

Board Strategic Scorecard
March 2022



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Document Purpose

The Board Strategic Scorecard aims to provide the Board with a monthly report on progress against key Programmes/Priorities for 2022. In doing so the Board Strategic Scorecard aims to:

- Track progress of key Programmes/Priorities at a high level
- Highlight issues relating to progress in a timely manner
- Support Board oversight and decision-making
- Minimise multiple requests and duplication of effort in collating reports for Board/DoH.

Ratings for Programmes/Priorities range from 1-5 and signify current progress of that Programme/Priority against the year-end targets /outputs/deliverables and therefore the Ambition Statement.

An Improvement Plan will be appended to the Scorecard for those Programmes/Priorities which were assigned a 1 or 2 rating in the previous month.

Following consideration by the Board, the Scorecard will be submitted to the Department of Health on a monthly basis, as part of the reporting arrangements in the DOH-Executive Performance Engagement Model and Oversight Agreement, consistent with the Letter of Determination.

Zone	Rating	Criteria
Green	5	<ul style="list-style-type: none">• Strong Assurance that the 2022 Ambition Statement will be fully achieved• All KPIs and Outputs/Deliverables are progressing according to annual trajectory• There are no issues or dependencies that are expected to impede delivery of year-end targets
	4	<ul style="list-style-type: none">• Strong Assurance that the 2022 Ambition Statement will be substantially achieved• All or most KPIs and Outputs/Deliverables are progressing according to annual trajectory• There are particular issues or dependencies that may impact on the delivery of year-end targets
Amber	3	<ul style="list-style-type: none">• Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved• Most KPIs and Outputs/Deliverables are progressing according to annual trajectory• There are particular issues or dependencies that may impact on the delivery of year-end targets
	2	<ul style="list-style-type: none">• Concerns that the 2022 Ambition Statement will be not be substantially achieved• A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory• There are issues or dependencies that will impact on the delivery of year-end targets
Red	1	<ul style="list-style-type: none">• Significant concerns that the 2022 Ambition Statement will be not be substantially achieved• A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory• There are issues or dependencies that will impact materially on the delivery of year-end targets

Summary rating of Programmes/Priorities*

Board Strategic Scorecard Summary						
Key Programmes/Priorities	Previous Score	Current Rating				
1. COVID-19 National Test and Trace	5					5
2. COVID-19 Vaccination Programme	4				4	
3. Reform of Primary Care, Community and ECC	3			3		
4. Reform of Home Support and Residential	3			3		
5. Reform of Scheduled Care	4				4	
6. Reform of Mental Health	4				4	
7. Reform of Disability Services	4				4	
8. Prevention & Early Intervention	4				4	
9. Enhancing Bed Capacity	3			3		
10. Implementation of National Strategies	3			3		
11. Operational Services Report						
12. Quality and Patient Safety	3			3		
13. Patient and Service User Engagement	4				4	
14. People and Recruitment	3			3		
15. Finance and Financial Management	3			3		
16. Technology and eHealth	4				4	
17. Infrastructure and Equipment	5					5
18. Risk Management						
19. Communications	4				4	
20. New Drugs	4				4	
21. Planning and Implementation of Regional Health Areas	4				4	
22. Climate Action & Sustainability	5					5

* Ratings are not applicable for the following Scorecards: Risk Management and Operational Services Report

	Previous	Current
Average Rating:	3.80	3.80
Number of Priorities with 1 or 2 rating:	0	0

The current overall rating based on scorecards received with a rating applied remains at 3.80 (based on 20 rated Scorecards returned).

- Three scorecards presented with a rating of 5.
- Ten scorecards presented with a rating of 4.
- Seven scorecards presented with a rating of 3.
- No Scorecard presented with a rating of 2 or 1.
- Two Scorecards (Risk Management and Operational Services Report) do not receive a rating.

- Data has been received and reported in respect of 81 of the 84 KPIs due in March 2022.

2022 Ambition Statement : Maintain COVID-19 Testing and Tracing capacity in line with Public Health guidance in 2022 (achieving a target time of 3 days from referral to completion of contact tracing) and remains flexible to changing levels of demand in terms of its operating model.

Rating and Overview: 5 (Strong Assurance that the 2022 Ambition Statement will be fully achieved) KPIs and outputs/deliverables reflect decreased demand on services from mid January to March.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of referrals for a COVID-19 test receiving appointments for the test within 24 hours of request vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		40%	95%	95%									
% of test results communicated in 48 hours following swab vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		88%	97%	*95%									
% of close contacts successfully contacted within 24 operational hours of contacts being collected vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		96%	96%	97%									
% of referrals meeting 3 day target (3 days from referral for a test to completion of contact tracing) vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		77%	98%	98%									

Key Issues	Output/Deliverables 2022	Progress update	Target completion date
<ul style="list-style-type: none">The Test and Trace system was operating at surge capacity and experienced high levels of demand from the end of December 2021 and this continued into January 2022.All current KPIs relate to the PCR pathway within the operating model of Test and Trace.Any changes proposed in the Transition strategy will need to consider the impact on current KPIs.New Public Health guidance came into effect in February 2022 resulted in significant changes across the Test and Trace function. These changes resulted in specific groups of people in high-risk categories and settings requiring PCR testing and contact tracing. This will impact the scope of key performance indicators going forward in 2022.New KPIs may be developed depending on future operating models.* KPI Test results communicated in 48 hours - sharp increase in demand for week 21/03 impacting this KPI - 75k community swabs taken vs 54k the week before.	1 Develop a Test and Trace Transition Strategy and supporting Plan (transition plan)	In Progress – A project team has been established and is collaborating with a broad set of stakeholders in order to meet this target.	Complete
	2 Develop an Operational Plan for 2022 based on projected service demand and strategic priorities (information management, estates, workforce)	In Progress – The operational plan is being developed as part of the Test and Trace Transition Strategy. The plan includes the following key focus areas (1) As- is review and impact assessment (2) Options appraisal (3) Transition plan and (4) Interim Emergency Response plan. Plans were submitted to HSE EMT and Department of Health in March 2022.	Complete
	3 Integrate and enhance existing Antigen Referral Pathways (antigen positives reporting, close contacts, schools and symptomatic).	In Progress - Changes to public health policy on testing and contact tracing will be reviewed in line with the antigen operating model and the medium-term profile of demand capacity and activity. Symptomatic pathway has been amended since February 2022 for a defined scope of users – symptomatic who need evidence of antigen for enhanced illness benefit and asymptomatic healthcare workers (close contacts).	June 2022
	4 Develop a Test and Trace Pandemic Preparedness Plan (a central resource for future major emergency planning)	Initial scoping and planning has commenced. Interim Emergency response plan in developed.	Dec 2022
Dependencies	<ul style="list-style-type: none">Changes to public health policy on testing and contact tracing will impact the operating model and the medium-term profile of demand capacity and activity for Test and Trace services.		

2022 Ambition Statement: Ensure the continued safe, effective and efficient administration of COVID-19 primary course and booster vaccines to all residents of Ireland in line with NIAC guidance. Develop future operating model for vaccination programme.



Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Primary Programme is progressing with over 95% of the total adult population fully vaccinated. The Booster programme is progressing with 76% of the total adult population Boosted. Subsequent NIAC guidance has seen 12-15 year olds start to receive Booster doses. Planning is ongoing for operationalising further NIAC guidance for 2nd Booster Doses (over 65s and Immunocompromised over 12) as is planning for the transition to the future sustainable model

KPI		Target *	Actuals at Dec 2021	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Full Primary vaccination in total eligible population (12+ age group, Population size = 4,153,000)	Target	3,956,435	-	3,871,435	3,881,435	3,891,435	3,906,435	3,916,435	3,926,435	3,936,435	3,946,435	3,956,435	3,956,435	3,956,435	3,956,435
	Actual	-	3,859,124	3,880,387	3,891,246	3,907,779									
Primary course vaccinations (5-11 age group, Population size = 482,000)	Target	191,000	-	16,000	91,000	116,000	141,000	166,000	176,000	186,000	188,500	191,000	191,000	191,000	191,000
	Actual	-	-	16,052	80,493	101,903									
Booster Doses Administered (HCW Population size = 305,000)	Target	289,730	-	263,730	268,730	271,730	276,730	279,730	282,730	285,730	287,730	289,730	289,730	289,730	289,730
	Actual	-	253,673	263,014	267,342	269,866									
Booster Doses Administered (16 – 59 age group with Medical Conditions/Very High Risk and High Risk, Population size = 428,000)	Target	426,010	-	363,010	376,010	386,010	401,010	406,010	411,010	416,010	421,010	426,010	426,010	426,010	426,010
	Actual	-	327,656	361,987	374,686	387,079									
Booster Doses Administered (16+ age group, Population size = 3,140,000)	Target	2,603,680	-	2,083,680	2,183,680	2,253,680	2,353,680	2,403,680	2,453,680	2,503,680	2,553,680	2,603,680	2,603,680	2,603,680	2,603,680
	Actual	-	1,689,070	2,092,901	2,178,684	2,263,907									

* Population size is based on CSO data. The target profile is based on assumptions around levels and speed of uptake, the outcome of which will be less than the population size.

