



# Health Service Executive

Annual Report and Financial Statements 2022



## Our People

## Our Purpose





Our **People**, once again stepped up to the mark and showed resilience and ingenuity to ensure the delivery of essential care, while keeping an eye to learning and continuous improvement into the future.

Our **Purpose** is to deliver the best possible care, wellbeing and health services to the people who need it every day.

# 2022 at a Glance

## Population Health

**5.12 million**

people live in Ireland, a 7.6% increase in population since 2016

**32%**

increase in the number of people aged 85 years and over since 2016

## Our Organisation

**137,745**

whole time equivalent (WTE) staff employed, a 5,422 increase in overall WTEs since 2021

**€9.2bn**

gross expenditure on acute hospital services

**€10.9bn**

gross expenditure on community services



## A snapshot of key healthcare activity

**2,355**

frontline staff completed the eLearning Making Every Contact Count brief intervention training

Over

**250,000**

community diagnostics services delivered

**1.7m**

people received inpatient or day case treatment

**1.5m**

new and return Emergency Department (ED) attendances

**20.8m**

home support hours provided to older persons (excluding provision of hours from Intensive Homecare Packages)

Through *Sláintecare* Healthy Communities,

**37**

We Can Quit programmes delivered,

**92**

parenting group courses commenced, and 19,130 contacts made with social prescribing service users



*For more information on our 2022 activity, please see Appendix 3 of this report*

# About this Report

**This Annual Report describes the performance and operation of the Health Service Executive (HSE) during 2022. It has been prepared according to legislative requirements and is set out as below:**

## PART I

### Section 1: Foreword

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

### Section 2: Strategic Context and Direction

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Describes the context in which services were delivered in 2022 and outlines our longer-term vision and direction

### Section 3: Service Delivery

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Describes how services were delivered during 2022, summarises performance against our National Service Plan 2022, and elaborates on the key enablers for making change happen

### Section 4: Our Management and Accountability

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Provides an overview of key governance and accountability arrangements within the HSE, including the Board Members' Report

### Section 5: Appendices

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Includes a description of our organisational structure and the mechanism through which services are delivered, along with key data and reports

## PART II

### Section 6: Financial Governance

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Provides details of our financial governance including the Annual Financial Statements

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Ireland East Hospital Group  
@IEHospitalGroup



and East  
HOSPITAL GROUP

Protect yourself and those around you. Get  
the flu jab. I've got mine.  
#JabWellDoneIEHG

95 RETWEETS 210 LIKES  
Home Notifications Moments Messages



# 1 Foreword

1.1 Statement from the Chair of the  
Health Service Executive

1.2 Chief Executive Officer Review



# 1.1 Statement from the Chair of the Health Service Executive

On behalf of the Board, I am pleased to publish the HSE Annual Report and Financial Statements for 2022. Our focus over the year continued to be the provision of safe health and social care services while addressing long-standing challenges for the health service. Prevalence of chronic disease increases with age and, with Ireland's population both ageing and growing, we have seen a 7.6% increase in the population we serve since 2016 and a corresponding 32% increase in the number of people aged 85 years and over. Demand for health services therefore continues to increase year on year, driving a need for both innovation and reorganisation.

Continued progress with the implementation of the fundamental service delivery reforms, set out in *Sláintecare* and the Programme for Government, remains a key priority for the HSE. While the quality of outcomes continues to improve, access to care remains as the primary concern for the HSE. Both waiting lists for scheduled care in hospitals and unacceptably long waits in emergency departments, particularly for older people and those who have more complex needs, remain a significant issue. Both were a priority for action during the year and will continue to be so in 2023. The *National Service Plan 2023* continues to seek to address these, along with waiting times for community-based services such as therapies, mental health and disability services, with the ultimate aim of improving the patient / service user experience through innovative initiatives including the ongoing digitisation of our health service.

COVID-19 remained a challenge for our staff and for the public for much of the year, and we continued to work across the organisation to minimise its effects on the capacity of our services. In addition, following on from the 2021 cyberattack, we continued to implement improvements in the security and resilience of critical national infrastructure for the provision of essential services, ensuring an improved rapid response is available.

Planning for the new Regional Health Areas continued, with substantial progress made in relation to the preparation for their introduction in January 2024. Linked to this is the need to have a central HSE which balances the efficiency of single national activities, where required, with the maximum delegation to regional and local management. It is clear the implementation of the Regional Health Areas and the related focus on population health will provide a real opportunity to fundamentally improve how services are delivered locally.

On behalf of the Board, I remain deeply grateful for the hard work and dedication of colleagues across the HSE. We thank our partners across the entire system of health and social care. Without their expertise and dedication our collective successes could not happen and our shared challenges could not be met. We look forward to continued collaborative working in 2023.

For 2023, we also look forward to continuing to work with Stephen Donnelly, Minister for Health, with Roderic O'Gorman, Minister for Children, Equality, Disability, Integration and Youth and the Ministers of State in both Departments, and thank departmental colleagues for their collaboration over the past year. I would like to thank our new Chief Executive Officer, Bernard Gloster and his management team, particularly Stephen Mulvany who acted as our interim Chief Executive Officer, for their commitment, contribution and support in our journey to implement real and sustained reform.



**Ciarán Devane**  
Chair



**Our focus** over the year continued to be the provision of safe health and social care services while addressing long-standing challenges for the health service.

## 1.2 Chief Executive Officer Review

Together with the Chair and Board members, I am pleased to present the HSE Annual Report and Financial Statements for 2022, my first as Chief Executive Officer.

At the outset I pay tribute to both Paul Reid and Stephen Mulvany both of whom occupied the position of Chief Executive Officer for the period represented in this report.

The report is not only an instrument of accountability but also informative on a range of detail that reflects the dynamic and complex delivery of a nationwide health and social care service.

Since 2020, health services have faced extraordinary challenging times with the impact of COVID-19 and the criminal cyberattack, and with how the world has fundamentally changed for all of society in terms of the war in Ukraine and demands for international protection. In the face of these significant challenges, new services have been developed and improvements to existing services have been achieved. It is our people, the staff of the HSE and our many partner professionals and organisations who have made this possible.

In our commitment to deliver upon the vision to transform Ireland's health and social care services, including mental health, disability and older persons' services, work continues to ensure equitable access to integrated health and social care services, organised around the needs of people. We are in the process of being reshaped into a community-focused model, better designed to deal with the greater level of ongoing support for chronic conditions associated with many of our population.

Access to our health and social care services is so important for the people who need them and is one of our biggest challenges. Through implementation of plans over a number of years we must achieve a better level of timely access for all who need our services, noting the potential impact and distress for patients, service users and their families caused by delayed access.

The HSE is fully aware of, and committed to, its obligation to protect and promote the health and wellbeing of the population while making best use of the resources available to it. We are continuing to work with our services to ensure core financial management controls are operating effectively and to secure greater efficiencies in the use of the totality of resources available to us.

I hope the pages that follow provide an insight into the breadth and complexity of the work we, as an organisation, are proud to do for our whole population. I extend a sincere thank you to all for the very warm welcome of my appointment and I look forward to reporting on 2023.



**Bernard Gloster**  
*Chief Executive Officer*



The report is not only an instrument of accountability but also informative on a range of detail that reflects the dynamic and complex delivery of a nationwide health and social care service.



## 2 Strategic Context and Direction

- 2.1 Our Corporate Plan – Looking Forward
- 2.2 Health of Our Population Informing Service Delivery
- 2.3 Key Challenges in 2022
- 2.4 Our People
- 2.5 Whole System Reform
- 2.6 Global Considerations

## 2.1 Our Corporate Plan – Looking Forward

Under the *Health Act 2004* (as amended), the HSE is required to prepare and adopt a Corporate Plan, specifying the key objectives of the HSE for the three-year period concerned. The *Corporate Plan 2021-2024* demonstrates the HSE whole-system commitment to building a healthier Ireland where people receive the right care, at the right time and in the right place.

It seeks to enhance the services we provide in community settings, improve access to all services, improve value for money, and accelerate the reform and digitisation of our services, building on our collective experience of dealing with a pandemic. While delivering core services and continuing the necessary response to COVID-19 are key elements of the Corporate Plan, there is also a focus on the transformation and reform of services, informed primarily by *Sláintecare*.

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



The Board Strategic Scorecard (BSS) report provides the HSE Board with a monthly update on progress against key strategic programmes / priorities for the calendar year aligned to the objectives and goals of our NSP and Corporate Plan.





## Delivering on our Corporate Plan

The *National Service Plan 2022* (NSP 2022) sets out the second year of the Corporate Plan's implementation. The NSP outlined the type and volume of health and social services planned for 2022 based on an allocated budget of €20.683bn which represented a 5.3% revenue increase and 15% capital increase on the starting budget of the previous year.

### National Service Plan 2022 Strategic Priorities

NSP 2022 outlined how key Government and HSE policies would be addressed, including implementation of key strategies such as the *National Cancer Strategy 2017-2026*, *Creating a Better Future Together: National Maternity Strategy 2016-2026*, and *A Trauma System for Ireland 2018* as well as the paediatric model of care and the safe staffing framework for nursing. Other key aims included:

- Continued provision of safe health and social care services

- Progression of fundamental reforms across our entire service delivery model in areas such as the delivery of *Sláintecare*, addressing waiting lists and waiting list times, women's healthcare and mental health services
- Commencement of the process to establish the Regional Health Areas, bringing about an integrated and inter-connected network of health and social care provision on a regional basis
- Maintenance of COVID-19 testing and tracing capacity and continued roll-out of the vaccination programme
- Development and implementation of improvements in the security and resilience of critical national infrastructure for the provision of essential services
- Development of new facilities and the modernisation and appropriate utilisation of existing facilities to meet the needs of patients and staff
- Retaining and expanding our workforce
- Further enhancing of relationships with voluntary organisations and with community General Practitioners, pharmacists and other colleagues within primary healthcare.

The Board Strategic Scorecard (BSS) report provides the HSE Board with a monthly update on progress against key strategic programmes / priorities for the calendar year aligned to the objectives and goals of our NSP and Corporate Plan.

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**Following consideration by the Board, the BSS report is submitted to the Department of Health on a monthly basis and is also published on our HSE website.**

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

In addition to the NSP, the HSE also prepared a Capital Plan. This Plan sets out the capital investments required to support the enhancement of healthcare across primary, community and acute settings. The capital budget allocated to the HSE in 2022 was €1,062m of which €130m was reserved specifically for Information and Communications Technology (ICT) projects, detailed in a separate eHealth and ICT Capital Plan.

*Further detail on the delivery of NSP 2022 objectives can be seen in Section 3 of this Annual Report.*

## 2.2 Health of Our Population Informing Service Delivery

Planning and reviewing the delivery of our health services must be centred on the needs of people who use our services and on the health of the public. Knowledge and intelligence gained from the analysis of robust health information is the cornerstone of an evidence-led health service.

### A Rapidly Growing Population

The most recent census in Ireland took place on 3 April 2022. Preliminary results indicate that the population was 5.12 million, a 7.6% increase since Census 2016. This is the highest population figure since 1841. While the population in Ireland has been growing since the 1990s, the rate of growth has accelerated in recent years. There was a 1.2% average annual population increase in the last six years, which is greater than the 0.8% average annual population increase from Census 2011 to Census 2016.

Recent acceleration in population growth in Ireland is driven by strong net inward migration in the period 2016-2022, following a preceding period of net outward migration. In 2022, war in Ukraine led to the arrival of displaced people. Almost 70,000 people were recorded as having arrived from Ukraine to Ireland as at the end of 2022.

There were 54,539 births in 2022. While Ireland has the sixth highest fertility rate in the European Union (EU), the total fertility rate has continued to decrease and is now at its lowest in the last decade.

### Ageing Population

Positive ageing starts from birth – the way we care for our children, educate our population and provide for society in which all stages of the life-cycle can be supported to live well. The population is growing across all regions and age groups, with the most significant growth seen in older age groups (Figure 1). This growth can be expected to continue and can be attributed to better medical care, more accessible treatments and improved lifestyles. The population aged 65 and over has increased by 35%

since 2013, which is considerably higher than the EU average increase of 17.3%. The estimated population for 2022 indicates that there were 769,000 people living in Ireland aged 65 years and over, a 22% increase from 630,000 in 2016. Within this age group, there were 89,000 people aged 85 years and above, a 32% increase from 67,300 in 2016. The old age dependency ratio (which summarises the proportion of the population aged 65 years and older against those aged 15 to 64 years) was 23% in 2022, increased from 17% in 2000.

While some people age with good health and continue to live independently, chronic disease and frailty are key considerations for planning health and social care services to meet the needs of older people. The prevalence of chronic disease increases with age, with the highest prevalence observed in the population aged 50 years and over. In this age cohort, the number of those living with one or more chronic diseases is estimated to increase by 40% to 1.1 million between 2016 and 2030. The Irish Longitudinal Study on Ageing (TILDA) reported in 2020 that 74% of people over the age of 58 years were living with a co-morbidity such as ischaemic heart disease, heart failure, chronic lung disease and diabetes.

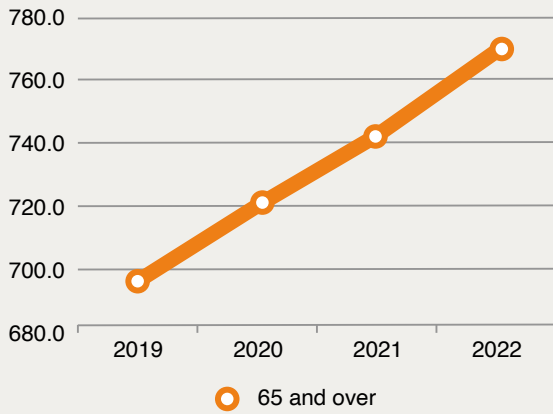
Frailty is described by TILDA as a 'distinctive health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves'. In 2020, TILDA reported that there were 126,100 adults aged over 55 years living with frailty in Ireland, of whom 17,600 lived alone. Frailty increases with age and is a significant risk factor for falls, deterioration in mental health and cognition, and disability among older adults, which contribute to an increased need for health and social care services.



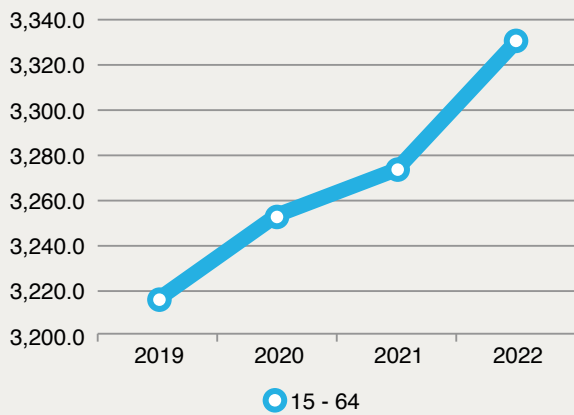
**769,000**

people aged 65 years and over living in Ireland

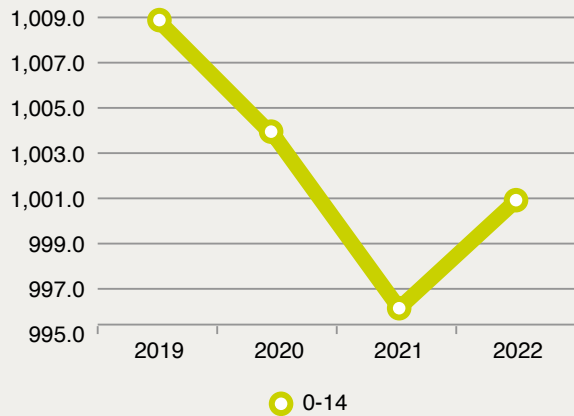
**Figure 1: Population of Ireland ('000s) by age group (65 and over)**



**Figure 2: Population of Ireland ('000s) by age group (15-64)**



**Figure 3: Population of Ireland ('000s) by age group (0-14)**



Data source: Health in Ireland Key Trends 2022 (DoH)



**16%**

decrease since 2012 in mortality rate from all causes of death



Life expectancy of women is

**84.4**

years, life expectancy of men is

**80.8**

years

## 2.2 Health of Our Population Informing Service Delivery

As the population ages, the number of people with dementia is also projected to increase. It is estimated that there are approximately 55,000 people currently living with dementia in Ireland and that this figure could rise to 113,000 people by 2036 with significant implications for health and social care services.

### Health of the Population

Life expectancy continues to increase, standing currently at 84.4 years for women and 80.8 years for men. While life expectancy for women is higher than for men, as in most countries, this gap has narrowed in the past decade, and male life expectancy in 2020 was just 3.6 years below female life expectancy (compared to 5.2 years in 2000). The greatest gains in life expectancy have been achieved in older age groups, reflecting decreasing mortality rates from major diseases.

Ireland has the highest self-perceived positive health status in the EU, with 82.1% of people rating their health as good or very good.

**The number of people reporting a chronic illness or health problem is also better than the EU average, at approximately 29% of the population.**

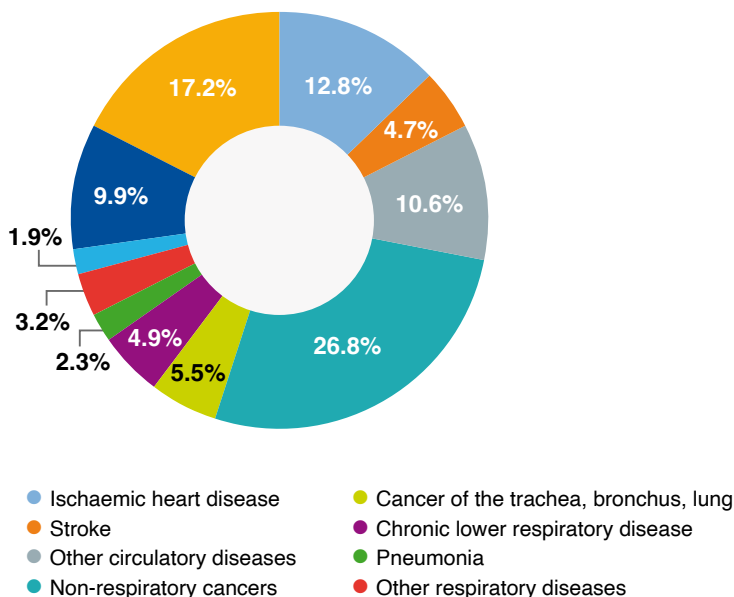
However, health status reflects income inequality, with fewer low-income earners reporting good health in Ireland and across the EU.

Since 2012, the mortality rate from all causes of death has decreased by almost 16%. There has been a 15% reduction in the mortality rate from cancer, a 38% reduction in the mortality rate from ischaemic heart disease, and a 48% reduction in the mortality rate from stroke. While there has been a reduction of 32% in the mortality

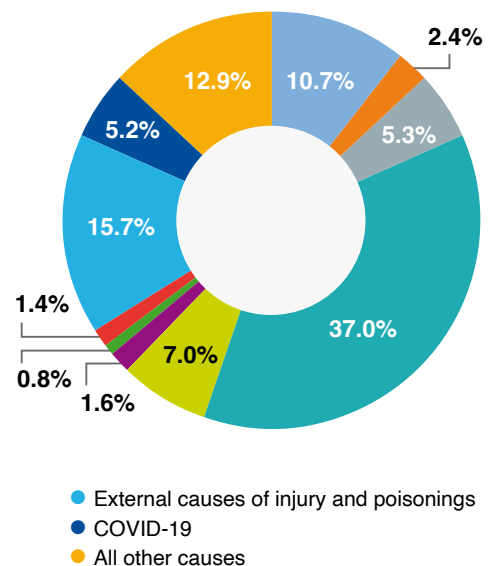
rate from respiratory system diseases (excluding cancer of the trachea, bronchus and lung) since 2012, the mortality rate from respiratory system diseases (including cancer of trachea, bronchus and lung) in Ireland is 25% higher than the average of a number of similar European countries such as Belgium, Denmark, Netherlands, Norway, Portugal and Sweden. Infant mortality, measured as deaths per 1,000 live births, has also decreased by 14% since 2011 and remains below the EU average.

Ireland was below the EU average for suicide rates for both men and women up until 2016 (latest available data for the EU27) and, from 2017-2021, the suicide rate in Ireland continued to decrease year on year in males and remained low in females, with little variation over time. Over the last decade, mortality rates from suicide have reduced by 33%.

**Figure 4: Deaths by principle causes, 2021, ages 65 and over**



**Figure 5: Deaths by principle causes, 2021, ages 0-64**



Data source: Health in Ireland Key Trends 2022 (DoH)



## Wider Determinants of Health

The wider physical, economic and social environment in which we live provides us with the building blocks for good health. For example, warm, safe and affordable housing is essential for good population health. Property prices and rents are rising, and accommodation for some is hard to find, particularly for lower-income families. General cost of living increases are compounding the housing challenge, especially in the face of energy concerns compounded by the war in Ukraine. Most recent data indicates that the at risk of poverty rate was 12% in Ireland, with four in ten households (42%) stating they had at least some difficulty in making ends meet. These added strains of day-to-day life make it harder to maintain good health and lead to disease.

Lives are being cut short for some people in Ireland because of lack of access to the building blocks of good health. An Economic and Social Research Institute report showed that there are unequal chances of good health across society. Compared to people in higher socio-economic groups, people in lower socio-economic groups experience a two-fold greater standardised mortality rate. People

who experience difficulties with secure housing more often have complex and chronic health conditions. Marginalised or socially excluded groups also have complex health needs and experience poorer health outcomes across a range of indicators including chronic disease, morbidity, mortality and self-reported poor health. Homeless people often experience complex and chronic health conditions. These differences are unfair and avoidable.

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**The health service plays an important role in responding to people's needs when they are sick. Ensuring people have access to secure income, good housing and strong communities helps protect and improve health.**

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*Additional data sources: Central Statistics Office: Census 2022; Department of Health: Health in Ireland Key Trends 2022; TILDA: The Older Population of Ireland on the Eve of the COVID-19 Pandemic; TILDA: Report on Population Estimates of Physical Frailty in Ireland to Inform Demographics for Over 50s in Ireland during the COVID-19 Pandemic.*



# 1.1m

people living with one or more chronic diseases by 2030

## 2.3 Key Challenges in 2022

We have not in recent memory had to deal with the level of uncertainty as has been the case in 2022. Uncertainty about the trajectory of COVID-19, the increasing demands on our health system, international events such as the war in Ukraine, inflationary pressures and labour market forces have created an economic, social, and health context that is very complex and difficult to plan for.

The most critical health priority as we move into 2023 is to ensure the full delivery of the Waiting List Action Plan which will include short-term measures to address acute scheduled care and community waiting list backlogs, as well as longer-term reforms

### Living with COVID-19

2022 was the third year of COVID-19 but the first full year of our transition to living with the virus. In the first five days of 2022 we had more confirmed COVID-19 cases than in all of 2020, and by March we had more hospitalised cases than in the 14 months prior to that point. The ongoing effect of COVID-19 was clearly visible in terms of the arrival of patients to our services with certain patients arriving sicker and more frail than would otherwise be the case, and staying longer in our services, including in hospital, as a result.

Despite a reduction in the prevalence of COVID-19 within the community, it is clear, therefore, that COVID-19 continued to have a significant impact on our health and social care services during 2022. Of particular concern over the winter period was the emergence of a combined COVID-19, influenza and respiratory syncytial virus (RSV) season and the significant pressures this placed on the health service. An additional challenge for hospital and community services was the continuing requirement to operate separate COVID-19 and non-COVID-19 streams for attending patients.

### Waiting Lists and Access to Care

As outlined above, increased and sustained unscheduled care demand (unplanned / emergency care) was a significant challenge in 2022 across all acute hospitals. Our unscheduled care services have been under sustained pressure throughout the year, with the impact of this including significant emergency department (ED) congestion and a reduction in available capacity for scheduled and elective care.

The most critical health priority as we move into 2023 is to ensure the full delivery of the Waiting List Action Plan which will include short-term measures to address acute scheduled care and community waiting list backlogs, as well as longer-term reforms to enhance capacity and to streamline and reconfigure acute scheduled care pathways. It is important to note that considerable progress has been made in 2022. The national and local focus on scheduled care during 2022 as part of the Waiting List Action Plan has yielded reductions in both the number of patients waiting and the length of time they wait, but there is still much to do to address long-standing access challenges.

**In working to tackle unscheduled care challenges, our focus is on ensuring the expansion of bed capacity and enabling timely hospital discharge, as well as the continued implementation of new and alternative integrated pathways of care, providing patients with the right care, in the right place, at the right time.**



We know these issues require further progress. Continued implementation of the fundamental service delivery reforms set out within *Sláintecare*, will remain a key priority for the HSE in 2023 and beyond.

## Ukraine and International Protection Applicant Health Response

Prior to the war in Ukraine, the flow of asylum seekers into Ireland had been relatively low and consistent, with average yearly arrivals projected at 3,500 by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). The arrival of displaced Ukrainians into Ireland in significant numbers has required the rapid mobilisation of a dedicated workforce and health response.

Community healthcare teams are conducting in-reach visits to accommodation facilities for new arrivals, to assess immediate health needs, provide orientation and signposting to the Irish health services (testing and

vaccination, pharmacy, mental health services, ED and online resources) and commence the process of linking arrivals to general practitioners (GPs). However, it is recognised that there is significant unmet need particularly in relation to access to consistent GP and emergency dental services.

## Other Challenges

### Reports and recommendations

In seeking to provide safe, quality healthcare for our population, we do not always get it right. Key reports during the year, including the *Report on the Look-Back Review into Child and Adolescent Mental Health Services County MHS Area A* (Maskey Report), have described areas where significant shortcomings have been identified and one of the key challenges going forward is to ensure we learn from these findings and implement all necessary recommendations.

### Staff resources

The people working in our healthcare system are without a doubt our greatest strength and their wellbeing is at the forefront of all our concerns. Significant efforts were made in 2022 to address complex challenges in workforce planning and recruitment while maintaining our focus on strengthening the retention of our existing workforce.

### Financial pressures

We have also seen significant financial pressures emerging within our core operational services, some of which have been building since 2020 but have not been readily visible due to the complexity involved in tracking and separating out COVID-19 from non-COVID-19 costs. In 2022, we worked to ensure that core financial management controls operated effectively and to secure greater efficiencies in the use of all resources available to us.

*Further detail on how these challenges are being addressed can be seen throughout this Annual Report.*



## 2.4 Our People

Our workforce is our most valuable asset in ensuring the continued provision of quality healthcare to our population. A key focus for the HSE is to ensure that all healthcare workers are informed and encouraged to access services that support them at each stage of their working lives and that our workforce is enhanced both in number and in skill, through actively modernising our approach to workforce planning, recruitment and upskilling.

In 2022, we delivered a further workforce expansion of over

**5,422**

WTEs

Significant expansion of our workforce to deliver safe and effective services has been a key objective in our annual service plans over the last number of years. In the last three years, there has been substantial investment in recruitment capacity and capability alongside efforts to retain our workforce. It has been a joint focus on both expansion and retention that has delivered an additional 16,000 whole time equivalents (WTEs) over December 2019 employment levels, of which 5,422 have been delivered in 2022 alone. This growth has taken place against the backdrop of serious health service challenges – the unpredictable COVID-19 environment, the Haddington

Road Agreement (HRA) reversal, a criminal cyberattack in 2021 and a fiercely competitive global market have all impacted on our recruitment delivery.

### Recruitment and Retention

In 2022, we delivered a further workforce expansion of 5,422 WTEs, which is broadly in line with the 2022 target of 5,500 WTEs. This is against a backdrop of unprecedented staff turnover, up almost 1% due to the opening of international borders and the exiting of staff who had delayed their departure to support the COVID-19 response, and against a significant wave of COVID-19 related absences together with the impact of the HRA reversal.



The team at Mallow Community Vaccination Centre in North Cork



Members of the HSE National Ambulance Service





Coombe Hospital marks International Day of the Midwife with announcement of a recruitment drive



Contact Tracers in Houston South Quarter Contact Tracing Centre celebrating Holi, the Hindu festival of colours



Clonskeagh Community Nursing Unit displaying their Irish-themed decorations for St. Patrick's Day

To build the workforce for a future that meets the increased healthcare needs of an ageing and growing population, National Human Resources commenced the development of a National Resourcing Strategy for the health services in June. This action-oriented strategy is being driven by the services and will deliver clear measurable expansion by grade category in the short, medium and long-term. The programme is anchored in robust multi stakeholder governance.

Large national campaigns targeting new graduate occupational therapists, physiotherapists, speech and language therapists, dieticians, and psychologists from Irish colleges were implemented during the year. These campaigns were successful in capturing high numbers of graduates across all professions. Noting that it is necessary to supplement the applicant pool, international recruitment

is also underway for a number of these health and social care professional (HSCP) grades. Work also continued at local levels to engage with all Irish nursing and midwifery graduates from Irish colleges and offer them permanent positions in the HSE. International channels are also being directly explored.

Of equal importance to our focus on recruitment is the substantial effort being made to retain our existing workforce. The following retention initiatives, illustrating both national and local efforts, were progressed in 2022 and will be continued and further enhanced in 2023:

- Actively responding to our staff survey recommendations, demonstrating that we have not only heard but acted on the feedback from our staff
- Continuing to offer a broad and bespoke range of personal and

professional development and career opportunities to staff – these are delivered both locally and nationally and contribute to the development and effectiveness of our staff

- Offering a suite of health and wellbeing services and making those services and initiatives easily available and accessible to all staff – these services are more critical than ever as our staff emerge from the last number of years working in the COVID-19 environment
- Working on the workplace culture at every part of the organisation from local to national, and from ward to board level, to ensure that the experience of working with the HSE is a good one, and that staff want to join and remain with our services as a valued member of our team.

## 2.4 Our People

### Improving our Staff's Experience

At the end of 2021, a staff survey, Your Opinion Counts, was undertaken which has allowed a picture to emerge of how staff feel about working in the health service in Ireland. The findings from the survey presented concrete suggestions on how we can work together to deliver safer, better healthcare by improving workplace culture, staff recognition, increasing frontline numbers and improving working conditions.

In 2022, work commenced to build on this learning, promoting better collaborative decision-making in teams and creating more opportunities to recognise the achievements of staff. Our aim is that this will ultimately improve the culture of the organisation which, in turn, will build greater trust and confidence in our services, amongst staff, patients and the public.

A range of actions are being taken forward in our Community Healthcare Organisations (CHOs), acute hospitals and national services including:

- Improving recognition of staff achievements, contributions, projects and initiatives
- Improving local induction programmes
- Conducting exit interviews to identify trends and patterns in relation to staff turnover and assist with identifying areas to improve work environment
- Dignity at work online training has been made mandatory
- Development of workplace culture guidance resources and supports
- A range of measures to improve communication and information sharing
- Expanding the availability of coaching and mentoring programmes

- Focusing on diversity, equality and inclusion of all staff
- A range of supports and guidance on improving staff health and wellbeing
- Expanding the use of digital solutions to enhance work processes
- Providing flexible working opportunities where possible
- Providing ongoing training for learning and development
- Ensuring opportunities for staff skills development.

We are committed to supporting our staff to develop their potential. We will continue to engage with our staff and hear their voices, listening to and implementing staff feedback to ensure the continued improvement of our service provision.



Ireland East Hospital Group members participating in the Domino Amazing Race



Spark Summit 2022. A health innovation conference for healthcare staff, industry and academics focusing on the exciting innovations that are transforming the ways that we provide care



Contact Management Programme staff celebrating the Indian festival of lights, Diwali at Heuston South Quarter



HSE Reach Out Network for LGBTQIA+ staff and allies participating in Pride activities



Our Lady of Lourdes Hospital launches their Intellectual Disability Liaison Service coinciding with World Down Syndrome Awareness Day



COVID-19 Community Testing Team Galway taking part in the fundraising event 'Climb with Charlie'



HSE Le Chéile Network for staff with disabilities and their allies

## 2.5 Whole System Reform

Health reform is central to the delivery of our vision for our health services, bringing us closer to the delivery of Universal Healthcare as set out in the *Programme for Government – Our Shared Future*. The *Sláintecare* strategy provides us with the opportunity to realise sustained improvement in the provision of healthcare, and sets out a ten-year vision for implementation.

In line with our Corporate Plan, *Sláintecare* and the *Programme for Government* objectives, our reform and innovation programme seeks to address the significant and long-standing challenges that continue to exist within our health service. It centres around enhancing patient experience, improving service access across primary, community and acute services, increasing the range and capacity of services delivered to patients in community settings, increasing bed capacity, and addressing health inequalities with a focus on health promotion.

**The scale of our ongoing reform and innovation is significant, including the requirement to implement Regional Health Areas (RHAs), and will impact almost every part of our health system.**

Our experience dealing with COVID-19 has given us valuable insights into how to permanently embed the better ways of working together that emerged by necessity. The HSE is committed to

making the principles of *Sláintecare* a reality, and many of these principles have been deployed in how our response to the pandemic has been organised, including the acceleration of the delivery of many service transformations.

*Each of the key reform areas are outlined below and further detail in relation to implementing these reforms in 2022 can be found in Section 3 of this Annual Report.*

### Reform of Unscheduled Care (including expanding capacity)

One of the most significant challenges for the health service is the extremely high levels of emergency attendances and admissions to our acute hospitals. When we compare the level of unscheduled care provided in 2022 compared with 2019 there is a:

- 5.9% increase overall in ED attendances
- 2.5% increase in ED admissions
- 13.8% increase in ED attendances by those aged 75 years and over
- 9.9% increase in ED admissions by those aged 75 years and over.

We are committed to improving access to unscheduled and urgent care, with local governance and decision-making driving integrated initiatives to improve patient flow and the patient experience. Reform of unscheduled care includes the expansion of bed capacity and ensuring the timely discharge of patients whose acute care is completed, as well as the continued implementation of new and alternative pathways of care, providing patients with the right care, in the right place, at the right time. In 2022:

- Continued investment in community care enabled patients to access appropriate care on a timely basis, reducing community waiting lists and the requirement to present to EDs

- Implementation continued of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* (Phase 1), with work commencing on the roll-out of the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland 2022* (Phase 2).

## Reform of Scheduled Care

*Sláintecare* recognises the need to reduce waiting times, especially for those with urgent and complex care needs. The delivery of this is dependent on several critical enablers, relating to scaling up health service capacity, a focus on providing improved value and productivity, and radical whole-system reform so that health services are better oriented to the emerging needs of the population through a more integrated care response. In 2022:

- A Waiting List Action Plan was jointly published by the Department of Health (DoH), the HSE and the National Treatment Purchase Fund. The plan aimed to significantly reduce both the number of patients waiting for care and the length of time they are waiting
  - The plan set out maximum wait time targets for each waiting list type in acute services. As at the end of December, significant progress had been made on these with an additional circa 35,900 outpatient appointments, an additional circa 12,300 inpatient / day case procedures and an additional circa 8,400 gastrointestinal (GI) scopes delivered, and progress made
- towards reducing waiting times for outpatients, inpatients / day cases and GI scopes
- Over 8,100 people were removed from waiting lists as a result of community wait list initiatives, with approximately 6,300 of these people being children and young people under the age of 18 in orthodontics, primary care child psychology, counselling in primary care and CAMHS
  - A strategy to reduce the number of appointments lost due to patients who did not attend (DNA) was developed and was piloted at Mercy University Hospital, Sligo University Hospital and Portlinculla University Hospital. The DNA strategy reduced the overall DNA rate from 17% to 10% in participating sites
  - An approach to Patient Centred Booking Arrangements was developed to significantly improve patient experience and ensure patients are seen as quickly as possible. The approach involves (i) reforming how referrals are received, triaged, and assigned, (ii) increasing patient choice of appointment time and date through partial booking and (iii) establishing a single point of
- contact for queries relating to referrals or appointments. This approach was piloted in University Limerick Hospital Group and will be rolled out to an additional nine hospitals in 2023
- A national guidance document was developed for the implementation of Patient Initiated Reviews. The initiative empowers patients to access follow-up care as required, instead of automatically scheduling a review appointment, and in turn seeks to reduce the number of review attendances. This approach was successfully piloted in Children's Health Ireland (CHI) and will be expanded to 28 hospitals in 2023
  - 37 modernised clinical pathways have been developed to build sustainable capacity, through reforming the delivery of care, and seven pathways were prioritised to commence implementation
  - Significant progress was made, in conjunction with the DoH, in relation to progressing the planning for elective hospitals in Dublin, Cork and Galway.





# Care

## Enhanced Primary and Community Services

Reducing our dependence on the current hospital-centric model of care and supporting capacity-building in the community is key to realising the vision of *Sláintecare*. With our growing and ageing population and the increasing incidence of chronic disease, timely access to primary care, aligned to general practice and delivering services at home and in the community, will not only ease pressure on our hospital system, it will better deliver what clients and service users want and need, supporting people to live well, full lives, connected with their community.

**The Enhanced Community Care (ECC) reform programme will, over time, support the further reorientation of service delivery towards general practice, primary care and community-based services**

where community healthcare networks and community specialist teams (CSTs) will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach.

## Reform of Home Support and Residential Care

In 2022, we built on our commitment to increase access to care and supports at home and in the community for older persons, allowing them to live well at home in their communities and reduce the requirement for long-term residential care and acute services. This includes progressing our reform agenda for residential services, commencing our preparation for the incoming home support statutory scheme and undertaking our home support pilot. During the year:

- Ongoing development and roll-out of integrated models of increased supports continued to enable older people to live independently in their own homes and in their own communities
- As part of the ECC Programme, we further developed our Integrated Care Programme for Older Persons
- Demand and capacity analysis for the future supply of public residential services was finalised
- Planning commenced in preparation for the Home Support Statutory Scheme, including the establishment of a National Home Support Office, and development continued of our reform model for future home support services
- Home Support Pilots were completed and the evaluation phase commenced, utilising the International Resident Assessment Instrument (interRAI) as the standard assessment process
- Dementia services were further developed with a focus on prevention. Our national dementia model of care was finalised and will be published in 2023.

## Reform of Mental Health Services

The HSE is committed to promoting our population's mental health, supporting those seeking recovery from mental health difficulties and preventing suicidal behaviour. All mental health services are informed by a person-centred recovery approach, in line with *Sharing the Vision – A Mental Health Policy for Everyone 2020* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* (extended to 2024).

The goal of our reform measures is to increase evidence-based practice and access to care. In 2022:

- Staffing was increased across community mental health teams
- Specialist clinical programme teams were expanded across Eating Disorders, attention deficit hyperactivity disorder (ADHD) and Early Intervention in Psychosis. The clinical programmes for self-harm and mental health intellectual disability were also expanded
- Implementation of the Model of Care for Older Persons was progressed
- Development of the new national forensic mental health service was completed which provides inpatient and in-reach prison services, in addition to an intensive care rehabilitation unit
- Recovery and engagement practice was expanded through the enhancement of peer support workers, individual placement services and Recovery College Co-ordinators
- The design and development of Models of Care for crisis resolution services and child and adolescent mental health services (CAMHS) hubs was initiated.



Approximately

**20,000**

people with a disability were supported through the delivery of day services

### Reform of Disability Services Dialogue Forum

The HSE is committed to delivering the key health and social support services that are required by people with a disability. This necessitates an incremental approach that lays firm foundations for developing services to improve the experience of care and services.

**Through reform programmes, we are aiming to support people with disabilities to live a full life in the community with access to a range of person-centred community services and supports, across their life spans.**

We are working to ensure compliance with standards and to reduce the number of people living in institutional settings by providing more appropriate community-based accommodation.

In 2022:

- Approximately 20,000 people with a disability were supported through the delivery of day services
- An additional 1,150 young school leavers were supported through day service placements
- 127 people with a disability are participating on the national demonstrator project for personalised budgets, representing an increase of 63% on 2021
- Delivery of recommendations from the 2011 report *Time to Move On from Congregated Settings – A Strategy for Community Inclusion* progressed. Since its publication, over 2,400 of the identified 4,000 people with disabilities living in 72 congregated settings have been supported to move into community-based homes.

The HSE recognises the contribution of a vibrant and sustainable voluntary sector. An important enabler in health sector reform is ongoing improvement in the collaborative working between the State and voluntary providers with the shared objective of strengthening relationships for the benefit of patients and service users. To this end, the HSE continued to participate in and progress the considerable work programme of the Dialogue Forum, agreed in 2021. In 2022:

- The process of developing a set of co-designed partnership principles commenced to set out the basis for building a new, improved relationship between voluntary organisations and the State
- A series of case studies were also undertaken focused on improving the funder / provider relationship through identification of what has or has not worked well in terms of both governance / oversight and service delivery, leading to a greater understanding of the challenges faced by all parties – a report on these findings will be finalised in 2023.

This work will significantly inform progression of the HSE review of the current service arrangements which is also expected to be completed in early 2023.





## Development of Regional Health Areas

The establishment of Regional Health Areas (RHAs) involves the creation of six regional organisations with full responsibility for the planning and delivery of hospital and community healthcare services within their respective areas. In April 2022, a Memorandum on next steps, the programme of work, and timelines for RHA implementation was approved by Government. In December 2022, a draft Implementation Plan was completed. This plan outlines the approach to RHA planning and design in line with the overall design principles and objectives of *Sláintecare* and sets out a high-level programme of work for 2023, with a view to establishing RHAs from 1 January 2024.

A central principle throughout this Plan is ‘subsidiarity’: RHAs will be empowered by ensuring, as far as possible, that the other organisations involved in healthcare planning and delivery – the National HSE and the two Government departments (the DoH, and the DCEDIY) only perform those functions that cannot be carried out effectively by the regions. In this context, the transition to RHAs will have a significant impact on the roles and responsibilities of the National HSE and the two departments.

The proposed high-level roles and responsibilities within the new RHA arrangements, as outlined within the plan, were developed in 2022 by staff from the HSE and the two departments through five programme workstreams, namely: Healthcare Governance; Finance; People and Development; Capital Infrastructure, Digital and ICT; and Change, Communications and Culture. These workstreams align with the World Health Organisation’s building blocks of a health system.

The transition to RHAs is planned for 1 January 2024 and will continue to progress throughout 2024. By 1 January 2024, the aim is that the six RHA Chief Executive Officers and, as far as possible, their Senior Management Teams will be in place and fully accountable for the delivery of services and associated resources within their regions. During 2024, the existing Hospital Group and CHO structures will be stood down on a phased basis as the new RHA arrangements are established.





# Compassion



The HSE's innovation function seeks to establish an open and transparent approach to identifying, piloting, and procuring innovative solutions

## Delivering Innovation within Health Services

The HSE's approach to innovation is underpinned by four principles:

1. Citizen-centric – put users at the centre of innovation to enhance their experience of health services
2. Innovation culture – create a culture where all staff are inspired, empowered, and enabled to innovate
3. Innovation at scale – work across the organisation and with external partners to optimise efficiency by scaling innovations across the health service
4. Transformative innovation – drive innovation across the health service by pioneering change and long-term transformation.

Building on progress to date, the HSE's innovation function seeks to establish an open and transparent approach to identifying, piloting, and procuring innovative solutions within the health service based on clear clinical and operational need.

This reform programme will implement a cross-organisation innovation framework and support the structures necessary to enable innovation.

In 2022:

- A review of innovation practices was undertaken, which identified that good progress has been made in recent years, laying the foundations for the scaling of innovation
- Several successful innovative projects were designed, developed and implemented across digital, clinical, and service delivery activities at both a national and local level. Some examples of these include:
  - Chronic Condition Management Platform
  - Health Performance Visualisation Platform
  - Automated Repository Rate Monitoring
  - Vital Signs Automation
  - Community Virtual Ward
  - Mobile X-ray
- The following four pillars of innovation were established (i) Education and Awareness – Building Digital Capability Amongst Our Staff (ii) Sharing Knowledge with Wide Participation from the Ecosystem (iii) Open Innovation Collaboration – Ideas gathering and Prioritisation (iv) Testing Innovation Ideas – Living Labs and Evaluation.

## Organisational Development and Change

It is essential that we develop our capacity for reform and embrace challenges confidently, particularly at times of rapid change, significant policy shift and clinical / service innovation. The implementation of the *Health Services Change Guide* is part of a strategic programme of capacity improvement to support the health system to further develop the right knowledge and skills to improve and sustain change at all levels. In 2022:

- We continued to build a culture primed for change and innovation by engaging with 77 diverse services across the organisation
- A wide range of organisational development interventions were delivered, including Change Guide in Action Workshops, Change Consultation Clinics, and Change Mentoring Sessions with a total of 184 interventions and 1,531 participants
- The Change Guide eLearning programme was completed by nearly 1,450 people.

## 2.6 Global Considerations

In working to deliver the best possible care to our patients and service users, it is important that we take into account wider global considerations alongside the national context. As we face challenges in our social environment and in our balance between resource availability and rising demands, we will continue to place the person at the centre to ensure access to the right care, at the right time and in the right place.

### Climate Action, Energy and Sustainability

In line with Government's *Climate Action Plan 2023*, the HSE has developed an ambitious Climate Action and Sustainability Strategy 2022-2050. The strategy will be delivered through a series of work programmes which establish governance structures for each focus area, assign responsibilities, develop measurement and reporting mechanisms, prioritise the deployment of resources, and promote engagement and awareness.

The strategy allows the HSE to be active in our leadership role in translating Ireland's *Climate Action Plan 2023* into specific actions, underlying our country's commitment to a legally binding target of net-zero greenhouse gas emissions no later than 2050, and to a significant reduction (51%) in greenhouse gas emissions by 2030. In addition, we will improve energy efficiency from the 33% public sector target in 2020 to 50% by 2030 (against a 2009 baseline).

In 2022, the HSE also developed a Capital and Estates Strategy, with its first objective the achievement of a net-zero carbon estate by 2050. The route to achieving this objective is outlined in the *HSE Infrastructure Decarbonisation Roadmap*, published in November, which contains the approach and detailed actions to achieve climate action targets.

Key areas progressed in 2022 included:

- Development of a Climate Action Roadmap, as part of the HSE Climate Action Strategy 2020-2050, outlining how the HSE intends to

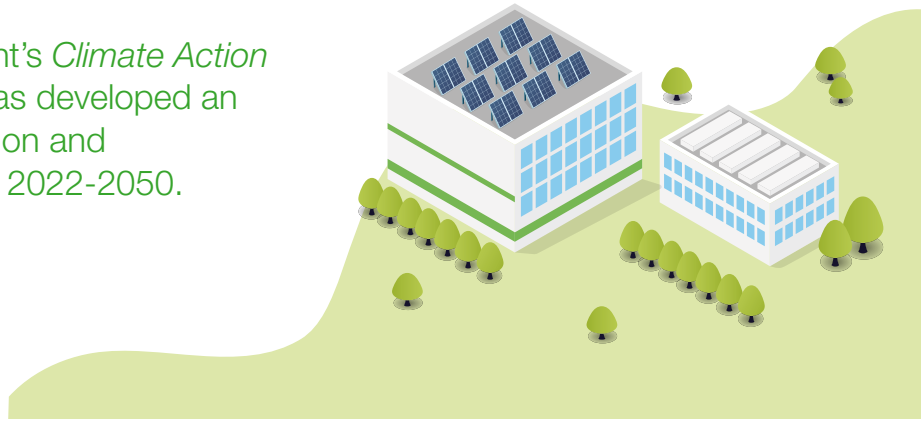
contribute to putting Ireland on a more sustainable path, cut emissions, create a healthier, cleaner and greener society, and help protect and prepare the population from the health consequences of climate change and biodiversity loss

- Continuation of the HSE and Sustainable Energy Authority of Ireland (SEAI) joint capital funded partnership agreement to cover the period to end 2023 for the delivery of the energy bureau, energy teams, shallow retrofit works and the pilot Pathfinder Programme, and progression of a pilot deep energy and carbon retrofit programme for existing buildings, also in partnership with the SEAI
- Completion of €10.2m of energy and decarbonisation shallow retrofit works to date. In 2022, these works resulted in a reduction of approximately 14.1 GWh of energy and 7,814 tonnes of CO<sub>2</sub>
- Expansion of the network of supported energy and green teams to 111 significant energy users across the HSE and Section 38 and 39 organisations
- Publication of the HSE Energy Efficient Design (EED) guide and continued implementation of an EED approach towards carbon zero, for all projects in the HSE Capital Plan
- Development of an online sustainability assessment tool for smaller healthcare sites, providing support and guidance on energy, carbon, water and waste reduction.



In 2022, the HSE developed a Capital and Estates Strategy, with its first objective the achievement of a net-zero carbon estate by 2050

In line with Government's *Climate Action Plan 2023*, the HSE has developed an ambitious *Climate Action and Sustainability Strategy 2022-2050*.



