payments	142,956	116,684
	811,377	766,704

Termination Benefits

	2021 €'000	2020 €'000
Termination benefits charged to Statement of Revenue Income and Expenditure	294	110
	294	110

The termination benefits above relate to a settlement with one staff member during 2021 (2020: three staff).

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

Legal costs of €2,005 (2020: €33,494) 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)): **	2021	2020*
Acute Services	38,605	36,215
Mental Health	9,918	9,855
Primary Care	11,856	10,872
Disabilities *****	4,192	4,085
Older Persons*****	12,872	12,673
Community Health & Wellbeing	181	144
Health and Wellbeing	641	511
Ambulance Services	2,060	1,990
Corporate and HBS	5,183	4,847
Total HSE employees	**85,508**	**81,192**
Voluntary Sector - Acute Services	29,464	28,234
Voluntary Sector - Non Acute Services	17,351	16,748
Sub-total Section 38 Sector employees * **	**46,815**	**44,982**
Total Health Sector Employees ** **	**132,323**	**126,174**

Source: Health Service Personnel Census
**2020 figures are restated to reflect current methodology and organisational mappings.*

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

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

***** Directly employed home help staff are included in reported WTE w.e.f. 2020 and historical figures have been restated to reflect this methodology change. Pre-registration Student Nurses on clinical placement are recorded at 50 percent actual WTE in line with WRC agreement.*

****** Disabilities and Older person are two separate divisions now and the comparative figure for 2020 has been revised*

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)	2021	2020
€60,001 to €70,000	10,822	10,409
€70,001 to €80,000	5,248	5,211
€80,001 to €90,000	3,093	2,734
€90,001 to €100,000	1,548	1,450
€100,001 to €110,000	785	676
€110,001 to €120,000	513	439
€120,001 to €130,000	360	285
€130,001 to €140,000	173	158
€140,001 to €150,000	159	137
€150,001 to €160,000	145	145
€160,001 to €170,000	178	164
€170,001 to €180,000	190	165
€180,001 to €190,000	164	163
€190,001 to €200,000	169	138
€200,001 to €210,000	166	122
€210,001 to €220,000	187	79
€220,001 to €230,000	164	67
€230,001 to €240,000	197	93
€240,001 to €250,000	108	92
€250,001 to €260,000	86	107
€260,001 to €270,000	56	123
€270,001 to €280,000	50	103
€280,001 to €290,000	46	85
€290,001 to €300,000	23	69
€300,001 to €310,000	10	56
€310,001 to €320,000	9	39
€320,001 to €330,000	9	19
€330,001 to €340,000	10	20
€340,001 to €350,000	6	23
€350,001 to €360,000	1	17
€360,001 to €370,000	4	15
€370,001 to €380,000	2	7
€380,001 to €390,000	2	5
€390,001 to €400,000	2	4
€400,001 to €410,000	1	3
€410,001 to €420,000	2	5
€420,001 to €430,000	3	4
€440,001 to €450,000	0	2
€450,001 to €460,000	0	2
€470,001 to €480,000	2	0
€480,001 to €490,000	0	3
€490,001 to €500,000	0	1
€510,001 to €520,000	0	1
€530,001 to €540,000	2	0
€520,001 to €530,001	1	0
€590,001 to €600,000	1	1
€640,001 to €650,000	0	1
€680,001 to €690,000	1	0
€750,001 to €760,000	1	0
Total HSE employees in excess of €60,001	24,699	23,412

Note 8 Non Pay Expenditure**

		2021 €'000	2020 €'000
Clinical	Drugs and Medicines (excl. demand led schemes)	516,086	341,910
	Less Rebate from Pharmaceutical Manufacturers*	(11,351)	(9,141)
	Net Cost Drugs and Medicines (excl. demand led schemes)	504,735	332,769
	Blood/Blood Products	32,190	29,810
	Medical Gases	13,086	11,788
	Medical/Surgical Supplies	630,903	894,520
	Other Medical Equipment	185,457	273,083
	X-Ray/Imaging	69,830	38,703
	Laboratory	622,993	298,486
	Professional Services (e.g. therapy costs, radiology etc.)	173,109	116,449
	Education and Training	74,464	71,093
		2,306,767	2,066,701
Transport and Ambulance Services	Patient Transport	61,807	59,067
	Vehicles Running Costs	21,169	17,345
	Transport and Logistical relating to purchase of PPE	30,089	59,278
		113,065	135,690
Primary Care and Medical Card Schemes	Pharmaceutical Services	2,700,027	2,537,829
	Less Rebate from Pharmaceutical Manufacturers*	(230,675)	(186,896)
	Less Prescription Levy Charges	(61,682)	(79,704)
	Net Cost Pharmaceutical Services	2,407,670	2,271,229
	Doctors' Fees and Allowances	872,514	808,457
	Pension Payments to Former District Medical Officers/Dependents	1,637	2,059
	Dental Treatment Services Scheme	39,190	40,074
	Community Ophthalmic Services Scheme	24,869	22,313
	Cash Allowances (Blind Welfare, Mobility etc.)	31,059	30,881
	Capitation Payments:		
	Treatment Abroad Schemes and Related Expenditure	53,850	49,460
	Intellectual/Physical Disabilities, Psychiatry, Therapeutic Services etc.	340,597	296,386
	Elderly and Non-Fair Deal Nursing Home Payments	106,816	78,853
	Rehabilitative and Vocational Training	25,785	26,255
	Respite Beds	19,571	16,438
		3,923,558	3,642,405
Other Client/Patient Services	Professional Services	29,836	8,015
	Education and Training	870	746
		30,706	8,761
Grants to Outside Agencies	Revenue Grants to Outside Agencies (Appendix 1)	5,691,382	5,442,823
		5,691,382	5,442,823
Housekeeping	Catering	67,427	65,926
	Heat, Power and Light	72,125	65,791
	Cleaning and Washing	179,628	187,104
	Furniture, Crockery and Hardware	23,842	23,011
	Bedding and Clothing	19,952	41,798
		362,974	383,630
Office and Administration Expenses	Maintenance	222,591	157,291
	Finance Costs	3,302	3,242
	Prompt Payment Interest and Compensation	921	467
	Insurance	7,659	6,770
	Audit	707	653
	Legal and Professional Fees	197,980	102,300
	Bad and Doubtful Debts	21,558	70,114
	Education and Training	15,063	12,509
	Travel and Subsistence	62,328	61,537
	Vehicle Costs	5,183	6,932
	Office Expenses	203,652	161,011
	Rent and Rates	131,391	108,210
	Computers and Systems Maintenance	129,745	104,174
		1,002,080	795,210
Other Operating Expenses	Licences	1,065	1,037
	Sundry Expenses	7,603	(3,889)
	Burial Expenses	117	174
	Recreation (Residential Units)	1,025	729
	Materials for Workshops	170	216
	Meals on Wheels Subsidisation	1,529	1,508
	Ex Gratia Payments to Patients (Cervical Check)	-	288
	Refunds	477	744
		11,986	807

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

***Note 1(b) provides additional analysis in respect of material year on year increases*

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 €1.7m was set aside in 2021 for this purpose. The majority of this funding refers to a provision for payments that will arise as a result of follow-on claims and offer acceptances.

The scheme closed to new applicants on 31 December 2007 and nearly 14,000 claims have been received in respect of living patients and nearly 27,000 claims in respect of estates. Up to 31 December 2021, 20,303 claims were paid. As at December 2021, there were no outstanding claims being processed to offer stage under the scheme. €0.500m has been provided in the HSE's 2022 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2021 is €485.94m.

In 2021, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2021 €'000	2020 €'000
Pay	0	23
Non Pay		
Repayments to Patients	19	55
Payments to Third Party Scheme Administrator	0	0
	19	55
Legal and Professional Fees	0	0
Office Expenses*	3	21
Total Non Pay	22	76
Total	22	99

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

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

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

The overall cost over the lifetime of the scheme was originally estimated at €90m. The cumulative expenditure on the insurance scheme to 31 December 2021 was €12.7m.

In 2021, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2021 €'000	2020 €'000
Pay	93	91
Non Pay		
Payments of premium loadings	218	233
Payments of benefits underwritten by HSE	200	821
	418	1054
Office Expenses*	4	14
Total Non Pay	422	1,068
Total**	515	1,159

**All expenditure in relation to the Hepatitis C Compensation Tribunal (Amendment) Act 2006 is included in HSE expenditure.*
***These costs are included in the Hepatitis C Insurance Scheme Special Account. Other Hepatitis C Costs are included in the Hepatitis C Special Account and the Hepatitis C Reparation Account.*

Note 11 State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State Indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plaintiff legal costs and defence costs such as fees payable to counsel, consultants etc. In 2021, the charge to the Statement of Revenue Income and Expenditure was €461.3m (2020: €372.7m). 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 2021, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State Indemnity was €4,185m (2020 €3,687m). Of this €4,185m, approximately €3,408m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. Active claims are those that have been notified to the State Claims Agency through legal process and that have not yet concluded as at the reporting date.

