



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Board Briefing

Subject: Board Strategic Scorecard

Submitted for meeting on: 25 January 2022 (EMT), 28 January 2022 (Board)

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Why is this information being brought to the EMT and Board's attention?

The Board Strategic Scorecard Report (Scorecard Report) provides the EMT and Board with a monthly report on progress against key programmes / priorities (the individual Scorecards). 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
- Minimize multiple requests and duplication of effort in collating reports for Board/DoH.

Is there an action by the Board required, if so, please provide detail?

EMT members and thereafter the HSE Board are asked to consider the Board Strategic Scorecard Report attached.

Brief summary of link to Board objectives

- The development and implementing of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system; ☒
- Developing a plan for building public trust and confidence in the HSE and the wider health service; ☒
- Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy; ☒
- Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget. ☒

Background

The Board Strategic Scorecard Report allows the Board to understand current progress and the forecast of year-end achievements. The Scorecard Report is normally produced 2-3 weeks post the previous month end and includes a Summary page providing an overview of progress, as well as a more detailed One-Pager for each individual Scorecard.

The last Board Strategic Scorecard which was approved by the HSE Board at its November 2021 meeting reported on performance to the end of October 2021. A Board Strategic Scorecard for December was not considered by the Board at its December 2021 meeting. However, the attached Scorecard reports on full year 2021 performance including November and December 2021 and will be presented to the Board at its meeting on 28 January 2022.

- The Summary provides:

- o A Rating for each individual Scorecard. A scale of 1-5 is used where 1 reflects 'not on track' and 5 reflects 'on track' (per the Guidance Document attached).
 - o A commentary on those Scorecards which have been assigned a 1-2 Rating.
- The detailed 'One-Pagers' include:
 - o An Ambition Statement – a clear statement which sets out what will be delivered in 2021
 - o A Rating and an explanation for the rating.
 - o Progress update on key performance indicator targets (on a monthly, quarterly and annual basis as appropriate).
 - o Progress update on key outputs/deliverables.
 - o Key issues and dependencies.

The Programmes/Priorities included in the Board Strategic Scorecard Report are:

- | | |
|--|---|
| • COVID-19 National Test and Trace | • Quality and Patient Safety |
| • COVID-19 Vaccination Programme | • Patient and Service User Partnership |
| • Reform of Primary Care and Community and ECC | • People and Recruitment |
| • Reform of Home Support and Residential Care | • Finance and Financial Management |
| • Reform of Scheduled Care | • Integrated Information Services (IIS) |
| • Reform of Mental Health | • Technology and eHealth |
| • Reform of Disability Services | • Infrastructure and Equipment |
| • Prevention and Early Intervention | • Risk Management |
| • Enhancing bed capacity | • Strategic Communications |
| • Implementation of National Strategies | • New Drugs |
| • Operational Services Report | |

Update on Board Strategic Scorecard and next steps:

- The last Board Strategic Scorecard Report to be presented to the Board was in November 2021.
- The December Board Strategic Scorecard Report will be reviewed and signed off by EMT Members and the ratings will be agreed and signed off at the Board meeting on 28 January 2022.
- As part of the National Service Plan (NSP) Q1 Review, a number of NSP 2021 targets were adjusted. These adjustments have been reflected in the Board Strategic Scorecard to ensure consistency across the NSP Review and the Scorecard Report.
- A summary of the Ratings across the December Board Strategic Scorecard is as follows:
 - o The overall rating increased to 3.05 from 2.95 (based on 21 Scorecards returned). The Reform of Scheduled Care changed from a 3 to 2; Finance and Financial Management changed from a 3 to 4; Technology and eHealth changed from a 1 to 2 and People and Recruitment changed from a 2 to 3.
 - o The scorecards that had a rating of 1 or 2 in the December submission were
 - Reform of Primary Care, Community and ECC remains at a 2; Reform of Home Support and Residential remains at a 2; Reform of Scheduled Care changed from a 3 to 2; Patient and Service User Engagement remains at a 2 and Technology and eHealth changed from a 1 to 2.
 - o No scorecard presented with a rating of 5.
 - o Six scorecards presented with a rating of 4.
 - o Eight scorecards presented with a rating of 3.
 - o Two Scorecards (Risk Management and Operational Services Report) do not receive a score rating.
- The status of the 71 specified Outputs/Deliverables for 2021 is as follows:
 - 33 complete
 - 38 for completion in 2022 (Covid-19 and Cyber Attack have extended completion timelines).
- Data have been received and reported in respect of 52 of the 56 KPIs due in December 2021.

Highlight any implications that the Board should be made aware of in its consideration:

Following consideration by the Board, the rating for each Programme/Priority in the Board Strategic Scorecard Report will be agreed at the Board meeting.

Conclusion

N/A

Recommendation

It is recommended that EMT members and thereafter the HSE Board approve the attached final Board Strategic Scorecard for the 2021 year.

Board Strategic Scorecard

Dec 2021



Board Strategic Scorecard: Document Purpose	1
Summary rating of Programmes/Priorities	2
1. COVID-19 National Test and Trace	3
2. COVID-19 Vaccination Programme	4
3. Reform of Primary and Community	5
4. Reform of Home Support and Residential	6
5. Reform of Scheduled Care	7
6. Reform of Mental Health	8
7. Reform of Disability Services	9
8. Prevention & Early Intervention	10
9. Enhancing Bed Capacity	11
10. Implementation of National Strategies	12
11. Operational Services Report	13
12. Quality and Patient Safety	16
13. Patient and Service User Partnership	17
14. People and Recruitment	18
15. Finance and Financial Management	19
16. Integrated Information Services (IIS)	20
17. Technology and eHealth	21
18. Infrastructure and Equipment	22
19. Risk Management	23
20. Strategic Communications	25
21. New Drugs	26

Document Purpose

The Board Strategic Scorecard aims to provide the Board with a monthly report on progress against key Programmes/Priorities for 2021. 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 2021 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 2021 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 2021 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 2021 Ambition Statement will 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 2021 Ambition Statement will 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	4				4	
2. COVID-19 Vaccination Programme	4				4	
3. Reform of Primary Care, Community and ECC	2		2			
4. Reform of Home Support and Residential	2		2			
5. Reform of Scheduled Care	3		2			
6. Reform of Mental Health	3			3		
7. Reform of Disability Services	3			3		
8. Prevention & Early Intervention	3			3		
9. Enhancing Bed Capacity	3			3		
10. Implementation of National Strategies	3			3		
11. Operational Services Report *	N/A					
12. Quality and Patient Safety	3			3		
13. Patient and Service User Engagement	2		2			
14. People and Recruitment	2			3		
15. Finance and Financial Management	3				4	
16. Integrated Information Services (IIS)	3			3		
17. Technology and eHealth	1		2			
18. Infrastructure and Equipment	4				4	
19. Risk Management *	N/A					
20. Strategic Communications	4				4	
21. New Drugs	4				4	

	Previous**	Current
Average Rating:	2.95	3.05
Number of Priorities with 1 or 2 rating:	5	5

- The overall rating increased to 3.05 from 2.95 (based on 21 Scorecards returned). The Reform of Scheduled Care changed from a 3 to 2; Finance and Financial Management changed from a 3 to 4; Technology and eHealth changed from a 1 to 2 and People and Recruitment changed from a 2 to 3.
- The 5 Scorecards which have therefore returned a Rating of 1 or 2 are as follows:
 - Reform of Primary Care, Community and ECC remains at a 2; Reform of Home Support and Residential remains at a 2; Reform of Scheduled Care changed from a 3 to 2; Patient and Service User Engagement remains at a 2 and Technology and eHealth changed from a 1 to 2.
- The status of the 71 specified Outputs/Deliverables for 2021 is as follows:
 - 33 complete
 - 38 for completion in 2022 (COVID-19 and Cyber Attack have extended completion timelines)
- Data has been received and reported in respect of 52 of the 56 KPIs due in December 2021.

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

** Previous Score relates to Nov Board Strategic Scorecard



1. COVID-19 National Test & Trace

2021 Ambition Statement: COVID-19 testing and tracing model is fully operational across the country by February 2021; with capacity for up to 25,000 tests per day and achieving a target time of 3 days from referral to completion of contact tracing.

Rating and Overview: 4 (2021 Ambition Statement substantially achieved) KPIs and outputs/deliverables reflect increased demand on services. Surge plans have been implemented based on agreed triggers.

KPI		2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of referrals meeting 3 days 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		83%	86%	85%	87%	95%	96%	94%	92%	95%	91%	88%	75%
% 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		93%	93%	94%	94%	98%	94%	94%	93%	91%	94%	79%	54%
% 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		92%	93%	93%	94%	97%	97%	94%	98%	96%	98%	95%	90%
% 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		97%	93%	96%	96%	93%	93%	90%	87%	88%	64%	98%	97%

Key Issues

- Demand on services is very high. The surge plan has been activated since July 2021. Despite an increase in PCR testing capacity from an initial 100k to a current capacity of 300k per week, access remains challenging in most areas which is impacting on KPIs. Antigen testing capacity has been increased from 20k to 350k per week.
- Swabbing capacity has increased due to an increase in Community swabbing and the introduction of private testing. Additional capacity is being introduced over the coming weeks by private operators under HSE NAS governance and with additional NAS mobile teams also expected, bringing the total capacity to over 35,000 per day.
- % close contacts successfully contacted within 24 hours. Additional escalation measures have been implemented to manage contact tracing demand i.e. automation of the close contact process in the CMP to streamline and release capacity. Improvements in performance is reflected in November and December.