Key Issues	Output/ Deliverables	Progress Update	Target Date
<ul style="list-style-type: none">Maintain sufficient vaccination capacity given uncertain future requirement for COVID-19 VaccinationOptimised stock management to ensure minimised wastage of vaccineFalling levels of uptake for the Booster programme and an uncertain uptake level for subsequent phases of the vaccination programmeOperationalising NIAC guidance on second Booster's (over 65s and 12+ Immunocompromised) whilst preparing for potential Autumn programme.	1 Continued delivery of the remaining elements of the primary vaccination programme, rollout of paediatric primary course (5-11s) and Booster programme	Key issue of slow uptake post Christmas being addressed through targeting uptake initiatives Strategy for incoming vaccine stock developed through DOH engagement	June 2022
	2 Develop future operating model for COVID-19 vaccination programme.	Planning is well advanced in the development of a Future vaccination Operating Model Uncertainty around future requirements (timing, vaccine type and populations etc.) requires operating model to be developed based on potential scenarios. Report summarising Model for COVID-19 vaccination was submitted to 31 Mar Cabinet Sub-Committee	Complete (March 2022)

2022 Ambition Statement: Enhanced primary and community care focused in 2022 on operationalization of 96 CHNs and 30 Community Specialist Teams (ICPOP and CDM) with continued delivery of community diagnostic services to move towards more integrated end-to-end care pathways for Chronic Disease and Older Persons

Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved) Progress made on all fronts, however uncertainty relates to the scale of the change programme and challenges introduced by COVID-19 (Omicron Wave and Vaccination Programme) together with dependencies on the delivery of the Recruitment Plan and ICT solution. Accelerated recruitment process in place and having effect.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of CHNs operating (Network Manager, ADPHN in place, GP Lead at an advanced stage of recruitment & 25% of frontline line staff) versus target	Target	96	39	45	56	77	96	96	96	96	96	96	96	96
	Actual		51	51	51									
No. of Community Specialist Teams (CSTs) for older people operating (Operational Lead in place, Consultant available to team to provide leadership and 50% of team in place) with local integrated governance structures vs. profile	Target	30	15	17	19	21	27	30	30	30	30	30	30	30
	Actual		15	15	17									
No. of Community Specialist Teams (CSTs) for chronic disease management operating (Operational Lead & 25% of team in place) with local integrated governance structures vs. profile	Target	30	2	3	5	8	12	14	16	18	23	28	30	30
	Actual		2	4	5									
No. of planned GP Direct Access to diagnostic services (x-ray, CT, MRI, DEXA) delivered vs. profile, ECHO, Spirometry & BNP coming on stream in 2022	Target	195,000	12,000	30,000	48,000	57,000	66,000	75,000	93,500	112,000	130,500	152,000	173,500	195,000
	Actual		17,603	36,008	58,125									

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Recruitment of GP Lead Role – working with IMO/ICGP to raise profile of role as set out in GP Agreement 2019 Net impact on primary care resourcing - requirement for existing vacancies and vacancies associated with recruitment to ECC posts to be to be filled 	1 Recruitment of the required additional 3,500 frontline primary care staff and leadership roles	1,291.65 WTE on boarded (8% increase on previous month) with a further 588.5 WTE at advanced stage (276.75 posts have been accepted, 214.6 at offer stage, staff recruitment completed and start dates to be agreed for 97.5) Total 1,881. The accelerated recruitment process is in place and taking effect with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme. 51 CHN's established, with over 85% of Network Managers and Assistant Directors of Nursing either in place or at an advanced stage of recruitment. Approximately 43% of GP Leads in place or at an advanced stage of recruitment together with 25% of additional core CHN staff. This has enabled these teams to mobilise with increasing levels of team capability planned as additional nursing and HSCPs appointed. A total of 30/30 ICPPOP Operational Leads and 24 CDM Operational Leads either in place or at an advanced stage at 31/03/2022. 58.5 Consultant posts have been approved through CAAC process (7% increase on previous month) and arrangements being put in place for temporary appointments and clinical governance in some locations, pending competitions	Dec 2022
	2 ICT solution/s to support implementation and data collection	Progress continues to be made on this critical initiative through Community Digital Oversight Group (CDOG). Development plan being drawn up and workstreams identified. Market Soundings complete, following the market sounding proposals being developed for interim solution to support rollout of the ECC Programme for the longer term ICMS is being developed, procured and implemented	Dec 2022
	3 ECC Capital Infrastructure Prog	The ECC Capital Infrastructure programme continues to progress. As of 31/03/2022; 28 ECC proposals have been submitted and fully approved (and a further 1 project has been approved to go to feasibility study). There are a further 34 immediate priority proposals that were brought forward to the EMT in Nov 2021 that are now pending approval. The process for procurement of clinical, office and ICT systems and hardware requirements for approved prioritised projects is underway and due to be completed by the end of April	Dec 2022
Dependencies			
<ul style="list-style-type: none"> Procurement process for an interim solution consisting of a minimum viable Integrated Case Management System (ICMS) with basic functionality to support the ECC implementation and data collection/measurement for the ECC programme. Recruitment of required levels of appropriately skilled staff may impact ability to deliver new models of care and integrated ways of working in line with targets. 			

2022 Ambition Statement: Continue to progress the reform of Services for Older People across Home Support and Residential Services with the focus in 2022 to include: i) development of a national service framework that defines a financially and operationally sustainable model for public Long Term Residential Care and Intermediate/Rehabilitation Care; and, ii) design, pilot and evaluate the proposed reformed Home Support delivery model to inform the new Home Support Statutory Scheme, supported by the national roll out of the interRAI care needs assessment tool.

Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved) Progress of key reform areas are closely aligned with capacity of system to recruit key roles. Monthly engagement established with National HR to mitigate all potential risks.

KPI		2022 Annual Target	Jan	Feb	Mar*	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of interRAI Care Needs Facilitators in place	Target	128	-	-	-	-	-	-	42	63	84	106	128	128
	Actual		-	-	-	-	-	-						
Additional Home Support Hours (2m for the full year)	Target	23.67m	1.80m	3.50m	5.37m	7.20m	9.24m	11.14m	13.11m	15.30m	17.28m	19.41m	21.46m	23.67m
	Actual		1.65m	3.35m**	XX									
Cost of Additional Home Support Hours	Target	€636.95m	€48.43m	€94.18m	€144.50m	€215.35m	€248.64m	€299.77m	€352.79m	€80.73m	€465.00m	€522.32m	€577.48m	€636.95m
	Actual		€44.48m	€87.37m	XX									
NSD Spend (€m funding, excluding €2m home support)	Actual	€16.3m	€0.0m	€0.02m	€0.04m									
Additional WTE's recruited	Actual	222	1	2.7	4.6									

* Home support hours and costs not available till end April

** Estimates used for 3 areas due to data gaps in Feb reporting

Key Issues

- Capacity of the system in relation to the ability to recruit and retain key staff for home support service delivery
- Progression of workforce planning group
- Capacity of system in relation to recruitment of interRAI posts and delivery of interRAI assessments across home support pilot due to impact of current COVID -19 surge
- Lack of IT system to track residential beds
- Lack of IT system to track home support services
- Progression of Home Tender in advance of Regulations

Dependencies

- Educators to be in place within each CHO, in order to train assessors and to commence migration from the old SATIS system
- Progression of residential and home support systems outlined above
- Recruitment and retention of key staff across home support and interRAI
- Recruitment of NCAG role for Older People
- Leadership across National, Regional and Local Community Services to deliver on SOP reform programme
- Progression of Home Support Tender in advance of Regulations

	Output/Deliverable	Progress Update	Target Completion Date
Residential Care	Undertake review of all aspects of Intermediate/Rehabilitation care and make recommendations for future model of care and options for repurposing existing or developing additional beds	Remains on target for completion end of April. Data capturing of audit completed with draft reporting being finalised jointly by services for older people change & innovation and services for older people community operations. Meetings being scheduled across the month of April via Services for Older People Community Operations in respect of out-put of data capturing to inform final Report.	April 2022
	Finalisation of audit of residential care including CNU Programme	Data capturing audit exercise completed with draft reporting being finalised jointly by services for older people change & innovation and services for older people community operations.	April 2022 (previously March 2022)
	Develop a national framework for underpinning a sustainable model for Residential Care (both Long Term and Intermediate/Rehabilitation), to achieve Corporate Plan and NSP targets and emerging Government Policy. Finalisation of future Residential Care Demand Modelling	Remains on target for completion. National Framework is being progressed through the residential working group in line with NSP and Expert Panel requirements. Data capturing audit complete which will inform the development of Framework. Working group conveyed to develop overall Framework.	December 2022
Home Support	Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Implementation of Home Support Pilot ongoing across four Community Health care Network Sites. Tender for Evaluation progressed. Reporting and data collection commenced across sites.	November 2022
	Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Ongoing feedback and collaboration with the DoH in preparation for the Statutory Scheme including the development of regulations.	January 2023
	Establishment of National Home Support Office	Recruitment commenced and ongoing monthly engagement with HR in relation to recruitment risks.	October 2022
InterRAI	Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas.	Implementation plan for 2022 developed & presented to CHO Chief Officers at meeting held on 30th March. Further engagement planned with Chief Officers to finalise implementation plan taking place across April and May.	December 2022
	Development of Phase 2 of interRAI software system	The software vendor has experienced delays in completing the development of Phase 2 of interRAI software. In this context we have requested that they compile a full report in respect of challenges and delivery for consideration by the HSE.	June 2022

2022 Ambition Statement: Progress the Scheduled Care Transformation Programme to achieve NSP 2022 targets – with a particular focus in 2022 on delivering maximum wait time and additional activity in the public and private sector and commencing implementation of transformational initiatives including: (i) multi annual waiting list plan; (ii) Elective Ambulatory Care Centres; (iii) strategy for managing DNAs; (iv) planning for the operationalisation of 37 prioritised scheduled care pathways; (v) multi annual strategic partnership with private providers; (vi) process for patient / family-initiated reviews and commencing Phase 1 pilot and (vii) implementing HPVP at 28 hospitals.

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) The 2022 Waiting List Action Plan was finalised in February and discussions are ongoing with the DoH in relation to a Multi-annual Plan. The SIPs have been received and analysed, with non-recurrent funding letters expected to issue in April. Engagement in relation to DNA, Reasonable Offer and PIR is underway and an initial DNA strategy is expected to be finalised by the end of April. 20 Pathways have been signed-off by the CCO to date and operational planning has commenced. HPVP continues to progress, with Sligo, Mayo, Letterkenny , Portlaoise and Mullingar live.

