

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

	Previous**	Current
Average Rating:	N/A	3.79
Number of Priorities with 1 or 2 rating:	N/A	0

** Previous ratings are not applicable

The current overall rating based on scorecards received with a rating applied is 3.79 (based on 19 rated Scorecards returned).

- Two scorecards presented with a rating of 5.
- Eleven scorecards presented with a rating of 4.
- Six 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 78 of the 84 KPIs due in January 2022.

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

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 ensure it remains flexible to changing levels of demand in terms of the operating model.

Rating and Overview: 4 (Strong Assurance that the 2022 Ambition Statement will be substantially achieved) KPIs and outputs/deliverables reflect increased demand on services which continued up to and included early January.

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%											
% 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%											
% 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%											
% 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%											

Key Issues	Output/Deliverables 2022	Progress update	Target date of completion
<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 KPIs may be developed depending on future operating models. 	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.	March 2022
	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.	March 2022
	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.	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.	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.

2. COVID-19 Vaccination Programme

EMT Lead: National Director COVID Vaccination, Test and Trace Programmes

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.

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Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Primary Programme is progressing with the addition of 5-11 age group and a low but consistent level of Primary vaccination for remainder of eligible population. Over 7.7 million Primary doses administered to date accounting for almost 95.2% of the total adult population fully vaccinated. The Booster programme is ongoing for cohorts eligible according to NIAC guidance. Over 2.7 million Booster doses administered to date accounting for almost 70.5% of total adult population fully vaccinated.

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	-	3,851,435	3,871,785											
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											
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	-	253,730	263,051											
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	-	328,010	362,173											
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	-	1,683,680	2,086,123											

* 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 Vaccination Optimised stock management to ensure minimal wastage of vaccine product Falling levels of uptake for the Booster programme and an uncertain uptake level for subsequent phases of the vaccination programme 	1	Continued delivery of the remaining elements of the primary vaccination programme, rollout of paediatric primary course (5-11s) and Booster programme	Primary programme has vaccinated 95.2% of the adult population - first in Europe Booster programme has vaccinated 70.5% of adult population - fourth in Europe Key issue of slow uptake post Christmas being addressed through targeting uptake initiatives Strategy for required, and incoming vaccine stock being 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	March 2022

3. Reform of Primary Care, Community and ECC



2022 Ambition Statement: Enhance 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) Reasonable progress made in 2021 and early 2022 on all fronts. Accelerated recruitment process in place and having effect. 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.

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											
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											
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											
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											

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	1,051 WTE on boarded (17% increase on previous month) with a further 581 at advanced stage (245 posts have been accepted, 221 at offer stage, staff recruitment completed and start dates to be agreed for 114) Total 1632. 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. CHN's established, with over 85% of Network Managers and Assistant Directors of Nursing either in place or at an advanced stage of recruitment. Approx 32% 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 21 CDM Operational Leads either in place or at an advanced stage at 31/01/2022. 485 Consultant posts have been approved through CAAC process (14% 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. Commencement of procurement process underway through market soundings.	Dec 2022
	3 ECC Capital Infrastructure programme	Significant work has progressed on ECC Capital Infrastructure programme, with a number of proposals developed and approved by EMT and the Board. Further proposals will be finalised and brought forward for consideration in the coming months.	Dec 2022

4. Reform of Home Support and Residential Care

EMT Lead: Chief Strategy Officer

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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											
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											
NSD Spend (€m funding, excluding €2m home support) *	Actual	€16.3m	TBC											
Additional WTE's recruited	Actual	222	TBC											

* NSP 2022 NSD funding across Services for Older Persons, available a month in arrears

	Output/Deliverable	Progress Update	Target Completion Date
Key Issues <ul style="list-style-type: none"> 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 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 	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	In progress for completion end of April. Significant work undertaken to date in undertaking audits with individual CHO's and Long Stay Units. Report will be available in March.	April 2022
	Residential Care Finalisation of audit of residential care including CNU Programme	CNU Programme continues in line with the HSE Capital Plan. The audit being undertaken with CHO's will provide further insight into the current requirements of the CNU Programme	March 2022
	Residential Care 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	National Framework is being progressed through the residential working group in line with NSP and Expert Panel requirements	December 2022
Dependencies <ul style="list-style-type: none"> 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 Leadership Progression of Home Support Tender in advance of Regulations 	Home Support Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Nursing Home Pilot ongoing. Tender for Evaluation is being progressed.	November 2022
	Home Support Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Ongoing feedback and collaboration with the DoH in preparation for the Statutory Scheme	January 2023
	Home Support Establishment of National Home Support Office	Recruitment commenced and ongoing	October 2022
	InterRAI Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas.	Significant work to date in developing draft implementation plan for 2022. Communication will take place in February/March with Chief Officers and Heads of Services. Continued linkage with home support pilot with interRAI utilised as the assessment tool	December 2022
	InterRAI Development of Phase 2 of interRAI software system	Work underway to ensure the delivery of this target for June	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 focus in January has been on finalising the 2022 Waiting List Action Plan with the Department of Health and on finalising the Sláintecare Improvement Plans with the Hospital Groups and the Clinical Programmes. This will enable us to release additional funding and progress towards achievement of 2022 targets. Planning has commenced for DNA strategy, EACCs and PIR. Pathways are undergoing Clinical and Operational sign off, with 6 pathways of 37 signed off in January. HPVP continues to progress and Sligo went live in January as the first hospital.

