

Board Strategic Scorecard July 2023 (May KPI data)

SLT 18 July 2023 HSE Board 28 July 2023

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Document Purpose

The Board Strategic Scorecard aims to provide the Board with a monthly report on progress against key Programmes/Priorities for 2023. In doing so the Board Strategic Scorecard aims to:

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

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

Improvement plans are appended to the Board Strategic Scorecard for those Programmes/Priorities which were assigned a 1 or 2 rating in the previous month.

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



2023 In-Year Monthly Rating Scale (March– December scorecard submissions)

| Zone | Rating | Guiding Criteria |
|-------|--------|---|
| Green | 5 | Strong assurance that the 2023 Ambition Statement will be fully achieved, on the basis that: All KPIs are currently on track against target profile and are expected to achieve the end-of-year target position; and All Deliverables are currently on track and are expected to be completed by target date; and There are no material issues or risks that are expected to impact on the achievement of the Ambition Statement. |
| | 4 | Strong assurance that the 2023 Ambition Statement will be substantially achieved, on the basis that: At least 80% of KPIs are currently within 10% of target profile and this position is expected to be maintained to year-end; and At least 80% of Deliverables are currently on track and this position is expected to be maintained to year-end; and To the extent that there are material issues or risks to the achievement of the Ambition Statement, effective mitigations are in place. |
| Amber | 3 | Some concerns that the 2023 Ambition Statement will not be substantially achieved, on the basis that: • Between 50% and 80% of KPIs are currently within 10% of target profile; and • Between 50% and 80% of Deliverables are currently on track. • To the extent that there are material issues or risks to the achievement of the Ambition Statement, some mitigations are in place. |
| | 2 | Concerns that the 2023 Ambition Statement will only be partially achieved, on the basis that: • At least 50% of KPIs are currently within 20% of target profile; and • At least 50% of Deliverables are currently on track to be completed within two months of the target date. • There are material issues or risks to the achievement of the Ambition Statement, with limited mitigations in place. |
| Red | 1 | Significant concerns that the 2023 Ambition Statement will not be achieved, given consideration of: Less than 50% of KPIs are currently within 20% of target profile; and Less than 50% of Deliverables are currently on track to be completed within two months of the target date. There are material issues or risks to the achievement of the Ambition Statement, with no effective mitigations in place. |



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. Public Health (COVID -19 Test & Trace and Programme for Vaccination / Immunisation) | ⇒ | 3 | 3 | 3 | 3 | 3 | | | | | | | |
| 2. Unscheduled Care (Emergency Department Performance) | 1 | 1 | 1 | 1 | 1 | 2 | | | | | | | |
| 3. Reform of Primary Care, Community & ECC | ⇒ | 3 | 3 | 3 | 3 | 3 | | | | | | | |
| 4. Reform of Home Support & Residential Care for Older Persons | ⇒ | 3 | 3 | 3 | 3 | 3 | | | | | | | |
| 5. Reform of Scheduled Care | ⇒ | 4 | 3 | 3 | 3 | 3 | | | | | | | |
| 6. Reform of Mental Health | ⇒ | 4 | 4 | 4 | 4 | 4 | | | | | | | |
| 7. Reform of Disability Services | ⇒ | 3 | 2 | 2 | 2 | 2 | | | | | | | |
| 8. Prevention & Early Intervention | ⇒ | 4 | 3 | 3 | 3 | 3 | | | | | | | |
| 9. Enhancing Bed Capacity | ⇒ | 3 | 2 | 2 | 2 | 2 | | | | | | | |
| 10. Quality & Patient Safety | → | 3 | 3 | 3 | 3 | 3 | | | | | | | |
| 11. Patient & Service User Partnership | → | 4 | 3 | 3 | 2 | 2 | | | | | | | |
| 12. Recruitment & Retention | → | 3 | 3 | 3 | 4 | 4 | | | | | | | |
| 13. Finance & Procurement | → | 3 | 3 | 3 | 3 | 3 | | | | | | | |
| 14. eHealth | • | 4 | 5 | 5 | 5 | 4 | | | | | | | |
| 15. Capital Infrastructure | → | 3 | 2 | 2 | 2 | 2 | | | | | | | |
| 16. Communications | • | 3 | 3 | 3 | 3 | 4 | | | | | | | |
| 17. Planning & Implementation of Health Regions | • | 4 | 3 | 3 | 3 | 2 | | | | | | | |
| 18. Climate Action | → | 4 | 3 | 3 | 3 | 3 | | | | | | | |
| 19. Women's Health | → | 3 | 3 | 3 | 2 | 2 | | | | | | | |
| Operational Services Report – Annex | | | | | | | | | | | | | |
| Risk Management - Annex | | | | | | | | | | | | | |

Data is most current at the time of reporting Ratings above are aligned to the relevant KPI data period



Key Insights

Current Overall Average Rating

Each of the 19 scorecards returned a rating of which the overall average is 2.84 down 0.01 since June 2023. 15 scorecards maintained their June ratings, two downgraded their ratings (#14 eHealth from a 5 to a 4, and #17 Planning and Implementation of Health Regions from a 3 to a 2), and two increased their ratings (#2 Unscheduled Care – Emergency Department Performance from a 1 to a 2, and #16

Communications from a 3 to a 4.

Four scorecards returned a rating of 4

Eight scorecards returned a rating of 3

Seven scorecards returned a rating of 2.

KPIs & Deliverables

98% of the KPIs for update in this period were reported on.

At the end of May 2023 approximately:

37 % KPIs were on or ahead of target (40% in April)

22 % were within 10% of target (15% in April)

10% were 10-20% behind target (10% in April)

29% were behind target by more than 20% (35% in April)

2 KPIs were reported on without profile.

All deliverables (n = 100) were reported on with 73% on track, 16% delayed, 10% complete and 1 not started.

Improvement Plans

Improvement plans for the three scorecards with ratings of 2 in May 2023 (#7 Reform of Disability Services, #9 Enhancing Bed Capacity, # 15 Capital Infrastructure) and for the two scorecards with ratings of 2 in June (#Patient and Service User Partnership and #19 Women's Health) are appended to the BSS July report. Integrated Operations, in partnership with colleagues from the CCO and National Strategy and Research continue the development of a three-year Unscheduled Care Improvement Programme.

Key Strategic Insights

Noted progress in this period includes an increase in the uptake of Covid -19 vaccine following the Spring Booster campaign (#1. Public Health COVID 19 - Test and Trace and Programme for -Vaccination & Immunisation). The ECC Capital and accommodation programme highlight approval of a further four projects bringing the total to 64 projects (#3. Reform Primary Care, Community and ECC). The #6 Reform of Mental Health scorecard continue to exceed CAMHS targets for Community Teams response within three working days and the numbers of children admitted to CAMHS acute mental health units. Minister Donnelly launched the pregnancy pathway for women with diabetes who become pregnant (ORS).

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

EMT Leads: ND (COVID-19) and CCO

Ambition Statement 2023: to maintain COVID-19 Test and Trace capacity in line with Public Health guidance and remain flexible to changing levels of demand in line with strategic direction of public health in terms of its operating model. Ensure effective delivery and monitoring of the COVID-19 vaccination programme and influenza vaccination programmes as informed by guidance/policy. Implement key priorities of Public Health Strategy.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved. Successful Spring Booster Campaign.

| | Change |
|---|----------|
| 3 | → |

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|--------|----------------|--------|--------|-----|-----|-----|-----|-----|-----|-----|
| Percentage of referrals for a COVID-19 test receiving appointment within 24 hours of request* | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| *Reported for Q1 only | Actual | | 97.0% | 97.0% | 100.0% | | | | | | | | | |
| 2. Percentage of test results communicated in 48 hours following swab* | Target | 75.0% | 75.0% | 75.0% | 75.0% | | | | | | | | | |
| *Reported for Q1 only | Actual | | 91.0% | 92.0% | 92.0% | | | | | | | | | |
| 3. Percentage of close contacts successfully contacted within 24 operational hours of contacts being collected* | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| *Reported for Q1 only | Actual | | 97.0% | 95.0% | 100.0% | | | | | | | | | |
| 4. Percentage of referrals meeting three-day target from test referral to completion of contact tracing* | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| *Reported for Q1 only | Actual | | 95.0% | 96.0% | 96.0% | | | | | | | | | |
| 5. COVID-19 vaccine uptake for priority Health Care Workers (No. of workers 282.1k) | Target | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | | | | | | | |
| | Actual | | 26.0% | 27.0% | 27.0% | 27.0% | 27.0% | | | | | | | |
| 6. COVID-19 vaccine uptake for people 65 years and over including those in Long Term Residential Care Facilities | Target | 75.0%* | 75.0%* | 75.0%* | 75.0%* | 75.0%* | 75.0%* | | | | | | | |
| (727k) | Actual | | 47.0% | 48.0% | 51.0% | 52.0% | 62.0% | | | | | | | |
| 7. COVID-19 vaccine uptake for immunocompromised >12 years (146k) | Target | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | | | | | | | |
| | Actual | | 14.0% | 15.0% | 17.0% | 15.0% | 23.0% | | | | | | | |
| 8. Influenza vaccine uptake in HSE Health Care Workers (No. of workers 105.6k) | Target | 75.0%* | 75.0%* | 75.0%* | 75.0 %* | 75.0%* | 75.0%* | | | | | | | |
| | Actual | | | 40.1% | 40.3% | 41.2% | 41.0% | | | | | | | |
| 9. Influenza vaccine uptake for people 65 years and over (743k) | Target | 75.0%* | 75.0%* | 75.0%* | 75.0 %* | 75.0%* | 75.0%* | | | | | | | |
| | Actual | | 76.0% | 75.8% | 75.8% | 75.9% | 75.0% | | | | | | | |
| 10. Influenza vaccine uptake for children within approved age category (No. of children 1.1m) | Target | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | 50.0%* | • | • | | | | | • |
| | Actual | | 15.0% | 15.4% | 15.4% | 15.4% | 15.0% | | | | | | | |
| 11. Number of Public Health Consultants contracted (target 84 WTE, of which 34 contracted in 2022) | Target | 50 | 0 | 0 | 0 | 0 | 0 | 30 | 30 | 30 | 30 | 30 | 30 | 50 |
| | Actual | | 0 | 0 | 0 | 1 | 1 | | | | | | | |

*Targets are based on achievement within 20 weeks of NIAC recommendations - timing yet to be determined by NIAC

| - | | | · |
|---|------------------------------|----------|--|
| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
| Complete implementation of the Test and Trace Transition Strategy and supporting plan | Sep-23 | On Track | Implementation of the Test and Trace Transition Strategy continuing and is in line with plan and agreed timeframes |
| Develop an integrated plan for the future sustainable operating model for COVID-19 vaccination in conjunction with the Influenza vaccination programme as appropriate | Sep-23 | On Track | Integrated planning in place in line with NIAC guidance |
| Develop operational plans for 2023 to support other (new/existing) vaccination programmes with CVC resources where required | Sep-23 | On Track | Plan in place; realignment of model in line with CMO recommendations |

Key issues impacting delivery of ambition

2. Unscheduled Care (Emergency Department Performance)

EMT Lead: Chief Operations Officer

Ambition Statement 2023: to reduce during the year the length of time patients spend in Emergency Departments therefore providing safer, more effective and efficient delivery of care.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved (50%KPIs are within 20%target). The unscheduled care system remains under considerable pressure with increased attendances and admissions particularly for the older patient cohort. Acute & Community services are working intensively to mitigate any risks resulting from the overcrowding in emergency departments & are working with PMIU & National Planning on the 3 year USC plan in addition to implementing learning from the After Action Review. There has been slight increases in PET performance over the last month.

