Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a **Better** Health Service

ANNUAL REPORT AND FINANCIAL STATEMENTS 2016

CARE COMPASSION TRUST LEARNING

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Part II

Statement from the Director General

Our aim is to provide a health service which becomes world class and is available to people where they need it and when they need it. But we are not there yet. We are continuing our efforts to improve services and health outcomes, while also focusing on the cost and sustainability of services, ensuring that we are achieving the best value for money for both the public and our service users.

2016 was the second year in which an additional budget allocation was made available to the health service. Following the years of austerity, this additional funding is particularly welcome.

Demand for health and personal social care services continues to grow each year. Today our population is older and it is expected that the number of people over 65 years of age will increase by nearly 110,000 people in the next five years. This is great news and is due in no small way to significant improvements in treatment and care provided by the health service. Unfortunately, a large proportion of this age group is living with two or more chronic conditions which make many of our older people more vulnerable.

Healthcare is a constantly changing environment. Our practices and models of care continue to evolve to meet these changing requirements. The real value is how we change what we do and rethink how we deal with each other to improve the quality of healthcare.

Improving the quality of healthcare

Bringing to life our values of Care, Compassion, Trust and Learning provides better experiences for patients and service users as well as providing a better workplace for our staff. A peer to peer approach to effect this culture change has begun called Values in Action – this is about shaping our culture around our values, translating them from words into actions and behaviours so that they are evident every day in every workplace.

As the needs of the population change and demand for health services grows, introducing innovation and better ways of working is an important step towards ensuring we can meet those needs into the future. This year, we had 426 entrants for the Health Service Excellence Awards, showing the enthusiasm and appetite across the health services for new ways of working that can lead to real improvements for patients/service users and the public as a whole.

We are proactively ensuring that service user and staff engagement is at the centre of service delivery, informing how we plan and deliver our services. Listening sessions were held for both the services for older people and mental health. A service user was appointed as the new Head of Service User, Family Member and Carer Engagement for mental health services. A National Patient Experience Survey has been developed with the Department of Health and the Health Information and Quality Authority which will be implemented across acute services by mid-2017. A second national staff engagement survey was carried out – Your Opinion Counts – to seek the views of staff on a range of

themes. A guide Communicating Clearly with Patients and Service Users was developed to support everyone in the health services in ensuring our written and spoken communication is clearly understood.

Health Reform

Health services are provided across the country in large urban centres and smaller local communities. These services must be organised in a way that ensures they are capable of responding to the needs of their communities.

The establishment of seven Hospital Groups and nine Community Healthcare Organisations (CHOs) is part of our significant reform programme aimed at increasing access, quality and integration of care, with services dealing with health needs as they arise, in locations that meet the best clinical and service standards.

The Programme for Health Service Improvement is enabling and supporting the delivery system to make this happen through supporting and strengthening both the Hospital Groups and CHOs. Improvements are being made in national services also, including the development of the Individual Health Identifier, implementation of the haemochromatosis model of care and service developments in the National Ambulance Service.

Clinical programmes and integrated care programmes continue to lead the development of integrated care across our health system. This is a long term programme of improvement and change and involves people at all levels of the health service, working together to create improved experiences and outcomes for people in their care.

While significant reform continued in 2016, much still needs to be done to ensure our health service is more responsive. However, this requires a decisive shift towards primary care away from the most expensive form of treating and caring for people – the acute hospital system. Such a shift will require additional resources and also a remodelling of how services are funded to allow this take place over a number of years while maintaining existing levels of services to all parts of the health services.

Progress is also underway in reforming our capital infrastructure. Major projects are progressing including the National Children's Hospital, the National Forensic Mental Health Services Hospital (Dublin) and the National Rehabilitation Hospital (Dublin). A review of capital requirements in 2016 provided details of the funding required to progress other projects and to ensure the upkeep, repair or replacement of many existing buildings and equipment. A significant injection of capital funding is required in our health services over the next ten years in order to overcome existing deficiencies.

A revised Performance and Accountability Framework was implemented during the year strengthening personal responsibility and accountability at all levels of the organisation including the service delivery unit level.

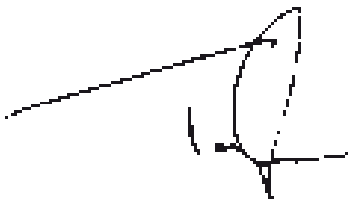
Thank you

On behalf of the Directorate, I would like to thank Mr Jim Breslin, Secretary General of the Department of Health, together with his officials, for their support, encouragement and assistance during the year.

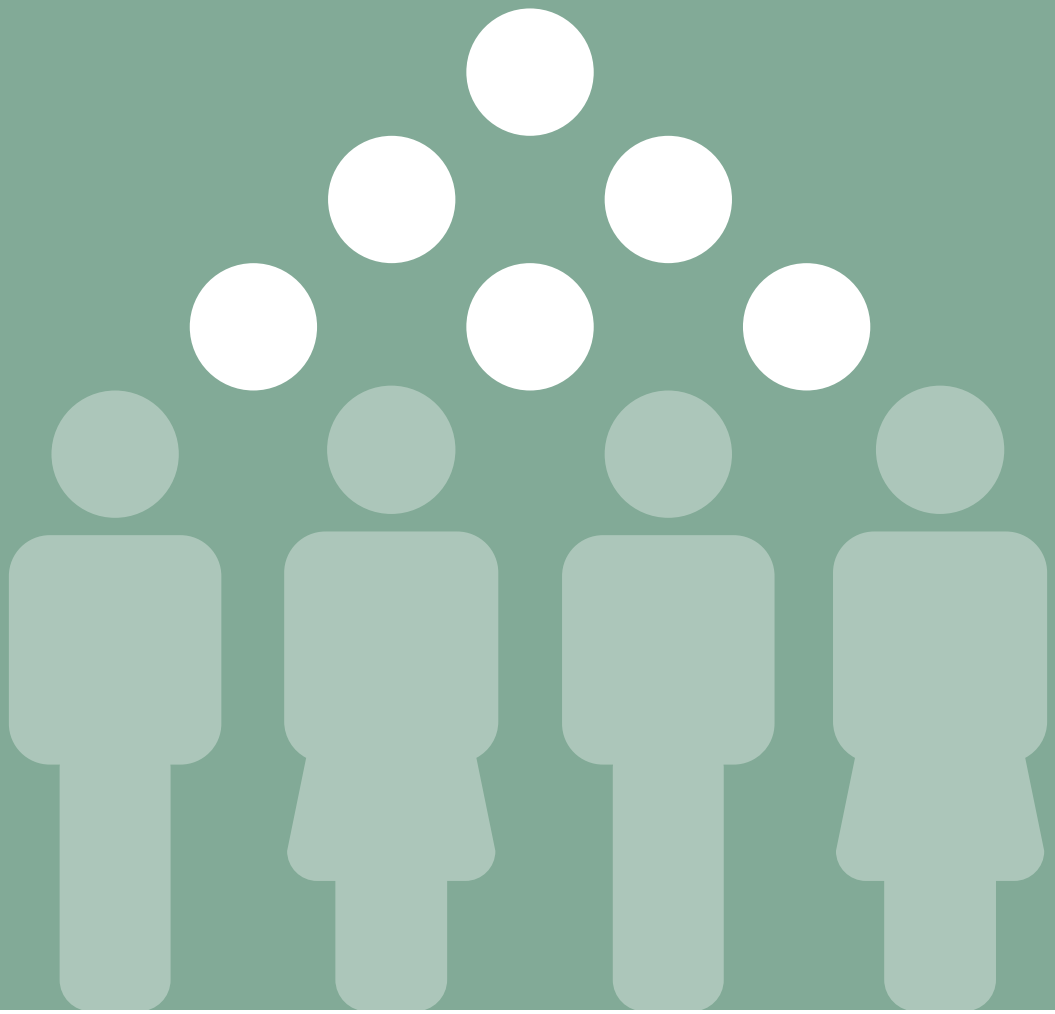
I would like to acknowledge the leadership of the Minister for Health, Mr Simon Harris TD, and his predecessor Mr Leo Varadkar TD, who along with the Minister of State with special responsibility for Disabilities, Mr Finian McGrath TD, the Minister of State for Communities and the National Drugs Strategy, Ms Catherine Byrne TD, the Minister of State for Health Promotion, Ms Marcella Corcoran Kennedy TD, the Minister of State for Mental Health and Older People, Ms Helen McEntee TD, and Ms Kathleen Lynch, formerly Minister of State with special responsibility for Mental Health, Primary Care and Social Care, for steering policy at Government level.

I also wish to thank all members of the Directorate and Leadership Team, the CHOs, Hospital Groups and all their staff for their dedication and commitment throughout year.

I would like to especially acknowledge and thank our staff for their commitment in delivering quality health services to those who need them. Their resilience and perseverance is exemplary and deserves recognition. The impact of all this work can be seen in the service developments and improvements reflected throughout this Annual Report.



Tony O'Brien
Director General
Health Service Executive



Our Health Service

Our Corporate Plan

The *Corporate Plan 2015-2017* sets out our aim to improve our health service over a three year period, providing a health service which becomes world class, is available to people where they need it and when they need it. It should provide people with the very best outcomes which can be achieved, as this is what users of our services expect. Our vision is to develop a healthier Ireland with a high quality health service valued by all. This vision is accompanied by a mission statement that outlines how this vision can be realised.

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

The plan sets out five goals, along with the actions required to achieve them. How these goals are achieved is reflected in each of our annual National Service Plans for the period of our *Corporate Plan*. Our Annual Reports show what progress was made in making this happen. Some of the achievements and challenges can be seen throughout this Annual Report.

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

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

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

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

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

Values in Action

Every day thousands of health service staff around Ireland live our values of care, compassion, trust and learning. Sometimes this is very visible, sometimes it is not. Values in Action aims to shape the culture of the health services around these values, so that they are evident every day in every workplace.

Through a peer to peer grassroot movement, Values in Action aims to create more positive work environments for our staff and, importantly, to give patients and clients a positive experience when they come into contact with our health service.

Values in Action is underpinned by the belief that real sustainable cultural change is shaped by the behaviours of small groups of influential staff at all levels across the organisation. We identify these highly connected and highly influential staff, who we call our 'champions', by asking their peers to name them. These well-connected individuals, drawn from all grades and disciplines, are creating a bottom-up, grassroots movement to make the behaviours that underpin Values in Action part of our everyday 'norms' in the health service.

The Values in Action team has translated our values into nine visible behaviours that reflect the three dimensions in our working lives: us as individuals, working with colleagues and how we treat patients and service users. The nine behaviours were informed by a comprehensive review of staff and patient/service user feedback. They were focus-group tested with staff and patients, and people agreed that they are do-able, cost us nothing and will make a positive difference to patients/services users and staff alike.

Values in Action has been underway in UL Hospitals Group and MidWest Community Healthcare since mid-2016. The HSE has recently established a small team to bring this innovative approach to improving health service culture to other parts of the health service.

Our Organisation

€5.65bn
GROSS EXPENDITURE ON ACUTE SERVICES

€3.79bn
GROSS EXPENDITURE ON PRIMARY CARE SERVICES

€2.92bn
GROSS EXPENDITURE ON SOCIAL CARE SERVICES

€783m
GROSS EXPENDITURE ON MENTAL HEALTH SERVICES

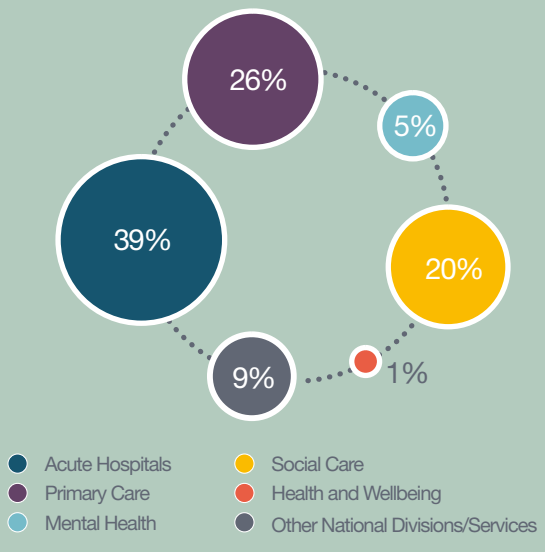
107,085
WHOLE TIME EQUIVALENTS (WTES) EMPLOYED

4%
INCREASE IN MEDICAL/ DENTAL STAFF SINCE 2015

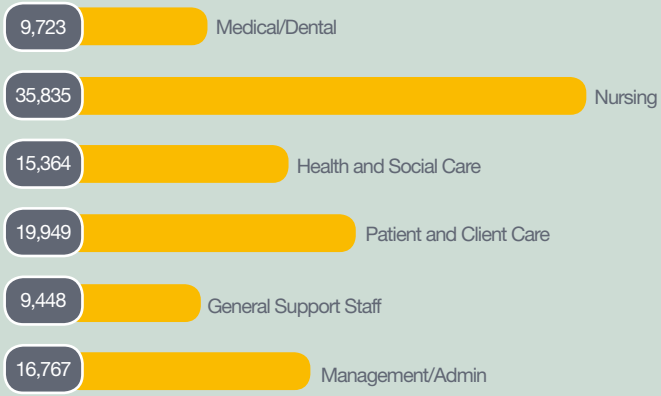
1.4%
INCREASE IN NURSING STAFF SINCE 2015

4.6%
ANNUAL ABSENCE RATE

BREAKDOWN OF EXPENDITURE 2016



STAFF DISTRIBUTION DECEMBER 2016



Our Organisation

Our aim is to continue to build a better health service – one which is valued by all and which provides safe, high quality health and personal social services to the population of Ireland

Staff, at University Hospital Waterford, who featured on the RTE television programme Keeping Ireland Alive: The Health Service in a Day.

Introduction

This Annual Report describes what was accomplished in 2016 to meet the goals set in our *Corporate Plan 2015-2017* and in our *National Service Plan 2016*. In meeting our legislative requirements under the *Health Act 2004* (as amended) this Annual Report also reports progress against our Capital Plans and provides detailed financial statements for the organisation.

Governance

The HSE Directorate was established in 2013, following the enactment of the *Health Service Executive (Governance) Act 2013*. The Director General is the Chairperson of the Directorate. Other members of the Directorate are appointed by the Minister from persons employed as HSE National Directors.

The Directorate is the governing body of the Executive with authority to perform the functions of the Executive. It is accountable to the Minister for the performance of the HSE's functions. The Director General, as Chairman of the Directorate, accounts on behalf of the Directorate to the Minister and is responsible for managing and controlling generally the administration and business of the HSE. This is undertaken on an operational basis through the Leadership Team and their supporting structures within the organisation. The HSE exercises a wide range of statutory functions which may have significant implications both for individuals and for the public generally. The legislation recognises that neither the Directorate nor the Director General could exercise all of these functions personally and provides for a formal system of delegations under Sections 16C and 16H of the *Health Act 2004* (as amended).

This Delegations Policy Framework sets out the framework and supporting policy guidelines that underpin good governance regarding the system of delegation of statutory functions throughout the HSE.

To provide assistance and advice in relation to the performance of its functions, the Directorate has established a number of Committees including an Audit Committee and a Risk Committee, each of which comprises one appointed National Director and external nominees. These Directorate Committees act in an advisory capacity and have no executive function. See also the Directorate Members' Report in the Annual Financial Statements of this Report and also an organisation chart as at 31/12/16 in Appendix 2.

Under the *Health Act*, the HSE is required to have in place a Code of Governance. The principles and practices associated with good governance continue to evolve and in 2015 the HSE updated its Code of Governance. The revised Code of Governance was approved by the Minister for Health on the 1st December 2015. This Code is compliant with the requirements of the *Code of Practice for the Governance of State Bodies* and the Statement on Internal Financial Control reflects our compliance. Arrangements for implementing and maintaining adherence of the Code of Governance are set out in this Annual Report. In light of the publication of the revised *Code of Practice for the Governance of State Bodies* published in 2016, a review was commenced in order to ensure continued compliance.

In particular, the updated provisions under the Business and Financial Reporting Requirements of the revised Code of Practice will be included for 2017 in accordance with the Department of Health (DoH) and Department of Public Expenditure and Reform guidelines.

Our workforce

Our staff are at the core of the delivery of healthcare services, working within and across all care settings in communities, hospitals and healthcare offices.

The *Health Services People Strategy 2015-2018* provides a cohesive framework to lead, manage and develop the contribution of all staff. The strategy is also focused on the future needs of the service in meeting workforce demand. A number of initiatives were advanced during the year to recruit, train and develop our workforce and to actively engage with staff to further develop our services.

Recruitment, training and development

Nursing recruitment

A number of recruitment initiatives were announced during the year including, in December, a three-day open recruitment event for nurses and midwives from all disciplines interested in working in the Irish health service.

The staff choir from Cork University Hospital performing at the Healthcare Leaders Masterclass in May.

Members of staff at St. Finbarr's Hospital, Cork enjoying the 'International Day' lunch, an initiative started five years ago to bring together staff of different cultural backgrounds to help them to feel part of the one community. Over ten countries were represented including New Zealand, the Philippines, India, South Africa, Slovakia, Poland, the USA and Nigeria.

Medical careers day

The fourth Medical Careers Day took place in the Royal Hospital, Kilmainham, Dublin, providing a unique opportunity for students, as well as newly qualified interns, to gain access to all of the 13 medical training bodies. The focus was on providing essential practical information in relation to their future careers as doctors.

National Doctors Training and Planning (NDTP) Strategic Plan 2016-2020

The *National Doctors Training and Planning Strategic Plan 2016-2020* was launched in September. It is the first strategic plan for NDTP since the three functions of medical education, medical workforce planning and the consultant post-approval process were centralised in 2014.

From Student to Practitioner – health and social care professional (HSCP) graduate workshop

The annual Student to Practitioner HSCP event took place in May, with over 160 graduates registering to attend. The initiative provides support for newly qualified clinicians in preparing for professional practice.

Staff engagement

Your opinion counts

Building on the previous survey conducted in 2014, the second national staff engagement survey was carried out in 2016. Your Opinion Counts was launched to seek the views of staff on a range of themes which concerned them directly. The response rate of 15% was more than double the response rate for the previous survey. Findings from the survey will be examined to identify where improvements have been made and where challenges still remain.

National staff engagement forum

A great response was received to an invitation to staff to participate in a National Forum for Staff Engagement, the first meeting of which was held in June. Its aim is to become a space for members to bring their thoughts and ideas about how all staff can engage more fully with each other to directly influence the design and delivery of services.

Reaffirming nursing and midwifery values

A national consultation process asked nurses and midwives to identify, agree and commit to a set of core values that underpin practice in Ireland. This joint initiative between the DoH, the HSE and the Nursing and Midwifery Board of Ireland identified Compassion, Care and Commitment as the core values to be embedded and sustained in nursing practice throughout the country, complementing the HSE *Corporate Plan* values of Care, Compassion, Trust and Learning.

Employment growth

The Pay and Numbers Strategy was introduced in 2016. Employment growth was recorded across most categories of staff, with the exception of general support staff. The health service operated within its pay envelope at the end of 2016.

Table 1 sets out employment levels as at the end of 2016 with comparisons to the end of 2015. Of these staff, 63.3% are employed directly by the HSE, with 22.6% employed in the voluntary hospital sector and 14.1% employed in the voluntary non-hospital sector.

Table 1: Health Service Personnel 2016 by Staff Grouping

Staff Grouping	WTE	WTE
	Dec. 2015	Dec. 2016
Consultant	2,724	2,862
Non-consultant hospital doctor (NCHD)	5,814	6,060
Medical (other)	798	801
Nurse manager	6,947	7,279
Nurse specialist	1,475	1,579
Staff nurse	24,748	24,768
Public health nurse	1,501	1,499
Nursing student	387	405
Nursing (other)	295	305
Therapist (occupational, physiotherapy, speech and language)	4,002	4,234
Health and social care professional (other)*	10,576	11,130
Management (Grade VIII and above)	1,327	1,445
Clerical and administrative (Grades III to VII)	14,837	15,322
Ambulance	1,601	1,640
Care staff	17,358	18,308
Support services	9,494	9,448
Total health service	103,884	107,085

Data source: Health Service Personnel Census

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

Note: Staff groups have been reviewed and reclassified to provide greater clarity for reporting, cost and planning purposes. Grade V, VI and VII are classified as supervisory/middle management and the executive and senior management posts are solely those now within the management grouping. Registrars on GP training have moved to the NCHD classification.

European Working Time Directive

NCHDs play a crucial role in the delivery of health services. In 2016, the focus continued on improving compliance with the European Working Time Directive (EWTD) amongst NCHDs. As of end December 2016:

- 81% compliance with the 48 hour average working week (5% increase on December 2015)
- 97% did not work more than 24 hours on-site on call (1% increase on December 2015)
- 98% received 11 hour daily rest breaks or equivalent compensatory rest (2% increase on December 2015)
- 99% compliance with 30 minute breaks (unchanged from December 2015)
- 99% compliance with weekly/fortnightly rest or equivalent compensatory rest (unchanged from December 2015).

Members of the NAS Pipes and Drums band who took part in the 1916 parade in Dublin on Easter Sunday.

Pay and Numbers Strategy

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

Accountability

Our primary responsibility is to the Minister for Health but the HSE also has a range of other accountability obligations to the Oireachtas and to its Regulators. The Accountability Framework was developed in 2015. It was formally reviewed in 2015 and a revised *Performance and Accountability Framework* implemented in 2016.

The Framework is the means by which individual managers are held to account for their performance in relation to access to services, the quality and safety of those services, managing this within financial resources while harnessing the efforts of our workforce.

The revised Framework strengthens personal responsibility and accountability at the primary service delivery unit level. Accountable Officers are named for each Hospital Group and Community Healthcare Organisation (CHO), for the National Ambulance Service (NAS), the Primary Care Reimbursement Service (PCRS) and the Nursing Homes Support Scheme (NHSS).

The Framework also provides for public reporting of services which are the subject of escalation action and the named Accountable Officers whose services are the subject of escalation.

Formal Performance Agreements are in place between the Director General and the National Directors and the National Directors and their Accountable Officers at Hospital Group and CHO level.

Health reform

Health service improvement

Health services are provided across the country in large urban centres and smaller local communities. These services must be organised in a way that ensures they are capable of responding to the needs of their communities.

The Programme for Health Service Improvement comprises eighteen major programmes covering service design, service improvement and enabling services, the individual projects within these programmes and the considerable cohort of leaders and staff engaged in delivering these projects and programmes. It is supported by a network of programme offices at national and local level, and is enabling and supporting the delivery system to move to a more integrated care delivery model.

Decision-making and accountability is being devolved as close as possible to front line services through the now established Hospital Groups and CHOs. Supports to both Hospital Groups and CHOs were strengthened

during 2016 to enable the provision of more responsive and better patient care. Reform projects are in place to ensure this continues, reflecting the developing accountable and autonomous nature of these organisations.

The Programme has embedded a programmatic approach to delivering change across the system and has delivered many tangible changes and improvements. Deliverables have included improvements in PCRS processing of applications and claims, development of the Individual Health Identifier, development and implementation of the Haemochromatosis Model of Care, and ongoing service development and improvement in the NAS.

Patient-centred models of care

Clinical programmes are continuing to lead the development of integrated care across our health system. This is a long term programme of improvement and change and involves people at all levels of the health service, working together to create improved experiences and outcomes for people in their care.

Integrated care programmes for patient flow, older people, prevention and management of chronic disease, and children are in development.

In addition, many other areas of reform are also progressing – these can be seen throughout this Annual Report.

Finance

The total HSE expenditure in 2016 was €14.578 billion (bn) for the delivery and contracting of health and personal social services.

In progressing the HSE Capital Plan 2016, total capital expenditure was €411 million (m) including ICT capital expenditure of €52m. This included capital grants to voluntary agencies of €93.8m. Further information on capital and ICT infrastructure developments can be found on pages 94-96.

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

Payroll (statutory and non-statutory)

The overall pay bill of the health service, including voluntary service providers and excluding superannuation, increased by €220m (4%) in 2016. Basic pay increased by €157m (3%) and other allowances increased by €35m (3%).

The acute sector accounted for a 4% increase with a 3% increase in the non-acute sector.

Governance arrangements with the non-statutory sector

The HSE provided funding of €3.782bn to non-statutory agencies to deliver health and personal social services:

- Acute voluntary hospitals €1.991bn (53%)
- Non-acute agencies €1.791bn (47%).

Over 2,300 agencies were funded, with over 4,300 separate funding arrangements in place. Nine agencies accounted for over 50% of the funding.

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

- A system was put in place ensuring that governance documentation for the following year was available to the operational system from the beginning of November and the majority of Service Arrangements and Grant Aid Agreements were completed and signed by agencies before the end of February.
- Information/training sessions on the governance framework for both HSE staff and agencies were held in all CHOs in November.
- The Annual Compliance Statement process, which requires all section 38 agencies to submit a statement annually to the HSE confirming their compliance with good governance practice in the previous year, continued. These statements were reviewed and matters requiring further clarification were addressed with the agencies concerned.
- In addition to the Annual Compliance Statement process, a review of governance at Board and Executive level in section 38 providers is being undertaken. Sixteen of these reviews commenced in 2016.
- A process of engagement with the disability umbrella bodies was undertaken in relation to:
  - The extension of the Annual Compliance Statement process to section 39 agencies that receive in excess of €3m annually
  - The introduction of the Annual Financial Monitoring Return, which requires agencies to provide detailed financial information in addition to signed assurances around financial controls.

  This will facilitate a more effective reporting relationship between agencies and the HSE and provide service managers with a standard view of key financial information to inform grant decisions.

Our Population

65,909
BIRTHS REGISTERED

169,724
INCREASE IN POPULATION SINCE 2011

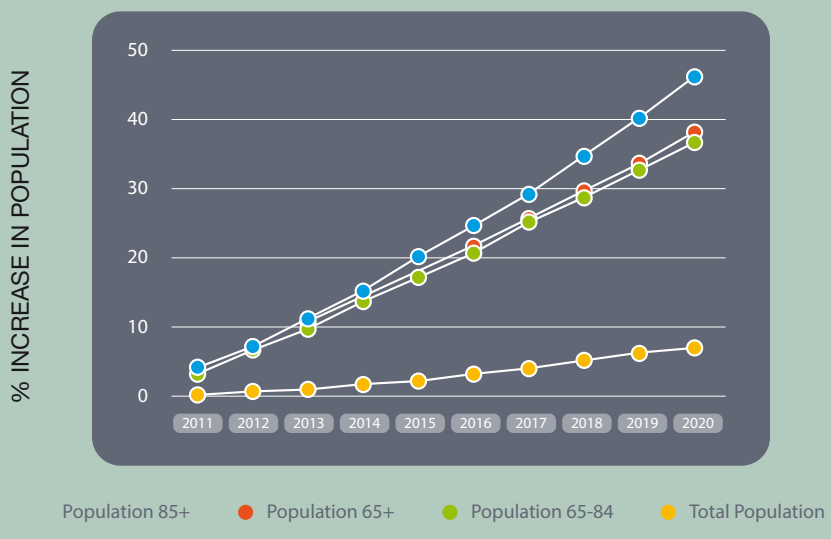
LIFE EXPECTANCY
WOMEN 83.5 YEARS, MEN 79.3 YEARS

4.7 million
OUR POPULATION

31%
OF ALL DEATHS CAUSED BY DISEASES OF THE CIRCULATORY SYSTEM

85%
REPORTED THEIR GENERAL HEALTH AS GOOD OR VERY GOOD

% INCREASE OF THE POPULATION AGED 65 YEARS AND OVER



Data Source: *Planning for Health, Trends and Priorities to inform Health Service Planning 2016*

Our Population

Introduction

Data from Census 2016 indicates a population of 4.7 million people, an increase of 3.7% or 169,724 people on the 2011 census of population or a 12.2% increase since 2006 census, the most significant increase being in the population aged over 65 years. Ageing of the population, in conjunction with lifestyle-related health threats, continues to present major challenges with regard to future planning and delivery of our health services.

Ageing population

Each year the population aged over 65 increases by almost 20,000 people, and by almost 3,000 for those aged 85 years and over. The implication of our ageing population is that the demand for health services is growing disproportionately, as service utilisation by this cohort is greater than the general population.

- In 2015, our population aged 65 years and over represented 13% of our population and used 53.4% of total hospital inpatient bed days. Approximately 39% of day cases were in this age group. Those aged 85 years and over represented 1.4% of our total population and used 13.6% of inpatient bed days.

Birth rates

- The fertility rate in Ireland remains the second highest in Europe, however birth rates have continued to fall year on year since 2009. The number of live births decreased by 2.1% between 2014 and 2015, a trend which is set to continue over the coming decade.

Life expectancy and mortality rates

- Life expectancy has increased by almost two and a half years since 2005 and the overall mortality rate has reduced by 16.7% since 2006.
- Although women have a higher life expectancy than men (women 83.5 years and men 79.3 years), when life expectancy is expressed as years lived in good health at age 65, the difference between women and men is less significant, indicating that women live longer but with more health problems.

Health of the population

Age standardised mortality rates from diseases of the circulatory system, which remain the major cause of death (31% of all deaths), have declined over the last decade, as has mortality across most principal causes of death.

- Diseases of the circulatory system accounted for 19.9% of deaths of those aged less than 65 years in 2015 while for those aged 65 years and over it is 33.4%.
- Death rates from suicide are down 5.6% since 2006 and decreased by 7.3% between 2014 and 2015.
- Significant improvement has been seen in survival rates from breast and colorectal cancer in the last 15 years but five year survival rates from these cancers remains just below the average for OECD (Organisation for Economic Co-operation and Development) countries.

Chronic disease

- The mortality rate from respiratory system diseases in 2013 (including cancer of the trachea, bronchus and lung) was 40.3% higher than the EU average.
- In 2015, for patients aged 35 years and over, chronic diseases accounted for 16.5% of discharges (day case and inpatient) from our acute hospitals, using 41% of all inpatient bed days.
- By 2020, the number of adults with chronic disease will increase by approximately 20%, with more of the conditions affecting those in the older age groups.
- Not all chronic diseases are preventable. However, many develop as a result of poor nutrition, smoking, alcohol use or lack of exercise.

Implementing *Healthy Ireland* in the Health Services

Minister of State for Health Promotion, Marcella Corcoran Kennedy TD; Margaret O'Neill, HSE National Dietetic Advisor; Minister for Health, Simon Harris TD and Sarah O'Brien, HSE National Lead HEAL Programme at the launch of *A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016-2020.*

The *Healthy Ireland* Framework aims to create a society where health and wellbeing is valued and supported at every level of society.

The *Healthy Ireland in the Health Services Implementation Plan 2015-2017* is our response to this framework with actions underway across three priority areas:

Health service reform

- The *Healthy Ireland* Implementation Oversight Group met on four occasions.
- *Healthy Ireland* Implementation Plans were launched in the RCSI, UL Hospitals and Ireland East Hospital Groups.
- Saolta University Health Care Group published their first *Healthy Ireland Implementation Annual Report (2015)* and also their *Staff Health and Wellbeing Training Plan*.
- Work was undertaken with partners in local community development committees to identify joint actions for inclusion in Local Economic and Community Plans addressing broader determinants of health.
- County health profiles were launched and provide a snapshot of the local demographics, health issues and wider determinants of health in the relevant area.
- Implementation of Health Atlas Ireland progressed to help inform quality, safety and efficiency improvements in hospital services.
- *Planning for Health, Trends and Priorities to inform Health Service Planning 2017* was completed for publication.

Reducing chronic disease

- Work continued across the critical policy priority areas of tobacco, alcohol, healthy eating and active living, sexual health, positive ageing, healthy childhood and wellbeing and mental health.
- The Making Every Contact Count (MECC) framework, where health professionals use routine consultation to empower and support people to make healthier choices is near finalisation.
- Following an assessment of self-management support services for chronic disease in Ireland and through consultation and focus group sessions around the country, a new national framework for self-care management was developed.
- The development of a three year Healthy Eating and Active Living (HEAL) plan commenced to support implementation of the *National Physical Activity Plan for Ireland* and *A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016-2022*.

Healthy Ireland Implementation Plans 2016-2019

UL Hospitals Group plan launched in June.

Ireland East Hospital Group plan launched in December.

RCSI Hospital Group plan launched in October.

- Preparatory work was undertaken to develop a new alcohol website, *www.askaboutalcohol.ie*, which is a comprehensive resource, providing evidence-based and easy to read information and advice, and easy to use tools and self-assessment calculators.
- A National Men's Health Action Plan – *Healthy Ireland Men, HI-M 2017-2021* was launched and sets out a new vision and roadmap for men's health.

Staff health and wellbeing

- Targeted support was provided to promote and generate momentum for the staff health and wellbeing agenda across all services. This focused on healthy workplaces, encouraging physical activity, reducing sedentary behaviour/ work practices, addressing the physical workplace and its surroundings and promoting positive mental health and wellbeing.
- As part of the *Healthy Ireland* Physical Activity Challenge, 145 groups across the country registered on the Operation Transformation website.
- A total of 54 staff completed the Irish Heart Foundation Active@Work training day and 18 workplaces received awards for their efforts in creating a healthy eating environment and encouraging staff to be active at work.
- Work was undertaken to support the development of a *Healthy Ireland* workplace framework.

Listening to our Service Users

Introduction

In order to provide the best possible care to those who use our services, the views, concerns and experiences of patients, service users and other concerned individuals must be listened to and acted upon. Our priority is to ensure that patients and service users are engaged, enabled and empowered to be at the centre of service delivery. A number of areas were progressed during the year to promote patient and service user involvement across our health service.

What you told us

Listening sessions have been completed with patients, service users and staff across multiple locations. Some of these are highlighted below. These messages are informing how our services are planned and delivered, the output of which can be seen throughout all sections of this Annual Report.

Listening to older people

- Building on the listening days in 2015 and the publication of the *Listening to Older People: Experiences with Health Services* report, a second round of listening meetings with older people in Cork, Dun Laoghaire, Letterkenny, Limerick and Roscommon was undertaken. A number of themes were identified that older people would like to see addressed in the delivery of our services, including:

> "Delays in arrival of ambulances"

> "More home help hours needed"

> "Improved communication"

> "Waiting times in outpatient departments"

> "Respect and compassion"

- In April, a number of presentations were co-presented by both healthcare staff and service users at a summit to celebrate leadership and innovations in services for older people. Older people shared their own lived experience of how they directly benefited from services.

Injury units

- Injury units have been established as locally based services to treat minor injuries, to help patients avoid having to visit Emergency Departments (EDs). As part of a public awareness campaign, feedback was sought from patients who had attended a unit. When asked to rate the service:

70% selected 'Excellent'

25% selected 'Very good'

5% selected 'Good'

Comments received included:

> "Very short waiting time"

> "In and out of the hospital in one hour"

> "Excellent service"

Communicating clearly

- Research has shown that there are fewer errors and better treatment outcomes when there is good communication between patients and their healthcare providers, and when patients are fully informed and educated about their treatment. To assist in this a guide was developed, *Communicating Clearly with Patients and Service Users*, to support everyone in the health service in ensuring our written and spoken communication is understood.

Mental health listening meetings

- The national mental health policy *A Vision for Change* challenges us to ensure that service users, family members and carers are partners in designing, planning, monitoring and evaluating our services. People were invited to attend listening meetings through local radio and media advertisements, consumer groups and mental health voluntary groups, and a report was published on the outcomes of these meetings. A number of key themes were identified which include:

> "Developing respectful and empathetic relationships"

> "Avenues for assessment and admission"

Confidential Recipient

The Office of the Confidential Recipient acts as a voice for any person with concerns about the care and treatment of a vulnerable person receiving residential care in a HSE or HSE funded facility. In 2016, its first Annual Report was prepared to provide analysis in relation to the number and type of concerns raised with the Confidential Recipient over the first year.

In 2016:

- 220 concerns were raised, of which 199 are now closed.
- Most concerns related to safeguarding and client placement.
- 65% of all concerns reported were resolved/ closed within one month.

Posters about the Confidential Recipient service have been distributed to residential centres, nursing homes and day services to allow easier access for residents, their families and the public in bringing any concerns to light.

Part of a presentation at the summit to recognise leadership and innovation in older people's services.

"Accessing helpful information"

"Access to out of hours care"

"Providing specialist services"

- The appointment of a service user as the new Head of Service User, Family Member and Carer Engagement will ensure that a service user representative, with equal status and standing, is part of the team responsible for developing policies and designing services for mental health.

Patient survey

- A primary care experience survey was developed with over 3,000 surveys issued and with a 55.4% response rate. 70% of respondents rated their experience of primary care services as positive and less than 1% rated their experience as poor.
- A National Patient Experience Survey is being developed, in partnership with the DoH and Health Information and Quality Authority (HIQA), to be implemented across acute services in early 2017.

Working together

National Patient Forum

Work continues with the National Patient Forum, which was set up to create a platform for collaborative partnership and engagement with patients and service users, their families and carers, and representatives of advocacy groups. It is envisaged that the forum will become the first point of reference when seeking an input from patients and service users in the planning, design and delivery of services.

Bereavement care

Development of the *National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death* was helped enormously by those families who generously shared their own experiences. Implementing these standards will ensure that appropriate clinical and counselling services will be in place to support women and their families in all pregnancy loss situations.

Dementia – Understand Together

Understand Together, a new campaign to increase awareness of dementia, was launched in October. The campaign steering group includes members living with dementia and members caring for those with dementia. Through this programme, innovative projects across the country are developing personalised ways of supporting people with dementia. Understand Together is led by the HSE, working with the Alzheimer Society of Ireland, Genio, and a coalition of over 30 partners.

Patient safety

Patients for Patient Safety Ireland are working in partnership with health service staff to improve quality and safety.

Compliments and complaints

Health Service Executive

(Excluding voluntary hospitals and agencies)

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

In 2016, there were 9,839 compliments recorded. Work is ongoing to encourage all staff to record compliments as they provide information on the positive aspects of our service to assist in learning from what is working well.

There were 9,158 complaints recorded and examined by complaints officers, a decrease of 131 (1.4%) on the number recorded in 2015. Of the total number of complaints received, 6,972 or 76% were dealt with within 30 working days.

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

	No. of complaints received	No. and % dealt with within 30 working days
2016	9,158	6,972 (76%)
2015	9,289	6,854 (74%)
2014	8,375	5,704 (68%)
2013	6,823	4,651 (68%)
2012	6,813	4,664 (69%)

Data source: HSE Quality Assurance and Verification

Voluntary hospitals and agencies

In 2016, there were 14,052 compliments recorded, although many go unrecorded.

There were 12,809 complaints recorded and examined by complaints officers, an increase of 1,350 (12%) on the number recorded in 2015. Of the total number of complaints received, 10,006 or 78% were dealt with within 30 working days.

Kathryn O'Shea, Inclusion Ireland and Melissa Redmond, Patients for Patient Safety who took part in a panel discussion on hearing the patient's voice.

Contact us with your queries and feedback

Talk to any member of staff, service manager or complaints officer

Email *yoursay@hse.ie*

Infoline on *1850 24 1850*

Livechat on *www.hse.ie*

Tweet us *@HSELive*

Email *hselive@hse.ie*

Further information can be found at *www.hse.ie*.

HSELive

The ways in which people choose to engage directly with organisations have widened, with an increasing number using digital channels. To respond to this, *@HSELive*, a new multi-channel information service to answer questions and be a guide to the Irish health system was launched. The purpose of this change is to deliver an improved customer service platform providing assistance to our patients and service users across phone, email, Livechat on *www.hse.ie* and via social media.

This digital transformation also gives us an opportunity to use data to drive improvement. Every contact with *@HSELive* signals a potential problem somewhere in the health service; new tools and systems allow us to use this information to address the root cause for the contact, ultimately using service user feedback to improve our service.

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

1,119 complaints were received under Part 2 of the *Disability Act 2005* in relation to a child's assessment of need for disability services. Fifteen complaints were received under Part 3 of the Act, access to buildings and services for people with disabilities.

Table 3: Complaints received by category 2016

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2015	2016	2015	2016
Access	3,257	4,608	2,551	3,338
Dignity and respect	999	1,297	1,473	1,639
Safe and effective care	3,199	3,276	2,551	3,643
Communication and information	2,014	1,888	2,776	2,968
Participation	80	93	150	227
Privacy	153	192	203	246
Improving health	183	216	152	250
Accountability	418	391	309	441
Other	611	n/a*	608	n/a*
Clinical judgement	196	302	99	270
Vexatious complaints	7	16	50	54
Nursing homes/ residential care for older people (65 and over)	69	138	6	60
Nursing homes/ residential care (aged 64 and under)	10	4	9	24
Pre-school inspection services	4	0	2	0
Trust in care	29	6	573	320
Children first	50	10	38	98
Safeguarding vulnerable persons (new 2016)	n/a	22	n/a	317

Data source: HSE Quality Assurance and Verification

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

* Other is no longer being recorded. A selection must be made from an appropriate available category

Improving Quality and Delivering Safe Services

Ensuring every person can access safe, compassionate and quality care

Members of the National Forum for Staff Engagement which held its introductory meeting during the summer. One of the aims of the forum is that it will assist in the scoping and developing of a staff engagement strategy which will directly influence the design and delivery of services.

Introduction

Quality improvement, quality assurance and verification underpin the delivery of all our services as part of the commitment to ensure high quality, evidence-based, safe, effective and person-centred care. The five objectives which underpinned quality and patient safety in 2016 were that:

- Services be accessible and responsive to individual patient and service user needs
- Patients and service users be empowered and enabled to interact with the service delivery system
- Quality of care is at the centre of all that is done and is ensured through the implementation of an agreed framework for quality improvement
- National Clinical Effectiveness Committee (NCEC) guidelines be implemented, focusing on the safety of patients and service users
- Services must be safe.

Progressing our priorities

The quality and patient safety agenda encompasses the areas of safe care, effective care, leadership and governance. In 2016, a number of goals were achieved in these areas.

Safe care

- Managing and recording incidents enhances patient safety. The National Incident Management System (NIMS) continued to be rolled out with 140,000 incidents recorded during the year.
- Improved processes were put in place for the effective and timely review of serious reportable incidents including the development, with HIQA and the Mental Health Commission, of national standards.
- A National Independent Review Panel for serious incidents in disability services was put in place.
- A new integrated risk management policy was launched.

The *#hellomynameis* campaign was spearheaded by the late Dr Kate Granger to improve the patient experience across the world. After being diagnosed with terminal cancer, Kate became frustrated at the number of staff who failed to introduce themselves to her when providing care to her in hospital. The campaign is about taking a few moments to make a human connection. It provides patients with reassurance that they are speaking to someone responsible and accountable. Most importantly, *#hellomynameis* establishes a platform for a relationship built on mutual respect.

#hellomynameis has now been adopted by a number of hospitals, CHOs and national services, building on Kate's commitment to give compassionate care to patients and service users, their families and carers, and other members of staff. Kate passed away on 23rd July, 2016.

Dr Kate Granger at the launch of the campaign.

Rugby legend Paul O'Connell lending his support to the campaign.

- Open disclosure is a tool which supports the principles for person-centred, good quality and safe patient and service user care. In 2016, an evaluation of an open disclosure pilot project was undertaken which found a number of positive outcomes.
- The Medical Exposure Radiation Unit (MERU) continued to record, review and analyse notifiable medical ionising radiation incidents.
- A framework was developed for the management of protected disclosures and the first *HSE Annual Report on Protected Disclosures* was published.
- The Medicines Management Programme provides leadership on safe, effective and cost-effective prescribing while ensuring that every recommendation seeks to provide the best possible healthcare outcomes for all patients. A number of masterclasses on medicines management were delivered to a range of health professionals.
- The HSE is fully committed to ensuring that national standards for healthcare associated infections (HCAI) and antimicrobial resistance (AMR) are implemented. Key achievements included:
  - The Start Smart then Focus collaborative in the Royal College of Physicians Ireland to improve antimicrobial stewardship in acute hospitals
  - Development and implementation of an antimicrobial tool for acute hospitals
  - Launch of a new website, *www.antibioticprescribing.ie*
  - An antimicrobial stewardship project is underway in out of hours centres in South Doc and North Doc.
- The third National Sepsis Summit took place in Dublin Castle, and implementation of the National Sepsis Management Guideline continues, promoting safety and higher standards in hospitals.
- Phase 2 of the national Pressure Ulcers to Zero (PUTZ) campaign concluded in June. Multidisciplinary teams, who participated in PUTZ collaborative learning sessions, achieved a 49% reduction in pressure ulcers over a nine month period.

Effective care

- The HSE *National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs)* was presented at the DoH National Patient Safety Office Conference in December.
- The development of a new complaints system and a programme for training commenced.
- A Complaints Recommendation Tracking Module is in development in association with the State Claims Agency.
- Implementation continued of the recommendations from the Ombudsman's report *Learning to Get Better*, an investigation into how public hospitals in Ireland handle complaints.
- The Office of the Nursing and Midwifery Services Director commenced a programme of research to develop a suite of indicators and metrics which can be used to measure the quality of nursing and midwifery care across acute, public health, mental health and intellectual disability nursing.
- Two new cohorts of staff have completed the Diploma in Leadership and Quality in Healthcare.

Leadership and governance

- The *Framework for Improving Quality in our Health Service* was published. It introduces both the framework itself and the six critical success factors that work together to create the environment for delivering and supporting continuous quality improvement. Work is ongoing in partnership with services, in the application of the framework.
- The *Performance and Accountability Framework* was strengthened to incorporate accountability for quality and safety.
- Quality and safety key performance indicators were agreed, monitored and reported on.
- The number of healthcare audits undertaken in 2016 increased.
- Three National Office of Clinical Audit (NOCA) reports were published:
  - *Irish Hip Fracture Database National Report 2015*
  - *Major Trauma Audit*
  - *National Audit of Hospital Mortality Report*.
- Capacity and capability initiatives for leadership and improvement in quality have been rolled out, including staff listening sessions, Schwartz Rounds and the launch of the Quality and Safety Walk-Round Programme.
- Work is progressing on quality and safety staffing and structures across all our services.

Integrated Care

Introduction

A large scale programme of reform continues, developing a system of person-centred, integrated care across health and social care services.

Integrated care and clinical programmes

The national clinical and integrated care programmes are central to reform, putting clinical leadership, including nursing and midwifery, at the heart of service improvements across all services. The work of the programmes is based on all health and social care services working together to provide a flexible network of care, responsive to the changing needs of patients and their families through illness prevention, patient empowerment, and multi-disciplinary cross-service delivery.

Progressing our priorities

National clinical programmes

Currently, there are over 30 national clinical programmes in place designing and guiding the implementation of standardised models of care, clinical guidelines, care pathways and associated strategies, ensuring a consistent national approach to improvement.

- Models of care were completed and approved for paediatric services, neurology, epilepsy and the assessment and management of patients presenting to EDs following self-harm. Models of care for other programmes, including chronic obstructive pulmonary disease (COPD), ophthalmology and rheumatology, are being progressed.
- The musculoskeletal physiotherapy initiative (a collaboration of the national clinical programmes for rheumatology and trauma and orthopaedic surgery) continues to provide an earlier service for patients on waiting lists.
- A number of guidelines and pathways were developed including:
  - Irish Children's Triage System (emergency medicine programme)
  - Insulin Titration Guideline for Nurses (diabetes programme)
  - National Laboratory Handbook Vol 1 (pathology programme)
  - Sodium Valproate Toolkit (collaboration between epilepsy, medicines management and mental health programmes).
- Among the Health Service Excellence Awards finalists were a number of projects with clinical programmes at their core, including the overall winner: Sligo University Hospital/CHO 1 Ophthalmology Service. (Further information in relation to the awards can be found on pages 31-35 of this Annual Report).

Integrated care programmes (ICPs)

ICPs are being established and delivered on a phased basis, with four programmes currently underway:

- Patient flow
- Older people
- Prevention and management of chronic disease
- Children.

ICP for patient flow

- Designing healthcare systems with effective patient flow is critical to the delivery of safe, effective patient care.
  - The National Patient Flow Improvement Programme commenced. It aims to successfully test and implement an approach to optimising patient flow through services. An essential part of the programme is building a sustainable infrastructure and education programme.

