



# Board Strategic Scorecard

June 2024 (April KPI data)

SLT Virtual  
HSE Board 28 June

National Planning and Reporting

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# Document Purpose

The Board Strategic Scorecard aims to provide the Board with a monthly report on progress against key Programmes/Priorities for 2024. 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/ Department of Health (DoH).

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

Improvement plans are appended to the Board Strategic Scorecard for the scorecards that assigned a rating of 2 in the previous month.

Following consideration by the Board, the Board Strategic Scorecard will be submitted to the DoH on a monthly basis, as part of the reporting arrangements in the DoH - Executive Performance Engagement Model and Oversight Agreement, consistent with the Letter of Determination. The scorecard is also shared on a monthly basis with DCEDIY.

## 2024 In-Year Monthly Rating Scale (March– December scorecard submissions)

Zone	Rating	Guiding Criteria
Green	5	<b>Strong assurance</b> that the 2024 Ambition Statement will be <b>fully achieved</b> , on the basis that: <ul style="list-style-type: none"> <li>All KPIs are currently on track against target profile and are expected to achieve the end-of-year target position; and</li> <li>All Deliverables are currently on track and are expected to be completed by target date; and</li> <li>There are no material issues or risks that are expected to impact on the achievement of the Ambition Statement.</li> </ul>
	4	<b>Strong assurance</b> that the 2024 Ambition Statement will be <b>substantially achieved</b> , on the basis that: <ul style="list-style-type: none"> <li>At least 80% of KPIs are currently within 10% of target profile and this position is expected to be maintained to year-end; and</li> <li>At least 80% of Deliverables are currently on track and this position is expected to be maintained to year-end; and</li> <li>To the extent that there are material issues or risks to the achievement of the Ambition Statement, effective mitigations are in place.</li> </ul>
Amber	3	<b>Some concerns</b> that the 2024 Ambition Statement will not be <b>substantially achieved</b> , on the basis that: <ul style="list-style-type: none"> <li>Between 50% and 80% of KPIs are currently within 10% of target profile; and</li> <li>Between 50% and 80% of Deliverables are currently on track.</li> <li>To the extent that there are material issues or risks to the achievement of the Ambition Statement, some mitigations are in place.</li> </ul>
	2	<b>Concerns</b> that the 2024 Ambition Statement will <b>only be partially achieved</b> , on the basis that: <ul style="list-style-type: none"> <li>At least 50% of KPIs are currently within 20% of target profile; and</li> <li>At least 50% of Deliverables are currently on track to be completed within two months of the target date.</li> <li>There are material issues or risks to the achievement of the Ambition Statement, with limited mitigations in place.</li> <li>.</li> </ul>
Red	1	<b>Significant concerns</b> that the 2024 Ambition Statement will <b>not be achieved</b> , given consideration of: <ul style="list-style-type: none"> <li>Less than 50% of KPIs are currently within 20% of target profile; and</li> <li>Less than 50% of Deliverables are currently on track to be completed within two months of the target date.</li> <li>There are material issues or risks to the achievement of the Ambition Statement, with no effective mitigations in place.</li> </ul>

## Board Strategic Scorecard Rating Summary

Key Programmes/Priorities	Change from Previous Period												
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Public Health (COVID -19 Test & Trace and Programme for Vaccination / Immunisation)	➡			3	3	3	3						
2. Unscheduled Care (Emergency Department Performance)	➡			4	4	3	3						
3. Reform of Primary Care, Community & ECC	➡			4	4	4	4						
4. Reform of Home Support & Residential Care for Older Persons	⬇			3	4	4	3						
5. Reform of Scheduled Care	➡			4	4	4	4						
6. Reform of Mental Health	⬇			3	4	4	3						
7. Reform of Disability Services	➡			4	4	4	4						
8. Prevention & Early Intervention	⬇			4	4	4	3						
9. Enhancing Bed Capacity	➡			3	4	4	4						
10. Quality & Patient Safety	➡			2	2	3	3						
11. Patient & Service User Partnership	➡			5	5	5	5						
12. Recruitment & Retention	➡			3	3	3	3						
13. Finance & Procurement	➡			3	3	3	3						
14. eHealth	➡			5	4	4	4						
15. Capital Infrastructure	➡			3	4	4	4						
16. Communications	➡			4	4	4	4						
17. Planning and Implementation of Health Regions	➡			4	4	4	4						
18. Climate Action	➡			3	4	4	4						
19. Women's Health	➡			3	3	4	4						
Operational Services Report – Annex													
Risk Management - Appendix													

### Ratings (for all 19 scorecards):

- 1 scorecard with a rating of 5
- 10 scorecards with a rating of 4
- 8 scorecards with a rating of 3
- 0 scorecards with a rating of 2
- 0 scorecards with a rating of 1

### KPIs :

Of the 60 KPIs for update in April 54 were reported on. Of these KPIs:

- 30 KPIs were on or ahead of target
- 13 KPIs were within 10% of target
- 3 KPIs were 10-20% behind target
- 7 KPIs were behind target by more than 20%

### Deliverables:

All deliverables (n=93) were reported on this month. Of these deliverables:

- 5 deliverables are complete
- 71 deliverables are on track
- 14 deliverables are delayed
- 2 not started (#2 USC)
- 1 no longer required (#10 QPS)

## Key Observations as of June 2024




- a) **Ratings:** Three scorecards reported a downgrade in their rating, all from a 4 to a 3 (#4 Older Persons, #6 Mental Health and #8 Prevention). All other scorecards maintained their rating.
- b) **Pay and Numbers Strategy:** The delay in Pay and Numbers Strategy (PNS) approval continues to impact the reporting of data and progress in deliverables for 2 scorecards (#12 Recruitment and #13 Finance).
- c) **Unscheduled Care (#2):** The average daily number of patients on trolleys continues to be a challenge for ED performance in 2024. The numbers reported in 2024 are broadly similar to those in 2023 (reduced by 5% in 2024 when compared across Jan-Apr), despite significantly increased attendance. Although above monthly target of <350, the number of beds subject to delayed transfers of care has significantly reduced year on year. In 2023 (Jan-Apr) the monthly average number of beds impacted was 570, this average has dropped to 386 for the same period in 2024.
- d) **Primary care (#3):** Primary care continues to perform well-in the delivery of reviews for Chronic Disease management, number of patient contacts (both Chronic Disease and Older Persons) and community diagnostics. Delivery of community diagnostics services continues to perform over 40% above target in 2024, latest figure for April shows 42% ahead of target.
- e) **Older Persons (#4):** A downgraded rating has been submitted this month (from 4 to 3) reflecting poor performance in delivery of assessments via InterRAI and a significant overspend in Home Support hours. The delivery of home support hours for older persons has reported strong performance, ahead of monthly profile in 2024. While no annual target has been set for the number of people waiting for home support services (as no funding has been specifically provided for this in 2024) the number reported as waiting from Jan-Apr shows improvement over 2023 (Apr 2024 figures 13% below Apr 2023) . The establishment of the National Home Support Scheme Office (scheduled for delivery in July 2024) will enhance these activities.
- f) **Scheduled Care (#5):** The percentage of patients waiting longer than 15 months for an outpatient appointment improved for Jan-Apr relative to the same time period in 2023. This figure has shown a steady decrease (ie. improvement) in the first quarter of 2024. The percentage of patients waiting longer than 9 months for inpatient or day case procedures failed to reach target for the first 4 months of this year, as in 2023. However the reported figures for 2024 are lower than that seen in 2023, indicating a slight improvement (1.5- 2.3%) year on year.
- g) **Mental Health (#6): NOTE: service data reporting error now corrected (see Section 4) .** A downgraded rating has been submitted for this month (from 4 to 3) reflecting the poor performance now seen in the updated data reported for KPI#1. As in 2023, waitlists continue to be a concern for both CAMHS and adult services. The percentage of CAMHS accepted referrals seen within 12 weeks shows a similar level of performance for Jan- Apr, in both 2023 and 2024. Latest figures for Apr 2024 shows 56.9% of patients seen within 12 weeks, well behind the target of ≥78%. Waitlists for both adults and older persons (referrals seen within 12 weeks) have also reported figures below target for Jan-Apr 2024. A specific CAMHS waiting list initiative is under way since May 2024 is ahead of target with 567 extra cases seen.
- h) **Disability (#7):** KPIs relating to the activity of the Children's Disability Network Teams are reported quarterly in arrears and trends for the year will be visible in the next quarter. Progress can be seen in other activities, including the implementation of the action plan for Children's Disability Services with a Service Improvement Programme Board in place and key actions delivered. For people with disabilities, 84 new residential places have been delivered to date, above the annual target of 31.
- i) **Prevention (#8):** This scorecard has reported a downgrading to its rating, from a 4 to a 3. This is due to poor performance seen in KPI #2 and #3 and the delay reported for D/1 (note amendment detailed in Section 3.2b).
- j) **Finance (#13):** KPIs relating to the PNS strategy are not yet finalised or implemented due to the delay in its approval by the DoH. Q1 projections indicate that the the HSE is facing a significant overrun at the end of 2024. Normal reporting timelines have now resumed following the recent industrial action. The rollout of IFMS continues, building on achievements in 2023. An accelerated implementation plan was approved by the HSE Board in Q1 2024 to address delays due to industrial action in late 2023.
- k) **Health Regions (#17):** All 6 Health Regions were stood up in March 2024 with REOs now in post. Interviews for the Integrated Healthcare Area (IHA) managers are scheduled for the coming weeks. The new Senior Leadership Team met for the first time in June. All but two of the senior roles have been filled with interviews for the National Director Access and Integration to take place in early July and the recruitment of the National Director Major Capital Infrastructure to commence shortly.
- l) The approach to Patient and Service User Partnerships has been agreed and a regional population health needs profile completed for each Region in support of Population Based Resource Allocation.
- m) **Policies/action plans/roadmaps:** The Digital Health Strategic Roadmap was launched in may (#14 eHealth). Implementation of actions across 2023-developed strategies have progressed in 2024 including: Children's Disability roadmap, Disability Action Plan (#7 Disability), Climate Action Strategy (#18 Climate0 and Phase II Models of Care for Infertility (#19 Womens' Health).