### HSE Energy consumption 2021 and 2020\* (Total Primary Energy Requirement)

Type	Consumption 2021	Consumption 2020
Electricity	457,299,438 kWh	399,568,791 kWh
Thermal	585,453,533 kWh	600,604,642 kWh
Transport	51,806,396 kWh	56,132,709 kWh
Total HSE 2020 Energy Consumption	1,094,559,368 kWh	1,056,306,142 kWh
Improvement in Energy Efficiency since 2009 baseline	16%	14%
Total Greenhouse Gas (GHG)	211,259 tCO <sub>2</sub>	
Total GHG Emissions – change since GHG Baseline (2016-2018 average) 9% decrease		

\* Section 38 / 39 Organisations report separately to SEAI and are not included in these figures.

Data source: SEAI



Pictured at the bank of solar PV cells on the roof of the 60-bed block at UHL; Kevin Mahoney, Rachel Keating, Clodagh Hanratty and Niall Joyce

### UL Hospitals Group ushers in a new era of energy sustainability

UL Hospitals Group's efforts in recent years to future-proof new developments and upgrade its existing building stock is repositioning the organisation to the fore of a national HSE campaign aimed at providing quality healthcare that minimises impact on the environment. Work undertaken to date through collaborative initiatives between HSE Capital and Estates and UL Hospitals Group is already having a significant impact, resulting in six-figure cost savings, reducing CO<sub>2</sub> emissions, and also enabling the Group to power itself independently on occasions when demand has the potential to destabilise the national grid.



### HSE donates life-saving equipment to Ukraine

Following the outbreak of war in Ukraine, the HSE has donated essential supplies and equipment, supported by relevant government departments. This support has helped hospitals and health services in Ukraine to provide essential and emergency healthcare in the face of conflict. 19 decommissioned HSE ambulances have left Ireland, having been repurposed and equipped for use in Ukraine. Donations of medical equipment, appliances and consumables such as PPE, syringes, ventilators, defibrillators, patient monitors, and aids and appliances have been delivered to a Ukraine government licensed distribution hub in Lviv, Ukraine.

## Human Rights and Equality Policy

Our vision is for a health and social care service that respects the rights, autonomy and dignity of all the people who use our services.

Key areas progressed in 2022 included:

- Co-ordinated submissions for the pre-legislative scrutiny of the Assisted Decision-Making (Capacity) (Amendment) Bill and the draft codes of practice from the Decision Support Service
- Delivery of information and briefing sessions (both in person and online) for staff and services on the *Assisted Decision-Making (Capacity) Act 2015* with approximately 1,500 attendees. A webinar series on preparing for commencement and implementation of the 2015 Act was undertaken with approximately 12,000 attendees
- Launch of an eLearning programme Supporting Decision-Making in Health and Social Care on HSeLanD
- Development of the HSE Assisted Decision Making Implementation Plan which was disseminated to staff and services in August
- Undertook consultations across HSE services, HSE funded services and other key stakeholders in relation to role of the assessor of capacity for co-decision making agreements and Enduring Powers of Attorney under the 2015 Act, resulting in a training programme being developed by the Decision Support Service and the HSE to support these assessments
- Launch of the revised *HSE National Consent Policy 2022* and the National Consent Policy eLearning programme in March and an easy-to-read version of the policy was developed and launched in November.

## Global Health

The Global Health Programme has led a global approach in the HSE, collaborating with partners across the health service and with Irish Aid (Department of Foreign Affairs), the Government's aid programme *A Better World: Ireland's Policy for International Development* (Government of Ireland 2019), to develop and implement initiatives aimed at improving health in developing countries, while also learning from other countries to improve healthcare in Ireland.

Key areas progressed in 2022 included:

- Publication of a strategic framework and three-year implementation plan for 2022-2024
- Donation of 32 million items with a value of €8.6 million to Ukraine and Africa in response to COVID-19 and conflict in Ukraine. Items included personal protective equipment (PPE), ambulances, hospital instruments, medical supplies and consumables, medical equipment, pharmaceuticals and aids and appliances
- Funding of nine health partnerships in 2022 through the ESTHER Ireland small grants scheme. This internationally validated programme provides funding and support to twin a health service or healthcare facility in Ireland with a health service in a developing country by way of a health partnership that demonstrates health improvements for both
- Continued implementation of capacity building for health service improvement in Mozambique, Ethiopia, Zambia and Sudan and commencement of engagement with Tanzania
- Continued leading of initiatives and participation in global health training and in quality improvement of health services nationally and at EU, United Nations (UN) and World Health Organisation (WHO) level.



Our vision is for a health and social care service that respects the rights, autonomy and dignity of all the people who use our services





# 3 Service Delivery

3.1 Performance and Key Achievements in 2022

3.2 Enabling Healthcare Delivery



## 3.1 Performance and Key Achievements in 2022

Operational performance is measured primarily on the basis of how we delivered against our National Service Plan (NSP) for the year in question. The NSP sets out the type and volume of health and social care services to be provided in response to the funding made available and the level of staff to be deployed.

One of our biggest challenges is ensuring access to our health and social care services and outlined in the following pages are the specific actions from 2022 for each of the key programmes of care to address this and other challenges (more on our key challenges can be found in section 2.3 of this report).



# 50%

of smokers on cessation programme were quit at 4 weeks (quarterly)

### Enhancing Prevention and Early Intervention

#### Health and Wellbeing

- 20 *Sláintecare* Healthy Communities were established across the country, in areas of highest disadvantage, to provide the following services: Stop Smoking, We Can Quit, Parenting Programmes, Healthy Food Made Easy, Making Every Contact Count (MECC) and Social Prescribing
- New integrated alcohol services were established in Mid West Community Healthcare and Cork Kerry Community Healthcare and development of an end-to-end child and adolescent overweight and obesity treatment programme was supported in South East Community Healthcare and Dublin South, Kildare and West Wicklow Community Healthcare
- An online sexually transmitted infection (STI) testing service, integrated with public STI clinics, was rolled out nationally to increase access to and capacity for easily accessible STI testing with 96,000 home STI testing kits dispatched
- Work commenced on the design of a physical activity patient pathway with funded organisations outside the health service, to support active participation in physical activity
- An evidence-based implementation strategy, *Making MECC Work – Enhancing the Implementation of the National MECC Programme in Ireland*, was developed to optimise and scale up the MECC

Programme, supporting clinical staff to address prevention and promote positive lifestyle behaviour change for patients and service users as part of routine consultations

- The *HSE Tobacco Free Ireland Programme Implementation Plan 2022-2025* was published, setting out the actions to be taken to achieve the following objectives:
    - Prioritising the protection of children in all of our initiatives and contributing to the de-normalisation of tobacco use for the next generation
    - Supporting people to quit smoking and treat tobacco dependence as a care issue while targeting population groups with higher smoking prevalence and health inequalities
  - Self-management support co-ordinators led the implementation of the Self-Management Support Framework at Community Healthcare Organisation (CHO) level through engagement with the Integrated Care Programmes for chronic disease and for older persons
  - Six pilot *Sláintecare* Living Well self-management programmes for chronic disease were mainstreamed. The programme was also rolled out locally in a further two CHOs.
- #### Public Health
- Six new Area Director Consultants in Public Health Medicine and the interim National Director of Public Health took up their roles, concurrent with the remaining balance of 34 Phase 1 consultant posts.



This resulted in the establishment of six Public Health Areas, aligned to the future Regional Health Areas (RHAs), with corresponding public health out-of-hours services reconfigured by year-end

- Consultants in Public Health Medicine were appointed to work in the National Screening Service, National Cancer Control Programme, National Healthy Childhood Programme and in Chronic Disease Management (CDM), providing clinical leadership to a number of initiatives, including the two HSE National Children's Screening Programmes, National Diabetes Registry, and quality improvement initiatives in CervicalCheck
- The Health Protection integrated national / regional model was implemented and the identification and procurement process for an Outbreak Case and Incident Management IT System was progressed
- Consultants in Public Health Medicine and their teams worked collaboratively, providing clinical leadership to national and regional colleagues, in the design and development of winter plans and vaccination campaigns for influenza and COVID-19
- A National Incident Management Team was established and chaired by Public Health, to manage the public health response to the monkeypox virus outbreak. From May to December 2022 inclusive, 227 cases of the virus had been notified. A National Outbreak Control Team was also established to manage a surge in cases of Invasive Group A Streptococcus
- The Health Service Executive *Health Protection Strategy 2022-2027* was published, outlining the objectives and priority actions to be taken by Public Health to protect the population of Ireland from health hazards, in collaboration with key stakeholders
- Work continued to respond to the health protection needs of International Protection Applicants and beneficiaries (including those who arrived in 2022 as a result of the crisis in Ukraine) through advocating for and facilitating catch-up immunisation, early identification of existing illness and screening as per national and international policy.
- During the peak phase of testing demand in January, there were 50 test centres operational allowing a weekly capacity of 300,000 PCR tests, with antigen testing capacity reaching 600,000 following the launch of the distribution of antigen tests for symptomatic users and the enabling of a solution to enable uploading of tests
- A plan was developed in March to transition the COVID-19 Test and Trace function to a new operating model in line with public health guidance. This model monitors levels of infection through enhanced surveillance systems and the introduction of a clinical pathway for testing
- An extensive programme of work is in train to ensure current and future development of laboratory capacity to meet requirements
- Since the COVID-19 Vaccination Programme began in December 2020, 12.6m vaccines have been administered, including over 8.1 million primary doses and over 4.5 million booster doses
- To date, the uptake of primary vaccinations among the adult population is 97%; 77% of those in approved cohorts have received a first booster, 33% a second booster and 42% a third booster

#### COVID-19 Programme – Test and Trace and Vaccination Programme

- During the year, the Test and Trace programme recorded 1,863,258 swabs completed, 2,854,362 laboratory tests completed, and 910,749 detected cases notified

## 3.1 Performance and Key Achievements in 2022

- Ireland continues to rank first in the European Union (EU) for primary vaccinations to the adult population, and fifth in the EU for first booster and second boosters to the adult population (as at end January 2023)
- A multi-channel communications programme was designed and implemented in 2022 to support the overall delivery of the COVID-19 vaccination programme
- The alignment of the flu and COVID-19 vaccination programmes for persons over 65 years for autumn / winter resulted in an uptake of 78% and 44% of COVID-19 booster 2 and 3 and 75.1% uptake of flu vaccine
- Work is continuing to ensure strategic alignment of the vaccination programmes and resources as appropriate.
- Construction of the National Cervical Screening Laboratory was completed in October and the provision of laboratory services for CervicalCheck re-commenced at the Coombe Hospital in December
- BowelScreen launched a new service in the endoscopy unit at Mayo University Hospital to provide colonoscopy services for BowelScreen participants in the Mayo region who have been referred for further investigation
- An extended digital surveillance pilot and model of care was implemented for Diabetic RetinaScreen enabling participants to be seen in a community-based service rather than in hospital. The first full year of the 2-yearly screening pathway is now complete with approximately 18,000 people having joined the new pathway

### National Screening Service

- A strategic plan has been developed that sets out our direction for the next five years. Six key areas of focus have been agreed to guide our efforts, work and development with a number of long-term goals and objectives identified under each priority as well as a series of actions to achieve each goal
- Implementation of the recommendations arising from the Expert Reference Group reports on interval cancer – in partnership with the people we care for and our professional screening teams around the country – remains a commitment, and work continued during the year to achieve the objectives and overcome the complexities and challenges of this project
- Implementation commenced of a new client and radiology information system for the BreastCheck service to ensure its efficient clinical, operational and management processes
- A strategic partnership was established between the National Screening Service, National Immunisation Office, National Cancer Control Programme and the National Cancer Registry Ireland to work towards elimination of cervical cancer as a public health problem in Ireland, aligned to the World Health Organisation strategy.

### Environmental Health Service

- Capacity was maintained and inspection facilities were significantly enhanced to ensure official controls on food imports at ports and airports were carried out, whilst also responding to additional requests for food export certificates arising from the UK's exit from the EU
- Work continued to maintain food safety activity in emerging areas of risk, with particular emphasis on the implementation of Regulation (EU) 2017 / 625

During the year, the Test and Trace programme recorded

**1,86m**

swabs completed,

**2,85m**

laboratory tests completed, and

**0.91m**

detected cases notified

- A sunbed inspection programme, including planned inspection, test purchase and mystery shopper, under the *Public Health (Sunbeds) Act 2014* was implemented
- Planning and preparation continued for the implementation of the proposed Public Health (Tobacco and Nicotine Inhaling Products) Bill which seeks, amongst other matters, to introduce an annual licensing requirement for retailers of tobacco or nicotine inhaling products
- Engagement continued with stakeholders towards the implementation of the provisions of the *Public Health (Alcohol) Act 2018* on a risk prioritisation basis
- Essential COVID-19 activities were undertaken, where required, from within existing resources based on a risk prioritisation of core statutory functions.

## Enhancing Community Services

### Primary Care Services and Enhanced Community Care Programme

#### Primary Care Services:

- Community intervention teams (CITs), who provide a rapid and integrated response where enhanced services / interventions are required for a defined short period of time, achieved national coverage during the year, receiving almost 84,000 referrals in 2022 (30% higher than the expected activity)
- Over 1.1m contacts were made with general practitioner (GP) Out of Hours Services during the year, which is 23.8% ahead of the 2022 target and is 8.8% higher than the number of contacts in 2021

- A number of waiting list initiatives were successfully delivered during 2022 in orthodontics and primary care child psychology. These initiatives have resulted in over 5,500 children and young people being removed from these waiting lists
- Every Smile Matters, an eLearning programme, was launched to help primary care dental teams meet the needs of vulnerable groups in line with the national oral health policy, *Smile Agus Sláinte*
- The CervicalCheck Support Service Improvement Programme was completed, with all recommended improvements regarding the Package of Support by the HSE now in place. The Cervical Check Package of Support booklet was the final action to close out the programme, with the booklet issued to all eligible service users in December. An additional bereavement leaflet was also completed and made available

## Direct access to scans helps GPs keep patients out of hospital

The GP direct access to community diagnostics scheme is providing GPs across the country with increased access to X-Rays, CT scans, MRIs, and DEXA scans for patients. The scheme also builds on initiatives already in place to increase GP direct access to ultrasound. Almost 400,000 scans have been performed since the new scheme launched in 2021. The scheme is allowing faster access to necessary diagnostic procedures, which is leading to more timely treatment and improved patient experiences, as well as helping to reduce pressure on hospitals. People requiring urgent scans will receive their scan within one month from the referral date, while those requiring a routine scan will wait a maximum of three months. Once the scan is completed, the GP receives a report within 72 hours.



Minister for Health Stephen Donnelly TD with Amelia O' Leary at the GP Diagnostics service based in Arklow Primary Care Centre, Co. Wicklow

## 3.1 Performance and Key Achievements in 2022



# 83,834

referrals to community intervention teams who provide a rapid and integrated response where enhanced services / interventions are required for a defined short period of time

### Enhanced Community Care Programme:

- Through continued roll-out of the Enhanced Community Care (ECC) programme, the following was established during the year:
  - 94 of the planned 96 community healthcare networks (CHNs), enabling decisions to be made closer to the point of care
  - 21 community specialist teams (CSTs) for older persons' services
  - 21 CSTs for chronic disease management
- A volunteer-type model in collaboration with ALONE was rolled out, providing over 20,000 people with co-ordinated support during the year
- GP direct access to community diagnostics provided GPs with access to over 250,000 scans in 2022 (47,000 X-rays, 19,000 computerised tomography (CT) scans, 165,000 magnetic resonance imaging (MRI) scans and 20,000 dual energy x-ray absorptiometry (DEXA – bone density) scans), which significantly reduced the requirement for onward referral to acute services
- The Irish College of General Practitioners (ICGP) completed a pilot project to examine the community diagnostics programme's impact on GP practices in 2021, following on from which a larger scale study will be completed to examine the programme's impact on GP practices nationally. A preliminary review of 284 imaging studies arranged by GPs in 2022 has highlighted the following:
  - 3% of patients previously managed in general practice increased to 63% as a result of the programme
  - 95% of GPs reported that the initiative improved patient care

- 96% reduction in referrals to emergency departments (EDs) / acute medical units
- 34% reduction in referrals to outpatient clinics / consultants
- Implementation of the GP Agreement 2019 continued, including GP roll-out of the structured programme for CDM and prevention for all medical card / GP visit card holders. Over 450,000 CDM patient reviews were undertaken in 2022 with over 800,000 patient reviews completed since commencement of the programme in 2020.

### Social Inclusion

- My Health, My Language which provides healthcare information on the HSE website in 15 languages, in addition to Irish and English, won the Irish Healthcare Award for Equality Initiative of the Year in 2022
- The National Housing First Programme, targeting homeless people with complex support needs, provided multi-disciplinary and cross-agency support to 240 people over 2022. The programme won a European Social Services Awards for Collaborative Practice
- The *National Traveller Health Action Plan (NTHAP) 2022-2027* was launched in November to provide a solid foundation to address the severe health inequalities that Travellers experience
- A pilot, demand-led, period dignity scheme for Traveller and Roma women was established in South East Community Healthcare at the start of 2022. 1,300 women were reached per quarter as part of the pilot which is being rolled out to other CHOs

- A new campaign was launched, aimed at people attending Irish music festivals, offering practical information and advice on how to reduce the risks associated with drug use in nightlife spaces. During the first drug-monitoring pilot at the Electric Picnic Festival, 46 samples were submitted and analysed with three risk alerts issued to those in attendance
- The *Naloxone Administration by Addiction and Homeless Service Providers in Ireland: 2018-2020* report was launched in June. This report outlined the positive impact of the provision of naloxone administration on 569 occasions during the period which resulted in saving at least 22 lives
- Support to complete Health Status Questionnaires was provided to approximately 12,000 beneficiaries of temporary protection in Ireland and to 500 International Protection Applicants. Local CHO teams responded to 800 health related queries and cases working in close liaison with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and a staff training programme was rolled out.
- Work commenced on the development of the model of care for residential services for older people, that will continue into 2023
- 85% of existing day care services for older people reopened following closures due to COVID-19 restrictions. Work continues on achieving appropriate day care services to meet growing demand
- Work continued, during the year, to support people living with dementia in partnership with partner provider organisations, with approximately 60,000 hours of service delivered by partners through day care at home services.

An additional

**82** community intermediate care beds opened in 2022, bringing the total number of community intermediate care beds to **365**

### Enhancing dementia care

Portiuncula University Hospital launched ‘Seo Mise – This is Me’ to enhance quality dementia care with support from the National Dementia Office. ‘This is Me’ is a quality improvement initiative designed to empower patients and families to make effective decisions and choices regarding their future care. Siobhan Coen, Occupational Therapist said that the initiative “... aims to promote a more cognitively stimulating environment for our patients with dementia”.

### Older Persons’ Services

- Almost 21 million home support hours were delivered to almost 75,000 older people during the year, with approximately 40% being delivered by HSE direct services. This was an additional 320,000 home support hours compared to the previous year
- An additional 82 community intermediate care beds opened in 2022, bringing the total number of community intermediate care beds to 365, which further supports our strategy to help older people avoid prolonged spells in hospital where possible and appropriate



Siobhan Coen, Occupational Therapist and patient Edward Egan



**21** community specialist teams (CSTs) for older people and 21 CSTs for chronic disease management operating

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**3.4m** home support hours and 1.7m personal assistant hours delivered to persons with a disability

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**10,957** children / adolescent referrals seen by child and adolescent mental health services (CAMHS)

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### Virtual ward initiative supports patients

A community virtual ward platform to support individuals with Chronic Obstructive Pulmonary Disease (COPD) was offered as an alternate pathway to inpatient COPD care in Donegal. Ten patients were selected and admitted to the virtual ward for remote monitoring and optimisation of the existing care plan. The results were early identification of exacerbation through respiratory rate monitoring with patients subsequently receiving treatment sooner. Mandy Doyle, Head of Primary Care, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo noted that the programme demonstrated how *“... new technological improvements and innovations can positively impact on the patient experience of healthcare”*.



Members of the Chronic Disease Management Team at the launch of the virtual ward platform





### Improving Access to Mental Health Services including Early Intervention

- The provision of mental health services for individuals and the population continued to be enhanced and improved, from prevention and early intervention through to acute and specialist mental health services. Developments were in line with the underpinning strategy of *Sharing the Vision – A Mental Health Policy for Everyone 2020*
- The National Forensic Mental Health Service in Portrane, Co. Dublin officially opened in November. This new facility will initially provide care for 130 service users and has capacity to care for 170 service users on campus when fully operational, as well as community and prison in-reach services. The hospital also has a Forensic Child and Adolescent Mental Health Service and an Intensive Care Rehabilitation Unit on site

- Work is ongoing, as a matter of priority, to improve Child and Adolescent Mental Health Services (CAMHS). In January, the *Report on the Look-Back Review into Child and Adolescent Mental Health Services County MHS Area A* (Maskey Report) was published with 35 recommendations. The Maskey Oversight Group was established to oversee the programme of work to embed improvements. The draft standard operating procedures were developed during the year and there was ongoing consultation with stakeholders for the models of care for CAMHS hubs and crisis resolution centres, due to be completed in early 2023. One CAMHS hub pilot site and three crisis resolution centre pilot sites were operationalised in 2022
- Waiting list initiatives were implemented in 2022 which resulted in an additional 722 children and young people being removed from CAMHS waiting lists, with a particular focus on children and young people waiting over 12 months.

### Specialist Community-Based Disability Services

- Collaboration continued with partners and Government agencies to develop and implement the *Disability Action Plan 2022-2025* building on the developments identified in the *Disability Capacity Review to 2032* and the 2018 Autism Report. During the year the following were delivered to improve services and supports for people with disabilities, including further support to live in more appropriate homes for those currently living in congregated settings or nursing homes (under the age of 65):
  - 146 additional residential places
  - 120,000 additional personal assistance (PA) hours
  - 30,000 additional home support hours
  - 1,400 additional day service places
  - 38,316 additional respite overnights

## 3.1 Performance and Key Achievements in 2022



# 78%

of adults waited less than 12 months for an elective inpatient procedure and

# 87%

for a day case procedure

- 33 intensive respite support packages to children and young adults
- 18 new intensive support packages
- 19 new supported living packages
- A new Stability and Sustainability Team was established to focus on financial and governance challenges in developing proposals for a more sustainable model of disability services, working initially with larger Section 38 and Section 39 providers
- Work continued on strengthening the 91 Children’s Disability Network Teams which offer multi-disciplinary, child-centred and family focused care, including progression of the development of an integrated case management system. A new integrated assessment of need (AoN) tracking system for children and adults was also progressed, to ensure AoN is in line with the HSE’s requirements under the *Disability Act 2005* and SI 263 / 2007 Regulations
- Following a High Court judgement in March, the National Clinical Programme for People with Disability developed a draft revised clinical guidance for assessors involved in the AoN process. Engagement continued with stakeholders, union and legal colleagues to finalise the revised approach.
- While challenges were experienced during 2022, mainly due to COVID-19 / flu / respiratory surges and associated pressures on our emergency departments, considerable progress was made during the year, as shown by the comparison with the same period from the previous year:
  - Outpatient: the number waiting over 18 months reduced by 59,028 (38%) from 153,372 to 94,344
  - Inpatient / day case: the number waiting over 12 months reduced by 3,813 (23%) from 16,898 to 13,085
  - Gastrointestinal (GI) scopes: The number waiting over 12 months reduced by 3,504 (87%) from 4,049 to 545
- A key milestone in the development of a national trauma system for Ireland was reached as major trauma services commenced at the Mater Misericordiae University Hospital for its current catchment area. The commencement of major trauma services in Cork University Hospital (CUH) is planned for early 2023. The commencement of these services is the first step in the development of a Trauma System that enables the highest level of specialist trauma care to be provided to severely injured patients
- Out of the remaining planned additional permanent acute beds, 157 were delivered in 2022 bringing the overall total delivered to 970, with the construction of a further 209 due for completion in 2023
- Overall critical care capacity now stands at 323 beds, an increase of 25% since 2020 with a further 28 profiled for delivery on 2023

### Delivering Safe, Timely Access to Acute Care

#### Acute Hospital Services

- The *2022 Waiting List Action Plan* was published in February as the first year of a multi-annual reform programme to stabilise and reduce waiting lists and waiting times for elective care in Ireland. The plan focused on delivering immediate reductions in acute hospital waiting lists through increased activity, while building on the work done in 2021 to lay the foundations for longer-term reform



**75%**

of new patients attended rapid access breast, lung and prostate clinics within recommended timeframe



**3.4m**

people attended hospital outpatient departments



**157**

additional acute beds provided



## 3.1 Performance and Key Achievements in 2022



# 57%

of all attendees at ED discharged or admitted within six hours of registration

- A new contract to provide 66% more training places per year on the National Foundation Education course for critical care nursing commenced in September 2022. Critical care outreach teams which offer intensive care skills to patients with, or at risk of, critical illness receiving care in locations outside the intensive care unit are now in place across 14 sites
- Integrated and bespoke Winter Plans were progressed, including a HSE national response to the unprecedented unscheduled care demand in Q4 2022
- The new national Hospital Medicines Management System was procured, contracted, designed and built and the first acute hospital implementation is scheduled for Q2 2023
- The National Pharmaceutical Procurement Support Team completed 14 competitive hospital medicines tenders in 2022 enhancing hospital medicines cost effectiveness and improving supply chain resilience
- Children's Health Ireland (CHI) at Connolly Paediatric Outpatient and Urgent Care Centre moved to 12 hour opening, seven days a week. During the year over 24,000 children presented to the urgent care centre and over 10,000 were seen as outpatients
- Enhanced services have been progressed at the three Regional Paediatric Units in CUH, University Hospital Limerick (UHL) and University Hospital Galway (UHG), including nurse specialists and health and social care professionals (HSCPs), continuing to ensure that children receive care close to home where possible
- 250 organ transplants were carried out during the year, thanks to the selflessness of 86 deceased and 33 living organ donors and their families. Across the three national transplant centres, 163 kidney (including 33 transplants from living donors), 10 heart, 18 lung, 51 liver and 8 pancreas transplants were completed.

### National Ambulance Service

- Almost 390,000 emergency ambulance calls were responded to in 2022
- Almost 23,000 inter-hospital transfers were undertaken with 82% of patient transfer calls managed by the Intermediate Care Service
- Over 1,000 air ambulance calls were completed and over 2,000 specialised unit transfers were undertaken by the National Ambulance Service (NAS) critical care retrieval service and children's ambulance service
- Pathfinder, a service designed to safely keep older people who phone 999 / 112 in their own homes, went live in Limerick, Tallaght and Waterford. The service enables increased ED capacity to care for other patients, by supporting this cohort of patients at home, through linking with a wide range of alternative hospital and community services. Approximately, two-thirds of patients seen by Pathfinder remained at home rather than needing to be brought to an ED
- A Pre-Hospital Trauma Triage Tool was developed, to be provided by the NAS. Its implementation will facilitate bypass for potential severe trauma and alert pre-hospital care providers to the potential requirement for secondary transfer, where bypass is not possible due to distance



# Trust

## 3.1 Performance and Key Achievements in 2022



# 72%

of children waited less than 12 months for an elective inpatient procedure and

# 85%

for a day case procedure

- The recruitment and training of personnel is ongoing to further support baseline capacity needs, strengthen the NAS Clinical Hub, continue the roll-out of alternative care pathways such as Hear and Treat and ensure the necessary staff are in place across neonatal transport, paediatric retrieval and adult retrieval.
- St. Luke's Radiation Oncology Network has launched an ambitious new five-year plan, setting out how clinical trials and research partnerships with leading national cancer bodies will be expanded, alongside the introduction of latest technologies to ensure patients receive the best quality cancer care

### Cancer Services

- To support cancer patients and their families at all points in the cancer journey, a model of care for Psycho-oncology was launched in May. The new model of care details how these supports will be developed in Ireland over the coming years
- In May, a *Framework for the Care and Support of Adolescents and Young Adults (AYA) with Cancer in Ireland 2021-2026* was launched. The framework will focus on the specific needs and risks of AYA cancer patients and will see a state of the art AYA cancer care network delivered through the new Children's Hospital and three of the eight adult designated cancer centres around the country (St. James's Hospital, UHG and CUH)
- In 2022, the key performance indicator for rapid access to lung cancer clinics was 90.8% within 10 working days when summed across all eight cancer centres; the figure for access within 15 working days was 95.8%, and within 20 working days was 98.3%
- A new radiation oncology facility at CUH is now fully operational providing state of the art equipment capable of delivering a range of treatments on par with those that are available internationally
- Acute oncology nurses are now in place in each of the 26 hospitals providing systemic anti-cancer therapy ((SACT), which includes chemotherapy, immunotherapy and targeted therapy) to assist with ED avoidance



Merlin Park University Hospital surgical team in the new orthopaedic theatre

### Replacement orthopaedic theatres for Merlin Park University Hospital

Two new replacement orthopaedic operating theatres on the Merlin Park site were used for the first time in June. The build consists of two operating theatres, two anaesthesia rooms, a recovery area and other ancillary accommodation and will allow the hospital to increase theatre sessions from 10 to 20 per week, the equivalent of approximately 4,000 procedures per annum. Mr Aiden Devitt, Consultant Orthopaedic Surgeon said *"The new operating theatres are a major enhancement for the hospital and for orthopaedic services in the west"*.



Dr Valerie Broderick; Dr Pamela Evans, Clinical Lead; Mairead O'Brien, CNM3; Theresa Kenna (mother of Erin); Erin Kenna; and Joe Kenna (father of Erin)

### New access to revolutionary cancer treatment for children

Chimeric antigen receptor T (CAR-T) cell therapy, a revolutionary cancer treatment, is now available in Ireland for children with acute lymphoblastic leukaemia. Previously, parents had to bring their children overseas to avail of this treatment. T cells are blood cells of the immune system that protect from 'foreign invaders' including cancer. CAR-T cell therapy, harnesses the body's own T cells and redirects them to more effectively target and destroy cancer. Theresa Kenna, mum of Erin (3) who until now had received her CAR-T therapy in London, explained that *"The fact that this will now be available in Ireland for people at home will make a huge difference to families"*.

- A National Cancer Control Programme co-designed SACT model of care was published in June. This model of care provides a roadmap for the continued development of SACT services across Ireland and will form a template for the highest quality SACT to be delivered to the Irish population over the coming years. In addition, the National SACT Competency Programme for Nurses Working in Cancer Care was launched
- The National Cancer Information System (NCIS) project was implemented in four hospitals (University Hospital Kerry, Midlands Regional Hospital Tullamore, Letterkenny University Hospital and CHI at Crumlin), bringing the number of SACT Hospitals with the NCIS system to nine. This enables a patient-centred, longitudinal, and accessible care record, supporting safe and effective SACT electronic prescribing, pharmacy dispensing and preparation, administration and multidisciplinary team meeting registration and discussion
- Clinical guidelines were developed and clinical pathway processes were streamlined to enable and support strategies for safe, effective and efficient delivery of health services to people displaced by the Ukrainian crisis. A dedicated HSeLanD portal was launched and disseminated to support the continuous professional development of Ukrainian healthcare workers
- Further implementation of the integrated model of care for chronic diseases was supported by delivering education resources to integrated care teams in 30 community hubs and by developing and launching pulmonary rehabilitation patient information leaflets and GP leaflets in collaboration with COPD Support Ireland

### Cross-Service Domains

#### Clinical, Quality and Patient Safety

- Treatment for COVID-19 was enhanced with the implementation of a novel pharmaceutical as part of the operational roll-out of COVID-19 therapeutics and Long COVID services were established in every Hospital Group



# Learning



Models of care were developed or updated, to outline how health services should be delivered



- Key initiatives were progressed to enhance the quality and experience of care for older people including collaborations between the National Clinical Programme for Older People (NCPOP) and The Irish Longitudinal Study on Ageing (TILDA) to design and launch an online national frailty education programme, and between NCPOP, Healthy Age Friendly Ireland and HSE Health and Wellbeing to facilitate a pilot to support social prescribing in tandem with community specialist teams for older people
- A Suicide Crisis Assessment Nurse service was introduced to support GPs in four sites nationally
- The *National Strategy for Accelerating Genetic and Genomic Medicine in Ireland* was launched in December. This strategy outlines the planned development of an enhanced patient and family-centred genetic and genomic service that will be co-ordinated nationally. Advancing this service means increased disease prevention, better diagnostics, more targeted treatments, and better patient and family outcomes
- The *National Stroke Strategy 2022-2027* was launched in November with the particular focus of achieving integration across primary, acute and social care services in line with *Sláintecare*
- Models of care were developed or updated, to outline how health services should be delivered, including a model of care for cystic fibrosis and lung transplant in adults and a model of care for heart failure. Seven Scheduled Care Modernised Pathways, within the specialities of urology, orthopaedics and ophthalmology, were designed in 2022 and will commence implementation in 2023
- Work continued to support the development of a sustainable clinical workforce through:
  - Addressing key challenges around the education, professional development, specialist and advanced practice, recruitment and retention of nursing and midwifery staff, including through implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*
  - Progressing *HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professions 2021-2026*, addressing advanced practice roles and clinical placement issues for international recruits and students in training
  - Participating in a non-consultant hospital doctor (NCHD) taskforce, established by the Minister for Health, to improve NCHD experience, training, wellbeing and work-life balance, supporting the present and future retention of NCHDs in Ireland
- Work continued on the implementation of the HSE's *Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* which is aligned to *Ireland's Second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (INAP2)* to integrate infection prevention and control and antimicrobial stewardship across community and acute operations
- The roll-out of the HSE Open Disclosure Policy and mandatory training programme continued with over 78,000 completions of open disclosure training programmes recorded in 2022

## 3.1 Performance and Key Achievements in 2022



All **19** maternity services are now providing midwifery-led care in the supported care pathway for normal risk women

- National Incident Management has seen significant technical system developments, with the successful roll-out of electronic point of entry incident reporting in a further four hospitals
- Key quality improvement programmes were progressed to address the common causes of harm outlined in the *HSE Patient Safety Strategy 2019-2024*, including establishment of new clinical and improvement programmes to improve care processes; commencement of new national audits; use of digital healthcare to support improvements in common causes of harm; and publication of the revised *National Policy and Procedure for Safe Surgery 2022*
- The first annual *HSE Prospectus of Quality and Patient Safety Learning Programmes* was published in May, guiding staff, patients, partners and students to the many learning opportunities available to build their capability to improve the safety and quality of care
- A national quality and patient safety surveillance system (QS Signals) was developed and the National Centre for Clinical Audit was launched to improve the quality and safety of care for patients.
- Advanced midwife practitioners and lactation consultants are in place in all 19 maternity services
- Development continues of new quality and safety initiatives for maternity services, including clinical guidelines to mitigate clinical risk, and roll-out of Phase 2 of the Obstetric Events Support Team
- A draft framework was developed for the establishment of a National Perinatal Genetics Service which will focus on the evaluation, diagnosis, management and treatment of anomalies before birth
- Models of Care were developed for Epilepsy in Pregnancy and for Assisted Human Reproduction and are being implemented
- 12 'see and treat' ambulatory gynaecology clinics are currently operational, of which five opened in 2022. Eight more are in development. The clinics have a direct impact on gynaecology waiting lists at local and national level, as women are identified, triaged and directed for treatment in an ambulatory setting. This and other initiatives mean that waiting lists were reduced by 6.5%, including a 60% decrease in the total number of patients waiting longer than 12 months, despite a 59% increase in referrals between 2020 and 2022

### Women's Healthcare

- All 19 maternity services are now providing midwifery-led care in the supported care pathway for normal risk women, with a minimum of 25% of women booked on this pathway; 15 maternity services are now offering early transfer home and 13 maternity services have Home-from-Home rooms, which facilitate birthing in less clinical delivery rooms
- Specialist menopause clinics were progressed nationwide to provide services to the 25% of symptomatic women who require specialist medical expertise in menopause. Four clinics have been opened to date with a further two being progressed

## Regional hub for women's health at Nenagh Hospital

A regional hub for women's health, being established at Nenagh Hospital, will improve access to diagnostics and reduce wait times for specialist care for women in the MidWest. Supported by the Women's Health Taskforce and the HSE National Women's and Infants Health Programme, the initiative includes an ambulatory gynaecology unit, menopause clinic and subfertility service. Dr Naro Imcha, Clinical Lead for Obstetrics and Gynaecology, UL Hospitals Group, said *"This regional hub for women's health will improve the patient pathway"*.



Dr Naro Imcha, Clinical Lead for Obstetrics and Gynaecology, UL Hospitals Group, and Dr Cathy Casey, Consultant Obstetrician / Gynaecologist pictured at Nenagh Hospital

- Roll-out continued of specialised endometriosis services, including development of a new National Endometriosis Framework, two supra-regional centres, and five multidisciplinary endometriosis hubs
- Other innovative strategic initiatives during the year included the establishment of two vaginal mesh complication centres, along with actions to progress the Department of Health (DoH) *Women's Health Action Plan 2022-2023* such as the provision of free contraception for women aged 17-25 years.
- In addition, every month we provided care to children with life-limiting conditions, as follows:
  - 320 children were supported at home each month
  - 60 children each month received specialist palliative care in CHI at Crumlin and CHI at Temple Street
  - 35 children were admitted to Laura Lynn Children's Hospice every month
- In line with the workforce recommendations of *Clinical governance and operational arrangements for supporting a model of care for children with life limiting conditions towards the end of life in the community in Ireland*, the children's specialist palliative care team in CHI at Crumlin appointed an additional consultant in palliative medicine and an additional clinical nurse specialist. Four new clinical nurse co-ordinators for children with life-limiting conditions were also recruited in Mayo, Sligo, Limerick and Drogheda
- A Palliative Care Support Unit was opened during the year in Roscommon University Hospital on a phased basis, which, when fully opened, will offer eight new palliative care support beds. The unit also includes a day care service and accommodation for the specialist community palliative care team
- The Caru Nursing Home Programme for palliative, end-of-life and bereavement care was launched to ensure that residential care settings can provide quality end-of-life care country-wide. This programme is a collaboration between the HSE, the Irish Hospice Foundation and the All-Ireland Institute of Hospice and Palliative Care, with strong engagement from the nursing home sector.

### Palliative and End-of-Life Care

- During the year, palliative and end-of-life care was provided each month to:
  - 3,500 people in their own homes
  - 1,000 patients in acute hospitals
  - 520 people in palliative care inpatient units (hospices)

## 3.2 Enabling Healthcare Delivery

Delivery of safe, quality healthcare is dependent on a number of key enablers that underpin service delivery. In conjunction with frontline services, the provision of a modern and efficient healthcare system is enabled by these essential support services.



# 7,000

contractors reimbursed for the provision of health services to the public

### Primary Care Reimbursement Service

- Approximately 7,000 contractors were reimbursed for the provision of health services to the public
- Roll-out continued of the online application processes for those wishing to apply for, or renew their eligibility under the General Medical Service scheme, Long-Term Illness scheme or Drugs Payment Scheme (DPS)
- Key learnings from the national review of the 2021 cyberattack on the HSE were adopted while the security of Primary Care Reimbursement Service Information and Communications Technology (ICT) systems continued to be enhanced
- Preparations commenced on the Programme for Government priorities on the extended access to free GP care for children aged six and seven. In women's health initiatives, the free contraception scheme for women aged 17 to 25 was launched in September
- Assessment and reimbursement of applications for new drugs and new uses of existing drugs continued, in accordance with agreed procedures
- The reduction in the DPS threshold to €80 per month was managed
- The extension of eligibility to beneficiaries of temporary protection (temporary Ukrainian residents) from March onwards was managed in line with Government policy.

### Emergency Management

- The National and Area Crisis Management Teams were supported in their response to winter hospital pressures and severe weather events
- A new energy disruption checklist and guidance was prepared to support planning and preparedness across the HSE
- Engagement continued with principal response agencies and government departments to meet HSE obligations established under *A Framework for Major Emergency Management, 2006* and *Strategic Emergency Management: National Structures and Framework, 2017*, as well as statutory obligations in regard to the *Chemicals Act (Control of Major Accident Hazards involving Dangerous Substances) Regulations 2015*, including at airports, ports, and crowd events



# Response

## 3.2 Enabling Healthcare Delivery

Focus continued on improving the security and resilience of critical national infrastructure through refresh of technology and devices to address cyber security weaknesses related to legacy infrastructure



# 1.4 million

eLearning programmes completed by staff during the year

- The Operational and Clinical Resilience (OCR) 'As Is' Review and Future State Roadmap was completed, which is the first phase of implementation of recommendations pertaining to OCR contained in the *Conti Cyber attack on the HSE – Independent Post Incident Review*.

### eHealth and Disruptive Technology

- Focus continued on improving the security and resilience of critical national infrastructure through refresh of technology and devices to address cyber security weaknesses related to legacy infrastructure. An increased focus on awareness of cyber security across the organisation through the roll-out of cyber security education and communication programmes raises awareness and reduces the risks associated with cyberattacks, and embeds a culture of security compliance
- The Staff Identity Management programme that seeks to migrate all HSE users to a single national email exchange on HealthIRL was remobilised after COVID-19 and cyber pauses. 19,578 or 95% of the year-end target users are now on HealthIRL
- Roll-out continued of Office 365. More than 16,000 users are now on Exchange Online
- The integration of Individual Health Identifiers (IHI) with iPMS (Integrated Patient Management System) commenced, resulting in greater patient safety and efficiency. IHI was also integrated into three of the four GP systems for all public patients
- The implementation of the Electronic Health Records system at CHI commenced, supporting our ambition for integrated care

- The business case for the Integrated Community Case Management System was completed as well as the business case for the Shared Care Record, the strategic initiative to develop a shared patient record for clinical review and a patient portal. This work continues to build infrastructure to enable a digital Summary Care Record
- The Health Performance Visualisation Platform, a single software approach to the provision service performance information across health and social systems, was delivered to 18 Phase 1 hospital sites
- The new vendor contract for the Integrated Financial Management System (IFMS) was completed with the build and test phases also commencing
- Further roll-out of the National Integrated Staff Records and Pay Programme (NiSRP) across the HSE with implementation ongoing in the South.

### National Finance

- The IFMS was further developed from the design stage to the build and test stage to support improvements in financial reporting, including analysis and forecasting
- Implementation continued of the single NiSRP with a successful implementation in the Midlands, Mid West and North West
- The *HSE Corporate Procurement Plan 2022-2024* was published which sets out the key priorities to be delivered over the next three years to improve and enhance procurement activities within the health service
- A three-year Activity Based Funding Implementation Plan was progressed
- The National Financial Regulations were relaunched under a three-year Controls Improvement Plan



- The finance workstream element of the RHAs project was led
- Work continued to deliver the future operating model design, and progress the resource model and payroll strategy for financial shared services.

### National Human Resources

- Workforce resourcing was strengthened and consolidated and recruitment to health service teams was enhanced by building significant additional local and central recruitment capacity coupled with digital and process improvements. This has helped grow our workforce by in excess of 16,000 whole time equivalents (WTEs) since December 2019, of which 5,422 were delivered in 2022 alone. This is against a backdrop of the impact of Haddington Road Agreement (HRA) reversal and continued absence due to COVID-19, together with increased turnover due to the reopening of international borders

- Working in close collaboration with the services, an evaluation and review on recruitment within the HSE was conducted. This resulted in the development and implementation of a new recruitment model for the HSE which brings the selection decision and control closer to the services. With the allocation of additional resources and the implementation of digital improvements, this new model has improved the recruitment capacity and capability across the organisation
- Working in close partnership with the services and Public Appointment Service, the timeline for the recruitment of consultants has been significantly improved. The recruitment of consultants has been further strengthened by the development of a Medical Consultant Hub which provides a one stop shop for medical consultant roles. This hub provides a broad suite of information to ease the recruitment of consultants from overseas
- To supplement the national pool, international recruitment of nurses increased in 2022 delivering

1,800 nurses across all services. Large-scale national campaigns were also developed and implemented for HSCP grades with a particular focus on harnessing graduates

- To build the workforce for the future that meets the increased healthcare needs of an ageing and growing population, National Human Resources has commenced the development of a National Resourcing Strategy for the health services in June 2022. This action oriented strategy is being driven by the services and for the services and is anchored in robust multi stakeholder governance
- The 2022 Health Service Excellence Awards event was held in Farnleigh in September, of which there were five category winners. The 44 finalists showcased their projects to their local Chief Officers / Chief Executive Officers of the Hospital Groups and were presented with certificates of achievement
- The growth of HSeLanD continued to deliver high-quality online learning, training and development opportunities to support the wider Irish health and social care workforce.

## 3.2 Enabling Healthcare Delivery

Key achievements in 2022 included:

- In excess of 300,000 users
- 4.9 million log-ins and 1.4 million eLearning programme completions were recorded on HSeLanD during 2022
- Between 2019 to 2022 there were over 12.6 million log-ins and over 4 million eLearning programme completions on HSeLanD in that four year period
- Developed over 250 new bespoke eLearning programmes, including an iStart hub which supports new staff to the organisation
- Implementation continued of the performance achievement process to ensure that each member of the HSE workforce has an equitable opportunity to develop and maintain a personal appraisal in line with their personal and organisational goals. Further work is ongoing in relation to development of a digital reporting solution

- The core building blocks required to mainstream Diversity, Equality and Inclusion (DEI) in 2022 were established. The National DEI team developed the HSE's first comprehensive DEI Strategy to support the implementation of DEI measures as outlined in the *Health Services People Strategy 2019-2024*.

### Capital Investment in Healthcare

- A new Capital and Estates Strategy and Implementation Plan was developed which will adopt a long-term view of investment decisions to 2050 and a fundamental shift in approach in relation to design and construction. It will be a key enabler for implementation of national policies and strategies including *Sláintecare*, equality of access to services, supporting climate action and sustainability, eHealth, health and wellbeing and healthy towns
- Planning progressed for the relocation of the National Maternity Hospital (Holles St.) to the St. Vincent's University Hospital campus, including the final business case which is awaiting Government approval. Other projects progressed include the acute care block at the Rotunda Hospital, the birthing unit, University Hospital Kerry, ward upgrade and theatre refurbishment at the Coombe Hospital and expansion of the neonatal unit, University Hospital Limerick
- The Medical Equipment Replacement Programme was delivered in full across the acute sector to support the delivery of safe and quality patient diagnostic services
- Development of the new Children's Hospital continued to be supported
- The National Forensic Mental Health Hospital was delivered and commissioned providing care for 170 patients





## New and improved Injury Unit opens at Ennis Hospital

The doors of the new €2m Injury Unit at Ennis Hospital opened in April. The new Injury Unit boasts five separate patient assessment bays, with the highest standards in Infection Prevention and Control compliance. There is also a brightly decorated waiting room and a separate triage area. Joe Cassidy, Acting Director of Nursing at Ennis Hospital, said the new unit was “... a first class working environment for our staff and provides the local population with the kind of patient experience they deserve”.



Maria Conlon, the first patient to be treated at the new Injury Unit in Ennis Hospital, with (from left): Dr Ruth Goodall, Injury Unit Physician; Mhairi Barron, Candidate Advanced Nurse Practitioner; and Brenda Bleach, Registered Advanced Nurse Practitioner

- 16 primary care centres were completed to meet a commitment to provide care closer to home, in addition to developments associated with the roll-out of the ECC Programme in line with *Sláintecare*
- Initiatives for mental health services were continued, by seeking to improve compliance in residential facilities, and working towards meeting standards of the Mental Health Commission for the benefit of patients, service users and families
- Capital projects delivered in the acute sector included additional critical care capacity at Tallaght University Hospital (12 beds) and the delivery of additional acute bed capacity nationally
- Approval was obtained for the next stage of the Elective Care Programme to progress the development of new elective hospitals at the Cork and Galway sites
- Support continued in response to the COVID-19 pandemic, including projects to enable a full return to business and service delivery
- The National Estates Information System was progressed by providing a digital roadmap for the management and development of the healthcare estate
- Proposals were initiated to develop surgical hubs and accommodation nationally, for inpatients and key workers
- An Infrastructure Decarbonisation Roadmap was developed, outlining the particular actions to be taken to reduce the carbon footprint of the HSE estate, linked to the wider Capital and Estates Strategy and the HSE Climate Action Strategy. Continuing the partnership with the Sustainable Energy Authority of Ireland to deliver energy saving initiatives.