2



Change

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|--------|--------|--------|--------|-----|-----|-----|-----|-----|-----|--------|
| 1. Average daily number of patients on trolleys at 0800hrs | Target | <236 | <236 | <236 | <236 | <236 | <236 | | | | | | | <236 |
| | Actual | | 352 | 326 | 378 | 325 | 348 | | | | | | | |
| 2. Percentage of all attendees at ED who are in ED <24 hours | | 97.0% | 97.0% | 97.0% | 97.0% | 97.0% | 97.0% | | | | | | | 97.0% |
| | Actual | | 94.7% | 95.0% | 94.6% | 95.2% | 95.5% | | | | | | | |
| 3. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of | Target | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | | | | | | | 99.0% |
| registration | Actual | | 50.9% | 52.0% | 50.0% | 51.7% | 53.1% | | | | | | | |
| 4. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of | Target | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | | | | | | | 99.0% |
| registration | Actual | | 87.1% | 89.0% | 87.4% | 89.5% | 89.7% | | | | | | | |
| 5. Number of beds subject to delayed transfers of care (reflects average monthly figure) | Target | <350 | <350 | <350 | <350 | <350 | <350 | | | | | | | <350 |
| | Actual | | 556 | 570 | 599 | 554 | 485 | | | | | | | |
| Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge* | Target | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | · | | | | | | <11.1% |
| *Data is two months in arrears | Actual | | 11.4% | 11.9% | 11.4% | 11.3% | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|--|
| Development of a 3-Year Unscheduled Care Plan and Improvement Programme | Jul-23 | On Track | Ongoing planning process commenced by Integrated Operations in partnership with colleagues from Strategy and CCO to develop Urgent and Emergency Care Plan. This process will be ongoing in 2023 |
| 2. Actions from After Action Review | Jul-23 | On Track | Ongoing process - actions to feed into development of 3-Year Unscheduled Care programme |

Key issues impacting delivery of ambition

- 1. No significant update. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff within EDs
- 2. No significant update. Infection control requirements and respiratory illness (including COVID-19)
- 3. No significant update. Increasing and sustained attendances and admissions due to the changing population demographic particularly in our older patient cohort
- 4. No significant update. Capital funding requirements, construction challenges in relation to quality, increased programme of works, overall campus development plans

- 1. No significant update. Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns
- 2. No significant update. IPC requirements will continue to be managed in line with guidelines and evolving situation in relation to viruses. Promotion of vaccination uptake
- 3. No significant update. Targeted focus on patient flow process and DToC
- 4. No significant update. Ongoing engagements with Department of Health, Estates, Acute & Community Operations in relation to exploring capacity options inc. modular builds and planning derogation

3. Reform of Primary Care, Community and ECC

EMT Lead: Chief Operations Officer

Ambition Statement 2023: to enhance primary care, ECC and community care during the year, focusing on the continued operationalisation of 96 Community Health Networks and 30 Community Specialist Teams for both Integrated Care Programme, Older People (ICPOP) and Integrated Care Programme, Chronic Disease (ICPCD) with continued delivery of community diagnostic services with the overall aim of moving care closer to home and more integrated end-to-end care pathways for patients with Chronic Disease and Older Persons.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved. The ECC Programme is progressing in line with plan with the focus in 2023 on Performance Management - Activity, Impact & Outcomes. The collection of a suite of activity metrics, developed in conjunction with clinical leadership of the ECC Programme has commenced in 2023. These dashboards are facilitating analysis of service delivery, emerging trends & performance management.

3



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Number of therapy services patient contacts in Community Healthcare Networks | Target | 1.60m | 0.13m | 0.27m | 0.40m | 0.53m | 0.66m | 0.80m | 0.93m | 1.07m | 1.20m | 1.33m | 1.46m | 1.60m |
| | Actual | | 0.11m | 0.23m | 0.35m | 0.47m | 0.59m | | | | | | | |
| 2. Number of reviews carried out in General Practice in the Chronic Disease Management Treatment Programme, | Target | 360,000 | 30,000 | 60,000 | 90,000 | 120,000 | 150,000 | 180,000 | 210,000 | 240,000 | 270,000 | 300,000 | 330,000 | 360,000 |
| reducing requirement for hospital/ED attendance | Actual | | 34,804 | 75,839 | 126,178 | 167,545 | 219,229 | | | | | | | |
| 3. Number of patient contacts by Chronic Disease Community Specialist Teams (across Respiratory, Cardiology, | | 187,940 | 3,743 | 8,825 | 17,008 | 27,353 | 39,853 | 54,516 | 71,338 | 90,318 | 111,460 | 134,759 | 160,217 | 187,940 |
| Diabetes & Smoking Cessation) | Actual | | 3,743 | 8,825 | 18,162 | 28,362 | 43,289 | | | | | | | |
| 4. Number of patient contacts by Older Persons Community Specialist Teams | Target | 88,985 | 3,876 | 8,985 | 14,393 | 20,448 | 27,074 | 34,267 | 42,033 | 50,367 | 59,273 | 68,746 | 78,789 | 88,985 |
| | Actual | | 3,876 | 8,985 | 15,621 | 22,266 | 30,571 | | | | | | | |
| 5. Percentage of new patients seen by Older Persons Community Specialist Teams on the same day or next day of | Target | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | | | | | | | |
| referral | Actual | | 6.0% | 14.0% | 13.0% | 13.0% | 14.0% | | | | | | | |
| 6. Percentage of patients with a frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community | Target | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | | | | | | | |
| Specialist Teams | Actual | | 46.0% | 42.0% | 46.6% | 46.7% | 36.0% | | | | | | | |
| 7. Number of Community Diagnostics services (X-ray, CT, MRI, DEXA, Natriuretic Peptide Test, ECHO, Spirometry) | Target | 358,338 | 28,641 | 57,282 | 85,923 | 114,564 | 143,205 | 171,846 | 202,928 | 234,010 | 265,092 | 296,174 | 327,256 | 358,338 |
| delivered | Actual | | 35,518 | 68,850 | 109,511 | 146,312 | 191,017 | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|--------|---|
| Optimise recruitment of the remaining 1,000 frontline primary care staff and leadership roles for completion of the ECC Programme (2,227 of 3,500 on boarded in 2022) | Dec-23 | | Governance by ECC steering group of collaborative recruitment process between HR & operations. 2,444 WTE on boarded and 199 at an advanced stage of recruitment (Total 2,643 WTE's, 76% of target 3,500 WTE's achieved). All options and avenues in relation to recruitment of staff being explored |
| 2. Commence implementation and roll out of Interim ICT solution | Jul-23 | | No significant update in last month. Latest position is: Procurement process proposed to close out end of July, with a design period to follow in August to Sept. Proposed solution implementation in end of Sept / early October to targeted cohorts of stakeholders across the programme |
| 3. Capital Infrastructure Programme | Dec-23 | | Significant work continues as part of the ECC Capital Workstream to support Chief Officers and local teams to progress the ECC Capital and accommodation programme. An additional four proposals were approved to progress in May, bringing the overall total to 64 projects to date |
| 4. Refining and embedding of referral pathways | Dec-23 | | No significant update in last month. Latest position is: Monitoring, evaluation and learning process through ECC steering group and regional oversight groups to ensure fidelity to the model and transfer of learning and best practice |

| Key issues impacting delivery of ambition |
|--|
| 1. HR - continued recruitment of the remaining ECC staff to bring remaining teams online/operational |
| 2. Capital Infrastructure - adequate space and accommodation for the delivery of services by multidisciplinary teams |
| 3. Implementation of the Interim ICT Solution |
| 4. Performance Management - activity, impact & outcomes move from structural metrics to activity, impact and outcome metrics |

- 1. All options and avenues in relation to recruitment of staff being explored including targeted workstreams in areas such as nursing and HSCPs
- 2. Detailed plan developed & framework agreed. Monthly engagement with CHOs started in March. This allows for more accurate & timely reporting of approved proposals
- 3. Proposals being developed for interim solution to support rollout of the ECC Programme, while ICCMS is being developed. Healthlink has commenced national roll out
- 4. Collection of a suite of activity metrics, developed in conjunction with NCAGLs. Dashboards developed & shared with CHOs. Ongoing engagement with Community and Acute stakeholders to improve data quality

4. Reform of Home Support and Residential Care for Older Persons

EMT Lead: Chief Strategy Officer

Ambition Statement 2023: to advance the reform agenda for older persons nationally, to better support older people and their families to remain in their own homes and communities in line with their wishes through: (i) preparation for the incoming Home Support Statutory Scheme; (ii) progressing the implementation of the interRAI Care Needs Assessment; (iii) finalising new operating models for Home Support and Public Community Based Residential Care; and (iv) finalising a future Day Service Strategy that supports our wider reform agenda.

Review and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved. Significant work ongoing to progress the reform agenda. Challenges remain in relation to the recruitment and retention of home support staff. National Community Operations & HR continue to lead work to mitigate the risks.

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| Change |
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| крі | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|----------|-----------------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 1. Ensure by the end of the year that 60% of all new home support care needs assessments undertaken by communit | / Target | 60.0% | 0.0% | 0.0% | 0.0% | 10.0% | 20.0% | 30.0% | 40.0% | 40.0% | 45.0% | 50.0% | 55.0% | 60.0% |
| staff use the standardised care needs assessment tool (interRAI) | Actual | | 1.7% | 1.5% | 1.6% | 1.1% | 2.0% | | | | | | | |
| 2. Number of interRAI Care Needs Facilitators in place | Target | 128 | 0 | 0 | 0 | 0 | 0 | 42 | 63 | 84 | 106 | 128 | 128 | 128 |
| | Actual | | 0 | 2 | 7 | 11 | 11 | | | | | | | |
| 3. Number of Home Support Hours Delivered in 2023 (in 2022 a total of 21m hours were delivered) | Target | 23.90m | 2.00m | 3.84m | 5.84m | 7.78m | 9.88m | 11.82m | 13.83m | 15.99m | 17.94m | 19.94m | 21.89m | 23.90m |
| | Actual | | 1.74m | 3.42m | 5.20m | 6.96m | 8.76m | | | | | | | |
| 4. Reduce the number of people waiting for home support services following home support needs assessment | Target | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | | | | | | | |
| undertaken by community staff (December 2022 n = 6,680) | Actual | | 6,369 | 6,244 | 6439 | 6195 | 6,201 | | | | | | | |
| 5. Number of people in receipt of Home Support (excluding provision from Intensive Home Care Packages) | Target | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | | | | | | | |
| | Actual | | 56,272 | 56,781 | 56,980 | 56,865 | 54,716 | | | | | | | |
| 6. Cost of Home Support Hours delivered in 2023 (in 2022 the total cost of hours delivered was €578.2) | Target | €689.00m | €58.00m | €111.00m | €168.00m | €224.00m | €285.00m | €341.00m | €398.00m | €461.00m | €517.00m | €574.00m | €631.00m | €689.00m |
| | Actual | | €50.17m | €98.57m | €149.96m | €203.99m | €258.11m | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|---|
| Establish the National Home Support Scheme Office | Oct-23 | On Track | Work ongoing: Site identified, Project Manager assigned and works progressing. Anticipated occupation Q 3 2023. Posts: Head of Service, Grade VII and Grade V in post. Balance of posts in progress |
| 2. Finalise specification and complete procurement for Home Support ICT System | Dec-23 | On Track | Peer review held on the 6 June 23. Market Sounding Exercise - engagements with nine vendors completed 31 May 23. Responses received from each CHO in relation to access of HSCAs to mobile devices |
| Establish new framework arrangements and pricing for the provision of publicly funded home support services | May-23 | | DoH approval to progress with Authorisation Scheme received 24 May. Stage 2 of the process to establish an Authorisation Scheme underway – closing to applicants 15 June to commence evaluation of applications. Expected commencement date 14 August |
| 4. Finalise new operating model for public community-based residential care for submission to HSE Board | Sep-23 | On Track | Significant work ongoing via National Residential Steering Group and associated workstreams. Target remains on track for delivery |
| 5. Finalise reformed Day Service Strategy for submission to HSE Board | Sep-23 | On Track | Target remains on track for delivery |

| Key issues impacting delivery of ambition |
|--|
| Recruitment and retention of key clinical grades across publicly funded home support services |
| 2. Collaboration with union bodies and wider clinical teams across community settings |
| 3. Buy in from service delivery system to implement interRAI across priority areas in the context of competing demands |

