



Board Strategic Scorecard

2022 End of Year Report

EMT 24 January 2023

HSE Board 27 January 2023

Contents

	Slide #
Document Purpose	3
Executive Summary	4
November & December Scorecards (with End Of Year Positions Against Ambition Statements)	5 - 29

Document Purpose

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

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

The End of Year BSS is a combined scorecard reporting of November and December data, and presents the end of year position regarding the achievement of the annual ambition statement. The individual scorecards are compiled into the end of year BSS report and submitted to the Board in January of the following year.

The End of Year scorecard is an integrated report inclusive of November and December 2022 data, and presents the end of year position on the achievement of the annual ambition statement for 2022 for each individual scorecard. Achievement is categorised into – Fully, Substantially or Partially Achieved:

- Fully Achieved - the ambition statement is fully achieved, with all KPIs and deliverables meeting or exceeding annual targets
- Substantially Achieved - the ambition statement is substantially achieved, informed by most KPIs and most deliverables meeting or exceeding annual targets; with any outstanding deliverables expected to be completed within Quarter 1 of the following year
- Partially Achieved – the ambition statement is only partially achieved, informed by less than half of KPIs and deliverables meeting their annual targets.

Following approval by the Board, the End of Year Board Strategic Scorecard will be submitted to the Department of Health, as part of the reporting arrangements in the DOH- Executive Performance Engagement Model and Oversight Agreement, consistent with the Letter of Determination. In addition, the End of Year BSS will be available on the HSE public website, consistent with the publication of Board papers.

Executive Summary

Key Programmes/Priorities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. COVID-19 National Test and Trace	4	5	5	5	5	5	5	5	5	5		Fully
2. COVID-19 Vaccination Programme	4	4	4	4	4	4	4	4	3	3		Substantially
3. Reform of Primary Care, Community and ECC	3	3	3	3	3	3	3	3	3	2		Substantially
4. Reform of Home Support and Residential	3	3	3	3	3	3	3	3	2	2		Partially
5. Reform of Scheduled Care	4	4	4	3	3	3	2	2	2	2		Partially
6. Reform of Mental Health	4	4	4	3	3	3	3	3	2	2		Partially
7. Reform of Disability Services	4	4	3	3	3	3	2	2	1	1		Partially
8. Prevention & Early Intervention	4	4	4	4	3	3	3	3	2	2		Partially
9. Enhancing Bed Capacity	3	3	3	2	3	3	3	3	2	2		Partially
10. Implementation of National Strategies	3	3	3	3	3	3	3	3	3	3		Substantially
11. Operational Services Report												N/A
12. Quality and Patient Safety	3	3	3	3	3	3	3	3	3	3		Substantially
13. Patient and Service User Engagement	4	4	4	4	4	4	3	3	2	2		Partially
14. People and Recruitment	3	3	3	3	3	3	3	3	2	2		Partially
15. Finance and Financial Management		3	3	3	3	3	3	3	3	3		Substantially
16. Technology and eHealth	4	4	4	3	3	3	3	3	3	3		Substantially
17. Infrastructure and Equipment	5	5	5	5	4	4	4	4	3	3		Partially
18. Risk Management												N/A
19. Communications	4	4	4	4	4	4	4	4	4	4		Substantially
20. New Drugs	4	4	4	4	4	4	4	4	4	4		Substantially
21. Planning and Implementation of Regional Health Areas	4	4	4	4	5	4	3	3	3	2		Partially
22. Climate Action & Sustainability	5	5	5	4	4	4	4	4	3	3		Substantially

Key Strategic Insights for End of Year 2022

The End of Year achievement of the ambition statements of the 20 eligible scorecards is rated as one of three categories: Fully, Substantially or Partially Achieved.

1 scorecard fully achieved; 9 scorecards substantially achieved; and 10 scorecards partially achieved as follows:

- Reform of Home Support & Residential Care
- Reform of Scheduled Care
- Reform of Mental Health
- Reform of Disability Services
- Prevention and Early Intervention
- Enhancing Bed Capacity
- Patient & Service User Partnership
- People and Recruitment
- Infrastructure and Equipment
- Planning and Implementation of RHAs

KPIs / Deliverables data:

Data was returned for 72 KPIs for December 2022. Of the 72 KPIs:

- 30% KPIs fully achieved the annual target (n=22)
- 14% KPIs within 10% of the annual target (n=10)
- 10% KPIs behind 10-20% the annual target (n=7)
- 38% KPIs more than 20% behind the annual target (n=27)
- 8% KPIs reported were not profiled (n=6)

Of the 93 Deliverables, 64 were completed and 29 are delayed – 12 delayed deliverables are brought forward to 2023

Key Insights

- Although the net additional growth in WTEs was 98% of annual target, recruitment challenges throughout the year impacted on the level of achievement of ambition across 9 scorecards such as patient and service user partnerships, mental health and primary care.
- Global supply chain issues impacted the achievement of 4 ambitions. Housing stock and site availability adversely affected the reform of Disability Service’s de-congregation of people to homes in the community – Reform of Disability Scorecard. General global construction issues were attributed with the non-delivery of beds – Infrastructure and Equipment scorecard.
- Access to Care year to date targets were predominantly behind profile.

2022 Key Achievements

- The establishment of the National Chimeric Antigen Receptor T-cell (CAR-T) Therapy services now enables patients to receive treatment in Ireland.
- Major Trauma Services commenced at the Mater Hospital – Implementation of National Strategies scorecard.
- Direct access to GP diagnostic services exceeded the annual target by 29% - Reform of Primary Care, Community and ECC.
- A Climate Action Strategy and a Capital and Estates Strategy were developed.

1. Covid-19 National Test & Trace

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

End of Year Position: Fully achieved. The 2022 Ambition Statement, KPIs and Deliverables were fully achieved.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. % of referrals for a COVID-19 test receiving appointments for the test within 24 hours of request vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		40%	95%	95%	94%	92%	95%	95%	93%	93%	95%	94%	93%
2. % of test results communicated in 48 hours following swab vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		88%	97%	95%	97%	95%	97%	96%	96%	94%	92%	*86%	92%
3. % of close contacts successfully contacted within 24 operational hours of contacts being collected vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		96%	96%	97%	97%	98%	97%	96%	98%	97%	98%	97%	96%
4. % of referrals meeting 3 day target (3 days from referral for a test to completion of contact tracing) vs. profile	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual		77%	98%	98%	98%	98%	99%	98%	98%	97%	96%	98%	96%

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Develop a Test and Trace Transition Strategy and supporting Plan (Transition Plan)		Complete	A project team has been established and is collaborating with a broad set of stakeholders in order to meet this target. (completed March 2022)
2. Develop an Operational Plan for 2022 based on projected service demand and strategic priorities (information management, estates, workforce)		Complete	The operational plan is being developed as part of the T&T Transition Strategy. Plan includes the following key focus areas : As- is review and impact assessment, Options appraisal, Transition plan & Interim Emergency Response plan. Plans were submitted to HSE EMT & DOH. (completed March 2022)
3. Integrate and enhance existing Antigen Referral Pathways (antigen positives reporting, close contacts, schools and symptomatic)		Complete	Integration of systems complete and continue to be amended based on public health guidance. New projects in respect of antigen testing have been identified and are being progressed.
4. Develop a Test and Trace Pandemic Preparedness Plan (a central resource for future major emergency planning)		Complete	Initial scoping and planning has commenced. Interim Emergency response plan developed. Test and Trace and Vaccination Emergency Planning Group established in March 2022 to review & align emergency plans. Paper to inform memo to Government is completed.

Key issues impacting delivery of ambition
1. The Test and Trace KPIs in December 2022 remain consistent since February 2022
2.

Mitigating actions to address key issues
1. Public and political acceptance of new operating model during implementation – move from mass testing to surveillance.
2. The GP Clinical Pathway is running in parallel with the existing self-referral pathway, antigen & serial testing programmes until decision is taken to transition fully to the future model.

2. COVID-19 Vaccination Programme

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

End of Year Position: Substantially achieved . KPI 1, 3 and 5 are ongoing but targets for 2022 have substantially achieved. KPI 2 and 4 targets have been partially achieved with lower uptake noted. Of note, the Autumn/Winter vaccine Programme is ongoing.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Full Primary vaccination in total eligible population (12+ age group, Population size = 4,153,000)	Target	3,956,435	3,871,435	3,881,435	3,891,435	3,906,435	3,916,435	3,926,435	3,936,435	3,946,435	3,956,435	3,956,435	3,956,435	3,956,435
	Actual	-	3,893,511	3,908,305	3,915,019	3,918,516	3,924,133	3,930,767	3,933,041	3,934,082	3,935,825	3,937,717	3,953,360	3,953,723
2. Primary course vaccinations* (5-11 age group, Population size = 482,000)	Target	191,000	16,000	91,000	116,000	141,000	166,000	176,000	186,000	188,500	191,000	191,000	191,000	191,000
	Actual	-	14,994	75,978	98,341	107,090	111,970	114,333	115,314	116,100	116,440	115981*	103,670	103,905
3. Booster Doses Administered** (HCW Population size = 305,000)	Target	289,730	255,730	260,730	265,730	270,730	275,730	280,730	285,730	287,730	289,730	289,730	289,730	289,730
	Actual	-	253,291	257,448	260,360	262,109	263,466	264,162	263526**	263,838	260,868	257732**	251965**	252,362
4. Booster Doses Administered* (16 - 59 age group with Medical Conditions/Very High Risk and High Risk, Population size = 428,000)	Target	426,010	363,010	376,010	386,010	401,010	406,010	411,010	416,010	421,010	426,010	426,010	426,010	426,010
	Actual	-	315,708	328,030	341,072	346,820	351,414	354,389	333972*	334,735	335,458	335,371	334496*	335,403
5. Booster Doses Administered (All other) (16+ age group, Population size = 3,140,000)	Target	2,603,680	2,083,680	2,183,680	2,253,680	2,353,680	2,403,680	2,453,680	2,503,680	2,553,680	2,603,680	2,603,680	2,603,680	2,603,680
	Actual	-	2,097,284	2,184,056	2,264,650	2,331,485	2,383,402	2,428,824	2,517,402	2,539,203	2,554,960	2,557,132	2,578,752	2,584,322

Note: Data was ingested by IIS; * data changed from age of registration to current age and ** HCWs no longer in the workforce moved to an alternative cohort, with impact to actual totals

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Continued delivery of the remaining elements of the primary vaccination programme, rollout of paediatric primary course (5-11s) and Booster programmes	Sep-22	Complete	The primary vaccination uptake for the 12+ age group is 95%. The uptake for booster 1 is 79% for the 18+ age group (based on CSO population), 87% for HCW and 76% for the immunocompromised group (based on % of fully vaccinated) as of 31 December 2022.
2. Develop and implement the future sustainable operating model for COVID-19 vaccination programme in Autumn 2022	Sep-22	Complete	The A/W program commenced on 3rd Oct for the approved cohorts with the alignment of the flu program and introduction of adapted vaccines. As of 31 Dec, of the approved cohorts, 77% received the 1st booster, 30% the 2nd booster and 38% the 3rd booster (based on the fully vaccinated population).