Dependencies

- New testing pathways (antigen-testing), changing restrictions, serial testing, vaccination will impact the operating model and the medium-term profile of demand, capacity and activity for Test and Trace services.
- Robust and timely modelling from the Irish Epidemiological Modelling Advisory Group (IEMAG) to support service planning and demand and capacity management.

Output/Deliverables

Progress update

Target date of completion

1	Permanent capacity for up to 25,000 tests per day (now at 300K per week)	Complete	Complete
2	A standing workforce of 784 swabbers and 900 contact tracers	Complete	Feb 2021
3	NVRL (UCD / Backweston) labs fully operational to deliver 3,000 tests with additional surge capacity	Complete	Feb 2021
4	35 dedicated centres are operational 12 NAS Pop ups live and operational 5 fully resourced national Contact Tracing Centres	Complete	Feb 2021
5	Establishment of a self referral walk in / online service	Complete	March 2021
6	Introduction of testing at quarantine sites	Complete	March 2021
7	Introduction of source investigation and self isolation and restricted movement support (when clinically indicated, this has been in place)	Complete	March 2021



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Primary Vaccinations for 5-11 year olds

- Delays due to the rising rates of infection (Omicron) impacting on the eligibility timelines resulting in longer tail for age group administrations.

3. Reform of Primary Care, Community and ECC

2021 Ambition Statement: Enhanced primary and community care with the focus in 2021 to include: 96 CHNs, 30* Community Specialist Teams (ICPOP and CDM) and 9 Local Implementation Teams operational along with a substantial increase in community diagnostic services.

Rating and Overview: 2 (Limited achievement of 2021 Ambition Statement) Progress made on all fronts, however uncertainty relates to the scale of the change programme and challenges introduced by COVID-19 and Vaccination Programme together with dependencies on the delivery of the Recruitment Plan. Accelerated recruitment process in place and having effect.

KPI	2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of CHNs established vs. profile	Target 96	9	9	15	37	46	51	60	70	82	86	90	96
	Actual	9	9	9	9	9	9	9	37	38	39	42	49
No. of Community Specialist Teams (CSTs) for older people operating with local integrated governance structures vs. profile	Target 30*	-	-	4	10	13	17	20	23	27	29	30	30
	Actual	-	-	4	4	4	4	4	15	15	15	15	15
No. of Community Specialist Teams (CSTs) for chronic disease management operating with local integrated governance structures vs. profile	Target 30*	-	-	4	10	13	17	20	23	27	29	30	30
	Actual	-	-	4	4	4	4	4	2	2	2	2	2
No. of planned community diagnostic services delivered vs. profile	Target 136,000	2,034	8,140	17,090	26,970	37,110	48,850	62,590	77,224	93,280	109,110	120,060	136,000
	Actual	1,004	6,453	15,561	22,914	28,363	37,303	51,585	69,838	85,317	105,273	120,271	135,324

* Re-profiled (32 to 30 CSTs) to match service requirements

Key Issues

- Full engagement and access to clinical and management leadership and staff across Community & Acute services challenging due to COVID-19 and Omicron wave, accelerated booster vaccination programme roll out together with the impact of the cyber-attack.
- ICT enablement is a critical enabler for implementation of the ECC programme. An interim ICMS is required to enable referral management and scheduling, patient tracking across multiple community settings, integrated MDT working, clinical governance, data sharing and recording of activity data.
- Given the scale of the recruitment within the ECC programme additional accommodation will be required to support MDT working of CHN & CST teams at CHO level.

Dependencies

- The development & implementation of a procurement process for an appropriate long term ICT platform through the community digital oversight group (CDOG) has commenced with dedicated project resource identified. In parallel it has been agreed to commence a procurement process to provide an interim solution consisting of a minimum viable Integrated Case Management System (ICMS) with basic functionality to support the ECC implementation and data collection/measurement for the ECC programme. A dedicated resource will also be provided for this initiative.
- The development of a capital plan for both long-term permanent capital solutions and interim/immediate priorities to accommodate additional ECC WTE's.
- Recruitment at required levels of appropriately skilled staff which may impact ability to deliver new models of care and integrated ways of working in line with targets.

Output/Deliverable

Progress Update

Target Completion Date

1	Recruitment of the required 1,222 additional frontline primary care staff (NSP review reduced frontline primary care staff from 3,000 to 1,222)	Total 1421.80 on-boarded or at advanced stage as at Dec 2021. 899.35 WTE on boarded (24% increase on previous month), with a further 522.45 at advanced recruitment stage (289.15 posts have been accepted, 115.6 at offer stage, 117.7 staff recruitment completed and start dates to be agreed).. The accelerated recruitment process continues to be in place and taking effect with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme.	Completed
2	Implementation governance for CHNs & CSTs at CHO & HG level established. Briefing and guidance documentation on models of care, operating models & mapping underway	49 CHNs established with 70% of Network Manager and Assistant Director of Nursing Leads in place or at an advanced stage of recruitment. Approx. 26% 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. GP Lead recruitment remains challenging. A planned recruitment drive with IMO/ ICGP during Q4 2021 was deferred due to priority vaccine booster campaign & Omicron wave. A total of 15 ICPPOP and 2 CDM specialist teams have been established. 30/30 ICPPOP Operational leads and 11 CDM operational leads in place or at advanced stage at year end. 42.5 Consultant posts have been approved through CAAC process (10% increase on previous month) and arrangements being put in place for temporary appointments and clinical governance in some locations, pending permanent competitions.	June 2022 (Previously Mar 2021)
3	National coverage for the Community Intervention Teams (CIT) service	Target 2021 achieved. There is now full coverage of CIT across the country. The HSE Winter Plan for 2020/2021 provided funding for 5 new CIT Teams and all 5 CIT Teams are operational in the following locations, Cavan / Monaghan (commenced operations in mid-September 2021) Donegal, Mayo, Wicklow and Longford/Westmeath	Completed



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4. Reform of Home Support and Residential Care

2021 Ambition Statement: Progress the development of reformed models of care for both Home Support and Residential care with the focus in 2021 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; ii) design, pilot and evaluate the proposed reformed delivery model to inform the new Home Support statutory scheme, supported by the national roll out of the interRAI assessment system.

Rating and Overview: 2 (Limited achievement of 2021 Ambition Statement) A number of KPIs and Outputs/Deliverables did not progress according to the annual target trajectory. There were issues or dependencies that impacted on the delivery of year-end targets, including COVID-19 and the cyber attack affecting additional Home Support Hours delivered and system engagement.

KPI		2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of inter RAI assessors in place	Target	38 (previously 128)	-	-	-	-	-	-	-	-	-	-	-	38
	Actual		-	-	-	-	-	-	-	-	0	0	0	0
No. of Home Support Pilot Sites mobilised	Target	4	-	-	-	-	-	-	4	4	4	4	4	4
	Actual		-	-	-	-	-	-	-	4	4	4	4	4
Additional Home Support Hours (5m for the full year)	Target	5.00m	0.14m	0.40m	0.75m	1.19m	1.63m	2.08m	2.54m	3.01m	3.48m	3.95m	4.46m	5.00m
	Full Year Actual		0.23m	0.54m	0.96m	1.31m	1.58m	1.81m	1.98m	2.08m	2.19m	2.26m	2.30m	2.39m
Cost of Home Support Hours	Target	€133.00m	€3.72m	€10.59m	€19.95m	€31.60m	€43.43m	€55.43m	€67.61m	€79.95m	€92.48m	€105.18m	€118.68m	€133.00m
	Actual		€6.09m	€14.31m	€25.59m	€35.13m	€42.44m	€48.80m	€53.29m	€56.02m	€59.12m	€60.79m	€61.89m	€64.14m

Key Issues

- Capacity of system in relation to the ability to recruit and retain key staff for home support pilot
- Capacity of system in relation to filling 128 interRAI posts.

Dependencies

- Buy-in from primary care groups to the pilot
- Educators to be in place within each CHO, in order to train assessors and to commence migration from the old SATIS system.

	Output/Deliverable	Progress Update	Target Completion Date
Residential Care	Undertake review of all aspects of Intermediate/Rehabilitation care and make recommendations for future model of care and options for repurposing existing or developing additional beds	CNU Review and Virtual Site Visits Ongoing, Phase II of project to capture current Rehabilitation / Re-ablement services available in CNUs & potential to repurpose beds to meet demand.	April 2022 (Previously June 2021)
	Update and agree plans for implementation of the CNU Programme, the VFM Review and enhancement of public long stay residential care	CNU Programme ongoing, Bed Closures due to SI293 HIQA standards confirmed. Ongoing engagement with HIQA	Feb 2022 (Previously June 2021)
	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.	Work ongoing through working group.	March 2022 (Previously Oct 2021)
Home Support	Implement Home Support pilot and complete evaluation to inform final design of new Statutory Home Support Scheme	Pilot commenced 1st November & will run for 6 months with 6 month evaluation phase. Tender being processed for evaluation.	Nov 2022 (Previously Dec 2021)
	Determine and agree eligibility and financing requirements of proposed statutory scheme	To be commenced once learnings gathered from Home Support pilot. Target completion date correlates with the end of the pilot.	January 2023 (Previously November 2021)
InterRAI	Implement and test Home Support process using interRAI	In process and ongoing	December 2022 (Previously Nov 2021)
	Successful integration of InterRAI with existing ICT systems and processes to be completed	All CHOs successfully achieved Go-Live on 07/12/21	Complete

3. Reform of Scheduled Care

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2021 Ambition Statement: Progress the Scheduled Care Transformation Programme – working towards the Sláintecare access targets – with a particular focus in 2021 on key foundational initiatives as well as securing additional activity from the public and private sectors to minimise the impact of COVID-19.