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											
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											
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											
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% *											
Additional Community Removals from waiting list (treatment / intervention / validation) vs profile (cumulative)	Target	Q1 1,587 **	530	1,058	1,587									
	Actual		634											
Cost year to date vs profile	Target	€200m ***	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
	Actual		TBC											

* Reported figure excludes hospitals who have not yet signed a Data Sharing Agreement with the HSE

** Targets for Q2-Q4 to be agreed

*** Spend profile will be confirmed once 2022 Waiting List Plan has been agreed

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

Output / Deliverable	Progress Update	Target Completion Date
1 Multi annual Waiting List plan finalised and approved	A 2022 Waiting List Plan has been agreed which is the first year of the multi annual plan. Work will now be taken forward to finalise the multi annual waiting list plan.	June 2022
2 Elective Ambulatory Care Centres (EACC) progressed	Engagement with the Department is ongoing and communication recently issued to Hospital Groups providing a briefing on the Sláintecare National Elective Ambulatory Care Strategy. Individual Preliminary Business Cases for each location are now at an advanced stage of development and are expected to be submitted to the DoH in coming weeks.	Dec 2022
3 Strategy for managing 'Did Not Attend's' (DNAs) for new & review OPD appointments agreed & implementation commenced	The development of a DNA Strategy has been included as a key action in the 2022 Waiting List Action Plan and work has commenced in this regard.	Apr 2022
4 Complete planning and commence implementation of 37 prioritised scheduled care pathways.	Clinical and operational signoff processes for the prioritised pathways are currently in progress. 6 pathways were signed off in January.	Dec 2022
5 Multi Annual Framework for Strategic Partnerships with private providers developed	Working group established with DoH and initial meetings held.	June 2022
6 Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	The development of PIRs has been included as a key action in the 2022 Waiting List Action Plan and work has commenced in this regard.	Aug 2022
7 Health Performance Visualisation Platform (HPVP) live in initial 28 hospitals	HPVP has gone live in the first hospital (Sligo). Remaining go-lives scheduled for completion by end of October.	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		-	-		-	-		-	-		-	-	
% 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		TBC											
NSD Spend (€24m funding) **	Actual	€24.00m	-											
Number of WTEs recruited (cumulative) for new service developments in 2022	Target	314	-	-	-	-	-	-	52	104	156	208	260	314
	Actual		-	-	-	-	-	-						

* No KPI data available until after 21 Feb 2022 ** Reporting on NSD budget will be a month in arrears

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.	Draft Implementation plan under final review. On track for launch in April 2022	April 2022
	2 Models of Care designed and completed for: CAMHS Hubs and Crisis Resolution Services (CRS)	Literature review for CAMHS Hubs & CRS to inform Models of Care design complete. Logic Model workshop completed for Crisis Resolution Services Stakeholder mapping process underway	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.	Pilot site locations and budget allocation at final negotiation for 2022 and business cases in preparation for drawdown of funds Planning underway to determine monitoring and evaluation framework for pilot implementation	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 at final negotiation stage and business cases in preparation for drawdown of funds Planning underway to determine monitoring and evaluation framework for pilot implementation	December 2022
	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 Business cases prepared and in process 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 in process for drawdown of funds	December 2022

Dependencies

- Ability to recruit the right skills mix to support reorientation of services towards general practice, primary and community-based care.
- Ongoing surges of COVID-19 may impact ability to implement new models of care and deliver increased levels of service.
- Engagement of key stakeholders in the development of Models of Care and implementation of Sharing the Vision (StV).

7. Reform of Disability Services

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		-	-		-	-		-	-		-	-	
No. of adults with disabilities participating in personalised budgets demonstration project vs. profile	Target	180	-	-	100	-	-	120	-	-	150	-	-	180
	Actual		-	-		-	-		-	-		-	-	
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		-	-		-	-		-	-		-	-	
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	TBC											

* Reporting on NSD budget will be a month in arrears

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 2022 The 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, approach to TORs, workstream definitions, reporting arrangements & project mgt.	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 have met. 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	March 2022
	4 Implement the Assessment of Need (AON) process for eligible adults.	The updated job descriptions for AON Officers have been received from HR and communication will issue to the Chief Officers allowing recruitment to proceed. The Commencement Order has been received.	March 2022
	5 Pilot the standardised assessment tools for adults.	Pilot of Imosphere Assessment Tool progressing through Personalised Budgets.	Dec 2022

8. Prevention & Early Intervention

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	19	19	19	19	38	38	38
	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											
No. of Healthy Food Made Easy courses delivered	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-		-	-		-	-		-	-	
No of parenting programmes delivered through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63	-	-	63	-	-	95
	Actual		-	-		-	-		-	-		-	-	
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		-	-		-	-		-	-		-	-	
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		-	-										