Key issues impacting delivery of ambition
1. Increased covid 19 infection rates in the community. (4 - 6 month interval required).
2. Low uptake of vaccines by children 5-11 years . ECDC guidance: Range of uptake is from 5.9 to 65 per 100,000 population. Children with underlying conditions at highest risk .
3. Perceived low level of risk re COVID-19 infection and outcome (as per feedback from system engagement) resulting in low uptake of vaccination by HCW's

Mitigating actions to address key issues
1. Increased clinic availability (375 clinics from mid Nov to Dec) to enhance access. And continued communication campaign
2. Engagement of clinical & management leadership to support improved uptake by HCW's.
3. Improving data quality. Engaging data modeling to reassess eligibility and exclusion due to infections.

3. Reform of Primary Care, Community and ECC

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

End of Year Position: Substantially achieved. 94 of 96 Community Healthcare Networks now operational together with 21 of 30 Community Specialist Teams for ICPOP and 21 of 30 Teams for ICPCD. The target for GP Direct Access to Diagnostics has been achieved. The ambition statement for 2022 is expected to be complete by Q2/3 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of CHNs operating (Network Manager, ADPHN in place, GP Lead at an advanced stage of recruitment & 25% of frontline line staff) versus target (LOD 5)	Target	96	39	45	56	77	96	96	96	96	96	96	96	96
	Actual		51	51	51	79	81	83	87	90	90	91	91	94
2. No. of Community Specialist Teams (CSTs) for older people operating (Operational Lead in place, Consultant available to team to provide leadership and 50% of team in place) with local integrated governance structures vs. profile	Target	30	15	17	19	21	27	30	30	30	30	30	30	30
	Actual		15	15	17	19	21	21	21	21	21	21	21	21
3. No. of Community Specialist Teams (CSTs) for chronic disease management operating (Operational Lead & 25% of team in place) with local integrated governance structures vs. profile	Target	30	2	3	5	8	12	14	16	18	23	28	30	30
	Actual		2	4	5	8	11	12	14	17	18	18	20	21
4. No. of planned GP Direct Access to diagnostic services (x-ray, CT, MRI, DEXA) delivered vs. profile. ECHO, Spirometry & BNP coming on stream in 2022	Target	195,000	12,000	30,000	48,000	57,000	66,000	75,000	93,500	112,000	130,500	152,000	173,500	195,000
	Actual		17,603	36,008	58,125	75,491	94,648	119,021	139,867	159,681	187,028	207,513	228,974	252,614

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Recruitment of the required additional 3,500 frontline primary care staff and leadership roles	Dec-22	Delayed	2,227 WTE on boarded with a further 257 WTE at an advanced stage of recruitment, total 2,484. The adjusted year-end target of 2,400 is on track to be met in Q1 2023.
2. ICT solution/s to support implementation and data collection	Dec-22	Delayed	While progress is being made with the development of a long term solution (ICCMS) it is likely to be 2024/2025 before this solution is in place. In this context the interim ICT solution committed to in NSP 2023 is an urgent deliverable and has received clearance to proceed to procurement (Q2 2023).
3. ECC Capital Infrastructure Programme	Dec-22	Complete	1 proposal has been approved since October and 1 previously approved proposal has not progressed due to objections. As of 30 Nov 2022, 56 proposals have been approved, 7 projects submitted and in review through National Estates, 6 priority proposals pending submission.

Key issues impacting delivery of ambition
1. Recruitment of GP Lead Role – working with IMO/ICGP to raise profile of role as set out in GP Agreement 2019
2. Recruitment of required levels of appropriately skilled staff may impact ability to deliver new models of care & integrated ways of working in line with targets
3. Implementation of ECC Interim ICT solution

Mitigating actions to address key issues
1. Working with IMO / ICGP to raise profile of role as set out in GP Agreement 2019
2. Multi strand approach to recruitment including adaptation and accreditation process in conjunction with CORU & NMBI, attendance at recruitment fairs and international recruitment
3. Procurement process commencing for an interim solution consisting of a minimum viable Integrated Case Management System (ICMS) with basic functionality to support implementation of the programme.

4. Reform of Home Support and Residential Care

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

End of Year Position: Partially Achieved. In 2022, audit undertaken of current residential services, demand & capacity complete, definitions of beds finalised & finalisation of framework for future public community based residential services. Preparation for the Home Support (HS) Statutory Scheme commenced, HS Steering Group convened, HS Pilot concluded with commencement of an independent evaluation. Work continued towards achieving home support delivery targets, with collaboration between HSE and DoH in relation to the Strategic Workforce Advisory Group (SWAG) work. Achieving targets in HS Hours to continue in 2023. Recruitment of our 128 interRAI Care Needs Facilitators has commenced with full recruitment by Q1 2023 & 2023 Phase 1 interRAI Implementation Plan finalised.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of interRAI Care Needs Facilitators in place	Target	128	-	-	-	-	-	-	-	-	-	128	128	128
	Actual		-	-	-	-	-	-	-	-	-	0	0	0
2. Total Home Support Hours (incl. 2m additional hours from 2021) (LOD 6) (Data available end of month)	Target	€23.67m	€1.80m	€3.50m	5.37m	7.20m	9.24m	11.14m	13.11m	15.30m	17.28m	19.41m	21.46m	23.67m
	Actual		€1.74m	€3.42m	€5.37m	6.95m	8.73m	10.57m	12.43m	14.25m	16.08m	19.04m	20.78m	
3. Total Cost of Home Support Hours (incl. 2m additional hours from 2021) (Data available end of month)	Target	€636.95m	€48.43m	€94.18m	€144.50m	€215.35m	€248.64m	€299.77m	€352.79m	€411.72m	€465.00m	€522.32m	€577.48m	€636.95m
	Actual		€44.48m	€87.37m	€133.84m	€180.19m	€230.56m	€279.15m	€326.65m	€376.29m	€425.29m	€529.18m	€578.17m	
4. NSD Spend (€m funding, excluding 2m home support) (Data available end of month)	Target	€16.3m												
	Actual		€0.0m	€0.02m	€0.04m	€0.08m	€0.11m	€0.16m	€0.24m	€0.33m	€0.51		€0.86m	€1.08m
5. Additional WTE's recruited	Target	222.0												
	Actual		1.0	2.7	4.6	7.6	9.6	9.6	17.1	17.4	30.2	30.2	37.3	40.2

Outputs /Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. 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		Complete	
2. Finalisation of audit of residential care including CNU Programme		Complete	
3. Develop a national framework for a Residential Care model (Long Term & Intermediate/Rehabilitation), to achieve Corporate Plan, NSP targets & emerging Government Policy. Finalisation of future Residential Care Demand Modelling		Complete	
4. Complete Home Support pilot and inform final design of the Statutory Home Support Scheme		Complete	
5. Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Jan-23	Delayed	Delivered in January 2023 in line with incoming Statutory Scheme requirements & in close collaboration with DoH
6. Establishment of National Home Support Office		Complete	
7. Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas	Dec-22	Delayed	Recruitment commenced & will be finalised in Q1 2023 - 2023 Implementation Plan finalised
8. Development of Phase 2 of interRAI software system		Complete	

Key issues impacting delivery of ambition
1. Recruitment & retention of Home Support Workers
2. Capacity of System to recruit & retain key clinical staff
3.
4.

Mitigating actions to address key issues
1. Ongoing support to National Community Operations in relation to the delivery of Home Support Hours
2. Ongoing engagement with HSE HR, HSE National & Service Delivery CHO colleagues in relation to recruitment & retention
3. Ongoing engagement & collaboration with DoH in relation to Strategic Workforce Advisory Group (SWAG)
4. Ongoing collaboration with DoH in relation to Home Support Statutory Scheme to ensure HSE is aligned with & delivers on key target areas in preparation for incoming scheme

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

End of Year Position: Partially achieved. The percentage of patients scheduled in chronological order increased by 5%, however, the target was not achieved. Progress was made in relation to reducing the number of patients waiting the longest, however, target has not been achieved. Further, the level of additional activity delivered remained behind target, driving a significant underspend on the programme. Significant progress was made in relation to reform initiatives, which will be scaled up in 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of Outpatients waiting longer than 18 months vs profile	Target	12,400	146,300	134,800	121,800	110,300	97,400	84,400	72,900	61,400	49,900	38,300	25,400	12,400
	Actual		155,461	151,136	147,714	143,858	138,745	133,681	127,522	125,031	120,426	114,634	106,033	94,344
2. No. of Inpatient / day case patients waiting longer than 12 months vs profile	Target	1,500	16,200	14,800	13,400	12,100	10,700	9,400	8,200	6,900	5,500	4,200	2,800	1,500
	Actual		17,513	17,110	17,222	17,055	16,179	15,481	15,103	14,982	14,461	14,333	13,872	13,085
3. No. of GI Scope patients waiting longer than 12 months vs profile	Target	0	3,800	3,500	3,200	2,800	2,400	2,100	1,800	1,500	1,100	700	400	0
	Actual		4,311	3,873	3,806	3,604	3,035	2,397	1,875	1,621	1,095	887	735	545
4. 85% of routine inpatient (IP) / day case (DC) patients scheduled in chronological order <small>* Reported figure excluding hospitals who have not signed Data Sharing Agreement with HSE; Hospital Group validation ongoing</small>	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Actual		71.5% *	70.3% *	73.6% *	73.3%*	73.2%*	74%*	74%*	74%*	73%*	73%	76%*	76%*
5. Additional Community Removals from waiting list (treatment / intervention / validation) vs profile (cumulative) <small>** This profile represents approved spend to date - additional funding will be approved as plans are available</small>	Target	7,543**	529	1059	1589	1968	2574	3353	4162	4755	5464	6171	6878	7543
	Actual		634	1200	1527	1901	2711	3432	4085	4690	5649	6415	7415	TBC
6. Spend to date vs profile (cumulative)	Target	€200m	€9m	€18m	€27m	€36m	€52m	€68m	€84m	€100m	€125m	€150m	€175m	€200m
	Actual		€7.5m	€15m	€21m	€28m	€34m	€40m	€44m	€52.5m	€66m	€69m	€73m	€105

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation <small>(Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)</small>
1. Multi annual Waiting List plan finalised and approved (LOD 74)	Sep-22	Delayed	A draft table of contents for the Multi-Annual Waiting List Reduction Plan has been developed & circulated for feedback. A full draft will be produced by end of January for approval by end of February 2023.
2. Elective Ambulatory Care Centres (EACC) progressed		Complete	
3. Strategy for managing 'Did Not Attends' (DNAs) for new & review OPD appointments agreed & implementation commenced		Complete	
4. Complete planning and commence implementation of 37 prioritised scheduled care pathways. (LOD 9)		Complete	
5. Multi Annual Framework for Strategic Partnerships with private providers developed	Jul-22	Delayed	The Department, HSE & NTPF met with the PHA in December & an agreement for procurement of services from the private sector will be developed in 2023.
6. Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG		Complete	
7. Health Performance Visualisation Platform (HPVP) live in initial 28 hospitals	Oct-22	Delayed	The Health Performance Visualisation Platform (HPVP) system is live in 19 of the 28 hospital sites with plans in place to implement the system in the remaining hospitals in 2023.