# Balanced Scorecard\*

A. Our Service user/Patients: Quality and Safety	KPI	Annual Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
	i. % of surgical re-admissions to same hospital within 30 days of discharge (#10 QPS).	≤2%.	1.7%	1.4%	1.0%	2mths in arrears								
	ii. % of hip fracture surgery within 48 hours of initial assessment (#10 QPS).	85%	-	-	75%	1qtr in arrears								
	iii. % of complaints investigated within 30 working days of being acknowledged by a Complaints Officer (#11 Pt/Serv User).	75%	-	-	75%	Quarterly								
	iv. National Incident Management System: % of reviews completed within 125 days of category one incidents from the date the service was notified of the incident (#10 QPS).	70%	44%	45%	46%	46% 								
	v. Implementation of the Better Together Road Map/ through delivery of a ‘train the trainer’ approach within each Health Region (#11 Pt/Serv User)	6x1 regions	0 (revised)	0	0	0 								
B. Staff/Clinicians: Experience and Engagement	i. Staff Absence Rate (#12 R&R).	≤4%	6.5%	5.5%	5.5%	5.4% 								
	ii. Total Net WTE Limits (#12 R&R).	TBC (WTE)	146.4k	146.9k	148.3k	146.6k 								
	iii. Annual Turnover Rate (#12 R&R).	≤8.9%	-	-	1.7%	Quarterly								
	iv. Improve engagement between HSE and our staff through internal comms channels (#16 Comms).	3.63m	0.44m	0.8m	1.13m	1.43m 								
C. Access and Integration	i. % of patients waiting longer than 9 months for an inpatient or daycase procedure (#5 Scheduled Care).	10%	22.6%	23%	23.1%	23.2% 								
	ii. % of patients waiting longer than 15 months for an outpatient appointment (#5 Scheduled Care).	10%	13.2%	13%	12.7%	12.4% 								
	iii. % all attendees >aged 75 years and over at ED who are discharged or admitted ≤24 hours of registration (#2 USC).	99%	91%	92%	92%	91% 								
	iv. Number of people in Traveller community who received information of participated in positive mental health initiatives (#8 Prevention/Early Intervention).	3,735	-	-	1595	Quarterly								
	v. % of patients with frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community Specialist teams (#3 Primary Care, ECC).	55%	39%	42%	41%	41% 								
	vi. % problem alcohol users (under 18years) for whom treatment has commenced within 1 week following assessment (#8 Prevention/Early Intervention).	100%	-	-	50%	Quarterly								
	vii. Board approval of Digital Health Strategic Implementation Roadmap (deliverable #14 eHealth)	Apr-24	On track	On track	Delayed	Delayed								
	viii. Complete evaluation of the Autism Assessment and Pathway protocol demonstrator project and commence national roll out with Primary Care, Disability and Mental Health Services (deliverable #7 Disability)	Sep-24	On track	On track	On track	On track								
	ix. No. of home support hours delivered in 2024 (#4 Older Persons).	22.0m	1.91m (revised)	3.77m (revised)	5.64m (revised)	7.5m 								
	x. CAMHS- percentage of urgent referrals to CAMHS Community Teams responded to within three working days (#6 Mental Health).	≥90%	89.6%	98.1%	93.7%	97.0% 								
	xi. Commence phase 2 of Model of Care for Infertility (deliverable #19 Women's Health)	Q2-24	On track	On track	On track	On track								
D. Finance, Governance and Compliance	i. €250m Agency “do without” savings. Annual target: €376m (across all savings categories).	€376m	TBC	TBC	TBC	TBC								
	ii. €80m Agency / Overtime “conversion” savings. Annual target: €376m (across all savings categories).	€376m	TBC	TBC	TBC	TBC								

**Legend**

**KPIs:** Between Feb and Nov activity trends will be represented as follows (compared to previous month):

-  Improved performance
-  Decreased performance
-  Maintained performance

**Deliverables:** Status of deliverables as follows:

- On track**
- Delayed**
- Not Started**
- Complete**
- No longer required**

\*Note: The Balanced Scorecard is a 1-page strategic supplemental view, based on a sub-set of selected KPIs and deliverables across the more detailed content within the 19 scorecards

# 1. Public Health (COVID -19 Test & Trace and Programme for Vaccination /Immunisation)

Ambition Statement 2024:Public Health aligned with the new Health Regions, will work across the domains of health improvement, health service improvement, health intelligence and health protection to protect and promote the health and wellbeing of the population. Building upon the strategic reform of Public Health, it will continue to implement key immunisation priorities and will ensure the delivery and monitoring of a high-level of prevention and control of vaccine preventable diseases across population groups through immunisation programmes. This will include COVID-19, seasonal flu and the Primary Childhood Immunisation Schedule as informed by guidance/policy. In 2024, integrated plans for Covid-19 and Influenza vaccination programmes will be maintained and key activities for the improvement of immunisation uptake rates will be implemented across priority programmes.		
Rating and Overview (3): Some Concerns that the 2024 Ambition Statement will only be partially achieved. KPI#1 : Health and Social Care workers are not recommended a COVID-19 Spring vaccine. KPI #2: COVID-19 Vaccine uptake for people 80 years and over (based on Census 2022 data) returned for this month for week starting 22nd April 2024. 3 out of 4 deliverables are on track. 1 pending DOH approval.		Change
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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.COVID-19 Vaccine uptake for Health and Care Workers (based on HSE Healthcare Workers recorded on HSE HR-SAP).*	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50%	50.0%	50.0%	50.0%	50.0%	50.0%
*Mar & Apr data unavailable as COVID-19 Autumn /Winter Campaign finished on 18th February 2024. Health and Social Care workers are not recommended a COVID-19 Spring vaccine. Reporting will only resume once guidance received from NIAC.	Actual		19.0%	19.0%	Not Available	Not Available								
2.COVID-19 Vaccine uptake for people 80 years and over (based on Census 2022 data)*	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
*March data unavailable as COVID-19 Autumn/Winter Campaign finished on 18th February 2024. Spring Campaign (80 years and over) will commence on the 22nd April. (Uptake age adjusted from 75 to 80 to reflect the change in NIAC guidance for the Spring 2024 Campaign)	Actual		62.0%	63.0%	Not Available	10.0%								
3. Influenza vaccine uptake in HSE Health Care Workers (Acute Hospitals) (KPIreported annually)	Target	75.0%												75.0%
	Actual													
4. Influenza vaccine uptake for people 65 years and over (KPIreported annually)	Target	75.0%												75.0%
	Actual													
5. Influenza vaccine uptake for children within approved age category (2-17) (KPIreported annually)	Target	50.0%												50.0%
	Actual													
6. Percentage of International Health Regulation (IHR) alerts received by Health Projection Surveillance Centre (HPSC) that are risk assessed and actioned as appropriate within 24 hours of the alert (Data reported quarterly in arrears)	Target	100.0%			100.0%			100.0%			100.0%			100.0%
	Actual				100.0%									

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Develop an integrated plan for COVID-19 vaccination in conjunction with the Influenza vaccination programme as appropriate.	Jun-24	On Track	Implementation of Covid-19 Spring Programme 2024. NIAC guidance has been received for Winter 2024
2. Develop operational plans for 2024 to support other (new/existing) vaccination programmes with Covid-19 Mobile Team resources where required.	Sep-24	On Track	Operational plans revised and adapted to support implementation of MMR catch-up
3. Work with the DoH to agree and implement a plan to expand the flu vaccination programme within approved age category in line with the funding provided	Mar-24	Delayed	Continuing to engage with Department on funding
4. Implement key actions identified by the HSE Integrated Taskforce for improvement of immunisation uptake rates.	Dec-24	On Track	Integrated Taskforce in place to review uptake rates for Primary Childhood Immunisation

Key issues impacting delivery of ambition
1. Awaiting approval of additional funding to expand the flu vaccine programme.
2.

Mitigating actions to address key issues
1. Planning for delivery in place.
2. Engagement with the Department of Health.



2. Unscheduled Care (Emergency Department Performance)

Ambition statement 2024: To maintain 2023 improvements in patient care and to deliver further quantifiable improvements in 2024 metrics and KPIs. This will improve the experience of patients accessing the unscheduled care pathway and deliver better health outcomes by reducing known levels of harm associated with prolonged wait times in EDs and extended stays in hospital following the completion of acute care. To deliver this, the focus in 2024 will be on implementing year 1 priorities of the National UEC plan 2024-2026, incorporating key learnings from successes achieved in 2023. Services will work to optimise existing integrated service models for patients, and deliver service quality, efficiency and productivity measures that will improve care to patients, with a particular focus on older adults.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be achieved. The rating is a 3 on the basis that KPI no 4 has been rising over the last 2 months.

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Average daily number of patients on trolleys at 0800hrs	Target	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320
	Actual		353	342	304	338								
2. Percentage of all attendees at ED who are in ED <24 hours	Target	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%
	Actual		96.0%	97.0%	96.0%	96.0%								
3. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hrs of registration	Target	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual		91.0%	92.0%	92.0%	91.0%								
4. Number of beds subject to delayed transfers of care (reflects average monthly figure) <350	Target	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350
	Actual		371	375	412	386								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Multiannual UEC plan 2024-2026 is launched, providing a medium term vision and roadmap for the incremental and sustained improvement of UEC Services	Apr-24	Delayed	Exp Del TBC. Plan is at penultimate draft stage. It was brought to the April meeting of the HSE P&P Committee for their information and observations. The launch of the multiannual plan will follow that of the UEC Operational Plan 2024
2. HSE UEC Operational Plan 2024 is launched, providing the full range of national, integrated and service led actions to deliver UEC improvements in year 1 of the 3 year UEC Plan	Mar-24	Delayed	Exp. Del May'24.The plan was brought to the April meeting of the HSE P&P committee for their information and observations. Final amendments are being made to the plan following its review at the UEC Ministerial meeting. Thereafter, the plan will be ready to be formally launched
3. An enablement function is established as part of the UEC Programme to provide support to Health Regions in the development of local service improvement trajectory plans	Jun-24	Not Started	Completion of this work is dependant on finalising the Governance structure for the UEC programme
4. Revised National and Health Region UEC clinical and operational governance structures and associated arrangements for UEC Programme and Older Adults pathway delivery, monitoring and reporting are in place strengthening delivery capability	May-24	Not Started	This is dependant on finalising the alignment of the centre to the regions as the part of the change process

Key issues impacting delivery of ambition
1. Attendances in 2024 from Week 01 - Week 08 including >75yrs Attendances in 2024 are significantly higher than same period 2024

Mitigating actions to address key issues
1. Key mitigating action to address these issues continues to be frequent operational oversight calls attended by senior leadership at national and local areas



Ambition statement 2024:The ECC will support Community Healthcare Networks (CHN) and Community Specialist Teams (CST) for Older People & Chronic Disease to reach maturity, integrating with the wider community services and enabled by continued delivery of community diagnostics, with an emphasis on productivity and output to maximise impact, in order to ensure a consistent end to end care pathway & improve patient outcomes across the wider health system.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. The ECC Programme is progressing in line with the planned focus on consolidation of existing CHNs and CSTs, activity impact & outcomes in the context of productivity and by continuing planned investment in Digital & Capital infrastructure to enable teams to further embed the model.

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Therapies /Community Healthcare Network Services - Total number of patients seen	Target	1,597,487	133,128	266,256	399,384	532,512	665,640	798,768	931,896	1,065,024	1,198,152	1,331,280	1,464,408	1,597,487
	Actual		118,422	236,694	341,674	468,410								
2. Number of reviews carried out in General Practice in the Chronic Disease Management Treatment Programme, reducing requirement for hospital/ED attendance	Target	529,212	44,101	88,202	132,303	176,404	220,505	264,606	308,707	352,808	396,909	441,010	485,111	529,212
	Actual		47,489	99,097	150,793	207,559								
3. Number of patient contacts by Chronic Disease Community Specialist Teams (across Respiratory, Cardiology, Diabetes & Smoking Cessation)□	Target	228,000	19,000	38,000	57,000	76,000	95,000	114,000	133,000	152,000	171,000	190,000	209,000	228,000
	Actual		20,602	48,911	74,898	104,515								
4. Number of patient contacts by Older Persons Community Specialist Teams	Target	141,000	11,750	23,500	35,250	47,000	58,750	70,500	82,250	94,000	105,750	117,500	129,250	141,000
	Actual		10,418	21,129	31,027	42,544								
5. Percentage of new patients seen by Older Persons Community Specialist Teams on the same day or next day of referral	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
	Actual		14.0%	9.0%	9.0%	11.0%								
6. Percentage of patients with a frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community Specialist Teams	Target	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%
	Actual		39.0%	42.0%	41.0%	41.0%								
7. Number of Community Diagnostics services (X-ray, CT, MRI, DEXA, Natriuretic Peptide Test, ECHO, Spirometry) delivered	Target	401,409	33,451	66,902	100,353	133,804	167,255	200,706	234,157	267,608	301,059	334,510	367,961	401,409
	Actual		47,215	94,381	145,893	190,451								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Commence implementation and roll out of Interim ICT solution	Jun-24	On Track	Contract approval process complete. Implementation planning activities underway
2. ECC Capital Infrastructure Programme Implementation aligned to Primary Care Centre Development	Dec-24	On Track	As of 30 April 2024, there are 72 ECC Capital proposals approved to progress. No change from the last update
3. Complete Healthlink rollout across Community Healthcare Networks (CHNs) and Community Specialist Teams (CSTs), supporting integrated, multidisciplinary ways of working	Jun-24	On Track	89 of the 96 CHNs are live on Healthlink. Engagements ongoing with areas to close out the remaining 7 CHNs . For Integrated Care Programme for Older People (ICPOP) 25/27 of the CSTs operational are live and for ICPCD 25/26 Operational CSTs are live on Healthlink
4. Further embedding of full end-to-end pathway and integrated ways of working to maximise productivity and output	Dec-24	On Track	Monitoring, evaluation and learning process through ECC steering group and regional oversight groups ensuring affinity to the model & transfer of learning. ECC update delivered to REOs highlighting progress/impact to date & the importance of implementing the ECC model within the 80/20 rule
5. Activity /Productivity analysis by CHO undertaken	Jun-24	On Track	Approach and scope of analysis considered through established governance process- ECC Steering Group, Feb meeting - work ongoing to refine approach, format etc