Note 12 Long Term Residential Care incorporating Nursing Homes Support Scheme/Fair Deal)

The Nursing Homes Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Homes Subvention Scheme and the 'contract beds' system for older persons. Under the scheme, people who need long term residential care services have their income and assets assessed, and then contribute up to 80% of assessable income and up to 7.5% per annum of the value of the assets they own, subject to a maximum period of three years in respect of their principal private residence, towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both registered public and private nursing homes covered under the scheme.

Costs of Long Term Residential Care (Nursing Homes Support Scheme/Fair Deal)

	2021 €'000	2020 €'000
Private Nursing Homes	655,704	657,663
Section 39 Agencies	21,475	21,950
Private Nursing Homes Contract Beds and Subvention Payments	7,825	10,805
Covid 19 Temporary Assistance Payment Scheme (TAPS) **	46,083	77,520
Total Payments to Private Nursing Homes including Section 39 Agencies	732,887	767,938
Gross NHSS Cost of Public Nursing Homes*	331,417	356,191
Payments to Section 38 Agencies	24,656	26,410
Nursing Home Fixed and Other Unit Costs	109,947	57,407
Total Long Term Residential Care	1,198,896	1,207,946

**Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure.*

**Covid 19 Temporary Assistance Payment Scheme (TAPS)

The support under the scheme is a temporary assistance payment, being offered to support private and voluntary Nursing Homes to continue to build resilience within their service to mitigate against a COVID-19 outbreak and be capable of managing an outbreak in terms of providing safe staffing and environment should an outbreak occur.
The intention to establish the Scheme was announced on 4th April 2020 and the Scheme first opened for applications on 17th April 2020. In 2021, the cost of the Covid 19 Temporary Assistance Payment Scheme (TAPS) was €46.08m (2020: €77.5m).

Patient contributions
NHSS recipient contributions for those patients in public homes amounted to €59.05m (2020: €62.80m) 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 €6.30m (2020: €6.67m), and is retained by those centres and does not constitute income for the HSE.

Additional Income
Under Section 27 of the Nursing Homes Support Scheme Act 2009, a Schedule of Assets must be submitted to the HSE in respect of a deceased person who received financial support under the Scheme. This is checked to identify and calculate any overpayment of financial support that is repayable to the HSE pursuant to Section 42 of the Act. The HSE collected income of €8.92m during 2021 (2020 : €7.28m) in respect of non-declared income and assets of Fair Deal clients.

Contract beds and Subvention beds
In 2021, payments of €7.83m (2020: €10.81m) were made in relation to contract beds and nursing home subvention. These schemes are being phased out having had no new entrants since the Nursing Homes Support Scheme commenced in 2009.

Expenditure within public facilities
Within the public homes in 2021 there was an additional €109.95m (2020: €57.41m) 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 2021, the cost of public nursing homes amounted to €331.42m (2020 €356.19m), these costs are gross and the client contribution element amounted to €59.05m (2020 €62.8m). The contributions are recognised as income in Long Stay Charges in Statement of Income and Expenditure.

Ancillary State Support
Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of a person paying their assessed contribution for care from their own resources, a person can choose to apply for a Nursing Home Loan, to cover the portion of their contribution, which is based on property or land-based assets within the State. The HSE then pays that portion of the cost of care on top of the State Support payment. The loan is paid back to the State following the occurrence of a relevant event e.g. sale of the asset or death of the person. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred. This part of the scheme is designed to protect people from having to sell their home during their lifetime.

The total gross amount of Ancillary State Support advised to Revenue as at 31 December 2021 for recoupment from the commencement of the Nursing Homes Support Scheme (where a relevant and non-relevant event has occurred) was €260.98m, representing 10,692 client loans. As at 31st December 2021 the Revenue Commissioners are collecting €259.99m representing 10,793 clients. The difference accounts for clients where their Nursing Home loan is not due for repayment such as the Further Deferral option, as mentioned above, and also clients who wish to make a voluntary repayment prior to a relevant event occurring. The Revenue Commissioners have confirmed that they had received €182.46m of loan repayments paid in full, representing 6,116 client loans.

The total amount of Nursing Home Loan payments made under the Nursing Homes Support Scheme that are outstanding (i.e. where a repayable amount has not been notified to Revenue for collection - a relevant event has not occurred), as at 31 December 2021 is €161.82m. 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:

	2021 €'000	2021 Number of loans	2020 €'000	2020 Number of loans
Advised by HSE to Revenue for recoupment	260,975	10,692	211,374	9,179
Confirmed by Revenue as paid*	(182,458)	(8,116)	(142,603)	(6,769)
Subtotal	78,517	2,576	68,771	2,410
Not yet advised to Revenue for recoupment	161,819	5,099	151,321	5,035
Total Ancillary State Support outstanding	240,336	7,675	220,092	7,445

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

Note 13 Capital Expenditure

(a) Additions to Fixed Assets	2021 €'000	2020 €'000
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Service Concession*	0	0
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Other	279,178	228,343
Additions to Property, Plant and Equipment (Note 15) Other than Land and Buildings	220,650	218,575
	499,828	446,918
Funded from Department of Health Capital Grant	464,886	362,416
Funded from Department of Health Revenue Grant	34,942	84,502
Capitalised - Investment in PPP Service Concession Arrangements*	0	0
	499,828	446,918

(b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure	2021 €'000	2020 €'000
Expenditure on HSE's own assets (Capitalised)	464,886	362,415
Expenditure on HSE projects not resulting in property, plant and equipment additions**	141,250	258,388
Capitalised Interest - PPP Service Concession Arrangements*	3,621	3,186
Total expenditure on HSE Projects charged to capital***	609,757	623,989
Capital grants to outside agencies (Appendix 1)**	451,940	359,730
Total Capital Expenditure per Statement of Capital Income and Expenditure	1,061,697	983,719

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

***Total capital expenditure not capitalised amounts to €596.90m (2020: €561.10m)*

****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	2021 €'000	2020 €'000
Income from Government Departments and Other Sources in respect of Capital Projects:		
Sustainable Energy Authority of Ireland (SEAI) - Energy savings in acute hospitals	3,762	1,605
National Rehabilitation Hospital Foundation- Contribution towards National Rehabilitation Hospital	10,000	0
Mid Western Development (JP McManus) Contribution towards Croom Hospital	3,000	0
Department of Education- Contribution towards National Children's Hospital	3,500	0
University of Cork - CUH Academic Centre Project Contribution	182	126
Presentation Brothers- Contributions towards National Children's Hospital	500	0
Friends of St Theresa Hospital Clogheen	215	0
Other Miscellaneous Income	5,414	21
Total Capital Income from Other Sources	26,573	1,752

Note 14 Proceeds of Disposal of Fixed Asset Account

	2021 €'000	2020 €'000
Gross Proceeds of all Disposals in year	2,572	9,225
Less: Net Expenses Incurred on Disposals	(23)	(46)
Net Proceeds of Disposal	2,549	9,179
Less Application of Proceeds	(2,549)	(9,179)
Movement in the year	0	0
At 1 January	38	38
Balance at 31 December	38	38

The Multi-Annual Delegated Capital sanction 2019-2022 was issued in December 2019 by the Department of Public Expenditure and Reform.

Note 15 Property, Plant and Equipment

	Land*	Buildings**	Work in Progress (L&B)	Motor Vehicles	Equipment	Work in Progress (P&E)	Total 2021
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
Cost / Valuation							
At 1 January 2021	1,875,332	4,827,881	397,510	105,554	1,749,786	11,174	8,767,237
Additions	748	14,565	283,868	13,442	186,143	11,088	499,828
Transfers from Work in Progress	0	365,468	(365,468)	9,688	893	(10,381)	0
Disposals	(122)	(4,125)	(439)	(13,493)	(60,362)	(48)	(78,590)
At 31 December 2021	1,875,958	5,203,789	295,469	115,191	1,886,260	11,810	9,188,475
Depreciation							
Accumulated Depreciation at 1 January 2021	0	1,638,723	0	78,833	1,431,338	0	3,148,894
Charge for the Year	0	123,485	0	14,447	118,826	0	256,761
Disposals	0	(1,785)	0	(12,310)	(23,733)	0	(37,828)
At 31 December 2021	0	1,760,423	0	80,970	1,526,434	0	3,367,827
Net Book Values							
At 1 January 2021	1,875,332	3,189,158	397,510	26,721	318,448	11,174	5,818,343
At 31 December 2021	1,875,958	3,443,366	295,469	34,221	359,826	11,810	5,820,648

The current carrying value of land amounting to €1.67bn held by the HSE at 31 December 2021 is based on the 2002 Department of Health Valuation rates .

