Board Strategic Scorecard

October 2022

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Document Purpose

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

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

- Highlight issues relating to progress in a timely manner

- Support Board oversight and decision-making

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

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

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

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

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

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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			
2. COVID-19 Vaccination Programme	➡	4	4	4	4	4	4	4	4	4			
3. Reform of Primary Care, Community and ECC	➡	3	3	3	3	3	3	3	3	3			
4. Reform of Home Support and Residential	➡	3	3	3	3	3	3	3	3	3			
5. Reform of Scheduled Care	➡	4	4	4	3	3	3	2	2	2			
6. Reform of Mental Health	➡	4	4	4	3	3	3	3	3	3			
7. Reform of Disability Services	➡	4	4	3	3	3	3	2	2	2			
8. Prevention & Early Intervention	➡	4	4	4	4	3	3	3	3	3			
9. Enhancing Bed Capacity	➡	3	3	3	2	3	3	3	3	3			
10. Implementation of National Strategies	➡	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			
13. Patient and Service User Engagement	➡	4	4	4	4	4	4	3	3	3			
14. People and Recruitment	➡	3	3	3	3	3	3	3	3	3			
15. Finance and Financial Management	➡		3	3	3	3	3	3	3	3			
16. Technology and eHealth	➡	4	4	4	3	3	3	3	3	3			
17. Infrastructure and Equipment	➡	5	5	5	5	4	4	4	4	4			
18. Risk Management													
19. Communications	➡	4	4	4	4	4	4	4	4	4			
20. New Drugs	➡	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			
22. Climate Action & Sustainability	➡	5	5	5	4	4	4	4	4	4			

Key Strategic Insights

Current overall average rating on the eligible 20 scorecards is 3.25 unchanged from the last reporting period
- Reform of Scheduled Care and Reform of Disability Services both reported a rating of 2 for the second consecutive month and improvement plans have been prepared

Key achievement(s):
Major trauma services commenced at the Mater Hospital in Q3

Key area(s) to monitor:
- Recruitment and on-boarding dependencies continue to remain key issues across several programmes adversely impacting performance
- Slight increase in the WTE's since August is reflected in four programmes, including a 7% increase of WTE for frontline primary care & leadership roles

Note – October scorecard enhancements: Improvement plans were prepared using an enhanced standardised template

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: 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%			
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%			
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%			
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%			

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 currently out for consultation with key stakeholders. Final draft in development.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Funding approval for Test and Trace was approved by cabinet - €395 million. This allocation does not cover a scenario where there is a surge in demand	1. Ongoing engagement with the DOH, CCO and HSE Primary Strategy team regarding the timelines to implement the strategy to transition from mass testing to surveillance and clinical model
2. Proposals for the next phase of public health advice for COVID-19 testing and tracing and surveillance guidance approved by cabinet. Implementation dates to be agreed- see below	2.
3. Dates for the implementation of the strategy to transition from mass testing to surveillance and the clinical model to be confirmed	3.

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: The primary vaccination uptake for the 12+ age group is 94.78%. The uptake for booster 1 is 77% for the 16+ age group (based on CSO population), 86.9% for HCW and 78.4% for the immunocompromised group (based on % of fully vaccinated) as of 30 September '22

4 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			
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			
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			
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			
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			

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 94.78%. The uptake for booster 1 is 77% for the 16+ age group (based on CSO population), 86.9% for HCW and 78.4% for the immunocompromised group (based on % of fully vaccinated) as of 30 September
2. Develop and implement the future sustainable operating model for COVID-19 vaccination programme in Autumn 2022	Sep-22	On Track	The Autumn Winter program commenced 3 Oct for eligible cohorts with the alignment of the flu program and introduction of adapted vaccines

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. ICT reporting on Booster 3. Data for this month reflects doses administered in Sept. Data may include booster 3 administration under booster 1 until reporting issues are rectified.	1. Prioritised updates relating to Booster 3 reporting
2. Targeted communication on eligibility and aligned flu/Covid vaccination	2. SMS campaign and localised advertising on vaccination locations

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: Progress made on all fronts, however uncertainty relates to the scale of the change programme and challenges introduced by COVID 19 together with dependencies on the delivery of the Recruitment Plan & ICT Solution

3

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			
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			
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			
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			

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	2,011 WTE on boarded with a further 351 WTE at advanced stage, total 2,362. The accelerated recruitment process is in place and taking effect with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme.
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 late 2024 / early 2025 before this comprehensive solution is in place. In this context the interim ICT solution committed to in NSP 2022 is an urgent deliverable.
3. ECC Capital Infrastructure Prog	Dec-22	On Track	A further 4 proposals have been approved since August with 8 priority proposals pending submission. As of 30/09/2022; 52 proposals have been approved and 8 projects submitted and in review through the National Estates process.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Recruitment of GP Lead Role – working with IMO/ICGP to raise profile of role as set out in GP Agreement 2019	1. 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	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. Implementation of ECC Interim ICT solution	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: Good progress across a range of the reform programme however achieving full target is closely aligned with capacity of systems to recruit key roles. Engagement taking place with HR to progress this.

3 Change →

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		-	-	-	-	-	-	-	-	-			
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)	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			

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	Work progressing through the established working group
4. Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Nov-22	On Track	Independent evaluation of Home Support Pilot ongoing
5. Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Jan-23	On Track	Ongoing engagement with DOH on Statutory Home Support Scheme & regulation of Home Support Providers. Work on Home support services future operating model & ICT ongoing. Change management plan commenced
6. Establishment of National Home Support Office	Oct-22	On Track	Recruitment process for posts commenced . Head of Service for National Home Support Office recruited
7. Implementation of interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas	Dec-22	On Track	Implementation plan for 2022 developed. Recruitment commenced for 128 Care Needs Facilitators with a deadline of Q3 2022.
8. Development of Phase 2 of interRAI software system		Complete	

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Capacity and ability of the system to recruit and retain key staff	1. Ongoing discussion and collaboration with National HR
2. Progression of workforce planning group	2. Ongoing engagement with DOH in respect of workforce planning group
3. Capacity of system in relation to recruitment of inter RAI posts and delivery of inter RAI assessments across home support pilot due to impact of COVID-19	3. Collaboration with National Community Operations in an effort to support ongoing recruitment
4.Lack of IT systems to track residential beds & Home Support Services	4. Working group established for residential ICT system reporting into residential working group Collaboration with OCIO to finalise business case for HS ICT System for submisson to Nov DGOU
5. Achievement of full targets across pilot sites	5. Significant work undertaken and ongoing to ensure targets are met in so far as possible

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: Significant progress in relation to the strategic enablers including the development of a National Guidance Document for Patient-initiated reviews, a DNA strategy (3 test sites have commenced pilot phase) and the on-going roll-out of HPVP. However, progress against the 2022 plan has been slower than projected, notwithstanding that some progress has been made against the Maximum Wait Time targets outlined in the NSP. There will be significant operational focus to year end to support improvements in waiting list position.

