Board Strategic Scorecard
April 2022

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Document Purpose

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

- Track progress of key Programmes/Priorities at a high level

- Highlight issues relating to progress in a timely manner

- Support Board oversight and decision-making

- Minimise multiple requests and duplication of effort in collating reports for Board/DoH.

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

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

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

Zone	Rating	Criteria
Green	5	• Strong Assurance that the 2022 Ambition Statement will be fully achieved • All KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are no issues or dependencies that are expected to impede delivery of year-end targets
Green	4	• Strong Assurance that the 2022 Ambition Statement will be substantially achieved • All or most KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are particular issues or dependencies that may impact on the delivery of year-end targets
Amber	3	• Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved • Most KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are particular issues or dependencies that may impact on the delivery of year-end targets
Amber	2	• Concerns that the 2022 Ambition Statement will be not be substantially achieved • A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory • There are issues or dependencies that will impact on the delivery of year-end targets
Red	1	• Significant concerns that the 2022 Ambition Statement will be not be substantially achieved • A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory • There are issues or dependencies that will impact materially on the delivery of year-end targets

Summary rating of Programmes/Priorities*

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

	Previous	**Current**
Average Rating:	3.75	3.50
Number of Priorities with 1 or 2 rating:	0	1

The current overall rating based on scorecards received with a rating applied changed to 3.50 (based on 20 rated Scorecards returned).

- Two scorecards presented with a rating of 5.
- Seven scorecards presented with a rating of 4.
- Ten scorecards presented with a rating of 3.
- One Scorecard presented with a rating of 2 or 1.
- Two Scorecards (Risk Management and Operational Services Report) do not receive a rating.

- Data has been received and reported in respect of 80 of the 84 KPIs due in April 2022.

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

1. COVID-19 National Test & Trace

EMT Lead: ND COVID Vaccination and Test and Trace Programmes

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

⑤

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

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

Key Issues

- The Test and Trace system was operating at surge capacity and experienced high levels of demand from the end of December 2021 and this continued into January 2022.
- All current KPIs relate to the PCR pathway within the operating model of Test and Trace.
- * KPI Test results communicated in 48 hours - sharp increase in demand for week 21/03 impacting this KPI -75k community swabs taken vs 54k the week before.
- Any changes proposed to the Transition strategy will need to consider the impact on current KPIs.

Dependencies

- Changes to public health policy on testing and contact tracing will impact the operating model and the medium-term profile of demand capacity and activity for Test and Trace services.
- Agreement with the Department of Health on future operating model.

	Output/Deliverables 2022	Progress update	Target completion date
1	Develop a Test and Trace Transition Strategy and supporting Plan (Transition Plan)	In Progress – A project team has been established and is collaborating with a broad set of stakeholders in order to meet this target.	Completed (previously March 2022)
2	Develop an Operational Plan for 2022 based on projected service demand and strategic priorities (information management, estates, workforce)	In Progress – The operational plan is being developed as part of the Test and Trace Transition Strategy. The plan includes the following key focus areas (1) As- is review and impact assessment (2) Options appraisal (3) Transition plan and (4) Interim Emergency Response plan. Plans were submitted to HSE EMT and Department of Health in March 2022.	Completed (Previously March 2022)
3	Integrate and enhance existing Antigen Referral Pathways (antigen positives reporting, close contacts, schools and symptomatic).	In Progress - Changes to public health policy on testing and contact tracing will be reviewed in line with the antigen operating model and the medium-term profile of demand capacity and activity. Symptomatic pathway has been amended since February 2022 for a defined scope of users – symptomatic who need evidence of antigen for enhanced illness benefit and asymptomatic healthcare workers (close contacts). New tender process will commence for antigen distribution provider.	June 2022
4	Develop a Test and Trace Pandemic Preparedness Plan (a central resource for future major emergency planning)	Initial scoping and planning has commenced. Interim Emergency response plan developed. Test and Test and Vaccination Emergency Planning Group established in March 2022 to review and align emergency plans.	Dec 2022

2. COVID-19 Vaccination Programme

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

4

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

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Primary Programme is progressing with over 96.6% of the total adult population fully vaccinated. The first Booster programme is progressing with 76.6% of the total adult population boosted. Following NIAC guidance, administration of the second booster to 65 above and 12 and above Immunocompromised has began on 22 April. Key activity at the moment centres on implementing the sustainable operating model to enable an assumed Autumn programme although with a key dependency being on NIAC guidance.

KPI		Target *	Actuals at Dec 2021	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Full Primary vaccination in total eligible population (12+ age group, Population size = 4,153,000)	Target	**3,956,435**	-	3,871,435	3,881,435	3,891,435	3,906,435	3,916,435	3,926,435	3,936,435	3,946,435	3,956,435	3,956,435	3,956,435	3,956,435
	Actual	-	3,870,734	3,893,511	3,908,305	3,915,019	3,918,516								
Primary course vaccinations (5-11 age group, Population size = 482,000)	Target	**191,000**	-	16,000	91,000	116,000	141,000	166,000	176,000	186,000	188,500	191,000	191,000	191,000	191,000
	Actual	-	-	14,994	75,978	98,341	107,090								
Booster Doses Administered (HCW Population size = 305,000)	Target	**289,730**	-	263,730	268,730	271,730	276,730	279,730	282,730	285,730	287,730	289,730	289,730	289,730	289,730
	Actual	-	252,235	261,598	265,954	268,849	270,639								
Booster Doses Administered (16 – 59 age group with Medical Conditions/Very High Risk and High Risk, Population size = 428,000)	Target	**426,010**	-	363,010	376,010	386,010	401,010	406,010	411,010	416,010	421,010	426,010	426,010	426,010	426,010
	Actual	-	327,104	361,492	374,271	387,429	393,738								
Booster Doses Administered (16+ age group, Population size = 3,140,000)	Target	**2,603,680**	-	2,083,680	2,183,680	2,253,680	2,353,680	2,403,680	2,453,680	2,503,680	2,553,680	2,603,680	2,603,680	2,603,680	2,603,680
	Actual	-	1,693,525	2,097,284	2,184,056	2,264,650	2,331,485								

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

Key Issues
• Maintain sufficient vaccination capacity given uncertain future requirement for COVID-19 Vaccination
• Optimised stock management to ensure minimised wastage of vaccine
• Low levels of uptake for both the first Booster programme (younger cohorts) and the second Booster programme with an uncertain uptake level for subsequent phases of the vaccination programme
• HSE planning activity has a key dependency on receiving NIAC guion the scope, scale and nature of an Autumn vaccination programme.

	Output/ Deliverables	Progress Update	Target Date
1	Continued delivery of the remaining elements of the primary vaccination programme, rollout of paediatric primary course (5-11s) and Booster programme	Key issue of slow uptake post Christmas being addressed through targeting uptake initiatives Strategy for incoming vaccine stock developed through DOH engagement	June 2022
2	Develop and implement the future sustainable operating model for COVID-19 vaccination programme.	Development of the Future vaccination Operating Model has largely concluded.Uncertainty around the assumed autumn programme (vaccine type, populations etc.) remains with a key dependency on timely NIAC guidance. Implementation of the future operating mode is no ongoing	Sept 2022

3. Reform of Primary Care, Community and ECC

EMT Lead: Chief Operations Officer

3

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

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

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

Key Issues

- Recruitment of GP Lead Role – working with IMO/ICGP to raise profile of role as set out in GP Agreement 2019
- Net impact on primary care resourcing - requirement for existing vacancies and vacancies associated with recruitment to ECC posts to be to be filled

Dependencies

- Procurement process for an interim solution consisting of a minimum viable Integrated Case Management System (ICMS) with basic functionality to support the ECC implementation and data collection/measurement for the ECC programme.
- Recruitment of required levels of appropriately skilled staff may impact ability to deliver new models of care and integrated ways of working in line with targets.

	Output/Deliverable	Progress Update	Target Completion Date
1	Recruitment of the required additional 3,500 frontline primary care staff and leadership roles	1,455.35WTE on boarded (12% increase on previous month) with a further 532.95 WTE at advanced stage (282.55 posts have been accepted, 171.5 at offer stage, staff recruitment completed and start dates to be agreed for 78.9) Total 1,988. The accelerated recruitment process is in place and taking effect with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme. 79 CHN's established, with over 90% of Network Managers and Assistant Directors of Nursing either in place or at an advanced stage of recruitment. Approximately 43% of GP Leads in place or at an advanced stage of recruitment together with 25% of additional core CHN staff. This has enabled these teams to mobilise with increasing levels of team capability planned as additional nursing and HSCPs appointed. A total of 30/30 ICPOP Operational Leads and 24 CDM Operational Leads either in place or at an advanced stage at 30/04/2022. 60.5 (out of 79.5)Consultant posts have been approved through CAAC process (4% increase on previous month) and arrangements being put in place for temporary appointments and clinical governance in some locations, pending competitions	Dec 2022
2	ICT solution/s to support implementation and data collection	Progress continues to be made on this critical initiative through Community Digital Oversight Group (CDOG). Development plan being drawn up and workstreams identified. Market Soundings complete, following the market sounding proposals being developed for interim solution to support rollout of the ECC Programme for the longer term ICMS is being developed, procured and implemented	Dec 2022
3	ECC Capital Infrastructure Prog	The ECC Capital Infrastructure programme continues to progress. As of 09/05/2022; 32 ECC proposals have been submitted and fully approved (and a further 1 project has been approved to go to feasibility study). There are a further 31 immediate priority proposals that are now pending submission and approval. ECC capital proposal approval tracker currently being finalised will provide more detailed individual project reporting on a monthly basis. The process for procurement of clinical, office and ICT systems and hardware requirements for approved prioritised projects is due to be completed by the end of May.	Dec 2022