Rating and Overview: 3 (Limited achievement of 2021 Ambition Statement) Significant progress was made during 2021 in establishing a dedicated team to deliver the multi annual programme of change to achieve the Sláintecare targets. 16 clinical working groups have delivered high level plans for circa 70 pathways to be delivered in the coming years. Significant progress has been made in regard to improving the visibility of hospital data and information with the ongoing rollout of the HPVP system, information dashboards and local monitoring arrangements, in addition to a Capacity and Demand analysis being completed for two thirds of the waiting list. The main challenges during the year have been with the delivery of additional activity in both the public and private sectors. As we progress into 2022 a number of actions have been taken to improve the delivery of additional activity, such as extending safety net arrangements to include scheduled care for patients who have been waiting longer than 12 months.

KPIs*		2021 Revised Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Additional new outpatient appointments (public/private) vs. profile	Target	32,680 (previously 37,850)	-	-	-	-	-	-	-	-	2,288	10,458	21,896	32,680
	Actual		-	-	-	-	-	-	-	559	825	911	2957	**
Additional elective inpatient/day case procedures (public/private) vs. profile	Target	17,780 (previously 36,550)	-	-	-	-	-	-	-	-	1,320	6,633	13,247	17,870
	Actual		-	-	-	-	-	-	-	111	134	508	6,015	1,508**
Costs (Access to Care Fund/Scheduled Care Transformation)	Target	€97.75m (previously 210m)	-	-	€17.50m	€17.5m	€20.24m	€22.97m	€25.00m	€30.00m	€40.00m	€60.00m	€80.00m	€97.75m
	Actual		€0.17m	€0.46m	€0.79m	€1.18m	€1.69m	€2.00m	€2.31m	€2.63m	€2.99m	€3.30m	€7.64m	€9.29m***

* 2021 Annual Target reprofiled to align with adjustments arising from the NSP Q1 Review process. Note, further validation of the finance figures is underway.

** Additional public activity for Dec has not yet been reported by hospitals. Dec figures include private activity procured under Safety Net and through the HSE Unique Authorisation Number (UAN) process. ***Safety Net costs are not included above.

Key Issues	Output/ Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Inability to deliver additional capacity in our public hospitals or procure activity from the private sector due to the increase in COVID cases and lack of capacity in the private sector. Recruitment challenges are impacting the ability to deliver activity in the public sector. Hospitals have limited capacity to engage in new reporting mechanisms which require dedicated staff 	1 Scheduled Care Transformation Team established	The recruitment process for the 5 x GMs, 3x Grade VIIIs and the AND for the Scheduled Care Team has been completed. 18 Grade VIIIs have been allocated to hospital groups and recruitment is progressing. A HSCP Clinical Advisor has been recruited.	Mar 2022 (Previously Oct, Dec 2021)
	2 Clinically validated waiting lists across 15 specialties	An Advanced Clinical Prioritisation process has been established for all 15 Specialties. Clinics have been run across a number of specialties including ENT, Respiratory, Cardiology, Gynaecology, Gastroenterology, Ophthalmology, Orthopaedics and Rheumatology. In 2021, a total of 7,500 patients were seen through this process. The process has successfully demonstrated an average removal rate of over 50%. A number of HGs have expressed an interest in continuing this initiative into 2022 and have submitted funding requests through the Sláintecare Improvement Plans (SIP).	Complete (Continuing in 2022 through the SIP process)
	3 Agreed best practice Scheduled Care reform pathways for 15 specialties	37 reformed scheduled care pathways have been developed, working collaboratively with the National Clinical Programmes, community and HSCP colleagues. These 37 pathways are currently being reviewed and approved by the Office of the CCO and will be prioritised for implementation in 2022.	Feb 2022 (Previously Nov, Dec 2021)
	4 15 specialty specific Sláintecare Improvement Plans	A capacity and demand analysis has been completed for all 7 hospital groups (excluding hospital who have not signed data sharing agreements) and has been used to inform investment requirements for 2022. Sláintecare Improvement Plans for 2022 are being developed by HGs and will outline a plan to achieve the maximum wait time targets at HG, hospital and specialty level. Sláintecare Improvement Plans are to be finalised by w/c 4 February 2022.	Feb 2022 (Previously Nov, Dec 2021)
Dependencies	5 Business Case for an integrated patient-centred booking service	The final options and recommendations paper that identifies a suitable approach to centralised booking for the Irish Health system was delivered on 5 th Nov.	Complete
<ul style="list-style-type: none"> eHealth enablers to deliver required reforms Stakeholders availability for sign-off of Scheduled Care Pathways 	 Seirbhís Sláinte Níos Fearr a Fhorbairt Building a Better Health Service		

6. Reform of Mental Health

2021 Ambition Statement: Progress the implementation of Sharing the Vision and Connecting for Life to reform mental health services with the focus in 2021 to include: the implementation of Crisis Resolution Teams, Crisis Cafes and CAMHS Telehealth Hubs; increasing the number of CAMHS community mental health teams; and providing additional beds.

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) Progress made, e.g. bed expansion, despite the impact of the COVID-19 surge/Cyber-attack. Inability to recruit the right number and skills mix impacted the delivery of mental health reform initiatives in 2021. Of note, the NSP Review process revised the number of crisis teams and cafés from 4 to 1 site.

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KPI		2021 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	9,338	-	-	2,354	-	-	4,670	-	-	7,005	-	-	9,338
	Actual		-	-	3,176	-	-	6,025	-	-	7,476	-	-	12,376
Number of WTEs recruited (cumulative) for new service developments	Target	124.9	-	-	10	-	-	10	-	-	68	-	-	124.9
	Actual		-	-	5.6	-	-	5.6	-	-	23.6*	-	-	34.9*

*WTE Recruitment KPI – 90 WTE in recruitment process

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. 	1 Project Initiation Documents for Crisis Cafes, Crisis Resolution Teams and CAMHS Telehealth Hubs completed	Project Initiation documentation completed and signed off by MH Commissioning Team	Complete
	2 1 x CAMHS Telehealth Hub 2 x Crisis Cafes and 2 x Crisis Resolution Teams operational	<ul style="list-style-type: none"> CAMHS hub site x 1 commenced operations in CHO 2. NSP Review process has revised the number of crisis teams and cafés from 4 sites to 1 site as the development of crisis resolution services is dependent on key planning requirements, including stakeholder engagement, model of care design processes, and the recruitment of WTEs. Recruitment commenced in Q4 2021 for 1 Crisis Team/Café in CHO 5 with team to be in place by end of Q1 2022 	Complete March 2022 (Previously Dec 2021)
Dependencies <ul style="list-style-type: none"> 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. 	3 2 further CAMHS Telehealth Hubs	Recruitment process to support 2 further CAMHS telehealth hubs in CHO3 and CHO4 has commenced and expect hubs to be operational in Q1 2022.	March 2022 (Previously Dec 2021)
	4 28 additional beds to enable acute Mental Health Services to respond to COVID-19 and increasing demand due to complex presentations	<ul style="list-style-type: none"> The Strategic Change Team have finalised the engagement process with key providers to support the provision of additional 28 beds within Mental Health.. Provision has been made for additional SRU beds (up to 28) on an ongoing basis through procurement of the following: <ul style="list-style-type: none"> - MH Intellectual Disability Beds x 5 - Specialist Rehabilitation Unit x 10 - Community Step down beds x 8 - Long term low secure beds x 5 	Complete
	5 Community mental health teams in CAMHS increased by 10% from 2020 levels	This Output/Deliverable is broadly on track. CHO level allocations have been finalised. Recruitment process is underway across CHOs for agreed posts.	March 2022 (Previously Mar 2021)
	6 HSE Implementation Plan for <i>Sharing the Vision</i> in place	Services Strategy Building a Better Health System NSP Review Draft implementation plan at final stage of review, to be launched Q1 2022	March 2022 (Previously Mar 2021)

7. Reform of Disability Services

2021 Ambition Statement: Progress the phased implementation of a strategic reform programme to develop a financially and operationally sustainable model of service delivery based on systemic reforms in service provision. Building on the Transforming Lives programme the focus in 2021 will include: the development of children's disability networks; the rollout of personalised budgets; the provision of person-centred homes in the community; the development of CHO-based structures to support people with a disability to co-design their supports and the enhancement of residential, day, respite, personal assistant and therapy services.

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) Reasonable progress made despite the impact of the COVID-19 surge and the vaccination programme. In addition, there is a dependency on the outcome of discussions, which are continuing, with DoH/Government regarding the Disability Service independent review process. Discussions are now focused on updating and validating deficits in Disability Services in the HSE, Section 38's & Section 39's. Availability of suitably qualified staff impacted some service developments.