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			
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			
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			
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%*			
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			

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	A Multi-Annual Waiting List plan is being developed by HSE/DoH/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	On Track	Three tests sites in relation to the DNA Strategy have commenced in Mercy University Hospital, Sligo University Hospital and Portiuncula University Hospital.
4. Complete planning and commence implementation of 37 prioritised scheduled care pathways. (LOD 9)	Dec-22	On Track	Pathways across three specialties (orthopaedics, urology and ophthalmology) have been prioritised to commence implementation in 2022
5. Multi Annual Framework for Strategic Partnerships with private providers developed	Jul-22	Delayed	Slippage on this deliverable. Next steps to be agreed with the DoH.
6. Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	Sep-22	On Track	A national guidance document has been developed for Patient-Initiated Reviews in collaboration with Clinical, Acute and Community Operations. Pilot has commenced in 1 HG-CHI
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	Mitigating actions to address key issues
1. Data sharing agreement with outstanding voluntary hospitals.	1. HPVP DSA discussions ongoing with hospitals who have recently paused engagement
2. Activity volumes remain significantly behind profile and chronological scheduling targets are not being achieved	2. Intensive engagement ongoing with hospitals and HGs to ensure focus on long waiters and chronological scheduling targets

6. Reform of Mental Health

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) Strong progress within CAMHS Hubs & Crisis Resolution Services SOP, recruitment of WTEs, site identification and preparation. Clinical programmes actively recruiting posts. Model Of Care Older Persons ready to advance. Recruitment challenges reflective of service wide challenges	3	Change →

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	-	-	
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				

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 designed. Final agreement expected by December.
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	One CAMHS hub is in place and operational. Remaining four due to be in place by December '22
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	One Crisis Resolution Service is in place & operational. Remaining three to be in place by December '22.
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	Business cases sanctioned for drawdown of funds for all programmes and recruitment underway. Model of Care for Older Persons business case awaiting approval (DoH)
6. Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams	Dec-22	On Track	Staff categories and allocation to teams agreed and signed off with CHO areas. Business cases sanctioned, primary notifications issued, and recruitment process underway MH review of recruitment status shows strong progress made

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Ability to recruit the right skills mix to support planned developments under NSP 2022	1. 53 posts confirmed as recruited. MH integrated Care team will continue to liaise & engage with MH Heads of Service to monitor recruitment
2. Process for drawdown of funding under NSP 2022 requires approval across three MH function areas which can lead to slow down in approval	2. Aim to streamline approval process for MH business case approval as currently 3 National Directors are required to sign off on BC
3. Complex nature in development of new Models of Care impacting on ability to operationalise pilot sites	3. MH Change and Innovation team working closely with National Steering Groups and pilot site implementation teams to progress within target timelines

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: (2) 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. It is being proposed to revise KPI 3 for 2022 (number of people living in congregated settings supported to transition to homes in the community) from 143 to 70   **2**   Change →

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			

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	SIA commenced on target
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	High Court Judgement in relation to the SOP for children is impacting progress. Final draft of the clinical guidance for child AON was approved by the COO forum on 7 July. Without legal judgement on 2nd case, National steering group reconvened to progress AON for adults on 26 Sept
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	Mitigating actions to address key issues
1. The sourcing and retention of suitably qualified staff to deliver on key areas which received new development funding in 2022	1. We continue to work with HR to support retention of existing staff and to recruit existing vacancies and new posts
2. Availability of appropriate infrastructure (incl. housing for residential placements, respite, decongregation U65's in nursing homes, accomm for CDNTs, IT infrastructure)	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. 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	3. We are being supported by HR to advance recruitment and are confident that this will be addressed within the next 8-10 weeks

8. Prevention & Early Intervention

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

Rating and Overview		
Rating and Overview: 3. Reasonable assurance that the 2022 Ambition Statement will be substantially achieved • Most KPIs and Outputs/Deliverables are progressing according to annual trajectory • There are particular issues or risks that may impact on the delivery of year-end targets. Challenges still exist with IAS but improvements with recruitment have been noted and it is progressing well. Recruitment dependencies continue to delay the commencement of the VMS for children and young people.	**3**	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			
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			

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, recruitment ongoing for remaining posts. Majority of services are operationalised. IAS progressing well with 5/14 staff recruited. Recruitment delays 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	Service available in all 26 counties. Steering group meeting held. Free national home STI testing service launched on 4 Oct. Pilot evaluation report published on sexualwelleing.ie
3. Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service (LOD 34)	Dec-22	Delayed	2/3 staff recruited and commenced in post. Induction in train. On track to have commenced all 2022 deliverables by end Q4

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Some KPIs below target as many services are newly established as is the monitoring and reporting process for KPIs	1. Anticipate improvement in Q4 as services become embedded
2. Recruitment of required levels of appropriately skilled staff may impact ability to deliver new community based integrated alcohol services	2. EOI process being used with existing services. Exploring potential for role to be shared with new Dual Diagnosis services (recruitment due to start soon)
3. For new weight management service for children and young people, delays in hiring are impacting the schedule and may delay service commencement to 2023	3. Briefings on service at CHO level to maintain focus and priority. Monitor recruitment progress through NRS Recruitment Tracker
4. Recommendation from CHOs to alter both the structure and grade of coordinator post to Grade VIII for weight management service for children and young people	4. Continued engagement with HR, unions and CHOs to resolve
5. Release of staff to complete MECC training is a challenge for front-line services	5. Stakeholder engagement ongoing to highlight importance of MECC training

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: Ongoing issues regarding delivery of beds in acute and community detailed in key issues. 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.	**3**	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	TBC	TBC			
2. Acute Bed additions vs. profile (LOD 1)	Target	208	0	0	0	0	34	80	80	119	139	139	139	208
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	Actual		16	16	16	25	42	47	74	94	97			
3. Community Bed (including rehabilitation beds) additions vs. profile (LOD 4)	Target	258	23	104	219	258	258	258	258	258	258	258	258	258
The current 2022 community beds target is made up of 258 beds funded under NSP 21.	Actual		0	5	22	22	22	22	22	22	25			
4. NSP Spend (€ Funding)	Target	TBC												
	Actual		€0.230m	€0.563m	€0.897m	€1.11m	€1.35m	€2,21m	€2.59m	€3.96m	€14.08			
5. WTE's Recruited	Target	TBC												
	Actual		16	39	62	77	94	117	144	239	246			

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	Mitigating actions to address key issues
1. Infection control requirements & access challenges to acute areas to undertake the work: Beds delayed earlier this summer due to ongoing IP&C requirements	1. IPC requirements will continue to be managed in line with guidelines and evolving situation in relation to COVID-19 and seasonal viruses during the winter period
2. Increased timeframes to complete the capital programme of works including supply of materials and equipment has delayed the initial expected completion dates	2. Ongoing engagements with estates resupply of materials and equipment
3. Recruitment challenges for staff to open beds including availability, competitiveness of recruitment market and accommodation costs	3. Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns
4. Paper complete on a site level analysis of community beds. Key issues are clinical governance, recruitment challenges, infrastructure issues and regulatory requirements	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 →