- 1. Ongoing engagement with National Community Operations, HR and DoH to address recruitment and retention challenges across Home Support Services
- 2. Ongoing support to National Community Operations in respect of engagements with union bodies
- 3. Ongoing work of interRAI implementation group and communication with service delivery areas

Ambition Statement 2023: to progress a series of strategic reforms and tactical interventions to reduce the length of time patients are waiting for planned care, working towards the Sláintecare multi-year targets of 10 weeks (outpatients), 12 weeks (inpatient/daycases) and 10 days (diagnostics). Particular focus in 2023 will include the implementation of: (i) the prioritised modernised care pathways; (ii) Patient Initiated Reviews; and (iv) the health performance visualisation platform.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved

| | Change |
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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|-----------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1. Percentage of patients waiting longer than 15 months for an outpatient appointment | Target | <10.0% | <21.0% | <20.0% | <19.0% | <18.0% | <17.0% | <16.0% | <15.0% | <14.0% | <13.0% | <12.0% | <11.0% | <10.0% |
| | Actual | | 21.0% | 20.4% | 18.9% | 18.3% | 18.0% | | | | | | | |
| 2. Percentage of patients waiting longer than 9 months for an inpatient or daycase procedure | Target | <10.0% | <24.1% | <23.0% | <22.0% | <20.0% | <19.0% | <18.0% | <16.0% | <15.0% | <14.0% | <12.0% | <11.0% | <10.0% |
| | Actual | | 24.1% | 25.0% | 25.4% | 25.6% | 25.9% | | | | | | | |
| 3. Percentage of patients waiting longer than 9 months for a GIScope | Target | <5.0% | ≪6.0% | ≪6.0% | ≪6.0% | ≪6.0% | <6.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% |
| | Actual | | 6.0% | 6.0% | 5.8% | 5.1% | 4.5% | | | | | | | |
| 4. Percentage of routine outpatients scheduled in chronological order | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | | | | | | 85.0% |
| | Actual | | 60.0% | 60.9% | 61.0% | 60.8% | 60.7% | | | | | | | |
| 5. Percentage of routine inpatient and day case procedures scheduled in chronological order | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | | | | | | 85.0% |
| | Actual | | 75.0% | 75.0% | 75.0% | 73.7% | 74.5% | | | | | | | |
| 6. New to Return Ratio (2022 full year ratio was 1:2.6) | Target | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | | | | | | | 1.2.5 |
| | Actual | | 1:2.6 | 1:2.6 | 1:2.5 | 1.2.6 | 1:2.5 | | | | | | | |
| 7. Number of additional service users removed from waiting lists due to community waiting list initiatives | Target | 11,026 | 523 | 1207 | 1985 | 2805 | 3638 | 4496 | 5,707 | 6,855 | 8,031 | 9,122 | 10,163 | 11,026 |
| | Actual | | 587 | 1200 | 2045 | 2704 | 3679 | | | | | | | |
| 8. Number of additional appointments and procedures delivered through insourcing and outsourcing waiting list | Target | 97.9k | 4.0k | 8.0k | 14.0k | 22.6k | 31.6k | 41.2k | 49.2k | 57.5k | 69.0k | 79.4k | 88.0k | 97.9k |
| initiatives (OPD, IPDC,GI, Advanced Clinical Prioritisation) | Actual | | 4.8k | 11.0k | 14.1k | 19.2k | 26.1k | | | | | | | |
| 9. Spend to date | Target | €90.00m | €6.00m | €14.00m | €22.00m | €29.00m | €36.00m | €45.00m | €51.00m | €58.00m | €67.00m | €75.00m | €82.00m | €90.00m |
| | Actual | | €0.00m | €19.00m | €19.00m | €19.08m | €28.68m | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|--|
| Finalise and approve a multi-annual waiting list plan outlining plans to deliver Sl\u00e1intecare Maximum Wait Time Targets | Apr-23 | Complete | Mar - 23. No significant update in last month. Latest position is: 2023 Waiting List Action Plan was published in March and the development of a Multi Annual Plan remains under consideration |
| Implement Patient Centred Booking Arrangements for outpatient appointments in nine additional hospitals to increase patient choice of appointment | Dec-23 | On Track | CRO implemented in four hospitals. Implementation ongoing in three hospitals due to go-live in early July. Engagement has commenced with an additional three hospitals |
| Implement the agreed strategy to reduce DNAs for new and review outpatient appointments in 22 hospitals with highest DNA rates | Dec-23 | On Track | New DNA strategy has been implemented in six hospitals across all specialities. Engagement ongoing with all hospitals in relation to DNA rates |
| Progress the implementation of the seven prioritised care pathways and commence implementation of the remaining 29 pathways | Dec-23 | On Track | Funding letters issued for 7 pathways. Implementation governance framework established. Engagement webinars held and engagement ongoing with local implementation partners. Implementation plan for 7 priority pathways approved by Task Force. MCP implementation event held in RCSI-c.165 participants |
| Implement patient-initiated reviews in 22 hospitals to drive a reduction in the number of review appointments, and increase capacity for new appointments | Dec-23 | On Track | PIR has been implemented in 6 hospitals. Engagement has commenced with an additional 15 hospitals |
| 6. Expand the implementation of HPVP from 19 to 28 hospitals | Dec-23 | On Track | 20 hospitals live. Additional hospital due to be technically live by 29 June. Solution offered to 7 voluntary hospitals to address data sharing concerns (4 scoping technical solution & 3 remain outstanding). Active change management process in place to ensure widespread participation of the platform |
| Implement the Theatre Transformation Programme to optimise theatre utilisation in four Hospital Groups | Dec-23 | On Track | National Perioperative Patient Pathway Enhancement Programme Steering Group established. Site mobilisation visits with all sites, except SJH (scheduled for June). Pre-programme preparation started in all sites (ICT requirements, core team identified, training planned, & data governance agreed) |
| Support each Hospital Group to complete an analysis of health system demand and capacity at hospital and specialty level | Dec-23 | On Track | The OPD predictive model has been run to project waiting lists to 2030 for the selected specialities in a "do nothing more" scenario. Outputs shared. Model is being run against 6 specialties to outline the capacity gap between now and 2030. Outputs for Dermatology & Orthopaedics targeted in July |
| 9. Continue to develop five surgical hubs and open the first hub by December 2023 $$ | Dec-23 | On Track | Floorplans agreed for Mount Carmel and Galway. Revised planning permission submitted for Galway. Examplar floor plan finalised by end of June for Cork, Limerick, Waterford and North Dublin. Enabling works starting for all sites Q3 to Q4. On track to operationalise the first site by Dec-2023 |
| Finalise detailed business case, project brief and procurement strategy for Cork and Galway Elective Hospitals. Complete site selection for Dublin Elective Hospital(s) | Dec-23 | On Track | Strategy approved by Government incl. establishment of Elective Hospitals in Cork, Galway and Dublin. Programme Steering Group and team established. Activity has commenced to work towards Decision Gate 2 documents available for submission by end Oct 23. Draft Dublin business case under review |

Key issues impacting delivery of ambition

1. No significant update. Data Sharing Agreement with outstanding Voluntary hospitals.

Mitigating actions to address key issues

1. No significant update. HPVP DSA discussions ongoing with hospitals who have recently paused engagement

6. Reform of Mental Health

EMT Lead: Chief Strategy Officer

Ambition Statement 2023: to advance the reform of Mental Health, ensuring that all individuals have access to high quality Mental Health services through: (i) the implementation of key strategies (Sharing the Vision and Connecting for Life); (ii) expansion of online CBT and other digital supports; (iii) continued implementation of crisis resolution and CAMHS hub demonstrator projects; (iv) continued implementation of new models of care for older persons and dual diagnosis through demonstrator projects in three sites; and (v) expansion of individual placement support service programme.

Rating and Overview (4): Strong Assurance that the Ambition Statement will be substantially achieved as continued progress has been made in the implementation of Maskey recommendations, significant developments across CAMHS Hubs and Crisis Resolution Teams (recruitment and Models of Care), and implementation of new Models of Care for Older Persons and Dual Diagnosis.

4 Change

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|--------|--------|--------|--------|-------|--------|-------|---------|--------|---------|---------|
| 1. CAMHS - percentage of accepted referrals /re-referrals offered first appointment and seen within 12 weeks by | Target | 78.0% | 78.0% | 78.0% | 78.0% | 78.0% | 78.0% | | | | | | | |
| CAMHS Community Teams (December 2022 - 62.9%) | Actual | | 62.9% | 62.4% | 60.4% | 58.5% | 57.6% | | | | | | | |
| 2. CAMHS - reduce the number of people (with an accepted referral /re-referral for CAMHS Community Teams) waiting | Target | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | | | | | | | |
| longer than 12 weeks to be seen (December 2022 n = 2,599) | Actual | | 2,694 | 2,614 | 2,651 | 2,632 | 2,613 | | | | | | | |
| 3. CAMHS - percentage of urgent referrals to CAMHS Community Teams responded to within three working days | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | |
| (December 2022 - 92.8%) | Actual | | 91.1% | 91.8% | 91.4% | 92.4% | 93.3% | | | | | | | ļ |
| 4. CAMHS - percentage of children admitted to CAMHS acute mental health units as a proportion of total admissions of | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | | | | | | |
| children to acute mental health units | Actual | | 93.8% | 93.9% | 94.7% | 93.0% | 94.3% | | | | | | | |
| 5. Adult services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 week by | Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | | | | | | | |
| General Adult Community Mental Health Team (December 2022 - 70.8%) | Actual | | 70.0% | 69.7% | 69.7% | 69.6% | 69.2% | | | | | | | |
| 6. Older Persons Services - percentage of accepted referrals /re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Team (December 2022 - 91%) | Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | | | | | | | |
| weeks by Psychiatry of Later Life Confidently Mental Health Team (December 2022 - 9176) | Actual | | 88.5% | 88.3% | 88.6% | 88.5% | 89.2% | | | | | | | |
| 7. NSD spend* | Target | €14.00m | €0.00m | €0.00m | €0.00m | €3.1m | €4.65m | €6.2m | €7.55m | €9.1m | €10.65m | €12.2m | €13.75m | €14.00m |
| (Based on transfer from HSE to S39s or agreed independent providers) | Actual | | €0.00m | €0.00m | €0.00m | €6.85m | €6.85m | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|---|
| Establish oversight arrangements to assure implementation of the Maskey Report and Mental Health Commission Report Recommendations including the wider improvement programme | Dec-23 | On Track | National Oversight group meet monthly. Of the 63 actions: 29 are complete; 32 in progress; 2 long term actions due to commence. Clinical review of all open cases in all CHO areas (as per recommendation under MHC review of CAMHS) completed, draft report underway |
| Recruit a new AND for Child and Youth Mental Health and Consultant Clinical Lead to develop and lead out comprehensive Service Improvement Project for Child and Youth Mental Health | Jun-23 | Complete | Interviews held and successful candidates accepted positions. HR recruitment procedures in process. |
| CAMHS Hubs: Implement CAMHS hubs across five existing pilot sites and complete interim evaluation report | Dec-23 | On Track | Model of Care for CAMHS Hubs at approved subject to minor revisions. Three learning sites progressing recruitment and implementation plans. One learning site fully operational, one further learning site preparing to commence operations Q2 23. Evaluation tender process complete |
| Crisis Resolution Services: Implement Crisis Resolution Services across five existing pilot sites and complete interim evaluation report | Dec-23 | On Track | Model of Care for CRS launched May 2023. CHO 4 operational (2 teams) and cafe staff recruited x 7. CHO 1 & CHO 6 teams operational. CHO 5 have 70% of team in place, and are due to commence operations Q2 2023. CHO 3 progressing recruitment & implementation plans. Evaluation tender process underway |
| 5. Models of Care: Implement agreed models of care (older persons and dual diagnosis) in three pilot sites each | Oct-23 | On Track | NCP Older persons- four pilot sites established and recruitment progressing. National Oversight Group being established to support model implementation. Dual Diagnosis - MoC endorsed by college and official launch completed May 2023. Recruitment processes underway in CHO 3, CHO 4 and CHO 9 |
| Individual Placement Support: Expand the individual placement support service to 50 sites by adding an additional 11 sites to the existing 39 at CHO level, through our community partners | Dec-23 | On Track | Recruitment underway of additional 11 IPS Employment Specialists incl two Homeless IPS posts Dublin Nth & Sth across agreed CMHTs as identified by the National OTs Oversight Group. IPS data Q1 figures-86 people supported into employment. Recuitment of additional posts underway |
| 7. Recovery and Engagement: Expand the lived experience co-production panel of Mental Health volunteers engaged in service improvement work nationally from 30 to 70 and engage 10,000 participants in recovery education programmes nationally | Dec-23 | On Track | A review of all requests received to the National Volunteer Panel will take place Q3 2023. A recuitment campaign for the national co-production is currently underway to be concluded in Q2 2023. There were 6,941 Recovery Education engagements in Q1 2023 |
| National Office for Suicide Prevention: Deliver suicide prevention gatekeeper training to 3,500 people (online and face to face) and train 60 new trainers to deliver the programmes | Dec-23 | On Track | In Q1 2023, 4,203 people participated in NOSP's suicide prevention programmes and 110 people attended the Suicide Bereavement for Professional Workshop |

| Key issues impacting delivery of ambition ment challenges noted across CHO areas | | |
|--|--|--|
| 1.Recruitment challenges noted across CHO areas | | |