Key issues impacting delivery of ambition
1.Recruitment - backfilling of key leadership roles in order to maximise productivity and output of teams currently in place
2. Capital Infrastructure - adequate space and accommodation for the delivery of services by multidisciplinary teams
3. Implementation of the Interim ICT Solution

Mitigating actions to address key issues
1. Backfilling has been paused in line with memo from CEO, local areas have been advised to seek derogation for all Key Leadership posts.
2. Continued implementation of detailed plan developed & agreed in 2023, with on-going established monthly engagement with CHOs. Allows for more accurate & timely reporting of approved proposals.
3. Contract approval process complete. Implementation planning activities underway.

Ambition Statement 2024: We will continue to provide integrated models of home and community support, enabling increased access to care and supports in the community and egress from acute hospitals through the delivery of 22m hours of home support, to better support older people and their families to remain in their own homes and communities in line with their wishes. We will progress this through: i) progressing the implementation of the interRAICare Needs Assessment ii) procuring an IT system to support the delivery of home support services, the Nursing Home Support Scheme and the impending Statutory Home Support Scheme and iii) establishment of the National Home Support Scheme office.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. A downgraded rating was provided for this month on the basis that KPI#1 is underperforming and there is an overspend in the Cost of Home Support hours.

3

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Ensure by the end of the year that 60%of all new home support care needs assessment undertaken via InterRAI	Target	60.0%	0.0%	0.0%	0.0%	10.0%	20.0%	30.0%	40.0%	40.0%	45.0%	50.0%	55.0%	60.0%
	Actual		1.4%	3.3%	5.0%	7.0%								
2. Number of Home Support Hours Delivered in 2024 - The profile of hours by month is being progressed and will be available shortly*	Target	22.00m	1.84m	3.56m	5.41m	7.27m	9.11m	10.89m	12.91m	14.75m	16.53m	18.38m	20.16m	22.00m
	Actual		1.91m* 1.93m	3.77m* 3.83m	5.64m* 5.73m	7.50m								
3. Number of people waiting for home support services following home support needs assessment undertaken by community staff* (No target has been set as Older People Services have received no funding to specifically address waiting lists for home support in 2024. The year end 2023 data as at 31 December was at 5,863 – 3,067 clients assessed & waiting on new service & 2,796 existing clients assessed and waiting on additional service).	Target	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Actual		5,530	5,557	5,708* 5,671	5,402								
4. No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) *	Target	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100
	Actual		56,339	56,784	57,155* 57,163	55,544								
5. Cost of Home Support Hours delivered in 2024	Target	€692.61m	€58.66m	€113.54m	€172.20m	€228.97m	€287.63m	€344.40m	€403.66m	€461.72m	€518.49m	€577.15m	€633.92m	€692.61m
	Actual		€59.84m	€120.80m	€184.58m	€246.64m								

\*Data validation resulted in corrections to previous submissions by the service area for KPI #2, KPI #3 & KPI#4 for Jan-Mar. Updated figures are included in black text and original figures included in red text.

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Establish the National Home Support Scheme Office*	Q3-24	On Track	Construction work has commenced on Monday 11 March 2024 after significant delays and is due to complete in July 2024.
*Original target date - Q1. Target amended due to significant construction delays			
2. Finalise specification and complete procurement for Home Support ICT System	Dec-24	On Track	Final HSE legal approval received to progress with Stage 1 procurement publication. Preparation for Stage 2 Procurement process ongoing. Planning continuing for development of Data governance strategy. IR engagement on deployment of mobile devices for HCAs progressed.

Key issues impacting delivery of ambition
1

Mitigating actions to address key issues
1

Ambition Statement 2024: to progress a series of strategic reforms and tactical interventions to reduce the length of time patients are waiting for planned care, working towards the Sláintecare multi-year targets of 10 weeks (outpatients), 12 weeks (inpatient/daycases) and 10 days (diagnostics). Particular focus in 2024 will include the implementation of i) the prioritised modernised care pathways; ii) End to end solution for referral management iii) and integrated Specialty Review Groups; as well as progressing the implementation of Surgical Hubs.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved.

4

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Percentage of patients waiting longer than 15 months for an outpatient appointment	Target	10.0%	13.2%	12.9%	12.1%	12.1%	11.9%	11.5%	11.3%	11.2%	11.1%	10.9%	10.4%	10.0%
	Actual		13.2%	13.0%	12.7%	12.4%								
2. Percentage of patients waiting longer than 9 months for an inpatient or daycase procedure	Target	10.0%	22.6%	21.6%	20.5%	19.5%	18.4%	17.4%	16.4%	15.3%	14.3%	13.1%	11.4%	10.0%
	Actual		22.6%	23.0%	23.1%	23.2%								
3. Percentage of patients waiting longer than 9 months for a GIScope	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
	Actual		4.9%	4.7%	5.0%	4.5%								
4. Deliver an increase in activity by 5%above the 2023 outturn for Outpatient, IPDC, GIScope activity by increasing core and additional activity* *Data dependant on production of Management Data Report	Target	5.0%	0.2%	0.5%	0.6%	0.9%	1.2%	1.7%	2.1%	2.7%	3.2%	3.8%	4.6%	5.0%
	Actual		0.7%	0.9%	0.90%	Not available								
5. Number of service users removed from community waiting lists due to community initiatives	Target	4,836	407	814	1,231	1,658	2,025	2,442	2,889	3,336	3,753	4,150	4,527	4,836
	Actual		476	1,021	1,581	2,328								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Centralised Referral (CR) & Patient Initiated Review (PIR): Progress the implementation of centralised referrals and PIR across all sites and all specialties where clinically appropriate.	Dec-24	On Track	Communication issued to Group and hospital clinical directors regarding expected implementation for PIR & CR. Training scheduled for all sites. Regional engagement and deployment ongoing. PIR implemented in 50%of sites. CR implemented in 51%of sites
2. Surgical Hubs: Fully operationalise the surgical hubs in South (DS) and North Dublin (DN) and progress remaining hubs on an expedited schedule for operationalisation on a phased basis throughout 2025	Dec-24	On Track	Primary Notification Numbers issued. DS progressing in line with programme. DN mitigating procurement delays. Planning granted in Waterford & site procured. Notification of decision to grant planning in Galway, Cork, Limerick received. HSE Board approved Contract Award for Cork, Waterford & Limerick
3. HSE Website Improvement: Build upon the foundations of the patient and service user resource that is being created on hse.ie, with a key focus on enhancing user experience. In 2024, focus areas will include publishing more granular data and average patient wait times.	Dec-24	On Track	Activity & performance data published on hse.ie, usability of data publication methods enhanced.Published data to include scheduled care wait times, safety & quality of care and Urgent & Emergency Care (UEC) data. Discovery & user research to support the release of the HSE app through 2025 commenced
4. Alignment on wait times: Engage with the National Treatment Purchase Fund (NTPF) to ensure whole of system focus on reducing waiting times as the key indicator for improving access to scheduled care	Dec-24	On Track	As a key stakeholder in the delivery of additional activity as part of the Waiting List Action Plan 2024, the NTPF have agreed activity of 163k commissioning & 117.6k validation. Continued collaborative approach to achieve reductions including development of the diagnostic waiting list protocol
5. Modernised Care Pathways (MCPs): In 2024, Modernised Care Pathways are expected to deliver approximately 6,000 OPD (Out Patient Department) wait list removals and total patient activity of 70,500 (21,000 new patient and 49,500 review patient activity). MCPs will support health system performance across a range of parameters, including: waiting list removals/avoidance; releasing/creating additional acute consultant capacity; and hospital /emergency department avoidance.	Dec-24	On Track	There are currently 31 operational pathways across 95 sites. These pathways have reported 6,243 new acute hospital OPD wait list removals and total patient activity of 44,365 (22,836 New patient activity (including removals from acute waiting list) and 21,539 review patient activity)

Key issues impacting delivery of ambition
1.

Mitigating actions to address key issues
1.