4. Reform of Home Support and Residential Care

EMT Lead: Chief Strategy Officer

③

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr*	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No.of interRAI Care Needs Facilitators in place	Target	128	-	-	-	-	-	-	42	63	84	106	128	128
	Actual		-	-	-	-	-	-						
Additional Home Support Hours (2m for the full year)	Target	23.67m	1.80m	3.50m	5.37m	7.20m	9.24m	11.14m	13.11m	15.30m	17.28m	19.41m	21.46m	23.67m
	Actual		1.65m	3.38m**	5.13m									
Cost of Additional Home Support Hours	Target	€636.95m	€48.43m	€94.18m	€144.50m	€215.35m	€248.64m	€299.77m	€352.79m	€411.72m	€465.00m	€522.32m	€577.48m	€636.95m
	Actual		€44.48m	€87.37m	€133.84m									
NSD Spend (€m funding, excluding €2m home support)	Actual	€16.3m	€0.0m	€0.02m	€0.04m	€0.08m								
Additional WTE's recruited	Actual	222	1	2.7	4.6	7.6								

* Home support hours and costs not available till end May
** Feb hours updated

Key Issues

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

Dependencies

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

	Output/Deliverable	Progress Update	Target Completion Date
Residential Care	Undertake review of all aspects of Intermediate/Rehabilitation care and make recommendations for future model of care and options for repurposing existing or developing additional beds	Current capacity of intermediate/rehabilation care confirmed in CNU Virtual audit. Data capturing of audit completed with draft reporting being finalised by services for older people change & innovation and services for older people community operations. Remaining CHO Services for Older People Community Operations scheduled for completion in May to inform final Report. Engagements underway with Services for Older People Community Operations and CHOs to address potential within CNUs for repurposing or additional beds.	Complete
	Finalisation of audit of residential care including CNU Programme	Data capturing audit exercise completed with report and recommendations completed by Services for Older People Change & Innovation. Report currently undergoing final data review by Services fro Older People Community Operations and Finance Business Partner Services for Older People	Complete
	Develop a national framework for underpinning a sustainable model for Residential Care (both Long Term and Intermediate/Rehabilitation), to achieve Corporate Plan and NSP targets and emerging Government Policy. Finalisation of future Residential Care Demand Modelling	Remains on target for completion. National Framework is being progressed through the residential working group in line with NSP and Expert Panel requirements. Working Group convened utilising findings and recommendations of audit to provide definitions for care types with associated staffing and equipment requirements (Rehabilitation and Reablement care).	December 2022
Home Support	Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Implementation of Home Support Pilot ongoing across four Community Health Care Network Sites. Tender for Evaluation progressed. Reporting and data collection commenced across sites.	November 2022
	Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Ongoing feedback and collaboration with the DoH in preparation for the Statutory Scheme including the development of regulations. Home Support Steering Group established co chaired by National Director Change & Innovation and National Director PCRS with inaugural meeting held 26th of April 2022.	January 2023
	Establishment of National Home Support Office	Recruitment commenced and ongoing monthly engagement with HR in relation to recruitment risks.	October 2022
InterRAI	Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas.	Implementation plan for 2022 developed. In order to progress the recruitment of 128 itnerRAI Care Needs Facilitators, work due to conclude to align governance arrangements ECC programme to ensure seamless rollout across CHOs aligned to ECC Programme	December 2022
	Development of Phase 2 of interRAI software system	Significant work undertaken in April with vendor to mitigate challenges re anticipated delay in completing development of Phase 2 software. Challenges now addressed with commitment for delivery of testing by 30 June 2022.	June 2022

5. Reform of Scheduled Care

EMT Lead: Chief Strategy Officer

3

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

Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved) Performance is behind profile in terms of maximum waiting times for outpatients, inpatients/daycases and scopes. In relation to additional activity, non-recurrent funding plans have been received and c.€40m has been approved to date; further non-recurrent plans are being developed with the Hospital Groups to address gaps and support the achievement of the 2022 NSP Targets. Prioritisation of Recurrent funding proposals (including modernised care pathways) is ongoing and will be completed shortly. Engagement in relation to DNA and PIR strategies is underway.

KPIs		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of Outpatients waiting longer than 18 months vs profile (Target: 98% of people waiting <18 months for first access to OPD services)	Target	**12,400**	146,300	134,800	121,800	110,300	97,400	84,400	72,900	61,400	49,900	38,300	25,400	12,400
	Actual		155,461	151,136	147,714	143,858								
No. of Inpatient / day case patients waiting longer than 12 months vs profile (Target: 98% of people waiting <12 months for an elective procedure IPDC)	Target	**1,500**	16,200	14,800	13,400	12,100	10,700	9,400	8,200	6,900	5,500	4,200	2,800	1,500
	Actual		17,513	17,110	17,222	17,055								
No. of GI Scope patients waiting longer than 12 months vs profile (Target: 100% people waiting <12 months for an elective GI scope procedure)	Target	**0**	3,800	3,500	3,200	2,800	2,400	2,100	1,800	1,500	1,100	700	400	0
	Actual		4,311	3,873	3,806	3,604								
85% of routine inpatient (IP) / day case (DC) patients scheduled in chronological order	Target	**85%**	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Actual		71.5% *	70.3% *	73.6% *	73.3%*								
Additional Community Removals from waiting list (treatment / intervention / validation) vs profile (cumulative)	Target	**6,435 ****	529	1,059	1,589	1,968	2,365	3,003	3,668	4,223	4.788	5,351	5,914	6,435
	Actual		634	1,200	1,527	1,901								
Committed to year end vs profile (cumulative)	Target	**€200m**	€9m	€18m	€27m	€36m	€52m	€68m	€84m	€100m	€125m	€150m	€175m	€200m
	Actual ***		€9m	€18m	€27m	€36m*****								

* Reported figure excludes hospitals who have not yet signed a Data Sharing Agreement with the HSE and Hospital Group validation is ongoing

** This profile represents approved spend to date – additional funding will be approved as plans are available

*** Actual spend to date includes committed Access to Care funds. ****Ongoing validation

Key Issues

- Data Sharing Agreement with outstanding Voluntary hospitals,

Dependencies

- Timely approval of the funding allocation of the €200m Waiting List Fund
- Timely recruitment of resources as approved through the 2022 Waiting List Plan

	Output / Deliverable	Progress Update	Target Completion Date
1	Multi annual Waiting List plan finalised and approved	ToR for multi-annual WL plan to be agreed by WL Task Force.	June 2022
2	Elective Ambulatory Care Centres (EACC) progressed	Approval-in-principle being sought from Government to proceed past Gate 1 of the Public Spending Code (approval of Preliminary Business Cases for Cork and Galway and Dublin) before the summer recess subject to DPER/Government consideration. A Programme Preliminary Business Case has been submitted for review to DPER. Project PBCs are nearing completion and will be submitted to the new External Assurance Process in the near future.	Dec 2022
3	Strategy for managing 'Did Not Attends' (DNAs) for new & review OPD appointments agreed & implementation commenced	An initial DNA strategy has been drafted and a pilot site engaged.	Complete
4	Complete planning and commence implementation of 37 prioritised scheduled care pathways.	Of the 37 pathways that have been signed-off by the clinical working groups, 30 pathways have been approved by the CDI support working group and 28 pathways have been signed off by CCO CAC. Additional pathways are expected to be signed off at the next CCO CAC scheduled for 19 May. Overview documentation has been developed and will be circulated for operational consideration.	Dec 2022
5	Multi Annual Framework for Strategic Partnerships with private providers developed	The Waiting List Taskforce has proposed that NTPF will be the commissioning agent for the 200m fund. The NTPF is developing a proposed procurement approach for Scheduled Care to be discussed with DoH, HSE and NTPF. HSE is separately drafting a paper to outline requirements in relation to the proposed procured approach.	June 2022
6	Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	PIR stakeholder engagement is ongoing with CHI and Scottish Collaborative. A draft protocol has been completed. Terms of reference have been drafted for the working group to include clinical and operational colleagues.	Aug 2022
7	Health Performance Visualisation Platform (HPVP) live in initial 28 hospitals	7 hospitals now live: Sligo, Mayo, Letterkenny, Portlaoise, Mullingar, Tullamore and Cavan. Rollout is on schedule. Remaining scheduled monthly until October 2022.	Oct 2022

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6. Reform of Mental Health

EMT Lead: Chief Strategy Officer

③

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

Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved), Progress been made across all Mental Health initiatives for planning implementation, PNs issued to system to commence recruitment, however there is a significant dependency on the ability to recruit necessary staffing with required skills mix.

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

* KPI data available after 21 May2022 ** Reporting on NSD budget will be a month in arrears | NB: Business cases sanctioned (05.22) and PNs issued (04.22) – Underspend due to delays in the issuance of PN's and commencing recruitment, most spend is forecast for Q3 and Q4

Key Issues

- Costs per placement are rising significantly due to regulatory based requirements.

- There is an increasing requirement for specialist complex care due to more complex presentations.

- Availability of qualified and experienced staff particularly Consultants and Nursing staff.

Dependencies

- Ability to recruit the right skills mix to support reorientation of services towards general practice, primary and community-based care.

- Ongoing management of COVID-19 may impact ability to implement new models of care and deliver increased levels of service.

- Engagement of key stakeholders in the development of Models of Care and implementation of Sharing the Vision (StV).