Mitigating actions to address key issues

1.CHO areas working closely with local HR to identify existing panels and progress required campaigns

7. Reform of Disability Services

EMT Lead: Chief Strategy Officer

Ambition Statement 2023: to advance the reform agenda for disability services nationally, ensuring that people with disabilities have significantly improved access to high quality, person-centred services that meet their individual needs, promote their independence and inclusion, and reduce reliance on institutional care through: (i) urgent implementation of actions outlined in the Roadmap for Progressing Children's Disability Services; (ii) the implementation of key national strategies; (iii) progression of the sustainability impact assessment process; (iv) expansion of the neuro-rehabilitation project; and (v) implementation of the 'Action Plan for Disability Services 2023-2026'.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved. Retention and recruitment remains a significant challenge for all services. The retention and recruitment of specialised clinician's in the Children's Disability Network Teams (CDNTs) remains a particular challenge for the CHO areas.

2

Change

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|----------|----------|----------|----------|---------|--------|--------|--------|---------|---------|---------|---------|
| 1. Percentage of Assessments of Need completed within 12 weeks as provided for in the regulations (Outturn 2022 - | Target | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% |
| 24.5%) | Actual | | | | 19.0% | | | | | | | | | |
| 2. Reduce by 50% the number of children waiting* for an Assessment of Need (December 2022 n = 4,613) | Target | 2,306 | | | 4,036 | | | 3,459 | | | 2,882 | | | 2,306 |
| *overdue for completion under the Disability Act 2005 | Actual | | | | 5,484 | | | | | | | | | |
| Reduce the number of speech and language therapy patients*0 - 17yrs, 11nths on the assessment waiting list waiting to be seen (December 2022 n = **14,886) | Target | <14,886 | <14, 886 | <14, 886 | <14, 886 | <14, 886 | <14,886 | | | | | | | <14,886 |
| *Data relates to children waiting for Primary Care services only | Actual | | 14,520 | 14,096 | 15,224 | 15,488 | 15,625 | | | | | | | |
| 4. Reduce the number of psychology patients*0 - 17yrs, 11mths on the treatment waiting list waiting to be seen (December 2022 n = **13,256) | Target | <13, 256 | <13, 256 | <13, 256 | ⊲3, 256 | ⊲3, 256 | <13,256 | | | | | | | <13,256 |
| *Data relates children waiting for Primary Care Services only | Actual | | 13,540 | 14,044 | 15,104 | 15,698 | 16,253 | | | | | | | |
| 5. Number of people living in congregated settings (currently 1,600 people) supported to transition to homes in the | Target | 73 | 4 | 10 | 16 | 21 | 30 | 37 | 41 | 50 | 56 | 63 | 68 | 73 |
| community vs. target (35 people transitioned in 2022) | Actual | | 3 | 6 | 13 | 13 | 16 | | | | | | | |
| 6. Number of people under 65 years of age currently living in nursing homes (currently 1,262 people) supported to transition to homes of their choice in the community vs. target (22 people transitioned into 2022) | Target | 43 | 2 | 4 | 7 | 10 | 13 | 17 | 21 | 25 | 29 | 34 | 39 | 43 |
| densition to hornes of their enoise in the contraining for angue (and people densitioned into notice) | Actual | | 4 | 6 | 6 | 8 | 11 | | | | | | | |
| 7. Progress the recruitment of 136 senior clinicians to facilitate children's disability network teams to restore on-site | Target | 136 | 0 | 0 | 0 | 0 | 0 | 64 | 76 | 88 | 100 | 112 | 124 | 136 |
| health and social care supports to 104 special schools, as required by Government | Actual | | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 8. Reduce the average vacancy rate across the 91 Children's Disability Network Teams (December 2022 - 34%) | Target | 34.0% | | | | | | | | | | | | 34.0% |
| | Actual | | | | | | | | | | | | | |
| 9. NSD spend (€9.7m heldback) | Target | €23.30m | €0.62m | €1.25m | €1.90m | €2.65m | €3.30m | €4.05m | €5.65m | €7.38m | €11.26m | €15.26m | €19.26m | €23.30m |
| | Actual | | €0.20m | €0.53m | €1.54m | €1.76m | €2.82m | | | | | | | |
| | | | | | | | | | | | | | | |

**2022 Outturn updated June 2023, annual target revised accordingly

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|--|
| Progressing Children's Disability Services: Improve the services to children and families by commencing the implementation of the action plan set out in the Progressing Disabilities Roadmap, (following Board and Ministerial approval) | Oct-23 | On Track | The draft Roadmap has been completed and circulated. The Minister of State for Disabilities, HSE Board and Senior Management, and DCEDIY officials will meet to approve in the coming weeks |
| Complete the Sustainability Impact Assessment process (review of model of service, workforce, finance, org structure and ICT) with one S38 and one S39 organisation and produce a report on the learnings from the process | Dec-23 | On Track | Report on the S38 org is due 30 June. Actions arising & indicative costings have been noted. Financial reports are subject to further review & agreement in July. Phase 2 of this work focuses on implementation, monitoring and learning. Scoping work for the S39 organisation commences in July 23 |
| 3. Community Neuro-Rehabilitation Teams: Establish four Community Neuro Rehabilitation Teams (CHOs 2,4,6 & 7) | Dec-23 | On Track | Awaiting approval to commence recruitment for Neuro-Rehabilitation 4 team leads (Grade VIII). Progress on track for the recruitment of the remaining team members |
| 4. Monitoring System for New Directions: Develop a monitoring system to measure compliance with the "Interim Standards for New Directions" to assist stakeholders to deliver services and supports in accordance with the vision and stated objectives outlined in the New Directions and the Value for Money reports | Dec-23 | On Track | Project plan agreed by National Steering Group in April. NDA have identified a lead practitioner. The subgroup structure is being formed – awaiting confirmation of umbrella bodies representation |
| 5. Family Forums and Family Representative Groups: Establish 66 new Family Forums, bringing total to 91, and establish 9 CHO Family Representative Groups to ensure Service User and Family participation in CDNT service development at national, regional and local levels | Dec-23 | On Track | 48 Family Forums have commenced with a further 14 scheduled in June 3 Family Representative Groups have commenced with a further 2 scheduled in June |
| 6.Implement the 'Action Plan for Disability Services 2023-2026' and seek to secure associated revenue and capital funding to address the capacity requirements outlined in the Disability Capacity Review Report | Oct-23 | On Track | HSE Disabilities are engaging with DCEDIY and a Senior Officials Group, convened by Dept of An Taoiseach, to revise the initial draft. Draft will be circulated to the HSE EMT and Board on completion. On sign off, revenue and capital requirements will be considered for the estimates process in 2024 |
| KPI development: Define the KPIs required for measurement of Disability services from 2024 and identify the required mechanisms and associated investment plan to measure these KPIs from Jan 2024 | Sep-23 | On Track | Engagement with disability services (Sustainability and Stability, Change and Innovation and Operations) is ongoing with a further meeting of the working group on 23 July to progress the review of the disability KPI's |

Key issues impacting delivery of ambition

1. The sourcing and retention of suitably qualified staff to deliver on key area which received new development funding in 2023

Mitigating actions to address key issues

1. Working with HR to support retention of existing staff and to recruit existing vacancies and new posts

8. Prevention and Early Intervention

EMT Lead: Chief Strategy Officer

Ambition Statement 2023: to continue to empower individuals to take greater control over their physical and mental health by: (i) delivering targeted interventions in areas to include smoking cessation, reducing alcohol consumption, promoting healthy food and exercise, establishing weight management programmes for young people; (ii) supporting positive mental health in the travelling community; (iii) reducing social isolation and promoting positive parenting; and (iv) focusing on addressing health inequalities within disadvantaged communities and vulnerable groups.

Rating and Overview (3): Some concerns that 2023 Ambition Statement will not be substantially achieved on that basis that 60 %KPIs and 60 %deliverables are on track.

3



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|
| 1.Percentage of smokers on cessation programmes who were quit at four weeks | Target | 48.0% | | | 48.0% | | | 48.0% | | | 48.0% | | | 48.0% |
| | Actual | | | | 50.3% | | | | | | | | | |
| 2. Number of frontline staff who completed the eLearning Making Every Contact Count brief intervention training | Target | 5,748 | | | 1,939 | | | 3,352 | | | 4,805 | | | 5,748 |
| | Actual | | | | 949 | | | | | | | | | |
| 3. Percentage of problem alcohol users (under 18 years) for whom treatment has commenced within one week following | Target | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% |
| assessment | Actual | | | | 100.0% | | | | | | | | | |
| 4. Number of people in the Traveller community who received information on or participated in positive mental health | Target | 3,735 | | | 933 | | | 1,866 | | | 2,799 | | | 3,735 |
| initiatives | Actual | | | | 2,902 | | | | | | | | | |
| 5. Number of staff who completed the eLearning Intercultural Awareness programme. | Target | 3,000 | | | 750 | | | 1,500 | | | 2,250 | | | 3,000 |
| | Actual | | | | 1,372 | | | | | | | | | |
| 6. Number of staff who completed the eLearning Introduction to Ethnic Equality Monitoring | Target | 800 | | | 200 | | | 400 | | | 600 | | | 800 |
| | Actual | | | | 60 | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|--|
| Deliver targeted initiatives through 20 Sláintecare Healthy Communities to address health inequalities including smoking cessation services, Healthy Food Made Easy courses, Social Prescribing and Parenting courses targeting early childhood intervention | Dec-23 | | All HSE staff in place for SHC area based team and majority of services operationalised. There are gaps in service delivery in a small number of SHC areas due to change of delivery partners and/or staff. Resumption of full service delivery anticipated by Q3. Q2 data returns due on 10 July |
| Design a Physical Activity Referral Pathway to support referrals to physical activity programmes with funded organisations outside the health service in partnership with Sport Ireland | Dec-23 | On Track | Stakeholder engagement event scheduled for 14 Sept. Content planning for training for health professionals commenced |
| Scope and develop a digital intervention to support reduced alcohol consumption by the general population using professional and community online support | Sep-23 | Delayed | Ongoing scoping of digital tools to support reduced alcohol consumption as part of Askaboutalcohol.ie website |
| 4. Establish specialist weight management service for children and young people encompassing, diet and exercise as appropriate, in CHOs 5 and 7 with a view to testing the approach and seeking to implement nationally | Sep-23 | Delayed | Awaiting approval for Grade VIII posts. Recruitment progressing in CHO 5 & 7; six out of twenty-two posts filled |
| 5. Establish baseline information on HSE data systems that record ethnicity data in line with Ethnic Equality Monitoring | Dec-23 | Complete | Jun-23 |

Key issues impacting delivery of ambition

- 1. Pause in recruitment for Grade VIII will impact on childhood obesity services No interim Operations lead identified in CHO 5 to progress service set-up
- 2. Pause on recruitment of Grade VII national posts will impact on the delivery of MECC targets and the development of digital intervention to support reduced alcohol consumption

- 1. Recruitment form completed for Grade VIII. Engagement meetings with CHO 5 to try and progress service establishment
- 2. Recruitment forms completed, risk identified and submitted to ND

Ambition Statement 2023: to deliver additional bed capacity during the year as follows: (i) the remaining 19 Critical Care beds funded under NSP 2022 and a further 9 Critical Care beds funded under NSP 2023 to reach a total of 351 beds; (ii) a further 209 acute beds; and (iii) to complete the 446 Community Beds.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved on the basis that delivery of the ambition is dependent on capital build, supply of materials and equipment, and recruitment/retention of the required skilled staff for these beds. Currently respiratory and infectious disease are at low levels, changes to the current epidemiological context and resultant IPC requirements may present access challenges to acute sites to complete required works. Challenges in relation to retention of existing staff and recruitment of additional staff to open beds.

