Board Strategic Scorecard
September 2022

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

Board Strategic Scorecard Executive Summary

Board Strategic Scorecard Rating Summary

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

Key Strategic Insights

Current overall average rating of the 20 eligible scorecards is 3.3. This is down from 3.45 from the last reporting period.
- Reform of Scheduled Care changed from 3 to 2
- Reform of Disability Services changed from 3 to 2
- Patient and Service User Partnership changed from 4 to 3

All other scorecard ratings have remained constant.

Key achievements:
- National Implementation of National Strategies: CAR-T therapy services at St. James' Hospital and at CHI at Crumlin have commenced as planned, removing the need for patients to travel abroad for treatment.
- GP direct access to diagnostic services achieved 82% of annual target.
- Operations showing progress on some of their screening & other targets.

Key areas to monitor:
- Recruitment and on-boarding dependencies remain key issues across many programmes such as Mental Health.
- Reform in Scheduled Care (rating = 2): chronological scheduling targets are behind; engagement ongoing with hospitals and groups to ensure focus on long wait cohorts and targets.
- Reform on Disability (rating = 2): external factors adversely impacting programme's ability to secure homes within communities to support individuals <65 years in nursing homes and people in congregated settings to transition.

Note – September scorecard enhancements:
In response to a July action item, extensive stakeholder consultation occurred in Aug, yielding minor enhancements to improve content presentation and standardise data collection. 17 of the 19 eligible scorecards reflect the enhanced format. National Strategies scorecard also reflects minor bespoke enhancements.

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 indicators continue to meet agreed targets due to the current demand levels and changes to public health strategy.

5   Change →

KPI (Locked)	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%				
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%				
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%				
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%				

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 internal 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	
3. Dates for the implementation of the strategy to transition from mass testing to surveillance and the clinical model to be confirmed	

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 Programme was very successful with 96.9% of the total adult population fully vaccinated to date. The first Booster programme is progressing with 77.8% of the total adult population boosted. Administration of the second booster to 65 above and 12 and above Immunocompromised began on 22 April with ca. 69% of the eligible population vaccinated to date. Key activity currently centres on planning for the Autumn Winter programme go live on 3 Oct.

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	-	-	-	-
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	-	-	-	-
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	-	-	-	-
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	-	-	-	-
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	-	-	-	-

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	Primary vaccination uptake is 94.8% for the 12+ population & 96.9% for the 18+ population. Pediatric uptake is 24%, renewed communications using geotagging have significant reach however uptake is still low. The booster program uptake is 72.5% for the 12+ population & 77.5% for the 18+ population
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 will commence 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. Immediate SI approval for adapted vaccines	1. Queries sent daily on progress
2. Immediate requirement for Operational Guidance and SOP to be finalised for adapted vaccines	2. Operations nearing completion for review
3. Training materials approved by PSI for community pharmacy	3. Advised quicker turn around is required for Autumn Winter program launch
4. Public communication on eligibility and aligned flu/Covid vaccination	4. Communications plan in place
5. ICT updates, changes will be made to COVAX system, GPVax, PharmaVax and GP practice Management systems	5. ICT completing updates in line with 3 Oct launch date

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

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of CHNs operating (Network Manager, ADPHN in place, GP Lead at an advanced stage of recruitment & 25% of frontline line staff) versus target **(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				
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				
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				
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 **(LOD 7)**	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				

Key Issues

- Recruitment of GP Lead Role – working with IMO/ICGP to raise profile of role as set out in GP Agreement 2019
- International recruitment and adaptation programme with CORU support
- Implementation of ECC Interim ICT solution

Dependencies

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

	Output/Deliverable	Progress Update	Target Completion Date
1	Recruitment of the required additional 3,500 frontline primary care staff and leadership roles	1,878 WTE on boarded (10.6% increase on previous month) with a further 420 WTE at advanced stage (218 posts have been accepted, 119 at offer stage, staff recruitment completed and start dates to be agreed for 84) Total 2,298. 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. 90 CHN's established, with over 97% of Network Managers and Assistant Directors of Nursing either in place or at an advanced stage of recruitment. Approximately 55% of GP Leads in place or at an advanced stage of recruitment together with 25% of additional core CHN staff. This has enabled these teams to mobilise with increasing levels of team capability planned as additional nursing and HSCPs appointed. A total of 30/30 ICPOP Operational Leads and 26 CDM Operational Leads either in place or at an advanced stage at 31/08/2022. 66.5 (out of 79.5) Consultant posts have been approved through CAAC process and arrangements being put in place for temporary appointments and clinical governance in some locations, pending competitions	Dec 2022
2	ICT solution/s to support implementation and data collection	While progress is being made with the development of a long term solution (ICMS) 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 and is behind schedule to the degree that it now requires to be identified as a red risk in terms of programme implementation and achievement of planned objectives.	Dec 2022
3	ECC Capital Infrastructure Prog	The ECC Capital Infrastructure programme continues to progress. As of 31/08/2022; 41 ECC proposals have been submitted and fully approved (and a further 1 project has been approved to go to feasibility study and another 6 projects have been approved to progress according to the estates process). There are a further 20 proposals that are now pending submission and/or approval.	Dec 2022

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 system to recruit key roles. Monthly engagement established with National HR to mitigate all potential risks.

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) * Indicative home support hrs and costs provided, based on national average in pay and preliminary data. Final figures will be included post 22 July	Target	23.67m	1.80m	3.50m	5.37m	7.20m	9.24m	11.14m	13.11m	15.30m	17.28m	19.41m	21.46m	23.67m
	Actual		1.65m	3.38m	5.13m	6.90m	8.73m	10.57m*	12.43m	14.25m				
3. Total Cost of Home Support Hours (incl. 2m additional hours from 2021) * Indicative home support hrs and costs provided, based on national average in pay and preliminary data. Final figures will be included post 22 July	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				
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	€0.24	€0.33				
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				

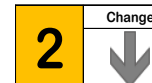| Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Undertake review of all aspects of Intermediate/Rehabilitation care and make recommendations for future model of care and options for repurposing existing 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	Framework progressing through Residential Working Group. Surveys complete & returned from each CHO, data being analysed
4. Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Nov-22	On Track	Data collection phase for Home Support Pilot completed in Aug. Independent evaluation commenced
5. Determine and agree eligibility and financing requirements of proposed Statutory Scheme	Jan-23	On Track	Ongoing engagement with the DOH on Home Support Statutory Scheme and public consultation on licencing of HS providers. Work continues under the governance of the Home Support Steering Group
6. Establishment of National Home Support Office	Oct-22	On Track	Head of Service for National Home Support Office complete. Recruitment process for remaining posts commenced
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 interRAI Care Needs Facilitators with a deadline of Q3 2022. Bi monthly report to National Director on progress of the 128 posts
8. Development of Phase 2 of interRAI software system		Complete	

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

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 has been made in relation to the strategic enablers in particular: the development of the 37 modernised pathways, the development of the SOP for patient-initiated reviews, finalising the DNA strategy and implementation Plan and the rollout of the Health Performance Visualisation Platform. However, we remain significantly behind target in achieving the Maximum Wait Time targets and achieving the Chronological Scheduling KPI to ensure that the majority of routine patients are seen in turn.