Key issues impacting delivery of ambition
1.Data Sharing Agreement with outstanding Voluntary hospitals.
2.Activity volumes delivered remain significantly behind profile & chronological scheduling targets are not being achieved

Mitigating actions to address key issues
1.HPVP DSA discussions ongoing with hospitals who have recently paused engagement
2.Intensive engagement ongoing with hospitals and HGs to ensure focus on long waiters & chronological scheduling targets

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

End of Year Position: Partially achieved. Significant challenges in the recruitment of staff have impacted deliverables and KPIs. Progress has been made on WTE recruitment, however targets have not been met. NSD budget targets have not been met accordingly. Pilot sites have commenced for CAMHS hubs & Crisis Resolution Services, but not all have commenced and are deferred to 2023. Pilot sites for the MOC's for Older Persons and for Dual Diagnosis have been deferred to 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of CAMHS referrals seen by mental health services vs. profile	Target	10,878	-	-	2,719	-	4,536	5,439	-	-	8,158	-	-	10,878
	Actual		-	-	2,583	-	4,619	5,369	6,163	7,098	7997	-	10126	10957
2. %of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team (Data Available end of month)	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		70%	72%	71%	73%	71%	71%	71%	71%	71%	71%	71%	71%
3. NSD Spend (€24m funding) Data not available until the end of January	Target	€24.00m												
	Actual		-	-	€1.95m	-	-	€5.28m	-	-	8.45m	9.64m	11.01	12.1
4. Number of WTEs recruited (cumulative) for new service developments in 2022	Target	319	-	5	-	-	-	-	57	109	161	213	265	319
	Actual			5	-	-	-	5	7	-	53	62	62	65

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Launch Sharing the Vision Strategy & Implementation Plan in April 2022. (LOD 52)		Complete	
2. Models of Care designed and completed for: CAMHS Hubs and Crisis Resolution Services (CRS)	Oct-22	Delayed	Draft Standard Operating Procedures complete and stakeholder consultation underway. Anticipated to be completed Q.1 2023; Models of Care completed Q.1 2023.
3. CAMHS Hub Pilot Sites: 3 pilot sites in operation by end of June 2022; 2 additional pilot sites in operation by end of December 2022	Dec-22	Delayed	One pilot site fully operational, 4 sites preparing for implementation (agreeing catchment area, recruitment processes, pathways etc). 1 pilot will be operational Q.1 2023, remaining 3 sites operational Q2./Q.3 2023 following publication of Model of Care
4. Crisis Resolution Services: 1 pilot site in operation by end of June 2022; 3 additional pilot sites in operation by end of December 2022	Dec-22	Delayed	Three sites in operation, two sites preparing for implementation (agreeing catchment area, recruitment processes, pathways etc.). Minor recruitment delays noted for particular staff disciplines; implementation teams actively addressing local issues. Anticipated all sites fully operational Q.4 2023.
5. Implementation of National Clinical Programmes; 4 ADHD teams in place; 3 Specialist Eating Disorder Teams hubs in place; Early Intervention in Psychosis expanded to 5 teams; Additional 6 Suicide Crisis Assessment Nurses (SCAN) allocated per population of 75k (to respond to self-harm & suicidal ideation presentations within primary care); 3 pilot sites for Mental Health for Older Persons; 2 further Dual Diagnosis Pilot sites est.in 2022 (total n=3)	Dec-22	Delayed	Pilot sites agreed and established for Mental Health for Older Persons. Expansion of teams ADHD teams, Early Intervention in Psychosis and Scan progressing with some minor delays in recruitment of particular posts. Anticipated completion Q.1 2023.
6. Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams	Dec-22	Delayed	Strong progress made in recruitment-22.5 awaiting final approval, 60.5 approved, 10.5 posts at offer stage, 68 positions with active campaign, 22.5 at final checks, 63 at final recruitment

Key issues impacting delivery of ambition
1. Ability to recruit right skills mix to support planned developments under NSP 2022
2. Complex nature in development of new Models of Care

Mitigating actions to address key issues
1. MH Integrated Care Team actively working with Heads of Service to monitor recruitment progress
2. Strong stakeholder engagement & consultation to support final design

7. Reform of Disability Services

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

End of Year Position: Partially achieved. Major challenges in recruitment of staff have impacted deliverables and KPIs. Targets have been negatively impacted for de-congregation, U65's in nursing homes and respite houses, due to the low availability of appropriate housing stock and sites. NSD budget targets have not been met accordingly. Good progress has been made across stability and sustainability and with the Imosphere piloting through Personalised budgets. Progress has also been made on the Assessment of Need for adults born on or after 1 June 2002.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. %of child assessments completed within the timelines as provided for in the regulations vs. profile (Quarterly)	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	21%	-	-	29%	-	-	30%	-	-	30%
2. No. of adults with disabilities participating in personalised budgets demonstration project vs. funded profile for 2022	Target	180	-	-	100	-	-	120	-	-	150	-	-	180
	Actual		-	-	123	-	-	124	-	-	127	-	-	130
3. No. of people currently living in congregated settings supported to transition to homes in the community vs. funded profile for 2022 (LOD 13) Annual target n=143 revised downwards to n=70 (Sept 2022)	Target	143	-	-	8	-	-	71	-	-	104	-	-	70*
	Actual		-	-	19	-	-	19	-	-	25	-	-	34
4. No. of individuals under 65 years currently living in nursing homes supported to transition to homes of their choice in the community vs. funded profile for 2022 (LOD 15)	Target	63	-	-	-	-	-	16	-	-	36	-	-	63
	Actual		-	-	-	-	-	2	-	-	20	-	-	20
5. NSD Spend (€54.5m funding)	Target	€54.5m												
	Actual		€0.74m	€1.26m	€4.94m	€6.23m		€14.67m	€18.83m	€20.41m	€26.82m	€33.03m	€35.4m	€39.2M

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Establish the national Stability and Sustainability Team to address the financial challenges in the disability sector		Complete	
2. Commence the Sustainability Impact Assessment (SIA) process working initially with large Section 38 / 39 providers		Complete	
3. Develop funding model & allocations to CHOs to implement 106 additional residential places, 9,408 additional respite nights, 120,000 additional hours of personal assistant services & 1,700 additional day services places. (LOD 21,18,26)		Complete	130 Residential places delivered; 120,000 hours of Personal Assistance Services delivered; 1,700 young people were assessed & 1,381 day services places were put in place; 26,585*additional respite overnights were provided in 2022 (*September data/FY data available 20 Feb 2023)
4. Implement the Assessment of Need (AON) process for eligible adults	Sep-22	Delayed	Interim clinical guidance for the AON of all persons born after 2002 was approved by the COO forum on 7 July for implementation. Adult AON working group reconvened on 26 September to support implementation. A task group will be established (Q1 2023) to review any further revisions required.
5. Pilot the standardised assessment tools for adults		Complete	Pilot of Imosphere Assessment Tool is commenced and is progressing through Personalised Budgets. The piloting of the assessment tool will continue into 2023 as the Personalised Budget Pilot Project has been extended to 2024

Key issues impacting delivery of ambition
1. The sourcing and retention of suitably qualified staff to deliver on key areas which received new development funding in 2022
2. Availability of appropriate infrastructure (incl. housing for residential placements, respite, decongregation U65's in nursing homes, accomm for CDNTs, IT infrastructure)
3. Recruitment of Liaison Officers for the Personalised Budget Project has been a significant issue & has significantly impacted on our ability to progress a number of Personalised Budgets

Mitigating actions to address key issues
1. We continue to work with HR to support retention of existing staff & to recruit existing vacancies and new posts
2. We are working with OCID towards the development of appropriate Data Collection and Analysis. We continue to engage with HSE estates nationally & with the CHO's to address capital issues
3. Recruitment is currently underway for all posts. Staff anticipated to be in place by mid Feb 2023.

8. Prevention & Early Intervention

Ambition statement 2022: Empower individuals and communities to take greater control of their physical, sexual and mental health, through supporting behaviour change, by delivering targeted interventions and giving people tools and supports to make healthier choices throughout their lives.

