

NATIONAL HAEMOPHILIA COUNCIL

Financial Statements

FOR

YEAR ENDED 31st DECEMBER 2021

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Composition of the Council Members and Other Information

Mr Brian Fitzgerald, **Chairperson** Appointed 08/2019

Mr Pat Creedon, Principal Officer, Blood & Organ Transplant Policy and Divisional Planning Unit, Department of Health Appointed 03/2021

Dr Alison Dougall, Clinical Consultant in Special Care Dentistry, Dublin Dental University Hospital Reappointed 10/2019

Dr Cleona Duggan, Consultant Haematologist, Cork University Hospital Reappointed 09/2021

Dr Ruth Gilmore, Consultant Haematologist, University Hospital Galway Reappointed 10/2019

Ms Debbie Greene, Senior Administrator & Office Manager, Irish Haemophilia Society Reappointed 10/2019

Ms Mary Kavanagh, CNS in Haemophilia, Children's Health Ireland at Crumlin Appointed 08/2020

Mr Liam Morris, Principal Officer, Blood & Organ Transplant and Acute Hospital, Service Planning Policy Unit, Department of Health Appointed 08/2020 **Resigned 02/21**

Dr Beatrice Nolan, Consultant Haematologist, Children's Health Ireland at Crumlin Reappointed 01/2021

Dr Niamh O'Connell, Medical Director, National Coagulation Centre, St. James's Hospital Reappointed 07/2021

Mr Brian O'Mahony, Chief Executive, Irish Haemophilia Society Reappointed 10/2019

Dr David Vaughan, Director of Quality and Patient Safety, Childrens Hospitals Group Reappointed 10/2019

Ms Gráinne Leach, Chief Officer, NHC Appointed 09/2014

Banker:	Provided by the Health Service Executive
Solicitor:	Provided by the Health Service Executive
Accountant:	Provided by the Health Service Executive
Auditor:	Comptroller & Auditor General, 3A Mayor Street Upper, Dublin 1 D01PF72

Governance Statement and Council Members Report

Governance

The National Haemophilia Council was established under the SI No. 451 of 2004, National Haemophilia Council (establishment) Order 2004.

The National Haemophilia Council is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the National Haemophilia Council are the responsibility of the Chairperson and the Chief Officer and the members of the Council.

Councils Responsibilities

The work and responsibilities of the Council are set out in SI No. 451 of 2004 which also contain the matters specifically reserved for Council's decision. Standing items considered by the Council include:

- Reports from Meetings
- Financial Statements
- Reports on International Audits of the 3 Comprehensive Care Centres
- Reports on audits of the Haemophilia Treatment Centre
- Reports on audits with a Consultant Haematologist in Level 3 Hospitals in Ireland
- Strategic Plans

SI No. 451 of 2004 requires the National Haemophilia Council to keep, in such form as may be approved by the Minister for Health all proper and usual accounts of money received and expended by it. In preparing these financial statements, the National Haemophilia Council is required to:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements

The Council is responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the financial position of the National

Haemophilia Council and to enable it to ensure that the financial statements comply with its Constitution and Rules.

The Council considers that the Financial Statements properly present the expenditure of the National Haemophilia Council for 2021.

The Council members must follow the broad strategic direction set by the Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise.

The maintenance and integrity of the corporate and financial information on the National Haemophilia Council website is the responsibility of the Council.

The Chief Officer acts as a direct liaison between the Chairperson and the Council Members.

Remuneration

Council members do not receive remuneration. They may be paid travelling and subsistence allowances in accordance with approved scales.

Council's Structure

The Council consists of a Chairperson and 10 Council Members all of whom are appointed by the Minister for Health. The members of the Council are appointed for a period of three years and usually meet six times a year. The list of NHC members and numbers of meetings attended in 2021 are listed below:

		Meetings Attended
Mr Brian Fitzgerald, Cha Mr Pat Creedon, Princip	-	6 4
Dr Alison Dougall, Const	ultant in Special Care Dentistry, DDUH	3
Dr Cleona Duggan, Cons	sultant Haematologist, CUH	6
Dr Ruth Gilmore, Consu	ltant Haematologist, UHG	6
Ms Debbie Greene, Administrator Irish Haemophilia Society Ms Mary Kavanagh, CNS in Haemophilia, Children's Health Ireland at Crumlin Mr Liam Morris, Principal Officer, DOH		5 umlin 5 0
Dr Beatrice Nolan, Consultant Haematologist, CHI at Crumlin		5
,,,,		6 6
Key Personnel Changes Mr Liam Morris	ctor of Quality and Patient Safety, CHI Resigned 02/2021 Appointed 03/2021	5

Dates of NHC Meetings in 2021

- Thursday 25th February 2021
- Thursday 15th April 2021
- Thursday 24th June, 2021
- Tuesday 7th September 2021
- Thursday 23rd September 2021
- Thursday 25th November 2021

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

The Council is responsible for ensuring that the National Haemophilia Council 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 Disclosures required by the Code of Practice relevant to the NHC are travel and subsistence and hospitality (if applicable), etc.).