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KPI		2021 Annual Target	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
No. of children's disability networks reconfigured and fully operational vs. profile (Quarterly)	Target	91	-	-	46	-	-	80	-	-	91	-	-	91
	Actual		-	-	31	-	-	41	-	-	83	-	-	91
No. of adults with disabilities in each CHO participating in personalised budgets demonstration project vs. profile	Target	90	-	-	40	-	-	47	-	-	59	-	-	90
	Actual		-	-	40	-	-	47	-	-	55	-	-	78
No. of people currently living in congregated settings provided with more person-centred homes in the community vs. profile	Target	144	-	8	35	40	48	52	70	78	94	116	136	144
	Actual		-	8	35	40	40	49	68	77	77	81	108	135
No. of Consultative Committees in place across CHOs to support collaborative working with voluntary organisations and people with disabilities and their families vs. profile	Target	10	-	-	-	-	-	1	1	1	5	7	8	10
	Actual		-	1	3	3	3	4	4	5	5	7	7	9

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> The Minister has agreed a targeted programme with Disability Operations to eliminate the Assessment Of Need waiting lists to ensure ongoing compliance with the Disability Act which is impacting available time for interventions (vs assessments). 	1 Establish a national stability and sustainability team to address the financial challenges in the disability sector.	Broadly on track – Recruitment process underway.	Feb 2022 (Previously Dec 2021)
	2 Develop a sustainable funding model for residential services.	Project Initiation Document drafted; for further discussion and approval.	Dec 2022 (Previously Dec 2021)
	3 Develop funding model and allocations to CHOs to implement 102 additional residential places, 10,400 additional respite nights, 40,000 additional hours of personal assistant services and 1,700 additional day services places.	Complete - reported on a monthly basis on the NSP Portal.	Complete
	4 Reduce the Waiting list for Assessment of Need (AON) and compliance with 3 month waiting time.	95% overall completed. Seven CHOs have cleared waiting list.	Feb 2022 (Previously June 2021)
Dependencies <ul style="list-style-type: none"> To progress the reform programme at the expected pace will require DoH/Government agreement on its implementation. The roll-out of vaccinations will impact ability to implement new models of care and deliver increased levels of service. Availability of suitable staff to meet service development requirements. Recovery from the impact on the cyber attack will impact on progressing some developments. 	5 Implement a standardised assessment tool for adults.	Pilot of Imosphere Assessment Tool progressing through Personalised Budgets Covid-19 & Cyber attack have impacted on progress of the pilot. The Minister has approved the extension of the project to June 2022.	June 2022 (Previously Dec 2021)



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8. Prevention & Early Intervention

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2021 Ambition Statement: Implementation of health and well-being programmes and improved health behaviours, with the focus in 2021 to include the delivery of: i) Healthy Communities in 19 areas that have greatest level of disadvantage; ii) New programmes for prevention and treatment of childhood obesity in 2 CHO areas; and iii) New programmes for alcohol misuse in 2 CHO areas

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) Significant progress in 19 sites occurred in Q4, however full implementation of services across any site has been impacted due to COVID-19 redeployment and the Cyber-attack. Significant delays have been experienced in establishing the full range of childhood obesity prevention and integrated alcohol services.

KPI		2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of smokers on cessation programmes who quit at four weeks vs. profile *	Target	45%	-	-	45%	-	-	45%	-	-	45%	-	-	45%
	Actual		-	-	53%	-	-	60%	-	-	57.3%	-	-	
No. of frontline staff to complete the eLearning Making Every Contact Count (MECC) training in brief intervention	Target	3,946	-	-	642	-	-	1,960	-	-	2,846	-	-	3,946
	Actual		-	-	385	-	-	592	-	-	857	-	-	1178

*Smoking Cessation KPI reported quarterly 3mts in arrears

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Achievement of MECC target continues to be impacted by covid and the cyber-attack, target at year-end will not be reached Recruitment severely impacted by the HSE cyber attack but majority of posts now in place Overall progress delayed by Covid and cyber attack on HSE systems. 	<p>1 Sláintecare Healthy Communities established in 19 areas of highest disadvantage delivering following services:</p> <ul style="list-style-type: none"> Stop Smoking Healthy Food Made Easy Social Prescribing Parenting Supports MECC 	<ul style="list-style-type: none"> Full amount of funding approved under ELS funding for 2022 Funding for Community Food & Nutrition resource for each area secured for 2022 Local Implementation Groups operational in 9 CHOs Majority of CHO level resources have been onboarded and commenced work with few remaining staff to commence in January Majority of delivery partner organisations identified and grant aid agreement in place – We Can Quit (WCQ) 16/19, Social Prescribing 19/19, HFME 13/13, Parenting 19/19. Area population profiling for 19 sites developed with Health Information Unit(HIU) and Health Atlas training provided Finalising KPIs and reporting requirements for 2022 	March 2022 (Previously Dec 2021)
<p>Dependencies</p> <ul style="list-style-type: none"> Full delivery in 2021 is dependant on timely recruitment of the required staff and full engagement with operational colleagues. Delivery of a number of area based initiatives will be through Grant Aid Agreement and therefore dependant on full engagement with community operations and external agencies. 	<p>2 New programme targeting the prevention and treatment of childhood obesity in 2 CHO (5 & 7) areas delivered</p>	<ul style="list-style-type: none"> Service Design Document has been completed, and representation issues resolved Bi-weekly Implementation meetings established with CHO 5 and CHO 7 NRS Log numbers for recruitment obtained and NRS packs shared with CHO 5 and CHO 7 2nd intermediate level service design workshop completed on 15th November 2021 	March 2022 (Previously Dec 2021)
	<p>3 New programme targeting the prevention and treatment of alcohol misuse in 2 CHO areas (3 & 4) delivered</p>	<ul style="list-style-type: none"> Service Establishment reporting commenced for CHO 3 and CHO 4 Role description and Integrated Alcohol Service (IAS) team design being finalised with IAS Working Group IAS working Group meeting held on 19th November 	March 2022 (Previously Dec 2021)



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9. Enhancing Bed Capacity

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2021 Ambition Statement: Ensure the full operationalisation (including capital developments and staffing) of a permanent expansion in bed capacity as follows: 66 adult critical care beds, 1,146 acute beds, 73 sub-acute beds and 1,250 community beds compared to the position at the beginning of 2020.

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) The ongoing COVID-19 pandemic impacted the delivery of additional bed capacity due mainly to staffing pressures.

KPI		Revised 2020-21 Target*	2020 additions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Critical Care Bed additions vs. profile	Target	66		33	41	43	44	44	44	44	45	45	46	46	66
	Actual		31	39	37	40	40	41	41	42	42	42	42	42	42
Acute Bed additions vs. profile	Target	988 (previously 1,146)		771	771	873	873	914	932	936	761*	795	845	861	988
	Actual		677	752	810	834	834	846	846	936	761	795	799	806	813
Sub-Acute Bed additions vs. profile	Target	73 (previously 135)		73	73	73	73	73	73	73	73	73	73	73	73
	Actual		56	73	73	73	73	73	73	73	73	73	73	73	73
Community Bed (including rehabilitation beds) additions vs. profile	Target	1,087 (previously 1,250)		694	927	927	927	927	927	1,067	1,067	1,087	1,087	1,087	1,087
	Actual		218	407	568	666	684	735	736	771	802	740**	811	816	837

* A number of beds previously reported as open removed because they were opened temporarily to support COVID response. These beds were subsequently closed as staff were re-diverted to substantive roles as theatres and other capacity re-opened fully

** Due to the Covid-19 outbreak and staffing constraints there is a reduction in the number of community beds available

Key Issues

- Ongoing uncertainty due to the COVID-19 environment re. capital build and recruitment of the required skilled staff
- Full reconciliation of Acute beds open undertaken. A number of beds previously reported as open removed because they were opened temporarily to support COVID response.
- The remaining 24 Critical Care beds (as per NSP 2021) will be delivered in 2022 as follows (12 in Tallaght, 8 in MMUH, 3 in SVUH and 1 in SJH)

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.



2021 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 National Cancer Strategy to progress as follows:</p> <p>a) Implement stereotactic ablative radiotherapy (SABR) service in the Dublin (SLRON) and Cork regions.</p> <p>b) 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).</p> <p>c) National Cancer Information System (NCIS) to be implemented across 10 hospitals providing cancer services.</p>	<p>a) Equipment procurement and installation for SLRON Dublin sites completed. Staggered 'go live' occurred in all 3 sites (Beaumont, St James's, St Luke's) in late November. Working Group has progressed education and training and preparation for national Multidisciplinary meeting, to incorporate SABR in Cork (equipment already in place). SABR service initiated and will expand in coming years.</p> <p>b) Installation and commissioning of the SPECT CT replacement is advancing, to complete early 2022. Reconfiguration of space and recruitment of NSP allocated posts continuing. Service initiation planned Q1 2022.</p> <p>c) Project recommenced post-cyber attack, 2021 schedule severely impacted. Two hospitals (Beaumont, SJH) went live with NCIS implementation in December 2021. Other sites to follow in 2022. NCIS progressive roll-out remains an objective under the National Cancer Strategy in 2022.</p>	<p>Complete</p> <p>Mar 2022 (Previously Dec 2021)</p> <p>Dec 2022 (Previously Dec 2021)</p>
<p>2 National Maternity Strategy to progress as follows:</p> <p>a) Antenatal supported care pathway established in all 19 sites.</p> <p>b) Early transfer home services established in all 19 sites.</p>	<p>a) All 19 maternity services have antenatal component of supported care pathway in place.</p> <p>b) 16 in place, remaining 3 by Q2 2022.</p>	<p>Completed</p> <p>June 2022</p>
<p>3 Trauma Strategy to progress as follows:</p> <p>a) Confirmation by government of the designation of the Major Trauma Centre (MTC) and Trauma Units (TUs) in Dublin.</p> <p>b) Complete planning and associated recruitment of the required staff for MTC in Dublin, with target opening date (phase 1) of March 2022.</p>	<p>a) Government announcement of Mater as MTC and TUH and SVUH as TUs for Dublin in April.</p> <p>b) Recruitment of 72 WTE to establish Major Trauma Services at the Mater has commenced. Phase 1a infrastructure developments are being progressed. However, it has been confirmed that the target date of establishing Major Trauma Services at the Mater by the end of Q1 2022 will not be achieved. A new target date has been set by the National Trauma Steering Group of Q3 2022. The reasons for the delay are some of the infrastructural projects will not be delivered by March 2022 and known recruitment challenges (Nursing and Medical) in particular. A HSE MTC Implementation Oversight Group reporting to the National Trauma Steering Group has been established to work with the MMUH Project Team to ensure that there is no further slippage on the revised target date of end Quarter 3 2022. The first meeting held in December 2021.</p>	<p>Completed</p> <p>Sept 2022 (previously March 2022)</p>

