



Board Strategic Scorecard

November 2022

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Document Purpose

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

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

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

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

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

Zone	Rating	Criteria
Green	5	<ul style="list-style-type: none"> • Strong Assurance that the 2022 Ambition Statement will be fully achieved • All KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are no issues or dependencies that are expected to impede delivery of year-end targets
	4	<ul style="list-style-type: none"> • Strong Assurance that the 2022 Ambition Statement will be substantially achieved • All or most KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are particular issues or dependencies that may impact on the delivery of year-end targets
Amber	3	<ul style="list-style-type: none"> • Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved • Most KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are particular issues or dependencies that may impact on the delivery of year-end targets
	2	<ul style="list-style-type: none"> • Concerns that the 2022 Ambition Statement will be not be substantially achieved • A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory • There are issues or dependencies that will impact on the delivery of year-end targets
Red	1	<ul style="list-style-type: none"> • Significant concerns that the 2022 Ambition Statement will be not be substantially achieved • A number of KPIs and Outputs/Deliverables are not progressing according to annual trajectory • There are issues or dependencies that will impact materially on the delivery of year-end targets

Executive Summary

Board Strategic Scorecard Rating Summary

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

Key Strategic Insights

Current overall average rating of the 20 eligible scorecards is 2.65 down from the previous rating of 2.75 due to change of rating returned on two scorecards:

- Reform of Primary Care, Community and ECC changed from a 3 to a 2
- Planning & Implementation of Regional Health Areas changed from a 3 to a 2

All other scorecard ratings have remained constant

One scorecard presented a rating of 5
 Two scorecards presented a rating of 4
 Seven scorecards presented a rating of 3
 Nine scorecards presented a rating of 2
 One scorecard presented a rating of 1

Key Insights:

- Recruitment growth while well ahead of the October profile, with significant growth in clinical categories, still remains a key area to monitor. The impact of the lag to date is noted in 10 scorecards that attribute delays in achieving some targets to recruitment issues.
- Global supply chain issues are reported as delaying progress/completion of infrastructural works.

1. Covid-19 National Test & Trace

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

Rating and Overview: (5) Strong Assurance that the 2022 ambition statement will be achieved. Test and Trace continue to meet agreed targets.

5

Change



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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop a Test and Trace Transition Strategy and supporting Plan (Transition Plan)		Complete	
2. Develop an Operational Plan for 2022 based on projected service demand and strategic priorities (information management, estates, workforce)		Complete	
3. Integrate and enhance existing Antigen Referral Pathways (antigen positives reporting, close contacts, schools and symptomatic)		Complete	
4. Develop a Test and Trace Pandemic Preparedness Plan (a central resource for future major emergency planning)	Dec-22	On Track	Paper to inform memo to government is completed. Meeting to discuss all government support will take place at the end of November.

Key issues impacting delivery of ambition

1. Date for implementation of the strategy to transition from mass testing to surveillance and the clinical model to be confirmed.

Mitigating actions to address key issues

1. Ongoing engagement with the DOH regarding timelines to implement the strategy to transition from mass testing to the surveillance and clinical model. GP Sentinel to commence 16th November 2022.

2. COVID-19 Vaccination Programme

Ambition statement 2022: 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: (3) Reasonable assurance that the ambition statement will be substantially achieved. The Primary Programme continues to be very successful, with 97% of the total adult (18+) population fully vaccinated to date. As of 31 Oct, of the approved cohorts, 77% received the 1st booster, 39% have received their 2nd booster and 20% received the 3rd booster (based on the entire fully vaccinated population)

3

Change 

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Full Primary vaccination in total eligible population (12+ age group, Population size = 4,153,000)	Target	3,956,435	3,871,435	3,881,435	3,891,435	3,906,435	3,916,435	3,926,435	3,936,435	3,946,435	3,956,435	3,956,435	3,956,435	3,956,435
	Actual	-	3,893,511	3,908,305	3,915,019	3,918,516	3,924,133	3,930,767	3,933,041	3,934,082	3,935,825	3,937,717		
2. Primary course vaccinations (5-11 age group, Population size = 482,000)	Target	191,000	16,000	91,000	116,000	141,000	166,000	176,000	186,000	188,500	191,000	191,000	191,000	191,000
	Actual	-	14,994	75,978	98,341	107,090	111,970	114,333	115,314	116,100	116,440	115,981		
3. Booster Doses Administered (HCW Population size = 305,000)	Target	289,730	255,730	260,730	265,730	270,730	275,730	280,730	285,730	287,730	289,730	289,730	289,730	289,730
	Actual	-	253,291	257,448	260,360	262,109	263,466	264,162	263,526	263,838	260,868	257,732		
4. Booster Doses Administered (16 - 59 age group with Medical Conditions/Very High Risk and High Risk, Population size = 428,000)	Target	426,010	363,010	376,010	386,010	401,010	406,010	411,010	416,010	421,010	426,010	426,010	426,010	426,010
	Actual	-	315,708	328,030	341,072	346,820	351,414	354,389	333,972	334,735	335,458	335,371		
5. Booster Doses Administered (All other) (16+ age group, Population size = 3,140,000)	Target	2,603,680	2,083,680	2,183,680	2,253,680	2,353,680	2,403,680	2,453,680	2,503,680	2,553,680	2,603,680	2,603,680	2,603,680	2,603,680
	Actual	-	2,097,284	2,184,056	2,264,650	2,331,485	2,383,402	2,428,824	2,517,402	2,539,203	2,554,960	2,557,132		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Continued delivery of the remaining elements of the primary vaccination programme, rollout of paediatric primary course (5-11s) and Booster programmes	Sep-22	On Track	The primary vaccination uptake for the 12+ age group is 95%. The uptake for booster 1 is 77% for the 16+ age group (based on CSO population), 87% for HCW and 73% for the immunocompromised group (based on % of fully vaccinated) as of 31 October'22. Requirement to deliver prog ongoing
2. Develop and implement the future sustainable operating model for COVID-19 vaccination programme in Autumn 2022	Sep-22	Complete	The A/W program commenced on 3 Oct for the approved cohorts with the alignment of the flu program and introduction of adapted vaccines. As of 31 Oct, of the approved cohorts, 77% received the 1st booster, 39% the 2nd booster and 20% the 3rd booster (based on the fully vaccinated population).

Key issues impacting delivery of ambition
1. Targeted communication on eligibility and aligned flu/Covid vaccination.
2. Booster uptake amongst HCWs remains very low.
3. Current KPI's are no longer relevant to the current program

Mitigating actions to address key issues
1. SMS campaign and localised advertising in vaccination locations
2. Dedicated communication campaigns are currently running to bolster uptake in this group
3. Vaccination national lead will bring this issue to the EMT

3. Reform of Primary Care, Community and ECC

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

Rating and Overview: (2) Concerns that the 2022 ambition statement will not be substantially achieved. Rating amended from 3 to 2 reflecting minor delays across 3 of 4 KPIs. These are expected to be addressed by Q1/2 2023 with 96 CHNs in place by Q1, 30 CSTs for ICPPOP in place by Q2 and 30 CSTs in place for ICPCD by Q2 also.

2

Change



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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Recruitment of the required additional 3,500 frontline primary care staff and leadership roles	Dec-22	On Track	2,065 WTE on boarded with a further 305 WTE at advanced stage, total 2,370. The adjusted year end target of 2,400 is on track to be met with a further 500 at an advanced stage of recruitment also.
2. ICT solution/s to support implementation and data collection	Dec-22	Delayed	While progress is being made with the development of a long term solution (ICCMS) it is likely to be 2024/2025 before this solution is in place. In this context the interim ICT solution committed to in NSP 2023 is an urgent deliverable and has received clearance to proceed to procurement.
3. ECC Capital Infrastructure Prog	Dec-22	On Track	A further 3 proposals have been approved since September with 7 priority proposals pending submission. As of 31/10/2022; 56 proposals have been approved and 6 projects submitted and in review through the National Estates process.

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

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

4. Reform of Home Support and Residential Care

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

Rating and Overview: (2) Concerns that the 2022 Ambition Statement will not 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.

Change
2 →

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Undertake review of all aspects of Intermediate/Rehabilitation care and make recommendations for future model of care and options for repurposing existing or developing additional beds		Complete	
2. Finalisation of audit of residential care including CNU Programme		Complete	
3. Develop a national framework for a Residential Care model (Long Term & Intermediate/Rehabilitation), to achieve Corporate Plan, NSP targets & emerging Government Policy. Finalisation of future Residential Care Demand Modelling	Dec-22	On Track	On target with work ongoing to finalise standardisation of definitions of care. Clinical design are supporting the evaluation of best practices in residential care globally to inform future design model.
4. Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Nov-22	On Track	On track for completion: independent evaluation commenced, significant progress re qualitative data collection phase
5. Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Jan-23	On Track	Work ongoing with DoH in preparation for Statutory Scheme in line with DoH timelines. Work in respect of Steering Group ongoing. Business Case re ICT System finalised for submission to DGOU in November.
6. Establishment of National Home Support Office	Oct-22	Complete	Office established and recruitment of key posts near completion, business cases for last remaining posts will be submitted to November EMT via National Community Operations
7. Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas	Dec-22	Delayed	Implementation of home support via pilot sites complete, currently being evaluated for further roll out. Recruitment of 128 posts commenced and ongoing
8. Development of Phase 2 of interRAI software system		Complete	Testing Complete and phase 2 developed. Delivered by software vendor to HSE on 31 October. HSE to complete UAT for development onto live sites by end Q4

Key issues impacting delivery of ambition
1.Capacity of the system in relation to the ability to recruit and retain key staff for home support service delivery
2. Progression of workforce planning group
3.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
4. Lack of IT system to track residential beds Lack of IT system to track home support services
5. Achievement of full target numbers across pilot sites in the context of COVID

Mitigating actions to address key issues
1. Ongoing discussion and engagement with HSE Community Ops, HR colleagues along with engagements with DoH in an effort to develop a sustainability plan for this service
2. Workforce Planning is being considered by the Home Support Steering Group with HR representation at this group.
3. Position Numbers have been issued to CHO's. National Community Ops are following up to close out any remaining operational challenges.
4. Business Case being finalised for submission to DGOU
5. Full efforts by CHOs to ensure target numbers are reached across Pilot Sites

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

Rating and Overview:(2) Concerns that the 2022 ambition statement will not be substantially achieved. Progress against the 2022 targets has been lower than projected, with both the Maximum Wait Time targets and Chronological Scheduling attainment behind YTD. There will be significant operational focus to year end to support improvements in waiting list position. In relation to the reform initiatives, substantial progress has been made, with pilots live for PIR in CHI, for DNA in 3 hospitals and PCBA pilot to go live at the end of November. Implementation of HPVP is ongoing with 19 sites live.