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) Completed commissioning of SPECT CT equipment & reconfiguration of space. HIQA & EPA applications submitted & expected Q3 (update Nov '22) . Recruitment: allocated Consultant post recruited, nursing posts being progressed by Q3. 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) Supported operation of NCIS, delivery of system upgrades & enhancements is ongoing in the 7 installed hospital sites. CHI at Crumlin & LUH plan to go live Nov 2022. Installation of NCIS project progressing in parallel with 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) Progressively expand initiated National Chimeric Antigen Receptor T-cell (CAR-T) Therapy services for adults in St James's Hospital and for children at CHI Crumlin to full operation.
2. The National Maternity Strategy (LOD 39) a) Publication & implementation of the HSE Standards for Infant Feeding Practices.	Oct-22	On Track	a) The assessment tool to monitor against the HSE Standards for Infant Feeding (launched in May 5th 2022) is on track to be rolled out by the end of October 2022.
b) Design, development & deployment of three pilot postnatal hub services.	Oct-22	Delayed	b) Following development of the Framework for Community Postnatal Hubs, NWIHP have funded hubs in Kilkenny & Kerry. Recruitment processes initiated & are due to deploy once completed. Details for two further hubs being finalised (Cork & Saolta HG). Identifying locations within community has created this delay.
c) Structured pilot of innovative senior fetal monitoring midwifery roles in 6 sites.	Nov-22	Delayed	c) Funding has been issued for the six senior fetal monitoring midwifery roles to support this pilot. Two have been filled (Rotunda &Kilkenny). Remaining sites continue with recruitment processes, hence the delay.
d) Targeted investment in regional maternity sites to reach minimum consultant obstetrician & gynaecologist staffing levels of 6 WTE.	Dec-22	Complete	d) Approval issued for the following posts: Kerry (5th & 6th post), Kilkenny (6th), Letterkenny (6th), Cavan (5th & 6th), Portlaoise (5th), Sligo (6th) & Clonmel (5th). One post filled in Clonmel - as funding has been approved for all posts output is 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	e) Approval issued for 1.0 WTE AMP Diabetes & 7.0 WTE CMA diabetes- all 19 units now have provision for specialist diabetes care. 1.0 WTE CMS position has been filled -as approval for all posts has been issued this output is 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 the Mater Hosp at the end of Q3 2022. Services are confined to existing catchment area of the hosp with additional bed capacity not being delivered until Jan 2023 due to Planning Dept of Dublin City Council recommendations regarding fire safety regulations. Recruitment of posts to the Mater Hosp is progressing with expectation that majority of posts will be filled by year end /Q1 2023.
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) Preparation underway for commencement of major trauma services at Cork University Hosp Q4 2022. A major recruitment campaign prioritised by SSWHG for all non-consultant Trauma posts launched 16 Aug 2022 with HR support to deliver on recruitment target.
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	On Track	c) A paper proposing a role for the Trauma Unit with specialist services (TUSS) in the Central Trauma Network & feedback submitted by Saolta & UHG. This informed a 2023 estimates bid reflecting the role set out in the paper. Document will be finalised pending outcome.
d) Commence the process of accreditation of Trauma Units outside Dublin in the Central and South Trauma Networks.	Sep-22	Complete	d) Revised service specification for Trauma Units was approved by National Trauma Programme Steering Group Jul 2022 following consultations with HGs, related HSE Divisions & Clinical Programmes. Accreditation of Trauma Units outside Dublin started with HGs self assessing eligible hospitals. Assessments 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	e) The approved Standard Rehabilitation needs Assessment (RNA) and Rehabilitation Prescription (RP) are being implemented at the two MTC's. The National Rehabilitation Hospital plan to implement the tools over the coming months
f) Develop a pre-hospital trauma triage tool for use by Pre-hospital Practitioners to identify patients requiring treatment in a MTC.	Sep-22	On Track	f) A pre-hospital Trauma Triage Tool is being developed by adapting international tools using pre-hospital clinical data collected & provided by NAS will be presented for approval to Pre-Hospital Emergency Care Council in Oct 2022. Subject to funding approval, an e-learning training module for Pre-Hospital Care providers will be developed to support implementation.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. The National Cancer Strategy (LOD 27)	1. The National Cancer Strategy (LOD 27)
2. The National Maternity Strategy (LOD 39) a) Recruitment of staff continues to be an issue for most maternity sites. For example, unsuccessful recruitment campaigns for the fetal monitoring posts causing delays in filling these posts.	2. The National Maternity Strategy (LOD 39) a) NWIHP, working with HSE Acute Operations, established a Midwifery Staffing Taskforce (first meeting in Q4 2022) to address issues affecting recruitment & retention of midwifery staffing.
3. Trauma Strategy (LOD 29) a) Potential recruitment delays due to known shortage of key healthcare grades. b) Following recommendations made by the Planning Department of Dublin City Council to meet fire safety regulations there will be a delay in delivering planned additional bed capacity at MMUH until January 2023. c) The establishment of Neuro-Trauma Services at MMUH is dependent on the development of an agreed model of care d) Following commencement of major trauma services at MMUH & CUH, expected increase of severely injured patient activity could impact on patient flow without availability of appropriate rehabilitation pathways & services.	3. Trauma Strategy: (LOD 29) a) All relevant avenues are being explored to maximise recruitment of staff (e.g. major recruitment campaigns by the MCT's) b) Major Trauma Services confined to direct attendances from existing hospital catchment area from Q3, 2022 until the additional bed capacity secured 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, with most Traumatic Brain Injury (TBI) patients will continue to be referred to Beaumont Hospital for operative and non-operative management on provision that this process would be augmented by joint appointments at Mater & Beaumont hosp to facilitate optimised referral & transfer pathways & allow the management / monitoring of appropriate patients in MTC. Interim model in place until there is additional capacity at Beaumont Hosp. d) National Office for Trauma Services developing a National Transfer of Care Policy. Plans to consider egress options from the MMUH & CUH once they commence major trauma services.

KPI*		Dec 21	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	20	31	30	34	30	30	34	30	31				
Number of indicators > 5% ≤ 10% off target	Actual	8	6	3	5	4	4	5	2	3				
Number of indicators ≤ 5% off target	Actual	33	9	10	20	13	10	17	16	10				
No Result expected	Actual		13	17		13	16	3	12	16				
No Results available			1		1			1						

Key Issues

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

■ > 10% off target
■ > 5% ≤ 10% off target
■ ≤ 5% off target
■ No result expected

Key Messages – Acute Services

UNSCHEDULED CARE

- The total number of Emergency presentations (including Local injury units) for August 2022 was 138,950, 12.97% higher than pre-COVID levels in August 2019 (123,002).
- YTD August 2022 Emergency Presentations (1,089,043), are 15.7% higher than 2021, 29.4% higher than 2020 and 8.9% higher than 2019.
- The impact of increased ED attendances can be seen on patient experience times.
- 95.7% of all patients attending ED were seen within 24 hours in August 2022, this is lower than the 96.3% in August 2019. NSP target is 97% of all patients are seen within 24 hours.
- 90.2% of patients aged 75+ years were seen within 24 hours in August 2022. This is lower than August 2019 which was at 91.1%. A key priority is to support the compliance with the NSP target of 99% of patients aged 75+ years being seen within 24 hours.

SCHEDULED CARE

Waiting Times

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

Table 1

WAITING LIST	NSP Target 2022	Compliance with target in Aug-22
Adult Inpatients	98% within 12 months	74.5%
Adult Day Case	98% within 12 months	84.2%
Children's Inpatient	98% within 12 months	69.5%
Children's Day Case	98% within 12 months	82.4%
Colonoscopy/OGD	65% within 13 weeks	52.3%
Colonoscopy/OGD	100% within 12 months	93.9%
Outpatient	98% within 18 months	80.1%

SCHEDULED CARE

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

Inpatient Day Case

- The number of people waiting for an inpatient or day case appointment (IPDC) was 79,280. Decrease of -0.4% since end of July 2022.
- The number waiting over 6 months peaked in August 2020 at 45,193. It has reduced by 14,820 (32.8%) to 30,373 at the end of August 2022.

Colonoscopy/OGD

- The number of people on the Colonoscopy/OGD waiting list was 26,711. Decrease of -1.4% since end of July 2022.
- The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 10,287 (64.7%) to 5,605 at end of August 2022.

Outpatient

- The total number of people waiting for an Outpatient appointment was 629,447. Increase of 1,591 (0.25%) since end of July 2022.
- The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 88,444 (21.5%) to 323,008 at the end of August 2022.

Endoscopy

Urgent Colonoscopy Breaches – New Patients

Endoscopy units were significantly impacted by COVID through use of the units to support COVID/non-COVID pathways, redeployment of staff to cover other duties and use of endoscopy beds spaces to cope with surges in emergency demand.