End of Year Position: Partially achieved. Many targets were achieved or exceeded. However some KPIs and deliverables did not progress as planned. Recruitment challenges impacted the IAS and delayed the commencement of the Women and Maternity Strategy (WMS) for children and young people. This impacted the delivery of year end targets for these services. IAS now progressing well and revised timelines for WMS to be agreed in Q1 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of 'We Can Quit' programmes delivered through Sláintecare Healthy Communities	Target	38	-	-	-	19	-	-	-	-	-	-	-	38
	Actual		-	-	-	4	-	7	-	-	21	-	-	37
2. No. of clients accessing Free Stop Smoking Medication through Sláintecare Healthy Communities *Cumulative	Target	1,215	-	-	-	-	-	405	-	-	810	-	-	1,215
	Actual		-	-	-	-	-	104	-	-	269	-	-	485
3. No. of frontline healthcare staff who have completed MECC eLearning training	Target	3,997	227	453	650	1,084	1,518	1,946	2,247	2,548	2,846	3,242	3,609	3,997
	Actual		121	248	442	712	1,000	1,152	1,329	1,438	1,726	1,958	2,218	2,355
4. No. of Healthy Food Made Easy courses commenced	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-	88	-	-	201	-	-	313	-	-	455
5. No of parenting group courses commenced through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63	-	-	63	-	-	95
	Actual		-	-	18	-	-	42	-	-	63	-	-	92
6. No. of contacts with Social Prescribing service users in Sláintecare Healthy Communities sites	Target	19,440	-	-	2,160	-	-	5,760	-	-	12,600	-	-	19,440
	Actual		-	-	1,324	-	-	5,624	-	-	12,153	-	-	19,130
7. No. of home STI kits dispatched *Figures inserted for January and February retrospectively, (pilot phase), to reflect full year outturn.	Target	88,130	-	-	8,813	17,626	26,439	35,252	44,065	52,878	61,691	70,504	79,317	88,130
	Actual		5,951	12,584	19,178	25,646	32,500	38,900	46,060	55,405	63,342	77,807	87,980	96,465

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Sláintecare Healthy Communities fully established in 20 areas of highest disadvantage (19 SHC & 1 NEIC) inc. a weight management service for children & young people & community based integrated alcohol services in 2 CHO areas	Dec-22	Delayed	Almost all HSE staff (45/46) are in place for SHC area based teams and all services operationalised. 9/14 staff recruited for Integrated Alcohol Service, both CHOs now accepting clients Recruitment delays impacted the commencement of the WMS to 2023 - revised timelines to be confirmed in Jan 2023
2. Roll-out a national online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing (LOD 35)		Complete	Ongoing national service delivery. Enfer lab have commenced routine reporting of positive results to Public Health (CIDR). (January & February are not included above as this was covered under 2021 budget, but in 2022, a total of 96,996.)
3. Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service (LOD 34)	Dec-22	Delayed	Planning to enable commissioning of consumer research in 2023. Project steering group membership identified and ToRs drafted. Active Healthy Me programme for adult disability day services launched.

Key issues impacting delivery of ambition
1. Agreement on team composition and reporting relationships have impacted on establishing a new Weight Management Service for children and young people, and will delay service commencement to 2023.
2. Release of staff to attend training & senior leadership responsibility for implementation of MECC remains a challenge

Mitigating actions to address key issues
1. Agreement on team composition reached with all stakeholders, meetings with project sponsors in both CHOs to clarify targets for 2023. Proposed timelines and targets due by end of Jan 2023
2. Dissemination of key recommendations of APA research "Making MECC Work" to senior leadership i.e. NCAGL group/EMT. Implementation plan to address these recommendations to be developed in Q1 2023.

9. Enhancing Bed Capacity

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

End of Year Position: Partially Achieved. The end of year position is reasonably achieved with the intention of delivering the rest of the targets in 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Critical Care Beds vs. profile (LOD 3)	Target	333	297	301	305	306	309	309	310	310	310	311	323	333
	Actual		297	301	305	306	306	309	309	322	323	323	323	323
2. Acute Bed additions vs. profile (LOD 1) <small>The 2022 acute beds target includes 339 beds funded under NSP 21 (part of the 1.146 additional beds) and an additional 72 beds under Winter 21/22/NSP 22</small>	Target	208	0	0	0	0	34	80	80	119	139	139	139	208
	Actual		16	16	16	25	42	47	74	94	97	111	121	157
3. Community Bed (including rehabilitation beds) additions vs. profile (LOD 4) <small>The current 2022 community beds target is made up of 258 beds funded under NSP 21.</small>	Target	258	23	104	219	258	258	258	258	258	258	258	258	258
	Actual		0	5	22	22	22	22	26	26	26	49	49	49
4. NSP Spend (€ Funding)	Target	TBC												
	Actual		€0.230m	€0.563m	€0.897m	€1.11m	€1.35m	€2.21m	€2.59m	€3.96m	€4.08m	€4.28m	€4.42m	€4.94
5. WTE's Recruited	Target	TBC												
	Actual		16	39	62	77	94	117	144	239	246	260	270	306

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation <small>(Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)</small>
1. N/A			

Key issues impacting delivery of ambition
1. 10 additional beds delivered in Letterkenny in November 30 additional beds delivered in the Mercy University Hospital in Dec & 6 beds delivered in Cavan Hospital

Mitigating actions to address key issues
1.

10. Implementation of National Strategies

Ambition statement 2022: Substantially achieved. 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.

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. The National Cancer Strategy (LOD 27)	Dec-22	Delayed	a) First patient expected January 2023 with formal launch of National Service Q2. Service for repatriated patients will progressively expand through 2023.
a) Establish a Peptide Receptor Targeted Radionuclide Therapy (PRRT) service at St Vincent's University Hospital in Dublin, alleviating need to travel abroad for patients suffering with Neuroendocrine Tumours (NETs) requiring PRRT.			
b) Implement National Cancer Information System (NCIS) in designated hospitals to deliver patient-centered longitudinal records, providing safe, effective chemotherapy planning, prescribing & administration of Systemic Anti-Cancer Treatment & provide documentation for tumour records & Multi-disciplinary Meeting (MDM) functionality.		Complete	b) NCIS now live in Letterkenny University Hospital and CHI at Crumlin. Target of 4 additional hospital sites in 2022 achieved. Planning for 5 further hospital sites during 2023 completed
c) Expand and consolidate the National Chimeric Antigen Receptor T-cell (CAR-T) Therapy, avoiding the need for both adult and child patients to travel abroad for treatment.		Complete	c) The National Chimeric Antigen Receptor T-cell (CAR-T) Therapy services for both adults (St James's Hospital) & children (CHI at Crumlin) established
2. The National Maternity Strategy (LOD 39)		Complete	Standards have been published & structured programme now actively underway to implement standards across all 19 sites.
a) Publication & implementation of the HSE Standards for Infant Feeding Practices.			
b) Design, development & deployment of three pilot postnatal hub services.		Complete	
c) Structured pilot of innovative senior fetal monitoring midwifery roles in 6 sites.		Complete	NWIHP have proceeded with the structured fetal monitoring pilot with the senior fetal monitoring midwives in post.
d) Targeted investment in regional maternity sites to reach minimum consultant obstetrician & gynecologist staffing levels of 6 WTE.		Complete	
e) Enhanced provision of care for pregnant women with diabetes by targeting the implementation of clinical midwifery specialist / AMP posts in diabetes in all 19 maternity services.		Complete	
3. The Trauma Strategy (LOD 29)		Complete	a) Major Trauma Services commenced at the Mater Hospital at the end of Q3 2022, however services are confined to direct attendances from within the existing catchment area of the hospital until additional bed capacity is realised in Q1 2023. Options are being considered on how the Mater Hospital can safely accept an increased volume of major trauma patients from Q1 2023. Recruitment is at an advanced stage with a small number of posts to be on boarded in 2023
a) Ensure MMUH complete planning and associated recruitment of the required staff for the MTC for the Central Trauma Network, with target opening date (phase 1) of end September 2022.			
b) Ensure CUH complete planning and associated recruitment of the required staff for Cork University Hospital as the MTC for the South Trauma Network, with target opening date (phase 1) of end December 2022.	Dec 2022	Delayed	b) Preparation is underway for the commencement of major trauma services at Cork University Hospital (CUH) with major trauma services expected to commence in Q1 2023. Recruitment of clinical posts is underway. Due to the current job market recruitment is progressing slower than expected with a number of posts to be recruited in 2023.
c) Develop the service specification for the Trauma Unit with Specialist Services at University Hospital Galway (UHG) and define its role within the Central Trauma Network.		Complete	c) A detailed paper has been prepared which sets out a proposed role for the Trauma Unit with Specialist Services (TUSS) in the Central Trauma Network & feedback has been received from the SAOLTA & University Hospital Galway in that regard. 2023 will see completion of the planning phase of the project prior to progression to implementation when resources become available.
d) Commence the process of accreditation of Trauma Units outside Dublin in the Central and South Trauma Networks.		Complete	d) The National Trauma Programme Steering Group approved a revised service specification for Trauma Units in July 2022. The process of accreditation of Trauma Units commenced with Hospital Groups completing a self-assessment of eligible hospitals. The submitted self-assessments have been analysed & presented to the Programme Steering Group in December 2022
e) Ensure both MTCs implement a standard rehabilitation needs assessment tool and rehabilitation prescription for all trauma patients.		Complete	e) The approved Standard Rehabilitation Needs Assessment (RNA) & Rehabilitation Prescription (RP) are being implemented at the two MTC's & the National Rehabilitation Hospital also plan to implement the tools over the coming months.
f) Develop a pre-hospital trauma triage tool for use by Pre-hospital Practitioners to identify patients requiring treatment in a MTC.		Complete	f) A Pre-Hospital Trauma Triage Tool has been developed by adapting internationally recognised tools using pre-hospital clinical data collected and provided by the National Ambulance Service. The tool was approved by the Pre Hospital Emergency Care Council in October 2022. An e-learning training module for pre-hospital care providers on how to use the trauma triage tool will be developed to support the implementation of the tool over the coming months

Key issues impacting delivery of ambition
1. Trauma Strategy (LOD 29)
a) Potential recruitment delays due to known shortage of key healthcare grades
b) Following recommendations made by the Planning department of Dublin City Council to meet fire safety regulations there will be a delay in delivering planned additional bed capacity at MMUH until Q1 2023
c) The Mater Hospital has notified the HSE of delays to the completion of infrastructural works to expand the ED resulting from global supply chain issues
d) The establishment of Neuro-Trauma services at MTC in Dublin is dependent on the development of an agreed model of care between MMUH and Beaumont Hospital
e) With an increase of severely injured patient activity expected at the MMUH and CUH following the commencement of major trauma services there could be an impact on patient flow if appropriate pathways to rehabilitation and other services are not available.
2. NCCP (LOD27)
a) Challenges in recruiting nursing staff
b) Delay in obtaining regulatory approval new resolved
c) SPECT CT Gamma camera installed & treatment did not pass the physics quality assurance. This is the current delay & is being progressed

Mitigating actions to address key issues
Trauma Strategy (LOD29)
a) All relevant avenues are being explored to maximise the recruitment of staff, for example major recruitment campaigns by the MTC's
b) Major Trauma services will be confined to direct attendances from within the existing catchment area of the hospital from Q3 2022 until the additional bed capacity is realised in Q1 2023
c) Options are being considered on how the Mater Hospital can safely accept an increased volume of major trauma patients from Q1 2023
d) It has been agreed that an interim model of care will be implemented for a defined period of time, where most patients with a Traumatic Brain Injury (TBI) would continue to be referred to Beaumont Hospital for operative & non-operative management on the provision that this process would be augmented by a number of joint appointments at the Mater and Beaumont hospitals to facilitate the optimised referral & transfer pathways & allow management / monitoring of appropriate patients in the MTC. This interim model will remain in place until there is additional capacity available at Beaumont Hospital
e) Mitigating factors include The National Office for Trauma Services is developing a National Transfer of Care Policy & there are plans to consider egress from MMUH & CUH
2. NCCP
a) SPECT CT Gamma camera being investigated with manufactures in order to provide sign off & assurance

11. Operational Services Report Redacted

12. Quality & Patient Safety

Ambition statement 2022: Support continuous improvement in quality and patient safety through implementation of the Patient Safety Strategy (PSS), effective incident management, implementation of the National Clinical Audit Review Report, design of a HSE National Quality and Patient Safety Surveillance System and delivery of accessible QPS learning programmes, and providing platforms for sharing, learning and connecting staff to support their improvement activities.