KPIs		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of Outpatients waiting longer than 18 months vs profile (Target: 98% of people waiting <18 months for first access to OPD services)	Target	12,400	146,300	134,800	121,800	110,300	97,400	84,400	72,900	61,400	49,900	38,300	25,400	12,400
	Actual		155,461	151,136	147,714									
No. of Inpatient / day case patients waiting longer than 12 months vs profile (Target: 98% of people waiting <12 months for an elective procedure IPDC)	Target	1,500	16,200	14,800	13,400	12,100	10,700	9,400	8,200	6,900	5,500	4,200	2,800	1,500
	Actual		17,513	17,110	17,222									
No. of GI Scope patients waiting longer than 12 months vs profile (Target: 100% people waiting <12 months for an elective GI scope procedure)	Target	0	3,800	3,500	3,200	2,800	2,400	2,100	1,800	1,500	1,100	700	400	0
	Actual		4,311	3,873	3,806									
85% of routine inpatient (IP) / day case (DC) patients scheduled in chronological order	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Actual		71.5% *	70.3% *	73.6% *									
Additional Community Removals from waiting list (treatment / intervention / validation) vs profile (cumulative)	Target	6,639 **	530	1,059	1,755	2,354	2,952	3,551	4,145	4,643	5,143	5,641	6,140	6,639
	Actual		634	1,215	TBC									
Cost year to date vs profile	Target	€200m ***	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
	Actual		TBC	TBC	TBC									

	Output / Deliverable	Progress Update	Target Completion Date
* Reported figure excludes hospitals who have not yet signed a Data Sharing Agreement with the HSE and Hospital Group validation is ongoing	1 Multi annual Waiting List plan finalised and approved	ToR for multi-annual WL plan to be agreed by WL Task Force - agreed at WLTF meeting 04 March that key focus for March is to push ahead with securing additional activity to reduce WLs. Work on longer-term private hospital strategic partnership and the multi-annual WL plan are not an immediate priority for March. 	June 2022
	2 Elective Ambulatory Care Centres (EACC) progressed	Approval-in-principle being sought from Government to proceed past Gate 1 of the Public Spending Code (approval of Preliminary Business Cases for Cork and Galway and Dublin). To overlap with the assurance reviews, work has begun with the HSE to ensure smooth transition to next phase of Public Spending Code (Gate 2 - Detailed Project Design, Planning and Procurement).	Dec 2022
** This profile represents approved spend to date – additional funding will be approved as plans are available	3 Strategy for managing 'Did Not Attend' (DNAs) for new & review OPD appointments agreed & implementation commenced	Engagement is underway with key stakeholders and an initial meeting was held w/c 4 April. A preliminary strategy for managing DNAs is expected to be finalised by end of April 2022. 	Apr 2022
	4 Complete planning and commence implementation of 37 prioritised scheduled care pathways.	Of the 37 pathways that have been signed-off by the clinical working groups, 30 pathways have been approved by the CDI support working group and 20 pathways have been signed off by CCO CAC. Additional pathways are expected to be signed off at the next CCO CAC scheduled for 21 April. A joint Acute and Community Operational sign-off process is being agreed.	Dec 2022
*** Spend profile will be confirmed once funding submissions have been approved	5 Multi Annual Framework for Strategic Partnerships with private providers developed	DoH is leading the engagement with private providers to scope potential partnership arrangements. Initial discussions have been held with all private hospitals, with the aim of commencing a new arrangement by Q3 to ensure continuity post-cessation of SN4. 	June 2022
	6 Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	Initial project planning is complete and engagement has taken place to understand pockets of excellence including CHI and Scotland. A working group including clinical and operational colleagues is being established to progress PIR.	Aug 2022
Key Issues	• Data Sharing Agreement with outstanding Voluntary hospitals,		
Dependencies	• Timely approval of the funding allocation of the €200m Waiting List Fund		
	• Timely recruitment of resources as approved through the 2022 Waiting List Plan	Sligo, Mayo and Letterkenny, Portlaoise and Mullingar hospitals now live. Rollout is on schedule. Remaining scheduled monthly until October 2022.	Oct 2022

2022 Ambition Statement: Continue to progress the implementation of Sharing the Vision and Connecting for Life to reform Mental Health services with the focus in 2022 to include: the implementation of Crisis Resolution Teams, Crisis Cafes and CAMHS Telehealth Hubs, Dual diagnosis pilot sites, Mental Health for Older Persons pilot sites and increasing the staffing of CAMHS and Adult Community Mental Health Teams.

Rating and Overview: 4 Strong assurance that the 2022 Ambition Statement will be substantially achieved, albeit with significant dependency on the ability to recruit necessary staffing with required skills mix.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of CAMHS referrals seen by mental health services vs. profile *	Target	10,878	-	-	2719	-	-	5439	-	-	8158	-	-	10,878
	Actual		-	-	2583	-	-		-	-		-	-	
% of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team *	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		69.8%	72.3%	71.2%									
NSD Spend (€24m funding) **	Actual	€24.00m	-	€1.95m										
Number of WTEs recruited (cumulative) for new service developments in 2022	Target	319	-	5	-	-	-	-	57	109	161	213	265	319
	Actual			5	-	-	-	-						

* KPI data available after 21 April 2022 ** Reporting on NSD budget will be a month in arrears – Feb spend amended due to 5 WTE cost ***2022 PNs not issued so recruitment delayed

Key Issues	Output/ Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">Costs per placement are rising significantly due to regulatory based requirements.There is an increasing requirement for specialist complex care due to more complex presentations.Availability of qualified and experienced staff particularly Consultants and Nursing staff.	1 Launch Sharing the Vision Strategy & Implementation Plan in April 2022.	Implementation Plan launched	Complete
	2 Models of Care designed and completed for: CAMHS Hubs and Crisis Resolution Services (CRS)	National Crisis Resolution Services Steering group established, four meetings held to date, literature review completed, logic model drafted and webinar held in March. National CAMHS Hub Steering group established, two meetings held to date, literature review completed.	October 2022 (previously April 2022)
	3 CAMHS Hub Pilot Sites: 3 pilot sites in operation by end of June 2022; 2 additional pilot sites in operation by end of December 2022; evaluation of pilot sites to commence by end of June 2022.	One pilot site location and budget allocation agreed for 2022 and business cases submitted for funding drawdown. All pilot sites are represented on the National CAMHS Hub Steering Group to inform MOC and pilot site implementation plans. Planning is ongoing to determine monitoring and evaluation framework for pilot implementation. All pilot sites in place by Dec 2022.	December 2022
	4 Crisis Resolution Services: 1 pilot site in operation by end of June 2022; 3 additional pilot sites in operation by end of December 2022; evaluation of pilot site to commence by end of June 2022.	Pilot site locations and budget allocation confirmed in CHO 1, CHO 3, CHO 4 and CHO 6 and business case completed for drawdown of funds. All pilot sites are represented on the National CAMHS Hub Steering Group to inform MOC and pilot site implementation plans. Planning underway to determine monitoring and evaluation framework for pilot implementation. 1 pilot site in place by Sept 2022 and remaining sites in place by Dec 2022	December 2022
Dependencies	5 Implementation of National Clinical Programmes; 4 ADHD teams in place; 3 Specialist Eating Disorder Teams hubs in place; early Intervention in Psychosis expanded to 5 teams; Additional 6 Suicide Crisis Assessment Nurses (SCAN) will be allocated to a population of 75,000 and respond to self harm and suicidal ideation presentations within primary care.; 3 pilot sites in place for Mental Health for Older Persons; 2 further Dual Diagnosis Pilot sites established in 2022 bringing the total to three.	Budget allocations, staff categories and locations agreed for all programmes with exception of Model of Care for Older persons. Business cases prepared and submitted for drawdown of funds. Programme Manager and Clinical Leads working with sites to prepare for recruitment process.	December 2022
	6 Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams.	Staff categories and allocation to teams agreed and signed off with CHO areas Business cases prepared and submitted for drawdown of funds	December 2022

2022 Ambition Statement: Respond to the emerging needs of children and adults with a disability through the provision of additional capacity in the areas of day, residential, respite, therapy, home support/personal assistant hours, neuro rehab and assistive technology services. Continue the programme of reform in the Disability Sector through the standing up of the National Stability and Sustainability team, the continued implementation of a Time to Move On, New Directions, Progressing Disability Services for children, under 65's in Nursing Homes and the Personalised Budgets programmes of work.

Rating and Overview: 4 Strong assurance that the 2022 Ambition Statement will be substantially achieved, albeit with significant dependency on the ability to recruit necessary staffing with required skills mix.

KPI		2022 Annual Target	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
% of child assessments completed within the timelines as provided for in the regulations vs. profile (Quarterly)	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	21%	-	-		-	-		-	-	
No. of adults with disabilities participating in personalised budgets demonstration project vs. profile	Target	180	-	-	100	-	-	120	-	-	150	-	-	180
	Actual		-	-	123	-	-		-	-		-	-	
No. of people currently living in congregated settings supported to transition to homes in the community vs. profile	Target	143	-	-	8	-	-	71	-	-	104	-	-	143
	Actual		-	-	7	-	-		-	-		-	-	
No. of individuals under 65 years currently living in nursing homes supported to transition to homes of their choice in the community vs. profile	Target	63	-	-	-	-	-	16	-	-	36	-	-	63
	Actual		-	-	-	-	-		-	-		-	-	
NSD Spend (€54.5m funding)	Actual	€54.5m	€0.74m	€1.26m	€4.94m									

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">The sourcing and retention of suitably qualified staff to deliver on key areas which received new development funding in 2022The availability of suitable infrastructure to support the reform of Disability Services	1 Establish the national Stability and Sustainability Team to address the financial challenges in the disability sector.	Programme Lead and project management in place. Project approach is significantly developed, including the approach to TORs, workstream definitions, reporting arrangements & project mgt. Work under the workstreams well advanced. Draft SIA to be complete by June / final Sept	June 2022
	2 Commence the Sustainability Impact Assessment (SIA) process working initially with large Section 38 / 39 providers	One S38 organisation in scope currently. Steering group, project group and workstreams work ongoing. One S39 initial engagement and Memorandum Of Understanding to be completed. Final report structure defined. Significant engagement with finance on in-year funding and review of deficits. Engagement with the CHOs underway	June 2022
Dependencies <ul style="list-style-type: none">To progress the reform programme at the expected pace will require DoH/Government agreement on its implementation.Possible ongoing surges of COVID-19 may impact ability to implement new models of care and deliver increased levels of service.	3 Develop funding model and allocations to CHOs to implement 106 additional residential places, 9,408 additional respite nights, 120,000 additional hours of personal assistant services and 1,700 additional day services places.	CHO funding allocations from NSP completed, and will be reflected in operational plans.	Dec 2022
	4 Implement the Assessment of Need (AON) process for eligible adults.	On hold pending legal advice regarding recent High Court Judgement in relation to the Standard Operating Procedure (SOP)	March 2022
	5 Pilot the standardised assessment tools for adults.	Pilot of Imosphere Assessment Tool progressing through Personalised Budgets. Remains on track for Dec 2022	Dec 2022