2

Change



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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Multi annual Waiting List plan finalised and approved (LOD 74)	Sep-22	Delayed	The 2022 Waiting List Action Plan was the first component of the Multi-Annual Waiting List Plan. A Multi-Annual Waiting List Plan will be developed in collaboration with DoH, HSE and NTPF.
2. Elective Ambulatory Care Centres (EACC) progressed	Dec-22	On Track	EACCs are being progressed in line with Public Spending Code and documentation ,including a detailed brief, a procurement strategy and pre-tender business case for Decision Gate 2(Pre-Tender Approval)
3. Strategy for managing 'Did Not Attends' (DNAs) for new & review OPD appointments agreed & implementation commenced	Sep-22	Complete	
4. Complete planning and commence implementation of 37 prioritised scheduled care pathways. (LOD 9)	Dec-22	On Track	Implementation planning underway for prioritised pathways across three specialities (orthopaedics, urology and ophthalmology), to commence implementation in 2023
5. Multi Annual Framework for Strategic Partnerships with private providers developed	Jul-22	Delayed	Slippage on this deliverable. The Secretary General is to meet the CEO of the Private Hospital Association to progress
6. Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	Sep-22	Complete	
7. Health Performance Visualisation Platform (HPVP) live in initial 28 hospitals	Oct-22	Delayed	Implementation in 19 hospitals of 28 (Phase 1 Delivery 28 hospitals-Jan 2021 to Jan 2023)

Key issues impacting delivery of ambition

- Data Sharing Agreement with outstanding Voluntary hospitals.
- Activity volumes remain significantly behind profile and chronological scheduling targets are not being achieved

Mitigating actions to address key issues

- HPVP DSA discussions ongoing with hospitals who have recently paused engagement
- Intensive engagement ongoing with hospitals and HGs to ensure focus on long waiters and chronological scheduling targets

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

Rating and Overview: (3) Reasonable Assurance that the 2022 ambition statement will be substantially achieved.

- Significant progress has been made in the development of Models of Care and pilot site recruitment across Crisis Resolution and CAMHS hubs - delayed by 2 months to Dec 2022
 - Good progress has been made in enhancing CMHTs and development of teams across clinical programmes. - Significant progress has been made in the recruitment of Staff across all areas of Mental Health
 - KPI targets for CAMHS and Adults on track.

Change

2



KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of CAMHS referrals seen by mental health services vs. profile	Target	10,878	-	-	2,719	-	4,536	5,439	-	-	8,158	-	-	10,878
	Actual		-	-	2,583	-	4,619	5,369	6,163	7,098	7997	-	-	
2. % of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team (Data Available end of month)	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		70%	72%	71%	73%	71%	71%	71%	71%	71%			
3. NSD Spend (€24m funding)	Target	€24.00m												
	Actual		-	-	€1.95m	-	-	€5.28m	-	-	8.45m	9.64m	-	-
4. Number of WTEs recruited (cumulative) for new service developments in 2022	Target	319	-	5	-	-	-	-	57	109	161	213	265	319
	Actual			5	-	-	-	5	7	-	53	62		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Launch Sharing the Vision Strategy & Implementation Plan in April 2022. (LOD 52)		Complete	
2. Models of Care designed and completed for: CAMHS Hubs and Crisis Resolution Services (CRS)	Oct-22	Delayed	Draft Models of Care for both services have been designed and under consideration by the respective steering groups. Final agreement on the Models is anticipated December 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	Dec-22	On Track	CHO 2 pilot site in operation, the target of commencing the two other pilot sites in June 2022 have been slow as CHO 3 and 4 are awaiting model of care for completion before commencing operation. Recruitment plans for pilot sites in progress. All pilot sites on track to be in place by Dec 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	Dec-22	On Track	Pilot site locations and budget allocation confirmed in CHO 1, CHO 3, CHO 4 and CHO 6. CHO 5 pilot commenced June, we are working closely with pilot sites to prepare for operation. Recruitment is progressing with staff to commence posts in Q4. Some delays experienced with particular posts.
5. Implementation of National Clinical Programmes; 4 ADHD teams in place; 3 Specialist Eating Disorder Teams hubs in place; Early Intervention in Psychosis expanded to 5 teams; Additional 6 Suicide Crisis Assessment Nurses (SCAN) allocated per population of 75k (to respond to self harm & suicidal ideation presentations within primary care); 3 pilot sites for Mental Health for Older Persons; 2 further Dual Diagnosis Pilot sites est. in 2022 (total n=3)	Dec-22	On Track	Recruitment is progressing across all teams. The Mental Health for Older Persons Model of Care has been approved and pilot sites will progress to recruitment when primary notifications have been issued
6. Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams	Dec-22	On Track	Significant progress made in recruitment. Of NSP 2022 allocation, 163 posts are currently in process, of these 62 posts have commenced, 20 posts are at offer stage and a further 81 are at an advanced stage of recruitment.

Key issues impacting delivery of ambition

1. Ability to recruit right skills mix to support planned developments
2. Process for drawdown of funding under NSP 2022 requires sign off by three National Directors
3. Complex nature of the development of Models of Care can impact on operational timelines for implementation

Mitigating actions to address key issues

1. Significant progress has been made with colleagues in HR and across CHO's. 62 posts are in place. 81.5 are at an advanced stage in recruitment process. 20 posts are at offer stage.
2. In consultation with National Directors, we aim to streamline requirements for sign off.
3. MH Change and Innovation team will continue to advance Models of Care, working closely with pilot sites to prepare for implementation.

7. Reform of Disability Services

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

Rating and Overview: (1) Significant concerns that the ambition statement will not be substantially achieved - Due to shortage of available housing units, the targets for decongregation and U65's in nursing homes is unlikely to be achieved. The annual target for KPI #3 for 2022 (number of people living in congregated settings supported to transition to homes in the community) has been revised down from 143 to 70. AON for Adults is slightly delayed for implementation. A draft Clinical guidance for Assessment of Needs has been progressed for the AON of adults.

1

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Establish the national Stability and Sustainability Team to address the financial challenges in the disability sector	Sep-22	Complete	
2. Commence the Sustainability Impact Assessment (SIA) process working initially with large Section 38 / 39 providers	Sep-22	Complete	
3. Develop funding model & allocations to CHOs to implement 106 additional residential places, 9,408 additional respite nights, 120,000 additional hours of personal assistant services & 1,700 additional day services places. (LOD 21,18,26)	Dec-22	On Track	CHO funding allocations from NSP completed, and will be reflected in operational plans.
4. Implement the Assessment of Need (AON) process for eligible adults	Sep-22	Delayed	Draft clinical guidance for the AON developed for consideration. Adult AON working group reconvened on 26 September to support finalisation and implementation.
5. Pilot the standardised assessment tools for adults	Dec-22	On Track	Pilot of Imosphere Assessment Tool progressing through Personalised Budgets. Remains on track for Dec 2022

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

Mitigating actions to address key issues
1. We continue to work with HR to support retention of existing staff and to recruit existing vacancies and new posts
2. We are working with OCIO towards the development of appropriate Data Collection and Analysis. We continue to engage with HSE estates nationally and at CHO's to address capital issues
3. We are being supported by HR to advance recruitment and are confident that this will be addressed within the next 4-6 weeks

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

Rating and Overview: (2) Concerns that the 2022 ambition statement will not be substantially achieved. A number of KPIs and outputs/deliverables are not progressing according to annual trajectory. Recruitment challenges still exist and are delaying the commencement of the WMS for children and young people and IAS and will impact the delivery of year end targets.

2

Change



KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. No. of 'We Can Quit' programmes delivered through Sláintecare Healthy Communities	Target	38	-	-	-	19	-	-	-	-	-	-	-	38
	Actual		-	-	-	4	-	7	-	-	21	-	-	
2. No. of clients accessing Free Stop Smoking Medication through Sláintecare Healthy Communities *Cumulative	Target	1,215	-	-	-	-	-	405	-	-	810	-	-	1,215
	Actual		-	-	-	-	-	104	-	-	269	-	-	
3. No. of frontline healthcare staff who have completed MECC eLearning training	Target	3,997	227	453	650	1,084	1,518	1,946	2,247	2,548	2,846	3,242	3,609	3,997
	Actual		121	248	442	712	1,000	1,152	1,329	1,438	1,726	1,958		
4. No. of Healthy Food Made Easy courses commenced	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-	88	-	-	201	-	-	313	-	-	
5. No of parenting group courses commenced through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63	-	-	63	-	-	95
	Actual		-	-	18	-	-	42	-	-	63	-	-	
6. No. of contacts with Social Prescribing service users in Sláintecare Healthy Communities sites	Target	19,440	-	-	2,160	-	-	5,760	-	-	12,600	-	-	19,440
	Actual		-	-	1,324	-	-	5,624	-	-	12,153	-	-	
7. 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		-	-	6,594	13,062	19,916	26,316	33,476	42,821	50,758	65,223		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Sláintecare Healthy Communities fully established in 20 areas of highest disadvantage (19 SHC & 1 NEIC) inc. a weight management service for children & young people & community based integrated alcohol services in 2 CHO areas	Dec-22	Delayed	44/46 staff recruited for 19 SHC area based teams; 5/14 staff recruited for Integrated Alcohol Service, work ongoing to fill remaining posts. Majority of services are operationalised. Agreement on team composition, service design, union negotiation continue to impact WMS with 1/22 staff recruited.
2. Roll-out a national online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing (LOD 35)	Dec-22	On Track	On-line STI service is available nationally, through self-referral, and onward referral pathways established with 15 public STI clinics for those with positive results.
3. Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service (LOD 34)	Dec-22	On Track	Scoping of work plan commenced. National Institute for Prevention and Cardiovascular Health commissioned to develop training for Health and Social Care Professionals. Carlow Local Sports Partnership commissioned to tender for development of training for Exercise Professionals.

Key issues impacting delivery of ambition
1. Some KPIs below target as many services are newly established as is the monitoring and reporting process for KPIs
2. Some implementation and organisational issues have been reported by CHOs in relation to Parenting Programmes <input type="checkbox"/>
3. Release of staff to complete MECC training is a challenge for front-line services
4. Agreement on team composition and reporting relationships have impacted on establishing a new Weight Management Service for children & young people, and will delay service commencement to 2023.
5. Reliance of excel as data collection tool across 40 different service providers potentially leads to inaccuracies in data being reported, also time consuming and challenging to collate.