### Research and Evidence

- Implementation continued of the HSE framework for the governance, management, and support of research to enable a cohesive national approach to research governance across the HSE and its funded bodies. This includes the publication of the roadmap for the reform of health and social care research ethics committees
- An electronic research management system was procured for research registration and approval

Between 2019 to 2022 there were over

**12.6 million**

log-ins and over

**4 million**

eLearning programme completions on HSeLanD in that four year period

Construction of **16** primary care centres completed during the year, providing care closer to home

## 3.2 Enabling Healthcare Delivery



**2,460**

media queries  
were answered,

**433**

media interviews  
were arranged and

**96**

media briefings  
were held

- The HSE National Policy for Consent in Health and Social Care Research was launched. The policy aims to ensure that impactful research can be conducted safely, ethically, and in compliance with legal requirements, while maintaining the confidence of the participants and keeping them at the centre of the research process
- The capability of our health informatics tools was strengthened to enable further population profiling, geographic analysis and service information to further inform service planning, needs assessment, evaluation and resource balancing decisions across services
- Detailed CHN population profiles were delivered to the community operations hub, providing analysis and projections to support Winter Plan 2022 / 2023 activities. This includes development of demand scenarios and potential system interventions, using the National Health Intelligence Unit Integrated Service Model tool
- Access for staff to curated, high-quality national and international evidence to support strategic and operational decision-making was increased, in line with our strategy *Turning Knowledge into Action: Enabling Care; Improving Health 2018-2023*. Active eLibrary users rose to over 13,000 which included 200 additional Ukrainian healthcare workers and 450 additional GP trainees / trainers (up from 50 in 2021).
- A new dedicated positive news team aimed to increase the number and quality of positive health service news stories, supporting 197 projects
- Our campaigns prompted over 250,000 actions across the population, supporting COVID-19, flu and human papillomavirus (HPV) vaccination, QUIT smoking, screening services, and a new mental health literacy campaign encouraging people to recognise the signs of mental health difficulties
  - Implementation of the HSE's brand and visual identity was strengthened, with guidelines and tools for staff and advocating for the consistent use of the HSE's brand
- Work continues to ensure excellence in digital health services and contact care
  - 80 million visits to the HSE website
  - A new mental health section went live on the website and 550 other health guides were reviewed and updated with clinicians
  - HSE social media followers increased to 1.5 million
  - Over 1.65 million queries were responded to by HSELive
- The availability of staff online information was enhanced, making it more accessible and improving our staff's experience online. Last year 1.2m visits were made to staff online information about the organisation, benefits and services, and training and development
- HSE Communications Division won the Best Internal Communications award for our work connecting senior leaders with frontline staff during COVID-19 and the cyberattack, and also won the Best In-house Press Team of the Year award at the Public Relations Institute of Ireland Awards for Excellence in Public Relations 2022.

### Communications

- Health news, information and advice continued to be provided to everyone living in Ireland
  - 2,460 media queries were answered, 433 media interviews were arranged and 96 media briefings were held

Ukrainian refugees will find a reassuring voice at the end of the HSE helpline as several Ukrainians have been hired to help give information and assistance in their native language.



### Cyberattack 2021 – HSE Data Breach Notification Programme

A HSE programme to contact people whose information was illegally accessed and copied during the 2021 cyberattack on HSE systems began in November 2022.

An Garda Síochána returned a copy of data that was illegally accessed and copied to the HSE on 17 December 2021 pursuant to a Mutual Legal Assistance Treaty. The HSE carried out a full and detailed assessment of all the documents in accordance with the General Data Protection Regulation (GDPR) guidelines from the European Data Protection Board and the Data Protection Commission to identify the people who needed to be contacted.

The HSE undertook an extensive verification process and supported the other data controllers in verifying data and commencing notification of individuals.

A portal was developed on [hse.ie/dataprotection](https://hse.ie/dataprotection) to allow notifiable subjects to request and review their documents through a secure system as well as putting in place a call centre to provide support to the individuals being notified.

It is expected that notification will be completed by the middle of April 2023 with approximately 100,000 people being notified by the HSE.

### HSELive support for Ukrainians

Ukrainian refugees will find a reassuring voice at the end of the HSE helpline as several Ukrainians have been hired to help give information and assistance in their native language. Anna Simson, Zoia Andriichenko, Yana Kvasnytsia, Tetiana Fesak, Kaina Sheludko, Iana Dakhno and Mariia Hrebeniuk are just some of the Ukrainian refugees who have joined the HSELive team. All the group said it was important to them to find a way to help their compatriots. Mariia said she was very thrilled to join the HSELive team. *“I think it’s very important for Ukrainians in Ireland, especially for those who don’t know the English language, to understand that they are not alone here, and everyone in HSE are happy to help them”.*



HSELive team members recruited to help assist fellow Ukrainians: Anna Simson, Iana Dakhno, Karina Sheludko, Tetiana Fesak, Zoia Andriichenko and Yana Kvasnytsia



# 4 Our Management and Accountability

## 4.1 Governance and Board Members' Report 2022



## 4.1 Governance and Board Members' Report 2022

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

### Role of the HSE Board

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

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

The Board acts on a fully informed and ethical basis, in good faith, with due diligence and care, and in the best interest of the HSE, having due regard to its legal responsibilities and the objectives set by Government. The Board promotes the development of the capacity of the HSE including the capability of its leadership and staff. The Board is responsible for holding the CEO and senior management to account for the effective performance of their responsibilities.

### Board Composition and Structure

Board members are appointed by the Minister for Health. Membership includes at least two persons who, in the opinion of the Minister, have experience of, or expertise in, advocacy in relation to matters affecting patients; two persons who are practising, or have practised as a member of a health profession, whether in or outside the state; and at least one person who has experience in financial matters.

### Gender Balance in Board Membership

The Minister shall, in so far as practicable, endeavour to ensure that among the members of the Board there is an equitable balance between men and women. As of 31 December 2022, the Board had five (42%) female and seven (58%) male members. The Board therefore meets the Government target of a minimum of 40% representation of each gender in the membership of State Boards.

### Board Meetings

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

For the period January-December 2022, the HSE Board met on 18 occasions, holding 11 monthly Board meetings and seven additional meetings.

### Oversight Agreement

The Oversight Agreement is a document outlining the relationship between the DoH and the HSE. It also outlines the oversight arrangements and responsibilities of both parties. This document was developed jointly by the DoH and the HSE, and has been signed by the HSE CEO and Chair, the Secretary General of the Department, and the Minister for Health. The DoH and the HSE are responsible for an Annual Review of this agreement.

## Ministerial Meetings

### High Level Ministerial Meeting with Board

Annually, the Minister meets with the Board to review and discuss performance, governance, strategic issues, policy and reform priorities for the health and social care services. In 2022, the Minister met with the Board on 2 March.

### Quarterly Meetings

Quarterly meetings are held with the Minister, Chair, CEO and Secretary General to review performance issues, National Service Plan (NSP) progress, reform planning and implementation and governance compliance, and issues arising. During 2022, two meetings were held on the following dates: 11 May and 7 September.

### Biweekly Meetings

Throughout the year, biweekly meetings are held between the Minister, Chair and DoH and HSE representatives.

## Board Development

During 2022, the Board held a facilitated workshop to discuss and agree allocation of roles and responsibilities between Board and Committee workplans, and agreed strategic priorities for discussion by the Board during 2022.

## Board Effectiveness

Annually, the Board reviews its performance and undertakes an annual self-assessment evaluation of its performance and that of its committees.

## HSE Code of Governance

In accordance with Section 35 of the *Health Act 2004* (as amended), the HSE has in place a Code of Governance setting out the principles and practices associated with good governance. Working closely with the CEO and Executive Management Team (EMT), the Board satisfies itself, on an ongoing basis, that the HSE is well run and that it is held to account for its performance.

The Board is committed to ensuring that the HSE operates as a highly transparent organisation which provides high-quality information about all aspects of its performance.

## Statutory Accountability Obligations

### Corporate Plan 2021-2024

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

## HSE National Service Plan 2022

In accordance with the Health Act 2004 (as amended), the *HSE National Service Plan 2022* (NSP 2022) was prepared in response to the Letter of Determination and the Annual Statement of Priorities, received from the Minister in November 2021.

NSP 2022 was adopted by the Board on 23 November 2021 and approved by the Minister on 26 January 2022. A Capital Plan for infrastructure / equipment, an eHealth and ICT Capital Plan, and a Resourcing Strategy were approved as part of the NSP 2022 documents.

## HSE Board Strategic Scorecard

In 2022, the HSE Board Strategic Scorecard provided a monthly report to the Board on the progress of key strategic and operational priorities. The Scorecard is shared with the DoH to provide monthly progress updates to the Minister for Health.

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

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

In the context of preparing for 2023, the Board in Q4 2022 felt it was timely to review the continued effectiveness, of the Board Strategic Scorecard in its current format. A Board working group was formed to redefine the structure, content and reporting process of the Scorecard.

## Transfer of Functions

On 15 December 2021, the Government agreed to publish the Health (Amendment) Bill 2021 which provided for new governance arrangements with regards to the transfer of specialist community-based disability services (SCBDS) from the DoH to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). On 13 December 2022, a transfer order commenced for the transfer of functions of SCBDS to DCEDIY on 1 March 2023.

The impact on the Board will be a dual reporting requirement to two Ministers and two departments. There is also a requirement for Ministerial approval from the Minister for Children, Equality, Disability, Integration and Youth for the disability sections in the Corporate Plan, NSP, and for separate and appropriate performance reporting and accountability.

## Risk Management

The Board has overall responsibility for risk management policies and procedures and for setting the HSE's risk appetite. It also has responsibility for determining the nature and extent of the strategic risks it is willing to take in the achievement of its strategic objectives.

The HSE's Corporate Risk Register (CRR) records the organisation's principal strategic risks, identified by the EMT. Each risk is assigned to a member of the EMT as the co-ordinator of that risk and to one of the five committees of the Board who provide oversight of the HSE's strategic risks. The Audit and Risk Committee (ARC) retains responsibility on behalf of the Board for the HSE's overall risk framework.

Throughout 2022, the ARC received monthly updates and reports on risk management.

## Financial Management

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

Through the ARC, the Board has been assured that the HSE has in place procedures to monitor the effectiveness of its risk management and control procedures. The monitoring and review of the effectiveness of the system of internal control is also informed by the work of the internal and external auditors.

## Code of Governance, Ethics in Public Office and Additional Disclosure of Interests by Board Members, and Protected Disclosures

The *Ethics in Public Office Act 1995* and the *Standards in Public Office Act 2001* (Ethics Acts) set out statutory obligations which apply to Board members and employees. The Board complies with the Ethics Acts and in accordance with the HSE's Code of Governance.

In addition to the Ethics Acts, Board members make an annual disclosure of any potential or actual conflict of interests. Board members are responsible for notifying the Board Secretary on an ongoing basis should they become aware of any change in their circumstances regarding conflicts of interest.

Declarations of interest are a standing agenda item at every Board and Committee meeting.

*The schedule of attendance, fees and expenses can be seen in Appendix 8 of this Annual Report.*

## Committees of the Board

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

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

The Board's Committees are:

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

## Audit and Risk Committee

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

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

Under current legislation the Committee is required to:

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



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

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

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

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

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

The membership of the Audit and Risk Committee during 2022 was:

- Brendan Lenihan, Committee Chairperson and Board Member
- Fergus Finlay, Board Member
- Michelle O'Sullivan, Board Member (commenced 16 September 2022)
- Ann Markey, External Member
- Colm Campbell, External Member
- Pat Kirwan, External Member
- Martin Pitt, External Member.

On 27 July 2022, the Board approved the appointment of Mr Brendan Lenihan as Chairperson of the Committee, in accordance with Section 41 of the *Health (Miscellaneous Provisions) Act 2022*, which allows the Board to appoint a chairperson from among any of the members of the Committee.

The National Director of Internal Audit, who reports directly to the Committee, attended the Audit and Risk Committee meetings and reported regularly on the work of the Internal Audit Division. The Committee was also joined by the Chief Financial Officer, Chief Strategy Officer and Chief Risk Officer (CRO), who were the members of the HSE's Senior Management Team assigned by the CEO to assist the Committee. Throughout the year, the Committee also invited additional members of the Senior Management Team to attend and present at its meetings and where appropriate sought further information and clarifications.

The Committee agreed a detailed workplan for 2022 to address in a systematic and comprehensive manner its key roles and responsibilities. The Committee fulfilled its responsibilities as planned. Through the Committee's 15 meetings, the Committee members had oversight and discussion on a range of issues such as a review of internal audit reports, which over the year saw 282 audit reports, including audits of funded agencies, follow-up audits, special investigations, and ICT audits.

During the year, the 2021 Annual Report of the Internal Audit Division and the 2022 Annual Internal Audit Plan were presented to the Committee and in accordance with best practice, the Committee met in private session with the Interim National Director of Internal Audit, Mr Tom Malone, without executive management present.

Throughout the year, the Committee considered the CRR and a workshop was held in July 2022 to review the CRR and consider individual risks. The Committee agreed to the proposal from the CRO that from 2023 onwards the Q4 CRR will be the version considered by the Board for approval, which will align the Board approval process with the Annual Report cycle, and the review of the Risk Appetite Statement would be concluded in Q1 2023 in parallel with the revision of the *HSE's Integrated Risk Management Policy 2017*.

### People and Culture Committee

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

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

The membership of the People and Culture Committee during 2022 was:

- Dr Yvonne Traynor, Chairperson and Board Member
- Aogán Ó Fearghail, Board Member
- Dr Sarah McLoughlin, Board Member
- Michelle O'Sullivan, Board Member (commenced 2 September 2022)
- Brendan Whelan, Board Member
- Bernie O'Reilly, External Member
- Deirdre Cullivan, External Member.

The Committee met on six occasions in 2022. The Committee was joined by the National Director, Human Resources and the National Director, Communications, who were the members of the HSE Senior Management Team assigned by the CEO to assist the Committee. Throughout the year, the Committee invited additional members of the Senior Management Team to attend and present at its meetings and sought further information and clarifications, as appropriate.

The Committee adopted a detailed workplan for 2022, to address its key roles and responsibilities and to provide the appropriate focus. The Committee fulfilled these responsibilities as planned. Committee members had oversight and discussion on a range of issues.

### Performance and Delivery Committee

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

The membership of the Performance and Delivery Committee during 2022 was:

- Tim Hynes, Chairperson and Board Member (January-July 2022)
- Fergus Finlay, Chairperson and Board Member (July-December 2022)
- Brendan Lenihan, Board Member (January-June 2022)
- Dr Sarah McLoughlin, Board Member
- Brendan Whelan, Board Member
- Anne Carrigy, Board Member (commenced 29 June 2022)
- Lt Col Louis Flynn, External Member (January-July 2022)
- Dr Sarah Barry, External Member.

The Committee met on 14 occasions in 2022. The Committee was joined by the Chief Operations Officer, Chief Strategy Officer and Chief Financial Officer who were the members of the HSE Senior Management Team assigned by the CEO to assist the Committee. Throughout the year, the Committee invited additional members of the EMT to attend and present at its meetings and sought further information and clarifications, as appropriate.

The Committee adopted a detailed workplan for 2022, which oversaw the drafting of the HSE Annual Report 2021, the NSP 2023 (including Capital Plan 2023, Workforce Resourcing Strategy 2023 and eHealth and ICT Capital Plan 2023) and the ongoing development of the Integrated Financial Management System (IFMS) project. The Committee also completed quarterly monitoring of its allocated CRR risks and their controls.

In relation to the Conti cyberattack in May 2021, the Committee provided ongoing support in the oversight of the recommendations of the *Conti Cyberattack on the HSE – Independent Post Incident Review (PIR)*. In particular, the Committee provided feedback on the Chief Technology and Transformation Officer and the Chief Information Security Officer roles. Monthly updates were provided to the Committee on the progress of the implementation plan and its workstreams: ICT / Cyber Transformation; Clinical Operational Resilience Transformation; and Programme Governance and Programme Management.

In line with recommendation 1.4 of the PIR, oversight of the Cyber / ICT Transformation workstream within the wider PIR Implementation Programme was transferred to the new Technology and Transformation Committee, which met formally for the first time on 17 October 2022.

At each monthly meeting, the Committee considered the Performance Profiles provided by the Chief Operations Officer. The Performance Profiles provide an update on key performance areas across the four domains of the National Scorecard for Community Healthcare, Acute Hospitals and National Services in addition to Quality and Patient Safety, Finance and Human Resources. The results for key performance indicators are provided on a heatmap, and in table and graph format, together with a commentary on performance that is provided by services. These profiles provided the Committee with the data required to assess the HSE's performance against the NSP targets in key performance areas.

Each month, a focus was considered to allow the Committee to gain a deeper understanding of a certain area of service. These included areas such as: Social Inclusion, Disability Services, National Screening Service, Older Persons and Mental Health. The Committee were also kept informed and updated regularly on items such as the implementation of the *COVID-19 Nursing Homes Expert Panel Report* recommendations, eHealth Cloud Strategy, and the transfer of the Disability function from the DoH to the DCEDIY. The Committee also recommended to the Board for approval the National Ambulance Service (NAS) Strategic Plan 2021-31, and the new Technology and Transformation Committee ToR.

### Safety and Quality Committee

The role of the Safety and Quality Committee is to provide strategic oversight of the development and implementation of national programmes and strategies relevant to the safety and quality agenda of the HSE, with specific reference to the *HSE Patient Safety Strategy 2019-2024*.

The Committee is authorised by the Board to use its oversight and advisory role to monitor arrangements for measuring and monitoring patient safety and quality, to advise the Board on the effectiveness or otherwise of the implementation of these measures and to monitor arrangements for the development of a patient-centred learning culture within the HSE. This aims to ensure that all patients consistently receive the safest care possible. The Committee Chair advises the Board on a monthly basis of all the matters discussed and raised at its meetings. The Chair brings forward specific matters to the Board, as per the Committee's requests.

The membership of the Safety and Quality Committee during 2022 was:

- Prof Deirdre Madden, Chairperson and Board Member
- Prof Fergus O'Kelly, Board Member
- Dr Yvonne Traynor, Board Member
- Anne Carrigy, Board Member
- Margaret Murphy, External Member
- Jacqui Browne, External Member
- Dr Cathal O'Keeffe, External Member
- Dr Chris Luke, External Member (January-September 2022)
- Dr Anne Kilgallen, External Member (commenced 27 July 2022)
- Mary Culliton, External Member (commenced 27 July 2022).

All members of the Committee hold the relevant skills and experience to perform the functions of the Committee.

The Committee held a total of 13 meetings during 2022.

The HSE's Chief Clinical Officer (CCO), supported by the National Clinical Director, Quality and Patient Safety, attended monthly meetings throughout the year. The National Clinical Director presented progress reports on the work of that office in implementing the Patient Safety Strategy. The Committee invited additional members of the HSE Senior Management Team to attend and present, as appropriate.

The Committee reviewed and discussed with the CCO, at every meeting, a report which provided briefings on numerous high-level activities under the remit of the CCO Office. These included the following areas: COVID-19 pandemic, test and trace and vaccination roll-out; the National Screening Service; National Cancer Control Programme; antimicrobial resistance and infection control; the National Women and Infants Health Programme; and National Clinical Audit. The Committee also received a monthly Quality Profile report which supports oversight and decision-making by analysing and presenting, over time and between services, performance across key indicators as agreed between the Committee and the Quality and Patient Safety Office.

The Committee made significant contributions to several high-level matters by way of oversight and escalation on matters such as the Patient Safety Bill, the reconfiguration of Our Lady's Hospital Navan, review of gynaecological services in Letterkenny University Hospital, and the Maskey Report in relation to the child and adolescent mental health service (CAMHS) in South Kerry. The Committee also received regular briefings on the health service's response to the Ukrainian crisis, the clinical pathway for Gender Dysphoria, the Interim Model of Care for Long COVID and COVID-19 therapies.

Working to a detailed work plan throughout the year, the Committee received in-depth presentations on safety and quality issues in areas including safeguarding, the National Ambulance Service (NAS), CAMHS, the National Integrated Care Programme, the National Clinical Programme for Ophthalmology, the National Clinical Programme for People with Disability, neurological services, Foetal Alcohol Spectrum Disorders, the Genetics and Genomics and National Drug Strategies, and medication safety initiatives.

Throughout the year, the Committee considered the risks allocated to it by the Audit and Risk Committee including New Pandemic Outbreak, Current Configuration of Hospitals, Safety Incidents leading to harm to patients, and the Screening Services. During 2022, additional risks were added to the HSE Corporate Risk Register and assigned to the Safety and Quality Committee: These included risks associated and identified with the *Assisted Decision-Making (Capacity) Act 2015*, new pandemic outbreak infectious disease (non-COVID-19) and safety incidents leading to harm to patients.

The Chair of the National Independent Review Panel (NIRP) also met with the Committee during the year and presented several reports to the Committee. The Committee also reviewed and amended the NIRP ToR and received regular progress updates on implementation of the recommendations of the NIRP reports.

The National Office of Clinical Audit met with the Committee and the Committee received briefings on the implementation of healthcare audits including the Report on Compliance with HSE Standards on Post-mortem Practice and Procedures. The Committee also received updates on implementation of the recommendations of these audits.

The Committee met with the Confidential Recipient who presented the 2021 Confidential Recipient Annual Report. It also discussed the HSE Mental Health Operations Action Plan in response to the *Mental Health Commission Annual Report 2021*.

The People's Experience of Quality agenda item is presented bi-monthly to the Committee and aims to provide the Committee with an in-depth view and perspective of incidences, either from a patient, service user or staff member's experience within the system. The Committee value these presentations as they highlight frontline and people-centred experiences. The Committee welcomes the learnings and shared experiences from these presentations. During 2022, presentations were made on the themes of Safeguarding, Trauma, Women's Health, Paediatric Model of Care, and the NAS.

### Technology and Transformation Committee

In accordance with recommendation 1.4 of the *Conti Cyberattack on the HSE – Independent Post Incident Review (PIR)*, a Technology and Transformation Committee was established in Q4 2022. The role of the Committee will be to oversee the HSE's eHealth, IT and Cyber Transformation Programme to deliver a future-fit, resilient technology base for provision of digitally-enabled health services, and ensure that IT and cybersecurity risks remain within a defined risk appetite.

This eHealth, IT and Cyber Programme aims to bring about a transformation in health services. In this context, the Committee will ensure that the planning and implementation of the programme will be focused on the needs of patients and service users and of the staff who are fundamental to providing care.

The Committee will also oversee the delivery and monitoring of outcomes of the HSE's large-scale service transformation programmes while aligning its workplan to the priorities of the Board. Notwithstanding the considerable technological expertise of the Committee, the allocation of oversight of broader scale non IT-led transformation projects remains within the discretion of the collective Board.

The Committee will also oversee the creation of a Transformation Roadmap to provide clarity to the Board that allows greater control and decision-making. It will also create and operate a reporting mechanism that allows the Board to understand what progress is being made against this roadmap. This should highlight the interdependencies (policy, people, structure, funding, technology, etc.) that must be taken into account to avoid a silo approach to transformation.

The Committee met three times in 2022, and held a number of meetings prior to the formal establishment of the Committee.



The membership of the Technology and Transformation Committee during 2022 was:

- Tim Hynes, Chairperson and Board Member
- Brendan Whelan, Board Member
- Prof Fergus O’Kelly, Board Member
- Barry Lowry, External Member
- Martin McCormack, External Member
- Rosaleen Killalea, External Member
- Derick Mitchell, External Member  
(commenced 25 November 2022).

### **Support to the Board and Committees**

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

## 4.1 Governance and Board Members' Report 2022

### Members of the Board (as at 31 December 2022)



**Mr Ciarán Devane**

Chair

**Appointed:** 28 June 2019

**Tenure:** 5 years

**Skills and Experience:**

Executive Director of the Centre for Trust, Peace and Social Relations at Coventry University and Chair of Clore Social Leadership. Formerly the Chief Executive of the British Council and Chief Executive of Macmillan Cancer Support. Recipient of a knighthood in the UK for services to cancer patients.



**Prof Deirdre Madden**

Deputy Chair

**Appointed:** 28 June 2019

**Tenure:** 5 years

**Skills and Experience:**

Professor of Law at University College Cork specialising in healthcare law and ethics. She chaired the Commission on Patient Safety and Quality Assurance, was a member of the HIQA Board, the Medical Council, and the Health and Social Care Professionals Council. She is a member of the Royal Irish Academy.



**Ms Anne Carrigy**

**Appointed:** 12 March 2021

**Tenure:** 3 years

**Skills and Experience:**

Nurse by profession, served as Director of Nursing and Head of Corporate Affairs at the Mater Misericordiae University Hospital before becoming Director of the HSE's Serious Incident Management Team and subsequently National Lead for Acute Hospital Services. Served as President of the Nursing and Midwifery Board of Ireland and the European Federation of Nursing Professions.



**Mr Fergus Finlay**

**Appointed:** 28 June 2019

**Tenure:** 5 years

**Skills and Experience:**

Former CEO of Barnardos. Previously involved in politics and acted as an adviser to three governments. Involved in Anglo-Irish negotiations throughout the peace process, and was one of the drafters of the Downing Street Declaration. Currently chair of a Government task force on employment for people with disabilities and Chair of Dolphin House Regeneration Board.



**Mr Tim Hynes**

**Appointed:** 28 June 2019

**Tenure 1:** 3 years **Tenure 2:** 5 years

**Skills and Experience:**

Group Chief Information Officer for Allied Irish Bank. Holds a Masters in Executive Leadership from Ulster University, qualified bank director, and Fellow of the Irish Computer Society.



**Mr Brendan Lenihan**

**Appointed:** 28 June 2019

**Tenure:** 5 years

**Skills and Experience:**

Managing Director of Navigo Consulting and former President of the Institute of Chartered Accountants in Ireland. Non-executive director of Bus Éireann, Chair of Irish International Trading Corporation (Cork) PLC and also Chair of Trustees of Good Shepherd Cork. Holds a Professional Diploma in Corporate Governance from University College Dublin and is a member of the Institute of Directors.

*(Resigned March 2023)*



**Dr Sarah McLoughlin**

**Appointed:** 28 June 2019

**Tenure:** 5 years

**Skills and Experience:**

Public and Patient Involvement (PPI) Co-ordinator of Cancer Trials Ireland. Patient advocate with cross-disease experience in patient charities. PhD in biomedical research and occasional lecturer. PPI member of National Research Ethics Committee for Medical Devices, National Irish COVID-19 Biobank development project, University College Dublin's The Patient Voice in Cancer Research, Irish Association for Cancer Research, Trinity St. James's Cancer Institute Education Advisory Board, and Ireland-Northern Ireland – National Cancer Institute Cancer Consortium.



**Mr Aogán Ó Fearghail**

**Appointed:** 28 June 2019

**Tenure 1:** 3 years **Tenure 2:** 5 years

**Skills and Experience:**

Former primary school principal, served as GAA President from 2015-2018 where he introduced a Health Promotion Unit at Croke Park and initiatives which focused on physical and mental health issues. Currently works as a school placement tutor with Dublin City University.



**Prof Fergus O'Kelly**

**Appointed:** 28 June 2019

**Tenure:** 5 Years

**Skills and Experience:**

Retired GP / family physician and Clinical Professor of General Practice / Family Medicine, Trinity College Dublin. Served as Director of the Trinity College Dublin / HSE programme for 18 years. Previously served as President of the Irish College of General Practitioners (ICGP) (2015-2016) and member of the Governing Board of ICGP (2014-2017).



**Ms Michelle O'Sullivan**

**Appointed:** 21 July 2022

**Tenure:** 2 years

**Skills and Experience:**

Has over 21 years' HR experience working in a multinational investment bank. Resigned from her corporate role and set up MOS Consulting in 2019. Qualified and accredited coach / mentor by the European Mentoring and Coaching Council (EMCC) at Senior Practitioner level. Currently the chair of the strategic HR committee of the Board of the National Concert Hall.



**Dr Yvonne Traynor**

**Appointed:** 28 June 2019

**Tenure 1:** 3 years **Tenure 2:** 5 years

**Skills and Experience:**

Former Vice President of Regulatory and Scientific Affairs with Kerry Group. Holds a PhD in Chemistry from Trinity College and has obtained a Certified Diploma in Accounting and Finance and an MSc in Executive Leadership. Served as Chair of the Audit, Risk and Compliance Committee of the Irish Blood Transfusion Service.



**Mr Brendan Whelan**

**Appointed:** 12 March 2021

**Tenure:** 3 years

**Skills and Experience:**

Chief Executive Officer of Social Finance Foundation. Chairman of Special Olympics Ireland. Chair of St. Catherine's Association Wicklow and Patron of the related St. Catherine's Special School. Former senior executive at Bank of Ireland and is a Fellow of the Institute of Bankers in Ireland. Holds qualifications in Commerce and Management.

## 4.1 Governance and Board Members' Report 2022

### Members of the Executive Management Team (as at 31 December 2022)



**Mr Stephen Mulvany**

Chief Executive Officer

**Skills and Experience:**

Stephen Mulvany is the Interim Chief Executive Officer of the HSE since October 2022. Prior to this, he was Chief Financial Officer since 2014. He has extensive experience in financial planning, operational planning and service delivery. He is a Certified Accountant (FCCA) with a Postgraduate Diploma in Management and Application of Information Technology in Accounting, a MSc in Management Practice, and has also completed the Institute of Directors Certificate and Diploma in Company Direction.



**Mr Mark Brennock**

National Director, Communications

**Skills and Experience:**

Mark Brennock is the National Director of Communications, leading the development and management of the HSE's communications efforts, providing consultancy advice and support to staff across the organisation. He was formerly Director of Public Affairs with Murray, one of Ireland's largest communications agencies, and spent 23 years working as a journalist, primarily with The Irish Times.



**Ms Mairead Dolan**

Chief Financial Officer

**Skills and Experience:**

Mairead Dolan is the Interim Chief Financial Officer of the HSE since October 2022. Prior to this, she was an Assistant Chief Financial Officer since 2015. She has over 20 years' experience in senior finance roles in large private companies spanning retail and multinational organisations. She is a qualified Management Accountant (ACMA), and holds a BSc in Management and a Master's Degree in Healthcare Leadership.



**Dr Colm Henry**

Chief Clinical Officer

**Skills and Experience:**

Dr Colm Henry is the Chief Clinical Officer of the HSE. Prior to this appointment, he was HSE National Clinical Advisor and Group Lead for Acute Hospitals and before this, was the National Lead for the Clinical Director Programme in the HSE. He was appointed as consultant geriatrician to the Mercy University Hospital in Cork in 2002 and was the hospital's Clinical Director from 2009 to 2012.



**Ms Anne Marie Hoey**

National Director, Human Resources

**Skills and Experience:**

Anne Marie Hoey is the National Director of Human Resources for the HSE. She has over 30 years' experience in the Irish health service, holding a number of senior management roles, across acute hospitals, community services and the Primary Care Reimbursement Service. She holds a BSc in Management in addition to a Master's Degree in Health Service Management and is a Fellow of the Chartered Institute of Personnel and Development.



**Mr Tom Malone**

National Director, Internal Audit

**Skills and Experience:**

Tom Malone is the Interim National Director of Internal Audit of the HSE since April 2022. He has extensive experience in the areas of audit, assurance and regulation. He is a Certified Accountant (FCCA), a Certified Internal Auditor and holds a MSc in Strategic Management.





**Mr Damien McCallion**  
Chief Operations Officer

**Skills and Experience:**

Damien McCallion is the Chief Operations Officer for the HSE since June 2022. Prior to this, he was National Director leading the roll-out of the COVID-19 Vaccination and Test and Trace Programmes and is also Director General of CAWT (Co-operation and Working Together). Over the course of his career, he has held a number of senior roles including in the National Screening Service, ICT, the Health Service Reform Programme, Emergency Management and the National Ambulance Service, and holds a MSc. in Change and Innovation Management.



**Mr Brian Murphy**  
Head of Corporate Affairs

**Skills and Experience:**

Brian Murphy is the Head of Corporate Affairs of the HSE since May 2022. He has over 35 years' experience working in the Irish health sector, having previously worked in the Department of Health. Brian has held many operational and strategic positions during this period, including roles in finance, primary care and strategic planning. Brian holds a Bachelor of Business Studies and postgraduate qualifications in Health Sciences and Strategy and Innovation.



**Mr Dean Sullivan**  
Chief Strategy Officer

**Skills and Experience:**

Dean Sullivan is the Chief Strategy Officer of the HSE. He has 30 years' experience in the public and private sectors, including senior roles in the Northern Ireland Health and Social Care Board and the Department of Health, and with PA Consulting and Price Waterhouse. He is a qualified accountant (CIPFA) and has also completed the Institute of Directors Certificate and Diploma in Company Direction.



**Mr Fran Thompson**  
Chief Information Officer

**Skills and Experience:**

Fran Thompson is Chief Information Officer of the HSE enabling the digital transformation of Ireland's health service. With over 25 years' health ICT leadership experience leading on a wide range of key strategic eHealth programmes, he is particularly focused on maximising digital transformation within the health sector.



**Mr John Ward**  
Chief Technology Transformation Officer

**Skills and Experience:**

John Ward is the Interim Chief Technology and Transformation Officer of the HSE since July 2022. John has over 25 years' experience working across industries on large, transformational technology programmes with a particular focus on the leading edge of innovative software architecture and development. John holds a BSc in Computer Science, a Post Graduate Diploma in New Business Development and is professionally certified in Information Technology Infrastructure Library, The Open Group Architecture Framework and Data Protection.



**Ms Eileen Whelan**  
National Lead COVID-19 Vaccination, Test & Trace Programmes

**Skills and Experience:**

Eileen Whelan is the National Lead for COVID-19 Vaccination Test and Trace Programmes since June 2022. Prior to her appointment she was Chief Director of Nursing and Midwifery in the Dublin Midlands Hospital Group, where she also led the development of the Citywest Vaccination Centre. In addition to this she was the Interim Director of Quality and Patient Safety and previously the Lead in the Special Delivery Unit. She is a Registered General Nurse and MBA graduate of UCD, Adjunct Professor of the School of Nursing and Midwifery TCD, FFNMRC SI, Florence Nightingale Scholar and is a fellow of the Scottish Patient Safety Programme.

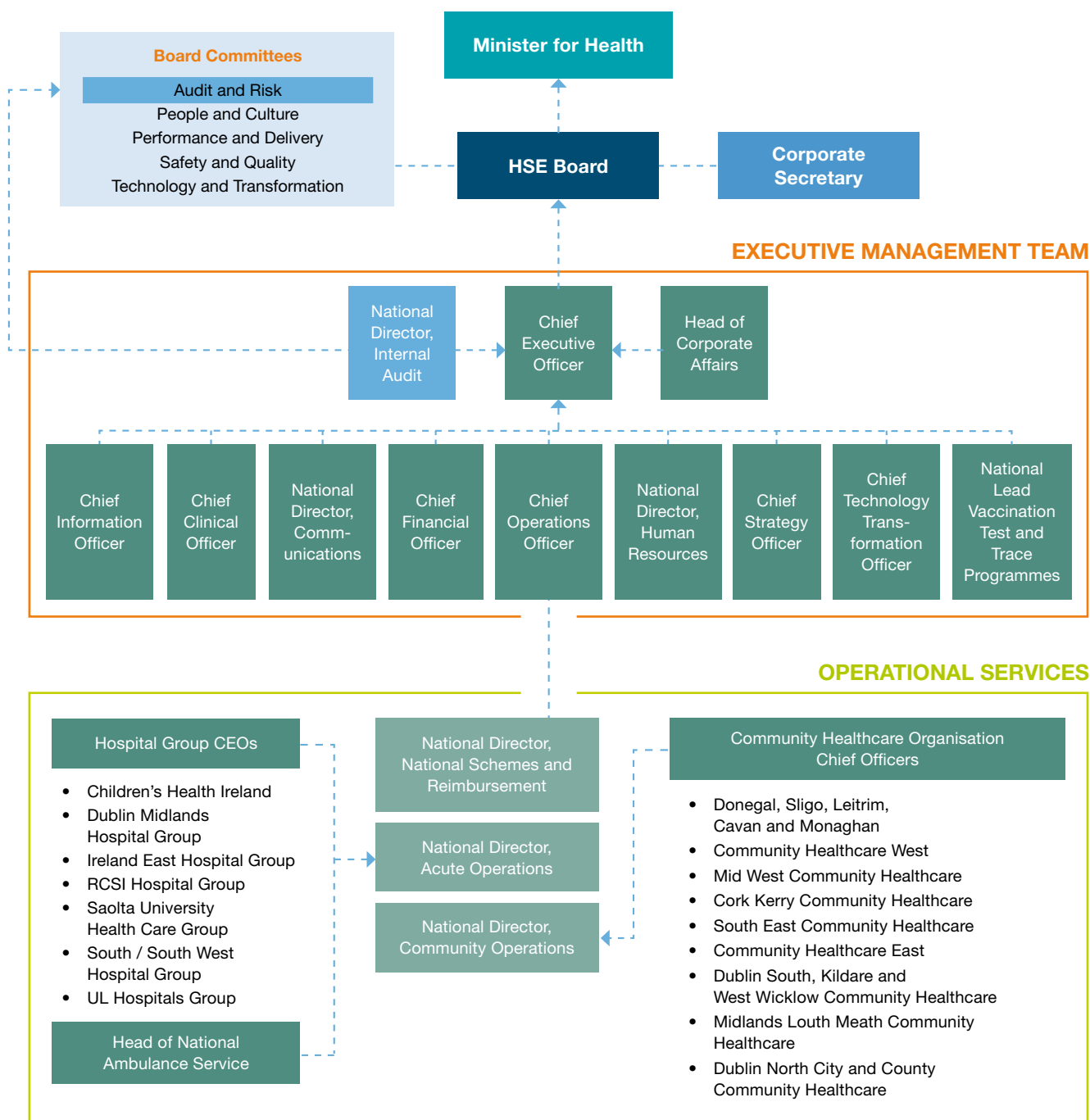


## 5 Appendices

- Appendix 1: Organisational Structure and Service Delivery
- Appendix 2: Expenditure and Human Resource Data
- Appendix 3: National Service Plan 2022 National Scorecard and Key Activity
- Appendix 4: Capital Infrastructure
- Appendix 5: Report Required under Section 55 of the Health Act 2004 (Complaints)
- Appendix 6: Annual Report – Protected Disclosures 2022
- Appendix 7: Risk Management Report
- Appendix 8: Schedule of Board and Committee Attendance, Fees and Expenses
- Appendix 9: Legislative Compliance
- Appendix 10: Glossary of Terms

# Appendix 1: Organisational Structure and Service Delivery

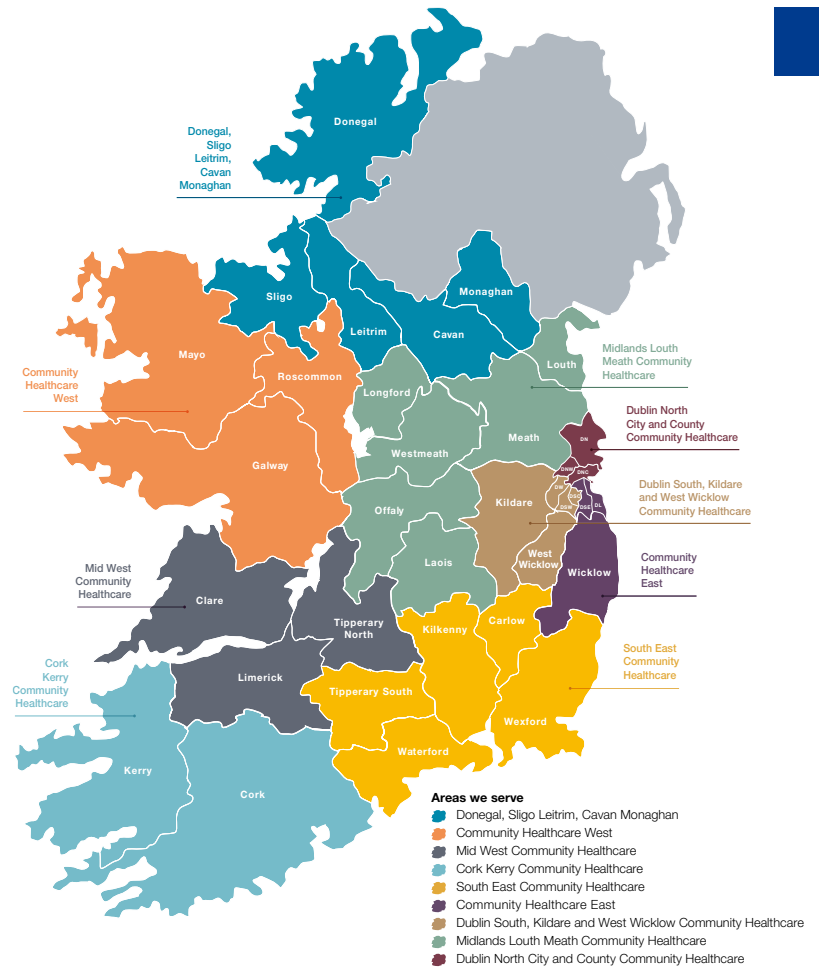
## Organisational Structure



## Health and Social Care Delivery

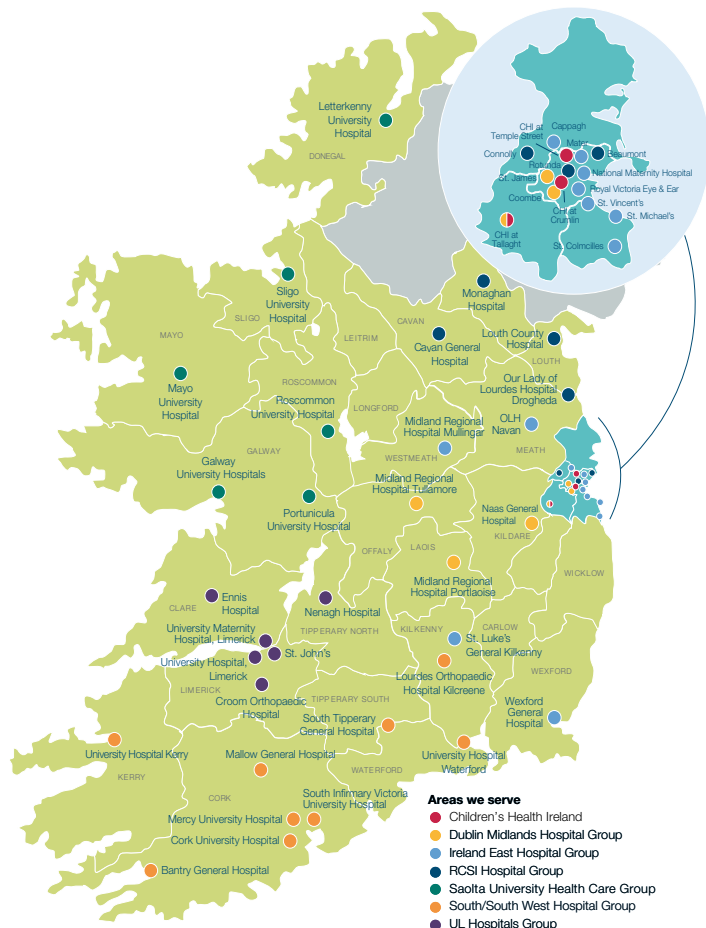
### Community healthcare

Community healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by general practitioners (GPs), public health nurses (PHNs) and health and social care professionals (HSCPs) through primary care teams and community healthcare networks. Community healthcare services are currently delivered through nine Community Healthcare Organisations (CHOs) and are provided through a mix of HSE direct provision as well as through voluntary Section 38 and 39 service providers, GPs and private providers. These services are delivered to people in local communities as close as possible to their homes.



### Acute hospital care

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



## Appendix 2: Expenditure and Human Resource Data

### Breakdown of Expenditure

Service area	2021 €'000	2022 €'000
Health and Wellbeing	582,892	684,674
Primary Care	4,974,705	5,342,895
Mental Health	1,070,648	1,197,102
Disability and Older Persons' Services	3,951,737	4,340,885
Acute Hospital Services	8,206,397	9,183,825
Corporate Support Services	2,856,134	2,614,088
<b>Total</b>	<b>21,642,513</b>	<b>23,363,470</b>

Data source: National Finance

	2021 €'000	2022 €'000
Total HSE expenditure 2022	21,642,513	23,363,470
Total capital expenditure 2022	1,061,697	1,167,610
Total ICT capital projects	115,256	150,581
Total capital grants to voluntary agencies	451,940	531,706

Data source: National Finance

### Payroll

	2021 €'000	2022 €'000
Overall pay bill of health service (excl. voluntary service providers and superannuation)	6,193,963	6,887,445
Basic pay	4,330,114	4,730,778
Other allowances	136,099	190,614

Data source: National Finance

### Governance arrangements with the non-statutory sector

Funding provided by HSE	2021 €'000	2022 €'000
Acute voluntary hospitals	2,936,578	3,281,290
Other agencies	2,754,804	3,060,902
<b>Total</b>	<b>5,691,382</b>	<b>6,342,192</b>

Data source: National Finance

## Funding arrangements

Funding arrangements	2021	2022
No. of agencies funded	2,311	2,261
Separate funding arrangements in place	4,924	4,845

Data source: Compliance Unit

## Human Resource Data

### Whole Time Equivalents (WTEs) by staff category

Staff Category	WTE Dec 2021	WTE Dec 2022
Medical and dental	12,113	12,697
Nursing and midwifery	41,576	43,619
Health and social care professionals	18,999	19,721
Management and administrative	21,583	23,156
General support	10,010	10,134
Patient and client care	28,042	28,418
<b>Total health service</b>	<b>132,323</b>	<b>137,745</b>

Data source: Health Service Personnel Census. Figures rounded to the nearest WTE.