	Output/ Deliverable	Progress Update	Target Completion Date
1	Launch Sharing the Vision Strategy & Implementation Plan in April 2022.	Implementation Plan launched	Complete
2	Models of Care designed and completed for: CAMHS Hubs and Crisis Resolution Services (CRS)	National Crisis Resolution Services Steering group established, five meetings held to date, literature review completed, logic model drafted and webinar held in March. National CAMHs Hub Steering group established, four meetings held to date, literature review completed, webinar held April, and logic model workshop planned May 2022. Completion timeline extended for both MOCs due to the complexity of both innovative change initiatives and the level of project management resourcing available.	October 2022 (previously April 2022)
3	CAMHS Hub Pilot Sites: 3 pilot sites in operation by end of June 2022; 2 additional pilot sites in operation by end of December 2022.	One pilot site location and budget allocation agreed for 2022 and business cases sanctioned.. All pilot sites are represented on the National CAMHs Hub Steering Group to inform MOC and pilot site implementation plans and to determine monitoring and evaluation framework. CHO 2 pilot site is in operation, the target of the two other pilot sites commencing in June 2022 is off track as CHO 3 and CHO 4 are awaiting model of care to be completed before commencing operation and initial recruitment plans for pilot sites in progress. All pilot sites on track to be in place by Dec 2022.	December 2022
4	Crisis Resolution Services: 1 pilot site in operation by end of June 2022; 3 additional pilot sites in operation by end of December 2022	Pilot site locations and budget allocation confirmed in CHO 1,CHO 3, CHO 4 and CHO 6 and business case sanctioned. National MH Change and Innovation team are working closely with CHO 5 pilot site and recruitment is progressing with staff to commence posts in Q2 and Q3 as some delays experienced with particular posts. All pilot sites are represented on the National Crisis Resolution Services Steering Group to inform MOC and pilot site implementation plans to ensure a consistent approach implemented across pilot sites and to determine monitoring and evaluation framework. Recruitment challenges have resulted in delay in pilot site due to be operational in June however all pilot sites on track to be in place by Dec 2022.	December 2022
5	Implementation of National Clinical Programmes; 4 ADHD teams in place; 3 Specialist Eating Disorder Teams hubs in place; Early Intervention in Psychosis expanded to 5 teams; Additional 6 Suicide Crisis Assessment Nurses (SCAN) will be allocated to a population of 75,000 and respond to self harm and suicidal ideation presentations within primary care.; 3 pilot sites in place for Mental Health for Older Persons; 2 further Dual Diagnosis Pilot sites established in 2022 bringing the total to three.	Business cases sanctioned for drawdown of funds for all programmes, with the exception of the Model of Care for Older Persons currently in process. Programme Manager and Clinical Leads working with sites to prepare for recruitment process.	December 2022
6	Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams.	Staff categories and allocation to teams agreed and signed off with CHO areas Business cases sanctioned, primary notifications issued, and recruitment process underway.	December 2022

7. Reform of Disability Services

EMT Lead: Chief Strategy Officer

③

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

Rating and Overview: 3 Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved, albeit with significant dependency on the ability to recruit necessary staffing with required skills mix.

KPI		2022 Annual Target	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
% of child assessments completed within the timelines as provided for in the regulations vs. profile (Quarterly)	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	21%*	-	-		-	-		-	-	
No. of adults with disabilities participating in personalised budgets demonstration project vs. funded profile for 2022	Target	180	-	-	100	-	-	120	-	-	150	-	-	180
	Actual		-	-	123	-	-		-	-		-	-	
No. of people currently living in congregated settings supported to transition to homes in the community vs. funded profile for 2022	Target	143	-	-	8	-	-	71	-	-	104	-	-	143
	Actual		-	-	19**	-	-		-	-		-	-	
No. of individuals under 65 years currently living in nursing homes supported to transition to homes of their choice in the community vs. funded profile for 2022	Target	63	-	-	-	-	-	16	-	-	36	-	-	63
	Actual		-	-	-	-	-		-	-		-	-	
NSD Spend (€54.5m funding)	Actual	€54.5m	€0.74m	€1.26m	€4.94m	€6.230m								

*subject to revision in light of recent court decision by Justice Phelan ** March data has been confirmed at 19 (provisional data presented in April scorecard was 7)

Key Issues

- The sourcing and retention of suitably qualified staff to deliver on key areas which received new development funding in 2022

- The availability of suitable infrastructure to support the reform of Disability Services

Dependencies

- To progress the reform programme at the expected pace will require DoH/Government agreement on its implementation.

- Possible ongoing surges of COVID-19 may impact ability to implement new models of care and deliver increased levels of service.

	Output/Deliverable	Progress Update	Target Completion Date
1	Establish the national Stability and Sustainability Team to address the financial challenges in the disability sector.	Programme Lead and project management in place. Project approach is significantly developed, including the approach to TORs, workstream definitions, reporting arrangements & project mgt. Work under the workstreams well advanced. Draft SIA to be complete by June / final Sept	June 2022
2	Commence the Sustainability Impact Assessment (SIA) process working initially with large Section 38 / 39 providers	One S38 organisation in scope currently. Steering group, project group and workstreams work ongoing. One S39 initial engagement and Memorandum Of Understanding to be completed. Final report structure defined. Significant engagement with finance on in-year funding and review of deficits. Engagement with the CHOs underway	June 2022
3	Develop funding model and allocations to CHOs to implement 106 additional residential places, 9,408 additional respite nights, 120,000 additional hours of personal assistant services and 1,700 additional day services places.	CHO funding allocations from NSP completed, and will be reflected in operational plans.	Dec 2022
4	Implement the Assessment of Need (AON) process for eligible adults.	Progress has been impacted due to the recent High Court Judgement in relation to the Standard Operating Procedure (SOP) for children. A widespread consultation was held on 13/05/22 to develop clinical guidelines for child AON, due for completion mid-June. Adult AON will follow from this.	September 2022 (Prev. set at March 2022)
5	Pilot the standardised assessment tools for adults.	Pilot of Imosphere Assessment Tool progressing through Personalised Budgets. Remains on track for Dec 2022	Dec 2022

8. Prevention & Early Intervention

EMT Lead: Chief Strategy Officer

3

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

Rating and Overview: 3 (Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved) Progression of some elements dependent on confirmation of receipt of funding from DoH and commencement of recruitment following NSP approval.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of 'We Can Quit' programmes delivered through Sláintecare Healthy Communities	Target	38	-	-	-	19	-	-	-	-	-	19	-	-
	Actual		-	-	4	XX								
No. of clients accessing Free Stop Smoking Medication through Sláintecare Healthy Communities	Target	1,215	-	-	-	135	270	405	540	675	810	945	1,080	1,215
	Actual		-	-	-	XX								
No. of frontline healthcare staff who have completed MECC eLearning training	Target	3997	227	453	650	1,084	1,518	1,946	2,247	2,548	2,846	3,242	3,609	3,997
	Actual		121	248	442	712								
No. of Healthy Food Made Easy courses commenced	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-	88	-	-	-	-	-	-	-	-	-
No of parenting group courses commenced through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63	-	-	63	-	-	95
	Actual		-	-	18	-	-	-	-	-	-	-	-	-
No. of contacts with Social Prescribing service users in Sláintecare Healthy Communities sites	Target	19,440	-	-	2,160	-	-	5,760	-	-	12,600	-	-	19,440
	Actual		-	-	1,324	-	-	-	-	-	-	-	-	-
No. of home STI kits dispatched	Target	88,130	-	-	8,813	17,626	26,439	35,252	44,065	52,878	61,691	70,504	79,317	88,130
	Actual		-	-	0	0								

Key Issues

- KPIs below target as many services are newly established as is the monitoring and reporting process for KPIs. Will take time to recruit, train and embed services.
- Delays in recruitment and availability to support clinical service design at CHO level for new weight management service for children and young people is impacting on project progress
- Release of staff to complete MECC training is a challenge for front-line services

Dependencies

- Recruitment of required levels of appropriately skilled staff may impact ability to deliver new weight management service for children and young people and community based integrated alcohol services
- Communications company being contracted by HSE Programmes and Communications to support with the branding and launch of the national online STI testing service

	Output/Deliverable	Progress Update	Target Completion Date
1	Sláintecare Healthy Communities fully established in 20 (19 SHC and 1 NEIC) areas of highest disadvantage including the implementation of a weight management service for children & young people and community based integrated alcohol services in 2 CHO areas	• 91% (42/46) staff recruited for 19 SHC area based teams, recruitment ongoing for remaining posts • Recruitment of 19 Community Food and Nutrition Workers to commence in Q2 • Training scheduled throughout Q2 • KPIs, reporting process and templates for 2022 finalised and agreed. Q1 data returns due on 11th April 2022 • Recruitment process for new weight management service for children and young people in CHO 5 & 7 commenced. Clinical service design process in progress.	Dec 2022
2	Roll-out a national online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing	• SLA is being signed with service provider SH:24, national service due to begin on 1st May • Work underway with HSE Programme's and Communications to commission design company with a view to an official launch of the service in June.	Dec 2022
3	Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service	• Recruitment process in progress – interviews scheduled • Continued engagement with Sports Ireland to agree parallel supporting work stream in Local Sports Partnerships and progressing of priority actions through Physical Activity Chronic Conditions project	Dec 2022

10

9. Enhancing Bed Capacity

EMT Lead: Chief Operations Officer

2

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

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

KPI		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Critical Care Beds vs. profile	Target	333	297	301	305	306	309	309	310	310	310	311	323	333
	Actual		297	301	305	306								
Acute Bed additions vs. profile*	Target	411	0	26	44	67	94	122	137	149	210	302	306	411
	Actual		16	16	16	25								
Community Bed (including rehabilitation beds) additions vs. profile **	Target	258	23	104	219	258	258	258	258	258	258	258	258	258
	Actual		0	5	22	22								
NSP Spend (€ Funding)	Actual	TBC	€0.230m	€0.563m	€0.897m	€1.11m								
WTE's Recruited	Actual	TBC	16	39.2	62.4	77.2								

* The 2022 acute beds target includes 339 beds funded under NSP 21 (part of the 1,146 additional beds) and an additional 72 beds under Winter 21/22/NSP 22
** The current 2022 community beds target is made up of 258 beds funded under NSP 21.