End of Year Position: Substantially Achieved

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days (data is reported two months in arrears)	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		1.20	0.80	0.90	0.90	1.00	1.20	1.10	1.20	0.80	0.90	0.90	
2. Incident Management training satisfaction rates	Target	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%
	Actual		50%	100%	78%	88%	100%	93%	94%	100%	100%	100%	100%	100%
3. Staff trained in HSE learning programmes in Quality Improvement	Target	3,000	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
	Actual		135	253	499	625	757	988	1,071	1,179	1,509	1,772	1,988	2,067

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Implement education & training on Infection Prevention & Control (IPC) guidance, inc. specialist IPC advice on COVID-19 related issues, which will support better practices & reduce SA BSI rates		Complete	SA BSI cases reported in November data was 33; rate was 0.9/10,000 bed days used
2. Implement Serious Incident Management Team (SIMT) training twice per month in Q1 & Q2 & once per month in Q3 & Q4, 2022. Implement Systems Analysis training monthly from April to Dec 2022 inclusive. Complete monthly reviews of evaluations to calculate satisfaction ratings		Complete	Training sessions have received a 100% satisfaction rating Training being delivered as described Training in place for 2023
3. Achieve 50% increase on previous year attendance in people completing 'Introduction to QI' & 'Level 1 Foundation in QI' e-learning programmes, enabling staff to gain the skills to undertake improvement initiatives		Complete	In 2021 there was a total 1627 learners that completed the QI foundational programmes. In 2022 this saw an increase of 23% (390 people) 2067 learners.
4. National Centre for Clinical Audit established & projects commenced for all 25 recommendations from Clinical Audit Review Report. Achieve the completion of 14 recommendations by end of 2022		Complete	The NCCA Steering Group was established & responsible for the oversight of the implementation of the 14 recommendation. Priority will be given to the final 11 recommendations in 2023.
5. Develop HSE Quality & Patient Safety Surveillance System (QPSSS) with programme design, governance and estimate bid completed		Complete	

Key issues impacting delivery of ambition
1.

Mitigating actions to address key issues
1.

13. Patient and Service User Partnership

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

End of Year Position: Partially achieved. The 2022 ambition statement could only be partially achieved because the issues and dependencies to implementation of the KPI's primarily related to the recruitment of the AND post .Also, the recruitment of all 20 Patient & Service User Engagement Leads is not yet complete. The AND post is anticipated to be filled by June 2023 and is essential to progressing the 2022 ambition statement.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Patient/Service User Partnership Leads appointed across CHOs and Hospital Groups vs. profile	Target	20	4	8	14	16	16	20	20	20	20	20	20	20
	Actual		1	2	2	4	4	9	11	11	14	14	17	17
2. Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	67%	-	-	67%	-	-	100%		0%	0%
3. Your Service Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer* <small>* Monthly data returned quarterly to the National Complaints Governance & Learning Team, Performance Management and Improvement Unit (in the form of Heatmaps). Q4 data will be available end of February 2023.</small>	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		-	79%	72%	71%	73%	69%	73%	68%	67%	69%		
4. Your Service Your Say - % of complaints, where an improvement plan is identified as necessary, is in place and progressing	Target	65%	-	-	-	-	-	-	-	-	-	65%	-	-
	Actual		-	-								N/A		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation <small>(Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)</small>
1. Develop an integrated Patient and Service User Experience function that provides a clear and unified point of engagement for patients, service users and advocates	Dec-22	Delayed	In the absence of the AND an OPI Sr. Manager is progressing the development of an Integrated Patient and Service User Experience function that provides a clear and unified point of engagement for patients, service users and advocates. Expected target date: June 2023.
2. Appointment of the Asst. National Director of Patient and Service User Experience as part of the Integrated Operations Senior Management Team	Sep-22	Delayed	The AND post was recently advertised with the closing date for applications on the 5 January 2023. Expected target date for successful candidate to be in post: June 2023.
3. Develop a Patient/Service User Partnership Plan at all 20 sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables	Oct-22	Delayed	CHO 1,2,5,6,7 & 8 Leads are in post. CHO 3 will have posts filled by February 2023 and CHO 4 will have posts recruited in January 2023. Saolta Group have not recruited their post and SSWHG (Tipperary Hospital) are currently in the process of recruiting their post.

Key issues impacting delivery of ambition
1. Recruitment of the AND post.
2. The development & commencement of the implementation plan for the HSE Better Together: Patient Engagement Roadmap.
3. The recruitment of all 20 Patient & Service User Engagement Leads.

Mitigating actions to address key issues
1. Successful candidate recruited and in post by June 2023.
2. Implementation plan will be reported on through the 2023 KPI.
3. Final three Patient & Service User Engagement Leads in post by June 2023.

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

End of Year Position: Partially achieved. Our 2022 ambition statement sets out to grow our workforce by a net additional of 5,500 WTE. By end of December this figure has been substantially achieved in the context of significant turnover and attrition. While the Recruitment Target KPI has been substantially achieved, with an average timeline of 13 weeks, against a target of 12.5 weeks, workforce remains a challenge with variance seen across staff categories. Four of the 6 deliverables have been completed, and the two that are delayed will be delivered in early 2023.

Census Report - WTEs net change*		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
* Census report (HSPC) reports on the net WTE change -inc significant movements of staff, due to a variety of reasons e.g. training posts		T/A												
1. Total Net Change in WTEs	Target	5,500	349	1,068	1,615	2,378	2,853	3,305	3,354	3,475	3,721	4,331	5,091	5,500
	Actual		645	1,164	1,778	2,249	2,387	2,510	2,971	2,671	2,922	3,769	4,897	5,422
2. Medical & Dental vs. plan	Target	600	-49	-9	58	109	167	257	217	362	496	568	584	600
	Actual		-33	-30	75	124	124	99	193	145	359	502	545	584
3. Nursing & Midwifery vs. plan	Target	1,500	301	675	908	1,086	1,150	1,188	1,162	1,061	900	1,082	1,371	1,500
	Actual		215	628	760	890	992	969	1,180	1,095	1,081	1,220	1,797	2,042
4. H&S CP vs. plan	Target	1,500	130	194	335	510	643	725	705	722	894	1,168	1,373	1,500
	Actual		103	77	139	157	131	58	70	72	148	429	645	723
5. Management & Admin vs. plan	Target	600	42	108	171	257	293	321	358	400	445	515	567	600
	Actual		188	390	501	593	640	662	920	976	1,052	1,255	1,433	1,574
6. General Support vs. plan	Target	100	-17	-18	39	80	106	157	151	161	125	69	71	100
	Actual		44	28	63	101	89	164	221	209	119	69	108	123
7. Patient & Client Care vs. plan	Target	1,200	-58	121	106	334	494	657	761	769	863	931	1,125	1,200
	Actual		128	71	240	385	411	558	387	175	163	302	369	376
KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Time to recruit (from receipt of Job Order to start date identified) (Wks.)	Target	12.5	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		13.2	13.0	12.9	13.0	13.0	13.4	13.4	13.4	13.4	16.0	10.9	10.9

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Develop and implement the Resourcing Strategy		Complete	Interim Resourcing Strategy for 2023 delivered
2. Introduction of a streamlined Primary Notification process		Complete	
3. Implementation of Job Order Gateway		Complete	Went live November 2022
4. Introduction of Recruitment Hub Drive	Dec-22	Delayed	This deliverable has been delayed due to additional configuration of the technical solution. It is expected to be achieved by Q2 2023.
5. Introduction of new Medical Consultant Microsite on PAS		Complete	Went live November 2022
6. Introduction of Recruitment Operating Model	Dec-22	Delayed	Delay due to appointment of new staff. Expected to be delivered by end of January 2023.

Key issues impacting delivery of ambition
1. Impact of reduced labour market supply
2. Impact of reduced labour market supply due to Legislative and Policy controls
3. Impact of reduced labour market supply due to insufficient training places to meet required need
4. Impact of COVID-19 new variants / surges & COVID-19 staff related absences
5. Impact of Haddington Road Agreement reversal

Mitigating actions to address key issues
1. Emp contracts offered to all nurse & Midwife grads; International recruit est yr total +1700; National campaigns to capture all HSCP grads; Working with DoH & DoE to increase HSCP college places
2. Working with Regulators & partners to expand candidate pool. Working Gov stakeholders to reduce barriers to employment. Competitive relocation package launched.
3. Working with Government stakeholders to increase clinical placements for HSCPs, facilitating the increase in college places
4. Continued collaboration with recruitment partners to scale up recruitment activity to meet increased demand
5. Offer to existing staff on reduced hours to increase hours, to balance HRA reversal.