ICP for older people

- Older people with care and support needs should be provided with services delivered within their local community at primary care level, in as far as possible, avoiding unnecessary acute hospital admissions.
  - The ICP for older people and the older people clinical programme continue to work with six pioneer areas on the development of integrated services for older people.
  - A 10-step implementation framework was developed, setting out a pathway to integrate health and social care for older people in the pioneer areas.

ICP for prevention and management of chronic disease

- Chronic diseases are long-term, life-limiting conditions which can be treated and controlled but not cured.
  - Recruitment of staff for integrated care demonstrator projects in diabetes and respiratory care is progressing.
  - A pilot virtual clinic for the management and diagnosis of heart failure patients was established to provide GPs with the knowledge and supports to manage complex patients in the community.

ICP for children

- Children with care and support requirements require services based around their specific needs and to have treatments and supports delivered within their local community in as far as possible.
  - Recruitment of consultant paediatricians is ongoing.
  - An integrated care pathway for Duchenne Muscular Dystrophy is being developed.
  - A care pathway for pregnant women who are hepatitis B positive and the babies born to them is being developed.
  - A developmental dysplasia of the hip screening programme is being established.

New Advice Line for Asthma and COPD Sufferers

The HSE, the Asthma Society of Ireland and COPD Support Ireland have commenced a new joint Advice Line service for people with asthma and COPD.

Respiratory illness can be complex and the advice and support offered by a specialist nurse can inspire confidence in the message of self-management as well as reassuring callers and their families. The nurses working on the Advice Line have significant clinical experience and are uniquely placed to offer information and support.

Nursing and midwifery

- 560 education programmes were provided to 913 nursing staff to maximise the development of ED and acute medical assessment unit (AMAU) nurses' skills and competencies.
- The x-ray prescribing programme was undertaken by 37 nurses.
- The medicinal product prescribing programme was undertaken by 114 nurses.
- Four mandatory adaptation programmes took place for nurses from abroad.
- In collaboration with the DoH and acute services, a pilot project is underway to test the capability of the framework for nursing staffing and skill requirements to deliver on its intended outcomes.

An integrated approach to improving patient experiences during the winter period

An integrated Winter Initiative Plan 2016/2017 across both hospitals and community healthcare was put in place in September, focusing on specific measures to address the surge in activity experienced during the winter period.

A working group provides senior management oversight on the performance of Hospital Groups and CHOs in respect of the delivery and implementation of key objectives of the Winter Initiative. The group convenes twice weekly to review all actions.

The plan builds on the capacity made available in winter 2015 which saw the provision of an additional 300 acute beds, with funding of €40m targeted to support the Winter Initiative. These beds remained open over the winter 2016 period. This funding had a positive impact on integrated discharge planning between hospitals and community services, the targeting of additional community capacity, intensified usage of Community Intervention Teams (CITs) and earlier implementation of hospital internal escalation processes. There continues to be an increase in the number of patients with complex needs, and challenges in securing appropriate long stay facilities in certain areas and in increasing the provision of home care packages and home help hours available.

The key objective for the winter period 2016/2017 is to further reduce the numbers of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. Outcomes were identified for acute services targeting hospital avoidance, timely access and timely discharge towards:

- Reducing delayed discharges in acute hospitals to no more than 500
- Improving patient experience times within EDs.

A number of measures are in place to achieve these outcomes including:

- 55 additional acute beds across a range of hospitals and 18 additional step down beds in the Mercy University Hospital, Cork
- Expansion of minor injury services in Dublin to provide treatment to an additional 100 patients each week
- 950 additional home care packages (HCPs) targeting 10 specific hospitals
- 58 additional transitional care bed approvals weekly, available to all acute hospitals
- Expansion of CITs across four sites to support five acute hospitals
- Increased funding for aids and appliances to support discharge of patients from hospitals as well as facilitating hospital avoidance
- Targeted waiting list programme for orthopaedics, spinal and scoliosis
- Increased focus on flu vaccination within the community and also for healthcare staff
- Rollout of the Use the Right Door campaign to encourage people to think about which service is right for what they need.

While challenges still remain, by the end of 2016 a number of improvements were in place:

- Delayed discharges reduced to 436
- 17 additional acute beds and 18 step down beds
- 3% increase in the number of patients treated in injury units
- 625 additional HCPs
- 476 additional referrals to CITs
- €5m spent on providing 3,433 patients with aids and appliances
- Flu plans submitted from Hospital Groups and CHOs.

Further improvements will be made as the Winter Initiative Plan continues to the end of February 2017.

Excellence in Delivering our Health Services

Health Service Excellence Awards 2016

The Health Service Excellence Awards are designed to identify and recognise the real value placed on excellence and innovation across all of our health service. The Awards process enables the identification of great service developments that can be shared and implemented, in different parts of the health system.

Seven projects were selected to compete to be the Overall Winner of the 2016 Health Service Excellence Awards with seven more being highly commended. The final seven projects were selected from an original entry of 426 projects. They were chosen by the selection panel after 39 projects were invited to make presentations detailing their projects aims and objectives.

The Awards are not simply about those projects selected as being winners and finalists but about all of those that have been submitted and are contributing to the continuous improvement of health and social care services. The Health Service Excellence Awards afford staff the opportunity to take pride in the services they provide, to recognise and celebrate staff commitment and dedication and to say thank you to staff for their contribution to the provision of health and social care services.

The Projects of the Seven Finalists		Highly Commended Projects	
1	**Sligo University Hospital CHO 1 Ophthalmology Service** Having the Right People with the Right Skills in the Right Place, at the Right Time	8	**CHO 1** Donegal Social Prescribing for Health and Wellbeing
2	**National Clinical Programme for Acute Coronary Syndrome (ACS)** Acute Coronary Syndrome Programme	9	**St. Vincent's University Hospital** Community Medicine for Older Persons Nursing Home Liaison Service
3	**South/South West Hospital Group/ CHO 4** Community Epilepsy Outreach Service	10	**Office of the Chief Information Officer, HSE** National Integrated Medical Imaging System (NIMIS)
4	**Paediatric Occupational Therapists, Co. Louth** Family Summer Wheelchair Camps	11	**CHO 8 – Longford/Westmeath** Transition to Secondary School Group (for children attending School Age Team or CAMHs services)
5	**HSE's Mental Health and Communications Divisions** *#littlethings* Mental Health Campaign	12	**South/South West Hospitals Group** Stroke Rehabilitation and Recovery: collaborative efforts of HSE and Cork Stroke Support Group improving patient outcomes
6	**HSE Primary Care Services, Dublin North** Community Virtual Ward in North Dublin	13	**Safetynet Methadone Treatment Service for Homeless People, Inner City Dublin** Bringing Methadone Service to Homeless People
7	**Temple Street Children's University Hospital, Dublin** 'Start Smart' – Improving the quality of empiric antimicrobial prescribing at Temple Street Children's University Hospital	14	**CHO Area 3** Partnership for Health Equity Clinics in Limerick City

Overall Best Project
Ophthalmology Service

Front row: Yvonne Scanlon, Darren McAteer.

Back row left to right: Rachel Johnson, Lisa King, Phil Mulcahy, Mary Gilheany, Carol Boland, Yvonne O'Brien, Geraldine O'Hara, Melloney Callaghan, Fidelma Kerins, Maeve Walpole, Brid Brady, Jo Shortt.

The ophthalmology service in Sligo University Hospital joined forces with colleagues working in the community in Sligo, Leitrim and West Cavan to create an improved model of care for patients.

An increasing ageing population and technological advances in treatment are resulting in higher demands for ophthalmology services. Hospital clinics have become progressively congested with chronic stable review cases while medical ophthalmologists in the community clinics were for the most part managing school screening/childhood eye tests.

Building on the success of the award winning Medisoft Project (the introduction of an ophthalmic electronic patient record which enables opticians to follow up patients who have had cataracts in their local practice), this new model of care has redefined the pathway of care for patients ensuring that the role of each specialist is optimised within the service.

Optometrists are focusing on refraction eye tests while medical ophthalmologists/community ophthalmic physicians have become an integral part of the clinical team seeing new referrals from GPs, public health nurses and optometrists enabling surgeons to focus on surgical/theatre work.

During 2016 an additional 1,577 outpatients were seen, reducing the number of patients waiting overall by 63%. In addition, 858 day cases were seen within the service. The initiative reduced the need to send hundreds of patients to the private sector during 2016. The cost for outsourcing this activity would have been €832,740 excluding cataract costs.

These improvements are due to a strong commitment by hospital and community teams working together in an integrated way to continually improve the service for patients.

Runner-up Award

National Clinical Programme for Acute Coronary Syndrome

Professor Kieran Daly, Lead of the ACS programme; Dr Siobhán Jennings, Consultant in Public Health Medicine; and Brendan Cavanagh, ACS Programme Manager.

The Acute Coronary Syndrome (ACS) Programme is ensuring patients suffering from a STEMI (ST-elevation myocardial infarction) (major) heart attack have direct access to standardised, high-quality services in designated centres around Ireland.

International evidence shows that an emergency procedure called primary percutaneous coronary intervention (PPCI), also referred to as an angioplasty, is the most effective treatment for STEMI patients if the PPCI centre can be reached within 90 minutes of diagnosis. PPCI involves the insertion of a wire into the artery to open it using a balloon, allowing the blood to flow to the heart muscle again.

The ACS programme was responsible for PPCI being rolled out nationally and results show a major shift towards the treatment of STEMI patients with PPCI in Ireland. In 2016, over 90% of eligible patients received PPCI compared with 55% in 2011.

Under the programme, STEMI patients, who are within 90 minutes of travel time of a designated PPCI centre, are brought straight to the centre by ambulance, where they receive emergency PPCI treatment in the cardiac catheter laboratory. Ambulances are now equipped with 12 lead electrocardiogram (ECG) machines and paramedics have been trained to diagnose a major heart attack and to transport patients to the best place for appropriate care. Once a STEMI patient is identified and transport to the PPCI centre is less than 90 minutes, the ambulance crew immediately initiate transport there.

Emergency aeromedical service (EAS) support is available when a patient is further away than the 90-minute travel window. The EAS helicopter will get many of these patients to a PPCI centre very rapidly.

There are six nominated centres in the country, with teams on-call to deal with these patients as they arrive. Five of these teams are on-call 24/7 and one centre is operating on a 9am-5pm, Monday to Friday schedule. Standardised protocols have had a huge impact in terms of early recognition, rapid transfer and rapid treatment of patients with an acute heart attack.

A mechanism for monitoring performance of the programme has also been set up, known as HeartBeat Portal, with PPCI centres recording data on patients brought directly or referred from surrounding general hospitals.

Popular Choice Award
Community Epilepsy Outreach Service

Left to right: Michael O'Brien, Clinical Nurse Manager 1, Cope Foundation; Janice Long, Cope Foundation resident; Dr Daniel Costello, HSE Consultant Neurologist/ Epileptologist.

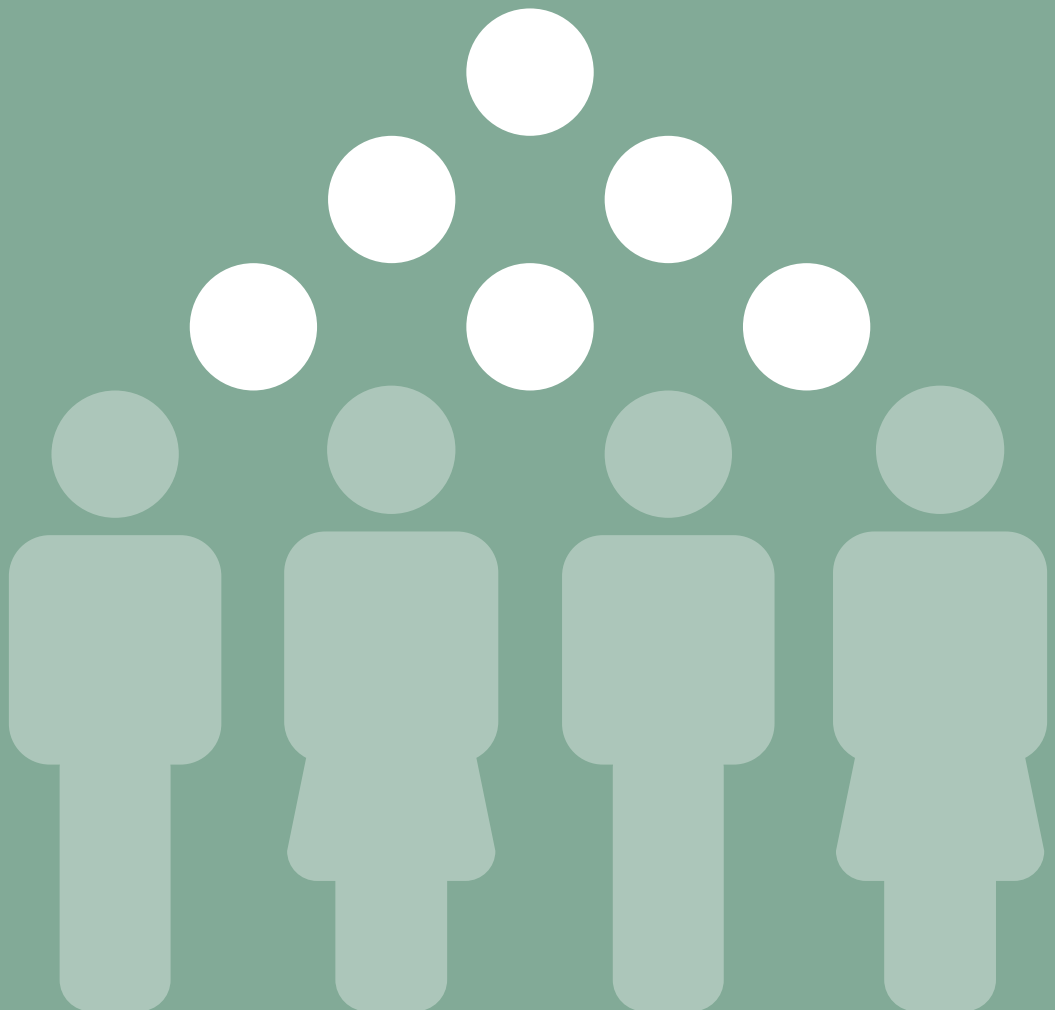
A community epilepsy outreach service, based in Cork, has succeeded in transforming the quality of epilepsy care for service users through a radical redesign of the model of care. The service was established in 2014 to provide high quality specialist epilepsy care to people with intellectual disabilities living in residential care. A consultant epileptologist and an epilepsy registrar visit clients in their home environment and provide ongoing telephone-based care in between visits.

Approximately 50% of people with moderate-severe intellectual disability have epilepsy which can be treatment resistant and highly complex to manage. The more severe the intellectual disability, the more severe the epilepsy may be and, the more severe the intellectual disability, the less likely that someone will be able to access epilepsy care. People with intellectual disabilities living in residential care settings often have difficulty accessing traditional hospital-based outpatient services.

The main goals of the project were to improve seizure control, reduce the burden of seizure-related injuries and deaths, reduce the adverse side-effects from medication, cut hospital admissions and improve the involvement of clients, carers and families in the management of epilepsy.

The service currently visits ten residential sites on a rotating basis and over 365 clients have been assessed to date. These sites are run by COPE Foundation, the Brothers of Charity, the HSE's St. Raphael's Centre, the Daughters of Charity and Cheeverstown.

People are seen in their own living areas and are given as much time as they need, with the service being provided essentially the equivalent of a GP house call. The benefits aren't limited to reduced patient distress or cost-savings from residential care staff not having to travel with clients to appointments. Multiple individual cases of improved seizure control, effective anti-seizure drug rationalisation and avoided unnecessary hospital admissions have been observed.



Community Healthcare

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

Health and Wellbeing

98%

NEWBORN BABIES VISITED BY A PUBLIC HEALTH NURSE WITHIN 72 HOURS

95%

OF CHILDREN AGED 24 MONTHS RECEIVED 3 DOSES OF THE 6 IN 1 VACCINE

93%

OF CHILDREN AGED 24 MONTHS RECEIVED THE MMR VACCINE

14,475

SMOKERS RECEIVED INTENSIVE CESSATION SUPPORT

1,306

HEALTHCARE PROFESSIONALS TRAINED IN BRIEF INTERVENTION SMOKING CESSATION

2,017

PEOPLE COMPLETED A STRUCTURED PATIENT EDUCATION PROGRAMME FOR DIABETES

141,879

WOMEN HAD A MAMMOGRAM

88,807

PEOPLE PARTICIPATED IN DIABETIC RETINASCREEN

544

PUBLIC HEALTH OUTBREAKS MANAGED

INFECTIOUS DISEASES

881

CASES OF VEROTOXIGENIC E.COLI (VTEC)

323

CASES OF TUBERCULOSIS

86

CASES OF MENINGOCOCCAL DISEASE

43

CASES OF MEASLES

Health and Wellbeing

Improving the health and wellbeing of our population, reducing the burden of chronic disease and ensuring we have a resilient and healthy workforce

Evidence in relation to the health benefits of breastfeeding is growing stronger. Our focus is to promote and encourage mothers and mothers-to-be in breastfeeding and to provide them with information and guidance. Our online breastfeeding supports on *www.breastfeeding.ie* were expanded to include a newly launched Breastfeeding Facebook page that provides a community of supports for mothers including tips from the Ask our Expert Lactation Consultants.

At the launch of 2016 National Breastfeeding Week, Minister of State for Health Promotion, Marcella Corcoran Kennedy TD with baby Sam.

Introduction

Health and wellbeing services cover the areas of public health, health protection and surveillance, child health, national screening programmes, health promotion and improvement, environmental health and health intelligence.

Our work is underpinned by *Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025*. A key role is to lead out on the implementation of this framework through the *Healthy Ireland in the Health Services Implementation Plan 2015-2017*. More on this can be seen on pages 18-19.

Progressing our priorities

Implementing *Healthy Ireland* Framework

- Cigarette smoking is the single biggest preventable cause of ill health and premature death. Findings from the *Healthy Ireland* Survey indicated that cigarette smoking has dropped to 23% (19% daily smokers and 4% occasional smokers) from 29% in 2007.
  - The *www.quit.ie* website was updated to include a comprehensive map of the 74 HSE smoking cessation support clinics around Ireland.

Left: HSE pays tribute to the late Gerry Collins and his family as part of World No Tobacco Day.

Right: HSE launch of the new Quit campaign television advert and online film focusing on one key fact – one in every two smokers will die of a tobacco related disease.

  - The *How to Implement HSE Tobacco Free Campus Policy* was launched. 200 staff attended six workshops to support the rollout of this policy in mental health and social care services resulting in a significant increase in its implementation.
  - ENSH (European Network of Smoke free Hospitals) – Global Network for Tobacco Free Health Care Services conference took place in October providing engagement opportunities for a wide range of stakeholders in this area.
- The percentage of acute hospitals to commence calorie posting increased to 86%, and 44% of sites have completed calorie posted menus.
- Work is underway with acute services to progress the hospital food policy and the NCEC clinical guidelines.
- The development of a three year implementation plan to reduce alcohol consumption and related harms commenced.
- The Nurture Programme – Infant Health and Wellbeing, a key enabler for the delivery of the National Healthy Childhood Programme for 0 to 2 year olds, was launched in May. It is funded by Atlantic Philanthropies through a grant managed by the Katherine Howard Foundation. Six implementation teams are developing resources to support professional practice and information sources for parents. Further information is available at *www.hse.ie/nurtureprogramme*.
- The National Newborn Bloodspot Screening Programme screens all newborn babies for six rare conditions. The screening ensures that any babies with these rare conditions are identified and treated as early as possible. 64,067 babies were screened and over 99% of offers of screening were accepted.
- 250 public health nurses received updated school vision and hearing screening training.
- The number of schools participating in the *Healthy Ireland* agenda was 1,232 (approx. 32% of schools). This includes 772 health promoting schools (approx. 20% of schools). A further 460 schools (11%) received in-service training.
- The Dementia – Understand Together campaign, a public support, awareness and information campaign was launched in partnership with social care services, the Alzheimer Society and Genio.
- Work was undertaken to scope the development of a mental health promotion plan.
- The extension of the human papilloma virus (HPV) vaccine to high risk groups commenced on a phased basis in October making the vaccine available for HIV positive men and women under 26 years.

- HPV vaccine is offered to all first year girls in second level schools. More than 200,000 girls have been fully vaccinated since the programme commenced.
- The first HSE Sexual Health and Crisis Pregnancy Programme conference was held to mark the first year of the *National Sexual Health Strategy 2015-2020*.

Protecting the population from threats to their health and wellbeing

- An influenza vaccine campaign was launched in October with special emphasis on health care workers.
- Meningococcal B (Men B) and Rotavirus vaccines were included as part of the primary childhood immunisation schedule for babies born on or after 1st October 2016 and were made available from 1st December.
- A national taskforce for HCAI and AMR was established and an action plan developed to reduce the prevalence of both.
- 9,998 women were screened as part of the age extension of the BreastCheck programme to eligible women aged 65-69 years. Coverage rates continued to increase in all four population screening programmes delivered by the National Screening Service – Breastcheck, BowelScreen, CervicalCheck, and Diabetic Retinopathy.
- The introduction of the *European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016* resulted in the environmental health services implementing controls on eCigarettes and extending control of tobacco products.
- Year two of the Public Health Sunbeds Inspection Programme was completed with 256 establishments inspected.
- 35,651 planned and planned surveillance inspections of food businesses were undertaken. 564 food complaints and 2,057 food business complaints were received and investigated.
- While compliance with the *Public Health (Tobacco) Act 2002* was high, 31 cases for tobacco related offences were pursued in 2016.
- In conjunction with the Environmental Protection Agency, an environment and health conference entitled Our Environment, Our Health, Our Wellbeing was held which promoted a greater awareness of the impact of environmental quality on human health.
- Six national guidance documents were produced/revised in relation to the Zika virus, bacterial meningitis, influenza in nursing homes, emergency management of injuries, gonorrhoea, and outbreaks of sexually transmitted diseases.
- The Health Protection Surveillance Centre convened five outbreak control teams and participated in 15 national and international outbreak control teams.
- Work was undertaken with Irish Water and the Environmental Protection Agency to support the implementation of the *National Strategy to reduce exposure to Lead in Drinking Water (2015)* and the Irish Water Lead Mitigation Plan.

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

- The weekly 5km parkrun events have continued to grow as a part of local communities, with 229,726 runs completed.
- In collaboration with primary care services, work is progressing on the GP contract to reflect a focus on health promotion and improved chronic disease management.

Knowledge management

- Prioritised research was progressed including a research awards scheme as part of the Healthy and Positive Ageing Initiative programme.
- Work progressed to web-enable an update to county health profiles developed in 2015 which will further help to inform local health needs assessments.

Primary Care

27,633
REFERRALS TO COMMUNITY INTERVENTION TEAMS

1,090,348
CONTACTS WITH GP OUT-OF-HOURS

13,734
PATIENTS RECEIVED AN ULTRASOUND IN PRIMARY CARE SETTINGS

530
PATIENTS RECEIVED TREATMENT AS PART OF THE HEPATITIS C TREATMENT PROGRAMME

474
PAEDIATRIC HOMECARE PACKAGES PROVIDED

PCRS

470,505
PEOPLE COVERED BY GP VISIT CARDS

1,683,792
PEOPLE COVERED BY MEDICAL CARDS

7,000
CONTRACTORS

75 million
CLAIMS SUBMITTED FOR PAYMENT

€2.7bn
PAID IN REIMBURSEMENT FEES

SOCIAL INCLUSION

9,743
PATIENTS RECEIVED OPIOID SUBSTITUTION TREATMENT (OUTSIDE OF PRISONS)

4,778
MEMBERS OF THE TRAVELLER COMMUNITY RECEIVED HEALTH INFORMATION ON TYPE 2 DIABETES AND CARDIOVASCULAR HEALTH

PALLIATIVE CARE

335
PEOPLE EACH MONTH RECEIVED SPECIALIST PALLIATIVE DAY CARE SERVICES

Primary Care

Striving to ensure that the vast majority of those who require urgent or planned care are managed within primary and community based settings reducing the need for admission to hospital

Minister for Health, Simon Harris TD marking the commencement of building works for the new Primary Care Centre in Gurranabraher, Cork with a tree planting ceremony.

Introduction

Primary care services are delivered by a wide range of professionals through primary care teams and health and social care networks. Our focus is to ensure that services are:

- Safe and of the highest quality
- Responsive and accessible to those who need them
- Efficient and represent good value for money
- Well integrated and aligned with specialist services.

Progressing our priorities

Developing primary care services

- Providing minor surgery in primary care settings offers enormous benefits to patients and contributes to the reduction of admissions to hospital. A pilot, which commenced in 2015, includes 20 accredited GP practices and to date 4,200 minor surgery procedures have been provided.
- As part of the primary care ultrasound initiative, 13,734 patients received an ultrasound in primary care settings along the western seaboard from Donegal to Cork. This initiative provides direct access for GPs to ultrasound and reduces previously required referrals to outpatient departments.
- Six additional primary care centres became operational: Charleville (Co. Cork), Tipperary Town, Carnew (South Wicklow), Tús Nua (Kildare Town), Kells (Co. Meath), Tullamore (Co. Offaly) and Corduff (Co. Dublin).
- Community Intervention Teams (CITs):
  - CIT activity increased by 14% or 27,633 patients, with the number of teams increasing from 11 to 13.
  - This includes the outpatient parenteral antimicrobial therapy (OPAT) programme providing antimicrobial therapy and saving approximately 30,000 acute hospital bed days.
- A new website *www.dementiapathways.ie* was launched providing support to healthcare professionals and a directory of local services and supports.
- Scoping of requirements to improve integrated care pathways for the prevention and management of chronic disease commenced with acute and social care services.

The Harm Reduction Campaign was launched, targeting new psychoactive substance use in the student population. The campaign was developed with the Union of Students of Ireland in partnership with *www.drugs.ie* and is the first phase of an ongoing campaign to provide harm reduction information to students.

Minister of State for Communities and the National Drugs Strategy, Catherine Byrne TD and Cian Power, Union of Students in Ireland.

- Negotiations progressed in respect of the GP contract and a contractual framework was advanced in relation to chronic disease management, the primary childhood immunisation programme, medical services to patients in long stay settings and on retention of GP services in areas of social deprivation.
- Primary care staff were actively involved in the six implementation teams established to progress various work streams of the Nurture Programme – Infant Health and Wellbeing.
- A model to develop primary care psychology services was progressed and a plan for the delivery of counselling services to children (0-18 years) developed with mental health services.
- As part of the waiting list initiative to reduce waiting times for speech and language therapy, a review of the current service was undertaken and a model of care developed. Funding of €4m for the recruitment of 83 posts was approved and a number of short term waiting list measures were implemented. A total of 20,711 additional appointments were delivered as part of this initiative.
- Procurement contracts were awarded to private orthodontic practitioners as part of an initiative to address waiting times for patients waiting for orthodontic services. 1,234 patients commenced treatment under this initiative.
- Over 250,000 children have had their hearing screened since the universal newborn hearing programme was rolled out in 2011. 440 children were identified with a hearing loss and are receiving timely intervention and management.
- Implementation of HIQA infection prevention and control standards on antimicrobial stewardship to out-of-hours services was progressed with dissemination of patient/prescriber education materials.
- Training in risk management and open disclosure was provided to over 3,200 staff.
- The national hepatitis C treatment programme was established. A plan was developed to rollout the programme over the coming years with a view to making hepatitis C a rare disease in Ireland by 2026.
  - All patients with haemophilia who were infected with hepatitis C through contaminated blood products were offered treatment with 90% successfully treated.

Delivering primary care schemes through the Primary Care Reimbursement Service

- The *National Medical Card Unit Strategic Plan 2016-2018* was published.
- A pilot online medical card application system went live in December and is available on *www.hse.ie*.
- Eircodes for all medical card applicants were incorporated into the National Medical Card Unit's internal processing system.
- A new four year agreement framework on the supply and pricing of medicines was entered into with the Irish Pharmaceutical Healthcare Association reducing the price the HSE pays for medicines.
- The new Rural Practice Support Framework for GPs was introduced. This will ensure continued access to primary care for patients living in rural areas.
- As part of the development of a strategic framework for assessment and measurement of the burden of disease, a burden of illness questionnaire to support assessment of medical card applications was developed.

- Free access to devices including 24-hour blood pressure monitoring and long acting reversible contraception was granted to medical card and GP visit card holders.
- A three month pharmacy-based minor ailment scheme, developed with the Irish Pharmacy Union, was piloted in 19 pharmacies in four towns. This facilitates medical card holders to receive treatment for a list of common ailments directly from their local community pharmacy without the need for a visit to a GP.

Social inclusion services

- An evaluation of the Naloxone demonstration project was launched in August. Training in the use of Naloxone is available and over 600 people have been trained.
- SAOR is a standardised alcohol and substance use screening and brief intervention support. 78 SAOR training sessions were delivered and four train-the-trainer sessions were completed.
- Opioid substitution treatment clinical guidelines were launched in December which will assist in ensuring that addiction services can be accessed close to where people live.
- A national homeless hospital discharge protocol was developed with local authorities, homeless action teams and voluntary organisations. It ensures procedures are in place so that necessary accommodation and supports are available, prior to discharge, for those experiencing homelessness or for those at risk of homelessness. The protocol was implemented in St. James's Hospital and the Mater Misercordiae University Hospital. It will be rolled out to remaining hospitals in 2017.
- Enhanced service provision was provided to supported accommodation across the Dublin region through in-reach GP services and multidisciplinary health teams.
- The lesbian, gay, bisexual and transgender (LGBT) Safe and Supportive Schools project model was launched in May. This is a venture with BeLonG To and involved working with teachers, parents, students and the broader community to build a safe, supportive and inclusive environment for LGBT young people.
- Traveller health:
  - A preventative education programme Small Changes, Big Difference for improving Traveller health was launched. It focuses on the prevention of diabetes and heart disease and will be delivered by trained Traveller Community Health Workers.
  - The Traveller asthma education programme was expanded to a further four Traveller Health Units in collaboration with the Asthma Society of Ireland.

Children First

An assessment of risk was undertaken in respect of children availing of services and Child Safeguarding Statements prepared.

- Fourteen Children First training and development officers were appointed.
- A Children First implementation and Compliance Checklist for HSE funded agencies 2016 was developed.

- Approximately 800 people arrived in Ireland under the Irish Refugee Protection Programme. A number of targeted interventions were developed together with the appointment of health liaison workers. A training programme was delivered to front line staff working with refugees and asylum seekers.

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

- A three-year palliative care development framework was finalised and implementation commenced.
- Six new specialist inpatient beds were opened in Galway Hospice.
- An external evaluation of the children's palliative care programme was launched in November. The evaluation makes 20 recommendations for action to further enhance children's palliative care services.
- The NCEC approved guidelines on the pharmacological management of cancer pain in adults and the management of constipation in adults receiving palliative care were disseminated to staff.
- A demonstrator project on best practice in the care and management of palliative care in EDs was completed.
- The eligibility criteria for specialist palliative care was developed. This supports patient access based on clinical need rather than diagnosis or disease.
- Nine projects were completed under the design and dignity grant scheme, in collaboration with the Irish Hospice Foundation. These projects improve the hospital environment for palliative care patients, their families and staff.

Mental Health

12,386 CHILDREN/ADOLESCENTS SEEN BY CAMHs

312 ADMITTED TO CAMHs ACUTE INPATIENT UNITS

29,235 ADULTS SEEN BY MENTAL HEALTH SERVICES

9,575 ADMITTED TO ADULT ACUTE INPATIENT UNITS

8,806 PSYCHIATRY OF OLD AGE PATIENTS SEEN BY MENTAL HEALTH SERVICES

1.5 million PAGE VIEWS FOR *www.yourmentalhealth.ie*

Mental Health

Supporting people in achieving optimal mental health

Our strong partnership with the GAA to bring messages of protection, resilience and support for mental wellness culminated in the *#littlethings* campaign being featured at the All-Ireland Football semi-final. The strapline 'Little things can improve your game' was used at the health and wellbeing themed day at Croke Park which was attended by 82,000 people.

Pictured: Alan O'Meara (Cavan footballer); Aisling Thompson (Cork camogie player); Gary Sice (Galway footballer).

Introduction

Good mental health allows us to get the most out of spending time with our families and friends and it helps us through difficult times. Many people who experience mental health problems can be treated by primary care services. Those with more significant difficulties are referred to mental health services when necessary.

Mental health services extend from the promotion of positive mental health and suicide prevention to supporting those experiencing severe and disabling mental illness. Specialist services include acute inpatient, day hospital and outpatient clinics, community based mental health teams and community residential and continuing care. A national forensic mental health service is also delivered.

The views of service users, family members and carers are central to the design and delivery of our services.

The Report of the *Expert Group on Mental Health Policy – A Vision for Change* continues to inform the development of services.

Progressing our priorities

- *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020* is our roadmap to promoting positive mental health.
  - A lead was appointed to oversee the implementation of the strategy within mental health services
  - Three new suicide resource officers were appointed, bringing the national total to 22. These play a key role in the development of local suicide prevention including the rollout of *#littlethings*
  - Key research and evaluation staff were recruited within the National Office for Suicide Prevention, building on the monitoring and evaluation capacity and oversight of implementation of the strategy.

A voice for our service users, family and carers

Mr Liam Hennessy was appointed in February as Head of Service User, Family Member and Carer Engagement. Liam, who is also a service user, is leading the establishment of structures outlined in *Partnership for Change – Report of the Mental Health Reference Group*. This report details the structures required to gather the views and experiences of service users, family and carers to influence the design and development of services. Area leads for mental health engagement (MHE), who will have either service user and/or family carer experience will be appointed in early 2017 to each CHO.

A report of the listening meetings was published in March reflecting the views and experiences of over 1,000 people in open forums across the country. The report is available on *www.hse.ie*.

At the launch of *Partnership for Change – Report of the Mental Health Reference Group*, were Liam Hennessy, Head of Service User, Family Member and Carer Engagement; Anne O'Connor, National Director, Mental Health; and Minister of State for Mental Health and Older People, Helen McEntee TD.

- Significant funding was made available for primary care based services to enhance:
  - Access to psychology interventions for young people
  - Early intervention and prevention services – through the establishment of a further three Jigsaw youth mental health services for young people up to the age of 25.
- A new national youth mental health task force was established in addition to a youth mental health consultative group.

Engaging with service users, family members and carers

- Advanced Recovery in Ireland helps to bring about the organisational and cultural change in mental health services, necessary to support our services becoming more recovery-orientated. A number of recovery initiatives including four national learning sets were developed culminating in the launch of the Limerick learning set in November.
- Five service users, family members and carers have been trained as facilitators to support the Enhancing Teamwork Programme.

Improving access and service user flow

- A programme management office was established providing dedicated resources and supports to prioritise mental health service improvement projects.
- Child and adolescent mental health service (CAMHs) improvements included:
  - Additional liaison resources
  - Development of a forensic community mental health team
  - Eating disorder service
  - Three new teams, increasing the total to 66 teams nationally.
- Three additional psychiatry of old age teams, additional liaison psychiatry services and further enhancement of services for those with an intellectual disability and mental illness were progressed.
- A mapping of needs exercise is being progressed for those with severe mental illness and challenging behaviour, to inform the siting of any new facilities within acute mental health units and specialist rehabilitation facilities.

- A service innovation research project commenced with the Irish College of General Practitioners. It aims to ensure that people with severe mental illness have access to appropriate physical care, monitoring and intervention.
- A two year project entitled Integrating Employment and Mental Health Support is in place in four sites nationally.
- A report on *Delivering Specialist Mental Health Services 2014-2015* was developed.
- The new inpatient unit in Our Lady of Lourdes complex in Drogheda, which includes a high observation area, was officially opened.
- The sod was turned on the new National Forensic Mental Health Services Hospital, a state of the art facility and a critical component to delivery of the full range of mental health services to those with the most severe mental health disorders.

Implementation of Clinical Programmes

- The assessment and management of self-harm in ED clinical programme was established in a further six EDs bringing the total national number to 21.
- A clinical lead for the eating disorders clinical programme was appointed and a first draft of the programme was completed. Funding was provided for three of the eight planned new eating disorder teams.
- A clinical lead for the early psychosis clinical programme was appointed and training in behavioural family therapy was provided as one of the recommended interventions for first episode psychosis.
- A programme manager was appointed to support the development of two further clinical programmes, attention deficit hyperactivity disorder and dual diagnosis (mental illness and substance misuse including alcohol).

Social Care

DISABILITY SERVICES

73
PEOPLE TRANSITIONED FROM CONGREGATED SETTINGS

1.5m
PERSONAL ASSISTANT HOURS PROVIDED

2.9m
HOME SUPPORT HOURS PROVIDED

Over 173,000
RESPITE OVERNIGHTS PROVIDED

Over 16,000
PEOPLE ATTENDED OTHER DAY SERVICES

1,290
NEW SCHOOL LEAVERS PROVIDED WITH DAY CARE PLACEMENT

SERVICES FOR OLDER PEOPLE

10.5m
HOME HELP HOURS DELIVERED TO ALMOST 47,000 PEOPLE

Over 16,300
PEOPLE IN RECEIPT OF HOME CARE PACKAGES

Almost 8,000
TRANSITIONAL CARE BEDS PROVIDED

180
PEOPLE IN RECEIPT OF INTENSIVE HOME CARE PACKAGES

Over 23,000
PEOPLE SUPPORTED UNDER THE NURSING HOMES SUPPORT SCHEME

Social Care

Supporting people with disabilities and older people to live independent lives within their homes or communities by maximising and transforming services to support lifestyle choice in so far as possible

Introduction

Our commitment is to deliver high quality services for people with disabilities and older people while continuing to implement our reform and change agenda and operating model across all CHOs.

Services are delivered by the HSE, non-statutory and private providers. Approximately 80% of all disability services are delivered by the non-statutory sector funded by the HSE through Section 38 and Section 39 of the *Health Act 2004*. 79% of NHSS places are delivered by private nursing homes.

Progressing our priorities

Safeguarding vulnerable people

Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures continues to be embedded across all services.

- The *National Safeguarding Committee Strategic Plan 2017-2021* was launched.
- Over 10,000 frontline staff were trained in the awareness raising programme.
- A train-the-trainer initiative for private nursing homes was launched in conjunction with Nursing Homes Ireland.
- A national database of safeguarding concerns was established.
- A national survey of the implementation of the safeguarding policy in respect of funded agencies was completed with results notified to all CHOs.

Quality and safety

Our focus is to support the development of safe, quality services working in partnership with healthcare staff, service users and families to innovate and improve the quality and safety of care, and promote a culture of safety and quality improvement.

- A quality profile was developed to analyse quality intelligence data from a range of sources.

Compliance with residential regulations of centres inspected by HIQA

- Our focus continued in relation to monitoring and improving compliance with the *National Standards for Residential Services for Children and Adults with Disabilities 2013* and the *National Standards for Residential Care Settings for Older People 2016*.

Engagement with our service users

A key priority for us is to ensure that the voice of people with disabilities and older people and their families is heard and that they are fully involved in the design and delivery of services to meet their needs.

Disability Services

- The report *Plan for Effective Participation in Decision Making* was completed.
- In conjunction with Inclusion Ireland, the emergence of an independent voice for persons with a disability and their families is being supported in a number of residential settings across the country.
- Work is progressing with families and service users to expand the National Volunteer Advocacy Programme in adult disability settings.
- Resident and family councils/fora were implemented in a number of disability residential centres.

Older people services

- Work continued with SAGE, the National Advocacy Service for Older People and the National Advocacy Body to strengthen existing advocacy services for older people.
- Resident councils in elderly residential care services across all CHOs continue to be supported.

Students Damian Graham, Alan Keady, Amy Clarke, Aoife King, Eilish Lee, Katie Dillo and Maitiu Quinn, the second group of students from the Performing Arts School receive their graduation QQI certificates following three years of study and training.

The Blue Teapot performing arts school in Galway runs a stand-alone programme specifically for adults with intellectual disabilities, the only one of its kind in Ireland. The Quality and Qualifications Ireland (QQI) certificate ensures the highest professional standards, and graduates can then progress to the Arts Alive Programme, recently established by the Brothers of Charity Services.

Disability Services

Enabling people with disabilities to achieve their full potential, as independently as possible, living ordinary lives in ordinary places

Transforming Lives

Transforming Lives is our programme for reform which will enable people with disabilities to be supported to live independently as far as possible and have access to a range of services which will enhance their quality of life and wellbeing. The programme provides a framework for the implementation of key policies and programmes.

Time to move on from congregated settings

- A progress report on the implementation of *Time to Move On from Congregated Settings* was finalised. A total of 10 congregated settings completed the process of supporting residents to move to appropriate accommodation in the community and 73 people successfully transitioned to community living.
- A workshop on housing options was held in June, supported by Local Authorities and Housing Bodies which outlined the various housing options available and how they can be accessed.
- A seminar on communication and transition planning was held in November to support services in the delivery of key messages.
- Priority sites were identified to support the delivery of a new model of service for people as they transition to the community.

New Directions

New Directions is our policy for the provision of personal support services for adults with disabilities. There are currently 900 locations providing day services from 73 service providers to more than 18,000 people.

- Additional day services and rehabilitative training was provided benefiting 1,500 young school leavers.
- A learning event hosted by the HSE was attended by service users and service providers, the National Disability Authority and the DoH in April. At the event, attendees provided feedback in relation to the significant number of services that were reconfigured in line with the policy over the past five years.
- A working group was established to oversee implementation of the *Comprehensive Employment Strategy for People with Disabilities 2015-2024*.

Progressing disability services for children and young people

Our focus is on improving access and quality of services for children, ensuring there is one clear referral pathway for all children irrespective of their disability, where they live or the school they attend.

- The report of the inter-departmental group on Supporting Access to Early Childhood Care and Education Programme is being implemented which supports attendance by children with a disability at mainstream preschools.
- Reconfiguration of 0-18s disability services into children's disability network teams is progressing.

Supporting people with disabilities and community involvement

Home sharing is an alternative to the traditional residential and respite care models of support for people with an intellectual disability, where a child or adult with a disability is offered a short break/holiday with a host family in the community.

- The report of the national expert group *Home Sharing in the Intellectual Disability Services in Ireland* was published in September.
- A combination of day and/or weekly respite was provided, benefiting approximately 300 service users.

Service improvement team

- As part of ongoing work with the service improvement team, a comparative analysis of a further 45 organisations (both section 38 and section 39) commenced. This analysis links funding provided with activity, outputs, cost, quality and outcomes.

Services for Older People

Supporting older people to live at home or in their own community and promoting their independence and lifestyle choices in as far as possible

Keeping people well and at home

Implementation of the *Healthy Ireland in the Health Services Implementation Plan 2015-2017* is continuing and development of a national implementation plan is progressing to promote positive ageing and to improve physical activity levels in partnership with health and wellbeing services.

Home care and community supports

Services were prioritised to ensure that older people needing home care support were discharged in a timely manner from hospital.

- A standardised process was introduced to record waiting lists for home help and home care packages in each CHO, ensuring a more accurate and efficient way of managing resources.
- The model of home care provision was reviewed making processes and services easier to navigate. It will improve and ensure confidence in the quality of services provided, giving people a choice of approved service provider where possible and more input into the care they receive and the times they receive it.

Pictured: Johanna Powell (family carer), Rosemary Kratschmar (family carer), Diarmaid O'Sullivan (Campaigns and Research Manager, Family Carers Ireland), Moira Skelly (family carer) and Damien Douglas (family carer).

A dedicated site for carers was launched in June on *www.hse.ie*. It was developed and reviewed in consultation with Family Carers Ireland and the Care Alliance. The website provides tips for carers regarding their own health and wellbeing. It acts as a 'one stop' shop, providing links to statutory and voluntary organisations such as the Family Carers of Ireland, the Department of Social Protection and Citizens Information.

Colette Murphy, patient at Tallaght Hospital with Ciara Blair, Occupational Therapist and trained SAT assessor.

Single Assessment Tool (SAT)

A new IT-based care needs assessment is being introduced to enable staff to better assess and plan older people's care. The specially designed software information system facilitates the gathering of information for older people through one assessment process on behalf of the older person who applies for support under the Home Care Package Scheme or the NHSS. In 2016:

- SAT was implemented in three early adopter sites, Tallaght Hospital, Beaumont Hospital and University Hospital Galway.
- Live testing was completed in community sites in Dublin South West, Dublin North, Galway and Cork.
- Trained assessors in community and hospital settings are now using computer tables with the specially designed SAT Information System (SATIS).

Residential/long term care

Our aim is to provide high quality residential care for those who can no longer remain at home.

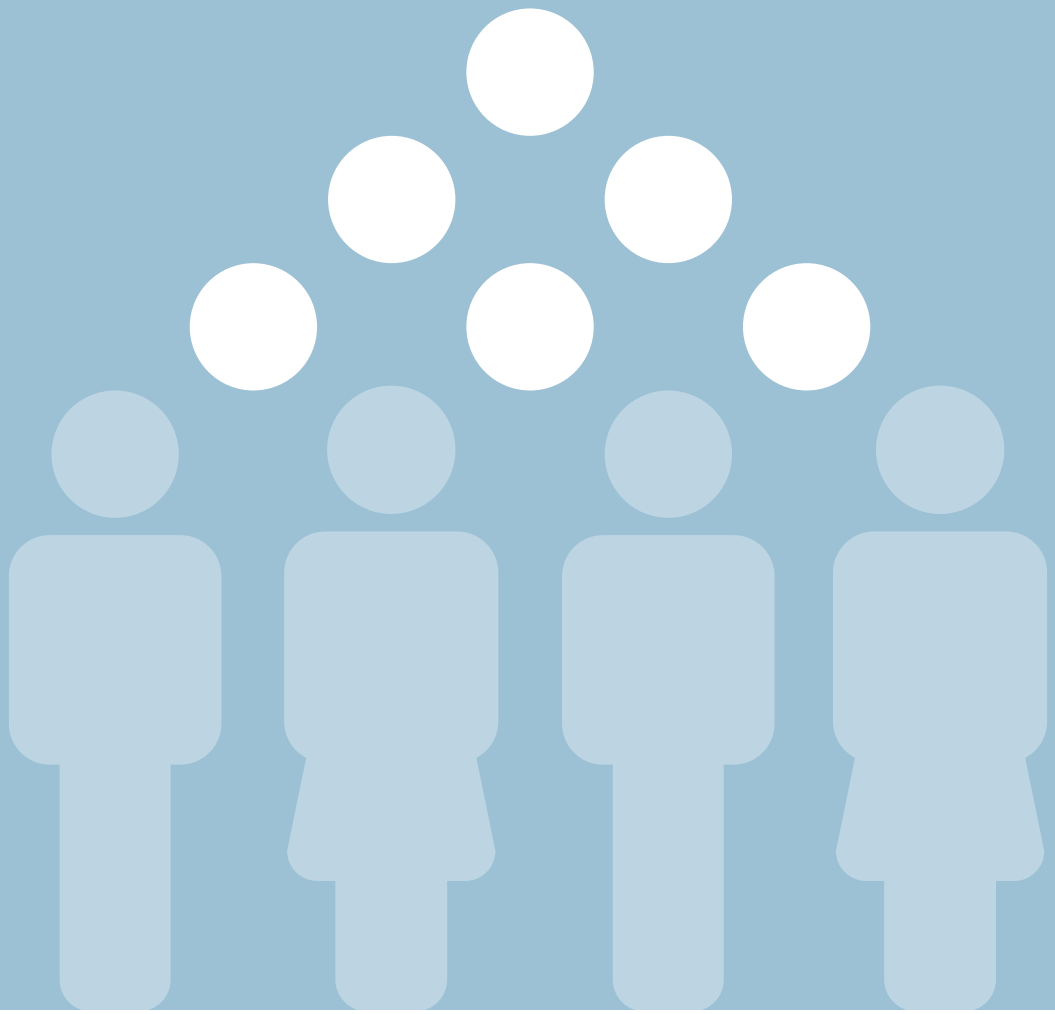
- Participation continued in the inter-departmental working group, established to oversee the implementation of the recommendations included in the *Review of the Nursing Homes Support Scheme, A Fair Deal*.
- A report was developed following a survey of existing residential units, to quantify short stay bed numbers and services provided.
- Development of the housing with care strategy commenced in collaboration with Dublin City Council to provide a wider range of residential care choices to older people.
- Implementation of *Your Guide to the National Standards for Residential Care Settings for Older People in Ireland, 2016* is being progressed and a monitoring process to drive improvements is being developed.