Travel and Subsistence

Domestic	€ -
International	€ -

Statement of Compliance

With the agreement of the Department of Health, the Council complies with relevant principles of the Code of Practice for the Governance of State Bodies. These principles relate to ethics, standards in public office and probity and accountability in relation to money assigned to the Council's functions.

The detailed annual report to the Minister on compliance with every aspect of the Code is not required.

On behalf of the Council

Chairperson:

Mr Brian Fitzgerald

Date:

18/11/2022

Estaine Lead

Chief Officer: Date:

Ms Gráinne Leach /PP Ger Kane 18/11/22

Statement on Internal Control

We acknowledge the National Haemophilia Council's responsibility for reviewing and ensuring the effectiveness of the Council's system of internal controls. The Council acknowledges that such a system of internal control can only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorized and properly recorded and that any material errors or irregularities are either prevented or would be detected in a timely manner.

Key Control Procedures

Due to the small size of the National Haemophilia Council, it is not practical to have all duties clearly segregated. The following is a description of key procedures, which have been put in place by the Council to provide effective internal control.

- 1. There is an established organization structure with clearly defined lines of responsibility.
- 2. The system of internal control is based on a framework of regular management information and administrative procedures and the control procedures of the Health Service Executive.
- 3. The Chairperson and the Chief Officer are responsible to the Council for the operational management and control of the National Haemophilia Council's affairs. The Chairperson and Chief Officer report to the Council at its meetings.
- 4. The National Haemophilia Council places reliance on the internal controls of the Health Service Executive and did not carry out a review of the internal controls for the year. Also, the Council did not carry out procedures to identify and mitigate risks. However, the NHC at all times places reliance on the Statement of Internal Controls of the Health Service Executive.
- 5. With the onset of Covid 19 in 2020, the National Haemophilia Council held six meetings during 2021 year via the Zoom platform hosted by the Irish Haemophilia society and in compliance with all regulations.
- 6. The Cyber Attack on the HSE in May 2021 impacted on the business of the National Haemophilia Council. The payments by the NHC were processed on time following the Cyber-attack and this was due to the timing of the processing of the payments. The National Haemophilia Council placed reliance on the internal controls of the Health Service Executive and followed all recommended guidelines in order to restore systems.

There was a delay in presenting the 2020 NHC Annual Report to the Minister for Health as the cyber-attack had hugely effected the I T Systems in the Comprehensive Care Centres at CHI at Crumlin, Cork University Hospital and the Treatment Centre at University Hospital Galway.

On behalf of the Council

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Chairperson:

Mr Brian Fitzgerald 18/11/2022

Epiaimo Leade

Chief Officer:

-----pp Ger Kane Ms Gráinne Leach 18/11/2022

Date:

Date:

National Haemophilia Council Financial Statements for year ended 31st December 2021

Report of the Comptroller & Auditor General

Statement of Expenditure for the year ending 31st December 2021

Expenditure	Note	2021 €	2020 €
Salaries Publications/Post/	2	57,800 392	55,474
Stationery/Phone/Courier/IT		0	745
Financial Audit	3	1,500	1,000
Travel & Subsistence		//0	290
Registration WFH		130	142
Education & Training	4	0	2,900
International Audits	5		3,000

Total Expenditure

59,822

63,551

Notes 1 to 9 form part Of these Financial Statements

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Chairperson:

Date:

Mr Brian Fitzgerald 18/11/2022

Grain Lead

An

Chief Officer:

Ms Gráinne Leach/ PP Ger Kane 18/11/2022

Date:

Note 1 Accounting Policies

Note 1.1 General Information

The establishment of the National Haemophilia Council was approved by Government following the recommendations of the Lindsay Tribunal in 2001. The Regulations placing the Council on a statutory footing were signed by the Minister for Health on 22 July, 2004 and amended to include the Health Service Executive (Miscellaneous Provisions) Act 2007.

The principal function of the Council is to advise the Minister, health service agencies and other persons on any matter relating to haemophilia, on its own initiative or at the request of the Minister, or a health agency.