Ambition Statement 2024: Continue to implement the reform and improvement of Mental Health Services, through the implementation of the key strategies Sharing the Vision and Connecting for Life; with a significant focus on i) The publication and implementation of a Child and Youth Mental Health service action plan focussing on reducing waiting lists, improving access and meeting KPIs including urgent referrals; ii) Increasing availability of digital mental health supports; iii) Continued roll-out of Crisis Resolution Services and CAMHS Hubs; iv) Enhancement of MH Clinical Programme teams; v) Development of an enhanced model of Engagement in MH.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. 7 of 8 deliverables on track despite challenges with recruitment embargo. Overall KPI data shows strong performance across Adults and POLL; however CAMHS KPI#1 is performing well behind target.	3	Change ↓
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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. CAMHS - percentage of accepted referrals /re-referrals offered first appointment and seen within 12 weeks by CAMHS Community Teams*	Target	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%
	Actual		58.3% 89.0%	56.2% 88.8%	59.0% 89.9%	56.8%								
2. CAMHS - percentage of urgent referrals to CAMHS Community Teams responded to within three working days	Target	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%
	Actual		89.6%	98.1%	93.7%	97.0%								
3. CAMHS - percentage of children admitted to CAMHS acute mental health units as a proportion of total admissions of children to acute mental health units)	Target	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%
	Actual		96.0%	100.0%	100.0%	100.0%								
4. Adult services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team	Target	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%
	Actual		67.6%	64.4%	67.7%	67.0%								
5. Older Persons Services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Team	Target	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%
	Actual		86.7%	89.9%	88.2%	90.1%								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1.Publish Child and Youth Mental Health Action Plan	Jul-24	On Track	Action Plan under review with National Oversight Group. Planning in process for wider stakeholder engagement with all key stakeholders engaged in CYMH programme of work
2. Implement CAMHS Waiting List initiative with a target reduction of 35%(1500), and enhance CAMHS Teams with additional staff	Dec-24	On Track	2024 target was adjusted to 1,250 cases based on allocated budget. As of May, performance is ahead of target with 567 cases seen against a target of 522
3. Develop new i) Model of Engagement in Mental Health, and ii) Framework for Recovery in line with Sharing the Vision and the Patient Engagement Framework	Dec-24	On Track	The Framework for Recovery was launched in May and the supporting Documents and Implementation plan are now being developed. The Engagement will be formally launched in June and implementation commence
4. Implement agreed models of care for (i) Older Persons and Dual Diagnosis across pilot sites, (ii) enhance CAMHS Eating Disorder team in CHO6 with additional staff in line with Model of Care (iii) enhance SASSY (Substance Abuse Service Specific to Youth) team in CHO9 in line with Model of Care	Dec-24	On Track	(i) OP demonstration sites progressing, recruitment challenges due to current pause.2 DD adult teams to commence limited services July 2024.ii)CAMHS ED team- 2 WTE approved in Budget 2024,recruitment commenced (iii)7 WTEs approved in Budget 2024,meeting scheduled 10th June to begin recruitment
5. Deliver Crisis Resolution Services (1xCrisis Team, 4xSolace cafe's) and CAMHS Hubs (3xCAMHS Hubs) across learning sites and complete interim evaluation report for both initiatives	Dec-24	Delayed	Exp Del. dep on recruit. Recruitment pause affecting a) commencement of CAMHS Hub CHO 3, 4, & 8. b) commencement of Crisis Resolution Team in CHO 3 and filling of gaps on CRTs in CHO 1, 5 & 6. Crisis Cafe CHO 6 open. CHO 3, 1 & 5 progressing partnerships
6. Deliver suicide prevention gatekeeper training to 5,000 people (online and face to face) and train 40 new trainers to deliver the programmes	Dec-24	On Track	Q1- 3408 people participated in NOSP's suicide prevention training programmes, 18 trainers trained to deliver the community bereavement presentation, and 8 trainers trained in safeTALK in the Templemore Garda College. A new online programme Let's Talk about Suicide was launched May 24
7. Commence a comprehensive evaluation of Connecting for Life-CfL (report due to be completed Q2-25)	Feb-24	On Track	Review of evaluation paperwork in process for sign off by Advisory Group. Logic Model workshop with key CfL stakeholders scheduled June 2024. Review of evidence informed suicide prevention strategies &best practice in strategy implementation underway. Ethics submission at final stage for submission
8. Increasing availability of digital mental health supports: (i) implement a digital mental health action plan (ii) provide 8000 online guided CBT courses	Dec-24	On Track	The Sharing the Vision Digital Mental Health Specialist Group continues to meet monthly to oversee the digital mental health action plan. Q2 initiation of the Navigator project- youth mental health signposting resource. 3,638 online CBT licenses activated Jan-Apr 24

Key issues impacting delivery of ambition
1. Embargo on recruitment impacting progress across all MH developments.
2. Industrial action has impacted the return of KPI data

Mitigating actions to address key issues
1. Risks report completed and escalated.
2. Industrial action resolved and work underway with CHOs to update MH data systems.

Ambition Statement 2024: Continue to implement the reform of disability services, ensuring that people with disabilities have significantly improved access to high quality, person-centred services that meet their individual needs, promote independence and inclusion, and reduce reliance on institutional care through: i) urgent implementation of actions outlined in the Roadmap for Progressing Children's Disability Services; ii) the implementation of key national strategies; iii) expansion of the neuro-rehabilitation project; iv) implementation of the 2024 actions from the 'Action Plan for Disability Services 2023-2026'; v) Roll out of a new national Autism assessment and pathways protocol; vi) Review all high cost residential placements across Disability and Mental Health services to ensure delivery of high quality person centred services at the most economical cost available in the short term; and adequate development of residential requirements in the long term.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved, this will be dependent on recruitment of the necessary skills mix.	4	Change
		➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Number of children on the active caseload of Children's Disability Network Teams	Target	51,000			47,000			48,250			49,500			51,000
	Actual				47,290									
2. Number of children waiting for an initial contact with Children's Disability Network Teams	Target	14,870			16,109			15,696			15,283			14,807
	Actual				16,297									
3. Number of residential places for people with a disability (including new planned places)* *End of Dec'23 figure: 8,400.	Target	8,431	8,369	8,379	8,388	8,395	8,402	8,408	8,414	8,418	8,422	8,425	8,428	8,431
	Actual		8,414	8,421	8,472	8,484								
4. Number of respite overnights accessed by people with a disability (Data collected quarterly one month in arrears)	Target	160,000			37,000			76,000			118,000			160,000
	Actual				37,280									
5. Number of U65s residing in nursing homes supported to move to community or remain in nursing home with supports as per their will and preference.	Target	38				2	6	10	14	20	26	30	34	38
	Actual					10								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Progressing Children's Disability Services: (i) Improve the services to children and families through the implementation of the action plan set out in the Roadmap (ii) progress the completion 91 fully functional CDNT teams	Dec-24	On Track	Project Charters to deliver on 60 Roadmap actions will be finalised this month. Number of actions have been achieved and others are in train. 5th WG with Education to be set up.
2. (i) Establish Community Neuro-Rehabilitation Teams (CNRT) in CHO6 & CHO7 to complete the Managed Clinical Rehabilitation Network (MCRN) in these CHOs (July 2024); (ii) establish full CNRTs in CHO2 & CHO4 (July 2024) (ii) develop and establish a new CNRT in CHO9 (Dec 2024); (iii) Develop business plans with colleagues in RHAs for the future development of Managed Clinical Rehabilitation Networks in CHO2, CHO4 and CHO9.	Dec-24	On Track	Primary Notifications have been approved for Community Neuro-Rehabilitation Teams (CNRTs) in CHO 2,4, 6 & 7. All CHOs can now proceed to recruitment
3. Monitoring System for New Directions: Complete the monitoring system to measure compliance with the 'Interim Standards for New Directions' to assist stakeholders to deliver services and supports in accordance with the vision and stated objectives outlined in the New Directions and the Value for Money reports	Jul-24	On Track	On track with regard to proposed monitoring approach. Meeting held with HIQA on proposed approach. Consultation with sector scheduled for Q2/Q3 with trial of monitoring approach to commence Q3
4. Complete evaluation of the Autism Assessment and Pathway protocol demonstrator project and commence national roll out with Primary care, Disability and Mental health Services	Sep-24	On Track	The data collection process has commenced in CHO 9, independent evaluation is progressing within the 4 pilot sites
5. Deliver better value from expenditure on high cost residential placements across Disability and Mental Health services, to ensure that the HSE receives high quality person centred services at the most economical cost available.	Dec-24	On Track	A further 59 assessment reviews completed (110 to date), work is underway in developing a process for taking the National Placement Oversight & Review Team (NPORT) assessments and converting them to revised rosters, transitions and costings
6. Implement a decongregation plan in line with the Disability Action Plan targets; develop relevant business cases to secure the associated revenue and capital funding to meet the 2024-2025 targets for transitions from congregated settings.	Dec-24	Delayed	Progress is delayed due to difficulties with acquiring and or completion of houses (new builds and adaptations)
7. Extract learning from the Sustainability Impact Assessment process (review of model of service, workforce, finance, org structure, estates and ICT) sharing learning towards the stability and sustainability of the disability sector	Dec-24	On Track	Sustainability insights & learnings have emerged from detailed engagement with S.38 and S.39 organisations & the review of a significant quantum of vol. disability providers. The findings are being disseminated to HSE management and key stakeholders on an ongoing basis
8. Family Forums (FF) and Family Representative Groups (FRG): Establish the remaining 22 new Family Forums (total of 91) and 4 Family Representative Groups (total 9) to ensure Service User and Family participation in CDNT service development at national, regional and local levels	Jul-24	On Track	85 Family Forums established and 6 Family Representative Groups are in place

Key issues impacting delivery of ambition
1. The sourcing and retention of suitably qualified staff to deliver on new service developments in NSP 2024

Mitigating actions to address key issues
1. Targeted recruitment process underway

Ambition Statement 2024: Enable individuals to take greater control over their physical, mental and sexual health, through supporting behavioural change, by delivering services and targeted interventions which provide people with the tools and support to make healthier choices throughout their lives, (particularly individuals and communities at greatest risk).															
Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. 4/6 KPIs are within 10%of their target and position is expected to be maintained until year end. 1/2 deliverables on track. Competing priorities for HBS procurement and e-Health have caused delays to progressing tender for deliverable #1.														3	Change ↓

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Percentage of smokers on cessation programmes who have quit at four weeks	Target	52.0%			52.0%			52.0%			52.0%			52.0%
	Actual				57.7%									
2. Number of frontline staff who completed the eLearning Making Every Contact Count brief intervention training	Target	5,935			2,017			3,501			4,985			5,935
	Actual				714									
3. Percentage of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	Target	100.0%			100.0%			100.0%			100.0%			100.0%
	Actual				50.0%									
4. Number of people in the Traveller community who received information on or participated in positive mental health initiatives	Target	3,735			933			1,866			2,799			3,735
	Actual				1,595									
5. Number of free home testing Sexually Transmitted Infections (STIs) kits dispatched	Target	120,000	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000	110,000	120,000
	Actual		12,046	22,610	33,042	44,067								
6. Percentage of new individual service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and/or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Target	86.0%			86.0%			86.0%			86.0%			86.0%
	Actual				89.5%									

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Complete and commence implementation of a Physical Activity (PA) Pathway to support referrals to physical activity programmes outside the HSE in partnership with Sports Ireland	Dec-24	Delayed	Competing priorities for HBS procurement and e-Health have caused delays to progressing tender. Proposing to publish tender in Q4 following engagement from procurement and eHealth. 2nd cohort of 30 HCPs commenced PA & Behaviour Change training. Stakeholder consultation of Curriculum & Accreditation Framework for Exercise Professionals completed.
2. Increase access to free Stop Smoking Medication	Dec-24	On Track	Preferred option identified, which involves messaging from patient management system to designate pharmacy supplier. Work ongoing defining scope and requirements with developers, and identifying budget for implementation. Arrangements being made to re-engage with Pharmacy Procurement Team.

Key issues impacting delivery of ambition
1. Home STI test kit orders exceeding the 10,000 target per month, resulting in costs exceeding the available monthly budget.
2. Competing priorities in HBS Procurement and E-Health have delayed issue of Tender for Digital Platform as a result platform development will not be completed in 2024.

Mitigating actions to address key issues
1. Cap was put in place on 25/04/24 to restrict orders to 10,000 per month, ensuring the service is operating within available budget.
2. All possible mitigation options have been exhausted to date.

Ambition statement 2024: To deliver additional bed capacity across the year as follows: i) provide an additional 22\*critical care beds under NSP2024 to reach a total of 352 beds; ii) to deliver a total of 147 additional acute beds ; and iii) 23\*beds will need to be delivered to reach target of 352 required by LoD and NSP24. Discussion required as to where this bed will be identified and WTEs provided.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. National capital and minor capital works are on track but delays in operationalisation may occur due to recruitment of staff to open beds.

4

Change➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Critical Care Beds **	Target	22*	1	1	1	1	1	9	9	9	12	12	18	22
	Actual		1	1	1	1								
2. Acute Bed additions**	Target	147	0	22	37	49	49	75	93	111	111	121	121	147
	Actual		0	56	56	56								
3. Community Bed (including rehabilitation beds) additions**	Target	16	0	0	4	0	0	8	0	0	12	0	0	16
	Actual		0	0	7	7								
4. No. of short stay beds in public units**	Target	1,683	1,612	1,615	1,625	1,630	1,637	1,642	1,650	1,657	1,664	1,670	1,677	1,683
	Actual		1,612	1,627	1,627	1,622								
5. No. of Nursing Home Support Scheme (NHSS) beds in public long-stay units**	Target	4,982	4,796	4,501	4,806	4,816	4,826	4,832	4,842	4,850	4,893	4,936	4,970	4,982
	Actual		4,796	4,914	4,922	4,912								
(A review of service delivery and pressures, prompted an increase in the monthly and annual target number initially applied (4,501))														

\*\*Bed' reflects the total additional acute bed capacity that became operational during the year either as a result of construction or reconfiguration.