Building assets held under Finance Leases/ Service Concession Arrangements	2021 €'000 Finance Lease	2020 €'000 Finance Lease	2021 €'000 Service Concession*	2020 €'000 Service Concession*	2021 €'000 Total	2020 €'000 Total
Cost	45,824	45,824	165,217	165,217	211,041	211,041
Additions	0	0	0	0	0	0
Accumulated Depreciation at 1 January	(27,209)	(25,347)	0	0	(27,209)	(25,347)
Depreciation charged for the year	(1,862)	(1,862)	0	0	(1,862)	(1,862)
Net Book Values at 31 December	16,753	18,615	165,217	165,217	181,970	183,832

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

	2021 €'000	2020 €'000
Medical, Dental and Surgical Supplies	94,055	208,043
Laboratory Supplies	28,483	7,211
Pharmacy Supplies	27,709	27,718
High Tech Pharmacy Inventories	43,714	44,813
Pharmacy Dispensing Inventories	490	508
Blood and Blood Products	1,604	1,420
Vaccine Inventories	66,597	35,616
Household Services	33,872	30,721
Stationery and Office Supplies	2,254	2,114
Sundries	1,370	3,548
	299,948	359,660

The movement in inventory in 2021 is mainly attributable to the reduction in the PPE stock levels offset by an increase in the level of Vaccine Stocks and year end stocks of antigen tests.

PPE Stocks of €73.4m (2020: €182.3m) are included in medical, dental & surgical supplies (€47.1m) and also in household services (€26.4m). The cost of PPE stocks purchased in 2021 continued to be significantly inflated due to the on-going COVID-19 environment. The HSE is required to revalue its year end stocks on the basis of the lower of cost or replacement cost. Consequently, PPE stock has been revalued resulting in a cost price impairment of €70.6m in 2021. There is also a provision of €25.6m recorded in 2021 related to surplus stocks of hand-gels which the HSE considers may expire before they can be utilised in our services. The HSE has ear-marked certain items of PPE which it intends to donate as part of on-going State support to countries in need of assistance, the cost of this is in the order of €12.6m. The overall impairment loss of €108.8m is included as a write down in current revenue expenditure as reported in note 1(b).

Vaccine stocks have increased by €30m mainly due to the need to maintain COVID-19 Vaccinations for the on-going Vaccination Programme. Laboratory supplies have also increased as these include Antigen tests of €21m required as part of the HSE's Test and Trace Programme.

Note 17 Trade and Other Receivables

	2021 €'000	2020 €'000
Receivables: Patient Debtors - Private Facilities in Public Hospitals*	106,093	76,868
Receivables: Patient Debtors - Public Inpatient Charges	8,615	5,916
Receivables: Patient Debtors - Long Stay Charges	9,087	9,761
Prepayments and Accrued Income	63,978	37,967
Department of Health (DoH) Debtor (Note 3a)	25,331	0
Pharmaceutical Manufacturers	108,215	81,818
Payroll Technical Adjustment	14,266	15,087
Additional Superannuation Contributions (ASC) Deductions from Staff	6,887	6,294
Local Authorities	478	570
Payroll Advances	17	1,712
Voluntary Hospitals - National Medical Device Service Contracts	0	4
Voluntary Hospitals - Grant Funding Advances	52,002	89,519
Sundry Receivables	73,818	90,117
	466,787	415,613

**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 a number of insurance companies commenced deductions from claims made by the HSE relating to the time period between the date of admission and the date the Private Insurance Patient form was signed by the patient. The HSE has disputed these deductions through a legal process which at the time of preparation of these accounts has not fully concluded. In line with the HSE's accounting policy bad and doubtful debt provision is created in relation to debts outstanding for more than one year.

Note 18 Creditors (amounts falling due within one year)

	2021 €'000	2020 €'000
Finance Leases	2,857	2,795
Service Concession Liability	4,939	4,516
Payables - Revenue	255,761	156,633
Payables - Capital	15,750	21,759
Accruals Non Pay - Revenue**	1,024,760	953,038
Accruals Non Pay - Capital	8,641	7,199
Accruals - Grants to Voluntary Hospitals and Outside Agencies**	530,634	494,328
Accruals Pay**	581,421	551,177
Taxes and Social Welfare	259,031	222,054
Department of Public Expenditure and Reform - Single Public Service Pension Scheme	10,376	5,383
Lottery Grants Payable*	592	2,590
Sundry Payables	20,717	24,235
	2,715,379	2,445,707

**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.*

***During 2021, the HSE conducted an in-depth technical review of over 78% of its non-pay accruals, noting that over a number of years (between 2005 & 2019), a subset of accruals and provisions totalling €45.5m were not deemed valid. An additional €25.9m of accruals for pay and grants were also deemed invalid. In compliance with FRS102, this was recorded as a prior year adjustment totalling €71.4m by restating the opening balances in liabilities and equity for the earliest period. See Note 26.**

Note 19 Creditors (amounts falling due after more than one year)

	2021 €'000	2020 €'000
Finance Leases	22,103	23,951
Service Concession Liability	140,425	144,468
Total Finance Lease obligations	162,528	168,419

Note 20 Deferred Income

	2021 €'000	2020 €'000
Deferred income comprises the following:		
Department of Health Revenue funding deferred (Note 3A)		
Mental Health	7,947	0
Palliative Care	10,000	0
Disabilities	6,430	0
Total Department of Health Deferred	24,377	0
Other Deferred Income:		
Donations and bequests*	19,578	19,433
Grant Funding from the State and other bodies	27,588	27,757
Funding from specific capital projects	2,611	390
General	3,860	4,211
Balance at 31 December	78,014	51,791

**Unspent income arising from donations and bequests where the purposes to which money may be applied has been specified but the related expenditure has not been incurred.*

Note 21 Net Cash Inflow from Operating Activities

	2021 €'000	2020 €'000
Surplus/(Deficit) for the current year	(195,034)	200,711
Prior Year Adjustment re Accruals transferred to Reserves*	0	71,440
Capital element of lease payments charged to revenue	1,784	1,724
Purchase of equipment charged to Statement of Revenue Income and Expenditure	34,942	84,502
Finance Costs charged to Statement of Revenue Income and Expenditure	815	885
(Increase)/Decrease in Inventories	59,932	(189,718)
(Increase)/Decrease in Trade and Other Receivables	(53,173)	(18,442)
Increase/(Decrease) in Creditors (falling due within one year)*	273,754	339,789
Revenue Reserves - transfer of Deficit in accordance with *Section 33(3) of the Health Act, 2004*, as amended	(200,711)	(6,472)
Share Revaluation	(12)	9
Increase/(Decrease) in Deferred Income	26,223	1,684
Net Cash Inflow from Operating Activities	(51,480)	486,412

*2020 figures have been restated to reflect the impact of the prior year adjustment for accruals, which is a requirement under FRS102. See note 26.

Note 22 Commitments

Capital Commitments

	2021 €'000	2020 €'000
Future Property, Plant and Equipment purchase commitments:		
Within one year	1,057,427	990,617
After one but within five years	1,993,485	2,365,720
	3,050,912	3,356,337
Contracted for, but not provided for, in the financial statements	1,223,952	1,613,926
Included in the Capital Plan but not contracted for	1,826,960	1,742,411
	3,050,912	3,356,337

The HSE has a multi-annual Capital Investment Plan which prioritises expenditure on capital projects in line with goals in the Corporate Plan and the Annual Service Plan. The commitments identified above are in respect of the total cost of projects for which specific funding budgets have been approved at year end. These commitments may involve costs in years after 2021 for which budgets have yet to be approved and are therefore estimated.

Operating Lease Commitments

Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)	2021 €'000	2020 €'000
Land and Buildings	86,321	62,181
Motor Vehicles	504	471
Equipment	1,482	1,293
	88,307	63,945

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:	Land and Buildings 2021 €'000	Other 2021 €'000	Total 2021 €'000	Total 2020 €'000
Within one year	58,692	1,147	59,839	51,538
In the second to fifth years inclusive	207,257	704	207,961	185,754
In over five years	547,278	0	547,278	493,228
	813,227	1,851	815,078	730,518

Public Private Partnership Forward Commitments

Nominal Amount:	2021 €'000	2020 €'000
Service Concession Arrangement - Primary Care Centres (14 sites bundle)	183,339	188,883

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:	2021 €'000 Finance Lease	2020 €'000 Finance Lease	2021 €'000 Service Concession*	2020 €'000 Service Concession*
Not later than one year	3,600	3,600	9,716	9,418
Later than one year but not later than five years	12,640	12,080	36,264	35,882
Later than five years	12,310	15,470	158,055	167,267
Total Gross Payments	28,550	31,150	204,035	212,567
Less: Finance Charges	(3,590)	(4,405)	(58,671)	(63,583)
Carrying Amount of Liability	24,960	26,745	145,364	148,984
Classified as:				
- Creditors (amounts falling due within one year)	2,857	2,794	4,939	4,516
- Creditors (amounts falling due after more than one year)	22,103	23,951	140,425	144,468

**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 liabilitiesarising from concession agreements. The carrying amount of the liability at 31 December 2021 is €145.36m.*

Note 23 Property

The HSE estate comprises 2,610 properties.