### European Working Time Directive (EWTB) compliance

	2021 %	2022 %
Compliance with 24 hour shift		
Non-consultant hospital doctors (NCHDs), acute	98.0%	97.1%
NCHDs, mental health	98.7%	97.6%
Social care workers, disability services	74.0%	74.0%
Compliance with 48 hour working week		
NCHDs, acute	83.8%	85.5%
NCHDs, mental health	91.9%	91.3%
Social care workers, disability services	78.0%	81.0%
Received 11 hour daily rest breaks or equivalent compensatory rest (NCHDs)	98.4%	94.1%
Compliance with 30 minute breaks (NCHDs)	99.2%	99.4%
Compliance with weekly / fortnightly rest or equivalent compensatory rest (NCHDs)	99.3%	95.4%

Data source: National Human Resources

# Appendix 3: National Service Plan 2022

## National Scorecard and Key Activity

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

### Appendix 3(a) National Scorecard

National Scorecard			
Scorecard Quadrant / Priority Area	Key Performance Indicator	Target NSP 2022	Reported Actual 2022
Quality and Safety			
<b>Complaints investigated within 30 days</b>	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%	62.0%
<b>Serious Incidents</b>	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident	70%	47.0%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident	70%	73.0%
	Extreme and major incidents as a % of all incidents reported as occurring	<1%	0.5%
<b>HCAI Rates</b>	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	<0.8 / 10,000 bed days used	1.0
	Rate of new cases of hospital associated C. difficile infection	<2 / 10,000 bed days used	2.2
<b>Child Health</b>	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%	89.5%
	% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	95%	84.0%
	% of babies breastfed exclusively at three month PHN visit	36%	31.1%
	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	99%	98.1%
<b>Urgent Colonoscopy within four weeks</b>	No. of new people waiting > four weeks for access to an urgent colonoscopy	0	2,177
<b>BreastCheck</b>	% BreastCheck screening uptake rate	70%	75.5%
<b>Surgery</b>	% of surgical re-admissions to the same hospital within 30 days of discharge	≤2%	1.7%
<b>Medical</b>	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	≤11.1%	11.4%
<b>Ambulance Turnaround</b>	% of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	80%	20.8%
<b>CAMHS Bed Days Used</b>	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	>95%	98.6%



National Scorecard			
Scorecard Quadrant / Priority Area	Key Performance Indicator	Target NSP 2022	Reported Actual 2022
<b>Disability Services</b>	Facilitate the movement of people from congregated to community settings	143	35
<b>Smoking</b>	% of smokers on cessation programmes who were quit at four weeks	48%	49.7%
<b>Access and Integration</b>			
<b>Therapy Waiting Lists</b>	Physiotherapy – % on waiting list for assessment ≤52 weeks	94%	78.3%
	Occupational Therapy – % on waiting list for assessment ≤52 weeks	95%	73.8%
	Speech and Language Therapy – % on waiting list for assessment ≤52 weeks	100%	87.8%
	Podiatry – % on waiting list for treatment ≤52 weeks	77%	64.6%
	Ophthalmology – % on waiting list for treatment ≤52 weeks	64%	51.7%
	Audiology – % on waiting list for treatment ≤52 weeks	75%	75.8%
	Dietetics – % on waiting list for treatment ≤52 weeks	80%	63.4%
	Psychology – % on waiting list for treatment ≤52 weeks	81%	65.5%
<b>Nursing</b>	% of new patients accepted onto the nursing caseload and seen within 12 weeks	100%	99.6%
<b>Emergency Department Patient Experience Time</b>	% of all attendees at ED who are discharged or admitted within six hours of registration	70%	57.2%
	% of all attendees at ED who are in ED <24 hours	97%	95.5%
	% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	95%	36.0%
	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	99%	89.0%
<b>Waiting Times for Procedures</b>	% of adults waiting <12 months for an elective procedure (inpatient)	98%	78.1%
	% of adults waiting <12 months for an elective procedure (day case)	98%	86.8%
	% of children waiting <12 months for an elective procedure (inpatient)	98%	71.6%
	% of children waiting <12 months for an elective procedure (day case)	98%	85.0%
	% of people waiting <18 months for first access to OPD services	98%	83.9%
	% of people waiting <13 weeks following a referral for colonoscopy or OGD	65%	61.3%

## Appendix 3: National Service Plan 2022 National Scorecard and Key Activity

National Scorecard			
Scorecard Quadrant / Priority Area	Key Performance Indicator	Target NSP 2022	Reported Actual 2022
<b>Ambulance Response Times</b>	% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	80%	72.2%
	% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	50%	40.5%
<b>Cancer</b>	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe	95%	74.8%
	% 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)	90%	71.4%
<b>National Screening Service</b>	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	295,000	248,369
<b>Disability Services</b>	% of child assessments completed within the timelines as provided for in the regulations	100%	24.5%
	No. of new emergency places provided to people with a disability	50	103
	No. of in home respite supports for emergency cases	422	439
	No. of day only respite sessions accessed by people with a disability	22,474	28,369
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,351	5,794
	No. of overnights (with or without day respite) accessed by people with a disability	92,552	131,057
<b>Older Persons</b>	No. of home support hours provided (excluding provision of hours from IHCPs)	23.67m	20,792,772
	No. of people in receipt of home support (excluding provision from IHCPs) – each person counted once only	55,675	56,162
<b>Mental Health</b>	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	≥90%	92.7%
	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	≥75%	70.3%
	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	≥95%	90.3%

National Scorecard			
Scorecard Quadrant / Priority Area	Key Performance Indicator	Target NSP 2022	Reported Actual 2022
<b>Homeless</b>	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	87.8%
<b>Substance Misuse</b>	No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	360	238
	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	96.9%
Finance, Governance and Compliance			
<b>Financial Management</b>	Net expenditure variance from plan (pay + non-pay – income)	≤0.1%	Reported in Annual Financial Statements 2022
<b>Governance and Compliance</b>	% of the monetary value of service arrangements signed	100%	83.1%
	% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	95%	84.0%
Workforce			
<b>Attendance Management</b>	% absence rates by staff category	≤4%	6.1%*

\*Absence rate including COVID-19 was 7.3%

## Appendix 3: National Service Plan 2022 National Scorecard and Key Activity

### Appendix 3(b) Other Key Activity in 2022

Other Key Activity 2022			
Service Delivery Area	Key Activity	Expected Activity NSP 2022	Reported Actual 2022
<b>Enhancing Prevention and Early Intervention</b>			
<b>Health and Wellbeing</b>	<b>Tobacco</b> No. of smokers who are receiving online cessation support services	6,000	6,316
	<b>Making Every Contact Count</b> No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention	3,997	2,355
<b>National Screening Service</b>	<b>BreastCheck</b> No. of women in the eligible population who have had a complete mammogram	150,000	156,786
	<b>BowelScreen</b> No. of clients who have completed a satisfactory BowelScreen FIT test	140,000	125,529
	<b>Diabetic RetinaScreen</b> No. of Diabetic RetinaScreen clients screened with final grading result	111,000	113,134
<b>Environmental Health</b>	No. of official food control planned, and planned surveillance, inspections of food businesses	33,000	29,587
<b>Enhancing Community Services</b>			
<b>Primary Care Services</b>	<b>Community Intervention Teams</b> Total no. of CIT referrals	64,598	83,834
	<b>GP Activity</b> No. of contacts with GP Out of Hours Service	922,094	1,141,167
	<b>Nursing</b> No. of patients seen	474,366	421,986
	<b>Therapies / Community Healthcare Network Services</b> Total no. of patients seen	1,579,699	1,318,155
	<b>Physiotherapy</b> No. of patients seen	587,604	482,065
	<b>Occupational Therapy</b> No. of patients seen	389,256	336,291
	<b>Speech and Language Therapy</b> No. of patients seen	282,312	192,514
	<b>Psychology</b> No. of patients seen	49,757	42,287
	<b>GP Trainees</b> No. of trainees	259	258

Other Key Activity 2022			
Service Delivery Area	Key Activity	Expected Activity NSP 2022	Reported Actual 2022
Social Inclusion	<b>Homeless Services</b> No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,100	1,285
	<b>Older Persons' Services</b>		
	<b>InterRAI Ireland (IT based assessment)</b> No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	18,000	3,006
	<b>Intensive Homecare Packages (IHCPs)</b> Total no. of persons in receipt of an Intensive Homecare Package	235	80
	No. of home support hours provided from Intensive Homecare Packages	360,000	219,678
	<b>Nursing Homes Support Scheme (NHSS)</b> No. of persons funded under NHSS in long-term residential care during the reporting month	22,412	22,769
	No. of NHSS beds in public long-stay units	4,501	4,432
	<b>Residential Care</b> No. of short stay beds in public units	2,182	1,504
<b>Improving Access to Mental Health Services including Early Intervention</b>			
	<b>General Adult Community Mental Health Teams</b> No. of adult referrals seen by mental health services	26,201	25,861
	No. of admissions to adult acute inpatient units	11,314	8,504
	<b>Psychiatry of Later Life Community Mental Health Teams</b> No. of Psychiatry of Later Life referrals seen by mental health services	9,025	7,903
	<b>Child and Adolescent Mental Health Services</b> No. of CAMHS referrals seen by mental health services	10,878	10,957
<b>Specialist Community-Based Disability Services</b>			
	<b>Personalised Budgets</b> No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	180	130
	<b>Residential Places</b> No. of residential places for people with a disability (including new planned places)	8,228	8,283
	<b>Personal Assistance (PA)</b> No. of PA service hours delivered to adults with a physical and / or sensory disability	1.70m	1,746,136

## Appendix 3: National Service Plan 2022 National Scorecard and Key Activity

Other Key Activity 2022			
Service Delivery Area	Key Activity	Expected Activity NSP 2022	Reported Actual 2022
	<b>Home Support Service</b>		
	No. of home support hours delivered to persons with a disability	3.12m	3,369,146
	No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	7,326	6,803
	<b>Disability Act Compliance</b>		
	No. of requests for assessment of need received for children	5,857	6,755
Delivering Safe Timely Access to Acute Care			
<b>Acute Hospital Services</b>	<b>Discharge Activity</b>		
	Inpatient	638,938	611,010
	Day case (includes dialysis)	1,181,878	1,110,649
	Level of GI scope activity	98,503	102,807
	Emergency inpatient discharges	452,335	435,924
	Elective inpatient discharges	85,683	77,565
	<b>Emergency Care</b>		
	New ED attendances	1,337,407	1,353,797
	Return ED attendances	113,928	111,400
	Injury unit attendances	131,650	146,860
	Other emergency presentations	40,455	48,982
		<b>Outpatients</b>	
No. of new and return outpatient attendances	3,424,505	3,405,960	
<b>National Ambulance Service</b>	Total no. of AS1 and AS2 (emergency ambulance) calls	362,000	389,764
	No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,400	6,608
	No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	120,000	157,582
Cross-Service Domains			
<b>Palliative Care Services</b>	<b>Inpatient Palliative Care Services</b>		
	No. accessing specialist inpatient beds within seven days (during the reporting year)	3,814	4,013
	<b>Community Palliative Care Services</b>		
	No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,406	3,723

Other Key Activity 2022			
Service Delivery Area	Key Activity	Expected Activity NSP 2022	Reported Actual 2022
<b>Primary Care Reimbursement Services</b>			
	<b>Medical Cards</b>		
	No. of persons covered by medical cards as at 31 <sup>st</sup> December	1,539,348	1,568,379
	No. of persons covered by GP visit cards as at 31 <sup>st</sup> December	617,960	535,741
	<b>General Medical Services Scheme</b>		
	Total no. of items prescribed	60,593,558	64,107,749
	<b>Long-Term Illness Scheme</b>		
	Total no. of items prescribed	10,759,195	10,447,166
	<b>Drugs Payment Scheme</b>		
	Total no. of items prescribed	12,108,081	13,095,712

## Appendix 4: Capital Infrastructure

Work continued in 2022 to deliver on the projects outlined in the HSE Capital Plan. The tables below outline those projects that: 1) were completed and operational by end 2022; 2) completed by end 2022 and will be operational in 2023; and 3) were delayed with completion now expected in 2023 / 2024.

### Projects Completed and Operational by end 2022

Community Healthcare		
<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>Buncrana, Co. Donegal: Primary Care Centre, by lease agreement</li> <li>Carrickmacross, Co. Monaghan: Primary Care Centre, by lease agreement</li> <li>Donegal Town, Co. Donegal: Primary Care Centre, by lease agreement</li> <li>Nazareth House, Co. Sligo: Refurbishment – Phase 2</li> <li>Newtowncunningham, Co. Donegal: Primary Care Centre – HSE own build</li> <li>North Sligo Network Primary Care Centre: Drumcliffe. (Site 1 of two site solution)</li> <li>Moycullen, Co. Galway: Primary Care Centre, by lease agreement</li> <li>Ennis 1 (Station Road), Co. Clare: Primary Care Centre, by lease agreement</li> <li>Thurles, Co. Tipperary: Primary Care Centre, by lease agreement</li> </ul>	<ul style="list-style-type: none"> <li>Ballincollig, Co. Cork: Primary Care Centre, by lease agreement</li> <li>Bandon, Co. Cork: Primary Care Centre, by lease agreement</li> <li>Beara (Castletownbearhaven), Co. Cork: Primary Care Centre, by lease agreement</li> <li>Fermoy, Co. Cork: Primary Care Centre, by lease agreement</li> <li>Waterford City / South Kilkenny (Ferrybank): Primary Care Centre, by lease agreement</li> <li>Enniscorthy, Co. Wexford: Primary Care Centre, by lease agreement</li> <li>Thomastown / Ballyhale, Co. Kilkenny: Primary Care Centre, by lease agreement</li> <li>Knocklyon / Rathfarnham (Ballyboden), Dublin: Primary Care Centre, by lease agreement</li> </ul> <p><b>Older Persons' Services</b></p> <ul style="list-style-type: none"> <li>Carndonagh Community Hospital, Co. Donegal: HIQA compliance – refurbishment</li> </ul>	<ul style="list-style-type: none"> <li>Dungloe Community Hospital, Co. Donegal: HIQA compliance – refurbishment</li> <li>St. John's Community Hospital, Co. Sligo: HIQA compliance – refurbishment</li> <li>Raheen, Co. Clare: HIQA compliance – refurbishment</li> <li>Cahersiveen Community Hospital, Co. Kerry: HIQA compliance – refurbishment and extension</li> <li>Castletownbere Community Hospital (St. Josephs), Co. Cork: HIQA compliance – refurbishment and extension</li> <li>Clonakilty Community Hospital and Long-Stay (Mount Carmel), Co. Cork: HIQA compliance – refurbishment and extension</li> <li>Heather House, St. Mary's Health Campus, Cork: 60 single bedrooms (extension to the existing 50-bed Heather House Community Nursing Unit (CNU))</li> <li>Listowel Community Hospital, Co. Kerry: HIQA compliance – refurbishment and extension</li> <li>Sacred Heart Hospital, Carlow: HIQA compliance – refurbishment – Phase 3 extension</li> </ul>





## Acute Hospital Care

<p><b>Children’s Health Ireland (CHI)</b></p> <ul style="list-style-type: none"> <li>• CHI at Temple Street, Dublin: Neurosurgery rehab for over 6s from Beaumont. Redevelop the 4<sup>th</sup> floor (old neurology department) and 2<sup>nd</sup> MRI as well as relocating CT into a series of rehabilitation rooms</li> </ul> <p><b>Dublin Midlands Hospital Group</b></p> <ul style="list-style-type: none"> <li>• Coombe Hospital, Dublin: New interim laboratory – National Screening Service (excludes equipping)</li> <li>• St. James’s Hospital, Dublin: Bone Marrow Unit – Modular unit. Provision of seven isolation rooms for the Bone Marrow Unit</li> <li>• St. James’s Hospital, Dublin: Extension to the ground floor Outpatients Department (OPD) for non-invasive cardiology diagnostic and respiratory services</li> <li>• Midland Regional Hospital, Portlaoise, Co. Laois: Reconfiguration of available space to provide additional clinical and administrative accommodation (administrative building and Chapel of Rest)</li> <li>• Midland Regional Hospital, Tullamore, Co. Offaly: Reconfiguration works to provide mid-term Acute Medical Assessment Unit (AMAU), two isolation rooms in ED, reconfigure and extend blood transfusion and histology labs</li> <li>• Midland Regional Hospital, Tullamore, Co. Offaly: Conversion of ward area to provide four new neutral pressure isolation rooms</li> </ul>	<p><b>Ireland East Hospital Group</b></p> <ul style="list-style-type: none"> <li>• St. Luke’s General Hospital, Carlow / Kilkenny: New 72-bed replacement medical ward block</li> </ul> <p><b>Saolta University Health Care Group</b></p> <ul style="list-style-type: none"> <li>• Merlin Park University Hospital, Galway: Replacement orthopaedic theatre block</li> <li>• Sligo University Hospital: Provide a roof top extension to provide additional isolation rooms</li> <li>• University Hospital Galway: Sexual Assault Treatment Unit. Relocation to a leased facility. Co-funded with Tusla and An Garda Síochána</li> <li>• University Hospital Galway: Interim ED to facilitate service continuity</li> <li>• University Hospital Galway: Cardiothoracic ward: Phase 2 – provision of a cardiothoracic ward</li> </ul> <p><b>South / South West Hospital Group</b></p> <ul style="list-style-type: none"> <li>• South Infirmary Victoria University Hospital (SIVUH), Cork: The relocation of the ophthalmology OPD from Cork University Hospital (CUH) to SIVUH</li> <li>• University Hospital Kerry: Water Infrastructure Replacement – Phase 1</li> <li>• University Hospital Kerry: Reconfiguration of existing High Dependency Unit</li> </ul>	<p><b>UL Hospitals Group</b></p> <ul style="list-style-type: none"> <li>• Croom Orthopaedic Hospital, Co. Limerick: Orthopaedic surgical unit development: Theatre and Central Sterile Services Department (CSSD) fit-out including link to St. Anne’s ward and lifts (excludes refurbishment of St. Anne’s ward)</li> <li>• Ennis Hospital, Co. Clare: Phase 1b of the re-development of Ennis Hospital – consists of the fit-out of vacated areas in the existing building to a Local Injury Unit</li> <li>• University Hospital Limerick (UHL): Lift replacement programme (four lifts)</li> <li>• University Hospital Limerick: Construction of a new modular COVID-19 laboratory at UHL to manage testing</li> <li>• University Maternity Hospital, Limerick: Neo-natal expansion. Phase 1 – relocate clinical staff</li> </ul> <p><b>National Ambulance Service</b></p> <ul style="list-style-type: none"> <li>• Ardee Ambulance Base, Co. Louth: New ambulance station</li> <li>• Ballybofey, Co. Donegal: The provision of an ambulance base at St. Joseph’s Hospital, Stranorlar, including relocation of Older Persons’ Services</li> <li>• Merlin Park University Hospital, Galway: Provision of an ambulance to serve Galway City – permanent facility</li> <li>• Mullingar, Co. Westmeath: Relocate ambulance station: Will replace existing fragmented service and integrate fleet and operatives in one central location</li> </ul>
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## Appendix 4: Capital Infrastructure

### Projects Completed by end 2022 and Operational in 2023

Community Healthcare		
<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>Killeshandra, Co. Cavan: Primary Care Centre, by lease agreement</li> <li>North Sligo Network Primary Care Centre: Grange. (Site 2 of two site solution)</li> <li>Newcastle West, Co. Limerick: Primary Care Centre, by lease agreement</li> </ul>	<ul style="list-style-type: none"> <li>Castleisland, Co. Kerry: Primary Care Centre, by lease agreement</li> <li>Cobh, Co. Cork: Primary Care Centre, by lease agreement</li> <li>Arklow, Co. Wicklow: Primary Care Centre, by lease agreement</li> </ul>	<p><b>Older Persons' Services</b></p> <ul style="list-style-type: none"> <li>Blarney, Co. Cork: 50 single bedroom new development – Phase 1 20 beds</li> </ul> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Clonmel, Co. Tipperary: The provision of a 10-bed crisis housing unit to facilitate the vacation of St. Luke's General Hospital</li> </ul>
Acute Hospital Care		
<p><b>Dublin Midlands Hospital Group</b></p> <ul style="list-style-type: none"> <li>Tallaght University Hospital: 12-bed integrated Critical Care Unit. Refurbish and extend over the existing OPD</li> </ul> <p><b>Ireland East Hospital Group</b></p> <ul style="list-style-type: none"> <li>Our Lady's Hospital, Navan, Co. Meath: Refurbishment of male and female inpatient nightingale wards</li> <li>Our Lady's Hospital, Navan, Co. Meath: Upgrade of the existing mortuary</li> </ul>	<ul style="list-style-type: none"> <li>St. Columcille's Hospital, Dublin: Alterations and renovation of the mortuary viewing room and internal WC to allow accessibility. New external paved ramp and railing together with planters and a new pergola</li> </ul> <p><b>South / South West Hospital Group</b></p> <ul style="list-style-type: none"> <li>Cork University Hospital: Blood Science Project – extension and refurbishment of existing pathology laboratory to facilitate management services tender</li> <li>Mercy University Hospital, Cork: Additional bed capacity: Provision of a new modular 30-bed ward block</li> </ul>	<ul style="list-style-type: none"> <li>South Infirmary Victoria University Hospital, Cork: Refurbishment / upgrade of two theatres and accommodation to facilitate relocation of ophthalmic surgery from CUH</li> <li>University Hospital Waterford: Development of a theatre on Level 2 to facilitate cataract surgery and other ophthalmology procedures</li> <li>University Hospital Waterford: The provision of a second cardiac catheterisation laboratory to enable the expansion of the cardiac diagnostic / interventional service</li> </ul>

## Completion Delayed until after 2022

Community Healthcare		
<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>• Monaghan Town, Co. Monaghan: Primary Care Centre to be developed on HSE owned site (St. Davnet's). Includes a Mental Health Primary Care Centre</li> <li>• Ballyhaunis, Co. Mayo: Primary Care Centre, by lease agreement (negotiations continuing until 2023)</li> <li>• Portumna, Co. Galway: Primary Care Centre, by lease agreement</li> <li>• Castle Street Clinic, Dublin 2: Upgrade existing building to continue to deliver alcohol and drugs specialist services for 244 service users</li> </ul> <p><b>Older Persons' Services</b></p> <ul style="list-style-type: none"> <li>• Falcarragh Community Nursing Unit, Co. Donegal: HIQA compliance – refurbishment</li> <li>• Donegal, Sligo Leitrim, Cavan Monaghan Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• Community Healthcare West: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• St. Ita's, Newcastle West, Co. Limerick: Refurbishment and 12 additional beds</li> <li>• Community Healthcare East: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> </ul>	<ul style="list-style-type: none"> <li>• Dublin South, Kildare and West Wicklow Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• St. Mary's Hospital, Drogheda, Co. Louth: Combine Boyne View and St. Mary's, refurbishment and new build – Phase 1</li> <li>• Midlands Louth Meath Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• Dublin North City and County Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• Mid West Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• Cork Kerry Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> <li>• South East Community Healthcare: Enhanced Community Care – Stage 1 (various locations): Interim and permanent accommodation at various locations for Enhanced Community Care</li> </ul>	<p><b>Disability Services</b></p> <ul style="list-style-type: none"> <li>• Cregg House and Cloonamahon, Co. Sligo: Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> <li>• Áras Attracta, Swinford, Co. Mayo: Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> <li>• Daughters of Charity, Co. Limerick and Roscrea, Co. Tipperary and Brothers of Charity, Limerick: Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> <li>• St. Raphael's Centre, Youghal, Co. Cork and St. Vincent's Centre, St. Mary's Road, Cork: Four units of purchase / refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> <li>• St. Patrick's Centre, Co. Kilkenny and HSE Wexford Residential Intellectual Disability Services (WRIDS): Two units of refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> <li>• St. John of Gods, St. Mary's Campus, Drumcar, Co. Louth: One unit of purchase / refurbishment to meet housing requirements for individuals transitioning from congregated settings</li> </ul> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Letterkenny University Hospital, Co. Donegal: Adult Mental Health Unit anti-ligature works</li> <li>• St. Fintan's, Co. Laois: Refurbishment works for CAMHS team</li> </ul>

## Appendix 4: Capital Infrastructure

Acute Hospital Care		
<p><b>Dublin Midlands Hospital Group</b></p> <ul style="list-style-type: none"> <li>Midland Regional Hospital, Tullamore, Co. Offaly: Provision of a dispensing robot for the pharmacy</li> <li>Naas General Hospital, Co. Kildare: Construct modular unit (12 single rooms)</li> </ul> <p><b>Ireland East Hospital Group</b></p> <ul style="list-style-type: none"> <li>Mater Misericordiae University Hospital, Dublin 7: Mater Major Trauma Centre Phase 1a</li> <li>Mater Misericordiae University Hospital, Dublin 7: Construction of 112 bed ward block – Phase 1 (48 general beds and eight Intensive Care Unit (ICU) beds)</li> <li>Regional Hospital Mullingar, Co. Westmeath: Extension to radiology department to accommodate an MRI</li> </ul>	<p><b>Saolta University Health Care Group</b></p> <ul style="list-style-type: none"> <li>Letterkenny University Hospital, Co. Donegal: Electrical infrastructure upgrade, 1980s building (Phases 2 and 3)</li> </ul> <p><b>South / South West Hospital Group</b></p> <ul style="list-style-type: none"> <li>Mallow General Hospital, Co. Cork: Replacement medical ward: As Phase 1, replace the existing sub-standard medical ward accommodation with 48 new single bedrooms in two wards to modern day (Health Building Note) standards</li> <li>University Hospital Waterford: MRI replacement and associated fire / infrastructure upgrade works (Equipment purchase in ERP)</li> </ul>	<p><b>UL Hospitals Group</b></p> <ul style="list-style-type: none"> <li>University Hospital Limerick: Production kitchen / catering upgrade</li> <li>University Maternity Hospital, Limerick: Neo-natal expansion – Phase 2 – Neo-natal spaces</li> </ul>

# Appendix 5: Report Required under Section 55 of the Health Act 2004 (Complaints)

## Health Service Executive

(Excluding voluntary hospitals and agencies)

Many compliments go unrecorded and work is ongoing to encourage all staff to record compliments as they provide important information on the positive aspects of our services to assist in learning from what is working well. In 2022, there were 9,363 compliments recorded.

There were 5,727 formal complaints recorded in 2022 and examined by complaints officers under the Health Act 2004 (as amended) and the *Disability Act 2005*. Of these, 319 were excluded from investigation under the Your Service Your Say complaints process or withdrawn. Of the remaining 5,408 complaints, 2,860 or 53% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

## Voluntary Hospitals and Agencies

There were 10,290 compliments recorded in 2022. There were also 11,230 complaints recorded and examined by complaints officers. Of the total number of complaints received, 10,903 were investigated. The other 327 were either excluded or withdrawn. Of those investigated, 8,872 or 81% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

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

	No. of complaints received	No. and % dealt with within 30 working days
2022	5,408	2,860 (53%)
2021	5,415	2,989 (61%)
2020	5,394	2,916 (57%)
2019	5,938	3,398 (65%)
2018	6,610	3,695 (56%)

Data source: National Complaints Governance and Learning

### Formal complaints received by category 2022

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2021	2022	2021	2022
Access	1,684	1,451	2,377	2,829
Dignity and respect	776	306	1,333	1,468
Safe and effective care	2,324	1,390	3,627	3,452
Communication and information	1,955	480	3,745	4,025
Participation	135	42	178	126
Privacy	85	27	160	143
Improving health	89	62	161	124
Accountability	250	1,989	433	957
Clinical judgement	277	81	171	157
Vexatious complaints	3	0	61	75

## Appendix 5: Report Required under Section 55 of the Health Act 2004 (Complaints)

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2021	2022	2021	2022
Nursing homes / residential care for older people (65 and over)	2	0	29	48
Nursing homes / residential care (aged 64 and under)	0	0	6	22
Pre-school inspection services	0	0	0	598
Trust in care	5	0	42	390
Children First	2	0	49	49
Safeguarding vulnerable persons	6	0	230	317

Data Source: National Complaints Governance and Learning

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

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

892 complaints were received in 2022 under Part 2 of the *Disability Act 2005* in relation to a child's assessment of need for disability services, an increase of 76% on 2021. Of these, 9% were recorded as resolved within 30 working days. 0 complaints were recorded as received under Part 3 of the Act, relating to access to buildings and services for people with disabilities.

### Office of the Confidential Recipient

The Office of the Confidential Recipient is a free national service and acts as an independent voice and advocate for vulnerable adults with a disability and for older persons who are receiving services from the HSE or HSE-funded agencies. The purpose of the service is to receive concerns and/or complaints in an independent capacity and in good faith from patients, service users, families, and other concerned individuals including staff members. The Confidential Recipient engages with individuals from a rights-based perspective, therapeutically and holistically hearing their voice, will and preference, valuing their opinion, listening to their situation and its impact on their quality of life, and reassuring the individual of their right to raise a concern and/or make a complaint. The Confidential Recipient is appointed by the HSE but is independent from the HSE in providing a confidential service. The Confidential Recipient speaks up and speaks out for vulnerable adults within the HSE. Upon receipt of concerns and complaints such as allegations of abuse, negligence, mistreatment, and poor care practices, the Confidential Recipient will channel them to the appropriate service area. Each concern or complaint must be responded to within 15 working days; the Confidential Recipient follows up to ensure that a response is received. The Office of the Confidential Recipient has dealt with over 1,325 formal raised concerns and complaints from across the country since its establishment in December 2014.

In 2022, the total number of formal raised concerns and complaints received by the Confidential Recipient was 109, a decrease of 46 on 2021. The type of concerns raised included staff shortages, quality of residential and day care placements, denial of service, respite, care planning, dignity, challenges in relation to obtaining an assessment of need for service users with a disability diagnosis, and the inappropriate placing of vulnerable adults with intellectual disabilities and or medical diagnosis in a nursing home setting.

## National Appeals Service

The National Appeals Service provides an independent and impartial review process for applicants who are not satisfied with decisions made by the HSE on their entitlements under certain schemes, both statutory and administrative. These appeals include the statutory Nursing Home Support Scheme (NHSS) and the administrative schemes of the Primary Care Reimbursement Service (PCRS) (e.g. medical cards / GP visit cards), Common Summary Assessment Report, Blind Welfare Allowance, Mobility Allowance and Residential Support Services Maintenance and Accommodation Contribution. The National Appeals Service provides a supportive service to appellants and aims to improve consistency and promote ongoing improvement in scheme administration. The service has a key role in identifying policy issues in relation to the administration of schemes and highlighting those issues to stakeholders responsible for policy formation. The service provides oversight in relation to the correct application of the schemes and works in partnership with the scheme managers and relevant stakeholders to share learning and feedback from the appeals process and outcomes. 1,712 appeals were processed in 2022, an increase of 21% on 2021. 39.3% of appeals were approved or partially approved in 2022.

### Appeals received and approved

Appeal Type	Received	Processed	Approved	Partially approved	% Approved / partially approved
Medical / GP visit card (general scheme)	900	862	293	111	46.9%
Medical / GP visit card (over 70s scheme)	85	86	21	2	26.7%
16 to 25 year old medical card / GP visit card	244	239	84	26	46.0%
Nursing Homes Support Scheme	452	434	43	81	28.6%
Common Summary Assessment Report	44	43	8	0	18.6%
Blind Welfare Allowance	9	9	1	0	11.1%
Mobility Allowance	11	8	0	1	12.5%
Residential Support Services Maintenance and Accommodation Contribution	18	10	1	0	10.0%
Other*	20	21	0	0	0.0%
<b>Total</b>	<b>1,783</b>	<b>1,712</b>	<b>451</b>	<b>221</b>	<b>39.3%</b>

\* Appeals relating to the following schemes: Drugs Payment, Long-Term Illness, Non-Medical Card Items, Optical, Orthodontic, Chiropody, Home Help.

Note: Appeals received are from 01.01.2022-31.12.2022. Those processed also relate to cases carried forward from 2021.

# Appendix 6: Health Service Executive Annual Report – Protected Disclosures 2022

## Introduction

The HSE welcomes the raising of concerns and is committed to creating a culture within which its employees and other workers feel safe when speaking up and confident that their concerns will be taken seriously. It also provides an opportunity to identify potential issues and address risks to the organisation. The HSE will ensure that those who raise concerns are afforded the protections provided under the *Protected Disclosures Act 2014* (amended 2022).

The HSE's authorised person is responsible for overseeing the HSE's protected disclosures framework and for assessing the concerns, referring protected disclosures for examination and investigation, monitoring and reporting on outcomes and on compliance with the framework. In 2022, the HSE also established a National Office for Protected Disclosures (NOPD).

## 1. Reports made to the HSE under the *Protected Disclosures Act 2014*

### 1.1 Making a protected disclosure

Under the *Protected Disclosures Act 2014*, workers can make disclosures to any manager and to a range of other parties including relevant Government Ministers, prescribed bodies and other parties. Workers who make disclosures provide information which came to their attention in connection with their employment and which in their reasonable belief, tends to show one or more relevant wrongdoings. While reporting persons may not be fully clear about the category of wrongdoing to which their concern relates, they tend to fall within the following categories:

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

### 1.2 Protected disclosures made in 2022

The tables below provide more detail on the protected disclosures received during 2022, including analysis of the disclosures by relevant alleged wrongdoing.

**Table 1: Total number of protected disclosures 2022**

<b>Total reports 2022</b>	
Total received	56
Total assessed	56
<b>Determination following assessment</b>	
Total: Not a protected disclosure	9
Total: A protected disclosure	47
<b>Total protected disclosures 2022</b>	<b>47</b>
Cases closed	1
Open / ongoing at year end	<b>46</b>



**Table 2: Protected disclosures by category of alleged wrongdoing in 2022**

Alleged misuse of resources	3
Alleged health and safety endangerment	5
Alleged mismanagement	4
Alleged failure to comply with a legal obligation	1
Combination of the above (See table 3 below)	34
<b>Total protected disclosures 2022</b>	<b>47</b>

**Table 3: Combination reports for 2022**

<b>Combination reports:</b> Reports that contain two or more allegations of wrongdoing	
Number of reports	34
Number of alleged wrongdoings	81

**Table 4: Summarises the action taken by the HSE for every report received in 2022**

Initial assessment	Considered a protected disclosure	Considered not a protected disclosure
<b>56</b> reports received were subject to a full assessment to determine whether they were protected disclosures within the meaning of the Act. This included, in many cases, engaging directly with the reporting person	<b>47</b> of the 56 reports were determined to be protected disclosures after assessment. These reports were then referred to the relevant senior accountable person in the area the alleged wrongdoing occurred, for their further examination / investigations	<b>9</b> of the 56 reports were determined not to be a protected disclosure after assessment. Each of these reports were then referred to the relevant senior accountable person for review and appropriate action

### 1.3 Protected disclosures that remain open

#### 1.3.1 Protected disclosures that remain open as of 31 December 2022

The HSE received **366** reports under the protected disclosures framework between 2017 and 2022. While **68%** of reports received have been closed during this period, **117** remained open at the end of 2022 (**71** for the period 2017-2021).

**Table 5: Protected disclosures that remain open as of 31 December 2022**

	2017	2018	2019	2020	2021	2022	Total
Disclosure reports received	78	52	61	54	65	56	<b>366</b>
Closed	76	45	53	31	34	10	<b>249</b>
<b>Total open</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>23</b>	<b>31</b>	<b>46</b>	<b>117</b>
<b>Total 2017-2021</b>	<b>71</b>						

### 1.3.2 Protected disclosures that remain open as of 28 February 2023

While it is recognised that examining a report can often be a complex and protracted process, the HSE is currently undertaking an in-depth review of all open cases with a view to concluding examination processes as soon as possible. As a result of the review, a further 26 cases were closed in the period between 31 December 2022 and 28 February 2023.

**Table 6: Protected disclosures closed between 31 December 2022 and 28 February 2023**

	2017	2018	2019	2020	2021	2022	Total
<b>Total closed</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>11</b>	<b>6</b>	<b>26</b>

## 2. Protected Disclosures: HSE Priorities 2023

The HSE has established the NOPD as its central, specialist office for the receipt and management of protected disclosures. Priorities for the office in 2023 include:

**Monitoring and reporting systems:** Developing effective monitoring, recording and reporting systems for protected disclosures in response to the increased reporting requirements under the Act. This will also support our ability to capture and share the learning from protected disclosures.

**Outcome reporting:** From 2023 onward the HSE will gather information on outcomes and look at steps to be put in place to share relevant learning from the disclosures received.

**Investigations:** Developing processes for properly investigating relevant wrongdoings and communicating with reporting persons.

**Penalisation:** As the burden of proof shifts from the reporting person to the employer, the HSE will strengthen its monitoring of any potential penalisation of a reporting person.

# Appendix 7: Risk Management Report

## Risk Management and achieving our objectives

The HSE's mission is to deliver high-quality, accessible, and safe healthcare services for the population of Ireland. Each day, teams across the country deliver that care. Our longer-term ambition is to respond to the increasing demands on our healthcare system, ensuring that our services, and by extension the experience of those who are waiting for, or who are receiving care, becomes demonstrably better. The HSE objectives are therefore defined by our day-to-day mission and future ambition.

## The HSE's Risk Strategy

The Board of the HSE and the Executive Management Team (EMT) are committed to the effective identification, management and mitigation of the threats to its objectives set out in the Corporate Plan and annual National Service Plan (NSP). They have made it a priority to build the HSE's risk management capability in support of this.

While the HSE understands that it cannot manage all risks, it is willing to accept well managed risk-taking in certain circumstances; for example, where it is satisfied that there is a likelihood of better patient outcomes or where there is scope to increase the effectiveness of services or care pathways through innovation and integration.

## Governance of the Corporate Risk process

The Board has overall responsibility for risk management policies and procedures and setting the HSE's risk appetite. It also has responsibility for determining the nature and extent of the strategic risks it is willing to take in the achievement of its strategic objectives.

The HSE's Corporate Risk Register (CRR) records the organisation's principal strategic risks identified by the EMT. Each risk is assigned to a member of the EMT as the co-ordinator of that risk and to one of the five committees of the Board who provide oversight of the HSE's strategic risks. The Audit and Risk Committee (ARC) retains responsibility on behalf of the Board for the HSE's overall risk framework.

The ARC receives regular reports on risk management from the Chief Risk Officer and from the National Director of Internal Audit following risk audits. The CRR is subject to a quarterly review and a more comprehensive annual review by the EMT. If the risk is dynamic in nature, it may be monitored on a monthly basis. The HSE also reviews the CRR and risk reports in the process of developing its Corporate Plan, NSP and annual budget.

## Board Review of the HSE's Corporate (principal strategic) Risks 2022

At their meeting on 31 March 2023, the HSE Board reviewed and agreed the HSE's principal strategic risks for 2022 as recorded in the CRR (December 2022).

## Overview of Risks on the Corporate Risk Register 2022

At the end of December 2022 there were 21 risks on the CRR. Each risk is rated based on the likelihood of the risk occurring and its impact if it does. Using a scale of 1 to 5 for each, a risk can score a maximum of 25. From this risk score, a rating is applied of high (red), medium (amber) or low (green). The breakdown of risk scores and ratings of the December 2022 risks is as follows:

- 16 of the risks were rated a high (red) level of risk
- 5 of the risks were rated a medium (amber) risk level
- No risks were rated as low (green) risk.

## Appendix 7: Risk Management Report

### Our Corporate Risks in 2022

The HSE is exposed to several external risks which can be unpredictable. As they originate from outside of the organisation, the HSE may have very limited ability to control whether these risks materialise or not. The HSE, however, has a responsibility to anticipate these risks and seek to reduce their impact on healthcare services if they do materialise.

The four quarterly reviews of the CRR in 2022 recorded a number of changes to the HSE's risk profile as the year progressed. Some of these had a direct impact on existing risks, while others warranted being recorded as risks in their own right.

**COVID-19:** Though the worst of the pandemic appears to have passed and the HSE has continued to restore its services and respond to the needs of people whose care was delayed in the previous two years, COVID-19, compounded by other respiratory illnesses during winter 2022 / 23, brought exceptional pressures to our EDs as well as to our wider hospitals, primary and community care services. CRR 002 Future Trajectory of COVID-19 remains as one of the HSE's principal risks.

**Future pandemic:** As the impact of COVID-19 reduces, there remains the possibility of a future pandemic occurring. While the HSE cannot influence the likelihood of it happening and the timeframe is uncertain, much was learned during the period of COVID-19 that needs to be built on to reduce the impact of another pandemic on health services. CRR 003 Future Pandemic was therefore added to the CRR in 2022.

**Cyber-risk:** The impact of the 2021 cyberattack went beyond the HSE's IT systems and, in the weeks following the attack, led to the disruption of many healthcare services, including hospital appointments, diagnostic tests, and surgical procedures. As the HSE continues to recover from the attack, and though cyber security has been significantly strengthened since then, the organisation must remain vigilant to the ongoing threat of criminal attacks of this nature. CRR 011 Digital Environment and Cyber Failure remains as a risk on the CRR.

**Recruitment and retention of staff:** The HSE continues to face challenges in the recruitment and retention of staff in critical clinical professions, personnel with specific skills sets and grades that are in short supply both domestically and internationally. These constraints compounded many of the HSE's principal risks. CRR 016 Workforce and Recruitment reflects this.

**Conflict in Ukraine and increase in International Protection Applicants:** Many people displaced as a result of the conflict in Ukraine sought refuge in Ireland during 2022. This coupled with a parallel increase in the number of International Protection Applicants arriving into Ireland, required a health service response. A new risk CRR 019 Displaced Ukrainian Population and International Protection Applicant Population was added to the CRR.

**Workplace violence and aggression:** The HSE has identified an increased risk of violence, aggression and harassment against health service staff. There is anecdotal evidence that this risk is also increasing across many parts of the public service. A new risk CRR 020 Workplace Violence and Aggression was therefore added to the CRR.

**Data protection:** The extraction of personal data as a result of the 2021 cyberattack highlighted the increased risks to the security of personal data held by the HSE. A new risk CRR 021 Data Protection was therefore added to the CRR in 2022.

### Changes in Risks between Q4 2021 and Q4 2022

Table 1 below illustrates the movement of the risk rating of the CRR risks recorded as at Q4 2021 compared to Q4 2022. Of concern is the limited reduction in the rating of these risks, some of which have been at a high-level for a number of years. During 2022, only five, all high risks, recorded a reduction in rating. Of the five, four still remained as high risks and one moved from high to medium.

Table 2 Heatmap illustrates that the majority of risks are grouped in the upper right hand quadrant. As further measures to reduce the risk are completed, greater movement towards the lower left hand quadrant is expected.

During 2023, a more in-depth review of each risk on the CRR will be undertaken. One objective of the review will be to identify any factors that might be contributing to continued high ratings. This will include an analysis of what proportion of the residual risk level can be accounted for by external factors which lie outside of the HSE's control.

**Table 1: Changes in each risk**

Risk ID	Risk Title	2021 Q4	2022 Q4	Movement
CRR 001	Major disruption to clinical and non-clinical service continuity	N/A	16	New
CRR 002	Future trajectory of COVID-19	N/A	16	New
CRR 003	New pandemic outbreak (serious / high consequence) infectious disease (non-COVID-19)	N/A	8	New
CRR 004	Access to care	25	20	↓
CRR 005	Inadequate and ageing infrastructure / equipment	16	9	↓
CRR 006	Delivery of major capital projects	N/A	12	New
CRR 007	Antimicrobial Resistance and healthcare associated infections	20	20	↔
CRR 008	Safety incidents leading to harm to patients	N/A	15	New
CRR 009	Health wellbeing resilience and safety of staff	16	15	↓
CRR 010	Climate action failure	N/A	9	New
CRR 011	Digital environment and cyber failure	25	20	↓
CRR 012	Delivering <i>Sláintecare</i>	N/A	12	New
CRR 013	Internal controls and financial management	9	15	↑
CRR 014	Sustainability of screening services	20	20	↔
CRR 015	Stability and transformation of disability services	20	20	↔
CRR 016	Workforce and recruitment	20	16	↓
CRR 017	HSE funded agencies	16	16	↔
CRR 018	Assisted Decision Making (ADM) capacity legislative changes	N/A	20	New
CRR 019	Displaced Ukrainian population and International Protection Applicant population	N/A	16	New
CRR 020	Workplace violence and aggression	N/A	20	New
CRR 021	Data protection	N/A	20	New

## Appendix 7: Risk Management Report

Table 2: Residual risk rating changes Q4 2021 to Q4 2022

		↑ Increasing	↓ Decreasing	↔ No Change	• New / Emerging	
LIKELIHOOD	Almost Certain				4 ↓, 21 •, 15 ↔, 18 •	
	Likely		6 •, 12 •	1 •, 2 •, 16 ↓, 17 ↔, 19 •	7 ↔, 11 ↓, 14 ↔, 20 •	
	Possible		5 ↓, 10 •		8 •, 9 ↓, 13 ↑	
	Unlikely			3 •		
	Rare / Remote					
		Negligible	Minor	Moderate	Major	Extreme
IMPACT						

### Improving the HSE's Corporate Risk Process: Key Developments in 2022

The HSE continues to implement the recommendations of the HSE's two Risk Reviews (2019 and 2021). This includes the:

- Establishment of the Enterprise Risk Management Programme (2022)
- Revision of the HSE's Risk Management Policy (2022 – approved 2023)
- Improvement of corporate risk reporting (2022)
- Piloting of a Risk Information System for recording and reporting on the HSE's corporate risks (2022).

### Internal Audit and HSE Corporate Risk Register

An internal audit, based on the verification of controls of the HSE Corporate Risk Register was finalised in October 2022. The objective of the audit was to determine the assurance level that can be given to management that controls included on the HSE CRR are operating as designed and there is clear evidence they mitigate the risk they are associated with.

The audit resulted in three recommendations. Two of the three recommendations relating to residual risk levels and compliance of controls, according to ISO 31000 for risk management, have been implemented. The remaining recommendation relating to the HSE's Risk Appetite Statement (RAS) will be addressed once the ongoing review of the RAS is concluded.

## The HSE's Corporate Risks 2022

Further detail on the HSE's corporate risks, with some of the measures taken to mitigate these risks is provided below.