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Securing position numbers to recruit new staff Clarity on receipt of funding impacting on recruitment and full delivery of interventions 	1 Sláintecare Healthy Communities fully established in 20 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"> CHOs are working to progress implementation of all services in partnership through Grant Aid Agreements Training for many services scheduled throughout Q1 2022 Data Collection and Reporting documents developed Brand guidelines and promotional materials developed providing consistent communication approach 	Dec 2022
Dependencies <ul style="list-style-type: none"> Recruitment of required levels of appropriately skilled staff may impact ability to deliver new child and adolescent overweight and obesity treatment programme and community based integrated alcohol services Procurement contract awarded for online STI services and capacity of public STI services for referrals Referrals from healthcare professionals and services Receipt of funding 	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"> Procurement process progressed. Evaluation of tenders completed 	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"> Engagement with DoH to progress sign-off and draw down of funding Engagement with Sports Ireland to agree parallel supporting work stream in Local Sports Partnerships 	Dec 2022 10

9. Enhancing Bed Capacity

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											
Acute Bed additions vs. profile*	Target	411	0	26	44	67	94	122	137	149	210	302	306	411
	Actual		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											
NSD Spend (€ Funding)	Actual	TBC	TBC											
WTE's Recruited	Actual	TBC	TBC											

* 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

- Ongoing uncertainty due to the COVID-19 environment re. capital build and recruitment of the required skilled staff
- Critical 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 22
- 25 Acute beds for Beaumont are profiled for Dec 2022 subject to Capital works

Dependencies

- 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>1 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) Establish and roll out 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 Q1 2022. Expand service through remainder of 2022 to full operation.</p> <p>b) Support operation of NCIS in installed hospital sites (5 sites by end 2021). Complete NCIS installation and go-live in 3 hospitals – Q1 2022. Initiate NCIS in remaining hospitals – Q1 2022. Progress the rollout of NCIS to sites throughout the remainder of 2022</p> <p>c) Expand initiated service for adults in St James's Hospital (SJH). Initiate service for children in Children's Health Ireland (CHI) at Crumlin and progressively expand 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) HSE Standards for Infant Feeding Practices nearing completion and undergoing final round of editing and design. Self assessment tool for use at local level to support maternity services to benchmark themselves against standards and identify areas for improvement under construction.</p> <p>b) National framework for the development of proposed postnatal hubs under development and undergoing consultation process with key stakeholders.</p> <p>c) Six pilot sites identified, job description for role finalised and work on-going to recruit and populate the six posts.</p> <p>d) Regional maternity sites to be supported in 2022 have been identified, and active engagement underway with hospital groups and maternity networks regarding the development and formal approval of these posts.</p> <p>e) Sites to be prioritised in 2022 have been identified. Active engagement underway with hospital groups and maternity networks regarding the development and formal approval of these posts.</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 Mater Misericordiae University Hospital (MMUH) complete planning and associated recruitment of the required staff for the MTC for the Central Trauma Network, with target opening date (phase 1) end September.</p> <p>b) Ensure Cork University Hospital (CUH) complete planning and associated recruitment of the required staff for CUH as the MTC for the South Trauma Network, with target opening date (phase 1) end December.</p> <p>c) Develop the service specification for the Trauma Unit with Specialist Services (TUSS) 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 MMUH. MTC Implementation Oversight Group in place and providing regular updates to the National Trauma Programme Steering Group.</p> <p>b) Planning has commenced at CUH for the commencement of major trauma services. The CUH Executive Major Trauma Implementation Group has been established to manage the project and held its first meeting on 26 January 2022.</p> <p>c) The National Office for Trauma Services is engaged with the Saolta Hospital Group to determine the Service Specification for TUSS with further stakeholder meetings planned in February 2022.</p> <p>d) The National Trauma Programme Steering Group has approved the 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. Consultation with key stakeholders is planned in February 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

National Cancer Strategy

- 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.

National Maternity Strategy

- Availability, recruitment and retention of staff to support the Strategy
- Infrastructural challenges including availability of appropriate community based facilities
- Communication with service users and co-operation of hospital groups to support service changes.

Trauma Strategy

- Potential recruitment delays due to known shortage of key healthcare grades.
- Delays in planned infrastructural upgrades and equipment procurement at MMUH could impact commencement of MTC Services.
- 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.
- There is a risk that new patient activity could impact on patient flow if appropriate pathways out of the Major Trauma Centres are not available. The National Office for Trauma Services is developing a national Transfer and Repatriation Policy and there are plans to consider egress options from the MMMUH and CUH once they commence major trauma services.