Title to the properties can be analysed as follows:	2021 Number of Properties	2020 Number of Properties
Freehold	1,574	1,583
Leasehold	1,036	989
Total Properties	2,610	2,572

Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	2,520	2,484
Health Business Services and Support (including medical card processing etc.)	90	88
Total Properties	2,610	2,572

During the year there were 69 property additions to the healthcare estate and 31 properties were removed through both disposals and lease terminations. The net result is a increase of 38 healthcare properties during 2021. The total number of properties in the HSE healthcare estate at the end of 2021 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 2020 with external specialist tax assistance which was completed in 2021. The self-review was conducted on an agreed risk based assessment with Revenue under their co-operative compliance framework. As the level of review for 2020 was impacted by Covid19 staffing requirements, and the Cyber Attack, it was agreed with Revenue to perform a review focussed on specific areas which gave rise to the significant liabilities in previous years. The liability to taxes identified in the course of the self-review for 2020 was set out by means of a Self-Correction disclosure and payment (including interest) of €2,625,172 was made to the Revenue Commissioners in September 2021. The amount represents 0.12% of the overall tax paid by the HSE for that year. The HSE has a dedicated in house tax team resourced by tax professionals developing a strong relationship with Revenue and with access to external advisors where necessary. The HSE remains committed to exemplary tax compliance.

Note 25 Contingent Liabilities

General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for professional indemnity, fire and specific all risk claims. In most cases, such insurance would be sufficient to cover all costs, but this cannot be certain due to indemnity limits and certain policy conditions. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Clinical Indemnity Scheme

Details of the contingent liability in respect of the Clinical Indemnity Schema are set out in Note 11.

Note 26 Prior Year Adjustment

The financial statements disclose the funding and expenditure incurred on the health services and activities delivered and administered by the HSE. This enables users of the financial statements to understand, among other things, the extent to which the HSE is meeting its service delivery and other operating and financial objectives. Where corrections or adjustments are required to previously reported figures, these are made and disclosed in accordance with accounting rules (FRS 102) so that the impact on financial performance and position can be assessed and meaningful financial comparison can be undertaken between years.

The HSE uses the system of accruals accounting, the common form of accounting among most organisations. This system includes making estimates and judgements for the cost of goods and services consumed but not paid for at the reporting year-end. The sums of money estimated are included in the current year's accounts, although they are not actually spent until the following year. Each year therefore, a non-cash adjustment is made to the accounts to properly account for this issue.

In preparing the 2021 financial statements, a non-cash adjustment of €71.4 million was identified relating to accrued expenditure that the HSE had anticipated it would have to pay out in later periods. However having reviewed this area in detail, the HSE is now clear that these payments will not now arise after all. Accordingly, the charge to expenditure has been reversed in the Statement of Changes in Reserves by reducing the accumulated revenue deficit at the start of 2020 by €71.4 million to €997.7 million. The cumulative €71.4m adjustment for the prior years is material only in the context of restating the carrying value of accrued expenditure on the Balance Sheet. This technical adjustment is non-cash impacting, it does not increase expenditure but reduces it, and does not require any additional funding to be provided and therefore does not impact on the delivery of HSE services to patients or service users.

This accrued expenditure of €71.4 million had built up over a number of financial years, with the more significant accruals arising between 2016 and 2019. The highest adjustment identified in any one of these years (€16.3 million) occurred in 2018 when the annual allocation required to deliver public health services was €15.2 billion. The HSE has concluded that there was no material impact on the Income and Expenditure in the financial statements in any of the affected years. The HSE's Statement of Internal Control (SIC) provides more detail on the prior year adjustment.

This adjustment is not the correction of a fundamental error. Up to the implementation of the current accounting standard (FRS102) in 2015, prior year adjustments were rare and were reserved for very limited circumstances, including where there was an error in the financial statements that destroyed their truth and fairness. Since 2015, prior year adjustments are used more frequently in financial statements, including to improve comparability between reporting periods. For the avoidance of doubt, had the higher level of HSE accruals carried on the HSE Balance Sheet been corrected, none of the necessary adjustments would have threatened the truth or fairness of the financial statements or qualified in previous years as a fundamental error.

Note 27 Related Party Transactions

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 the Health Service Executive. These procedures have been adhered to by the HSE during the year. A number of interests were noted by board members. It was deemed that none of the interests disclosed have a material commercial and/or financial impact on the HSE. No board members disclosed gifts or hospitality offered by external bodies in the last twelve months. No board members noted any contractual relationship with the HSE and no board members noted any other conflicts not covered elsewhere

Key Management Personnel

The Executive Management Team (EMT) in addition to the Board are considered to be key management personnel. Overall remuneration, including those that were appointed and resigned during the year is €2.4m (2020: €2.1m). Two members of the EMT are on secondment from other positions. The Chief Clinical Officer is seconded to the HSE from the Mercy Hospital, Cork. The National Lead for Testing and Contact Tracing was seconded from Ernst and Young (EY), without charge to the HSE up to and including the 24th October 2021.

The Board members are in receipt of fees. There is one exception (not in receipt offees); due to the one person, one salary rule. Other than disclosed in Note 2, all other key management who are in receipt of remuneration comprise of basic pay only.

With the exception of the CEO, other appointed members of the Executive Management Team who are in receipt of remuneration are members of the approved HSE pension schemes (and in the case of the Chief Clinical Officer the Voluntary Hospitals Superannuation Scheme). Their pension entitlements with the HSE do not extend beyond the standard entitlements applicable to these schemes.

Note 28 Contingent Asset

As part of the HSE's COVID-19 response, the HSE engaged with various third parties to provide laboratory testing (COVID-19 testing services).
From April 2020 to date, VAT has been charged on some of the COVID-19 testing services provided. The HSE considers these services as exempt from VAT on the basis that the services fall within the scope of medical tests prescribed by a medical practitioner but carried out by a third party.
This issue has not been resolved in 2021 and the HSE continues to be charged the standard rate VAT.
The HSE's view, and that of its advisors, is that the services provided fall within the exemption and that the VAT paid should be recoverable.
The HSE is therefore treating the potential VAT amount recoverable of €81 million as a contingent asset on the basis that an inflow of economic benefits is deemed probable.
Engagement with the HSE and the appropriate third parties is at an advanced stage and it is expected that this issue will be resolved in 2022.

Note 29 Approval of Financial Statements

The Financial Statements were approved by the Board on 27 May 2022.