Key Issues & Dependencies

National Cancer Strategy

- Procurement & recruitment delays may impact delivery target dates.
- Availability of key hospital staff due to competing demands.
- Sequencing of other projects such as MEDLIS and IPIMS.
- Impact of Covid-19 and of Cyber attack on progressing projects within Hospitals.

National Maternity Strategy

- Availability, recruitment and retention of the required midwives to support the strategy.
- Communication with service users and co-operation of hospital groups to support service changes.
- Impact of COVID-19 on the ability to progress the National Maternity Strategy.
- Infrastructural challenges including availability of appropriate community based facilities.

Trauma Strategy

- Potential recruitment delays due to known shortage of key healthcare grades.
- Any 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 recruitment of specialist staff and support needed from Beaumont Hospital to manage isolated head injuries in the first phase.

KPI		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	36	38	37	32	36				28	22	17	15	
Number of indicators > 5% ≤ 10% off target	Actual	5	1	2	2	2				3	6	9	1	
Number of indicators ≤ 5% off target	Actual	18	18	20	26	23				11	30	22	23	
No Result expected	Actual	1	2	2	1	0				16	0	13	16	
No Result available	Actual									1	1			
No August 2021 data available	Actual									1				

- 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 November results above need to be viewed in this context



KPIs per Quadrant

Under Deliberation 4

19

Quality and Safety Quadrant								Access and Integration Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/Target	Revised Expected Activity/Target	National YTD	% Variance YTD	Revised % Variance YTD	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%	60%	▲ 50%	30%	0%	Acute Hospital Care	Adult Inpatient Waiting List	M	85%	80%	▲ 75.7%	-11.0%	-5.4%
System Wide	Serious Incidents - 125 calendar days	M	70%	30%	▼ 26%	44%	4.0%	Acute Hospital Care	Adult Daycase Waiting List	M	95%	85%	▲ 84.5%	-11.1%	-0.6%
System Wide	Extreme and major incidents/all incidents	Q	<1%	<0.0%	▲ 0.7%**	0.3%	0.2%	Acute Hospital Care	Child Inpatient Waiting List	M	95%	85%	▲ 73.8%	-22.4%	-13.2%
System Wide	Reported incidents entered to NIMS within 30 days	Q	90%	60%	▼ 53%*	37%	7.0%	Acute Hospital Care	Child Daycase Waiting List	M	90%	85%	▲ 70.7%	-11.5%	-8.2%
System Wide	Complaints investigated within 30 working days	Q	75%		▲ 72%**	-4.0%		Acute Hospital Care	OPD Waiting List	M	75%	65%	▲ 82.0%	-17.3%	-4.6%
Acute Hospital Care	S. Aureus	M	<0.8/10,000 bed days used		▼ 1.0	23.1%		Acute Hospital Care	Routine Colonoscopy Waiting List	M	65%	50%	▲ 46.2%	-28.9%	-7.6%
Acute Hospital Care	C. Difficile	M	<2/10,000 bed days used		▼ 2.0	12.6%		Acute Hospital Care	ED within 6 hours	M	70%		▲ 83.1%	-0.9%	
Acute Hospital Care	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%		► 11.4%	2.7%		Acute Hospital Care	75 yrs + ED within 6 hours	M	95%		▲ 43.2%	-54.6%	
Acute Hospital Care	Surgical Readmissions	M (1 Mth in arrears)	<2%		► 1.8%	-5.0%		Acute Hospital Care	ED within 24 hours	M	97%		▲ 97.5%	0.5%	
Acute Hospital Care	Urgent Colonoscopy	M	0		▲ 3,548	3,548		Acute Hospital Care	75 yrs + ED within 24 hours	M	90%		▲ 94.4%	-4.7%	
Acute Hospital Care	Ambulance readiness ≤30 minutes	M	80%		▲ 28%	-55.1%		Cancer Services	RACs within timelines	M	95%		▲ 90.2%	-36.7%	
Primary Care Services	Child Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	32%		▼ 36.4 %	13.6%		Cancer Services	Radiotherapy	M	90%		▼ 75.2%	-16.4%	
Primary Care Services	Child Assessment 12 months	M (1 Mth in arrears)	95%	65%	▲ 66.2 %	-40.6%	2.2%	NSS	Smear Tests	M	263,000		▲ 304,805	15.0%	
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99%		▲ 98.4 %	-0.6%		Primary Care Services	Physiotherapy access within 52 weeks	M	94%	80%	▼ 78.3%	-16.7%	-2.1%
Disability Services	Movement from congregated to community settings	Q	110		▼ 79	-28.2%		Primary Care Services	Occupational Therapy access within 52 weeks	M	95%	60%	▲ 70.9%	-25.4%	18.2%
Population Health and Wellbeing	MMR at 24 months	Q (1 Qtr in arrears)	95%		▼ 90.1%	-5.1%		Primary Care Services	SLT access within 52 weeks	M	100%	80%	▼ 85.5%	-14.5%	6.9%
Population Health and Wellbeing	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	45%		▼ 58.2%	29.3%		Primary Care Services	Podiatry access within 52 weeks	M	77%	65%	▲ 51.2%	-33.5%	-8.0%
NSS	BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%		▲ 73.9 %	5.6%		Primary Care Services	Ophthalmology access within 52 weeks	M	64%	55%	▼ 49.7%	-22.4%	-9.6%
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	M	95%		▲ 99.5 %	4.8%		Primary Care Services	Audiology access within 52 weeks	M	75%	65%	▲ 68.1%	-6.2%	4.8%
								Primary Care Services	Dietetics access within 52 weeks	M	80%	65%	▼ 56.4%	-20.5%	-13.2%
								Primary Care Services	Psychology access within 52 weeks	M	81%	50%	▲ 57.4%	-29.1%	14.8%
								Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%		▼ 99.8%	-0.2%	
								NAS	Clinical status of 1 ECHO incidents in 18 minutes and 50 seconds or less	M	80%		▼ 74.9%	-6.3%	
								NAS	Clinical status of 1 DELTA incidents in 18 minutes and 50 seconds or less	M	70%		▼ 44.9%	-35.9%	

KPIs per Quadrant

Under Deliberation 5

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%		▲74.7%	-0.3%	
Mental Health Services	CAMHS - urgent referrals within 3 working days	M	>90%		▼93.8%	4.2%	
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments	M	95%		▲93.3%	-1.7%	
Disability Services	No. of new emergency places provided to people with a disability	M	40		▲77	62.5%	
Disability Services	No. of in home respite supports for emergency cases	M	328		▲432	31.7%	
Disability Services	Children Disability Networks	M	91		▲91	0.0%	
Disability Services	Disability Act Assessment	Q	100%		▼14.7%	-35.3%	
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)	4,362		▲4,234	-3.8%	
Older Persons' Services	Home Support Hours	M	21,583,607	19,148,198	▲16,967,927	-13.4%	-2.5%
Older Persons' Services	People in receipt of Home Support	M	55,532		▲55,121	-0.7%	
Social Inclusion Services	Homeless - assessments within two weeks	Q	80%		▲85.7%	0.6%	
Social Inclusion Services	Substance misusers (O16) treatment within one calendar month following assessment	Q (1 Qtr in arrears)	100%		▲98.4%	-3.8%	
Social Inclusion Services	Substance misusers (U18) treatment within one week following assessment	Q (1 Qtr in arrears)	100%		▲95.8%	-4.4%	

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.

* Current Period YTD reflecting compliance YTD Q3 2021.

** Data updated in June 2021.

*** No graphs available. MDR table included page 25.

**** Excludes COVID-19 related absence, November 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%		▲€13,708.6	1.93%	
System Wide**	Internal Audit - Recommendations (2020) implemented within 12 months **	Q	95%		▲62%	33%	
System Wide	Service Arrangements Signed	M	100%		▲75.74%**	24.28%	
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%	▲5.38%****	1.98%		
Legend/ RAG Rule Set/ Escalation							
	> 10% of target						
	> 5% ≤ 10% of target						
	≤ 5% of target						
	No result expected						
	No result available						
	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.						