11. Operational Services Report

EMT Lead: Chief Operations Officer

KPI*		Dec 21	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	20												
Number of indicators > 5% ≤ 10% off target	Actual	8												
Number of indicators ≤ 5% off target	Actual	33												
No Result expected	Actual													
No Results available		1												

Key Issues

- Cyber-attack affected both service provision and collection/reporting of service activity data
- Both Acute Services and Community Services data have been affected
- As performance is calculated YTD data gaps affect performance results
- RAG results per KPI are based on YTD data available relative to original or revised NSP2021 targets and not recalibrated for data-gaps
- The December 2021 results above need to be viewed in this context

- > 10% off target
- > 5% ≤ 10% off target
- ≤ 5% off target
- No result expected

December 2021

KPIs per Quadrant

Under Deliberation 6

Quality and Safety Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/Target	Revised Expected Activity /Target	National YTD	% Variance YTD	Revised % Variance YTD
System Wide	Serious Incidents - 24 hours	M	80%	50%	▼ 50%	30%	0%
System Wide	Serious Incidents - 125 calendar days	M	70%	30%	▼ 26%	44%	4.0%
System Wide	Extreme and major incidents/all incidents	Q	<1%	<0.9%	▲ 0.7%**	0.3%	0.2%
System Wide	Reported incidents entered to NIMS within 30 days	Q	90%	60%	▼ 53%*	37%	7.0%
System Wide	Complaints investigated within 30 working days	Q	75%		▼ 71%*	4.0%	
Acute Hospital Care	S. Aureus	M	<0.8/10,000 bed days used		▲ 0.8	2.1%	
Acute Hospital Care	C. Difficile	M	<2/10,000 bed days used		► 2.3	12.7%	
Acute Hospital Care	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%		▼ 11.4%	2.7%	
Acute Hospital Care	Surgical Readmissions	M (1 Mth in arrears)	<2%		▲ 1.9%	-5.0%	
Acute Hospital Care	Urgent Colonoscopy	M	0		▼ 3,933	3,933	
Acute Hospital Care	Ambulance readiness ≤30 minutes	M	80%		▼ 27.5%	-65.6%	
Primary Care Services	Child Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	32%		▼ 35.7%	13.6%	
Primary Care Services	Child Assessment 12 months	M (1 Mth in arrears)	95%	55%	▲ 58.7%	-38.2%	6.7%
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99%		▼ 98.2%	-0.8%	
Disability Services	Movement from congregated to community settings	Q	144		▲ 135	-6.3%	
Population Health and Wellbeing	MMR at 24 months	Q (1 Qtr in arrears)	95%		▲ 90.2%	-5.1%	
Population Health and Wellbeing	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	45%		▼ 57.3%	27.2%	
NSS	BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%		▲ 77.1%	10.2%	
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	M	95%		▲ 99.6%	4.8%	

Access and Integration Quadrant												
Service area	Indicator	Reporting frequency	Expected activity/target	Revised Expected Activity /Target	National YTD	% Variance YTD	Revised % Variance YTD					
Acute Hospital Care	Adult Inpatient Waiting List	M	85%	80%	▲ 77.5%	-8.8%	-3.1%					
Acute Hospital Care	Adult Daycase Waiting List	M	95%	85%	▲ 85.9%	-8.6%	1.1%					
Acute Hospital Care	Child Inpatient Waiting List	M	95%	85%	▲ 75.1%	-21.0%	-11.8%					
Acute Hospital Care	Child Daycase Waiting List	M	90%	85%	▲ 82.3%	-8.6%	-3.2%					
Acute Hospital Care	OPD Waiting List	M	75%	65%	▲ 62.9%	-16.2%	-3.2%					
Acute Hospital Care	Routine Colonoscopy Waiting List	M	65%	50%	▲ 48.3%	-28.9%	-7.6%					
Acute Hospital Care	ED within 8 hours	M	70%		▼ 62.8%	-10.2%						
Acute Hospital Care	75 yrs + ED within 6 hours	M	95%		▲ 42.7%	-55.0%						
Acute Hospital Care	ED within 24 hours	M	97%		▲ 97.4%	0.4%						
Acute Hospital Care	75 yrs + ED within 24 hours	M	99%		▲ 94.1%	-4.9%						
Cancer Services	RACs within timelines	M	95%		▲ 80.8%	-36.0%						
Cancer Services	Radiotherapy	M	90%		▲ 75.4%	-16.2%						
NSS	Smear Tests	M	280,000		▼ 318,486	13.7%						
Primary Care Services	Physiotherapy access within 52 weeks	M	94%	80%	▼ 76.5%	-18.6%	-4.4%					
Primary Care Services	Occupational Therapy access within 52 weeks	M	95%	60%	▲ 71.8%	-24.5%	10.7%					
Primary Care Services	SLT access within 52 weeks	M	100%	80%	▲ 87.2%	-12.8%	9.0%					
Primary Care Services	Podiatry access within 52 weeks	M	77%	55%	▲ 51.3%	-33.3%	-6.7%					
Primary Care Services	Ophthalmology access within 52 weeks	M	64%	55%	▲ 51.1%	-20.2%	-7.1%					
Primary Care Services	Audiology access within 52 weeks	M	75%	65%	▲ 68.3%	-9.0%	5.1%					
Primary Care Services	Dietetics access within 52 weeks	M	80%	65%	▼ 54.6%	-31.4%	-15.5%					
Primary Care Services	Psychology access within 52 weeks	M	81%	50%	▲ 58.5%	-27.8%	17.0%					
Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%		▲ 100.8%	0.8%						
NAS	Clinical status of 1 ECHO incidents in 18 minutes and 59 seconds or less	M	80%		▲ 74.6%	-6.7%						
NAS	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less	M	70%		▼ 44.0%	-37.1%						