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

End of Year Position: Substantially achieved. The overall financial result for 2022 is not yet completed. However, based on the current end of year projections which take into account the supplementary estimate in Dec 2022 and the revised LOD from the Minister we are expecting to be close to target in relation to budget vs profile. The HSE has sought formal sanction in respect of COVID expenditure on a number of occasions during 2022. The revised LOD for 2022 contains the funding in respect of COVID which is expected to be sufficient. Spend under management objective has been achieved. Thus it is reasonable to note that the ambition statement has been substantially achieved.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Operational Services Revenue (ex. Pensions, Demand Led and COVID) Budget performance by year end. vs. Profile* *Data unavailable as end of year accounts have yet to be closed. Data expected end of January 2023.	Target	Within +/- 0.5%	+/- 3.0%	+/- 3.0%	+/- 3.0%	+/- 2.5%	+/- 2.25%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 1.5%	+/- 1.0%	+/- 0.5%
	Actual		1.10%	0.42%	1.07%	1.46%	1.55%	1.16%	0.62%	0.71%	0.76%	1.07%#	2.39%#	
2. COVID19*Sanction compliance HSE will formally seek sanction via CEO to Sec Gen request in advance of any excess of costs over existing sanction.**^ *COVID-19 compliance focus is on PPE, Testing & Tracing, Vaccination Programme and Therapeutics incl. additional support costs to the extent they are coded to COVID-19 cost centers. HSE sought sanction for an additional €383m in November 2022 to bring the total COVID sanction to €2,059m at the end of December. **Total COVID spend recorded at the end of November was €1,697m which is 18% below the €2,059m. ^Data unavailable as end of year accounts have yet to be closed. Data due end of January 2023.	Target	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
	Actual		0	0	0	0.06	-3%#	(19%#)	(23%#)	(24%#)	(16%#)	(9%#)	(18%#)	
3. Procurement Spend Under Management (SUM) achievement of SUM in line with targets set, €2.5Bil SUM by end of 2022 (i.e. 68%)	Target	68%	42%	42%	49%	49%	49%	55%	55%	55%	62%	62%	62%	68%
	Actual		38.0%	42.0%	48.8%	47.6%	46.5%	53.2%	49.0%	47.0%	53.3%	54.1%	57.1%	68.0%

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
<u>1. IFMS Build and Test phase complete and ready for deployment (LOD 77)</u>	Mar-23	Complete	System Integrator engaged, detailed project plan approved, design review and validation completed and approved October 2022. Build and Test on Track for completion on schedule March 2023.
<u>2. Progress the implementation of Activity Based Funding (ABF) 2021-2023, revised implementation plan including Community Costing Programme (LOD 76)</u>	74%September	Complete	Target for the completion of actions within the ABF Plan at the end of 2022 was 91% which equates to 32 out of the 35 actions. The actual outcome was 80%(28 out of the 35) . Of the 4 actions not completed in 2022, 3 of these will be completed by Mar 2023 and the remaining 1 by end of Dec 2023.
2.1 Enhancing hospital costing pricing			
2.2.Support & enable existing ABF programme			
2.3 Develop structured purchasing roadmap			
2.4 Scope & implement costing & activity measures for a community costing programme			
<u>3. Develop enhanced Reporting</u>	Sep-22	Complete	Working Capital and Cash Reporting is on track with the Department of Health (DoH). Other reporting processes are delayed and require additional focus. Further engagement required with DOH in 2023 to develop SLA process.
<u>4. Controls Improvement Plan (3 years programme)</u>	Jan-23	Complete	The ICP 3 year plan had a number of deliverables with an end date of Dec 2023. WS1 was due Jan 23 rather than the full project. WS1 is on track for completion end of Jan 23.

Key issues impacting delivery of ambition

1. Stakeholder engagement DOH & DPER reporting

Mitigating actions to address key issues

1. Engagement is ongoing & re-prioritised in 2023

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

End of Year Position: Substantially achieved. Strong progress on plan: Interim Security Operations Centre in place; ICCMS business case & tender prep underway, nearing completion; NIMIS 2.0 go-live completed in June; IHI integration completed to 1st iPM site, with 3 additional instances underway
2022 ambition statement expected to be achieved by the end of Q1 2023

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. eHealth ICT Capital expenditure vs profile *Adjustments to the Nov/Dec targets due to additional capital allocation of €25m to eHealth	Target	€130m	€5.0m	€9.5m	€13.5m	€19.0m	€26.0m	€34.0m	€41.5m	€62.0m	€77.5m	€91.0m	€132.6m	€155.0m
	Actual		€4.9m	€8.6m	€10.8m	€17.3m	€18.4m	€21.4m	€27.0m	€30.8m	€45.8m	€70.4m	€122.3m	€155.0m
2. No. of new ICT professionals recruited to deliver 2021/2022 eHealth Plan vs. profile	Target	200	12	38	65	90	110	135	140	150	160	175	185	200
	Actual		27	54	75	97	137	144	148	150	175	185	202	215
3. Cost (related to WTEs recruited, based on average cost by grade)	Target	€9.5m	€0.1m	€0.4m	€0.9m	€1.5m	€2.1m	€2.7m	€3.4m	€4.2m	€5.2m	€6.3m	€7.8m	€9.5m
	Actual		€0.2m	€0.5m	€1.0m	€1.6m	€2.5m	€3.4m	€4.4m	€5.3m	€6.4m	€7.6m	€8.9m	€10.3m

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Security Operations Centre (SOC) established and operational		Complete	
2. IHI & Eircode integration to Integrated Patient Management System (IPMS) in 5 of 11* instances, and all 4 accredited GP practice management systems *Only 11 instances to integrate and not 13 as incorrectly cited in NSP 2021	Dec-22	Delayed	IHI/Eircode live in first iPM site (UHL) Another 3 instances are underway, and a 5th will be rolled out in Q1 2023 GP systems integration proceeding to plan, with IHI available for all public patients on 3 of 4 GP systems and for all patients on 2 of 4 GPMS
3. PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced		Complete	
4. Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS)	Dec-22	Delayed	Permission to Tender received from DGOU PSC business case nearing completion; final draft due January 2023 Procurement will follow the Competitive Dialogue Process and will commence in Q2 2023 Requirements gathering continuing

Key issues impacting delivery of ambition

None

Mitigating actions to address key issues

None

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

End of Year Position: Partially achieved. Available Capital expenditure fully utilised. Budget reduced in November from €1070m to €1042m - €25m transferred to ICT Capital and COVID-19 contingency funding reduced by DoH from €93m to €90m. In December DoH queried if additional money could be spent and additional €10m was provided. New target spend was €1052m. Final outturn was €1050m. All PCC's delivered. Non delivery of beds due to general global construction issues. Challenging contractor performance at one site (48 beds, now due Q3, 2023). New Capital and Estates Strategy and associated implementation plan developed and approved.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Capital expenditure vs profile	Target	€1,070m	€17m	€73m	€139m	€208m	€277m	€352m	€429m	€507m	€593m	€693m	€819m	€1,070m
	Actual		€17m	€64m	€105m	€169m	€245m	€305m	€374m	€446m	€553m	€602m	€732m	€1050m
2. New Primary Care Centres completed in 2022 vs profile	Target	16	-	-	7	-	-	12	-	-	14	-	-	16
	Actual		-	-	6	-	-	11	-	-	14			16
3. New and replacement Acute Bed Capacity vs profile	Target	186	-	-	5	-	-	61	-	-	156	-	-	186
	Actual		-	-	0	-	-	21*	-	-	44			74
4. New and replacement Community Bed Capacity vs profile	Target	277	-	-	0	-	-	126	-	-	146	-	-	277
	Actual		-	-	0	-	-	109	-	-	126	-	-	176

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Develop a new Capital and Estates Strategy		Complete	
2. Commence tender process for construction of National Maternity Hospital on receipt of Government Approval of Final Business Case	Dec-22	Delayed	Government approval of final business case still awaited. Timeline for receipt of this not available.
3. Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	Sep-22	Delayed	Construction commenced at five Community Nursing Unit sites. Site set up initiated at Midleton and Athlone, with construction due to commence by end of Q1, 2023
4. Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)		Complete	
5. Complete the delivery of additional critical care capacity at Mater Misericordiae (16 No. Beds) and Tallaght University (12 No. Beds) Hospitals	Dec-22	Delayed	Beds at Tallaght hospital completed. Practical completion of beds at Mater Misericordiae hospital due end March 2023.

Key issues impacting delivery of ambition
1. The absence of agreed processes to deal with construction inflation at the start of 2022 led to uncertainty resulting in delays to commencement of construction projects.
2. General contractor issues including availability of labour, materials and specialised resources as a result of Brexit and the war in Ukraine.
3. Challenging contractor performance in one specific project

Mitigating actions to address key issues
1. Considerable effort made to maintain engagement with paneled contractors to keep them on-board & prevent the requirement for re-tendering resulting in further project delays.
2. External global factor, but Capital & Estates worked with contractors on project schedule to adapt to market pressures where possible.
3. Full governance and oversight in place to identify and address issues at early stages. Unfortunate impact was significant delay to delivery of beds.

18. Risk Management

Overview: There are currently **19** risks on the CRR. The current risk ratings of the risks, per the Q3 2022 CRR report, are **12 Red** and **7 Amber**.

Corporate Risk RAG Summary

RAG	Quarter 3 , 2021	Quarter 4, 2021	Quarter 1, 2022	Quarter 2, 2022	Quarter 3, 2022
Red	17	18	7	11	12
Amber	10	8	10	8	7
Green	0	1	0	0	0

Corporate Risk Register [CRR] Update

1 Corporate Risks Q4 2022	The Q4 2022 Corporate Risk Register [CRR] Review has commenced and is due January 2023. In addition to the quarterly CRR review process, the CRO may also report on a monthly basis by exception on any significant changes between the quarterly reviews on corporate risks that are more dynamic in nature. The November Monthly Exception Report was reviewed by the CRO with no significant changes noted requiring EMT approval.
2 Risk Programme Priorities	<p>The review and update of the HSE's Risk Management Policy. The revision of the HSE's Integrated Risk Management Policy 2017 is well advanced with the final system consultation phase completed in December 2022. The revised Policy is based on the ISO31000:2018 Risk Management Guidelines and ISO31010:2019 Risk Assessment Techniques and reflects the findings and recommendations from the HSE's Risk Reviews in 2019 and 2021. The governance and approval process of the final draft will commence with the Audit and Risk Committee's [ARC] first review, followed by EMT approval, and subsequent ARC review of final draft version before it being brought to the Board for approval. Communication and dissemination of the policy will follow Board approval.</p> <p>Training and Development A key priority for the ERM Programme is the development of a comprehensive risk management training and development programme. A Training and Development Manager has been appointed and will commence in mid January. This will allow for the acceleration of the risk training programme to support the policy launch and embedding enterprise risk management within the HSE.</p>
3 EMT Risk Workshop	<p>Annual strategic assessment of the HSE's principal risks: The EMT undertake an annual strategic assessment of the HSE's Corporate risks. The 2022/ 23 process will be undertaken with the EMT at a dedicated workshop in January 2023. The key objectives of the workshop are to review the current risks on the CRR, identify new potential strategic risks for the HSE and to review the HSE's Risk Appetite Statement as part of the wider Board Review process.</p> <p>Risk Appetite Statement [RAS] Review The HSE's Risk Appetite Statement was approved by the Board in November 2021. The RAS describes and sets parameters on the level of risk the HSE is willing to accept to achieve its strategic objectives. When the RAS was adopted, it was agreed that the RAS should be reviewed after 12 months of operation. Consultation is underway with a number of stakeholders including members of the ARC and the EMT.</p>
4 National Risk Assessment	The National Risk Assessment is an annual strategic risk assessment for Ireland led by the Taoiseach's office. A wide ranging consultation process is currently underway with members of the public, representative groups, the private sector, and the Oireachtas. The public consultation will be open until 17 February 2023 and the HSE will be working with the Department of Health to prepare a submission as part of the consultation process. It is expected the submission will cover both the risks with a direct impact on healthcare delivery as well as those risks that have an indirect impact.