Mitigating actions to address key issues
1. Anticipate improvement in Q4 as services become embedded.
2. A National Parenting Advisory Group has been established to provide expertise, strategic advice and support to the work of the Programme. First workshop was held in October. <input type="checkbox"/>
3. Continued stakeholder engagement to highlight importance of MECC training <input type="checkbox"/>
4. Assessment of change against capacity/cost undertaken, workshops scheduled with key stakeholders. Engagement with unions via Joint Information & Consultative Forum with follow-up planned <input type="checkbox"/>
5. Continue to engage with OCIO to see if there is any scope to procure software system to collate data.

9. Enhancing Bed Capacity

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

Rating and Overview: (2) Concerns that the 2022 ambition statement will not be substantially achieved. Ongoing issues regarding delivery of beds in acute and community. Critical care beds are ahead of schedule. Reasons for delays in acute beds in each site can be provided for beds profiled between May and September. A paper on community beds is available. □

2 → **Change**

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. N/A			

Key issues impacting delivery of ambition
1. Infection control requirements & access challenges to acute areas to undertake the work: Beds delayed earlier this summer due to ongoing IP&C requirements
2. Increased timeframes to complete the capital programme of works including supply of materials and equipment has delayed the initial expected completion dates
3. Recruitment challenges for staff to open beds including availability, competitiveness of recruitment market and accommodation costs
4. Paper complete on a site level analysis of community beds. Key issues are clinical governance, recruitment challenges, infrastructure issues and regulatory requirements

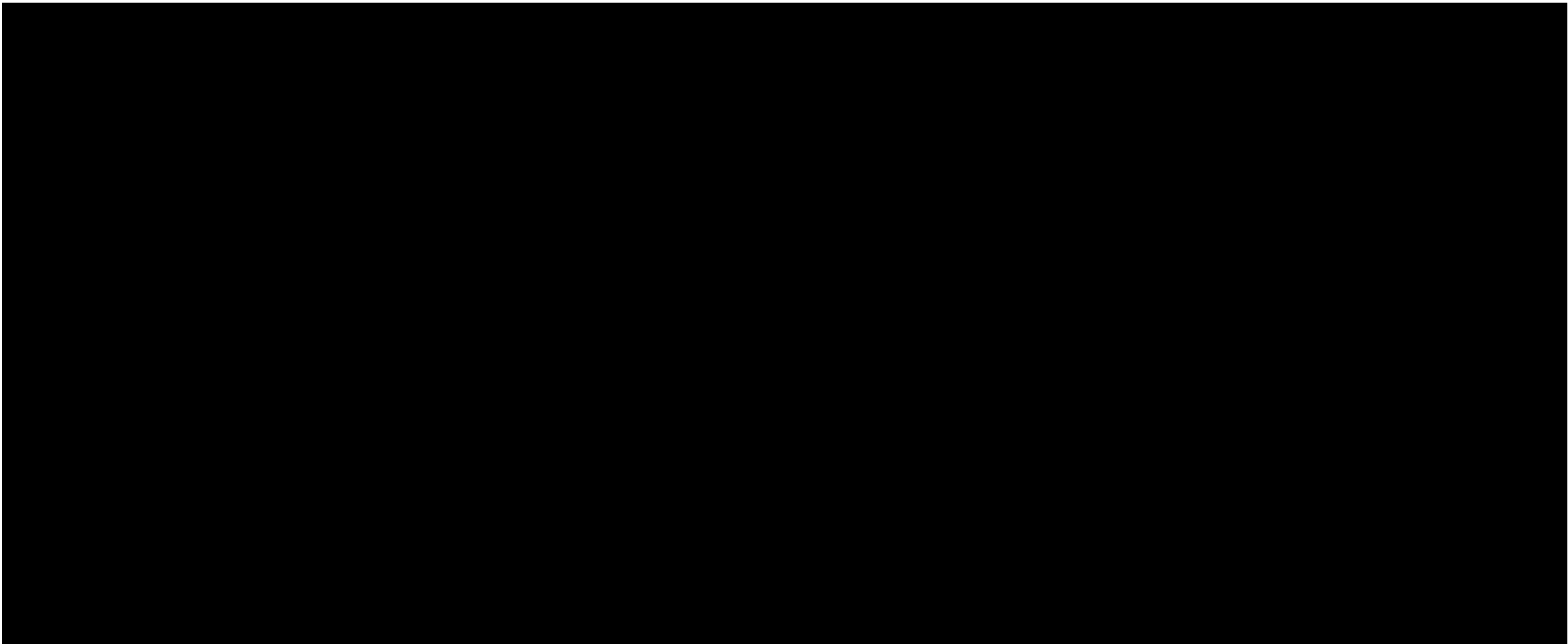
Mitigating actions to address key issues
1. IPC requirements will continue to be managed in line with guidelines and evolving situations in relation to COVID-19 and seasonal viruses during the winter period
2. Ongoing engagements with estates re: same
3. Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns
4. Review ongoing in relation to funding for sites where these beds are challenged/overdue for delivery. The profile may require reviewing following same