Integrated care programme for older people.

- Work continued with the integrated care programme for older people, enabling a shift from a model of acute, hospital based episodic care to a community healthcare model that reflects co-ordinated care planning based on the needs of the older person, avoiding hospital admission.
- A national steering group and national working group were established to oversee the programme.
- Six pioneer sites were selected to participate in a demonstrator project with additional resources recruited to support the sites. Sites are aligned to a 10-step integration framework which ensures a connection with the national structure.

Improving Dementia Services

- As part of the implementation of the *Irish National Dementia Strategy*, a model of care is being designed to provide intensive home care packages to support people with dementia to remain living at home.
- An advisory group has been established to develop the evaluation framework for the implementation of the *Irish National Dementia Strategy*.



Delivering Community Healthcare through Community Healthcare Organisations

Community Healthcare Organisations

Community healthcare services are delivered through the HSE and its funded agencies by nine Community Healthcare Organisations (CHOs)

Community healthcare services are delivered outside of acute hospitals, through CHOs, and include primary care, mental health, social care and other health and wellbeing services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes.

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

The establishment of CHOs comes as part of a significant reform programme which will increase access, quality and integration of care. The plan is to have services which will deal with health needs as they arise in locations that meet the best clinical/service standards.

Enabling integrated and person-centred healthcare… A vision for Community Healthcare

Why

AGEING POPULATIONS AND INCREASING OCCURRENCES OF CHRONIC ILLNESS – A COMPLEX SYSTEM FOR BOTH USERS OF SERVICES AND STAFF

Staff

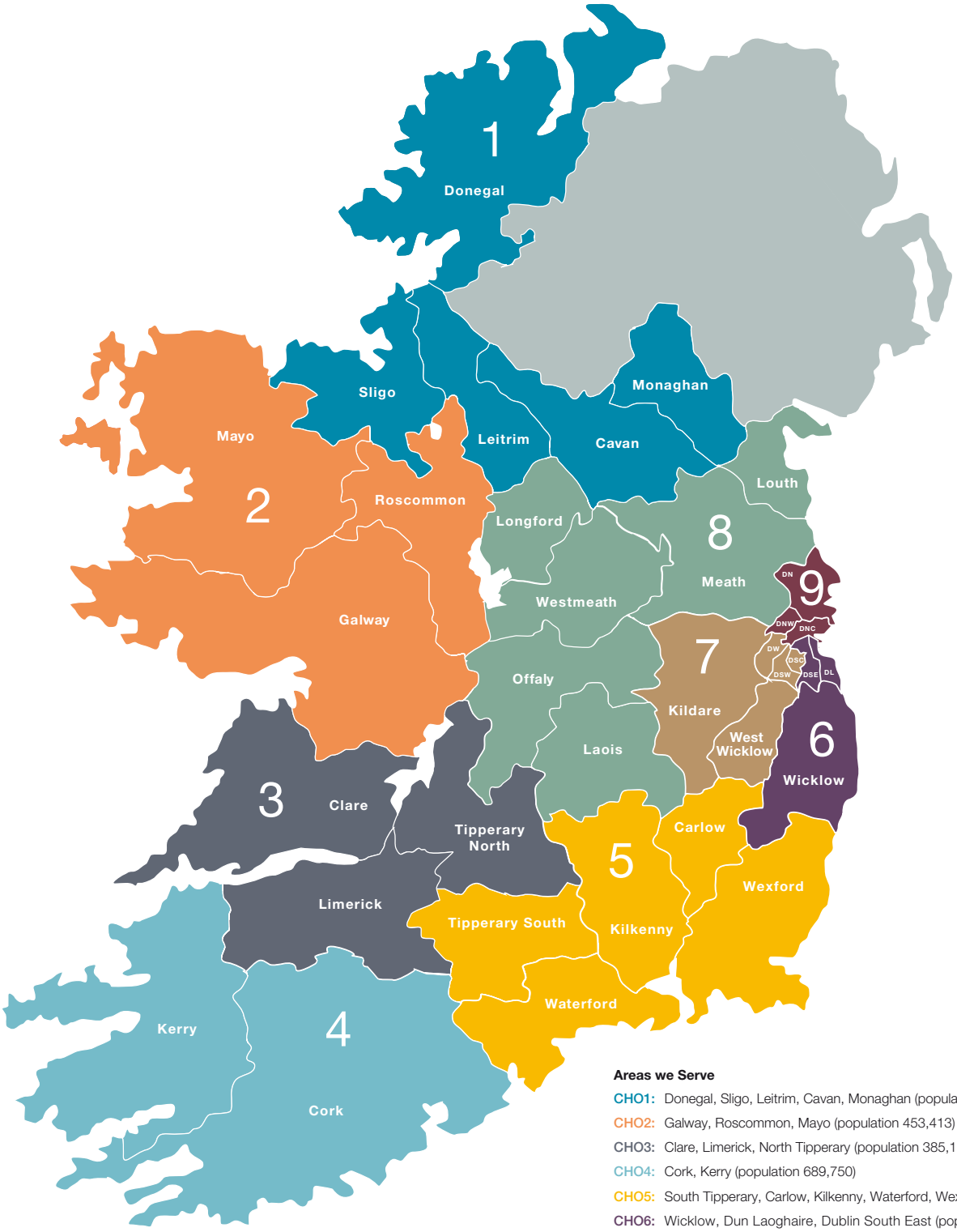
MORE AUTONOMY AND LOCAL DECISION MAKING – ENHANCING THE MULTI-DISCIPLINARY WORKING ENVIRONMENT

Users

QUALITY TREATMENT CLOSE TO HOME – EASILY ACCESSIBLE SERVICES BASED ON USER'S NEEDS

Nine CHOs...

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



Areas we Serve

CHO1: Donegal, Sligo, Leitrim, Cavan, Monaghan (population 390,404)

CHO2: Galway, Roscommon, Mayo (population 453,413)

CHO3: Clare, Limerick, North Tipperary (population 385,172)

CHO4: Cork, Kerry (population 689,750)

CHO5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford (population 511,070)

CHO6: Wicklow, Dun Laoghaire, Dublin South East (population 381,882)

CHO7: Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West (population 706,766)

CHO8: Laois, Offaly, Longford, Westmeath, Louth, Meath (population 618,303)

CHO9: Dublin North, Dublin North Central, Dublin North West (population 621,216)

An example of some activity undertaken within community healthcare in 2016

	No of new patients seen for assessment within 12 weeks		Community Intervention Team Referrals	Patients receiving opioid substitution treatment outside prisons	No. of Home Help hours	No. of Home Care Packages	No. of people supported under long-term residential care (NHSS)	No. of personal assistant hours to adults with a physical/ sensory disability
	Physiotherapy	Occupational Therapy						
CHO1	18,073 (82.8%)	8,774 (88.5%)	–	91	1,462,678	1,348	2,044	143,092
CHO2	13,580 (82%)	4,129 (61.5%)	1,032	141	1,384,164	1,375	2,607	280,013
CHO3	9,030 (80.5%)	5,382 (74.7%)	5,166	298	960,387	1,028	2,134	323,642
CHO4	21,689 (90.2%)	6,148 (60.2%)	2,992	492	1,983,144	1,434	3,711	130,972
CHO5	17,523 (77.2%)	5,535 (62.1%)	3,091	493	1,213,568	1,044	2,369	106,535
CHO6	9,655 (85.5%)	5,055 (73.6%)	1,289	984	388,951	1,836	1,928	21,796
CHO7	15,608 (84.7%)	8,671 (68.6%)	7,620	3,651	714,997	1,953	2,970	28,715
CHO8	18,139 (83.4%)	10,420 (80.1%)	1,221	611	1,294,111	2,300	2,702	170,301
CHO9	7,731 (60.1%)	8,082 (70.8%)	5,222	2,892	1,145,393	4,036	2,677	305,051

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

Community Healthcare Organisation 1

Donegal • Sligo • Leitrim
Cavan • Monaghan

POPULATION
390,404 people

Launch of Flu Vaccine Campaign

A Flu Protection Campaign was launched in October. This is the first campaign across all five counties with representatives from across all services.

The aim of the campaign was to increase the uptake of flu vaccine among staff and to promote the flu vaccine, in particular, to key at-risk groups. Over 100 flu champions were given up to date knowledge to promote the vaccine and respond to any queries or concerns from staff.

A variety of communication methods were used such as flu information talks, staff focus groups, posters, brochures, email, twitter, launches and email signatures.

Over 130 occupational health clinics and over 95 peer vaccinator clinics were held from September. Vaccine uptake increased in all five counties with 100% uptake rates achieved in some services.

Other highlights include

- A study, commissioned by Donegal mental health service, to identify risk factors associated with sudden unexpected deaths and suicides by service users in their care, was launched in April. The study included a summary report with key findings and recommendations to improve the supports offered to families bereaved, and advance the prevention and treatment programmes that are offered.
- A unique interactive training experience aimed at bringing greater understanding and empathy for people living with dementia was launched in Letterkenny. The first of its type in Ireland, the Virtual Dementia Tour mobile simulated training is part of the work of a cross-border partnership supported by the Nursing and Midwifery Planning and Development Unit with CAWT (Co-operation and Working Together). The Virtual Dementia Tour was delivered at three sites in the North West.
- An Immunisation Conference took place in Ballyshannon, Co. Donegal which was attended by over 100 healthcare practitioners involved in the delivery of the National Primary Childhood, Schools and Seasonal Immunisation Programmes.
- A new local online Directory of Services for Sligo/Leitrim was launched and is available at *www.sligoleitrimdirectory.ie*. The site was developed with the Sligo/Leitrim Children and Young People's Services Committee and provides official listings of 100 services which includes information on health, mental health, education, disability, youth and childcare.
- In conjunction with Sligo University Hospital, a joint frailty pathway for older people attending the hospital and in the community was developed.

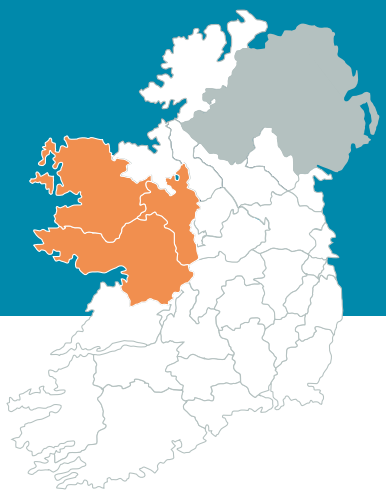
Award winners

- In conjunction with Sligo University Hospital an improved model of care is being developed for ophthalmology services who were presented with the Overall Best Project at the Health Service Excellence Awards. More on this can be seen on page 33.
- The Donegal social prescribing for health and wellbeing programme was a highly commended project at the Health Service Excellence Awards which links people with holistic, non-clinical projects/programmes and social supports in their community to improve health and wellbeing.

Community Healthcare Organisation 2

Galway • Roscommon • Mayo

POPULATION
453,413 people



At the rural training centre, Castlebar.

Rural training centre, Castlebar

This centre provides supports for people with ongoing mental illness and enables service users, who are supported by a team of dedicated staff, to learn a worthwhile skill in a way that promotes positive mental health, social inclusion and community integration.

In June, the rural training day care centre in Castlebar re-opened its organic vegetable market where a wide variety of seasonal fruit and vegetables, grown on site were sold.

Podiatry student exchange

In partnership with Podiatric Medicine at the National University of Ireland Galway, 12 podiatry students from the University of Western Sydney, Australia took part in a six week placement programme at Merlin Park University Hospital in August. This initiative has the dual effect of reducing waiting lists while providing clinical education for students. It is an opportunity to develop links with colleagues in Sydney with the potential of staff exchanges and joint research initiatives in the future.

Other highlights include

- The Traveller Health Unit, which delivers services in collaboration with the Traveller community and its representative organisations, celebrated its 20th anniversary. Workshops were held to get feedback as part of the consultation process for the three to five year action plan for the unit.
- As part of the *#littlethings campaign*, which highlights the importance of protecting one's mental health, an awareness campaign focusing on the mantra, 'Reduce your alcohol and a great night can become a good morning' was launched at the Connaught Senior Football Final in Pearse Stadium, Galway.

Galway City Early Years Health and Wellbeing Plan 2016-2020 was launched in June and aims to enhance and support the health and wellbeing of children in Galway City during their early years (0-3 years). The plan was compiled under the direction of Galway Healthy Cities, led by Health Promotion and Improvement services, Galway City Partnership and the Galway City Early Years sub-committee.

Community Healthcare Organisation 3

Clare • Limerick • North Tipperary

POPULATION
385,172 people

Jeremiah Sheehan, resident of St. Ita's Community Hospital, Newcastlewest, Co. Limerick, presents his original artwork to former Minister Kathleen Lynch at the official opening of the 22-bed rehabilitation unit.

Service users benefiting from new initiatives and projects

- In collaboration with UL Hospitals Group, over 7,000 service users were discharged from hospital through the Winter Initiative Plan.
- The Tobacco Free Campus Policy was implemented in mental health services.
- Two new resource officers for suicide prevention were appointed.
- A safeguarding team for vulnerable adults was established.
- A new information resource for older people was launched which included information on keeping active and on transport to health services.
- A report on the special purpose award, which offers degree level training to community health workers working with Traveller communities, was launched.

Other highlights include

- A new purpose built 22-bed rehabilitation unit opened in St. Ita's Hospital, Newcastlewest, Co. Limerick.
- Borrisokane Day Care Centre opened, providing personal care and social activities.
- An upgrade of residential facilities was undertaken for older people at Kilrush, Ennistymon and Scariff.
- Key public agencies across Limerick joined forces for a major new safety and wellbeing campaign. The campaign focused on three specific areas, road safety, mental health and safer communities.
- A staff health and wellbeing information day was held in December to raise awareness of the health and wellbeing agenda and feedback was sought from the 500 attendees. There were 32 information stands representing a broad range of services including *#littlethings* and QUIT Campaigns.
- The project, partnership for health equity clinics in Limerick City, aimed at improving care for the most marginalised in the city, was highly commended at the Health Service Excellence Awards.

Clare pre-schools received the first HSE *Healthy Ireland* pre-school awards in Ireland. The award recognised pre-school services who participated in the *Healthy Ireland* pre-school programme – Smart Start.

The award was the first of its kind for the pre-school sector, acknowledging the role and influence pre-schools have in promoting children's health.

Community Healthcare Organisation 4

Cork • Kerry

POPULATION
689,750 people

A particular focus…

Health and wellbeing: Cork Healthy Cities held its inaugural meeting introducing the Healthy Cities concept which included local, national and European speakers on health and what influences the health of a city.

Primary care: Construction commenced on the Primary Care Centre, St. Mary's Health Campus in Gurranabraher, Cork. This is the largest public sector development on the north side of Cork city in a number of decades.

Mental health: The Open Dialogue project was piloted in West Cork. The basis of Open Dialogue is 'nothing about me without me', which enables full engagement with service users, their carers and families with regard to their care.

Disability services: Improved services were implemented in St. Raphael's Centre, Youghal, including the completion of independent skills needs assessments with 90 residents. A closure plan was also finalised and 29 residents will be transitioning to community settings in 2017, which will allow residents to be part of their communities.

Other highlights include

- GP access to ultrasound was expanded in Cork City and Mallow.
- The Regional Alcohol Strategy 2016-2018 for Cork and Kerry was launched.
- A National Speech and Language Therapy Initiative for children under 18 years was implemented resulting in no child waiting longer than 12 months for initial therapy.
- The Adult Homeless Integrated Team, in partnership with University College Cork's Department of General Practice and the Partnership for Health Equity organised the Irish Street Medicine Symposium in September in Cork.
- The arrival of people under the Refugee Resettlement programme was supported.
- Local *Connecting for Life* plans were advanced to reduce suicide and empower individuals and communities to improve their mental health and wellbeing.
- Lighting the Way West Cork, an information resource to support people who are bereaved through suicide, was launched in Bantry. It outlines national and local supports including bereavement support groups and training on suicide awareness and prevention.
- The transition to community settings took place in respect of all residents with an intellectual disability previously accommodated in Grove House, Cork.
- St. Finbarr's Hospital piloted the role of a link nurse in order to improve safeguarding processes and raise greater staff awareness on the safeguarding policy.
- As part of the Cork Integrated Falls Service, the Occupational Therapy Department, St. Finbarr's Hospital started an eight week ageing well group.
- Enhanced person-centred nursing care plans were piloted in December in Kerry. These provide a more focused person-centred framework for the delivery of quality healthcare in community hospitals.

Walkways to Health 1km walking path was officially promoted and launched to staff in St. Finbarr's Health Campus. Staff can avail of an outdoor gym during lunchtime and a communal staff bike scheme was launched in September.

Community Healthcare Organisation 5

South Tipperary • Carlow • Kilkenny
Waterford • Wexford

POPULATION
511,070 people

At the Launch of the Memory Matters sensory garden at Carlow's Sacred Heart Hospital (from left to right) were: Most Rev. Denis Nulty, Bishop of Leighlin, Ms Eilís Geraghty, Director of Nursing, Sacred Heart Hospital; Ms Patricia Wall, Secretary, Friends of the Sacred Heart Hospital and legendary broadcaster An tUasal Micheál Ó Muircheartaigh.

A particular focus…

- The findings of the **Memory Matters Project**, which aims to design and test new ways to support those living with dementia to remain at home, was launched at the annual Kilkenny Age Friendly Seniors Forum.
- A new Memory Matters sensory garden at Carlow's Sacred Heart Hospital was launched at a gala occasion in July.

Irish Healthcare Awards

- Tuiscint, Kilkenny was named winner of the Mental Health Day Centre of the Year category at the Irish Healthcare Centre Awards. The expansion of the acute day service in the Carlow, Kilkenny, South Tipperary area in recent years resulted in the extension of the service at Tuiscint to a seven day centre. It delivers comprehensive and individually tailored therapeutic intervention programmes to Co. Kilkenny based clients with acute and enduring mental ill health.
- A project on the role of primary care and social inclusion in transgender healthcare in the South East won the Healthcare Department Initiative Community Care – Primary Care category at the Irish Healthcare Centre Awards. In conjunction with Transgender Equality Network Ireland (TENI), a training programme for GPs across the CHO was rolled out.

Other highlights include

- Four GPs received accreditation to carry out minor surgery as part of a joint pilot programme with the Irish College of General Practitioners. Medical evidence has suggested that up to 30% of procedures performed in Irish hospitals can be safely carried out in primary care.
- A Recovery College was developed in partnership with Waterford Institute of Technology. Recovery colleges are places where people who avail of our mental health services and those who support them create and deliver services along with mental health professionals.

Health and wellbeing consultation sessions were held in each of the five counties in December. The feedback from these sessions will inform the *Healthy Ireland* plan for the CHO.

Community Healthcare Organisation 6

Wicklow • Dun Laoghaire • Dublin South East

POPULATION
381,882 people

Minister for Health, Simon Harris TD at the opening of Memory Harbour.

Opening of Memory Harbour

The Memory Harbour at Clonskeagh Hospital, Dublin was officially opened in December. It is an assistive technology and memory-enabled demonstration site where people with dementia, their families and health care workers can come to observe an ideal living space to enable people with dementia to live well for longer in their own homes.

The demonstration rooms at Clonskeagh Hospital include a kitchen, bedroom, bathroom and living room and are equipped with clinically appropriate furniture, utensils and safety items to make living longer at home an achievable option.

Other highlights include

- Speech and Language Therapists in Dublin South East received a plain English award from the National Adult Literacy Agency (NALA) for their solution focused approach to making their services more accessible to those that use them. This involves seeking the views of service users at first appointment, on what worked well and what more can be done to make the therapy service as useful as possible to them. This is followed up by the service through written feedback, reflecting the discussion at appointment in a clear and easily understood manner. This initiative was rated highly commended by NALA.
- Implementation of the group physiotherapy service in outpatient primary care services has reduced the wait time for patients waiting more than 12 weeks for an appointment. A survey conducted, following the initiative, showed that 94% of patients and 100% of physiotherapists reported satisfaction with the service.
- Arklow Youth Mental Health week was held in October and the theme was 'The importance of good relationships for positive mental health'. A variety of scheduled events, aimed at young people aged 12-18 years took place in four secondary schools in Arklow, targeting over 1,200 students.

hi Healthy Ireland

Families attended a healthy eating event in Arklow. This was aimed at providing information on healthier food choices for children. There were stands displaying food for infants to five year olds, the amount of sugar in foods and the food pyramid. The aim of this programme was to help parents learn about portion size and change shopping and cooking routines.

Community Healthcare Organisation 7

Kildare • West Wicklow • Dublin West
Dublin South City • Dublin South West

POPULATION
706,766 people

Tallaght Cross Primary Care Centre.

Developing Primary Care

- A new Primary Care Centre opened in the Russell Court Building at Tallaght Cross, Dublin. The centre includes a general practice surgery and offers a wide range of services such as nursing, audiology, dietetics, adult and paediatric occupational therapy and physiotherapy services, speech and language therapy, psychology, adult social work and an integrated care programme for older people.
- As part of the development of Primary Care in Dublin South, the GP out-of-hours service TLC Doc (Tallaght and Clondalkin) has re-located from Tallaght Hospital to a purpose built building close to the Tallaght Cross Primary Care Centre.

Other highlights include

- The Warmth and Wellbeing Scheme aims to improve ventilation, temperature control and air quality in the homes of people aged over 55 living with chronic respiratory conditions, those in receipt of a fuel allowance, and local authority housing. The pilot scheme was launched in April and since then has been made available to people living in Dublin 8, 10, 12, 22 and 24.
- The annual Tallaght Health Fair took place in September across four communities of West Tallaght and aims to promote a positive attitude and generate awareness of the range of health related services that are available to the community.
- The Aha! Campaign was launched in September in conjunction with the Alcohol Health and Wellbeing Alliance. The campaign encourages people to think about their drinking habits, to reduce any excesses and to use the extra time, money and energy for activities that improve health, wellbeing and quality of life.
- The Design for Mental Health, Housing Design Guidelines were launched in November with the Housing Agency. The guidelines were developed to address the information gap in designing homes for people who live with mental health conditions.

Community Healthcare Organisation 8

Laois • Offaly • Longford • Westmeath
Louth • Meath

POPULATION
618,303 people

Aidan McKevitt playing with his two sons Aaron and Nathan at the family summer wheelchair camp.

Progressing Disability Services

As part of implementing the policy *Time to Move On from Congregated Settings*, 21 residents from Westmeath residential disability services were successfully transitioned under the Muiriosa Foundation, from congregated settings at Lough Sheever, St. Loman's Hospital, Mullingar and St. Peter's, Castlepollard.

The Muiriosa Foundation provides a full range of services for people with intellectual disabilities and their families in the midlands, operating across six counties (Kildare, Laois, Offaly, Westmeath, Meath, and Longford).

Award winners

- Family Summer Wheelchair Camps in Co. Louth were revitalised by injecting a fun-filled way of meeting clinical goals and adopting a family-centred approach for independent wheelchair users aged 4-18 years old. The camp team was expanded to include a physiotherapist, social workers and mobility service managers. This initiative was shortlisted in the final seven projects of the Health Service Excellence Awards.
- Beech Haven day centre, Portlaoise won day centre of the year award at the Irish Healthcare awards. The centre offers services for people from Portlaoise and surrounding areas who are experiencing mental health issues. The philosophy of care is recovery-focused, enabling each service user to use their own abilities and resources to achieve their full potential in all areas of their life.

Other highlights include

- A first ever exhibition of artwork by service users of An Castan day unit for adults with an intellectual disability went on display in Navan library in September.
- A community health needs assessment was completed for Athlone in collaboration with a wide range of stakeholders and its report published.
- *Meath Age Friendly Strategy 2017-2020* was developed collaboratively and in consultation with older people in Meath. The strategy covers eight specific themes to benefit older people including respect and social inclusion, community support and health services.

Community Healthcare Organisation 9

Dublin North • Dublin North Central
Dublin North West

POPULATION
621,216 people

Winners of the STAR award – Soilse.

Soilse wins STAR award for outstanding adult education work

The Soilse Education and Detoxification Programme, Dublin North City and County, won the prestigious STAR award which recognises outstanding work in adult education. The Programme is designed to support drug users from dependency on methadone treatment and other drugs into recovery.

Its aim is to concentrate on the developmental needs of service users, building on their assets. The programme consists of arts, relaxation, mindfulness, health and fitness, literacy and personal development to nurture confidence and motivation. This is supported by one to one sessions and group work.

The overarching vision of Soilse is to break the spiral of addiction, dependency and social isolation and to motivate recovering drug users to realise their potential.

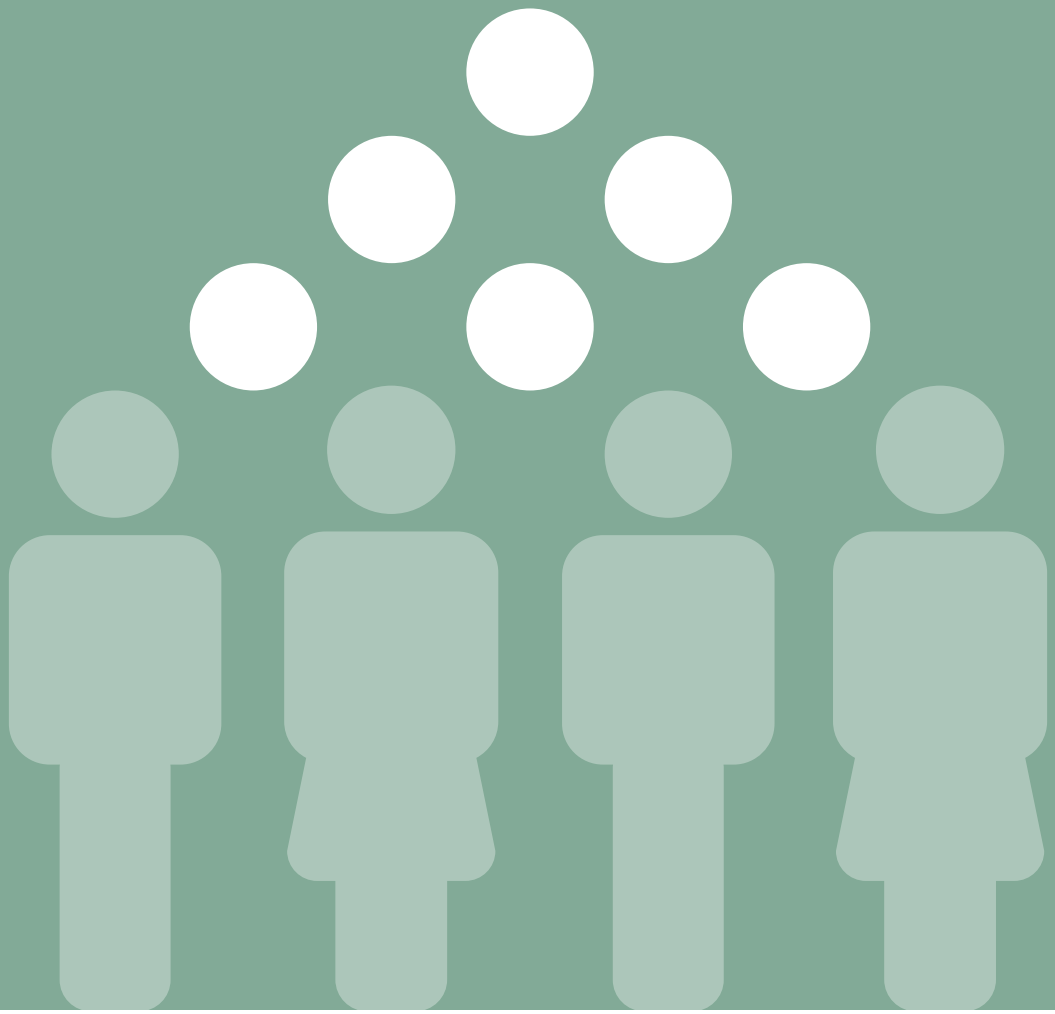
Other award winners

- Primary care services in conjunction with gerontology services in Beaumont Hospital created the country's first community virtual ward for older people. It has up to 50 patients who live at home with complex health and social care needs. Designed to reduce the number of unplanned hospital admissions, it supports older people to remain at home for longer. This initiative was one of seven finalists at the Health Service Excellence Awards.
- Adult mental health services won the Practice Teacher and the Social Work Team of the Year awards at the Irish Association of Social Workers National Annual Awards Ceremony. These awards highlight the positive impact of the social work services on individuals, families and communities in Dublin North City and County.

Other highlights include

- The 4th Nursing Showcase at St. Mary's Campus, Phoenix Park, took place in March. This enabled members of the nursing team to present some projects being undertaken in St. Mary's Campus and within the supporting community team. The showcase celebrated and reflected upon the inspirational dedication and compassion of the nurses and community support services.
- Ear, Nose and Throat services in the Mater Hospital and Community Audiology in North Great Georges Street created a new patient focused care pathway to speed up the time from identification of hearing loss to fitting of hearing aids. This pathway has reduced waiting times from over one year to less than six weeks.

The Operation Transformation group in the Phoenix Care Centre, Grangegorman was made up of 53 people. Activities included weekly weigh-ins, a walking group 3 times a week, a running group 'couch to 5k' and healthy recipes. Everyone who joined reported very positive outcomes.



Pre-Hospital and Hospital Services

Our pre-hospital and hospital services deliver emergency ambulance services, patient transfers, inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient services and diagnostic services to the whole population

National Ambulance Service

119

VEHICLES (INCLUDING 50 EMERGENCY AMBULANCES) AVAILABLE

THROUGH A FLEET BUDGET ALLOCATION OF **€18m**

313,735

EMERGENCY (AS1) AND URGENT (AS2) CALLS ANSWERED

Almost 30,000

INTER-HOSPITAL TRANSFERS UNDERTAKEN

1,178

SPECIALISED UNIT TRANSFERS UNDERTAKEN BY CHILDREN'S AMBULANCE 'BUMBLEANCE', NEONATAL UNIT AND MOBILE INTENSIVE CARE UNIT

89%

PATIENT TRANSFER CALLS MANAGED BY THE INTERMEDIATE CARE SERVICE

861

AEROMEDICAL SERVICE CALLS COMPLETED

National Ambulance Service

Serving the needs of patients as part of an integrated health system, through the provision of high quality, safe and patient-centred services

The National Emergency Operations Centre (NEOC) received ISO 9001:2008 accreditation, an internationally agreed standard for internal quality management. Achieving this standard is a global acknowledgement of NEOC's commitment to delivering the best possible service to all users.

Pictured are Mr Tony O'Brien, Director General, HSE and staff within the NEOC with the award.

Introduction

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

At a local level, the NAS is also supported by 145 Community First Responder (CFR) schemes, responding to medical emergencies where it is essential for the patient to receive immediate life-saving care while an emergency response vehicle is en route to the patient.

Progressing our priorities

Improving operational performance and outcomes for patients

- Reducing handover delays between the ambulance and ED is a significant priority for the NAS. Work has begun on making interactive ambulance arrival screens available in EDs across the country.
- Managing staff numbers within the NAS remains a concern and ensuring that sufficient numbers of qualified staff are in place is critical. A number of recruitment campaigns, both domestic and international, continued during the year. These included recruitment of 96 paramedics, 41 intermediate care operatives and 16 call takers/dispatchers.
- The introduction of an electronic patient record system within NAS is progressing. Once rolled out nationally, hospitals will be able to electronically view and incorporate the NAS record into the hospital health record.
- Response times are steadily improving with 81% of ECHO calls (life-threatening cardiac or respiratory arrest) and 61% of DELTA calls (other life-threatening illness or injury) responded to within the timeframe of 18 minutes and 59 seconds.

Implementing alternative models of patient care

- A new model of care will see new ways in which callers to 112/999 are triaged to ensure they receive the most appropriate care and response to suit their needs. The changes will

In December, the NAS along with the Irish Air Corps, was awarded an Aviation Innovation Award for its LocateMe112 programme. The programme was developed to provide the NAS Aeromedical Dispatcher with a tool to accurately define the location of patients, improving efficiency and response times.

Pictured are Paul Fry, Irish Air Corps and Sean Brady, NAS receiving the award from PJ Byrne, Dublin City University.

clearly identify those patients who require an immediate life-saving response and those who can be managed more appropriately in a care setting other than an ED.

- Expanding CFR Schemes to improve response times is a key priority, and recruitment of community engagement officers to support and develop the scheme in targeted areas has begun.
- Additional staff have been recruited to assist in the delivery of a dedicated children's ambulance service 'Bumbleance' for routine, urgent and end-of-life care.

Ensuring quality and patient safety

- The *National Ambulance Service of Ireland, Emergency Service Baseline and Capacity Review* was published, recommending options for service improvements including further rollout of the CFR Schemes, increased capacity and the continued use of the aeromedical service.
- The reporting of Out-of-Hospital Cardiac Arrest (OHCA) outcomes represents a significant development for pre-hospital care as it is the first clinical outcome indicator to be introduced. The One Life Project, an initiative undertaken by the NAS, aims to increase OHCA survival rates. Return of spontaneous circulation (ROSC) performance continually exceeds the set target of 40%.
- The *Education and Competency Assurance Plan 2015-2017* is being implemented which will see an increase in the numbers of staff available and an expanded scope of practice for emergency medical technicians, paramedics and advanced paramedics through the implementation of a range of Clinical Practice Guidelines.

Deploying appropriate resources safely, quickly and efficiently

- The *Fleet and Equipment Policy Plan 2016-2020* and the *NAS Fleet Management Action Plan* were developed to ensure fleet reliability, improve patient care and improve response times.
- The Computer Aided Dispatch (CAD) system enhances service delivery through interfacing with other systems in the emergency management suite, to ensure accurate and timely responses to emergency calls. A number of modules are being progressed including rest period management and a new telephony system.
- A new Mobile Data Terminal (MDT) system is being rolled out nationally ensuring ambulance crews receive alerts, even if they are out of the vehicle, via hand-held terminals.

Vision 2020

The NAS is building on its improvement programme of providing care in the most appropriate place and ensuring performance is measured more meaningfully and accurately, through the development of its strategic plan, the National Ambulance Service Vision 2020 Patient Centred Care 2016-2020.

Acute Hospital Services

On Any day

1,700
INPATIENTS DISCHARGED FROM HOSPITAL

250
ELECTIVE INPATIENTS DISCHARGED

1,200
EMERGENCY INPATIENTS DISCHARGED

8
EMERGENCY HIP FRACTURE SURGERIES PERFORMED

4,000
PEOPLE RECEIVED DAY CASE TREATMENT

10
ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMIES PERFORMED

12,700
PEOPLE ATTENDED HOSPITAL OUTPATIENT DEPARTMENTS

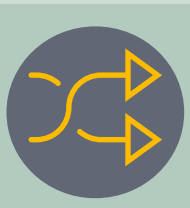
3,400
PEOPLE ATTENDED AN ED

2,700
PEOPLE ADMITTED OR DISCHARGED FROM ED WITHIN 9 HOURS

160
NEW DERMATOLOGY PATIENTS SEEN

50
NEW RHEUMATOLOGY PATIENTS SEEN

80
NEW NEUROLOGY PATIENTS SEEN



800
PATIENTS RECEIVED HAEMODIALYSIS

250
PATIENTS RECEIVED HOME THERAPY DIALYSIS TREATMENT

175
BABIES BORN

70
PATIENTS, TRIAGED AS URGENT, PRESENTED TO SYMPTOMATIC BREAST CLINICS

12
PATIENTS PRESENTED TO LUNG RAPID ACCESS CLINICS

10
PATIENTS PRESENTED TO PROSTATE RAPID ACCESS CLINICS

Acute Hospital Services

Providing safe efficient patient-centred care, through our forty-eight hospitals within seven Hospital Groups

The *Strategy for the Redesign of Outpatient Services 2016-2020* was launched in November, setting out the vision for the redesign of outpatient services and building upon the work of the Outpatient Services Performance Improvement Programme (OSIP). Over the next five years the programme will work with a wide range of stakeholders to reorganise services to deliver the very best in modern healthcare.

At the launch were Ollie Plunkett, National Lead, Outpatient Services; Liam Woods, National Director Acute Hospitals; Vinny Crossan, OSPIP; Ita Hegarty, OSPIP; Colette Nugent, OSPIP; Dr Colm Henry, National Clinical Advisor; Trina Dunne, OSPIP.

Introduction

Our acute hospitals provide a broad range of services including inpatient, outpatient, day case, emergency and diagnostic services for a population of almost 4.7 million people. Demand for these services is increasing, in line with our growing and ageing population. Health needs increase as people get older and those over 65 years of age require more frequent hospital care and present with more complex needs.

Our key priorities in 2016 were to improve both access and the hospital experience for patients, through the delivery of quality care. A number of measures were progressed to improve efficiencies while controlling costs in order to deliver the best possible service.

Progressing our priorities

Improving access

Waiting lists must be managed so that those waiting the longest are seen in a timely manner, once emergency and urgent cases have been dealt with.

- Day of surgery rates are improving and there is an increased focus on implementing pre-assessment services to reduce length of stay for patients.
- A Waiting List Action Plan, in place since August, has reduced by half the number of patients waiting longer than 18 months for inpatient treatment or day case procedures.
- Key support staff were recruited to advance the bilateral cochlear implant service.
- There are now 11 injury units in place around the country performing x-rays, treating joint dislocations, applying plaster casts and stitching wounds, saving time for patients and allowing staff in our EDs to concentrate on patients with serious injuries or illnesses.
- Implementation of the paediatric early warning system (PEWS) continued on a phased basis.
- Sepsis leads have been appointed in six Hospital Groups and a gap analysis of the implementation of the Sepsis Guideline across all acute hospitals is at an advanced stage.

Improving Maternity Care

The maternity care that women receive currently is of a very high standard. However, among the lessons learned in recent years is the need to ensure standards are applied consistently across all maternity services. All maternity units will become part of larger maternity networks ensuring that smaller units are no longer isolated, with evidence based practice underpinning the model of care through comprehensive guidelines and audit.

The first *National Maternity Strategy* was launched for the period 2016-2026. The Strategy sets out to build on the good maternity services already in place in Ireland and to restore confidence in them by making them as safe as possible. It sets out four priorities which include:

- The adoption of a health and wellbeing approach ensuring babies get the best start in life. Mothers and families should be supported and empowered to improve their own health and wellbeing.
- Access to safe, high-quality, nationally consistent, woman-centred maternity care.
- Pregnancy and birth recognised as a normal physiological process and, insofar as is safe to do so, facilitating a woman's choice in pregnancy and childbirth
- Appropriately resourced maternity services, underpinned by strong and effective leadership, management and governance arrangements and delivered by a skilled and competent workforce in partnership with women.

Improvements being made in our maternity services include:

- Establishment of a Women and Infants' Health Programme Office which will drive implementation of the *Maternity Strategy* and will also lead on implementing a Maternity Charter.
- Risk assessments undertaken across all hospital groups against the recommendations of the strategy.
- Maternity patient safety statements published monthly for each of the 19 maternity hospitals and units. These provide public assurance that maternity services are delivered in an environment that promotes open disclosure. They assist in an early warning mechanism for issues that require local action and/or escalation.
- Directors of Midwifery are being appointed for all maternity units.
- Additional resources are being provided for Coombe/Portlaoise maternity network with the appointment of consultant neonatologists, obstetricians, a perinatal pathologist, a perinatal psychologist and a quality and patient safety manager.
- A midwifery workforce plan was completed (Birth Rate Plus) and 100 posts were approved nationally. All staff have been recruited with the majority in post and the remainder to start in early 2017.
- As part of the implementation of the *National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death*, Bereavement Specialist Teams are being established in all maternity units to assist and support parents, families and professionals dealing with these personal tragedies.
- Phase 1 of the Maternal and Newborn Clinical Management System went live in Cork University Maternity Hospital and is being rolled out to University Hospital Kerry, the National Maternity Hospital and the Rotunda Hospital.

The first annual *Irish Maternity Indicator System Report* was published which provides a national account of activity and outcomes of maternity care in Ireland. This provides a comparison between hospitals both nationally and within Hospital Groups allowing activity and clinical outcomes to be interpreted. The report allows clinicians, senior management, and healthcare professionals to own and compare activity and clinical outcomes over time within the 19 maternity hospitals and units.

The system contains 30 indicators across five areas including hospital activities, neonatal metrics, laboratory metrics, obstetric metrics and deliveries. It was developed in 2014 by the clinical programme in obstetrics and gynaecology in partnership with acute services in response to national recommendations by the HSE and HIQA.

- The National Rare Diseases Office continues to be developed with a rare disease information helpline and website now available. A rare diseases information booth was established at the Mater Misericordiae University Hospital.
- Development of the Trauma Networks for Ireland policy is continuing.
- Site visits commenced to inform the development of the implementation plan for the targeted ultrasound screening programme for infants at increased risk of developmental dysplasia of the hip.
- Monitoring commenced of the number of nurses registered to prescribe medicinal products and ionising radiation in response to service need.
- Work commenced on the development of a single National Quality Assurance Intelligence System (NQAIS) clinical tool which will integrate the NQAIS surgery and medicine information tools and resolve identified issues with both.

Improving quality and patient safety

Delivering quality care means delivering care that is safe, effective, efficient, equitable and person-centred.

- Following the allocation of additional funding approved by the Minister for Health, a Winter Initiative Plan was put in place to alleviate pressures at key risk periods in our EDs. (Further information on the 2016/2017 Winter Initiative Plan can be seen on pages 29-30 of this Annual Report).
- The outpatient reform programme continues to be rolled out with an emphasis on improved pathways of care and greater efficiency measures. Pathway of care work has now commenced for orthopaedics, rheumatology, dermatology, general surgery, urology, ENT, ophthalmology and plastic surgery, and significant progress was made on the national agreement of a set of clinical prioritisation categories.

Organ donation

- Organ Donation and Transplant Ireland (ODTI) consulted with counterparts abroad where there are high rates of transplantation with a view to adopting their model and improving rates in Ireland.
- Transition of the pancreatic transplant programme from Beaumont Hospital to St. Vincent's University Hospital continued, with enabling works undertaken and additional staff recruited.

Some Activity Undertaken in 2016

- 1,686,139 patients were discharged from hospital – 636,503 inpatient and 1,049,636 day case
  - An increase of 39,024 patients discharged compared to 2015
- 1,362,014 emergency presentations to acute hospitals
- 0.7% increase (23,793) in outpatient (OPD) attendances
- 4% increase (48,381) in ED attendances
- No patients were waiting over 36 months for an inpatient or day case procedure
- 92.6% of adults and 93.3% of children were waiting less than 15 months for an inpatient or day case procedure in December
- 80.7% of people were waiting less than 52 weeks for an OPD appointment in December
- 99.4% of patients waited less than four weeks for an urgent colonoscopy and 58% waited less than 13 weeks for a routine GI endoscopy
- 94.6% decrease in the numbers of patients waiting over 12 months for a routine endoscopy
- 81.5% of patients were admitted or discharged within nine hours of registration at ED and 67.3% were admitted or discharged within six hours

- The Collaborative European Transplant Study showed that kidney transplants performed in Ireland are functioning three years longer than their European counterparts.
- 280 transplants were completed, an increase of 5.2% on the previous year
  - 58 liver transplants
  - 35 lung transplants
  - 172 kidney transplants, of which 50 were living donor transplants (an increase of 17 on the previous year).

Anne Merrigan, Consultant Breast Surgeon, Helen Leo, a breast cancer survivor, and Colette Cowan, CEO UL Hospitals Group, at the launch of the new Breast Unit at the Leben Building, University Hospital Limerick

Cancer Services

The National Cancer Control Programme (NCCP) provides leadership across the continuum of cancer care from prevention, early diagnosis and treatment, to appropriate follow-up and support in both hospital and community settings. Work continues on the consolidation of surgical oncology services into the cancer centres to ensure that optimal treatment is provided and outcomes are improved. Significant work was undertaken in progressing the development of the new Cancer Strategy, to be published by the DoH in 2017.

Progressing our priorities

Prevention

- A cancer prevention manager was appointed to focus on lifestyle factors including smoking, alcohol, physical inactivity, overweight and ultraviolet radiation.

Improving access

- Recruitment for additional oncology posts and advanced nurse practitioners is underway with a number appointed.
- The new radiation oncology centre at Altnagelvin Hospital Derry opened in November, providing a cross-border service for patients in the North West.
- Two additional linear accelerators for St. Luke's Radiation Oncology Network were purchased and commissioning commenced.
- The systemic therapy programme continued to support hospitals in improving access to cancer drugs.
- New referral guidelines were introduced including a GP referral guideline for suspected ovarian cancer and an inter-hospital referral guideline for suspected pancreatic cancer.

Service improvement

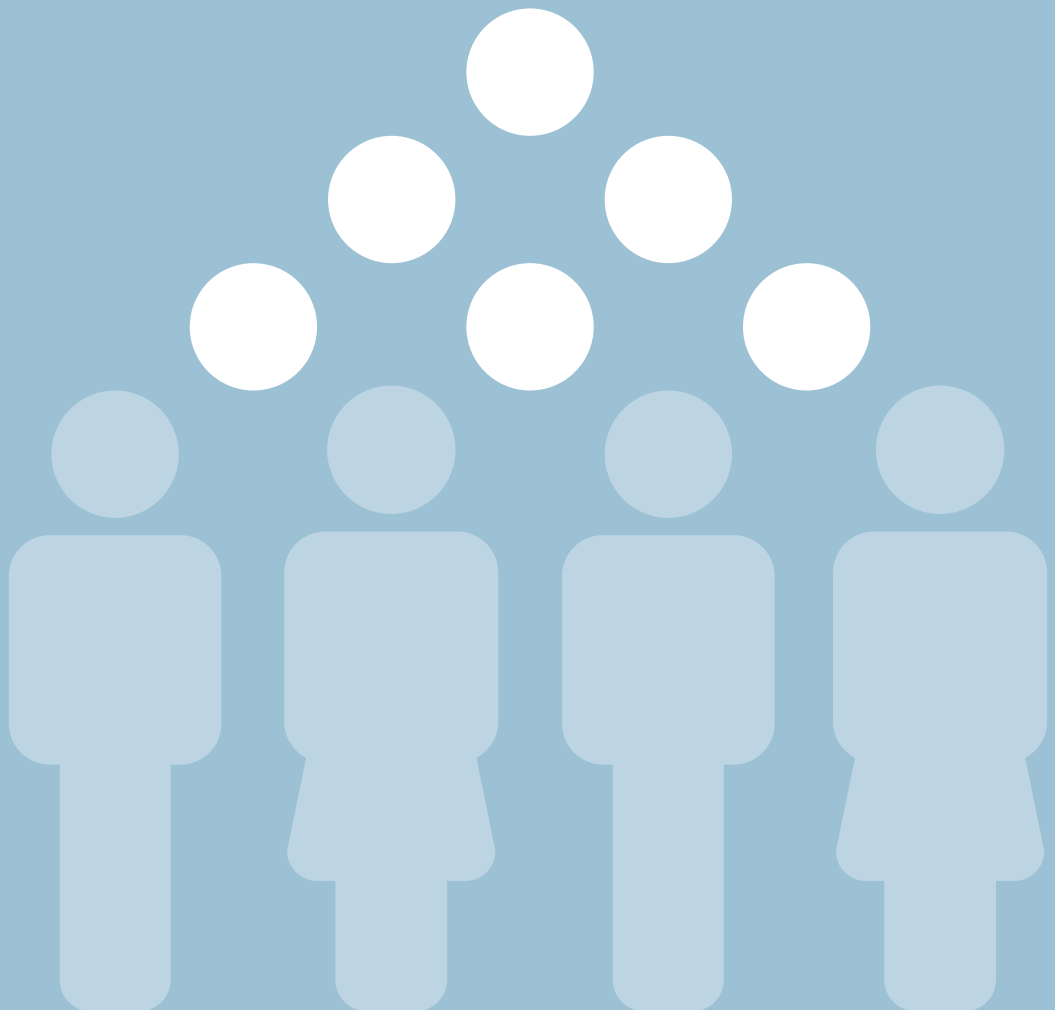
- A performance indicator improvement project was undertaken. The report, when complete, will contain recommendations for clinical and management teams.
- National oncology medication guidelines and policies were published, with others in development. The development of a clinical guideline for lung cancer is complete and awaiting NCEC endorsement. Over 155 national drug protocols, covering over 270 indications, were approved and published.
- Procurement of a National Medical Oncology Clinical Information System was completed. Work is underway to support implementation across all hospitals.
- A new programme on Survivorship was set up with a focus on ensuring support for the ongoing needs of people with a history of common cancers.