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	12400	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				
2. No. of Inpatient / day case patients waiting longer than 12 months vs profile	Target	1500	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				
3. No. of GI Scope patients waiting longer than 12 months vs profile	Target		3,800	3,500	3,200	2,800	2,400	2,100	1,800	1,500	1,100	700	400	
	Actual		4,311	3,873	3,806	3,604	3,035	2,397	1,875	1,621				
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%				
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	1,059	1,589	1,968	2,574	3,353	4,162	4,755	5,464	6,171	6,878	7,543
	Actual		634	1,200	1,527	1,901	2,711	3,432	4,085	4,690				
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				

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	Terms of Reference for the Multi-Annual Waiting List Plan have been drafted in collaboration with the Department of Health and will be reviewed and agreed jointly by the WL Task Force. A draft plan will be produced jointly by the HSE, DoH and NTPF
2. Elective Ambulatory Care Centres (EACC) progressed	Dec-22	On Track	EACCs are being progressed in line with the Public Spending Code and documentation, including a detailed project brief, a procurement strategy and a pre-tender business case, is being developed 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	A draft DNA strategy has been circulated for feedback. Pilot sites have been identified and are on track to commence in September 2022
4. Complete planning and commence implementation of 37 prioritised scheduled care pathways. (LOD 9)	Dec-22	On Track	Modernised Care Pathways are under review between clinical and operational colleagues to refine the NSP2023 submissions based on feasibility of implementation in 2023
5. Multi Annual Framework for Strategic Partnerships with private providers developed	Jul-22	Delayed	Target adjusted: Dec 22.DoH chair this strategic partnership framework and engagement is ongoing with PHA
6. Standard operating procedure for patient / family-initiated reviews (PIRs) agreed and Phase 1 pilot commenced in 1 HG	Sep-22	On Track	A draft Guidance document has been developed and socialised with clinical and operational stakeholders. Pilot sites and specialities have been identified and engagement is underway. Pilots are planned to go live in September 2022
7. Health Performance Visualisation Platform (HPVP) live in initial 28 hospitals	Oct-22	Delayed	19 hospitals now live . UHW engagement pending, Remaining Phase 1 hospitals scheduled monthly until October 2022. Data Governance discussions ongoing regarding outstanding data sharing agreements and hospitals who recently paused engagement

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 Groups to ensure focus on long waiters and chronological scheduling targets

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

Rating and Overview: Progress on track across Mental Health initiatives for planning implementation. Recuitment is behind target, active engagement with HR to mitigate risk, primary notifications issued to system to commence recruitment.

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	10878	-	-	2719	-	4536	5439	-	-	8158	-	-	10878
	Actual		-	-	2583	-	4619	5369	6163	6838		-	-	
2. % of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual		70%	72%	71%	73%	71%	71%	71%	71%				
3. NSD Spend (€24m funding)	Target													
	Actual	€24.00m	-	-	€1.95m	-	-	€5.28m	-	-	-		-	-
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	-				

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	On Track	8 National Crisis Resolution Meetings held. Final draft of CRS SOP under review. 7 National CAMHS Steering group meetings held Draft 1 of CAMHs Hub SOP under review
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	1 pilot site in operation, two sites (due to commence June 2022) off track as CHO 3 & CHO 4 are awaiting model of care to be completed before commencing operation. Recruitment plans for pilot sites in progress. CHO 8 confirmed as new pilot site, business case submitted for HSE approval
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	All pilot sites on National Crisis Resolution Services Steering Group to inform MOC, pilot site implementation & monitoring & evaluation framework. Recruitment underway with teams to be in position by end of Q4 2022
5. Implementation of National Clinical Programmes; 4 ADHD teams in place; 3 Specialist Eating Disorder Teams hubs in place; Early Intervention in Psychosis expanded to 5 teams; Additional 6 Suicide Crisis Assessment Nurses (SCAN) allocated per population of 75k (to respond to self harm & suicidal ideation presentations within primary care); 3 pilot sites for Mental Health for Older Persons; 2 further Dual Diagnosis Pilot sites est.in 2022 (total n=3)	Dec-22	On Track	Recruitment progressing well across all clinical programmes. MOC Older Persons business case awaiting approval
6. Enhancement of Community Mental Health Team staffing across CAMHS, Adult and Peer Support Teams	Dec-22	On Track	Recruitment process underway

Key issues impacting delivery of ambition	Mitigating actions to Address Key Issues
1. Costs per placement are rising significantly due to regulatory based requirements	1. Aim to streamline approval process for MH business case approval as currently 3 National Directors are required to sign off on BC
2. increasing requirement for specialist complex care due to more complex presentations	
3. Ability to recruit the right skills mix to support reorientation of services towards general practice, primary and community-based care	3. Meetings held w/c 19th September with all 9 CHOs MH HOS to assess recruitment status of unfilled 2022 and legacy posts. CHOs agreed to provide data by end of Sept on progress.

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: Concerns that the ambition statement will not be substantially achieved - Due to shortage of available housing units, the targets for 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 congretated 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%	-	-			-	-
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	-	-			-	-
3. No. of people currently living in congregated settings supported to transition to homes in the community vs. funded profile for 2022 (LOD 13)	Target	143	-	-	8	-	-	71	-	-	104	-	-	143
	Actual		-	-	19	-	-	19	-	-			-	-
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	-	-			-	-
5. NSD Spend (€54.5m funding)	Target	€54.5m												
	Actual		€0.74m	€1.26m	€4.94m	€6.230m		€14.670m	€18.826m	-				

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	On Track	
2. Commence the Sustainability Impact Assessment (SIA) process working initially with large Section 38 / 39 providers	Sep-22	On Track	
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	One S38 & one S39 organisation in scope. Steering group, project group & workstreams work ongoing. Final report structure defined. Significant engagement with finance on in-year funding & review of deficits. Engagement with the CHOs underway
4. Implement the Assessment of Need (AON) process for eligible adults	Sep-22	Delayed	High Court Judgement in relation to the SOP for children impacting progress. Final Draft (clinical guidance for child AON) approved by COO forum 7 July. Without legal judgement on 2nd case, national steering group meeting to progress AON for adults 26 Sep
5. Pilot the standardised assessment tools for adults	Dec-22	On Track	

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 to address capital issues.

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: 3. Most KPIs and Outputs/Deliverables are progressing according to annual trajectory and there have been some improvements. Recruitment dependencies impacting commencement of the WMS for children and young people and the IAS still exist.