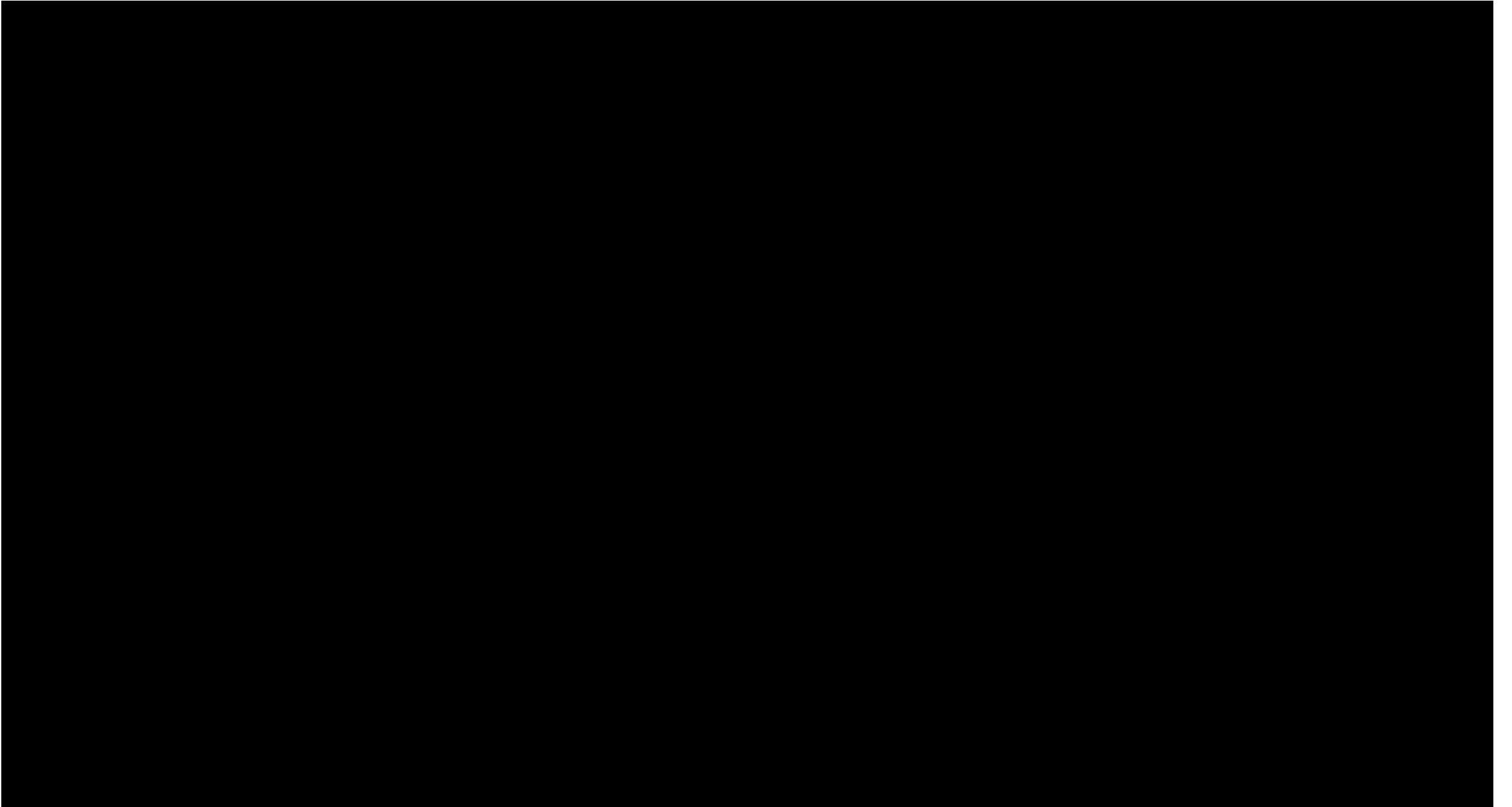
Ambition statement 2022: Progress the implementation of key national strategies to ensure patients receive high quality, safe care through the delivery of (i) The National Cancer Strategy (ii) The National Maternity Strategy (iii) The Trauma Strategy.	3	Change ➔
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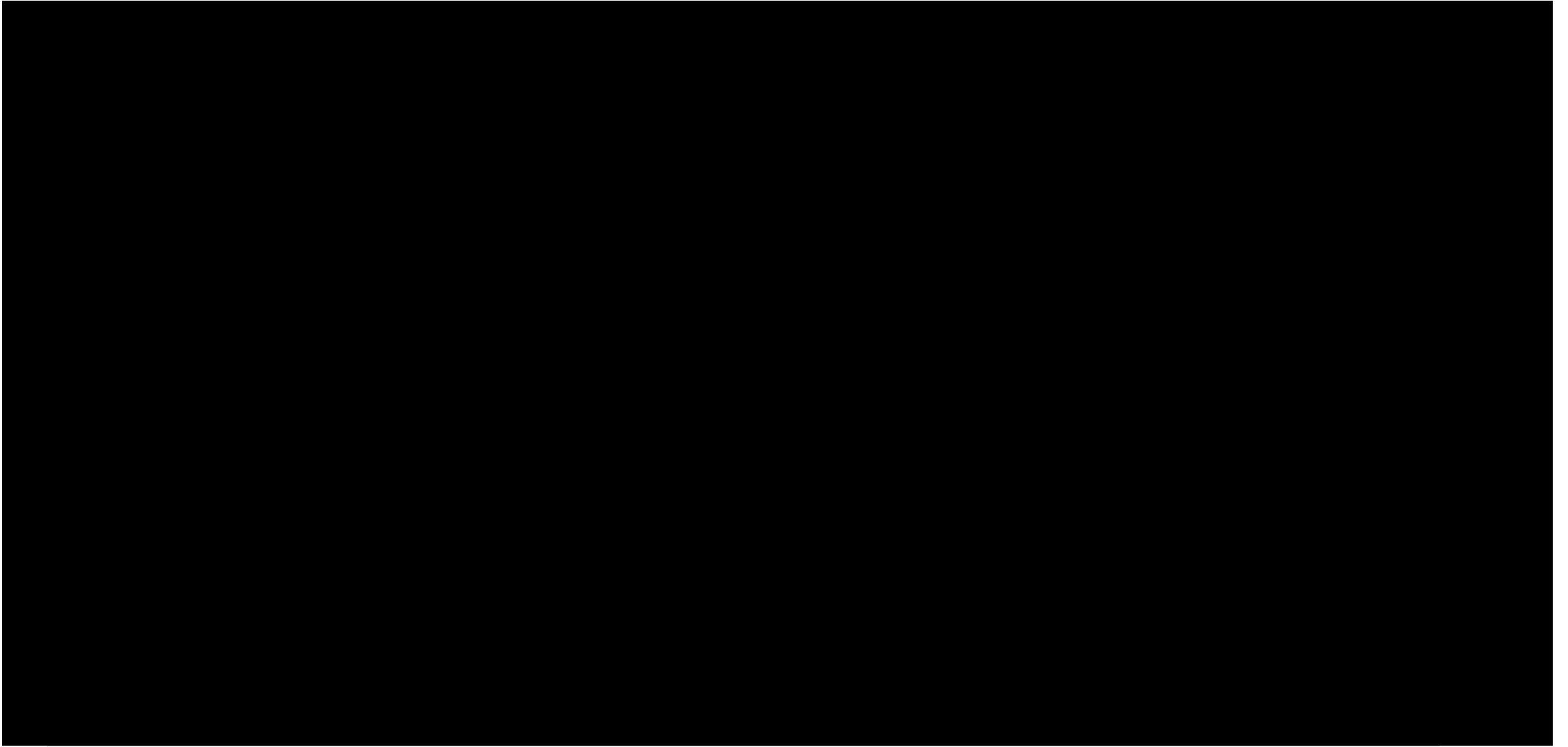
Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. The National Cancer Strategy: (LOD 27)			
a) Establish a Peptide Receptor Targeted Radionuclide Therapy (PRRT) service at St Vincent's University Hospital in Dublin, alleviating need to travel abroad for patients suffering with Neuroendocrine Tumours (NETs) requiring PRRT.	Dec-22	On Track	a) Commissioning of SPECT CT equipment and reconfiguration of space expected end Nov. HIQA & EPA applications submitted, responses awaited. Recruitment of most posts completed, one post in progress. Service initiation planned Q4 2022
b) Implement National Cancer Information System (NCIS) in designated hospitals to deliver patient-centred longitudinal records, providing safe, effective chemotherapy planning, prescribing & administration of Systemic Anti-Cancer Treatment & provide documentation for tumour records & Multi-disciplinary Meeting (MDM) functionality.	Dec-22	On Track	b) Continued support of NCIS in the 7 installed hospital sites & delivery of system upgrades & enhancements. Letterkenny University Hospital go live mid Nov & CHI Crumlin end of Nov. Installation projects for NCIS are progressing in parallel in the remaining 17 hospitals.
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.	Dec-22	On Track	c) The National Chimeric Antigen Receptor T-cell (CAR-T) therapy services for adults in St James's Hospital and for children at CHI at Crumlin have both initiated and are progressively expanding to full operation
2. The National Maternity Strategy (LOD 39)			
a) Publication & implementation of the HSE Standards for Infant Feeding Practices.	Oct-22	Delayed	a) Unforeseen delays in the design & printing of the assessment tool to assess application of the National Infant Feeding Standards. In the interim, NWIHP promoting the tool through site visits. Expected completion date end of Nov 2022
b) Design, development & deployment of three pilot postnatal hub services.	Oct-22	Complete	b) Approval now issued to all four Postnatal Community Hubs - Most recently - Cork (SSWHG) & Portiuncula (Saoita HG)
c) Structured pilot of innovative senior fetal monitoring midwifery roles in 6 sites.	Nov-22	Delayed	c) Funding has been made available for the six sites participating in the pilot for fetal monitoring midwifery roles. Two sites have appointed to the roles, these are (Rotunda & Kilkenny). The 4 remaining sites are under going a recruitment process.
d) Targeted investment in regional maternity sites to reach minimum consultant obstetrician & gynaecologist staffing levels of 6 WTE.	Dec-22	Complete	
e) Enhanced provision of care for pregnant women with diabetes by targeting the implementation of clinical midwifery specialist / AMP posts in diabetes in all 19 maternity services.	Nov-22	Complete	
3. The Trauma Strategy (LOD 29)			
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.	Sep-22	Complete	a) Major Trauma services commenced at MMUH at the end of Q3 2022. Services are confined to direct attendances from within the existing catchment area of the hospital until additional bed capacity becomes available in January 2023. The HSE were notified of delays to the completion of infrastructural works to expand the ED resulting from global supply chain issues.
b) Ensure CUH complete planning and associated recruitment of the required staff for Cork University Hospital as the MTC for the South Trauma Network, with target opening date (phase 1) of end December 2022.	Dec 2022	On Track	b) The recruitment campaign for these clinical and multi disciplinary team posts continues. Given the vibrant job market recruitment is more of a challenge however CUH report that they are still on track to commence this service in Q4.
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.	Sep-22	Complete	
d) Commence the process of accreditation of Trauma Units outside Dublin in the Central and South Trauma Networks.	Sep-22	Complete	d) The process of accreditation of Trauma Units outside Dublin commenced with Hospital Groups completing a self assessment of eligible hospitals. These are currently being collated & analysed by the National Office for Trauma Services.
e) Ensure both MTCs implement a standard rehabilitation needs assessment tool and rehabilitation prescription for all trauma patients.	Sep-22	Complete	
f) Develop a pre-hospital trauma triage tool for use by Pre-hospital Practitioners to identify patients requiring treatment in a MTC.	Sep-22	On Track	f) A pre trauma triage tool was approved by the Pre Hospital Emergency Care Council in Oct '22. An e-learning training module for pre-hospital care providers on how to use the Trauma Triage Tool will be developed to support the implementation.

Key issues impacting delivery of ambition
1. The National Cancer Strategy (LOD 27)
2. The National Maternity Strategy (LOD 39) a) Design process delaying implementation of assessment of the National Infant Feeding Standards. b) Recruitment of fetal monitoring posts continues to be an issue.
3. Trauma Strategy (LOD 29) a) Potential recruitment delays due to known shortage of key healthcare grades b) Planning Department of Dublin City Council recommendations to meet fire safety regulations is delaying the delivery of planned additional bed capacity at MMUH until January 2023 c) The establishment of Neuro-Trauma Services at the MTC in Dublin is dependent on the development of an agreed model of care between MMUH & Beaumont Hospital d) Potential increase of severely injured patients following commencement of major trauma at the MMUH and CUH could impact on patient flow if appropriate pathways to rehabilitation & other services are not available.

Mitigating actions to address key issues
1. The National Cancer Strategy (LOD 27)
2. The National Maternity Strategy (LOD 39) NWIHP are: a) The aim is to resolve through site visits and ensure the design is easy to use. b) Continuing to work with Acute Operations (AO) and Human Resources (HR) as part of the Nursing and Midwifery Staffing Taskforce.
3. Trauma Strategy: (LOD 29) a) All relevant avenues are being explored to maximise the recruitment of staff, for example major recruitment campaigns by the MTCs. b) Major Trauma services will be confined to direct attendances from within the existing catchment area of the hospital from Q3 '22 until release of additional bed capacity in Jan '23. Infrastructural work & equipment procurement is closely tracked and monitored through existing governance structures. c) Agreement to implement an interim model of care for a defined period of time where most patients with a Traumatic Brain Injury (TBI) would continue to be referred to Beaumont Hospital for operative & non-operative management on provision that this process would be augmented by a number of joint appointments at the Mater and Beaumont Hospitals. This would facilitate optimised referral & transfer pathways & allow the management / monitoring of appropriate patients in the MTC. This interim model will remain in place until there is additional capacity available at Beaumont Hospital d) A National Transfer of Care Policy is being developed to mitigate these risks and to provide egress options from MMUH & CUH on commencement of major trauma services.