2



Change

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Critical Care Beds | Target | 28 | 0 | 0 | 2 | 2 | 2 | 18 | 20 | 20 | 21 | 21 | 21 | 28 |
| | Actual | | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 2. Acute Bed additions | Target | 209 | 0 | 0 | 0 | 10 | 10 | 10 | 77 | 77 | 173 | 173 | 173 | 209 |
| | Actual | | 3 | 0 | 5 | 7 | 27 | | | | | | | |
| 3. Community Bed (including rehabilitation beds) additions | Target | 53 | 15 | 15 | 36 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 53 |
| | Actual | | 15 | 15 | 17 | 17 | 19 | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|--------|---|
| 1. Delivery of beds and WTEs as per profile (from 01/03/2023) | Dec-23 | | Critical care: CUH - challenges in recruitment of staff. CUH beds reprofiled 3 ICU beds in Q3 (Sept) and 2 ICU beds in Q4 (Dec) Acute: +20 acute beds opened in MMUH Community: +2 Beds in Sacred Heart |

Key issues impacting delivery of ambition

- 1. No significant update. Increased timeframes to complete the capital programme of works including supply of materials and equipment has delayed the initial expected completion dates
- 2. No significant update. Capital funding requirements, construction challenges in relation to quality, increased programme of works, overall campus development plans
- 3. No significant update. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff to open beds
- 4. No significant update. Infection control requirements & access challenges to acute areas to undertake the work
- 5. No significant update. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff in critical care

- 1. No significant update. Ongoing engagements with estates re: same
- 2. No significant update. Ongoing engagements with DoH, Estates, Acute and Community Operations in relation to exploring capacity options including modular builds and planning derogation
- 3. No significant update. Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns
- 4. No significant update. 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
- 5. No significant update. Phased opening of ICU beds, recruitment and training of staff ongoing
- 6. No significant update. Monitor hospital recruitment progress to support the opening of additional critical care capacity (from 1 June 2023)

10. Quality and Patient Safety

Ambition Statement 2023: to continue to improve quality and patient safety, specifically to: (i) reduce healthcare associated infections; (ii) reduce surgical re-admissions; and (iii) improve the timelines for carrying out hip fracture surgery. In addition, we will: (iv) continue implementation of the Patient Safety Strategy; (v) design a National Quality and Patient Safety Surveillance System in maternity services; (vi) design and deliver a National QPS Competency Framework; and (vii) implement the Patient Safety Together platform.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved

3



| КРІ | T/A | 2023 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 | | | | | | | |
| used | Actual | | 0.6 | 0.9 | 0.8 | 0.9 | 0.8 | | | | | | | |
| 2. National Incident Management System: Percentage of reviews completed within 125 days of category one incidents | Target | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% | | | | | | | |
| om the date the service was notified of the incident | | | 48.0% | 48.0% | 47.0% | 43.0% | 41.0% | | | | | | | |
| 3. Percentage of surgical re-admissions to the same hospital within 30 days of discharge | Target | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | | | | | | | |
| (Data two months in arrears) | Actual | | 1.7% | 1.4% | 1.4% | 1.4% | 1.4% | | | | | | | |
| 4. Percentage of hip fracture surgery carried out within 48 hours of initial assessment | Target | 85.0% | | | 85.0% | | | 85.0% | | | 85.0% | | | 85.0% |
| (Data one quarter in arrears) | Actual | | | | 72.5% | | | | | | | | | |
| 5. Rate of medication incidents as reported to National Incident Management System per 1,000 beds (aim to increase | Target | >3.0 | >3.0 | >3.0 | >3.0 | >3.0 | >3.0 | | | | | | | |
| reporting) (Data three months in arrears) | Actual | | 2.5 | 2.7 | 2.9 | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|--|
| Produce (i) a quarterly publication on Patient Safety Together website of Patient/Staff stories, (ii) quarterly publication of Patient Safety Digest and (iii) quarterly publication of Patient Safety Supplement | Mar-23 | Complete | June- 2023. |
| 2. Co-design and develop a National QPS Competency Framework | Dec-23 | On Track | First Advisory Group meeting held with 18 participants including patient partners, QPS leads from acute /community services, academia nursing, medical HSCP. The first co-design meeting scheduled for 12 July. Scoping review ongoing |
| 3. Commence Quality & Safety Surveillance System in Maternity services as proof of concept i.e. research on best practice and statistical methods, design a ICT system and establish clinical and data governance and a programme office | Dec-23 | Delayed | Data steward nominations complete and two data stewardship workshops held. NMH, UKH and UHG agreed to act as early adopter hospitals and test the system |

Key issues impacting delivery of ambition

1. Signals programme MDT (x 5) recruitment is on hold as a result on HSE pause on recruitment. This will impact on completion of the project within the 2 year timeframe

Mitigating actions to address key issues

1. Submission requesting exemption on recruitment pause submitted. Request extension for Sláintecare Seed funding contract sought for 6 months following recruitment recommencement

11. Patient and Service User Partnership

EMT Lead: Chief Operating Officer

Ambition Statement 2023: to continue strengthening the culture of patient and service user partnership through direct involvement and leadership in planning and programme activities through: (i) progressing the Health Services Patient Engagement Roadmap and developing KPIs to measure the process; (ii) strengthening implementation of QIPs arising from Your Service Your Say policy, the National Care Experience Surveys and direct engagement; and (iii) building the capacity of staff to comply with the provisions of the Assisted Decision-Making (Capacity) Act, 2015 and the National Consent Policy.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved.

| | Change |
|---|----------|
| 2 | → |
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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Number of hospital groups and CHOs actively engaging in the implementation of the Patient engagement Roadmap | Target | 15 | 0 | 0 | 0 | 10 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | Actual | | 0 | 0 | 14 | 14 | 14 | | | | | | | |
| 2. Number of hospital groups and CHOs with ADM committees and designated ADM leads | Target | 15 | 8 | 10 | 12 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | | | 13 | 13 | 13 | 13 | 15 | | | | | | | |
| 3. Number of staff that have completed the e-learning programme on assisted decision-making (population = circa | Target | 35,880 | 0 | 0 | 1,000 | 4,000 | 8,000 | 12,500 | 18,000 | 21,000 | 24,000 | 28,000 | 32,000 | 35,880 |
| 156k) | Actual | | 0 | 0 | 1,105 | 3,343 | 5,282 | | | | | | | |
| 4. Number of staff that have completed the e-learning programme on HSE National Consent Policy (population = circa | Target | 39,000 | 7,500 | 9,000 | 11,000 | 13,000 | 15,000 | 18,000 | 21,000 | 24,000 | 28,000 | 32,000 | 36,000 | 39,000 |
| 156k) | Actual | | 7,491 | 8,286 | 9,115 | 9,884 | 10,528 | | | | | | | |
| 5. Percentage of complaints to HSE investigated within 30 working days of being acknowledged by a Complaints | Target | 75.0% | | | 75.0% | | | 75.0% | | | 75.0% | | | 75.0% |
| Officer* *Data available 23/08/23 | Actual | | | | 66.0% | | | | | | | | | |
| 6. Percentage of complaints to HSE where an Action Plan identified as necessary is progressing | Target | 65.0% | | | | | | 65.0% | | | | | | 65.0% |
| | Actual | | | | | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|---|
| 1.Support operational services preparation for implementation and compliance with the Assisted Decision Making (Capacity) Act 2015 through the development and provision of guidance and support materials, and training and mentorship programmes. | Dec-23 | On Track | No significant update in last month. E-learning being promoted via info sessions/HSE News. Webinars/Info sessions/ roadshow events are continuing. Learning needs survey being analysed to inform future support materials. Mentorship programme for staff being advertised - Improvement plan in place |
| Develop and commence the implementation plan for the HSE Patient Engagement Roadmap | Apr-23 | On Track | AND for PSUE has now commenced and will provide leadership to this working group |
| Develop a suite of KPIs to monitor progress towards and benefits arising from the implementation of the Patient Engagement Roadmap | Dec-23 | On Track | No significant update in last month - work continues. Implementation working group convened, two meetings have taken place to date |
| Support operational services capability to monitor and report on compliance with mandatory recording of Action Plans on the Complaints Management System through provision of training and generation of quarterly compliance reports as outlined in the Your Service Your Say policy | Dec-23 | On Track | No significant update in last month - work continues. First data set for new KPI will be available July 2023. CMS training team provide on-going training/support to ensure compliance with data entry - improvement plan in place |
| 5. The post of Assistant National Director to be in place by the end of Q2 | Jun-23 | Complete | AND for PSUE commenced 26 June 2023 |

| Key issues impacting delivery of ambition |
|---|
| E-learning on ADM and consent is not mandatory in the HSE |
| 2. Await appointment of ADM posts in CHO areas and HG to support roll-out of the Act in local areas |
| |

- 1. Work has been undertaken to examinhe if there are grounds to make the ADM training mandatory
- 2. Working with CHO areas and HG in relation to establishing ADM committees and putting designated leads in place
- 3. Working group continue to work on developing Raodmap implementation plan

Ambition Statement 2023: to grow our workforce during the year by some 6,000 WTE (beyond December 2022 employment levels), and to attract and retain staff through further enhancements to our recruitment capability and our resourcing approach that enables us to continue to be an employer of choice.

Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved on the basis of 80% of KPIs being ahead or within 10% of target, alongside 50% deliverables being completed, and remaining deliverables on track. The key dependencies are noted in the deliverables as appropriate, in the context of the year end position. Measures to curb management and administration growth are expected to impact on the current performance in this staff category with the aim of reporting at year end within the overall target.