GPs' Experiences with the NCCP

A survey was undertaken of GP experiences with the NCCP over the past seven years and results included:

- The vast majority of GPs considered the organisation of cancer services into designated cancer centres as a positive step.
- 57% of GPs reported that they often or always used electronic referrals.
- The majority of GPs reported that urgent patients with acute symptoms requiring treatment were seen on the same day as referral.
- 84% of GPs reported that patients with a new clinically suspected cancer were waiting six weeks for assessment.

The findings of this survey will inform future priorities in assisting the work of GPs.

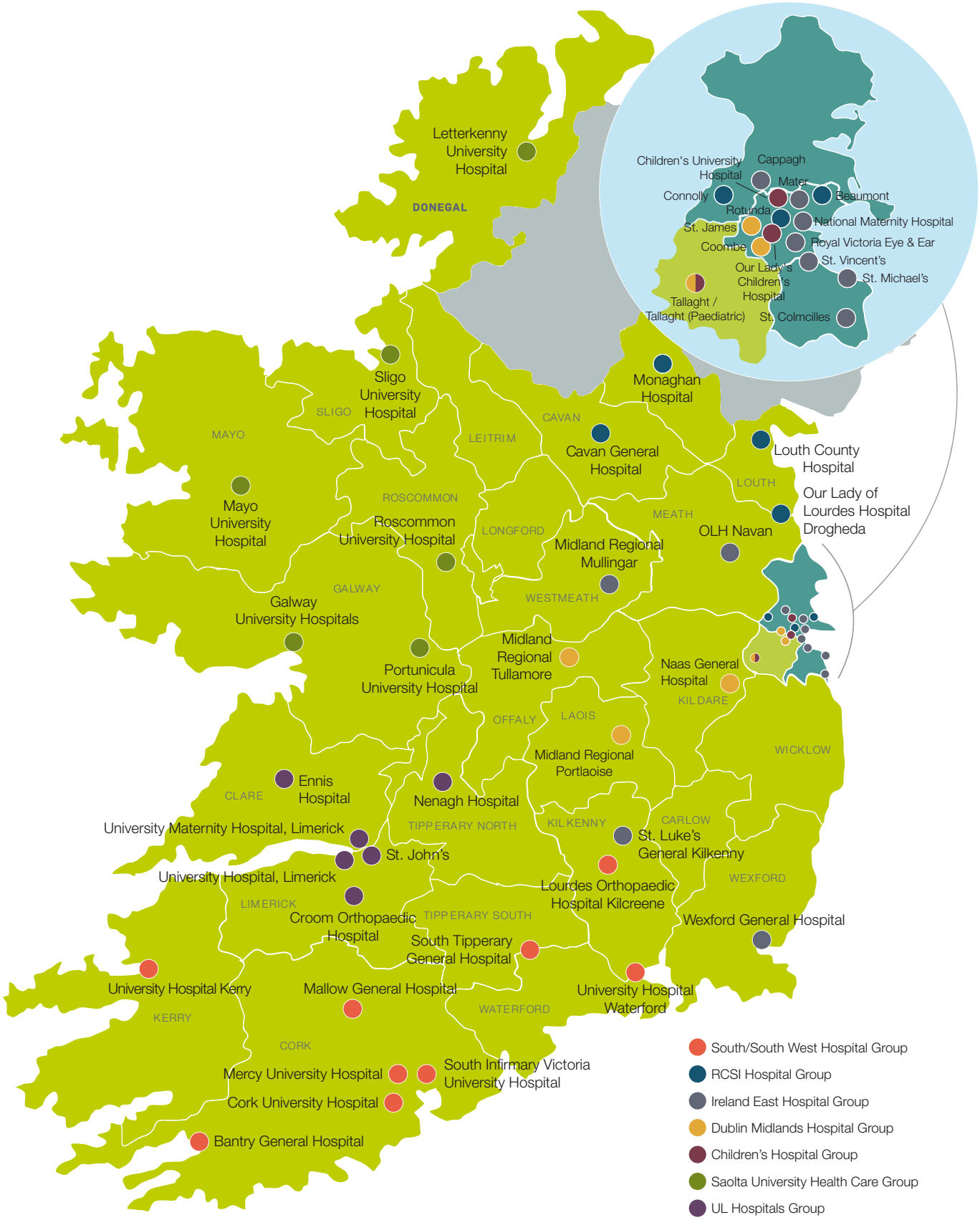


Delivering Hospital Services through Hospital Groups

Hospital services are delivered through seven Hospital Groups, enabling a more co-ordinated approach to the planning and delivery of care. Many service improvements took place within the Hospital Groups during the year and a flavour of these is included over the following pages

Seven Hospital Groups…

Serving a population of over 4.7 million people – Incorporating 48 hospitals



Children's Hospital Group

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

Academic partners:

- University College Dublin
- Royal College of Surgeons Ireland
- Trinity College Dublin
- Dublin City University
- National University of Ireland Galway
- University College Cork
- University of Limerick

Pictured at Our Lady's Children's Hospital (Crumlin) in June are Callum Murray from Athlone and Clair Tierney, Play Specialist, with Callum's drawing of what he imagines the new children's hospital will look like.

- In April, planning approval for the new Children's Hospital was received from An Bord Pleanála and July saw the commencement of the first phase of enabling works. The plan to bring the three children's hospitals under one roof for the first time is a historic and exciting development for paediatric services in Ireland. The Children's Hospital Programme was established to drive the integration, reconfiguration and standardisation of paediatric services in Dublin to reflect the new national model of care for paediatrics.
- A newly refurbished and extended ED at the Children's University Hospital (Temple Street) was opened. The works were funded both by the HSE and by the Danielle Ryan and Cathal Ryan Trust and are improving patient experiences by increasing the available space, adding further isolation rooms for treatment and providing more emergency beds. The larger, brighter and more open waiting areas and new reception area is a more welcoming and comfortable atmosphere for children, their families and staff.
- A short film, 'Ben and Tara's visit to the hospital', narrated by actor Chris O'Dowd and created by award-winning Irish animation studio Cartoon Saloon, takes Children's University Hospital (Temple Street) mascots Ben and Tara on a fun guided tour inside the children's hospital as they prepare to have an operation. It is being used to help prepare younger children coming to the hospital for surgery and to explain in simple, understandable terms what is involved in every stage of the process.
- A new hybrid cardiac catheterisation laboratory was opened at Our Lady's Children's Hospital (Crumlin) (OLCHC) as part of the development of the All-Island Congenital Heart Disease Network. Investment of €57m was announced which will ensure the phased implementation of the clinical network and the planned transfer of surgical cases from the north to OLCHC. In the interim, OLCHC will continue to provide emergency surgical treatment for children from Northern Ireland.
- The National Children's Hospital (Tallaght) Hospital opened an eight-bed short stay observation unit in its paediatric ED to manage the treatment of children who present to ED with conditions that successfully respond to treatment and close observation within a six-hour timeframe, reducing the emergency admission rate.

Dublin Midlands Hospital Group

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

Academic partner:
- Trinity College Dublin

The Midland Regional Hospital Tullamore launched the *#hellomynameis* campaign during the year with more than 1,000 staff signing up. The campaign aims to improve the level of personal interaction between patients and staff thereby improving the patient experience. (Further details in relation to the *#hellomynameis* campaign can be found on page 26 of this Annual Report).

- Results presented at an event at Tallaght Hospital showed that 94% of those who participated in a volunteer-led patient survey said their care from the hospital was excellent, very good or good. Improvements being put in place as a result of the survey include:
  - Improved hospital signage to make it easier to navigate the building
  - Increased clinics and list validation procedures to reduce outpatient waiting times
  - Increased information available on the various hospital departments for patients to review before attending for their outpatient visit
  - A review of pastoral care services to increase the number of people available to patients to talk to them about their concerns and fears
  - New uniforms for volunteers for easier identification by patients looking for information.
- Tallaght Hospital has introduced a re-vamped website which details the services provided by the hospital, as well as providing insights into a variety of different areas such as patient advocacy and academia. The launch of the website is part of a series of recent technological innovations that have been implemented at the hospital including the provision of free family-friendly WIFI for all patients.
- The Mercer's Institute for Successful Ageing (MISA) was officially opened at St. James's Hospital in December. This world-class facility is Ireland's first dedicated centre for successful ageing and the largest of its kind in Europe. MISA provides co-ordinated patient care, coupled with far-reaching educational and training programmes, to ensure an integration of hospital and community research in clinical ageing.
- Over 50 people with stroke, families and friends gathered for the launch, by Naas General Hospital and the Irish Heart Foundation, of Kildare's first Stroke Support Group. The aim of the group is to offer guidance, support and physical therapies, and to provide a social outlet for sharing information and experiences.
- Midland Regional Hospital Tullamore hosted a training day to enhance care for patients with kidney disease. The Renal Study Day was attended by a variety of healthcare professionals from Laois, Westmeath and Longford, as well as from Offaly. The renal unit in Tullamore is the country's third largest dialysis care centre.

Ireland East Hospital Group

- Cappagh National Orthopaedic Hospital
- Mater Misericordiae University Hospital
- Midland Regional Hospital Mullingar
- National Maternity Hospital
- Our Lady's Hospital Navan
- Royal Victoria Eye and Ear Hospital
- St. Columcille's Hospital
- St. Luke's General Hospital
- St. Michael's Hospital
- St. Vincent's University Hospital
- Wexford General Hospital

Academic partner:

- University College Dublin

New Lung Transplant Procedure

An innovative new lung transplant procedure, the first operation of its kind in the country, was recently performed on Leigh Baghnall, a twenty year old woman with cystic fibrosis.

Known as ex vivo lung perfusion transplantation (EVLP), the procedure makes donor lungs, previously classed as unsuitable, safe for transplant, and was such a success that Leigh completed a 10km run in aid of Cystic Fibrosis Ireland less than two months later.

Pictured are Leigh with her consultant thoracic lung transplant surgeon Karen Redmond at the Mater Misericordiae Hospital in Dublin.

The Ireland East Hospital Group recently launched its *Healthy Ireland* Implementation Plan which sets out the actions the group is committed to implementing to improve the health and wellbeing of staff, patients and the community. The plan identifies four broad priority areas:

- Provide the facilities and environment to enable people make healthier choices
- Promote staff wellness and resilience
- Work in partnership with community and other relevant organisations
- Reduce the rate of growth in chronic illness.

- Implementation of an electronic patient record commenced in the ED of St. Vincent's University Hospital. Future plans for the system include electronic messaging of discharge summaries and clinical records to improve continuity of care in the community.
- The Clinical Academic Directorate for Cancer Care was launched, bringing together the expertise of St. Vincent's and the Mater Misericordiae University Hospitals with the research and teaching expertise in University College Dublin, and will help to deliver state of the art cancer care to patients.
- A new post anaesthetic care unit at Cappagh National Orthopaedic Hospital was opened, the final part of a theatre modernisation at the hospital. It has 12 recovery beds and provides a better patient experience overall while improving theatre efficiencies and patient throughput by avoiding delays in discharging patients from the operating theatre to recovery. Additional funding was approved during the year which facilitated an additional 530 orthopaedic procedures as part of the Winter Initiative.
- In December, the refurbished ED in the Midland Regional Hospital Mullingar was officially opened, a project which included the upgrading of the hospital concourse and surrounding amenities.
- The first two advanced nurse practitioners in acute medicine were appointed in St. Vincent's and the Mater Misericordiae University Hospitals. These highly qualified nurses can assess, treat and discharge patients in AMAUs, improving treatment times for patients.
- St. Vincent's University Hospital was highly commended in the Health Service Excellence Awards 2016 for its project, Community Medicine for Older Persons Nursing Home Liaison Service.

RCSI Hospital Group

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

Academic partner:

- Royal College of Surgeons Ireland

Ruth Harris from Finglas who was diagnosed with breast cancer, thanked Lorna Cosgrave and Caroline Grehan, nurses on St. Clare's cancer ward.

Noeleen Diskin and Helen Keogh – identical twins from Lucan. Noeleen donated a kidney to her sister, Helen, in 2014. Because their bodies are exact replicas, the donated kidney was accepted by Helen's body as if it was her own and she does not need to take anti-rejection medication. Noeleen and Helen thanked the hospital's Chief Medical Scientist (Rtd), Mr Derek O'Neill and the NHISSOT (National Histocompatibility and Immunogenetics Service for Solid Organ Transplant) team and also Andrea Fitzmaurice and Aileen Counihan, Transplant Co-ordinators.

The RCSI Hospital Group recently launched its *Healthy Ireland* Implementation Plan which sets out the actions the group is committed to implementing to improve the health and wellbeing of patients, staff and the community. The plan identifies three key areas:

- Reduce the burden of chronic disease
- Improve breastfeeding rates in the three maternity services
- Improve staff health and wellbeing.

- An outsourcing initiative involving all hospitals in the group contributed to the reduction of waiting times for patients for elective general surgery, vascular surgery and endoscopy procedures. This included 500 endoscopy procedures carried out for patients referred from the Beaumont Hospital waiting list to Connolly and Monaghan Hospitals.
- As part of the development of the Cystic Fibrosis Unit in Cavan General Hospital, the first isolation room was completed to aid in infection control for vulnerable patients.
- The fourth annual Honour your Heroes reception took place in Beaumont Hospital in August when former patients returned to pass on their thanks and appreciation to members of hospital staff whom they believe went the extra mile in helping them regain their health and wellbeing. Honour Your Heroes is an in-hospital staff recognition and fundraising programme which allows patients to pass on a message of appreciation to a hospital staff member and these messages are displayed around the hospital for staff, patients and the public to read.

Saolta University Health Care Group

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

Academic partner:
- National University of Ireland Galway

Dermatology Nurse Specialist, Selene Daly, teaching children how to be 'sun smart'.

- A newly developed dedicated paediatric area within the University Hospital Galway ED opened its doors to patients in June, reducing wait times and improving patient flow. The area is compliant with the Children First hospital policy, ensuring safety and privacy for all paediatric patients presenting to the department. A new paediatric playground has also been opened.
- Additional emergency ward accommodation with 30 emergency ward beds was provided at University Hospital Galway. A new AMAU was also constructed providing 13 further beds to the hospital. This includes a multi-bed ward, an assessment area and ancillary service rooms.
- A new specialist outreach team was launched in Portiuncula University Hospital. This nurse-led service staffed by intensive care unit/coronary care unit nurses identifies patients at risk of deterioration on the ward, as well as patients with high early warning scores. Benefits include a reduction in cardiac arrest calls and clinical risks, better use of critical care facilities and opportunities to provide ward based training to share knowledge and skills.
- A new €1.4m cystic fibrosis (CF) day care centre was officially opened in Mayo University Hospital. The new centre provides dedicated facilities for the outpatient and day care needs of children and young people with CF in the greater Mayo area.
- An eRoster project at Letterkenny University Hospital won two awards recently at the Allocate User Group Conference in Birmingham. The system enables managers to make informed decisions, minimising risk and maximising quality of care and patient safety.
- Sligo University Hospital, in conjunction with CHO1, won overall best project at the Health Service Excellence Awards for the ophthalmology service project, Having the Right People with the Right Skills in the Right Place at the Right Time.
- Research undertaken by the Saolta Diabetes in Pregnancy Research Group won two awards at the 2016 Irish Medical Times Healthcare Awards.
- A cross-border cardiology service was launched which provides emergency cardiology services for Donegal patients in Altnagelvin Hospital, Derry.
- Sligo University Hospital and CHO1, developed a joint frailty pathway for older people attending the hospital and in the community, reducing average length of hospital stay with no increase in re-admission rates or adverse events.
- Dermatology nurse specialists from Sligo University Hospital launched Generation SunSmart, a sun safety programme. The programme saw 4,000 primary school children in Sligo being taught about sun safety and it is hoped to roll the programme out nationwide in 2017.

South/South West Hospital Group

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

Academic partner:
- University College Cork

Some Mercy University Hospital staff enjoying a lunchtime pilates class, introduced to aid staff wellness.

- University Hospital Waterford (UHW) was alight with colour, music and dance during the week-long Well Festival for Arts and Wellbeing. The Festival celebrates the health benefits of participation in the arts for everybody and featured a range of daily colourful spectacles and arts experiences, with a healthy angle, in the foyer of UHW and other venues throughout Waterford.
- A nurse in Cork University Hospital (CUH) has recently been appointed as the country's first advanced nurse practitioner in wound care and is holding a new clinic in the CUH Outpatients Unit.
- Cork University Maternity Hospital went live in December on the Maternal and Newborn Clinical Management System (MN-CMS). The MN-CMS is an electronic health record for all women and babies in maternity services in Ireland. This record will allow information to be shared with relevant providers of care as and when required.
- More than 350 people attended a free skin cancer screening clinic in University Hospital Kerry in May as part of Euro-Melanoma, a pan-European prevention campaign against skin cancer. The screening day served to highlight awareness of skin cancer amongst the general public and to encourage self-checks for new or changing skin lesions.
- This year, the South/South West Hospital Group held its inaugural Midwifery Conference. The conference was hosted by the Maternity Services Group, comprised of representation from the four maternity sites and was a wonderful opportunity to showcase the excellent work being carried out by midwives and to improve professionals' knowledge so that midwifery practice is based on best practice standards.
- Mercy University Hospital COPD Outreach Service is a Cork city based service that aids in the early discharge of patients who present with an exacerbation of COPD to the hospital. Once a patient is discharged and meets certain criteria, the COPD outreach team will provide home visits to the patient. International best practice guidelines suggest that such a 'hospital at home' programme is a safe, effective and efficient approach to the treatment of patients with COPD.
- As well as winning the Popular Choice award for its project, Community Epilepsy Outreach Service, in the Health Service Excellence Awards, the South/South West Hospital Group was also highly commended for its Stroke Rehabilitation and Recovery project.

UL Hospitals Group

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

Academic partner:
- University of Limerick

The neonatal unit at UMHL recently celebrated the arrival in quick succession of quadruplets, triplets and twins. It is the first time the unit has had the privilege of caring for quads, triplets, twins and singletons at the same time.

A four year *Healthy Ireland* Implementation Plan for UL Hospitals Group was launched. It identifies 60 priority areas to improve the health and wellbeing of the 380,000 people served by the Group and the 3,300 staff it employs.

- Up to 40 people undergoing hip revision surgery in Croom Orthopaedic Hospital every year benefit from bone donated by patients who have had hip replacements. The donations are managed by the Croom Retrieval Centre, which also supplies bone around the country through the Bone Bank at the National Orthopaedic Hospital in Cappagh. Croom is a satellite unit of the Bone Bank.
- A new Patient Council was announced for UL Hospitals Group and eleven members of the public were appointed. The Council will provide a strong independent voice for patients, service users and their families.
- Ennis Hospital extended its opening hours for its medical assessment unit (MAU). The MAU is now operating seven days a week and facilitates immediate assessment, diagnosis and treatment of patients presenting with conditions that don't necessarily require admission, but do require assessment, investigation and a treatment plan.
- A new patient administration software system introduced across UL Hospitals Group will allow for a more streamlined patient journey, easier access to records for clinicians and a single identifier in all hospitals in the mid-west. The Integrated Patient Management System, rolled out over all six sites, replaces the six previous systems which were in place for over two decades.
- The €16.5m Leben Building at University Hospital Limerick opened officially in October. The six-storey building was developed in conjunction with three charitable partners – CF Ireland/ TLC4CF, the Parkinson's Association of Ireland and the Mid-Western Hospitals Development Trust. It consists of a neurology/stroke unit, an adult inpatient CF unit, an outpatient CF unit, a dermatology unit and a symptomatic breast unit.
- The Baby Box programme, a major initiative aimed at reducing the incidence of infant mortality, was launched at University Maternity Hospital Limerick. It will see mothers who complete eLearning modules provided with a free Baby Box for their infant to sleep in. The use of Baby Boxes was credited with helping reduce infant mortality rates from cot death in Finland, where they have been in use for 75 years, from 65 infant deaths per 1,000 births to 2.26 per 1,000. Ireland's infant mortality rate is currently 3.7 per 1,000 births.

Supporting Service Delivery

Supporting Service Delivery

83,426
STAFF AND
34,077
PENSIONERS PAID

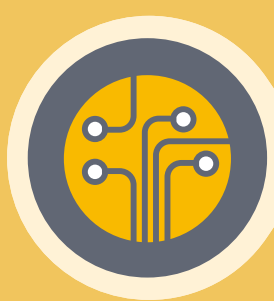
116,000
ELECTRONIC REFERRALS PROCESSED

87
NEW EHEALTH SYSTEMS WENT LIVE

4,800
REQUESTS TO RECRUIT RECEIVED BY HBS HUMAN RESOURCES

2,160,905
SUPPLIER INVOICES PAID

180,000
SERVICE USER SUPPORT CALLS RESOLVED



270
ICT PROJECTS SUPPORTED

Supporting Service Delivery

Supporting front line services to deliver the best possible care for patients and service users

Introduction

Delivering safe, effective patient-centred care depends not just on our front line services but also on our essential support services such as National Human Resources (HR), National Finance, Communications, the Office of the Chief Information Officer (OCIO), Health Business Services (HBS), Emergency Management, Planning and Business Information and Internal Audit.

National Human Resources

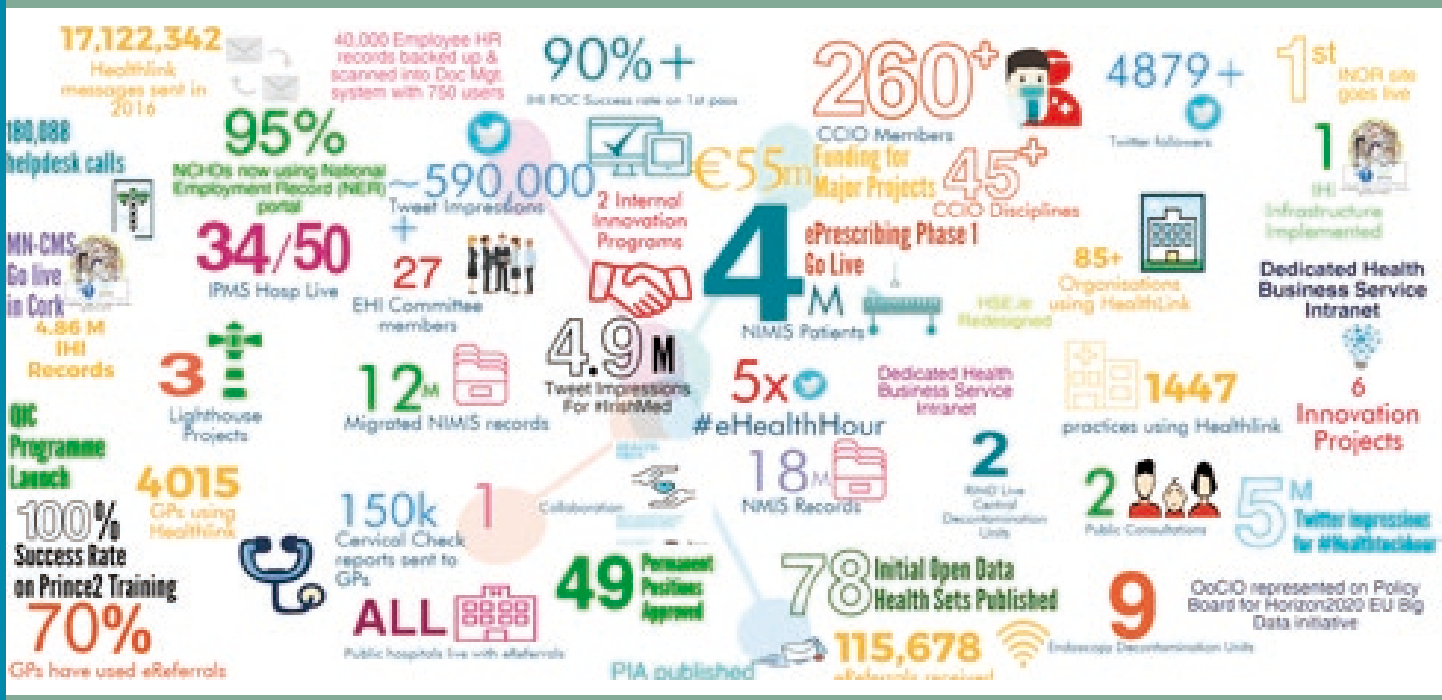
Our commitment is to invest in and engage with our staff to assist them in delivering the best care and services to those who depend on them.

- The *Health Services People Strategy 2015-2018* was officially launched in March and focuses on the future needs of all health services to meet workforce demands of attracting and retaining high calibre staff. The eight key priorities of the strategy are:
  - Leadership and culture
  - Staff engagement
  - Learning and development
  - Workforce planning
  - Evidence and knowledge
  - Performance
  - Partnering
  - HR professional services.
- The Workplace Health and Wellbeing Unit was established, ensuring the delivery of high quality staff support services.
- A new online Health and Safety Helpdesk was introduced to allow staff to make health and safety support requests at their own convenience.
- A National Coaching and Mentoring Register was established to standardise and quality assure all aspects of coaching and mentoring.
- National HR partnered with Communications to host a workshop themed Building an Engagement Community for more than 100 staff from across the organisation. The workshop was an opportunity to engage with staff to improve communication in the workplace.
- National HR was awarded Excellence Through People (ETP) certification by the National Standards Authority of Ireland. ETP provides a business improvement model for organisations to enhance performance through the management and development of their staff.
- National HR, working in conjunction with National Finance, co-ordinated and supported the development of funded workforce plans.

National Finance

National Finance supports the organisation in securing and accounting for the maximum appropriate investment in health and social care and supports our services in delivering and demonstrating value for money.

- The new Finance Operating Model was approved, allowing development of staff standardisation of processes and support of both with improved technology such as the Single National Financial and Procurement System.
- An initial standard national chart of accounts was developed along with an initial set of standard procurement and financial processes.
- The national Corporate Reporting Solution (CRS), a means of extracting data from financial systems to allow for local and national reporting, is being upgraded with the intention of having it ready to deploy in 2017.
- Activity Based Funding (ABF) is changing the way our services are funded, with hospitals being paid for the actual quantity of care delivered to patients rather than by a block grant. In 2016, work began on classifying and costing community services to allow for implementation of ABF outside the hospital setting.
- Claimsure, a private health insurance claims management system, was successfully implemented in all hospitals. Implementation of the system ensures national visibility and hospital uniformity when reporting on the level and status of private insurance debt, enhancing claims reporting and increasing efficiency in claims handling.
- The National Finance Controls Assurance Group



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continued its work to drive improvements in control and compliance across all areas of the health service.

- As part of the Pay and Numbers Strategy, monthly forecasting analyses are being circulated to each hospital and CHO.
- Work is continuing with voluntary agencies to ensure greater visibility and compliance with financial governance.

Communications

Communications further developed and managed the HSE's internal and public communications function, focusing on improving our digital information channels and developing our social marketing and behaviour change campaigns.

- Our website, *www.hse.ie*, went mobile responsive, ensuring our primary website provides a better user experience for the 2.5 million people accessing the site from mobile devices.
- The use of social media as a direct communication channel was developed, including the use of Twitter, which saw a 300% increase in impressions on the previous year.
- HSELive, a new multi-channel public information service, was launched in November, providing information to help people navigate the health service by phone, email, social media and webchat.
- Highlights of our campaign work included:
  - Understand Together – a campaign to increase awareness of dementia
  - *www.breastfeeding.ie* – a website offering advice from experts
  - CervicalCheck – targeting low uptake areas and groups through the use of Facebook.

For further information on our services and campaigns, please visit *www.hse.ie*.

Office of the Chief Information Officer (OCIO)

The OCIO continues to work on turning the *eHealth Ireland Strategy* into reality, ensuring improved population wellbeing, health service efficiencies and economic opportunity through the use of technology enabled healthcare provision.

- Cork University Maternity Hospital was the first hospital to implement Ireland's Maternal and Newborn Clinical Management System, the first instance of a national electronic health record (EHR) for all women and babies in maternity services in Ireland. Plans are in place to roll out the system across the country into all 19 maternity hospitals and units.
- GPs across the country can now refer patients into every acute hospital electronically following the completion of phase one of the national eReferral programme.
- The individual health identifier (IHI) is one of the strategic projects being progressed by the eHealth Ireland team. The initial consumer systems for integration with the IHI system are eReferrals, the national epilepsy electronic patient record (EPR), PCRS, selected GP practice management systems and the Laura Lynn Hospice. The IHI record uniquely identifies each service user, minimising the risks of information getting lost on journeys through the healthcare system.
- Development of an EHR for Ireland is being progressed. Delivery of the EHR will facilitate patient safety and quality improvement through the use of alerts, embedded clinical guidelines, electronic prescribing and test ordering, reducing errors and waste while allowing remote access to information.

Staff working on the National Information Line.

- The *Open Health Data Governance Strategy* was published.
- The ePharmacy project is progressing, with two ePrescribing pilots in place in primary care. There were 10,000 ePharmacy messages sent during the year.
- The Healthlink messaging system continues to expand with over 17 million messages sent in 2016, including laboratory reports, discharge information and waiting list updates.

Richard Corbridge, CIO and Tony O'Brien, Director General at the Health Innovation Week in November. This event was the first of its kind and featured a host of exhibitions, demonstrations and presentations showcasing innovations in healthcare.

Some of our capital projects completed in 2016

Corduff Primary Care Centre

Department of Psychiatry Our Lady of Lourdes Hospital Drogheda

New emergency ward accommodation at University Hospital Galway

Cork University Hospital Paediatric Unit

Health Business Services

HBS develops and delivers a range of common business services on a shared basis, allowing operational services to focus on core service provision. It incorporates the following business units: HBS Business Relationship Management, HBS HR/Payroll Systems and Analytics, HBS Estates, HBS Finance, HBS Human Resources and HBS Procurement.

- The *HBS Strategy 2017-2019* was developed, building on the work of the previous strategy. Over 85% of the actions contained in the first strategy were successfully implemented.
- The HBS business model was further developed during the year placing pro-active Business Relationship Management and collaborative working with our business partners at the centre of all activities.
- HBS Human Resources managed recruitment campaigns at local, national and international levels to address specific staff shortages in the health service.
- Testing of an electronic invoicing solution took place during the year with a pilot project successfully completed. A new centralised system for income reporting was also successfully implemented across 48 acute hospitals.
- HBS Procurement, in collaboration with HBS Business Relationship Management, partnered with health and wellbeing services to assist in the successful promotion of public health campaigns. It currently operates a fleet of delivery vehicles and, for this pilot, artwork from the *#littlethings* and Under the Weather campaigns were chosen to feature on selected vehicles, promoting the *Healthy Ireland* agenda.
- HBS HR/Payroll Systems and Analytics completed a comprehensive system review of the existing service model and as a result has fundamentally re-engineered the manner in which services will be delivered to customers. In addition a new Business Intelligence (BI) capability was developed which supports line managers with the provision of critical HR and payroll data.
- A number of capital programmes were advanced including:
  - Commencement of construction start up activities for 14 new primary care centres.
  - Tender stage for construction was reached for the National Children's Hospital, the National Forensic Mental Health Services Hospital in Portrane, Dublin, a radiation oncology unit in Cork and the National Rehabilitation Hospital in Dun Laoghaire, Dublin.

- Commencement of a survey of existing buildings to achieve a complete picture of the HSE asset portfolio and identify risk factors in relation to their condition.

Emergency Management

Emergency Management works at both national and area level, with all HSE services and on an inter-agency basis to ensure that appropriate emergency plans are developed, updated and tested as required. Emergency Management is responsible for the co-ordination of HSE response at both National and Regional Crisis Management team levels. A major emergency is defined as any event that, usually with little or no warning, causes or threatens death or injury, serious disruption of essential service or damage to property, the environment or infrastructure, and requires the activation of specific additional procedures and the mobilisation of additional resources.

- A revision of Emergency Management Governance policies and procedures was undertaken.
- Training and education programmes were delivered across the health service.
- Statutory external emergency plans for top tier seveso sites were reviewed and updated.
- Engagement continued with local authorities and An Garda Síochána in relation to large crowd events.

Planning and Business Information

Planning and Business Information is responsible for the implementation of an integrated cross-system planning function, a business information unit and operational performance reporting and measurement across the health service.

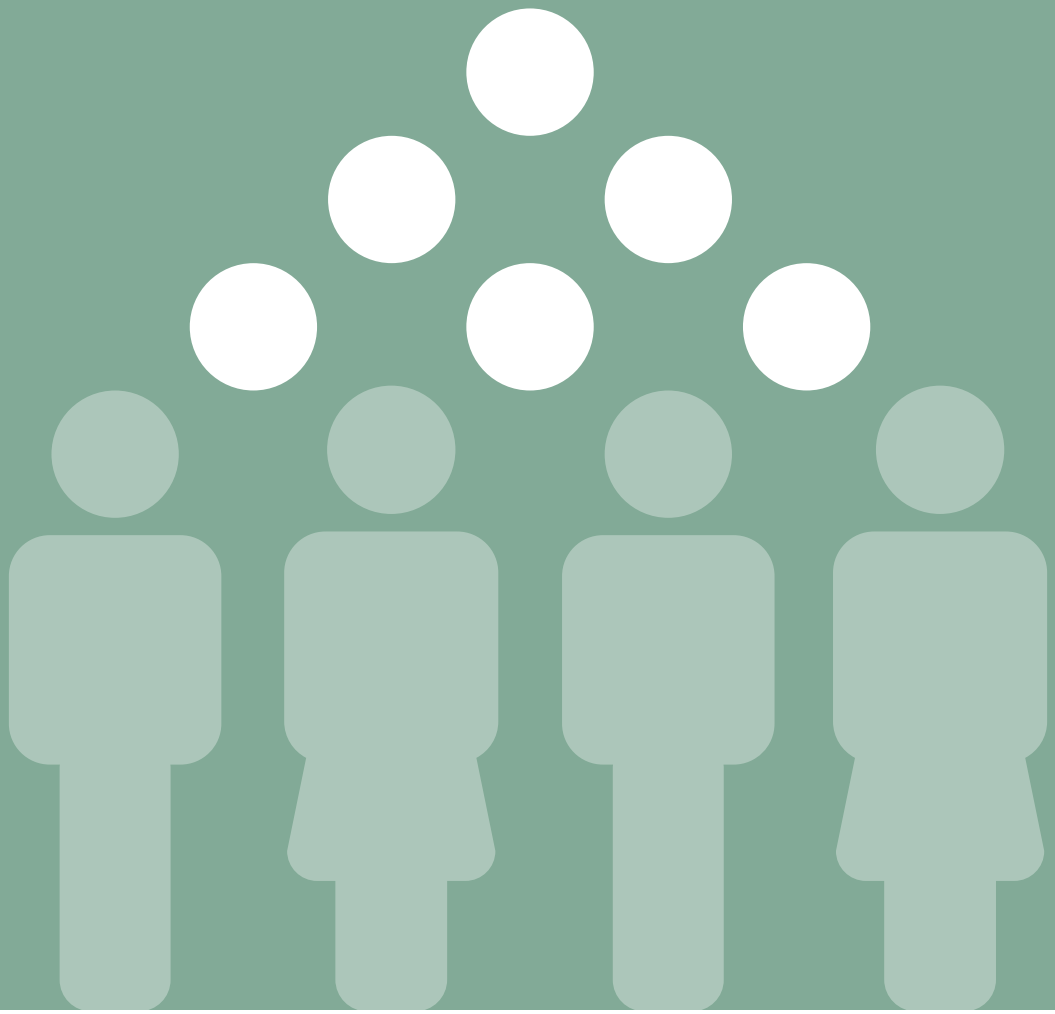
- A number of documents, required under legislation, were developed and produced including the *National Service Plan 2017* and the *Annual Report 2015*.
- Performance Reports were developed and published online on a bi-monthly basis.
- Fact sheets were developed to provide an overview and information on the planning and performance process across the health service.
- A revised *Performance and Accountability Framework* was developed to recognise good management and outcomes while continually improving performance.
- A corporate dashboard is being developed to provide an at-a-glance status view of key performance indicators.

All documents are available at *www.hse.ie*.

Internal Audit

Internal Audit provides assurance and recommendations to the Director General, Directorate and Leadership Team on the organisation's adherence to controls and procedures, in accordance with best practice and the appropriate regulations.

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



Appendices

Appendix 1: Membership of Directorate and Leadership Team

Directorate Members as at 31st December 2016

- Mr Tony O'Brien (Director General)
- Mr Stephen Mulvany (Chief Financial Officer and Interim Deputy Director General)
- Mr Liam Woods (National Director, Acute Hospitals)
- Dr Stephanie O'Keeffe (National Director, Health and Wellbeing)
- Mr John Hennessy (National Director, Primary Care)
- Ms Anne O'Connor (National Director, Mental Health)
- Mr Pat Healy (National Director, Social Care)
- Dr Philip Crowley (National Director, Quality Improvement)

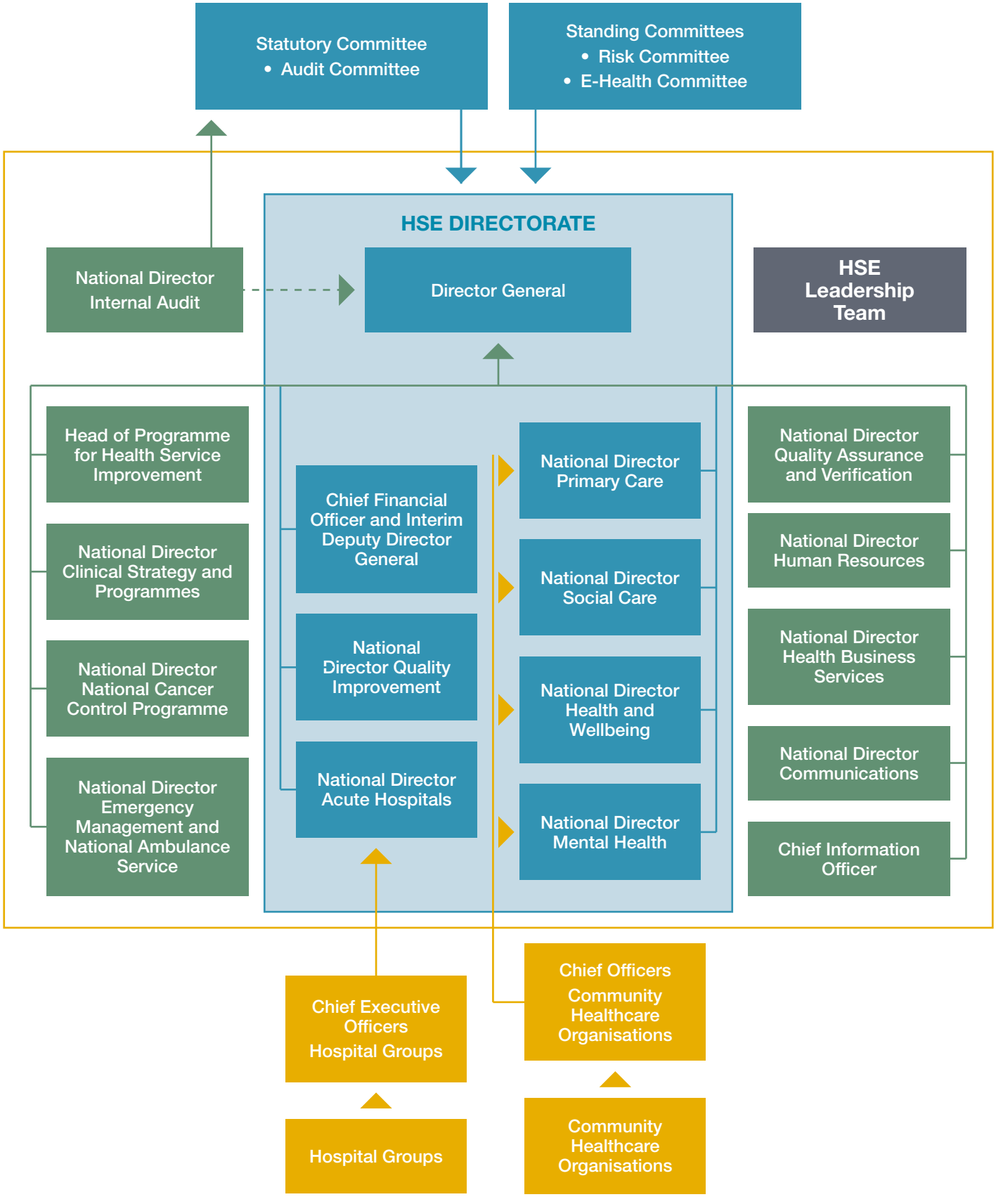
Leadership Team as at 31st December 2016

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

- Mr Dara Purcell (Corporate Secretary)

Appendix 2: Organisational Structure

As at 31st December 2016



Appendix 3: Performance Against Key National Service Plan 2016 Performance Indicator Suite

Note 1: 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).

Note 2: Positive variance is based on performance being an improvement on target, which may be due in some instances to a lower number or percentage being reached than the target.