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
Total Grants under €100,000	39,400		39,400	36,343
Grants €100,000 or more each				
A Ghra Homecare Services Ltd	1,307		1,307	1,179
Ability West Ltd	30,946		30,946	28,590
Abode Hostel and Day Centre	1,175		1,175	1,051
ACET Ireland	185		185	309
Acquired Brain Injury Ireland (formerly Peter Bradley Foundation)	13,197		13,197	11,993
Active Connections CLG	296		296	169
Active Retirement Ireland	303		303	346
Addiction Response Crumlin (ARC)	949		949	916
Aftercare Recovery Group	105		105	105
AGC Healthcare	202		202	400
Age Action Ireland	709		709	454
Age and Opportunity	608		608	556
Aiseanna Tacaiochta	2,866		2,866	2,530
Aiseiri	981		981	1,141
Aislinn Centre, Kilkenny	1,142		1,142	1,142
AKIDWA	0		0	160
Alcohol Action Ireland	240		240	240
All About Healthcare T/A The Care Team	1,642		1,642	1,390
All In Care	6,226		6,226	6,247
All Ireland Institute of Hospice & Palliative Care (AIIHPC)	451		451	0
Alliance	285		285	252
ALONE	4,508		4,508	1,046
Alpha One Foundation	120		120	120
Alzheimer Society of Ireland	14,757		14,757	12,431
An Saol Foundation	292		292	0
An Siol	138		138	117
Ana Liffey Drug Project	2,452		2,452	1,455
Anchor Treatment Centre	0		0	171
Anne Sullivan Foundation for Deaf/Blind	643		643	693
Ann's Home Care Ireland	10,323		10,323	5,059
Applewood Homecare Ltd	2,492		2,492	2,055
Aras Mhuire Day Care Centre (North Tipperary Community Services)	325		325	308
ARC Cancer Support Centre	426		426	251
Ard Aoibhinn Centre	5,444		5,444	5,083
Ardee Day Care Centre	298		298	299
Arlington Novas Ireland	4,537		4,537	3,833
Arthritis Ireland	205		205	207
ASPIRE Autism Spectrum Association of Ireland	301		301	285
Associated Charities Trust	263		263	219
Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Ais	228		228	228
Association of Parents and Friends of The Mentally Handicapped	1,568		1,568	1,448
Athlone Community Services Council Ltd	276		276	280
Autism Initiatives Group	5,872		5,872	5,279
Autism Support Louth & Meath	128		128	5
Avista	138,600	901	139,501	130,916
Aware	618		618	606
Baile Mhuire Recuperative Unit for the Elderly	65		65	175
Ballinasloe Social Services	180		180	125
Ballincollig Senior Citizens Club Ltd	410		410	350
Ballyfermot Advanced Project Ltd	437		437	398
Ballyfermot Chapelizod Partnership	303		303	112
Ballyfermot Local Drug and Alcohol Task Force CLG	129		129	216
Ballyfermot Star Ltd	434		434	421
Ballymun Local Drugs Task Force	355		355	295
Ballymun Regional Youth Resource (BRYR)	186		186	200
Ballymun Youth Action Project (YAP)	707		707	678
Ballyphehane and Togher Community Resource Centre	151		151	286
Bandon Geriatric & Community Council	114		114	78
Barnardos	991		991	952
Barretstown Camp	151		151	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	2,303		2,303	1,758
Baylam Home Healthcare	3,495		3,495	3,475
Be Independent Home Care	7,435		7,435	4,897
Beacon Hospital	24,804		24,804	33,653
Beaufort Day Care Centre	241		241	231
Beaumont Hospital	430,135	16,970	447,105	422,512
Behaviour Detectives Ltd, Kilkenny	112		112	352
Belong to Youth Services Ltd.	400		400	311
Bergerie Trust	199		199	261
Best Home Care Services	1,011		1,011	701
Better Living Homecare	604		604	301
Blackrock Clinic	16,220		16,220	27,531
Blakestown and Mountview Youth Initiative (BMYI)	514		514	480
Blanchardstown and Inner City Home Helps	2,548		2,548	2,798
Blanchardstown Local Drugs Task Force	553		553	542
Blanchardstown Youth Service	132		132	195
Bloomfield Health Services	959		959	566
Bluebird Care	39,154		39,154	33,519
Bluestack Special Needs Foundation	172		172	80
Bodywhys The Eating Disorder Association of Ireland	467		467	471
Bon Secours Cork	5,911		5,911	35,656

Health Service Executive
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Name of Agency	Revenue Grants 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
Bon Secours Dublin	7,535		7,535	15,316
Bon Secours Galway	1,049		1,049	10,128
Bon Secours Limerick	520		520	4,445
Bon Secours Sisters	1,904		1,904	129
Bon Secours Tralee	1,317		1,317	10,544
Bray Area Partnership	119		119	61
Bray Community Addiction Team	787		787	706
Bray Home Help/Care Service Company Limited by Guarantee	1,231		1,231	1,087
Bray Lakers Social and Recreational Club Ltd	142		142	151
Bray Travellers Group	113		113	113
Breffni Integrated	130		130	142
Brindley Healthcare	1,987		1,987	1,561
Brothers of Charity Services Ireland	261,519	243	261,762	243,783
Cabra Resource Centre	199		199	218
Caherciveen Social Services	116		116	63
Cairde	703		703	623
Cairdeas Centre Carlow	531		531	573
Camphill Communities of Ireland	17,225		17,225	11,951
Cancer Care West	704		704	693
Cappagh National Orthopaedic Hospital	42,414	1,486	43,900	45,660
Capuchins	174		174	97
Cara House Family Resource Centre	151		151	102
Care About You	3,870		3,870	2,788
Care Alliance Ireland	130		130	39
Care at Home Services Ltd	4,241		4,241	3,425
Care For Me Ltd	1,683		1,683	1,627
Care of the Aged, West Kerry	109		109	110
CareBright	3,403		3,403	3,568
Caredoc GP Co-operative	21,952		21,952	16,286
Caremark Ireland	14,341		14,341	10,363
Careworld	2,824		2,824	1,557
Caritas Convalescent Centre	0		0	1,053
Carlow Day Care Centre (Askea Community Services)	101		101	105
Carlow Social Services	219		219	227
Carlow/Kilkenny Home Care Team	218		218	306
Carnew Community Care Centre	152		152	151
Carrick on Suir Day Centre for Elderly	103		103	57
Carrigaline Family Support Centre	160		160	61
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	14,167		14,167	12,929
Carrigoran Nursing Home – Day Care Centre	130		130	131
Casadh	195		195	195
Casla Home Care Ltd	1,058		1,058	1,001
Castle Homecare	1,619		1,619	1,306
Catholic Institute for Deaf People (CIDP)	4,981		4,981	4,930
CDA Trust Ltd (Cavan Drug Awareness)	0		0	220
Central Remedial Clinic	21,006	94	21,100	19,830
Centres for Independent Living (CIL)	12,485		12,485	11,450
Charleville Care Project Ltd	216		216	172
Charter Medical	776		776	1,347
Cheeverstown House Ltd	35,774		35,774	30,457
Cheshire Ireland	28,606		28,606	28,467
Children's Health Ireland	420,917	4,328	425,245	400,543
Children's Sunshine Home	4,461		4,461	4,071
ChildVision (St Joseph's Schooi For The Visually Impaired)	4,730		4,730	4,685
Chime	4,973		4,973	4,206
Chrysalis Community Drug Project	1,230		1,230	538
Cill Dara Ar Aghaidh	238		238	248
Citydoc, Galway	172		172	75
Clann Mór	0		0	138
Clannad Care Waterford	744		744	1,042
Clare Local Development Company	135		135	170
Clarecare Ltd Incorporating Clare Social Service Council	8,007		8,007	7,244
Clarecastle Daycare Centre	417		417	389
Clareville Court Day Centre	179		179	172
Clondalkin Addiction Support Programme (CASP)	882		882	865
Clondalkin Drugs Task Force	222		222	203
Clondalkin Tus Nua Ltd	491		491	515
Clonmany Mental Health Association	314		314	345
Clontarf Home Help	54		54	185
Cluain Training & Enterprise Centre	613		613	570
CLUB 91 (Formerly Chez Nous Service), Sligo	0		0	123
Co-Action West Cork	9,729		9,729	9,611
Cobh General Hospital	328		328	329
Codladh Samh	285		285	0
Comfort Care Ltd T/a Comfort Home Care	265		265	0
Comfort Keepers Ltd	27,297		27,297	22,380
Communicare Healthcare Ltd	9,819		9,819	6,922
Community Creations Ltd	1,475		1,475	1,179
Community Response, Dublin	413		413	457
Community Substance Misuse Team Limerick	462		462	435
CONNECT - The National Adult Counselling Service (NOVA HELPLINE)	374		374	370
Contact Care	1,528		1,528	1,581
Coolmine Therapeutic Community Ltd	3,257		3,257	2,386
Coombe Women's Hospital	89,301	9,502	98,803	84,322