Key Messages – Acute Services

There were 215 new urgent colonoscopy breaches in August 2022. 58 (down from 88 in July and 142 in June) of all breaches in August 2022 took place in the Saolta University HealthCare Group. The Group is implementing an Improvement Plan which includes the use of private sector capacity, mobile endoscopy units, and a dynamic purchasing agreement that enables the use of external resources in public hospitals, out of hours and at weekends.

CANCER SERVICES - RAPID ACCESS CLINICS

Given the importance of timely access for cancer patients, improvement plans have been received from the Groups where NCCP and Acute Operations have identified particular concerns, in particular, Cork UH (Prostate Cancer) and Galway University Hospital (Symptomatic Breast). Acute Operations and the NCCP have visited both sites to review actions required to support an improvement trajectory. The contributing factors to the non-compliance include:

- Significant and sustained growth in referrals.

- Challenges in accessing public and private diagnostic capacity because of competing demands from other services.

- Consultant manpower challenges at a number of sites.

- Manpower Plan to attract and retain radiologists has been identified as a key factor.

Symptomatic Breast Services

Five of the nine hospitals met the target in August 2022 with three hospitals marginally below target. Three of the hospitals were below the target of 95%. Acute Operations and NCCP are engaging with the three sites. Data was not available for the remaining site.

Rapid Access Clinics for Lung Cancer

Lung Cancer services are performing reasonably well at the eight hospitals. In August 2022 five hospitals were compliant with three hospitals not reaching the NSP target. NCCP is satisfied that patients are being seen within a reasonable timeframe at the remaining sites.

Rapid Access Clinics for Prostate Cancer

As a result of sustained focus and delivery of improvement plans six of the eight hospitals were compliant with the NSP target and one site was marginally below target. Acute Operations and NCCP are engaging with the remaining site.

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

In August 2022 the rate of S. Aureus was 1.2 an increase from 1.1 in July 2022. The rate of Clostridium Difficile in hospitals in August 2022 was 2.2 (a decrease from a rate of 2.4 in July 2022).

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

MANAGEMENT OF POST-MENOPAUSAL BLEEDING (PMB)

The development of Guidelines for the Management of PMB has been prioritised by National Women and Infant's Health Programme (NWIHP) and the Institute of Obstetrics and Gynaecology; and is expected later in 2022.

In August 2020, the CCO and Acute Operations circulated NWIHP-developed interim guidance on the management of PMB. KPIs have been agreed by NWIHP, Business Information Unit (BIU) and Acute Operations in relation to the recording and management of referrals for Post-Menopausal Bleeding in accordance with clinical guidelines:

Key Messages – Acute Services

MANAGEMENT OF POST-MENOPAUSAL BLEEDING (PMB)

- Percentage (%) of all patients referred to the ambulatory gynaecology service with post-menopausal bleeding who are reviewed within 28 days of referral. (KPI = 90%)

- Percentage (%) of all patients referred to ambulatory gynaecology services with post-menopausal bleeding, who have had all clinically indicated & appropriate tests/diagnostics and have commenced active treatment (which may include onward referral) or have been discharged within 12 weeks of referral received. (KPI =98%)

Acute Operations will formally communicate with the system in support of the request by BIU who will be co-ordinating data collection/reporting. Acute Operations will state that the HSE is now moving to formally collect/report data in line with clinical guidelines. It is anticipated that the template and guidance will be issued in the coming days to allow data collection to commence for 2023 reporting.

Key Messages – Community Services

Introduction

Community Services are experiencing a respite from the effects of Covid 19 in the August reporting period. However, the positive impact is being offset to some degree by the annual leave period. It should be noted that many staff have still accrued delayed annual leave for their work in earlier waves of Covid. Overall the performance of community services has been stabilising however remains challenged in a number of service areas.

Challenges

Recruitment remains a challenge in respect of attracting and retaining a range of health care professionals. The investment in healthcare staff over the past number of years has resulted in a range of new and promotional posts becoming available which has resulted in increased requirements for entry level staff who are critical in service delivery, this grade of staff continue to be difficult to recruit.

An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from Ukraine however the logistical and organisational challenges are significant with particular need for GP services.

Good Performance

August data suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the impact of Covid across Q1 and Q2 and the likely impact across the Winter period will impact on the ability to deliver on the annual national service plan KPIs. Examples of positive national performance against target are:

- **CIT Referrals** – In August 2022 there were 53,138 CIT referrals year to date which is 23.2% ahead of the expected year to date activity of 43,120.

- **Ophthalmology** – Number of patients seen +17.6% (52,753) above target 44,840.

- **Access to Palliative Inpatient Beds** – The national year to date position is 96.3% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.

- **Community Adult Mental Health Services** – 88.6% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD August 2022 against a target of ≥90%.

- **Child & Adolescent Mental Health Service** – 91.3% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

Key Messages – Community Services

Wait List Initiatives

To the end of August, 4,700 people have been removed from waiting lists as a result of Community waiting list initiatives. Performance progress for specific initiatives underway is set out below:

- Cumulative to the end of August, 1,215 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list.

- Cumulative to the end of August, 2,397 children waiting for primary care child psychology waiting for over a year have been removed from the list.

- An initiative that commenced in May seeks to provide support to people waiting for Counselling in Primary Care Services has resulted in 966 people removed from the waiting list to the end of August.

- CAMHS initiatives implemented over May and June in 6 CHO areas is behind target but has removed an additional 122 children and young people from the list to the end of August.

Performance Challenges

- A Key area of performance challenge is in Therapy Services. A review is underway on a CHO by CHO basis to identify the root cause of the performance challenge and to put actions in place to address the issues.

- CAMHS counties to be a challenge and there are recruitment challenges within CAMHS that are being worked through to improve performance across the teams.

Key Messages – National Screening Services

CervicalCheck

- A predictive modelling exercise is completed annually to estimate the number of women due to attend for screening based on previous attendance. Predictive modelling for 2022 was challenging following the introduction of a new screening model, COVID-19, the high uptake in 2021 and the legacy out-of-cycle screening tests in 2018. The programme forecast was reviewed in May based on improved data modelling. It became clear that the activity forecast had been overestimated. The original annual target is set at 295,000 and the updated predictive modelling exercise has revised the activity forecast to 268,957.

- CervicalCheck is operating normally and completed a total of 21,592 screening tests in August. This activity was below the published target of 23,600 by 8.5% and below the activity forecast of 23,057 by 6.4%.

- The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-Aug 2022) was 170,304 which is below the published target of 202,600 by 32,296 (15.9%) and below the YTD activity forecast of 183,253 by 12,949 (7.1%).

- The timeframes for result letters are within expected KPIs. From the beginning to end of August on average (QA standard = 90% within four weeks):

    - 96% of result letters issued within 4 weeks;

    - The 4 week KPI continues to surpass the target of 90% and reflects the stability of the programme.

- The Coombe Hospital remains unable to accept screening samples for CervicalCheck; however, both services are working closely together towards a resumption of services.

BreastCheck

- The total number of women in the eligible population who have had a complete mammogram in August 2022 was 12,664 which is above the target by 2,664 (26.6%).

- The number of women who had a complete mammogram year to date (Jan-Aug 2022) was 101,431 against a target of 93,000 which is above the target by 8,431 (9.1%).

- BreastCheck's annual KPI target for 2022 stands at 150,000 which has been re-aligned to take account of the impact of the COVID pandemic. While the programme is meeting or exceeding this pandemic adjusted target, there continues to be delays to screening invitations by up to one year. This is due to the pandemic adjusted target aligning with current capacity (social distancing & staffing levels) rather than with the actual number of eligible women on the programme's database. Invitations have been sent to women who turned 69 in 2020/21 and may have missed their final screen. This cohort are technically outside the screening age range and are therefore adding to the final number of women when need to be invited. The programme continues to manage the number of delayed invitations in line with programme capacity levels and delayed invitations are in line with expectation at this stage.