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SYSTEM-WIDE	**Budget Management including savings Net Expenditure variance from plan (within budget)**				
	Pay – Direct/Agency/Overtime	Reported in Annual Financial Statements 2015	0.33%	To be reported in Annual Financial Statements 2016	–
	Non-pay		0.33%		
	Income		0.33%		
	Acute Hospitals private charges – Debtor Days – Consultant Sign-off	New PI 2016	90% @ 15 days by 31/12/16	40%	-55.6%
	Acute Hospitals private income receipts variance from Actual v Plan	New PI 2016	≤ 5%	0%	–
	Capital				
	Capital expenditure versus expenditure profile	New PI 2016	100%	100%	–
	Audit				
	% of internal audit recommendations implemented by due date (within six months of the report being received)	New PI 2016	75%	64%	-14.7%
	% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	New PI 2016	95%	For reporting mid-2017	–
	Service Arrangements/Annual Compliance Statement				
	% of number of Service Arrangements signed	78.4%	100%	94%	-6.0%
	% of the monetary value of Service Arrangements signed	72.1%	100%	98%	-2.0%
	% of Annual Compliance Statements signed	100%	100%	100%	–
	HR				
	% absence rates by staff category	4.2%	≤ 3.5%	4.6%	-31.4%
	% variation from funded staffing thresholds	New PI 2016	≤ 0.5%	Data not available	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SYSTEM-WIDE	**EWTD**				
	< 24 hour shift (Acute and Mental Health)	96%	100%	97%	-3.0%
	< 48 hour working week (Acute and Mental Health)	77%	95%	81%	-13.7%
	Health and Safety				
	No. of calls that were received by the National Health and Safety Helpdesk	New PI 2016	15% increase	1,104 (> 100%)	> 100%
	Service User Experience				
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	74%	75%	75%	–
	Serious Reportable Events				
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	New PI 2016	99%	31%	-68.7%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	New PI 2016	90%	Data under review	Data under review
	Safety Incident reporting				
	% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group/CHO	New PI 2016	90%	47.0%	-47.8%
	% of claims received by State Claims Agency that were not reported previously as an incident	New PI 2016	To be set in 2017	59.2%	–
HEALTH AND WELLBEING	**National Screening Service Breast Check**				
	No. of women in the eligible population who have had a complete mammogram	New PI 2016	149,500	141,879	-5.1%
	% BreastCheck screening uptake rate	New PI 2016	> 70%	74.4%	–
	% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	New PI 2016	> 90%	95.7%	–
	CervicalCheck				
	No. of unique women who have had one or more smear tests in a primary care setting	249,982	255,000	253,012	-0.8%
	% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	New PI 2016	> 80%	79.6%	-0.5%
	% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	New PI 2016	> 90%	100.0%	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
HEALTH AND WELLBEING	**BowelScreen**				
	No. of clients who have completed a satisfactory BowelScreen FIT test	New PI 2016	106,875	108,285	1.3%
	% of client uptake rate in the BowelScreen programme	New PI 2016	45%	38.1%	-15.3%
	Diabetic RetinaScreen				
	No. of Diabetic RetinaScreen clients screened with final grading result	76,248	87,000	88,807	2.1%
	% Diabetic RetinaScreen uptake rate	New PI 2016	> 56%	59.1%	–
	Environmental Health				
	No. of tobacco sales to minors test purchase inspections carried out	540	384	465	21.1%
	No. of establishments inspected under the *Public Health (Sunbeds) Act*	492	200	256	28.0%
	No. of official food control planned, and planned surveillance inspections of food businesses	36,304	33,000	35,651	8.0%
	Tobacco				
	No. of smokers who received intensive cessation support from a cessation counsellor	11,949	11,500	14,475	25.9%
	% of smokers on cessation programmes who were quit at one month	New PI 2016	45%	48.9%	8.7%
	Healthy Eating Active Living				
	No. of people who have completed a structured patient education programme for diabetes	New PI 2016	2,200	2,017	-8.3%
	Child Health				
	% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	93.7%	95%	93.3%	-1.8%
	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	97.5%	97%	97.7%	0.7%
	% of babies breastfed (exclusively and not exclusively) at first PHN visit	53.7%	56%	56.8%	1.4%
	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	35.4%	38%	38.8%	2.1%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
HEALTH AND WELLBEING	**Immunisations and Vaccines**				
	% children aged 24 months who have received 3 doses of the 6 in1 vaccine	95.5%	95%	95.0%	–
	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	93.0%	95%	92.5%	-2.6%
	% of first year girls who have received two doses of HPV vaccine	85.0%	85%	70.1%	-17.5%
	% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	23.4%	40%	22.5%	-43.8%
	% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (long term care facilities in the community)	25.7%	40%	26.6%	-33.5%
	% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	60.2%	75%	55.4%	-26.1%
	Public Health				
	No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	508	660	544	–
PRIMARY CARE	**Community Intervention Teams (no. of referrals)**	**19,675**	**24,202**	**27,633**	**14.2%**
	Admission avoidance (includes OPAT)	668	914	847	-7.3%
	Hospital Avoidance	11,792	12,932	19,131	47.9%
	Early discharge (includes OPAT)	3,989	6,360	4,943	-22.3%
	Unscheduled referrals from community sources	3,226	3,996	2,712	-32.1%
	***Health Amendment Act*: Services to persons with state acquired Hepatitis C**				
	No. of patients who were reviewed	Not reported in 2015	798	183	-77.1%
	Healthcare Associated Infections: Medication Management				
	Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	27.0	< 21.7	22.4	-3.1%
	Service User Experience				
	% of PCTs by CHO, that can evidence service user involvement as required by Action 19 of the *Primary Care Strategy – A New Direction (2001)*	New PI 2016	100%	Data not available	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
PRIMARY CARE	**GP Activity**				
	No. of contacts with GP Out of Hours Service	980,917	964,770	1,090,348	13.0%
	Nursing				
	No. of new patients accepted on the caseload and waiting to be seen over 12 weeks	New PI 2016	0	Data not available	–
	Physiotherapy				
	% of new patients seen for assessment within 12 weeks	83.1%	70%	81.6%	16.5%
	% on waiting list for assessment ≤ 52 weeks	New PI 2016	100%	95.9%	-4.1%
	Occupational Therapy				
	% of new patients seen for assessment within 12 weeks	76.4%	70%	71.6%	2.3%
	% on waiting list for assessment ≤ 52 weeks	New PI 2016	100%	80.4%	-19.6%
	Speech and Language Therapy				
	% on waiting lists for assessment ≤ 52 weeks	New PI 2016	100%	96.8%	-3.2%
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	92.3%	-7.7%
	Podiatry				
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	79.7%	-20.3%
	% on waiting list for treatment ≤ 12 weeks	New PI 2016	75%	27.0%	-64.0%
	Ophthalmology				
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	73.2%	-26.8%
	% on waiting lists for treatment ≤ 12 weeks	New PI 2016	60%	32.8%	-45.3%
	Audiology				
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	88.7%	-11.3%
	% on waiting list for treatment ≤ 12 weeks	New PI 2016	60%	37.3%	37.9%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
PRIMARY CARE	**Dietetics**				
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	82.5%	-17.5%
	% on waiting list for treatment less ≤ 12 weeks	New PI 2016	70%	38.6%	-44.8%
	Psychology				
	% on waiting list for treatment ≤ 52 weeks	New PI 2016	100%	74.1%	-25.9%
	% on waiting list for treatment ≤ 12 weeks	New PI 2016	60%	26.0%	-56.6%
	Oral Health				
	% of new patients who commenced treatment within 3 months of assessment	New PI 2016	80%	88.8%	11.0%
	Orthodontics				
	% of referrals seen for assessment within 6 months	60.3%	75%	57.7%	-23.1%
	Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	7.0%	< 5%	3.1%	–
PCRS	% of completed Medical Card/GP Visit Card applications processed within the 15 days	99.8%	95%	89.6%	-5.7%
	% of Medical Card/GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	99.7%	90%	34.4%	-61.8%
	% of Medical Card applications which are accurately processed by national medical card unit staff	New PI 2016	95%	87.6%	-7.7%
	No. of persons covered by Medical Cards as at 31st December	1,734,853	1,675,767	1,683,792	0.5%
	No. of persons covered by GP Visit Cards as at 31st December	431,306	485,192*	470,505	-3.0%

* Target does not include Universal GP Visit Cards for children aged 6 to 11 years

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SOCIAL INCLUSION	**Substance Misuse**				
	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	91.1%	100%	97.2%	-2.8%
	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100.0%	100%	81.4%	-18.6%
	No. of clients in receipt of opioid substitution treatment (outside prisons)	9,537	9,515	9,743	2.4%
	Average waiting time from referral to assessment for Opioid Substitution Treatment	New PI 2016	14 days	Data not available	–
	Average waiting time from Opioid Substitution assessment to exit from waiting list or treatment commenced	New PI 2016	28 days	Data not available	–
	Needle Exchange				
	No. of unique individuals attending pharmacy needle exchange	1,669	1,731	1,720	-0.6%
	Homeless Services				
	% of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission	73.0%	85%	73.9%	-13.1%
	Traveller Health				
	No. of people who received health information on type 2 diabetes and cardiovascular health	3,272	3,470	4,778	37.7%
PALLIATIVE CARE	Access to specialist inpatient bed within seven days	98.0%	98%	96.8%	-1.2%
	Access to specialist Palliative Care services in the community provided within seven days (home, nursing home, non-acute hospital)	88.5%	95%	91.5%	-3.7%
	No. of patients in receipt of specialist palliative care in the community	3,175	3,309	3,341	1.0%
	No. of children in the care of the children's outreach nursing team/specialist palliative care team	411	370	453	22.4%
	% patients triaged within one working day of referral	New PI 2016	90%	Data not available	–
	% of patients with a multi-disciplinary care plan documented within five working days of initial review	New PI 2016	90%	Data not available	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
MENTAL HEALTH	**General Adult Community Mental Health Teams**				
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by General Adult Community Mental Health Team	93%	90%	93.5%	3.9%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by General Adult Community Mental Health Team	74%	75%	73.8%	-1.6%
	% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	22%	18%	22.1%	-22.8%
	Psychiatry of Old Age Community Mental Health Teams				
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by Psychiatry of Old Age Community Mental Health Teams	98%	98%	99.1%	1.1%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by Psychiatry of Old Age Community Mental Health Teams	95%	95%	97.0%	2.1%
	% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	2.7%	3%	2.3%	23.3%
	Child and Adolescent Mental Health Services (CAMHs)				
	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units.	73.3%	95%	82.1%	-13.6%
	% 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	New PI 2016	95%	97.4%	2.5%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by Child and Adolescent Community Mental Health Teams	76.4%	78%	77.0%	-1.3%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by Child and Adolescent Community Mental Health Teams	67%	72%	68.4%	-5.0%
	% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	13.7%	10%	12.3%	-23.0%
	Total no. to be seen or waiting to be seen by CAMHs				
	Total no. to be seen for a first appointment at the end of each month	2,298	2,393	2,419	-1.2%
	Total no. to be seen 0-3 months	1,166	1,308	1,167	-10.8%
	Total no. on waiting list for a first appointment waiting > 3 months	1,132	1,085	1,252	-9.7%
	Total no. on waiting list for a first appointment waiting > 12 months	181	0	218	- >100%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SOCIAL CARE	**DISABILITY SERVICES**				
	Progressing Disability Services for Children and Young People (0-18s) Programme				
	No. of Children's Disability Network Teams established	New PI 2016	100% (129 of 129)	0	-100%
	Quality				
	% of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services	New PI 2016	100%	67.0%	-33.0%
	Safeguarding				
	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	New PI 2016	100%	90.9%	-9.1%
	% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	New PI 2016	100%	89.0%	-11.0%
	% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	New PI 2016	100%	100%	–
	% compliance with inspected outcomes following HIQA inspection of Disability Residential Units	New PI 2016	75%	63.8%	-14.9%
	Quality				
	In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	39.0% (Full data not available)	100%	39.1%	-60.9%
	***Disability Act* Compliance**				
	% of assessments completed within the timelines as provided for in the regulations	31.2%	100%	23.9%	-76.1%
	Day Services				
	% of school leavers and rehabilitative training graduates who have been provided with a placement	98.0%	100%	98.0%	-2.0%
	Respite Services				
	No. of day only respite sessions accessed by people with a disability	New PI 2016	35,000	43,143	23.3%
	No. of overnights (with or without day respite) accessed by people with a disability	180,000	180,000	175,555	-2.5%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SOCIAL CARE	**Personal Assistance (PA)**				
	No. of PA Service hours delivered to adults with a physical and/or sensory disability	1.4m	1.3m	1,510,116	14.5%
	Home Support Service				
	No. of Home Support Hours delivered to persons with a disability	2.7m	2.6m	2,928,916	12.7%
	Congregated Settings				
	Facilitate the movement of people from congregated to community settings	137	160	73	-54.4%
	Transforming Lives – VfM Policy Review				
	Deliver on VfM Implementation priorities	New PI 2016	100%	74%	-26.0%
	Service Improvement Team Process				
	Deliver on Service Improvement priorities	New PI 2016	100%	75%	-25.0%
	OLDER PEOPLE SERVICES				
	Quality				
	% of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Older Persons Services	New PI 2016	100%	88.9%	-11.1%
	Safeguarding				
	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	New PI 2016	100%	90.9%	-9.1%
	% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	New PI 2016	100%	88.9%	-11.1%
	% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	New PI 2016	100%	100%	–
	Service Improvement Team Process				
	Deliver on Service Improvement priorities	New PI 2016	100%	65.5%	-34.5%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
SOCIAL CARE	**Home Care Packages**				
	Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	15,272	16,450*	16,354	-0.6%
	Intensive HCPs: Total no. of persons in receipt of an Intensive HCP	195	130	180	38.5%
	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10.45m	10.57m*	10,547,393	-0.2%
	No. of people in receipt of home help hours (excluding provision of hours from HCPs)	47,915	47,800	46,948	-1.8%
	No. of persons funded under NHSS in long term residential care**	23,073	22,989	23,142	0.7%
	No. of NHSS beds in Public Long Stay Units.	5,222	5,255	5,150	-2.0%
	No. of short stay beds in Public Long Stay Units	1,947	2,005	1,921	-4.2%
	Average length of stay for NHSS clients in Public, Private and Saver Long Stay Units	3.1 years	3.2 years	3.2 years	–
	% of population over 65 years in NHSS funded beds (based on 2011 Census figures)	4.1%	4%	4.1%	-1.8%

* Additional funding under the Winter Initiative resulted in increased targets from September 2016

** Target changed from 23,450 in July 2016

NATIONAL AMBULANCE SERVICE	% of all transfers provided through the Intermediate Care Service	87.0%	80%	89%	11.3%
	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	40.0%	40%	46.0%	15.0%
	Emergency Response – % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	76.0%	80%	81.0%	1.3%
	Emergency Response – % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	64.0%	80%	61.0%	-23.7%
	National Emergency Operations Centre (NEOC) – % of control centres that carry out Advanced Quality Assurance Audits (AQuA)	100.0%	100%	100%	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
NATIONAL AMBULANCE SERVICE	National Emergency Operations Centre (NEOC) – % Medical Priority Dispatch System (MPDS) Protocol Compliance	New PI 2016	90%	92.0%	2.2%
	% of ambulance turnaround delays escalated, where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process/flow path in the ambulance turnaround framework	80%	100%	96.0%	-4.0%
	% of ECHO calls which have a resource allocated within 90 seconds of call start	New PI 2016	85%	95.0%	11.8%
	% of DELTA calls which have a resource allocated within 90 seconds of call start	New PI 2016	85%	89.0%	4.7%
ACUTE SERVICES	**Discharge Activity***				
	Inpatient	624,743	621,205	636,503	2.5%
	Day case	1,022,372	1,013,808	1,049,636	3.5%
	Dialysis – Day case	Included in total day case	Included in total day case	Included in total day case	–
	Total inpatient and day case	1,647,115	1,635,013	1,686,139	3.1%
	Shift of day case procedures to Primary Care	New PI 2016	Up to 10,000	Data not available	–
	Emergency Care				
	New ED attendances	1,103,127	1,102,680	1,153,531	4.6%
	Return ED attendances	94,623	94,948	92,600	-2.5%
	Other emergency presentations	111,757	94,855	115,883	22.2%
	Inpatient Admissions**				
	No. of inpatient emergency admissions	447,557	443,948	Data not available	–
	Elective inpatient admissions	102,554	102,463	Data not available	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
ACUTE SERVICES	**Inpatient Discharges**				
	No. of elective discharges	New PI 2016	95,430	92,718	-2.8%
	No. of emergency discharges	New PI 2016	408,885	428,731	4.9%
	No. of maternity discharges	New PI 2016	116,890	115,054	-1.6%
	Outpatients				
	No. of new and return outpatient attendances	3,297,475	3,242,424	3,321,268	2.4%
	Outpatient attendances – New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	New PI 2016	1 : 2	1 : 2.4	-20.0%
	Births				
	Total no. of births	65,659	65,977	63,864	-3.2%
	Inpatient, Day Case and Outpatient Waiting Times				
	% of adults waiting < 15 months for an elective procedure (inpatient)	97.0%	95%	91.0%	-4.2%
	% of adults waiting < 15 months for an elective procedure (day case)	99.6%	95%	93.2%	-1.8%
	% of adults waiting < 8 months for an elective procedure (inpatient)	71.9%	70%	65.5%	-6.4%
	% of adults waiting < 8 months for an elective procedure (day case)	76.5%	70%	69.9%	-0.1%
	% of children waiting < 15 months for an elective procedure (inpatient)	98.5%	95%	94.1%	-1.0%
	% of children waiting < 15 months for an elective procedure (day case)	99.4%	95%	92.7%	-2.4%
	% of children waiting < 20 weeks for an elective procedure (inpatient)	53.0%	60%	45.4%	-24.3%
	% of children waiting < 20 weeks for an elective procedure (day case)	58.3%	60%	50.1%	-16.6%
	% of people waiting < 15 months for first access to OPD services	97.4%	100%	87.8%	-12.2%
	% of people waiting < 52 weeks for first access to OPD services	90.1%	85%	80.7%	-5.0%
	Colonoscopy/Gastrointestinal Service				
	% of people waiting < 4 weeks for an urgent colonoscopy	100.0%	100%	99.4%	-0.6%
	% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	56.9%	70%	58.0%	-17.1%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
ACUTE SERVICES	**Emergency Care and Patient Experience Time**				
	% of all attendees at ED who are discharged or admitted within 6 hours of registration	68.2%	75%	67.3%	-10.3%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	81.7%	100%	81.5%	-18.5%
	% of ED patients who leave before completion of treatment	4.2%	< 5%	5.2%	-3.8%
	% of all attendees at ED < 24 hours	New PI 2016	100%	96.7%	-3.3%
	% of patients 75 years or over who were admitted or discharged from ED within 9 hours	New PI 2016	100%	62.6%	-37.4%
	Acute Medical Patient Processing				
	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	65.1%	75%	63.8%	-15.0%
	Ambulance Turnaround Times				
	% of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	Data not available	95%	92.9%	-2.2%
	Healthcare Associated Infections (HCAI)				
	Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used	0.050	< 0.055	0.043	–
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	2.3	< 2.5	2.0	–
	Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	78.4	80	84.0	-5.0%
	Alcohol Hand Rub consumption (litres per 1,000 bed days used)	27.6	25	30.6	22.4%
	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	88.0%	90%	90.3%	0.3%
	Activity Based Funding (MFTP) model				
	HIPE Completeness – Prior month: % of cases entered into HIPE	96.0%	> 95%	92.0%	-3.2%
	Average Length of Stay				
	Medical patient average length of stay (contingent on < 500 delayed discharges)	7.0	7.0	6.8	2.9%
	Surgical patient average length of stay	5.4	5.2	5.5	-5.8%
	ALOS for all inpatient discharges excluding LOS over 30 days	4.6	4.3	4.6	-7.0%

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
ACUTE SERVICES	**Stroke**				
	% of patients with confirmed acute ischaemic stroke who receive thrombolysis	12.4%	9%	13.9%	54.4%
	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	57.6%	50%	65.3%	30.6%
	Acute Coronary Syndrome				
	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	88.5%	85%	93.9%	10.5%
	% of reperfused STEMI patients (or LBBB) who get timely PPCI	70.1%	80%	69.3%	-13.4%
	Surgery				
	% of elective surgical inpatients who had principal procedure conducted on day of admission	68.8%	75%	72.9%	-2.8%
	% day case rate for Elective Laparoscopic Cholecystectomy	39.8%	> 60%	43.4%	-27.7%
	Time to Surgery				
	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	84.9%	95%	85.3%	-10.2%
	Re-admission				
	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	10.7%	10.8%	10.8%	–
	% of surgical re-admissions to the same hospital within 30 days of discharge	2.1%	< 3%	2.1%	–
	Medication Safety				
	No. of medication incidents (as provided to the State Claims Agency) in acute hospitals reported as a % of bed days	Data not available	≤ 0.12%	0.16%	-33.3%
	Patient Experience				
	% of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population	Data not available	100%	Data not available	–
	Delayed Discharges				
	No. of bed days lost through delayed discharges	New PI 2016	< 183,000	201,977	-10.4%
	No. of beds subject to delayed discharges	New PI 2016	< 500	436	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
ACUTE SERVICES	**HR – Compliance**				
	European Working Time Directive compliance for NCHDs – < 24 hour shift	96.0%	100%	97.0%	-3.0%
	European Working Time Directive compliance for NCHDs – < 48 hour working week	77.0%	95%	81.0%	-14.7%
	National Early Warning Score (NEWS)				
	% of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	100.0%	100%	90.0%	-10.0%
	% of all clinical staff who have been trained in the COMPASS programme	59.0%	> 95%	62.0%	-34.7%
	Irish Maternity Early Warning Score (IMEWS)				
	% of maternity units/hospitals with implementation of IMEWS	100.0%	100%	100.0%	–
	% of hospitals with implementation of IMEWS for pregnant patients	100.0%	100%	82.0%	-18.0%
	Clinical Guidelines				
	% of maternity units/hospitals with implementation of the guideline for clinical handover in maternity services	New PI 2016	100%	Data not available	–
	% of acute hospitals with implementation of the guideline for clinical handover	New PI 2016	100%	Data not available	–
	National Standards				
	% of hospitals who have commenced second assessment against the *National Standards for Safer Better Healthcare* (NSSBH)	New PI 2016	95%	58.0%	-38.9%
	% of hospitals who have completed first assessment against the NSSBH	82.0%	100%	95.0%	-5.0%
	% maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month	New PI 2016	100%	94.7%	-5.3%
	No. of nurses prescribing medication	New PI 2016	100	Data not available	–
	No. of nurses prescribing ionising radiation (x-ray)	New PI 2016	55	Data not available	–

	Key Performance Indicators	Reported Actual 2015	Target 2016	Reported Actual 2016	% Variance from Target 2016
ACUTE SERVICES	**Symptomatic Breast Cancer Services**				
	No. of patients triaged as urgent presenting to symptomatic breast clinics	17,255	16,800	18,942	12.8%
	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	96.9%	95%	87.9%	-7.4%
	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	83.0%	95%	72.7%	-23.5%
	Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of breast cancer	10.6%	> 6%	9.8%	–
	Lung Cancer				
	No. of patients attending the rapid access lung clinic in designated cancer centres	3,099	3,300	3,249	-1.5%
	% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	85.5%	95%	81.5%	-14.2%
	Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of lung cancer	32.5%	> 25%	31.5%	–
	Prostate Cancer				
	No. of patients attending the rapid access clinic in cancer centres	2,581	2,600	2,580	-0.8%
	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	58.7%	90%	53.4%	-40.7%
	Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of prostate cancer	38.9%	> 30%	40.3%	–
	Radiotherapy				
	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	84.6%	90%	83.1%	-7.7%

* Based on ABF and weighted units activity. Discharge activity in NSP 2016 was based on data submitted by hospitals. Dialysis activity is included in day cases ABF and weighted units

** Admission based PIs have been replaced by discharge based metrics from January 2016

Appendix 4: Capital Projects

Community Healthcare Organisations			
CHO 1	Donegal, Sligo, Leitrim, Cavan, Monaghan	**CHO 6**	Wicklow, Dun Laoghaire, Dublin South East
CHO 2	Galway, Roscommon, Mayo	**CHO 7**	Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West
CHO 3	Clare, Limerick, North Tipperary	**CHO 8**	Laois, Offaly, Longford, Westmeath, Louth, Meath
CHO 4	Cork, Kerry	**CHO 9**	Dublin North, Dublin North Central, Dublin North West
CHO 5	South Tipperary, Carlow, Kilkenny, Waterford, Wexford		

Primary Care

PROJECT STAGE – PLANNING	
Primary Care Centres	
CHO 1	• Newtowncunningham, Co. Donegal; Grange and Drumcliffe, Nazareth House, Sligo, Tubbercurry, Co. Sligo; Monaghan Town • By lease agreement: Killeshandra, Co. Cavan; Derrybeg/Bunbeg, Co. Donegal; Carrick on Shannon, Co. Leitrim
CHO 2	• By lease agreement: Portumna, Co. Galway; Ballyhaunis, Co. Mayo
CHO 3	• By lease agreement: Killmallock, Co. Limerick
CHO 4	• By lease agreement: Carrigtwohill, Beara, Clonakilty, Fermoy, Cobh, Newmarket, Bantry, Co. Cork; Tralee, Killarney, Co. Kerry
CHO 5	• Edgesworthtown, Tullow, Co. Carlow • By lease agreement: Thomastown/Ballyhale, Co. Kilkenny
CHO 6	• By lease agreement: Shankill, Co. Dublin; Rathdrum, Greystones, Bray, Co. Wicklow
CHO 7	• Rowlagh, Dublin • By lease agreement: Kilnamanagh/Tymon, Rialto/The Coombe, Dublin; Leixlip, Co. Kildare
CHO 8	• By lease agreement: Ballymahon, Co. Longford; Drogheda North; Tullamore, Birr, Co. Offaly
CHO 9	• Finglas, Dublin
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016	
Primary Care Centres	
CHO 1	• Public Private Partnership: Ballymote, Co. Sligo
CHO 2	• Public Private Partnership: Boyle, Co. Roscommon; Tuam, Co. Galway; Claremorris, Ballinrobe, Westport Co. Mayo
CHO 3	• Borrisokane, Co. Tipperary (extension) • Public Private Partnership: Limerick City (Lord Edward Street)
CHO 4	• St. Mary's, Gurranabraher, Cork City • By lease Agreement: Carrigaline, Co. Cork; Ballyheigue, Co. Kerry (refurbishment)
CHO 5	• Public Private Partnership: Wexford Town; Carrick on Suir, Co. Tipperary; Dungarvan, Waterford City East, Co. Waterford

CHO 7	• By lease agreement: Cashel Road/Walkinstown, Dublin • Public Private Partnership: Kilcock, Co. Kildare
CHO 8	• By lease agreement: Mullingar, Co. Westmeath
CHO 9	• Grangegorman, Dublin • By lease agreement Balbriggan, Portmarnock, Co. Dublin; Grangegorman, Dublin; Public Private Partnership: Coolock and North East Inner City (Summerhill), Dublin
Primary Care	
CHO 9	• Relocation of Eve Holdings to Grangegorman Villas (1-5) Grangegorman, Dublin; Refurbishment of Roselawn Health Centre to complete the provision of primary care services in the Corduff/ Blanchardstown network, Dublin
Community Health	
National	• National Fluoridisation Programme – Upgrade of fluoridisation plant in local authority water treatment plants
CHO 4	• St. Finbarr's Hospital, Cork – Audiology services, ground floor, block 2
Social Inclusion	
	• Community addiction services, Portlaoise; Residential addiction treatment centre, Bushy Park, Ennis, Co. Clare
PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016	
Primary Care Centres	
CHO 2	• By lease agreement: Castlebar, Co. Mayo
CHO 5	• By lease agreement: Tipperary Town
CHO 6	• By lease agreement: Carnew, South Wicklow
CHO 7	• By lease agreement: Celbridge, Co. Kildare; Springfield and Tallaght, Dublin; Blessington, Co. Wicklow
CHO 8	• Tullamore, Co. Offaly – Refurbishment of vacated Scott's buildings to replace rented accommodation
CHO 9	• Corduff, Co. Dublin – Developed on HSE owned site
Primary Care	
CHO 9	• St. Ita's Hospital, Portrane – Upgrade and refurbishment of 123 Block, facilitating the provision of Coolock Primary Care Centre, a European institute of innovation and technology centre and will accommodate staff in rented accommodation and staff currently in Coolock Heath Centre

Palliative Care

PROJECT STAGE – PLANNING
• University Hospital Waterford – Ward block and palliative care unit; Mayo Hospice/palliative care centre, Castlebar, Co. Mayo; Wicklow Town; North West Hospice Extension, Sligo
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016
• Palliative care (15 bed inpatient unit), Tralee, Co. Kerry; Our Lady's Hospice, Harold's Cross, Dublin; St. Brigid's Hospice, Newbridge, Co. Kildare
PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016
• Design and Dignity Scheme – capital grant scheme for family rooms in EDs, ICUs and wards; upgrade of mortuary viewing rooms, public areas in acute hospitals

Mental Health

PROJECT STAGE – PLANNING	
CHO 1	• Monaghan: adaption/extension of Oriel House, St. Davnet's Hospital to provide 15 continuing care mental health beds (transfer from Blackwater House); Sligo University Hospital – acute mental health unit (AMHU)
CHO 3	• Clonmel: Provision of a 10 bed crisis housing unit
CHO 4	• University Hospital Kerry – Upgrade of AMHU – (phase 2 internal reconfiguration)
CHO 6	• Clonskeagh, Dublin – Development of an acute day hospital in St. Brock's and expansion of inpatient beds
CHO 7	• Woodlands, Goldenbridge, Dublin – Phase 2 – residential unit; Naas General Hospital – upgrade, reconfiguration and expansion of AMHU
CHO 8	• Portlaoise, Co. Laois – 40 bed residential unit
CHO 9	• National Forensic Mental Health Services Hospital, Portrane, Co. Dublin – main development
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016	
CHO 2	• University Hospital, Galway: Replacement AMHU
CHO 3	• Gort Glas, Ennis, Co. Clare: Refurbishment (at front of St. Joseph's Hospital) to provide a mental health day centre
CHO 9	• Daneswood House,Glasnevin, Dublin – Residential unit
PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016	
CHO 2	• St. Bridget's, Ballinasloe, Co. Galway – Reconfiguration of admissions building (ground floor) to accommodate beds (x16) from St. Brendan's CNU, St. Joseph's disability day centre and to provide accommodation for a rehabilitation team (POL Project); Loughrea, Co. Galway – Refurbishment of a section of the recently vacated St. Brendan's Community Hospital to provide accommodation for the community mental health team and day hospital
CHO 3	• University Hospital Limerick – Completion of refurbishment works, Unit 5B, acute inpatient unit
CHO 4	• University Hospital Kerry, Tralee, Co. Kerry – Upgrade and extension to the acute mental health unit to include a 4 bed closed observation unit
CHO 6	• Clonskeagh, Dublin – Development of an acute day hospital in St. Brock's (on the campus)
CHO 7	• Woodlands, Goldenbridge, Dublin – Phase 1 – Residential Unit
CHO 8	• Mullingar, Co. Westmeath – Community residential accommodation (3 houses)
CHO 9	• St. Ita's Hospital, Portrane, Co. Dublin – Stabilisation work to listed building; Aislinn Centre, Beaumont Hospital – Commissioning of first floor and associated works; National Forensic Mental Health Services Hospital, Portrane, Co. Dublin – Enabling works contract

Social Care

PROJECT STAGE – PLANNING	
Disability Services (Congregated settings)	
CHO 1	• Cregg House, Sligo: 6 domestic dwellings, 20-24 residents
CHO 2	• Áras Attracta and Brothers of Charity, Galway: 7 domestic dwellings, 20-24 residents
CHO 3	• Daughters of Charity, Limerick and Roscrea, Co. Tipperary: 4 domestic dwellings, 12-16 residents
CHO 4	• St. Raphael's Youghal, Cope Foundation, Cork City; Cluain Fionnain; St. John of God, Killarney, Co. Kerry: 12 domestic dwellings, 40-48 residents

CHO 5	• St. Patrick's, Kilkenny: 5 domestic dwellings, 17-20 residents
CHO 6	• Southside Intellectual Disability Service, Good Counsel, Ballyboden, Dublin: 1 domestic dwelling, 4 residents
CHO 7	• St. John of God, Cellbridge, Co. Kildare: 5 domestic dwellings, 18-20 residents
CHO 8	• St. John of God, Drumcar, Co. Louth: 4 domestic dwellings, 14-16 residents
CHO 9	• Daughters of Charity, Portmarnock, Co. Dublin: 3 domestic dwellings, 10-12 residents
Disability Services	
	• National Rehabilitation Hospital, Dublin: Replacement unit • Swords, Co. Dublin: Day activity centre co-funded with the Central Remedial Clinic
Services for Older People	
CHO 1	• Replacement Unit: Carrick On Shannon, Co. Leitrim; Letterkenny, Ballyshannon, Co. Donegal; Refurbishment and upgrade (HIQA compliance): St. Davnet's Hospital, Monaghan; Buncrana Community Nursing Unit (CNU), Dungloe Community Hospital, Falcarragh CNU, Carndonagh Community Hospital, Co. Donegal; Ballymote (Nazareth House) Co. Sligo; Ballyconnell CNU, Co. Cavan
CHO 2	• CNU upgrades: Áras Rónáin, Inis Mór, Co. Galway; Áras Deirbhle, Belmullet, Co. Mayo
CHO 4	• Refurbishment and upgrade: Listowel Community Hospital, Co. Kerry; St. Patrick's, Fermoy Community Hospital, Skibbereen Community Hospital and St. Joseph's Community Hospital, Castletownbere, Co. Cork
CHO 5	• Replacement unit: St. Patrick's Hospital, Waterford; Refurbishment and upgrade (HIQA compliance) Sacred Heart Hospital, Carlow
CHO 7	• Replacement unit: Tymon North, Tallaght, Peamount Hospital; Refurbishment and upgrade (HIQA compliance) Meath Hospital CNU
CHO 8	• Refurbishment and upgrade (HIQA compliance): St. Joseph's, Longford; Replacement unit: St. Vincent's, Athlone
CHO 9	• Refurbishment and upgrade (HIQA compliance): Seancara/Clarehaven, Dublin; Replacement unit: Grangegorman, Dublin
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016	
Disability Services	
CHO 5	• Upgrade 5 houses to HIQA compliance, Co. Wexford
Services for Older People – Refurbishment and upgrade (to achieve HIQA compliance)	
CHO 1	• Killybegs CNU, Co. Donegal; St. John's Community Hospital, Co. Sligo
CHO 3	• Raheen CNU, Tuamgraney, Co. Clare
CHO 4	• Bantry General Hospital, Co. Cork; Cois Abhainn, Youghal, Co. Cork
CHO 5	• Dungarvan Community Hospital, Co. Waterford
CHO 8	• St. Oliver Plunkett Hospital, Dundalk, Co. Louth
Services for Older People	
CHO 2	• Sacred Heart Hospital, Castlebar, Co. Mayo – 74 Bed CNU
CHO 4	• Bandon Community Hospital, Co. Cork – Extension and refurbishment (phase 1) – upgrade of existing beds

PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016	
Services for Older People	
Refurbishment and upgrade (to achieve HIQA compliance)	
CHO 1	• St. John's Community Hospital, Sligo – Campus upgrade (phase 1)
CHO 2	• Refurbishment and upgrade – CNUs Co. Roscommon: Plunkett, Boyle, and Áras Mháthair Phóil, Castlerea; • CNUs Co. Mayo: St. Augustine's, Ballina, MacBride, Westport, Dalton, Claremorris, St. Fionnáns, Achill • CNUs Co. Galway: Áras Mhic, Carraroe
CHO 3	• Ennistymon CNU and Regina House CNU, Co. Clare
CHO 5	• Our Lady's, Cashel, Co. Tipperary
CHO 8	• St. Joseph's Care Centre, Longford – Refurbishment and upgrade – phase 1; Offalia House, Edenderry, Co. Offaly, St. Vincent's CNU, Mountmellick, Co. Laois
CHO 9	• Bellevilla CNU, Co. Dublin
Services for Older People	
CHO 8	• St. Joseph's CNU Trim, Co. Meath – Refurbishment and upgrade – phase 6
CHO 9	• St. James's Hospital, Dublin – Relocation of 31 existing beds within the main hospital and 116 existing beds within the new Mercer Institute for Successful Ageing (MISA) building

National Ambulance Service

PROJECT STAGE – PLANNING
• New Ambulance Bases – Sligo, Cork City, Galway, Mullingar, Ardee, Limerick and Edenderry
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016
• Davitt Road Ambulance Station
• Replacement Ambulance Programme – including ambulances, rapid response vehicles, LEAD/ECT02 defibrillators and maintenance of existing fleet
PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016
• Ballina Ambulance Station; Cherry Orchard Ambulance Station

Acute Hospitals

PROJECT STAGE – PLANNING
RCSI Hospital Group
• Connolly Hospital, Dublin – Upgrade of radiology department (phase 3 and 4)
• Beaumont Hospital, Dublin – Cochlear implant unit; hybrid theatre; Upgrade/refurbishment of Rockfield to accommodate staff; Provision of a Hybrid Theatre for vascular surgery
Ireland East Hospital Group
• Midland Regional Hospital, Mullingar – Redevelopment (phase 3) including replacement ward accommodation and theatre department
• St. Vincent's University Hospital, Dublin – Relocation of the National Maternity Hospital to St. Vincent's University Hospital Campus; provision of an MRI
• St. Luke's General Hospital, Kilkenny – Provision of MRI

Dublin Midlands Hospital Group
• Midland Regional Hospital, Portlaoise – Redevelopment to include outpatients department
• Naas General Hospital – Endoscopy suite and day procedures unit
• Tallaght Hospital, Dublin – Renal dialysis unit (phase 2); relocation of some OPD services to the Simms building; extension to ICU/HDU
• St. James's Hospital, Dublin – Endoscopy decontamination unit
Children's Hospital Group
• St. James's Hospital Dublin – Development of National Children's Hospital – St. James Hospital Site
• National Children's Hospital, Tallaght – Paediatric Ambulatory and Urgent Care Centre
• Connolly Hospital, Dublin – Paediatric Ambulatory and Urgent Care Centre
South/South West Hospital Group
• Cork University Hospital – Helipad
• Cork University Hospital – Haematology/Oncology ward upgrade and provision of isolation facilities
• University Hospital Kerry – Extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)
• Mercy University Hospital – The development of a Regional Gastroenterology Centre
• South Infirmary Victoria University Hospital – The relocation of the Ophthalmology Out Patients, OPD from CUH to SIVUH
• South Tipperary General Hospital – Conversion of vacated MH unit into an Outpatients Department
• University Hospital Waterford – New replacement Mortuary and Post Mortem Facilities; Development of a new block to include replacement inpatient beds and a Palliative Care Unit; New Decontamination facility for the Day Unit (Endoscopy)
Saolta University Health Care Group
• Letterkenny University Hospital, Co. Donegal – Radiation oncology department
• Sligo University Hospital – Redevelopment including CSSD upgrade; Neuroscience Unit (Molloway House); Ward Block; Interventional Radiology suite; Diabetic Centre
• Portiuncula University Hospital, Ballinasloe, Co. Galway – Ward block replacement
• University Hospital Galway – New Emergency Department and ward block; Blood Science Project
UL Hospitals Group
• University Hospital Limerick – Reconfiguration of former ICU to create a surgical and preoperative assessment unit; Maternity Hospital relocation
National Cancer Control Programme
• The provision of Phase 2 facilities at University Hospital Galway
• Cork University Hospital – Radiation Oncology, Phase 2
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016
RCSI Hospital Group
• Cavan General Hospital – Inpatient cystic fibrosis unit
• Our Lady of Lourdes Hospital, Drogheda – Replacement ward and theatre block
Ireland East Hospital Group
• Wexford General Hospital – Provision of an early pregnancy assessment unit, a foetal assessment unit and a urodynamics laboratory (co-funded by the Friends of Wexford Hospital)

Dublin Midlands Hospital Group
• Midland Regional Hospital, Tullamore, Co. Offaly – Provision of a replacement MRI and additional ultrasound
• St. James's Hospital Dublin: Decant Projects at St. James's Hospital site – Various
South/South West Hospital Group
• Cork University Hospital – Extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)
• St. Mary's Orthopaedic Hospital, Cork – Upgrade existing ward to facilitate the relocation of OPD, Mercy University Hospital to OPD, St. Mary's Orthopaedic Hospital
• University Hospital Waterford – Provision of replacement interventional (angiography) radiology room
• University Hospital Kerry – Refurbishment of existing operation theatre fabric
Saolta University Health Care Group
• Sligo University Hospital – Upgrade of boiler plant and boiler room; Upgrade of building fabric (roofs, windows, etc.) and fire compartmentalisation
• University Hospital Galway – New clinical block to provide replacement ward accommodation – initial phase is provision of a 75 bed block
• Letterkenny University Hospital, Co. Donegal – Restoration and upgrade of underground service duct (and services) damaged in 2013 flood; Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by insurance)
• Mayo University Hospital, Castlebar, Co. Mayo – Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift
UL Hospitals Group
• Ennis Hospital, Co. Clare – Redevelopment of Ennis General Hospital (phase 1) to include fit out of vacated areas in existing building to accommodate physiotherapy and pharmacy and development of a local (minor) injuries unit
• University Hospital Limerick – Acute MAU and OPD reconfiguration Ward 1B reverts to a 29 bed ward and the acute MAU will be accommodated in the (old) Ward 6A; Fit out of ED
• Nenagh Hospital – Ward block extension and refurbishment programme (16 single rooms and 4 double rooms)
National Cancer Control Programme
• St. Luke's Hospital, Dublin – Provision of interim facilitates, (phase 2 – radiation/oncology project)
PROJECT STAGE – CONSTRUCTION COMPLETED IN 2016
RCSI Hospital Group
• Beaumont Hospital, Dublin – Provision of renal dialysis unit
• Louth County Hospital, Dundalk – Transitional care unit (Winter Planning Initiative)
Ireland East Hospital Group
• Midland Regional Hospital, Mullingar – ED, phase 2b (stage 2)
• Mater Misericordiae University Hospital, Dublin – extension and upgrade of the vacated (old) hospital to accommodate a Molecular Laboratory, Warfarin Clinic, patient transfer unit and fire safety works
• St. Luke's General Hospital, Kilkenny – Conversion of day ward into a 12 bed inpatient ward (Winter capacity initiative)
Dublin Midlands Hospital Group
• Midland Regional Hospital, Portlaoise Co. Laois – Redevelopment (phase1), acute medical unit, day services
• St. James's Hospital, Dublin – Mercer Institute for Successful Ageing project

Children's Hospital Group
• Our Lady's Children's Hospital, Crumlin, Dublin – Provision of a catheterisation laboratory unit; Provision of an additional interim orthopaedic theatre
• Children's University Hospital Temple Street, Dublin – Refurbishment and extended ED
• National Children's Hospital, Tallaght – Enabling works delivered as part of the MISA project including accommodation for rheumatology and heptology; Enabling works as part fit-out of the shelled out area to accommodate the National Centre for Hereditary Coagulation Diseases
South/South West Hospital Group
• South Tipperary General Hospital – Extension of the radiology department to accommodate a CT and future MRI; Provision of 4 additional ED treatment places (Winter capacity initiative)
• Bantry General Hospital, Co. Cork – Provision of a MAU to enable reconfiguration of acute hospital services
• Mercy University Hospital, Cork – Provision of 18 transitional care beds (Winter capacity initiative)
• Cork University Hospital – Reconfiguration of existing paediatric outpatients department (OPD) to provide additional isolation facilities in adjacent ward; provision of new paediatric OPD and medical education facility (funded by University College Cork); dedicated leukaemia and cystic fibrosis units within this development
Saolta University Health Care Group
• Sligo University Hospital – Upgrade of building fabric (roofs, windows, etc.) and fire compartmentation works
• University Hospital Galway – Interim emergency ward to replace 17 beds lost due to the construction of the clinical ward block and the creation of 18 additional beds within vacated areas to address service difficulties; New medical education centre
UL Hospitals Group
• University Hospital, Limerick – Construction and fit out of renal dialysis unit over ED; Clinical education and research centre (co-funded with University of Limerick)
National Cancer Control Programme
• Altnagelvin Hospital, Derry – Provision of additional radiation oncology facilities (part funded by the State's capital programme as part of the National Plan for Radiation Oncology)

Health Business Services

PROJECT STAGE – PLANNING
Manorhamilton, Co. Leitrim – Upgrade/refurbishment of area HQ Building
PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2016
Procurement – National Distribution Centres, including Tullamore, Co. Offaly – Provision of a network of storage facilities to facilitate the reconfiguration of the HSE's logistics services

Appendix 5: Annual Energy Efficiency Report

Introduction

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

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

Overview of Energy Usage in 2016

The NHSO is fully compliant with the requirements of SI 426 and has verified all HSE meter points for 2016. This data is currently being validated by the SEAI and it is anticipated that this verified energy consumption data will be available from the SEAI in mid-2017.

The overview below is the verified energy usage in 2015 (excluding section 38/39 agencies). The verified 2016 energy usage, when issued by SEAI, will be made available at *www.hse.ie/sustainability*.

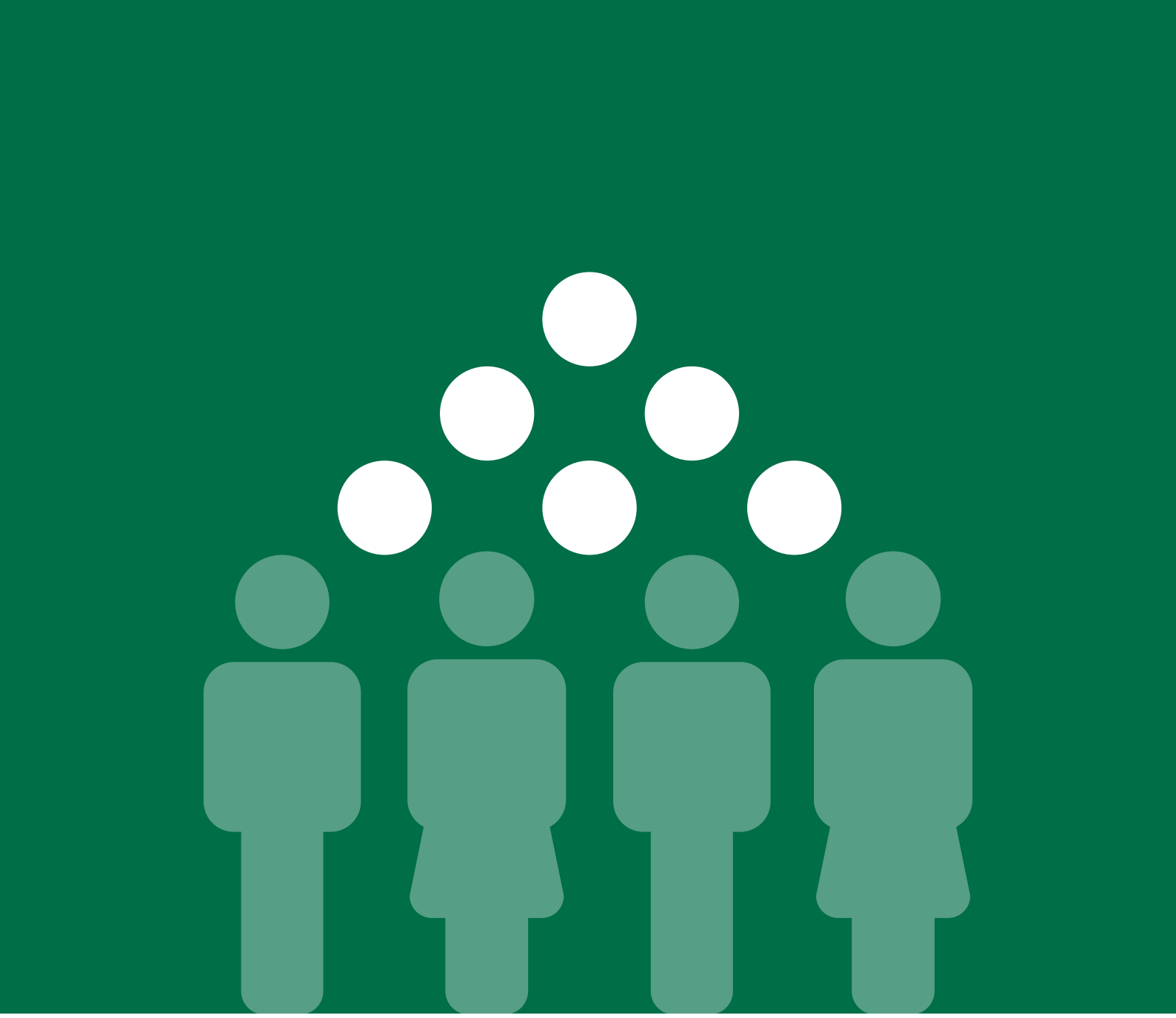
- 223,281 MWh of electricity;
- 595,479 MWh of fossil fuels;
- 693 MWh of renewable fuels.

Actions undertaken in 2016

- *The Sustainability Strategy for Health 2017-2019* was developed. It is the first Sustainability Strategy for the health service.
- The Optimising Power at Work staff energy awareness campaign continued, in partnership with the Office of Public Works (OPW). Phase 2 of the programme is in progress and 18 large healthcare sites are now participating in the programme.
- Metering was installed in additional sites participating in the Optimising Power at Work programme.
- The Green Healthcare staff water and waste awareness programme continued, in partnership with the Environmental Protection Agency (EPA). Water conservation and waste reduction training was delivered to 15 acute hospitals.
- A system to benchmark water use in Irish healthcare facilities was developed in partnership with the EPA.
- A strategic contractual agreement was put in place through a Memorandum of Understanding with the UK's National Health Service (NHS) to deliver Energy Performance Contract (EPC) projects in the Irish health service.
- Development continued of the NHSO communication strategy and website (*www.hse.ie/sustainability*) to increase staff awareness.

Actions planned for 2017

- Publish the *Sustainability Strategy for Health 2017-2019*.
- Review the Governance Structure of the NHSO and establish a HSE-wide Sustainability Steering Group to provide leadership and direction.
- Continue the rollout of Phase 2 of the Optimising Power at Work staff energy awareness campaign.
- Continue to install metering and commence monitoring of energy use in large healthcare facilities participating in the Optimising Power at Work Programme.
- Complete Green Healthcare water and waste training in remaining acute hospital sites.
- Publish water conservation guidance and case studies developed in 2016, undertake research on leaks and water quality and continue the project to demonstrate the advantages of high efficiency water fixtures in an acute hospital.
- Continue the development of the EPC Programme, utilising the intergovernmental partnership with the UK NHS and complete feasibility studies on five large acute hospital sites.
- Establish a CHO sustainability group and expand liaison with acute hospital sustainability representatives, health and wellbeing and estates sustainability groups.
- Hold a regional sustainability seminar with the Saolta University Health Care Group and Sligo Institute of Technology.
- Provide support in implementing a pilot sustainability project within health and wellbeing services.
- Tender new national contracts for gas, electricity, LPG and bulk fuels in partnership with the Office of Government Procurement.
- Continue development of the NHSO communications strategy, including the utilisation of digital media and internal communications to promote awareness, and continue the development of the NHSO website.
- Strengthen collaborations for cross sectoral working with stakeholders and EU health care organisations.



Financial Governance

Operating and Financial Overview (OFR) 2016

Introduction

2016 was the second year of the three-year corporate plan 2015-2017 intended to place health and social care services on a more sustainable financial footing in order to deliver the vision of *a healthier Ireland with a high quality health service valued by all*. The HSE benefitted from an increased determination for health of €13.5 billion in 2016. This represented an increase of €0.7 billion over the 2015 allocation and allowed achievable pay and non-pay expenditure targets to be set for the year.

The key elements of the HSE's 2016 financial performance are summarised under the following headings: Strategic Context; Financial Overview; Income Analysis; Outturn 2016 by Division; Finance-related initiatives; Outlook for 2017.

Strategic Context

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

- Growing in numbers. For 2016 the current population is 4.7million people, representing a 12% increase since 2005 when the HSE was established.
- Living longer. Life expectancy in Ireland has risen 2.4 years since 2005, and almost 13% of the overall population is now 65 or older. This is higher than the equivalent EU averages.
- Presenting with mounting incidence of chronic disease, requiring increasing intervention and follow-up services. For example 31% of current Irish deaths are related to diseases of the circulatory system
- Presenting with challenges to service demand pressures, driven by lifestyle factors including obesity, smoking and alcohol consumption. There are almost 1.7 million adults in Ireland who are overweight or obese and 5% of Irish adults suffer from type 2 diabetes.

Health Service Improvement

The ambition of the HSE is to deliver the best health service possible within the resources available. In order to achieve this a comprehensive improvement programme has been initiated which focuses on advancing the quality and safety of our services, providing care in a more integrated way and implementing public health and health promotion initiatives.

The objective is to ensure that safe, quality services are provided where and when they are needed and achieve the best outcomes for our population. The establishment of Hospital Groups and Community Health Care Organisations is a key element in the delivery of this strategy.

Hospital Groups

There are now seven hospital groups which are responsible for the delivery of hospital services. These hospital groups allow a more co-ordinated approach to both the planning and delivery of acute care. The Acute Hospital sector including National Ambulance Service accounts for almost 39% of overall HSE expenditure and typically remains an area of significant financial challenge.

Community Healthcare Organisations (CHOs)

The HSE is in the process of implementing the delivery of community health services through nine regional community healthcare organisations. These CHOs will deliver HSE and funded agency services at local level thereby increasing access of services to people in the community. Social Care and Primary Care (including Primary Care Reimbursement Service PCRS) represent 46% of HSE expenditure.

Financial Overview

A Revised Estimate for Health was approved by the Oireachtas on July 7th 2016, with an additional €500m notified to the HSE as part of this revision. This represented a significant commitment to ensuring that our health and social care services were placed on a more sustainable financial footing for 2016 and marked a move away from the practice of allocating supplementary funding at the year-end. The early notification of this additional funding was also helpful as it allowed the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements during the year to underpin this level of investment.

The operational financial outturn for 2016 as reported in the financial statements shows a Revenue Income and Expenditure deficit of €2.3m, essentially a breakeven position, which underlines the benefit of this new approach. The overall result for 2016 of a deficit of €10.3m is a result of the impact of the "first charge" which is noted below and in table 1.

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

Table 1 illustrates the impact of the "first charge" on the AFS 2016.

FY2016 result per the Financial Statements	Revenue Income & Expenditure €'000	Capital Income & Expenditure €'000	Combined €'000
Operating Result arising in FY2016	(2,361)	14,788	12,427
Impact of First Charge FY2016	(7,931)	186	(7,745)
HSE reported Result FY2016	(10,292)	14,974	4,682

Table 2 illustrates the expenditure by Division in 2015 and 2016.