Health Service Executive
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Revenue Grants and Capital Grants **
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Name of Agency	Revenue Grants 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
COPE Foundation	67,617		67,617	63,201
COPE Galway	2,101		2,101	1,925
Core Caring Ltd	0		0	134
Cork Association for Autism	4,957		4,957	7,416
Cork City Council	353		353	908
Cork Foyer Project	298		298	312
Cork Mental Health Association	178		178	173
Cork Radiation Oncology Associates Limited	1,511		1,511	0
Cork Social and Health Education Project (CSHEP)	797		797	938
Cork University Dental School and Hospital	2,721		2,721	3,325
County Kildare Leader Partnership	321		321	141
County Sligo Leader Partnership Company	236		236	188
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	7,961		7,961	8,214
County Wicklow Partnership	127		127	134
CPL Healthcare	419		419	817
Crescent Homecare Ltd	196		196	217
CROI (West of Ireland Cardiology Foundation)	407		407	265
Crosscare	2,606		2,606	3,046
Crumlin Home Care Service Limited	3,131		3,131	3,662
Cuan Mhuire	2,180		2,180	1,584
Cumann na Daoine	113		113	103
Curam Altranais Paediatric and Adult Case Management Service Ltd.	760		760	628
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	152		152	340
Darndale Belcamp Drug Awareness	353		353	244
Dawn Court Day Care Centre Ltd	158		158	118
Delta Centre Carlow	6,147		6,147	5,045
Depaul Ireland	3,810		3,810	2,952
Diabetes Ireland	438		438	432
Dignity 4 Patients	100		100	100
Disability & Home Support Services Wexford	747		747	367
Disability Federation of Ireland (DFI)	1,279		1,279	1,278
Dolmen Clubhouse Ltd	124		124	173
Domestic Violence Response Ltd	33		33	300
Donegal Homecare Limited	2,357		2,357	1,442
Donegal Women's Refuge Group (DDVS)	112		112	98
Donnycarney and Beaumont Home Help Services Ltd.	496		496	1,324
Donnycarney Youth Project Ltd	424		424	414
Donnycarney/Beaumont Local Care	110		110	110
Donore Community Development	195		195	195
Down Syndrome Ireland	181		181	190
Drogheda Community Services	260		260	170
Drogheda Homeless Aid Association	138		138	130
Dromcollogher and District Respite Care Centre	517		517	525
Drumcondra Home Help	1,520		1,520	1,143
Drumkeerin Care Of The Elderly	191		191	182
Drumlin House	270		270	151
Drumsna Development Association	120		120	69
Dublin 12 Local Drug and Alcohol Task Force CLG	102		102	182
Dublin AIDS Alliance (DAA) Ltd.	698		698	701
Dublin Dental Hospital	7,548	145	7,693	7,679
Dublin Inner City Community Alliance	297		297	138
Dublin North East Drugs Task Force	246		246	278
Dublin Region Homeless Executive	502		502	452
Dublin West Home Help	3,672		3,672	4,739
Dun Laoghaire Home Help	848		848	823
Dun Laoghaire Rathdown Community Addiction Team	485		485	387
Dun Laoghaire Rathdown Local Drugs Task Force	99		99	119
Dun Laoghaire Rathdown Outreach Project	315		315	252
Dundalk Outcomers	110		110	110
Edward Worth Library	200		200	200
Ely House		134	134	0
EmployAbility Limerick	61		61	132
Empower	169		169	107
Empowerment Plus	308		308	248
Enable Ireland	49,604		49,604	47,118
Environmental Protection Agency	174		174	159
Epilepsy Ireland	748		748	756
Errigal Truagh Special Needs Parents and Friends Ltd	355		355	267
Extern Ireland	2,126		2,126	1,290
Familibase	293		293	304
Family Carers Ireland	8,694		8,694	7,261
Fatima Groups United	152		152	122
Ferns Diocesan Youth Services (FDYS)	473		473	412
Festina Lente Foundation	567		567	565
Fighting Blindness Ireland	126		126	123
Fingal Home Care	4,153		4,153	4,469
Finglas Addiction Support Team	672		672	635
Finglas Cabra Local Drugs and Alcohol Task Force	222		222	136
Finglas Home Help / Care Organisation	2,970		2,970	2,635
First Employment Services	17		17	104
First Fortnight Ltd	155		155	162
Focus Ireland	2,443		2,443	1,929
Fold Ireland	15		15	4,019

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
Foróige	614		614	333
Forum The North West Connemara Rural Project	821		821	454
Friends of the Regional Hospital, Mullingar	0		0	109
Fusion CPL Ltd	138		138	111
Gaelic Athletic Association	140		140	110
Galway Autism Partnership	111		111	48
Galway Clinic	1,750		1,750	20,102
Galway Hospice Foundation	10,550		10,550	9,002
Ganavan Ltd (T/A Woodbrook Outreach & Homecare Services)	918		918	230
Gateway Community Care	1,547		1,547	1,678
Gay Health Network	372		372	370
Genio Trust	1,639		1,639	827
Gheel Autism Services Ltd	4,898		4,898	4,813
Good Morning Inishowen	140		140	134
Good Shepherd Sisters	413		413	402
Good Shepherd Services, Cork	712		712	718
Graiguenamanagh Elderly Association	293		293	196
Grantstown Daycare Centre	198		198	127
Greystones Home Help Service Company Limited by Guarantee	1,411		1,411	1,442
GROW	1,508		1,508	1,354
Guardian Ad Litem and Rehabilitation Office (GALRO)	7,758		7,758	5,331
HADD Family Support Group	218		218	265
Hail Housing Association for Integrated Living	772		772	829
Hamilton Park Care Facility	209		209	2
Hands On Peer Education (HOPE)	167		167	173
HCD Homecare Ltd	912		912	248
Headway the National Association for Acquired Brain Injury	3,102		3,102	2,946
Health Research Board Ireland (HRB)	277		277	227
Heritage Homecare Ltd	4,711		4,711	3,584
Hesed House	148		148	241
Holy Angels Carlow, Special Needs Day Care Centre	633		633	705
Holy Family School	102		102	111
Holy Ghost Hospital	265		265	277
Home and Away Care	1,160		1,160	759
Home Care Plus	5,695		5,695	3,648
Home Instead Senior Care	70,756		70,756	58,377
Homecare Independent Living Ltd	4,729		4,729	3,805
Homecare Solutions Ltd.	884		884	857
HomeCarer Trusted Independent Living	616		616	363
Hope House	318		318	310
IADP Inter-Agency Drugs Project UISCE	150		150	159
ICARE (Inishowen Childrens Autism Related Education)	309		309	184
Immigrant Counselling and Psychotherapy (ICAP)	284		284	250
Inchicore Community Drugs Team	575		575	549
Inclusion Ireland	572		572	662
Inclusive Care Supports Ltd. T/A Barrog Healthcare	374		374	460
Incorporated Orthopaedic Hospital of Ireland	16,975		16,975	14,549
Inis Care	1,196		1,196	1,036
Inishowen Development Partnership	143		143	71
Inspire Wellbeing	1,396		1,396	1,452
Iontas Arts & Community Resource Centre, Castleblayney	141		141	156
Irish Advocacy Network	780		780	768
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	1,017		1,017	965
Irish Association of Supported Employment	27		27	103
Irish Cancer Society	888		888	668
Irish College of General Practitioners	7,873		7,873	647
Irish Family Planning Association (IFPA)	1,245		1,245	1,311
Irish Guide Dogs for the Blind	803		803	828
Irish Haemophilia Society (IHS)	575		575	527
Irish Heart Foundation	360		360	376
Irish Hospice Foundation	952		952	1,534
Irish Kidney Association (IKA)	184		184	310
Irish Motor Neurone Disease Association	300		300	288
Irish Prison Service	256		256	256
Irish Society for the Prevention of Cruelty to Children (ISPCC)	452		452	400
Irish Wheelchair Association (IWA)	47,861		47,861	46,525
Jack and Jill Children's Foundation	1,566		1,566	1,062
Jigsaw (also known as Headstrong)	11,019		11,019	9,893
Jobstown Assisting Drug Dependency Project (JADD Project)	325		325	273
K Doc (GP Out of Hours Service)	5,009		5,009	4,176
KARE Plan Ltd	8,809		8,809	7,630
Kare Plus Ireland	2,435		2,435	1,266
KARE, Newbridge	24,276		24,276	23,122
Kerry Parents and Friends Association	13,877		13,877	12,689
Kerry Supported Employment	102		102	102
Kilbarrack Coast Community Programme Ltd (KCCP)	484		484	463
Kildare and West Wicklow Community Addiction Team Ltd	0		0	300
Kildare Youth Services (KYS)	328		328	193
Killinarden (KARP)	170		170	150
Kilmaley Voluntary Housing Association	291		291	267
Kingsbridge Private Hospital	216		216	908
Kingsriver Community	1,664		1,664	1,033
Kinsale Youth Support Services	122		122	74
Knocknagoshel Over 55's Social Club & Womens Group	120		120	91