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	-	-	-	-	-	19	-	38
	Actual		-	-	4	-		7	-	-				
2. No. of clients accessing Free Stop Smoking Medication through Sláintecare Healthy Communities *Cumulative	Target	1,215	-	-	-	135	270	405	540	675	810	945	1,080	1,215
	Actual		-	-	-	-	-	104	-	-				
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				
4. No. of Healthy Food Made Easy courses commenced	Target	248	-	-	82	-	-	165	-	-	165	-	-	248
	Actual		-	-	88	-	-	201	-	-		-	-	
5. No of parenting group courses commenced through Sláintecare Healthy Communities	Target	95	-	-	31	-	-	63			63	-	-	95
	Actual		-	-	18	-	-	42	-	-		-	-	
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	-	-		-	-	
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				

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. Majority of services will be operationalised by Q4. Recruitment delays impacting WMS and IAS with 1/22 & 1/14 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	Steady monthly improvement noted & exceeded August target - Service available in 24 counties Steering group established to oversee service delivery to meet in September Ongoing preparation for official launch of the service in Q3
3. Scope and design a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service (LOD 34)	Dec-22	On Track	Recruitment process in progress – posts offered, awaiting start dates Continued engagement with Sports Ireland to agree parallel supporting work stream in Local Sports Partnerships and progressing of priority actions through Physical Activity Chronic Conditions project

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. On-boarding of staff and completion of training will enhance delivery in Q4
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 and exploring potential for role to be shared with new Dual Diagnosis services
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	4. Engaging 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

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 with key issues detailed in 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	322				
2. Acute Bed additions vs. profile* (LOD 1) * The 2022 acute beds target includes 339 beds funded under NSP 21 (part of the 1,146 additional beds) and an additional 72 beds under Winter 21/22/NSP 22	Target	208					34	80	80	119	139	139	139	208
	Actual		16	16	16	25	42	47	74	94				
3. Community Bed (including rehabilitation beds) additions vs. profile ** (LOD 4) ** The current 2022 community beds target is made up of 258 beds funded under NSP 21.	Target	258	23	104	219	258	258	258	258	258	258	258	258	258
	Actual			5	22	22	22	22	22	22				
4. NSP Spend (€ Funding)	Target	TBC												
	Actual		€0.230m	€0.563m	€0.897m	€1.11m	€1.35m	€2,21m	€2.59m	€3.96m				
5. WTE's Recruited	Target	TBC												
	Actual		16.0	39.2	62.4	77.2	94.2	116.6	143.6	239.0				

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

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 (Locked)	Target date	Status	Explanation (including key achievements in delivering ambition)
The National Cancer Strategy: (LOD 27) a) Establish Peptide Receptor Targeted Radionuclide Therapy (PRRT) service @ SVUH reducing the need for patients requiring PRRT to travel abroad.	Dec-22	On Track	a) Complete commissioning of SPECT CT equipment & reconfiguration of space. HIQA & EPA applications submitted & expected Q3. Recruitment of allocated consultant completed, nursing recruitment expected to be fulfilled Q3. Service initiation planned Q4 2022. Expand service through 2023 to full operation.
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 in the 7 installed hospital sites in additional to delivery of system upgrades & enhancements. CHI at Crumlin & LUH are planned to go live in November 2022. Installation of the NCIS project is progressing in parallel in the remaining 17 hospitals.
c) Expand & consolidate the National Chimeric Antigen Receptor T-cell (CAR-T) Therapy, avoiding the need for both adult & child patients to travel abroad for treatment.	Dec-22	On Track	c) The National Chimeric Antigen Receptor T-cell (CAR-T) Therapy services for adults at St James's Hospital & for children at CHI at Crumlin have both been initiated. Progressively expand the initiated services to full operation.
The National Maternity Strategy (LOD 39) a) Publication & implementation of the HSE Standards for Infant Feeding Practices	Oct-22	On Track	a) HSE Standards for Infant Feeding launched & published (5 May 2022). Pilot compliance assessment tool to monitor standards completed & feedback incorporated. Launch of self-assessment process for the 19 Maternity services planned for Oct 2022.
b) Design, development & deployment of three pilot postnatal hub services	Oct-22	Delayed	b) Framework for postnatal hub completed. 6 maternity units bid for initial sites. Women's Health taskforce approved funding (letters issued) for Kerry & Kilkenny - first two postnatal hub sites. Sligo & Cork finalising business cases to develop hubs (2022 developmental funding). Delays incurred waiting on official approval receipt of funding.
c) Structured pilot of innovative senior fetal monitoring midwifery roles in 6 sites	Nov-22	On Track	c) Recruitment of Senior foetal monitoring midwifes continues (NWIHP developing review & evaluation framework for pilot). Kilkenny & Rotunda have filled posts. Galway re-advertising, recruitment for remaining 3 sites pending.
d) Targeted investment in regional maternity sites to reach minimum consultant obstetrician & gynaecologist staffing levels of 6 WTE.	Dec-22	On Track	d) As part of strategic objective of reaching min of 6 consultants per unit. NWIHP have provided the approval & funding for 10 Consultant Obs & Gynae posts in 2022 to get the approved (Kerry, Kilkenny, Letterkenny, Cavan, Portlaoise, Sligo, Mayo & Clonmel)
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	On Track	e) Targeted provision of specialist diabetes care in 2022 approved 1 x AMP Diabetes (CUMH), 7 x CMS Diabetes (Letterkenny, Portiuncula, Sligo, Mayo, Wexford, Limerick, Kilkenny). CMS post in Kilkenny filled.
The Trauma Strategy (LOD 29) a) Ensure MMUH complete planning & 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	On Track	a) Major trauma services expected to commence at MMUH by end Q3 2022. HSE has MTC Implementation Oversight Group in place, chaired by National Director for Clinical Programme Implementation & Professional Development. Group provides progress updates to the National Trauma Programme Steering Group, co-chaired by the CCO & CSO.
b) Ensure CUH complete planning & 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) Plan completed (end of June 2022) for commencement of major trauma services at CUH supported by National Office for Trauma Services. Progress update presented to Trauma Programme Steering Group (1 July 2022).
c) Develop the service specification for the Trauma Unit with Specialist Services at University Hospital Galway (UHG) & define its role within the Central Trauma Network.	Sep-22	On Track	c) A paper setting out proposed role for Trauma Unit with Specialist Services (TUSS) in the Central Trauma Network inc. additional staffing & infrastructure requirements has been prepared. The National Office for Trauma Services is engaging with Saolta Hospital Group re service specification & preparation of a gap analysis to meet TUSS Specification as a minimum & to agree the delivery of specialist services.
d) Commence the process of accreditation of Trauma Units outside Dublin in the Central & South Trauma Networks	Sep-22	On Track	d) Consultation with HGs, related HSE Divisions & Clinical Programmes on the draft Revised Trauma Unit Specification was approved by the Programme Steering Group (1 July 2022). HGs are completing a self-assessment process for eligible hospitals outside Dublin to be considered as Trauma Units. Responses expected by National Office for Trauma Services by 16 September 2022.
e) Ensure both MTCs implement a standard rehabilitation needs assessment tool & rehabilitation prescription for all trauma patients	Sep-22	On Track	e) The Standard Rehabilitation Needs Assessment (RNA) & Rehabilitation Prescription (RP) are being implemented at the two MTCs in advance of the commencement of services. The National Rehabilitation Hospital plan to implement the tools over 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, developed with input from NAS, has been approved by the Programme Steering Group. Developed into a Clinical Practice Guideline, it will be considered by Pre-Hospital Emergency Care Council in Sept for implementation by NAS & other Pre-Hospital services over the coming months.