Key Issues

- Ongoing uncertainty due to the COVID-19 environment re. capital build and recruitment of the required skilled staff
- 1 additional critical care bed opened in April in CUH.
- Critical Care beds funded under NSP 2022 will open in 2023 as follows; St Vincent's University Hospital (7)
- 24 Acute beds for CUH are profiled for December 2022 however, this development is subject to review.
- 48 Acute beds for Mater are profiled for Oct 2022, these are not funded in NSP 22.
- 25 Acute beds for Beaumont are profiled for Dec 2022 subject to Capital works.
- 9 Acute beds profiled in April 2022 include 3 beds in NRH and 6 beds in Tallaght University Hospital.
- No additional community beds delivered in April
- NSP Spend and WTEs are estimates based on those associated acute and critical care beds.
    - €173k per annum acute bed; €1m per annum critical care bed
    - 1 WTE per acute bed; 5.8 WTE per critical care bed

Dependencies

- Recruitment and retention of the appropriately skilled staff to support the increase in bed capacity.
- Capacity of national and local Estates teams to support bed capacity projects.

11

10. Implementation of National Strategies

EMT Lead: Chief Clinical Officer

3

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

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

Key Issues & Dependencies

National Cancer Strategy
• Procurement and recruitment delays may impact delivery target dates.
• Availability of key hospital staff due to competing demands.
• Adequate access to and availability of radiology and pathology service support.
• Sequencing of other projects such as MEDLIS, IPMS, NIMIS and BEAM.
• Continuing adverse impact of Covid-19 pandemic on progressing projects.

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

Trauma Strategy
• Potential recruitment delays due to known shortage of key healthcare grades. All relevant avenues are being explored to maximise the recruitment of staff, for example the recruitment of critical care staff for Trauma along with other critical care needs.
• Delays in planned infrastructural upgrades and equipment procurement at MMUH could impact commencement of MTC Services. Infrastructural work and equipment procurement is closely tracked and monitored through existing governance structures.
• The establishment of Neuro-Trauma Services at MMUH is dependant on the development of an agreed model of care and on the recruitment of specialist staff at MMUH with support needed from Beaumont Hospital to manage isolated head injuries in the first phase. The Programme Steering Group recommended the establishment of a Neuro-Trauma Clinical Advisory Group (CAG) to assist with the development of the service at the MMUH. The Neuro-Trauma CAG has been meeting regularly and are working towards the development of an agreed model of care for the commencement of services in Q3 2022.
• With an increase of severely injured patient activity expected at the MMUH and CUH following the commencement of major trauma services there could be an impact on patient flow if appropriate pathways to rehabilitation and other services are not available. Mitigating factors include the National Office for Trauma Services is developing a national Transfer and Repatriation Policy and there are plans to consider egress options from the MMUH and CUH once they commence major trauma services.

11. Operational Services Report

EMT Lead: Chief Operations Officer

KPI*		Dec 21	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	20	31	30	34									
Number of indicators > 5% ≤ 10% off target	Actual	8	6	3	5									
Number of indicators ≤ 5% off target	Actual	33	9	10	20									
No Result expected	Actual		13	17										
No Results available			1		1									

Key Issues

- RAG results per KPI are based on YTD data available relative to NSP2022 targets and not recalibrated for data-gaps
- Cyber-attack affected both service provision and collection/reporting of service activity data in 2021 – affects comparison YTD 2022 results with same period last year (SPLY) results
- The performance results above need to be viewed in this context

🟥	> 10% off target
🟨	> 5% ≤ 10% off target
🟩	≤ 5% off target
⬜	No result expected

11. Operational Services Report

Key Messages – Acute Services

Activity year to date has been significantly impacted by the surge in COVID cases (OMICRON). The number of hospitalised cases increased from January 2022 and hit a peak of 1,624 cases on 28 March 2022; 3,588 staff were absent due to COVID the week of 25 March 2022.

UNSCHEDULED CARE

- The total number of ED attendances for March 2022 was 127,127 and was 24.2% higher than March 2021 (102,372) and higher than pre-COVID levels in March 2019 (117,016) by 8.6%.
- Emergency Department admissions for the month of March 2022 admissions were 30,632 which was 9.8% higher than March 2021 (27,906). March 2022 admissions were higher than March 2019 (30,105) by 1.8%.
- There are a number of factors contributing to the increase in ED attendances. These include:-
  o The impact on access to GPs arising from their participation in vaccination programmes,
  o Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase.

- 95.3% of all patients attending ED were seen within 24 hours in March 2022, which is lower than 96.3% in March 2019. NSP target is 97% of all patients are seen within 24 hours
- 87.8% of patients aged 75+ years were seen within 24 hours, lower than 89.6% in March 2019. A key priority is to support the compliance with the NSP target of 99% of patients aged 75+ years being seen within 24 hours.

SCHEDULED CARE
Waiting Times

Scheduled care performance against NSP 2022 Targets is outlined in Table 1 below:

Table 1

WAITING LIST	NSP Target 2022	Compliance with target in Mar-22
Adult Inpatients	98% within 12 months	72.6%
Adult Day Case	98% within 12 months	81.8%
Children's Inpatient	98% within 12 months	65.2%
Children's Day Case	98% within 12 months	76.4%
Colonoscopy/OGD	65% within 13 weeks	45.1%
Colonoscopy/OGD	100% within 12 months	86.7%
Outpatient	98% within 18 months	74.9%

Key Messages – Acute Services

Updates regarding numbers waiting at the end of March 2022 include:-

Inpatient Day Case
- The number of people waiting for an inpatient or day case appointment (IPDC) was 80,476.
- The number waiting over 6 months peaked in August 2020 at 45,193. It has reduced by 13,115 (31.1%) to 32,078 at the end of March 2022.

Colonoscopy/OGD
- The number of people on the Colonoscopy/OGD waiting list was 28,356.
- The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 6,875 (46.0%) to 9,017 at end of March 2022.

Outpatient
- The total number of people waiting for an Outpatient appointment was 625,056.
- The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 61,550 (15.0%) to 349,902 at the end of March 2022.

Endoscopy
Urgent Colonoscopy Breaches – New Patients

Endoscopy units were significantly impacted by COVID through use of the units to support COVID/non-COVID pathways, redeployment of staff to cover other duties and use of endoscopy beds spaces to cope with surges in emergency demand. There were 235 new urgent colonoscopy breaches in March 2022. 115 of all breaches in March 2022 took place in the Saolta University HealthCare Group. The Group is implementing an Improvement Plan which includes the use of private sector capacity, mobile endoscopy units, and a dynamic purchasing agreement that enables the use of external resources in public hospitals, out of hours and at weekends.

CANCER SERVICES - RAPID ACCESS CLINICS
Symptomatic Breast Services

Three of the nine hospitals met the target with one hospital marginally below the target. Four of the hospitals were below the target of 95% and data is outstanding from one hospital. While the extraordinary challenges faced by hospitals in recent months arising from COVID and the cyber-attack are acknowledged, given the importance of timely access for cancer patients, improvement plans have been received from the Groups in relation to Cork UH, Mater MUH, St James's Hospital and Galway University Hospital. These plans are currently under review by Acute Operations and the NCCP and engagements are planned with the relevant Groups to agree implementation requirements. The contributing factors to the non-compliance include:
- Significant and sustained growth in referrals.
- Challenges in accessing public and private diagnostic capacity because of competing demands from other services.
- Consultant manpower challenges at a number of sites.
- Manpower Plan to attract and retain radiologists has been identified as a key factor.

Rapid Access Clinics for Lung Cancer

Lung Cancer services are performing reasonably well at the eight hospitals. In March 2022 four hospitals were fully compliant. Data is unavailable from one hospital. NCCP is satisfied that patients are being seen within a reasonable timeframe at the remaining sites.

Rapid Access Clinics for Prostate Cancer

As a result of sustained focus and delivery of improvement plans five of the eight hospitals were fully compliant with the NSP target. Data was not available for one of the sites. Improvement plans have been received from the remaining two sites.

Key Messages – Acute Services

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

In March 2022 the rate of S. Aureus was 0.9, an increase since February 2022 (rate of 0.8. The rate of *Clostridium Difficile* in hospitals in March 2022 was 1.5 (a decrease from a rate of 2.2 in February).

The HSE have an established governance structure and arrangements for Antimicrobial Resistance and Infection Control.

MANAGEMENT OF POST- MENOPAUSAL BLEEDING (PMB)

The development of Guidelines for the Management of PMB has been prioritised by NWIHP and the Institute of Obstetrics and Gynaecology; and is expected later in 2022.

In August 2020, the CCO and Acute Operations circulated NWIHP-developed interim guidance on the management of PMB.
The following data will be collected in 2022 pending the new guideline:
- % seen within 4/52 of referral (target 100%)
- % histological diagnosis at 8/52 (target 90%)
- % histological diagnosis at 12/52 (target 100%)

Some hospitals are already producing these data and Acute Operations are now requesting return of these data from each Hospital Group. It is anticipated that system level performance data will be available at the end of Q2 2022 subject to systems and processes to support data collection being in place.

Key Messages – Community Services

Community Operations was again challenged in Q1 2022 by the Omicron wave of Covid. The wave presented challenges across Q1 in terms of very high level of Covid related staff absence, managing outbreaks in residential facilities and seeking to support discharges from Acute Hospitals to reduce the very significant pressure the hospital system was under in Q1. In addition to Covid there were significant winter pressures across the health system with hospitals experiencing record attendance levels both in Emergency Departments and in admissions. A high proportion of those admitted were over the age of 75. This has resulted in longer stays in hospital for people who have complex care needs and frequently requiring considerable community supports on discharge. This was on foot of a very challenging year in 2021 with COVID waves and the cyber-attack.