18. Risk Management

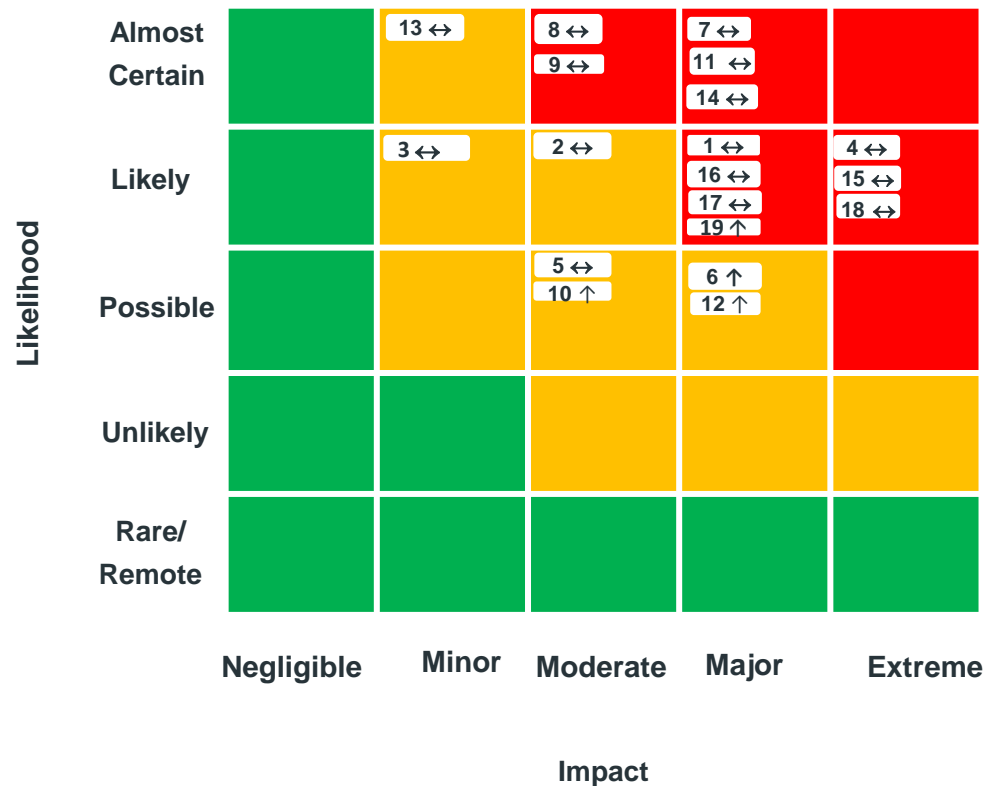
Risk ratings [Inherent and Residual] as at September 2022

Risk Summary Table											
Risk ID	Risk Title	Owner	Risk Appetite		Risk Rating						
			Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite
					Likelihood	Impact	Rating	Likelihood	Impact	Rating	Target
CRR 001	Major service disruption and operational resilience.	COO	Averse	Operations & service disruption	Likely	Extreme	20	Likely	Major	16	</=6
CRR 002	Future trajectory of COVID.	CCO	Averse	Patient Safety	Likely	Extreme	20	Possible	Major	12	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	CCO	Averse	Patient Safety	Unlikely	Extreme	10	Unlikely	Major	8	</=6
CRR 004	Access to care.	COO	Averse	Operations & service disruption	Almost Certain	Extreme	25	Almost Certain	Major	20	</=6
CRR 005	Inadequate and ageing infrastructure/ equipment.	CSO	Cautious	Property and Equipment	Possible	Major	12	Possible	Moderate	9	<12
CRR 006	Delivery of Major capital projects	CSO	Cautious	Property and Equipment	Almost Certain	Moderate	15	Likely	Moderate	12	<12
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	CCO	Averse	Patient Safety	Almost Certain	Extreme	25	Likely	Extreme	20	</=6
CRR 008	Safety incidents leading to harm to patients.	COO	Averse	Patient Safety	Likely	Extreme	20	Possible	Extreme	15	</=6
CRR 009	Health, wellbeing, resilience and safety of staff.	NDHR	Cautious	People	Almost Certain	Extreme	25	Possible	Extreme	15	<12
CRR 010	Climate action failure and sustainability.	CSO	Eager	Strategy	Almost Certain	Major	20	Possible	Moderate	9	</=25
CRR 011	Digital environment and cyber failure.	CIO	Averse	Security	Almost Certain	Extreme	25	Likely	Extreme	20	</=6
CRR 012	Delivering Sláintecare.	CSO	Eager	Strategy	Likely	Major	16	Likely	Moderate	12	</=25
CRR 013	Internal controls and financial management.	CFO	Cautious	Financial	Possible	Extreme	15	Unlikely	Extreme	10	<12
CRR 014	Sustainability of screening services.	CCO	Averse	Patient Safety	Almost Certain	Extreme	25	Likely	Extreme	20	</=6
CRR 015	Sustainability of disability services.	COO	Averse	Operations & service disruption	Almost Certain	Extreme	25	Almost Certain	Major	20	</=6
CRR 016	Workforce and recruitment.	NDHR	Cautious	People	Almost Certain	Major	20	Likely	Major	16	<12
CRR 017	HSE Funded Agencies.	COO	Averse	Operations & service disruption	Likely	Extreme	20	Likely	Major	16	</=6
CRR 018	Assisted Decision Making	COO	Averse	Patient Safety	Almost Certain	Extreme	25	Almost Certain	Major	20	</=6
CRR 019	Displaced Ukrainian population and International Protection Applicant population	COO	Averse	Operations & service disruption	Almost Certain	Major	20	Likely	Major	16	</=6
										Total 15-25	12
										Total 6-12	7

Heat Map

Residual rating changes from Q2 to Q3 2022

↑ Increasing ↓ Decreasing ↔ No change • New/ Emerging



Risk ID	Risk Title	Risk Rating			
		Residual rating [with controls]		Movement	Risk Appetite
		Q2	Q3		Target
CRR 001	Major service disruption and operational resilience.	16	16	↔	</=6
CRR 002	Future trajectory of COVID.	12	12	↔	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	8	8	↔	</=6
CRR 004	Access to care.	20	20	↔	</=6
CRR 005	Inadequate and ageing infrastructure/equipment.	9	9	↔	<12
CRR 006	Delivery of Major capital projects	9	12	↑	<12
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	20	20	↔	</=6
CRR 008	Safety incidents leading to harm to patients.	15	15	↔	</=6
CRR 009	Health, wellbeing, resilience and safety of staff.	15	15	↔	<12
CRR 010	Climate action failure and sustainability.	6	9	↑	</=25
CRR 011	Digital environment and cyber failure.	20	20	↔	</=6
CRR 012	Delivering Sláintecare.	6	12	↑	</=25
CRR 013	Internal controls and financial management.	10	10	↔	<12
CRR 014	Sustainability of screening services.	20	20	↔	</=6
CRR 015	Sustainability of disability services.	20	20	↔	</=6
CRR 016	Workforce and recruitment.	16	16	↔	<12
CRR 017	HSE Funded Agencies.	16	16	↔	</=6
CRR 018	Assisted Decision Making	20	20	↔	</=6
CRR 019	Displaced Ukrainian population and International Protection Applicant population	6	16	↑	</=6

19. Communications

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

End of Year Position: Substantially achieved. The HSE EMT approved the Trust and Confidence Strategy in December 2022, this will be implemented from 2023 onward. Our Communications Strategy follows as a next step and will be finalised in Q1 2023. Our campaigns and information programmes have been extensive and effective in 2022, we began meeting new legislative duties under the Official Languages Act in October 2022, with Irish language advertising and social media requirements.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. N/A	Target													
	Actual													

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Develop a comprehensive Trust and Confidence Strategy, including baseline research and associated action plan and KPIs. This will build on progress made in 2021, and the 2022 action plan presented to the Board in December 2021		Complete	
2. Delivery of communications and engagement with the public to maximise public confidence in and understanding of the work of the HSE		Complete	
3. Develop a strategy for excellence in communications in our health service, aligning with the Corporate Plan 2021-2024.	Dec-22	Delayed	Our communications strategy is in the final stages of completion, and will be completed in Q1 2023.
4. Deliver progress on a HSE Irish Language strategy		Complete	

Key issues impacting delivery of ambition
1.

Mitigating actions to address key issues
1.

20. New Drugs

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

End of Year Position: Substantially Achieved

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Approved spend on New Drugs/ New Indications of existing drugs (vs budget)	Target	€30m												
	Actual		€8.45m	€8.45m	€8.45m	€11.55m	€11.55m	€11.55m	€12.99m	€12.99m	€12.99m	€13.15m	€13.83m	€15.41m
2. New Drugs/New Indications of existing drugs recommended to EMT	Target	N/A												
	Actual		7	7	9	11	11	11	13	13	13	15	18	24
3. New Drugs/New Indications of existing drugs approved by EMT that do not require a Managed Access Programme (MAP)*	Target	N/A												
	Actual		7	7	7	9	9	9	10	10	10	12	14	19
4. New Drugs/New Indications of existing drugs approved by EMT where there is a requirement for a MAP	Target	N/A												
	Actual		0	0	0	2	2	2	3	3	3	3	4	5
5. Number of MAPs implemented with issue of formal approval letter to applicant for New Drugs / New Indications of existing drugs approved by EMT **	Target	N/A	-	-	-									
	Actual		-	-	-	1	1	1	1	1	2	2	2	2

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Complete implementation of clause 7,8 and 9 (relates to instances where reductions applied to medicines that are no longer patent protected) of the IPHA Agreement		Complete	172 price reductions implemented in respect of clause 7/8/9 on February 1st 2022
2. Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement		Complete	532 price reductions implemented in respect of clause 5 on 1st March 2022
3. Complete implementation of the MFI Agreement		Complete	37 price reductions implemented in respect of clause 8/9 on 1st March 2022

Key issues impacting delivery of ambition
1. Pricing strategies adopted by industry can compound affordability and sustainability issues

Mitigating actions to address key issues
1. Engagement of applicant companies in commercial negotiations to pricing / other uncertainties