2022 Ambition Statement: Empower individuals and communities to take greater control of their physical, sexual and mental health, through supporting behaviour change, by delivering targeted interventions and giving people tools and supports to make healthier choices throughout their lives.														
Rating and Overview: 4 (Strong Assurance that the 2022 Ambition Statement will be substantially achieved) Progression of some elements dependent on confirmation of receipt of funding from DoH and commencement of recruitment following NSP approval.														
KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of 'We Can Quit' programmes delivered through Sláintecare Healthy Communities	Target	38	-	-	-	19	-	-	-	-	-	19	-	-
	Actual		-	-	-									
No. of clients accessing Free Stop Smoking Medication through Sláintecare Healthy Communities	Target	1,215	-	-	-	135	270	405	540	675	810	945	1,080	1,215
	Actual		-	-	-									
No. of frontline healthcare staff who have completed MECC eLearning training	Target	3997	227	453	650	1,084	1,518	1,946	2,247	2,548	2,846	3,242	3,609	3,997
	Actual		121	248	442									
No. of Healthy Food Made Easy courses commenced	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-	88	-	-	-	-	-	-	-	-	
No of parenting group courses commenced through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63	-		63	-	-	95
	Actual		-	-	18	-	-	-	-	-		-	-	
No. of contacts with Social Prescribing service users in Sláintecare Healthy Communities sites	Target	19,440	-	-	2,160	-	-	5,760	-	-	12,600	-	-	19,440
	Actual		-	-	1,324	-	-	-	-	-		-	-	
No. of home STI kits dispatched	Target	88,130	-	-	8,813	17,626	26,439	35,252	44,065	52,878	61,691	70,504	79,317	88,130
	Actual		-	-	0									
Key Issues		Output/Deliverable			Progress Update							Target Completion Date		
<ul style="list-style-type: none">Delays in recruitment and challenges in sourcing appropriate accommodation at CHO level for new weight management service for children and young people is impacting on project progressRelease of staff to complete MECC training is a challenge for front-line servicesKPIs below target as many services are newly established as is the monitoring and reporting process for KPIs. Will take time to embed.		1	Sláintecare Healthy Communities fully established in 20 (19 SHC and 1 NEIC) areas of highest disadvantage including the implementation of a weight management service for children & young people and community based integrated alcohol services in 2 CHO areas				<ul style="list-style-type: none">91% (42/46) staff recruited for 19 SHC area based teams, recruitment ongoing for remaining postsRecruitment of 19 Community Food and Nutrition Workers to commence in Q2Training scheduled throughout Q2KPIs, reporting process and templates for 2022 finalised and agreed. Q1 data returns due on 11th April 2022					Dec 2022		
		2	Roll-out a national online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing				<ul style="list-style-type: none">Service provider identified via procurement process & contractual approval process underwayService delivery period for online STI testing impacted due to delay in the completion of contract approval process led by HSE Procurement. National Director for Strategy and Research made contact with Head of Procurement on this matter. It is expected that this service will be initiated in April 2022.					Dec 2022		
		3	Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service				<ul style="list-style-type: none">Recruitment process commenced, posts advertisedContinued engagement with Sports Ireland to agree parallel supporting work stream in Local Sports Partnerships					Dec 2022		
Dependencies														
<ul style="list-style-type: none">Recruitment of required levels of appropriately skilled staff may impact ability to deliver new weight management service for children and young people and community based integrated alcohol servicesContract approval for online STI services is with HSE finance and audit committee, will require HSE Board sign off before the contract is awarded														

2022 Ambition Statement: Ensure the full operationalisation (including capital and staffing) of additional bed capacity as follows: complete the final 339 acute beds from the NSP 2021 (approval total of 1146 beds) and open a further 72 acute beds in 2022; complete an additional 36 Critical Care Beds giving a total of 333 Critical Care Beds; and, complete an additional 258 Community Beds.

Rating and Overview: 3 (Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved) Significant dependencies exist in regard to delivery of this ambition due to the ongoing COVID-19 environment, capital build and recruitment of the required skilled staff.

KPI		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Critical Care Beds vs. profile	Target	333	297	301	305	306	309	309	310	310	310	311	323	333
	Actual		297	301	305									
Acute Bed additions vs. profile*	Target	411	0	26	44	67	94	122	137	149	210	302	306	411
	Actual		16	16	16									
Community Bed (including rehabilitation beds) additions vs. profile **	Target	258	23	104	219	258	258	258	258	258	258	258	258	258
	Actual		0	5	22									
NSP Spend (€ Funding)	Actual	TBC	€0.23m	€0.56m	€0.89m									
WTE's Recruited	Actual	TBC	22.5	62.5	82.5									

* The 2022 acute beds target includes 339 beds funded under NSP 21 (part of the 1,146 additional beds) and an additional 72 beds under Winter 21/22/NSP 22

** The current 2022 community beds target is made up of 258 beds funded under NSP 21.

Key Issues	Dependencies
<ul style="list-style-type: none">Ongoing uncertainty due to the COVID-19 environment re. capital build and recruitment of the required skilled staffCritical Care beds funded under NSP 2022 will open in 2023 as follows; St Vincent's University Hospital (7)24 Acute beds for CUH are profiled for December 2022 however, this development is subject to review.48 Acute beds for Mater are profiled for Oct 2022, these are not funded in NSP 2225 Acute beds for Beaumont are profiled for Dec 2022 subject to Capital works18 Acute beds profiled in Mar 2022 include 10 beds in NRH delayed with beds expected to open incrementally in May and Aug 2022. 8 beds due to open in Monaghan delayed.17 additional community beds delivered in March in St. Mary's Phoenix Park.4 critical care beds opened in March including 1 in SJH and 3 interim beds in MMUH in advance of the capital build completion in Q4. 1 additional bed in MMUH not opened in March.NSP Spend and WTEs are estimates based on those associated acute and critical care beds.	<ul style="list-style-type: none">Recruitment and retention of the appropriately skilled staff to support the increase in bed capacity.Capacity of national and local Estates teams to support bed capacity projects.

2022 Ambition Statement: Progress the implementation of key national strategies to ensure patients receive high quality, safe care through the delivery of (i) The National Cancer Strategy (ii) The National Maternity Strategy (iii) The Trauma Strategy

Output/Deliverable	Progress Update	Target Completion Date
<p>The National Cancer Strategy:</p> <p>a) Establish a Peptide Receptor Targeted Radionuclide Therapy (PRRT) service at St Vincent's University Hospital in Dublin, alleviating need to travel abroad for patients suffering with Neuroendocrine Tumours (NETs) requiring PRRT.</p> <p>b) Implement National Cancer Information System (NCIS) in designated hospitals providing cancer services. NCIS will deliver patient-centred longitudinal records, providing safe and effective chemotherapy planning, prescribing and administration of Systemic Anti-Cancer Treatment and provide documentation for tumour records and Multi-disciplinary Meeting (MDM) functionality.</p> <p>c) Expand and consolidate the National Chimeric Antigen Receptor T-cell (CAR-T) Therapy, avoiding the need for both adult and child patients to travel abroad for treatment.</p>	<p>a) Complete commissioning of SPECT CT equipment and reconfiguration of space. Complete recruitment of allocated posts. Service initiation planned Q3 2022. Expand service through remainder of 2022 to full operation.</p> <p>b) Supported operation of NCIS in installed hospital sites (5 sites by end 2021). NCIS went live in UHK on 01/Apr/2022. Complete NCIS installation and go-live in 3 hospitals – 2022. Initiate and progress NCIS in remaining hospitals throughout the remainder of 2022</p> <p>c) Initiate the National Chimeric Antigen Receptor T-cell (CAR-T) Therapy for paediatrics at CHI at Crumlin and progressively expand the initiated service for adults in St James's Hospital (SJH) to full operation</p>	<p>Dec 2022</p> <p>Dec 2022</p> <p>Dec 2022</p>
<p>2 The National Maternity Strategy</p> <p>a) Publication and implementation of the HSE Standards for Infant Feeding Practices</p> <p>b) Design, development and deployment of three pilot postnatal hub services</p> <p>c) Structured pilot of innovative senior fetal monitoring midwifery roles in 6 sites</p> <p>d) Targeted investment in regional maternity sites to reach minimum consultant obstetrician & gynaecologist staffing levels of 6 WTE.</p> <p>e) Enhanced provision of care for pregnant women with diabetes by targeting the implementation of clinical midwifery specialist / AMP posts in diabetes in all 19 maternity services.</p>	<p>a) Standards are in the process of being finalised. Standards and associated self assessment tool for 19 maternity services due to be published early May 2022.</p> <p>b) Framework for postnatal hub nearing completion. Maternity services to be invited to bid for investment in mid/late March.</p> <p>c) Senior fetal monitoring midwives being actively recruited with review and evaluation framework for pilot being developed in NWHIP.</p> <p>d) Active engagement underway with six maternity networks with a number of sites being identified for investment in 2022.</p> <p>e) Active engagement underway with six maternity networks with a number of sites being identified for investment in 2022.</p>	<p>Dec 2022</p> <p>Oct 2022</p> <p>Nov 2022</p> <p>Dec 2022</p> <p>Oct 2022</p>
<p>3 The Trauma Strategy</p> <p>a) Ensure MMUH complete planning and associated recruitment of the required staff for the MTC for the Central Trauma Network, with target opening date (phase 1) of end September 2022.</p> <p>b) Ensure CUH complete planning and associated recruitment of the required staff for Cork University Hospital as the MTC for the South Trauma Network, with target opening date (phase 1) of end December 2022.</p> <p>c) Develop the service specification for the Trauma Unit with Specialist Services at University Hospital Galway (UHG) and define its role within the Central Trauma Network.</p> <p>d) Commence the process of accreditation of Trauma Units outside Dublin in the Central and South Trauma Networks</p> <p>e) Ensure both MTCs implement a standard rehabilitation needs assessment tool and rehabilitation prescription for all trauma patients</p> <p>f) Develop a pre-hospital trauma triage tool for use by Pre-hospital Practitioners to identify patients requiring treatment in a MTC</p>	<p>a) Planning is underway to meet the target commencement of major trauma services at the Mater Misericordiae University Hospital (MMUH). The HSE has in place a MTC Implementation Oversight Group, chaired by the National Director for Clinical Programme Implementation & Professional Development. This group provides progress updates to the National Trauma Programme Steering Group, co-chaired by the Chief Clinical Officer and Chief Strategy Officer.</p> <p>b) Planning has commenced at Cork University Hospital (CUH) for the commencement of major trauma services. The CUH Executive Major Trauma Implementation Group has been established to manage the project and had its first meeting on 26 January 2022.</p> <p>c) The National Office for Trauma Services met with stakeholders from the Saelta Hospital Group and Galway University Hospital regarding the Service Specification for a Trauma Unit with Specialist Services (TUSS). A paper is being prepared which will set out a proposed role for the TUSS in the Central Trauma Network and detail the expected additional staffing and infrastructure requirements to fulfil the role.</p> <p>d) The National Trauma Programme Steering Group has approved the draft Revised Trauma Unit Specification for consultation with Hospital Groups and related HSE Divisions and Clinical Programmes. Once completed Hospital Groups will complete a self assessment process to support the accreditation of Trauma Units outside Dublin.</p> <p>e) A draft Standard Rehabilitation Needs Assessment (RNA) and Rehabilitation Prescription (RP) have been completed. A consultation webinar took place on 11 February 2022 with key stakeholders from the two Major Trauma Centres (Dublin and Cork). A further consultation webinar is planned with stakeholders from the National Rehabilitation Hospital (NRH) in March 2022.</p> <p>f) A draft Pre-hospital Trauma Triage Tool has been developed by adapting internationally recognised tools using pre-hospital clinical data collected and provided by the National Ambulance Service. It is planned to test the tool during March and April 2022 with a view to rolling it out in advance of the commencement of major trauma services at MMUH by end Q3 2022.</p>	<p>Sept 2022</p> <p>Dec 2022</p> <p>June 2022</p> <p>April 2022</p> <p>Sept 2022</p> <p>Sept 2022</p>