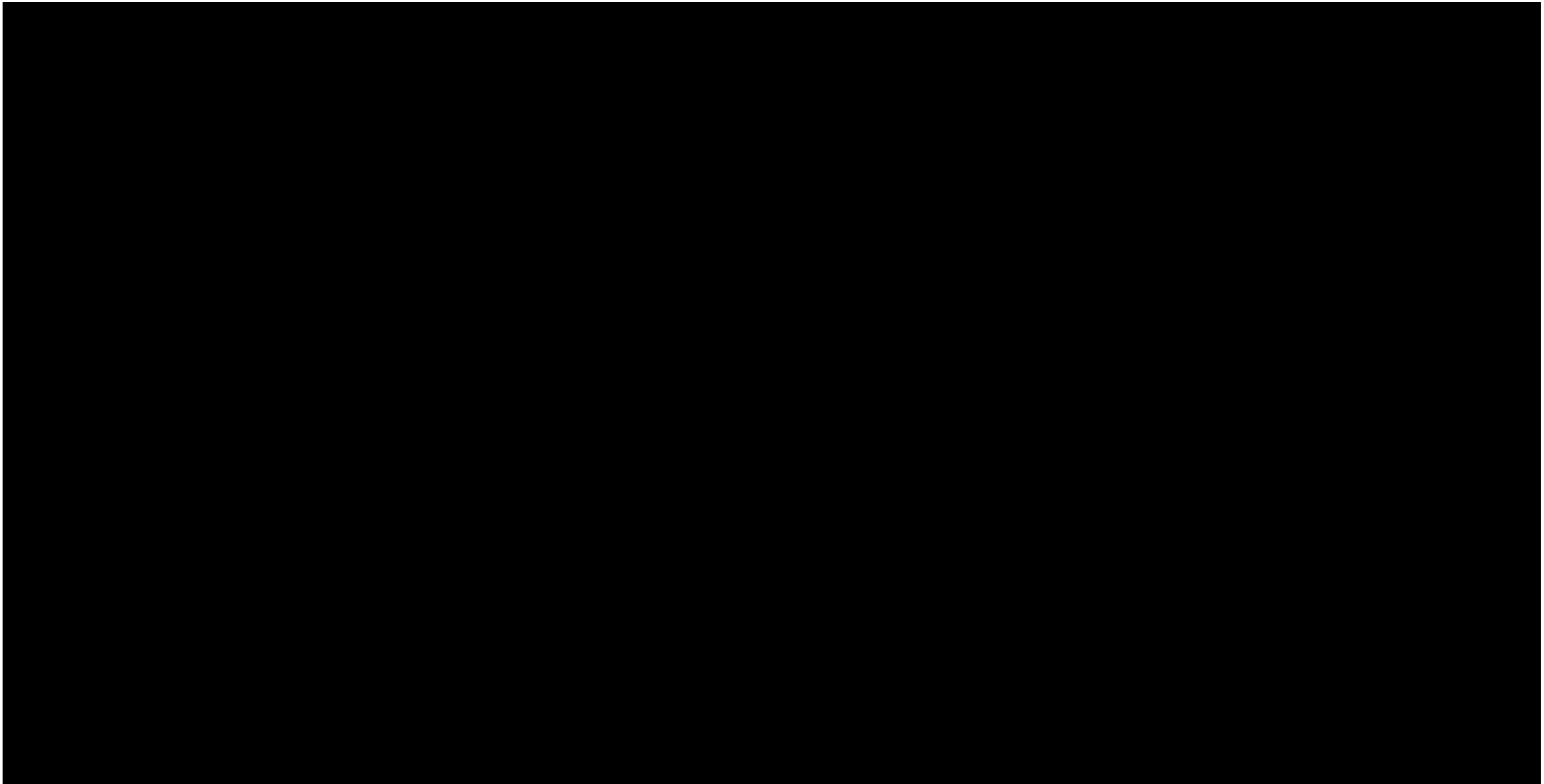


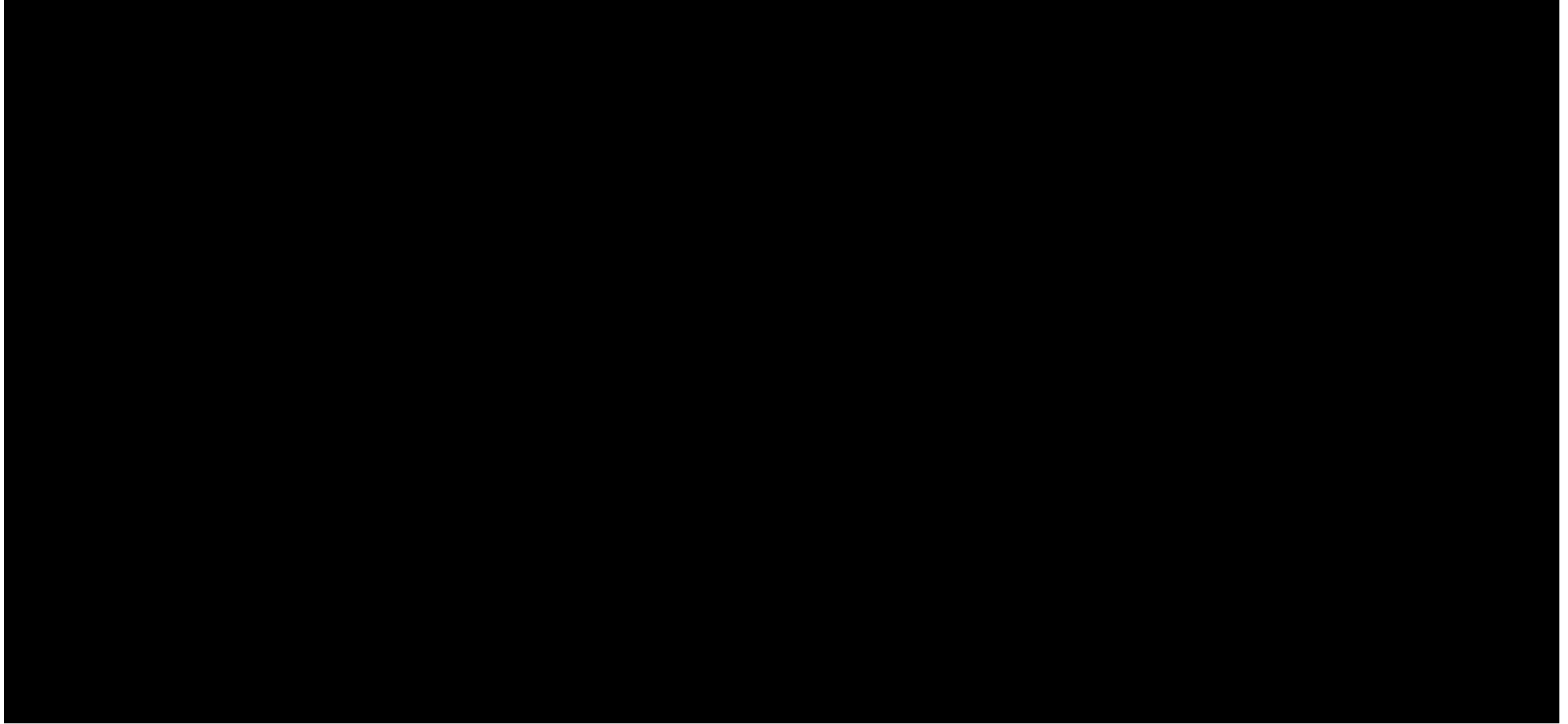


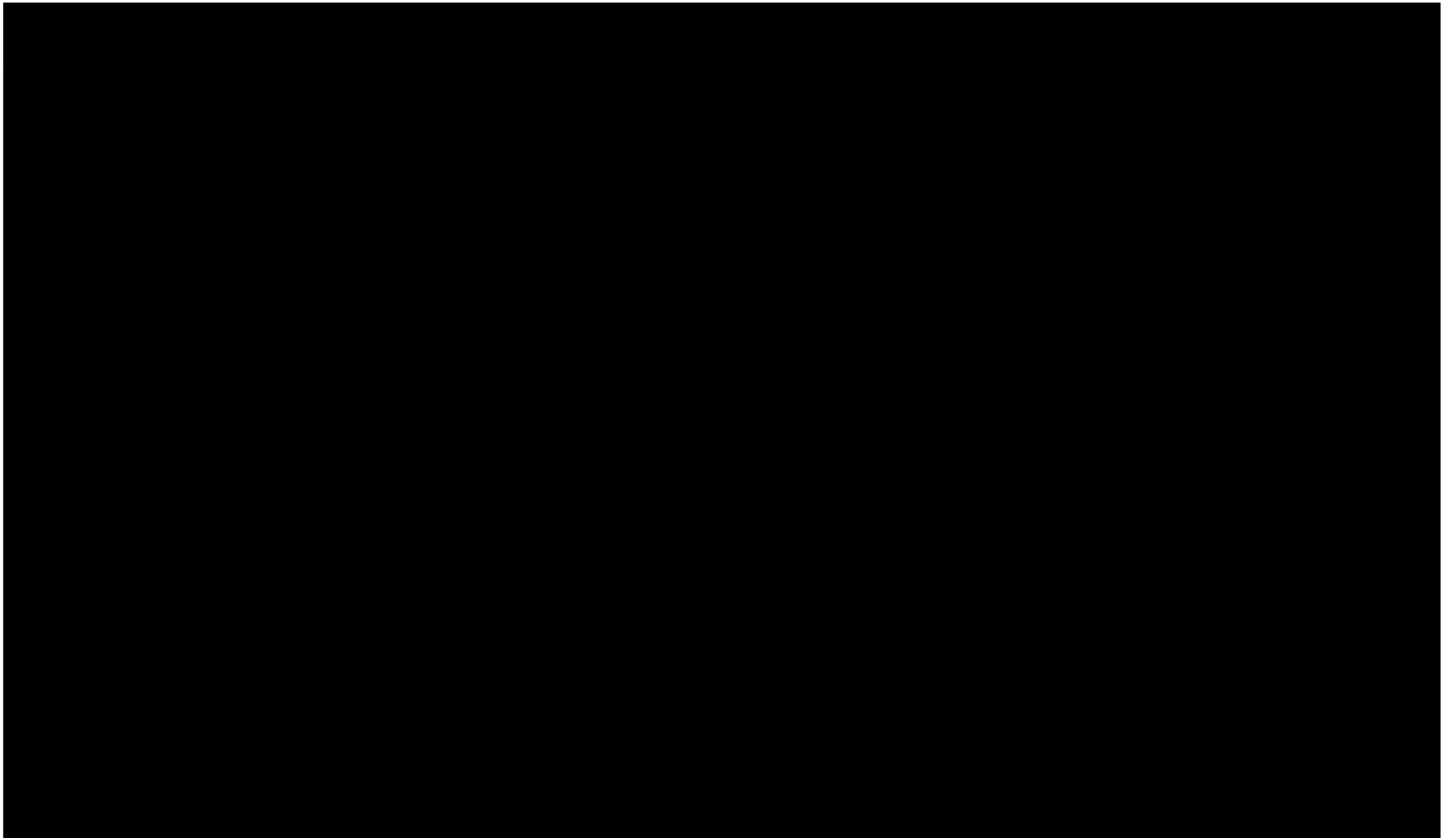


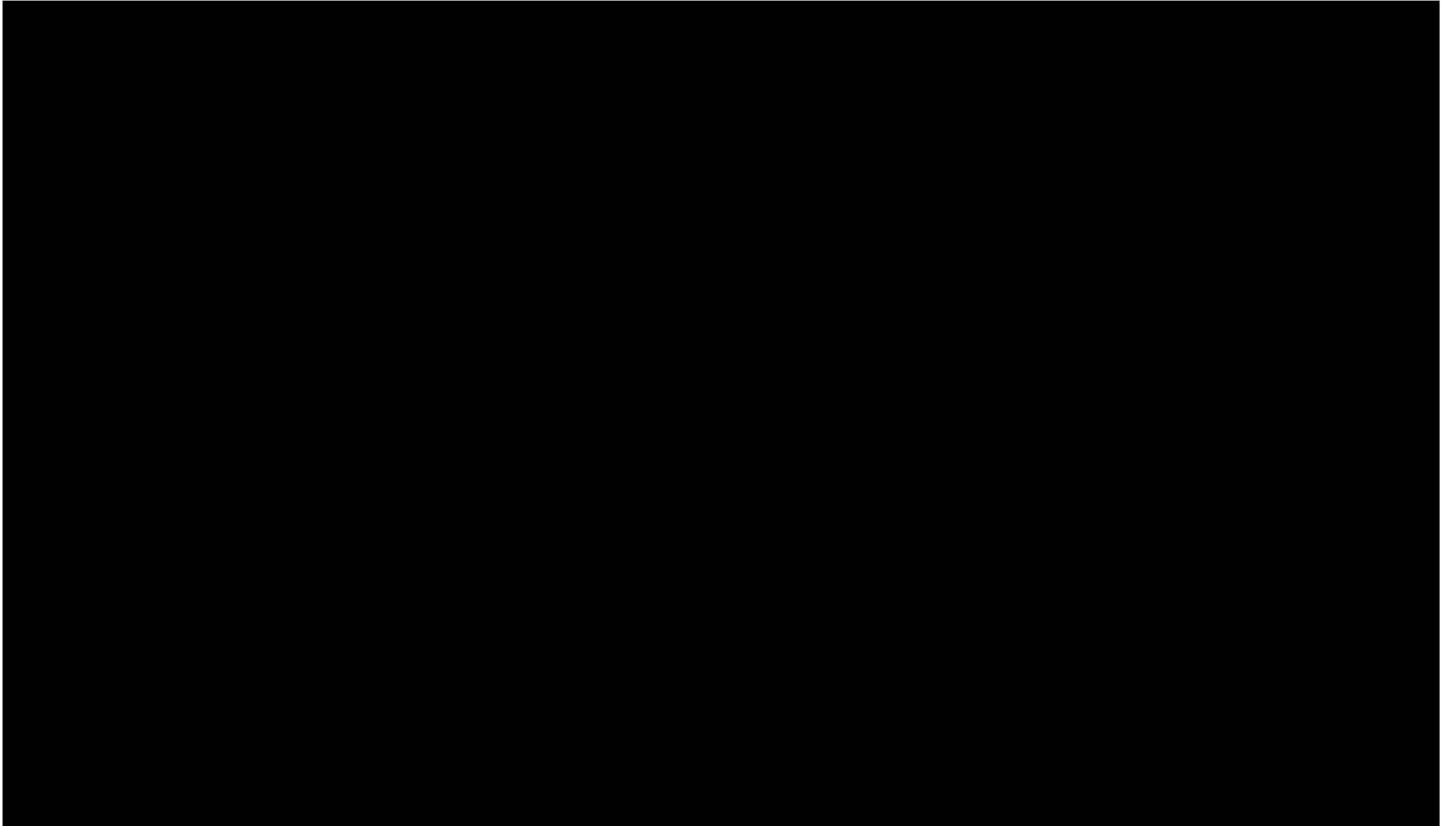












12. Quality & Patient Safety

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

Rating and Overview: (3) Reasonable Assurance that the 2022 ambition statement will be substantially achieved.

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.

3

Change



KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days <small>(data is reported two months in arrears)</small>	Target	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8	<0.8
	Actual		1.20	0.80	0.90	0.90	1.00	1.20	1.10	1.20	0.80			
2. Incident Management training satisfaction rates	Target	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%	>80%
	Actual		50%	100%	78%	88%	100%	93%	94%	100%	100%	100%		
3. Staff trained in HSE learning programmes in Quality Improvement	Target	3,000	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
	Actual		135	253	499	625	757	988	1,071	1,179	1,509	1,772		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)												
1. Implement education & training on Infection Prevention & Control (IPC) guidance, inc. specialist IPC advice on COVID-19 related issues, which will support better practices & reduce SA BSI rates	Dec-22	On Track	SA BSI data is reported two months in arrears												
2. Implement Serious Incident Management Team (SIMT) training twice per month in Q1 & Q2 & once per month in Q3 & Q4, 2022. Implement Systems Analysis training monthly from April to Dec 2022 inclusive. Complete monthly reviews of evaluations to calculate satisfaction ratings	Oct-22	On Track	1. Training sessions have received a 100% satisfaction rating 2. Requests for bespoke IM training session being facilitated where appropriate. Essential that high standard of training is consistent. 3. Requests to book training for 2023 being received												
3. Achieve 50% increase on previous year attendance in people completing 'Introduction to QI' & 'Level 1 Foundation in QI' e-learning programmes, enabling staff to gain the skills to undertake improvement initiatives	Dec-22	On Track	<table border="1"> <thead> <tr> <th></th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Community Health Organisations</td> <td>47</td> <td>17.87</td> </tr> <tr> <td>Acute Hospitals</td> <td>90</td> <td>34.22</td> </tr> <tr> <td>Other</td> <td>126</td> <td>47.91</td> </tr> </tbody> </table>		No.	%	Community Health Organisations	47	17.87	Acute Hospitals	90	34.22	Other	126	47.91
	No.	%													
Community Health Organisations	47	17.87													
Acute Hospitals	90	34.22													
Other	126	47.91													
4. National Centre for Clinical Audit established & projects commenced for all 25 recommendations from Clinical Audit Review Report. Achieve the completion of 14 recommendations by end of 2022	Dec-22	On Track													
5. Develop HSE Quality & Patient Safety Surveillance System (QPSSS) with programme design, governance and estimate bid completed	Sep-22	Complete	NQPSD submitted Sláintecare application to Pobal on 7/10/22. Funding decision expected mid-end November. Academic research on composite signals has commenced in collaboration with UCD IRIS Centre.												

Key issues impacting delivery of ambition

1. Staff experiencing difficulty due to workload/service delivery pressures to create space in their work day to undertake programmes. QI training not mandatory and staff prioritise mandatory training

Mitigating actions to address key issues

1. Re-engagement/promotion with QPS leads across Community/Acutes
Intro to QI now part of Nurse Leadership Development Programme
Foundation in QI to be part of NOCA clinical audit programme

13. Patient and Service User Partnership

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