21. Planning and Implementation of Regional Health Areas

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

End of Year Position: Partially achieved. HSE has continued to work in partnership with DoH in ensuring the required planning for establishment of RHAs. Work fully or substantially achieved across the workstreams of Governance, Finance, People & Development, Digital and Capital and Change, Communications and Culture in agreeing the breakdown of high level activities that will feed into the Whole System Design. A stakeholder mapping exercise and communication plan has been developed to end of year with continuing staff engagement. A high level implementation plan informed by international research is substantially completed for signoff in Q1 2023. The appointment of the dedicated programme team is ongoing (Assistant National Director) commenced in Nov 2022, GM posts to commence in Q1 2023 & Grade VII posts in Jan & Feb 2023.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
			Target	Actual										
N/A														

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. To ensure there is a clear sense of direction, develop a Vision Statement for RHAs in conjunction with the DoH, the RHA Advisory Group, Sláintecare Programme Board and the HSE Board.		Complete	
2. Establish a dedicated Programme team within the HSE with clear leadership responsibility to take forward the planning and delivery of the Change programme	Sep-22	Delayed	Dedicated Team recruitment at final stage. Assistant National Director Planning and Delivery (RHAs) in post. GM posts x2 at offer stage. Grade VIII posts x2 commencement dates agreed. Anticipated that Team will be in place end of March 2023.
3. Establish key enabling workstreams to take forward implementation planning, including; Governance (Corporate & Clinical), Finance (Population-Based Resource Allocation), People & Development (Strategic Workforce Planning & Human Resources), Digital & Capital Infrastructure (ICT, Information and eHealth), Change, Communications and Culture and Programme Coordination.		Complete	
4. Develop draft Implementation Plan for RHAs		Complete	

Key issues impacting delivery of ambition
1. Need to ensure integration with other ongoing key policies and developments.
2. Insufficient time to fully & effectively embed change and assess benefit.
3. Need to engage constructively with a wide range of stakeholders.
4. Clearly defined roles, responsibilities and relationships between the DoH, HSE Centre and RHAs are essential.
5. Alignment of RHAs with the emerging Community Healthcare Network (CHN) model needs to be explored further.

Mitigating actions to address key issues
1. Alignment with Slaintecare and HSE Corporate Plan.
2. Strong change management process is crucial. Essential that the process is appropriately resourced nationally and regionally and delivered to a realistic timescale.
3. Stakeholder communication & engagement plan fully operationalised and resourced.
4. Work on-going re agreed deliverables with particular focus on functions & activities at DoH, HSE Centre and RHA Level.
5. Implementation phase to focus on RHA sub structure with particular emphasis alignment with Community Healthcare Networks & Clinical Care Programmes.

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

End of Year Position: Substantially achieved. New Climate Action and Sustainability Strategy and associated implementation plan developed and approved. Infrastructure Decarbonisation Roadmap (IDR), a substantial component of Climate Action and Sustainability Strategy, has been published. Implementation of targets in IDR were in process during 2022 and will continue into 2023. Targeted spend of €16.1m on energy programmes substantially achieved. Final outturn of €15.8m.

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Expand the network of supported energy/green teams at significant energy user sites, to the top 170 sites across HSE and Section 38/39 organisations. Original target of 130 teams revised downwards to 110, to be in place by end Q2.	Target	110	75	85	95	105	103	110	-	-	-	-	-	-
	Actual		81	83	87	93	103	111	-	-				
2. Programme of Supported Shallow Retrofit Energy Capital Works (Spend vs Profile)	Target	€12.5m	€0.25m	€0.62m	€1.25m	€1.88m	€2.50m	€3.75m	€5.00m	€6.25m	€8.12m	€10.00m	€11.88m	€12.5m
	Actual		€0.29m	€0.67m	€0.82m	€1.35m	€1.50m	€2.60m	€3.60m	€4.34m	€5.10m	€6.4m	€10.2m	€13.75m
3. Energy/carbon emissions deep retrofit Pilot Pathfinder Project (10 locations) - Stage 1 Design complete by September 22 (Spend vs Profile)	Target	€3.6m	-	-	-	-	-	€0.50m	-	-	€1.50m	-	-	€3.60m
	Actual		-	-	-	-	-	€0.00m	-	-	€0.371m			€2.04m

Outputs /Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (Where your deliverables have not been achieved in 2022 please include the expected target date when they will be delivered in 2023)
1. Develop a HSE Climate Action and Sustainability Strategy, consistent with the achievement in full of the Government targets for 2030 and 2050, drawing on best practice both nationally and internationally, and linked to the Capital and Estates Strategy.		Complete	The Infrastructure Decarbonisation Roadmap element of the Strategy is published and in progress.
2. Develop implementation plan and associated delivery structures.		Complete	Infrastructure Decarbonisation Roadmap (Implementation Plan) to support achievement of Government targets is in place.
3. Energy Efficiency and Towards Zero Carbon Design training and workshop programme in place with live register.		Complete	

Key issues impacting delivery of ambition
1. Access to facilities & engagement with initiative at some locations.
2. Market saturation for services at present resulting in challenges with securing contractors.

Mitigating actions to address key issues
1. Maintaining engagement & communication. Where possible adjusting schedule to adapt to service pressures.
2. Underspend on Pilot Pathfinder Projects diverted to support programme of Shallow Retrofit energy capital works.

Capacity Measures

Scorecard Ref

Acute Beds	LOD1	Enhancing Bed Capacity
Sub Acute Beds	LOD2	
Critical Care Beds	LOD3	Enhancing Bed Capacity
Community Beds	LOD4	Enhancing Bed Capacity

Enhanced Community and Social Care Services

Community Health Networks	LOD5	Reform of Primary Care, Community and ECC
Home Care Packages and Reform	LOD6	Reform of Home Support and Residential
GP Access to Diagnostics	LOD7	Reform of Primary Care, Community and ECC
Community Paramedicine/Critical Care Retrieval/Pathfinder/1813	LOD8	

Improving access to care

Alternative Care Pathways	LOD9	Reform of Scheduled Care
Acute Hospital Service Restart	LOD10	
Cancer Screening	LOD11	

Disabilities Services

School Leavers/Day Services	LOD12	Reform of Disability Services
Other Disabilities Services		
Decongregation / PA Services / Residential	LOD13	Reform of Disability Services
Residential Placements	LOD14	Reform of Disability Services
Alternative Placements from Nursing Homes	LOD15	Reform of Disability Services
Progressing Disability Services (Children)	LOD16	Reform of Disability Services
Progressing Disability Services (Adult)	LOD17	Reform of Disability Services
Day Services Recovery	LOD18	Reform of Disability Services
In year Transitions from Tusla to HSE (residential)	LOD20	
Respite	LOD21	Reform of Disability Services
Section 39 (51-250)	LOD22	
Intensive Support Packages	LOD23	
Residential Placements; Emergency	LOD24	
Residential Placements; Tusla Under 18s	LOD25	
Personal Assistance Hours	LOD26	Reform of Disability Services

Implementing National Strategies

Cancer Strategy	LOD27	Implementation of National Strategies
National Ambulance Service Strategic Plan	LOD28	
Trauma Strategy	LOD29	Implementation of National Strategies
Paediatric Model of Care	LOD30	
Organ Donation Transplant Ireland Strategy	LOD31	
National Carer's Strategy	LOD32	

Healthy Ireland

Positive Mental Health	LOD33	Prevention & Early Intervention
Physical Activity Pathways	LOD34	Prevention & Early Intervention
National Sexual Health Strategy	LOD35	Prevention & Early Intervention

Other Ministerial Priorities

Antimicrobial Resistance in Infection Control (AMRIC)	LOD36	
Barnahus model for child sexual abuse services	LOD37	

Palliative Care

Palliative Care	LOD38	
-----------------	-------	--

Womens Health

National Maternity Strategy	LOD39	Implementation of National Strategies
Gynaecology New Models of Care	LOD40	
Free Contraception for Women aged 17-25	LOD41	
Period Poverty Implementation Group	LOD42	
Obstetric Event Support Team	LOD43	
Perinatal Genetics	LOD44	
Sexual Assault Treatment Units	LOD45	

Older People

National Dementia Strategy	LOD46	
National Positive Ageing Strategy	LOD47	
Housing Options for our Ageing Population	LOD48	
Other Initiatives	LOD49	
Nursing Home Expert Panel	LOD50	

LOD alignment highlighted in yellow throughout scorecards. Other reporting mechanisms in place to capture other LOD items not highlighted in yellow (improvement in alignment forthcoming)

Acutes Eligibility Measures

Acute Paediatric Charges Measures	LOD51	
-----------------------------------	-------	--

Mental Health

Mental Health - Sharing the Vision	LOD52	Reform of Mental Health
------------------------------------	-------	-------------------------

PCRS/Eligibility Measures

Introducing New Drugs	LOD53	New Drugs
Dental Treatments Services Schemes	LOD54	
Drug Payment Scheme eligibility enhancement	LOD55	
Extension of Free GP Cover for children aged 6/7	LOD56	

Workforce and allied reform measures

Public Health Workforce	LOD57	
Public Only Consultant Contract	LOD58	
Staff Health and Wellbeing	LOD59	
Safe Staffing - Implementation and Pilot	LOD60	
Safe Staffing - Skill Mix Nursing (ED Phase)	LOD61	
Safe Staffing - Skill Mix Nursing (Other)	LOD62	
Student Nurse allowances (Collins Report)	LOD63	
Expansion of Advanced Nurse Practitioners and Midwives	LOD64	

eHealth

eHealth	LOD65	Technology and eHealth
Key enablers	LOD66	Technology and eHealth

National Drugs Strategy / Social Inclusion

National Drug Strategy / Homelessness Health Measures	LOD67	
---	-------	--

Winter Plan

Acutes	LOD68	
Disabilities	LOD69	
Older Persons	LOD70	
PCRS	LOD71	
Mental Health	LOD72	
Palliative	LOD73	

Other Funded Initiatives 2022

Waiting Lists	LOD74	Reform of Scheduled Care
---------------	-------	--------------------------

Other Ministerial Priorities 2022

Key Reform and Governance Projects including

Regional Health Authorities	LOD75	Planning and Implementation of Regional Health Areas
Activity Based Funding	LOD76	Finance and Financial Management
Integrated Financial Management System (IFMS)	LOD77	Finance and Financial Management
National Integrated Staff Records and Pay Programme (NiSRP)	LOD78	

LOD alignment highlighted in yellow throughout scorecards. Other reporting mechanisms in place to capture other LOD items not highlighted in yellow (improvement in alignment forthcoming)