Overall the performance of community services had been stabilising however remains challenged in a number of service areas. An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from the Ukraine however the logistic and organisational challenges are significant. A related and growing challenge is access to GP Services nationally, the growth in population and the cumulative effect of GP retirement over the last number of years has placed additional demands on GP services nationally. Where patients can't access GP services directly they are seeking services from Out of Hours GP services and/or in Emergency Departments with corresponding impacts on these services. PCRS report that of circa 11,000 medical cards issued to Ukrainian refugees only 4,000 have a named GP which is indicative of the challenge of accessing GP services. Where there is a high concentration of Ukrainian nationals in rural settings lack of transport and low levels of GP services compounds the challenges of accessing services.

March data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the impact of Covid in later February and March again impacts on the ability to deliver on KPI's. Examples of positive national performance against target are:

- **CIT Referrals** - In March 2022 there were 18,801 CIT referrals year to date which is 16.3% ahead of the expected year to date activity of 16,170.

- **Ophthalmology** – Number of patients seen +11.2% (18,695) above target 16,815.

- **Access to Palliative Inpatient Beds** - The national year to date position is 97.1% of admissions to a specialist palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.

- **Community Adult Mental Health Services** – 88.2% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2022 against a target of ≥90%.

- **Child & Adolescent Mental Health Service** – 90.9% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

However, as set out in the report, there are also performance challenges including in some primary care therapy services.

Key Messages – National Screening Services

CervicalCheck

- The number of women screened in a primary care setting in March was 21,221 which is 15.4% below the target of 25,100. This likely reflects the ongoing impact of COVID within primary care and women delaying making an appointment due to the surge in COVID cases in the community since the start of the year;
- All 15 colposcopy clinics are now fully operational with the re-start of the Coombe service however, it will take several weeks for referrals to return to full activity levels at the Coombe;

- The Coombe laboratory remains paused and is pending completion of outstanding QA issues prior to the service re-starting. The laboratory has also been impacted by staffing shortages. There is no predicted date for re-start.

BreastCheck

- BreastCheck KPI is reported quarterly, one quarter in arrears within the service: **Q4 2021** uptake was **58.4%** which was 11.6% below the 70% target. Uptake was impacted by an increased number of initial women invited to screening in Q4 (screening uptake is lower among this cohort but the cancer detection rate is higher). The programme has introduced a range of measures to optimise appointments and improve screening uptake;
- BreastCheck is operating a year behind due to COVID-19 restrictions in 2020 and 2021 which means that appointments are delayed by at least one year. Within this context and the ongoing impact of COVID-19 infection rates the programme is now operating at 75% of 2019 target levels;
- The number of women screened in March 2022 was 12,973 which is **8.1%** above the target of 12,000, and for Q1 2022 was **13.8%** above the target of 32,000 at 36,420;
- Although BreastCheck activity is ahead of target for the first quarter of the year, delayed appointments are not reducing significantly due to the ongoing impact of COVID-19 and radiology staffing shortages.

11. Operational Services Report

EMT Lead: Chief Operations Officer

KPIs per Quadrant

Quality and Safety Quadrant					
Service area	**Indicator**	**Reporting frequency**	**Expected activity/ Target**	**National YTD**	**% Variance YTD**
System Wide	Serious Incidents – Reviews within 125 calendar days	M	70%	▼29%	41%
System Wide	Extreme and major incidents/all incidents	Q	<1%	▲0.6%	0.2%
System Wide	Reported incidents entered to NIMS within 30 days	Q	70%	▲62%	8.0%
System Wide	Complaints investigated within 30 working days	Q	75%	▼72%	3.0%
Acute Hospital Care	S. Aureus	M	<0.8/10,000 bed days used	▼0.9	12.1%
Acute Hospital Care	C. Difficile	M	<2/10,000 bed days used	▲1.5	-22.7%
Acute Hospital Care	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%	▲11%	-0.9%
Acute Hospital Care	Surgical Readmissions	M (1 Mth in arrears)	<2%	▲1.7%	-15%
Acute Hospital Care	Urgent Colonoscopy	M	0	▼639	639
Acute Hospital Care	Ambulance readiness ≤30 minutes	M	80%	▼ 21.7%	-72.8%
Primary Care Services	Child Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	32%	▼34%	6.2%
Primary Care Services	Child Assessment 12 months	M (1 Mth in arrears)	95%	▲77.4%	-18.5%
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99%	▲98.8%	-0.2%
Disability Services	Movement from congregated to community settings	Q	8	▲19	137.5%
Population Health and Wellbeing	MMR at 24 months	Q (1 Qtr in arrears)	95%	▲90.4%	-4.9%
Population Health and Wellbeing	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	45%	▼56.1%	24.8%
NSS	BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	▼69.7%	-0.4%
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	M	95%	▶100%	5.3%

Access and Integration Quadrant					
Service area	**Indicator**	**Reporting frequency**	**Expected activity/ target**	**National YTD**	**% Variance YTD**
Acute Hospital Care	Adult Inpatient Waiting List	M	98%	▲ 72.6%	-26.0%
Acute Hospital Care	Adult Daycase Waiting List	M	98%	▲ 81.8%	-16.5%
Acute Hospital Care	Child Inpatient Waiting List	M	98%	▼65.2%	-33.5%
Acute Hospital Care	Child Daycase Waiting List	M	98%	▼ 76.4%	-22.1%
Acute Hospital Care	OPD Waiting List	M	98%	▲ 76.4%	-22.6%
Acute Hospital Care	Routine Colonoscopy Waiting List	M	65%	▲45.1%	-30.7%
Acute Hospital Care	ED within 6 hours	M	70%	▼57.5%	-17.9%
Acute Hospital Care	75 yrs + ED within 6 hours	M	95%	▼35.5%	-62.7%
Acute Hospital Care	ED within 24 hours	M	97%	▶95.5%	-1.5%
Acute Hospital Care	75 yrs + ED within 24 hours	M	99%	▼88.6%	-10.5%
Cancer Services	RACs within timelines	M	95%	▼65.3%	-31.3%
Cancer Services	Radiotherapy	M	90%	▲ 75.1%	-16.6%
NSS	Smear Tests	M	81,600	▼70,591	-13.5%
Primary Care Services	Physiotherapy access within 52 weeks	M	94%	▲ 78.4%	-16.6%
Primary Care Services	Occupational Therapy access within 52 weeks	M	95%	▼72%	-24.2%
Primary Care Services	SLT access within 52 weeks	M	100%	▼87.8%	-12.2%
Primary Care Services	Podiatry access within 52 weeks	M	77%	▼46.8%	-39.2%
Primary Care Services	Ophtalmology access within 52 weeks	M	64%	▲53.9%	-15.8%
Primary Care Services	Audiology access within 52 weeks	M	75%	▼70.5%	-6.0%
Primary Care Services	Dietetics access within 52 weeks	M	80%	▼57.8%	-27.8%
Primary Care Services	Psychology access within 52 weeks	M	81%	▲63.3%	-21.8%
Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%	▼99.9%	-0.1%
NAS	Clinical status of 1 ECHO incidents in 18 minutes and 59 seconds or less	M	80%	▼71.7%	-10.4%
NAS	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less	M	50%	▼41.8%	-16.4%

11. Operational Services Report

EMT Lead: Chief Operations Officer

Access and Integration Quadrant					
Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
Mental Health Services	General Adult Community Mental Health - first appointments	M	≥75%	▼71.2%	-5.1%
Mental Health Services	CAMHS - urgent referrals within 3 working days	M	≥90%	▲90.9%	1.0%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments	M	95%	▶91.6%	-3.5%
Disability Services	No. of new emergency places provided to people with a disability	M	0	▲18	18
Disability Services	No. of in home respite supports for emergency cases	M	402	▲409	1.7%
Disability Services	Number of overnights accessed	Q (1 Mth in arrears)	85,336	▼94,606	10.9%
Disability Services	Disability Act Assessment	Q	100%	▲20.6%	-79.4%
Disability Services	No. of day only respite sessions	Q (1 Mth in arrears)	20,958	▼16,306	-22.2%
Disability Services	No. of people in receipt of respite services	Q (1 Mth in arrears)	4,392	▼4,427	0.8%
Older Persons' Services	Home Support Hours	M	5,370,782	▼5,054,757	-5.9%
Older Persons' Services	People in receipt of Home Support	M	55,072	▼52,224	-5.2%
Social Inclusion Services	Homeless - assessments within two weeks	Q	85%	▼78.6%	-7.6%
Social Inclusion Services	Substance misusers (O18) treatment within one calendar month following assessment	Q (1 Qtr in arrears)	100%	▼96%	- 4.0%
Social Inclusion Services	Substance misusers (U18) treatment within one week following assessment	Q (1 Qtr in arrears)	100%	▲96.4%	-3.6%

Note:
Performance trend is result in current report period (month/quarter etc) relative to prior reporting period
Please see notes in text box under graphs which provides details of data unavailable due to cyber-attack.
RAG results per KPI are based on YTD data available relative to NSP2022 targets and not recalibrated for data gaps.
** Data updated in March 2022.
*** No graphs available, MDR table included page 25.
**** Excludes COVID-19 related absence, March data.