Key issues impacting delivery of ambition	Mitigating actions to address key issues
The National Cancer Strategy (LOD 27)	The National Cancer Strategy (LOD 27)
The National Maternity Strategy (LOD 39) a) Recruitment of staff continues to be an issue for most maternity sites b) Securing premises within the community to enable the development of postnatal hubs has been cited by some maternity networks as problematic e.g. often not possible to book space within Public Health Centres for > 4week blocks/long-term guarantee of clinical space	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. b) NWIHP continue working with colleagues in the community (public health & CHOs) to secure arrangements for footprint
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) With an increase of severely injured patient activity expected at the MMUH & CUH following the commencement of major trauma services there could be an impact on patient flow if appropriate pathways to rehabilitation & other services are not available.	Trauma Strategy: (LOD 29) a) Relevant avenues are being explored to maximise recruitment of staff (e.g. recruitment of critical care staff for Trauma & other critical care needs). b) Major Trauma Services will be confined to direct attendances from within existing hospital catchment area from Q3, 2022 until additional bed capacity secured in Jan 2023. Infrastructural work & equipment procurement is monitored through existing governance structures. c) Interim model of care to be implemented with continued referral of most patients with Traumatic Brain Injury (TBI) to Beaumont Hospital for operative & non-operative mgmt, on the provision of joint appointments at the Mater & Beaumont hospitals to facilitate optimal referral & transfer pathways & to allow mgmt/monitoring of patients in the MTC. Interim model to remain in place until additional capacity is available at Beaumont Hospital to accommodate new Consultant Neurosurgeons with theatre access & support reduction of neurosurgical waiting lists. d) Mitigating factors inc. National Office for Trauma Services development of a National Transfer & Repatriation Policy. There are plans to consider egress options from the MMUH & CUH once major trauma services commence.

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

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. RAG results per KPI are based on YTD data available relative to NSP2022 targets and not recalibrated for data-gaps	
2. 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	
3. The performance results above need to be viewed in this context	

Key Messages – Acute Services

ACUTE SERVICES

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

The number of patients admitted with COVID or due to COVID decreased in May to a low of 167 admissions however the numbers increased throughout June and July reaching a high of 1,055 in mid-July.

UNSCHEDULED CARE

- The total number of Emergency presentations (including Local injury units) for July 2022 was 134,868 and was 15.8% higher than pre-COVID levels in July 2019 (127,348).

- YTD July 2022 Emergency Presentations (946,699), are higher than 2019, 2020 and 2021.

- The impact of increased ED attendances can be seen on patient experience times.

- 95.6% of all patients attending ED were seen within 24 hours in July 2022, this is lower than the 96.3% in July 2019. NSP target is 97% of all patients are seen within 24 hours

- 89.6% of patients aged 75+ years were seen within 24 hours in July 2022. This is lower than July 2019 which was at 91.6%. 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 Jul-22
Adult Inpatients	98% within 12 months	74.5%
Adult Day Case	98% within 12 months	84.1%
Children's Inpatient	98% within 12 months	69.0%
Children's Day Case	98% within 12 months	81.2%
Colonoscopy/OGD	65% within 13 weeks	52.6%
Colonoscopy/OGD	100% within 12 months	93.1%
Outpatient	98% within 18 months	79.7%

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

Inpatient Day Case

- The number of people waiting for an inpatient or day case appointment (IPDC) was 79,588. Decrease of 0.9% since end of June 2022.

- The number waiting over 6 months peaked in August 2020 at 45,193. It has reduced by 14,387 (31.8%) to 30,806 at the end of June 2022.

Colonoscopy/OGD

- The number of people on the Colonoscopy/OGD waiting list was 27,100. Decrease of 0.3% since end of June 2022.

- The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 9,791 (61.6%) to 6,101 at end of July 2022.

Key Messages – Acute Services

Outpatient

- The total number of people waiting for an Outpatient appointment was 627,856. Increase of 3,953 (.6%) since end of June 2022.
- The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 90,919 (22.1%) to 320,533 at the end of July 2022.

Endoscopy

Urgent Colonoscopy Breaches – New Patients

Endoscopy units were significantly impacted by COVID through use of the units to support COVID/non-COVID pathways, redeployment of staff to cover other duties and use of endoscopy beds spaces to cope with surges in emergency demand. There were 203 new urgent colonoscopy breaches in July 2022. 88 (down from 142 in June) of the breaches in July 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

While the extraordinary challenges faced by hospitals in recent months arising from COVID and the cyber-attack are acknowledged, given the importance of timely access for cancer patients, improvement plans have been received from the Groups in relation to Cork UH (Symptomatic Breast and Prostate Cancer), Mater MUH (Symptomatic Breast), St James's Hospital (Symptomatic Breast) and Galway University Hospital (Symptomatic Breast and Prostate Cancer). These plans are currently under review by Acute Operations and the NCCP and engagements are planned with the relevant Groups to agree implementation requirements.

The contributing factors to the non-compliance include:

- Significant and sustained growth in referrals.
- Challenges in accessing public and private diagnostic capacity because of competing demands from other services.
- Consultant manpower challenges at a number of sites.
- Manpower Plan to attract and retain radiologists has been identified as a key factor.

Symptomatic Breast Services

Four of the nine hospitals met the target in July 2022 with two hospitals marginally below target. Three of the hospitals were below the target of 95%. Acute Operations and NCCP are engaging with the three sites.

Rapid Access Clinics for Lung Cancer

Lung Cancer services are performing reasonably well at the eight hospitals. In July 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 five of the eight hospitals were compliant with the NSP target. Acute Operations and NCCP are engaging with the remaining three sites.

Key Messages – Community Services

Community Services are experiencing a respite from the effects of Covid 19 in the July 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.

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 the Ukraine however the logistical and organisational challenges are significant with particular need for GP services.

Overall the performance of community services has been stabilising however remains challenged in a number of service areas.

July data had 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 July 2022 there were **45,867** CIT referrals year to date which is **21.6%** ahead of the expected year to date activity of 37,730.

- **Ophthalmology** – Number of patients seen **+16.5%** (45,696) above target 39,235.

- **Access to Palliative Inpatient Beds** – The national year to date position is **96%** 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** – **88.7%** of referred patients were offered an appointment within 12 weeks in general adult mental health YTD July 2022 against a target of ≥90%.

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

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

Key Messages – National Screening Services

CervicalCheck

- CervicalCheck is operating normally and completed a total of 18,511 screening tests in July. This activity was below the predicted target of 23,600 by 21.6%.