4

Change

| КРІ | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Average Time to Recruit - From receipt of job order to start date for HR Shared Services recruitment | Target | 12.5wks | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | | • | | | | | |
| | Actual | | 14.5 | 16.3 | 16.7 | 13.1 | 12.0 | | | | | | | |
| 2. Total Net Change WTE | Target | 6,010 | 644 | 1,228 | 1,786 | 2,156 | 2,357 | 2,458 | 3,095 | 3,110 | 3,475 | 4,327 | 5,479 | 6,010 |
| | Actual | | 588 | 1,441 | 2,092 | 2,758 | 2,891 | | | | | | | |
| 3. Medical & Dental Net Change WTE | Target | 500 | -28 | -29 | 52 | 88 | 95 | 80 | 184 | 134 | 315 | 435 | 459 | 500 |
| | Actual | | -67 | -35 | 108 | 191 | 201 | | | | | | | |
| 4. Nursing & Midwifery Net Change WTE | Target | 1,950 | 246 | 673 | 842 | 996 | 1,082 | 1,064 | 1,189 | 1,093 | 1,069 | 1,217 | 1,788 | 1,950 |
| | Actual | | 328 | 787 | 867 | 1,091 | 1,047 | | | | | | | |
| 5. Health & Social Care Professionals Net Change WTE | Target | 1,000 | 151 | 107 | 184 | 197 | 158 | 90 | 133 | 159 | 285 | 612 | 887 | 1,000 |
| | Actual | | 105 | 99 | 229 | 265 | 215 | | | | | | | |
| 6. Management & Admin Net Change WTE | Target | 1,460 | 177 | 360 | 463 | 550 | 603 | 629 | 861 | 907 | 976 | 1,169 | 1,338 | 1,460 |
| | Actual | | 270 | 517 | 741 | 932 | 1,125 | | | | | | | |
| 7. General Support Net Change WTE | Target | 100 | 32 | 25 | 43 | 66 | 63 | 106 | 149 | 159 | 101 | 68 | 92 | 100 |
| | Actual | | 55 | 63 | 60 | 117 | 108 | | | | | | | |
| 8. Patient & Client Care Net Change WTE | Target | 1,000 | 67 | 93 | 202 | 259 | 356 | 490 | 579 | 659 | 728 | 828 | 917 | 1,000 |
| | Actual | | -104 | 10 | 87 | 162 | 195 | | | | | | | |
| 9. Annual Tumover Rate | Target | <10.0% | | | <2.3% | · | | <2.3% | | | <2.7% | | | <2.7% |
| | Actual | | | | 2.1% | | | | | | | | | |
| 10. Staff Absence Rate | Target | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | | • | | | | | |
| | Actual | | 5.5% | 4.8% | 4.9% | 4.9% | 4.9% | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|---|
| Delivery of the 2023 HSE Resourcing Strategy to the point of implementation | Feb-23 | Complete | Feb -23. Strategy completed and endorsed by EMT |
| 2. Commencement of the mobilisation of the Resourcing Strategy actions | Mar-23 | Complete | Jun - 23. Priority areas identified and implementation commenced |
| Develop and implement Phase 1 of the Talent Pool System, sharing information about open roles and opportunities for new and existing staff | Mar-23 | Complete | Jun - 23. |
| Establish a Talent Attraction & Engagement Unit, delivering an attraction strategy specific to each grade category | Sep-23 | On Track | Work ongoing |
| $ \hbox{5. Commence implementation of a single talent acquisition solution (Applicant Tracking) } \\$ | Dec-23 | On Track | Work ongoing |
| 6. Complete the transition to new Recruitment Operating Model | Mar-23 | Complete | Jun - 23. Further review of the recruitment operating model to commence to ensure that it is fully aligned with the new Health Regions |
| 7. Develop the plan to support the DoH negotiations to increase HSCP student places in Irish colleges | Sep-23 | On Track | Work ongoing |
| Develop reporting of reasons for staff turnover and integrate into quarterly turnover reporting | Dec-23 | On Track | Minimum dataset identified, with functional spec developed for developmental work with SAP COE. Key dependency on capacity of SAP COE to deliver the technical developments |

| Key issues impacting delivery of ambition |
|--|
| The current restriction on recruitment may impact on the delivery of the ambitions outlined above |
| 2. Dependency on SAP COE for the technical solution to deliverable #8 due to the significant demands on SAP COE for IFMS go live in 2023 |

Mitigating actions to address key issues

1. Significant and continuous engagement with SAP COE on the timelines for the technical development of the leaving reasons build and reporting

Ambition Statement 2023: to work during the year with operational colleagues to manage expenditure in line with LoD 2023. In addition: (i) progress the IFMS project; (ii) progress enhanced reporting and agreement of the SLA with DOH and DPER; (iii) progress Activity Based Funding; (iv) achieve the required milestones in the Internal Controls Improvement Plan; and (v) ensure that reporting of non-compliant procurement becomes the norm.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved

3



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| Core Operational Services YTD Variance against agreed Budgets for 2023 (exc Pensions and Demand Led and COVID) noting the increased complexity of the financial framework for 2023 | 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 | | 2.9% | 3.5% | 3.6% | 4.1% | 5.0% | | | | | | | |
| 2. COVID19 Sanction v Spend (Compliance - as for 2022 HSE to formally seek sanction via CEO to Sec Gen in advance | Target | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | | | | | | | |
| of any excess of costs over existing sanction) | Actual | | 90.0% | 77.2% | 70.3% | 61.1% | 52.0% | | | | | | | |
| 3. Procurement Spend Under Management (spend in 2022 was 68%) | Target | 75.0% | | | 61.5% | | | 68.0% | | | 73.5% | | | 75.0% |
| | Actual | | | | 65.3% | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|--|
| Deliver IFMS first go live | Jul-23 | On Track | Work ongoing |
| Progress implementation of Activity Based Funding 2021-2023 plan (i) Further enhance hospital costing and pricing (ii) Support and enable the existing ABF programme (iii) Develop a roadmap for structured purchasing (iv) Scope and implement costing and activity measures for a community costing programme | Dec-23 | On Track | The ABF Implementation plan comprises 35 actions within the 4 objectives outlined. At the end of 2022, 25 out of the 35 actions were completed. Of the remaining 10 actions, 3 have been completed at the end of May 2023. The remainder are on track for completion by end December 2023 |
| 3. The Internal controls programme will progress (i) the development of a controls and compliance monitoring and reporting toolset and (ii) the performance management of the Internal Controls Improvement Plan with full implementation of an online repository | Dec-23 | On Track | Database in place allowing for the review and reporting of Internal audit, C&AG and CARP findings. Tender complete for enhanced online repository and initial development commenced. Control action plans agreed and performance reporting commenced with Q2 reports issued to each CHO, HG and division |
| Agree SLA with DoH/DPER on enhanced reporting and monitoring arrangements | Jun-23 | On Track | Work ongoing |
| 5. Produce a report for ARC every quarter on non-compliant procurement (to include non-compliant procurement spend) that is based on the output of self-declaration from budget holders appropriately supported by procurement | Mar-23 | Complete | Mar - 2023. |
| Working with relevant colleagues, support the establishment and progression of a number of programmes to support quality and value improvements building on existing arrangements | Dec-23 | On Track | Work ongoing |

Key issues impacting delivery of ambition

1. NSP 2023 details a number of financial risks and issues of up to 10.2%(or €2.2bn) that may arise in 2023

Mitigating actions to address key issues

1. Financial Mgt Framework builds on Financial Chap of NSP & significant int & ext engagement incl DOH & DPER re agreed areas of expenditure management incl COVID Hospital & Community responses

Ambition Statement 2023: to enable transformation of patient care by: (i) implementing the 2023 eHealth NSP and ICT Capital Plan; (ii) delivering a Digital Health Strategy; (iii) delivering Forensics Mental Health CMS; (vi) delivering a GP Lab eOrdering system; (v) rolling out the Children's Disabilities system to 91 community teams; (vi) delivery of IPMS to Community sites; (vii) protecting the HSE ICT estate from cyber-attacks; and (viii) delivering a modern desktop experience.

Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved. Strong progress on plan: delivery of all capital programmes are on target; Digital Health Strategy progressing to plan, National Forensic Hospital EHR implementation on track; GP Lab eOrdering solution pilots underway; Children's Disabilities system is live on 13 sites, but rollout is behind target; Cyber Transformation procurement notices issued for 2 key services.

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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| 1. eHealth ICT Capital spend | Target | €140.00m | €4.25m | €17.15m | €22.55m | €28.65m | €34.15m | €40.35m | €46.85m | €57.95m | €71.10m | €89.30m | €115.80m | €140.00m |
| | Actual | | €4.25m | €13.6m | €22.95m | €26.82m | €30.9m | | | | | | | |
| 2. Percentage of eHealth ICT Capital spend on Community programmes | Target | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | | | | | | | |
| | Actual | | 8.6% | 8.0% | 6.0% | 5.6% | 4.9% | | | | | | | |
| 3. Number of new ICT professionals recruited to deliver 2022/2023 eHealth Service Plan | Target | 250 | 21 | 42 | 63 | 84 | 105 | 126 | 147 | 168 | 189 | 210 | 231 | 250 |
| | Actual | | 24 | 55 | 69 | 98 | 113 | | | | | | | |
| 4. Delivery of 90% of capital programmes on track (RAG status Green or Amber) | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | |
| | Actual | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | | | | |

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| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|--|
| Prepare and submit Digital Health Strategy and implementation plan | Jul-23 | On Track | Full alignment of DoH principles and HSE strategic initiatives agreed HSE capability assessment, strategic initiatives, and costing estimates completed and shared with key stakeholder groups incl. Reference Advisory group EHR procurement approach revalidated with DoH |
| Delivery and Go-live of Specialised Care Services Clinical Management System for the National Forensics Mental Health Service | Sep-23 | On Track | Solution build up and testing are complete End user training almost complete Preparations underway for go-live in August |
| Deliver GP Laboratory eOrdering solution to 4 pilot sites - Galway (GUH), Waterford (UHW), Navan (OLHN), Beaumont | Sep-23 | On Track | Finalised build of catalogues for 4 pilot site (Beaumont, Navan, Galway, Navan) Commenced development with GP Practice Systems (vendors) On target for Q2 delivery from HealthLink portal & Q3 integration to Practice Management systems |
| Rollout Children's Disabilities Network Teams Information Management System to 91 teams | Dec-23 | Delayed | Application build and UAT completed Rolling out solution to teams; 13 of 91 teams have gone live to date (behind x 6) Data migration complexities slowed planned rollout in May. Plan in place to address this issue |
| 5. Delivery and Go-live of IPMS and Swiftqueue on 2 Community sites | Jun-23 | Delayed | Pilots underway and configuration and integration of iPMS/Swiftqueue is completed Reports analysis, design and configuration almost complete, testing of existing reports is continuing CH08 is live. UL /CH03 is delayed due to resource constraints |
| 6. Deliver Cyber Transformation programme (2023) for the HSE ICT estate | Dec-23 | On Track | Procurement Information Notices (PINs) published for Tender 1 & Tender 2 are completed and moving to next stage First Health Services Cyber Community of Practice (CoP) meeting held Engagement ongoing with HealthIRL team to identify potential areas where programme could be accelerated |

Key issues impacting delivery of ambition

1. Recruitment pause affects 219 eHealth vacancies, and will have a direct effect on the ability to deliver 2023 eHealth strategic goals: ongoing capital programmes and cyber transformation targets

Mitigating actions to address key issues

1. A further re-prioritisation of those vacancies has been conducted with a view to seeking CEO exceptions for critical vacancies

Ambition Statement 2023: to take forward during the year the implementation of the Capital and Estates Strategy together with the 2023 Capital Plan to include: (i) new and replacement acute bed capacity; (ii) new and replacement community bed capacity; (iii) Government priority programmes and projects; and (iv) investment to support patient safety and mitigate clinical and infrastructural risk.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved. Expenditure for the May reporting period remains behind profile. This is related primarily to the New Children's Hospital which is showing a variance against profile of €67.88m to the end of May. All other expenditure in the Capital Plan is currently on target. Plan to bring re-profiling of funding proposal to Board for approval. Remaining Capital Plan actions progressing in line with expectations. Actions on the Capital and Estates Strategy are progressing in line with the Implementation plan.