	AFS 2016 €'000	AFS 2015 €'000
Acute Hospitals	5,651,622	5,395,934
Health and Wellbeing	191,690	185,366
Primary Care	3,788,159	3,612,890
Mental Health	782,786	762,155
Social Care	2,924,160	2,780,619
Corporate Support Services	1,239,115	1,157,888
Total Expenditure	**14,577,532**	**13,894,852**

Income Analysis

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

Table 3 provides an analysis of this Income.

Income Stream	FY2016 €'000s	FY2015 €'000s	% Var
Department of Health Grant	13,513,757	12,811,953	5.4%
"First charge"	(7,931)	0	n/a
Patient Income	450,515	434,521	3.7%
Superannuation Income	160,233	164,122	-2.4%
Pension Levy Deductions	273,038	315,149	-13.4%
Pharmaceutical Rebates	75,640	54,281	39.3%
Other Income	101,988	106,895	-4.6%
Total Income per AFS	**14,567,240**	**13,886,921**	**4.9%**

The graph below shows how the HSE's Income had declined in line with the economic downturn in Ireland since 2008/2009. However, currently HSE income levels have started to recover to reflect the level of investment required to support the volume of services provided.

Out-Turn 2016 by Division

Acute Hospital Division (AHD)

In accordance with the National Service Plan 2016 (NSP 2016), the Acute Hospital Division (AHD) aimed to deliver an equivalent volume of activity as was delivered in 2015 whilst acknowledging that the financial challenges this year were significant.

In July 2016 as part of the overall additional funding provided by Government €185m was allocated to the AHD. This funding whilst not mitigating the need for substantial cost control and cost reduction by the groups did allow for realistic targets to be set for the remainder of the year. The eventual outturn of €5,652m included a deficit of €55.9m relating to acute hospitals. The main factors giving rise to this deficit were a €44m shortfall relating to a historical income target and a €13m overspend against waiting list initiatives commissioned in 2015.

The actual outturn was towards the lower end of the range forecast by the Division and whilst this is an encouraging result in itself, significant and similar challenges will remain in 2017.

Social Care

The challenge in 2016 was Social Care's capacity to meet the increasing demand of an ageing population, coupled with changing needs and an increasing number of people with a disability with more complex service requirements.

A sustained effort was made in 2016 to reform and improve services while maintaining a focus on cost, sustainability and value for money. The ultimate outturn for the Social Care Division was €2,924m which represented a net surplus of €5.6m for 2016.

Social Care – Services for Older Persons (SOP)

Managing the year on year growth in demand for community-based social services has been one of the key challenges for Older Persons services in 2016. Between 2015 and 2016 the demand for services continued to grow at a rate of 3.1% in the over 65 age category and at 4.2% in the over 85 age category. In addition a critical service risk this year was ensuring there were appropriate care pathways in place and effective flow through admission and discharge from acute hospitals particularly for the very elderly whose discharge can be complex and become delayed.

In order to address this risk the HSE sought to increase the provision (beyond levels committed to in the NSP 2016) for home help hours, home care packages and those in transitional care beds. This was achieved through the use of new initiative funding (on a once-off basis) in the early part of the year which was then supplemented by the provision of €30m out of the total of €500m made available in July 2016. Services for Older Persons recorded a small surplus of €5.5m at the year-end.

Social Care – Nursing Homes Support Scheme (NHSS)

The number of persons funded under the NHSS at the end of December was 23,142 which represented an average of 22,989 people in long terms residential care for 2016. At the end of December the waiting time for NHSS was on target at four weeks with 400 people on the waiting list.

A surplus of €19.4m was reported against this scheme at the end of 2016. A significant underspend had been forecast during the year when it became evident that a lower number of clients than had been anticipated were seeking to avail of the scheme and that actual costs were less than originally budgeted.

Social Care – Disability Services (DS)

Disability services in 2016 saw the development of school leavers and rehabilitation training programmes, therapy services for children through the Children's Disability Network Teams (0-18) and the development of a host family initiative for respite care.

From a financial and service viewpoint key pressures were evident in increasing demand for emergency placements and interventions as well as providing for the changing needs of existing clients. Other cost drivers included significant pay pressures in respect of overnight residential staff and additional staffing and environmental costs arising from the enhanced regulatory focus on disability residential services. These cost pressures resulted in a deficit within Disability Services of €19.3m at the year-end.

Mental Health Division (MHD)

The population in Ireland is growing. The population of 0-17 year olds increased by 11,680 from 2015 to 2016, while the 18-64 cohort increased by 1,290 in the same period with the biggest increase in the over 65 age group which grew by 19,400. This has implications for increasing demand on mental health services. The recent increase in the number of individuals and families becoming homeless also impacted on specialist services for those who experience mental illness and homelessness.

Notwithstanding this demographic backdrop, the MHD managed to deliver a balanced financial position (marginally below budget) in 2016 as cost pressures in the areas of Nursing and Medical Agency and the increasing costs of Private Placements, were balanced substantially by savings arising from the difficulty in hiring new and replacement posts.

Primary Care Division (PCD)

There was a significant risk in 2016 to the overall primary care division delivering a balanced budget and as such the assumptions around the volume and type of services underlying the budget was the subject of significant engagement with the DoH. Expenditure in the PCRS was the subject of close monitoring and assessment from the beginning of the year. The HSE sought to maximise existing joint oversight arrangements to indicate when interventions were necessary to ensure that the PCRS budget was not exceeded and also seek direction from the DoH in this regard.

Within core Primary Care services there was a particular focus on agency and overtime, with pay costs managed through funded workforce plans within the CHOs. The Division supported CHOs in implementing initiatives such as redeployment, skill mix reviews and changes in work practices to contain costs in these areas. Other cost pressures included expenditure on medical and surgical supplies, paediatric home care packages and the ongoing running costs of primary care centres.

The final outturn in 2016 for the PCD was €3,788m which represented a de-facto balanced position for the Division. Challenges will remain in 2017 as time-related savings utilised on a once-off basis in areas such as paediatric homecare will not be available going forward.

Health and Wellbeing

In 2016 two newly funded initiatives were progressed within the Division. There was a continued phased implementation of the Breast Check age extension programme to women aged 65 to 69 and the current Primary Childhood Immunisation schedule was augmented. Funding was also provided for the maintenance and growth of the BowelScreen and Diabetic RetinaScreen programmes. The Division also progressed a range of projects which will advance the overall objectives set out in the Healthy Ireland Implementation Plan 2015-2017 and conducted a review of drinking water fluoridation costs with all stakeholders.

A lower than budgeted outturn was delivered in 2016 which resulted in a surplus of €11.3m for the year. This had been anticipated during the year as there was a lower than expected uptake in some of the screening programmes offered by the Division. For the most part, demand-led population based screening programmes are susceptible to patterns of attendance and associated costs. Accurately predicting uptake, particularly in the newer programmes carries with it a degree of uncertainty. However, it is unlikely that these once-off savings will repeat in 2017 as programmes gain momentum and ramp up to capacity during the year.

Financially-Related Initiatives

Finance Reform

Improvement of the HSE's outdated financial and procurement systems is a strategic priority which is supported by the Finance Reform Programme. Significant progress was made, during 2016, in securing the necessary approvals to invest in:

- Stabilisation: The first phase of stabilisation of our current financial systems was completed in October in the former Mid-West region. Finance Business Intelligence: The tender process for the update to the National Finance Reporting system was completed by the end of 2016.
- Integrated Financial Management System: A preferred bidder for the Enterprise Resource Planning (ERP) platform which is the basis of an Integrated Finance and Procurement Management System (IFMS) was selected in December 2016.

Outlook for 2017

The HSE faces into 2017 under similar financial and environmental circumstances to those prevailing at the beginning of 2016, i.e. rising demand for services as a result of an aging population, longer life expectancy and the impact of lifestyle on health. The necessity to make difficult choices about service provision will remain a major element of clinical and management decision-making during 2017 with particular pressures within Disability Services, Primary Care and the Acute Hospital sector.

The HSE's National Service Plan 2017 acknowledges that delivering the maximum amount of services within the limits of funding will remain a critical area of focus and concern for 2017. The HSE will prioritise efforts in respect of developing the most efficient models of service delivery, extending controls around the pay bill and other significant costs, whilst seeking to increase productivity and reduce cost inefficiencies.

The HSE's Corporate Plan for 2015- 2017 provides the framework within which we will achieve our stated vision of "A Healthier Ireland with a high quality health service valued by all". Attainment of the goals will require a focus upon:

- Improving the safety and quality of the services we deliver
- Prioritising the design and implementation of integrated models of care
- Reviewing operational capacity in order to support quality and access for emergency and planned acute care
- Implementing our people strategy
- Improvements to ICT, data governance and information governance
- Implementation of the Community Healthcare Organisation and Hospital Group Structures
- Improvements in financial controls and probity
- Implementation of the Finance Reform programme
- Addressing the challenges posed by the investment backlog in essential medical equipment and estates infrastructure.

Directorate Members' Report

Directorate

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

The Directorate has collective responsibility as the governing authority for the HSE and the authority to perform the HSE's functions. The duties of the Directorate are set out in the HSE's Code of Governance and include a wide range of significant functions and duties including responsibility for reviewing, approving and monitoring the progress of the HSE Corporate, Service and Capital Plans. The Directorate also approves significant expenditure as well as ensuring that financial controls and systems of risk management in place are robust and accountable. The Directorate is accountable to the Minister for the performance of the HSE's functions and its own functions as the governing authority of the HSE. In practice, the Directorate delegates to the Director General all the functions of the HSE, except for the specific functions it reserves to itself.

The *Health Service Executive (Financial Matters) Act, 2014* provides that the Vote of the HSE is held by the Department of Health and the Director General is accountable to the Committee of Public Accounts in respect of the HSE's annual financial statements and any other reports made by the Comptroller and Auditor General.

The *Health Service Executive (Governance) Act 2013* allows the Minister for Health to issue directions to the HSE on the implementation of Ministerial and government policies and objectives and to determine priorities to which the HSE must have regard in preparing its service plan. The HSE must comply with directives issued by the Minister for Health under the Acts. The Director General as the Chairman of the Directorate accounts on behalf of the Directorate to the Minister. This creates a direct line of accountability for the Directorate to the Minister.

Meetings

In accordance with Part 3(A) of the *Health Act 2004* (as inserted by Section 16(K) of the *Health Service Executive (Governance) Act, 2013*), the Directorate is required to hold no fewer than one meeting in each of 11 months of the year. In 2016, the Directorate met on 23 occasions, holding 11 monthly Directorate meetings and 12 additional meetings. The attendance at Directorate meetings is recorded in Table 4.

The Directorate meetings deal with the reserved functions and other key areas. Immediately following the Directorate meetings, the non-Directorate members of the Leadership Team join and all Leadership Team business is then conducted. The Leadership Team also holds a monthly meeting to consider the HSE's reform agenda, and report on progress in this area.

Table 4: Attendance at Directorate meetings

	HSE Directorate monthly meetings		HSE Directorate additional meetings	
Member	Total number of meetings	Total attended	Total number of meetings	Total attended
T. O'Brien	11	10	12	11
P. Healy	11	9	12	11
J. Hennessy	11	11	12	11
S. Mulvany	11	11	12	12
S. O'Keeffe	11	11	12	9
A. O'Connor	11	10	12	12
P. Crowley	11	11	12	9
L. Woods	11	10	12	11

Committees

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

Audit Committee

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

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

b) Compliance by the HSE with:

   i. Its obligations (under Section 33[1]) to manage the services set out in an approved service plan so that the services are delivered in accordance with the plan and so that the net non-capital expenditure incurred does not exceed the amount specified in the Government's Letter of Determination

   ii. Its obligation (under Section 33B[2]) to submit an annual capital plan

   iii. Any other obligations imposed on it by law relating to financial matters

c) Compliance by the Director General with his obligations (under section 34A[3]) to ensure that the HSE's net non-capital and capital expenditures do not exceed the amounts allocated by government for a year or part of a year (and to inform the Minister if such allocations might be breached)

d) The appropriateness, efficiency and effectiveness of the HSE's procedures relating to:

   i. Public procurement

   ii. Seeking sanction for expenditure and complying with that sanction

   iii. The acquisition, holding and disposal of assets

   iv. Risk management

   v. Financial reporting, and

   vi. Internal audits.

In accordance with good governance practice, the HSE Audit Committee has in place a Charter which sets out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters.

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

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

Membership

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

The following individuals were members of the Audit Committee in 2016:

- Mr Peter Cross (Chairman) – Managing Director of Trasna Corporate Finance (and a Fellow of Chartered Accountants Ireland)
- Mr Joe Mooney – former Principal Officer of the Department of Finance
- Mr John Hynes – former Secretary General at the Department of Social and Family Affairs
- Mr David Smith – Principal Officer at the Department of Health
- Mr Stephen McGovern – CRH Group Regulatory, Compliance and Ethics Project Lead: E-Learning (and a Fellow of Chartered Accountants Ireland)
- Dr Sheelah Ryan – public health physician, former CEO of HSE West/WHB[4]
- Prof Patricia Barker – Chartered Accountant, Director of Tallaght Hospital, former Vice President (Academic) DCU[5]
- Ms Anne O'Connor – HSE National Director Mental Health[6].

Meetings

The legislation requires the Committee to meet at least four times in each year.

The Audit Committee met on eight occasions in 2016, and a joint meeting of the Audit Committee and the Risk Committee took place on one further occasion. Attendance by each member of the Committee at these meetings is set out in Table 5.

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

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

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

4 Resigned from the Audit Committee on 19th December 2016 due to appointment as Chair of the HSE Risk Committee

5 Appointed to the Audit Committee on the 9th February 2016

6 Appointed to the Audit Committee on the 12th January 2016, following the resignation from the HSE of Ms Laverne McGuinness

Table 5: Attendance at Directorate Committee meetings – Audit Committee

Member	Total number of meetings	Attendance
P. Cross (Chair)	8	8
J. Mooney	7	7
J. Hynes	7	7
D. Smith	7	7
S. McGovern	8	7
S. Ryan	8	7
P. Barker	8	6
A. O'Connor	8	7

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

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

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

The external auditors (Office of the Comptroller and Auditor General) attended Audit Committee meetings as required and had direct access to the Committee Chairman at all times. The Committee met with the HSE's external auditors to plan and review results of the annual audit of the HSE's annual financial statements 2015.

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

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

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

The Chairman attended the March 2016 meeting of the Directorate to provide the advice of the Audit Committee in relation to the HSE's financial statements prior to their approval by the Directorate, and to update the Directorate on the work of the Committee.

In accordance with legislation, the Committee provided a report in writing to the Director General and to the Directorate on the matters upon which it has advised and on the activities of the Committee during 2016. A copy of this report was provided to the Minister.

Risk Committee

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

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

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

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

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

Membership

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

The following individuals were members of the Risk Committee in 2016:

- Mr Tom Beegan (Chairman) – CEO and President, Tom Beegan and Associates, and former CEO, Health and Safety Authority[7]
- Mr Ger Crowley – Social Worker[8]
- Mr Simon Kelly – Energy Consultant and former CEO of the National Standards Authority of Ireland
- Mr Pat Kirwan – Deputy Director, State Claims Agency
- Ms Margaret Murphy – WHO Patients for Patient Safety
- Dr Stephanie O'Keeffe – National Director Health and Wellbeing.
- Ms Rosemary Ryan – Manager Client Enterprise Risk Management Services, IPB Insurance[9]
- Mr Colm Campbell – former Assistant Chief of Staff for the Defence Forces[10]
- Dr Sheelah Ryan – public health physician, former CEO of HSE West/WHB[11].

Meetings

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

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

The Committee considered the Corporate Risk Register, divisional risk management plans, the HSE's health and safety function, internal audit reports concerning the effectiveness of non-financial internal controls, and HIQA reports, including the implementation of HIQA recommendations. The National Director of Quality Assurance and Verification attended the Committee meetings to provide assurance on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks.

The Committee provided its advice to the Directorate and to the Director General principally by means of the minutes of its meetings. These minutes were made available to, and tabled at, meetings of the Directorate following the relevant Risk Committee meetings. In 2016, the Chairman attended two meetings of the Directorate to update the Directorate on the work of the Committee.

Table 6: Attendance at Directorate Committee meetings – Risk Committee

Member	Total number of meetings	Attendance
T. Beegan (Chair)	4	4
G. Crowley	2	1
S. Kelly	4	3
P. Kirwan	4	2
M. Murphy	4	2
S. O'Keeffe	4	4
R. Ryan	2	2
C. Campbell	1	1

Liaison between the Audit and Risk Committees

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

Minutes of the meetings of each Committee were tabled regularly at meetings of the other during the year, and a joint meeting of the two Committees was held on one occasion.

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

Support to the Committees

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

7 Mr Beegan's term of office as Chair of the Risk Committee ended on 24th October 2016.

8 Resigned from the Risk Committee on the 22nd February 2016

9 Appointed to the Risk Committee on the 10th March 2016

10 Appointed to the Risk Committee on the 13th September 2016

11 Appointed to replace Mr Tom Beegan as Chair of the Risk Committee on the 7th November 2016

eHealth Committee

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

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

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

The Committee advises the Directorate on:

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

The eHealth Committee met three times in 2016. During the year the Committee received a wide range of briefings from the Chief Information Officer (CIO) on the programmes of work currently being undertaken by the OCIO. In addition, the Committee provided advice and guidance on the creation of the National Electronic Health Record Strategic Business Case which, following approval by the HSE Leadership team, was submitted to the Department of Health. The Committee also provided advice and feedback on the updated management organisation structure which is being considered by the CIO.

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

Membership

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

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

The membership of the Committee is:

- Prof Mark Ferguson – CEO, Science Foundation Ireland (Chair)
- Prof Brian Caulfield – School of Physiotherapy and Performance Science, Health Sciences Centre (Deputy Chair)
- Mr Muiris O'Connor – Assistant Secretary, Department of Health
- Ms Eibhlin Mulroe – CEO, All-Ireland Co-operative Oncology Research Group (ICORG)
- Mr Enda Kyne – Director of IT and Technology Transformation, RCSI
- Mr Derick Mitchell – CEO, Irish Platform for Patient Organisations, Science and Industry (IPPOSI)
- Prof George Crooks – Medical Director NHS24, Director Scotland Telehealth
- Prof Joe Peppard – Professor of Management and Technology, University of South Australia (Berlin)
- Mr Andrew Griffiths – Chief Information Officer, NHS Wales
- Dr James Batchelor – Director of Clinical Informatics Research Unit, Southampton University
- Dr Colin Doherty – Consultant, St. James's Hospital (Epilepsy)
- Dr Brian O'Mahony – National ICT Project Manager, GPIT Programme
- Dr Áine Carroll – National Director, Clinical Strategy and Programmes, HSE
- Dr Stephanie O'Keeffe – National Director, Health and Wellbeing, HSE

- Mr Leo Kearns – Chief Executive Officer, Royal College of Physicians of Ireland
- Mr Ger Reaney – Chief Officer, Community Healthcare Organisation 4, HSE
- Dr Susan O'Reilly – CEO, Dublin Midlands Hospital Group, HSE
- Prof Jane Grimson – Former Director of Health Information, HIQA
- Mr Richard Corbridge – Chief Information Officer, HSE
- Mr Henry Minogue – VP, Chief Information Officer, Virgin Media, Ireland
- Ms Helen McBreen – Investment Director, Atlantic Bridge Capital
- Ms Yvonne Goff – Clinical Information Officer Lead, HSE
- Ms Deirdre Lee – Founder, Derilinx
- Ms Diane Nevin – Founder, Health Evident
- Ms Hazel Chappell, Founder/Clinical Systems Consultant, Cartron Consulting
- Dr Martin Curley – Professor of Technology and Business Innovation, NUI Maynooth; Director, Intel Labs Europe Innovation Value Institute
- Mr Barry Heavey – Head of Life Sciences, Industrial Development Agency (IDA)
- Mr Kevin Conlon, IT Lead, Department of Health.

Members have been appointed by the HSE Directorate and serve for an initial two year period, with the option of extending individual appointments for a further three years.

Meetings and Documentation

Three meetings were held in 2016:

- 3rd March 2016 – Overview of the Electronic Health Record (EHR) Business Case and EHR programme, the Privacy Impact Assessment for the Individual Health Identifier
- 15th June 2016 – Review of the National Children's Hospital IT business case and an update on the ePharmacy programme
- 15th September 2016 – Key Themes for review and discussion were the eReferrals programme and Cancer Care eHealth Programme.

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

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

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

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

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

Table 7: Attendance at Directorate Committee meetings – eHealth Committee

Member	Total number of meetings	Attendance
M. Ferguson (Chair)	3	2
B. Caulfield	3	2
M. O'Connor	3	3
E. Mulroe	3	3
E. Kyne	3	2
D. Mitchell	3	2
G. Crooks	3	0
J. Peppard	3	3
A. Griffiths	3	2
J. Batchelor	3	3
C. Doherty	3	0
B. O'Mahony	3	2
A. Carroll	3	2
S. O'Keeffe	3	1
L. Kearns	3	0
G. Reaney	3	0
S. O'Reilly	3	2
J. Grimson	3	2
R. Corbridge	3	3
H. Minogue	3	2
H. McBreen	3	2
Y. Goff	3	3
D. Lee	3	3
D. Nevin	3	2
H. Chappell	3	1
M. Curley	3	0
B. Heavey	3	0
K. Conlon	3	1

Statement of Directors' Responsibilities

In Respect of the Annual Financial Statements

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

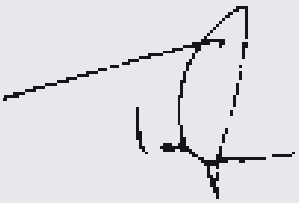
Section 36 of the Health Act 2004 (as amended by the Health Service Executive (Governance) Act, 2013), requires the Health Service Executive to prepare the annual financial statements in such form as the Minister for Health may direct and in accordance with accounting standards specified by the Minister.

In preparing the annual financial statements, Directors are required to:

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

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

Signed on behalf of the HSE



Tony O'Brien
Chairman

16 May 2017

Statement on Internal Financial Control

This Statement on Internal Financial Control represents the position for the year ended 31 December 2016.

1. Responsibility for the System of Internal Financial Control

The Health Service Executive (HSE) was established by Ministerial order on 1 January 2005 in accordance with the provisions of the Health Act, 2004. Following the enactment of the Health Service Executive (Governance) Act, 2013, the HSE Directorate was established as the governing body of the Health Service Executive (HSE) and is accountable to the Minister for Health, for the performance of the HSE. The Health Service Executive (Governance) Act 2013 allows the Minister for Health to issue directions to the HSE on the implementation of ministerial and government policies and objectives and to determine priorities to which the HSE must have regard in preparing its service plan.

The Vote of the HSE was disestablished on 1 January 2015, in accordance with the provisions of the Health Service Executive (Financial Matters) Act, 2014.

The Directorate is accountable to the Minister for the performance of the HSE's functions and its own functions as the governing authority of the HSE. In practice, the Directorate delegates to the Director General all the functions of the HSE, except for the specific functions it reserves for itself. The Director General, as Chairman of the Directorate, accounts on behalf of the Directorate to the Minister and is responsible for carrying on and managing and controlling generally the administration and business of the HSE.

The Director General has overall responsibility for the HSE's system of internal financial control and for monitoring its effectiveness. The system can provide only reasonable but not absolute assurance. The HSE is expected to reduce rather than eliminate risk and as such the system of internal financial control is designed to provide reasonable but not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely manner. The system of internal financial control is by its nature dynamic and it is continually developed, maintained and monitored in response to the emerging requirements of the organisation.

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

The HSE spends public funds on the provision of health and personal social services to the population of Ireland. The duties relating to total expenditure of €14.6 billion incurred by the HSE in 2016 are stringent in terms of accountability and transparency in order to fulfil our responsibility for funding received from the Department of Health and other sources in this respect. Our duties in respect of internal financial controls are set out in the Health Act 2004 as amended by the Health Service Executive (Governance) Act, 2013, the Code of Governance of State Bodies, Health Service Executive (Financial Matters) Act 2014 and in the Public Financial Procedures of the Department of Public Expenditure and Reform.

2. Basis for Statement

I, as Chairman of the Directorate, make this statement in accordance with the requirement set out in the Department of Public Expenditure and Reform's *Code of Practice for the Governance of State Bodies (2009)*.

3. Financial and Governance Procedures in Operation in the Health Service Executive

(a) Governance Procedures

The HSE is committed to the ongoing improvement of financial control and governance processes to ensure an effective culture of internal financial control.

The HSE's **Code of Governance** is set out on *www.hse.ie*. 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 was updated in 2015 following consultation and research, was approved by the Minister for Health in accordance with Section 35 of the Health Act 2004 and reflects the requirements of the Code of Practice for the Governance of State Bodies

(2009). Staff are required to have full knowledge of their responsibilities which are clearly outlined in the Code; it is against this that all compliance is benchmarked.

The Accountability Framework: In 2015 the HSE introduced an accountability framework which makes explicit the responsibilities of managers in relation to service performance. It describes in detail the means by which managers in the health service, including those in Hospital Groups and in Community Healthcare Organisations, will be supported and held to account for performance in relation to service provision, quality and patient safety, finance and workforce (the four "domains" of the National Scorecard). The introduction of this accountability framework as part of the HSE's overall governance arrangements is an important development and one which will support the implementation of the new health service structures. The main developments, in this respect, during 2016 are:

- The introduction of formal Performance Agreements between the Director General and the National Directors, and between the National Directors and the Hospital Group CEO's and the newly appointed CHO Chief Officers
- The introduction of a formal escalation and intervention process for underperforming services which will include a range of supports and, where necessary, sanctions
- The introduction of new co-ordination arrangements at National level via an executive management committee (EMC) to streamline the performance engagement between National Directors and the CHO Chief Officers.

The Performance and Accountability Framework for 2017 clarifies:

- The named individuals who have delegated responsibility and accountability, within each National Division for all aspects of service delivery across each of the four domains of the National Scorecard
- That these named individuals are accountable and responsible for managing the performance of services within their allocated budget
- For the named accountable officer, what is expected of them, what happens if targets are not achieved and in particular the nature of the supports, interventions and sanctions that will apply if targets are not achieved.

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 financial control and have been prepared to reflect best practice. Particular attention has been given to ensure that the NFR's are consistent with statutory requirements, Department of Public Expenditure and Reform circulars and public sector guidelines. The NFR's set out the financial limits, by staff grade, for approval and implementation of procurement contracts, revenue and capital expenditure and property transactions. Compliance with National Financial Regulations is mandatory throughout the organisation. The development and maintenance of the HSE's suite of National Financial Regulations is an ongoing process, with new regulations and updates to existing regulations issued periodically in response to new or emerging requirements.

A **devolved budgetary system** is in place with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances to their National Director who in turn must account to the Director General. This process is supported by the CFO and by the National Performance Oversight Group (NPOG) of which the CFO is a member.

(b) Directorate Oversight

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

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

This oversight group has responsibility for reviewing the performance of each service division with the relevant National Directors and to assess performance against the National Service Plan. The NPOG meets on a monthly basis to review performance and has a standing membership of four National Directors including the Chief Financial Officer.

A **National Financial Controls Assurance Group (NFCAG)** was also established in 2015 in order to address a number of recurring control weaknesses identified as part of the annual audit of the financial statements and by internal audit and other external reviews. During 2016 this group was focused on addressing issues in relation to procurement, taxation, prompt payment interest, pay-related overpayments and cash handling. This group reports to NPOG.

Work is undertaken on each of the five focus topics by subgroups established by the NFCAG, who approve and monitor their specific work programmes. Initial work for all subgroups focussed on establishing the scale of non-compliance and implementing a reporting tool to facilitate ongoing monitoring of increased compliance levels. The subgroups are also focussing on supporting service managers in increasing compliance levels, implementing standard business processes where practical and on providing training and information tools for staff in some areas of focus.

The **Audit Committee** was appointed in January 2014 in accordance with the provisions of the Health Service Executive (Governance) Act, 2013. The membership of the Audit Committee consists of an external Chairperson, four other external members and a member of the HSE Directorate. The Audit Committee and its Chairperson, are appointed by the Directorate. It acts in an advisory capacity and has no executive function.

A **Charter of the HSE Audit Committee**, setting out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters, was adopted by the Committee in early 2014 and is reviewed periodically by the Committee. The focus of the Audit Committee in providing advice to the Directorate and the Director General, is on the regularity and propriety of transactions recorded in the accounts, and on the effectiveness of the system of internal financial control operated by the HSE.

In order to discharge its responsibilities, the Committee agreed a work programme for the year reflecting the Committee's Charter. The Committee received regular reports and papers from the Chief Financial Officer and the National Director of Internal Audit, both of whom attended Committee meetings regularly along with senior members of their teams. Individual National Directors are invited to attend the Audit Committee throughout the year to present on the effectiveness of the financial control environment in their organisations and on the steps being taken to address weaknesses and breaches.

The Audit Committee receives summaries of the reviews conducted by the HSE's internal audit team on a quarterly basis, and the recommendations of the external auditors in relation to the HSE's internal financial controls and its annual financial statements. The Committee discusses these matters with the auditors and advises the Directorate on them.

The Committee provides its advice to the Directorate principally by means of the minutes of its meetings. These minutes are made available to, and tabled at, meetings of the Directorate shortly following the relevant Audit Committee meetings. The Chairperson of the Audit Committee attended meetings of the Directorate during 2017 to provide the Audit Committee's advice in relation to the HSE's 2016 financial statements prior to their approval by the Directorate and to update the Directorate on the work and advice of the Committee in relation to financial controls.

The Audit Committee met on eight occasions in 2016 and a joint meeting of the Audit Committee and Risk Committee took place on one further occasion. The Chairperson of the Audit Committee also had individual meetings and discussions periodically throughout the year with the Director General, the Chief Financial Officer, senior members of the Finance team, the National Director of Internal Audit and his senior managers and the Chairperson of the Risk Committee. The Chairperson met with representatives of the Office of the Comptroller and Auditor General, who attended seven of the eight meetings of the Audit Committee. The meetings were held to consult with the Committee in relation to issues arising and the status of the response to those issues.

The Audit Committee issued its Annual Report to the Directorate in January 2017 with a copy to the Minister for Health.

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

The Audit Committee is responsible, along with the Director General, for guiding, supporting and overseeing the work of the HSE's Internal Audit Division. The annual work plan of Internal Audit is informed by analysis of the financial risks to which the HSE is exposed and is approved by the Audit Committee, based on this analysis. The internal audit work plans aim to cover the key financial risks and related controls on a rolling basis. IT audit services are engaged by Internal Audit to assist in the conduct of specialist audits and Deloitte were appointed to conduct this work. The National Director of Internal Audit attends all Audit Committee meetings, and has regular one to one meetings with the Chairperson of the Audit Committee and the Director General.

The Audit Committee works closely with the National Director of Internal Audit in highlighting instances of potentially systemic financial control issues identified during the year.

During 2016 the Internal Audit Division completed a substantial body of work and issued 160 audit reports. Particular focus was placed on auditing funded agencies and ICT audit.

The HSE's response to Internal Audit reports indicates the National Director responsible for implementing recommendations. This facilitates effective follow up and monitoring by NPOG. Any instances of fraud or ***other irregularities*** identified through management review or audit are addressed by management and An Garda Síochána is notified where appropriate.

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

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

The Committee considered the Corporate Risk Register, Divisional risk management plans, the HSE's Health and Safety function, internal audit reports concerning the effectiveness of non-financial internal controls and HIQA reports, including the implementation of HIQA recommendations. The National Director of Quality Assurance and Verification Division attended the Committee meetings to provide assurance on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks.

Liaison between the Risk Committee and Audit Committee is facilitated by an annual joint meeting of the two committees and regular engagement between the two Committee chairs. Minutes of the meetings of each committee are shared reciprocally. The Risk Committee of the Directorate met on four occasions in 2016.

(c) Information Technology

Financial Control and IT Systems 2016

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

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

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

The finance reform programme covers people, process and technology and in the latter context there are three key financial system related projects currently being progressed:

Stabilisation of existing Finance systems in the West and South

The first phase of Stabilisation in the Mid-West, which commenced in March 2016, was completed on 03 October 2016 with the transfer of the legacy financial systems in the Mid-West onto a modern interim financial system. The next phase of Stabilisation is underway and will bring Our Lady's Children's Hospital Crumlin (OLCHC) and the North West region of the HSE onto this modern interim financial system. Subject to detailed planning, it is expected that this phase will be complete by the end of Q4 2017.

Upgrading the current National Financial Reporting Solution (CRS)

The National Finance Reporting Solution, (called Corporate Reporting Solution, CRS), will be replaced with a new financial intelligence and reporting tool on a new upgraded platform. This will allow the HSE to generate financial and management accounting reports off a single centralised database which draws inputs from the existing legacy as well as interim stabilisation finance systems (pending the full implementation of the new single national financial and procurement system – see below).

The procurement of an Enterprise Resourcing Planning (ERP) software platform for the new Finance and Procurement system

The third area of the Finance Reform Programme in progress is the procurement of an Enterprise Resourcing Planning (ERP) software platform underpinning the new single finance and procurement system. Agreement in principle has been reached between the sourcing team (HSE and Office of Government Procurement) and the preferred bidder subject to HSE internal and external approvals and the preferred bidder approval process.

Full implementation of a fully integrated National Finance and Procurement System is part of the HSE's finance reform five-year plan. Significant milestones were achieved in 2016, which will enable the HSE to deliver both short-term improvements in processes and controls as well as the longer-term goal of Finance Reform.

Information Security

The use of computer systems and the exchange of information electronically is increasing across all divisions of the HSE despite under investment in ICT which has continued for many years. The HSE Chief Information Officer (CIO) is also the Chief Officer of E-Health Ireland and is leading the HSE's efforts to address this underinvestment, with notable successes visible such as the creation of the first digital maternity hospital in Cork in 2016. The office of the CIO has the responsibility to ensure that appropriate policies, procedures and controls are in place to protect the interests of the HSE. All Policies are available on the HSEs web site *www.HSE.ie* and include, inter alia, policies in relation to information security, access and acceptable use.

(d) Planning, Performance Monitoring and Reporting

Planning, performance monitoring and reporting are key facets of a good internal financial controls environment. The HSE has processes and procedures in place at all levels across the HSE to ensure that budgets and plans are monitored, reported on and where required remedial action is taken.

Planning

Planning takes place at several levels within the HSE and takes into account internal and external guidance including for example the Government's reform agenda, The Department of Health's Statement of Strategy, national policy documents, economic forecasts and clinical and quality priorities:

- **Annual Estimate:** Each mid-year an assessment is prepared of the financial resources required to support the delivery of effective, safe and high quality services in the forthcoming year. It includes the cost of maintaining existing levels of service, the impact of demographic change, the cost of meeting unmet need and essential quality and safety interventions. It also takes account of strategic policy priorities, and expected efficiencies and savings
- **Engagement with Government:** Once the Annual Estimate had been submitted a formalised set of engagements is held with the Department of Health (DOH) and the Department of Public Expenditure and Reform (DPER). Briefing documents are prepared to properly inform Government on the requirements in key areas
- **National Budget:** At or around national budget day in mid-October the next year's funding available for Health is substantially set by Government and communicated through the DOH. Meetings are held with DOH to gain a fuller understanding of the budgetary details
- **Budget v Estimates:** Significant analysis is undertaken internally in order to assess any potential shortfall between the estimated requirement and the budget allocation. This is communicated to each Division in order to assess the implications on service provision and to ensure adherence to the allocated and approved budget
- **National Service Plan:** In line with Section 31, Health Act 2004 and Section 12, Health Service Executive (Governance) Act 2013, the HSE publishes prior to the start of each year a National Service Plan (NSP) which sets out the type and volume of service activity that can be delivered for the funding allocated by the Minister. It sets out key goals and priorities, the actions required to achieve them and the measures by which performance will be judged. The 2017 National Service Plan was submitted to the Minister for Health on 25 November 2016 and was approved by the Minister on 13 December 2016.

Reporting

The HSE produces financial and performance reports on a monthly and annual basis as follows:

- Monthly – A monthly management data report is produced. This includes monthly management accounts for each area and provides a detailed view of financial performance against budget. In addition, monthly reports on performance are also produced and these reports, together with the monthly management accounts, inform the assessment of performance conducted monthly by NPOG
- On an annual basis, the HSE publishes its Annual Report and Financial Statements. This report provides an overview of performance for the preceding year. The HSE Annual Report is a legal requirement under section 37 of the Health Act 2004.

The HSE has a Business Information Unit to collect and validate activity data in relation to acute and community services.

Performance Monitoring

Monitoring of both financial and operational performance occurs on at least a monthly basis at a number of levels in the HSE as follows:

- The HSE Directorate and Leadership Team is the primary internal forum where the organisation's performance is reviewed on a monthly basis. In addition the HSE Directorate/Leadership Team meets the DOH Management Board on a monthly basis to jointly review performance. Furthermore key service and financial performance within the health service is reviewed with the Department of An Taoiseach and the Department of Public Expenditure and Reform via a monthly Senior Officials Group in preparation for the subsequent meeting of the Cabinet Committee on Health which is chaired by An Taoiseach
- The National Performance Oversight Group (NPOG) has been established as a sub group of the Directorate and is the principal performance accountability mechanism in the HSE. The NPOG meets with each National Director for services on a monthly basis, to review performance against the National Service Plan under the four Balanced Score Card quadrants of Quality and Safety, Finance, Access and Human Resources
- Each National Director is accountable to the Director General for their performance and that of their Division. Monthly performance review meetings with Hospital Groups and CHO's etc. are conducted to assess performance by reference to performance agreements
- Regional and local level performance engagements take place between hospital groups and their individual hospitals and similarly within CHO's.

(e) Risk Management

The HSE recognises the importance of **risk management, including financial risk management**, as an essential process for the delivery of high quality and safe healthcare services. Risk management at an operational level is a line management function. Each Division is required to describe accountability arrangements for managing risk at all levels within the Directorate. These arrangements are part of the normal reporting mechanism to ensure that risk management is embedded into the business process. Each service/function is obliged to identify, assess and manage risk relevant to their area; the risk register is the principal tool to enable communication of this risk information. Where risks are identified that have significant potential to impact on the overall objectives of the HSE they are recorded on the Corporate Risk Register. The register is a mechanism to provide assurance (evidence) to the Directorate that risk is being identified, assessed and managed and that a range of control measures and action plans are in place to mitigate the risks identified. Regular reports on the status of the corporate risks are submitted to the Risk Committee and are reviewed by the HSE Directorate and Leadership Team. The full suite of HSE risk management policies, procedures and guidelines are published on *www.hse.ie*.

The financial impact of clinical and operational incidents is reflected in cases settled by the State Claims Agency (SCA) under the Clinical Indemnity Scheme (CIS) and the General Indemnity Scheme (GIS) and by insurers on behalf of the HSE. The responsibility for management of clinical negligence, personal injury and property damage claims against the HSE has been delegated to the SCA under statute. The SCA also provides advice and assistance to HSE risk management, clinical and administrative personnel with the aim of supporting patient safety and reducing future claims and litigation. Where claims do arise the SCA's objective, while acting in the best interest of taxpayers, is to act fairly and ethically in its dealing with people who have suffered injuries and who take legal actions against state bodies, and the families of these people. The SCA hosts an **electronic national incident management reporting system (NIMS)** which supports the recording and investigation of any subsequent claims and also the identification and analysis of developing trends and patterns. The intention is that the lessons learned from this analysis support the improvement of patient safety and minimises future claims in the HSE. Annually, the SCA implement targeted risk management work programmes to mitigate litigation risk in the healthcare enterprises, in order to reduce costs of future litigation to the state. An extensive programme of training and seminars was delivered by the SCA's risk management units during 2016. The SCA provides insurance advices on HSE contracts, licenses, schemes and tenders in circumstances where State indemnity applies or on insurance requirement's where it does not apply.

(f) Control over medical card and high tech drug costs

The scale of costs within the Medical Card, Primary Care card and GP visit card schemes and the volume of transactions associated with them mean that these are areas of potentially significant financial risk to the HSE.

Eligibility to receive a medical card, in general, depends on an assessment of an applicant's means. This assessment is completed upon initial application for a medical card and an assessment is also repeated periodically to confirm continuing eligibility. Most medical cards are awarded for three years following eligibility assessment. However, eligibility may cease upon a change in circumstance and therefore a review of same may be initiated during the three year period to confirm continuing eligibility.

The Primary Care Reimbursement Service of the HSE (PCRS) is the division responsible for making payments to healthcare professionals for the free or reduced cost services and drugs provided to the Public. This covers medical cards, GP visit cards as well as the management of High Tech Drugs.

PCRS is working actively with the Department of Social Protection and with Revenue in targeting reviews at potentially ineligible cardholders.

Renewal Notice Reviews

At 31 December 2016 there were 1,683,792 (FY2015 1,734,853) full medical cards and 470,505 (FY2015 431,306) GP visit cards in issue. During 2016, 643,911 cards were due to expire in monthly tranches. The full cohort of each monthly tranche which was approaching expiry was subject to a risk analysis to determine the review approach to adopt in each case. Renewal notices issued in relation to 482,125 cards. Renewal notices were not issued to the remainder as it was concluded on the basis of risk assessment that those persons were at low risk or at no risk of being ineligible, and eligibility in those cases was extended for a further one year. Renewal of a medical card can be undertaken by way of a full review of eligibility by the HSE or by cardholder self-assessment depending on the relative risk identified during the risk assessment process. Of the renewals issued in 2016, 165,061 involved a full review and 317,064 requested the cardholder to self-assess:

- As at February 2017 continuing eligibility had been confirmed in relation to 338,019 cards (70.1%)
- 32,732 cards were not renewed (3.8%) because the eligibility criteria (e.g. income thresholds) were not met
- In 6,154 cases (1.3%) the cardholder was deceased
- Almost 47,774 (9%) of the cards selected for review were not renewed because the cardholder did not respond to the renewal process
- The assessment of eligibility was on-going in relation to 57,446 cards (11.9%).

Targeted Reviews

A review is "targeted" when it is initiated during the eligibility period rather than when the card is due for renewal. Since July 2016 Revenue has provided data to PCRS on persons who returned to work after a period of unemployment and during 2016 the HSE issued 92,984 targeted reviews (FY2015 1,575).

As of February 2017:

- Continuing eligibility was confirmed in relation to 39,040 cards (42%)
- Eligibility was removed in 3,941 cases (4.2%) because the eligibility criteria e.g. income thresholds were not met
- In a further 19,288 (20.7%) of targeted reviews medical cards were not renewed because the cardholder did not respond to the renewal process
- In 49 (0.1%) cases the cardholder was deceased
- The assessment of eligibility was on-going in relation to 30,666 cards (33%).

Residence Confirmation

In addition to the review of eligibility outlined above the HSE also uses risk assessment to determine when to seek confirmation of residence in the State in relation to inactive cards. During 2016 letters were sent to 232,642 individuals seeking confirmation of residence.

As of February 2017:

- 187,170 individuals (80.5%) had confirmed residence
- Eligibility was removed in relation to 45,472 cards (19.5%).

Controls over Reimbursements

PCRS has responsibility for reimbursing drug companies, general practitioners and individual claimants. This involves assessment and payment of almost 80 million claims annually totalling €2,671m. In order to ensure that only valid claims are paid PCRS implements the following controls:

- A dedicated probity unit has been established in PCRS with data analysts, case officers and inspectors to review claims and detect errors. During the 2016 budget discussions, PCRS were set a number of savings initiatives for 2016 before arriving at a budget allocation. Through the enhancement of the existing probity function, a probity savings measure of €20m was identified and allocated across all primary care contract types through the recoupment of fees for invalid claims and a change in contractor claiming practices
- In 2016 PCRS established a dedicated unit to oversee the reimbursement of high tech drugs and this unit has commenced plans to strengthen stock control procedures in relation to high tech drugs through the establishment of a high tech ordering and monitoring hub.

(g) Tax Compliance

The HSE performs an annual detailed self-review of tax compliance which is managed by a dedicated in-house tax team working with external tax advisors. This self-review process is conducted each year across all tax heads for which the HSE needs to account and focussed in particular on a risk based assessment. The 2015 review resulted in an additional tax payment which was paid in September 2016. The amount was not material in financial terms in the context of the HSE's overall annual tax liability and did not attract interest or penalties as the correction was completed and paid within the time constraints allowed.

The HSE has taken a number of steps to address areas of non-compliance identified during annual review exercises as follows:

- A formal tax policy has been developed for the HSE, to encompass all tax policies, procedures and guidance notes
- Financial regulations (NFRs) are being reviewed and, where appropriate will be amended and updated for current tax law and practice and for written Revenue rulings and other issues identified as part of the self-review exercise
- Guidance notes and explanatory memos on a broad range of common issues arising in the HSE across the tax heads have been prepared by the HSE tax team and are available to all staff on the HSE intranet site
- An ongoing and comprehensive schedule of training has been designed and delivered by the tax team to all relevant finance and service staff across the HSE
- The NFCAG includes tax reform in its work plan, specifically in relation to subcontractors' taxes and the treatment of travel allowances.

4. Significant Breaches of the Control System in 2016

(a) Compliance with Procurement Rules

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.

In 2016, as in previous years, the audit of the financial statements found that significant non-compliance with procurement rules continued to be an issue for the HSE, in particular where requirements for market testing, tendering or competitive processes were not observed.

The scale and complexity of the HSE's overall procurement activity is such that it will take a sustained focus over a number of years in order to achieve high levels of adherence to procurement rules. This is an important objective for the HSE given the need to deliver and demonstrate value for taxpayers' money invested in the health service. In this context the HSE has continued to progress a number of initiatives in 2016 which are organised around three key themes:

Supporting Infrastructure – There has been a significant amount of infrastructural work underway for a number of years which has and will continue to facilitate the HSE's efforts to improve both its sourcing and compliance efforts. This includes:

- The ongoing rollout of the Procurement Project Management System (PPMS)
- Continuing development of the Pricing and Assisted Sourcing System (PASS)
- Development of a Procurement Data Warehouse and a related Compliance Improvement Tool (CIT) which will allow the HSE to identify uncontracted expenditure
- Ongoing rollout of the National Distribution Centre (NDC) and nine key strategic hubs
- Ongoing training for relevant staff. In addition HSE staff are working with the Office of Government Procurement (OGP) to develop accredited 3rd level professional training specifically tailored for public procurement specialists
- The HSE has tendered for a single national finance and procurement system which in the longer term will enable standardised national sourcing and purchase to pay processes in line with best practise.

Sourcing – The HSE's shared business services organisation (HBS) has developed a three year Sourcing Improvement Plan 2016-2019 with the specific aim of having in place contracts for the over €2bn of procurable goods and services required by the HSE. This necessitates significant investment in additional procurement staff which has commenced. By February 2017, there are 149 national procurement framework agreements in place which is up by 52 or over 50% compared to the 97 that were in place at the end of 2015. There are central contracts in place covering annual expenditure of €630m which is up by €142m or nearly 30% on the level in place at the end of 2015 (€488m).

Compliance – The NFCAG has focused on procurement compliance as one of its key objectives and has set up a subgroup chaired by the HSE's head of procurement. This group played a key role in the development of the compliance improvement tool referred to above and in raising awareness via a series of meetings with a large number of HSE managers and staff. The group is currently finalising a three year Compliance Improvement Plan 2017-2020. A key part of this plan will involve putting in place a central team led by a Senior procurement manager, with external support as required, who will work with service areas to assess relevant current processes and levels of compliance. This will lead to the development and implementation of an agreed compliance improvement plan for each area with clear actions for both local and national management.