12. Quality & Patient Safety

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2021 Ambition Statement: Support continuous improvement in quality and patient safety through implementation of the Patient Safety Strategy (PSS), effective incident management, implementation of the National Clinical Audit Review Report and the delivery of accessible QPS learning programmes.

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) While COVID-19 impacted normal service delivery in 2021, the establishment of the National Quality and Patient Safety Directorate (NQPSD) in Q3 and commencement of a return to business as usual by services has allowed for substantial progress to be made on key deliverables.

KPI		2021 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		1.4	0.6	1.2	xx	xx	xx	xx	xx	1.2	0.9	1.0	xx**
Incident Management training satisfaction rates ***	Target	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%
	Actual		-	-	-	-	-	-	-	-	-	-	81%	83%
Staff trained in HSE foundation learning programmes in Quality Improvement	Target	2,000	167	334	501	668	835	1,002	1,169	1,336	1,503	1,670	1,837	2,000
	Actual		188	481	730	835	884	884	884	978	1,227	1,427	1,596	1,677

* Rates could not be calculated accurately until Sept 2021 due to Cyber Attack

** SA BSI data not available until end Jan 2022

*** Training courses commenced in Nov 2021

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> 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) 	1. Governance structures and processes are implemented at national level to provide oversight and deliver upon the 25 recommendations of the National Clinical Audit Review Report	National Steering Group for Clinical Audit chaired by CCO established since June 2021. Current status of National Review of Clinical Audit Report 25 recommendations : 11 - in progress under direct oversight of National Steering Group for Clinical Audit. 14 - work has commenced under National Centre for Clinical Audit.	Complete
	2. Education and training provided 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.	IPC ELearning Modules developed and accessed by over 75k participants to date, 80% of participants have completed the training and received the associated certificate. The ELearning Module continues to be available to participants on an on-going basis.	Complete
	3. Incident management courses developed and incident management training delivered on HSELand.	Incident Management Training Modules developed and available on HSELand. Pilot programme delivered and training course delivery commenced.	Complete
	4. Introduction to QI and Level 1 Foundation in Quality Improvement e-learning programmes designed and made available on HSELand.	ELearning programmes developed and now available on HSELand	Complete

Dependencies

- Recruitment and retention of appropriately skilled staff to implement new patient safety initiatives while continuing to effectively manage COVID-19 pandemic
- Line managers raise awareness of the QPS Learning programmes with staff
- Staff have time and access to IT facilities to complete QPS Learning programmes
- Funding stream to be identified for NCCA



Saibhis Sláinte
Níos Fearr
a Fhoirne

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13. Patient and Service User Partnership

2021 Ambition Statement: To strengthen the culture of patient and service user partnership through involvement in the planning, design, delivery and evaluation of services, enabling collaborative working with people who use our health service

Rating and Overview: 2 (Limited achievement of 2021 Ambition Statement) A number of KPIs and Outputs/Deliverables did not progress according to the annual target trajectory. There were issues and dependencies that impacted the delivery of year-end targets, including the restructuring of the Patient and Service User Experience function, management of the COVID-19 pandemic and the cyber attack.

KPI		2021 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	12	16	16	16	20
	Actual		-	-	-	-	-	0	0	0	0	0	0	1
Your Service Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer*	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		80%	74%	73%	70%	71%	75%	73%	68%	71%			

*Data returned quarterly to the National QAV office, Performance Management and Improvement Unit (in the form of Heatmaps). Q4 data will be available at end of February to allow 35 days for acknowledgement and investigation of complaints

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. Focus on patient/service user engagement challenged due to competing demands and postponed services as a result of COVID-19. 	1 Develop and implement Peer Leadership Development Programme to provide the tools and support to patients/service users in their roles as partners with a focus on co-design,	<ul style="list-style-type: none"> This is not on track and has been delayed due to restructuring, COVID-19 demands and cyber attack. Particular focus will be applied by Operational Performance and Integration and the COO to support and achieve this deliverable as early in 2022 as possible. 	March 2022 (Previously Dec 2021)
	2 Introduce streamlined process for patients to access their own healthcare records (per the Scally Report recommendation). The new HSE Record Retention Policy (2021) will contain recommendations in relation to streamlining the process for patient access to their records and will include new signposting on the HSE website.	<ul style="list-style-type: none"> The new HSE Record Retention Policy has been drafted. The Communications department have created a new 'signposting' section https://www.hse.ie/eng/services/yourhealthservice/ under the link: I want to Access my records. This directly links to the "Requesting information from the HSE" webpage. 	Complete (Previously April 2021)
	3 Develop a Patient/Service User Partnership Plan at all sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables.	<ul style="list-style-type: none"> There have been no appointments made to 11 WTE Patient Safety Partnership posts approved in acute services. Sites are actively progressing recruitment and regular updates are received from sites. 	June 2022 (Previously Dec 2021)
Dependencies		<ul style="list-style-type: none"> One post was filled in CHO B. The remaining 8 posts in CHOs are currently being recruited through local HR departments. 	

14. People & Recruitment

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2021 Ambition Statement: Grow our headcount by 16,000 in 2021 (beyond December 2019 levels) and continue to be an Employer of Choice working to attract and retain a highly skilled workforce

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) Notwithstanding significant progress in 2020 with +7,000 WTE in post beyond 2019 levels, there were significant delivery challenges, due to the dual impact of the Q1 COVID surge coupled with the Cyber Attack coupled with the additional requirement to deliver recruitment for the national vaccination programme.

KPI		2020 Additions	2021 Annual Target	Jan	Feb	Mar	Apr*	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Additional Medical & Dental in post vs. profile	Target		342					31	45	72	98	124	219	289	342
	Actual	904						31	29	107	105	255	328	315	352
Additional Nursing & Midwifery in post vs. profile	Target		2,251					1,161	1,221	1,301	1,377	1,501	1,662	2,022	2,251
	Actual	1,712						1,161	1,358	1,344	1,220	1,066	1,211	1,386	1,660
Additional H&SCP in post vs. profile	Target		1,844					606	643	671	898	1,115	1,382	1,617	1,844
	Actual	1,033						606	724	746	706	807	915	1,020	1,192
Additional Management/Admin in post vs. profile	Target		1,434					831	925	974	1,059	1,165	1,287	1,365	1,434
	Actual	1,696						831	1,078	1,225	1,289	1,370	1,494	1,443	1,754
Additional General Support in post vs. profile	Target		234					100	122	124	133	145	199	215	234
	Actual	459						100	170	185	218	183	99	93	135
Additional Patient & Client Care in post vs. profile	Target		1,265					565	580	599	719	849	1,012	1,136	1,265
	Actual	1,266						565	632	755	821	781	907	835	1,057
Total posts by month	Target							3,294	3,536	3,741	4,284	4,899	5,761	6,644	7,370
	Actual							3,294	3,991	4,362	4,359	4,462	4,955	5,092	6,150
% absence rates by staff category (excluding COVID-19 (available 6 weeks in arrears))	Target		≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%
	Actual			4.20%	4.30%	3.90%	3.80%	3.80%	4.20%	4.40%	4.70%	4.80%	5.10%	5.40%	
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	12.5
	Actual			12.7	12.7	12.3	12.3	14.5	14.5	14.5	13.2	13.2	13.2	13.21	13.21

*The outcomes from the Q1 Review, has resulted in an agreed reprofile of the WTE projected for recruitment/ growth to year end. The year end target has been set at growth of +7,370 WTE. The reprofile has been set out from June to December 2021, with growth in this period projected at E. With Jan to May growth reported at +3,294 WTE, alongside the projected target of a further 4,076 WTE June to December, the total target for 2021 is now +7,370 WTE. Figures above have been updated to reflect this new target, with removal of the previous Jan – May targets to reported levels only.

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Lack of recruitment capacity to deliver the scale and size of recruitment required COVID-19 environment will impact on absenteeism Impact of COVID-19 Fourth Wave and Vaccination Programme Impact of Cyber Attack on all aspects of the recruitment process 	1 A strategic workforce plan developed	Complete - Strategic workforce plan completed (Monthly recruitment profile above will evolve based on operational planning) Jan 2021	Complete
	2 Mobilisation of Managed Service Provider	Notwithstanding the impact of the Cyber attack, the MSP is operational. May 2021	Complete
	3 Re-profile of WTE target to Year end	A process to re-profile and project to year end the target WTE to be recruited is complete with the reprofile target at staff category included in the above table. July 2021	Complete
Dependencies			
<ul style="list-style-type: none"> Sufficient available staffing in domestic or international markets. 			

15. Finance and Financial Management

4

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2021 Ambition Statement: Operational services substantially breakeven overall, COVID costs within sanction*, spend on 6 new development initiatives** to a total of €980m commensurate with level of agreed outputs delivered, IFMS implementation on track, controls improvements and Activity Based Funding progressing to plan.

Rating and Overview: 4 (2021 Ambition Statement substantially achieved) Generally we continue to make reasonable progress albeit re-planning has been required due to COVID and cyber attack, including for ABF, Controls Improvement and IFMS plans, with the latter also dealing with commercial issues with the current external 3rd party Systems Integrator.