Key Issues & Dependencies

<p>National Cancer Strategy</p> <ul style="list-style-type: none">Procurement and recruitment delays may impact delivery target dates.Availability of key hospital staff due to competing demands.Adequate access to and availability of radiology and pathology service support.Sequencing of other projects such as MEDLIS, IPMS, NIMIS and BEAM.Continuing adverse impact of Covid-19 pandemic on progressing projects.	<p>Trauma Strategy</p> <ul style="list-style-type: none">Potential recruitment delays due to known shortage of key healthcare grades. All relevant avenues are being explored to maximise the recruitment of staff, for example the recruitment of critical care staff for Trauma along with other critical care needs.Delays in planned infrastructural upgrades and equipment procurement at MMUH could impact commencement of MTC Services. Infrastructural work and equipment procurement is closely tracked and monitored through existing governance structures.The establishment of Neuro-Trauma Services at MMUH is dependant on the development of an agreed model of care and on the recruitment of specialist staff at MMUH with support needed from Beaumont Hospital to manage isolated head injuries in the first phase. The Programme Steering recommended the establishment of a Neuro-Trauma Clinical Advisory Group (CAG) to assist with the development of the service at the MMUH. The first meeting took place on 23rd February 2022.With an increase of severely injured patient activity expected at the MMUH and CUH following the commencement of major trauma services there could be an impact on patient flow if appropriate pathways to rehabilitation and other services are not available. Mitigating factors include the National Office for Trauma Services is developing a national Transfer and Repatriation Policy and there are plans to consider egress options from the MMUH and CUH once they commence major trauma services.
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2022 Ambition Statement: Support continuous improvement in quality and patient safety through implementation of the Patient Safety Strategy (PSS), effective incident management, implementation of the National Clinical Audit Review Report, design of a HSE National Quality and Patient Safety Surveillance System and delivery of accessible QPS learning programmes, and providing platforms for sharing, learning and connecting staff to support their improvement activities.

Rating and Overview: 3 (Reasonable achievement of 2022 Ambition Statement) The achievement of NQPSD KPIs is dependent on staff being released from their area of work to undertake training programmes.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days	Target	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8
	Actual		1.0	1.2	0.8									
Incident Management training satisfaction rates	Target	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%
	Actual		50%	100%	78%									
Staff trained in HSE learning programmes in Quality Improvement	Target	3,000	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
	Actual		135	253	499									

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">National Quality and Patient Safety Directorate (NQPSD) response to emerging issues and incidents may impact on the delivery of planned programmesFocus on Quality and Safety across the system is challenged due to competing demands of COVID-19Continued pressure on frontline staff due to COVID-19 is preventing them from being released or having time to undertake QI programmes.Patient Safety Strategy Implementation and Improvement Programmes are delayed due to NQPSD staff redeployment to National Centre for Clinical Audit (NCCA)Progress with implementation of National Clinical Audit recommendations will be impacted due to NCCA supporting the National CAMHS audit.	Implement education and training on Infection Prevention and Control (IPC) guidance, including specialist IPC advice on COVID-19 related issues, which will support better practices and reduce SA BSI rates.	11 AMRIC Guidance documents updated and published in March 2022. 2 AMRIC Educational Webinars delivered in March 2022. Acute AMRIC Operations progressing establishment of IV Line care teams in all Model 4 hospitals	Dec 2022
	Implement Serious Incident Management Team (SIMT) training twice per month in Q1 and Q2, 2022 and once per month in Q3 and Q4, 2022. Implement Systems Analysis training monthly from April to Dec 2022 inclusive. Complete a monthly review of evaluations to calculate satisfaction ratings.	Training and dates scheduled for 2022. SIMT training continues to be facilitated twice monthly and now includes Just Culture section. Data submitted being analysed monthly.	Oct 2022
	Achieve a 50% increase on previous year attendance in people completing 'Introduction to QI' and 'Level 1 Foundation in QI' e-learning programmes, enabling staff to gain the skills to undertake improvement initiatives.	Progress Update for March 2022 % Breakdown of total Community Health Organisations 36% Acute Hospitals 24% Other 40% Continuous engagement with HR and NDTP to integrate our "Intro to QI" programme into new employee induction programmes. Targeting academic institutions to integrate QPS in under/post graduate programmes.	Dec 2022
Dependencies <ul style="list-style-type: none">Clinical compliance with guidance and best practiceRecruitment and retention of appropriately skilled staff to implement new patient safety initiatives while continuing to effectively manage COVID-19 pandemicLine managers commitment to raise awareness of QPS Learning programmes with staffAd hoc requests that may delay ongoing workStaff are provided with time and access to IT facilities to complete QPS Learning programmesProgress of NCCA Programme of work dependant on the recruitment of permanent NCCA staff (interim project team in situ)	Establish a National Centre for Clinical Audit and projects commenced for all 25 recommendations from Clinical Audit Review Report. Achieve the completion of 13 recommendations by end of 2022.	Clinical Audit Elearning Programme and Training Programme curriculum completed. Literature search commenced on 'Commissioning & De-commissioning National Clinical Audits'. National Stakeholder engagement with clinical audit service providers regarding current Quality Management Information Systems (QMIS) in place Databases in use.	Dec 2022
	Develop HSE Quality and Patient Safety Surveillance System (QPSSS) with programme design, governance and estimate bid completed.	QPSSS Change Management Plan agreed at NQPSD Group. CCO sponsorship of programme agreed.	Sept 2022

2022 Ambition Statement: To strengthen the culture of patient and service user partnership through direct involvement with service delivery operations in the planning, design, delivery and evaluation of services, enabling collaborative working with people who use our health service

Rating and Overview: 4 (Strong Assurance that the 2022 Ambition Statement will be substantially achieved) Recruitment dependencies exist in the current challenging environment. In addition the implementation of a finalised organisational design is a key requirement.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient/Service User Partnership Leads appointed across CHOs and Hospital Groups vs. profile	Target	20	<div></div>	8	14	16	16	20	20	20	20	20	20	20
	Actual		<div></div>	<div></div>	<div></div>									
Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience Your Service	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	67%	-	-		-	-		-	-	
Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer*	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual	-	-	-	-	-	-	-	-	-	-	-	-	-
Your Service Your Say - % of complaints, where an improvement plan is identified as necessary, is in place and progressing *	Target	65%	-	-	-	-	-	-	-	-	-	65%	-	-
	Actual		-	-		-	-		-	-		-	-	

* Data returned quarterly to the National Complaints Governance & Learning Team, Performance Management and Improvement Unit (in the form of Heatmaps). Q1 data will be available after 25th May

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">Need to adapt patient and service user partnership programmes to be more accessible and engaging to marginalised groups in society.	1 Develop an integrated Patient and Service User Experience function that provides a clear and unified point of engagement for patients, service users and advocates.	The design for the function has been drafted and will be discussed as part of the Integrated Ops org development work in March/April. A representative group of patient and service user advocates will be consulted as part of the co-design process.	Dec 2022
	2 Appointment of the Asst. National Director of Patient and Service User Experience as part of the Integrated Operations Senior Management Team	The job description has been completed and consultation with patient advocacy undertaken. Advertising of the role has been delayed and will now be in April with a view to appointing in June.	June 2022
Dependencies	3 Develop a Patient/Service User Partnership Plan at all 20 sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables	1 post filled in CHO 9. The other CHOs are at various stages of the recruitment process. 1 post filled in ULHG. It is not expected that the remaining 10 posts in acute hospitals will be filled until end of Q2 2022.	June 2022
24			

2022 Ambition Statement: Grow our workforce, by at least 10,000 WTE with the activation of all posts in the recruitment pipeline, delivering a minimum of a net additional 5,500 WTE beyond December 2021 employment levels, and continue to be an Employer of Choice working to attract and retain a highly skilled and diverse workforce.