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| КРІ | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| 1. Capital spend | Target | €1,027.00m | €18.30m | €59.50m | €111.50m | €170.70m | €262.40m | €335.20m | €401.00m | €482.30m | €559.60m | €634.20m | €751.40m | €1,027.00m |
| | Actual | | €18.30m | €38.14m | €98.26m | €133.74m | €184.50m | | | | | | | |
| 2. New primary care centres completed | Target | 9 | | | 2 | | | 5 | | | 8 | | | 9 |
| | Actual | | | | 0 | | | | | | | | | |
| 3. New critical care bed capacity completed | Target | 16 | | | 0 | | | 16 | | | | | | |
| | Actual | | | | 0 | | | | | | | | | |
| 4. New (162 beds) and replacement (99 beds) acute bed capacity | Target | 261 | | | 36 | | | 193 | | | 249 | | | 261 |
| | Actual | | | | 18 | | | | | | | | | |
| 5. New (zero beds) and replacement (500 beds) community bed capacity | Target | 500 | | | 130 | | | 266 | | | 332 | | | 500 |
| | Actual | | | | 0 | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|--|
| Take forward the implementation of the Capital and Estates strategy to include: (i) establishing governance structures and procuring external subject matter experts (ii) developing strategic investment planning approaches (iii) enhancing the estate data-set to support evidence-based capital decisions (iv) developing standardised, programmatic approaches to delivery of the capital plan (v) implementing digital technology in areas such as design, delivery and operation of the estate (vi) developing the Capital and Estates Workforce Plan This is an ongoing process and deliverables will be refined further as process advances | Dec-23 | On Track | Progress on workstreams is on track |
| Progress the tender process for construction of the National Maternity Hospital on receipt of Government approval of the final business case | Dec-23 | On Track | Engagement with DoH and Government is ongoing in respect of draft final business case. Preparation of tender documents continues in parallel with business case approvals process |
| Deliver the equipment replacement programme in accordance with the HSE Equipment Replacement Report; commission an update of the Equipment Replacement Report | Dec-23 | On Track | The National Equipment Replacement Programme is progressing according to plan and within expenditure targets. The revision of the Equipment Replacement Report is in progress |
| 4. Take forward phase 2 critical care infrastructure projects at Cork University Hospital, St Vincent's Hospital, St James Hospital, Beaumount Hospital and at the Mater Misericordiae Hospital | Dec-23 | On Track | The 16 critical care beds at the Mater Hospital are on schedule to be delivered in Q2 2023. This will be updated in the next reporting period. The remaining projects are progressing in accordance with approvals processes |

Key issues impacting delivery of ambition

- 1. Approval of the draft final business case for NMH remains under consideration by the DoH/Government. Progress on tender for construction is subject to receipt of approval on business case
- 2. Resourcing is a key challenge for Capital and Estates in achieving delivery of the Capital Plan
- 3. Ongoing challenges associated with the impact of global factors such as construction inflation, restricted availability and/or delays with materials due to Brexit or the war in Ukraine remain key

- 1. Continuous engagement with DoH colleagues in respect of business case approval. Parallel process for preparation of tender documents ongoing
- 2. Progress on development of Workforce Plan continues. Recruitment process for additional key technical posts to support regional delivery of Capital Plan in progress
- 3.Assessment and overview of the market is part of a continuous review process, with appropriate engagement to enable and leverage mechanisms for project delivery

HSE | Board Strategic Scorecard EMT Lead: ND Communications

Ambition Statement 2023: to ensure effective communications from health service teams, that builds the understanding of HSE services, and earns the trust and confidence of our service users and stakeholders at every level of society. Strategies include: (i) communications activity active on all channels, with our staff, in news media, with our partners, online, on social media and through public campaigns; and (ii) the development of accessible digital health services and communications.

Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved





| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|-----------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Improve health behaviour and knowledge via HSE campaigns (QUIT, vaccine and other campaigns) | Target | 1.25m | 0.20m | 0.30m | 0.40m | 0.40m | 0.50m | 0.60m | 0.60m | 0.70m | 1.00m | 1.60m | 2.50m | 2.90m |
| | Actual | | 0.20m | 0.29m | 0.45m | 0.50m | 0.70m | | | | | | | |
| 2. Increase public, partner and patient access to quality health information through visits to HSE.ie sites (15% increase | Target | 70.00m | 6.30m | 11.20m | 16.80m | 22.40m | 28.00m | 32.90m | 38.50m | 43.40m | 49.70m | 56.70m | 63.70m | 70.00m |
| in 2023) | Actual | | 6.20m | 11.50m | 14.67m | 17.40m | 26.01m | | | | | | | 6.20m |
| 3. Improve engagement between HSE and our staff through internal comms channels: interactions vis internal comms | Target | 3.38m | 0.35m | 0.65m | 0.93m | 1.20m | 1.47m | 1.75m | 1.99m | 2.26m | 2.57m | 2.85m | 3.13m | 3.38m |
| channels in 2023 | Actual | | 0.28m | 0.52m | 0.86m | 1.18m | 1.51m | | | | | | | |
| 4. Increase public understanding of HSE work via proactive news generation: national projects receiving coverage (two | Target | 108 | 8 | 18 | 26 | 36 | 44 | 54 | 64 | 72 | 80 | 88 | 98 | 108 |
| per week) in 2023 | Actual | | 9 | 19 | 32 | 42 | 58 | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|---|
| Deliver a stakeholder website within HSE.ie, supporting all HSE service teams, partners and stakeholders, providing information about the organisation and enabling critical digital health service developments and dedicated spaces for RHA and other services | Dec-23 | On Track | The project has concluded a range of important planning, research and audit steps and is progressing on track |
| Establish a personalised email subscription system for all HSE staff, enabling HSE staff to sign up for targeted updates and enabling HSE services to communicate relevant and effective messages to all staff | Jun-23 | Delayed | Comms are responding to some queries from the CTO about this service and hope to progress shortly when these are resolved |
| 3. Deliver an integrated communications & engagement programme to (i) support the rollout of RHAs, including staff, stakeholder, public affairs & public communications, & (ii) designing an effective operating model for RHA communications teams | Dec-23 | On Track | The programme is on track, and ready to go live when the implementation roadmap is published |

| | Key issues impacting delivery of ambition |
|----|---|
| L. | |

| | Mitigating actions to address key issues |
|----|--|
| 1. | |

17. Planning and Implementation of Health Regions

EMT Lead: Chief Executive Officer

Ambition Statement 2023: to continue during the year to progress the planning and phased implementation of Health Regions in collaboration with all key stakeholders and in line with Government Policy and associated timelines.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved on the basis that 5 of the 9 deliverables are delayed. This is in the main due to factors beyond the programme control such as government consideration/amendments of Implementation Roadmap.

2

 Ψ

Change

| | KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|--------|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| N/A | | Target | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|-------------------------------|-------------|---|
| Finalise and agree Health Regions implementation Plan, to include initial Target Operating Model for January 2024 | June-23 Initially April 23 | Delayed | The draft Health Regions implementation plan is at final review stage by DoH and HSE and is scheduled for consideration by Cabinet in July 2023 |
| Commence recruitment of the six Health Region's REOs following DOH,/DPER approval (April 2023) with offers issued by September 2023 | Sep-23 | Delayed | Sanction is awaited from DPER to proceed and all information has been returned. Tender outcome agreed for executive search and PAS ready to proceed |
| Commence recruitment of Health Region's Senior Management Teams following DOH/DPER approval | Sep-23 | Delayed | On-going - no further update. Dependent on approval of Health Regions REO posts. Implementation roadmap sets out plan to recruit Senior Leadership Teams during 2024 |
| 4. Finalise the Integrated Service Delivery Model with associated structures within Health Regions aligned to national frameworks | Aug-23 Initially June 23 | On Track | ISD workstream workshop (with service leaders, service users and clinical representatives) scheduled for 30 June 2023 to further build on outputs from previous workshops. Outputs from these workshops will feed into proposals for a preferred model for Integrated Service Delivery |
| Finalise and agree HSE National organisational structures, roles/responsibilities and associated processes /relationships between HSE National and Health Regions | Sep-23 | On Track | No further update. HSE CEO continues to progress work on the future structure of the HSE Centre which will be a key dependency to the Health Region SLT structure and ISD structure |
| Complete the redefinition of existing CHO,HG geographical boundaries to Health Regions defined areas, to include associated changes required for HR and Finance supported by change impact assessment | Dec-23 | On Track | Geographical impact analysis is ongoing and is providing a database of information to assess the impact/risk of HG and CHO moving to new geographical boundaries. Outputs are to inform due diligence process, programme and transition planning. Proposed HG transition - September 2023 |
| 7. Establish arrangements, in partnership with DOH to progress the development of: (i) Population Based Resource Allocation; and (ii) Health Needs Assessments | July-23 Initially April 23 | Delayed | No further update. An advisory group on the development of the PBRA model is to be established by DoH (July 2023). Health Needs Assessment Framework is to be agreed by the end of July 2023 with a needs assessment to commence from September 2023 |
| Agree and further embed programme governance with continuous input from all key stakeholders during further design and implementation phases | Apr-23 | Delayed | Delayed due to implementation roadmap timelines. Dialogue ongoing with DoH on revised programme governance - Programme Oversight Group and Implementation Planning Group - to oversee and guide the implementation/transition phase |
| 9. Appoint approved Change Management Support Posts to support transition arrangements | Nov-23 | Not Started | 1 |

| 1. Secure approval from DPER/DoH for Health Regions REO posts is a key dependency to achieving timeline | of Feb 2024 for Health Regions |
|---|--------------------------------|
| 2. Scale of change within the Health Regions programme and deliverables to ensure safe transition to Health | Regions |
| 3. Need to ensure full alignment with other key policies and developments | |
| 4. Need to engage constructively on an ongoing basis with a wide range of stakeholders | |

- 1. On-going engagement re requirements to secure approval of posts. Business Case under consideration by DPER
- 2. Programme and change management crucial. Proposal being developed to support change management within individual Health Regions
- 3. Alignment with Slaintecare and HSE Corporate Plan. Ongoing engagement across services to ensure alignment with key policy areas
- 4. Ongoing engagements aligned to the stakeholder engagement plan and programme deliverables to inform the Health Regions programme of work.
- 5. Outcome of Centre Review awaited. Work progressing on ISD workstream

EMT Lead: Chief Strategy Officer

Ambition Statement 2023: to take forward the implementation of the HSE Climate Action Strategy 2023-2050 to include: (i) developing frameworks for implementation across six priority areas and ten corresponding interconnected Strategic Objectives; (ii) developing and providing a Climate Action Roadmap; and (iii) progressing implementation of the new Infrastructure Decarbonisation Roadmap.

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved. Resourcing is required to assist with implementation of the Climate Action Strategy. Key actions in the decarbonisation roadmap are progressing, however market saturation specifically in terms of resourcing remains a significant challenge to overall delivery.

3



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|-----------------------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|---------|
| Programme spend on shallow energy retrofit improvements | Target | €12.50m | | | €1.30m | | | €2.80m | | | €5.00m | | | €12.50m |
| | Actual | | | | €1.25m | | | | | | | | | |
| 2. Large-scale deep energy retrofit pathfinder projects spend | Target | €7.50m | | | €1.00m | | | €2.50m | | | €4.00m | | | €7.50m |
| | Actual | | | | €0.19m | | | | | | | | | |
| 3. Number of utility meters installed at pilot locations to enhance metering of HSE data | Target | 20 | | | 0 | | | 0 | | | 5 | | | 20 |
| | Actual | | | | 0 | | | | | | | | | |
| 4. Expand from 111 to 140 the number of energy management teams in place in the HSE and S38 and S39 | Target | 140 | | | 115 | | | 120 | | | 130 | | | 140 |
| organisations | Actual | | | | 112 | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------------|----------|--|
| Progress implementation of the HSE Climate Action Strategy through the development of eight climate action work streams, associated implementation and measurement plans, and the development and delivery of an internal staff communication campaign and training programmes. Complete funding proposal for implementation for the next six years | Dec-23 | Delayed | Climate Action Strategy Implementation approach agreed by the Steering group at its first meeting (22 May). Working group chairs appointed to deliver on 10 Strategic Objectives. Implementation planning continues. HSE Climate Action Strategy published and launched 13 June 2023 |
| Produce a draft report following establishment of the large scale deep energy and carbon retrofit pilot pathfinder programme to inform future solutions, costs and actions | Apr-23 | Delayed | Design teams and technical advisors continue to progress draft design report - anticipated completion Q2 2023 |
| 3. Produce a National Strategic Assessment Report (SAR) outlining the proposed approach to taking forward large-scale energy retrofits across all healthcare sites, informed by learnings from the pathfinder sites. Commence SAR preparation in May to present to HSE National Capital Steering Group in August | Aug-23 | On Track | Deliverable currently on track against timelines, however National Strategic Assessment report cannot commence until draft design report completed (Deliverable No. 2) |
| Gather, compile and verify data on water consumption for the top 170 significant users as part of a water conservation training programme | Dec-23 | On Track | Verification of data on water consumption continuing with significant user sites |
| Deliver four national energy efficient design training programmes for design team framework professionals, HSE staff and section 38 and 39 organisations during 2023. Two programmes will be delivered by Q2 and two programmes by Q4 2023 | Dec-23 | On Track | Programmes remain on track |

| Key issues impacting delivery of ambition |
|---|
| 1. Pressure of delivering business as usual and continuation of existing services. Availability of resources -funding and of staff with necessary skills to implement Climate Action Strategy |
| 2. Need for integrated working with external stakeholders |
| 3. Technical resource supply remains significantly challenged due to market demands and competition |
| |

| Mitigating actions to address key issues |
|---|
| 1. Resource planning ongoing |
| 2. Regular meetings held with external stakeholders |
| 3. Bespoke, targeted campaign for energy office undertaken. Engagement ongoing with universities on graduate availability |
| |

Ambition Statement 2023: to focus during the year on: (i) the expansion of ambulatory gynaecology and endometriosis services; and (ii) the introduction of publicly funded Assisted Human Reproduction services. In addition, there will be ongoing focus on: (iii) the implementation of the National Maternity Strategy; (iv) access to the free contraception scheme and Cariban for hyperemesis; (v) access to rapid access breast clinics and sexual assault treatment units; and (vi) modelling and planning for setting a target for elimination of cervical cancer.