Finance, Governance and Compliance Quadrant					
Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
System Wide	Pay expenditure variance from plan ♦	M	≤0.1%	▼€5,308.2mill	4.96%
System Wide	Internal Audit – Recommendations implemented within 12 months **	Q	95%	▲87%	8%
System Wide	Service Arrangements Signed***	M	100%	▲3.87%	96.13%

Workforce Quadrant					
Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
System Wide	% absence rates by staff category****	M (1 Mth in arrears)	<3.5%	▼4.93%	1.43%

Legend/ RAG Rule Set/ Escalation	
	> 10% of target
	> 5% ≤ 10% of target
	≤ 5% of target
	No result expected
	No result available
▼▲▶	Arrows are indicative of the RAG status and the trend of the result when compared to the previous reported result.
	NPOG Escalation. This is denoted within the report using this symbol illustrated on the left. ♦ Acute Services only in escalation ♦♦ Hospital Groups only in escalation
	KPIs that are aligned with Corporate Plan 2020-2024 This is denoted within the report using this symbol illustrated on the left.
	KPIs that are aligned in part to the Q1/2022 Corporate Risk Register as at 8th March 2022 is denoted within the report using this symbol illustrated on the left.

12. Quality & Patient Safety

EMT Lead: Chief Clinical Officer

3

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days	Target	**<0.8**	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8
	Actual		1.0	1.2	0.8	0.9								
Incident Management training satisfaction rates	Target	**≥80%**	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%
	Actual		50%	100%	78%	88%								
Staff trained in HSE learning programmes in Quality Improvement	Target	**3,000**	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
	Actual		135	253	499	625								

Key Issues

- National Quality and Patient Safety Directorate (NQPSD) response to emerging issues and incidents may impact on the delivery of planned programmes
- Focus on Quality and Safety across the system is challenged due to competing demands of COVID-19
- Continued pressure on frontline staff due to COVID-19 is preventing them from being released or having time to undertake QI programmes.
- Patient Safety Strategy Implementation and Improvement Programmes are delayed due to NQPSD staff redeployment to National Centre for Clinical Audit (NCCA)
- Progress with implementation of National Clinical Audit recommendations will be impacted due to NCCA supporting the National CAMHS audit.

Dependencies

- Clinical compliance with guidance and best practice
- Recruitment and retention of appropriately skilled staff to implement new patient safety initiatives while continuing to effectively manage COVID-19 pandemic
- Line managers commitment to raise awareness of QPS Learning programmes with staff
- Ad hoc requests that may delay ongoing work
- Staff are provided with time and access to IT facilities to complete QPS Learning programmes
- Progress of NCCA Programme of work dependant on the recruitment of permanent NCCA staff (interim project team in situ) and input required from Interim NCCA Team to support National CAMHS Audit.

Output/Deliverable	Progress Update	Target Completion Date
Implement education and training on Infection Prevention and Control (IPC) guidance, including specialist IPC advice on COVID-19 related issues, which will support better practices and reduce SA BSI rates.	SA BSI cases reported in March was 29; rate was 0.9 /10,000 bed days used. The 2022 SA BSI target is <0.8/10,000 bed days used.	Dec 2022
Implement Serious Incident Management Team (SIMT) training twice per month in Q1 and Q2, 2022 and once per month in Q3 and Q4, 2022. Implement Systems Analysis training monthly from April to Dec 2022 inclusive. Complete a monthly review of evaluations to calculate satisfaction ratings.	In progress as per plan SIMT Training delivered as per plan with Just Culture included. Two day classroom based pilot of systems analysis training delivered to Staff from NAS on 26th and 27th April 2022. Very positive feedback from trainees. Consideration being given to deliver programme twice monthly from July 2022	Oct 2022
Achieve a 50% increase on previous year attendance in people completing 'Introduction to QI' and 'Level 1 Foundation in QI' e-learning programmes, enabling staff to gain the skills to undertake improvement initiatives.	Progress Update for April 2022 % Breakdown of total Community Health Organisations 30% Acute Hospitals 37% Other 33% This month we have communicated with a number of academic institutions in relation to integrating our programmes into their under and postgraduate QPS modules. We have also finalised our NQPSD Prospectus of Education & Learning programmes which will be launched in May. This will further promote our QI learning programmes among staff.	Dec 2022
National Centre for Clinical Audit established and projects commenced for all 25 recommendations from Clinical Audit Review Report. Achieve the completion of 14 recommendations by end of 2022.	NCCA Press Release issued 12th April, 2022 and Twitter account live Clinical Audit E-Learning Programme now available via HSELand Clinical Audit Virtual Training Programme curriculum completed and training to commence 17th May 2022 Work commenced on 'Commissioning & De-commissioning National Clinical Audits'	Dec 2022
Develop HSE Quality and Patient Safety Surveillance System (QPSSS) with programme design, governance and estimate bid completed.	QPSSS governance structures agreed. First of five co-design workshops to inform estimate bid held.	Sep 2022

13. Patient and Service User Partnership

EMT Lead: Chief Operations Officer ④

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient/Service User Partnership Leads appointed across CHOs and Hospital Groups vs. profile	Target	20	4	8	14	16	16	20	20	20	20	20	20	20
	Actual		1	2	2	4								
Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience Your Service	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	67%	-	-	-	-	-	-	-	-	
Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer*	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual	-	-	-	-	-	-	-	-	-	-	-	-	-
Your Service Your Say - % of complaints, where an improvement plan is identified as necessary, is in place and progressing *	Target	65%	-	-	-	-	-	-	-	-	-	65%	-	-
	Actual		-	-	-	-	-	-	-	-	-	-	-	-

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

Key Issues
• Need to adapt patient and service user partnership programmes to be more accessible and engaging to marginalised groups in society.

Dependencies
• Identification and recruitment of suitable staff as patient / service user partnership leads across CHOs and HGs • Prioritisation of timely review and reporting of improvement plans by services.

	Output/Deliverable	Progress Update	Target Completion Date
1	Develop an integrated Patient and Service User Experience function that provides a clear and unified point of engagement for patients, service users and advocates.	The design for the function has been drafted and will be discussed as part of the Integrated Ops org development work in March/April. A representative group of patient and service user advocates will be consulted on 25th May as part of the co-design process.	Dec 2022
2	Appointment of the Asst. National Director of Patient and Service User Experience as part of the Integrated Operations Senior Management Team	The job description has been completed and consultation with patient advocacy undertaken. Advertising of the role has been delayed and will now be in May with a view to appointing in July.	July 2022
3	Develop a Patient/Service User Partnership Plan at all 20 sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables	1 post filled in CHO 9. Start dates have been agreed for CHOs 1, 2 and 3. The other CHOs are at various stages of the recruitment process. ULHG, RCSI and CHI have 1 person in post. Saolta and DMHG have 2 posts each at various recruitment stages. Operational Performance and Integration will engage with all sites to expedite the recruitment process.	June 2022

14. People & Recruitment

EMT Lead: National Director of Human Resources

③

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

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

Census Report (WTEs) *		2022 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Net WTE change Medical & Dental vs. plan	Target	**600**	-49	-10	57	110	168	257	217	362	496	568	584	600
	Actual		-33	-30	75	124								
Net WTE change Nursing & Midwifery vs. plan	Target	**1,500**	301	975	1882	2,968	1,150	1,188	1,162	1,061	899	1,081	1,371	1,500
	Actual		215	628	760	890								
Net WTE change H&SCP vs. plan	Target	**1,500**	130	324	659	1,170	643	725	705	722	894	1,168	1,373	1,500
	Actual		103	77	139	157								
Net WTE change Management/Admin vs. plan	Target	600	42	149	320	578	293	322	359	401	445	515	567	600
	Actual		188	390	501	593								
Net WTE change General Support vs. plan	Target	100	-17	-35	4	84	106	157	151	161	125	69	71	100
	Actual		44	28	63	101								
Net WTE change Additional Patient & Client Care vs. plan	Target	1,200	-58	-63	169	502	493	656	760	768	862	930	1,125	1,200
	Actual		128	71	240	385								
Total Net Change in WTEs	Target	**5,500**	349	1,068	1,615	2,378	2,853	3,305	3,354	3,475	3,721	4,331	5,091	5,500
	Actual		645	1,164	1,778	2,249								

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

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

Key Issues

- Impact of reduced labour market supply
- COVID-19 measures impact on travel – reopening of international borders impact on staff turnover rates
- COVID-19 environment impact on absenteeism
- Impact of continued COVID-19 surge / new variants and increased vaccination roll out

Dependencies

- Sufficient available staffing in domestic / international markets
- Successful impact of the national vaccination rollout to reduce case numbers and thereby reduce absence levels

	Output/Deliverable	Progress Update	Target Completion Date
1	Develop and implement the Resourcing Strategy	The resourcing strategy is finalised and submitted as part of NSP 2022 for approval and sets out the suite of actions for implementation across 2022.	Dec 2022
2	Introduction of a streamlined Primary Notification process	The new Primary Notification process has been issued in a memo, with a reminder memo issued in January 2022.	Complete
3	Implementation of Job Order Gateway	The Gateway is at User Acceptance Testing (UAT) stage with almost 1,000 users identified for set up, anticipated launch Q2.	June 2022
4	Introduction of Recruitment Hub Drive	Work progressing with developers.	June 2022
5	Introduction of new Medical Consultant Microsite on PAS	The development of the microsite is at an advanced stage, anticipated launch Q2.	June 2022
6	Introduction of Recruitment Operating Model	Progress continues on the implementation of the ROM.	Dec 2022

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

Rating and Overview: 3 (Reasonable assurance that the 2022 Ambition Statement will be substantially achieved) All programmes of work are in line with targets set.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operational Services Revenue *(ex. Pensions, Demand Led and COVID)* Budget performance by year end. vs. Profile *(data available end month)*	Target	Within +/- 0.5%	+/- 3.0%	+/- 3.0%	+/- 3.0%	+/- 2.5%	+/- 2.25%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 1.5%	+/- 1.0%	+/- 0.5%
	Actual		1.1%	0.42%	0.79%	XX								
COVID19* Sanction compliance HSE will formally seek sanction via CEO to Sec Gen request in advance of any excess of costs over existing sanction.	Target	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
	Actual		0%	0%	0%	XX								
Procurement Spend Under Management (SUM) achievement of SUM in line with targets set, €2.5Bil SUM by end of 2022 (i.e. 68%)	Target	68%	42%	42%	48.5 %	48.5%	48.5%	55%	55%	55%	61.5%	61.5%	61.5%	68%
	Actual		38%	42%	48.8%	XX								

Key Issues

- Dealing with on-going impacts of COVID which has consumed a significant amount of staff time and bandwidth and delayed other work including IFMS, ABF, Controls Improvement and reporting.