Rating and Overview: 3 (Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved) Across both 2020 and 2021 significant levels of recruitment have been delivered with a net increase of +12,506 WTE. When this net increase is coupled with our recruitment requirement to replace turnover alongside the engagement of agency staff to support our response to COVID-19, our recruitment delivery increases to over 35,000. This year, we have set out a resourcing delivery range, and are sufficiently assured to deliver the minimum of this range as a net WTE increase of 5,500 WTE, with up to a minimum 10,000 WTE progressing in recruitment pipelines.

Census Report (WTEs) *		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Net WTE change Medical & Dental vs. plan	Target	600	-49	-10	57	110	168	257	217	362	496	568	584	600
	Actual		-33	3	105									
Net WTE change Nursing & Midwifery vs. plan	Target	1,500	301	674	907	1,086	1,150	1,188	1,162	1,061	899	1,081	1,371	1,500
	Actual		215	412	132									
Net WTE change H&SCP vs. plan	Target	1,500	130	194	335	511	643	725	705	722	894	1,168	1,373	1,500
	Actual		103	-26	61									
Net WTE change Management/Admin vs. plan	Target	600	42	107	171	258	293	322	359	401	445	515	567	600
	Actual		188	202	111									
Net WTE change General Support vs. plan	Target	100	-17	-18	39	80	106	157	151	161	125	69	71	100
	Actual		44	-16	35									
Net WTE change Additional Patient & Client Care vs. plan	Target	1,200	-58	121	106	333	493	656	760	768	862	930	1,125	1,200
	Actual		128	-57	168									
Total Net Change in WTEs	Target	5,500	349	1,068	1,615	2,378	2,853	3,305	3,354	3,475	3,721	4,331	5,091	5,500
	Actual		645	519	613									

* Census report (HSPC) reports on the net change on WTE terms. This includes significant movements of staff, due to a variety of reasons, including training posts for example and reflects increases and decreases in monthly WTE change. Data not available till w/k commencing 21st March

KPI	2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No of Posts in Recruitment Process **	10,000+												
Time to recruit (from receipt of Job Order to start date identified)***	Target	12.5 weeks	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
	Actual		13.2	13	12.9								

Key Issues	Output/Deliverable		Progress Update	Target Completion Date
<ul style="list-style-type: none">Impact of reduced labour market supplyCOVID-19 measures impact on travel – reopening of international borders impact on staff turnover ratesCOVID-19 environment impact on absenteeismImpact of continued COVID-19 surge / new variants and increased vaccination roll out	1	Develop and implement the Resourcing Strategy	The resourcing strategy is finalised and submitted as part of NSP 2022 for approval and sets out the suite of actions for implementation across 2022.	Dec 2022
	2	Introduction of a streamlined Primary Notification process	The new Primary Notification process has been issued in a memo, with a reminder memo issued in January 2022.	Complete
	3	Implementation of Job Order Gateway	The Gateway is at User Acceptance Testing (UAT) stage with almost 1,000 users identified for set up, anticipated launch Q2.	June 2022
	4	Introduction of Recruitment Hub Drive	Work progressing with developers.	June 2022
Dependencies	5	Introduction of new Medical Consultant Microsite on PAS	The development of the microsite is at an advanced stage, anticipated launch Q2.	June 2022
	6	Introduction of Recruitment Operating Model	Progress continues on the implementation of the ROM.	Dec 2022

2022 Ambition Statement: Operational services substantially breakeven overall, COVID costs within sanction*, Procurement Spend Under Management (SUM) in line with targets set, IFMS implementation on track, Enhanced Reporting, Activity Based Funding and Controls Improvement Plan progressing to plan.														
Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved) All programmes of work are in line with targets set.														
KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operational Services Revenue (ex. Pensions, Demand Led and COVID) Budget performance by year end. vs. Profile (data available end month)	Target	Within +/- 0.5%	+/- 3.0%	+/- 3.0%	+/- 3.0%	+/- 2.5%	+/- 2.25%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 1.5%	+/- 1.0%	+/- 0.5%
	Actual		1.1%	0.42%	0.79%									
COVID19* Sanction compliance HSE will formally seek sanction via CEO to Sec Gen request in advance of any excess of costs over existing sanction.	Target	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
	Actual		0%	0%	0%									
Procurement Spend Under Management (SUM) achievement of SUM in line with targets set, €2.5Bil SUM by end of 2022 (i.e. 68%)	Target	68%	42%	42%	48.5 %	48.5%	48.5%	55%	55%	55%	61.5%	61.5%	61.5%	68%
	Actual		38%	42%	48.8%									
Key Issues	Output/Deliverable	Update										Target Completion Date		
<ul style="list-style-type: none">Dealing with on-going impacts of COVID which has consumed a significant amount of staff time and bandwidth and delayed other work including IFMS, ABF, Controls Improvement and reporting.Ongoing efforts to ensure we have captured all COVID related costs as accurately and comprehensively as possible. This needs to be further improved given the scale of these costs and the requirement to retain significant elements of the underlying measures in 2022 and beyond e.g. Extended Working Day, improved Dialysis arrangements & enhanced infection prevention and control measures.	1 IFMS Build and Test phase complete and ready for deployment	Following completion of design stage, HSE exercised its right to terminate the System Integrator (SI) contract. (1) A public procurement process is underway to select a Systems Integrator (SI) to build, test and deploy the IFMS system, based on the approved design, to all entities in scope for IFMS. The proposed deployment approach set out in the tender specification seeks to maintain, to the greatest extent possible, the timelines for implementation of IFMS in the current project plan, which is a key priority for the HSE. As part of the public procurement process, prospective SIs have been invited to review and identify alternatives, or refine the HSE's proposed deployment approach, as appropriate. (2) A comprehensive review of the completed design will be undertaken by the SI on engagement. (3) The deployment plan will be finalised by the SI and confirmed during the build stage of the project and as part of detailed deployment planning to be approved by project governance. (4) Other IFMS-related pre-deployment activity is progressing including detailed enterprise structure design, end to end payroll integration, organisation design, change management and procurement activity.										(1) Jun 2022 (2) Sep 2022 (3) Sep 2022 (4) Dec 2022		
	2 Progress the implementation of Activity Based Funding (ABF) 2021-2023, revised implementation plan including Community Costing Programme	The ABF Implementation Plan 2021 to 2023 comprises 35 actions under four objectives: (1) Further enhance hospital costing and pricing, (2) Support and enable the existing ABF programme, (3) Develop a roadmap for structured purchasing, (4) Scope and implement foundational costing and activity measures for a community costing programme. Work commenced on a number of actions in 2021 and will continue throughout 2022 notwithstanding some actions may be impacted by Covid19.										20% of actions Mar 2022 66% of actions Jun 2022 74% of actions Sep 2022 90% of actions Dec 2022		
	3 Develop enhanced Reporting	Further build on the development in 2021 of monthly working capital reporting and information in relation to month end cash balances including ageing of balances whilst also continuing to develop mechanisms to align the cash/vote position with the accrual based accounting. (1) We are currently able to age over 90% of our accruals on a monthly basis following the development work in 2021 and the target is to close the gap to 100% on a monthly basis in 2022. (2) A joint working group has been established including the DOH, DECDIY and the HSE to deal with all issues around vote and working capital reporting and by June we aim to have scoped out an initial work plan. (3) In addition, a Working Group will be established with DOH in March 2022 to deal with all issues re Reporting in 2022. (4) An interim plan to address the reporting issues should be developed by the Working Group by May 2022										(1) Sept 2022** (2) June 2022 (3) Complete (March 2022) (4) May 2022		
	4 Controls Improvement Plan Implementation (3 Year programme)	All 6 work-streams of the 3 year controls improvement programme commenced in 2021 with agreed timelines and plans which are adaptable as risks emerge (such as Cyber-attack). Key deliverables in 2022 are focused on: 1. WS1 NFR re-write – NFR Launch Aug/Sept 2022 / Relaunch on New Communications platform expected Nov/Dec 2022/WS2 Communication and Awareness – You-tube launch Sept 2022 / Enhanced Metrics Dashboard launch Sept2022/ third awareness survey Jul 2022/ Ongoing webinars and broadcasts all 2022 2. WS3 Data Repository & Reporting – Interim Control Reports commencing end Jul 2022/Vendor on-boarding for enhanced data analysis and reporting tool end Nov/Dec 2022 3. WS4 Financial and Risk Assessment – Finalise design of pilot checklists Jul 2022/ Commence pilot Sept/Oct 2022/ On-board external review vendor Sept/Oct 2022 4. WS5 Performance Management and Achievement – Development of Management Reporting by Sept 2022										(1) Nov/Dec 2022 (2) Jul 2022 & Nov/Dec 2022 (3) Sept/Oct 2022 (4) Sept 2022		
Dependencies														
<ul style="list-style-type: none">Stakeholder Engagement														

*COVID-19 compliance focus is on PPE, Testing & Tracing, Vaccination Programme and Therapeutics incl. additional support costs to the extent they are coded to COVID-19 cost centres. We aim to seek sanction at least 5 working days in advance but timelines in securing sanction are subject to review times of DOH and often DPER..