Risk area	How we sought to mitigate the risk
<p><b>CRR 001</b> Major disruption to clinical and non-clinical service continuity</p>	<ul style="list-style-type: none"> <li>• There are a number of structures and processes in place that plan for and lead the response in times of major organisational disruption. These include the National Inter-Agency Framework for Major Emergency Management, the HSE's own Emergency Management function, Area Major Emergency Planning Groups</li> <li>• The National and Area Crisis Management Teams are convened to co-ordinate the response to serious crises</li> <li>• Resources to assist in the preparation for and management of the health service response to severe weather events</li> </ul>
<p><b>CRR 002</b> Future trajectory of COVID-19</p>	<ul style="list-style-type: none"> <li>• National surveillance and early warning systems are operating across GP Sentinel, whole genome sequencing, national seroepidemiology and waste-water surveillance programmes to enable the health service to respond as quickly as possible to changes in the profile of COVID-19 and other respiratory illnesses (Respiratory Syncytial Virus (RSV), influenza and other respiratory viruses (ORV))</li> <li>• A model for vaccination, test and trace programme is developed to enable delivery of all COVID-19 services via a clinically driven and surveillance-led model of service provision and underpinned by a robust surge and emergency response plan, including promotion of awareness, public health advice, campaigns and communications on vaccine uptake</li> <li>• COVID-19 Response Teams (CRT) support long-term residential facilities to manage outbreaks in those settings</li> <li>• New public health areas established that will provide health protection services regionally and nationally. Infection prevention and control (IPC) procedures continue to apply in healthcare settings</li> </ul>
<p><b>CRR 003</b> New pandemic outbreak (serious / high consequence) infectious disease (non-COVID-19)</p>	<ul style="list-style-type: none"> <li>• International, national and cross-border surveillance (including veterinary shared surveillance for threats such as avian influenza), early warning and response systems are in place</li> <li>• Public health pandemic response expertise, contact tracing capabilities and disease modelling expertise in place</li> <li>• The <i>Health Service Executive Health Protection Strategy 2022-2027</i> will address threats to population health from all hazards, including those posed by communicable diseases</li> <li>• Learning from the HSE's COVID-19 response is being gathered to inform future pandemic risk preparedness, prevention and mitigation</li> </ul>
<p><b>CRR 004</b> Access to care</p>	<ul style="list-style-type: none"> <li>• Contracts are in place with private hospitals through the National Treatment Purchase Fund to provide additional hospital capacity to the HSE</li> <li>• The Winter Plan responds to the annual surge in hospital demand through measures that help people avoid having to attend a hospital, optimise the capacity within hospitals, minimise delayed transfers of care and discharge from hospitals</li> <li>• Community Intervention Teams (CITs) across the country provide services that prevent unnecessary hospital admission or attendance, and facilitate early discharge from hospital</li> <li>• The Chronic Disease Management Programme is being implemented to ensure greater access to healthcare in the community</li> </ul>

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Risk area	How we sought to mitigate the risk
<b>CRR 005</b> Inadequate and ageing infrastructure / equipment	<ul style="list-style-type: none"> <li>• An annual project identification and prioritisation process for the allocation of capital funding is undertaken. The allocation of funding is prioritised to address clinical and infrastructural risk</li> <li>• Condition surveys and other assessments on the healthcare estate are being undertaken</li> <li>• A medical gas resilience programme is underway with significant investment already deployed to upgrade the supply and delivery of oxygen in acute hospitals</li> <li>• A managed equipment replacement programme is underway following a risk assessment process</li> </ul>
<b>CRR 006</b> Delivery of major capital projects	<ul style="list-style-type: none"> <li>• All major capital projects are approved through the HSE's governance structures, in line with the Public Spending Code thresholds and processes</li> <li>• Controls and approvals are in place relating to budget and ongoing management for all major capital infrastructure projects, inclusive of specific project cost management arrangements</li> <li>• Where exchequer funded major capital health projects are advanced in support of, or by, third parties (voluntary hospitals, statutory bodies and other agencies), arrangements are made to protect the State's interest</li> <li>• A Capital and Estates Strategy has been developed to determine the future direction and management of the healthcare estate</li> </ul>
<b>CRR 007</b> Anti-microbial resistance and healthcare associated infections	<ul style="list-style-type: none"> <li>• The HSE's <i>Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025</i> is aligned with Ireland's <i>Second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP 2)</i> and implementation is ongoing</li> <li>• The AMRIC National Oversight Group, Implementation Team and Operational IPC Teams are in place and provide governance and guidance nationally and locally</li> <li>• Significant IPC antimicrobial stewardship (AMS) guidance and estates guidance to inform IPC requirements have been developed. AMRIC education and programmes such as webinars, podcasts and eLearning modules have been developed to support services with implementation of IPC and AMS guidance. A communications campaign focusing on patient and safe education and awareness has also been developed</li> <li>• An AMRIC minor capital programme is in place in acute and community to improve IPC in healthcare facilities</li> </ul>
<b>CRR 008</b> Safety incidents leading to harm to patients	<ul style="list-style-type: none"> <li>• National, local and operational surveillance of reported incidents and risks are in place</li> <li>• Patient Safety Improvements Programme in place to reduce common causes of harm</li> <li>• Training is available for staff who are undertaking system analysis reviews and for those providing assurance on the quality of such reviews</li> <li>• Open Disclosure Policy in place to encourage open and honest communication with patients, service users and relevant persons when an incident occurs which allows for patient engagement and improvement in patient safety by having their input into such reviews</li> </ul>
<b>CRR 009</b> Health, wellbeing, resilience and safety of staff	<ul style="list-style-type: none"> <li>• National Workplace Health and Wellbeing Unit governance arrangements encompassing health and safety, Employee Assistance Programme, rehabilitation, occupational health and organisational health in place</li> <li>• Workforce plan provides for review of existing capacity, skill mix and identification of shortfalls</li> <li>• Continued roll-out of COVID-19 and flu vaccine and boosters to healthcare workers and support staff</li> <li>• Fast track outbreak management processes are in place for COVID-19 frontline workers</li> </ul>



Risk area	How we sought to mitigate the risk
<p><b>CRR 010</b> Climate action failure</p>	<ul style="list-style-type: none"> <li>• Additional resources have been provided to the HSE Capital and Estates Energy Unit to ensure the development and implementation of carbon reduction initiatives</li> <li>• HSE Capital and Estates Energy Unit has established a Pilot Pathfinder project for deep energy retrofit of existing buildings and a network of energy / green teams provide support to the top significant energy user sites across the HSE and Section 38 / 39 Organisations</li> <li>• Implementation of the Energy Efficient Design methodology has been applied to all projects in the HSE's Capital Plan</li> <li>• The HSE has achieved compliance with public sector energy auditing obligations as set out under SI426 (EU Energy Efficiency regulations 2014). These energy audits identify and inform the progression of energy reduction works</li> <li>• A Climate Strategy has been developed to direct the organisation's response to the climate agenda</li> </ul>
<p><b>CRR 011</b> Digital environment and cyber failure</p>	<ul style="list-style-type: none"> <li>• The HSE aligns to the National Institute of Standards and Technology Framework for Operation of Essential Services systems</li> <li>• There is 24/7 security delivering continuous monitoring and protection across all HSE devices and National Health Network and a rapid response team in the event of a cyber-incident / attack</li> <li>• Secure remote access capability is in place including multifactor authentication on critical platforms and certificate based virtual private network (VPN) method of authentication operationalised on all HSE devices</li> <li>• Secure remote access tools in place utilising secure remote access software for all vendors to mitigate threats and identify potential breaches</li> </ul>
<p><b>CRR 012</b> Delivering <i>Sláintecare</i></p>	<ul style="list-style-type: none"> <li>• Significant funding was provided in NSP 2022 to progress many of the <i>Sláintecare</i> objectives including expanding capacity, enhanced Corporate (multi-year) and National Service Plans (annual) in place setting out key service objectives, and in the NSP, the type and quantum of services for the budget provided</li> <li>• A <i>Sláintecare</i> Programme Board is in place co-chaired by the Secretary General of the Department of Health and the CEO of the HSE. This <i>Sláintecare</i> Programme Board provides senior official interagency oversight of the <i>Sláintecare</i> reform programme. Infrastructure risk in relation to the <i>Sláintecare</i> project is a key issue for the HSE when engaging with the DoH to advise on requirements and associated funding needs</li> <li>• The <i>Sláintecare</i> National Elective Ambulatory Care Strategy has been approved by Government and includes the establishment of elective hospitals in Cork, Galway and Dublin</li> </ul>
<p><b>CRR 013</b> Internal controls and financial management</p>	<ul style="list-style-type: none"> <li>• There are a number of processes and structures to ensure the adequacy and compliance of the HSE's internal controls and financial management. These include, a recent review of the National Financial Regulations (NFRs) within which the internal financial control system of the HSE operates to ensure they are accessible and reflect best practise, an annual review of the effectiveness of HSE's system of internal controls, budget controls and approvals and an audit programme in place. In addition, a three-year controls improvement programme is also in progress looking at various issues such as controls management reporting, effective communications and training programmes and appropriate controls and compliance resourcing</li> <li>• There is a Performance Reporting and Performance Accountability Framework in place that details accountability for performance in relation to service provision, quality and patient safety, finance and workforce</li> <li>• Activity Based Funding model supporting hospitals and Hospital Groups / regional health bodies to better understand activity and opportunities for improvement</li> </ul>

## Appendix 7: Risk Management Report

Risk area	How we sought to mitigate the risk
<b>CRR 014</b> Sustainability of screening services	<ul style="list-style-type: none"> <li>• Partnership, engagement and communications have been developed as a core pillar of the National Screening Service corporate strategy; building staff and public trust by being transparent about the way we work and what screening can and cannot do</li> <li>• A programme is well under way implementing the recommendations of the Interval Cancer Reports</li> <li>• Human papillomavirus (HPV) testing is implemented for cervical cancer screening</li> <li>• Structures are in place to oversee the establishment of the new National Cervical Screening Laboratory and contracts in place</li> </ul>
<b>CRR 015</b> Stability and transformation of disability services	<ul style="list-style-type: none"> <li>• Stability and sustainability function established to:                             <ul style="list-style-type: none"> <li>– work with providers through project management to protect and sustain vital services for our service users</li> <li>– ensure transition, over the medium term, to the provision by named providers of quality services that align with the agreed service delivery model, are appropriately and sustainably resourced; and are supported by strong governance mechanisms</li> </ul> </li> <li>• There are 91 national Children’s Disability Networks Teams established to ensure children aged from birth to 18 years of age with complex needs arising from their disability will have access to a range of services and supports according to their individual needs</li> </ul>
<b>CRR 016</b> Workforce and recruitment	<ul style="list-style-type: none"> <li>• There is a resourcing strategy in place that provides strategic direction for both recruitment and retention and key actions for increasing the health workforce</li> <li>• Targeted approaches have been developed across all staff categories for posts; these include: Irish and UK National HSCP graduates, a range of ambulance roles and an international recruitment campaign for dietitians, podiatrists, occupational therapists, speech and language therapists. This is accompanied by communication for early offer of permanent posts to new graduate nurses and midwives and postgraduate training programmes</li> <li>• There is a managed service provider in place to increase recruitment capacity and a new medical consultant recruitment microsite on <a href="https://publicjobs.ie">publicjobs.ie</a> has been established as a one stop digital source for all consultant recruitment in Ireland</li> </ul>
<b>CRR 017</b> HSE funded agencies	<ul style="list-style-type: none"> <li>• A dialogue forum has been established to provide a regular platform for dialogue between the State and voluntary providers of health and social care services. This includes engagement with providers in service planning, development and delivery</li> <li>• The HSE has established a function to work with providers by way of project management in protecting and sustaining vital services for our service users and to ensure transition, over the medium term, to the provision by named providers of quality services aligned with the agreed service delivery model, appropriately and sustainably resourced; and are supported by strong governance mechanisms</li> </ul>
<b>CRR 018</b> Assisted decision making capacity legislative changes	<ul style="list-style-type: none"> <li>• The HSE Office of Legal Services reviewed the legal implications arising from the Assisted Decision Making (ADM) Act and a webinar was produced specifically focused on preparations for the commencement of the <i>Assisted Decision-Making (Capacity) Act 2015</i>. Further training programmes are being developed by the HSE National Office for Human Rights and Equality Policy to prepare services and staff for commencement of the ADM Act</li> </ul>

Risk area	How we sought to mitigate the risk
<b>CRR 019</b> Displaced Ukrainian population and International Protection Applicant population	<ul style="list-style-type: none"> <li>The International Protection Accommodation Service, Department of Children, Equality, Disability, Integration and Youth, has established processes to address accommodation requirements for International Protection Applicants on the basis of health vulnerabilities (vulnerability assessments and a resident welfare team) and community health organisations have put in place additional initiatives to enhance GP service provision to communal settings</li> <li>In addition, Public Health has developed a suite of public health guidance documents which aim to support Ukrainian and International Protection Applicants arrivals and a Ukraine specific page on the HSE website provides an introduction to Irish health services including specialist services, how they work and how to access them at <a href="https://www.hse.ie/ukraine">hse.ie/ukraine</a></li> </ul>
<b>CRR 020</b> Workplace violence and aggression	<ul style="list-style-type: none"> <li>The <i>HSE's Corporate Safety Statement 2022</i> sets out the requirement for site or service safety statements and a strategy for managing work-related aggression and violence within the Irish health service is in place</li> <li>The <i>HSE Incident Management Framework</i>, sets out requirements and guidance for reporting and managing all incidents of workplace violence and aggression, with further policies on the prevention and management of work-related aggression and violence, lone working 2022 and rehabilitation of employees back to work after illness or injury in place</li> <li>There are a number of training programmes also in place to support staff in these areas</li> </ul>
<b>CRR 021</b> Data protection	<ul style="list-style-type: none"> <li>The National Data Protection Office manages data protection queries, data subject access requests and complaints and responds to data protection queries</li> <li>Training is available to help staff in understanding the requirements of data protection regulation and data breach reporting. Templates and guidance have been developed for carrying out data privacy impact assessments</li> </ul>

## Other health service risks

Managing risk is the responsibility of everyone across the health service and it is the HSE's policy that risk should be managed at the level where the risk might be expected to materialise. While the CRR records the principal strategic risks of the organisation, there are risks being managed every day and recorded in risk registers across the health service. The CRR therefore does not capture all of the risks facing the health service, neither does the inclusion of a risk on this register indicate that it is more important than other risks.

## Appendix 8: Schedule of Board and Committee Attendance, Fees and Expenses

### Board

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

For the period January-December 2022, the HSE Board have met on 18 occasions holding 11 monthly Board meetings and seven additional meetings. The attendance at Board meetings is recorded in the table below.

Board Member	Monthly Meetings										Additional Meetings						No. of meetings attended	Remuneration €	Expenses €		
	28/01/2022	25/02/2022	25/03/2022	27/04/2022	27/05/2022	29/06/2022	27/07/2022	30/09/2022	26/10/2022	25/11/2022	16/12/2022	17/01/2022	07/02/2022	18/02/2022	14/03/2022	02/09/2022				05/10/2022	10/11/2022
Ciarán Devane (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	80,000	4,083
Deirdre Madden (Deputy Chair)	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	✓	✓	-	-	12	N/A	739
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	14,963	-
Aogán Ó Fearghail	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	17	14,963	461
Sarah McLoughlin	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17	14,963	131
Fergus O'Kelly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	17	14,963	-
Brendan Lenihan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	14,963	592
Yvonne Traynor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	17	14,963	131
Tim Hynes	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	-	✓	✓	-	-	✓	✓	13	14,963	262
Anne Carrigy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	17	14,963	255
Brendan Whelan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	17	14,963	511
Michelle O'Sullivan	-	-	-	-	-	-	-	✓	✓	✓	✓	-	-	-	-	-	✓	✓	6	6,718	-

#### Notes:

- Professor Deirdre Madden does not receive a fee in respect of her membership of the HSE Board under the one person one salary rule; however, an equivalent value is made to University College Cork in relation to backfilling her post
- Michelle O'Sullivan was appointed Board member 21 July 2022.

## Audit and Risk Committee

Audit and Risk Committee Member	20/01/2022	03/02/2022	10/02/2022	10/03/2022	14/03/2022	14/04/2022	12/05/2022	24/05/2022	16/06/2022	20/07/2022	16/09/2022	13/10/2022	09/11/2022	10/11/2022	08/12/2022	No. of meetings attended	Remuneration €
Brendan Lenihan (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15	Board Member
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15	Board Member
Michelle O'Sullivan	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	5	Board Member
Ann Markey	✓	✓	-	-	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	12	1,710
Colm Campbell	✓	✓	✓	✓	-	✓	✓	✓	✓	-	✓	-	✓	✓	✓	12	1,710
Pat Kirwan	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	13	N/A
Martin Pitt	✓	✓	✓	✓	✓	✓	✓	✓	-	-	✓	✓	✓	✓	✓	13	1,710

### Notes:

- Pat Kirwan does not receive a fee in respect of his membership of the Audit and Risk Committee under the one person one salary rule
- Michelle O'Sullivan was appointed to the Committee on 16 September 2022.

## People and Culture Committee

People and Culture Committee Member	11/02/2022	08/04/2022	10/06/2022	02/09/2022	14/10/2022	02/12/2022	No. of meetings attended	Remuneration €
Yvonne Traynor (Chair)	✓	✓	✓	✓	✓	✓	6	Board Member
Aogán Ó Fearghail	✓	✓	✓	✓	✓	-	5	Board Member
Sarah McLoughlin	✓	✓	✓	✓	✓	✓	6	Board Member
Brendan Whelan	✓	✓	✓	✓	✓	✓	6	Board Member
Michelle O'Sullivan	-	-	-	✓	✓	✓	3	Board Member
Deirdre Cullivan	✓	✓	✓	✓	✓	✓	6	1,710
Bernie O'Reilly	✓	✓	✓	✓	✓	✓	6	1,710

### Notes:

- Michelle O'Sullivan was appointed to the Committee on 2 September 2022.

## Appendix 8: Schedule of Board and Committee Attendance, Fees and Expenses

### Performance and Delivery Committee

Performance and Delivery Committee Member	21/01/2022	18/02/2022	11/03/2022	14/04/2022	22/04/2022	20/05/2022	24/06/2022	22/07/2022	30/08/2022	23/09/2022	02/11/2022	08/11/2022	18/11/2022	09/12/2022	No. of meetings attended	Remuneration €
Tim Hynes (Chair)	✓	✓	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	7	Board Member
Brendan Lenihan	✓	✓	-	-	✓	✓	✓	-	-	-	-	-	-	-	5	Board Member
Fergus Finlay (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14	Board Member
Brendan Whelan	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	Board Member
Anne Carrigy	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	7	Board Member
Sarah McLoughlin	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	12	Board Member
Louis Flynn	✓	✓	-	✓	-	-	✓	✓	-	-	-	-	-	-	5	N/A
Sarah Barry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14	1,710

#### Notes:

- Louis Flynn did not receive a fee in respect of his membership of the Performance and Delivery Committee under the one person one salary rule. He resigned from the Committee on 22 July 2022
- Tim Hynes stepped down as Chair and resigned from the Committee on 27 July 2022
- Fergus Finlay took the position of Chair on 27 July 2022
- Brendan Lenihan resigned from the Committee on 29 June 2022
- Anne Carrigy was appointed to the Committee on 29 June 2022.

### Safety and Quality Committee

Safety and Quality Committee Member	11/01/2022	15/02/2022	08/03/2022	12/04/2022	10/05/2022	14/06/2022	12/07/2022	08/09/2022	13/09/2022	19/09/2022	11/10/2022	15/11/2022	13/12/2022	No. of meetings attended	Remuneration €
Deirdre Madden (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13	Board Member
Fergus O'Kelly	✓	-	✓	✓	-	-	-	-	✓	✓	✓	✓	✓	8	Board Member
Yvonne Traynor	✓	✓	-	✓	✓	✓	✓	✓	✓	-	-	✓	✓	10	Board Member
Anne Carrigy	-	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	Board Member
Margaret Murphy	✓	✓	✓	-	-	-	✓	✓	✓	✓	-	✓	-	8	1,710
Cathal O'Keeffe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	12	N/A
Chris Luke	✓	✓	✓	-	✓	✓	-	-	-	-	-	-	-	5	1,425
Jacqui Brown	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13	1,710
Anne Kilgallen	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	6	1,140
Mary Culliton	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	6	1,140

#### Notes:

- Cathal O'Keeffe does not receive a fee in respect of his membership of the Safety and Quality Committee under the one person one salary rule
- Chris Luke resigned from the Committee on 26 September 2022
- Mary Culliton and Anne Kilgallen were appointed to the Committee on 27 July 2022.

## Technology and Transformation Committee

Technology and Transformation Committee Member	17/10/2022	03/11/2022	28/11/2022	No. of meetings attended	Remuneration €
Tim Hynes (Chair)	✓	✓	✓	3	Board Member
Brendan Whelan	-	✓	✓	2	Board Member
Fergus O'Kelly	-	✓	✓	2	Board Member
Barry Lowry	✓	✓	-	2	N/A
Martin McCormack	✓	✓	✓	3	855
Rosaleen Killalea	-	✓	✓	2	570
Derick Mitchell	-	-	✓	1	285

*Notes:*

- The Committee met for the first time on 17 October 2022
- Barry Lowry does not receive a fee in respect of his membership of the Technology and Transformation Committee under the one person one salary rule
- Derick Mitchell was appointed to the Committee on 25 November 2022.

# Appendix 9: Legislative Compliance

## Annual Report Legislative Requirements

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



## Appendix 10: Glossary of Terms

Acronym	
ADHD	Attention Deficit Hyperactivity Disorder
ADM	Assisted Decision Making
AMAU	Acute Medical Assessment Unit
AMRIC	Antimicrobial Resistance and Infection Control
AMS	Antimicrobial Stewardship
AoN	Assessment of Need
ARC	Audit and Risk Committee
AYA	Adolescents and Young Adults
BSS	Board Strategic Scorecard
CAMHS	Child and Adolescent Mental Health Services
CAR-T	Chimeric Antigen Receptor T-cell
CAWT	Co-operation and Working Together
CCO	Chief Clinical Officer
CDM	Chronic Disease Management
CEO	Chief Executive Officer
CHI	Children's Health Ireland
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
CIPFA	Chartered Institute of Public Finance and Accountancy
CIT	Community Intervention Team
CNM	Clinical Nurse Manger
CNU	Community Nursing Unit
COPD	Chronic Obstructive Pulmonary Disorder
COVID	Corona Virus Disease
CRO	Chief Risk Officer
CRR	Corporate Risk Register
CRT	COVID-19 Response Team
CSSD	Central Sterile Services Department
CST	Community Specialist Team
CT	Computerised Tomography
CUH	Cork University Hospital
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEI	Diversity, Equality and Inclusion
DEXA	Dual Energy X-ray Absorptiometry

## Appendix 10: Glossary of Terms

Acronym	
DNA	Did Not Attend
DoH	Department of Health
DPER	Department of Public Expenditure and Reform
DPS	Drugs Payment Scheme
ECC	Enhanced Community Care
ECHO	Echocardiogram
ED	Emergency Department
EED	Energy Efficient Design
EMCC	European Mentoring and Coaching Council
EMT	Executive Management Team
EU	European Union
EWTD	European Working Time Directive
FCCA	Fellow Member of Association of Chartered Certified Accountants
FFNMRCISI	Fellowship of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland
FIT	Frailty Intervention Therapy
GDPR	General Data Protection Regulation
GHG	Greenhouse Gas
GI	Gastrointestinal
GP	General Practitioner
GWh	Gigawatt hours
HCAI	Healthcare Associated Infection
HIQA	Health Information and Quality Authority
HPV	Human Papillomavirus
HR	Human Resources
HRA	Haddington Road Agreement
HSCP	Health and Social Care Professional
HSE	Health Service Executive
HSELand	Health Services eLearning and Development
ICGP	Irish College of General Practitioners
ICT	Information and Communications Technology
ICU	Intensive Care Unit
ID	Intellectual Disability
IFMS	Integrated Financial Management System
IHCP	Intensive Homecare Package

Acronym	
IHI	Individual Health Identifiers
iNAP	Ireland's National Action Plan
InterRAI	International Resident Assessment Instrument
IPC	Infection Prevention and Control
iPMS	Integrated Patient Management System
ISBN	International Standard Book Number
IT	Information Technology
kWh	Kilowatt Hours
MECC	Making Every Contact Count
MMR	Measles, Mumps, Rubella
MRI	Magnetic Resonance Imaging
NAS	National Ambulance Service
NCHD	Non-Consultant Hospital Doctor
NCIS	National Cancer Information System
NCPOP	National Clinical Programme for Older People
NFR	National Financial Regulations
NHSS	Nursing Homes Support Scheme
NIMS	National Incident Management System
NIRP	National Independent Review Panel
NiSRP	National Integrated Staff Records and Pay Programme
NOPD	National Office for Protected Disclosures
NSP	National Service Plan
NTHAP	National Traveller Health Action Plan
OCR	Operational and Clinical Resilience
OGD	Oesophago Gastro Duodenoscopy
OPD	Outpatients Department
ORV	Other Respiratory Viruses
PA	Personal Assistant
PCC	Primary Care Centre
PCR	Polymerase Chain Reaction
PCRS	Primary Care Reimbursement Service
PHN	Public Health Nurse
PIR	Post Incident Review
PPE	Personal Protective Equipment

## Appendix 10: Glossary of Terms

Acronym	
PPI	Public and Patient Involvement
RAS	Risk Appetite Statement
RHA	Regional Health Area
RSV	Respiratory Syncytial Virus
SACT	Systemic Anti-Cancer Therapy
SCBDS	Specialist Community-Based Disability Services
SEAI	Sustainable Energy Authority of Ireland
SIVUH	South Infirmary Victoria University Hospital
STI	Sexually Transmitted Infection
TCD	Trinity College Dublin
TILDA	The Irish Longitudinal Study on Ageing
ToR	Terms of Reference
UCD	University College Dublin
UHG	University Hospital Galway
UHL	University Hospitals Limerick
UK	United Kingdom
UN	United Nations
VPN	Virtual Private Network
WHO	World Health Organisation
WRIDS	Wexford Residential Intellectual Disability Services
WTE	Whole Time Equivalent

## 6 Financial Governance

Operating and Financial Overview 2022  
Statement on Internal Control  
Comptroller and Auditor General Report for  
Presentation to the Houses of the Oireachtas  
Financial Statements  
Notes to the Financial Statements  
Appendices



# Operating and Financial Overview 2022

## Introduction and Strategic Context

In 2022, the HSE continued to operate in an environment challenged by on-going funding and expenditure pressures caused by the COVID-19 pandemic.

The HSE received revenue and capital funding from the DoH in 2022 of €23.5bn. Included in this was €1.9bn which was provided on a once off basis in relation to the HSE's COVID-19 strategy.

### COVID-19

In 2022, COVID-19 continued to challenge the overall capacity and capability of the health service. The pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected in the delivery and improvement of healthcare services, while continuing to manage within a COVID-19 environment. COVID-19 has materially and perhaps permanently changed the way that the HSE provides healthcare. In 2022, we continued to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care.

### Ukraine

Under the terms of the EU Temporary Protection Directive those fleeing the conflict in Ukraine are eligible for temporary protection, initially for one year and on a renewable basis. This means Ukrainian nationals arriving in Ireland are able to get the same health services as people who are already living here including access to GPs, community care and hospital or emergency care and can apply for a medical card. In 2022 there have been approximately 70,000 Personal Public Service Numbers (PPSNs) issued to individuals from Ukraine under the Temporary Protection Directive since the conflict began on 24 February 2022.

### Inflation / Cost of Living

Non-pay inflation emerged as a cost driver across a range of non-pay categories, primarily energy costs. The average annual rate of inflation in 2022 was 7.8%, compared to 2.4% in 2021.

### Demographics

Ireland's population is currently estimated at over 5.1m people, with an annual population increase of 88,800 in the year to April 2022. Ireland has the highest birth rate in the EU with 54,539 recorded births, a crude birth rate of 1.7 in the past year and one of the lowest death rates within Europe. We are the fourth fastest growing population in Europe.

The most significant population growth continues to be among the older age groups. The number of people aged 65 years and over has increased very dramatically in the past decade, much quicker than the European average. This age group now consists of 768,900 people with a population share increasing from 13.3% of the total population in 2016 to 15.1% in 2022. This is an increase of 139,100 persons over the age of 65 years in 6 years.

The life expectancy of the Irish population has also increased greatly since 2000 and is one of the highest in Europe at 84.4 years for women and 80.8 years for men. The most significant increase in life expectancy is driven by reduced mortality rates from major diseases such as diseases of the circulatory system and some cancers. People in Ireland now live longer and healthier lives than most other Europeans although behavioural risk factors including smoking and obesity remain important public health concerns with more people continuing to live with one or more chronic illness. These population changes represent a significant challenge for our health services planning, exacerbated again this year by the impact of COVID-19. With an increasing population who are living longer, it is crucial that the health services effectively plan for future healthcare needs.

Attendances and admissions at emergency departments (EDs) across the country have been higher in 2022 than ever before and across the winter months these attendance levels reached the highest ever recorded by the HSE. Attendance at EDs for the full year 2022 were up by 14.8% over 2021. Admissions from ED were also up across all age cohorts in 2022 with an increase of 11.2% over 2021 levels, and importantly, the level of increase of admissions of patients over 75 years was 15% in 2022. Patients over 75 years old present to ED more acutely unwell and stay on average twice as long in hospital as patients from younger age groups.

## Financial Overview

### Income Analysis

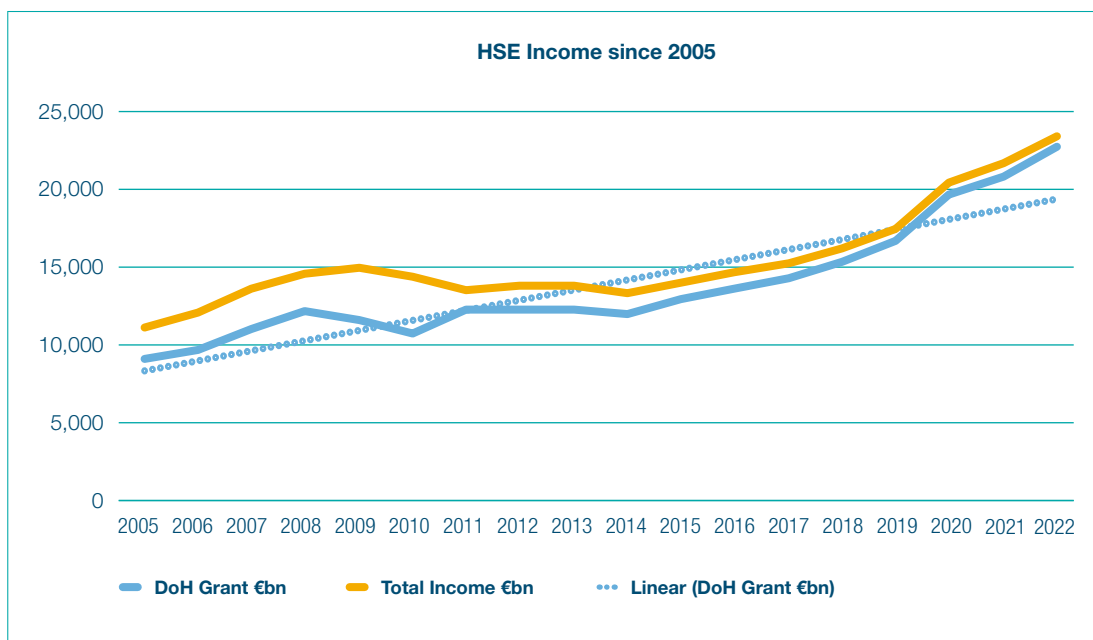
The HSE received revenue funding from the DoH of €22.5bn for the provision of health and social care services. Overall this represented an increase of €1.9 billion (9%) over 2021.

Table 1: Analyses overall HSE income for 2022 and 2021

Income Stream Revenue (shown in €000's)	FY 2022	FY 2021	% Var
Department of Health Grant	22,482,176	20,617,795	9%
"First Charge"	(195,034)	0	–
Private Patient Income	370,839	342,780	8%
Other Income	520,326	486,904	7%
<b>Total Income per AFS</b>	<b>23,178,307</b>	<b>21,447,479</b>	<b>8%</b>

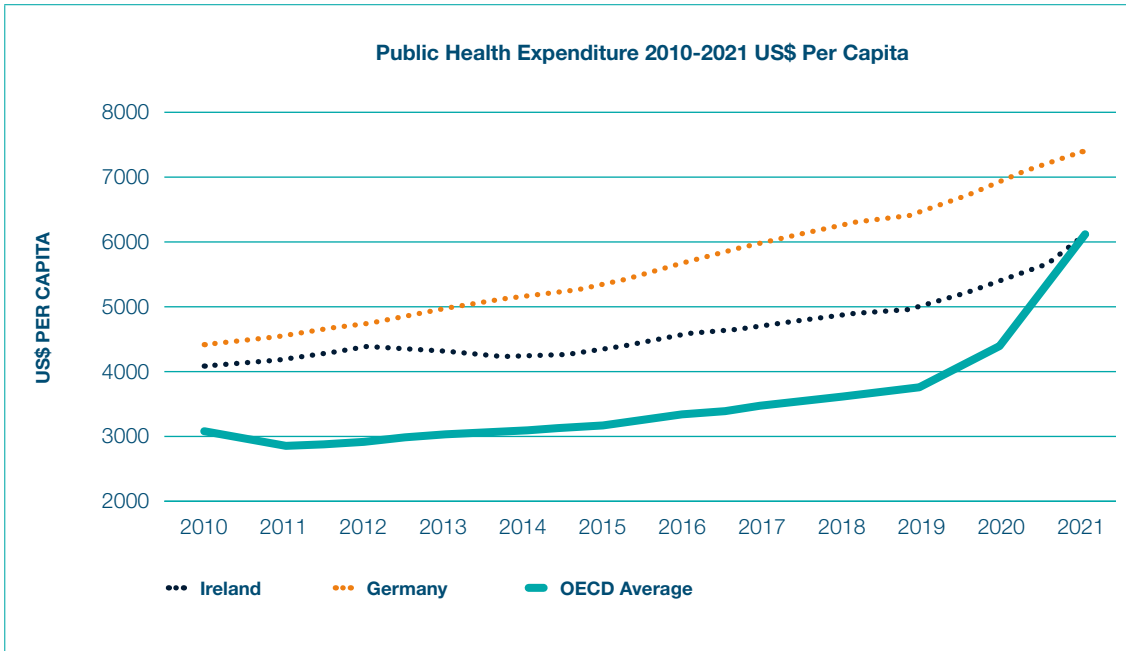
This funding included the allocation of once off funding of €1.9bn provided to cover 2022 COVID-19 costs. There has been a significant increase in income since 2019 reflecting the additional funding required to respond to the COVID-19 pandemic.

Figure 1: HSE Income 2005 to 2022



Over €23.5bn has been allocated to the Irish public health services in 2023. Between 2020 and 2021 there was an 8.3% increase in public health expenditure. While this is a substantial increase it should be noted that the increase in the average Organisation for Economic Co-operation and Development (OECD) public health expenditure from 2010 to 2021 was 88%, whereas in Ireland the figure was 48%. This is demonstrated in Figure 2 overleaf:

Figure 2: % Change in Public Health Expenditure, per Capita, 2010-2021

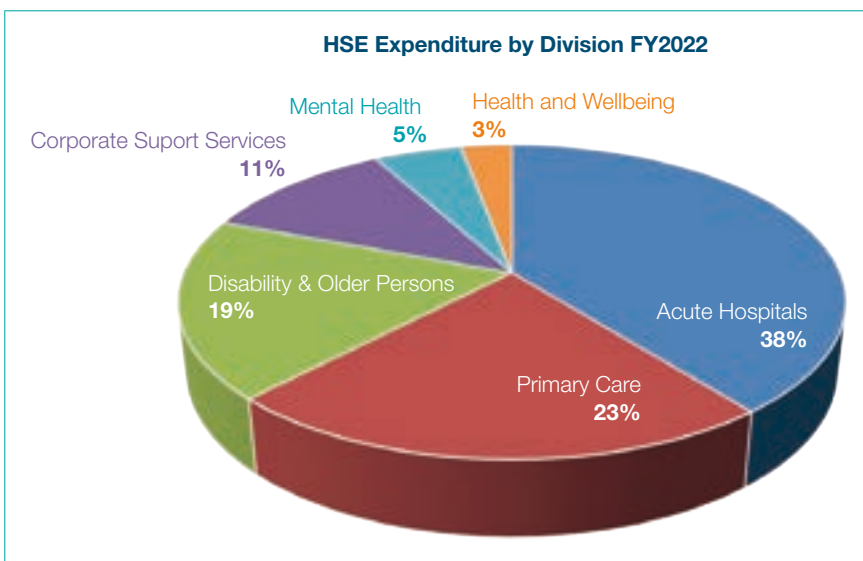


### Expenditure and Outcome Analysis

At the end of 2022, the HSE is reporting a revenue deficit of income over expenditure of €185m or 1% of its overall income. The 2022 COVID-19 figures includes the 2021 first charge of €195m.

The overall revenue expenditure reported for 2022 is €23.4bn which is 8% higher than the expenditure in 2021. The figures below show the expenditure allocation by HSE service area. Acute Hospitals and National Ambulance Services represent 38% of overall expenditure, with 47% of expenditure in Community Services<sup>1</sup>.

Figure 3: HSE Expenditure per Service Area 2022



<sup>1</sup> Primary Care, Disability Services and Older Person's Services, Mental Health



## Acute Hospitals Services

Acute hospital services aim to improve the health of the population by providing health services ranging from self-management support, brief intervention and early diagnosis to specialist tertiary services. Acute hospital services are provided for adults and children within six Hospital Groups, Children's Health Ireland and the National Ambulance Service (NAS). These services include scheduled care (planned care), unscheduled care (unplanned / emergency care), diagnostic services, specialist services (specific rare conditions or highly specialised areas such as critical care and organ transplant services), cancer services, trauma services, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. These services are provided in response to population need and are consistent with wider health policies and objectives, including those of *Sláintecare*. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety initiatives are prioritised within allocated budgets, including the management of COVID-19 and other infections.

## Community Healthcare

Community healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by general practitioners (GPs), public health nurses and Health and Social Care Professionals through primary care teams and Community Healthcare Networks. Community healthcare services are currently delivered through nine Community Healthcare Organisations (CHOs) and are provided through a mix of HSE direct provision as well as through voluntary Section 38 and 39 service providers, GPs and private providers. These services are delivered to people in local communities as close as possible to their homes.

## Older Persons' Services

Older persons' services provide a wide range of services including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible (Nursing Homes Support Scheme). These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers. This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

## Disability Services

Disability services are delivered through HSE services, Section 38 / Section 39 and for-profit providers. Disability services are provided to those with physical, sensory, intellectual disability and autism in residential, home support and personal assistance services, clinical / allied therapies, neuro-rehabilitation services, respite, day and rehabilitative training. The cost in Disability Services is primarily driven by the clients need and the complexity of each individual case presenting.

Following a Government decision, and subject to the relevant legislative changes, responsibility for policy, functions and funding relating to specialist community-based disability services is to transfer to the Minister for Children, Equality, Disability, Integration and Youth in 2023.

## Mental Health Services

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (Child and Adolescent Mental Health Services, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds.

### Primary Care Services

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

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one-stop shop to a broad range of primary care services in the community. The opening of multiple primary care centres over recent years have placed additional pressure on the primary care operational cost base, these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care. These centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres. Eighteen new primary care centres became operational in 2022, bringing the total number of primary care centres in operation to 165.

### Health and Wellbeing Services and Public Health

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

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

### Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing and the core components of the service include referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management). The Testing and Tracing function is also supported by acute and community services, including testing centres and hospital laboratory testing, GP consultations in PCRS and swabbing centres in the Primary Care CHOs. As the COVID-19 pandemic moves to endemic status, Test and Trace is transitioning to a new operating model, in line with public health guidance. The future model will monitor levels of infections of COVID-19 through enhanced surveillance systems and the introduction of a clinical pathway for testing based on clinical need.

### COVID-19 Vaccination Programme

A key component of Ireland's national response to the COVID-19 pandemic has been the roll-out of a national vaccination programme, with key involvement from the National Immunisation Office and Health Protection Surveillance Centre. The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines and the core components of the service include establishment of vaccination locations, development of a new ICT infrastructure, development of effective partnership arrangements with GPs and pharmacists and the expansion of our trained vaccinator workforce. The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies.

## COVID-19 related Personal Protective Equipment (PPE)

As a further response to ensuring the preparedness of the HSE for the COVID-19 pandemic the HSE worked with the Department of Health and others to create and develop a PPE Model to provide an evidence-based mechanism for estimating medium term PPE cost in the context of budgeting for annual health expenditures. These models estimate the PPE required for seven different care settings: Community Residential, Homecare, Intensive Care Unit (ICU), Non-ICU, GPs, Primary Care, and Testing. The model is vital in assisting the health service with the ongoing procurement and stock management of PPE. Ultimately, this ensures that PPE spend is proportionate to need, lowering the likelihood of stock shortages or over-purchasing of PPE during periods of market volatility.

## COVID-19 Therapeutics Programme

The COVID-19 Therapeutics Programme was stood up as a rapid response to the urgent and unprecedented public health risk of COVID-19 coupled with emerging, novel treatments such as Sotrovimab and Paxlovid. The programme developed and implemented plans for the operational roll-out and use of novel COVID-19 therapeutics. These treatments were recommended for use in defined population sub-groups, where the benefits of the treatment were shown to, or were likely to, outweigh the risk. The evidence-base for these therapeutics is constantly evolving, but patients who receive these treatments would also be actively monitored for effectiveness and patient safety after administration, increasing the evidence base related to their use.

## Primary Care Reimbursement Scheme

The Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through primary care contractors like GPs, dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and / or government policy and direction provided by the DoH. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme and long-term illness applications.

## Finance-Related Initiatives

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

Key areas progressed in 2022 included:

- Development of the integrated financial management system (IFMS) from the design stage to the build and test stage to support improvements in financial reporting, including analysis and forecasting
- Continued implementation of the single National Integrated Staff Records and Pay Programme (NISRP) with a successful implementation in the Midlands, Midwest and North West
- Publishing the *HSE Corporate Procurement Plan 2022-2024* which sets out the key priorities to be delivered over the next three years to improve and enhance procurement activities within the health service
- Progressing a three-year Activity Based Funding Implementation Plan
- Relaunch of the National Financial Regulations under a three-year Controls Improvement Plan
- Leading and supporting the finance workstream element of the Regional Health Area (RHAs) project
- Delivering the future operating model design, and progressing the resource model and payroll strategy for financial shared services.

### Outlook for 2023

The most critical health priority for 2023 is to ensure the full delivery of the Waiting List Action Plan which will include: short-term measures to address acute scheduled care waiting list backlogs; priority actions in relation to obesity / bariatrics, spina bifida / scoliosis and gynaecology; as well as longer-term reforms to enhance capacity and to streamline and reconfigure acute scheduled care pathways.

Continued progress with the implementation of the fundamental service delivery reforms set out within *Sláintecare* will remain a key priority for the HSE in 2023 and beyond. The *Sláintecare* Report 2017 included a commitment to HSE regionalisation and initiation of the transition phase and the rationalisation of existing health structures will be planned for and implemented in 2023 as preparatory work for the roll-out of RHAs in 2024.

Delivering services in a COVID-19 environment will continue to be a feature in 2023. COVID-19 highlighted weakness in Infection Prevention and Control resourcing in Ireland. Strengthening capacity and capability is essential to protect against COVID-19 and also reduces the impact of other diseases and infections on healthcare, such as influenza and antimicrobial-resistant infections.

The National Service Plan 2023 has an increased focus on eHealth initiatives, digital solutions and health information systems capability to enable better management and use of health information, and access to that information by clinicians and patients. Following on from the 2021 cyberattack, we are continuing to implement improvements in the security and resilience of critical national infrastructure for the provision of essential services, ensuring an improved rapid response is available to these threats when they occur.

The National Service Plan (NSP) was published on 29 March 2023 outlining the health and social care services that will be provided within the 2023 allocated budget of €21.689bn, which focuses on the delivery and improvement of healthcare services while continuing to manage within a COVID-19 environment. This represents an increase of core funding of €1.139.4bn and a decrease in once off COVID-19 funding of €132.5m.

The total capital budget for 2023 is €1.157bn, which is €112m above the 2022 allocation, with an additional €50m also provided on a once-off basis for COVID-19 projects. Priority will be given to infrastructural risk, equipment and ambulance replacement and climate action programmes, after the allocation of funding to meet all contractual commitments is met.

Uncertainty about the trajectory of COVID-19, international events such as the war in Ukraine, inflationary pressures, labour market forces and the ever-changing demands on our health system, have created an economic, social, and health context that is very complex and difficult to plan for.

Ongoing improvements in efficiency and effectiveness are a normal part of any system and it is assumed that this is the case across the health system, including for 2023. However, it is appropriate to recognise the likely ongoing impact in the last three years of responding to COVID-19. It is also assumed that any improvements in efficiency and effectiveness are more likely to be consumed in mitigating the well evidenced unmet need and ongoing requirements to improve the safety and quality of services, rather than yielding significant net cash releasing savings.

In this regard a significant amount of work has been completed to assess the level of financial issues (i.e. financial pressures where there is a significant degree of certainty as to the outlook for the year) and financial risk (i.e. financial pressures where there is a greater degree of uncertainty) to be managed within our services in 2023. The assessment of the magnitude of financial issues and risks is outlined in the National Service Plan – up to 5.3% of financial issues with an additional 4.9% of financial and operational risks against the total voted non-capital budget of €21,688.6m.

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

# Statement on Internal Control

This Statement on Internal Control represents the position for the year ended 31 December 2022. It sets out the Health Service Executive's approach to, and responsibility for, Risk Management, Internal Controls and Governance. This statement has been written considering the context of the ongoing COVID-19 environment in 2022.

## 1. Responsibility for the System of Internal Control

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

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

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

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

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

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

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

The HSE Board met on 18 occasions in 2022, holding 11 monthly Board meetings and seven additional meetings.

During 2022 owing to the ongoing impact of the COVID-19- pandemic HSE staff have continued to operate within changed working environments. Practices such as redeployment from their normal roles to support COVID-19 requirements as well as working from home in line with Government requirements for social distancing continued.

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

### 2. Purpose of the System of Internal Control

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

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

The system of internal control, which accords with guidance issued by DPENDPDR, has been in place in the HSE for the year ended 31 December 2022, and up to the date of approval of the financial statements, except for the control issues outlined below.

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

### 3. Capacity to Handle Risk

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

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

On 27 July 2022, the Board approved the appointment of Mr Brendan Lenihan as Chairperson of the Committee, in accordance with Section 41 of the *Health (Miscellaneous Provisions) Act 2022*, which allows the Board to appoint a chairperson from among **any of the members** of the Committee.

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

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

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

The Audit and Risk Committee operates under an agreed Charter, which sets out in detail the role, duties, and authority of the Committee. The Audit and Risk Committee is required to meet at least four times annually. In 2022 the Audit and Risk Committee met on 15 occasions reflecting the additional responsibilities which arose due to the COVID-19 pandemic as well as the HSE cyberattack.

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

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

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

The National Director of Internal Audit reports functionally to the Chair of the Audit and Risk Committee and administratively to the CEO and is a member of the HSE EMT. The work programme of Internal Audit is agreed and monitored by the Audit and Risk Committee.

The HSE's Internal Audit Division is a separate independent division within the HSE, which does not have any other executive function. It is responsible for ensuring that a comprehensive programme of audit work is carried out continually throughout the HSE. The purpose of this work is to provide independent assurance that controls and procedures are operated in accordance with best practice and with the appropriate regulations and to make recommendations for the improvement of such controls and procedures. The scope of the Internal Audit work includes all systems and activities throughout the HSE including health care audits and bodies totally or partially funded by the HSE.

Despite the ongoing challenges of the ongoing COVID-19 environment, the Internal Audit Division completed a substantial body of work as part of its annual risk-based work plan, issuing 282 audit reports in relation to HSE and its funded agencies. The findings of these reports were considered by the Audit and Risk Committee, Safety and Quality Committee and EMT.

Based on the work of Internal Audit, the results of the individual internal audit engagements, external reports (of HIQA and C&AG), implementation of recommendations, consideration of the HSE's risk maturity, and the overall HSE assurance framework the 2022 Annual Report of the National Director of Internal Audit provided an overall audit opinion of limited assurance in respect of governance, risk management and control systems operating in the HSE.

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

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

## Statement on Internal Control (continued)

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

The HSE is committed to ensuring that anticipating and managing risk is seen as the concern of everyone, and is embedded as part of normal day-to-day business and that risk informs the strategic and operational planning, prioritisation and performance cycle.

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

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

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

The **Technology and Transformation Committee** was approved by the Board on 29 June 2022. The Committee has been set up to provide the Board with oversight of the HSE's eHealth, IT and Cyber Transformation Programme and ensure that IT and cybersecurity risks remain within a defined risk appetite. The Committee will provide oversight of Transformation to provide clarity to the Board that allows greater control and decision-making.

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

### 4. Risk and Control Framework

The HSE recognises that the future is marked by uncertainty and that it is these uncertainties that can impact on the HSE's ability to fulfil its day-to-day mission, or deliver on its longer term objectives. The HSE has an **Integrated Risk Management policy** which has been guided by the principles of risk management outlined in ISO 31000 (ISO 31000 is an internationally recognised standard informed by experts in risk management). This policy and its guidance documentation, is available to all staff. The process of updating the HSE's policy on risk is almost concluded and the HSE revised Enterprise Risk Management Policy was approved by the HSE Board in early 2023.

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

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

The EMT, led by the CEO, is responsible for executive decision-making in the HSE. This includes implementing and ensuring compliance with the HSE's risk management policies and procedures.

As set out in the HSE's Code of Governance, the Board fulfils key functions in respect of the HSE, including its risk management policies and procedures. The HSE's Audit and Risk Committee (ARC) has responsibility for providing oversight and advice concerning the operation of the HSE's risk management policies and procedures and related activities within the function of risk management. Other Board Committees provide oversight of specific principal risks of the HSE as delegated by the ARC Chair.

Risk registers are required to be in place at key levels in the organisation, which record the key risks facing the HSE or an individual part of the organisation. The risk registers should be the core repository of information in relation to that risk (i.e. risk mitigation measures / controls, additional controls required and the plan to develop these, assigns both persons and timescales for completion of these, measuring the level of risk through the risk rating which in turn allows for monitoring how successful the risk reduction measures are in reducing the risk).



At an organisational level, the **Corporate Risk Register** is subject to monitoring and updating on a quarterly basis.

The responsibility for the management of claims from clinical and operational incidents under the Clinical Indemnity Scheme and General Indemnity Scheme has been delegated to the State Claims Agency (SCA) under the *National Treasury Management (Amendment) Act 2000*. The SCA also provides specialist advice, including risk management advice, to the HSE, which is supported by the national incident management reporting system (NIMS).

The HSE has in place an internal control framework, which is monitored to ensure that there is an effective culture of internal control. The HSE's **Code of Governance**, which is available on [www.hse.ie](http://www.hse.ie) and includes the following:

- The Code of Governance reflects the current behavioural standards, policies and procedures to be applied within and by the HSE and the agencies it funds, to provide services on its behalf
- The Code of Governance provides clarity on the governance roles and responsibilities in relation to the roles of the Minister for Health and his Department officials, the HSE Board and the CEO and EMT of the HSE
- The Performance and Accountability Framework describes in detail how managers in the health service, including those in Community Healthcare Organisations (CHOs) and Hospital Groups will be held to account for performance in relation to service provision, quality and patient safety, finance and workforce
- There is a framework of administrative procedures in place including segregation of duties, a system of delegation and accountability, a system for the authorisation of expenditure and regular management reporting
- The HSE's National Financial Regulations (NFRs) form an integral part of the system of internal control and have been designed to be consistent with statutory requirements and to also ensure compliance with public sector guidelines issued by the DPENDPDR. They were recently refreshed and published in January 2023 with the support of KPMG and following an in-depth review of best practise with HSE subject matter experts (SMEs)
- The HSE has in place a devolved annual budgetary system and each year the Minister for Health formally approves the annual National Service Plan (NSP). Defined accountability limits are set which are closely monitored by the National Performance Oversight Group (NPOG) on behalf of the CEO
- The HSE has in place a wide range of written policies, procedures, protocols and guidelines in relation to operational and financial controls
- The HSE carries out an annual comprehensive review of the system of internal control, details of which are covered in a later section of this report
- There are systems and controls aimed at ensuring the security of the information and communication technology systems within the HSE. This is an area of high priority for the HSE given the challenges of managing multiple systems across the entire HSE. There are ongoing developments to improve security and to ensure that the HSE has the appropriate level of resource and skills to protect the integrity of its systems to ensure that data and information is protected.

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

## 5. Procurement

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

Matters arising regarding controls over procurement are highlighted under heading 13 Internal Control Issues.

### 6. Ongoing Monitoring and Review

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

- Key risks and related controls have been identified and there is a process in place to monitor the operation of these controls
- Reporting arrangements have been established at all levels where responsibility for financial management has been assigned
- In accordance with the Oversight Agreement, the Minister for Health, the Chair of the Board together with the Secretary General and CEO meet regularly to discuss and review performance, governance, reform matters and NSP progress
- There are regular reviews by senior management of periodic and annual performance and financial reports indicating HSE performance against budgets / forecasts
- There are regular reviews by the DoH of the HSE's performance in terms of budget and service plans as well as including other key non-financial reporting such as workforce planning
- The CEO and EMT meet as part of normal business at least twice monthly
- There are monthly Board meetings which are attended by the CEO and members of the EMT
- All Committees of the Board meet regularly to review areas that fall under their specific remit and to provide advice and feedback to the Board
- The Board and its committees and the EMT have considered the impact of COVID-19 and the cyberattack on all areas of the HSE including funding, its control and risk environment and governance arrangements.

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

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

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

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

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

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

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

The HSE has provided appropriate guidance and support to HSE staff and management to facilitate remote / hybrid working, which is still available, and in use to a large degree. This guidance covered areas such as:

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

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

The new remote / hybrid working arrangements did necessitate amendments to some of the HSE's NFRs to consider the impact of staff redeployments and the threat of staff shortages to allow as far as possible for business-as-usual continuity. Those amendments continued to be reviewed in 2022 and only those deemed necessary were continued. As part of the Internal Controls Improvement Programme, the NFRs were updated and launched in January 2023 to reflect current best practise, changing system and process requirements, legislative changes and lessons learned from recent experiences. In addition, they have been developed to reflect increased accessibility to all staff, link to support documentation and checklist guidance to enable local application with online support including a governance YouTube channel and associated training programmes.