- Ongoing efforts to ensure we have captured all COVID related costs as accurately and comprehensively as possible.This needs to be further improved given the scale of these costs and the requirement to retain significant elements of the underlying measures in 2022 and beyond e.g. Extended Working Day, improved Dialysis arrangements & enhanced infection prevention and control measures.

Dependencies

- Stakeholder Engagement

	Output/Deliverable	Update	Target Completion Date
1	IFMS Build and Test phase complete and ready for deployment	Following completion of design stage, HSE exercised its right to terminate the System Integrator (SI) contract. (1) A public procurement process is underway to select a Systems Integrator (SI) to build, test and deploy the IFMS system, based on the approved design, to all entities in scope for IFMS. The proposed deployment approach set out in the tender specification seeks to maintain, to the greatest extent possible, the timelines for implementation of IFMS in the current project plan, which is a key priority for the HSE. As part of the public procurement process, prospective SIs have been invited to review and identify alternatives, or refine the HSE's proposed deployment approach, as appropriate. (2) A comprehensive review of the completed design will be undertaken by the SI on engagement. (3) The deployment plan will be finalised by the SI and confirmed during the build stage of the project and as part of detailed deployment planning to be approved by project governance. (4) Other IFMS-related pre-deployment activity is progressing including detailed enterprise structure design, end to end payroll integration, organisation design, change management and procurement activity.	(1) Jun 2022 (2) Sep 2022 (3) Sep 2022 (4) Dec 2022
2	Progress the implementation of Activity Based Funding (ABF) 2021-2023, revised implementation plan including Community Costing Programme	The ABF Implementation Plan 2021 to 2023 comprises 35 actions under four objectives: (1) Further enhance hospital costing and pricing, (2) Support and enable the existing ABF programme, (3) Develop a roadmap for structured purchasing, (4) Scope and implement foundational costing and activity measures for a community costing programme. Work commenced on a number of actions in 2021 and will continue throughout 2022 notwithstanding some actions may be impacted by Covid19. Actions are on target at the end of April.	20% of actions Mar 2022 66% of actions Jun 2022 74% of actions Sep 2022 90% of actions Dec 2022
3	Develop enhanced Reporting	Further build on the development in 2021 of monthly working capital reporting and information in relation to month end cash balances including ageing of balances whilst also continuing to develop mechanisms to align the cash/vote position with the accrual based accounting. (1) We are currently able to age over 90% of our accruals on a monthly basis following the development work in 2021 and the target is to close the gap to 100% on a monthly basis in 2022.(2) A joint working group has been established including the DOH, DECDIY and the HSE to deal with all issues around vote and working capital reporting and by June we aim to have scoped out an initial work plan. (3) In addition, a Working Group will be established with DOH in March 2022 to deal with all issues re Reporting in 2022. (4) An interim plan to address the reporting issues should be developed by the Working Group by May 2022	(1) Sept 2022** (2) June 2022 (3) Complete (March 2022) (4) May 2022
4	Controls Improvement Plan Implementation (3 Year programme)	All 6 work-streams of the 3 year controls improvement programme commenced in 2021 with agreed timelines and plans which are adaptable as risks emerge (such as Cyber-attack). Key deliverables in 2022 are focused on: 1. WS1 NFR re-write – NFR Launch Aug/Sept 2022 / Relaunch on New Communications platform expected Nov/Dec 2022/WS2 Communication and Awareness – You-tube launch Sept 2022 / Enhanced Metrics Dashboard launch Sept2022/ third awareness survey Jul 2022/ Ongoing webinars and broadcasts all 2022 2. WS3 Data Repository & Reporting – Interim Control Reports commencing end Jul 2022/Vendor on-boarding for enhanced data analysis and reporting tool end Nov/Dec 2022 3. WS4 Financial and Risk Assessment – Finalise design of pilot checklists Jul 2022/ Commence pilot Sept/Oct 2022/ On-board external review vendor Sept/Oct 2022 4. WS5 Performance Management and Achievement – Development of Management Reporting by Sept 2022	(1) Nov/Dec 2022 (2) Jul 2022 & Nov/Dec 2022 (3) Sept/Oct 2022 (4) Sept 2022

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

16. Technology & eHealth

EMT Lead: Chief Information Officer

3

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

Rating and Overview: 3 (Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved) Strong early progress on our plan with Interim Security Operations Centre (SOC) arrangements in place. Integrated Community Care Management System (ICCMS) programme has completed vendor product demonstrations via formal market sounding process, to inform the full tender later this year. NIMIS team working towards an agreed June date for go live of NIMIS 2.0. IHI team has commenced development work for seeding IHI into IPMS. Scheduled care dashboard has been developed and is undergoing testing.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
eHealth ICT Capital expenditure vs profile	Target	€130m	€5.0m	€9.5m	€13.5m	€19.0m	€26.0m	€34.0m	€41.5m	€62.0m	€77.5m	€91.0m	€109.0m	€130.0m
	Actual		€4.9m	€8.6m	€10.8m	€17.3m								
No. of new ICT professionals recruited to deliver 2022 eHealth Plan vs. profile	Target	200	12	38	65	90	110	135	140	150	160	175	185	200
	Actual		27	54	75	97								
Cost (related to WTEs recruited, based on average cost by grade)	Target	€9.5m	€0.1m	€0.4m	€0.9m	€1.5m	€2.1m	€2.7m	€3.4m	€4.2m	€5.2m	€6.3m	€7.8m	€9.5m
	Actual		€0.2m	€0.5m	€1.0m	€1.6m								

Key Issues

- Limited availability of business resources on the front line to work on IT programmes.
- Staff exhaustion following two immensely challenging years
- Overhang of unused annual leave and TOIL across eHealth division
- Challenging recruitment market place for skilled ICT staff

Dependencies

- Rapid recruitment of the 200 required ICT professionals in 2022 to deliver eHealth Plan.
- Assignment of (non eHealth) business resources to work on transformation/eHealth projects.

	Output/Deliverable	Progress Update	Target Completion Date
1	Security Operations Centre established and operational	Interim arrangements established with 24/7 enhanced security operations monitoring in place through three external partner companies: Microsoft, Mandiant, Caveo. Tactical Security Improvement plan has delivered significant additional measures to protect the technology environment.	Sept 2022
2	IHI & Eircode integration to Integrated Patient Management System (IPMS) in 5 of 13 instances, and all 4 accredited GP practice management systems	Development work has now completed on IPMS "seeding" requirements with IHI and Eircode. User acceptance testing scheduled is well advanced. Go live for Letterkenny UH is on target for June.	Dec 2022
3	PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced.	Go Live Date Approved by NIMIS Programme Board for June 18/19 Date communicated to NIMIS Sites. - Go live plan agreed with Vendor. A period of intensive site engagement has commenced. Work to develop a full Data Protection Impact Assessment (DPIA) is well advanced. 80% of workstation devices have been replaced (on target)	Dec 2022
4	Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS).	ICCMS programme has concluded all scheduled selected vendor demonstrations, as part of structured market soundings process. Analysis of participants surveys is complete. Full business case development has commenced. Lessons Learned workshop completed. International research completed	Dec 2022
5	Procurement commenced for each approved Scheduled Care enabler business case.	eEnablers assigned to Scheduled Care Workstream 4: Patient Centred Booking Arrangements (PCBA); business case procurement expected to commence in Q3. Scheduled Care Dashboard work in progress in an advanced stage; dashboard is live and has issued to HG CEOs.	Dec 2022

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Capital expenditure vs profile	Target	€1,070m	€17m	€73m	€139m	€208m	€277m	€352m	€429m	€507m	€593m	€693m	€819m	€1,070m
	Actual		€17m	€64m	€105m	€169m								
New Primary Care Centres completed in 2022 vs profile	Target	16	-	-	7	-	-	12	-	-	14	-	-	16
	Actual		-	-	6	-	-		-	-	-			
New and replacement Acute Bed Capacity vs profile	Target	186	-	-	5	-	-	61	-	-	156	-	-	186
	Actual		-	-	0	-	-		-	-	-			
New and replacement Community Bed Capacity vs profile	Target	277	-	-	0	-	-	126	-	-	146	-	-	277
	Actual		-	-	0	-	-		-	-	-			

Key Issues

- Ongoing management of COVID-19, expenditure on the New Children's Hospital, clinical and/or infrastructural risks yet to be identified
- Dependence on the drawdown of the COVID-19 Contingency Funding and the expenditure profile to Q3. Current underspend of €39 million against profile, comprising; NCH, Acute Capacity and CNU Programme
- Some individual projects to deliver HSE Programmes yet to be fully defined, (Critical Care, ECC, Trauma, Elective Hospitals etc.)
- Programme deliverability due to factors such as project resourcing, supply chain and contractor availability
- The direction of the Property Management Strategy as it crystallises
- The Ukraine Humanitarian Response and the as yet unquantified resource requirements

Dependencies

- Balancing the budget and project delivery is contingent on availability of materials, labour and contractor capacity to stand over original pricing, due to volatile construction market conditions