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
L'Arche Ireland	4,758		4,758	4,066
LauraLynn Children's Hospice Foundation	2,377		2,377	772
Le Cheile Family Resource Centre	174		174	41
Leap Ireland	121		121	44
Leitrim Association of People with Disabilities (LAPWD)	622		622	581
Leitrim Integrated Development Company	450		450	433
Leopardstown Park Hospital	14,981	1,106	16,087	16,014
Letterkenny Women's Centre	113		113	117
LGBT Ireland	120		120	115
Liberties and Rialto Home Help	1,403		1,403	1,340
Liberty HomeCare	1,637		1,637	218
Lifetime Care	711		711	576
Lifford Clonleigh Resource Centre	135		135	226
Limerick Social Services Council	335		335	322
Limerick Youth Service Community Training Centre	208		208	217
LINC	122		122	128
Link (Galway) Ltd	137		137	193
Liscarne Court Senior Citizens	115		115	115
Little Angels Hostel Letterkenny	365		365	365
Lochrann Ireland Ltd	143		143	133
Longford Community Resources Ltd	213		213	200
Longford Social Services Committee	158		158	167
Lorcan O' Toole Day Care Centre	128		128	128
Lourdes Day Care Centre	209		209	247
Macroom Senior Citizens Housing Development Sullane Haven Ltd	153		153	182
Mahon Community Creche	146		146	265
Marian Court Welfare Home Clonmel	138		138	136
Marymount University Hospital and Hospice, Cork	12,159		12,159	15,503
Mater Misericordiae University Hospital Ltd	386,209	34,672	420,881	387,860
Mater Private Hospital Cork	2,654		2,654	10,178
Mater Private Hospital Dublin	41,828		41,828	47,129
Matt Talbot Adolescent Services	1,246		1,246	1,241
Meath County Council	210		210	458
Meath Partnership	434		434	453
Mental Health Associations (MHAs)	1,385		1,385	1,441
Mental Health Ireland	2,031		2,031	1,997
Mental Health Reform	368		368	367
Merchant's Quay Ireland (MQI)	4,411		4,411	3,625
Mercy University Hospital, Cork	119,122	12,963	132,085	128,591
MiDOC	3,338		3,338	3,365
Mid-West Regional Drugs Task Force	307		307	388
Migraine Association of Ireland	135		135	140
Milford Care Centre	14,726		14,726	15,171
Monaghan Intergrated Development	221		221	157
Moorehaven Centre Tipperary Ltd	2,812		2,812	2,736
Mount Cara House	0		0	347
Mount Carmel Home, Callan, Co Kilkenny	318		318	261
Mounttown Neighbourhood Youth Project	0		0	133
MS Ireland - Multiple Sclerosis Society of Ireland	1,898		1,898	1,714
Muintir na Tire Ltd	146		146	142
Mulhuddart/Corduff Community Drugs Team	334		334	325
Multiple Sclerosis North West Therapy Centre Ltd	221		221	226
Muscular Dystrophy Ireland	1,169		1,169	1,194
My Homecare Angels	1,294		1,294	585
My Project Minding You	133		133	0
Mymind Ltd	643		643	276
Nasc (The Irish Immigrant Support Centre)	57		57	225
National Association of Housing for the Visually Impaired Ltd	1,209		1,209	1,188
National Childhood Network (NCN)	54		54	135
National Council for the Blind of Ireland (NCBI)	6,978		6,978	7,083
National Federation of Voluntary Bodies in Ireland	230		230	253
National Maternity Hospital	77,597	818	78,415	77,748
National Paediatric Hospital	0	302,511	302,511	168,112
National Rehabilitation Hospital	50,324	1,745	52,069	55,758
National Suicide Research Foundation (NSRF)	1,069		1,069	1,299
National Women's Council of Ireland	130		130	142
National Youth Council of Ireland	167		167	142
Nazareth House, Mallow	1,725		1,725	1,834
Nazareth House, Sligo	2,066		2,066	2,075
Neart Le Cheile	503		503	488
New Ross Community Hospital	80		80	135
Newport Social Services, Day Care Centre	272		272	261
Nightingale TLC	486		486	0
No Name Youth Club Ltd	80		80	125
North Doc Medical Services	5,196		5,196	4,453
North Dublin Inner City Homecare and Home Help Services	4,303		4,303	4,326
North Fingal Community Development	137		137	141
North Tipperary Disability Support Services Ltd	869		869	740
North Tipperary Leader Partnership	193		193	220
North West Alcohol Forum	574		574	515
North West Parents and Friends Association	3,075		3,075	2,671
North West Regional Drugs Task Force	24		24	152
Northside Community Health Initiative (NICHE)	358		358	320
Northside Homecare Services Ltd	4,562		4,562	4,516

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
Northside Partnership	241		241	139
Northstar Family Support Project	200		200	188
Northwest Hospice	2,085		2,085	2,400
Nua Healthcare Services	12,727		12,727	5,112
Nurse on Call - Homecare Package	1,967		1,967	2,717
Obair Newmarket-on-Fergus	35		35	128
O'Connell Court Residential and Day Care	272		272	335
Offaly & Kildare Community Transport	127		127	69
Offaly Local Development Company	175		175	167
Offaly Travellers Movement	416		416	379
One Family	424		424	455
One In Four	618		618	598
Open Door Day Centre	371		371	368
Order of Malta	582		582	557
Ossory Youth Services	112		112	76
Our Lady's Hospice & Care Services (Sisters of Charity)	39,440	17	39,457	37,552
Outhouse Ltd	206		206	195
Paul Partnership Limerick	28		28	100
Pavee Point Traveller and Roma Centre	1,716		1,716	1,423
Peacehaven Trust	1,040		1,040	1,028
Peamount Hospital	39,227	48	39,275	36,766
Peter McVerry Trust	6,080		6,080	5,077
PHC Care Management Ltd	5,085		5,085	4,367
Pieta House	2,514		2,514	2,628
Pioneer Homecare Ltd	7,898		7,898	4,514
Positive Futures	1,200		1,200	1,407
Post Polio Support Group (PPSG)	376		376	357
Prague House	293		293	249
Praxis Care Group	6,736		6,736	5,718
Premium Homecare	162		162	0
Private Home Care, Lucan	136		136	104
Prosper Group	14,815	231	15,046	12,541
Purple House Cancer Support	200		200	188
R & D Training Ltd.	111		111	0
R K Respite Services Ltd	378		378	440
RADE (Recovery through Art Drama and Education)	113		113	113
Radius Housing Association	180		180	113
RAH Home Care Ltd T/a Right At Home	4,998		4,998	3,666
Realta Homecare	421		421	19
Recovery Academy Ireland	130		130	60
Recovery Haven Kerry	171		171	64
Redwood Extended Care Facility	1,469		1,469	0
Regional and Local Drugs Task Forces	4,711		4,711	4,341
Rehab Group	78,591		78,591	71,255
Resilience Ireland (Resilience Healthcare Ltd)	8,021		8,021	5,160
Respond	733		733	702
Rialto Community Development	158		158	130
Rialto Community Drugs Team	436		436	422
Rialto Community Network	43		43	101
Rialto Partnership Company	816		816	723
Right of Place Second Chance Group	160		160	170
Ringsend and District Response to Drugs	403		403	403
Roscommon Home Services Co-op	5,287		5,287	3,208
Roscommon Partnership Company Ltd	242		242	191
Roscommon Support Group Ltd	2,185		2,185	1,526
Rosedale Residential Home	338		338	287
Rosses Sheltered Workshop	0		0	135
Rotunda Hospital	80,076	2,016	82,092	85,337
Royal College of Physicians	1,413		1,413	1,409
Royal College of Surgeons in Ireland	3,656		3,656	3,958
Royal Hospital Donnybrook	20,813	86	20,899	22,578
Royal Victoria Eye and Ear Hospital	36,260	1,709	37,969	36,328
Ruhama Women's Project	236		236	220
S H A R E	209		209	160
Safeguarding Ireland	247		247	246
Safetynet Primary Care	677		677	1,430
Sage Advocacy	1,691		1,691	1,691
Salesian Youth Enterprises Ltd	518		518	497
Salvation Army	1,803		1,803	1,657
Samaritans	612		612	625
Sancta Maria Day Centre	0		0	115
Sandra Cooney's Homecare	2,649		2,649	2,575
Sandymount Home Help	136		136	263
Sankalpa	315		315	353
Saoirse Addiction Treatment Center	172		172	168
SAOL Project	450		450	358
SCJMS/Muiriosa Foundation	73,052		73,052	67,412
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	1,273		1,273	1,115
Servisource Recruitment	5,413		5,413	7,243
Sexual Health West	286		286	255
Shalamar Finiskilin Housing Association	232		232	163
Shankhill Old Folks Association	171		171	171
Shannondoc Ltd (GP Out Of Hours Service)	5,171		5,171	5,235
SHINE	1,920		1,920	1,427