**Will continue to refine ageing of totality of accruals on a monthly basis.

2022 Ambition Statement: Implement the 2022 eHealth Plan within budget, to include completion and progression of key priorities including: (i) Upgrades and additions to Foundational Infrastructure, (ii) Robust Cyber defence technology solutions, (iii) Individual Health Identifier (IHI), (iv) enabling technologies to support Scheduled Care reform programme (v) enabling technologies to support Primary & Community Care reform programme

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Strong early progress on our plan with Interim Security Operations Centre (SOC) arrangements in place. Integrated Community Care Management System (ICCMS) programme has completed vendor product demonstrations via formal market sounding process, to inform the full tender later this year. NIMIS team working towards an agreed June date for go live of NIMIS 2.0. IHI team has commenced development work for seeding IHI into IPMS. Scheduled care dashboard has been developed and is undergoing testing.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
eHealth ICT Capital expenditure vs profile	Target	€130m	€5.0m	€9.5m	€13.5m	€19.0m	€26.0m	€34.0m	€41.5m	€62.0m	€77.5m	€91.0m	€109.0m	€130.0m
	Actual		€4.9m	€8.6m	€10.8m									
No. of new ICT professionals recruited to deliver 2022 eHealth Plan vs. profile	Target	200	12	38	65	90	110	135	140	150	160	175	185	200
	Actual		12	23	26									
Cost (related to WTEs recruited, based on average cost by grade)	Target	€9.5m	€0.1m	€0.4m	€0.9m	€1.5m	€2.1m	€2.7m	€3.4m	€4.2m	€5.2m	€6.3m	€7.8m	€9.5m
	Actual		€0.1m	€0.2m	€0.4m									

Key Issues	Output/Deliverable		Progress Update	Target Completion Date
<ul style="list-style-type: none">Limited availability of business resources on the front line to work on IT programmes.Staff exhaustion following two immensely challenging yearsOverhang of unused annual leave and TOIL across eHealth divisionChallenging recruitment market place for skilled ICT staff	1	Security Operations Centre established and operational	Interim arrangements established with 24/7 enhanced security operations monitoring in place through three external partner companies: Microsoft, Mandiant, Caveo.	Sept 2022
	2	IHI & Eircode integration to Integrated Patient Management System (IPMS) in 5 of 13 instances, and all 4 accredited GP practice management systems	Development work continuing on IPMS "seeding" requirements with IHI and Eircode. User acceptance testing scheduled to commence in April	Dec 2022
	3	PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced.	Go Live Date Approved by NIMIS Programme Board for June 18/19. Date communicated to NIMIS Sites. - Go live plan agreed with Vendor. A period of intensive site engagement has commenced. Work to develop a full Data Protection Impact Assessment (DPIA) is well advanced.	Dec 2022
	4	Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS).	ICCMS programme has concluded all selected vendor demonstrations, as part of structured market soundings process. Analysis of participants surveys is underway. Full business case development has commenced	Dec 2022
	5	Procurement commenced for each approved Scheduled Care enabler business case.	A Scheduled Care Dashboard is in advanced stage development. The dashboard shows details of waiting lists and KPIs at the levels of: 1) Hospital Group, 2) Individual Hospital & 3) Specialty level. The dashboard will be rolled out for validation to Hospital Group leadership and Acute Operations during April.	Dec 2022
Dependencies				
<ul style="list-style-type: none">Rapid recruitment of the 200 required ICT professionals in 2022 to deliver eHealth Plan.Assignment of (non eHealth) business resources to work on transformation/eHealth projects.				

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2022 Ambition Statement: Complete the development of a new Property and Asset Strategy. Also, deliver the 2022 Capital Plan within budget, to include progression and completion of key capital projects including: (i) new Primary Care Centres and other community infrastructure; (ii) new and replacement Acute Bed Capacity (iii) new and replacement Community Bed Capacity (iv) the New Children’s Hospital, (v) the National Maternity Hospital.

Rating and Overview: 5 (Strong assurance that the 2022 Ambition Statement will be fully achieved) 2022 begins with a lessening impact of the Covid-19 pandemic on design and construction, and the funding requirement of the NCH remaining stable in terms of profile for the year ahead. Key targets, such as new and replacement acute and community bed capacity will be achieved subject to stability in project resourcing, supply chain and contractor availability which are very volatile at present.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Capital expenditure vs profile	Target	€1,070m	€17m	€73m	€139m	€208m	€277m	€352m	€429m	€507m	€593m	€693m	€819m	€1,070m
	Actual		€17m	€64m	€105									
New Primary Care Centres completed in 2022 vs profile	Target	16	-	-	7	-	-	12	-	-	14	-	-	16
	Actual		-	-	6	-	-		-	-				
New and replacement Acute Bed Capacity vs profile	Target	186	-	-	5	-	-	61	-	-	156	-	-	186
	Actual		-	-	0	-	-		-	-				
New and replacement Community Bed Capacity vs profile	Target	277	-	-	0	-	-	126	-	-	146	-	-	277
	Actual		-	-	0	-	-		-	-				

Key Issues	Output/ Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">Ongoing management of COVID-19, expenditure on the New Children’s Hospital, clinical and/or infrastructural risks yet to be identifiedDependence on the drawdown of the COVID-19 Contingency Funding and the expenditure profile to Q3. Current underspend of €34 million against profile, made up of NCH, Acute Capacity and CNU ProgrammeSome individual projects to deliver HSE Programmes yet to be fully defined, (Critical Care, ECC, Trauma, Elective Hospitals etc.)Programme deliverability due to factors such as project resourcing, supply chain and contractor availabilityThe direction of the Property Management Strategy as it crystallisesThe Ukraine Humanitarian Response and the as yet unquantified resource requirements	Develop a new Property Management Strategy	Development of the Strategy remains on track for consideration by EMT and ARC in April 2022.	April 2022
	Commence tender process for construction of National Maternity Hospital on receipt of Government Approval of Final Business Case	Draft Business Case submitted to DoH in Dec 2021, and under active consideration. Final drafts of the Legal Framework and Constitution for the NMH DAC were considered and approved by all stakeholders in March 2022, and are for submission for consideration and approval by Government in the near future.	June 2022 (Previously June 2021)
	Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	No change to Programme timeline at present and expectation is that construction will commence at all locations as projected.	September 2022
	Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Prioritisation process completed with hospital groups. Programme on target.	December 2022
Dependencies	Complete the delivery of additional critical care capacity at Mater Misericordiae (16 No. Beds) and Tallaght University (12 No. Beds) Hospitals	Delivery of additional critical care capacity on track at Mater and Tallaght hospitals	December 2022

18. Risk Management

Overview: There are currently 17 risks on the CRR. The current risk ratings of the risks, per the Q1 2022 CRR report, are 7 Red and 10 Amber					
Corporate Risk RAG Summary					
RAG	Quarter 3 2021	Quarter 4 2021	Quarter 1 2022	Quarter 2 2022	Quarter 3 2022
Red	17	18	7		
Amber	10	8	10		
Green	0	1	0		
Corporate Risk Register Update					
1 Revised Corporate Risks Q1 2022	The EMT has completed its annual review of corporate risks. The final risk review report was approved by the EMT at their meeting on the 8th March 2022 and reviewed by the ARC on 10 th March 2022. Key points: <ul style="list-style-type: none">There are now 17 risks on the revised CRR. [The potential 'Third party' risk remains to be scoped].The previous Covid 19 risks have been consolidated into a single Covid risk.Following the feedback from the ARC, the '<i>Workforce and Recruitment</i>' and '<i>Funded agencies</i>' risks have been maintained on the Register.				
2 CRR Q4 2021 Review	As part of the corporate risk review, the Q4 2021 review of the risk register was completed and the report was approved by the EMT at their meeting on 8 th March 2022 and reviewed by the ARC on 10 th March 2022. The CRR Q4 2021 review serves as a due diligence exercise on the previous year's register.				
3 Risk Information System	The HSE is currently implementing a Risk Information system [RIS] to collate all risk assessments and risk intelligence. The RIS will facilitate the assessment of and reporting on the HSE's principal risks. The Q1 2022 revised set of corporate risks were uploaded to the system during March.				
4 Moody report 'Critical Path recommendations'	The Chief Risk Officer [CRO] provided an update on the implementation of the 12 Moody Report 'critical path' recommendations to the EMT at their meeting on 8 th March 2022 and to the ARC on the 10 th March . To date, 3 recommendations are complete, 5 are underway and 4 are yet to commence.				
5 Enterprise Risk Management Team	Following recent successful recruitment campaigns, the Assistant National Director, Enterprise Risk and Business Continuity Management and General Manager, Enterprise Risk Management, are both due to commence their roles in April 2022. These are important appointments that will allow an acceleration of the risk programme. The recruitment process for 7 risk posts to support each EMT member has also been concluded. These roles will be embedded in EMT member teams they will have a dotted reporting relationship to the central ERM Programme.				

18. Risk Management (cont.)

Risk ratings [Initial and Residual] as at Q1 2022

Risk ID	Risk Title	EMT Owner	Risk Appetite		Risk Rating							
			Risk appetite	Risk appetite theme	Initial rating			Residual rating [with controls]			Risk Appetite	
					L	I	Total	L	I	Total	Targ et	
1	Major service disruption and operational resilience	CSO	Averse	Operations and service disruption	3	4	12	3	4	12	</ =6	
2	Future trajectory of COVID-19	CCO	Averse	Patient Safety	4	5	20	3	4	12	</ =6	
3	New pandemic outbreak of a serious /high consequence infectious disease [non-COVID-19]	CCO	Averse	Patient Safety	2	5	10	2	5	10	</ =6	
4	Access to Care	COO	Averse	Operations and service disruption	5	5	25	3	4	12	</ =6	
5	Inadequate and ageing infrastructure/ equipment	CSO	Cautious	Property and Equipment	3	4	12	3	4	12	<12	
6	Major Capital Projects	CSO	Cautious	Property and Equipment	3	3	9	2	3	6	<12	
7	Anti – Microbial Resistance and Health Care Associated Infections	CCO	Averse	Patient Safety	5	5	25	4	5	20	</ =6	
8	Safety incidents leading to harm to patients	CCO	Averse	Patient Safety	4	5	20	3	5	15	</ =6	
9	Health, wellbeing, resilience and safety of staff	ND HR	Cautious	People	3	4	12	3	4	12	<12	
10	Climate action failure and sustainability	CSO	Eager	Strategy	3	3	9	2	3	6	</ =25	
11	Digital environment and cyber failure	CIO	Averse	Security	4	5	20	4	5	20	</ =6	
12	Delivering Sláintecare	CSO	Eager	Strategy	2	3	6	2	3	6	</ =25	
13	Internal controls and financial management	CFO	Cautious	Financial	2	5	10	2	5	10	<12	
14	Sustainability of screening services	CCO	Averse	Patient Safety	5	5	25	4	5	20	</ =6	
15	Sustainability of disability services	COO	Averse	Operations and service disruption	2	4	8	5	4	20	</ =6	
16	Workforce and Recruitment	ND HR	Cautious	People	5	4	20	5	4	20	<12	
17	HSE Funded Agencies	COO	Averse	Operations and Service disruption	4	4	16	4	4	16	</ =6	

HSE Risk Matrix

Impact	Negligible [1]	Minor [2]	Moderate [3]	Major [4]	Extreme [5]
Likelihood					
Almost certain [5]	5	10	15	20	25
Likely [4]	4	8	12	16	20
Possible [3]	3	6	9	12	15
Unlikely [2]	2	4	6	8	10
Rare/ Remote [1]	1	2	3	4	5

Total 15-25	7
Total 6-12	10

2022 Ambition Statement: Provide high quality, integrated communications to the people we serve, to our staff and to a wide network of close partners, stakeholders and organisations. Provide insight-led and evidence-based advice to our teams across the health service, and work in partnership with them to build trust and confidence in the HSE and strengthen the organisation’s reputation.