- The programme continues to be impacted by COVID staff absences and radiology shortages. The programme is exploring ways it can increase capacity within a landscape of a finite number of radiologists.

Key Messages – National Screening Services

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the August 2022 was 12,279 which is above the target of 10,500 by 1,779 (16.9%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Aug 2022) was 76,724 which is below the target of 95,000 by 18,276 (19.2%).

- The programme continues to work with participating endoscopy units to return to 2019 levels of activity which continue to be hampered by the impact of COVID, the cyber-attack and the MLSA industrial action.

- Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the ≥90% target at 83.1% within 20 working days in August 2022. Ten of the 15 contracted colonoscopy centres offering colonoscopies in August 2022 met the expected KPI of 90% within 20 days. Clinical staff shortages are being reported, with a heightening of shortages experienced during the summer months.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period August 2022 was 11,258 which is above the target of 9,200 by 2,058 clients (22.4%).

- The number of diabetics screened with a final grading result year to date (Jan-Aug 2022) was 73,645 which was below the target of 74,000 by 355 (0.5%).

- DRS has commenced the operational implementation of the Pregnancy Pathway (screening diabetic women who become pregnant).

- DRS is seeing an increase in new registrations through its online registration process.

- New consultant due to commence in CUH in October with reconfiguration of some clinics to facilitate additional sessions to support the reduction of delayed appointments in the Cork region. Initial discussions will commence to evaluate the possibility of delivering the new community-based model is this region.

KPIs per Quadrant

Service area	Indicator		Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
Quality and Safety Quadrant						
System Wide	Serious Incidents – Reviews within 125 calendar days		M	70%	▼38%	32%
System Wide	Extreme and major incidents/all incidents		Q	<1%	►0.5%	0.5%
System Wide	Reported incidents entered to NIMS within 30 days*		Q	70%	▲70%	0%
System Wide	Complaints investigated within 30 working days		Q	75%	▼72%	-3%
Acute Hospital Care	S. Aureus		M	<0.8/10,000 bed days used	▼1.0	26.7%
Acute Hospital Care	C. Difficile		M	<2/10,000 bed days used	▲2.1	4.9%
Acute Hospital Care	Emergency Readmissions		M (1 Mth in arrears)	≤11.1%	▼11.2%	0.9%
Acute Hospital Care	Surgical Readmissions		M (1 Mth in arrears)	<2%	►1.7%	-15%
Acute Hospital Care	Urgent Colonoscopy		M	0	▲1,679	1,679
Acute Hospital Care	Ambulance readiness <30 minutes		M	80%	▲21.4%	-73.2%
Primary Care Services	Child Health - Babies breastfed at 3 months		Q (1 Qtr in arrears)	36%	▼30.1%	-16.4%
Primary Care Services	Child Assessment 12 months		M (1 Mth in arrears)	95%	▼82.7%	-12.9%
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge		Q	99%	▲98.5%	-0.5%
Disability Services	Movement from congregated to community settings		M	89	▲27	-69.7%
Population Health and Wellbeing	MMR at 24 months		Q (1 Qtr in arrears)	95%	▼89.7%	-5.5%
Population Health and Wellbeing	Smoking Cessation - Quit at 4 weeks		Q (1 Qtr in arrears)	48%	▼47.5%	-1.1%
NSS	BreastCheck screening uptake rate		Q (1 Qtr in arrears)	70%	▲83.2%	18.8%
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units		M	>95%	▲98.4%	3.5%

Service area	Indicator		Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
Access and Integration Quadrant						
Acute Hospital Care	Adult Inpatient Waiting List		M	98%	►74.5%	- 24%
Acute Hospital Care	Adult Daycase Waiting List		M	98%	▲84.2%	- 14.1%
Acute Hospital Care	Child Inpatient Waiting List		M	98%	▲69.5%	- 29.1%
Acute Hospital Care	Child Daycase Waiting List		M	98%	▲82.4%	- 16%
Acute Hospital Care	OPD Waiting List		M	98%	▲80.1%	- 18.2%
Acute Hospital Care	Routine Colonoscopy Waiting List		M	65%	▼52.3%	- 19.5%
Acute Hospital Care	ED within 6 hours		M	70%	▲57.9%	- 17.2%
Acute Hospital Care	75 yrs + ED within 6 hours		M	95%	▲36.6%	- 61.5%
Acute Hospital Care	ED within 24 hours		M	97%	▲95.8%	- 1.3%
Acute Hospital Care	75 yrs + ED within 24 hours		M	99%	▲89.7%	- 9.4%
Cancer Services	RACs within timelines		M	95%	▲74.1%	- 22%
Cancer Services	Radiotherapy		M	90%	▼72.7%	- 19.3%
NSS	Cervical Screening Tests		M	202,600	▲170,304	- 15.9%
Primary Care Services	Physiotherapy access within 52 weeks		M	94%	▼78.1%	-17%
Primary Care Services	Occupational Therapy access within 52 weeks		M	95%	▼73.5%	-22.7%
Primary Care Services	SLT access within 52 weeks		M	100%	▲89.2%	-10.8%
Primary Care Services	Podiatry access within 52 weeks		M	77%	▼56.2%	-27%
Primary Care Services	Ophtalmology access within 52 weeks		M	64%	▼52.2%	-18.5%
Primary Care Services	Audiology access within 52 weeks		M	75%	▲76.1%	1.5%
Primary Care Services	Dietetics access within 52 weeks		M	80%	▲59.7%	-25.4%
Primary Care Services	Psychology access within 52 weeks		M	81%	▲64%	-21%
Primary Care Services	Nursing - new patient access within 12 weeks		M (1 Mth in arrears)	100%	▼99.8%	-0.2%
NAS	Clinical status of 1 ECHO incidents in 18 minutes and 59 seconds or less		M	80%	▲72.3%	- 9.6%
NAS	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less		M	50%	▲41.3%	- 17.3%

Access and Integration Quadrant

Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
Mental Health Services	General Adult Community Mental Health - first appointments	M	≥75%	▼71.2%	-5.1%
Mental Health Services	CAMHS - urgent referrals within 3 working days	M	≥90%	▲91.3%	1.4%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments	M	≥95%	▼91.1%	- 4.1%
Disability Services	No. of new emergency places provided to people with a disability	M	14	▼60	328.6%
Disability Services	No. of in home respite supports for emergency cases	M	408	▼429	5.1%
Disability Services	Number of overnights accessed	Q (1 Mth in arrears)	46,281	▲60,024	29.7%
Disability Services	Disability Act Assessment	Q	100%	▲22.4%	-77.6%
Disability Services	No. of day only respite sessions	Q (1 Mth in arrears)	11,245	▲11,622	3.4%
Disability Services	No. of people in receipt of respite services	Q (1 Mth in arrears)	5,351	▲5,170	-3.4%
Older Persons' Services	Home Support Hours	M	15,305,268	▼14,250,741	- 6.9%
Older Persons' Services	People in receipt of Home Support	M	55,267	▲56,350	2%
Social Inclusion Services	Homeless - assessments within two weeks	Q	85%	▲86.2%	1.5%
Social Inclusion Services	Substance misusers (O18) treatment within one calendar month following assessment	Q (1 Qtr in arrears)	100%	▼95.7%	- 4.3%
Social Inclusion Services	Substance misusers (U18) treatment within one week following assessment	Q (1 Qtr in arrears)	100%	▼65.2%	-34.8%

Note:
Performance trend is result in current report period (month/quarter etc) relative to prior reporting period
Please see notes in text box under graphs which provides details of data unavailable due to cyber-attack.
RAG results per KPI are based on YTD data available relative to NSP2022 targets and not recalibrated for data gaps.
* Current-reflecting compliance Q2 2022.
** Data updated in June 2022.
*** No graphs available, MDR table included page 31.
**** August data. Reporting frequency changes from M (1 Mth in arrears) to M as current month data available. Target of 4% does not include C19.