11. Operational Services Report

December 2021

KPIs per Quadrant

Under Deliberation 7

Access and Integration Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/target	Revised Expected Activity /Target	National YTD	% Variance YTD	Revised % Variance YTD
Mental Health Services	General Adult Community Mental Health - first appointments	M	75%		▲74.8%	-0.3%	
Mental Health Services	CAMHS - urgent referrals within 3 working days	M	>90%		▶93.7%	4.1%	
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments	M	95%		▼93.4%	-1.7%	
Disability Services	No. of new emergency places provided to people with a disability	M	44		▲91	106.8%	
Disability Services	No. of in home respite supports for emergency cases	M	328		▲497	38.8%	
Disability Services	Children Disability Networks	M	91		▲91	0.0%	
Disability Services	Disability Act Assessment	Q	100%		▲14.7%	-85.3%	
Disability Services	No. of day only respite sessions	Q (1 Mth in arrears)	15,722		▲11,120	-29.3%	
Disability Services	No. of people in receipt of respite services	Q (1 Mth in arrears)	4,392		▲4,234	-3.6%	
Older Persons' Services	Home Support Hours	M	21,670,000	21,895,805	▲20,483,216	-13.4%	-6.5%
Older Persons' Services	People in receipt of Home Support	M	55,532		▼55,043	-1.1%	
Social Inclusion Services	Homeless - assessments within two weeks	Q	80%		▼79.4%	-6.6%	
Social Inclusion Services	Substance misusers (O18) treatment within one calendar month following assessment	Q (1 Qtr in arrears)	100%		▼95.7%	-4.3%	
Social Inclusion Services	Substance misusers (U18) treatment within one week following assessment	Q (1 Qtr in arrears)	100%		▼95.0%	-5.0%	

Note:
 Performance trend is result in current report period (month/quarter etc) relative to prior reporting period
 Please see notes in text box under graphs which provides details of data unavailable due to cyber-attack.
 RAG results per KPI are based on YTD data available relative to original or revised NSP2021 targets and not recalibrated for data gaps.
 * data reflecting results for the month of September, YTD for Q4 TBC.
 * Current Period YTD reflecting compliance YTD Q3 2021.
 ** Data updated in December 2021.
 *** No graphs available, MDR table included page 29.
 **** Excludes COVID-19 related absence, December data.

Finance, Governance and Compliance Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/target	Revised Expected Activity /Target	National YTD	% Variance YTD	Revised % Variance YTD
System Wide	Pay expenditure variance from plan	M	≤0.1%		▲€20,730,982	0.43%	
System Wide**	Internal Audit - Recommendations (2020) implemented within 12 months **	Q	95%		▲83%	32%	
System Wide	Service Arrangements Signed	M	100%		▲85.05%**	14.05%	

Workforce Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/target	National YTD	% Variance YTD		
System Wide	% absence rates by staff category	M (1 Mth in arrears)	<3.5%		▲4.83%****	1.43%	

Legend/ RAG Rule Set/ Escalation	
	> 10% of target
	> 5% ≤ 10% of target
	≤ 5% of target
	No result expected
	Arrows are indicative of the RAG status and the trend of the result when compared to the previous reported result.
	NPOG Escalation. This is denoted within the report using this symbol illustrated on the left. ♦ Acute Services only in escalation ♦♦ Hospital Groups only in escalation
	KPIs that are aligned with Corporate Plan 2020-2024 This is denoted within the report using this symbol illustrated on the left.
	KPIs that are aligned in part to the Q3/2021 Corporate Risk Register as at 26 th October 2021 is denoted within the report using this symbol illustrated on the left.

2022 Ambition Statement: Support continuous improvement in quality and patient safety through: implementation of the Patient Safety Strategy; 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 Assurance that the 2022 Ambition Statement will be substantially achieved) 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											
Incident Management training satisfaction rates	Target	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%
	Actual		50%											
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											

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 programmes Focus on Quality and Safety across the system is challenged due to competing demands of COVID-19 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 	1	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 January 2022. Funding and approvals received by way of 2022 Estimates to roll out IV Line care teams to all Model 4 hospitals.	Dec 2022
	2	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.	SIMT training has now been established. Two sessions delivered in Jan 2022. Technical issues with the virtual training setting were experienced in January which had an impact on the evaluation response rate and satisfaction score as reported above.	Oct 2022
	3	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.	Reduced numbers in January 2022 can be explained by continued pressure on front line staff due to COVID-19 which is preventing them being released or having time to undertake QI programmes.	Dec 2022
	4	Establish a National Centre for Clinical Audit and projects commenced for all 25 recommendations from the Clinical Audit Review Report. Achieve the completion of 13 recommendations by end of 2022.	National Centre for Clinical Audit Established. Recommendation 1 - Nomenclature document published. Recommendations 2 – 11: National Governance of Clinical audit; steering group established. Recommendations 12 – 17: Local Governance for Clinical Audit; draft Terms of Reference have been sent to National Governance of Clinical Audit Steering Group. Recommendations 18 – 22: Clinical Audit Education and Training; Agreed programme of work underway in partnership with the Clinical Audit Support Centre UK. Recommendations 23 – 25: Legislative Changes affecting Clinical Audit; Terms of reference established and work commenced.	Dec 2022
	5	Develop HSE Quality and Patient Safety Surveillance System (QPSS) with programme design, governance and estimate bid completed.	Scoping paper on role of QPSS reviewed by working group. National and international interviews continuing to gain more detailed insights into best practice surveillance.	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	4	8	14	16	16	20	20	20	20	20	20	20
	Actual		1											
Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-		-	-		-	-		-	-	
Your Service Your Say - % of complaints, where an improvement plan is identified as necessary, is in place and progressing *	Target	65%	-	-	65%	-	-	65%	-	-	65%	-	-	65%
	Actual		-	-		-	-		-	-		-	-	

* Data returned quarterly to the National Complaints Governance & Learning Team, Performance Management and Improvement Unit (in the form of Heatmaps).