Output/ Deliverable	Progress Update	Target Completion Date
Develop a new Property Management Strategy	Development of the Strategy considered and approved by EMT. Preliminary presentation to ARC on 12th May 2022, with follow-up meeting in July.	July 2022
Commence tender process for construction of National Maternity Hospital on receipt of Government Approval of Final Business Case	Legal Framework and Constitution for the NMH DAC were considered and approved by all stakeholders in March 2022, and approved by Government on 17th May. Tender process cannot commence until we secure Departmental approval for business case.	June 2022 (Previously June 2021)
Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	No change to Programme timeline at present and expectation is that construction will commence at all locations as projected.	September 2022
Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Programme on target.	December 2022
Complete the delivery of additional critical care capacity at Mater Misericordiae (16 No. Beds) and Tallaght University (12 No. Beds) Hospitals	Delivery of additional critical care capacity on track at Mater and Tallaght hospitals	December 2022

18. Risk Management

Overview: There are currently *17* risks on the CRR. The current risk ratings of the risks, per the Q1 2022 CRR report, are **7 Red** and **10 Amber**

Corporate Risk RAG Summary

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

Corporate Risk Register Update

1	**Revised Corporate Risks Q1 2022**	The Q1 2022 CRR report was approved by the EMT at their meeting on the 8th March 2022 and reviewed by the ARC on 10th March 2022. Key points: • There are now **17** risks on the revised CRR. [The potential 'Third party' risk remains to be scoped]. • The previous Covid 19 risks have been consolidated into a single Covid risk. • Following the feedback from the ARC, the *'Workforce and Recruitment'* and *'Funded agencies'* risks have been maintained on the Register.
2	**CRR Q2 2022 Review**	The Q2 2022 review of the CRR will be undertaken in June 2022. The EMT approved two new risks to be added to the CRR at their meeting on 26th April. These relate to the risks associated with the Commencement of the Assisted Decision Making Act and the Invasion of Ukraine The full risk assessments will be completed as part of the Q2 Review.
3	**Risk Information System**	The implementation of the Risk Information System [RIS] to collate all risk assessments and risk intelligence will go-live on 1st June 2022 for the commencement of the Q2 CRR review process. The intention is to ensure the system is effective in managing the corporate register in advance of it being rolled out and applied to lower level registers.
4	**Enterprise Risk Management Team**	**Central ERM Team:** The new General Manager took up post on the 25th April and the Assistant National Director will start at the end of June 2022.These are important appointments that will allow an acceleration of the risk programme. Other team members will be recruited once the AND commences. **Building the risk support capacity at EMT level:** Six of the Grade VIII posts embedded with the EMT members' teams have now taken up posts. These risk team members will have a dual working relationship as they will contribute to the development of the overall risk framework while also supporting the risk process within their own teams.
5	**Internal Audit**	Internal audit are currently scoping four *Risk Management - Verification of controls* audits as part of the 2022 audit plan. The audits will seek to provide management with assurance that controls listed on selected risk registers including the Corporate Risk Register, are control activities as defined in ISO 31000, operate as designed, clearly mitigate the risk and are assessed for effectiveness.

18. Risk Management (cont.)

Risk ratings [Initial and Residual] as at Q1 2022

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

HSE Risk Matrix

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

Total 15-25	7
Total 6-12	10

19. Communications

4

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

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

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

Key Issues

- The substantially increased demand for communications services seen in 2021 continues into 2022. These services include public information campaigns, webinars, internal communications, HSELive services, social media engagement, partner engagement and the development of digital platforms.

- During 2022 National Communications must focus on ensuring appropriate staffing levels and strengthening our digital health delivery system in line with what is likely to be a transformed long-term requirement.

- In the expectation of a continued substantial day-to-day activity requirement, we must retain focus on longer-term strategic objectives including the enhancement of trust and confidence in the HSE and using communications to support reform and enhancement of services.

- Consideration to be given to the development of KPIs for future Scorecards in relation to public attitudes and confidence

Dependencies

- Securing the required communications resources to deliver outputs described above.

- Funding for digital health services.

20. New Drugs

EMT Lead: Chief Clinical Officer

④

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

Rating and Overview : 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) 11 New Drugs / New indications of existing Drugs have been approved to date from the 2022 allocation, resulting in an annualised spend of €11.55m of the 2022 budget being committed thus far. New Pricing Framework agreements substantially in place from January 2022.

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

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

Key Issues
• Pricing strategies adopted by Industry can compound affordability & sustainability issues

Dependencies
• Engagement of applicant companies in commercial negotiations in relation to pricing / other uncertainties

	Output/Deliverable	Progress Update	Target Completion Date
1	Complete implementation of clause 7,8 and 9 (relates to instances where reductions applied to medicines that are no longer patent protected) of the IPHA Agreement	• 172 Price reductions implemented in respect of clause 7/8/9 on February 1st 2022	Complete
2	Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement	• 532 price reductions implemented in respect of clause 5 on 1st March 2022	Complete
3	Complete implementation of the MFI Agreement	• 37 price reductions implemented in respect of clause 8/9 on 1st March 2022	Complete

21. Planning and Implementation of Regional Health Areas
EMT Lead: Chief Strategy Officer

4

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

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

	Output/Deliverable (All subject to revision)	Progress Update	Target Completion Date
1	To ensure there is a clear sense of direction, develop a Vision Statement for RHAs in conjunction with the DoH, the RHA Advisory Group, Sláintecare Programme Board and the HSE Board.	Draft vision statement developed and shared with EMT and wider HSE and DoH colleagues and brought to Board for consideration at April engagement session. HSE in collaboration with Board members provided feedback re RHA Business Case and workstream proposals and is using this data to inform detailed planning phase recognising design will evolve over time.	Complete
2	Establish a dedicated Programme team within the HSE with clear leadership responsibility to take forward the planning and delivery of the Change programme	In addition to the identification of nominated HSE leads, a core delivery team supporting the entire HSE work programme and reporting through the Director of Change and Innovation and CSO is being progressed. Subject to the necessary HSE and DoH approvals, the aim is for this team to be established by Q3 2022, with external consultancy support in the interim. EMT approval has been received and awaiting DoH approval. Dedicated ND recently identified to support implementation.	September 2022
3	Establish key enabling workstreams to take forward implementation planning, including; Governance (Corporate & Clinical), Finance (Population-Based Resource Allocation), People & Development (Strategic Workforce Planning & Human Resources), Digital & Capital Infrastructure (ICT, Information and eHealth), Change, Communications and Culture and Programme Coordination.	Worksteams established, leads identified with work ongoing re design of future model. Workshop session with HSE Board took place on 26/04/22 and output to inform design phase. Design Workshop took place on 12/05/2022 with RHA Implementation Team to provide outline guidance re service delivery model and governance arrangements. Engagement session with HSE 'Leadership Team' planned for May 2022. Briefings for Hospital Groups and CHOs took place in May 2022 with workshop planned with senior leaders and clinicians in early June 2022.	June 2022
4	Develop draft Implementation Plan for RHAs	Initial planning work underway to progress detailed design phase – informed by ongoing engagement. Early scoping of communication plan underway.	September 2022

Key Issues

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

Dependencies

- High-level alignment on vision, objectives, urgency, and milestones by relevant stakeholders
- Approval to recruit a team in Change & Innovation to work on the implementation plan, in line with Sláintecare and best practice change management principles. Strong change management processes are crucial.
- Information technology is a key enabler for integrated care within an RHA and between RHAs. A single patient record is critical for RHAs to operate as functioning healthcare units.
- It is essential that the process is appropriately resourced nationally and regionally and delivered to a realistic timescale.

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22. Climate Action & Sustainability

EMT Lead: Chief Strategy Officer

4

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

Rating and Overview: 4 (Strong assurance that the 2022 Ambition Statement will be substantially achieved) Strategy development process now underway. Other programmes reasonably on track, some slippage in relation to retrofit energy works largely attributable to facility access. Shallow retrofit programme partially behind schedule due to over saturation of the market, and challenges realising value for money with open market tenders. Energy team slippage due to absence of dedicated resource in two regional offices. Recruitment to positions challenged by current global market environment.

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Expand the network of supported energy/green teams at significant energy user sites, to the top 170 sites across HSE and Section 38/39 organisations. Target 130 teams in place by end Q2.	Target	**130**	75	85	95	105	115	130	-	-	-	-	-	-
	Actual		81	83	87	93			-	-	-	-	-	-
Programme of Supported Shallow Retrofit Energy Capital Works (Spend vs Profile)	Target	**€12.5m**	€0.25m	€0.62m	€1.25m	€1.88m	€2.50m	€3.75m	€5.00m	€6.25m	€8.12m	€10.00m	€11.88m	€12.5m
	Actual		€0.29m	€0.67m	€0.82m	€1.35m								
Energy/carbon emissions deep retrofit *Pilot Pathfinder Project* (10 locations) - Stage 1 Design complete by September 22 (Spend vs Profile)	Target	**€3.6m**	-	-	-	-	-	€0.50m	-	-	€1.50m	-	-	€3.60m
	Actual		-	-	-	-	-		-	-		-	-	-

Key Issues

- Ongoing management of COVID-19, and the ability to access facilities.
- Programme deliverability due to factors such as engagement and stakeholder availability
- Challenges in global marketplace impacting on ability to secure value for money tenders, and recruit technically qualified staff
- Communications support to inform and engage internal and external stakeholders

Dependencies

- Output delivery is contingent on engagement with key internal stakeholders

Output/ Deliverable	Progress Update	Target Completion Date
Develop an HSE Climate Action and Sustainability Strategy, consistent with the achievement in full of the Government targets for 2030 and 2050, drawing on best practice both nationally and internationally, and linked to the HSE Property Strategy	Development of Strategy now being progressed. Target completion date is mid-August 2022.	July 2022
Develop implementation plan and associated delivery structures	Implementation plan developed with a view to commencement following approval of Strategy	September 2022
Energy Efficiency and Towards Zero Carbon Design training and workshop programme in place with live register.	Phase 1 complete with live register of projects prepared. Phase 2 rollout of workshops with Design Teams initiated, and pilot completed.	December 2022