Finance, Governance and Compliance Quadrant

Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
System Wide	Pay expenditure variance from plan ♦	M	≤0.1%	▼ 14,337.4€ mil	6.3%
System Wide	Internal Audit – Recommendations implemented within 12 months **	Q	95%	▼84%	-11%
System Wide	Service Arrangements Signed***	M	100%	▲ 52.85%	47.15%

Workforce Quadrant

Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
System Wide	% absence rates by staff category****	M	<4%	▼7.5%	3.5%

Legend/ RAG Rule Set/ Escalation

	> 10% of target
	> 5% ≤ 10% of target
	≤ 5% of target
	No result expected
	No result available
▼▲►	Arrows are indicative of the RAG status and the trend of the result when compared to the previous reported result.
	NPOG Escalation. This is denoted within the report using this symbol illustrated on the left. ♦ Acute Services only in escalation ♦♦ Hospital Groups only in escalation
	KPIs that are aligned with Corporate Plan 2020-2024 This is denoted within the report using this symbol illustrated on the left.
	KPIs that are aligned in part to the Q2/2022 Corporate Risk Register as at 28th June 2022 is denoted within the report using this symbol illustrated on the left.

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 achievement of 2022 Ambition Statement) The achievement of NQPSD KPIs is dependent on staff being released from their area of work to undertake training programmes.

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	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		1.00	1.20	0.80	0.90	0.90	1.00	1.10	1.20	1.20			
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%			
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			

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 cases reported in July was 33; rate was 1.1/10,000 bed days used SA BSI cases reported in August was 38; rate was 1.2/10,000 bed days used
2. Implement Serious Incident Management Team (SIMT) training twice per month in Q1 & Q2 & once per month in Q3 & Q4, 2022. Implement Systems Analysis training monthly from April to Dec 2022 inclusive. Complete monthly reviews of evaluations to calculate satisfaction ratings	Oct-22	On Track	SA and SIMT training have received positive feedback. SA training schedule is fully booked to year-end. Sessions booked for SIMT training to year end with availability, places offered through HSEland and the operational line. Training has been attended by the Acute, CHO and Section 38/39 staff
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	Breakdown of this month: Community Health Organisations (No: 90, 27%) Acute Hospitals (No: 118, 36%) Other (No: 123, 37%)
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	QPSSS proposal submitted to Slaintecare for funding

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. S. aureus BSI rate year to date to the end of August is 1.2 per 10,000 BDU compared to a rate of 1.0 per 10,000 BDU for the year 2021 High levels of hospital activity and complex cases	1. AMRIC IV nursing resources approved Review of surveillance data on a monthly basis with specialist IPC advice provided as required
2. Staff experiencing difficulty due to workload and service delivery pressures to create space in their working day to undertake programmes Staff prioritise training that is mandatory.	2. QI e-learning programme part of nurse Leadership Development Programme, sign-posting of QI programmes at QPS TalkTime Series, Autumn Social Media Campaign to increase awareness of QI programmes

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: Rating and overview unchanged since last reporting period

3

Change →

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			
2. Attendance as required at Patient Engagement Group meetings by National Director / Asst National Director with responsibility for Patient and Service User Experience Your Service	Target	100%	-	-	100%	-	-	100%	-	-	100%	-	-	100%
	Actual		-	-	67%	-	-	67%	-	-	100%			
3. Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer* * 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	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		-	-	-	-	-	-	-	-	-			

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 change since previous report. Framework developed. Initial work will begin on the implementation plan and resource requirement will be completed by incoming AND (O/D#2)
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 underway. 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	No update since Sep report. Recruitment delays continue. Engagement with initial appointees with further progress planned when all posts & AND post are filled.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Patient &service user partnership programmes need to be more accessible and engaging to marginalised groups in society.	1. Currently engaged in a series of workshops with patient and service user representative groups to develop approach to engagement
2. Identification and recruitment of suitable staff as patient/service user partnership leads across CHOs and HGs (pace & progression)	2. Recruitment in progress
3. Prioritisation of timely review and reporting of improvement plans by services	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: The current rate has not been changed on the basis of the September performance which shows further growth in workforce against the target as per the August data report.

3   Change →

Census Report - WTEs net change* * 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	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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			
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			
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			
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			
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			
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			
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			

KPI		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			

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	RRR established. Robust governance in place. Currently developing the wireframe for the Resourcing Plan for the healthcare services.
2. Introduction of a streamlined Primary Notification process		Complete	
3. Implementation of Job Order Gateway	Dec-22	On Track	Migration to Healthirl on track. Gateway to be rolled out to all services by year end.
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 Sep due to delays in issuing content. Will be delivered by year end.
6. Introduction of Recruitment Operating Model	Dec-22	On Track	Pace continues on implementation of ROM. All aspects of the implementation of the new Operating Model are on track.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Impact of reduced labour market supply	1. Offer of employment contract to all graduating nurses and midwives currently in 4th year Internship. Increased International recruitment of Nurses and Midwives with forecasted year total +1700.
2. COVID-19 measures impact on travel - reopening of international borders impacting on staff turnover	2. National campaigns to capture all HSCP graduates. Competitive international relocation package launched to increase the candidate pool.
3. COVID-19 environment impact on staff absence	3. Extension of collaboration with PAS alongside extending our international reach
4. Impact of continued COVID-19 surge/new variants and increased vaccination roll out	4. Working with regulators and partners both national and international to expand the candidate pool.
5. Impact of Haddington Road Agreement reversal	5. Working with Gov stakeholders to reduce barriers to employment.

15. Finance and Financial Management

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: Reasonable assurance that the 2022 Ambition Statement will be substantially achieved in 2022.

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%				
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%
*COVID-19 compliance focus is on PPE, Testing & Tracing, Vaccination Programme and Therapeutics incl. additional support costs to the extent they are coded to COVID-19 cost centres. HSE sought sanction for an additional €237m in September 2022 to bring the total COVID sanction to €1,531m at the end of September. ^ Total COVID spend recorded at the end of July was €1,172m which is 23% below the €1,531m. **Will continue to refine ageing of totality of accruals on a monthly basis	Actual		0	0	0	0.06	-3%^	(19%)^	(23%)^	(24%)^				
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%				

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 from July 2022 and detailed project plan for build, test and deployment of the solution has been approved. The closure of the Design Review and Validation Stage was approved by project governance on 12 October and the project has formally commenced the Build and Test Stage.
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 now at 66% against a target of 74% but it is expected that these will be on target by year end
3. Develop enhanced Reporting	Sep-22	Delayed	A working group was established to deal with reporting re vote and working capital with monthly reporting now available where 90% of working capital is aged. A working group was established to deal with issues re Reporting in 2022 with a final plan expected by December'22.
4. Controls Improvement Plan (3 years programme)	Jan-23	On Track	Work-streams commenced in 2021-Key deliverables in 2022:W1-NFR-re-write Jan'23 W2-Comms and Awareness-May'22 to Sept'22 W3-Repository & Reporting.-control reports July'22 & vendor on boarding Dec'22 W4-Financial and Risk Assessment-July'22 W5-Performance Management-draft mgt reporting agreed Sept'22

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Dealing with on-going impacts of COVID which has consumed a significant amount of staff time & bandwidth & delayed other work incl IFMS, ABF, Controls Improvement & reporting.	1.
2. Capture ongoing COVID costs, further improvement needed considering 2022 underlying measures & beyond eg Extended Working Day, Dialysis arrangements, infection prevention & control	2.
3. Stakeholder engagement including Departments of Health & Expenditure and Reform.	3.