KPI	2021 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		0.4%	0.7%	0.8%	1.4%	1.4%	0.1%	(0.1%)	(0.9%)	(1.4%)	(1.70%)	(1.95%)
COVID-19* 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		0%	0%	0%	0%	0%	0%	51%	32%***	49%***	(10%)***	
6 new development initiatives for €980m - outputs and spend minimum 90% correlated (data available end month)	Target	90%	0%	0%	0%	>25%	>25%	>25%	>50%	>60%	>70%	>80%	>90%
	Actual		-	-	□	□	□	□	□	□	□	□	

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Dealing with the impacts of COVID-19 and the cyber attack has consumed a significant amount of staff time and bandwidth and delayed other work including IFMS, ABF, Controls Improvement and reporting. Reporting on COVID-19 costs, particularly outside of PPE, T&T and Vaccination has been improved since the start of the year. This needs to further improved given the scale of these costs and the likely requirement to retain significant elements of the underlying measures into 2022 and beyond e.g. Extended Working Day and improved Dialysis arrangements 	1 Integrated Financial Management System (IFMS) Design phase complete	This completed on 5 th July 2021, following FRP Steering Committee approval of the Stage Gate closures.	Completed (Previously May 2021).
	2 IFMS Build and Test phase complete and ready for deployment	System Integrator (SI) contract in suspension for duration of six month notice period of termination. Other IFMS-related activity is progressing including detailed enterprise structure design, payroll integration, change management and procurement activity (including tender process for SI).	TBC (Previously April 2022)
	3 Controls Improvement Plan developed and signed off	All 6 work-streams of the controls improvement programme are underway and an agreed timeline and plan is in place utilising appropriate external support. While all work-streams are at various stages of progress, significant progress has been made in regards to work-streams 1 and 2. As the programme develops emergent risks are reassessed (such as cyber impact on ICT and resources) which may necessitate a review of milestone dates across the 3 year programme. However, it has been possible in some cases to re-structure the work-plan to progress alternative work to minimise impact.	Completed Q2 2021 (previously Q1 / 2021).
Dependencies	4 Activity Based Funding (ABF) 2021-2023 revised implementation plan including Community Costing	ABF Plan has been published on the HSE website.	Completed Q4 2021 (Previously Q2 2021)

* COVID-19 compliance focus is on PPE, Testing & Tracing, Vaccination Programme, Private Hospitals, and relevant GP Fees as well as additional support costs to the extent they are coded to COVID-19 cost centres.

** 1 Acute Beds, 2 Community Beds, 3 Enhanced Community Care, 4 Home Support, 5 Access to Care Fund and 6 Community Diagnostics (for 1 to 6 budgeted cost from date confirmed in place will be proxy for spend. 5 & 6 likely require specific cost tracking).

*** Vaccination Programme spend is €94m or (13%) below the Letter of Determination budget and additional sanction of €478.8m and the Testing & Tracing spend is €28m or 6% below the Letter of Determination budget and additional sanction of €716m. The continued favourable variance below the Letter of Determination budget including additional sanction for both areas is (10%).

16. Integrated Information Service (IIS)

2021 Ambition Statement: IIS successfully supports the organisation with a single cross-organisational hub and spoke approach to data collection, governance, reporting, modelling and advanced analytics

Rating and Overview: 3 (Reasonable achievement of 2021 Ambition Statement) Outputs/Deliverables have progressed broadly in line with target trajectory

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Output/Deliverable	Progress Update	Target Completion Date
1 A single cross-organisational hub and spoke approach to data collection, governance, reporting, modelling and advanced analytics to be formalised and established as part of the Centre Review Process	All dashboards live at the time of the cyber attack have been restored and users are active again. There are a few that still need a handful of datasets to be re-enabled to be fully functional and this should be complete in the coming months. The team has been working to enable several dashboards that are now live to allow operational teams greater insight into their metrics (e.g. flu dashboard, Winter Planning Dashboard, and Scheduled Care dashboard).	Feb 2022 (Previously Dec 2021)
2 Capacity and demand analysis completed to support scheduled care reform	Phase 1 chartbooks delivered in mid August and the programme is now complete.	Complete (Previously May 2021)
3 Strategic and operational information provided to support testing and contact tracing process, and the vaccination programme	Team continued to support and enhance Digital COVID-19 Certificates for both Vaccine and Recovery datasets. Additionally, the team is supporting a variety of other programmes related to Covid, including planning for the Booster Programme (Dashboard live since Oct, 2021), antigen testing (Live since Nov, 2021), and other upgrades to existing Covid reporting (e.g. enhanced Test & Trace metrics).	Ongoing
4 Health Performance Visualisation Platform (HPVP) implemented across 28 hospital sites	The HPVP programme delivered an additional NTPF waiting list data module for acute hospitals in Dec. Data Sharing Agreements (DSA) outstanding for TUH (Tallaght), SJH (St James), MMUH (The Mater), BH (Beaumont) and NOHC (Cappagh). 1 st Hospital (Sligo) Golive is scheduled for 31 Jan 2022 with remaining for delivery by Sept 2022.	Sept 2022 (Previously Sep 2021)

Key Issues

- Delays in progress updates due to HSE Cyber attack on 14 May 2021 and COVID 19 Escalations
- Data Sharing Agreement not signed by 5 Hospitals in HPVP Phase 1. Revised Data Sharing Agreements issued to all 5 hospitals (TUH, SJH, BH, MMUH and NOHC). No current active engagement with 3 hospitals (SJH, BH, MMUH), except TUH

Dependencies

- Recruitment of the required IIS resources to deliver projects and support the organisation in 2021
- The availability of personnel external to the IIS to support ongoing initiatives in a timely manner given their competing COVID-19
- Data extracts and quality of data delivered by NTPF
- Sign off of data sharing agreements to support HPVP
- Access to data from on premise hospital replication servers for key data sources for HPVP.
- Engagement of TUH, SJH, MMUH and BH and RCSI Hospital Group in HPVP programme.

17. Technology & eHealth

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2021 Ambition Statement: Implement the 2021 eHealth Plan within budget, to include completion and progression of key projects including: (i) COVID-19 solutions (including the COVID-19 vaccine solution), (ii) E-prescribing, (iii) Individual Health Identifier (IHI), (iv) waiting list management solution and (v) enabling technologies to support Scheduled Care and Primary & Community Care reform programmes

Rating and Overview: 2 (Limited achievement of 2021 Ambition Statement) Q1 saw strong progress on COVAX technology deployment coupled with recruitment for and planning of eHealth priorities in conjunction with active governance groups. Redeployment of ICT staff to COVAX efforts hindered other areas of the eHealth plan. In Q2, the eHealth plan was effectively suspended, and remained so for 12-16 weeks due to the Cyber Attack. Nonetheless Q3 & Q4 in particular saw a strong recovery against plan.

KPI		2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
eHealth expenditure vs profile	Target	€120.0m	€9.70m	€13.20m	€19.70m	€24.90m	€31.90m	€42.50m	€59.00m	€69.10m	€77.30m	€86.20m	€95.20m	€120.00m
	Actual		€10.20m	€13.60m	€20.43m	€26.50m	€27.40m	€27.40m	€27.48m	€37.00m	€48.8m	€62.7m	€74.0m	€118.5m
No. of new ICT professionals recruited to deliver 2021 eHealth Plan vs. profile (YTD)	Target	200 Previously 300	18	57	84	99	99	99	116	130	155	180	197	200
	Actual		18	57	84	99	99	99	127	144	153	157	175	189
Cost (related to WTEs recruited, based on average cost by grade)	Target	€8.81m	€0.09m	€0.41m	€0.91m	€1.51m	€2.11m	€2.71m	€3.43m	€4.24m	€5.21m	€6.33m	€7.56m	€8.81m
	Actual		€0.09m	€0.41m	€0.91m	€1.51m	€2.11m	€2.71m	€3.49m	€4.35m	€5.27m	€6.33m	€7.10m	€8.05m

Key Issues	Output/Deliverable	Progress Update	Target Completion Date
• Delivery of non COVID-19 solutions delayed due to competing demands to deliver COVID-19 solutions.	1 COVID-19 solutions (including COVID-19 vaccine solution) delivered	Complete - All COVID-19 solutions required have been delivered including the COVAX solution. This platform is operational across all vaccine facilities and locations. It is integrated with GP Practice Mgmt systems, and the healthcare worker portal was successfully deployed.	Complete
• Limited availability of business resources on the front line to work on IT programmes.	2 E-prescribing-procured and implementation commenced	Interim solution operational (HealthMail) with a current throughput of 55,000 electronic scripts per day. Full ePrescribing project is in the process of being re-scheduled, due to resource demand on COVAX solution development and deployment, and the major impact of the Cyber attack.	July 2022 (Previously Dec 2021)
• Delays in progress updates due to ransomware attack on 14 May 2021.	3 Individual Health Identifier (IHI) integrated into PAS and GP Practice management systems	Work ongoing to enable downstream ingestion by GP Practice management systems. This project was delayed due to resource demand on COVAX solution development and deployment, and subsequently the Cyber attack.	August 2022 (Previously Nov 2021)
Dependencies	4 Appropriate progress to key enabling technologies in Scheduled Care	2021 targets complete. Scoping study completed and accepted by steering group. Business cases will be finalised for each enabling technology and procurement processes commenced for each approved business case during 2022.	Complete
	5 Appropriate progress to key enabling technologies in Primary & Community Care reform	2021 targets complete. Steering group in place and design principles documented and agreed. Market sounding exercise initiated. Serbis Stairle Building a Better Health Service Procurement and selection of implementation partner and platform will be completed during 2022.	Complete
	• Assignment of (non eHealth) business resources to work on transformative eHealth projects.		