- The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-July 2022) was 148,700 which is below the published target of 179,000 by 30,300 (16.9%). Annually a predictive modelling exercise is completed to estimate the number of women due (target) 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.

- Programme targets were reviewed by the NSS Performance Evaluation Unit and following an additional evaluation of the predictive modelling exercise in May it became clear that 2022 targets had been overestimated. Cognisant of this evaluation, the programme will now use a revised set of targets for internal operational measurement.

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

  - 98.9% 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 is not currently processing cervical screening samples for CervicalCheck however both services are working closely together towards an early resumption date.

BreastCheck

- The total number of women in the eligible population who have had a complete mammogram in July 2022 was 10,604 which is above the target by 607 (6%).

- The number of women who had a complete mammogram year to date (Jan-Jul 2022) was 88,767 against a target of 83,000 which is above the target by 5,767 (6.9%).

- 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. The programme continues to manage the number of delayed invitations in line with programme capacity levels with some improvements to the number of delayed appointments.

- 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 July 2022 was 10,714 which is above the target of 10,500 by 215 (2%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Jul 2022) was 64,445 which is below the target of 84,500 by 20,055 (23.7%).

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

- Waiting times for a colonoscopy for those that have a FIT positive test was recorded and fell below the ≥90% target at 85.1% within 20 working days in July 2022. Seven of the fifteen contracted colonoscopy centres offering colonoscopies in July 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 July 2022 was 9,794 which is above the target of 9,500 by 294 clients (3.1%).

- The number of diabetics screened with a final grading result year to date (Jan-Jul 2022) was 62,387 which was below the target of 64,800 by 2,413 (3.7%).

- 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.

- Challenges associated with reducing delayed appointments in the Cork region are ongoing. Initial discussions will commence to evaluate the possibility of delivering the new community based model is this region.

KPIs per Quadrant

Quality and Safety Quadrant					
Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
System Wide	Serious Incidents – Reviews within 125 calendar days	M	70%	▼40%	30%
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	24%
Acute Hospital Care	C. Difficile	M	<2/10,000 bed days used	▼2.1	4.4%
Acute Hospital Care	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%	▲11.1%	0%
Acute Hospital Care	Surgical Readmissions	M (1 Mth in arrears)	<2%	▼1.7%	-15%
Acute Hospital Care	Urgent Colonoscopy	M	0	▼1,464	1,464
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%	▼82.6%	-13.1%
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	74	▼24	-67.6%
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%	3.6%

Access and Integration Quadrant					
Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
Acute Hospital Care	Adult Inpatient Waiting List	M	98%	▼74.5%	- 23.9%
Acute Hospital Care	Adult Daycase Waiting List	M	98%	▼84.1%	- 14.2%
Acute Hospital Care	Child Inpatient Waiting List	M	98%	▲69%	- 29.6%
Acute Hospital Care	Child Daycase Waiting List	M	98%	▲81.2%	- 17.1%
Acute Hospital Care	OPD Waiting List	M	98%	▲79.7%	- 18.7%
Acute Hospital Care	Routine Colonoscopy Waiting List	M	65%	▲52.6%	- 19.1%
Acute Hospital Care	ED within 6 hours	M	70%	▼57.9%	- 17.3%
Acute Hospital Care	75 yrs + ED within 6 hours	M	95%	►36.4%	- 61.7%
Acute Hospital Care	ED within 24 hours	M	97%	▼95.8%	- 1.3%
Acute Hospital Care	75 yrs + ED within 24 hours	M	99%	▲89.5%	- 9.6%
Cancer Services	RACs within timelines	M	95%	▼72.7%	- 23.5%
Cancer Services	Radiotherapy	M	90%	▲73%	- 18.8%
NSS	Cervical Screening Tests	M	179,000	▼148,700	- 16.9%
Primary Care Services	Physiotherapy access within 52 weeks	M	94%	▼78.2%	-16.8%
Primary Care Services	Occupational Therapy access within 52 weeks	M	95%	▼73.8%	-22.3%
Primary Care Services	SLT access within 52 weeks	M	100%	▲87.9%	-12.1%
Primary Care Services	Podiatry access within 52 weeks	M	77%	▼57.1%	-25.9%
Primary Care Services	Ophtalmology access within 52 weeks	M	64%	▼52.7%	-17.7%
Primary Care Services	Audiology access within 52 weeks	M	75%	▼75.8%	1.1%
Primary Care Services	Dietetics access within 52 weeks	M	80%	▲58.5%	-26.9%
Primary Care Services	Psychology access within 52 weeks	M	81%	▲62.6%	-22.8%
Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%	▲100.9%	0.9%
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%	▼41.1%	- 17.8%

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%	▲71.5%	-4.7%
Mental Health Services	CAMHS - urgent referrals within 3 working days	M	≥90%	▲90.9%	1%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments	M	≥95%	▲91%	- 4.2%
Disability Services	No. of new emergency places provided to people with a disability	M	7	▲54	671.4%
Disability Services	No. of in home respite supports for emergency cases	M	405	▲428	5.7%
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	13,113,755	▲12,432,029	- 5.2%
Older Persons' Services	People in receipt of Home Support	M	55,229	▲56,284	1.9%
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.
**** July 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%	▼ 12,522.9€ mil	6.2%
System Wide	Internal Audit – Recommendations implemented within 12 months **	Q	95%	▼84%	-11%
System Wide	Service Arrangements Signed***	M	100%	▲ 36.57%	63.43%

Workforce Quadrant

Service area	Indicator	Reporting frequency	Expected activity/ target	National YTD	% Variance YTD
System Wide	% absence rates by staff category****	M	<4%	▼7.8%	3.8%

Legend/ RAG Rule Set/ Escalation

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

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: 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		1.0	1.2	0.8	0.9	0.9	1.0	1.1	1.2				
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%				
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				

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. August is 1.2 Continuous focus on this by the AMRIC Team.
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	SIMT training and System Analysis is being delivered and satisfaction rate is >90% consistently. After Action Review (AAR) training development and facilitation is at Invitation to quote stage for external support with this. Programme evaluation is sought for all training that is delivered
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 for this month: CHO's - n= 46 (43%) Acute Hospitals - n = 27 (25%) Other - n = 35 (32%)
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	Delayed	Work dependant on the recruitment of permanent NCCA staff (interim project team in situ)
5. Develop HSE Quality & Patient Safety Surveillance System (QPSSS) with programme design, governance and estimate bid completed	Sep-22	On Track	Sláintecare has invited NQPSD to apply for a closed funding call for Sláintecare: Theme 5 Develop, Design, Test and Implement a Quality and Patient Safety Surveillance System

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Progress of NCCA Programme of work dependent on the recruitment of permanent NCCA staff	1. Continuing to progress recruitment of posts. Temporarily using other staff to assist with work. Use of agency staff is being actively progressed.
2. S. aureus BSI rate year to date has increased High levels of hospital activity and complex cases	2. AMRIC Acute Guidance reviewed, due for publication this week. AMRIC IV nursing resources approved Review of surveillance data on monthly basis with specialist IPC advice provided as required
3. Staff experience difficulty completing other courses due to amount of mandatory training required; staff take QI Programmes in own time outside of work (according to recent evaluation survey); usual downward trend over summer months due to AL	3. 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
4. Work continues to source an external company to deliver AAR Training	4. Consider engagement external agency to support existing staff to co-develop and co-deliver training

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: Reasonable assurance that the 2022 Ambition Statement will be substantially achieved. Recruitment dependencies exist in the current challenging environment. Implementation of finalised organisational design (Patient & Service User Experience) is a key requirement.