NFR19<sup>2</sup> requires all areas of the HSE with significant inventories at the year-end date to perform stock takes. Considering the continuing impact of the COVID-19 pandemic, derogations were provided on request, in locations remaining impacted by COVID-19 as a safety measure for staff, patients, and service users. Circa €1.5m of the HSE's 2022 year-end inventory has been estimated on the basis of most recent and reasonable stock information (2021: €5m).

All approved derogations to NFRs are recorded in a central register and are monitored closely by the National Finance Division.

## 8. Personal Protective Equipment (PPE)

The use of appropriate PPE has remained very significant in the context of the management of the on-going COVID-19 pandemic during 2022.

As in 2021 most of the HSE's sourcing and purchases of new items of PPE during 2022 were from contracts with Irish suppliers in line with previous Government commitments.

The overall cost of PPE charged to the Revenue Income and Expenditure account is estimated as €146m as referenced in Note 1(b) to the AFS.

As at 31 December 2022 the HSE has reported that it holds €37.3m of stock related to items of PPE, which were not used before the end of the year (FY2021 €73.4m).

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2 Now NFR D from 1/1/23

### 9. Procurement of Ventilators

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

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

The Comptroller and Auditor General team have issued a special report on the procurement of ventilators and the HSE is currently considering the recommendations contained within.

### 10. Vaccines

As part of the response to the COVID-19 pandemic, a substantial volume of vaccines were purchased in order to ensure the opportunity to be vaccinated could be availed of by everybody deemed suitable. Due to lower levels of uptake during 2022 especially with children and expiration of vaccines, a significant level of write-offs were processed in 2022 – totalling €94.4m.

This was made up of expired COVID-19 vaccine stock write-off which have passed the manufacturers expiry date and stocks that are no longer suitable for administration of circa €33.7m. In addition, there is a provision of €47.9m for original stocks that are due to expire in the first quarter of 2023 and will not be consumed. There is also a provision of €12.8m for adapted vaccines, which have a short shelf life.

The decision to purchase specific COVID-19 vaccines is not within the control of the HSE and is a Government decision aligned to EU requirements.

### 11. Review of the Effectiveness of the System of Internal Control

I confirm that the HSE has procedures to monitor the effectiveness of its risk management and control procedures.

The HSE's monitoring and review of the effectiveness of the system of internal control is informed by the work of the Internal and External Auditors, the Audit and Risk Committee and senior management within the HSE responsible for the development and maintenance of the internal control framework.

I confirm that the HSE conducted an annual review of the effectiveness of the Internal Controls for 2022 which took into account:

- Audit and Risk Committee minutes and reports
- Annual Report of the National Director of Internal Audit, including the findings and recommendations from internal audit reports
- Findings arising from the Internal Control Questionnaire (ICQ) and CAS
- Status of the recommendations of previous years' reports on the Review of the Effectiveness of the System of Internal Control
- Recommendations from management letters of the C&AG
- The 2022 audit programme of the C&AG and, in particular, the audit risks identified therein
- Reports of the Committee of Public Accounts
- HSE Board and EMT minutes
- Minutes of steering group / working group / implementation groups, etc
- External reviews undertaken by the HSE to assist in identifying financial control issues and implementing revised policies and business processes
- HSE Corporate Risk Register is reviewed on a quarterly basis and this process is overseen by the CRO. For more dynamic risks on the Register, significant changes are reported by exception to the CRO on a monthly basis and if required
- Findings arising from the compliance monitoring arrangements with Section 38 and Section 39 agencies
- Changes to working environment and remote working and new ways of working

- Impact of staff redeployments particularly in key privileged areas such as Payroll, Accounts Payable and Banking and Treasury functions
- Review of key NFR requirements and awareness
- Review of key plans such as the HSE Winter Plan, NSP and impact of additional funding
- Status of the progress of each of the six work-streams identified as part of the three-year controls improvement programme, which was approved in early 2021 by the EMT.

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

Participation grew by an additional 16% in 2022. This reflects the growing understanding across HSE staff at all levels of the importance of good controls and compliance with same.

The HSE has engaged an independent audit firm through a competitive process who have conducted a review of 6% of ICQ participants, which has provided a high level of assurance as to the integrity of the responses.

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

The results of the review indicate there is evidence that:

- The HSE has adopted a suite of internal policies and procedures, which form the basis of the internal control framework
- Where high level risks have been identified, mitigating / compensating controls are generally in place
- There are several instances of non-compliance with these HSE adopted policies and procedures which have been identified exposing the organisation to material risk however ongoing process and control improvements are visible in many areas
- Awareness of the requirement for internal controls and accountability has increased during 2022 with a continued increase in the number of staff who completed the ICQ survey increasing by a further 16% which is very significant in the context of continuing demands on staff
- Analysis indicates that most managers have a very high understanding and awareness of their responsibility in respect to internal controls. However, there is still further work to be conducted to ensure a consistent approach, understanding and implementation of all requirements by all managers which will further strengthen the internal control environment
- The review considered that assurance can be placed on the sufficiency of internal controls to mitigate and / or manage key inherent risks to which activities are exposed. However, when combined with the weaknesses identified and the findings of the National Director of Internal Audit, this assurance can only be considered as limited. A significant number of weaknesses remain in the HSE's internal controls as evidenced by existing breaches however, it should be noted that controls and compliance remains a priority with some improvements recognised and various improvement initiatives in progress
- There is evidence that there is a continuing awareness and understanding of the need for accountability and responsibility by HSE managers to ensure a strong system of internal control. However, although improving year on year, there is still some evidence of a lack of full understanding of the relevant core guidelines, policies and staff obligations across the organisation. Additional focus such as management and staff training sessions have been a key part of control improvement plans for 2022 with almost 4,000 staff attending controls training during 2022. Development of new training programmes including an NFR certification module and further development of the governance and compliance YouTube training channel will continue to be a priority for 2023.

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

The control weaknesses observed in the review are set out in Section 13 Internal Control Issues along with management action that is being taken to address these issues.

### 12. Internal Control Framework Improvement Plan

During 2021, the CEO and EMT agreed and approved the commencement of a 3-year plan intended to improve the HSE's current internal control framework. Work has continued in 2022 led by the office of the Chief Financial Officer (CFO).

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

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

Progress continued on each work-stream in 2022, some of which are further advanced than others in line with the timescales identified in the programme plan. Ultimately, it is anticipated that by early 2024 all work streams where appropriate will have successfully moved to business as usual activities and will have a significant impact on the HSE's overall system of internal controls. It is equally anticipated that as each work stream progresses to completion that this will drive continuous improvements in the system of internal controls.

**Work Stream 1** which is the revision and rewrite of the HSE's NFRs is now complete with a new and improved NFR framework launched on January 31 2023. This Framework is built around a number of key areas including:

- Overarching Principles
- Operational Regulations
- Custodian Regulations
- Financial Reporting.

The development process engaged the support of SMEs from all areas of the organisation to ensure inclusivity, appropriateness and to reflect current best practise. All documents are designed and presented to maximise accessibility and ensure guidance is user-friendly.

This includes the use of updated language, forward linking to further relevant materials and provision of control checklists to support local control and process implementation. Development of the digital platform where users can easily access relevant regulations in line with HSE digital communication policy and plans was also completed. Final user acceptance testing was concluded in Q3 2022 with the publishing of the new framework on the 31 January 2023 in parallel with a rolled out communications and training programme for all staff currently underway.

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

Significant numbers of HSE staff have availed of these training supports to date. Almost 4,000 HSE staff attended these training and communication sessions during 2022, showing growing year on year interest in participation.

Training videos have been developed which can be shared online with HSE staff through various digital channels – including the development of an NFR YouTube training channel. Controls updates are regularly included within articles in Hospital Groups and CHO newsletters as well as articles in Health Matters HSE staff publication.

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

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

The first controls performance reports were issued in Q4 2022 providing an overview to senior management of key control concerns in their areas highlighted in Controls Assurance Review Process (CARP), Internal Audit and C&AG findings.

A tendering process is near completion for the development of a bespoke data repository and reporting tool which will reduce manual activity and which will allow multiple users live but secure access to improve timeliness of reporting and response. This is a longer-term objective and is anticipated to go live in pilot areas by late 2023.

**Work Stream 4** relates to the development of a controls framework, which will enable HSE Hospital Groups, CHOs and Divisions to benchmark their internal controls and to conduct a detailed review in their areas across all financial control headings.

Detailed checklists for use as local self-assessment tools and support documentation have been developed and are currently under review. Plans are to roll out the self-assessment process in parallel with Integrated Financial Management and Procurement System (IFMS) readiness checks and implementation to maximise on staff and work efficiencies.

**Work Stream 5** relates to performance achievement and performance management. As noted in work stream 3, the first controls performance reports were issued in Q4 2022, combining an overview for senior management of key control concerns in their areas highlighted in CARP, Internal Audit and C&AG findings.

Going forward these reports will be issued on a quarterly basis and require response and update regarding progress on agreed control actions. This should enable the provision of more timely information for the EMT to work with their senior teams to target control improvements.

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

Significant additional resources have been secured and are in place in the key areas of National Governance and Compliance, HR oversight of payroll overpayments, and setting up of Contract Management Support Units (CMSUs) in each community organisation to assist with the governance of grants to external agencies. Procurement resourcing has also been agreed and recruitment is in progress.

## 13. Internal Control Issues

The weaknesses identified are detailed below.

### I. Lack of Integrated Financial Management and Procurement System (IFMS)

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

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

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

A significant enabler of the IFMS project is the development of a Financial Management Framework, which defines the process, governance and controls required to demonstrate effective financial management practice across the health system. The Framework is a living document, which is reviewed on a regular basis and has most recently been approved by the Finance Reform Programme (FRP) Steering Committee in January 2020. Development of the framework and associated strategies will continue as the programme progresses.

## Statement on Internal Control (continued)

### Benefits of IFMS

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

- Valid comparison of costs across the entire sector
- A more equitable and evidence-based resource allocation model
- Demonstration of Value for Money to support investment in service development
- Leveraging full procurement capacity of the health sector by having quality data at a catalogue item level
- Position-level reporting of pay costs for more than 132,000 WTE (circa. 85,000 WTE statutory and circa 47,000 WTE voluntary).

### Impacts on Project Schedule

In recognition of the extraordinary impact of the COVID-19 pandemic in early 2021 the IFMS project was temporarily suspended to alleviate any burden on the stakeholders who are vital to the success of the project. IFMS staff were in some cases re-deployed to assist in COVID-19 activities and reporting. Work had recommenced in April 2021 but the project was further impacted by the cyberattack in May 2021. In addition, the requirement to source a new System Integrator post initial design stages had further impact on the programmes timelines. However following FRP and HSE Governance approval of the Contract Approval Request, the design review and validation stage was completed on schedule in October 2022 and the project progressed to the Build and Test Stage, which commenced in October 2022 and is on-track against plan for completion in May 2023.

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

### IFMS Detailed Design Stage

Following engagement with Health System stakeholders through a series of design confirmation workshops, the detailed design for the IFMS was completed and was approved by IFMS Governance in July 2022. The completed design which is based on SAP best practice is aligned with the Financial Management Framework and is sufficiently flexible to accommodate future organisational changes in the Health System and its reporting requirements, such as those envisaged under *Sláintecare*. Following completion of the detailed design stage, the contract with the System Integrator was terminated by the HSE. A public procurement process was completed to procure a new System Integrator to build, test and deploy the approved IFMS design across the health system. The contract was signed by the HSE with a system integrator (SI) in July 2022 to:

- Validate the design, build and implement the solution for IFMS and Shared Services in the HSE, Tusla, 1 x S.38 acute hospital, 1 x Section 38 community and 1 x Section 39 entity including change management support
- Provide post go-live support and implement, on a draw down basis, the solution in the voluntary sector organisations in scope.

As part of the Design, Review and Validation Stage, a detailed Integrated Programme Plan and Implementation Approach was developed with the SI and approved by Financial Reform Programme (FRP) Governance in September 2022. This approach holds to the original timeline to achieve 80% health sector expenditure transacted on IFMS by Q2 2025 and will be achieved over five Implementation Groups, with the first Implementation Group (IG1) on schedule for go-live in Q3 2023. Implementation Group 5 is planned for go-live in Q2 2025, which will achieve full HSE implementation within three years. This will include three early adopter voluntary organisations. From May 2025, IFMS will be implemented to all remaining voluntary health organisations in scope in descending order of budget allocation.





The IFMS project is currently in the Build and Test Stage, which includes the build of the IFMS Enterprise Structure, IFMS Ariba and the Shared Services Model. The Ariba SNAP project has been subsumed in to the overall Programme Plan. System integration testing is on schedule to commence in March 2023, which will be followed by User Acceptance Testing (UAT) April / May 2023. External stakeholders will be invited to participate in UAT.

Deployment of IFMS in Section 38 and larger Section 39 organisations is a key enabler of *Sláintecare*, is mandated by the Finance Reform Board (governing body involving HSE, DoH and DPENDPDR), and has been expressed as a Ministerial Priority in the HSE NSP.

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

### Stakeholder Engagement, Change Management and Pre-Deployment Activities

With the completion of the IFMS design, project teams have increased the focus on stakeholder engagement and change management activities in preparation for IFMS deployment. This preparation and change management activity is intended to assist with the transition to IFMS and optimise project timelines. Design review and validation workshops were held throughout August and September 2022 with external stakeholders.

As the IFMS build is in 'Sprints', external stakeholders are being given an opportunity to participate in demonstrations of the solution as it is being built. These demonstrations have been held monthly since November 2022. Running in parallel to the build and test of the system, is the delivery of all change management and implementation activities and supports with each of the local sites in Implementation Group 1. Both central and local resources are in place and working collaboratively in preparing areas for IFMS implementation.

### Alignment with Key Strategic Programmes

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

- The design for an end-to-end solution for pay budgeting and reporting has now been completed and is part of the build and test activities currently being progressed
- IFMS Project successfully collaborated with the National integrated Staff Records and Pay (NiSRP) Programme during the project to implement Stabilisation SAP in CHI at Temple Street, which is part of the CHI group. SAP Payroll went live in November 2022, followed by SAP Finance and Procurement in January 2023. This now places Children's Health Ireland on a single integrated Finance, Procurement and HR Payroll system on a contemporary SAP platform, hosted by the HSE
- The organisation management design for IFMS, which is aligned with the HR organisation design, will be completed for review by governance in February 2023.

### Financial Reporting and IFMS

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

- The technical upgrades of the Stabilisation SAP ECC6 systems was completed to plan in Q2 2022
- Development of reporting capability to track and report on new funding allocations, e.g. COVID-19 and vaccination programme
- Ongoing engagement with key stakeholders to develop and align the current and future IFMS enterprise structure in light of new and evolving organisation structures.

## Statement on Internal Control (continued)

### II. Compliance with Procurement Rules

The HSE estimates expenditure of approximately €4bn in 2022 in relation to goods and services which are subject to procurement regulations that are set out in detail in the HSE's NFRs and underpinned by EU Directive 2014 / 24 and Public Procurement Guidelines for Goods and Services. In line with the revised code of practice for the governance of state bodies, and the public procurement policy framework, the HSE is required to ensure that all contracts are secured competitively in line with public procurement requirements and to report the levels of non-compliance identified.

The findings of the review of the effectiveness of the HSE's internal control system indicates that compliance with procurement regulations continues to be an issue for the HSE, in relation to lack of compliance with:

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

The review has also identified that there is a lack of awareness of various procurement supports such as the HSE's procurement contract information site [www.hsepass.ie](http://www.hsepass.ie) which it is expected that all budget holders should be aware of and should utilise when procuring goods and services on the behalf of the HSE. Further training and awareness programmes are planned as part of the controls improvement programme for 2023 and these will include the topic of procurement.

The HSE recently undertook a self-assessment review of its non-competitive spend greater than €25,000 for 2022. This review included the examination of 26,168 invoices representing a 91% return of 28,695 invoices. Of this, 93% were deemed compliant and within the remaining 7%, 65% of the issues causing non-compliance are being addressed under the corporate plan.

An independent firm of accounts were engaged and conducted a review of 296 returns totalling €364.5m. That sample is in the order of 20% of the overall self-assessments returned to procurement for review. The finding of this additional assurance is that 90% of the sample was deemed to be fully compliant. This provides some additional assurance to the HSE, whilst acknowledging the limitations of the review.

The estimated total expenditure on invoices over €25,000 is in the order of €2.1bn (involving approximately 28,000 invoices) which is approximately 50% of HSE procurable spend in 2022. All major budget holders are required to complete a self-assessment return to determine the level of non-competitive and non-compliant procurement.

The HSE is aware that there are limitations regarding the review as it currently does not capture expenditure below €25,000 and considers it likely that the actual non-compliance is higher particularly if the spend is less than €25,000.

The HSE is aware that significant work is required to improve the level of non-competitive procurement and remains committed to progress a transformational programme of reform to support the services in compliance with public procurement regulations and to increase the usage of contracts awarded by HSE and Office of Government Procurement (OGP). Additionally the HSE will continue to work collaboratively with the OGP to deliver a more extensive programme of compliant contracts for the health services. In the context of the HSE's current procurement systems and resourcing challenges it is acknowledged that it will take a number of more years to fully address procurement compliance issues. However, in the interim, the HSE is in the process of developing and resourcing a structure to sustain and enhance the capability to drive multi annual procurement planning, compliance improvement and capacity development.

The HSE has completed a Corporate Procurement Plan (2022-2024) which is a requirement of the *Code of Practice for the Governance of State Bodies 2016* and has been approved by the HSE Board.

The Corporate Procurement Plan focuses on a number of key priorities summarised below under key headings:

#### Sourcing and Contracts:

- The HSE has coordinated and collaborated with all HSE organisations to agree a Multi Annual Procurement Plan (MAPP), which is aligned to the implementation of the HSE Corporate Procurement Plan, for all participating Section 38 and Section 39 health sector agencies by end Q3 2023. The MAPP is expected to increase and maintain HSE Spend under Management (SUM) of 68% by the end of 2023 and of 85% by the end of 2024
- Increase SME participation through the HSE MAPP pipeline of upcoming tenders that will be published each quarter on the HSE website to inform SME and Micro Enterprises of upcoming opportunities in advance of tender publication

- Roll out of induction / training programme “Procurement for non-Procurement Officers” for Procurement and Finance professionals including Compliance Business Analysts across Hospital Groups and Community Healthcare Organisations (CHOs)
- Implement a Central Assisted Sourcing Service to support publication of all tender opportunities greater than €25,000 on the Government's eTenders website [www.eTenders.gov.ie](http://www.eTenders.gov.ie) consistent with Circular 10/2014 requirements
- Procurement have developed a bespoke corporate procurement plan (CPP) / Procurement Compliance Improvement Programme in collaboration with each participating health service organisation to assist each health service organisation to become compliant with legal and regulatory policy and corporate governance obligations. The organisation's CPP / Procurement Compliance Improvement Programme will be supported and managed using the available electronic toolset to support corporate procurement planning (eCPP) with a target to achieve compliance of 100% usage of the eCPP toolset for procurement planning by Hospital Groups and CHOs with continued roll-out across health organisations thereafter in 2023
- Continue to support HSE Digital Transformation and Innovation, and Health Innovation Hub Ireland, to develop expertise and Standard Operating Procedures to enable optimum exploitation of the opportunities arising from pre-commercial and health innovation procurement initiatives
- Apply appropriate procurement processes, award criteria and weighting to support innovation, social inclusion and economic and environmental sustainability priorities into all procurement processes with effect from Q1 2023.

#### Systems Development:

- FastTrack the deployment of the purchase to pay elements of SAP Ariba to select sites in advance of IFMS go-live
- Ensure that new systems that have procurement related capabilities such as the National Estates Information System are fully aligned and consistent with the new Finance Operating Model and IFMS Target Operating Model
- Maintain and develop the electronic toolset (eCPP) to support compliance, visibility and corporate procurement planning and reporting
- Continue to digitally enable procurement processes through continuous improvement practices and usage of technologies.

#### Logistics and Inventory Development:

- Complete the roll-out of the National Distribution Centre (NDC) to statutory Hospitals within the HSE once funding / resources / capacity are made available
- Conduct a review on the further strategy / model development of the National Distribution Service to meet client requirements
- Support the Global Health Programme deliver on the HSE's commitment to support the development and improvement of health systems in lower and middle-income countries as part of a whole of government approach.

#### Organisational Development:

- Promote greater understanding of procurement regulations and individual obligations through the relaunch of the NFRs in Q1, 2023
- Implement the Target Operating Model to support IFMS including: self-service procurement for purchases below €25,000; and Procurement Shared Services for strategic sourcing above €25,000
- Agree the engagement model between HSE Procurement and HSE Clients, Section 38 and Section 39 agencies and the OGP
- Implement a communication model for procurement that is aligned to the engagement model, including how the communication of contract status and promotional materials for procurement regulations awareness are made available
- Increase the ease of access and understanding of the end-to-end HSE procurement service from sourcing through to logistics and inventory management by improving the procurement website and ancillary documents
- Continue the delivery of the accredited academic programme aligned to the European Competency Framework for Public Buyers and developed in partnership with the University of Limerick in Supply Chain Management and Public Procurement (Public Procurement Supply Chain Excellence (PPSCE), Level 7 Certificate and Level 7 Diploma.

## Statement on Internal Control (continued)

### Monitoring of the Corporate Procurement Plan

The monitoring of the Corporate Procurement Plan will be through an oversight group comprising HSE, the DOH and DPENDPDR.

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

### III. Governance of Grants to Outside Agencies

In 2022 €6.3bn of the HSE's total expenditure related to grants to outside agencies. The legal basis under which the HSE provides grant funding to agencies is set out in the *Health Act 2004*. Annually the HSE funds circa 1,830 agencies, ranging from the large voluntary hospitals in receipt of over €300m to small community-based agencies in receipt of €500.

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

Due to the specific nature of the funding arrangements with the Section 38 and Section 39 agencies, the HSE must continue to ensure timely funding particularly in respect of contractual pay and staffing costs, which account for up to 80% of expenditure.

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

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

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

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

The requirement for agencies to submit financial reports and staffing returns and for the HSE to hold performance review meetings is dependent on the level of funding released to the agency.

During 2022 weaknesses identified by the HSE's annual internal control review, via the Controls Assurance Review process and Internal Audit reports were similar to 2021 particularly in the application of processes relating to monitoring and oversight of some agencies.

External and internal audits have found that:

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

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

At the end of 2022, 82.9 % (2021: 86%) of funding was covered by a completed Service Agreement (SA) / Grant Aid Agreement (GA) despite the on-going challenges arising from the COVID-19 pandemic and funding considerations. There has been a drop in this metric particularly since 2018. The HSE intends to bring additional focus on ensuring that the level of compliance is improved in 2023.

## Contract Management Support Units

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

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

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

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

- SAs and GAs are completed and finalised in a timely manner
- Audited Annual Financial Statements (AFS) and Annual Financial Monitoring Returns (AFMR) are both received and reviewed
- A system is in place in each CHO to ensure performance review meetings are taking place in accordance with performance monitoring guidelines
- Key documents such as the Chairperson's Statement, Management Accounts and Activity Data are received and reviewed as appropriate
- The Service Provider Governance (SPG) database is updated accurately.

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

## Reporting

In addition to the establishment of the CMSUs, the Compliance Unit issues monitoring reports on a twice-monthly basis to all accountable officers on two crucial elements of the Governance Framework, namely, the completion of SAs / GAs and the receipt and review of relevant agencies' AFSs / AFMRs. Furthermore, meetings are held and direct contact is made on a regular basis with representatives of the accountable officers so as to ensure that the Governance Framework for funded agencies is being implemented in their areas.

In relation to the process for the review of AFS and AFMRs, it should be noted that all of the documentation required to underpin the reviews of the individual AFSs and AFMRs has been updated by the Compliance Unit during 2022 so as to ensure that these reviews are undertaken and documented in a standard manner by the Financial Analysts in the CMSUs.

## Governance of Agencies

In relation to the HSE ensuring that the standard of governance in the funded agencies is of an appropriate standard, it should be noted that the following four mechanisms are in place:

- (1) ACSs are submitted by all voluntary agencies in receipt of in excess of €3m
- (2) AFMRs incorporate the provision of formal assurances in respect of financial controls and are submitted by all agencies in receipt of in excess of €250,000
- (3) Chairperson's Statements are submitted by the Chairs of all agencies that have executed a GA with the HSE
- (4) External Reviews of Governance are undertaken in relevant agencies.

In relation to these External Reviews, Phase 2 of this process has commenced and is being conducted by an external consultancy firm. These external reviews examine governance at Board and Executive level and it should be noted that after these reviews are completed, the Boards of the relevant agencies are required to submit updates on agreed actions on a quarterly basis.

## Statement on Internal Control (continued)

### IV. Information Communication Technology (ICT)

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

The HSE consists of approximately 4,500 locations, including 45 acute hospitals. The HSE runs and manages the largest ICT estate within the state, with over 4,700 servers and 87,000 devices such as laptops and PCs and 26,000 mobile phones. The eHealth division provides support in this context. The HSE provide a secure network to 2,610 sites.

There are approximately 870 individual ICT projects of various sizes and scale currently being progressed, which are categorised into three broad areas, Foundational Infrastructure and Cyber Technology (8 programmes), National Programmes (26 programmes) and HSE Transformation priorities (16 programmes). The eHealth division currently has 831 WTE staff and approximately a further 300 vacancies, a recurring revenue budget of €187m and a capital budget of €140m.

Arising from the Conti Post Incident Review report, issued at the end of 2021 a sub-group of the HSE was established to oversee and lead the multi-year implementation of the post cyber-attack incident review recommendations. As a result, the following have been implemented during 2022:

- An interim Chief Technology and Transformation Officer (CTTO) has been appointed who is leading a transformation programme that is required to future-fit the technology in this area
- At its June 2022 meeting, the Board approved the Terms of Reference for the new Board Committee to provide oversight of the HSE's Technology and Transformation Programme, which has met on a regular basis. Steering groups are in place to direct both Cyber Transformation, and the work on a new eHealth strategy
- An interim Chief Information Security Officer is in place and is developing and establishing a suitably resourced and skilled cybersecurity function
- The Operational and Clinical Resilience Steering Group has been established to develop and implement a clinical and services continuity transformation programme, which will enhance operational preparedness and crisis management capabilities. Planning for this work-stream continues with early priorities including the development of the Operational and Clinical Resilience strategy. The overall PMO has been established and work has commenced on the notification of individuals whose data was extracted as a result of the cyberattack.

### ICT Security Controls

Internal audits have identified weaknesses around security controls and the management of secure access. Circa 99% of the recommendations arising from these audits have been completed, with work ongoing on the remainder. eHealth have implemented appropriate controls to continually harden our cyber security.

### ICT Policies

A full review of eHealth policies has commenced and is expected to be completed by end of Q3 2023 as part of an eHealth Security Control Improvement plan. Following this review and the likely updating of some policies, eHealth division management intends to conduct a compliance exercise to assess and baseline the level of compliance with these policies. This compliance assessment will inform what further actions are required.

### Key Activities

The eHealth division has several multi-year programmes underway to drive improvements across our large domain. These include Windows 7 refresh programme, the single sign-on programme, other key infrastructure upgrades, and the upgrading of application software.

The windows refresh programme has reduced our exposure from over 40,000 machines in May 2021, to just 4500 in January 2023. The remainder are on target to be completed in Q1 2023.

The migration to a single digital identity for staff across CHOs, Hospital Groups and Health Business Service, as well as central divisions has on-boarded 20,000 users, at end 2022. Migration is currently on target to reach greater than 90% of users by end 2023.

The eHealth division is also improving breadth of resource to ensure that staff with the right blend of technology skills, are situated where needed most.

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

The Infrastructure Migration Programme which will migrate selected disaster recovery environments to the cloud has commenced, and all new applications are cloud hosted where appropriate. This procurement includes provision for disaster recoveries for all systems.

Other Disaster Recovery Supporting activity:

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

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

## V. Risk Management

As detailed in Sections 2 and 3 earlier, the HSE recognises the importance of a strong Risk Management Framework. Despite the impact of the COVID-19 pandemic and the cyberattack, significant activity has taken place during 2022 to monitor existing risks and which continue to bring about improvements to the overall area of risk management in the HSE. While there has been significant progress centrally within the HSE, there is still work that is required to be completed in order to embed a strong culture of risk management across the wider organisation.

### Improving Risk Management Process

In addition to the good practices previously recognised as part of an external expert review of the HSEs corporate risk management process, a number of other recommendations have been progressed including:

- The successful recruitment of a multi-disciplinary risk team
- The implementation of a risk information system to record the Corporate Risk Register
- As agreed with the Board at the time the HSE's first Risk Appetite Statement (RAS) was adopted, the CRO commenced a review of the RAS to assess how it operated in practice. This review is expected to be completed early in Q2 2023.

The multi-disciplinary risk management team has undertaken the updating of the 2017 Integrated Risk Management policy and completed a comprehensive consultation process, with approval of the new Policy by the Board scheduled for early 2023. Following approval of the revised Policy, the priority will be the development and delivery of training and enhanced communications in relation to risk.

### Corporate Risk Register

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

The HSE's approach combines a top-down strategic assessment of risk against risk appetite, which takes account of the external and internal environment, along with a bottom-up operational identification and risk reporting process.

In January 2022, the EMT completed its annual strategic assessment of the HSE's Principal Risks and Uncertainties (the corporate risk register). The form of corporate risk reporting was expanded to capture both the inherent and residual rating for risk as well as aligning risks with the risk appetite of the Board. Further quarterly reviews were undertaken in June, September and December. In addition to the quarterly review process, the CRO may report on a monthly basis by exception on any significant changes between the quarterly reviews on corporate risks that are more dynamic in nature.

## Statement on Internal Control (continued)

### VI. High Earners Review

Internal Audit conducted assurance work in this area in order to provide assurance over the accuracy of the high earners list and the appropriateness of payments to these persons, in accordance with Government Guidelines and Pay Policy.

The work included a detailed review of all employees whose earnings were in the pay band of €300,000 and higher in 2021. A follow up review will be taking place again on 2022 expenditure.

Internal Audit's review identified some instances where payments made to these consultants were inconsistent with policy. The review also identified potential internal control gaps around payments made to these consultants under local hospital arrangements.

The CEO established a review process under the direction of the HSE's Chief Operating Officer (COO) tasked with setting in place a process to examine the findings and recommendations of this audit and on the 28 June 2022, the HSE EMT approved an Action Plan to address these issues identified in relation to consultant pay compliance. A high-level plan sets out a series of actions to improve the control environment and provides an indicative timeline for delivery. Programme governance has been reviewed, a working group is now in place and achievable milestones have been set for Q1 and Q2, 2023.

### VII. Payroll Controls

The findings of the HSE's review of the effectiveness of the system of internal control noted potential weakness in the operation of controls in this key area particularly in local payroll operations outside of the shared services model. Some of the concerns raised were:

- Lack of segregation of duties in some HSE areas
- Gaps in management oversight and timely adherence to administration process
- Inconsistent reviews in relation to the review of divisional personnel reporting
- Lack of evidence in relation to key payroll and HR controls.

The HSE has been rolling out a National Integrated Staff Records and Pay Programme (NiSRP) since mid-2019. The purpose of NiSRP is to implement a single HR / Staff Records technical platform for national coverage of all people related data for the HSE using SAP HR. It also covers the implementation of one Payroll technical platform for all HSE employees using SAP Payroll. It will allow for the automation of appropriate staff processes through the introduction of Employee and Manager self-service.

To date the NiSRP Programme has delivered its solution to over 62,000 staff members across HSE East, South-East, Mid-West, North-West and Midlands.

The current regional implementation across HSE South is on track to 'go-live' from March 2023, which will increase the number of staff on the new system and processes to approximately 80,000.

The programme is currently working with relevant stakeholders – and subsequently Governance – to plan its deployment schedule to the remaining two regions (North-East and West). Deployments to both are expected to be in 2024, noting this is subject to final agreements.

The full roll-out of NiSRP will mitigate the risk of payroll fraud and irregularity through workflow automation, inbuilt system controls and process standardisation. The HSE's National Financial Division are co-ordinating a 3-year control improvement programme as noted earlier. One of the workstreams involved the refresh and update of the NFRs. These newly refreshed NFR documents provide guidance on maintaining strong payroll controls (specifically B3) and were developed with the input and assistance from HR, Payroll and NiSRP subject matter experts. Each NFR has an accompanying checklist that provides guidance and assistance for local areas to establish their own local procedures and ensure appropriate governance is in place. A full communications programme was implemented for the launch of these documents and a specific training video on the employee administration and payroll NFR document is available to all staff online. In addition, specific payroll controls training webinars were held during 2022 and will continue to feature in our 2023 training programme.



## 14. Conclusion

The report on the Review of Effectiveness of the System of Internal Control in the HSE has been considered by the HSE's ARC who have provided advice on same on behalf of the Board.

The HSE is an organisation undergoing significant change whilst continuing to deal with the ongoing impact that COVID-19 has had on HSE service delivery. The HSE's control systems still rely on the legacy financial systems of the former health bodies it replaced however, these legacy systems will be replaced on a phased basis with a single national integrated financial and procurement system as detailed earlier in Section 14.

The review of the system of internal control indicates that there are limitations and weaknesses observed in the HSE's system of internal controls. However, where these weaknesses have been observed there is some evidence of mitigation and / or management action plans that have been undertaken to reduce the risk exposure, sufficient to support the adoption of the AFS. These weaknesses taken in conjunction with the overall 2022 limited audit opinion issued by the National Director of Internal Audit mean that the review can only provide limited assurance in respect of the system of internal control.

The HSE acknowledges that there is a requirement to improve overall levels of compliance with the system of internal control, and this is receiving senior management attention, however, it is encouraging to note that the 2022 review indicates a continued growing awareness of the importance of improved accountability and responsibility at all levels of HSE staff, and stronger engagement with the controls assurance process for 2022.

The Board acknowledges that it has overall responsibility for the system of internal control within the HSE and will continue to monitor and support further development of controls. Progress will be reassessed in the 2023 Review of the Effectiveness of the System of Internal Control.



**Ciarán Devane**

*Chairperson of the HSE Board*

## Report for presentation to the Houses of the Oireachtas Health Service Executive

### Opinion on the financial statements

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2022 as required under the provisions of Section 36 of the Health Act 2004. The financial statements comprise

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

In my opinion, the financial statements

- properly present the state of the Health Service Executive's affairs at 31 December 2022 and its income and expenditure for 2022, and
- have been properly prepared in accordance with the accounting standards specified by the Minister for Health, as set out in the basis of preparation section of the accounting policies.

### Basis of the opinion

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

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

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

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

#### 1 Losses related to Covid-19

##### Obsolete vaccines

The revenue income and expenditure account includes charges totalling €94.4 million related to the obsolescence of stocks of Covid-19 vaccines. These comprise a write-off of €33.7 million in respect of Covid-19 vaccines that had not been used prior to the manufacturer's expiry date, or that were no longer suitable for administration; and a provision of €60.7 million in respect of Covid-19 vaccines expected to reach the manufacturer's expiry date before they can be used in the vaccination programme. (See Note 1(b) to the financial statements).

##### Storage costs of obsolete personal protective equipment

In 2022, the Health Service Executive incurred costs of €1.7 million in respect of the storage of personal protective equipment that it had classified as obsolete. This comprised around €600,000 for storage of protective suits that were classified as obsolete at end 2020; and a cost of €1.1 million for storage of large quantities of hand gel deemed obsolete at end 2021.

## 2 Non-compliant procurement

Section 13 (II) of the statement on internal control discloses that non-compliance with procurement rules remains an issue for the Health Service Executive. I have repeatedly drawn attention to this issue in my annual reports on the audits of the financial statements.

The Health Service Executive's estimated total expenditure on goods and services that are subject to procurement regulations was approximately €4 billion in 2022. The Executive carried out a self-assessment exercise to determine the level of non-compliant procurement in respect of purchases for which the invoices were valued in excess of €25,000. These amounted to an estimated €2.1 billion, representing just over half of the Executive's spending. The self-assessment exercise indicated that the rate of non-compliant procurement in 2022 was around 7% (€128 million).

In my view, the estimated rate of non-compliant procurement may not accurately represent the scale of the underlying problem of non-compliant procurement by the Health Service Executive, for two reasons:

- Around 50% of the Health Service Executive's procurement (i.e. procurements each valued at €25,000 or less) was not within the scope of the self-assessment exercise
- Compliance assessments were not completed in respect of 13% of the procurement expenditure within the scope of the exercise, either because the manager responsible for the expenditure could not be readily identified centrally, or because the identified managers failed to respond to the exercise.

The Executive accepts that there are limitations to its review. The statement on internal control sets out the steps being taken by the Health Service Executive to address its non-compliance with procurement rules, but it reiterates that it will take a number of years to address fully the procurement compliance issues.

## 3 Inadequate monitoring and oversight of grants to outside agencies

In 2022, the Health Service Executive provided funding of €6.3 billion to outside agencies (section 38 and section 39 bodies). Section 13 (III) of the statement on internal control discloses weakness in the Health Service Executive's system of oversight and monitoring of grants to these agencies. This includes disclosure that there was a significant drop in the proportion of annual funding covered by the relevant form of contract agreement i.e. service arrangement (over €250,000) or grant aid agreement (less than €250,000).

Even by the year end, only 83% of the funding issued in 2022 to section 38 and 39 agencies had been covered by a completed agreement (2021: 86%). This was a significant reduction from 2017, when agreements were finalised for 96% of that year's grant funding. The statement on internal control outlines the steps being taken by the Executive to address those weaknesses.

## 4 Payments to high earners

Note 7 to the financial statements analyses the remuneration of Health Service Executive personnel by pay band. This indicates that the highest earner in 2022 received €974,000, and that seven other staff members received remuneration in excess of €500,000 each in 2022.

Section 13 (VI) of the statement on internal control discloses that an internal audit review of remuneration to the highest earners identified some potential internal control gaps around payments made to some hospital consultants under local arrangements. The Executive is implementing an action plan to address these issues.



**Seamus McCarthy**

*Comptroller and Auditor General*

9 June 2023

## Appendix to the report of the C&AG

### Responsibilities of Board members

The members are responsible for

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

### Responsibilities of the Comptroller and Auditor General

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

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

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

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

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

I report by exception if, in my opinion,

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



### Information other than the financial statements

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

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

### Reporting on other matters

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

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

# Statement of Revenue Income and Expenditure

For the year ended 31 December 2022

	Notes	2022 €'000	2021 €'000
<b>Income</b>			
Department of Health Revenue Grant	3(a)	<b>22,482,176</b>	20,617,795
Deficit on Revenue Income and Expenditure brought forward	3(b)	<b>(195,034)</b>	0
		<b>22,287,142</b>	<b>20,617,795</b>
Patient Income	4	<b>370,839</b>	342,780
Other Income	5	<b>520,326</b>	486,904
		<b>23,178,307</b>	<b>21,447,479</b>
<b>Expenditure</b>			
Pay and Pensions			
Clinical	6	<b>4,911,191</b>	4,390,573
Non-Clinical	6	<b>1,739,687</b>	1,562,238
Other Client / Patient Services	6	<b>1,134,638</b>	1,052,529
		<b>7,785,516</b>	<b>7,005,340</b>
Non-Pay			
Clinical	8	<b>2,189,035</b>	2,306,767
Patient Transport and Ambulance Services	8	<b>108,559</b>	113,065
Primary Care and Medical Card Schemes	8	<b>4,177,680</b>	3,923,558
Other Client / Patient Services	8	<b>32,728</b>	30,706
Grants to Outside Agencies	8	<b>6,342,192</b>	5,691,382
Housekeeping	8	<b>372,129</b>	362,974
Office and Administration Expenses	8	<b>1,090,080</b>	1,002,080
Other Operating Expenses	8	<b>12,163</b>	11,986
Long Stay Charges Repaid to Patients	9	<b>(366)</b>	19
Hepatitis C Insurance Scheme	10	<b>840</b>	418
Payments to State Claims Agency	11	<b>482,617</b>	461,331
Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only	12	<b>770,297</b>	732,887
		<b>15,577,954</b>	<b>14,637,173</b>
Total Expenditure		<b>23,363,470</b>	<b>21,642,513</b>
Net Operating Deficit for the Year		<b>(185,163)</b>	<b>(195,034)</b>

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.



**Ciarán Devane**  
Chairperson  
23 May 2023



**Bernard Gloster**  
CEO  
23 May 2023

# Statement of Capital Income and Expenditure

For the year ended 31 December 2022

	Notes	2022 €'000	2021 €'000
<b>Income</b>			
Department of Health Capital Grant	3(a)	<b>1,249,150</b>	985,328
Deficit on Capital Income and Expenditure brought forward	3(b)	<b>(45,462)</b>	0
		<b>1,203,688</b>	<b>985,328</b>
Revenue Funding Applied to Capital Projects		<b>1,848</b>	1,785
Application of Proceeds of Disposals		<b>1,442</b>	2,549
Government Departments and Other Sources	13(c)	<b>8,097</b>	26,573
		<b>1,215,075</b>	<b>1,016,235</b>
<b>Expenditure</b>			
Capital Expenditure on HSE Capital Projects	13(b)	<b>635,904</b>	609,757
Capital Grants to Outside Agencies (Appendix 1)	13(b)	<b>531,706</b>	451,940
		<b>1,167,610</b>	<b>1,061,697</b>
<b>Net Capital Surplus / (Deficit) for the Year</b>		<b>47,465</b>	<b>(45,462)</b>

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.



**Ciarán Devane**  
Chairperson  
23 May 2023



**Bernard Gloster**  
CEO  
23 May 2023

# Statement of Changes in Reserves

For the year ended 31 December 2022

	Notes	Revenue Reserves €'000	Capital Reserves €'000	Capitalisation Account €'000	Total €'000
<b>Balance at 1 January 2021 (as previously reported)</b>		(857,479)	(71,581)	5,469,361	4,540,301
Transfer of Surplus in accordance with Section 33(3) of the Health Act 2004, as amended	3(b)	(200,711)	(67,406)		(268,117)
Net (Deficit)/Surplus for the year		(195,034)	(45,462)		(240,496)
Proceeds of Disposal Account – reserves movement	14		0		0
Additions to Property, Plant and Equipment in the year	13(a)			499,828	499,828
State Investment in PPP Service Concession Arrangements				3,621	3,621
Less: Net book value of Property, Plant and Equipment disposed in year	15			(40,762)	(40,762)
Less: Depreciation charge in year	15			(256,761)	(256,761)
<b>Balance at 31 December 2021</b>		<b>(1,253,224)</b>	<b>(184,449)</b>	<b>5,675,287</b>	<b>4,237,614</b>
<b>Balance at 1 January 2022</b>		(1,253,224)	(184,449)	5,675,287	4,237,614
Transfer of Deficit in accordance with Section 33(3) of the Health Act 2004, as amended	3(b)	195,034	45,462		240,496
Net (Deficit) / Surplus for the year		(185,163)	47,465		(137,698)
Proceeds of Disposal Account – reserves movement	14		34		34
Additions to Property, Plant and Equipment in the year	13(a)			467,399	467,399
State Investment in PPP Service Concession Arrangements				5,490	5,490
Less: Net book value of Property, Plant and Equipment disposed in year	15			(26,440)	(26,440)
Less: Depreciation charge in year	15			(276,742)	(276,742)
<b>Balance at 31 December 2022</b>		<b>(1,243,353)</b>	<b>(91,488)</b>	<b>5,844,994</b>	<b>4,510,153</b>

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.



**Ciarán Devane**  
Chairperson  
23 May 2023



**Bernard Gloster**  
CEO  
23 May 2023



# Statement of Financial Position

As at 31 December 2022

	Notes	2022 €'000	2021 €'000
<b>Fixed Assets</b>			
Property, Plant and Equipment	15	5,984,866	5,820,648
Financial Assets		271	363
<b>Total Fixed Assets</b>		<b>5,985,137</b>	<b>5,821,011</b>
<b>Current Assets</b>			
Inventories	16	268,003	299,948
Trade and Other Receivables	17	1,214,834	468,787
Cash		331,570	603,789
Creditors (amounts falling due within one year)	18	(3,072,887)	(2,715,379)
<b>Net Current Liabilities</b>		<b>(1,258,480)</b>	<b>(1,342,855)</b>
Creditors (amounts falling due after more than one year)	19	(155,730)	(162,528)
Deferred Income	20	(60,774)	(78,014)
<b>Net Assets</b>		<b>4,510,153</b>	<b>4,237,614</b>
Capitalisation Account		5,844,994	5,675,287
Capital Reserves		(91,488)	(184,449)
Revenue Reserves		(1,243,353)	(1,253,224)
<b>Capital and Reserves</b>		<b>4,510,153</b>	<b>4,237,614</b>

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.



**Ciarán Devane**

Chairperson

23 May 2023



**Bernard Gloster**

CEO

23 May 2023

# Statement of Cash Flows

For the year ended 31 December 2022

	Notes	2022 €'000	2021 €'000
<b>Net Cash Outflow from Operating Activities</b>	21	<b>(327,652)</b>	(51,480)
<b>Cash Flow from Investing Activities</b>			
Cash payments for Capital purposes		<b>(1,154,909)</b>	(1,057,731)
Cash payments from Revenue for Capital purposes	13(a)	<b>(36,570)</b>	(34,942)
Interest received from Investing Activities		<b>61</b>	0
Receipts from sale of property, plant and equipment (excluding trade-ins)	14	<b>1,476</b>	2,549
<b>Net Cash Outflow from Investing Activities</b>		<b>(1,189,942)</b>	<b>(1,090,124)</b>
<b>Cash Flow from Financing Activities</b>			
Capital Grant received		<b>1,249,150</b>	985,328
Capital receipts from other sources	13(c)	<b>8,097</b>	26,573
State Investment in PPP Service Concession Arrangements		<b>(5,490)</b>	(3,621)
Payment of capital element of finance lease		<b>(1,848)</b>	(1,785)
Interest paid on loans and overdrafts		<b>(16)</b>	0
Interest paid on Service Concession Arrangements		<b>(3,766)</b>	(4,911)
Interest paid on finance leases		<b>(752)</b>	(816)
Capital Surplus Transferred to DOH	3(a)	<b>0</b>	(67,406)
<b>Net Cash Inflow from Financing Activities</b>		<b>1,245,375</b>	<b>933,362</b>
Decrease in cash and cash equivalents in the year		<b>(272,219)</b>	(208,242)
Cash and cash equivalents at the beginning of the year		<b>603,789</b>	812,031
<b>Cash and cash equivalents at the end of the year</b>		<b>331,570</b>	<b>603,789</b>



**Ciarán Devane**  
Chairperson  
23 May 2023



**Bernard Gloster**  
CEO  
23 May 2023

# Notes to the Financial Statements

## Note 1 Accounting Policies

### Statement of Compliance and Basis of Preparation

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

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure, rather it is charged against the Capitalisation (Reserve) Account balance. Under GAAP depreciation must be charged in the Statement of Revenue Income and Expenditure
2. Capital grants received from the State to fund the purchase of property, plant and equipment are recorded in the Statement of Capital Income and Expenditure. Under GAAP, capital grants are recorded as deferred income and amortised over the useful life of related property, plant and equipment, in order to match the accounting treatment of the grant against the related depreciation charge. Capital expenditure in relation to assets other than those purchased by way of service concession arrangement are recognised in the Statement of Capital Income and Expenditure as incurred. Under FRS 102, such expenditure is capitalised and charged to income and expenditure over the life of the asset
3. Pensions are accounted for on a 'pay as-you go' basis. The provisions of FRS 102 '*Section 28: Employee Benefits*' are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements
4. Claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf, are accounted for on a 'pay as-you go' basis. This does not comply with FRS 102 '*Section 21 – Provisions and Contingencies*'. Details of the amount recognised in the Statement of Revenue Income and Expenditure in 2022, together with the actuarially estimated future liability attaching to this scheme at 31 December 2022, are set out in Note 11.

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

### Going Concern

The HSE has received the Letter of Determination for 2023 which is aligned to the National Service Plan for 2023 and confirms the total funding that the HSE has received from Government for the provision of Health and Social Services. The National Service Plan for 2023 has called out a significant challenge in terms of funding for 2023. Despite these challenges the HSE has determined that these financial statements for 2022 continue to be appropriately prepared on the Going Concern basis, based on the following key determinations:

- The Minister has provided Revenue and Capital Funding of €22.8bn for 2023
- Health and care services must continue to be provided by the State, there is no evidence that the totality of health care services will cease which is a key consideration of going concern
- The Government has strongly committed to the move to the RHA governance structure to underpin future integrated care.