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Delivery of beds and WTEs as per profile	Dec-24	On Track	1 additional critical care bed opened as profiled in St James' Hospital on 8th January 2024. 56 additional beds opened in February 2024 (Mater 32 and Mallow 24)

Key issues impacting delivery of ambition
1. Recruitment of Additional Staff
2. Capital Programme to meet anticipated/completion dates

Mitigating actions to address key issues
1. The reduction of SS and LS beds from March to April is attributed to temporary closure of beds for capital works
2.



10. Quality and Patient Safety

To note: the below indicators and deliverables do not represent a complete overview of patient safety across the system

Ambition Statement 2024: to continue to improve quality and patient safety, specifically to: i) reduce healthcare associated infections, ii) reduce surgical re-admissions; and iii) improve the timelines for carrying out hip fractures surgery. In addition, we will , iv) continue implementation of the Patient Safety Strategy; v) design a National Quality and Patient Safety Surveillance in maternity services; vi) design and deliver a National QPS Competency Framework.															
Rating and Overview (3) :Some concerns that the 2024 Ambition Statement will not be substantially achieved. Rating is based on the availability of data and the indications in the Rating Criteria. CCO scorecards are currently undergoing a review in light of ongoing restructuring and reform.														3	Change ➔

KPI	T/A	2024 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 used	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		0.9	0.9	0.9	1.1								
2. National Incident Management System: Percentage of reviews completed within 125 days of category one incidents from the date the service was notified of the incident	Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
	Actual		44.0%	45.0%	46.0%	46.0%								
3. Percentage of surgical re-admissions to the same hospital within 30 days of discharge (Data reported two months in arrears)	Target	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%	≤2.0%
	Actual		1.7	1.4	1.0									
4. Percentage of hip fracture surgery carried out within 48 hours of initial assessment (Data reported one quarter in arrears)	Target	85.0%			85.0%			85.0%			85.0%			85.0%
	Actual				75.0%									
5. Rate of medication incidents as reported to National Incident Management System per 1,000 beds (aim to increase reporting) (Data reported three months in arrears)	Target	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0
	Actual		3.2	3.0										

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Commence Quality & Safety Surveillance System in Maternity services as proof of concept i.e. research on best practice and statistical methods, design a ICT system and establish clinical and data governance and a programme office* *See also Scorecard #19 Women's Health	Dec-24	No Longer Required	Decision to close this project and work with NWJHP in relation to the Quality & Patient Safety Indicators that can be progressed
2.The HSE will complete the design and progress implementation of a new operating model for the delivery of Quality and Patient Safety nationally and regionally, aligned with the new governance structures for the HSE Centre and Regional Health Authorities, to provide assurance for the management and oversight of incidents and risks.	Dec-24		

Key issues impacting delivery of ambition
1. Signals Programme MDT (X5) recruitment is on hold as a result of HSE pause on recruitment , meaning that the project as designed will not be delivered within the 2 year timeline.

Mitigating actions to address key issues
1. DoH/Pobal have responded following review of QS Signals. SJIF Round 2 with a decision to close out the work. QPS & NWJHP are working together re: next steps

Ambition statement 2024: to continue strengthening the culture of patient and service user partnership through direct involvement and leadership in planning and programme activities through: i) progressing the implementation of the Health Services Patient Engagement Roadmap through the development of training programmes; ii) strengthening implementation of QIPs arising from Your Service Your Say policy, the National Care Experience Surveys and direct engagement; and iii) building the capacity of staff to comply with the provisions of the Assisted Decision-Making (Capacity) Act, 2015.

Rating and Overview: (5) Strong assurance that the 2024 ambition statement will be achieved. Work is progressing to target.

5

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Implementation of the Better Together Road Map through the development and implementation of a comprehensive National Training Module that is co designed and co delivered across the HSE utilising a 'train the trainer' approach within each Health Region	Target	6	0	0	0	0	0	0	0	0	1	4	6	6
	Actual		0	0	0	0								
2.Number of hospitals and CHO areas with ADM leads in place as committed to in Service Plan 2023 (max 38)	Target	38				13				26				38
	Actual					12								
3. Total number of staff that have completed Module 1: Guiding Principles on the e-learning programme on assisted decision-making	Target	26,000	15,000	16,000	17,000	18,000	19,000	20,000	21,000	22,000	23,000	24,000	25,000	26,000
	Actual		14,497	15,577	16,732	17,608								
4. Percentage of complaints to HSE investigated within 30 working days of being acknowledged by a Complaints Officer	Target	75.0%			75.0%			75.0%		75.0%				75.0%
	Actual				75.0%									
5. Percentage of complaints to HSE where an Action Plan identified as necessary is progressing	Target	75.0%					75.0%			75.0%			75.0%	
	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Develop a working group to collate, assess, review and agree the learning pathway plan for partnership education and training	Apr-24	Complete	Completed Mar-24. Working group established and meetings have commenced
2. Develop a partnership education and training package for service users. Careers, public representatives, staff and managers	Jun-24	On Track	Workshops are continuing in developing the material
3. Develop feedback mechanisms and KPIs to aid with monitoring and evaluating the education and training sessions	Nov-24	On Track	As a key componenet of the development of the education plan we are developing the feedback mechanisms and KPIs
4. Support operational services capability to monitor and report on compliance with mandatory recording of Action Plans on the Complaints Management System (KPIno.5) through provision of training and generation of quarterly compliance reports as outlined in the Your Service Your Say policy	Dec-24	On Track	Data will be available for Q1 on July 5th 2024

Key issues impacting delivery of ambition
1. E-learning on ADM is not mandatory in the HSE
2. KPIno 1 requires an identified PSUE lead in each Region to utilise a train the trainer approach. It is not certain if this will be established to meet this timeframe.
3. Appointment of ADM posts in CHO areas and HG to support roll-out of the Act in local areas impacted by recruitment pause.

Mitigating actions to address key issues
1. Work is continuing to establish grounds to make ADM and consent training mandatory in the HSE. E-learning promoted at all information sessions and on HSE website.
2. Work in ongoing with the Change Management Team to design the regional structure for PSUE
3. Continue to support and advise CHO areas and hospital groups in relation to filling posts related to ADM and consent.

Ambition Statement 2024: Ambition Statement 2024: To source, deliver and retain the required workforce size and mix (skills and grades) across the required geographic regions, within the affordable WTE limits as set out in the Pay and Numbers Strategy 2024.														
Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. This month's rating remains at 3 on the basis of 50%of the KPIs on target alongside 66%of deliverables on track. A key dependency in regard to the WTE Limit KPI and two deliverables currently not on track, is the finalisation of the Pay and Numbers Strategy currently dependent on government decision.													3	Change ➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Average Time to Hire - From receipt of job order to date HR Shared Services issue contract	Target	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks
	Actual		16 wks	15 wks	14 wks	13 wks								
2. Total Net WTE Limit * *Opening WTE Limit is provisional and in line with draft Pay and Numbers Strategy	Target	TBC	143,845	143,845	143,845	143,845	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
	Actual		146,429	146,945	148,293	146,598								
3. Annual Turnover Rate	Target	≤8.9%			≤2.2%			≤2.2%			≤2.4%			≤2.0%
	Actual				1.7%									
4. Staff Absence Rate	Target	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%	≤4.0%
	Actual		6.5%	5.5%	5.5%	5.4%								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Establish a Talent Attraction & Engagement Unit, delivering an attraction strategy specific to each grade category	Sep-24	On Track	TAE Unit with reduced resources commenced Q4 2023. Initial focus on CDNT Resourcing. Ongoing engagement with Universities and engagement with Secondary Schools to be commenced
2. Establish affordable WTE Limits	Jan-24	Delayed	Exp Del dep on PNS. This deliverable is subject to the agreement on the Pay and Numbers Strategy currently under negotiation with the DoH
3. Commence employment monitoring and reporting against the affordable WTE limits	Feb-24	Delayed	Exp Del dep on PNS. The WTE limits database is built, but is subject to the finalisation of the Pay and Numbers Strategy currently under negotiation with the DoH
4. Commence the tendering process for a single talent acquisition solution (Applicant Tracking)	Sep-24	On Track	Progressing to plan with membership revised to reflect the 6 Health Regions and new organisational structure
5. To revise the Governance and deliverables for the HSE Resourcing Strategy to support the development of the six HSE Health Regions with a targeted focus on Disability Services	Apr-24	Delayed	New appointment to Disabilities for lead on workforce commenced in June to lead with DCEDIY
6. Establish Career Pathways material, per profession, in collaboration with the relevant National Discipline Leads, for hosting on the HSE Career Hub.	Dec-24	On Track	Technical infrastructure developed, Q2 engagement with disabilities specific content development in progress. Phase 1 to Go Live in Q3 - Nursing and Midwifery
7. Develop and build relationships with Domestic and UK universities through informative webinars, as part of a TAE Strategy	Dec-24	On Track	Ongoing engagement with Domestic and UK universities through webinars, with a focus on HSCPs. Good participation and engagement, with insightful feedback from students
8. Develop a framework for engagement with Secondary Schools, promoting careers in healthcare.	Sep-24	On Track	Content developed on opportunities in Healthcare, education and employment for secondary school students and delivered initially through the provincial School Summits
9. Develop an appropriate Recruitment model that supports the implementation of the six HSE Health Regions	Sep-24	On Track	Commencement of Health Regions senior management required, to support and agree development

Key issues impacting delivery of ambition
1. Awaiting the decision on the Pay and Numbers from Government
2.The transition to the new Health Regions may impact the deliverables of the Strategy and the development of an appropriate Recruitment Model to support same

Mitigating actions to address key issues
1.Ongong negotiation with the DoH and DPER to progress PNS finalisation
2. Continual engagement with the REOs and CPOs once appointed to build relationships and ensuring that the focus of the Strategy continues to flex according to the changing landscape

Ambition Statement 2024: To work with colleagues internally and externally to limit the level of supplementary financial support to the lowest level possible, particularly within the pay area. To provide improved reporting and decision support, including around maximising delivery on the productivity and savings agenda. To make progress on key strategic areas including IFMS, Cash Management, Procurement, Reporting, Control Environment and Activity Based Funding																
Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. These concerns relate primarily to the pay and numbers strategy related KP&s given the inability to finalise and implement same pending receipt of external approval via DOH and the acute non-pay strategy. Having completed Q1 Projections early indications are that the HSE is facing a very significant overrun at year end. There is significant work to be done to achieve the interim (pending PNS decision) overtime and agency savings targets and the non-pay strategy targets, particularly for acute hospitals.															3	Change ➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Achievement of Savings Targets as per NSP2024 including:*	Target	€376.00m	€3.90m	€7.80m	€11.70m	€44.10m	€76.50m	€108.90m	€141.30m	€173.70m	€206.10m	€238.50m	€270.90m	€303.30m
a. €250m Agency "do without" savings b. €80m Agency / Overtime "conversion" savings c. €34m Consultancy savings €34m d. €12m Drugs and Medicines savings e. €13m Procurement Savings f. €0m Other savings to be agreed as part of the work of the Taskforce on Savings and Productivity - Lead in time till end March assumed for savings 1, 2 and 4. *Jan-Apr data not available due to delays in the resumption of financial reporting following JA	Actual		TBC	TBC	TBC	TBC								
2. Pay Spend - operating within pay spend level agreed as part of the Pay and Numbers Strategy (PNS) 2024* *Targets and Jan-Apr data not available as PNS remains under discussion	Target	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
3. Procurement Spend Under Management: SUM - relates to non-pay spend- target for 2024 will be 85% of c. €4.9bn addressable spend (as per 3 year Corporate Plan, following delivery of 76% against target 75%).* *NB SUM will fall as existing contracts expire and will rise as HSE Procurement/OGP replace those contracts & establish contracts for additional areas of spend.	Target	85.0%			69.0%			84.0%			83.0%			85.0%
4. Reduce potential 2025 first charge by minimum 25% below the 2024 first charge level.* *2025 first charge for 2025 will be est in Dec once final level 2024 supplementary financial support is known for 2024	Target	>= 25.0%												>= 25.0%