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. This will be advertised in March with a view to holding interviews in April and appointing in May.	May 2022
	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. Interviews have taken place in CHO 1 and 2 and candidates identified. The other CHOs are at various stages of the recruitment process No appointments were made to the 11 Patient Safety Partnership posts approved in acute services. It is not expected that these posts will be filled until end of Q1 2022	June 2022
Dependencies	<ul style="list-style-type: none"> Identification and recruitment of suitable staff as patient / service user partnership leads across CHOs and HGs Prioritisation of timely review and reporting of improvement plans by services. 		

14. People & Recruitment

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	600
	Actual		-33										
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	1,500
	Actual		215										
Net WTE change H&SCP vs. plan	Target	1,500	130	194	335	511	643	725	705	722	894	1,168	1,500
	Actual		103										
Net WTE change Management/Admin vs. plan	Target	600	42	107	171	258	293	322	359	401	445	515	600
	Actual		188										
Net WTE change General Support vs. plan	Target	100	-17	-18	39	80	106	157	151	161	125	69	100
	Actual		44										
Net WTE change Additional Patient & Client Care vs. plan	Target	1,200	-58	121	106	333	493	656	760	768	862	930	1,200
	Actual		128										
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	5,500
	Actual		645										

* 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.

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										

** Resourcing Governance Committee meeting w/c 20th February to agree definition and classification detail that will underpin calculation of this KPI. KPI will be populated from February onwards.*** National Recruited Service Development Posts only

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Impact of reduced labour market supply COVID-19 measures impact on travel – reopening of international borders impact on staff turnover rates COVID-19 environment impact on absenteeism Impact 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.	Jan 2022
	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
	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

Dependencies
<ul style="list-style-type: none"> Sufficient available staffing in domestic / international markets Successful impact of the national vaccination rollout to reduce case numbers and thereby reduce absence levels



2022 Ambition Statement: Operational services substantially breakeven overall, COVID-19 costs within sanction**, Procurement Spend Under Management (SUM) in line with targets set, IFMS implementation on track, Enhanced Working Capital Reporting and Activity Based Funding progressing to plan.

Rating and Overview *:

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%	+/- 1.5%	+/- 1.0%	+/- 0.5%
	Actual												
COVID19** Sanction compliance - ongoing, any non-compliance level greater than 2.5% to be for no more than 10 working days.	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%
	Actual												
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%	68%
	Actual												

* January data not available until w/c 21st January, scorecard rating will be applied when received. **COVID-19 compliance focus is on PPE, Testing & Tracing, Vaccination Programme and Therapeutics as well as additional support costs to the extent they are coded to COVID-19 cost centres. ***Will continue to refine ageing of totality of accruals on a monthly basis.

Key Issues	Output/Deliverable	Progress 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-19 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. 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 System Integrators have been invited to review and identify alternatives, or refine the HSE's proposed deployment approach, as appropriate. The deployment plan will be finalised by the System Integrator and confirmed during the build stage of the project and as part of detailed deployment planning to be approved by project governance. Other IFMS-related activity is progressing including detailed enterprise structure design, payroll integration, change management and procurement activity.	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.	(1) Ongoing 2022 (2) Ongoing 2022 (3) Dec 2022 (4) Dec 2022
	3 Develop enhanced Working Capital 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. 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. 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.	Sept 2022***
<h4>Dependencies</h4> <ul style="list-style-type: none"> Stakeholder Engagement 	4 Controls Improvement Plan Implementation (3 Year programme)	All 6 work-streams of the controls improvement programme commenced in 2021 with agreed timelines and plans which are adaptable as risks emerge (such as Cyber- attack). External support is being provided on the NFR review project (WS1) and overall programme management. While the target for 2022 is to maintain progress on all 6 work-streams, some such as WS1 and WS2 are expected to conclude in 2022 with others deliverable in 2023.	Sept 2022

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 sought vendor engagement via formal market sounding process, to inform the full tender later this year. IHI team commencing detailed planning for integration with IPMS & GP Systems. Scheduled care work planned for later in year.