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	-	-	-	-
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%	-	-	-	-	-	-
3. Your Say - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer*	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
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	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%	-	-	
Monthly data returned quarterly to the National Complaints Governance & Learning Team, Performance Management and Improvement Unit (in the form of Heatmaps). Q2 data will be available after 23 Nov	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	A framework has been developed on Patient Engagement. Initial work will begin on implementation and resource requirement will be completed by the incoming AND. Completion Date dependent on AND recruitment
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	Recruitment for this post has been delayed because of organisational capacity. It is now progressed to recruitment with advertisement expected this month. Expected to have post filled by Jan 23
3. Develop a Patient/Service User Partnership Plan at all 20 sites receiving funding for Patient/Service User Partnership Leads with an agreed set of outputs/deliverables	Oct-22	Delayed	Recruitment delay in filling all these posts. Initial engagement will commence with current appointees and will be progressed further when all posts are filled and the AND post is 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: Rating remains at 3 based on current and projected performance whereby substantial actions are in place to reach year end target. August figures are out of trend with expected recovery.

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	5500	349	1068	1615	2378	2853	3305	3354	3475	3721	4331	5091	5500
	Actual	2510	645	1164	1778	2249	2387	2510	2971	2671				
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				
3. Nursing & Midwifery vs. plan	Target	1500	301	675	908	1086	1150	1188	1162	1061	900	1082	1371	1500
	Actual	969	215	628	760	890	992	969	1180	1095				
4. H&S CP vs. Plan	Target	1500	130	194	335	510	643	725	705	722	894	1168	1373	1500
	Actual	59	103	77	139	157	131	58	70	72				
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				
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				
7. Patient & Client Care vs. plan	Target	1200	-58	121	106	334	494	657	761	769	863	931	1125	1200
	Actual	558	128	71	240	385	411	558	387	175				

KPI	T/A	2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8. Time to recruit (Wks) (from receipt of Job Order to start date identified)	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				

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	
2. Introduction of a streamlined Primary Notification process		Complete	
3. Implementation of Job Order Gateway	Dec-22	On Track	
4. Introduction of Recruitment Hub Drive	Dec-22	Delayed	Further scoping required and ongoing. Adjusted target completion date = Feb 2023. Delay will not impact on the delivery of the ambition statement or the overall rating for this reporting period.
5. Introduction of new Medical Consultant Microsite on PAS	Jul-22	Delayed	Microsite for Medical Consultant recruitment will go live by year end - Adjusted target completion date = Dec-22. Delayed due to issues with gathering content. Delay will not impact on the delivery of the ambition statement or the overall rating for this reporting period.
6. Introduction of Recruitment Operating Model	Dec-22	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 +1600.
2. COVID-19 measures impact on travel - reopening of international borders impacting on staff turnover	2. Significant recruitment campaign to offer all 2022 graduate H&SCPs contracts of employment with the HSE alongside international recruitment
3. COVID-19 environment impact on staff absence	3. Extension of collaboration with PAS alongside exetending our international reach.
4. Impact of continued COVID-19 surge/new variants and increased vaccination roll out.	4. Development of CN/MS and ANP/AMP pathways to retain and expand pool of candidates as part of a targeted action group in collaboration with the ONMSD.
5. Impact of Haddington Road Agreement reversal	

Legacy Format – To be updated

EMT Lead: Chief Financial Officer

3

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

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

KPI		2022 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operational Services Revenue *(ex. Pensions, Demand Led and COVID)* Budget performance by year end. vs. Profile *(data available end month)*	Target	**Within +/- 0.5%**	+/- 3.0%	+/- 3.0%	+/- 3.0%	+/- 2.5%	+/- 2.25%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 2.0%	+/- 1.5%	+/- 1.0%	+/- 0.5%
	Actual		1.1%	0.42%	1.07%	1.46%	1.55%	1.16%	0.62%					
COVID19* Sanction compliance HSE will formally seek sanction via CEO to Sec Gen request in advance of any excess of costs over existing sanction.	Target	**<2.5%**	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
	Actual		0%	0%	0%	6%	-3%^	(19%)^	(23%)^					
Procurement Spend Under Management (SUM) achievement of SUM in line with targets set, €2.5Bil SUM by end of 2022 (i.e. 68%)	Target	**68%**	42%	42%	48.5 %	48.5%	48.5%	55%	55%	55%	61.5%	61.5%	61.5%	68%
	Actual		38%	42%	48.8%	47.6%	46.5%	53.2%	49%	47%				