Rating and Overview: (2) Concerns that the 2022 ambition statement will not be substantially achieved because there are issues and dependencies that will impact on the delivery of year end targets. This primarily relates to recruitment of both the Assistant National Director for Patient and Service User Experience and the Patient and Service User Partnership Leads. Recruitment for these posts is in progress but has been delayed. The AND post is an essential requirement in progressing this ambition statement.

2	➔
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KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Patient/Service User Partnership Leads appointed across CHOs and Hospital Groups vs. profile	Target	20	4	8	14	16	16	20	20	20	20	20	20	20
	Actual		1	2	2	4	4	9	11	11	14	14		
2. Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	67%	-	-	67%	-	-	100%			
3. Your Service Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer* <small>* Monthly data returned quarterly to the National Complaints Governance & Learning Team, Performance Management and Improvement Unit (in the form of Heatmaps). Q3 data will be available after 23 Nov</small>	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		-	79%	72%	71%	73%	69%	73%	-	-	-		
4. Your Service Your Say - % of complaints, where an improvement plan is identified as necessary, is in place and progressing	Target	65%	-	-	-	-	-	-	-	-	-	65%	-	-
	Actual		-	-								N/A		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop an integrated Patient and Service User Experience function that provides a clear and unified point of engagement for patients, service users and advocates	Dec-22	Delayed	No update since previous report. Framework developed. Initial work will begin on the implementation plan and resource requirement will be completed by incoming AND.
2. Appointment of the Asst. National Director of Patient and Service User Experience as part of the Integrated Operations Senior Management Team	Sep-22	Delayed	Campaign for AND continues. Post is expected to be filled in February 2023.
3. Develop a Patient/Service User Partnership Plan at all 20 sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables	Oct-22	Delayed	Recruitment delays continue. Engagement with initial appointees with further progress planned when all posts and AND post are filled.

Key issues impacting delivery of ambition
1. Patient and service user partnership programmes need to be more accessible and engaging to marginalised groups in society
2. Identification and recruitment of suitable staff as patient/service user partnership leads across CHOs and HGs (pace and progression)
3. Prioritisation of timely review and reporting of improvement plans by services

Mitigating actions to address key issues
1. Currently engaged in a series of workshops with patient and service user representative groups to develop approach to engagement.
2. Recruitment in progress.
3. Updated report provided that evidences ongoing improvements with compliance with complaints across both the hospital groups and CHOs.

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

Rating and Overview: (2) Concerns that the ambition statement will not be substantially achieved. The rationale is that a number of devierables are delayed (2 delayed). In addition, while 84% of the overarching target of 5,500 WTE will be met, it will under-deliver by 16%, with greater variance by staff categories to year end. This has been due to the collective impact of; a) Q1 COVID-19 Omicron wave with 10,000+ staff on absence; b) substantial increases in turnover beyond expected levels; c) impact of HRA diverting workforce expansion across the staff categories and the; d) greater competition in the labour market. Of note October target has been exceeded by +239WTE which is closing the gap in the overall lag on performance. Significant increases have been seen in clinical grades this reporting cycle.