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): 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   Change →

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			
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			
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			

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	Interim SOC arrangements established with 24/7 enhanced security operations monitoring in place through three external partner companies: Microsoft, Mandiant, Caveo Tactical Security Improvement Plan has delivered significant additional measures to protect the technology environment
2. IHI & Eircode integration to Integrated Patient Management System (IPMS) in 5 of 13 instances, and all 4 accredited GP practice management systems	Dec-22	On Track	IHI and Eircode now live in first iPM site (UHL), with remaining four sites on track for completion in Q4 IHI integration ongoing for GP management systems and PCRS
3. PACS 2.0 Upgrade complete across NIMIS estate. Radiology Information System (RIS) upgrade commenced	Jul-22	Complete	NIMIS 2.0 PACS Go-live completed in June; however, performance issues have resulted in some service disruption NIMIS Recovery & Improvement Plan agreed between HSE & Vendor and being implemented; target completion 8 Nov RIS upgrade commenced in Apr but currently paused due to NIMIS 2.0 issues
4. Complete the business case & statement of requirements for Integrated Community Care Management System (ICCMS)	Dec-22	On Track	Permission to Tender has been received from DGOU Development of the Public Spending Code compliant business case is in process, with initial draft due in October Requirements gathering process underway Peer Review process has commenced and group has conducted its first formal meeting.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Issue 1: Post upgrade NIMIS 2.0 performance issues have resulted in user frustration and some service disruption	1. Issue 1: Significant programme effort in progress to resolve NIMIS 2.0 performance issues; Recovery & Improvement Plan agreed with Vendor; implementation underway - completion due 8 Nov
2. Issue 2: Limited availability of business resources on the front line to work on IT programmes	2. Issue 2: No mitigating actions; outside the control of the eHealth organisation
3. Issue 3: Challenging recruitment market place for skilled ICT staff	3. Issue 3: No mitigating actions; outside the control of the eHealth organisation
4. Dependency 1: Rapid recruitment of the 200 required ICT professionals in 2022 to deliver eHealth Plan	4. Dependency 1: Recruitment accelerated during 2022; currently ahead of YTD target
5. Dependency 2: Assignment of (non eHealth) business resources to work on transformation/eHealth projects	5. Dependency 2: No mitigating actions; outside the control of the eHealth organisation

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: Ambition statement remains on track. Quarter 3 reviews of Capital Plan complete. Expectation that capital allocation will be fully utilised. Global pressures remain unchanged in respect of inflation, supply lines and skilled resource availability. These are expected to continue in to Q4 and beyond.

4   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			
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	Delayed	Accompanying Implementation Plan approved by ARC at October meeting. Scheduled for review by EMT in November.
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 awaited from DoH.
3. Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	Sep-22	Delayed	Financial close expected by year end. Construction will commence on a planned sequential basis immediately after financial close is achieved.
4. Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Dec-22	On Track	Equipment Replacement Programme remains on 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	Additional critical care beds delivered at Tallaght University Hospital. Delivery of additional critical care capacity at Mater Misericordiae hospital is on track.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Ongoing management of capital expenditure including the New Children's Hospital is contingent on external factors including global inflation, supply chain and volatility in the construction market	1. Major projects delivered in line with procedures. Stage reviews of 3rd Party performance. Quarterly reviews of Capital Programme (CP). Overall performance of CP core to engagement with C&E and DoH
2. Some individual projects supporting HSE Programmes yet to be fully defined (ECC, Trauma, Elective Hospitals, Critical Care)	2. Engagement ongoing with Service colleagues and DoH as appropriate
3. Dependence on the drawdown of the COVID-19 Contingency Fund to ensure that capital funding allocation is maximised	3. Controls in place for all major capital projects including regular reviews in line with HSE internal policies. Ongoing and regular 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

1	**Corporate Risks Q3 2022**	Q3 2022 review of the Corporate Risk Register [CRR] has been completed and at the time of reporting the Q3 Report and individual risks have been considered by the Audit and Risk Committee [ARC], People and Culture Committee [P&C] and Technology and Transformation Committee [T&T]. The movement in residual risk rating between Q2 and Q3 2022 is as follows: **Q3** **Q2** **CRR06** Major Capital Projects ↑ 12 [9] **CRR10** Climate action failure and sustainability ↑ 9 [6] **CRR12** Delivering Sláintecare ↑ 12 [6] Following ARC feedback CRR06, CRR10 and CRR12 were reassessed resulting in the likelihood rating of each being revised upward. **CRR19** Displaced Ukrainian Population ↑ 16 [6] Residual risk ratings were reassessed from Amber to Red due to continued arrivals from Ukraine, the recent COVID surge and shortage of isolation facilities.
2	**Risk Information System**	Since go-live in June 2022, the risk information system continues to capture both monthly and quarterly risk assessments, and updated controls and actions. In September, the second quarterly report was successfully produced and a customised Risk Register Report allowing for individual EMT areas to generate their own risk report was launched.
3	**Risk Programme Priorities**	**The review and update of the HSE's Risk Management Policy**. The Review of the HSE's Integrated Risk Management Policy is underway. The feedback received from the system was extensive and will be reflected in the version to issue for consultation. The revised policy will reflect current ERM practices and will be based on ISO31000 2018 Risk Management Guidelines and ISO31010 2019 Risk Assessment Techniques. **Training and Development** • During September and October the Central ERM Team facilitated risk workshops with the COO Risk Management Working Group, the objective of which was to discuss the content and reporting of corporate risk '*Access to Care*' including risk description, controls and actions. Additionally, risk orientation sessions with a number of HSE Teams were conducted.
4	**Enterprise Risk Management Team**	**Central ERM Team:** The recruitment of a national Training and Development Manager has successfully identified a candidate and the position has been accepted. Start date to be confirmed following signing of contract. This is a key resource in the development of the programme.
5	**Internal Audit**	Internal audit have issued the draft report on the audit of *Risk Management - Verification of controls [Corporate Risks]* as part of the 2022 audit plan.

18. Risk Management
Risk ratings [Inherent and Residual] as at September 2022

Risk Summary Table

| Risk ID | Risk Title | Owner | Risk Appetite | | Risk Rating | | | | | | |
| | | | Risk appetite | Risk appetite theme | Inherent rating | | | Residual rating [with controls] | | | Risk Appetite |
					Likelihood	Impact	Rating	Likelihood	Impact	Rating	Target
CRR 001	Major service disruption & 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/ equip	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	AMR and HCAI.	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	COO	Averse	Operations & service disruption	Almost Certain	Major	20	Likely	Major	16	</=6