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
Simon Communities of Ireland	11,718		11,718	9,945
Simplicitas Ltd.	340		340	185
Sisters of Charity	200		200	2,695
Sisters of Charity St Mary's Centre for the Blind and Visually Impaired	0		0	2,490
Sisters of Mercy	470		470	457
Skibereen Community and Family Resource Centre	146		146	89
Slí Eile Support Services Ltd	377		377	455
Sligo County Council	134		134	108
Sligo Family Centre	180		180	154
Sligo Social Services Council Ltd	594		594	440
Snug Community Counselling	202		202	176
Society of St Vincent De Paul (SVDP)	3,528		3,528	4,189
Sophia Housing Association	1,012		1,012	885
Sora Healthcare T/A Irish Homecare	15,925		15,925	12,866
SOS (Kilkenny) Ltd Special Occupation Scheme.	15,359		15,359	14,193
South Doc GP Co-operative	14,722		14,722	12,259
South Infirmary Victoria University Hospital	69,268	3,435	72,703	70,222
South West Mayo Development Company	124		124	303
Southern Drug and Alcohol Services Limited	1,115		1,115	0
Southern Gay Health Project	117		117	111
Southside Partnership	127		127	124
Spinal Injuries Ireland	314		314	398
Spiritan Asylum Services Initiative (SPIRASI)	395		395	390
St Aengus Community Action Group	141		141	141
St Aidan's Services	5,681		5,681	5,658
St Andrew's Resource Centre	989		989	740
St Angela's National School	132		132	0
St Bridget's Day Care Centre	133		133	133
St Carthage's House Lismore	364		364	436
St Catherine's Association Ltd	6,336		6,336	6,026
St Christopher's Services, Longford	13,099		13,099	10,583
St Colman's Care Centre	193		193	183
St Cronan's Association	1,858		1,858	1,705
St Dominic's Community Response Project	400		400	452
St Fiacc's House, Graiguecullen	421		421	403
St Francis Hospice	15,396		15,396	16,956
St Gabriel's School and Centre	3,678		3,678	2,329
St Hilda's Services For The Mentally Handicapped, Athlone	7,110		7,110	6,238
St James' Hospital	483,734	21,239	504,973	474,321
St James' Hospital, Jonathan Swift Hostels	5,379		5,379	4,750
St John of God Hospitaller Services	185,127		185,127	175,087
St John's Hospital	30,240	468	30,708	29,390
St Joseph's Foundation	23,165		23,165	21,616
St Joseph's Home For The Elderly	975		975	377
St Joseph's Home, Kilmoganny, Co.Kilkenny	289		289	234
St Laurence O' Toole SSC	0		0	168
St Lazarian's House, Bagenalstown	397		397	321
St Luke's Home	1,310		1,310	1,180
St Margaret's Donnybrook (IRL-IASD)	3,160		3,160	2,811
St Michael's Hospital, Dun Laoghaire	36,211	565	36,776	37,946
St Michael's House	107,148	322	107,470	99,691
St Michael's Day Care Centre	200		200	185
St Monica's Community Development Committee	394		394	401
St Patrick's Centre, Kilkenny (Sisters of Charity)	17,976		17,976	19,047
St Patrick's Special School	128		128	292
St Paul's Child and Family Care Centre	2,548		2,548	2,461
St Vincent's Hospital Fairview	16,798		16,798	16,139
St Vincent's Private Hospital	9,980		9,980	31,779
St Vincent's University Hospital, Elm Park	343,830	21,092	364,922	341,954
Star Project Ballymun Ltd	345		345	334
Stella Maris Facility	152		152	146
Stewart's Care Ltd	63,305	518	63,823	56,346
Stillorgan Home Help	0		0	295
Suicide or Survive (SOS)	241		241	348
Sunbeam House Services	34,027		34,027	30,858
Support 4 U Ltd.	397		397	419
Tabor House, Navan	158		158	200
Tabor Lodge	918		918	691
Talbot Group	1,078		1,078	0
Talbot Grove Treatment Centre	190		190	181
Tallaght Home Help	1,315		1,315	1,719
Tallaght Rehabilitation Project	217		217	208
Tallaght Travellers Youth Service	120		120	130
Tallaght University Hospital	285,885	12,576	298,461	310,571
Tearmann Eanna Teo	565		565	374
Tee Care Home Help Services Limited	205		205	209
Teen Challenge Ireland Ltd	277		277	277
Templemore Day Care Centre	173		173	168
Terenure Home Care Service Ltd	1,649		1,649	1,448
The Arklow Home Help Service Company Limited by Guarantee	2,162		2,162	2,201
The Avalon Centre, Sligo	282		282	273
The Birches Alzheimer Day Centre	310		310	373
The Bishopstown Senior Social Centre	52		52	111
The Collective Sensory Group	320		320	197

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 2021 €000	Capital Grants 2021 €000	Total Grants* 2021 €000	Total Grants* 2020 €000
The College of Anaesthetists of Ireland	107		107	79
The Eating Disorder Centre Cork	171		171	103
The Family Centre	0		0	188
The Family Resource Centre National Forum	100		100	0
The Irish Forum for Global Health (IFGH)	205		205	132
The Irish Men's Sheds Association (IMSA)	377		377	401
The Killarney Asylum Seekers Initiative (KASI)	155		155	110
The Mens Development Network	152		152	185
The Nightingale Placement Agency (TNPA)	0		0	320
The North Inner City Drugs and Alcohol Task Force	122		122	272
The Oasis Centre	209		209	209
The Office of Public Works (OPW)	0		0	5,034
The Paddy McGrath Housing Project (formerly Aids Fund Housing)	364		364	364
The Sexual Health Centre	279		279	330
The Sports Surgery Clinic	523		523	7,911
The TCP Group	2,286		2,286	1,448
The Hermitage Medical Clinic	6,036		6,036	17,056
Third Age	57		57	118
Thurles Community Social Services	224		224	224
Thurles Lions Trust Housing Association Ltd	116		116	93
Tintean Housing Association Ltd	187		187	208
Tipperary Association for Special Needs	130		130	130
Tipperary Hospice Movement	224		224	320
Tolka River Project	290		290	328
Tralee International Resource Centre	173		173	79
Transfusion Positive	135		135	125
Transgender Equality Network Ireland	183		183	263
Traveller Groups and Organisations	4,271		4,271	4,399
Traveller Support Group Galway	90		90	585
Travellers Education & Development Association, Tuam	243		243	206
Treoir	365		365	374
Tribli CLG, t/a Exchange House Ireland National Travellers Service Enterprise	1,019		1,019	904
Trinity Community Care	4,316		4,316	3,593
Trustus We Care	148		148	153
Tullow Day Care Centre	162		162	182
Turas Counselling Services Ltd	419		419	345
Turn2Me	269		269	432
Turners Cross Social Services Ltd	157		157	157
TUSLA Child & Family Agency	1,463		1,463	460
University of Limerick	858		858	881
UPMC Aut Even Hospital	1,152		1,152	4,713
UPMC Kildare Hospital	929		929	1,829
UPMC Whitfield Hospital	3,933		3,933	9,504
Valentia Community Hospital	170		170	208
Victoria Healthcare Organisation Ltd	1,563		1,563	896
Village Counselling Service	135		135	135
Walkinstown Association For Handicapped People Ltd	105		105	135
Walkinstown Greenhills Resource Centre	262		262	239
Waterford and South Tipperary Community Youth Service	798		798	523
Waterford Association for the Mentally Handicapped	6,180		6,180	4,586
Waterford Community Childcare	184		184	183
Waterford Hospice Movement	485		485	692
Well Woman Clinics	649		649	647
West Limerick Resources Ltd	135		135	137
West Of Ireland Alzheimer Foundation	1,517		1,517	827
Westcare Homecare Ltd	903		903	503
Westdoc (GP Out Of Hours Service)	5,125		5,125	3,949
Western Care Association	42,904		42,904	42,031
Western Region Drugs Task Force	234		234	256
Westmeath Community Development Ltd	220		220	249
Wexford Homecare Service	235		235	256
Wexford Local Development	201		201	151
White Oaks Housing Association Ltd	309		309	404
Whitechurch Addiction Support Programme (WASP)	199		199	157
Wicklow Community Services Company Limited by Guarantee	2,274		2,274	2,072
Wicklow Rural Partnership Ltd.	58		58	144
Willow Health Care Ltd	1,402		1,402	1,087
Windmill Therapeutic Training Unit	1,403		1,403	1,336
Young Social Innovators Ltd	115		115	100
Youth Advocacy Programme	123		123	107
Youth For Peace Ltd	139		139	139
Youth Work Ireland	335		335	234
Total Grants to Outside Agencies (see Note 8 for Revenue; see Note 13 for Capital)	**5,691,382**	**451,940**	**6,143,322**	**5,802,552**

** 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 2020 comparatives above have been re-stated where appropriate.*

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

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

The following disclosures are required by the Code:

Employee Short-Term Benefits

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

Consultancy Costs*

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

	2021 €'000	2020 €'000
Legal Advice	6	84
Tax and Financial advisory	218	-
Public relations/marketing	273	299
Human Resources and Pensions	186	245
Strategic Planning and Business improvement **	51,043	23,039
IT Consultancy	7,653	3,294
Other	16,496	21,055
Total consultancy costs	**75,875**	**48,015**
Total consultancy costs further analysed as follows:		
Consultancy costs capitalised	-	-
Consultancy costs charged to Income and Expenditure and Retained Revenue Reserves	75,875	48,015
	75,875	**48,015**

* Included in Note 8 Non Pay Expenditure, Office and Administration Expenses, Legal and Professional Fees.
** Includes costs related to COVID

The table below provides a breakdown of amounts recognised as expenditure in 2021 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.

	2021 €'000	2020 €'000
Legal fees – legal proceedings	22,239	22,847
Conciliation and arbitration payments	134	84
Settlements	929	448
Total	**23,302**	**23,380**

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

Costs in relation to on-going matters involving other State bodies are not included in these legal costs.
The number of cases covered by the above legal costs amounted to 2,071 in 2021 (2020: 1,896).
Additional legal costs and settlements were paid by the HSE's Insurance Company.
Note 11 of the Financial Statements discloses the costs and the future liability in relation to the Clinical Indemnity Scheme.

Travel and subsistence expenditure is categorised as follows:	2021 €'000	2020 €'000
Domestic		
- Board**	0	2
- Employees	60,749	61,368
International		
- Board**	0	2
- Employees	1,579	165
Total	**62,328**	**61,537**

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

** 2021 Includes Board members T&S only. The CEO's expenses are disclosed in Note 2.

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.

Ciaran Devane

Signed on behalf of the Board

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