Key Issues		Output/Deliverable	Update	Target Completion Date
• Dealing with on-going impacts of COVID which has consumed a significant amount of staff time and bandwidth and delayed other work including IFMS, ABF, Controls Improvement and reporting. • Ongoing efforts to ensure we have captured all COVID related costs as accurately and comprehensively as possible.This needs to be further improved given the scale of these costs and the requirement to retain significant elements of the underlying measures in 2022 and beyond e.g. Extended Working Day, improved Dialysis arrangements & enhanced infection prevention and control measures.	1	IFMS Build and Test phase complete and ready for deployment	Following completion of design stage, HSE exercised its right to terminate the System Integrator (SI) contract. (1) A public procurement process is underway to select a Systems Integrator (SI) to build, test and deploy the IFMS system, based on the approved design, to all entities in scope for IFMS. The proposed deployment approach set out in the tender specification seeks to maintain, to the greatest extent possible, the timelines for implementation of IFMS in the current project plan, which is a key priority for the HSE. As part of the public procurement process, prospective SIs have been invited to review and identify alternatives, or refine the HSE's proposed deployment approach, as appropriate. (2) A comprehensive review of the completed design will be undertaken by the SI on engagement. (3) The deployment plan will be finalised by the SI and confirmed during the build stage of the project and as part of detailed deployment planning to be approved by project governance. (4) Other IFMS-related pre-deployment activity is progressing including detailed enterprise structure design, end to end payroll integration, organisation design, change management and procurement activity.	(1) Complete (2) Oct 2022 (3) Complete (4) Mar 2023
	2	Progress the implementation of Activity Based Funding (ABF) 2021-2023, revised implementation plan including Community Costing Programme	The ABF Implementation Plan 2021 to 2023 comprises 35 actions under four objectives: (1) Further enhance hospital costing and pricing, (2) Support and enable the existing ABF programme, (3) Develop a roadmap for structured purchasing, (4) Scope and implement foundational costing and activity measures for a community costing programme. Work commenced on a number of actions in 2021 and will continue throughout 2022 notwithstanding some actions may be impacted by Covid19. One of the actions in the plan is to host an annual ABF Conference. This conference took place in person at the end of June for the first time since 2019. Actions in total are now at 60% against a target of 66% but it expected that these will be on target by year end.	20% of actions Mar 2022 66% of actions Jun 2022 74% of actions Sep 2022 90% of actions Dec 2022
	3	Develop enhanced Reporting	Further build on the development in 2021 of monthly working capital reporting and information in relation to month end cash balances including ageing of balances whilst also continuing to develop mechanisms to align the cash/vote position with the accrual based accounting. (1) We are currently able to age over 90% of our accruals on a monthly basis following the development work in 2021 and the target is to close the gap to 100% on a monthly basis in 2022.(2) A joint working group was established including the DOH, DECDIY and the HSE to deal with all issues around vote and working capital reporting. This group has finished its deliberations with an agreed MOU and a proposed transfer date of August 1st 2022 . (3) In addition, a Working Group whish was established with DOH in March 2022 to deal with all issues re Reporting in 2022. (4) An interim plan to address the reporting issues should be developed by the Working Group by end September 2022.	(1) Sept 2022** (2) June 2022 (3) Complete (March 2022) (4) May 2022
	4	Controls Improvement Plan Implementation (3 Year programme)	All 6 work-streams of the 3 year controls improvement programme commenced in 2021 with agreed timelines and plans which are adaptable as risks emerge (such as Cyber- attack). Key deliverables in 2022 are focused on: 1. WS1 NFR re-write – NFR Launch Relaunch on New Communications platform expected Jan 2023 (new year new regulations)/WS2 Communication and Awareness – You-tube launched in May 2022 Enhanced Metrics Dashboard launch Sept2022/3rd awareness survey issued June 2022/ Ongoing webinars and broadcasts all 2022 2. WS3 Data Repository & Reporting – Interim Control Reports commencing end Jul 2022/Vendor on-boarding for enhanced data analysis and reporting tool end Nov/Dec '22 3. WS4 Financial and Risk Assessment – Finalise design of pilot checklists Jul 2022/ Review of pilot process in line with IFMS rollout 4. WS5 Performance Management and Achievement – Draft management reporting agreed in Sept 2022. Draft reports have been shared with the Chief Operations Officer and his senior management team	(1) Jan 2023 (2) Jul 2022 & Nov/Dec 2022 (3) Sept/Oct 2022 (4) Sept 2022

Dependencies

• Stakeholder Engagement

*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.

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: 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; Scheduled Care dashboard delivered

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				
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				
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				

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 are now live in first iPM site, with remaining four sites on track for completion in Q4 IHI and Eircode 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 arisen, resulting in some service disruption Official escalation process in place between HSE & NIMIS Vendor to address performance issues 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 Process started to stand up a Peer Review Group with an expected start date of Oct 2022
5. Procurement commenced for each approved Scheduled Care enabler business case.	Dec-22	On Track	Scheduled Care eEnabler business cases have not been submitted for approval to DGOU Scheduled Care Dashboard is live and has been rolled out to Hospital Group leadership and Acute Operations

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; official escalation process in place between HSE & NIMIS Vendor
2. Issue 2: Limited availability of business resources on the front line to work on IT programmes	
3. Issue 3: Challenging recruitment market place for skilled ICT staff	
4. Dependency 1: Rapid recruitment of the 200 required ICT professionals in 2022 to deliver eHealth Plan	
5. Dependency 2: Assignment of (non eHealth) business resources to work on transformation/eHealth projects	

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: Global environment relating to price inflation, supply and availability of skilled human resources continue to present challenges for delivery of Capital Plan (CP). Some slippage across CP, but confidence that this will be corrected in Q4. Ambition statement remains on track.

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				
2. New Primary Care Centres completed in 2022 vs profile	Target	16	-	-	7	-	-	12	-	-	14	-	-	16
	Actual		-	-	6	-	-	11	-	-				
3. New and replacement Acute Bed Capacity vs profile *Delay to completion of Mater Hospital beds, originally expected to be completed by Q2, revised completion date Q4 2022	Target	186	-	-	5	-	-	61	-	-	156	-	-	186
	Actual		-	-	-	-	-	21*	-	-				
4. New and replacement Community Bed Capacity vs profile	Target	277	-	-		-	-	126	-	-	146	-	-	277
	Actual		-	-		-	-	109	-	-			-	-

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	On Track	Development of strategy concluded and approved by the EMT in April 2022. Subsequently approved by ARC in May 2022. Engagement continuing with key partner (DoH) at request of ARC relative to scope of funding associated with delivery of Strategy objectives
2. Commence tender process for construction of National Maternity Hospital on receipt of Government Approval of Final Business Case	Dec-22	On Track	Business case currently in progress, and will be followed by tender process once business case approved. External assurance review process underway in compliance with PSC requirements
3. Commence construction at all seven Community Nursing Unit (CNU) sites under a Public Private Partnership (PPP) arrangement	Sep-22	Delayed	Transaction approved at special Board meeting on 02/09/22. Financial close anticipated in October. Five sites will commence construction in November 2022. Remaining two sites expected to commence in January 2023
4. Deliver the Equipment Replacement Programme in accordance with HSE Equipment Replacement Programme Report (2016)	Dec-22	On Track	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 the volatile 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

Overview: There are currently *19* risks on the CRR. The current risk ratings of the risks, per the August 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	August 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 August 2022**	The Q3 2022 CRR Review has commenced [due September]. In addition to the quarterly CRR review process, the CRO may also report on a monthly basis by exception on any significant changes between the quarterly reviews on corporate risks that are more dynamic in nature. The August Monthly Exception Report was reviewed by the CRO on the 12th August with no significant changes noted requiring EMT approval.
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 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**. A revision of the HSE's Risk Management Policy commenced in June 2022. The revised policy which is expected to be completed before the end of 2022 will be based on the ISO31000 2018 Risk Management Guidelines and ISO31010 2019 Risk Assessment Techniques and will also reflect the findings and recommendations from the HSE's Risk Reviews 2019 and 2021. The process of consultation continues during Q3. **Training and Development** A key priority for the ERM Programme is the development of a comprehensive risk management training and development programme. During 2022 there have been ongoing engagements and workshops and activities delivered by the Risk Management Leads RMLs within their own EMT members' teams. Furthermore, a new HSE Excel Risk Register online training module was launched to support the completion of the risk register by staff throughout the HSE.
4	**Enterprise Risk Management Team**	**Central ERM Team:** Recruitment of a national Training and Development lead is currently underway which will be a key resource in the development of the programme, in line with the launch of the updated policy in Q1 2023. **Building the risk support capacity at EMT level:** All of the Risk Management Lead roles embedded with the EMT members' teams have now taken up post. These risk team members will have a dual working relationship as they will contribute to the development of the overall risk framework while also supporting the corporate and operational risk process within their own teams. Support roles to the Risk Management Lead are at various stages of the recruitment process.
5	**Internal Audit**	Internal audit are in the final stage of auditing *Risk Management - Verification of controls* as part of the 2022 audit plan. These audits seek to provide management with assurance that controls listed on the Corporate Risk Register, are control activities as defined in ISO 31000, operate as designed, clearly mitigate the risk and are assessed for effectiveness.