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	€19m	€26m	€34m	€41.5m	€62m	€77.5m	€91m	€109m	€130m
	Actual		€9.5m											
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											
Cost (related to WTEs recruited, based on average cost by grade)	Target	€9.5m	€0.1m	€0.4m	€0.91m	€1.51m	€2.11m	€2.71m	€3.43m	€4.24m	€5.21m	€6.33m	€7.8m	€9.5m
	Actual		€0.1m											

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 years Overhang of unused annual leave and TOIL across eHealth division Challenging 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	Project Team established and detailed planning has commenced on work to integrate IPMS and GP practice systems.	Dec 2022
	3	PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced.	Upgrade commenced in January with the successful upgrade of NIMIS 1.0 Client across all sites and users. Over 12,500 end user clients have been upgraded which prepares the NIMS environment for both PACS & RIS upgrades later this year.	Dec 2022
	4	Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS).	ICCMS programme team has sought responses via formal "market soundings" process. This will inform the full business case and the statement of requirements for the procurement later this year	Dec 2022
	5	Procurement commenced for each approved Scheduled Care enabler business case.	Discussions commenced with Change & Innovation to identify business sponsor and establish governance for scheduled care enabling works. Business cases will be prepared under direction of this group which, when approved will trigger ICT approvals and procurement processes.	Dec 2022

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 the assumption of 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.

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											
New Primary Care Centres completed in 2022 vs profile	Target	16	-	-	7	-	-	12	-	-	14	-	-	16
	Actual		-	-										
New and replacement Acute Bed Capacity vs profile	Target	186	-	-	5	-	-	61	-	-	156	-	-	186
	Actual		-	-										
New and replacement Community Bed Capacity vs profile	Target	277	-	-	0	-	-	126	-	-	146	-	-	277
	Actual		-	-										

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 identified Dependence on the drawdown of the COVID-19 Contingency Funding and the expenditure profile to Q3 Some 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 availability The direction of the Asset and Property Strategy as it crystallises 	Develop a new Property and Asset 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	Business Case submitted for Departmental consideration in Dec 2021. Aim to conclude Legal Framework and Constitution outstanding issues in March 2022.	March 2022 (Previously June 2021)
	Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	Programme remains on track to deliver within expected projected timelines	September 2022
Dependencies <ul style="list-style-type: none"> Balancing the budget and project delivery is contingent on availability of materials, labour and contractor capacity to stand over original pricing, due to volatile construction market conditions 	Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Prioritisation process being completed with hospital groups. Programme on target	December 2022
	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 hospital	December 2022

18. Risk Management

Overview: There are currently **27** risks on the CRR. The current risk ratings of the risks, per the Q3 2021 CRR report, are **17 Red** and **10 Amber**

27 Corporate Risk RAG Summary

RAG	Quarter 3 2021	Quarter 4 2021	Quarter 1 2022	Quarter 2 2022	Quarter 3 2022
Red	17				
Amber	10				
Green	0				

Corporate Risk Register Update

1 Revised Corporate Risks 2022	<p>As part of the annual strategic assessment of the HSE's corporate risks, the Chief Risk Officer [CRO] held 2 dedicated workshops with the EMT in September and December 2021, individual meetings with EMT members and a workshop with the Corporate Risk Support Team [CRST].</p> <p>A revised list of corporate risks were agreed by the EMT at their meeting on 21/12/21. These were reviewed by the ARC at a special meeting on 20/01/22. Feedback from ARC was subsequently considered by the EMT in January and changes to the list of risks was agreed. The EMT are working to complete the full risk assessments and a report is due to be presented to the ARC at its March meeting following approval by the EMT.</p>
2 CRR Q4 2021 Review	Closing out the Q4 2021 review of current risks is an important element of the due diligence process. The Corporate Risk Register Review for Q4 2021 is expected to be considered by the EMT at their meeting on 8 th March 2022.
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 strategic risks. The Letter of Engagement with the State Claims Agency (SCA) for the Risk Information system was signed in December 2021 and it is expected the revised set of corporate risks will be uploaded during Q1 2022.
4 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 March/ 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 and they will have a dotted reporting relationship to the central ERM Team.

Note: The quarterly corporate risk review is the principal corporate risk review process. Operational risks [marked in blue in table below] are monitored on a monthly basis. Any critical in month changes to the risk profile will be reported here. 22