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. IFMS Rollout: a. Development and approval of revised Project Plan to accelerate roll out b. Delivery against key 2024 milestones in that plan	a. Q1-24 b. Q4-24	On Track	(a) Accelerated implementation plan approved by project governance & HSE Board in Q1 (b) Resource gaps identified as most significant risk to delivery of key 2024 milestones in approved plan. We are working to address this urgently to reverse slippage against plan (i.e. Amber albeit trending Red)
2. FMS Benefits realisation / Reporting: a. Deliver 5 day close and report across IG1 sites by May / June reporting cycle b. Commence Cash Reporting for IG1 Main Entities / Care Groups reporting to support DOH Vote view c. Utilise IFMS BPC Forecasting in IG1 Sites	a. Jun-24 b. Apr-24 c. Jun-24	Delayed	(a) Good progress made. April achieved IG1 WD7 close, issues remain requiring support pending June achievement (b) Delayed. Cash/Vote Report 1st draft spec produced & reviewed. Tech POC underway. Once complete will inform next steps (c) Delayed -Will commence in Aug 2024 & be delivered in Q4 24
3. Key Stakeholder Relationship Management (DOH Finance Unit/ DPER Vote Team) a. Finalise agreement on revisions to Cash Management Approach b. Update Reporting Schedule to include reports and timelines for HSE data to be shared via DOH with DPER building on 2023 improvements (HSE to DOH schedule)	Mar-24	On Track	(a) Cash Mgt approach documented & principles agreed with DoH (b) HSE Reporting Schedule shared with DoH end March. Reporting Schedule between DoH and DPER is largely agreed. HSE awaiting finalisation of same
4. Procurement Compliance: a. Improve 2024 compliance assessment result by 5% beyond 2023 level b. Set out high level plan to leverage IFMS, initially in OG1 sites, to expand and streamline compliance process so that includes spend below €25k and reliance on self assessment is reduced.	a. 2.5% Q2 bal Q4 b. Jun-24	On Track	(a) Plan in progress, Q2 returns will be available in September for comparison with 2023 (b) Development of plan commenced
5. Rollout of the final work stream Internal Controls Programme WS4 Self Assessment, revamped plan by end Q1-24, one site to be in progress by Q4-24	Dec-24	On Track	WD4 revised plan drafted and will require focussed support in Q3 to ensure on track with ambition
6. ABF Benchmarking- Complete Annual Benchmarking Process for System review by 31 Oct 24 Actions: a. Hospitals to have 100% of 2023 admitted activity coded by 31 Mar 24 b. HPO to hold quarterly meetings with Hosp Grp CFO / RHA Fin rep c. Hosp Specialty Costing Returns to be submitted for review & audit by 31 May 24 d. HPO to host an annual ABF Conference on ABF issues by end Jun 24 e. ABF Final Benchmarking Model to be completed by 31 Oct 24	a. Mar-24 b. Q4-24 c. May-24 d. Oct-24 e. Oct-24	On Track	(a) Hospitals coded 99.2% of 2023 admitted activity (b) Meeting with Hospital Group CFO'S took place in Jan 24 (c) 35 out of 44 hospitals have submitted Specialty Costing files at end of May 24 (d) The annual ABF Conference was held on 22 May 2024. Almost 200 attended (e) Still on track
7. Invoice Processing - finalise achievement of steady state in terms of: a. Clear current Jul - Nov backlog b. Resource & operational plan for steady state in place c. Invoice volumes at steady state levels d. Resource levels to maintain steady state	a. Q1-24 b. Q1-24 c. Q2-24 d. Q4-24	On Track	(a) Clearing the Jul-Nov 23 backlog by Q1 target date not achieved. (April status 90% of target achieved) (b) Resource & Op plan in place- complete (c) Invoice volumes stabilised & remain on target for steady state (d) 1st external resource reduction target (25%) achieved & 2nd target (50%) on track

Key issues impacting delivery of ambition
1. The FORSA dispute impacted heavily on financial reporting and we faced challenges in the catch up as a result. Normal reporting timelines have now resumed.
2. Delay in HSE receiving final political decision related to PNS. This is resulting in a delay in implementation of Agency targets & adding to the complexity of the resource challenges for IFMS

Mitigating actions to address key issues
1. There was a significant focus on the Finance team to bring reporting up to date. Normal reporting timelines have now resumed.
2. In the absence of an approved PNS, Interim Targets have been put in place to keep 2024 Agency and Overtime stable. We are also actively working to address resource gaps in IFMS

Ambition Statement 2024: Enable transformation of patient care by i) approval of Digital Health Strategic Implementation Roadmap, ii) completing CMMI re-assessment of Cyber Security, iii) releasing the Health App to the general population iv) National Shared Care Record vendor selected, v) developing Target Operating Model for eHealth Centre & Regions, vi) delivery of two 25-bed Virtual Wards.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. Strong progress on plan: delivery of 98% of capital programmes on target; Digital Health Strategic Implementation Roadmap due to go to the HSE Board for final approval end of June, Cyber security CMMI maturity re-assessment underway and on track; Mobile Health App Beta 1 released in May; National Shared Care Record procurement progressing on track; Target Operating Model commenced with revised due date of Dec 2024; procurement for delivery of 2 Virtual Wards on track

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Change➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. eHealth ICT Capital expenditure vs 2023 profile-YTD	Target	€155.0m	€7.0m	€16.0m	€20.0m	€25.0m	€30.0m	€37.0m	€48.0m	€60.0m	€78.0m	€98.0m	€120.0m	€155.0m
	Actual		€8.0m	€11.5m	€17.3m	€26.7m								
2. Delivery of 90% of capital programmes on track by EOY (RAG status Green or Amber)	Target	90.0%	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%	90.0%	90.0%	90.0%
	Actual		91.7%	95.2%	92.8%	97.6%								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Board approval of Digital Health Strategic Implementation Roadmap	Apr-24	Delayed	Exp. Del Jun'24 DoH framework and HSE Roadmap documents full aligned DoH Framework released by Minister 22 May HSE Roadmap going to HSE Board for approval in June
2. CMMI maturity re-assessment completed for Cyber Security	Jul-24	On Track	Vendor commenced CMMI maturity re-assessment in mid-May Interviews and workshops are underway
3. Mobile Health App released to the general public	Dec-24	On Track	Beta 1 go-live achieved May 27 Testing underway with 40 patients and 50 staff using live data Beta 2 & 3 removed from project plan to focus on broad population vs specific cohorts - replaced by fortnightly sprints Q4 Public Release target scope agreed and aligned with available data
4. National Shared Care Record preferred vendor selected	Dec-24	On Track	First phase of competitive dialogue completed end of May Next phase is to develop the Invitation to submit final tender (ISFT) due for Mid August with a selection of preferred vendor Mid-Oct Approvals and contracting phase is between 4 and 9 months
5. New Target Operating Model developed and approved for eHealth Centre and Regions* *Original Target date Jul'24. Revised date is due to onboarding of new CTTO and changes in procurement processes	Dec-24	On Track	Start of programme delayed until new CTTO took up role Programme start authorised by CTTO May 24 Tender RSA prepared and submitted to Procurement Deliverables due date revised from July 2024 to December 2024
6. Delivery of two 25-bed Virtual Wards	Dec-24	On Track	Evaluation of vendor responses complete Vendor demos completed Ongoing development of local site hubs Testing of demo equipment completed Training needs assessment in progress Phase 2 of DPS complete (evaluation)

Key issues impacting delivery of ambition

1. Programme deliverables are under continuing pressure due to unavailability of clinical resources (a result of delays in release of 2024 workforce plan and numbers)

Mitigating actions to address key issues

1. 2024 workforce plan released in late May; delayed programmes are being re-planned and re-baselined to extend their timelines, taking account of workforce plan

Ambition Statement 2024: To fully deliver the 2024 Capital Plan, including, i) acute bed capacity, inclusive of critical care beds; ii) community bed capacity; iii) Government priority projects, inclusive of surgical hubs; iv) investment to support patient safety and mitigate clinical and infrastructural risk.

Rating and Overview: (4) Strong assurance that the 2024 Ambition Statement will be substantially achieved. Capital expenditure for the period to end April is €161.86m, which in general is holding up against target profile with the exception of the New Children's Hospital. Indications for spend to end May show that while capital spend overall is ahead of profile, the New Children's Hospital is currently €43m below profile, and the situation is worsening. It is to be noted however, that a significant conciliation payment is imminent which will impact this position. Verification of expenditure is challenging on a monthly basis, due to ongoing issues with reporting from IFMS and full engagement with Finance colleagues continues in relation to this. All deliverables remain in progress and on target. Resourcing within Capital and Estates, and challenges within the construction sector generally, remain a significant limiting factor to delivery of the Capital Plan and the ability to sustain robust confidence in achieving the 2024 Ambition Statement.

4

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Capital spend	Target	€1,159.30m	€22.68m	€62.82m	€116.75m	€197.19m	€273.40m	€334.07m	€426.72m	€510.44m	€589.08m	€698.43m	€907.27m	€1,159.30m
	Actual		€10.83m	€45.59m	€106.10m	€161.86m								
2. Primary care centres completed	Target	5			1			4			4			5
	Actual				1									
3. Acute bed capacity, including critical care beds completed*	Target	143			0			65			65			143
	Actual				0									
4. Community bed capacity completed*	Target	413			118			118			333			413
	Actual				62									

\*Bed' reflects the total number of new and replacement beds constructed during the year. It does not align with the number of additional beds that become operational during the year

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Deliver the National Equipment Replacement Programme in accordance with the revised and approved Equipment Replacement Report 2024-2028	Dec-24	On Track	Expenditure on the Equipment Replacement Programme currently at €8.16m, which is on track against targeted profiled spend
2. Undertake procurement and put in place appropriate governance and resources to progress the National Maternity Hospital project.	Dec-24	On Track	Main works package out to tender, returning 27 September. Reserved specialists (M&E) tender issued end May, returning end October. Stakeholder engagement on project governance continues. Drafting of job specs commenced for specific resources. Formal recruitment process not yet started
3. Continue construction on two surgical hubs in Dublin. Commence construction on surgical hub in Galway. Continue design for all other hubs.	Dec-24	On Track	Design and build tenders for Surgical Hubs in Limerick, Cork and Waterford reviewed and evaluated. Contract awards approved by EMT, ARC and Board in May. Hubs in North Dublin and Galway progressing to site. Building work continues at South Dublin Hub
4. Deliver the 2024 Minor Capital Programme	Dec-24	On Track	Minor Capital Programme is ongoing

Key issues impacting delivery of ambition
1. Resourcing to manage volume of projects on capital plan remains a significant challenge due to inadequate skilled staff to oversee project scoping, design and delivery.
2. Capacity of construction and design sector nationally to support healthcare projects is being impacted by the buoyancy of the construction market.
3. Issues with the continued deployment of the IFMS is challenging the ability to validate Capital Plan spend.
4. Known global challenges including construction inflation, restricted availability and/or delays with material and labour shortages continue to impact or inhibit project progress.