### Income Recognition

#### Department of Health Revenue and Capital Grant

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

*Section 33(1) of Health Act 2004*, as amended provides that each year the Minister will issue a Letter of Determination to the HSE setting out the maximum expenditure it may incur in the relevant financial year. The final Letter of Determination in relation to 2022 was received on 22 February 2023.

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.

## Notes to the Financial Statements (continued)

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

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

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

Section 33(3) of the Health Act 2004, as amended, requires the HSE to manage and deliver services in a manner that is in accordance with an approved Service Plan and within the determination notified by the Minister. The Act provides for any deficits to be charged to income and expenditure in the next financial year and, subject to the approval of the Minister with the consent of the Department of Public Expenditure and Reform, for surpluses to be credited to income and expenditure in the next financial year. In 2022 deficits from both of the 2021 Statements of Income and Expenditure have been brought forward and charged to the Statements of Income and Expenditure this year on the instruction of the Department of Health.

### Other Income

- (i) Patient and service income is recognised at the time the service is provided
- (ii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting policy below)
- (iii) Income from all other sources is recognised when received with the exception of advanced payments for specified products and services that are to be delivered in the future where the expenditure has not yet occurred.

### Grants to Outside Agencies

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

### Leases

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

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

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

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

## Capital Grants

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

## Property, Plant and Equipment and Capitalisation Account

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

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

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

Capitalisation Policy – Capital funded assets and revenue funded assets were previously capitalised if the cost exceeded certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes. **A new €10,000 threshold has been implemented for Central Government Departments and with effect from 1 January 2022.** The HSE has therefore implemented the €10,000 threshold with retrospective application for all asset categories to replace the previous thresholds applied of €7,000 and €2,000 respectively. Asset additions below the new €10,000 threshold and funded from revenue are written off in the year of purchase. Asset additions below this new threshold funded from capital are included in Note 13(b) under '*Expenditure on HSE projects not resulting in Property, Plant and Equipment additions*'. A breakdown of asset additions by funding source is provided in Note 13(a) to the accounts.

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

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

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

Depreciation – In accordance with the accounting standards specified by the Minister for Health, depreciation is not charged to the Statement of Income and Expenditure over the useful life of the asset. Depreciation is reflected on the Statement of Financial Position, through the reserve account. This reserves entry (in the Capitalisation Account), is the reciprocal entry to Property, Plant and Equipment. Depreciation is charged to the Capitalisation Reserve Account over the useful economic life of the asset.

## Notes to the Financial Statements (continued)

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

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

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

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

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

The Letter of Sanction for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €1.5m in 2022 (2021: €2.5m). The proceeds of the sale of assets in the 2022 AFS is below this €1.5m threshold and is not considered to be Extra Exchequer Receipts (EERs) and in 2022 are reflected under Capital and Reserves.

### Public Private Partnerships Service Concession Agreements

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

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

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

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

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

### Pensions

Eligible HSE employees are members of various defined benefit superannuation schemes. Pensions are paid to former employees by the HSE. The HSE is funded by the Department of Health on a pay-as-you-go basis for this purpose. Funding from the Department of Health in respect of pensions is included in income. Pension payments under the schemes are charged to the Statement of Revenue Income and Expenditure when paid, as follows:

- (i) Superannuation paid to retired HSE employees is accounted for within the pay classification (see Note 6)
- (ii) Superannuation paid to retirees from the voluntary health service providers are accounted for under grants to outside agencies within the non-pay classification (see Note 8 and Appendix 1).

Contributions from HSE employees who are members of the schemes are credited to the Statement of Revenue Income and Expenditure when received. Contributions from employees of the voluntary health service providers who are members of the scheme are retained as income of the health service provider.

No provision has been made in respect of pension benefits earned by employees and payable in future years under the pension scheme, consistent with the accounting treatment in previous years. This continues to be the treatment adopted by the HSE following the accounting specifications of the Minister.

The *Public Service (Single Scheme and Other Provisions) Act 2012* introduced the new Single Public Service Pension Scheme ("Single Scheme") which commenced with effect from 1 January 2013. All new staff members to the Health Service Executive, who are new entrants to the Public Sector, on or after 1 January 2013 are members of the Single Scheme. Single Scheme member contributions are paid over to the Department of Public Expenditure and Reform.

### **Additional Superannuation Contribution (ASC)**

ASC was introduced and operative from 1 January 2019 and replaces the Pension Related Deduction (PRD). Whereas PRD was a temporary emergency measure, ASC is a permanent contribution in respect of pension. Details of the amounts collected in respect of the ASC are set out in Note 5(a) to the Financial Statements.

### **Inventories**

Inventories are stated at the lower of cost or replacement cost. The HSE historically carries a provision against specific vaccine inventories and any other write offs. Adjustments for obsolescence are charged in the current year against revenue income and expenditure.

### **Patients' Private Property**

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

### **Critical Accounting Judgements and Estimates**

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

### **Accounting for Write-offs**

The AFS includes an overall write down in respect of COVID-19 vaccines of €94.4m which is a material charge for 2022. These write-offs are based on stocks that are out of date as at the end of December and those that are due to be out of date or considered obsolete during 2023.

### **Accounting for Contingent Assets relating to VAT Receivable**

VAT has been charged on some of the COVID-19 testing services provided. The HSE's view, and that of its advisors, is that the services provided are exempt and that the VAT paid is recoverable. The HSE has therefore recognised the VAT amount recoverable as a Contingent Asset on the basis that an inflow of economic benefits is deemed probable.

### **Accounting for Bad and Doubtful Debts**

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

### Accrued Holiday Pay

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

### Primary Care Centres: Valuation, Depreciation, Residual Values and Future Minimum Lease Payments

Primary Care Centres (PCC) purchased by way of Public Private Partnership (PPP) service concession arrangements are capitalised and accounted for using the finance lease liability model.

The value of the PCC asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at amounts equal to the present value of the minimum lease payments.

Assets acquired under service concession agreements are, under specific contractual obligations in those agreements, handed back to the HSE at the end of the concession term with useful lives equivalent to that of the asset when originally commissioned. Performance of the 'hand back' provisions is guaranteed by significant financial retentions and penalties provided for in the concession agreements. As a result of these provisions the HSE does not charge depreciation on these assets.

Future minimum lease payments are calculated from the unitary charge payments set out in the construction contract financial model, to be made directly by HSE. The property elements of the unitary charge plus any reliably measured capital payments are used as the basis. In line with FRS 102, the effective interest rate is used to discount the future construction related liabilities arising from concession agreements. The HSE selected a discount rate of 3.32% after consultation with the National Development Finance Agency (NDFA), on the basis that it reflects an appropriate rate for long term infrastructure assets.

The HSE have reviewed the asset lives and associated residual values of the Primary Care Centres and have concluded that the asset lives and residual values are appropriate.

## Note 1(b) COVID-19

### COVID-19 note for AFS

The HSE received Revenue and Capital funding of €23.5 billion from the Department of Health in 2022 reflecting the need to ensure that the HSE's COVID-19 strategy was appropriately funded whilst ensuring the delivery of ongoing health services in a continuing COVID-19 environment.

Specific funding of €2.0 billion has been provided in relation to the key areas and activities which are fundamental to the HSEs COVID-19 strategy.

### Vaccine Stock Write-offs and Provision for Expiry in AFS 2022 (€94.4m)

The AFS for 2022 includes an overall write down in respect of COVID-19 vaccines of €94.4m which is a material charge for 2022.

These write-offs / provision for expiry are based on stocks that are out of date as at the end of December and those that are due to be out of date or no longer considered to have utility in the programme during 2023. The breakdown of the €94.4m is as follows:

### Expired COVID-19 Vaccine Stock Write-off: €33.7m

Expired stock relates to stocks which have passed the manufacturers expiry date and stocks that are no longer suitable for administration.



### Provision for Future Stock that will expire: €60.7m

There is a provision of €47.9m for original formulation vaccine stocks (held in reserve in 2022 as a necessary contingency in the event of an emergency that did not arise) that are due to expire in the first quarter of 2023 and are no longer considered to have utility in the programme (as the newer bivalent vaccines can be also used for primary dose vaccination).

This provision includes also an amount of €12.8m for adapted vaccines that are now nearing expiration (again, originally held as a contingency in the event of an epidemiological deterioration in winter 2022 that did not arise).

These specific COVID-19 vaccines were procured “at risk” prior to authorisation, as Ireland’s share of the Joint EU Procurement arrangements, operated by the Commission on behalf of 27 Member States, having regard to the need to secure timely access to a portfolio of the safest and most effective vaccine technology types, so that Member States would be positioned to respond to any deterioration in the disease trajectory that would necessitate an emergency mass population vaccination response (incl. possible future emergencies).

### The cost of Personal Protective Equipment (PPE)

The overall expenditure for 2022 has been estimated as **€146m** (2021: €352m).

Included in this total is a charge to expenditure of €37m arising from stock movements during 2022.

As per FRS 102, the HSE is required to ensure that its inventories reported at the year-end are reported at lower of cost or net realisable value.

### Overall Summary of all key areas of COVID-19 related expenditure in 2022

- COVID-19 Vaccination Programme has been estimated at **€425m** (2021: €530m) which is recorded in the income and expenditure account (This includes the vaccine write off and provisions referred to above)
- The costs of testing and tracing in 2022 are estimated as **€408m** (2021: €719m)
- The Acute Hospital and Community COVID-19 costs are estimated **€598m** including a figure of **€26m** in respect of COVID therapeutics and **€44m** access to care fund
- The Pandemic Special Recognition Payment has been estimated at **€208m** (This includes payments made directly to HSE employees and indirectly through the voluntary organisations)
- The ongoing costs of securing private hospital capacity to support the health system has cost **€173m** (2021: €148m)
- The overall expenditure for PPE as above is circa **€146m**.

The HSE has considered the impact of COVID-19 when determining whether it is appropriate to prepare these Annual Financial Statements on the basis of a going concern. Given the significant investment by the State in the HSE and its services during 2022 as detailed above along with the fact that funding has been secured for 2023 as well as the longer term *Sláintecare* plan for the provision of future health services the HSE has determined that these Annual Financial statements are prepared on the going concern basis.

The review and impact on the HSEs governance and controls environment is considered in the Statement of Internal Control.

## Note 2 Operating Surplus

	2022 €'000	2021 €'000
Net operating surplus for the year is arrived at after charging:		
Audit fees	707	707
Remuneration CEO	490	430

The former CEO (1st January 2022 to 1st December 2022) received total remuneration of €399,182. This comprised of basic pay of €339,549, allowances of €45,838 and benefit in kind (BIK) €13,795.

The BIK amount related to the provision of a company car, was not a paid allowance and did not increase the overall gross pay. It was a calculated value for the purposes of deducting tax in accordance with Revenue requirements. The former CEO was not a member of the HSE pension scheme and no employer pension contributions were made by the HSE on the behalf of the former CEO. As a consequence the former CEO received an equivalent pension allowance. The former CEO's total expenses for 2022 amounted to €4,995 (2021: €4,420).

The Interim CEO (3rd October 2022 to 31st December 2022) received total payments of €90,379 in basic pay in this capacity. The Interim CEO's expenses for 2022 amounted to nil.

	2022 €'000	2021 €'000
<b>Board members' expenses</b>		
Ciarán Devane	4,083	362
Professor Deirdre Madden	739	0
Fergus Finlay	0	0
Michelle O'Sullivan ( <i>appointed 21 July 2022</i> )	0	0
Brendan Whelan	511	0
Anne Carrigy	255	0
Dr Yvonne Traynor ( <i>reappointed 28 June 2022</i> )	131	0
Tim Hynes ( <i>reappointed 28 June 2022</i> )	262	0
Aogán Ó Fearghail ( <i>reappointed 28 June 2022</i> )	461	0
Dr Sarah McLoughlin	131	0
Brendan Lenihan ( <i>resigned 25 March 2023</i> )	592	0
Professor Fergus O'Kelly	0	0
	<b>7,165</b>	<b>362</b>

The Board of the HSE was established on 28th June 2019 as governing body of the HSE in accordance with the Health Service Executive (Governance) Act 2019. The Act provides for a Chief Executive Officer who is accountable to the Board but is not a Board member. Fees are paid to Board members.

## Note 3 Department of Health Revenue and Capital Grant

### 3(a) Department of Health Revenue and Capital Grant

	2022 €'000	2021 €'000
Net Revenue Funding allocated to HSE	<b>23,706,949</b>	21,627,500
Less: Capital Funding Department of Health 2022	<b>(1,249,150)</b>	(985,328)
Net Revenue Funding allocated to HSE	<b>22,457,799</b>	20,642,172
Less: Once Off funding deferred until 2022*	<b>24,377</b>	(24,377)
<b>Department of Health Revenue Grant</b>	<b>22,482,176</b>	<b>20,617,795</b>

\* Once off funding allocations were sanctioned by the relevant Minister towards the end of 2021. These funding allocations have been treated as deferred income to cover expenditure in respect of specific services in Mental Health €7.9m, Disability €6.4m and Palliative Care €10m

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

	2022 €'000	2021 €'000
Opening Revenue Grant Balance due from Department of Health as at 1 January 2022	<b>92,737</b>	0
Revenue Grant – Funding allocation from the Department of Health	<b>22,482,176</b>	20,617,795
Less: Remittances from Department of Health between 1 January and 31 December	<b>(22,019,606)</b>	(20,348,724)
Less DOH deferred income released from 2021	<b>(24,377)</b>	24,377
Revenue Grant balance due from Department of Health 2021 (up to Approved Allocation)	<b>530,930</b>	293,448
Less: Retraction of Revenue First Surplus 2020 to the Department of Health	<b>0</b>	(200,711)
Revenue Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	<b>530,930</b>	<b>92,737</b>
Opening Capital Grant owed to Department of Health as at 1 January 2022	<b>(67,406)</b>	0
Capital Grant – Funding allocation from the Department of Health	<b>1,249,150</b>	985,328
	<b>1,181,744</b>	985,328
Less: Remittances from Department of Health between 1 January and 31 December	<b>(1,249,150)</b>	(985,328)
Balance forward utilised during the year	<b>0</b>	0
Less: Retraction of Capital First Surplus 2020 to the Department of Health	<b>0</b>	(67,406)
Capital Grant owed to the Department of Health as at 31 December	<b>(67,406)</b>	(67,406)
<b>Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December Note 17</b>	<b>463,524</b>	<b>25,331</b>

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

In 2021, the Revenue Income and Expenditure Account recorded a deficit for the year of €195.03m and the Capital Income and Expenditure Account recorded a deficit of €45.5m. These deficits were included in the HSE Reserves at 31 December 2021. As directed by the Minister, pursuant to Section 33 of the Health Act (as amended), these deficits should be brought forward by the HSE and charged to the 2022 Income and Expenditure respectively. In 2022, total payments issued from the Health Vote to the HSE were less than the amount set out in the Minister's annual letter of determination by an amount of €438.2m. In addition to this amount, the DoH debtor brought forward from 2021 was €25.3m. Both amounts total the DoH debtor of €463.5m for 2022.

## Notes to the Financial Statements (continued)

### Note 4 Patient Income

	2022 €'000	2021 €'000
Private Charges	239,605	219,303
Inpatient Charges	24,613	22,508
Emergency Department Charges	17,320	14,879
Road Traffic Accident Charges	4,104	4,312
Long Stay Charges	77,634	75,821
EU Income – E111 Claims	7,563	5,957
	<b>370,839</b>	<b>342,780</b>

### Note 5 Other Income

#### (a) Other Income

	2022 €'000	2021 €'000
Superannuation Income	<b>159,225</b>	156,180
Additional Superannuation Contributions (ASC) deductions from HSE own staff	<b>156,849</b>	137,388
Additional Superannuation Contributions (ASC) deductions from service providers	<b>69,253</b>	62,901
Other Payroll Deductions	<b>9,617</b>	9,015
Secondment Recoupments of Pay	<b>18,126</b>	18,719
Agency / Services – provided to Local Authorities and other organisations	<b>7,037</b>	5,171
Canteen Receipts	<b>10,199</b>	8,841
Certificates and Registration Income	<b>12,255</b>	9,623
Parking	<b>7,510</b>	5,147
Refunds	<b>13,546</b>	14,661
Rental Income	<b>4,460</b>	3,788
Donations	<b>1,226</b>	1,600
Legal Costs Recovered	<b>31</b>	495
Income from other Agencies (See Note 5(b) analysis below)	<b>38,931</b>	44,361
Miscellaneous Income	<b>12,061</b>	9,014
	<b>520,326</b>	<b>486,904</b>

## (b) Income from Other Agencies\*

	2022 €'000	2021 €'000
Department of Foreign Affairs and Trade – Irish Aid: programme for overseas development	148	243
Friends of St. Luke's Rathgar	1,270	325
Department of Arts, Heritage, Regional and Gaeltacht Affairs – Helicopter Services	249	207
Department of Children, Equality, Disability, Integration and Youth – National Social Inclusion	169	0
Pobal / <i>Sláintecare</i>	231	7,573
National Centre for Clinical Audit / <i>SláinteCare</i>	810	0
Clinical Trials Ireland – Clinical Research Trials	535	676
EU Income – various projects	3,988	3,657
Genio Trust (Mental Health Projects)	2,353	4,282
Education and Training Boards / Solas	790	875
Regional Drug Task Force	245	5
The Atlantic Philanthropies – National Dementia Strategy	0	382
Katherine Howard Foundation – Nurture	157	242
National Treatment Purchase Fund	25,130	22,751
Jigsaw (Mental Health Project)	589	0
UCC Oncology Clinical Trials	352	263
UHW Clinical Trials	154	296
Nursing and Midwifery Board of Ireland	218	333
Merck Sharp Dohme Clinical Trials	448	593
Bayer Clinical Trials	5	125
BMS Clinical Trials	93	99
Pharma Research	160	96
DMG Media – The Pulse Campaign	0	111
NEIC Development Grant	267	789
Tusla	0	262
Friends of Wexford Hospital	138	0
Novartis (Donations and Clinical Trials)	32	176
Kerry Hospice Donation	400	0
	<b>38,931</b>	<b>44,361</b>

\* Only income from agencies in excess of €100,000 in either year are shown. Income from Other Agencies that did not exceed €100,000 in either year is shown at Note 5(a) under Miscellaneous Income. Accordingly, the 2021 comparatives above have been re-stated where appropriate

## Note 6 Pay and Pensions Expenditure

	2022 €'000	2021 €'000
<b>Clinical HSE Staff</b>		
Medical / Dental	1,155,644	1,048,912
Nursing	2,012,078	1,837,233
Health and Social Care Professionals	799,677	726,370
Superannuation	550,545	498,455
	<b>4,517,944</b>	<b>4,110,971</b>
<b>Clinical Agency Staff</b>		
Medical / Dental	119,164	97,228
Nursing	130,032	122,234
Health and Social Care Professionals	44,896	60,140
	<b>294,092</b>	<b>279,602</b>
<b>Non-Clinical HSE Staff</b>		
Management / Administration	922,544	819,121
General Support Staff	411,246	361,185
Superannuation	217,977	194,875
	<b>1,551,767</b>	<b>1,375,181</b>
<b>Non-Clinical Agency Staff</b>		
Management / Administration	100,906	108,851
General Support Staff	87,014	78,206
	<b>187,920</b>	<b>187,057</b>
<b>Other Client/Patient Services HSE Staff</b>		
Other Patient and Client Care	880,854	832,691
Superannuation	129,549	118,047
	<b>1,010,403</b>	<b>950,738</b>
<b>Other Client/Patient Services Agency Staff</b>		
Other Patient and Client Care	124,235	101,791
	<b>124,235</b>	<b>101,791</b>
<b>Pandemic Special Recognition Payment*</b>		
HSE Staff	85,888	0
Agency Staff	13,267	0
	<b>99,155</b>	<b>0</b>
<b>Total Pay Expenditure</b>	<b>7,785,516</b>	<b>7,005,340</b>

\* The Pandemic Special Recognition Payment is included with Clinical Pay in the Statement of Revenue Income and Expenditure

## Note 6 Summary Analysis of Pay Costs

	Clinical 2022 €'000	Non Clinical 2022 €'000	Other Client / Patient Services 2022 €'000	Pandemic Special Recognition Payment 2022 €'000	Total 2022 €'000	Total 2021 €'000
Basic Pay	2,967,225	1,128,915	634,638	0	4,730,778	4,330,114
Allowances	136,339	24,361	29,915	0	190,614	136,099
Overtime	214,523	20,978	41,078	0	276,579	240,339
Night duty	71,552	6,574	22,615	0	100,741	93,577
Weekends	139,497	31,097	69,462	0	240,057	227,018
On-Call	69,788	2,293	45	0	72,126	69,951
Arrears	2,116	3,745	(831)	0	5,030	21,052
Pandemic Special Recognition Payment	0	0	0	85,888	85,888	0
<b>Wages and Salaries</b>	<b>3,601,040</b>	<b>1,217,963</b>	<b>796,922</b>	<b>85,888</b>	<b>5,701,813</b>	<b>5,118,150</b>
Employer PRSI	366,358	115,828	83,932	0	566,118	507,363
Superannuation*	550,545	217,977	129,549	0	898,071	811,377
<b>Total HSE Pay</b>	<b>4,517,943</b>	<b>1,551,768</b>	<b>1,010,403</b>	<b>85,888</b>	<b>7,166,002</b>	<b>6,436,890</b>
Agency Pay	294,092	187,920	124,235	13,267	619,514	568,450
<b>Total Pay</b>	<b>4,812,035</b>	<b>1,739,688</b>	<b>1,134,638</b>	<b>99,155</b>	<b>7,785,516</b>	<b>7,005,340</b>

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 2022 was €898m (2021: €811m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €159m (2021: €143m).

	2022 €'000	2021 €'000
* Analysis of Superannuation		
Ongoing superannuation payments to pensioners	739,073	668,421
Once-off lump sums and gratuity payments	158,998	142,956
	<b>898,071</b>	<b>811,377</b>

## Notes to the Financial Statements (continued)

### Termination Benefits

	2022 €'000	2021 €'000
Termination benefits charged to Statement of Revenue Income and Expenditure	426	294
	<b>426</b>	<b>294</b>

The termination benefits above relate to settlements with two staff members during 2022 (2021: one staff member).

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

Legal costs of €26,867 (2021: €2,005) were also incurred in relation to concluding the termination agreements.

### Note 7 Employment

Employment levels at 31 December by Sector and Care Group expressed as whole time equivalents (WTEs):\*\*

	2022	2021*
Acute Hospital Services	41,114	38,605
Mental Health	10,023	9,918
Primary Care	11,284	11,856
Disabilities	4,200	4,192
Older Persons	13,216	12,872
Community Health and Wellbeing	322	181
Health and Wellbeing	676	641
Ambulance Services	2,067	2,060
National Services and Central Functions****	5,492	5,183
CHO Operations	833	–
<b>Total HSE employees</b>	<b>89,227</b>	<b>85,508</b>
Section 38 Acute Hospitals	30,874	29,464
Section 38 Voluntary Agencies	17,645	17,351
<b>Sub-total Section 38 Sector employment levels***</b>	<b>48,519</b>	<b>46,815</b>
<b>Total Health Sector Employment levels (WTE)</b>	<b>137,746</b>	<b>132,323</b>

Source: Health Service Personnel Census

\* 2021 figures are restated to reflect current methodology and organisational mappings. In particular, the introduction of CHO Operations

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

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

\*\*\*\* National Services and Central Functions includes HR, Finance and other central services together with PCRS, National Screening Services, Environmental Health etc



### 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)	2022	2021
€60,001 to €70,000	12,805	10,822
€70,001 to €80,000	7,228	5,248
€80,001 to €90,000	3,738	3,093
€90,001 to €100,000	2,132	1,548
€100,001 to €110,000	1,078	785
€110,001 to €120,000	679	513
€120,001 to €130,000	439	360
€130,001 to €140,000	223	173
€140,001 to €150,000	175	159
€150,001 to €160,000	168	145
€160,001 to €170,000	178	178
€170,001 to €180,000	196	190
€180,001 to €190,000	215	164
€190,001 to €200,000	220	169
€200,001 to €210,000	164	166
€210,001 to €220,000	217	187
€220,001 to €230,000	170	164
€230,001 to €240,000	197	197
€240,001 to €250,000	111	108
€250,001 to €260,000	84	86
€260,001 to €270,000	69	56
€270,001 to €280,000	43	50
€280,001 to €290,000	37	46
€290,001 to €300,000	30	23
€300,001 to €310,000	15	10
€310,001 to €320,000	9	9
€320,001 to €330,000	17	9
€330,001 to €340,000	6	10
€340,001 to €350,000	8	6
€350,001 to €360,000	6	1
€360,001 to €370,000	5	4
€370,001 to €380,000	1	2
€380,001 to €390,000	6	2
€390,001 to €400,000	5	2
€400,001 to €410,000	2	1
€410,001 to €420,000	2	2
€420,001 to €430,000	1	3

## Notes to the Financial Statements (continued)

Pay Band (Number of Staff) continued	2022	2021
€450,001 to €460,000	1	0
€460,001 to €470,000	3	0
€470,001 to €480,000	1	2
€490,001 to €500,000	1	0
€500,001 to €510,000	2	0
€520,001 to €530,001	0	2
€530,001 to €540,000	0	1
€540,001 to €550,000	2	0
€570,001 to €580,000	1	0
€580,001 to €590,000	1	0
€590,001 to €600,000	0	1
€680,001 to €690,000	0	1
€710,001 to €720,000	1	0
€750,001 to €760,000	0	1
€970,001 to €980,000	1	0
<b>Total HSE employees in excess of €60,001</b>	<b>30,693</b>	<b>24,699</b>

\* 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\*\*

	2022 €'000	2021 €'000
<b>Clinical</b>		
Drugs and Medicines (excl. demand led schemes)	644,394	516,086
Less Rebate from Pharmaceutical Manufacturers*	(12,385)	(11,351)
Net Cost Drugs and Medicines (excl. demand led schemes)	632,009	504,735
Blood / Blood Products	31,942	32,190
Medical Gases	15,959	13,086
Medical / Surgical Supplies	531,447	630,903
Other Medical Equipment	200,432	185,457
X-Ray / Imaging	92,258	69,830
Laboratory	398,375	622,993
Professional Services (e.g. therapy costs, radiology etc.)	201,927	173,109
Education and Training	84,686	74,464
	<b>2,189,035</b>	<b>2,306,767</b>

	2022 €'000	2021 €'000
<b>Transport and Ambulance Services</b>		
Patient Transport	73,768	61,807
Vehicle Running Costs	25,393	21,169
Transport and Logistical relating to purchase of PPE	9,398	30,089
	<b>108,559</b>	<b>113,065</b>
<b>Primary Care and Medical Card Schemes</b>		
Pharmaceutical Services	2,899,290	2,700,027
Less Rebate from Pharmaceutical Manufacturers*	(270,814)	(230,675)
Less Prescription Levy Charges	(63,579)	(61,682)
Net Cost Pharmaceutical Services	2,564,897	2,407,670
Doctors' Fees and Allowances	856,650	872,514
Pension Payments to Former District Medical Officers / Dependents	1,399	1,637
Dental Treatment Services Scheme	51,474	39,190
Community Ophthalmic Services Scheme	26,217	24,869
Cash Allowances (Blind Welfare, Mobility etc.)	28,162	31,059
<i>Capitation Payments:</i>		
Treatment Abroad Schemes and Related Expenditure	54,626	53,850
Intellectual / Physical Disabilities, Psychiatry, Therapeutic Services etc.	393,086	340,597
Elderly and Non-Fair Deal Nursing Home Payments	151,798	106,816
Rehabilitative and Vocational Training	20,733	25,785
Respite Beds	28,638	19,571
	<b>4,177,680</b>	<b>3,923,558</b>
<b>Other Client / Patient Services</b>		
Professional Services e.g. care assistants, childcare contracted services etc.	31,813	29,836
Education and Training	915	870
	<b>32,728</b>	<b>30,706</b>
<b>Grants to Outside Agencies</b>		
Revenue Grants to Outside Agencies (Appendix 1)	6,342,192	5,691,382
	<b>6,342,192</b>	<b>5,691,382</b>

## Notes to the Financial Statements (continued)

	2022 €'000	2021 €'000
<b>Housekeeping</b>		
Catering	78,075	67,427
Heat, Power and Light	88,785	72,125
Cleaning and Washing	161,125	179,628
Furniture, Crockery and Hardware	27,398	23,842
Bedding and Clothing	16,746	19,952
	<b>372,129</b>	<b>362,974</b>
<b>Office and Administration Expenses</b>		
Maintenance	215,566	222,591
Finance Costs	3,367	3,302
Prompt Payment Interest and Compensation	1,874	921
Insurance	8,468	7,659
Audit	707	707
Legal and Professional Fees	224,298	197,980
Bad and Doubtful Debts	38,030	21,558
Education and Training	21,014	15,063
Travel and Subsistence	72,848	62,328
Vehicle Costs	4,644	5,183
Office Expenses	239,936	203,652
Rent and Rates	134,906	131,391
Computers and Systems Maintenance	124,422	129,745
	<b>1,090,080</b>	<b>1,002,080</b>
<b>Other Operating Expenses</b>		
Licences	1,199	1,065
Sundry Expenses	7,191	7,603
Burial Expenses	98	117
Recreation (Residential Units)	1,311	1,025
Materials for Workshops	273	170
Meals on Wheels Subsidisation	1,587	1,529
Ex Gratia Payments to Patients (Cervical Check)	4	0
Refunds	500	477
	<b>12,163</b>	<b>11,986</b>

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

\*\* Note 1(b) provides additional analysis in respect of material year on year movements

## Note 9 The Health (Repayment Scheme) Act 2006

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

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

A special account was set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €1.7m was set aside in 2022 for this purpose but not expended. The majority of this funding refers to a provision for payments that will arise as a result of follow-on claims and offer acceptances.

The scheme closed to new applicants on 31 December 2007 and nearly 14,000 claims have been received in respect of living patients and nearly 27,000 claims in respect of estates. Up to 31 December 2022, 20,303 claims were paid. As at December 2022, there were no outstanding claims being processed to offer stage under the scheme. €0.500m has been provided in the HSE's 2023 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2022 is €485.57m.

In 2022, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2022 €'000	2021 €'000
<b>Pay</b>	<b>0</b>	0
<b>Non Pay</b>		
Repayments to Patients**	(366)	19
	(366)	19
Office Expenses*	0	3
Total Non Pay	(366)	22
<b>Total</b>	<b>(366)</b>	<b>22</b>

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

\*\* Please note a reversal of a prior year accrual in amount of €366k was recorded in transactions for 2022

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

The Hepatitis C Compensation Tribunal (Amendment) Act 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection and life assurance policies as a result of contaminated blood products being administered to them. The scheme covers the insurance risk, regardless of any other medical conditions these persons may have, when payment is made of the standard premium that an uninfected person of the same age and gender would be entitled to.

The overall cost over the lifetime of the scheme was originally estimated at €90m. The cumulative expenditure on the insurance scheme to 31 December 2022 was €13.6m.

In 2022, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2022 €'000	2021 €'000
<b>Pay</b>	<b>91</b>	93
<b>Non Pay</b>		
Payments of premium loadings	437	218
Payments of benefits underwritten by HSE	403	200
	<b>840</b>	418
Office Expenses*	4	4
<b>Total Non Pay</b>	<b>844</b>	<b>422</b>
<b>Total**</b>	<b>935</b>	<b>515</b>

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

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

### Note 11 State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plaintiff legal costs and defence costs such as fees payable to counsel, consultants etc. In 2022, the charge to the Statement of Revenue Income and Expenditure was €482.6m (2021: €461.3m). Based on actuarial estimates, the charge to the Statement of Revenue Income and Expenditure is expected to increase significantly in future years. In accordance with the directions of the Minister for Health, no provision has been made for this liability in the financial statements.

The Estimated Outstanding 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 2022, the Estimated Outstanding Liability incurred to that date under the Clinical Indemnity Scheme and General Indemnity was €4,627m (2021 €4,185m). Of this €4,627m, approximately €3,857m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. Active claims are those that have been notified to the State Claims Agency through legal process and that have not yet been finalised as at the reporting date.

## Note 12 Long Term Residential Care (incorporating Nursing Homes Support Scheme / Fair Deal)

The Nursing Homes Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Homes Subvention Scheme and the 'contract beds' system for older persons. Under the scheme, people who need long term residential care services have their income and assets assessed, and then contribute up to 80% of assessable income and up to 7.5% per annum of the value of the assets they own, subject to a maximum period of three years in respect of their principal private residence, towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both registered public and private nursing homes covered under the scheme.

### Costs of Long Term Residential Care (Nursing Homes Support Scheme / Fair Deal)

	2022 €'000	2021 €'000
Private Nursing Homes	686,227	655,704
Section 39 Agencies	21,412	21,475
Private Nursing Homes Contract Beds and Subvention Payments	5,669	7,625
COVID-19 Temporary Assistance Payment Scheme (TAPS)**	22,762	48,083
Temporary Inflation Payment Scheme (TIPS)***	4,132	0
Pandemic Special Recognition Payment (PSRP)****	30,095	0
Total Payments to Private Nursing Homes including Section 39 Agencies	770,297	732,887
Gross NHSS Cost of Public Nursing Homes*	330,808	331,417
Payments to Section 38 Agencies	23,983	24,555
Nursing Home Fixed and Other Unit Costs	138,743	109,947
<b>Total Long Term Residential Care</b>	<b>1,263,831</b>	<b>1,198,806</b>

\* Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure

\*\* COVID-19 Temporary Assistance Payment Scheme (TAPS)

The support under the scheme is a temporary assistance payment, being offered to support private and voluntary Nursing Homes to continue to build resilience within their service to mitigate against a COVID-19 outbreak and be capable of managing an outbreak in terms of providing safe staffing and environment should an outbreak occur

The intention to establish the Scheme was announced on 4th April 2020 and the Scheme first opened for applications on 17th April 2020. In 2022, the cost of the COVID-19 Temporary Assistance Payment Scheme (TAPS) was €22.76m (2021: €48.08m)

\*\*\* Temporary Inflation Payment Scheme (TIPS)

The Temporary Inflation Payment Scheme (TIPS) was developed to support private and voluntary nursing homes with energy cost increases to cover the period July 2022 to December 2022. All private and voluntary nursing homes that have a maximum pricing agreement with the NTPF are eligible to apply for this additional support

On 7 November 2022 the HSE was requested to jointly administer this new scheme with the NTPF. The first bank payment was made on 21st November 2022. In 2022, the cost of the Temporary Inflation Payment Scheme (TIPS) was €4.13m

\*\*\*\* Pandemic Special Recognition Payment (PSRP)

The Pandemic Special Recognition Payment (PSRP) is from the Government decision on 19th January 2022 to provide specific financial recognition to eligible frontline health care workers based on the particular additional risks they faced in performance of duty during the pandemic

The PSRP information contained in this note is for employees from private and voluntary nursing homes who, between 1st March 2020 and 30th June 2021, worked in a frontline covid-exposed clinical environment – settings where staff unavoidably had to treat, care for or be in close contact with those who were known to have COVID-19 or Covid symptoms

The first bank payment for this cohort of eligible staff members (Cohort 1) was made on 9th November 2022. In 2022, the cost of the Pandemic Special Recognition Payment (PSRP) for private and voluntary nursing homes was €30.09m

## Notes to the Financial Statements (continued)

### Patient Contributions

NHSS recipient contributions for those patients in public homes amounted to €60.37m (2021: €59.05m) and are included in the HSE Financial Statements – Revenue Income and Expenditure Account.

NHSS recipient contributions for those patients in voluntary centres (S38 Organisations) amounted to €5.52m (2021: €6.30m), and is retained by those centres and does not constitute income for the HSE.

### Additional Income

Under Section 27 of the Nursing Homes Support Scheme Act 2009, a Schedule of Assets must be submitted to the HSE in respect of a deceased person who received financial support under the Scheme. This is checked to identify and calculate any overpayment of financial support that is repayable to the HSE pursuant to Section 42 of the Act. During 2022 the HSE collected income of €7.76m (2021: €8.92m) in respect of non-declared income and assets of Fair Deal clients.

### Contract Beds and Subvention Beds

In 2022, payments of €5.67m (2021: €7.63m) were made in relation to contract beds and nursing home subvention. These schemes are being phased out having had no new entrants since the Nursing Homes Support Scheme commenced in 2009.

### Expenditure within Public Facilities

Within the public homes in 2022 there was an additional €138.74m (2021: €109.95m) of costs relating to long term care. These costs related to fixed unit costs and other costs incurred which were in excess of the reimbursed 'money follows the patient' rate paid under the Nursing Homes Support Scheme.

### Cost of Public Nursing Homes

In 2022, the cost of public nursing homes amounted to €330.81m (2021: €331.42m), these costs are gross and the client contribution element amounted to €60.37m (2021: €59.05m). The contributions are recognised as income in Long Stay Charges in Statement of Income and Expenditure.

### Ancillary State Support

Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of a person paying their assessed contribution for care from their own resources, a person can choose to apply for a Nursing Home Loan, to cover the portion of their contribution, which is based on property or land-based assets within the State. The HSE then pays that portion of the cost of care on top of the State Support payment. The loan is paid back to the State following the occurrence of a relevant event e.g. sale of the asset or death of the person. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred. This part of the scheme is designed to protect people from having to sell their home during their lifetime.

The total gross amount of Ancillary State Support advised to Revenue as at 31 December 2022 for recoupment from the commencement of the Nursing Homes Support Scheme (where a relevant and non-relevant event has occurred) was €318.05m, representing 12,295 client loans. As at 31st December 2022 the Revenue Commissioners have advised that they are collecting €315.58m, representing 12,338 clients. The difference accounts for clients where their Nursing Home loan is not due for repayment such as the Further Deferral option, as mentioned above, and also clients who wish to make a voluntary repayment prior to a relevant event occurring. The Revenue Commissioners have confirmed that they had received €223.74m of loan repayments paid in full, representing 9,384 client loans.

The total amount of Nursing Home Loan payments made under the Nursing Homes Support Scheme that are outstanding (i.e. where a repayable amount has not been notified to Revenue for collection a relevant event has not occurred), as at 31 December 2022 is €173.27m. This amount does not include an adjustment for CPI as a relevant event has not yet occurred.



Ancillary State Support details at 31 December are as follows:

	2022 €'000	2022 Number of loans	2021 €'000	2021 Number of loans
Advised by HSE to Revenue for recoupment	318,053	12,295	260,975	10,692
Confirmed by Revenue as being paid*	(223,741)	(9,384)	(182,458)	(8,116)
<b>Subtotal</b>	<b>94,312</b>	<b>2,911</b>	<b>78,517</b>	<b>2,576</b>
Not yet advised to Revenue for recoupment	173,271	5,456	161,819	5,099
<b>Total Ancillary State Support outstanding</b>	<b>267,583</b>	<b>8,367</b>	<b>240,336</b>	<b>7,675</b>

\* Amounts confirmed by Revenue do not include part payments and only include loans fully repaid

## Note 13 Capital Expenditure

### (a) Additions to Fixed Assets

	2022 €'000	2021 €'000
Additions to Property, Plant and Equipment (Note 15) Land and Buildings – Service Concession*	–	–
Additions to Property, Plant and Equipment (Note 15) Land and Buildings – Other	270,642	279,178
Additions to Property, Plant and Equipment (Note 15) Other than Land and Buildings	196,757	220,650
	<b>467,399</b>	<b>499,828</b>
Funded from Department of Health Capital Grant	430,829	464,886
Funded from Department of Health Revenue Grant	36,570	34,942
Capitalised – Investment in PPP Service Concession Arrangements*	0	0
	<b>467,399</b>	<b>499,828</b>

### (b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure

	2022 €'000	2021 €'000
Expenditure on HSE's own assets (Capitalised)	430,829	464,886
Expenditure on HSE projects not resulting in property, plant and equipment additions**	199,585	141,250
Capitalised Interest – PPP Service Concession Arrangements*	5,490	3,621
Total expenditure on HSE Projects charged to capital***	635,904	609,757
Capital grants to outside agencies (Appendix 1)**	531,706	451,940
<b>Total Capital Expenditure per Statement of Capital Income and Expenditure</b>	<b>1,167,610</b>	<b>1,061,697</b>

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

\*\* Total capital expenditure not capitalised amounts to €736.78m (2021: €596.80m)

\*\*\* Capital funded assets and Revenue funded assets are capitalised if the cost exceeds the €10,000 value threshold:(€2,000 for computer equipment and €7,000 for all other asset classes in 2021)

## Notes to the Financial Statements (continued)

### (c) Analysis of Capital Income from Other Sources

	2022 €'000	2021 €'000
Income from Government Departments and Other Sources in respect of Capital Projects:		
Sustainable Energy Authority of Ireland (SEAI) – Energy savings in acute hospitals	0	3,762
National Rehabilitation Hospital Foundation- Contribution towards National Rehabilitation Hospital	8,042	10,000
Mid Western Development (JP McManus) Contribution towards Croom Hospital	0	3,000
Department of Education- Contribution towards National Children's Hospital	0	3,500
University of Cork – CUH Academic Centre Project Contribution	0	182
Presentation Brothers- Contributions towards National Children's Hospital	0	500
Friends of St Theresa Hospital Clogheen	0	215
Other Miscellaneous Income	55	5,414
<b>Total Capital Income from Other Sources</b>	<b>8,097</b>	<b>26,573</b>

### Note 14 Proceeds of Disposal of Fixed Asset Account

	2022 €'000	2021 €'000
Gross Proceeds of all Disposals in year	1,483	2,572
Less: Net Expenses Incurred on Disposals	(7)	(23)
Net Proceeds of Disposal	1,476	2,549
Less Application of Proceeds	(1,442)	(2,549)
Movement in the year	34	0
At 1 January	38	38
<b>Balance at 31 December</b>	<b>72</b>	<b>38</b>

The Multi-Annual Delegated Capital sanction 2019-2022 was issued in December 2019 by the Department of Public Expenditure and Reform.

## Note 15 Property, Plant and Equipment

	Land*	Build -ings**	Work in Progress (L&B)	Motor Vehicles	Equip- ment	Work in Progress (P&E)	Total 2022
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
<b>Cost / Valuation</b>							
At 1 January 2022	1,675,956	5,203,789	295,469	115,191	1,886,260	11,810	9,188,475
Additions	81	17,190	253,370	12,397	165,321	19,040	467,399
Transfers from Work in Progress	0	112,850	(112,850)	8,043	2,785	(10,828)	(0)
Disposals***	(71)	(1,028)	(801)	(10,489)	(337,481)	(137)	(350,007)
<b>At 31 December 2022</b>	<b>1,675,966</b>	<b>5,332,801</b>	<b>435,188</b>	<b>125,142</b>	<b>1,716,885</b>	<b>19,885</b>	<b>9,305,867</b>

### Depreciation

Accumulated Depreciation at 1 January 2022	0	1,760,423	0	80,970	1,526,434	0	3,367,827
Charge for the Year	0	127,251	0	16,024	133,467	0	276,742
Disposals***	0	(604)	0	(8,917)	(314,047)	0	(323,568)
<b>At 31 December 2022</b>	<b>0</b>	<b>1,887,070</b>	<b>0</b>	<b>88,077</b>	<b>1,345,854</b>	<b>0</b>	<b>3,321,001</b>

### Net Book Values

At 1 January 2022	1,675,956	3,443,366	295,469	34,221	359,826	11,810	5,820,648
<b>At 31 December 2022</b>	<b>1,675,966</b>	<b>3,445,731</b>	<b>435,188</b>	<b>37,065</b>	<b>371,031</b>	<b>19,885</b>	<b>5,984,866</b>

\* The current carrying value of land amounting to €1.676bn held by the HSE at 31 December 2022 is based on the 2002 Department of Health Valuation rates

### Building assets held under Finance Leases / Service Concession Arrangements\*\*

	Finance Lease 2022 €'000	Finance Lease 2021 €'000	Service Concession* 2022 €'000	Service Concession* 2021 €'000	Total 2022 €'000	Total 2021 €'000
Cost	45,824	45,824	165,217	165,217	211,041	211,041
Accumulated Depreciation at 1 January	(29,071)	(27,209)	0	0	(29,071)	(27,209)
Depreciation charged for the year	(1,862)	(1,862)	0	0	(1,862)	(1,862)
Net Book Values at 31 December	14,891	16,753	165,217	165,217	180,108	181,970

\*\*/\*\* Relates to Primary Care Centre (PCC) assets acquired under Public Private Partnership (PPP) service concession arrangements. All fourteen PCC sites have reached service commencement

PCC Assets are not depreciated where they have been acquired or are managed under service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned

\*\*\* Total disposals at original cost for the year are €350.0m (NBV €26.4m). Included in the total are (i) disposal of assets below the new DPER advised €10,000 threshold for capitalisation of fixed asset implemented in 2022 and (ii) disposal of obsolescent assets carried out in preparation of IFMS implementation in 2023. These two categories resulted in a removal of €322.1m original cost (NBV €20.5m) of fixed assets within the overall total disposals

## Notes to the Financial Statements (continued)

### Note 16 Inventories

	2022 €'000	2021 €'000
Medical, Dental and Surgical Supplies	81,319	94,055
Laboratory Supplies	25,659	28,483
Pharmacy Supplies	30,156	27,709
High Tech Pharmacy Inventories	40,528	43,714
Pharmacy Dispensing Inventories	450	490
Blood and Blood Products	1,568	1,604
Vaccine Inventories	77,997	66,597
Household Services	7,756	33,672
Stationery and Office Supplies	2,333	2,254
Sundries	237	1,370
	<b>268,003</b>	<b>299,948</b>

The movement in inventory in 2022 is mainly attributable to the reduction in PPE stock levels and the increase in Vaccine Stocks.

PPE Stocks of €37.3m (2021: €73.4m) are included in the categories of medical, dental and surgical supplies, and household services. Included in HSE expenditure in 2022 there is also a total of €94.4m write-offs for vaccines. See Note 1 (b).

### Note 17 Trade and Other Receivables

	2022 €'000	2021 €'000
Receivables: Patient Debtors – Private Facilities in Public Hospitals*	99,331	106,093
Receivables: Patient Debtors – Public Inpatient Charges	9,711	8,615
Receivables: Patient Debtors – Long Stay Charges	10,745	9,087
Prepayments and Accrued Income	65,920	63,978
Department of Health (DoH) Debtor (Note 3a)	463,524	25,331
Pharmaceutical Manufacturers	126,034	108,215
Payroll Technical Adjustment	13,065	14,266
Additional Superannuation Contributions (ASC) Deductions from Staff	11,211	6,887
Local Authorities	677	478
Payroll Advances	116	17
Voluntary Hospitals – Grant Funding Advances	296,054	52,002
Sundry Receivables	118,446	73,818
	<b>1,214,834</b>	<b>468,787</b>

\* Private Healthcare Insurance Income

In line with the HSE's accounting policy the HSE recognises patient income due from private health insurance companies at the time the service is provided. During 2017 a number of insurance companies commenced deductions from claims made by the HSE relating to the time period between the date of admission and the date the Private Insurance Patient form was signed by the patient. The HSE has disputed these deductions through a legal process which at the time of preparation of these accounts has not fully concluded. In line with the HSE's accounting policy bad and doubtful debt provision is created in relation to debts outstanding for more than one year.