18. Risk Management (cont.)

Changes to risk rating over each reporting period

Risk ID	Risk Title	Date added to CRR	Risk Owner	Committee	Q3 2020 Full CRR	Q4 2020 Full CRR	Q1 2021 Full CRR	Q2 2021 Full CRR	Q3 2021 Full CRR
1	Integrated testing & contact tracing	22/05/2020	NOB	ARC /S&Q	20	20	15	20	15
2	Restoration of core health service activity while retaining surge capacity for Covid-19	21/05/2020	COO	ARC /S&Q	20	20	20	20	20
3	Long term care residential services	18/05/2020	COO	ARC /S&Q	20	20	20	10	10
4	Covid-19 Critical Supplies and equipment including PPE	19/05/2020	CFO	ARC /S&Q	10	10	10	10	10
5	Public Health Capacity	19/05/2020	CCO	ARC /S&Q	16	16	16	16	16
6	Health Service Funding	22/05/2020	CFO	ARC	12	8	6	6	6
7	Current Configuration of Hospitals	28/02/2020	CSO	S&Q	20	20	20	20	20
8	Capacity, Access and Demand	28/02/2020	COO	P&D	20	25	25	25	25
9	HCAI, COVID-19/AMR	09/11/2016	CCO	S&Q	25	25	25	25	20
10	Workforce & Recruitment	09/11/2016	NDHR	P&C	20	20	20	20	20
11	Disability Services	08/11/2016	COO	P&D	16	16	16	20	20
12	Capital Infrastructure & Critical Equipment	26/06/2018	CSO	ARC	16	16	16	16	16
13	Cyber Security & ICT Systems & Infrastructure [Risk 13 & Risk 21 Amalgamated]	23/01/2019	CIO	P&D	16	16	16	25	25
14	Delivering transformation and change including culture change	28/02/2020	CSO	P&C	12	12	12	12	12
15	Screening Services	24/07/2018	CCO	S&Q	15	20	20	20	20
16	Healthcare Regulatory Controls Non Compliance	28/02/2020	COO	S&Q	16	16	16	16	16
17	Organisational Reputation	28/02/2020	ND Comms	ARC	9	9	9	9	9
18	Policy & Legislation Development & Implementation	28/02/2020	CSO	S&Q	6	6	6	6	6
19	Safety, Health & Wellbeing of Staff	09/11/2016	NDHR	P&C	20	20	20	16	16
20	Individual Performance Management and Accountability	28/02/2020	NDHR	P&C	12	12	12	12	12
21	ICT Infrastructure [Risk 13 & Risk 21 Amalgamated]	09/11/2016	CIO	ARC	12	12	12	NA	NA
22	System of Internal Controls [management and prioritisation of resource allocation]	09/11/2016	CFO	ARC	12	12	12	12	9
23	Business Continuity Management [BCM]	28/02/2020	COO	ARC	16	16	16	16	16
24	Children's Hospital	28/02/2020	CSO	ARC	16	16	16	16	16
25	HSE Funded Agencies	28/02/2020	COO	ARC	16	16	16	16	16
26	Post Brexit	10/10/2017	CSO	ARC	12	6	6	6	6
27	Covid-19 Vaccination Programme	09/03/2021	DMcC	ARC	NA	NA	15	15	10
28	Governance of Private Nursing Homes	07/09/2021	COO	P&D	NA	NA	NA	15	15

17	High [15 to 25]
10	Medium [6-12]
7	Monthly Monitored Risks

Impact	Negligible [1]	Minor [2]	Moderate [3]	Major [4]	Extreme [5]
Almost certain [5]	5	10	20	25	25
Likely [4]	4	8	12	18	20
Possible [3]	3	6	9	12	15
Unlikely [2]	2	4	6	8	10
Rare/Remote [1]	1	2	3	4	5

Note: Risk rating calculation: impact x likelihood

2022 Ambition Statement: Provide high quality, integrated communications to the people we serve, with a particular focus on COVID-19 related communications. Provide insight-led and evidence-based advice to our teams across the health service, and work in partnership with the delivery system 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 planned and scheduled to inform a 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 has been formed to work on this development. Scoping work has begun, including work on developing strategic internal communications goals and actions, review of research and consultation.	June 2022
4 Deliver progress on a HSE Irish Language strategy	Discussions to take place in January 2022 to identify elements of the Irish language Strategy to be progressed by health services nationwide with relevant elements supported by the communications division in 2022	Dec 2022

Key Issues

- The substantially increased demand for communications services seen in 2021 is expected to continue and grow into 2022. These services include public health 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											
New Drugs/New Indications of existing drugs recommended to EMT	N/A	7											
New Drugs/New Indications of existing drugs approved by EMT that do not require a Managed Access Programme (MAP)*	N/A	7											
New Drugs/New Indications of existing drugs approved by EMT where there is a requirement for a MAP	N/A	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	<ul style="list-style-type: none"> 172 Price reductions implemented in respect of clause 7/8/9 on February 1st 2022 Complete 	February 2022
	2 Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement	<ul style="list-style-type: none"> Publication of planned reductions on CPU section of the HSE website for implementation on March 1st 	March 2022
	3 Complete implementation of the MFI Agreement	<ul style="list-style-type: none"> Representation stage completed on February 15th and under consideration 	March 2022
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 and the HSE Board.	Draft vision statement in preparation.	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.	September 2022
3 Establish key enabling workstreams to take forward implementation planning, including: Governance, Finance, Strategic Workforce Planning and Human Resources, Capital Infrastructure, Communications and Culture, ICT, Information and eHealth, Training and Education and Coordination.	Initial planning work underway.	April 2022
4 Develop draft Implementation Plan for RHAs		September 2022

Key Issues

- Need to ensure integration with other ongoing key policies and developments
- Insufficient time to fully and effectively embed change and assess benefit
- Need to engage constructively with local politicians and staff groups
- Clearly defined roles, responsibilities, and relationships between the Department of Health, HSE Centre, and RHAs are essential
- Alignment of RHAs with the emerging Community Healthcare Network (CHN) model needs to be explored further.

Dependencies

- High-level alignment on vision, objectives, urgency, and milestones by relevant stakeholders
- Approval 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.

22. Climate Action & Sustainability

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).

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						-	-	-	-	-	-
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											
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 availability Communications 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	Initial planning work underway	July 2022
	Develop implementation plan and associated delivery structures	To be commenced 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