2	Change ➔
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Census Report - WTEs net change*		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
* Census report (HSPC) reports on the net WTE change -inc significant movements of staff, due to a variety of reasons e.g. training posts		T/A													
1. Total Net Change in WTEs		Target	5,500	349	1,068	1,615	2,378	2,853	3,305	3,354	3,475	3,721	4,331	5,091	5,500
		Actual	2,510	645	1,164	1,778	2,249	2,387	2,510	2,971	2,671	2,922	3,769		
2. Medical & Dental vs. plan		Target	600	-49	-9	58	109	167	257	217	362	496	568	584	600
		Actual	99	-33	-30	75	124	124	99	193	145	359	502		
3. Nursing & Midwifery vs. plan		Target	1,500	301	675	908	1,086	1,150	1,188	1,162	1,061	900	1,082	1,371	1,500
		Actual	969	215	628	760	890	992	969	1,180	1,095	1,081	1,220		
4. H&S CP vs. plan		Target	1,500	130	194	335	510	643	725	705	722	894	1,168	1,373	1,500
		Actual	59	103	77	139	157	131	58	70	72	148	429		
5. Management & Admin vs. plan		Target	600	42	108	171	257	293	321	358	400	445	515	567	600
		Actual	662	188	390	501	593	640	662	920	976	1,052	1,255		
6. General Support vs. plan		Target	100	-17	-18	39	80	106	157	151	161	125	69	71	100
		Actual	164	44	28	63	101	89	164	221	209	119	69		
7. Patient & Client Care vs. plan		Target	1,200	-58	121	106	334	494	657	761	769	863	931	1,125	1,200
		Actual	558	128	71	240	385	411	558	387	175	163	302		
KPI		T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Time to recruit (from receipt of Job Order to start date identified) (Wks)		Target	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
		Actual		13.2	13.0	12.9	13.0	13.0	13.4	13.4	13.4	13.4	16.0		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop and implement the Resourcing Strategy	Dec-22	On Track	Progressing as planned
2. Introduction of a streamlined Primary Notification process		Complete	
3. Implementation of Job Order Gateway	Dec-22	On Track	Progressing as planned
4. Introduction of Recruitment Hub Drive	Dec-22	Delayed	Adj Target Feb '23 in Sep as further scoping is required and ongoing.
5. Introduction of new Medical Consultant Microsite on PAS	Jul-22	Delayed	Adj Target Dec'22 in Sept due to delays in issuing content. Will be delivered by year end.
6. Introduction of Recruitment Operating Model	Dec-22	On Track	Progressing as planned

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

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

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

Rating and Overview: (3) Reasonable Assurance that the 2022 ambition statement will be substantially achieved 3 Change

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Operational Services Revenue (ex. Pensions, Demand Led and COVID) Budget performance by year end. vs. Profile (Data available end of 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		1.10%	0.42%	1.07%	1.46%	1.55%	1.16%	0.62%	0.71%	0.76%			
2. COVID19* Sanction compliance HSE will formally seek sanction via CEO to Sec Gen request in advance of any excess of costs over existing sanction**. (Data available end of month)	Target	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
	Actual		0	0	0	0.06	-3%^	(19%)^	(23%)^	(24%)^	16%^			
3. Procurement Spend Under Management (SUM) achievement of SUM in line with targets set, €2.5Bil SUM by end of 2022 (i.e. 68%) (Data available end of month)	Target	68%	42%	42%	49%	49%	49%	55%	55%	55%	62%	62%	62%	68%
	Actual		38.0%	42.0%	48.8%	47.6%	46.5%	53.2%	49.0%	47.0%	53.3%	54.1%		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. IFMS Build and Test phase complete and ready for deployment (LOD 77)	Mar-23	On Track	System integrator engaged, detailed project plan approved, design review and validation approved Oct 22, build and test on track
2. Progress the implementation of Activity Based Funding (ABF) 2021-2023, revised implementation plan including Community Costing Programme (LOD 76) 2.1 Enhancing hospital costing pricing 2.2.Support & enable existing ABF programme 2.3 Develop structured purchasing roadmap 2.4 Scope & implement costing & activity measures for a community costing programme	74% September	On Track	Actions in total are 66% against a target of 74%, some slippage but expected to come back on target by year end
3. Develop enhanced Reporting	Sep-22	Delayed	Working capital and cash reporting in traction with DoH, other reporting processes are delayed and require additional focus
4. Controls Improvement Plan (3 years programme)	Jan-23	On Track	Started 2021, Key deliverables 2022. WS1 NFR rewrite launch Jan 23. WS2 Comms 2022 plan complete, 2023 being drafted. WS3 Controls repository temp model built, tender submissions in review. WS4 Financial & Risk assessment implementation plan being developed, WS5 Controls reporting Oct reports issued

Key issues impacting delivery of ambition
1. Stakeholder engagement DoH and DPER re reporting
2. Ongoing COVID impacts which has consumed resources re ABF, IFMS

Mitigating actions to address key issues
1. Engagement will be prioritised in Nov/Dec as urgent need
2.

16. Technology & eHealth

Ambition Statement 2022: Implement the 2022 eHealth Plan within budget, to include completion and progression of key priorities including: (i) Upgrades and additions to Foundational Infrastructure, (ii) Robust Cyber 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 (LOD 65,66): (3) Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved. Strong progress on plan: Interim Security Operations Centre in place; ICCMS business case & tender prep underway; NIMIS 2.0 Go-live completed in June; IHI integration completed to 1st iPM site.

3	→
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KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. eHealth ICT Capital expenditure vs profile	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	€18.4m	€21.4m	€27.0m	€30.8m	€45.8m	€70.4m		
2. No. of new ICT professionals recruited to deliver 2021/2022 eHealth Plan vs. profile	Target	200	12	38	65	90	110	135	140	150	160	175	185	200
	Actual		27	54	75	97	137	144	148	150	175	185		
3. Cost (related to WTEs recruited, based on average cost by grade)	Target	€9.5m	€0.1m	€0.4m	€0.9m	€1.5m	€2.1m	€2.7m	€3.4m	€4.2m	€5.2m	€6.3m	€7.8m	€9.5m
	Actual		€0.2m	€0.5m	€1.0m	€1.6m	€2.5m	€3.4m	€4.4m	€5.3m	€6.4m	€7.6m		

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Security Operations Centre (SOC) established and operational		Complete	
2. IHI & Eircode integration to Integrated Patient Management System (IPMS) in 5 of 11* instances, and all 4 accredited GP practice management systems <small>*Only 11 instances to intergrate and not 13 as incorrectly cited in NSP 2021</small>	Dec-22	On Track	IHI and Eircode now live in first iPM site (UHL); all 11 instances are on track to start in Q4 (6 remaining ones ahead of schedule) IHI integration for GP systems proceeding to plan, with IHI available for all public patients across 3 of 4 GP systems by mid-Nov
3. PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced	Jul-22	Complete	
4. Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS)	Dec-22	On Track	Permission to Tender received from DGOU Development of the Public Spending Code compliant business case continuing; final draft due in December CDOG approved 'Competitive Dialogue' to be used as the Procurement method Requirements gathering process underway

Key issues impacting delivery of ambition
1. Issue 1: Post upgrade NIMIS 2.0 performance issues have resulted in user frustration and some service disruption
2. Dependency 1: Rapid recruitment of the 200 required ICT professionals in 2022 to deliver eHealth Plan
3. Dependency 2: Completion of IHI/Eircode integration into iPMS depends on each hospital signing a digital sharing agreement with HSE

Mitigating actions to address key issues
1. Issue 1: Significant programme effort in progress to resolve NIMIS 2.0 performance issues; Recovery & Improvement Plan on track for completion mid Nov
2. Dependency 1: Recruitment accelerated during 2022, with 185 of 200 recruited so far - ahead of YTD target of 175
3. Dependency 2: Signinig of digital sharing agreements being facilitated by HIDS Business and the Acute Hospital Directors office; quick resolution expected

17. Infrastructure & Equipment

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

Rating and Overview: (3) Reasonable Assurance that the 2022 Ambition Statement will be substantially achieved. Following Q3 Capital Plan reviews, expectation is that capital allocation will be substantially utilised. Most KPI's are progressing in line with profile. Particular issues impacting delivery of year end target are: external and global pressures relative to supply lines, availability of skilled resources and inflationary pressures. Specifically, collapse in delivery of acute bed numbers is due to delays in progress at Mater and Mallow hospital sites which account for a large proportion of the quantum to be delivered.

3

Change



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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop a new Capital and Estates Strategy	Sep-22	Complete	Strategy complete. Associated Implementation Plan approved by ARC at October meeting. Scheduled for review by EMT at November meeting, and thereafter Board.
2. Commence tender process for construction of National Maternity Hospital on receipt of Government Approval of Final Business Case	Dec-22	Delayed	Approval of draft final business case still awaited from Department of Health. Tender process not expected to commence by year end.
3. Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	Sep-22	Delayed	No further update since Oct report - Financial close expected by year end and construction to commence on a planned sequential basis immediately upon receipt of financial close.
4. Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Dec-22	On Track	Delivery of Equipment Replacement Programme remains on track for year end target.
5. Complete the delivery of additional critical care capacity at Mater Misericordiae (16 No. Beds) and Tallaght University (12 No. Beds) Hospitals	Dec-22	On Track	Delivery of additional critical care beds at Tallaght hospital complete. Delivery of additional critical care capacity at Mater hospital remains on track.

Key issues impacting delivery of ambition

1. Management of capital expenditure including New Children's Hospital contingent on external factors including inflationary pressures, supply lines and continued volatility in construction market
2. Individual projects supporting HSE Programmes yet to be defined, (ECC, Trauma, Elective Hospitals, Critical Care)
3. Dependence on the draw-down of COVID-19 contingency funding to ensure capital allocation is maximised

Mitigating actions to address key issues

1. Major projects delivered in line with procedures including stage reviews of 3rd Party performance. Quarterly reviews of Capital Programme and overall performance core to engagement of C&E with DoH
2. Engagement ongoing with Service colleagues and DoH as required
3. Controls in place for all major capital projects, inclusive of scheduled reviews aligned to internal HSE policies. Regular and planned engagement with DoH