(b) Governance of grants to outside agencies

In 2016 just under €3.8 billion of the HSE's total expenditure related to grants to outside agencies. The legal framework under which the HSE provides grant funding to agencies is set out in the Health Act 2004. These range from the large voluntary hospitals such as St. James in receipt of over €300m to small community based organisations in receipt of €500. Control weaknesses relating to the monitoring and oversight of agencies in receipt of exchequer funding have been identified as part of the audit of the financial statements in 2016 and in previous years as follows:

- There was an improvement in the timeliness of agreement of Service Arrangements and Grant Aid Agreements during 2016. However a number were still not agreed at end April 2016 in relation to 2016 funding
- The requirements to submit financial reports and staffing returns and to hold monitoring meetings depend on the size of the agency. During 2016 and in previous years there were deficiencies in the application of these procedures relating to monitoring and oversight of the agencies by the HSE. These included the absence of documentary evidence of regular monitoring meetings, review of periodic financial reports and review of staffing returns of funded agencies
- HSE procedures require funded agencies to submit annual audited financial statements. Audited financial statements were not always submitted and there was no evidence of a review having been carried out by the HSE of submitted financial statements in many cases
- The system of internal financial control operating in individual funded agencies is reviewed on a sample basis as part of the HSE's Internal Audit programme and as a result of inspections conducted by the Office of the Comptroller and Auditor General in the context of the audit of the HSE's financial statements. Weaknesses identified in 2016 and in previous years include funded agencies not complying with public procurement guidelines or public sector pay policies. In addition the audit identified an absence of policies and procedures in relation to some areas of expenditure, e.g. entertainment.

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

HSE's governance framework for the provision of grant funding

The HSE's governance framework is consistent with the management and accountability arrangements for grants from exchequer funding issued by the Department of Public Expenditure and Reform (DPER) in September 2014:

- **Governance –** The HSE has a formal governance framework in place (updated on an annual basis) which incorporates standardised governance documentation including standard service arrangements and grant aid agreements and guidance documentation. These documents have been promulgated by the Compliance Unit to the HSE Acute and Community divisions for use by Hospital Groups (HGs) and Community Healthcare Organisations (CHOs) when contracting/grant funding Non-Statutory Agencies.
- **Pre Funding of Agencies –** The HSE, with the approval of DPER, provides funding to agencies in advance of the agencies incurring expenditure. This is on the basis that a significant amount of grant funding is in respect of pay and staffing where cash is required in advance to meet this contractual obligation. The HSE has a number of controls in place to ensure compliance with this requirement. Section 38 Agencies and the largest of the Section 39 Agencies managed by a Service Arrangement represent over 98% of the overall grants paid by the HSE. These agencies are allocated annual budgets and are required to submit regular management accounts to the HSE. The HSE makes payments in line with the cash profile which is based on the approved annual budget. Variations to approved budgets or cash profiles are considered as exceptional issues and are subject to formal authorisation requirements at local and/or national level depending on the specific circumstances.
- **Service Arrangement –** Service Arrangements are in place which set out:
  - The resources being provided
  - The outputs to be achieved
  - Arrangements for the drawdown of funding
  - The nature of the review of performance
  - Assurance and governance requirements.

  In previous years, service arrangements had not been signed in a timely way. In Q1 2016 the Directorate decided that any agency not in compliance with the requirement to sign the relevant SA would be subject to payment at 80% of the normal rate until such time as the SA was signed. Compliance rates have improved significantly. In relation to 2016, 93% of arrangements representing 77% of funding were completed by 1 April 2016. The HSE is actively following up on outstanding 2016 arrangements which represent about 2% of the total grant funding. Required standard documentation was made available in November 2016 in order to facilitate timely completion of 2017 arrangements.
- **Monitoring –** The HSE's procedures require that the funded agencies submit financial and staffing returns on a periodic basis and on an annual

basis, submit audited financial statements. For Agencies with turnover of €150k or greater these financial statements are required to be audited. The procedures also stipulate that performance reviews are conducted at regular intervals and that financial statements submitted are reviewed by the HSE. The HSE acknowledges that due to pressure on local resources monitoring meetings may not have occurred at the required frequency. The HSE plans to establish a Contract Management Support Unit (CMSU) in each of the nine community healthcare organisations to assist service managers in managing and documenting all aspects of the relationship with funded agencies.

- **Assurance in relation to application of funding –** Statements of assurance from funded agencies certify that the funds provided have been used in accordance with the terms and conditions of the grant. The HSE is introducing this requirement on a phased basis as follows:
  - **Section 38 Agencies (circa 78% of total funding) –** Annual Assurance statements were required from all Section 38 Agencies in relation to 2015. These were requested in 2016 and by February 2017 statements had been received from all of the Section 38 Agencies. Statements in relation to 2016 are required by 31 May 2017
  - **Section 39 Agencies > €3m per annum** (circa 16% of total funding) – Annual Assurance statements were initially requested from S39 Agencies in receipt of over €3 million in relation to 2016. These are due to be submitted by 31 May 2017
  - **Section 39 Agencies – €250k to €3m per annum** (circa 6% of total funding) – In the case of these agencies the HSE has developed an Annual Financial Monitoring Return (AFMR) to be submitted with the financial statements. This return, which became effective from year ended 31 December 2016, includes an assurance statement. The AFMR is applicable for all Section 38 and 39 Agencies managed by a Service Arrangement
  - For smaller agencies who receive less than €250,000, the grant aid agreements require an annual assurance statement from the Chairperson.
- **Review –** In 2016 the HSE commissioned an external review of governance at Board and Executive level in all Section 38 Agencies. All Section 38 Agencies will be reviewed by the end of 2017. Twenty five of these reviews are currently underway. It is proposed that following completion of these reviews in 2017, ongoing review would continue on a five year cycle.
- **Audit –** The HSE's Internal Audit Division conduct a programme of audits on the externally funded Agencies. The selection of agencies for audit is in the main informed by discussion with HSE staff. However during 2016, Internal Audit also commenced a programme of random audits of agencies in receipt of funding below €1 million.
- **Receipt of annual financial statements –** The external assurance provided by the receipt and review of agencies audited annual financial statements (AFS) has been a particular focus during 2016 and continues into 2017. The Compliance Unit continues to monitor and support the CHOs and Hospital Groups in relation to the receipt and review of grantee financial statements, a key governance control. The Compliance Unit have facilitated the review process for a number of the larger Section 39 Agencies with multi area funding, and are working with the newly appointed heads of finance in the CHOs and Hospital Groups to further enhance the process.
- **Disclosures in funded entity financial statements –** The DPER guidance, issued in September 2014 in relation to the management of grant funding, stipulated additional disclosure in the financial statements of funded entities. These included inter alia, further disclosures in relation to how funding was applied and disclosures in relation to staff salaries. The HSE's service agreements and grant aid agreements were revised in 2016 to take account of the enhanced disclosures required in the financial statements of grantees.
- **Implementation of recommendations from reviews and audits –** Findings and recommendations emerging from the governance reviews, C&AG and internal audits inform the annual review of the HSE's Governance Framework. The 2016 review process resulted in significant enhancements to the service arrangements. A memo covering recommendations by the C&AG and Internal Audit is to be issued to all Section 38/39 Agencies and all relevant HSE Managers. A review of these recommendations will be incorporated into the Annual Compliance Statements for future year's agreements. In 2017, the Compliance Unit plans to conduct inspections and reviews to assess compliance with the framework across the HSE. The HSE's Compliance Unit continues to work with the Service Divisions, Chief Officers of Community Healthcare Organisations (CHO) and Chief Executive Officers of the Hospital Groups to enhance the implementation of the governance framework in relation to grants with specific emphasis being placed on the timely completion of relevant documentation.

5. Review of the Effectiveness of the System of Internal Financial Control

The annual review of the effectiveness of the system of internal financial control is conducted by the HSE. It seeks to enable the Director General, and the Directorate to meet their requirement to satisfy themselves, and to represent to the Minister for Health and to the Oireachtas, around the extent to which there is appropriate effective control in place within the HSE. During 2016 a formal **Review of the System of Internal Financial Control** in the HSE was completed by the Finance Division, the results of which have informed this Statement on Internal Financial Control. The review was carried out by managers with specific expertise in the areas of finance, audit, control and risk. They use an established **controls assurance process** methodology which has been further developed and improved in carrying out this review during 2016.

The review is informed by the following various elements, all of which provide evidence of the effectiveness, or otherwise, of the system of internal financial control in the HSE:

Internal Control Questionnaire (ICQ)

The 2016 ICQ was required to be completed by all relevant staff at Grade VIII (or equivalent) and above. Questions and statements in respect of certain key control areas were updated in 2016 to reflect the revised business processes within those areas – particularly in respect of taxation and grants to outside agencies. The content of the ICQ is dictated by best practice in expected key financial controls as well as focussing specifically on areas of known non-compliance. This focus allows the HSE in measuring ongoing compliance levels and also acting as an education tool for managers on controls areas that require attention.

The ICQ required staff to respond to 194 statements across 13 key control areas. All staff were required to respond to 120 core statements, while a further 74 statements were targeted at specialist staff only (including 29 statements on grants and 10 statements on patient private property). The ICQ was hosted online and completed by respondents in electronic format. The migration of the ICQ to electronic format has facilitated the detailed statistical analysis of responses received from 1,634 senior managers (1,192 in 2015). This analysis assists with identifying overall controls compliance levels and geographic/divisional areas of particular compliance strengths or weakness. The output is also being used to focus training and support resources in 2017. The 2016 process was further enhanced through the extension of external independent stress testing of sample responses to provide additional substance as to the reliability of the responses.

The output from the ICQ process supported key findings on non-compliance in areas such as procurement and grants to outside agencies.

This process is undertaken by managers within statutory HSE services and does not include those employed at Section 38 and 39 funded organisations. However, levels of compliance with controls in place to manage the HSE relationship with such organisations are measured within the process.

Controls Assurance Statement (CAS)

The CAS must also be completed by all senior managers, administrative and clinical, from National Director Level to Grade VIII (or equivalent relevant) level, and returned to line management. This statement includes confirmation that managers are aware of, and comply with, the key financial controls and Code of Governance in place within the HSE. They further confirm compliance with specifically stated key controls, including in relation to procurement, data protection and obligations in respect of voluntary donations and gifts.

Other elements that provided input to the review:

- Audit Committee and Risk Committee minutes/ reports
- Recommendations from Internal Audit reports
- Status of the recommendations of previous years' reports on the Review of the Effectiveness of the System of Internal Control
- Recommendations from management letters of the Comptroller and Auditor General
- The 2016 audit programme of the Comptroller and Auditor General and in particular, the audit risks identified therein
- Reports of the Committee of Public Accounts
- HSE Directorate and Leadership Team minutes
- Minutes of steering group/working group/ implementation groups etc.
- External reviews undertaken by the HSE to assist in identifying financial control issues and implementing revised policies and business processes
- HSE corporate risk register.

Compliance by staff with the controls assurance process continued to improve in 2016 on previous years. The absence of a signed CAS attesting to the operation of controls gives rise to a concern that corporate risks may not be appropriately identified and addressed. Individual National Director Registers identify the staff who have and have not completed a CAS and ICQ, and non-responders are followed up to understand why the process was not completed and to identify any areas of non-compliance not identified within the process. This is also being used as a controls awareness and training exercise with non-responders.

6. Conclusion

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

In summary, the review concluded that there is evidence that:

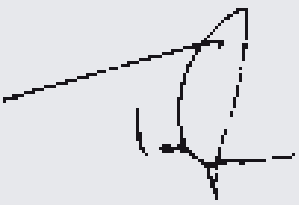
- The HSE has adopted a suite of internal financial policies and procedures, which form the basis of the internal control framework
- Where high level risks have been identified, mitigating/compensating controls are generally in place
- Many instances of non-compliance with these adopted policies and procedures have been identified exposing the organisation to material risk
- Awareness of the requirement for internal controls has increased during 2016 with the number of staff who completed the ICQ survey increasing significantly. It is clear from the responses received that most managers indicate high levels of compliance with internal controls. However the lack of uniform consistency of responses again noted in 2016 indicates ongoing varying levels of compliance in many control areas. This information will be used in 2017 to focus work on increasing compliance with specific controls and to raise general awareness of the requirement for compliance with all controls
- Reasonable assurance can be placed on the sufficiency of internal controls to mitigate and/or manage key inherent risks to which financial activities are exposed. However a significant number of weaknesses exist in the HSE's internal financial controls as evidenced by the number of breaches that occur. Improvements in these areas will continue to receive a significant focus from the Directorate in the coming years
- There is a growing awareness and understanding of the need for accountability and responsibility by all levels of staff in the HSE to underpin a strong system of internal financial control.

As in previous years, the review of the effectiveness of the system of internal financial control has had regard to the continuous development of the control systems of the HSE. The HSE is an organisation undergoing significant change and its control systems still rely on the legacy financial systems of the former health bodies it replaced. These legacy systems will be replaced on a phased basis over the next 3-5 years with a single national integrated financial and procurement system as part of the finance reform programme which is underway. The extension in scope and depth of the annual controls assurance process in 2016, along with the accountability framework and balanced scorecard processes introduced in 2015, has had the effect of further increasing awareness and understanding of the control system throughout the organisation. A consistent approach is being adopted by the HSE to the follow up of all recommendations arising from the review of the internal and external audit reports and of the audit committee. This includes responsibility for specific actions being assigned to individual National Directors with a requirement for structured remediation plans to be prepared by the relevant managers in each case.

The breaches of the HSE control environment which are referenced in this statement underline the need for specific and sustained focus on improvement and compliance at all levels of the organisation.

In summary, notwithstanding the control breaches which were identified and are being addressed by management as set out above, satisfactory levels of compliance with the control framework are generally observed by the majority of staff. Persistent instances of non-compliance remain in certain areas such as compliance with procurement rules. Disregard of control requirements is a matter for consideration under the HSE's disciplinary procedures. The implementation of remediation plans for the improvement of internal financial controls will remain the responsibility of the relevant National Director. Progress will be monitored during 2017 by the National Performance Oversight Group and the HSE Audit Committee.

The Director General has overall responsibility for the system of internal financial control within the HSE and will continue with the Directorate to monitor and support further development of controls. Progress will be reassessed in the 2017 Review of the Effectiveness of the System of Internal Financial Control.



Tony O'Brien

Chairman

16 May 2017

Comptroller and Auditor General

Report for Presentation to the Houses of the Oireachtas

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2016 under 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.

The financial statements have been prepared in the form prescribed under Section 36 of the Health Act 2004 and accounting standards specified by the Minister for Health. The basis of accounting in the accounting policies explains how the accounting standards specified by the Minister differ from generally accepted accounting practice in Ireland.

Responsibilities of the members of the Directorate

The Directorate of the Health Service Executive is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view, in accordance with the accounting standards specified by the Minister, and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them in accordance with applicable law.

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

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

Scope of audit of the financial statements

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

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

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

In addition, I read the Health Service Executive's annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on the financial statements

In my opinion, the financial statements, which have been properly prepared under the accounting standards specified by the Minister for Health, give a true and fair view in accordance with those standards of the state of the Health Service Executive's affairs at 31 December 2016 and of its income and expenditure for 2016.

In my opinion, the accounting records of the Health Service Executive were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

Matters on which I report by exception

I report by exception if I have not received all the information and explanations I required for my audit, or I find

- any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Health Service Executive's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the Health Service Executive's compliance with the Code of Practice for the Governance of State Bodies, or
- there are other material matters relating to the manner in which public business has been conducted.

Inadequate monitoring and oversight of grants to outside agencies

I draw attention to the statement on internal financial control which discloses weaknesses in the Health Service Executive's oversight and monitoring of grants to outside agencies which amount to €3.78 billion in 2016. The statement on internal financial control also outlines the steps being taken by the Health Service Executive to address these weaknesses in control.

Non-competitive procurement

My audit identified a significant level of non competitive procurement that is consistent with findings in previous years. There was a lack of evidence of competitive procurement in relation to 49% (by value) of the sample of payments examined at five locations in the Health Service Executive visited by the audit. The total value of the sample was €30.8 million. The statement on internal financial control sets out the steps being taken by the Health Service Executive to address its non compliance with procurement rules.

Seamus McCarthy

Comptroller and Auditor General

16 May 2017

Statement of Revenue Income and Expenditure

For Year Ended 31 December 2016

	Notes	2016 €'000	2015 €'000
Income			
Department of Health Revenue Grant	3(a)	**13,513,757**	12,811,953
Deficit on Revenue Income and Expenditure brought forward	3(b)	**(7,931)**	0
		13,505,826	12,811,953
Patient Income	4	**450,515**	434,521
Other Income	5	**610,899**	640,447
		14,567,240	13,886,921
Expenditure			
Pay and Pensions			
Clinical	6 & 7	**3,262,538**	3,139,765
Non Clinical	6 & 7	**1,086,599**	1,020,128
Other Client/Patient Services	6 & 7	**761,689**	752,074
		5,110,826	4,911,967
Non Pay			
Clinical*	8	**1,012,298**	941,010
Patient Transport and Ambulance Services	8	**62,528**	61,756
Primary Care and Medical Card Schemes	8	**2,977,251**	2,830,604
Other Client/Patient Services	8	**29,985**	19,574
Grants to Outside Agencies	8	**3,782,128**	3,620,503
Housekeeping	8	**239,023**	237,456
Office and Administration Expenses*	8	**496,821**	444,606
Other Operating Expenses*	8	**13,777**	16,994
Long Stay Charges Repaid to Patients	9	**311**	1,682
Hepatitis C Insurance Scheme	10	**571**	793
Payments to State Claims Agency	11	**228,911**	205,228
Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only	12	**623,102**	602,679
		9,466,706	8,982,885
Total Expenditure		**14,577,532**	13,894,852
Operating Deficit for the Year		**(10,292)**	(7,931)

* Certain prior year amounts within Note 8 'Non Pay Expenditure' have been re-classified on the same basis as those applying in the current year. This has no effect on the Operating Deficit for 2015 previously reported.

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

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 156-160.

Tony O' Brien
Chairman

16 May 2017

Stephen Mulvany
Chief Financial Officer

16 May 2017

Statement of Capital Income and Expenditure

For Year Ended 31 December 2016

	Notes	2016 €'000	2015 €'000
Income			
Department of Health Capital Grant	*3(a)*	**406,000**	375,806
Surplus on Capital Income and Expenditure brought forward	*3(b)*	**186**	0
		406,186	375,806
Revenue Funding Applied to Capital Projects		**1,152**	1,083
Application of Proceeds of Disposals		**2,516**	3,046
Government Departments and Other Sources	*13(c)*	**16,485**	8,310
		426,339	388,245
Expenditure			
Capital Expenditure on HSE Capital Projects	*13(b)*	**317,525**	303,539
Capital Grants to Outside Agencies (Appendix 1)	*13(b)*	**93,840**	84,520
		411,365	388,059
Net Capital Surplus for the Year		**14,974**	186

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 on pages 156-160.

Tony O' Brien
Chairman

16 May 2017

Stephen Mulvany
Chief Financial Officer

16 May 2017

Statement of Changes in Reserves

As at 31 December 2016

	Notes	Revenue Reserves €'000	Capital Reserves €'000	Capitalisation Account €'000	Total €'000
Balance at 1 January 2015		(1,035,630)	(139,025)	4,861,672	3,687,017
Net (Deficit)/Surplus for the year		(7,931)	186		(7,745)
Vote Technical Adjustment	*21*	(94,000)			(94,000)
Balance on Proceeds of Disposal Account	*14*		125		125
Additions to Property, Plant and Equipment in the year	*13(a)*			210,278	210,278
Less: Net book value of Property, Plant and Equipment disposed in year				(26,426)	(26,426)
Less: Depreciation charge in year				(171,960)	(171,960)
Balance at 31 December 2015		(1,137,561)	(138,714)	4,873,564	3,597,289
Balance at 1 January 2016		(1,137,561)	(138,714)	4,873,564	3,597,289
Transfer of (Deficit)/Surplus in accordance with Section 33(3) of the Health Act, 2004, as amended	*3(b)*	7,931	(186)		7,745
Net (Deficit)/Surplus for the year		(10,292)	14,974		4,682
Proceeds of Disposal Account – reserves movement	*14*		(79)		(79)
Additions to Property, Plant and Equipment in the year	*13(a)*			241,910	241,910
Less: Net book value of Property, Plant and Equipment disposed in year				(8,360)	(8,360)
Less: Depreciation charge in year				(179,903)	(179,903)
Balance at 31 December 2016		(1,139,922)	(124,005)	4,927,211	3,663,284

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 on pages 156-160.

Tony O' Brien
Chairman

16 May 2017

Stephen Mulvany
Chief Financial Officer

16 May 2017

Statement of Financial Position

As at 31 December 2016

	Notes	2016 €'000	2015 €'000
Fixed Assets			
Property, Plant & Equipment	15	**4,927,211**	4,873,564
Financial Assets		**3**	3
Total Fixed Assets		**4,927,214**	4,873,567
Current Assets			
Inventories	16	**149,704**	146,814
Trade and Other Receivables	17	**318,028**	356,545
Cash		**126,122**	48,650
Creditors (amounts falling due within one year)	18	**(1,779,525)**	(1,759,925)
Net Current Liabilities		**(1,185,671)**	(1,207,916)
Creditors (amounts falling due after more than one year)	19	**(32,846)**	(35,465)
Deferred Income	20	**(45,413)**	(32,897)
Net Assets		**3,663,284**	3,597,289
Capitalisation Account		**4,927,211**	4,873,564
Capital Reserves		**(124,005)**	(138,714)
Revenue Reserves		**(1,139,922)**	(1,137,561)
Capital and Reserves		**3,663,284**	3,597,289

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 on pages 156-160.

Tony O' Brien
Chairman

16 May 2017

Stephen Mulvany
Chief Financial Officer

16 May 2017

Statement of Cash Flows

For Year Ended 31 December 2016

	Notes	2016 €'000	2015 €'000
Net Cash Inflow/(Outflow) from Operating Activities	*21*	**83,733**	(82,509)
Cash Flow from Investing Activities			
Interest paid on loans and overdrafts		**(2)**	(1)
Interest paid on finance leases		**(968)**	(1,037)
Interest received		**273**	129
Capital expenditure funded from Capital Allocation – capitalised	*13(b)*	**(222,789)**	(198,719)
Capital expenditure funded from Capital Allocation – not capitalised	*13(b)*	**(188,576)**	(189,340)
Payments from revenue re: acquisition of property, plant and equipment (net of trade-ins)	*13(a)*	**(19,121)**	(11,559)
Revenue funding applied to Capital		**1,152**	1,083
Receipts from sale of property, plant and equipment (excluding trade-ins)		**2,437**	2,175
Net Cash Outflow from Investing Activities		**(427,594)**	(397,269)
Cash Flow from Financing Activities			
Capital Grant received		**406,000**	375,806
Capital receipts from other sources		**16,485**	8,310
Payment of capital element of finance lease and loan repayments		**(1,152)**	(1,083)
Net Cash Inflow from Financing Activities		**421,333**	383,033
Increase/(Decrease) in cash and cash equivalents in the year		**77,472**	(96,745)
Cash and cash equivalents at the beginning of the year		**48,650**	145,395
Cash and cash equivalents at the end of the year		**126,122**	48,650

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 on pages 156-160.

Tony O' Brien
Chairman

16 May 2017

Stephen Mulvany
Chief Financial Officer

16 May 2017

Note 1 Accounting Policies

Statement of Compliance and Basis of Preparation

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

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure, rather it is charged against the Capitalisation (Reserve) Account balance. Under GAAP depreciation must be charged in the Statement of Revenue Income and Expenditure.
2. Capital grants received from the State to fund the purchase of property, plant and equipment are recorded in the Statement of Capital Income and Expenditure. Under GAAP, capital grants are recorded as deferred income and amortised over the useful life of related property, plant and equipment, in order to match the accounting treatment of the grant against the related depreciation charge.
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 2016, together with the actuarially estimated future liability attaching to this scheme at 31 December 2016, are set out in Note 11.

The financial statements are also prepared in accordance with the Department of Public Expenditure and Reform Circular 21/2015 *'Titles of Financial Statements under FRS 102 for State Bodies audited by the Comptroller and Auditor General'*.

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

Going Concern

The programme for Government has committed to the HSE ceasing to exist over time and the introduction of Community Healthcare organisations (CHOs) and Hospital Groups (HGs). The Directorate assumes that all existing HSE activities will be ultimately carried out by the CHOs and HGs when they are legally structured with all liabilities and assets appropriately transferred. No restructuring adjustment for the carrying value of assets or liabilities has been made in the financial statements for 2016. As there is a continuance of the activity of the entity (whether through HSE structure or new legal entities) the financial statements for 2016 will continue to be prepared on the going concern basis.

Income Recognition

Department of Health Revenue and Capital Grant

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

Section 33(1) of the 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 2016 was received on 22 December 2016.

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 surpluses to be credited to income and expenditure in the next financial year, subject to the approval of the Minister with the consent of the Department of Public Expenditure and Reform.

Other Income

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

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

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

Grants to Outside Agencies

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

Leases

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. The HSE is not permitted to enter into finance lease obligations under the Department of Public Expenditure and Reform's Public Financial Procedures, without prior sanction or approval from the HSE Directorate. However, where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life. In addition to the normal GAAP treatment for assets acquired under finance leases, the cost of the asset is charged to the 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 charged to income and expenditure over the period of the lease.

Capital Grants

Capital grant funding is recorded in the Statement of Capital Income and Expenditure. In addition to capital grant funding some minor capital expenditure is funded from revenue. The amount of this revenue funding expended in the year in respect of minor capital is charged in full in the Statement of Revenue Income and Expenditure in the year. This accounting treatment, which does not comply with generally accepted accounting principles, is a consequence of the exceptions to generally accepted accounting principles specified by the Minister.

Property, Plant and Equipment and Capitalisation Account

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

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

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

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

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

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

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

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

The Multi-Annual Delegated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The letter of Sanction 2016 for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €3 million in 2016 (2015: €5 million). The proceeds of the sale of assets in the 2016 AFS is below this €3 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and in 2016 are reflected under Capital and Reserves.

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.

Pension Related Deduction

Under the Financial Emergency Measures in the Public Interest Act 2009, a pension levy was introduced for all staff who are members of a public service pension scheme, including staff of certain HSE funded service providers. Pension levy collected by service providers as well as pension levy deducted from HSE staff is accounted for as income by the HSE. Details of amount deducted in respect of the pension levy are set out in Note 5(a) to the Financial Statements.

Inventories

Inventories are stated at the lower of cost and net realisable value. Net realisable value is the estimated proceeds of sale less costs to be incurred in the sale of inventory. The HSE historically carries a provision against specific vaccine inventories and any other write offs and adjustments for obsolescence are charged in the current year against revenue income and expenditure.

Patients' Private Property

Monies received for safe-keeping by the HSE from or on behalf of patients are kept in special accounts separate and apart from the HSE's own accounts. Such accounts are collectively called Patients' Private Property accounts. The HSE is responsible for the administration of these accounts. However, as this money is not the property of the HSE, these accounts are not included on the HSE's Statement of Financial Position. The HSE acts as trustee of the funds. Patients' Private Property accounts are independently audited each year.

Critical Accounting Judgements and Estimates

The preparation of the financial statements requires the HSE to make significant judgements and estimates that effect the amounts reported for assets and liabilities as at the Statement of Financial Position date and the amounts reported for revenue and capital income and expenditure during the year. However the nature of estimation means that actual outcomes could differ from those estimates. The following judgements and estimates have had the most significant effect on amounts recognised in the financial statements:

Accounting for Bad and Doubtful Debts

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

Accrued Holiday Pay

Salaries, wages and employment related benefits are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the financial year is recognised in the financial statements to the extent that employees are permitted to carry forward unpaid annual leave into the following year. Due to different payroll systems across the HSE it was necessary to make assumptions in order to calculate the accrual. The assumptions underlying the holiday pay accrual, for which amounts are recognised in the financial statements, are determined (including employee profiles and the pattern of holidays taken) based on current conditions.

Notes to the Financial Statements

Note 2 Operating Deficit

Operating deficit for the year is arrived at after charging:

	2016 €'000	2015 €'000
Audit fees*	**450**	550
Remuneration – Director General basic pay**	**185**	185

* The decrease in respect of Audit fees relates to an over provision in the previous year.

** The Director General's remuneration package comprises basic pay only. No allowances, bonuses or perquisites apply to the post. The Director General is a member of the HSE pension scheme and his pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

	2016 €	2015 €
Directorate members' expenses* **		
Tony O'Brien	**8,030**	7,099
Laverne McGuinness (resigned 31 December 2015)	**0**	6,428
Stephen Mulvany	**1,148**	3,943
John Hennessy	**1,229**	2,101
Dr Stephanie O'Keeffe	**2,929**	4,656
Pat Healy	**16,876**	22,093
Anne O'Connor	**3,522**	3,424
Dr Tony O'Connell (resigned 31 January 2015)	**0**	451
Liam Woods (appointed 1 February 2015)	**12,546**	12,059
Dr Philip Crowley (appointed 1 February 2015)	**4,604**	4,901
	50,884	67,155

*** Directorate members' expenses for 2016 are shown from the date of appointment.

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

Note 3 Department of Health Revenue and Capital Grant

3(a) Department of Health Revenue and Capital Grant

	2016 €'000	2015 €'000
Net Revenue Funding allocated to HSE	**13,919,757**	13,187,759
Less: Capital Funding	**(406,000)**	(375,806)
Department of Health Revenue Grant	**13,513,757**	12,811,953

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

	€'000	€'000
Revenue Grant – Funding allocation from the Department of Health	**13,513,757**	12,811,953
Less: Remittances from Department of Health between 1 January and 31 December	**(13,513,757)**	(12,757,963)
Revenue Grant balance due from Department of Health (up to Approved Allocation) carried forward	**53,990**	0
Revenue Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	**53,990**	53,990
Capital Grant – Funding allocation from the Department of Health	**406,000**	375,806
Less: Remittances from Department of Health between 1 January and 31 December	**(406,000)**	(374,971)
Capital Grant balance due from Department of Health (up to Approved Allocation) carried forward	**835**	0
Balance forward utilised during the year	**(789)**	0
Capital Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	**46**	835
Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December (Note 17)	**54,036**	54,825

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

As outlined in the accounting policies, Section 33(3)of the Health Act 2004, as amended, requires that deficits arising in the preceding year must be charged to the Statement of Income and Expenditure in the current year. Accordingly, the HSE has charged the revenue operating deficit of €7.931 million at 31 December 2015 to the Statement of Revenue Income and Expenditure in 2016 and credited the capital operating surplus of €0.186 million at 31 December 2015 to the Statement of Capital Income and Expenditure in 2016.

Note 4 Patient Income

	2016 €'000	2015 €'000
Private Charges	**334,936**	321,540
Inpatient Charges	**18,602**	17,766
Emergency Department Charges	**10,626**	9,849
Road Traffic Accident Charges	**5,569**	4,772
Long Stay Charges	**79,307**	80,065
EU Income – E111 Claims	**1,475**	529
	450,515	434,521

Note 5 Other Income

(a) Other Income

	2016 €'000	2015 €'000
Superannuation Income	**160,233**	164,122
Pension levy deductions from HSE own staff	**172,167**	213,972
Pension levy deductions from service providers	**100,871**	101,177
Other Payroll Deductions	**6,880**	7,213
Secondments Recoupments of Pay	**16,800**	16,042
Agency/Services – provided to Local Authorities and other organisations	**5,838**	6,557
Rebate from Pharmaceutical Manufacturers*	**75,640**	54,281
Canteen Receipts	**12,507**	12,197
Certificates and Registration Income (Births, Deaths and Marriages)	**11,967**	11,665
Parking	**12,979**	12,617
Refunds	**8,268**	8,072
Rental Income	**4,332**	4,107
Insurance Claim re: flood damage (Note 11)	**0**	1,500
Donations	**3,886**	2,724
Legal Costs Recovered	**146**	2,528
Income from other Agencies (See Note 5(b) analysis below)	**5,701**	6,676
Miscellaneous Income	**12,684**	14,997
	610,899	640,447

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

Note 5 Other Income (continued)

(b) Income from Other Agencies

	2016 €'000	2015 €'000
National Council for Professional Development of Nursing & Midwifery	**181**	231
Friends of St. Lukes Rathgar	**763**	901
Department of Arts, Heritage, Regional and Gaeltacht Affairs – Helicopter Services/World within Walls Project	**82**	62
Department of Children & Youth Affairs – Young Peoples Facilities and Services	**975**	991
All Ireland Cooperative Clinical Research Group (ICORG)/Health Research Board (Academic Fellowship Programmes, Clinical Research Trials)	**437**	1,265
EU Income – Imove/Isituto/Epieteu Track Fellowship projects	**238**	1,555
Genio Trust (Mental Health Projects)	**184**	94
Employment Response – Employment Initiatives for Persons with a Disability	**85**	111
Education & Training Boards/Solas	**2,301**	972
National Treatment Purchase Fund	**4**	358
The Atlantic Philanthropies – Single Assessment Tool for the Elderly	**73**	136
The Atlantic Philanthropies – National Dementia Strategy	**378**	0
	5,701	6,676

Note 6 Pay and Pensions Expenditure

	2016 €'000	2015 €'000
Clinical HSE Staff		
Medical/Dental	**717,637**	691,764
Nursing	**1,431,408**	1,387,082
Health & Social Care Professional	**530,161**	496,196
Superannuation	**403,793**	384,485
	3,082,999	2,959,527
Clinical Agency Staff		
Medical/Dental	**106,340**	103,095
Nursing	**57,634**	57,503
Health & Social Care Professional	**15,565**	19,640
	179,539	180,238
Non Clinical HSE Staff		
Management/Administration	**571,650**	536,745
General Support Staff	**318,183**	301,864
Superannuation	**162,187**	153,417
	1,052,020	992,026
Non Clinical Agency Staff		
Management/Administration	**12,885**	12,004
General Support Staff	**21,694**	16,098
	34,579	28,102
Other Client/Patient Services HSE Staff		
Other Patient & Client Care	**607,740**	614,805
Superannuation	**90,732**	86,312
	698,472	701,117
Other Client/Patient Services Agency Staff		
Other Patient & Client Care	**63,217**	50,957
	63,217	50,957
Total Pay Expenditure	**5,110,826**	4,911,967

Note 6 Summary Analysis of Pay Costs (continued)

	Clinical	Non Clinical	Other Client/ Patient Services	Total	Total
	2016 €'000	2016 €'000	2016 €'000	2016 €'000	2015 €'000
Basic Pay	2,062,429	758,450	458,878	**3,279,757**	3,167,550
Allowances	68,419	14,973	15,736	**99,128**	100,242
Overtime	114,459	13,646	20,808	**148,913**	127,746
Night duty	57,224	7,010	9,322	**73,556**	63,770
Weekends	90,356	19,296	50,352	**160,004**	164,341
On-Call	49,457	1,564	490	**51,511**	51,044
Arrears	18,892	4,226	(2,975)	**20,143**	30,832
Wages and Salaries	2,461,236	819,165	552,611	**3,833,012**	3,705,525
Employer PRSI	217,970	70,668	55,129	**343,767**	322,932
Superannuation*	403,793	162,187	90,732	**656,712**	624,213
Total HSE Pay	3,082,999	1,052,020	698,472	**4,833,491**	4,652,670
Agency Pay	179,539	34,579	63,217	**277,335**	259,297
Total Pay	3,262,538	1,086,599	761,689	**5,110,826**	4,911,967

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 2016 was €657m (2015: €624m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €108m (2015: €99m).

*Analysis of Superannuation

	2016 €'000	2015 €'000
Ongoing superannuation payments to pensioners	**548,398**	524,629
Once-off lump sums and gratuity payments	**108,314**	99,584
	656,712	624,213

Note 7 Employment

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

	2016	2015*
Acute Services	**29,921**	29,171
Mental Health	**9,165**	9,055
Primary Care	**9,872**	9,710
Social Care	**12,795**	12,564
Health & Wellbeing	**1,378**	1,317
Ambulance Services	**1,744**	1,709
Corporate & HBS	**2,879**	2,735
Total HSE employees	**67,754**	66,261
Voluntary Sector – Acute Services	**24,225**	23,384
Voluntary Sector – Non Acute Services	**15,106**	14,240
Sub-total Section 38 Sector employees	**39,331**	37,624
Sub-total HSE and Section 38 Sector employees**	**107,085**	103,884
Directly Employed Home Helps	**3,173**	3,390
Total Health Sector Employees (including Home Helps)	**110,258**	107,275

* Comparative figures have been restated to include specific HSE staff whose data was omitted from the HSE payroll reporting database.

** All figures are calculated on the basis of the methodology as set out by the Department of Health and expressed as whole-time equivalents.

Note 7 Employment (continued)

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)	2016	2015*
€60,001 to €70,000	**6,214**	6,535
€70,001 to €80,000	**2,784**	2,677
€80,001 to €90,000	**1,318**	1,335
€90,001 to €100,000	**591**	608
€100,001 to €110,000	**381**	362
€110,001 to €120,000	**160**	186
€120,001 to €130,000	**119**	115
€130,001 to €140,000	**109**	109
€140,001 to €150,000	**162**	98
€150,001 to €160,000	**188**	166
€160,001 to €170,000	**248**	171
€170,001 to €180,000	**263**	293
€180,001 to €190,000	**250**	287
€190,001 to €200,000	**121**	158
€200,001 to €210,000	**69**	93
€210,001 to €220,000	**60**	41
€220,001 to €230,000	**41**	43
€230,001 to €240,000	**22**	29
€240,001 to €250,000	**15**	16
€250,001 to €260,000	**8**	11
€260,001 to €270,000	**3**	8
€270,001 to €280,000	**8**	7
€280,001 to €290,000	**1**	5
€290,001 to €300,000	**2**	5
€300,001 to €310,000	**2**	1
€310,001 to €320,000	**3**	2
€330,001 to €340,000	**0**	1
€340,001 to €350,000	**2**	1
€350,001 to €360,000	**0**	2
€360,001 to €370,000	**0**	1
€390,001 to €400,000	**2**	0
€510,001 to €520,000	**0**	1
€530,001 to €540,000	**0**	1
€540,001 to €550,000	**0**	1
€560,001 to €570,000	**1**	0
€580,001 to €590,000	**1**	0
Total HSE employees	**13,148**	13,369

* The prior year's disclosure was incorrect and has been restated. This disclosure should reflect headcount rather than WTE and should be calculated on the basis of total employee benefit's paid to conform to the requirements of the circular DPER 13/2014.

** The HSE does not have an integrated payroll system and this disclosure which is required by DPER circular 13/2014 has therefore been prepared from multiple payroll systems across HSE areas.

Note 8 Non Pay Expenditure

	2016 €'000	2015 €'000
Clinical		
Drugs & Medicines (excl. demand led schemes)	**265,047**	242,091
Blood/Blood Products	**28,307**	27,800
Medical Gases	**12,726**	8,918
Medical/Surgical Supplies	**265,222**	259,516
Other Medical Equipment	**112,174**	101,842
X-Ray/Imaging	**29,349**	26,958
Laboratory*	**117,093**	113,703
Professional Services (e.g. therapy costs, radiology etc.)*	**128,128**	102,245
Education & Training*	**54,252**	57,937
	1,012,298	941,010
Patient Transport and Ambulance Services		
Patient Transport	**48,983**	48,109
Vehicles Running Costs	**13,545**	13,647
	62,528	61,756
Primary Care and Medical Card Schemes		
Pharmaceutical Services	**2,138,503**	2,067,925
Less Prescription Levy Charges	**(115,617)**	(112,912)
Net Cost Pharmaceutical Services	**2,022,886**	1,955,013
Doctors' Fees and Allowances	**550,988**	498,752
Pension Payments to Former District Medical Officers/Dependents	**3,001**	3,306
Dental Treatment Services Scheme	**64,703**	66,864
Community Ophthalmic Services Scheme	**32,595**	31,809
Cash Allowances (Blind Welfare, Mobility etc.)	**33,740**	33,892
Capitation Payments:		
Treatment abroad scheme	**36,861**	32,158
Intellectual/physical disabilities, psychiatry, therapeutic services etc.	**148,414**	120,525
Elderly and non-fair deal nursing home payments	**64,796**	69,903
Rehabilitative and vocational training	**11,771**	14,081
Respite beds	**7,496**	4,301
	2,977,251	2,830,604
Other Client/Patient Services		
Professional Services e.g. care assistants, childcare contracted services etc.	**28,181**	17,872
Education & Training	**1,804**	1,702
	29,985	19,574

Note 8 Non Pay Expenditure (continued)

	2016 €'000	2015 €'000
Grants to Outside Agencies		
Revenue Grants to Outside Agencies (Appendix 1)	**3,782,128**	3,620,503
	3,782,128	3,620,503
Housekeeping		
Catering	**59,569**	56,900
Heat, Power & Light	**65,122**	71,794
Cleaning & Washing	**89,347**	84,023
Furniture, Crockery & Hardware	**10,435**	10,362
Bedding & Clothing	**14,550**	14,377
	239,023	237,456
Office and Administration Expenses		
Maintenance*	**94,505**	84,978
Finance Costs	**2,592**	2,787
Prompt Payment Interest & Compensation	**(257)**	(7,936)
Insurance	**11,407**	5,360
Audit	**450**	550
Legal & Professional Fees*	**60,501**	47,040
Bad & Doubtful Debts	**15,816**	23,928
Education & Training*	**11,849**	8,560
Travel & Subsistence	**58,866**	54,554
Vehicle Costs	**2,956**	2,227
Office Expenses/Rent & Rates*	**181,750**	167,749
Computers & Systems Maintenance	**56,386**	54,809
	496,821	444,606
Other Operating Expenses*		
Licences	**746**	(1,204)
Sundry Expenses	**9,496**	13,965
Burial Expenses	**94**	91
Recreation (Residential Units)	**894**	804
Materials for Workshops	**816**	1,659
Meals on Wheels Subsidisation	**1,265**	1,258
Refunds	**466**	421
	13,777	16,994

* Certain prior year amounts within Note 8 'Non Pay Expenditure' have been re-classified on the same basis as those applying in the current year. This has no effect on the Operating Deficit for 2015 previously reported.

Note 9 The Health (Repayment Scheme) Act, 2006

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

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

A special account was set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €2m was set aside in 2016 for this purpose. The majority of this funding refers to a provision for payments that will arise as a result of appeals. The best estimate of the total cost of repayments, at the inception of the scheme, based on the terms as set out in the Act was up to €1bn. Repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The scheme closed to new applicants on 31 December 2007 and nearly 14,000 claims have been received in respect of living patients and nearly 27,000 claims in respect of estates. Up to 31 December 2016, 20,283 claims were paid. As at December 2016, there was a total of 2 outstanding claims being processed to offer stage under the scheme. These claims refer to the 498 applications made under the scheme which were the subject of an appeal to the High Court. The appeal to the High Court was subsequently withdrawn by the State and as a result, these claims are now being processed. It is expected that all of these claims will be processed by the end of Quarter 1 2017. €1m has been provided in the HSE's 2017 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2016 was €485.257m.

In 2016, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2016 €'000	**2015 €'000**
Pay	**60**	170
Non Pay:		
Repayments to Patients	**311**	1,682
	311	1,682
Legal & Professional Fees	**4**	0
Office Expenses*	**4**	3
Total Non Pay	**319**	1,685
Total	**379**	1,855

* Office and Administration Expenses in relation to the Health (Repayment Scheme) Act, 2006 are included in HSE expenditure.

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

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

The overall cost over the lifetime of the scheme was originally estimated at €90m. The cumulative expenditure on the insurance scheme to 31 December 2016 was €8.7m.

In 2016, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2016 €'000	**2015 €'000**
Pay	**82**	82
Non Pay:		
Payments of premium loadings	**340**	378
Payments of benefits underwritten by HSE	**231**	415
	571	793
Office Expenses*	**4**	5
Total Non Pay	**575**	798
Total**	**657**	880

* Office Expenses are included in HSE expenditure.

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

Note 11 Insurance

Prior to 1 January 2001, HSE insurance premium was subject to retro-rating. Under the retro-rating basis, the final premium is not determined until the end of the coverage period and is based on the HSE's loss experience for that same period. The retro-rated adjustment payable by the HSE is subject to maximum and minimum limits. At 31 December 2016 it was not possible to accurately quantify the liability, if any, which may arise as a result of future retro-rating. The maximum liabilities for retro-rated claims still outstanding, based on agreed levels of each insurable risk is €5,000 and €980,500 for employers liability and public liability respectively. All insurance premiums from 1 January 2001 have been paid on a flat basis only and no retro-rating applies to cover from this date forward. Until the transfer to State indemnity on 1 January 2010, the HSE was insured against employer's liability and public liability risks up to an indemnity limit, under both retro-rated and flat-rated basis.

State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plantiff legal costs and defence costs such as fees payable to counsel, consultants etc. 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 2016, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €1,922m (2015 €1,525m). Of this €1,922m, approximately €1,669m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. In 2016, the charge to the Statement of Revenue Income and Expenditure was €228.9m (2015: €205.2m). Based on actuarial estimates, the charge to the Statement of Revenue Income and Expenditure is expected to increase significantly in future years. In accordance with the directions of the Minister for Health, no provision has been made for this liability in the financial statements.

Insurance – Flood Damage at Letterkenny General Hospital

Letterkenny General Hospital suffered catastrophic damage following flooding on 26 July 2013. The flood affected the Emergency Department, Coronary Care Unit, Radiology Department, Haematology Oncology Ward, Laboratory, main Out-Patient Department, Cardiac Investigations, kitchen facilities, medical records and office accommodation. Letterkenny General Hospital continued to operate services, and has worked closely with insurers to restore services, repair the damage caused by the flood and take measures to prevent a recurrence. Full buildings and contents and business interruption insurance cover was in place to cover the claim of €34.05m and there were no uninsured losses as a result of the flood damage.

There is however a shortfall between the insurance settlement and the estimated cost to rebuild the hospital. This is because insurers' liability is limited to reinstatement of the infrastructure. The rebuild programme includes enhancements over and above reinstatement, such as the development of an interventional radiology suite and other developments which are being incorporated at this time to avoid disruption to service in future years. Insurance claim proceeds of €1.57m were received in 2016 (2015: €8.48m). All of the €34.05m has now been recouped. These proceeds are to be allocated against expenditure in both revenue and capital to fund the rebuild programme. The balance of insurance proceeds will be held as deferred income on the balance sheet for distribution against expenditure in future accounting periods when it is incurred.

Deferred Income – Letterkenny General Hospital balance consists of the following:

	2016 €'000	**2015 €'000**
Deferred Income balance at 1 January	**8,480**	6000
Insurance claim proceeds received during the year	**1,570**	8,480
Amounts allocated against expenditure	**–**	(6,000)
Deferred Income balance at 31 December (Note 20)	**10,050**	8,480

Note 12 Long Term Residential Care (incorporating Nursing Home Support Scheme/Fair Deal)

The Nursing Homes Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Homes Subvention Scheme and the 'contract beds' system for older persons. Under the scheme, people who need long term residential care services have their income and assets assessed, and then contribute up to 80% of assessable income and up to 7.5% of the value of the assets they own towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both public and registered private nursing homes covered under the scheme.

Costs of Long Term Residential Care (Nursing Homes Support Scheme/Fair Deal)

	2016 €'000	2015 €'000
Payments to Private Nursing Homes	**591,176**	560,679
Private Nursing Homes Contract Beds and Subvention Payments	**31,926**	42,000
Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only	**623,102**	602,679
Cost of Public Nursing Homes*	**333,334**	328,871
Revenue Grants to Outside Agencies (Appendix 1)	**25,439**	24,338
Nursing Home Fixed and Other Unit Costs	**8,356**	11,896
Total Long Term Residential Care	**990,231**	967,784

* Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure.

Patient contributions

Fair Deal patient contributions for those patients in public homes amounted to €58.872m (2015: €57.643m) and are included in the Statement of Revenue Income and Expenditure under Patient Income.

Fair Deal patient contributions for those patients in voluntary homes (S38 Organisations) amounted to €7.067m (2015: €6.645m), is retained by those homes and does not constitute income for the HSE.

Contract beds, Subvention beds

In 2016, payments of €31.9m (2015: €42m) were made in relation to contract beds and nursing home subvention. These schemes are being phased out having had no new entrants since the Nursing Homes Support Scheme began in 2009.

Expenditure within public facilities

Within the public homes in 2016, there was an additional €8.356m (2015: €11.896m) of costs relating to long term care. These costs related to fixed unit costs and other costs incurred, which were in excess of the reimbursed 'money follows the patient' rate paid under the Nursing Homes Support Scheme.

Ancillary State Support

Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of paying the full weekly contribution for care from their own means, a client 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 after the sale of the asset or on the death of the client, whichever occurs first. 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.