Total 15-25	12
Total 6-12	7

18. Risk Management

Heat Map
Residual rating changes from Q2 to Q3 2022

↑ Increasing ↓ Decreasing ↔ No change • New/ Emerging
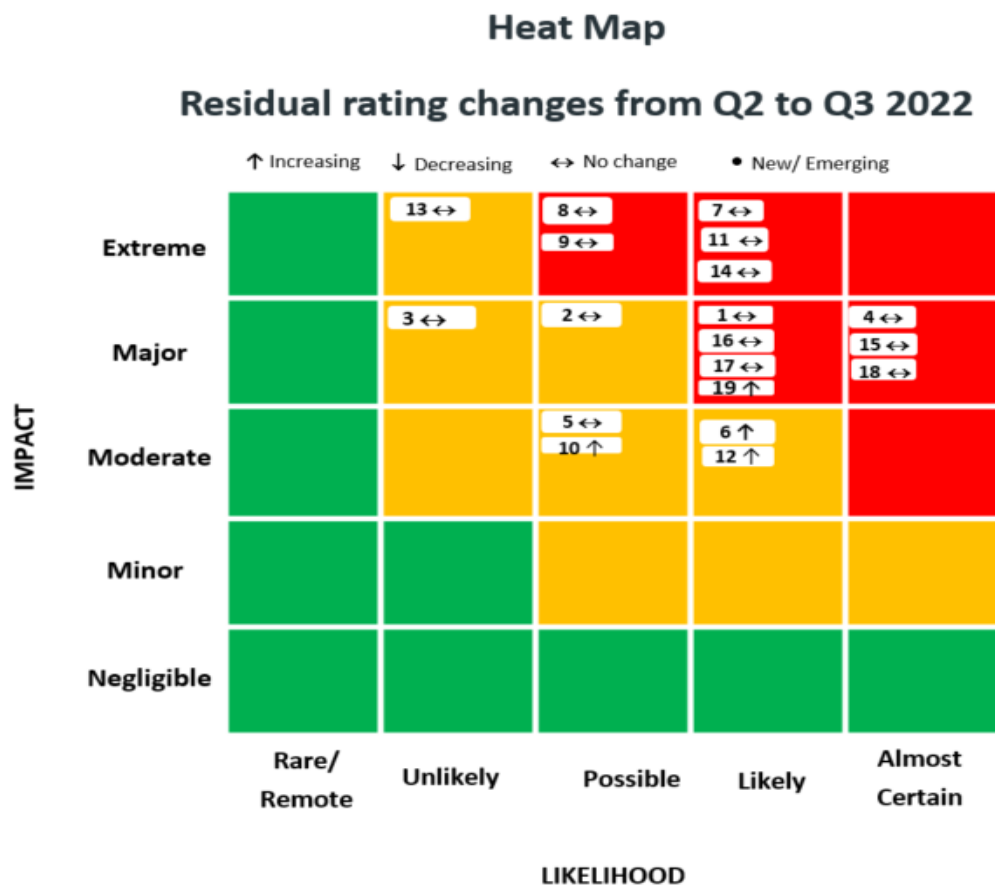
Risk ID	Risk Title	Risk Rating Residual rating [with controls]		Movement	Risk Appetite
		Q2	Q3		Target
CRR 001	Major service disruption and operational resilience.	16	16	↔	</=6
CRR 002	Future trajectory of COVID.	12	12	↔	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [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	Major capital projects.	9	12	↑	<12
CRR 007	AMR and HCAI.	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	Invasion of Ukraine	6	16	↑	</=6

19. Communications

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

Rating and Overview: progress being made on all fronts.

4

Change →

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	We are well on track to delivering on our Trust and Confidence strategy & contact will be made with action owners to review their area's actions before the final 3-year strategy is complete for presentation to the Board in November.
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	The winter advertising is live across various channels - this campaign brings flu and COVID-19 vaccines together for all major target audiences. The homepage of the HSE website now gives equal status to COVID-19 and flu vaccine for ease of access during this winter season
3. Develop a strategy for excellence in communications in our health service, aligning with the Corporate Plan 2021-2024.	Dec-22	On Track	Consultation with a range of partners and stakeholders is nearly complete, priorities, goals and actions are being considered for review
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 live, delivering on the requirements around advertising in the amended Official Languages Act.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Increased demand for communications services continues into 2022	1. ELS and NSP Proposal for sustainable funding model for digital services and contact care is submitted
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	

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: 13 New Drugs / New indications of existing Drugs have been approved to date from the 2022 allocation, resulting in an annualised spend of €12.99m of the 2022 budget being committed thus far. New Pricing Framework agreements substantially in place from January 2022.

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			
2. New Drugs/New Indications of existing drugs recommended to EMT	Target	N/A												
	Actual		7	7	9	11	11	11	13	13	13			
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			
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			
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			

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	Mitigating actions to address key issues
1. Pricing strategies adopted by Industry can compound affordability & sustainability 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): (3) An RHA critical path in relation to key deliverables and timelines from October to December 2022 has been outlined and it is expected that the ambitions set out in this plan will be substantially achieved.

3

Change →

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	On Track	Dedicated team in final stages of recruitment. Yvonne Goff (ND) supporting Dean Sullivan (EMT Lead) in the design & implementation planning for the establishment of the new RHA structures. Liam Woods has transitioned to the post of RHA Implementation Lead (ND) on a full time basis.
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	Some slippage in production of the draft implementation plan for RHAs. Revised timeline is now for Dec '22.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Need to ensure integration with other ongoing key policies and developments	1. Alignment with Slaintecare and HSE Corporate Plan
2. Insufficient time to fully and effectively embed change and assess benefit	2. Strong change management process is crucial. Essential that the process is appropriately resourced nationally and regionally and delivered to a realistic timescale
3. Need to engage constructively with wide range of stakeholders	3. Stakeholder engagement plan being finalised. 5 Regional Engagement Events completed in September 2022. 1 Regional Engagement event scheduled for October 2022.
4. Clearly defined roles, responsibilities and relationships between the DoH, HSE Centre and RHAs are essential	4. Work on-going re agreed deliverables with particular focus on functions and activities at DoH, HSE Centre and RHA level
5. Alignment of RHAs with the emerging Community Healthcare Network (CHN) model needs to be explored further	5. 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: Draft strategy completed and will be forwarded with accompanying implementation plan for consideration by EMT, ARC and the Board in November.	4	Change →

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			
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	Draft strategy completed and will be forwarded with accompanying implementation plan for consideration by EMT, ARC and the Board in November.
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	Live register of projects available. Phase 2 pilot completed. Rollout of workshops underway in East Region

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Programme deliverability due to factors such as stakeholder engagement and availability	1. SEAI working with C & E on workshop delivery with key stakeholders. Centre led specific and focused engagement on energy management and winter planning to target participation required.
2. Challenges in the global marketplace impacting on the ability to secure value for money tenders	2. Market over-saturated presently with energy works, but efforts continuing to develop optimum tender approach
3. Global factors influencing the capacity to recruit technically qualified staff	3. Ongoing rounds of recruiting on multiple fronts using various agencies and methods. Engagement with agencies on bespoke campaigns.

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

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

Healthy Ireland

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

Other Ministerial Priorities

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

Palliative Care

Palliative Care	LOD38	

Womens Health

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

LOD alignment highlighted in yellow throughout scorecards. Other reporting mechanisms in place to capture other

LOD items not highlighted in yellow (improvement in alignment forthcoming)

Acutes Eligibility Measures

Acute Paediatric Charges Measures	LOD51	

Mental Health

Mental Health - Sharing the Vision	LOD52	Reform of Mental Health

PCRS/Eligibility Measures

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

Workforce and allied reform measures

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

eHealth

eHealth	LOD65	Technology and eHealth
Key enablers	LOD66	Technology and eHealth

National Drugs Strategy / Social Inclusion

National Drug Strategy / Homelessness Health Measures	LOD67	

Winter Plan

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

Other Funded Initiatives 2022

Waiting Lists	LOD74	Reform of Scheduled Care

Other Ministerial Priorities 2022

Key Reform and Governance Projects including

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

LOD alignment highlighted in yellow throughout scorecards. Other reporting mechanisms in place to capture other

LOD items not highlighted in yellow (improvement in alignment forthcoming)