Mitigating actions to address key issues
1. Progress advancing on recruitment of 60 posts from NSP 2024, with panels formed for a number of these and job offers progressing. Interviews in progress for remainder to panel creation.
2. Establishment of a new design team framework continues to advance. Direct engagement with the construction sector continues.
3. Engagement ongoing with HSE Finance to validate financial reporting, enable accurate tracking of spend, and provide necessary assurance on management and oversight of Capital Plan.
4. Engagement continues with the construction sector to support project progress and delivery.

Ambition Statement 2024: Ensure effective communications from health service teams across the HSE and Health Regions that builds understanding of our services and earns public confidence in the HSE. This will be led by HSE Communications through media relations, public affairs, staff communications, partner engagement, public campaigns and a particular focus on high-quality digital and contact care services.														
Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. Communications programmes were active during April, supporting staff and partners to understand changes in the organisation and the establishment of health regions. Our press team supported positive news pieces on immunisation, Bowel Cancer Awareness Week, Sepsis and Sunsmart.													4	Change ➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Support public understanding of HSE work via proactive news generation: national projects receiving coverage per month	Target	88	5	11	17	23	33	41	49	54	60	70	79	88
	Actual		13	19	31	45								
2. Increase public, partner and patient access to quality health information through visits to HSE.ie sites, social media engagements, direct messaging and contacts to HSElive	Target	71.67m	7.52m	11.84m	18.37m	23.39m	29.02m	35.14m	40.26m	45.78m	51.3m	58.93m	66.05m	71.67m
	Actual		9.32m	17.76m	25.30m	33.3m								
3. Improve engagement between HSE and our staff through internal comms channels: interactions with internal comms channels	Target	3.63m	0.24m	0.46m	0.76m	1.05m	1.33m	1.63m	1.90m	2.21m	2.54m	2.94m	3.32m	3.63m
	Actual		0.44m	0.80m	1.13m	1.43m								
4. Improve health behaviour and knowledge and uptake of services through HSE campaigns: impacts of QUIT, vaccine, screening and other campaigns	Target	3.55m	0.24m	0.48m	0.71m	0.98m	1.35m	1.47m	1.51m	1.56m	1.65m	2.8m	3.34m	3.55m
	Actual		0.19m	0.31m	0.44m	0.60m								

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Support the development of a new Health App to give people easier access to their health info and services	Dec-24	On Track	The HSE app project is progressing well, and testing began with a group of CUMH patients in May
2. Work with regional leaders to design high quality and effective Health Region Communications teams and services, including recruitment and transition of staff	Dec-24	On Track	The Comms team delivered fortnightly updates to all HSE staff on progress on the health regions, and worked with the programme team to support all their initiatives
3. Co-create, publish and implement a patient focused visual identity policy for the HSE and Health Regions	Sep-24	On Track	The Visual Identity project is ongoing, producing dedicated V kits for each REO and team, and continuing to prepare for the wider rollout by September
4. Develop HSE and Health Regions communications operating model, with central infrastructure, agreed standards, training, and regional communications programmes, content and activity	Sep-24	On Track	Work on the design of regional teams is ongoing, current focus was on agreeing the design of the regional EMT

Key issues impacting delivery of ambition
1. Comms remains in discussion with eHealth on longer term funding for the services integral to the HSE app, while development work is ongoing.

Mitigating actions to address key issues
1.



Ambition Statement 2024: HSE Health Regions (x6) will be established on a phased basis from 1st March 2024 and will be accountable for both the delivery and planning of services for their geographical region supported by a strong lean reconfigured HSE Centre

Rating and Overview: (4) Strong assurance that the 2024 Ambition Statement will be substantially achieved.

4

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Target													
	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Six Health Regions will be stood up - each led by a Regional Executive Officer (REO), who will be accountable for the planning and delivery of services and associated resources in their Region, initially supported by Hospital Groups and CHOs and their respective leadership teams.	Mar-24	Complete	Completed-Mar'24. Six Health Regions were stood up on 1st March with REOs appointed. Five of the six REOs have taken up post with the final REO to commence in post from mid-April. There will be a transition period from 1st March to 30th September. Induction of REOs took place wk of 4th March
2. The Health Region Executive Management Team (EMT) and Integrated Healthcare Area (IHA) Management Team Structures will be agreed.	Feb-24	Complete	Completed - Apr'24. The Health Region Executive Management Team (EMT) and Integrated Healthcare Area (IHA) Management Team Structures options have been presented to the Health Regions Steering Group and have been agreed
3. HSE Centre Senior Leadership Team (SLT) roles will be appointed within the reconfigured HSE Centre that will be focused on supporting Health Regions in planning, enabling, performance and assurance.	Mar-24	Delayed	Exp Del. Q3'24. SLT National Directors have taken up revised roles from 10th June. Two posts currently in recruitment. (1) ND for Access and Integration - closed on 20th May 2024. (2) ND for Strategic Infrastructure and Capital Delivery post will be advertised by PAS late June
4. Approach to Patient and Service User Partnership within Health Regions agreed.	Feb-24	Complete	Completed-Jan'24. Proposal on approach to Patient/Service User Partnership approved by governance & forms basis for future engagement of patient/service users. Next steps incl detailed design via Nat. Patient Experience team & engagement with REOs. CEO awaiting detail re Patient Engagement posts
5. Regional population health needs profile completed for each Health Region to support Population Based Resource Allocation (PBRA).	Mar-24	Complete	Completed-Feb'24. Population Profiles have been completed for each Region. This is key to support Health Regions, HSE Centre and the DoH in their respective roles in planning, delivering, improving and overseeing services. PBRA stood up in March and continues to meet monthly
6. Detailed design of the Integrated Healthcare Area (IHA) Management Team structure and functions completed.	Aug-24	On Track	20 IHAs as sub components of the Health Regions have been agreed. IHA Manager posts advertised closing date of 10/06/24. ISD model design has commenced with further workshops scheduled throughout June. Significant REO involvement (with other stakeholders) in this phase of ISD design
7. Health Region Change Management supports agreed and in place.	Jun-24	Delayed	Engagement with staff representative organisations is ongoing to resolve PMO and Change Management posts. This has been identified as a priority for the Health Regions Programme. Change management support action plan and checklist being developed to support implementation of the Health Regions
8. Health Region Executive Management Team (EMT) appointments will be in place.	Sep-24	On Track	IHA Manager and Regional Director posts for (1) People and (2) Finance have been advertised with interviews scheduled for end of June. Regional Director Capital and Estates posts have also been advertised. Other EMT posts being progressed for approval with DoH
9. Rollout of a new Integrated Service Delivery (ISD) model commenced with the appointment of Integrated Health Area (IHA) Leads within each Region.	Sep-24	On Track	Design phase of the ISD model is underway. Workshops with representation across all key stakeholders including patient and service users are scheduled for June with further engagements planned. There is significant REO involvement in the development & delivery of ISD design
10. Responsibility and accountability transferred from the CHO and Hospital Group Senior Management Teams to the new Health Region Executive Management Team.	Dec-24	On Track	Transition planning on-going with transition activities being progressed and monitored to include due diligence process

Key issues impacting delivery of ambition
1. Notification received for urgent WRC conciliation on establishment of 6 Health Regions & reconfiguration/restructuring of HSE Centre.
2. Need to continue to engage and inform all stakeholder groups particularly throughout the transition period (March to September 2024).
3. Scale of change within the Health Regions programme and deliverables to ensure safe transition to Health Regions.
4. Need to ensure alignment with other key policies and developments.

Mitigating actions to address key issues
1. Ongoing collaborative engagement with staff representative organisations. WRC conciliation process commencing on 11th June.
2. Stakeholder engagement plan in place aligned to programme deliverables. Ongoing engagement with key stakeholders. Webinar series scheduled to commence end of June.
3. Change management support crucial. Establishment of Change & Innovation Hubs on-going. Engagement with HR & Forsa re regularisation of PMO and additional change management posts.
4. On-going engagement across services to ensure alignment with key policy areas.

Ambition Statement 2024: To take forward the implementation of the HSE Climate Strategy 2023 to 2050 to include i) developing frameworks for the implementation across six priority areas and ten interconnected strategic objectives ii) developing and providing a Climate Action Roadmap iii) continue the implementation of the Infrastructure Decarbonisation Roadmap.

Rating and Overview: (4) Strong assurance that the 2024 Ambition Statement will be substantially achieved. Capital and Estates deliverables for this reporting period continue to progress. Concerns remain however on the ability to sustain progress while the recruitment embargo remains in place. Some concern on the ability to deliver on the Climate Action Strategy objectives due to resource constraints. EOIprocess advanced to recruit x2 Project Managers and x1 GV administrator.

4

Change

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KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Programme spend for supported energy shallow retrofit capital works	Target	€30.00m			€0.90m			€3.60m			€5.40m			€30.00m
	Actual				€1.90m									
2. Programme spend for large-scale, deep energy retrofit pathfinder projects in Capital Plan 2024 (design phase)	Target	€10.00m			€0.30m			€1.20m			€1.80m			€10.00m
	Actual				€0.35m									
3. Number of utility meters installed at identified locations, to enhance metering of HSE data	Target	450			46			122			350			450
	Actual				46									
4. Number of Energy Teams established nationally	Target	160			145			150			155			160
	Actual				148									

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Undertake implementation of the HSE Climate Action Strategy through ten work programmes delivering on a). Development of frameworks and associated implementation and measurement plans. b) Ongoing development and delivery of internal staff communication campaign and training programme. c) A funding proposal for resources required over the medium term.	Q2-24	Delayed	Exp Del. N/A. First draft of the frameworks in development. Communications activities ongoing. 'Sustainability 101' training launch planning for first wave with over 550 participants. Kick off webinar in May. Short to medium term resource plan and funding proposal in development in liaison with DoH
2. Undertake implementation of ISO 50001 (Energy Management System), to enable continued improvement in energy efficiency and reductions in environmental impact	Dec-24	On Track	Progress on actioning findings from independent audit of requirements to implement ISO 50001 continues. Work has commenced on the certification audit scheduled for Q3, 2024, part of the process for the introduction of an Energy Management System
3. Gather, compile and verify data on water consumption for significant users as part of a water conservation training programme.	Dec-24	On Track	The data verification process of 'significant user' water consumption continues. The percentage of verified data continues to increase, now at 75%, up from 50% in last report
4. Implement 2024 Actions on the HSE Infrastructure Decarbonisation Roadmap	Dec-24	On Track	Review of the Decarbonisation Roadmap is now complete and will be shared with SLT for their approval, following which implementation of actions will be progressed

Key issues impacting delivery of ambition
1. Recognised challenges associated with demand for energy and sustainability initiatives nationally, and the HSE recruitment pause is impacting ability to recruit specialist technical expertise.
2.Need for dedicated resources to deliver on Climate Action Strategy both in central PMO and Regionally
3.Integrated working with External Parties Crucial

Mitigating actions to address key issues
1. One post at CATSO level offered and job specification progressing for second post to panel creation. Engagement continues with market sources on identification of suitable expertise.
2.Two staff appointed awaiting start dates and 3rd being sought . A short to medium term resource plan being developed for 2025 service plan inclusive of 6 Regional Sustainability Leads.
3.Regular meetings held with external stakeholders. Ongoing recruitment to Climate and Health Alliance charter.