18. Risk Management

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

Corporate Risk RAG Summary

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

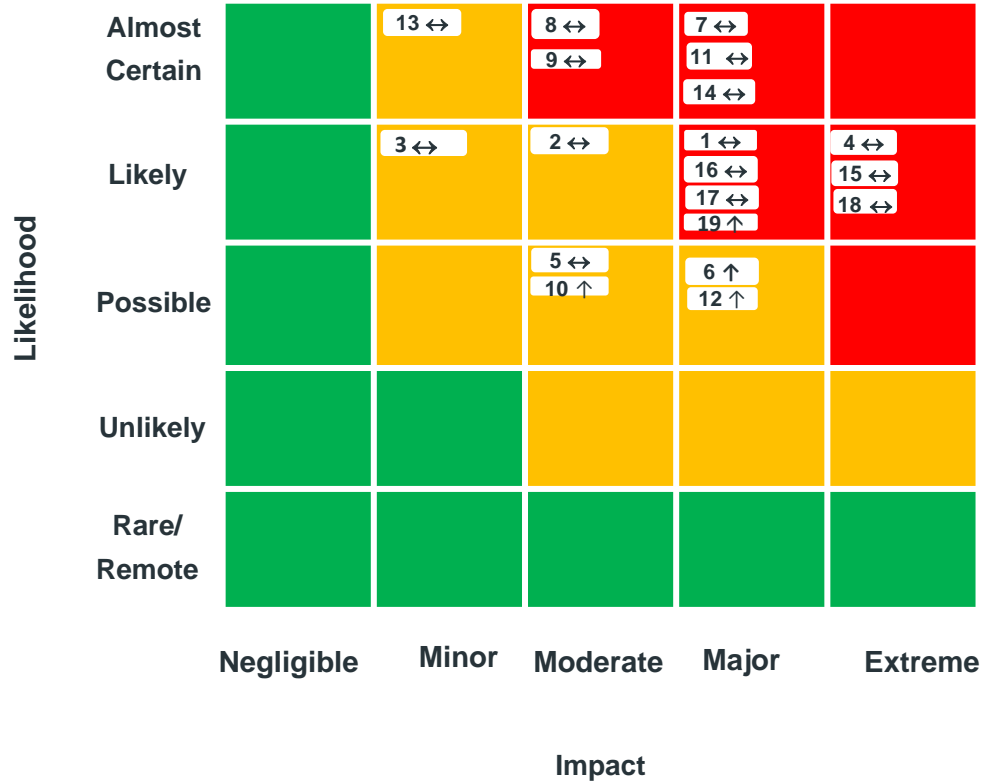
Corporate Risk Register [CRR] Update

<p>1 October Corporate Risk Exceptions report</p>	<p>There are four risks on the Corporate Risk Register [CRR] that due to their dynamic nature are monitored on a monthly basis and reported on by exception. They are:</p> <ul style="list-style-type: none"> • CRR 002 Future trajectory of COVID • CRR 011 Digital environment and cyber failure • CRR 018 Assisted decision making • CRR 019 Displaced Ukrainian population and International Protection Applicant population <p>Following the October 2022 Review, the following are the key points of note.</p> <p>CRR 002 Future trajectory of COVID and CRR 011 Digital environment and cyber failure: No material changes to report in October Review.</p> <p>CRR 018 Assisted decision making: No material changes to report in October Review.</p> <p>CRR 019 Displaced Ukrainian population and International Protection Applicant population: Since the lifting of travel restrictions in July 2021, there has been a significant increase in the numbers of people arriving into Ireland and seeking international protection. Approximately 10,000 International Protection Applicants have arrived into Ireland year to date, which is nearly 4 times higher than total arrivals in 2021. This may relate to policy decisions in other countries regarding asylum seekers and may also be linked to migration and other consequences of the war in Ukraine. These applicants are in addition to arrivals from Ukraine. For this reason, the Risk Title and Risk Description have been amended.</p>
<p>2 Risk Programme Priorities</p>	<p>The Review of the HSE’s Integrated Risk Management Policy 2017 is well advanced and the revised draft Enterprise Risk Management Policy and Guidance issued across the system on the 3 November as part of the final consultation phase. The revised policy is based on the ISO31000 2018 Risk Management Guidelines and ISO31010 2019 Risk Assessment Techniques and has been informed by:</p> <ul style="list-style-type: none"> • The HSE’s Risk Reviews 2019 and 2021 [Moody Review], • Key developments in Risk Management thinking since 2017, • Feedback from health service staff as part of the first phase of consultation during the summer. • Relevant inputs from the Corporate Risk Support Team and Risk Management Leads. <p>The Policy and Guidance is now a single document in three parts. Part 1 sets out the Policy, Part 2 includes an overview of the risk management process being adopted and Part 3 details additional guidance. There are also a number of Appendices which include amongst other things an updated Risk Assessment Tool.</p>

Heat Map

Residual rating changes from Q2 to Q3 2022

↑ Increasing ↓ Decreasing ↔ No change • New/ Emerging



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

18. Risk Management

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

19. Communications

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

Rating and Overview: (4) Strong assurance that the 2022 Ambition Statement will be substantially achieved. Progress being made on all fronts

4
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KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. N/A		Target												
		Actual												

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
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	Dec-22	On Track	The final 3-year strategy is due to be presented at the December 2022 meeting of the People & Culture Committee and subsequent Board meeting.
2. Delivery of communications and engagement with the public to maximise public confidence in and understanding of the work of the HSE.	Dec-22	On Track	High level of communications and engagement is ongoing. Prominent winter advertising campaign re flu and COVID-19 vaccines is underway. Winter press briefings have resumed.
3. Develop a strategy for excellence in communications in our health service, aligning with the Corporate Plan 2021-2024.	Dec-22	On Track	No further update.
4. Deliver progress on a HSE Irish Language strategy	Dec-22	On Track	Our first campaign featuring an Irish language advertisement that airs on English-language stations is still live.

Key issues impacting delivery of ambition
1. Increased demand for communications services continues into 2023.
2. Funding and approved long-term staffing levels for our website, call centre and overall digital health services and required communications resources is not certain.
3. Consideration to be given to the development of KPIs for future Scorecards in relation to public attitudes and confidence.

Mitigating actions to address key issues
1. ELS and NSP proposal for sustainable funding model for digital services and contact is submitted.
2.
3.

20. New Drugs

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

Rating and Overview (LOD 53): (4) Strong assurance that the 2022 ambition statement will be substantially achieved

4

Change 

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Complete implementation of clause 7,8 and 9 (relates to instances where reductions applied to medicines that are no longer patent protected) of the IPHA Agreement		Complete	172 price reductions implemented in respect of clause 7 / 8 / 9 on February 1st 2022
2. Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement		Complete	532 price reductions implemented in respect of clause 5 on 1st March 2022
3. Complete implementation of the MFI Agreement		Complete	37 price reductions implemented in respect of clause 8 / 9 on 1st March 2022

Key issues impacting delivery of ambition

1. Pricing strategies adopted by Industry can compound affordability & sustainability issues

Mitigating actions to address key issues

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

21. Planning and Implementation of Regional Health Areas

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

Rating and Overview (LOD 75): (2) Concerns that the ambition statement will not be substantially achieved. RHA critical path key deliverables and timelines from October to December 2022 are on target and the ambitions set out in this plan will be substantially achieved.

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. To ensure there is a clear sense of direction, develop a Vision Statement for RHAs in conjunction with the DoH, the RHA Advisory Group, Sláintecare Programme Board and the HSE Board.		Complete	
2. Establish a dedicated Programme team within the HSE with clear leadership responsibility to take forward the planning and delivery of the Change programme	Sep-22	Delayed	Assistant National Director for RHAs commencing 21 November 2022. Recruitment Process underway for General Manager positions - advertised with closing date 18 November 2022. Grade VIII posts x2 have expected start dates in Jan/Feb 2023.
3. Establish key enabling workstreams to take forward implementation planning, including; Governance (Corporate & Clinical), Finance (Population-Based Resource Allocation), People & Development (Strategic Workforce Planning & Human Resources), Digital & Capital Infrastructure (ICT, Information and eHealth), Change, Communications and Culture and Programme Coordination.	Sep-22	Complete	
4. Develop draft Implementation Plan for RHAs	Oct-22	Delayed	Revised completion date of Dec 22. Plan currently being drafted with input from each of the workstreams. International research will inform this plan in the context of an integrated service delivery model.

Key issues impacting delivery of ambition
1. Integration with other ongoing key policies and developments.
2. Engagement with wide range of stakeholders.
3. Clearly defined roles, responsibilities and relationships between the DoH, HSE Centre and RHAs are essential.
4. Alignment of RHAs with Community Healthcare Network (CHN) model and Clinical Care Programmes require further consideration.

Mitigating actions to address key issues
1. Alignment with Slaintecare Programme and HSE Corporate Plan
2. Stakeholder mapping finalised. Six Regional Engagement events completed. Detailed Communication and Engagement plan being finalised to support the 2023 Implementation Plan.
3. Work on-going on agreed deliverables with particular focus on functions and activities at DoH, HSE Centre and RHA level.
4. Implementation phase to focus on design within RHAs sub structure with particular focus on alignment with Community Healthcare Networks and Clinical Care Programmes.

22. Climate Action & Sustainability

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

Rating and Overview: (3) Reasonable assurance that the 2022 Ambition Statement will be substantially achieved. KPI's behind profile due to particular issues which can be summarised: Overall there have been challenges across the period in accessing facilities. Specifically, Shallow Retrofit Programme - slippage due to over-saturation of market and challenges in realising value for money with tenders. Deep Retrofit Pilot Pathfinder Project - in arrears due to complex process of procuring multi-stakeholder design teams.

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

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop a HSE Climate Action and Sustainability Strategy, consistent with the achievement in full of the Government targets for 2030 and 2050, drawing on best practice both nationally and internationally, and linked to the Capital and Estates Strategy.	Aug-22	Delayed	Strategy & implementation plan in final draft - presented to EMT and ARC in November, due to be presented to Board on 25 November 2022
2. Develop implementation plan and associated delivery structures.	Sep-22	Delayed	See above
3. Energy Efficiency and Towards Zero Carbon Design training and workshop programme in place with live register.	Dec-22	On Track	Rollout of workshops continuing in the East region.

Key issues impacting delivery of ambition
1. Overall Programme deliverability impacted due to factors associated with stakeholder engagement and availability, in addition to facility access.
2. Challenges in the global marketplace impacting on the ability to secure value for money tenders
3. Ongoing global factors influencing ability to recruit technically proficient staff

Mitigating actions to address key issues
1. C&E collaborating with SEAI to deliver workshop to key stakeholders. Importance of centre led, focused engagement on energy management and winter planning essential to target participation.
2. Over-saturation in the market currently with energy works. Efforts remain focused on developing an optimum approach to tendering to secure VFM
3. Various agencies deployed to recruit personnel. Bespoke campaigns in place and various methods ongoing to support recruitment drive.

Capacity Measures

Scorecard Ref

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

Enhanced Community and Social Care Services

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

Improving access to care

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

Disabilities Services

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

Implementing National Strategies

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

Healthy Ireland

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

Other Ministerial Priorities

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

Palliative Care

Palliative Care	LOD38	
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Womens Health

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

Older People

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

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

Acutes Eligibility Measures

Acute Paediatric Charges Measures	LOD51	
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Mental Health

Mental Health - Sharing the Vision	LOD52	Reform of Mental Health
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PCRS/Eligibility Measures

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

Workforce and allied reform measures

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

eHealth

eHealth	LOD65	Technology and eHealth
Key enablers	LOD66	Technology and eHealth

National Drugs Strategy / Social Inclusion

National Drug Strategy / Homelessness Health Measures	LOD67	
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Winter Plan

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

Other Funded Initiatives 2022

Waiting Lists	LOD74	Reform of Scheduled Care
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Other Ministerial Priorities 2022

Key Reform and Governance Projects including

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

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