## Note 18 Creditors (amounts falling due within one year)

	2022 €'000	2021 €'000
Finance Leases	3,488	2,857
Service Concession Liability	3,766	4,939
Payables – Revenue	250,622	255,761
Payables – Capital	11,301	15,750
Accruals Non Pay – Revenue	980,654	1,024,760
Accruals Non Pay – Capital	16,535	8,641
Accruals – Grants to Voluntary Hospitals and Outside Agencies	719,555	530,534
Provisions Non Pay – Revenue	6,170	0
Accruals Pay	725,511	581,421
Taxes and Social Welfare	318,066	259,031
Department of Public Expenditure and Reform – Single Public Service Pension Scheme	9,801	10,376
Lottery Grants Payable*	442	592
Sundry Payables	26,976	20,717
	<b>3,072,887</b>	<b>2,715,379</b>

\* 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)

	2022 €'000	2021 €'000
Finance Leases	19,623	22,103
Service Concession Liability	136,107	140,425
<b>Total Finance Lease obligations</b>	<b>155,730</b>	<b>162,528</b>

## Note 20 Deferred Income

Deferred Income comprises the following:

	2022 €'000	2021 €'000
Department of Health Revenue Funding deferred (Note 3A)		
Mental Health	0	7,947
Disabilities	0	6,430
Palliative Care	0	10,000
<b>Total Department of Health Deferred</b>	<b>0</b>	<b>24,377</b>
Other Deferred Income:		
Donations and bequests*	21,091	19,578
Grant Funding from the State and other bodies	26,989	27,588
Funding from specific capital projects	4,582	2,611
General	8,112	3,860
<b>Balance at 31 December</b>	<b>60,774</b>	<b>78,014</b>

\* 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

## Notes to the Financial Statements (continued)

### Note 21 Net Cash Outflow from Operating Activities

	2022 €'000	2021 €'000
(Deficit) for the current year	<b>(185,163)</b>	(195,034)
Capital element of lease payments charged to revenue	<b>1,848</b>	1,784
Less Interest received	<b>(61)</b>	(0)
Purchase of equipment charged to Statement of Revenue Income and Expenditure	<b>36,570</b>	34,942
Finance Costs charged to Statement of Revenue Income and Expenditure	<b>767</b>	815
(Increase)/Decrease in Inventories	<b>31,945</b>	59,932
(Increase)/Decrease in Trade and Other Receivables	<b>(746,049)</b>	(53,173)
Increase/(Decrease) in Creditors (falling due within one year)	<b>354,605</b>	273,754
Revenue Reserves- transfer of Deficit/(Surplus) in accordance with Section 33(3) of the Health Act 2004, as amended	<b>195,034</b>	(200,711)
Share Revaluation	<b>92</b>	(12)
Increase/(Decrease) in Deferred Income	<b>(17,240)</b>	26,223
<b>Net Cash Outflow from Operating Activities</b>	<b>(327,652)</b>	<b>(51,480)</b>

### Note 22 Commitments

#### Capital Commitments

	2022 €'000	2021 €'000
Future Property, Plant and Equipment purchase commitments:		
Within one year	<b>1,213,104</b>	1,057,427
After one but within five years	<b>2,960,127</b>	1,993,485
	<b>4,173,231</b>	<b>3,050,912</b>
Contracted for, but not provided for, in the financial statements	<b>1,274,740</b>	1,223,952
Included in the Capital Plan but not contracted for	<b>2,898,491</b>	1,826,960
	<b>4,173,231</b>	<b>3,050,912</b>

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 2022 for which budgets have yet to be approved and are therefore estimated.

#### Operating Lease Commitments

	2022 €'000	2021 €'000
Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)		
Land and Buildings	<b>89,097</b>	87,070
Motor Vehicles	<b>459</b>	504
Equipment	<b>1,517</b>	1,482
	<b>91,073</b>	<b>89,056</b>

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:

	Land and Buildings 2022 €'000	Other 2022 €'000	Total 2022 €'000	Total 2021 €'000
Within one year	71,128	484	71,612	59,839
In the second to fifth years inclusive	270,813	611	271,424	207,961
In over five years	724,084	1	724,085	547,278
	<b>1,066,025</b>	<b>1,096</b>	<b>1,067,121</b>	<b>815,078</b>

### Public Private Partnership Forward Commitments

	2022 €'000	2021 €'000
Nominal Amount:		
Service Concession Arrangement – Primary Care Centres (14 sites bundle)	174,742	183,339

These commitments incorporate facilities management services, operational, and lifecycle costs, for the remaining life of the agreement. They are not discounted to present value.

### Finance Lease Commitments

The future minimum lease payments at 31 December are as follows:

	Finance Lease 2022 €'000	Finance Lease 2021 €'000	Service Concession* 2022 €'000	Service Concession* 2021 €'000
Not later than one year	4,160	3,600	8,383	9,716
Later than one year but not later than five years	12,640	12,640	36,654	36,264
Later than five years	9,150	12,310	148,742	158,055
<b>Total Gross Payments</b>	<b>25,950</b>	<b>28,550</b>	<b>193,779</b>	<b>204,035</b>
Less: Finance Charges	(2,838)	(3,590)	(53,906)	(58,671)
<b>Carrying Amount of Liability</b>	<b>23,112</b>	<b>24,960</b>	<b>139,873</b>	<b>145,364</b>
Classified as:				
– Creditors (amounts falling due within one year)	3,489	2,857	3,766	4,939
– Creditors (amounts falling due after more than one year)	19,623	22,103	136,107	140,425

\* The value of the PCC asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at an amount of €165.2m which is equal to the present value of the minimum lease payments. In line with FRS 102, the effective interest rate is used to discount the future construction related liabilities arising from concession agreements. The carrying amount of the liability at 31 December 2022 is €139.87m

## Note 23 Property

The HSE estate comprises 2,632 properties.

	2022 Number of Properties	2021 Number of Properties
Title to the properties can be analysed as follows:		
Freehold	1,579	1,574
Leasehold	1,053	1,036
<b>Total Properties</b>	<b>2,632</b>	<b>2,610</b>
Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	2,539	2,520
Health Business Services and Support (including medical card processing etc.)	93	90
<b>Total Properties</b>	<b>2,632</b>	<b>2,610</b>

During the year there were 46 property additions to the healthcare estate and 24 properties were removed through both disposals and lease terminations. The net result is an increase of 22 healthcare properties during 2022. The total number of properties in the HSE healthcare estate at the end of 2022 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, enhanced community care and relocation of disability services to community settings.

## Note 24 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2021 with external specialist tax assistance which was completed in September 2022. The self-review was conducted on an agreed risk based assessment with Revenue under their co-operative compliance framework. As the level of review for 2021 continued to be impacted by Covid19 staffing requirements, it was agreed with Revenue to perform a review focussed on specific areas which gave rise to the significant liabilities in previous years. The liability to taxes identified in the course of the self-review for 2021 was set out by means of a Self-Correction disclosure and payment (including interest) of €2,134,864 was made to the Revenue Commissioners. The amount represents 0.09% of the overall tax paid by the HSE for that year. The HSE has a dedicated in house tax team resourced by tax professionals developing a strong relationship with Revenue and with access to external advisors where necessary. The HSE remains committed to exemplary tax compliance.

## Note 25 Contingent Liabilities

### General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for professional indemnity, fire and specific all risk claims. In most cases, such insurance would be sufficient to cover all costs, but this cannot be certain due to indemnity limits and certain policy conditions. The financial effects of any uninsured contingencies have not been provided in the financial statements.

### Clinical Indemnity Scheme

Details of the contingent liability in respect of the Clinical Indemnity Scheme are set out in Note 11.



## Note 26 Contingent Asset

As part of the HSE's COVID-19 response, the HSE engaged with various third parties to provide laboratory testing (COVID-19 testing services).

From April 2020 to date, VAT has been charged on some of the COVID-19 testing services provided. The HSE considers these services as exempt from VAT on the basis that the services fall within the scope of medical tests prescribed by a medical practitioner but carried out by a third party.

This issue has not been resolved in 2022 and the HSE continues to be charged the standard rate VAT.

The HSE's view, and that of its advisors, is that the services provided fall within the exemption and that the VAT paid should be recoverable.

The HSE is therefore treating the potential VAT amount recoverable of €61 million as a contingent asset on the basis that an inflow of economic benefits is deemed probable.

Despite the timeline being longer than originally anticipated, engagement with the HSE and the appropriate third parties is at an advanced stage and it is still expected that this issue will be resolved in 2023.

## Note 27 Related Party Transactions

The Health Service Executive adopts procedures in accordance with the Department of Public Expenditure and Reform's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of the Health Service Executive. These procedures have been adhered to by the HSE during the year. A number of interests were noted by board members. It was deemed that none of the interests disclosed have a material commercial and/or financial impact on the HSE. No board members disclosed gifts or hospitality offered by external bodies in the last twelve months. No board members noted any contractual relationship with the HSE and no board members noted any other conflicts not covered elsewhere.

### Key Management Personnel

The Executive Management Team (EMT) in addition to the Board are considered to be key management personnel. Overall remuneration, including those that were appointed and resigned during the year is €2.9m (2021: €2.4m). Two members of the EMT are on secondment from other positions. The Chief Clinical Officer (CCO) is seconded to the HSE from the Mercy Hospital, Cork. The Chief Technology and Transformation Officer (CTTO), is on secondment from Ernst and Young (EY) since 3rd July 2022.

The Board members are in receipt of fees. There is one exception (not in receipt of fees); due to the one person, one salary rule. Other than disclosed in Note 2, all other key management who are in receipt of remuneration comprise of basic pay only.

With the exception of the CEO, other appointed members of the Executive Management Team who are in receipt of remuneration are members of the approved HSE pension schemes (and in the case of the Chief Clinical Officer the Voluntary Hospitals Superannuation Scheme). Their pension entitlements with the HSE do not extend beyond the standard entitlements applicable to these schemes.

## Note 28 Approval of Financial Statements

The financial statements were approved by the Board on the 23 May 2023.

# Appendix 1

## Revenue Grants and Capital Grants\*\*

### Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2022 €'000	Capital Grants 2022 €'000	Total Grants* *** 2022 €'000	Total Grants* *** 2021 €'000
<b>Total Grants under €100,000</b>	<b>53,276</b>		<b>53,276</b>	<b>37,156</b>
<b>Grants €100,000 or more each</b>				
A Ghrá Homecare Services Ltd	1,049		1,049	1,307
Ability West Ltd	30,723		30,723	30,946
Abode Hostel and Day Centre	1,104		1,104	1,175
Access Nursing Ltd	158		158	3
ACET Ireland	265		265	185
Acquired Brain Injury Ireland (formerly Peter Bradley Foundation)	14,532		14,532	13,197
Active Connections CLG	525		525	296
Active Retirement Ireland	448		448	303
Acts of Compassion Ministries	156		156	62
Addiction Response Crumlin (ARC)	992		992	949
Affinity Plus Home Support Ltd	449		449	4
Aftercare Recovery Group	108		108	105
AGC Healthcare	277		277	202
Age Action Ireland	1,017		1,017	709
Age and Opportunity	641		641	608
Aiseanna Tacaíochta	3,251		3,251	2,866
Aiseiri	1,557		1,557	981
Aislinn Centre, Kilkenny	1,142		1,142	1,142
AKIDWA	176		176	0
Alcohol Action Ireland	249		249	240
Alcohol Forum Ireland	106		106	0
All About Healthcare t/a The Care Team	1,603		1,603	1,642
All In Care	5,770		5,770	6,226
All Ireland Institute of Hospice and Palliative Care (AIHPC)	444		444	451
Alliance	0		0	285
ALONE	5,976		5,976	4,508
Alpha One Foundation	124		124	120
Alzheimer Society of Ireland	16,624		16,624	14,757

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
An Saol Foundation	528		528	292
An Siol	139		139	138
Ana Liffey Drug Project	2,920		2,920	2,452
Anne Sullivan Foundation for Deaf/Blind	1,235		1,235	643
Ann's Home Care Ireland	18,355		18,355	10,323
APP Training Services	1,422		1,422	0
Applewood Homecare Ltd	2,840		2,840	2,492
Áras Mhuire Day Care Centre (North Tipperary Community Services)	370		370	325
ARC Cancer Support Centre	366		366	426
Ard Aoibhinn Centre	5,841		5,841	5,444
Ardee Day Care Centre	316		316	298
Arlington Novas Ireland	4,593		4,593	4,537
Arthritis Ireland	223		223	205
AsIAm	205		205	0
ASPIRE Autism Spectrum Association of Ireland	318		318	301
Associated Charities Trust	234		234	263
Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Aislinn Centre, Dublin).	236		236	228
Association of Parents and Friends of The Mentally Handicapped	1,236		1,236	1,568
Athlone Community Services Council Ltd	284		284	276
Autism Initiatives Group	6,112		6,112	5,872
Autism Support Louth & Meath	0		0	128
Avista	145,035		145,035	139,501
Aware	543		543	618
Ballinasloe Social Services	102		102	180
Ballincollig Senior Citizens Club Ltd	472		472	410
Ballyfermot Advanced Project Ltd	454		454	437
Ballyfermot Chapelizod Partnership	608		608	303
Ballyfermot Local Drug and Alcohol Task Force CLG	176		176	129
Ballyfermot Star Ltd	431		431	434
Ballymun Local Drugs Task Force	284		284	355
Ballymun Regional Youth Resource (BRYP)	6		6	186

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Ballymun Youth Action Project (YAP)	749		749	707
Ballyphehane and Togher Community Resource Centre	296		296	151
Banada Tourlestrane Housing Association Ltd	102		102	92
Bandon Geriatric & Community Council	102		102	114
Barnardos	1,160		1,160	991
Barretstown Camp	366		366	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	3,240		3,240	2,303
Baylam Home Healthcare	4,966		4,966	3,495
Be Independent Home Care	9,184		9,184	7,435
Beacon Hospital	25,114		25,114	24,804
Beaufort Day Care Centre	239		239	241
Beaumont Hospital	489,275	16,724	505,999	447,105
Beech Park Nursing Home	223		223	0
Behaviour Detectives Ltd, Kilkenny	83		83	112
Belmont House	174		174	66
Belong to Youth Services Ltd	293		293	400
Bergerie Trust	220		220	199
Best Home Care Services	1,396		1,396	1,011
Better Living Homecare	865		865	604
Blackrock Clinic	24,043		24,043	16,220
Blakestown and Mountview Youth Initiative (BMYI)	542		542	514
Blanchardstown and Inner City Home Helps	2,876		2,876	2,548
Blanchardstown Local Drugs Task Force	512		512	553
Blanchardstown Youth Service	147		147	132
Bloomfield Health Services	1,205		1,205	959
Bluebird Care	45,882		45,882	39,154
Bluestack Special Needs Foundation	328		328	172
Bodywhys The Eating Disorder Association of Ireland	469		469	467
Bon Secours Cork	2,154		2,154	5,911
Bon Secours Dublin	6,802		6,802	7,535
Bon Secours Galway	201		201	1,049
Bon Secours Limerick	113		113	520

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Bon Secours Sisters	7,831		7,831	1,904
Bon Secours Tralee	3,667		3,667	1,317
Bray Area Partnership	242		242	119
Bray Community Addiction Team	802		802	787
Bray Home Help/Care Service Company Limited by Guarantee	1,145		1,145	1,231
Bray Lakers Social and Recreational Club Ltd	138		138	142
Bray Travellers Group	117		117	113
Breaking Through	286		286	4
Breffni Integrated	258		258	130
Brindley Healthcare	3,498		3,498	1,987
Brothers of Charity Services Ireland	306,800	647	307,447	261,762
Cabra Resource Centre	237		237	199
Caherciveen Social Services	117		117	116
Cairde	1,298		1,298	703
Cairdeas Centre Carlow	526		526	531
Camphill Communities of Ireland	18,135		18,135	17,225
Cancer Care West	724		724	704
Cappagh National Orthopaedic Hospital	49,698	1,848	51,546	43,900
Capuchins	30		30	174
Cara House Family Resource Centre	155		155	151
Care About You	3,650		3,650	3,870
Care Alliance Ireland	136		136	130
Care at Home Services Ltd	4,154		4,154	4,241
Care For Me Ltd	1,472		1,472	1,683
Care of the Aged, West Kerry	113		113	109
CareBright	3,160		3,160	3,403
Caredoc GP Co-operative	18,257		18,257	21,952
Caremark Ireland	15,620		15,620	14,341
Careworld	4,563		4,563	2,824
Carlow Day Care Centre (Askea Community Services)	103		103	101
Carlow Social Services	230		230	219
Carlow/Kilkenny Home Care Team	138		138	218

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Carnew Community Care Centre	177		177	152
Carrick on Suir Day Centre for Elderly	39		39	103
Carrigaline Family Support Centre	126		126	160
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	15,250		15,250	14,167
Carrigoran Nursing Home – Day Care Centre	191		191	130
Casadh	200		200	195
Casla Home Care Ltd	1,343		1,343	1,058
Castle Homecare	1,559		1,559	1,619
Catholic Institute for Deaf People (CIDP)	5,025		5,025	4,981
Central Park Nursing Home	187		187	10
Central Remedial Clinic	23,053	300	23,353	21,100
Centres for Independent Living (CIL)	15,059		15,059	12,485
Charleville Care Project Ltd	267		267	216
Charter Medical	1,580		1,580	776
Cheeverstown House Ltd	32,676	11	32,687	35,774
Cheshire Ireland	29,903		29,903	28,606
Children's Health Ireland	479,259	15,447	494,706	425,245
Children's Sunshine Home	4,604		4,604	4,461
ChildVision (St Joseph's School For The Visually Impaired)	5,111	206	5,317	4,730
Chime	5,419		5,419	4,973
Chrysalis Community Drug Project	740		740	1,230
Churchfield Community Trust	125		125	82
Cill Dara Ar Aghaidh	124		124	238
Citydoc, Galway	147		147	172
Clannad Care Waterford	889		889	744
Clare Immigrant Support Centre	115		115	51
Clare Local Development Company	178		178	135
Clarecare Ltd Incorporating Clare Social Service Council	9,016		9,016	8,007
Clarecastle Daycare Centre	423		423	417
Clareville Court Day Centre	163		163	179
Clondalkin Addiction Support Programme (CASP)	913		913	882
Clondalkin Behavioural Initiative Ltd	199		199	0

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Clondalkin Drugs Task Force	248		248	222
Clondalkin Tus Nua Ltd	504		504	491
Clonmany Mental Health Association	411		411	314
Clonmel Day Care Centre	114		114	59
Cluain Training & Enterprise Centre	681		681	613
Co-Action West Cork	10,133		10,133	9,729
Cobh General Hospital	769		769	328
Codladh Samh	457		457	285
Comfort Care Ltd t/a Comfort Home Care	1,284		1,284	265
Comfort Keepers Ltd	25,602		25,602	27,297
Communicare Healthcare Ltd	10,761		10,761	9,819
Community Creations Ltd	2,047		2,047	1,475
Community Response, Dublin	495		495	413
Community Substance Misuse Team Limerick	396		396	462
CONNECT – The National Adult Counselling Service (NOVA HELPLINE)	384		384	374
Contact Care	1,597		1,597	1,528
Coolmine Therapeutic Community Ltd	4,748		4,748	3,257
Coombe Women's Hospital	94,534	7,432	101,966	98,803
COPE Foundation	77,621		77,621	67,617
COPE Galway	2,563		2,563	2,101
Cork Arc Cancer Support House	192		192	81
Cork Association for Autism	5,921		5,921	4,957
Cork City Council	229		229	353
Cork City Partnership Ltd	110		110	43
Cork Counselling Services Ltd	138		138	82
Cork Foyer Project	297		297	298
Cork Mental Health Association	234		234	178
Cork Radiation Oncology Associates Limited	1,852		1,852	1,511
Cork Social and Health Education Project (CSHEP)	921		921	797
Cork University Dental School and Hospital	3,147		3,147	2,721
County Kildare Leader Partnership	272		272	321
County Sligo Leader Partnership Company	266		266	236

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
County Wexford Community Workshop, Enniscorthy / New Ross Ltd	8,346		8,346	7,961
County Wicklow Partnership	122		122	127
CPL Healthcare	297		297	419
Crescent Homecare Ltd	218		218	196
CROI (West of Ireland Cardiology Foundation)	328		328	407
Crosscare	2,629		2,629	2,606
Crumlin Home Care Service Limited	3,351		3,351	3,131
Cuan Mhuire	2,299		2,299	2,180
Cumann na Daoine	162		162	113
Cúram Altranais Ltd	627		627	0
Cúram Altranais Paediatric and Adult Case Management Service Ltd	748		748	760
CV Homecare Solutions	171		171	99
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	246		246	152
Darndale Belcamp Drug Awareness	483		483	353
Dawn Court Day Care Centre Ltd	165		165	158
Delta Centre Carlow	7,174		7,174	6,147
Dental Health Foundation	131		131	0
Depaul Ireland	5,678		5,678	3,810
Diabetes Ireland	292		292	438
Dignity 4 Patients	103		103	100
Disability & Home Support Services Wexford	813		813	747
Disability Federation of Ireland (DFI)	1,354		1,354	1,279
Dolmen Clubhouse Ltd	121		121	124
Donegal Homecare Limited	2,515		2,515	2,357
Donegal Horizons Ltd	797		797	0
Donegal Local Development (DLDC)	214		214	0
Donegal Women's Refuge Group (DDVS)	145		145	112
Donnycarney and Beaumont Home Help Services Ltd	489		489	496
Donnycarney Youth Project Ltd	0		0	424
Donnycarney/Beaumont Local Care	114		114	110



Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Donore Community Development	202		202	195
Down Syndrome Ireland	206		206	181
Drogheda Community Services	248		248	260
Drogheda Homeless Aid Association	149		149	138
Dromcollogher and District Respite Care Centre	768		768	517
Drumcondra Home Help	3,329		3,329	1,520
Drumkeerin Care Of The Elderly	196		196	191
Drumlin House	358		358	270
Drumsna Development Association	88		88	120
Dublin 12 Local Drug and Alcohol Task Force CLG	189		189	102
Dublin AIDS Alliance (DAA) Ltd	697		697	698
Dublin City Council Housing & Community Services	159		159	0
Dublin Dental Hospital	8,163	137	8,300	7,693
Dublin Inner City Community Alliance	210		210	297
Dublin North East Drugs Task Force	509		509	246
Dublin Northwest Area Partnership	276		276	52
Dublin Region Homeless Executive	544		544	502
Dublin West Home Help	3,997		3,997	3,672
Dún Laoghaire Home Help	938		938	848
Dún Laoghaire Rathdown Community Addiction Team	469		469	485
Dún Laoghaire Rathdown Local Drugs Task Force	204		204	99
Dún Laoghaire Rathdown Outreach Project	277		277	315
Dundalk Outcomers	115		115	110
Dungarvan Care of the Aged	124		124	77
Edward Worth Library	200		200	200
Ely House	0		0	134
Employment Response Northwest	262		262	0
Empower	299		299	169
Empowerment Plus	237		237	308
Enable Ireland	57,657		57,657	49,604
Environmental Protection Agency	0		0	174
Epilepsy Ireland	786		786	748
Errigal Truagh Special Needs Parents and Friends Ltd	361		361	355

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Extern Ireland	2,211		2,211	2,126
ExWell Medical	655		655	0
Familibase	281		281	293
Family Carers Ireland	9,626		9,626	8,694
Farranree Sheltered Housing Association	117		117	50
Fatima Groups United	318		318	152
Ferns Diocesan Youth Services (FDYS)	388		388	473
Festina Lente Foundation	589		589	567
Fighting Blindness Ireland	144		144	126
Fingal Home Care	3,739		3,739	4,153
Finglas Addiction Support Team	697		697	672
Finglas Cabra Local Drugs and Alcohol Task Force	261		261	222
Finglas Home Help / Care Organisation	2,882		2,882	2,970
First Employment Services	120		120	17
First Fortnight Ltd	191		191	155
Focus Ireland	2,157		2,157	2,443
Fold Ireland	161		161	15
Foróige	852		852	614
Forum The North West Connemara Rural Project	990		990	821
Fusion CPL Ltd	132		132	138
Gaelic Athletic Association	147		147	140
Galway Autism Partnership	0		0	111
Galway Clinic	2,015		2,015	1,750
Galway Hospice Foundation	11,897		11,897	10,550
Ganavan Ltd (t/a Woodbrook Outreach & Homecare Services)	1,703		1,703	918
Gateway Community Care	3,054		3,054	1,547
Gay Health Network	723		723	372
Genio Trust	1,118		1,118	1,639
Gheel Autism Services Ltd	5,477		5,477	4,898
Glenamaddy Community Care	147		147	77
Glenashling Nursing Home	233		233	4
Good Morning Inishowen	0		0	140

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Good Shepherd Services, Cork	641		641	712
Good Shepherd Sisters	504		504	413
Graigenamanagh Elderly Association	268		268	293
Grantstown Daycare Centre	218		218	198
Greystones Home Help Service Company Limited by Guarantee	1,477		1,477	1,411
GROW	1,811		1,811	1,508
Guardian Ad Litem and Rehabilitation Office (GALRO)	9,311		9,311	7,758
HADD Family Support Group	351		351	218
HADD-ADHD Ireland	104		104	3
Hail Housing Association for Integrated Living	1,278		1,278	772
Hamilton Park Care Facility	335		335	209
Hands On Peer Education (HOPE)	217		217	167
HCD Homecare Ltd	755		755	912
Headway the National Association for Acquired Brain Injury	3,784		3,784	3,102
Health Research Board Ireland (HRB)	187		187	277
Heritage Homecare Ltd	4,536		4,536	4,711
Hesed House	0		0	148
Hibernia Home Care	720		720	19
Holistic Healthcare Ireland	343		343	0
Holy Angels Carlow, Special Needs Day Care Centre	692		692	633
Holy Family School	63		63	102
Holy Ghost Hospital	286		286	265
Home and Away Care	2,198		2,198	1,160
Home Care Group	470		470	42
Home Care Plus	4,974		4,974	5,695
Home Instead Senior Care	67,713		67,713	70,756
Homecare Independent Living Ltd	5,904		5,904	4,729
Homecare Solutions Ltd	711		711	884
HomeCarer Trusted Independent Living	937		937	616
Hope House	554		554	318
HUGG – Healing Untold Grief Groups	103		103	15

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
IADP Inter-Agency Drugs Project UISCE	156		156	150
ICARE (Inishowen Childrens Autism Related Education)	347		347	309
Ideal Care Services Ltd	241		241	62
Immigrant Counselling and Psychotherapy (ICAP)	0		0	284
In Sync Youth & Family Services	156		156	0
Inchicore Community Drugs Team	619		619	575
Inclusion Ireland	624		624	572
Inclusive Care Supports Ltd t/a Barróg Healthcare	834		834	374
Incorporated Orthopaedic Hospital of Ireland	19,488		19,488	16,975
Inis Care	874		874	1,196
Inishowen Development Partnership	252		252	143
Inspire Wellbeing	1,668		1,668	1,396
Inspiring Ways Caring Companions	146		146	0
Íontas Arts & Community Resource Centre, Castleblayney	182		182	141
Irish Advocacy Network	807		807	780
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	989		989	1,017
Irish Cancer Society	1,594		1,594	888
Irish College of General Practitioners	191		191	7,873
Irish Community Rapid Response t/a Irish Community Air Ambulance	1,459		1,459	0
Irish Family Planning Association (IFPA)	1,883		1,883	1,245
Irish Guide Dogs for the Blind	840		840	803
Irish Haemophilia Society (IHS)	595		595	575
Irish Heart Foundation	356		356	360
Irish Hospice Foundation	1,934		1,934	952
Irish Kidney Association (IKA)	553		553	184
Irish Motor Neurone Disease Association	287		287	300
Irish Prison Service	256		256	256
Irish Society for the Prevention of Cruelty to Children (ISPCC)	312		312	452
Irish Wheelchair Association (IWA)	51,925		51,925	47,861
Jack and Jill Children's Foundation	1,614		1,614	1,566
Jigsaw (also known as Headstrong)	12,680		12,680	11,019

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Jobstown Assisting Drug Dependency Project (JADD Project)	462		462	325
K Doc (GP Out of Hours Service)	5,222		5,222	5,009
KARE Plan Ltd	11,593		11,593	8,809
Kare Plus Ireland	2,438		2,438	2,435
KARE, Newbridge	26,943		26,943	24,276
Kerry Deaf Resource Centre	113		113	90
Kerry Parents and Friends Association	14,779		14,779	13,877
Kerry Supported Employment	118		118	102
Kilbarrack Coast Community Programme Ltd (KCCP)	586		586	484
Kildare County Council	137		137	98
Kildare Youth Services (KYS)	181		181	328
Killinarden (KARP)	259		259	170
Kilmaley Voluntary Housing Association	338		338	291
Kingsbridge Private Hospital	2		2	216
Kingsriver Community	2,155		2,155	1,664
Kinsale Youth Support Services	83		83	122
Knocknagoshel Over 55's Social Club & Womens Group	162		162	120
L'Arche Ireland	4,796		4,796	4,758
LauraLynn Children's Hospice Foundation	1,513		1,513	2,377
Le Chéile Family Resource Centre	190		190	174
Leap Ireland	132		132	121
Leitrim Association of People with Disabilities (LAPWD)	756		756	622
Leitrim Integrated Development Company	636		636	450
Leopardstown Park Hospital	15,399	1,204	16,603	16,087
Letterkenny Women's Centre	70		70	113
LGBT Ireland	149		149	120
Liberties and Rialto Home Help	1,452		1,452	1,403
Liberty HomeCare	2,967		2,967	1,637
Lifetime Care	594		594	711
Lifford Clonleigh Resource Centre	132		132	135
Limerick Social Services Council	354		354	335
Limerick Youth Service Community Training Centre	262		262	208

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
LINC	126		126	122
Link (Galway) Ltd	180		180	137
Liscarne Court Senior Citizens	120		120	115
Little Angels Hostel Letterkenny	394		394	365
Little Wonders	157		157	22
Lochrann Ireland Ltd	133		133	143
Longford Community Resources Ltd	265		265	213
Longford Social Services Committee	162		162	158
Lorcan O'Toole Day Care Centre	111		111	128
Lotamore Family Centre	104		104	95
Lourdes Day Care Centre	229		229	209
Lumen Healthcare	480		480	95
Macroom Senior Citizens Housing Development Sullane Haven Ltd	210		210	153
Mahon Community Creche	282		282	146
Marian Court Welfare Home Clonmel	144		144	138
Marymount University Hospital and Hospice, Cork	15,640		15,640	12,159
Mater Misericordiae University Hospital Ltd	434,391	77,725	512,116	420,881
Mater Private Hospital Cork	2,070		2,070	2,654
Mater Private Hospital Dublin	43,320		43,320	41,828
Matt Talbot Adolescent Services	1,427		1,427	1,246
Meath County Council	200		200	210
Meath Partnership	560		560	434
Men's Health Forum in Ireland	105		105	35
Mental Health Associations (MHAs)	1,378		1,378	1,385
Mental Health Ireland	3,375		3,375	2,031
Mental Health Reform	395		395	368
Merchant's Quay Ireland (MQI)	4,372		4,372	4,411
Mercy University Hospital, Cork	134,870	18,776	153,646	132,085
MIDOC	3,665		3,665	3,338
Mid-West Regional Drugs Task Force	310		310	307
Migraine Association of Ireland	127		127	135
Mildlands Hospice Tullamore	1,000		1,000	0

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Milford Care Centre	14,913		14,913	14,726
Monaghan Integrated Development	210		210	221
Monaghan Supported Employment	124		124	55
Moorehaven Centre Tipperary Ltd	3,135		3,135	2,812
Mount Carmel Home, Callan, Co Kilkenny	285		285	318
MS Ireland – Multiple Sclerosis Society of Ireland	2,078		2,078	1,898
Muintir na Tíre Ltd	181		181	146
Mulhuddart/Corduff Community Drugs Team	374		374	334
Multiple Sclerosis North West Therapy Centre Ltd	275		275	221
Muscular Dystrophy Ireland	1,195		1,195	1,169
My Homecare Angels	2,216		2,216	1,294
My Life by Estrela Hall	301		301	0
My Project Minding You	138		138	133
Mymind Ltd	231		231	643
Nasc (The Irish Immigrant Support Centre)	292		292	57
National Association of Housing for the Visually Impaired Ltd	1,256		1,256	1,209
National Council for the Blind of Ireland (NCBI)	7,036		7,036	6,978
National Federation of Voluntary Bodies in Ireland	495		495	230
National Forum of Family Resource Centres	394		394	42
National Institute for Prevention and Cardiovascular Health	100		100	0
National Maternity Hospital	86,475	2,328	88,803	78,415
National Nutrition Surveillance Centre UCD	193		193	93
National Paediatric Hospital		340,275	340,275	302,511
National Rehabilitation Hospital	57,354	2,404	59,758	52,069
National Suicide Research Foundation (NSRF)	1,264		1,264	1,069
National University of Ireland, Galway (NUIG)	136		136	5
National Women's Council of Ireland	113		113	130
National Youth Council of Ireland	171		171	167
Nazareth House, Mallow	1,748		1,748	1,725
Nazareth House, Sligo	2,125		2,125	2,066
Near Le Chéile	523		523	503
Newgrange Hospice Foundation	1,000		1,000	0

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
NEWKD – North East West Kerry Development Programme	202		202	0
Newport Social Services, Day Care Centre	307		307	272
Nightingale TLC	0		0	486
North Doc Medical Services	5,525		5,525	5,196
North Dublin Homecare	178		178	23
North Dublin Inner City Homecare and Home Help Services	5,054		5,054	4,303
North Fingal Community Development	144		144	137
North Tipperary Disability Support Services Ltd	899		899	869
North Tipperary Leader Partnership	202		202	193
North West Alcohol Forum	637		637	574
North West Parents and Friends Association	2,753		2,753	3,075
Northeast Doctor On Call	712		712	0
Northside Community Health Initiative (NICHE)	468		468	358
Northside Homecare Services Ltd	4,809		4,809	4,562
Northside Partnership	451		451	241
Northstar Family Support Project	204		204	200
Northwest Hospice	2,359		2,359	2,085
Nua Healthcare Services	16,358		16,358	12,727
Nurse on Call – Homecare Package	1,465		1,465	1,967
Obair Newmarket-on-Fergus	118		118	35
O'Connell Court Residential and Day Care	320		320	272
Offaly & Kildare Community Transport	134		134	127
Offaly Local Development Company	214		214	175
Offaly Travellers Movement	457		457	416
One Family	432		432	424
One In Four	644		644	618
Open Door Day Centre	386		386	371
Order of Malta	604		604	582
Ossory Youth Services	162		162	112
Our Lady's Hospice & Care Services (Sisters of Charity)	44,700	76	44,776	39,457
Outhouse Ltd	205		205	206
Paul Partnership Limerick	139		139	28



Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Pavee Point Traveller and Roma Centre	1,498		1,498	1,716
Peacehaven Trust	1,085		1,085	1,040
Peamount Hospital	43,120	210	43,330	39,275
Peter McVerry Trust	5,716		5,716	6,080
PHC Care Management Ltd	5,607		5,607	5,085
Pieta House	2,036		2,036	2,514
Pioneer Homecare Ltd	8,819		8,819	7,898
Positive Futures	1,511		1,511	1,200
Post Polio Support Group (PPSG)	386		386	376
Prague House	260		260	293
Praxis Care Group	7,618		7,618	6,736
Premium Homecare	345		345	162
Private Home Care, Lucan	200		200	136
Prosper Group	14,560	341	14,901	15,046
Purple House Cancer Support	197		197	200
R & D Training Ltd	0		0	111
R K Respite Services Ltd	421		421	378
RADE (Recovery through Art Drama and Education)	135		135	113
Radius Housing Association	186		186	180
RAH Home Care Ltd t/a Right At Home	5,075		5,075	4,998
Reach Deaf Services	220		220	0
Réalta Homecare	1,113		1,113	421
Recovery Academy Ireland	62		62	130
Recovery Haven Kerry	329		329	171
Redwood Extended Care Facility	1,251		1,251	1,469
Regional and Local Drugs Task Forces	4,820		4,820	4,711
Rehab Group	88,989		88,989	78,591
Resilience Ireland (Resilience Healthcare Ltd)	13,640		13,640	8,021
Respond	774		774	733
Rialto Community Development	168		168	158
Rialto Community Drugs Team	455		455	436
Rialto Partnership Company	925		925	816

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Right of Place Second Chance Group	166		166	160
Ringsend and District Response to Drugs	417		417	403
Roscommon Home Services Co-op	3,434		3,434	5,287
Roscommon Partnership Company Ltd	282		282	242
Roscommon Support Group Ltd	1,758		1,758	2,185
Rosedale Residential Home	286		286	338
Rotunda Hospital	88,429	2,810	91,239	82,092
Royal College of Physicians	1,806		1,806	1,413
Royal College of Surgeons in Ireland	3,864		3,864	3,656
Royal Hospital Donnybrook	23,388	464	23,852	20,899
Royal Victoria Eye and Ear Hospital	41,643	1,348	42,991	37,969
Ruhama Women's Project	250		250	236
Rutland Centre	205		205	94
S H A R E	227		227	209
Sacred Heart Family Resource Centre	121		121	67
Safeguarding Ireland	249		249	247
Safetynet Primary Care	1,424		1,424	677
Sage Advocacy	1,704		1,704	1,691
Salesian Youth Enterprises Ltd	556		556	518
Salvation Army	2,009		2,009	1,803
Samaritans	661		661	612
Sandra Cooney's Homecare	2,722		2,722	2,649
Sandymount Home Help	0		0	136
Sankalpa	299		299	315
Saoirse Addiction Treatment Centre	132		132	172
SAOL Project	377		377	450
SCJMS/Muiriosa Foundation	81,663		81,663	73,052
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	1,298		1,298	1,273
Servisource Recruitment	6,703		6,703	5,413
Sexual Health West	316		316	286
Shalomar Finisklin Housing Association	397		397	232
Shankhill Old Folks Association	228		228	171

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Shannondoc Ltd (GP Out Of Hours Service)	5,156		5,156	5,171
SHINE	1,930		1,930	1,920
Simon Communities of Ireland	12,551		12,551	11,718
Simplicitas Ltd	831		831	340
Sisters of Charity	467		467	200
Sisters of Mercy	524		524	470
Skibbereen Community and Family Resource Centre	163		163	146
Slí Eile Support Services Ltd	480		480	377
Sligo County Council	90		90	134
Sligo Family Centre	243		243	180
Sligo Social Services Council Ltd	629		629	594
Sligo Sport and Recreation Partnership	108		108	89
Snug Community Counselling	198		198	202
Social Action Group Rathmore	107		107	17
Social Innovation Growth Fund Ireland Ltd (t/a Rethink Ireland)	1,500		1,500	0
Society of St Vincent De Paul (SVDP)	2,882		2,882	3,528
Sophia Housing Association	1,012		1,012	1,012
Sora Healthcare t/a Irish Homecare	19,235		19,235	15,925
SOS (Kilkenny) Ltd Special Occupation Scheme.	16,116		16,116	15,359
South Doc GP Co-operative	14,948		14,948	14,722
South Infirmary Victoria University Hospital	74,405	1,566	75,971	72,703
South West Counselling Centre	248		248	50
South West Mayo Development Company	519		519	124
Southern Drug and Alcohol Services Limited	0		0	1,115
Southern Gay Health Project	197		197	117
Southside Partnership	182		182	127
Spinal Injuries Ireland	408		408	314
Spiritan Asylum Services Initiative (SPIRASI)	588		588	395
Spraoui agus Sport	155		155	24
St Aengus Community Action Group	146		146	141
St Aidan's Services	6,262		6,262	5,681
St Andrew's Resource Centre	1,029		1,029	989

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
St Angela's National School	0		0	132
St Bridget's Day Care Centre	141		141	133
St Carthage's House Lismore	365		365	364
St Catherine's Association Ltd	6,957		6,957	6,336
St Christophers' Hospice Committee	1,000		1,000	0
St Christopher's Services, Longford	12,341		12,341	13,099
St Colman's Care Centre	197		197	193
St Cronan's Association	1,851		1,851	1,858
St Dominic's Community Response Project	436		436	400
St Fiacc's House, Graiguecullen	434		434	421
St Francis Hospice	19,055	86	19,141	15,396
St Gabriel's School and Centre	4,660		4,660	3,678
St Hilda's Services For The Mentally Handicapped, Athlone	7,493		7,493	7,110
St James' Hospital	531,300	8,460	539,760	504,973
St James' Hospital, Jonathan Swift Hostels	5,684		5,684	5,379
St John of God Hospitaller Services	207,526		207,526	185,127
St John's Hospital	32,930	129	33,059	30,708
St John's House	100		100	0
St Joseph's Foundation	25,257		25,257	23,165
St Joseph's Home For The Elderly	1,395		1,395	975
St Joseph's Home, Kilmoganny, Co. Kilkenny	312		312	289
St Lazarian's House, Bagenalstown	415		415	397
St Luke's Home	1,333		1,333	1,310
St Margaret's Donnybrook (IRL-IASD)	3,298		3,298	3,160
St Martin's Special School	104		104	64
St Mary's Day Centre	134		134	87
St Michael's Hospital, Dún Laoghaire	38,542	831	39,373	36,776
St Michael's House	116,101	667	116,768	107,470
St Michael's Day Care Centre	228		228	200
St Monica's Community Development Committee	505		505	394
St Patrick's Centre, Kilkenny (Sisters of Charity)	20,317		20,317	17,976
St Patrick's Special School	235		235	128

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
St Paul's Child and Family Care Centre	2,791		2,791	2,548
St Vincent's Hospital Fairview	16,395		16,395	16,798
St Vincent's Private Hospital	6,544		6,544	9,980
St Vincent's University Hospital, Elm Park	389,949	11,124	401,073	364,922
Star Project Ballymun Ltd	612		612	345
Stella Maris Facility	203		203	152
Stewart's Care Ltd	66,145	446	66,591	63,823
Suicide or Survive (SOS)	313		313	241
Sunbeam House Services	35,171		35,171	34,027
Support 4 U Ltd	388		388	397
Tabor House, Navan	113		113	158
Tabor Lodge	1,025		1,025	918
Talbot Group	1,207		1,207	1,078
Talbot Grove Treatment Centre	220		220	190
Tallaght Home Help	1,363		1,363	1,315
Tallaght Rehabilitation Project	229		229	217
Tallaght Travellers Youth Service	109		109	120
Tallaght University Hospital	309,906	17,684	327,590	298,461
TEAM Project Mullingar	129		129	72
Tearmann Eanna Teo	641		641	565
Tee Care Home Help Services Limited	241		241	205
Teen Challenge Ireland Ltd	287		287	277
Templemore Day Care Centre	239		239	173
Terenure Home Care Service Ltd	1,655		1,655	1,649
The Arklow Home Help Service Company Limited by Guarantee	2,148		2,148	2,162
The Avalon Centre, Sligo	276		276	282
The Birches Alzheimer Day Centre	413		413	310
The Collective Sensory Group	387		387	320
The College of Anaesthetists of Ireland	93		93	107
The Eating Disorder Centre Cork	149		149	171
The Family Resource Centre National Forum	1,104		1,104	100
The Glen Resource Centre	150		150	65

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
The Great Care Co Op	121		121	25
The Hope Cancer Support Centre	157		157	74
The Irish Forum for Global Health (IFGH)	126		126	205
The Irish Men's Sheds Association (IMSA)	432		432	377
The Killarney Asylum Seekers Initiative (KASI)	221		221	155
The Mens Development Network	155		155	152
The Nightingale Placement Agency (TNPA)	200		200	0
The North Inner City Drugs and Alcohol Task Force	245		245	122
The Oasis Centre	216		216	209
The Paddy McGrath Housing Project (formerly Aids Fund Housing)	376		376	364
The Sexual Health Centre	426		426	279
The Sports Surgery Clinic	558		558	523
The TCP Group	2,831		2,831	2,286
The Hermitage Medical Clinic	5,606		5,606	6,036
Third Age	316		316	57
Threshold National Housing Organisation	101		101	95
Thurles Community Social Services	245		245	224
Thurles Lions Trust Housing Association Ltd	133		133	116
Tinteán Housing Association Ltd	305		305	187
Tipperary Association for Special Needs	137		137	130
Tipperary Hospice Movement	224		224	224
Tolka River Project	322		322	290
Tralee Community Care & Action Ltd	103		103	55
Tralee International Resource Centre	228		228	173
Transfusion Positive	140		140	135
Transgender Equality Network Ireland	214		214	183
Traveller Groups and Organisations	4,681		4,681	4,271
Traveller Support Group Galway	553		553	90
Travellers Education & Development Association, Tuam	231		231	243
Treoir	356		356	365
Tribli CLG, t/a Exchange House Ireland National Travellers Service Enterprise	1,108		1,108	1,019

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Trinity Adult Resource Group For Education And Training	143		143	0
Trinity College Dublin	201		201	14
Trinity Community Care	3,918		3,918	4,316
Trustus We Care	0		0	148
Tullow Day Care Centre	199		199	162
Turas Counselling Services Ltd	392		392	419
Turn2Me	363		363	269
Turners Cross Social Services Ltd	56		56	157
TUSLA Child & Family Agency	1,375		1,375	1,463
University College Dublin	152		152	70
University of Limerick	676		676	858
UPMC Aut Even Hospital	2,299		2,299	1,152
UPMC Kildare Hospital	482		482	929
UPMC Whitfield Hospital	8,476		8,476	3,933
Valentia Community Hospital	170		170	170
Victoria Healthcare Organisation Ltd	1,673		1,673	1,563
Village Counselling Service	179		179	135
Walkinstown Association For Handicapped People Ltd	24		24	105
Walkinstown Greenhills Resource Centre	278		278	262
Waterford and South Tipperary Community Youth Service	670		670	798
Waterford Association for the Mentally Handicapped	6,859		6,859	6,180
Waterford Community Childcare	190		190	184
Waterford Hospice Movement	0		0	485
Well Woman Clinics	888		888	649
West Cork Counselling and Support Services	148		148	121
West Limerick Resources Ltd	182		182	135
West Of Ireland Alzheimer Foundation	1,803		1,803	1,517
Westcare Homecare Ltd	1,498		1,498	903
Westdoc (GP Out Of Hours Service)	5,063		5,063	5,125
Western Care Association	45,361		45,361	42,904
Western Region Drugs Task Force	150		150	234
Westmeath Community Development Ltd	213		213	220

## Appendix 1 Revenue Grants and Capital Grants\*\* (continued)

Name of Agency	Revenue Grants	Capital Grants	Total Grants* ***	Total Grants* ***
	2022 €'000	2022 €'000	2022 €'000	2021 €'000
Westmeath County Council	107		107	0
Wexford Homecare Service	209		209	235
Wexford Local Development	219		219	201
White Oaks Housing Association Ltd	426		426	309
Whitechurch Addiction Support Programme (WASP)	280		280	199
Wicklow Community Services Company Limited by Guarantee	2,528		2,528	2,274
Willow Health Care Ltd	1,464		1,464	1,402
Windmill Therapeutic Training Unit	1,715		1,715	1,403
Young Social Innovators Ltd	119		119	115
Youth Advocacy Programme	282		282	123
Youth For Peace Ltd	164		164	139
Youth Work Ireland	542		542	335
	<b>6,342,192</b>	<b>531,706</b>	<b>6,873,898</b>	6,143,322

\* 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 2021 comparatives above have been re-stated where appropriate

\*\*\* Pandemic Special Recognition Payments totalling €77m are included in the above grants expenditure



## Appendix 2

### Disclosures required by the Code of Practice for the Governance of State Bodies 2016

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

The Board is responsible for ensuring that the HSE has complied with the requirements of the Code of Practice for the Governance of State Bodies ('the Code'), as published by the Department of Public Expenditure and Reform in August 2016.

The following disclosures are required by the Code:

#### Employee Short-Term Benefits

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

#### Consultancy Costs\*

Consultancy costs include costs of external expert analysis and advice to management which contributes to decision making or policy direction. It excludes outsourced 'business as usual' functions.

	2022 €'000	2021 €'000
Legal Advice	263	6
Tax and Financial advisory	139	218
Public relations/marketing	344	273
Human Resources and Pensions	280	186
Strategic Planning and Business improvement**	59,442	51,043
IT Consultancy	5,392	7,653
Other	31,784	16,496
<b>Total consultancy costs</b>	<b>97,645</b>	<b>75,875</b>
Total consultancy costs further analysed as follows:		
Consultancy costs capitalised	0	0
Consultancy costs charged to Income and Expenditure and Retained Revenue Reserves	97,645	75,875
	<b>97,645</b>	<b>75,875</b>

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

\*\* Includes costs related to COVID-19

#### Legal Costs and Settlements\*

The table below provides a breakdown of amounts recognised as expenditure in 2022 in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the HSE which is disclosed in Consultancy costs above.

	2022 €'000	2021 €'000
Legal fees – legal proceedings	27,047	22,239
Conciliation and arbitration payments	111	134
Settlements	1,019	929
<b>Total</b>	<b>28,176</b>	<b>23,302</b>

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

## Appendix 2 Disclosures required by the Code of Practice for the Governance of State Bodies 2016 (continued)

Costs in relation to on-going matters involving other State bodies are not included in these legal costs.

The number of cases covered by the above legal costs amounted to 2,428 in 2022 (2021: 2,071).

Additional legal costs and settlements were paid by the HSE's Insurance Company.

Note 11 of the Financial Statements discloses the costs and the future liability in relation to the Clinical Indemnity Scheme.

### Travel and Subsistence Expenditure\*

	2022 €'000	2021 €'000
Travel and subsistence expenditure is categorised as follows:		
Domestic		
– Board**	6	0
– Employees	72,412	60,749
International		
– Board**	1	0
– Employees	429	1579
<b>Total</b>	<b>72,848</b>	<b>62,328</b>

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

\*\* 2022 includes Board members T&S only. The CEO's expenses are disclosed in Note 2

### Hospitality Expenditure\*

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

\* included in Note 8 Non Pay Expenditure, Other Operating Expenses, Recreation

### Statement of Compliance

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

Signed on behalf of the Board.



**Ciarán Devane**  
Chairperson



**Health Service Executive**

Dr. Steevens' Hospital

Steeven's Lane

Dublin 8

D08 W2A8

Telephone: 01 6352000

**[www.hse.ie](http://www.hse.ie)**

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