Ambition Statement 2024: to focus during the year on, i) the expansion of ambulatory gynaecology and endometriosis services; and ii) the introduction of publicly funded Assisted Human Reproduction Services. In addition, there will on ongoing focus on iii) the implementation of the National Maternity Strategy; iv) access to rapid access breast clinics and sexual assault treatment units; and v) implementation on Choose Screening; National Screening Strategic Plan 2023-2027

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. CCO scorecards are currently undergoing a review in light of ongoing restructuring and reform.

4

Change➔

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Number of new patients seen at ambulatory gynaecology clinics*	Target	18,000	1,500	3,000	4,500	6,000	7,500	9,000	10,500	12,000	13,500	15,000	16,500	18,000
*KPI data for Jan-March updated in June due to data validation. Updated figures are included in black text and original figures included in red text. A monthly data validation exercise is undertaken following the BSS reporting period and so April data may be subject to change in the July report.	Actual		1,647 1,523	3,311 3,011	4,820 4,303	5,981								
2. Number of new patients seen per month at regional infertility hubs *	Target	3,000	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
*KPI data for Jan & Feb updated in June due to data validation. April data subject to change following monthly data validation. Updated figures are included in black text and original figures included in red text. A monthly data validation exercise is undertaken following the BSS reporting period and so April data may be subject to change in the July report.	Actual		248 116	539 299	792	941								
3. Number of supra-regional gynae-oncology MDTs to be established and operational	Target	4			2			2			3			4
	Actual				2									
4. Percentage of patients (>14 years) seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit for a forensic clinical examination	Target	90.0%			90.0%			90.0%			90.0%			90.0%
	Actual				95.0%									
5. Percentage Breast Check screening uptake rate*	Target	70.0%			70.0%			70.0%			70.0%			70.0%
*Data under going validation and due to be provided in July	Actual				Not available									

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Elimination of cervical cancer - A national consultation to develop an action plan will launch in Q1 2024 with plans to publish the action plan.	Nov-24	On Track	National Screening Service & partners continue to progress work. A first draft is expected at the end of Q2. The action plan will be launched on 15th November 2024
2. Breast Check increase of availability- the Breastcheck programme aims to increase the availability of screening closer to home by opening two new satellite screening units.	Dec-24	On Track	HSE Estates sourcing additional locations. A site in the North Inner City of Dublin is under consideration
3. Complete implementation of Models of Care for ambulatory gynaecology and endometriosis*	Q2-24	On Track	Ambulatory Gynaecology site visits ongoing -13 of 16 completed with the remaining 3 scheduled
*Original Target date - Feb'24. Target amended as incorrect completion date submitted at blueprint development stage.			
4. Commence phase two of Model of Care for Infertility to include: (i) engaging with the DoH to operationalise the provision of publicly funded, privately provided in vitro fertilisation (IVF), and (ii) complete operational readiness programme to enable commencement of publicly funded, publicly provided IVF*	Q2-24	On Track	Publicly funded , Publicly provided IVF- complete tender process ongoing for facility design and fit out of the facility in Cork
*See also Scorecard #10QPS			
5. Design and implement three women's health hubs as proofs of concept ie. formal evaluation incorporating the patient experience, staff experience and quantitative data on referral pathways	Q4-24	On Track	Work continues to progress on the delivery of the completion date of Q4

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1.	1.

**Overview:** There are 10 ‘Open’ risks on the Corporate Risk Register [CRR]. The residual risk ratings of the risks, per the Q1 2024 CRR report, are 3 **Red** and 7 **Amber**.

Corporate Risk RAG Summary ‘Open’		
RAG	January 2024	Q1 2024
High	3	3
Medium	7	7
Low	0	0

Corporate Risk Register [CRR] Update		
1	HSE Principal Risks April 2024	The CRR is produced and reviewed on a quarterly basis as aligned to our organisational reporting cycles. The Q1 CRR was tabled for EMT review and approval on the 7 <sup>th</sup> May 2024. The Q2 CRR is currently in development.
2	ERM Programme	<b>REO Engagements</b> Effective 27th May the ERM Programme has transitioned to a new Directorate under Joe Ryan, National Director and Chief Risk Officer [CRO] Designate.  The CRO has sought to engage with the newly appointed Regional Executive Officers to ensure the enterprise risk management framework is appropriately embedded alongside the planned structures at regional level.
3	ERM Priorities	<b>Risk Information System [RIS]</b> Roll out to EMT business areas [supported by Risk Management Leads] commenced in May, with the Chief People Officer [CPO] risk register now live. Roll out to other EMT business areas is in progress with a view to completion in Q3, 2024. The insights gained from EMT business areas rollout will inform the development of wider roll out plan and training materials.  <b>ERM Training</b> Monthly ‘Overview’ webinars of the key ERM policy changes continue, adopting a train the trainer approach. These sessions include a training presentation followed by a Q&A session. Both the presentation slides and speaking notes are then provided to all attendees, to further support their understanding and implementation of the policy. Attendance continues to be high and we will continue to facilitate these throughout the year.

Appendix 1. Risk Management - Open Risks

Risk ID	Open Risk Description	Residual		Movement
		Jan 2024	Q1 2024	
R001	<b>Delivery of Care:</b> A sudden and exceptional level of demand for emergency care services.	12	12	↔
R002	<b>Standards of Safety and Care:</b> A gross failure in standards of care, safety to patients, service users or staff	10	10	↔
R003	<b>Disruptive Events:</b> A major disruption to critical healthcare and/or social care services. [excluding emerging disease with epidemic potential and cyber-attack]	9	9	↔
R004	<b>Health Care Acquired Infections and Anti-microbial Resistance:</b> A significant and sustained increase in the rate of Health Care Acquired Infections [HCAIs] and Anti-Microbial Resistance [AMR] across HSE healthcare and social care settings.	15	20	↑
R005	<b>Financial Management:</b> The HSE’s financial allocation will be insufficient to deliver the activity levels set out in the National Service Plan	8	8	↔
R006	<b>Major Infrastructure:</b> A failure to deliver critical infrastructure projects	16	16	↔
R007	<b>Cyber Security:</b> A major service impacting cyber-attack	16	16	↔
R008	<b>Health Regions:</b> Implementation of the HSE’s health regions and Centre reforms will be delayed and benefits not realised.	9	9	↔
R009	<b>Compliance:</b> A major failure to meet a significant statutory or regulatory obligation	12	12	↔
R010	<b>Data Protection:</b> The major loss, theft, illegal or unauthorised use of service user, employee and partner personal data [paper-based and digital]	12	12	↔

Watched Risks

Risk ID and Title	Watched Risk Description
W001 <b>Delivery of Care</b>	Significant and sustained increases in the length of time patients and service users are waiting to receive health and social care services
W002 <b>COVID 19</b>	The severity and transmissibility of respiratory illness will significantly increase
W003 <b>New pandemic</b>	The emergence of a new pandemic or large-scale outbreak of high consequence infectious disease from a new or existing pathogen
W004 <b>Healthcare workforce</b>	Critical permanent long-term workforce shortages
W005 <b>Health &amp; wellbeing of the workforce</b>	The health and wellbeing of our workforce will progressively deteriorate
W006 <b>Climate change</b>	Acceleration in the rate of climate change
W007 <b>Population screening</b>	Population-based screening programmes will become unviable

Appendix B. BSS Alignment with 2024 DOH Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DOH Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
I. Waiting Lists		i. Waiting List Action Plan	2	Unscheduled Care
		ii. National Treatment Purchase Fund	3	Reform of Primary Care, Community & ECC
		iii. Community waiting lists	5	Reform of Scheduled Care
		iv. Integrated pathways for patients	6	Reform of Mental Health
		v. 6 new surgical hubs	7	Reform of Disability Services
		vi. Mental Health	9	Enhancing Bed Capacity
			11	Patient and Service User Partnership
II. Urgent & Emergency Care		i. UEC Operational Plan 2024	15	Capital Infrastructure
			19	Women's Health
III. Productivity		i. Higher productivity through investment and reforms	2	Unscheduled Care
IV. Infrastructure		i. Increasing numbers of acute, community and ICU beds	9	Enhancing Bed Capacity
			15	Capital Infrastructure
V. Reform	Medicines Sustainability			
	Financial controls and savings	i. Identifying and delivering savings	7	Reform of Disability Services
			13	Finance & Procurement
			15	Capital Infrastructure
	Enhanced Community Care	i. Increasing activity and maximising productivity	1	Public Health
			2	Unscheduled Care (Emergency Department Performance)
			3	Reform of Primary Care, Community & ECC
			4	Reform of Home Support and Residential Care for Older Persons
			6	Reform of Mental Health
			9	Enhanced Bed Capacity
			10	Quality and Patient Safety
		ii. Interim ICT solution	15	Capital Infrastructure
		iii. Programme impacts in terms of service delivery, client/patient outcomes and on the wider health service		

Appendix B: BSS Alignment with 2024 DOH Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DOH Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
	Older Persons Services	i. Increased provision of home support service	4	Reform of Home Support and Residential Care for Older Persons
		ii. Increased provision of transitional care beds	6	Reform of Mental Health
		iii. Enhance provision of community-based care	7	Reform of Disability Services
		iv. Ensure long-term residential care accessibility and affordability through Nursing Home Support Scheme	9	Enhancing Bed Capacity
	Health and Wellbeing	i. Support of local authorities under Healthy Ireland	8	Prevention and Early Intervention
	Health Regions	i. Implementation of Health Regions	16 17	Communications Planning & Implementation of Health Regions
VI. Workforce		i. Continued increase in the number of Consultant Hospital Doctors ii. Increased numbers of NCHD postgraduate training places iii. Expansion of student nurse and medical education and GP places iv. Expansion of the numbers of Health and Social Care Professionals v. Complete implementation of the Safe Nurse Staffing Framework (phase 1 & 2) vi. Recruitment of 160 ANMPs vii. Additional resources for increased infrastructure and digital deliverability capacity viii. Strong controls over total pay bill including agency and overtime costs	12	Recruitment & Retention

12

Recruitment &amp; Retention



Appendix C: BSS Alignment with 2024 DCEDIY Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DCEDIY Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
I. Better Services	a. Progressing Disability Services for Children	<div><div>i.</div><div>Integrated Services between Disabilities, Primary Care, CAMHS and Tusla</div><div>ii.</div><div>CDNT Service Access and Improvement including AON</div><div>iii.</div><div>Workforces (Recruitment and Retention)</div><div>iv.</div><div>Communication and Engagement with Children and Families, and with Staff</div></div>	7	Reform of Disability Services
	b. Action Plan	<div><div>i.</div><div>Action Plan for Disability Services 2024-2026</div></div>	7	Reform of Disability Services
II. Services for Thalidomide Survivors				
III. Key modernisation programme areas	a. Workforce	<div><div>i.</div><div>Expanding student and clinical education placement supports</div><div>ii.</div><div>Expanding numbers of Health and Social Care Professionals</div><div>iii.</div><div>Recruitment initiatives for therapy professionals</div></div>	7 12	Reform of Disability Services Recruitment & Retention
	b. Data	<div><div>i.</div><div>Development and implementation of platform to support aggregation, analysis and reporting of data</div><div>ii.</div><div>Increasing percentage of completed Service Agreements and Grant Agreements</div><div>iii.</div><div>Improving oversight, monitoring, reviewing and reporting of service delivery targets</div></div>	7	Reform of Disability Services
	c. Stability and Sustainability Process	Ensure sustainability and quality of service for people with disabilities	7	Reform of Disability Services
	d. Health Regions Structural Reform	<div><div>i.</div><div>Implementation of Health Regions</div></div>	17	Planning & Implementation of Health Regions
	e. UN Convention on the Rights of Persons with Disabilities			