It may provide advice in relation to;

- the care and treatment of persons with haemophilia;
- protocols for treatment of haemophilia;
- health services (including counselling services) for persons with haemophilia;
- education and training of staff who provide services for persons with haemophilia;
- education and health promotion for persons with haemophilia and their families;
- the changing needs of persons with haemophilia, in order to help ensure that health services respond effectively to such changing needs;
- developments arising from research into haemophilia;
- appropriate support services for the families of persons with haemophilia

Statutory Instrument No. 451 of 2004, National Haemophilia Council (establishment) Order 2004, Section 17 (5), provides that the Comptroller and Auditor General is the statutory auditor of the National Haemophilia Council.

Note 1.2 Basis of Accounting

The Statement of Expenditure reflects the expenditure of the Council as recorded in the accounting records of the Health Service Executive.

Note 1.3 Funding

All of the expenses of the Council are met by the Health Service Executive and are accounted for in the Executive's financial statements. Secretarial and meeting facilities are provided by the Executive.

Note 1.4 Employment arrangements for Staff

The National Haemophilia Council administrative staff member is an employee of the Health Service Executive. Salaries represent the salaries of the Council's secretariat for the year.

Note 1.5 Assets and Liabilities

The Council has no assets or liabilities.

Note 2: Salaries and Expenses

The remuneration of the Chief Officer is as follows:	2021	2020
	€	€
Ms Grainne Leach (1 January 2021 to 31 December 2021)	57800	55,474
Total	57,800	55,474

The Chief Officer is the only staff member of the Health Service Executive pension scheme and her entitlements in that regard does not extend beyond the terms of the model public service scheme.

Note 3: Fina	ancial Audit	
	2021	2020
	€	€
OCAG Audit Fee	1,500	1,000

Note 4: Education & Training - €2,900 (2020) to Institute of Public Administration

The Chief Officer is studying Healthcare Management at the Institute of Public Administration (IPA) for 2 years.

Note 5: 2019 International Audits of the 3 Comprehensive Care Centres (2020 - €3000)

Expenditure in respect of the 2019 National Haemophilia Council International Audits of the 3 Comprehensive Care Centres at Cork University Hospital, Children's Health Ireland at Crumlin and the National Coagulation Centre, St. James's Hospital.

The Payment in respect of the 2019 NHC International Audits to two of the International Auditors was processed for payment to the University Medical Center Utrecht, Netherlands in 2020.

Note 6: Disclosure of Interests

The NHC is covered by the Ethics in Public Office Act 1995 & Standards in Public Office Act 2001. It is HSE policy for all Council Members and HSE staff to ensure all relevant employees are informed of their obligations under the legislation. All employees in the HSE remunerated at or above the minimum salary scale of €65,812.00 must comply with the Ethics in Public Office legislation.

Note 7: Administration of the National Haemophilia Council Accounts

The HSE is responsible for the administration of the expenditure incurred by the National Haemophilia Council in performing its functions. This expenditure is appropriately authorised and recorded in the accounting records of the HSE. The expenditure is subject to the control procedures operating within the HSE.

Note 8: Approval of the National Haemophilia Council Accounts

The NHC Financial Statements for 2021 were approved by the Council on 18th Nov 2022

Note 9: Cyber attack

The cyber-attack on the HSE impacted on the day to day business of the NHC as the NHC IT Systems are connected to the HSE Server.

There was a delay in presenting the 2020 NHC Annual Report to the Minister for Health as the cyber-attack had hugely effected the I T Systems in the Comprehensive Care Centres at CHI at Crumlin, Cork University Hospital and the Treatment Centre at University Hospital Galway.



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

National Haemophilia Council

Opinion on the financial statements

I have audited the financial statements of the National Haemophilia Council for the year ended 31 December 2021 under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise the statement of expenditure, the statement of accounting policies, and related notes.

In my opinion, the financial statements properly present the expenditure of the National Haemophilia Council for the year ended 31 December 2021.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the National Haemophilia Council 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 National Haemophilia Council has presented certain other information together with the financial statements. This comprises, the governance statement and Council members' report, and the statement on internal control. My responsibilities to report in relation to certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

John Gean

John Crean For and on behalf of the Comptroller and Auditor General

22 November 2022

Responsibilities of Council Members

As detailed in the governance statement and Council members' report, the Council members are responsible for

- the preparation of the annual financial statements in the form prescribed under section 17 of statutory instrument number 451 of 2004
- ensuring that the financial statements properly present the transactions in the year
- ensuring the regularity of transactions, and
- such internal control as they determine is necessary to enable the preparation of the 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 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of the National Haemophilia Council 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 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 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.