Note 12 Long Term Residential Care (incorporating Nursing Home Support Scheme/Fair Deal) (continued)

The total gross amount of Ancillary State Support advised to Revenue as at 31 December 2016 for recoupment from the commencement of the Nursing Home Support Scheme was €69.10 million, representing 3,898 client loans. The Revenue Commissioners have confirmed that they had received €46.84 million of loan repayments paid in full, representing 2,823 client loans.

Note 13 Capital Expenditure

(a) Additions to Fixed Assets

	2016 €'000	2015 €'000
Additions to Property, Plant and Equipment (Note 15) Land & Buildings	**160,891**	144,427
Additions to Property, Plant and Equipment (Note 15) Other than Land & Buildings	**81,019**	65,851
	241,910	210,278
Funded from Department of Health Capital Grant	**222,789**	198,719
Funded from Department of Health Revenue Grant	**19,121**	11,559
	241,910	210,278

(b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure

	2016 €'000	2015 €'000
Expenditure on HSE's own assets (Capitalised)	**222,789**	198,719
Expenditure on HSE projects not resulting in property, plant and equipment additions*	**94,736**	104,820
Total expenditure on HSE Projects charged to capital**	**317,525**	303,539
Capital grants to outside agencies (Appendix 1)*	**93,840**	84,520
Total Capital Expenditure per Statement of Capital Income and Expenditure	**411,365**	388,059

* Total capital expenditure not capitalised amounts to €188.6m (2015: €189.3m)

** 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

	2016 €'000	2015 €'000
Income from Government Departments and Other Sources in respect of Capital Projects:		
Sustainable Energy Ireland (SEI) – energy savings in acute hospitals	**50**	100
Remise – Royal City Dublin Hospital Trust projects	**87**	471
Cystic Fibrosis Ireland – Cavan General Hospital Paediatric Department Extension	**400**	0
NUI Galway – Letterkenny General Hospital Medical Education and Training Unit	**1,107**	0
University of Limerick – Mid West Regional Hospital, Limerick Medical and Training Unit	**5,037**	0
University College Cork – CUH Paediatric Projects	**4,228**	0
University of Limerick – Mid West Regional Hospital Renal Dialysis Unit	**5,550**	0
Insurance Proceeds – Letterkenny General Hospital, flood damage	**0**	4,500
Cheshire Ireland – Cherry Orchard Child and Adolescent Centre	**0**	141
Waterford Cystic Fibrosis Unit – Cherry Orchard Child and Adolescent Centre	**0**	180
St. Conal's – Cherry Orchard Child and Adolescent Centre	**0**	297
Other Insurance Proceeds	**0**	354
Friends of St. Ita's Hospital – Rehab Unit Project	**0**	785
CUH Charity – Paediatric Project Donation	**0**	450
University of Limerick – St.Luke's Hospital, Kilkenny	**0**	375
RCSI – Education Centre, St.Luke's Hospital, Kilkenny	**0**	250
Northside Partnership Global Fund – Adelphi House Refurbishment	**0**	100
Other Miscellaneous Income	**26**	307
Total Capital Income from Other Sources	**16,485**	8,310

Note 14 Proceeds of Disposal of Fixed Asset Account

	2016 €'000	2015 €'000
Gross Proceeds of all disposals in year	**2,460**	2,278
Less: Net expenses incurred on disposals	**(23)**	(103)
Net proceeds of disposal	**2,437**	2,175
Less Application of Proceeds	**(2,516)**	(3,046)
Movement in the year	**(79)**	(871)
At 1 January	**125**	996
Balance at 31 December	**46**	125

Note 14 Proceeds of Disposal of Fixed Asset Account (continued)

The Multi-Annual Delegated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The Letter of Sanction 2016 for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €3 million in 2016 (2015: €5 million). The proceeds of the sale of fixed assets during 2016 was below this €3 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and are reflected under Capital and Reserves.

Note 15 Property, Plant and Equipment

	Land*	Buildings**	Work in Progress (L&B)	Motor Vehicles	Equipment	Work in Progress (P&E)	Total 2016
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
Cost/Valuation							
At 1 January 2016	1,676,627	3,872,921	225,728	87,727	1,335,676	4,663	7,203,342
Additions	2,750	10,723	147,417	11,223	58,855	10,942	241,910
Transfers from Work in Progress	0	188,396	(188,396)	4,117	7,673	(11,790)	0
Disposals	(1,062)	(7,714)	(498)	(14,595)	(17,052)	(196)	(41,117)
At 31 December 2016	1,678,315	4,064,326	184,251	88,472	1,385,152	3,619	7,404,135
Depreciation							
Accumulated Depreciation at 1 January 2016	0	1,115,651	0	72,375	1,141,752	0	2,329,778
Charge for the Year	0	99,489	0	8,070	72,344	0	179,903
Disposals	0	(2,070)	0	(14,421)	(16,266)	0	(32,757)
At 31 December 2016	0	1,213,070	0	66,024	1,197,830	0	2,476,924
Net Book Values							
At 1 January 2016	1,676,627	2,757,270	225,728	15,352	193,924	4,663	4,873,564
At 31 December 2016	1,678,315	2,851,256	184,251	22,448	187,322	3,619	4,927,211

* Land with a carrying value of €2.121bn was transferred to the HSE on establishment at the carrying value on 1 January 2005. This land was valued in 2002 by the then Health Boards in accordance with the Department of Health's revaluation policy and based on valuation rates issued by the Department of Health.

** The net book value of Property, Plant and Equipment above includes €26m (2015: €27.9m) in respect of buildings held under finance leases; the depreciation charged for the year above includes €1.86m (2015: €1.8m) on those buildings.

Note 16 Inventories

	2016 €'000	2015 €'000
Medical, Dental and Surgical Supplies	**32,976**	33,758
Laboratory Supplies	**5,462**	5,625
Pharmacy Supplies	**20,525**	19,634
High Tech Pharmacy Inventories	**53,308**	49,138
Pharmacy Dispensing Inventories	**659**	791
Blood and Blood Products	**1,178**	1,155
Vaccine Inventories	**27,125**	28,174
Household Services	**6,441**	6,485
Stationery and Office Supplies	**1,655**	1,762
Sundries	**375**	292
	149,704	146,814

Note 17 Trade and Other Receivables

	2016 €'000	2015 €'000
Receivables: Patient Debtors – Private Facilities in Public Hospitals	**105,091**	118,933
Receivables: Patient Debtors – Public Inpatient Charges	**5,369**	5,534
Receivables: Patient Debtors – Long Stay Charges	**8,523**	8,656
Prepayments and Accrued Income	**26,796**	27,686
Department of Health (DoH)*	**54,036**	54,825
2014 Exchequer Grant undrawn	**0**	21,000
Pharmaceutical Manufacturers	**50,623**	27,785
Payroll Technical Adjustment	**23,181**	25,251
Pension Levy Deductions from Staff/Service Providers	**7,810**	6,531
Statutory Redundancy Claim	**2,225**	2,370
Local Authorities	**801**	1,169
Payroll Advances and Overpayments	**896**	5,411
Voluntary Hospitals re: National Medical Device Service Contracts	**800**	20,284
Sundry Receivables	**31,877**	31,110
	318,028	356,545

* The HSE's approved expenditure level determined by the Minister is notified to the HSE (the determination). As a result of increases in the HSE's own cash receipts, the HSE did not require cash to cover the approved expenditure level in 2015. At 31 December 2016, the HSE recognises a receivable in the amount of €54m from the Department of Health as a result of approved expenditure levels in 2015 for which cash was not provided in 2015.

Note 18 Creditors (amounts falling due within one year)

	2016 €'000	2015 €'000
Finance Leases	**2,221**	2,152
Payables – Revenue	**122,079**	159,014
Payables – Capital	**6,882**	6,365
Accruals Non Pay – Revenue*	**693,379**	657,242
Accruals Non Pay – Capital	**7,666**	6,268
Accruals – Grants to Voluntary Hospitals & Outside Agencies	**288,798**	295,063
Accruals Pay*	**484,816**	458,066
Taxes and Social Welfare	**152,826**	152,063
Department of Public Expenditure & Reform – Single Public Service Pension Scheme	**1,973**	1,600
Lottery Grants Payable**	**1,678**	1,497
Department of Health (DoH) (Grant Funding Advances)	**1,388**	3,900
Sundry Payables	**15,819**	16,695
	1,779,525	1,759,925

* Certain prior year amounts have been re-classified on the same basis as those applying in the current year. This has no effect on the Creditor balance for 2015 previously reported.

** The HSE administers the disbursement of National Lottery grants for local programmes under the National Lottery's Health and Welfare Funded Schemes. The balance represents funding approved but not yet disbursed to grant recipients at year end.

Note 19 Creditors (amounts falling due after more than one year)

	2016 €'000	2015 €'000
Finance lease obligations – buildings:		
After one but within five years	**7,496**	6,740
After five years	**25,082**	27,060
Total Finance Lease obligations	**32,578**	33,800
Liability to the Exchequer in respect of Exchequer Extra Receipts – Other Sales/Capital Grant Refunds	**268**	1,665
	32,846	35,465

Note 20 Deferred Income

	2016 €'000	2015 €'000
Deferred income comprises the following:		
Donations and bequests*	**11,957**	11,005
Income from sales of land which have not been concluded	**0**	718
Grant Funding from the State and other bodies	**15,412**	9,229
Funding from specific capital projects	**3,810**	3,465
General (including Letterkenny General Hospital – Note 11)	**14,234**	8,480
Balance at 31 December	**45,413**	32,897

* 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/(Outflow) from Operating Activities

	2016 €'000	2015 €'000
Deficit for the current year	**(10,292)**	(7,931)
Capital element of lease payments charged to revenue	**1,152**	1,083
Less Interest received	**(273)**	(129)
Purchase of equipment charged to Statement of Revenue Income and Expenditure	**19,121**	11,559
Proceeds on Fixed Asset Disposal Account 2014 retained*	**0**	996
Finance Costs charged to Statement of Revenue Income and Expenditure	**970**	1,038
(Increase) in Inventories	**(2,890)**	(9,681)
Decrease/(Increase) in Trade and Other Receivables	**38,517**	(17,224)
Increase in Creditors	**19,600**	30,476
Revenue Reserves – Vote Technical Adjustment**	**0**	(94,000)
Revenue Reserves – Transfer of Deficit in accordance with Section 33(3) of the Health Act, 2004, as amended	**7,931**	0
(Decrease) in Creditors (falling due in more than one year)	**(2,619)**	(5,869)
Increase in Deferred Income	**12,516**	7,173
Net Cash Inflow/(Outflow) from Operating Activities	**83,733**	(82,509)

* Proceeds on Fixed Asset Disposal Account are retained and remittance not required as EER (Note 14).

** There was a balance in the Paymaster General (PMG) Bank account on 31 December 2014 of €97.78m. At that date, the PMG account included an amount of €94m for tax liabilities, due in 2015, in respect of quarter four 2014 salaries. The HSE used funding provided to its commercial bank accounts during 2015, by the Department of Health to discharge these tax liabilities. The Department of Public Expenditure and Reform requested that the €94m be returned to the Exchequer in 2015 so that it could be re-allocated to the HSE as part of the Department of Health's Estimate for 2015. Following the disestablisment of the HSE Vote, the PMG Bank account was then closed and the amount of €94m was remitted to the Exchequer as Extra Exchequer Receipts in November 2015. This amount was a once off Vote Technical Adjustment that was required following the transfer of the vote to the Department of Health.

Note 22 Capital Commitments

Future Property, Plant and Equipment purchase commitments:	2016 €'000	2015 €'000
Within one year	**401,853**	319,544
After one but within five years	**1,063,030**	841,990
After five years		0
	1,464,883	1,161,534
Contracted for but not provided in the financial statements	**511,158**	344,532
Included in the Capital Plan but not contracted for	**953,725**	817,002
	1,464,883	1,161,534

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 2016 for which budgets have yet to be approved and are therefore estimated.

Note 23 Property

The HSE estate comprises 2,459 properties.

Title to the properties can be analysed as follows:

	2016 Number of Properties	2015 Number of Properties
Freehold	**1,560**	1,549
Leasehold	**899**	893
Total Properties	**2,459**	2,442
Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	**2,383**	2,366
Health Business Services & Support (including medical card processing, etc.)	**76**	76
Total Properties	**2,459**	2,442

During the year there were 44 property additions to the healthcare estate and 27 properties were removed through both disposals and lease terminations. The net result is a increase of 17 healthcare properties during 2016. The total number of properties in the HSE healthcare estate at the end of 2016 has been impacted by a combination of routine estate management activities as well as the requirements of specific key healthcare strategies to deliver ongoing rollout of primary care centres and relocation of disability services to community settings.

Note 24 Subsidiaries

Aontacht Phobail Teoranta was partially subsumed at 31 December 2010. The HSE has no other subsidiary undertakings.

The Department of the Environment and Local Government, through the relevant local authorities, previously provided Aontacht Phobail Teoranta with subsidised loans on the purchase price of properties secured by mortgages and the value of the loan at the date it was subsumed was €1,062,042. The relevant councils on behalf of the Department of the Environment agreed the redemption value on the mortgages on 31 December 2012 at €70,062, a reduction of €991,980, as under the terms of the agreement loans, are non repayable provided they are used to accommodate homeless people. There are no mortgages outstanding at 31 December 2016.

Aontacht Phobail Teoranta entered into a members voluntary liquidation on the 27th September 2016. The Declaration of Solvency was signed by the Board on the 13th September 2016 and the Comptroller and Auditor General subsequently issued the Independent Persons Report that the 'Declaration of Solvency is not unreasonable' on the 26th September. The transfer of the remainder of Aontacht Phobail Teoranta assets to the HSE was completed in 2016. The formal wind up of the company by the liquidator is expected to be completed in early 2017.

The HSE has no other subsidiary undertakings.

Note 25 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2015 with external specialist tax assistance which was successfully completed in 2016. The self-review was conducted on a risk based assessment across all tax heads for which the HSE needs to account. The underpayment of tax identified in the course of the self-review were set out by means of a Self-Correction and full payment (including interest) was made to the Revenue Commissioners in September 2016. The HSE has a dedicated in house tax team resourced by qualified tax professionals. The HSE remains committed to compliance with taxation laws.

Note 26 Operating Leases

Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)

	2016 €'000	2015 €'000
Land & Buildings	45,212	43,740
Motor Vehicles	102	150
Equipment	412	418
	45,726	44,308

Note 26 Operating Leases (continued)

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:

	Land & Buildings 2016 €'000	Other 2016 €'000	Total 2016 €'000	Total 2015* €'000
Within one year	40,334	380	40,714	38,927
In the second to fifth years inclusive	164,456	111	164,567	142,620
In over five years	416,601	3	416,604	373,253
	621,391	494	621,885	554,800

* 2015 figures have been restated to reflect classifications as required under FRS 102.

Note 27 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.

Legal Dispute – Parallel Imports

The HSE is currently involved in a legal dispute with a number of drug importing companies with respect to the implementation of cost savings and other initiatives outlined as part of a framework agreement between the Irish Pharmaceutical Healthcare Association (IPHA), the Department of Health, and the HSE, which came into effect on 1 November 2012. The outcome from the dispute process based on the current stage of legal proceedings remains uncertain and therefore difficult to quantify any potential liability which may arise. Consequently no provision for any potential future liability has been made in the financial statements.

Consultants Claim

Over 500 medical Consultants have initiated legal action against the HSE in respect of potential arrears of pay arising from alleged breach of contract in relation to non implementation of aspects of the 2008 consultant's contract. Some Consultants are also challenging the provisions of the Financial Emergency Measures in the Public Interest Acts (FEMPI). The management of this issue is being led by the Department of Health and the Department of Public Expenditure and Reform and the Department of Finance. There is no clear basis at present to place a reliable estimate on the potential financial impact, if any, of the outcome of these matters.

Patient Private Property Retained Interest

Prior to 2005, interest income earned on patients' private funds was retained by the former Health Boards and used to partially defray the costs incurred in administering approximately 19,000 Patients' Private Property Accounts. This action was based on previous legal advice. Subsequent legal advice taken by the HSE indicated that the Patients' Private Property Accounts operated under an implied trustee relationship with the patients and as such the HSE was obliged to remit interest earned to those patients.

The lack of available historic private patient property records limits the ability of the HSE to estimate the full potential liability and therefore a partial liability only has been provided for in the HSEs financial statements.

Clinical Indemnity Scheme

Details of the contingent liability in respect of the Clinical Indemnity Scheme are set out in Note 11.

Note 28 Post Balance Sheet Events

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

Note 29 Related Party Transactions

In the normal course of business, the Health Service Executive may approve grants and may also enter into other contractual arrangements with undertakings in which Health Service Directorate members are employed or otherwise interested. The Health Service Executive adopts procedures in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Health Service Directorate members. These procedures have been adhered to by the Health Service Directorate members and the HSE during the year. During 2016, no Directorate members held a direct interest within any related parties. However, one Directorate member sits on the boards of both the Peter McVerry Trust and the Royal College of Physicians in Ireland. They sit on the board in a medical professional capacity only and are not involved in requesting or approving any payments to these entities.

Key Management Personnel

All Directorate members are considered to be key management of the HSE. Overall remuneration in relation to serving Directorate members, including those that were appointed and resigned, during the year is €1.230m (2015: €1.429m). Directorate remuneration packages comprise of basic pay only. No allowances, bonuses or perquisites apply to these posts. The Directorate are members of the HSE pension scheme and their pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

Note 30 Approval of Financial Statements

The financial statements were approved by the Directorate on 16 May 2017.

Appendix 1: Revenue Grants and Capital Grants**

Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Total Grants under €100,000 (1,709 Grants)	**32,068**		**32,068**	**36,916**
Grants €100,000 or more each				
A Ghra Homecare Services Ltd	1,386		1,386	782
Ability West Ltd	24,451		24,451	23,058
Abode Hostel and Day Centre	1,000		1,000	1,007
ACET Ireland	281		281	104
Acquired Brain Injury Ireland (Formerly Peter Bradley Foundation)	9,810		9,810	9,918
Active Retirement Ireland	259		259	253
Adapt Community Drugs Team	523		523	616
Addiction Response Crumlin (ARC)	865		865	867
Advanced Recovery Mayo Ltd (T/a Mindspace Mayo)	10		10	158
Aftercare Recovery Group	113		113	105
Age Action Ireland	434		434	489
Age and Opportunity	548		548	555
Age Friendly Ireland	185		185	29
AIDS Fund Housing Project (Centenary House)	364		364	364
AIDS Help West	253		253	253
Aiseanna Tacaiochta	1,849		1,849	1,130
Aiseiri	464		464	512
Aislinn Centre, Kilkenny	792		792	792
Alcohol Action Ireland	209		209	200
All About Healthcare T/A The Care Team	973		973	729
All Communicarers Ltd	0		0	160
All In Care	10,169		10,169	10,910
Alliance	227		227	227
Alpha One Foundation	120		120	120
Alzheimer Society of Ireland	10,689		10,689	10,826
Ana Liffey Drug Project	1,867		1,867	1,928
Anchor Treatment Centre	159		159	85

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Anew	238		238	0
Anne Sullivan Foundation for Deaf/Blind	172		172	115
Applewood Homecare Ltd	839		839	113
Arabella Counselling, t/a Here2Help	203		203	203
Aras Follain	106		106	4
Aras Mhuire Day Care Centre (North Tipperary Community Services)	308		308	297
ARC Cancer Support Centre	187		187	189
Ard Aoibhinn Centre	3,565		3,565	3,349
Ard Curam Day Centre	41		41	142
Ardee Day Care Centre	292		292	304
Arklow South Wicklow Home Help Service	129		129	93
Arlington Novas Ireland	2,530		2,530	2,356
Arthritis Ireland	196		196	186
Asperger Syndrome Association of Ireland (ASPIRE)	270		270	261
Associated Charities Trust	234		234	151
Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Aislinn Centre, Dublin).	237		237	228
Association of Parents and Friends of The Mentally Handicapped	1,313		1,313	1,196
Asthma Society of Ireland	242		242	120
Athlone Community Services Council Ltd	266		266	276
Autism Initiatives Group	4,587		4,587	4,456
Autism West Ltd	19		19	717
Aware	481		481	255
Baile Mhuire Recuperative Unit for the Elderly	0		0	212
Ballinasloe Social Services	132		132	142
Ballincollig Senior Citizens Club Ltd	356		356	356
Ballyfermot Advanced Project Ltd	703		703	676
Ballyfermot Home Help	2,085		2,085	2,224
Ballyfermot Star Ltd	370		370	373
Ballymun Local Drugs Task Force	287		287	352
Ballymun Regional Youth Resource (BYRY)	193		193	0
Ballymun Youth Action Project (YAP)	678		678	882
Ballyphehane and Togher Community Resource Centre	172		172	152
Barnardos	930		930	814

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Barretstown Camp	151		151	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	580		580	430
Be Independent Home Care	1,618		1,618	378
Beaufort Day Care Centre	239		239	204
Beaumont Hospital	293,892	12,618	306,510	290,285
Beechfield Care Group	104		104	6
Belong to Youth Services Ltd	233		233	202
Bergerie Trust	300		300	302
Blakestown and Mountview Youth Initiative (BMYI)	480		480	480
Blanchardstown and Inner City Home Helps	3,358		3,358	3,364
Blanchardstown Local Drugs Task Force	175		175	273
Blanchardstown Youth Service	228		228	228
Bloomfield Health Services	387		387	242
Bluebird Care	16,382		16,382	11,311
Bodywhys The Eating Disorder Association of Ireland	372		372	283
Bon Secours Sisters	644		644	804
Bray Community Addiction Team	715		715	706
Bray Lakers Social and Recreational Club Ltd	142		142	140
Bray Travellers Group	111		111	111
Brindley Healthcare	193		193	27
Brothers of Charity Services Ireland	182,159		182,159	174,092
Cabra Resource Centre	217		217	217
Cairde	606		606	611
Cairdeas Centre Carlow	305		305	282
Cambian Group	0		0	185
Camphill Communities of Ireland	1,149		1,149	1,449
Cancer Care West	500		500	500
Cappagh National Orthopaedic Hospital	33,036	483	33,519	31,341
Care About You	410		410	239
Care at Home Services	750		750	451
Care For Me Ltd	877		877	352
Care of the Aged, West Kerry	129		129	129
CareBright	4,764		4,764	3,789
Caredoc GP Co-operative	8,805		8,805	7,936

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Caremark Ireland	6,713		6,713	4,695
Careworld	1,000		1,000	1,071
Caring and Sharing Association (CASA)	177		177	202
Caritas Convalescent Home	2,244		2,244	2,044
Carlow Day Care Centre (Askea Community Services)	116		116	109
Carlow/Kilkenny Home Care Team	218		218	218
Carnew Community Care Centre	141		141	139
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	9,565		9,565	9,682
Carrigoran Nursing Home – Day Care Centre	105		105	98
Casadh	195		195	195
Casla Home Care Ltd	716		716	389
Castle Homecare	1,031		1,031	863
Catholic Institute for Deaf People (CIDP)	1,602		1,602	1,606
CDA Trust Ltd (Cavan Drug Awareness)	213		213	216
Central Remedial Clinic	16,149		16,149	15,408
Centres for Independent Living (CIL)	11,044		11,044	10,879
Charleville Care Project Ltd	165		165	161
Cheeverstown House Ltd	25,240		25,240	24,183
Cheshire Ireland	21,906		21,906	21,887
Childrens Sunshine Home	3,957		3,957	3,884
ChildVision (St. Joseph's School For The Visually Impaired)	4,092		4,092	4,042
Chrysalis Community Drug Project	304		304	204
Cill Dara Ar Aghaid	160		160	160
Clann Mór	1,234		1,234	1,141
Clannad Care	745		745	533
Clare Accessible Transport (T/a Clare Bus)	135		135	70
Clarecare Ltd Incorporating Clare Social Service Council	6,213		6,213	5,757
Clarecastle Daycare Centre	406		406	409
Clareville Court Day Centre	165		165	166
CLASP (Community of Lough Arrow Social Project)	103		103	116
Clondalkin Addiction Support Programme (CASP)	842		842	842
Clondalkin Behavioural Initiative Ltd	125		125	130
Clondalkin Drugs Task Force	203		203	203
Clondalkin Tus Nua Ltd	442		442	442

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Clonmany Mental Health Association	103		103	99
Clonmel Community Resource Centre	50		50	105
Clontarf Home Help	3,071		3,071	2,856
CLR Home Help	1,705		1,705	1,740
CLUB 91 (Formerly Chez Nous Service), Sligo	125		125	125
Co-Action West Cork	6,927		6,927	6,820
Cobh General Hospital	496		496	598
Comfort Keepers Ltd	18,938		18,938	17,218
Communicare Healthcare Ltd	2,573		2,573	1,982
Community Creations Ltd	190		190	200
Community Games	200		200	200
Community Nursing Unit NW	405		405	2,330
Community Response, Dublin	341		341	311
Community Substance Misuse Team Limerick	416		416	393
Console Suicide Bereavement Counselling Ltd	427		427	622
Contact Care	1,427		1,427	935
Coolmine Therapeutic Community Ltd	1,480		1,480	1,510
Coombe Women's Hospital	56,404	521	56,925	56,863
COPE Foundation	49,168		49,168	46,786
COPE Galway	1,055		1,055	2,048
Cork Association for Autism	4,950		4,950	4,875
Cork City Partnership Ltd	61		61	100
Cork Foyer Project	292		292	282
Cork Mental Health Association	154		154	151
Cork Social and Health Education Project (CSHEP)	758		758	938
Cork University Dental School and Hospital	1,935		1,935	1,715
County Sligo Leader Partnership Company	101		101	63
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	4,354		4,354	4,147
CPL Healthcare	2,294		2,294	2,108
CROI (West of Ireland Cardiology Foundation)	404		404	189
Crosscare	2,718		2,718	2,255
Crumlin Home Care Service Limited	3,130		3,130	2,994
Cuan Mhuire	2,191		2,191	1,753
Cumas Teo	488		488	491

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Cura	754		754	820
Curam Clainne Ltd	64		64	102
Cystic Fibrosis Association of Ireland	10		10	10
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	192		192	0
Dara Residential Services	1,816		1,816	2,067
Darndale Belcamp Drug Awareness	237		237	237
Daughters of Charity	109,238	71	109,309	106,828
Dawn Court Day Care Centre Ltd	105		105	93
Deafhear.ie	4,272		4,272	4,488
Delta Centre Carlow	3,121		3,121	3,002
Depaul Ireland	1,808		1,808	2,282
Diabetes Federation of Ireland	251		251	250
Dignity 4 Patients	123		123	34
Disability Federation of Ireland (DFI)	1,545		1,545	1,623
Dóchas	99		99	101
Dolmen Clubhouse Ltd	126		126	158
Donnycarney and Beaumont Home Help Services Ltd	1,704		1,704	1,399
Donnycarney Youth Project Ltd	405		405	396
Donnycarney/Beaumont Local Care	112		112	101
Donore Community Development	178		178	178
Down Syndrome Ireland	204		204	156
Drogheda Community Services	114		114	118
Drogheda Homeless Aid Association	196		196	143
Dromcollogher and District Respite Care Centre	484		484	496
Drumcondra Home Help	1,485		1,485	1,447
Drumkeerin Care Of The Elderly	180		180	197
Drumlin House	174		174	169
Dublin AIDS Alliance (DAA) Ltd	443		443	388
Dublin City University	340		340	570
Dublin Dental Hospital	6,190	54	6,244	6,230
Dublin North East Drugs Task Force	252		252	458
Dublin Region Homeless Executive	691		691	518
Dun Laoghaire Home Help	835		835	834
Dun Laoghaire Rathdown Community Addiction Team	413		413	466

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Dun Laoghaire Rathdown Outreach Project	276		276	365
Dundalk Outcomers	157		157	97
East London NHS	158		158	278
Edward Worth Library	165		165	125
Enable Ireland	38,750		38,750	37,342
Ennis Community Development Project	147		147	146
Environmental Protection Agency	24		24	201
Epilepsy Ireland	771		771	777
Errigal Truagh Special Needs Parents and Friends Ltd	154		154	170
Escombe Care Ltd	95		95	129
Extern Ireland	265		265	260
Extra Care (ROI)	0		0	97
Familibase	144		144	83
Family Carers Ireland	8,410		8,410	7,597
Farranree Family Centre	186		186	48
Father McGrath Multimedia Centre (Family Resource Centre)	124		124	121
Fatima Home, Tralee	106		106	87
Ferns Diocesan Youth Services (FDYS)	323		323	252
Festina Lente Foundation	380		380	375
Fettercairn Drug Rehabilitation Project	102		102	111
Fighting Blindness Ireland	117		117	111
Fingal Home Care	4,728		4,728	5,353
Finglas Addiction Support Team	446		446	454
Finglas Home Help/Care Organisation	2,348		2,348	1,954
Focus Ireland	1,660		1,660	1,454
Fold Ireland	1,966		1,966	1,769
Foróige	218		218	245
Friedreich's Ataxia Society in Ireland	101		101	113
FRS Homecare	260		260	323
Fusion CPL Ltd	111		111	119
Gaelic Athletic Association	190		190	100
Galway Hospice Foundation	5,023		5,023	3,955
Gay Health Network	277		277	49
Genio Trust	785		785	4,641

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Gheel Autism Services Ltd	6,961		6,961	6,342
GLEN – Gay and Lesbian Equality Network	143		143	130
Glenashling Nursing Home	0		0	112
Good Morning Inishowen	129		129	133
Good Shepherd Sisters	1,174		1,174	993
Graiguenamanagh Elderly Association	152		152	363
Greater Blanchardstown Response to Drugs	172		172	0
GROW	1,337		1,337	1,379
Guardian Ad Litem and Rehabilitation Office (GALRO)	3,057		3,057	2,563
Hail Housing Association for Integrated Living	469		469	382
Hands On Peer Education (HOPE)	156		156	147
Headway the National Association for Acquired Brain Injury	2,513		2,513	2,466
Hesed House	241		241	241
Holy Angels Carlow, Special Needs Day Care Centre	1,057		1,057	1,081
Holy Family School	111		111	111
Holy Ghost Hospital	198		198	573
Home Care Plus	622		622	224
Home Help Services Ballymun	3,814		3,814	2,303
Home Instead Senior Care	27,477		27,477	20,815
Homecare Independent Living Ltd	2,967		2,967	2,768
Homecare Solutions Ltd	655		655	535
Hope House	204		204	154
IADP Inter-Agency Drugs Project UISCE	104		104	317
Immigrant Counselling and Psychotherapy (ICAP)	323		323	348
Inchicore Community Drugs Team	485		485	485
Inchicore Home Help	1,143		1,143	1,177
Inclusion Ireland	573		573	787
Incorporated Orthopaedic Hospital of Ireland	10,196	34	10,230	10,016
Inspire Ireland Foundation Ltd	288		288	210
Iontas Arts & Community Resource Centre	173		173	44
Ire Services	77		77	113
Irish Advocacy Network	796		796	832
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	1,017		1,017	1,035
Irish Autism Action	174		174	0

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Irish Cancer Society	511		511	326
Irish College of General Practitioners	315		315	472
Irish College of Opthalmogists	100		100	25
Irish Family Planning Association (IFPA)	1,259		1,259	1,257
Irish Guide Dogs for the Blind	830		830	777
Irish Haemophilia Society (IHS)	550		550	552
Irish Heart Foundation	315		315	324
Irish Homecare Services	10,785		10,785	8,963
Irish Kidney Association (IKA)	362		362	362
Irish Motor Neurone Disease Association	284		284	254
Irish Prison Service	256		256	256
Irish Society for Autism	4,233		4,233	4,179
Irish Society for the Prevention of Cruelty to Children (ISPCC)	340		340	386
Irish Travellers Movement (ITM)	5,991		5,991	5,893
Irish Wheelchair Association (IWA)	37,056		37,056	36,609
Jack and Jill Childrens Foundation	775		775	796
Jigsaw (also known as Headstrong)	2,876		2,876	6,061
Jobstown Assisting Drug Dependency Project (JAAD Project)	278		278	274
K Doc (GP Out of Hours Service)	1,829		1,829	1,891
Kalbay Ltd	167		167	2,102
KARE Plan Ltd	3,087		3,087	1,899
KARE, Newbridge	17,849		17,849	17,260
Kerry Parents and Friends Association	8,690		8,690	8,740
Kilbarrack Coast Community Programme Ltd (KCCP)	404		404	391
Kildare and West Wicklow Community Addiction Team Ltd	354		354	368
Kildare Youth Services (KYS)	356		356	356
Killinarden (KARP)	143		143	145
Kilmaley Voluntary Housing Association	265		265	154
Kingsriver Community	339		339	469
Kinsale Youth Support Services	30		30	101
Knocknaheeny Hollyhill Community	80		80	430
L'Arche Ireland	3,165		3,165	3,044
Leitrim Association of People with Disabilities (LAPWD)	539		539	533
Leitrim Development Company	328		328	245

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Leopardstown Park Hospital	13,551	98	13,649	13,409
Letterkenny Women's Centre	203		203	206
Liberties and Rialto Home Help	1,318		1,318	1,295
Life Pregnancy Care Service	238		238	477
Lifetime Care	867		867	226
Lifford Clonleigh Resource Centre	178		178	267
Limerick and Clare Education and Training Board (LCETB)	74		74	103
Limerick Social Services Council	269		269	339
Limerick Youth Service Community Training Centre	129		129	70
LINC	187		187	118
Link (Galway) Ltd	155		155	155
Liscarne Court Senior Citizens	115		115	115
Little Angels Hostel Letterkenny	153		153	160
Lochrann Ireland Ltd	133		133	133
Longford Community Resources Ltd	202		202	187
Longford Social Services Committee	188		188	181
Lotamore Family Centre	105		105	114
Lourdes Day Care Centre	221		221	186
Macroom Senior Citizens Housing Development Sullane Haven Ltd	139		139	107
Mahon Community Creche	165		165	165
Marian Court Welfare Home Clonmel	128		128	128
Marino/Fairview Home Help	0		0	1,033
Mater Misericordiae University Hospital Ltd	257,588	2,917	260,505	254,910
Matt Talbot Adolescent Services	1,324		1,324	1,367
McGann Family Home Care Services	105		105	0
Meath Local Sports Partnership	98		98	141
Meath Partnership	460		460	458
Mens Health Development Network	101		101	93
Mental Health Associations (MHAs)	502		502	2,009
Mental Health Ireland	1,904		1,904	224
Merchant's Quay Ireland (MQI)	2,788		2,788	2,557
Mercy University Hospital, Cork	76,037	2,399	78,436	71,618
Middlequarter Ltd	88		88	399
MIDOC	892		892	1,086

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Mid-West Regional Drugs Task Force	432		432	400
Migraine Association of Ireland	137		137	129
Milford Care Centre	11,750		11,750	11,729
Moorehaven Centre Tipperary Ltd	1,151		1,151	1,139
Mount Cara House	284		284	79
Mount Carmel Home, Callan, Co. Kilkenny	119		119	396
Mounttown Neighbourhood Youth Project	114		114	14
MS Ireland – Multiple Sclerosis Society of Ireland	2,726		2,726	2,597
Muintir na Tire Ltd	129		129	137
Mulhuddart/Corduff Community Drugs Team	356		356	263
Multiple Sclerosis North West Therapy Centre Ltd	277		277	282
Muscular Dystrophy Ireland	1,281		1,281	1,277
Mymind Ltd	174		174	88
Nasc (The Irish Immigrant Support Centre)	242		242	43
National Association of Housing for the Visually Impaired Ltd	798		798	762
National Childhood Network (NCN)	150		150	236
National Council for the Blind of Ireland (NCBI)	6,468		6,468	6,436
National Federation of Voluntary Bodies in Ireland	295		295	417
National Maternity Hospital	55,181	646	55,827	49,350
National Nutrition Surveillance Centre UCD	93		93	192
National Office of Victims of Abuse (NOVA)	1,003		1,003	1,002
National Paediatric Hospital	10	30,637	30,647	20,784
National Rehabilitation Hospital	29,110	2,986	32,096	29,388
National Suicide Research Foundation (NSRF)	912		912	964
National University of Ireland, Galway (NUIG)	138		138	100
National University of Ireland, Maynooth	0		0	500
National Youth Council of Ireland	168		168	204
Nazareth House, Mallow	1,926		1,926	1,307
Nazareth House, Sligo	592		592	583
New Ross Community Hospital	208		208	157
Newbridge and Dun Laoghaire Community Training Centre	57		57	124
Newport Social Services, Day Care Centre	240		240	226
No Name Youth Club Ltd	150		150	150
North Dublin Inner City Homecare and Home Help Services	1,038		1,038	954

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
North Tipperary Community and Voluntary Association (CAVA)	15		15	171
North Tipperary Disability Support Services Ltd	664		664	606
North Tipperary Leader Partnership	221		221	221
North West Alcohol Forum	518		518	519
North West Parents and Friends Association	2,136		2,136	1,985
North West Regional Drugs Task Force	196		196	205
Northside Community Health Initiative (NICHE)	513		513	563
Northside Homecare Services Ltd	2,921		2,921	2,746
Northside Partnership	443		443	378
Northstar Family Support Project	162		162	160
Northwest Hospice	1,042		1,042	1,042
Nua Healthcare Services	3,320		3,320	3,111
Nurse on Call – Homecare Package	4,437		4,437	3,997
O'Connell Court Residential and Day Care	283		283	358
Offaly Local Development Company	94		94	121
One Family	416		416	434
One in Four	595		595	548
Open Door Day Centre	369		369	365
Order of Malta	480		480	449
Ossory Youth Services	130		130	112
Our Lady's Children's Hospital, Crumlin	140,689	6,976	147,665	138,328
Our Lady's Hospice & Care Services (Sisters of Charity)	28,748		28,748	27,553
Outhouse Ltd	187		187	187
Parkrun Ireland Ltd	194		194	108
Patient Focus	216		216	216
Peacehaven Trust	759		759	728
Peamount Hospital	25,574		25,574	24,645
Peter McVerry Trust (previously known as The Arrupe Society).	1,813		1,813	1,442
PHC Care Management Ltd	1,862		1,862	1,310
Pieta House	1,438		1,438	817
Pobal	322		322	1,915
Positive Age Ltd	78		78	73
Positive Options Crisis Pregnancy Agency	143		143	151
Post Polio Support Group (PPSG)	369		369	368

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Prague House	150		150	294
Praxis Care Group	4,277		4,277	3,971
Private Home Care, Lucan	124		124	36
Prosper Fingal Ltd	10,254		10,254	9,756
RAH Home Care Ltd t/a Right At Home	611		611	278
Rathmines Pembroke Community Partnership	0		0	91
Red Ribbon Project, Limerick	75		75	303
Regional and Local Drugs Task Forces	4,536		4,536	4,188
Rehab Group	47,233		47,233	45,181
RelateCare	111		111	0
Resilience Ireland (Resilience Healthcare Ltd)	1,439		1,439	1,414
Respond! Housing Association	614		614	692
Rialto Community Development	125		125	165
Rialto Community Drugs Team	424		424	363
Rialto Community Network	70		70	115
Rialto Partnership Company	747		747	714
Right of Place Second Chance Group	160		160	159
Ringsend and District Response to Drugs	427		427	379
Roscommon Home Services Co-op	3,931		3,931	3,213
Roscommon Partnership Company Ltd	168		168	96
Roscommon Support Group Ltd	1,573		1,573	1,527
Rosedale Residential Home	96		96	409
Rotunda Hospital	51,951	418	52,369	51,678
Royal College of Physicians	1,977		1,977	1,511
Royal College of Surgeons in Ireland	2,410		2,410	2,126
Royal Hospital Donnybrook	18,951		18,951	18,080
Royal Victoria Eye and Ear Hospital	24,718		24,718	25,297
Ruhama Women's Project	220		220	220
S H A R E	208		208	205
Salesian Youth Enterprises Ltd	465		465	457
Salvation Army	1,650		1,650	1,685
Samaritans	621		621	648
Sandra Cooneys Homecare	1,277		1,277	1,043
Sandymount Home Help	358		358	358
Sankalpa	236		236	236

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
SAOL Project	318		318	310
Schizophrenia Ireland Lucia Foundation	116		116	90
SCJMS/Muiriosa Foundation	48,986		48,986	45,171
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	402		402	511
Senior Citizens Concern Ltd	105		105	0
Servisource Recruitment	2,755		2,755	1,069
Shalamar Finiskilin Housing Association	211		211	197
Shankhill Old Folks Association	112		112	109
Shannondoc Ltd (GP Out Of Hours Service)	4,795		4,795	4,852
SHINE	1,701		1,701	1,839
Simon Communities of Ireland	8,115		8,115	7,511
Sisters of Charity	4,592		4,592	4,628
Sisters of Charity St. Marys Centre for the Blind and Visually Impaired	3,201		3,201	3,182
Sisters of Mercy	302		302	386
Slí Eile Support Services Ltd	192		192	391
Sligo Family Centre	140		140	150
Sligo Social Services Council Ltd	532		532	469
Sligo Sport and Recreation Partnership	101		101	80
Snug Community Counselling	151		151	143
Society of St. Vincent De Paul (SVDP)	3,901		3,901	3,298
Sophia Housing Association	914		914	708
SOS (Kilkenny) Ltd Special Occupation Scheme	42		42	135
South Doc GP Co-operative	8,343		8,343	8,422
South Dublin Senior Citizens Club	133		133	97
South Infirmary Victoria University Hospital	55,550	742	56,292	54,347
South West Mayo Development Company	124		124	124
Southern Drug and Alcohol Services Limited	0		0	190
Southern Gay Health Project	105		105	104
Spinal Injuries Ireland	300		300	309
Spiritan Asylum Services Initiative (SPIRASI)	385		385	385
St. Aengus Community Action Group	141		141	141
St. Aidan's Services	4,413		4,413	4,061
St. Andrews Healthcare (UK)	731		731	0*
St. Andrew's Resource Centre	421		421	405

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
St. Bridgets Day Care Centre	147		147	120
St. Carthage's House Lismore	185		185	367
St. Catherine's Association Ltd	8,894		8,894	6,053
St. Catherine's Community Services Centre Carlow	159		159	164
St. Christopher's Services, Longford	8,700		8,700	8,795
St. Colman's Care Centre	116		116	111
St. Cronan's Association	833		833	811
St. Dominic's Community Response Project	300		300	311
St. Fiacc's House, Graiguecullen	333		333	441
St. Francis Hospice	10,581		10,581	10,414
St. Gabriel's School and Centre	2,094		2,094	2,084
St. Hilda's Services For The Mentally Handicapped, Athlone	4,572		4,572	4,464
St. James's Hospital	343,903	20,536	364,439	356,866
St. James's Hospital, Jonathan Swift Hostels	4,713		4,713	4,566
St. John Bosco Youth Centre	159		159	159
St. John of God Hospitaller Services	140,370		140,370	133,069
St. John's Hospital	18,890	113	19,003	21,267
St. Joseph's Foundation	16,627		16,627	15,158
St. Joseph's Home For The Elderly	601		601	741
St. Joseph's Home, Kilmoganny, Co.Kilkenny	137		137	218
St. Joseph's School For The Deaf	2,527		2,527	2,146
St. Kevin's Home Help Service	454		454	434
St. Laurence O' Toole SSC	1,285		1,285	1,173
St. Lazarians House, Bagenalstown	241		241	364
St. Luke's Home	1,315		1,315	1,948
St. Mary's School For The Deaf	303		303	381
St. Michael's Hospital, Dun Laoghaire	26,217		26,217	25,477
St. Michael's House	79,391		79,391	75,199
St. Michael's Day Care Centre	184		184	172
St. Monica's Community Development Committee	372		372	372
St. Monica's Nursing Home	286		286	124
St. Patrick's Centre, Kilkenny (Sisters of Charity)	17,625		17,625	13,171
St. Patrick's Special School	178		178	173
St. Patrick's Wellington Road	9,236		9,236	8,726
St. Vincent's Hospital Fairview	14,732		14,732	13,910

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
St. Vincent's University Hospital, Elm Park	239,090	230	239,320	225,815
Star Project Ballymun Ltd	301		301	271
Stella Maris Facility	154		154	146
Stewart's Care Ltd	45,225		45,225	44,072
Stillorgan Home Help	569		569	562
Suicide or Survive (SOS)	251		251	198
Sunbeam House Services	22,270		22,270	21,440
Tabor House, Navan	158		158	158
Tabor Lodge	687		687	749
Talbot Grove Treatment Centre	223		223	175
Tallaght Home Help	1,514		1,514	1,259
Tallaght Hospital	215,545	2,001	217,546	206,366
Tallaght Rehabilitation Project	206		206	186
Tallaght Travellers Youth Service	121		121	133
Teach Mhuire Day Care Centre	135		135	140
Tearmann Eanna Teo	243		243	37
Teen Challenge Ireland Ltd	318		318	392
Temple Street Children's University Hospital	98,108	1,360	99,468	97,437
Templemore Day Care Centre	157		157	160
Terenure Home Care Service Ltd	1,229		1,229	1,242
The Avalon Centre, Sligo	298		298	308
The Beeches Residential Home	143		143	158
The Birches Alzheimer Day Centre	176		176	181
The College of Anaesthetists of Ireland	83		83	100
The Eating Disorder Clinic Cork	104		104	44
The Edmund Rice International Heritage Centre	66		66	133
The Oasis Centre	175		175	164
The Sexual Health Centre	356		356	408
The TCP Group	506		506	319
Third Age	751		751	600
Thurles Community Social Services	218		218	313
Thurles Lions Trust Housing Association Ltd	139		139	70
Tintean Housing Association Ltd	142		142	105
Tipperary Association for Special Needs	130		130	130
Tipperary Hospice Movement	220		220	220

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Tolka River Project	159		159	179
Tralee Womens Forum	211		211	110
Transgender Equality Network Ireland	179		179	142
Treoir	399		399	421
Tribli Limited, t/a Exchange House National Travellers Service	932		932	822
Trinity College Dublin	255		255	97
Tullow Day Care Centre	165		165	166
Turas Counselling Services Ltd	332		332	334
Turners Cross Social Services Ltd	163		163	182
University College Cork	25		25	160
University of Limerick	758		758	30
Valentia Community Hospital	425		425	516
Village Counselling Service	135		135	149
Walkinstown Association For Handicapped People Ltd	4,436		4,436	4,400
Walkinstown Greenhills Resource Centre	233		233	233
Wallaroo Pre-School	102		102	100
Waterford and South Tipperary Community Youth Service	2		2	1,198
Waterford Association for the Mentally Handicapped	2,713		2,713	2,484
Waterford Community Childcare	123		123	123
Waterford Hospice Movement	385		385	264
Waterford Institute of Technology	108		108	72
Well Woman Clinics	546		546	548
West Cork Carers Support Group Ltd	142		142	142
West Limerick Resources Ltd	157		157	136
West Of Ireland Alzheimer Foundation	1,242		1,242	1,447
Westdoc (GP Out Of Hours Service)	1,872		1,872	1,862
Western Care Association	32,530		32,530	30,838
Western Health Social Care Trust Northern Ireland	0	8,000	8,000	8,000
Western Region Drugs Task Force	250		250	300
Westmeath Community Development Ltd	239		239	269
Wexford Homecare Service	202		202	202
Wexford Local Development	189		189	167
White Oaks Housing Association Ltd	304		304	354
Wicklow Community Care Home Help Services	6,048		6,048	5,848

Name of Agency	Revenue Grants 2016 €'000	Capital Grants 2016 €'000	Total Grants* 2016 €'000	Total Grants** 2015 €'000
Wicklow Rural Partnership Ltd	109		109	67
Windmill Therapeutic Training Unit	540		540	513
Young Men's Christian Association (YMCA)	26		26	66
Young Social Innovators Ltd	100		100	118
Youth For Peace Ltd	139		139	139
Total Grants to Outside Agencies (see Note 8 for Revenue; see Note 13 for Capital)	**3,782,128**	**93,840**	**3,875,968**	**3,705,023**

* 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 2015 comparatives above have been re-stated where appropriate.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Dr Steevens' Hospital
Steevens' Lane
Dublin 8
D08 W2A8

Telephone: 01 6352000
www.hse.ie

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