18. Infrastructure & Equipment

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2021 Ambition Statement: Deliver the 2021 Capital Plan within budget to include completion and progression of key capital projects including (i) 18 new Primary Care Centres; (ii) new and replacement Acute Bed Capacity (iii) new and replacement Community Bed Capacity (iv) the New Children's Hospital and (v) the National Maternity Hospital.

Rating and Overview: 4 (Substantial achievement of 2021 Ambition Statement) Progress at end of 2021 sees a lessening impact of the Covid-19 pandemic on design and construction and the funding requirement of the NCH remaining in line with revised profile. However, key targets such as new and replacement acute bed capacity, and new and replacement community bed capacity were not met due to the delays incurred as a result of the pandemic and volatility in the construction market.

KPI		2021 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Capital expenditure vs profile	Target	€983.17m	€19.58m	€55.15m	€102.79m	€162.56m	€229.26m	€300.07m	€380.19m	€466.35m	€552.57m	€655.03m	€799.25m	€983.17m
	Actual		€19.58m	€56.56m	€125.54m	€185.55m	€222.38m*	€289.93m*	€368.95m*	€430.77m	€494.14m	€578.28m	€686.44m	€933.82m
New Primary Care Centres operational in 2021 vs profile	Target	18	-	-	3	-	-	4	-	-	8	-	-	18
	Actual		-	-	4	-	-	6	-	-	9			11
New and replacement Acute Bed Capacity vs profile	Target	315	-	-	9	-	-	42	-	-	49	-	-	315
	Actual		-	-	9	-	-	42	-	-	73			147
New and replacement Community Bed Capacity/ vs profile	Target	578	-	-	186	-	-	186	-	-	304	-	-	578
	Actual		-	-	75	-	-	162	-	-	224			468

* Capital Expenditure figures have been retrospectively amended to reflect actual expenditure during these periods as the data was not available at the time due to the cyber-attack

Key Issues	Output/ Deliverable	Progress Update	Target Completion Date
<ul style="list-style-type: none"> Closure of construction per COVID-19 Government Guidelines (Dec 2020) impacted the delivery of 2021 Capital Plan. This has resulted in fewer Community and acute beds being completed during 2021. The trend during the year was for NCH spend to be above profile. This trend continued to year end, resulting in the NCH being €104.51m over profile at year end. The additional drawdown of cash on the NCH project is offset by below profile spend on the remainder of the Capital Programme. Capital reviews for year end are completed and confirms that the capital allocation was underspent by €49.35m. Approval to carry forward underspent in 2021 has been approved by DPER. 	Handover Tallaght Children's Hospital Outpatient (OP) & Urgent Care Centre (UCC) on time.	Works were completed in November 2021, the facility is now operational.	Complete
	National Maternity Hospital – adoption by HSE Board of Final Business Case.	Delays in concluding legal framework are impacting on the project. A revised target date of Q4 2021 was agreed, but has not been met and will be carried forward to 2022.	March 2022 (Previously Jun 2021)
	Financial close (Contract documentation) finalised for seven Community Nursing Units (CNUs) under a Public Private Partnership (PPP) arrangement.	Funding competition progressing. Delays with preferred bidder in concluding appointment. Revised target date of Q1/Q2 2022.	June 2022 (Previously June 2021)
Dependencies	Establish (or support existing) energy teams in top 130 energy users (75% of total energy use)	Delayed by Cyber attack, expected completion Q1/Q2 2022. Recruitment ongoing.	June 2022 (Previously Dec 2021)

19. Risk Management

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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 4 2020	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021	Quarter 4 2021
Red	17	18	18	17	
Amber	9	9	9	10	
Green	0	0	0	0	

Corporate Risk Register Report Update per CRR Q3 2021 Report

1 CRR Review	<p>The Corporate Risk Register Review for Q4 2021 will be considered by the EMT at their meeting on 8th February 2022. 7 key operational risks [risks 1, 2, 3, 4, 10,13 and 27] are currently monitored on a monthly basis by the Corporate Risk Support Team [CRST].</p> <p>As part of the annual strategic assessment of the HSE's corporate risks, the CRO held 2 workshops with the EMT and individual meetings with EMT members. A revised list of proposed corporate risks has been agreed. Full risk assessments on the revised set of risks will be undertaken during January 2022.</p> <p>Future Pandemic Risk A draft risk assessment on the Future Pandemic Risk has been developed and a workshop with relevant stakeholders to further inform the risk assessment will be held during Q1 2022.</p>
2 Annual Corporate Risk Register approval	The Board undertook its annual review and signed off on the HSE's Corporate Risk register at the November 2021 meeting. The Q3 2021 report was provided for this purpose.
3 HSE Risk Appetite Statement	The HSE's first Risk Appetite Statement [RAS] was adopted by the Board at its November 2021 meeting.
4 Moody report 'Critical Path recommendations'	The implementation of the 12 critical path recommendations from the Moody Report continues with progress in the appointment of the National Director, Governance and Risk as the HSE's Chief Risk Officer [CRO], accelerated recruitment of the ERM Team and deployment of a Risk Information System.

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

19. 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 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

HSE Risk Matrix					
Impact	Highly likely [1]	Minor [2]	Moderate [3]	Major [4]	Extreme [5]
Unlikely [1]	5	10	15	20	25
Likely [2]	4	8	12	16	20
Frequent [3]	3	6	9	12	16
Unlikely [2]	2	4	6	8	10
Rare / Infrequent [1]	1	2	3	4	5

Note: Risk rating calculation: impact x likelihood

20. Strategic Communications

2021 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 staff across the health service, working in partnership with the delivery system to build trust and confidence in the HSE and strengthen the organisation's reputation.

Rating and Overview: 4 (Substantial achievement of 2021 Ambition Statement) 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 Development of a Trust and Confidence Strategy, including baseline research and future KPIs arising.	Desktop research of external and internal sources in relation to Trust and Confidence is complete, workshops on particular themes have taken place and the first phase of public opinion research is complete. The project team has engaged with operational leads across the HSE and have completed an immediate action plan for developing Trust and Confidence in 2022. This action plan was approved in December 2021, with work on developing an oversight structure to ensure follow-up of these actions and frequent reporting to the Board to be completed in early 2022.	Complete*
2 Delivery of communications and engagement process with the public to maximise public confidence in and uptake of the COVID-19 vaccine.	Communications and stakeholder activity to explain the response to COVID-19 and to support the COVID-19 vaccine rollout, is ongoing.	Ongoing
3 Development of strategy for excellence in communications in our health service developed, aligning with the Corporate Plan 2021-2024.	Scoping work has begun. Target date for completion of full strategy has shifted from December 2021 to April 2022 due to the need to develop a plan in light of final Trust and Confidence Strategy. A 12-month Communications plan to support the Corporate Plan and the Multi-Annual Waiting List Reduction Plan will be prepared when the multiannual waiting list plan becomes available.	April 2022 (Previously Dec 2021)

* Initial Trust and Confidence Action Plan completed and approved by HSE Board in December 2021. Work to finalise a long term Trust and Confidence Strategy will continue into 2022.

Key Issues

- COVID-19 led to a significant increased demand for communication services including public health campaigns, webinars, internal communications, HSELive services, social media engagement, partner engagement and the development of digital platforms including apps and self-help bots. Demand for these enhanced services will continue into 2022 and National Communications must focus on ensuring appropriate staffing levels and strengthening our digital health delivery system.
- Need to retain focus on longer-term strategic objectives including the enhancement of trust and confidence in the HSE, and highlighting the benefits to the public of additional resources provided to the HSE.
- 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.

21. New Drugs

4

31

2021 Ambition Statement: Provide access to recommended, evidence-based medicines in a timely fashion within available resources, in line with the IPHA agreement.

Rating and Overview : 4 (Substantial achievement of 2021 Ambition Statement) 40 New Drugs/New Indications of existing drugs have been approved to date from the 2021 allocation, resulting in c€37.95m of the 2021 budget being committed. 2 new Framework Agreements on Pricing and Supply of Medicines (2021-2025) have now been agreed between the State and IPHA / MFI

KPI	2021 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)	€52.00m	€30.00m	€30.00m	€33.00m	€33.00m	€35.30m	€36.10m	€36.10m	€36.10m	€36.98m	€36.98	€37.63m	€37.95m
New Drugs/New Indications of existing drugs recommended to EMT	N/A	19	19	22	22	25	26	26	26	33	37	40	40
New Drugs/New Indications of existing drugs approved by EMT	N/A	19	19	22	22	25	26	26	26	30	30	37	40

Key Issues

- Pricing strategies being adopted by Industry can compound affordability and sustainability issues.
- There is a need for a sustainable multi-annual approach to the funding of new drugs that maximises the value from existing resources.
- Delays in progress updates due to ransomware attack on 14 May 2021.

Output/Deliverable

Progress Update

Target Completion Date

- New IPHA Framework Agreement on the Supply and Pricing of Medicines established (HSE working with DoH/DPER/Stakeholders)

Two new Framework Agreements on Pricing and Supply of Medicines 2021-2025 are now formally agreed between the State (HSE/DoH /DPER) and

- IPHA
- Medicines for Ireland (MFI)

Agreement publically announced on 15th December 2021

Complete

Dependencies

- Engagement of applicant companies in commercial negotiations in relation to pricing / other uncertainties.