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Progress being made on all fronts, albeit some uncertainty due to the unpredictability introduced by COVID-19.

Output/Deliverable		Progress Update	Target Completion Date
1	Develop a comprehensive Trust and Confidence Strategy, including baseline research and associated action plan and KPIs. This will build on progress made in 2021, and the 2022 action plan presented to the Board in December 2021	Action plan prepared containing actions that can be implemented throughout 2022 to develop Trust and Confidence in the HSE. Further research and consultation is underway, actions are being progressed and we are on schedule to complete our longer-term strategy.	Dec 2022
2	Delivery of communications and engagement with the public to maximise public confidence in and understanding of the work of the HSE.	Developing and publishing high quality health service advice and health information through a range of channels. Content and campaigns tested with the audience and evaluated and adjusted on an ongoing basis.	Dec 2022
3	Develop a strategy for excellence in communications in our health service, aligning with the Corporate Plan 2021-2024.	A Communications Strategy working group is researching and developing this strategy. Consultation with internal and external stakeholders is planned and underway. The strategy will provide the HSE and HSE Communications with strategic communications goals and actions to be progressed over the next three years, linking closely to our overall aim to build trust and confidence in the HSE.	December 2022 (Previously June 2022)
4	Deliver progress on a HSE Irish Language strategy	New legislation is due to be commenced, placing additional responsibility on the HSE and all parts of the public health system, including targets for service provision through Irish and recruitment of staff with Irish, along with requirements on our public communications and advertising. An Irish language Strategy will be progressed by health services nationwide with relevant elements supported by the communications division in 2022. All COVID-19 and vaccine information on the HSE website will be available in Irish by May 2022.	Dec 2022

Key Issues

- The substantially increased demand for communications services seen in 2021 continues into 2022. These services include public information campaigns, webinars, internal communications, HSELive services, social media engagement, partner engagement and the development of digital platforms.
- During 2022 National Communications must focus on ensuring appropriate staffing levels and strengthening our digital health delivery system in line with what is likely to be a transformed long-term requirement.
- In the expectation of a continued substantial day-to-day activity requirement, we must retain focus on longer-term strategic objectives including the enhancement of trust and confidence in the HSE and using communications to support reform and enhancement of services.
- Consideration to be given to the development of KPIs for future Scorecards in relation to public attitudes and confidence

Dependencies

- Securing the required communications resources to deliver outputs described above.
- Funding for digital health services.

2022 Ambition Statement: Provide access to recommended, evidence-based medicines in a timely fashion within available resources, in line with the IPHA/MFI agreements.

Rating and Overview : 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) 7 New Drugs / New indications of existing Drugs have been approved to date from the 2022 allocation, resulting in an annualised spend of €8.45m of the 2022 budget being committed thus far. New Pricing Framework agreements substantially in place from January 2022.

KPI	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Approved spend on New Drugs/ New Indications of existing drugs (vs budget)	€30m	€8.45m	€8.45m	€8.45m									
New Drugs/New Indications of existing drugs recommended to EMT	N/A	7	7	9									
New Drugs/New Indications of existing drugs approved by EMT that do not require a Managed Access Programme (MAP)*	N/A	7	7	7									
New Drugs/New Indications of existing drugs approved by EMT where there is a requirement for a MAP	N/A	0	0	0									
Number of MAPs implemented with issue of formal approval letter to applicant for New Drugs / New Indications of existing drugs approved by EMT **	N/A	-	-	-									

* Where no MAP is required lead time to patient is currently 45 days ** Reported quarterly in arrears

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">Pricing strategies adopted by Industry can compound affordability & sustainability issues	1 Complete implementation of clause 7,8 and 9 (relates to instances where reductions applied to medicines that are no longer patent protected) of the IPHA Agreement	• 172 Price reductions implemented in respect of clause 7/8/9 on February 1 st 2022	Complete
	2 Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement	• 532 price reductions implemented in respect of clause 5 on 1 st March 2022	Complete
	3 Complete implementation of the MFI Agreement	• 37 price reductions implemented in respect of clause 8/9 on 1 st March 2022	Complete
Dependencies			
<ul style="list-style-type: none">Engagement of applicant companies in commercial negotiations in relation to pricing / other uncertainties			

2022 Ambition Statement: Take forward in partnership with the Department of Health and other key stakeholders the required planning in 2022 for the establishment of the Regional Health Areas (RHAs) in line with Government policy and associated timelines.

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Nominated leads have been appointed from the HSE and the Department of Health to a joint RHA Implementation Team. Planning underway to ensure the achievement of the 2022 Ambition Statement.

Output/Deliverable (All subject to revision)		Progress Update	Target Completion Date
1	To ensure there is a clear sense of direction, develop a Vision Statement for RHAs in conjunction with the DoH, the RHA Advisory Group, Sláintecare Programme Board and the HSE Board.	Draft vision statement has been developed and shared with EMT and wider HSE and DoH colleagues and will be brought to Board for consideration at April engagement session. HSE in collaboration with Board members provided feedback re RHA Business Case and will use this data to inform detailed planning phase.	March 2022
2	Establish a dedicated Programme team within the HSE with clear leadership responsibility to take forward the planning and delivery of the Change programme	In addition to the identification of nominated HSE leads, a core delivery team supporting the entire HSE work programme and reporting through the Director of Change and Innovation and CSO is being progressed. Subject to the necessary HSE and DoH approvals, the aim is for this team to be established by Q3 2022, with external consultancy support in the interim. EMT approval has been received.	September 2022
3	Establish key enabling workstreams to take forward implementation planning, including; Governance (Corporate & Clinical), Finance, Population-Based Resource Allocation, People & Development (Strategic Workforce Planning & Human Resources), Digital & Capital Infrastructure (ICT, Information and eHealth), Change, Communications and Culture and Programme Coordination.	Initial planning work underway. Workshop held between HSE and DoH on 3/3/22 to explore the key objectives, milestones and activities for each of the workstreams. Detailed scoping of the workstreams with leads from DOH and HSE taking place in April. Further workshops/deep dive sessions are being arranged with HSE Board (26/04/22) and with Hospital Groups, CHOs based on guidance from RHA Implementation Team.	April 2022
4	Develop draft Implementation Plan for RHAs	Initial planning work underway to progress detailed design phase – informed by ongoing engagement. Early scoping of communication plan underway.	September 2022

Key Issues	Dependencies
<ul style="list-style-type: none">Need to ensure integration with other ongoing key policies and developmentsInsufficient time to fully and effectively embed change and assess benefitNeed to engage constructively with local politicians and staff groupsClearly defined roles, responsibilities, and relationships between the Department of Health, HSE Centre, and RHAs are essentialAlignment of RHAs with the emerging Community Healthcare Network (CHN) model needs to be explored further.	<ul style="list-style-type: none">High-level alignment on vision, objectives, urgency and milestones by relevant stakeholdersApproval to recruit a team in Change & Innovation to work on the implementation plan, in line with Sláintecare and best practice change management principles. Strong change management processes are crucial.Information technology is a key enabler for integrated care within an RHA and between RHAs. A single patient record is critical for RHAs to operate as functioning healthcare units.It is essential that the process is appropriately resourced and delivered to a realistic timescale.

2022 Ambition Statement: Establish robust arrangements to: develop a Climate Action and Sustainability Strategy consistent with the achievement of the Government targets for 2030 and 2050; and, begin implementation of the Strategy. *(Note, this Scorecard will evolve in the coming months.)*

Rating and Overview: 5 (Strong assurance that the 2022 Ambition Statement will be fully achieved) Assumes a lessening impact of the Covid-19 pandemic to enable facility access for progression of programme deliverables. Key targets will be achieved subject to stakeholder engagement and availability. Programmes reasonably on track, some slippage in relation to Retrofit Energy Works largely attributable to facility access.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Expand the network of supported energy/green teams at significant energy user sites, to the top 170 sites across HSE and Section 38/39 organisations. Target 130 teams in place by end Q2.	Target	130	75	85	95	105	115	130	-	-	-	-	-	-
	Actual		81	83	87				-	-	-	-	-	-
Programme of Supported Shallow Retrofit Energy Capital Works (Spend vs Profile)	Target	€12.5m	€0.25m	€0.62m	€1.25m	€1.88m	€2.50m	€3.75m	€5.00m	€6.25m	€8.12m	€10.00m	€11.88m	€12.5m
	Actual		€0.29m	€0.67m	€0.82m									
Energy/carbon emissions deep retrofit <i>Pilot Pathfinder Project</i> (10 locations) - Stage 1 Design complete by September 22 (Spend vs Profile)	Target	€3.6m	-	-	-	-	-	€0.50m	-	-	€1.50m	-	-	€3.60m
	Actual		-	-	-	-	-		-	-		-	-	

Key Issues	Output/ Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none">Ongoing management of COVID-19, and the ability to access facilities.Programme deliverability due to factors such as engagement and stakeholder availabilityCommunications support to inform and engage internal and external stakeholders	Develop an HSE Climate Action and Sustainability Strategy, consistent with the achievement in full of the Government targets for 2030 and 2050, drawing on best practice both nationally and internationally, and linked to the HSE Property Strategy	Planning and development work underway	July 2022
	Develop implementation plan and associated delivery structures	To commence following completion of Strategy	September 2022
Dependencies	Energy Efficiency and Towards Zero Carbon Design training and workshop programme in place with live register.	Phase 1 complete with live register of projects prepared. Phase 2 rollout of workshops with Design Teams initiated, and pilot completed.	December 2022