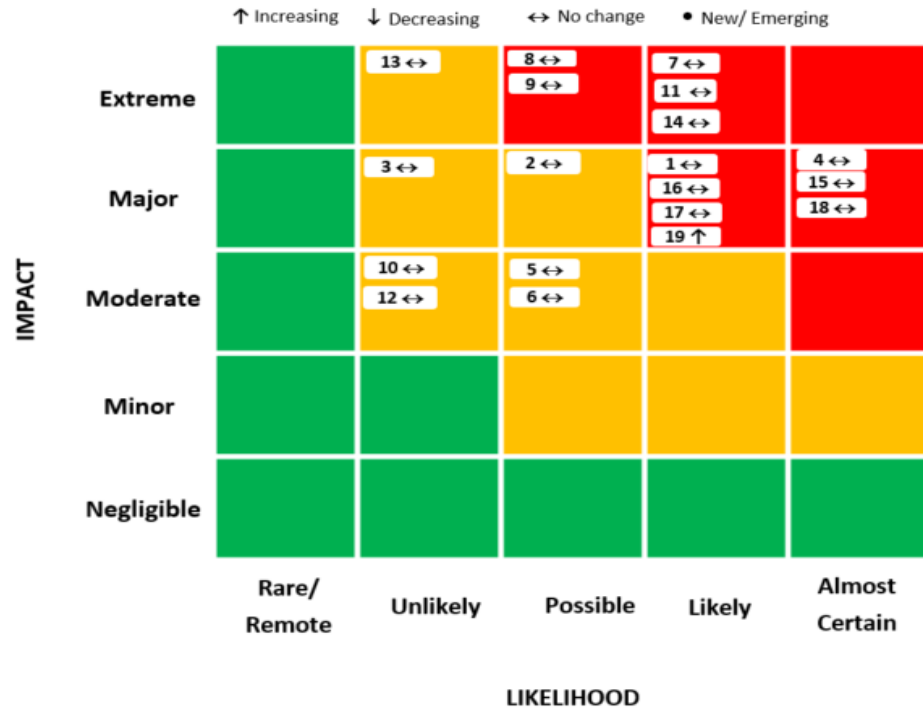# Risk ratings [Inherent and Residual] as at August 2022

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/ equipment.	CSO	Cautious	Property and Equipment	Possible	Major	12	Possible	Moderate	9	<12
CRR 006	Delivery of Major capital projects	CSO	Cautious	Property and Equipment	Likely	Moderate	12	Possible	Moderate	9	<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	Likely	Extreme	20	Possible	Extreme	15	<12
CRR 010	Climate action failure and sustainability.	CSO	Eager	Strategy	Possible	Moderate	9	Unlikely	Moderate	6	</=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	Moderate	12	Unlikely	Moderate	6	</=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

18. Risk Management

Heat Map
Residual rating changes from Q2 to August 2022

Risk ID	Risk Title	Risk Rating		Movement	Risk Appetite
		Residual rating [with controls]			Target
		Q2	August		
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	9	↔	<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	6	↔	</=25
CRR 011	Digital environment and cyber failure.	20	20	↔	</=6
CRR 012	Delivering Sláintecare.	6	6	↔	</=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

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.

Change

4 →

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 with ongoing and completed consultations feeding into our research to develop the plan and progress actions with key stakeholders
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	Work continues on our range of public information programmes and campaigns, this month planning is well advanced for new campaigns on COVID and Flu vaccine, and for Winter 2022/23 overall
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	Work is underway with national, CHO and HG comms team to plan for new duties to provide 20% of our advertising messages in Ireland commencing 10 Oct 2022

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	

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				
2. New Drugs/New Indications of existing drugs recommended to EMT	Target	N/A												
	Actual		7	7	9	11	11	11	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												
*Where no MAP is required lead time to patient is currently 45 days	Actual		7	7	7	9	9	9	10	10				
4. New Drugs/New Indications of existing drugs approved by EMT where there is a requirement for a MAP	Target	N/A												
**Reported quarterly in arrears	Actual					2	2	2	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				

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	
2. Complete implementation of clause 5 (downwards Annual Benchmarking exercise across nominated countries for those medicines still patent protected) of the IPHA Agreement		Complete	
3. Complete implementation of the MFI Agreement		Complete	

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

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.(LOD 75)

Rating and Overview: RHA Implementation Team established with nominees from DoH and HSE. Workstream leads also appointed from the HSE and the Department of Health. Planning underway to ensure the achievement of the 2022 ambition statement.

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. 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	Approval received from DoH for core HSE RHA programme team reporting through the National Director of Change and Innovation and the CSO. Posts have moved to interview stage. Dedicated ND to support RHA Implementation commenced in post. Additional posts submitted as part of 2023 estimates process
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	On Track	Workstreams established, membership and TOR finalised. 5 RHA Regional Engagement Events scheduled September 2022. Work on key functions and activities at DoH, HSE Centre and RHA level completed for consideration by RHA Implementation Team
4. Develop draft Implementation Plan for RHAs	Oct-22	On Track	Draft Implementation Plan scoped out informed by ongoing engagement and outputs from each workstream. Early scoping of communication and engagement plan commenced. Implementation Plan will be progressed following completion of the Design Phase

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 Slainteare 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. 6 Regional Events planned and underway.
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

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: Strategy on track. Slippage in retrofit energy works due to facility access. Shallow retrofit programme behind target due to over-saturation of market and challenges realising VFM with tenders. Deep retrofit spend remains in arrears due to complexity procuring multi-stakeholder design teams.

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				
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	-	-			-	-

Outputs / Deliverables impacting delivery of ambition	Target Completion Date	Status	Explanation (including key achievements in delivering ambition)
1. Develop a HSE Climate Action and Sustainability Strategy, consistent with the achievement in full of the Government targets for 2030 and 2050, drawing on best practice both nationally and internationally, and linked to the Capital and Estates Strategy.	Aug-22	Delayed	Strategy drafted. Stratgy and implementation plan will be presented to October meetings of ARC and HSE Board
2. Develop implementation plan and associated delivery structures.	Sep-22	Delayed	Implementation Plan now aligned with C & E Strategy and awaiting approval of EMT, ARC and HSE Board at October meeting
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 prepared. Phase 2 pilot complete. 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. Specific and focused engagement on energy management and winter planning to target participation
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 campaigns with agencies

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)