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved

2



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Percentage of general gynaecology referrals streamed to ambulatory gynaecology unit/setting | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | | | | | | | 50.0% |
| | Actual | | 29.0% | 42.5% | 43.6% | 33.0% | 45.0% | | | | | | | |
| 2. Number of new patients seen per month at regional infertility hubs | Target | 1,500 | 0 | 0 | 150 | 300 | 450 | 600 | 750 | 900 | 1,050 | 1,200 | 1,350 | 1,500 |
| | Actual | | 0 | 0 | 126 | 122 | 270 | | | | | | | |
| 3. Number of supra-regional gynae-oncology MDTs to be established and operational | Target | 4 | | | 4 | | | | | | | | | 4 |
| | Actual | | | | 2 | | | | | | | | | |
| 4. Percentage of patients (>14 years) seen by a forensic clinical examiner within 3 hours of a request to a Sexual | Target | 90.0% | | | 90.0% | | | 90.0% | | | 90.0% | | | 90.0% |
| Assault Treatment Unit for a forensic clinical examination | Actual | | | | 91.0% | | | | | | | | | |
| 5. Number of reimbursement claims for unlicensed Cariban dispensed (against code 66892) under Community Drug | Target | N/A | | | | | | | | | | | | |
| Schemes | Actual | | 191 | 405 | 638 | 559 | 658 | | | | | | | |
| 6. Spend on Cariban | Target | €1.30m | €0.10m | €0.20m | €0.30m | €0.40m | €0.50m | €0.60m | €0.70m | €0.80m | €0.90m | €1.00m | €1.20m | €1.30m |
| | Actual | | | €0.05m | €0.12m | €0.21m | €0.29m | | | | | | | |
| 7. Number of unique individuals who have received benefits under the Free Contraception Scheme. | Target | N/A | | | | | | | | | | | | |
| | Actual | | 55,809 | 52,699 | 56,707 | 43,088 | 61,361 | | | | | | | |
| 8. Percentage Breast Check screening uptake rate* | Target | 70.0% | | | 70.0% | | | | | | | | | 70.0% |
| (EOY 2022 75.5%) *Reported quarterly in arrears | Actual | | | | 60.4% | | | | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------------|----------|---|
| Complete implementation of Models of Care for ambulatory gynaecology and endometriosis | Dec-23 | On Track | Recruitment remains ongoing for the remaining seven sites with site visits scheduled for Q4 2023 |
| Complete phase one of the Model of Care for Infertility with the roll out of the sixth and final regional infertility hub | Jun-23 | Delayed | CNS clinic has commenced. Consultant lead service to commence in September. Fertility service in Cork will provide cross cover |
| 3. Commence phase two of Model of Care for Infertility to include: (i) engaging with the DoH to operationalise the provision of publicly funded, privately provided in vitro fertilisation (IMF), and (ii) complete operational readiness programme to enable commencement of publicly funded, publicly provided IMF | Dec-23 | On Track | All six fertility hubs visited in the last month, progress is good, tender assessment is ongoing and process remains on schedule. Access criteria has been discussed with the MOH and final approval awaited from the DOH |
| 4. Design and implement three women's health hubs as proofs of concept ie. formal evaluation incorporating the patient experience, staff experience and quantitative data on referral pathways | Dec-23 | On Track | Initial engagement has taken place, project will commence in Sept 2023 |
| 5. Complete the review of the Maternity and Infant scheme in line with the National Maternity Strategy implementation plan | Sep-23 | On Track | Project underway - engagement has taken place with ICGP, specific sensitivities due to negotiation with the DOH and GPs which may impact on timeline for completion |
| Progress baseline modelling and structures in preparation for Ireland setting a target for the elimination of cervical cancer and undertake research to explore beliefs and attitudes regarding self-sampling for cervical screening | Dec-23 | On Track | The Cervical cancer elimination group met on the 19 June, and received updates on modelling a date for elimination, reporting against a WHO framework and an outline plan aimed for November 2023 |

Key issues impacting delivery of ambition

1. (Ref KPI #2) There is a delay in the appointment of a Consultant post

Mitigating actions to address key issues

1. The clinics have commenced with clinical lead from Clinical Nurse Specialists, cross cover is being provided by a consultant in Cork

Appendix 1. Risk Management

Overview: There are currently 21 risks on the CRR. The current risk ratings of the risks, per the Q1 2023 CRR report, are 14 Red and 7 Amber.

| Corporate Risk RAG Sum | mary | | | | |
|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| RAG | Quarter 1, 2022 | Quarter 2, 2022 | Quarter 3, 2022 | Quarter 4, 2022 | Quarter 1, 2023 |
| Red | 7 | 11 | 12 | 16 | 14 |
| Amber | 10 | 8 | 7 | 5 | 7 |
| Green | 0 | 0 | 0 | 0 | 0 |

Corporate Risk Register [CRR] Update

| 1 | Corporate Risks |
|---|-----------------|
| | Q1 2023 and Q2 |
| | 2023 |

The quarterly review of the Q1 2023 Corporate Risk Register [CRR] was completed and approved by the EMT at their April Meeting and reviewed by the ARC on 12 May 2023. In Q1 there were 21 risks, 14 Red and 7 Amber residual risk ratings.

The Q2 2023 Corporate Risk Review [CRR] report is currently being concluded and will considered by the EMT.

Risk Programme Priorities

The Enterprise Risk Management Policy and Procedures was launched on the 25 April 2023 and live-streamed via WebEx from Dr. Steevens' Hospital.

An awareness and communication programme supporting the launch is on-going with engagements across the organisation including the development of a series of webinars and training.

Full Review of the HSE's Principal Risks [Review]

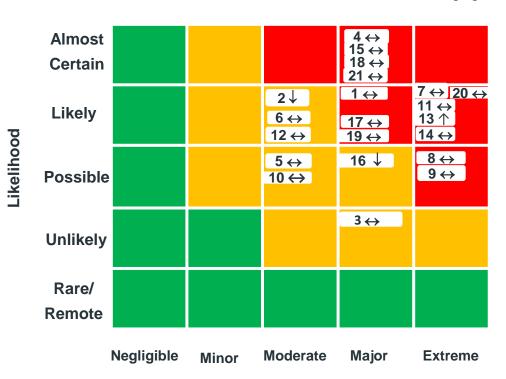
After engagement with EMT members a draft report is being finalised on the systematic examination of each risk on the CRR by applying 'first principles' as recommended in the 'Moody' Report. The key objectives of the Review are to improve our understanding of some of the fundamental risk management concepts, to make the process more valuable to the EMT and Board Committees, and, provide a set of recommendations to the EMT in relation to each risk on the CRR, as well as a set of broader recommendations concerning the overall corporate risk management process. The ARC will be presented with the report for consideration and approval. The review is to be concluded in Q3 2023.

HSE Risk Appetite Statement

Under the Code of Practice for the Governance of State Bodies there is a requirement for the Board to set the State body's risk appetite. The HSE Board had a Risk Appetite Statement in place since November 2021. An update of this Risk Appetite Statement was approved by the Audit and Risk Committee on the 12th May 2023.

Residual rating changes Q4 2022 to Q1 2023

 \uparrow Increasing \downarrow Decreasing \leftrightarrow No change \bullet New/ Emerging



| | | Risk Rating | | | |
|---------|--|-------------|------------|-------------------|--------------------|
| Risk ID | Risk Title | Residual ra | ting [with | Movemen | Risk |
| | | controls] | Q1 | t | Appetite Target |
| CRR 001 | Major Disruption to Clinical and Non Clinical Service Continuity | 16 | 16 | \leftrightarrow | =6</td |
| CRR 002 | Future trajectory of COVID | 16 | 12 | \downarrow | =6</td |
| CRR 003 | New pandemic outbreak [serious/high consequence] infectious disease [non-COVID] | 8 | 8 | \leftrightarrow | =6</td |
| CRR 004 | Access to care | 20 | 20 | \leftrightarrow | =6</td |
| CRR 005 | Inadequate and ageing infrastructure/ equipment | 9 | 9 | \leftrightarrow | <12 |
| CRR 006 | Delivery of Major Capital Projects | 12 | 12 | \leftrightarrow | <12 |
| CRR 007 | Anti-Microbial Resistance and Health Care Associated Infections | 20 | 20 | \leftrightarrow | =6</td |
| CRR 008 | Safety incidents leading to harm to patients | 15 | 15 | \leftrightarrow | =6</td |
| CRR 009 | Health, wellbeing, resilience and safety of staff | 15 | 15 | \leftrightarrow | <12 |
| CRR 010 | Climate action | 9 | 9 | \leftrightarrow | =25</td |
| CRR 011 | Digital environment and cyber failure | 20 | 20 | \leftrightarrow | =6</td |
| CRR 012 | Delivering Sláintecare | 12 | 12 | \leftrightarrow | =25</td |
| CRR 013 | Internal controls and financial management | 15 | 20 | ↑ | <12 |
| CRR 014 | Sustainability of screening services | 20 | 20 | \leftrightarrow | =6</td |
| CRR 015 | Stability and Transformation of Disability Services | 20 | 20 | \leftrightarrow | =6</td |
| CRR 016 | Workforce and Recruitment | 16 | 12 | \downarrow | <12 |
| CRR 017 | HSE Funded Agencies | 16 | 16 | \leftrightarrow | =6</td |
| CRR 018 | Assisted Decision Making Capacity Legislative Changes | 20 | 20 | \leftrightarrow | =6</td |
| CRR 019 | Displaced Ukrainian Population and International Protection Applicant Population | 16 | 16 | \leftrightarrow | =6</td |
| CRR 020 | Workplace Violence and Aggression | 20 | 20 | \leftrightarrow | <12 |
| CRR 021 | Data Protection | 20 | 20 | \leftrightarrow | =6</td |

HSE | Board Strategic Scorecard

Risk Management

Risk ratings [Inherent and Residual] as at Q1 2023

| Risk Summary Table | | | | | | | | | | | |
|--------------------|--|-------|---------------------|---|-------------|--------|------------|--------|--------|---------------|---------|
| | Risk Title | | Risk Appetite | | Risk Rating | | | | | | |
| Risk ID | | Owner | Risk appetite theme | Inherent rating Residual rating [with controls] | | | | | | Risk Appetite | |
| | | | | Likelihood | Impact | Rating | Likelihood | Impact | Rating | Target | |
| CRR 001 | Major Disruption to Clinical and Non Clinical Service Continuity | coo | Averse | Operations & service disruption | 4 | 5 | 20 | 4 | 4 | 16 | =6</td |
| CRR 002 | Future trajectory of COVID | ССО | Averse | Patient Safety | 4 | 5 | 20 | 4 | 3 | 12 | =6</td |
| CRR 003 | New pandemic outbreak [serious/high consequence] infectious disease [non-COVID] | ссо | Averse | Patient Safety | 2 | 5 | 10 | 2 | 4 | 8 | =6</td |
| CRR 004 | Access to care | COO | Averse | Operations & service disruption | 5 | 5 | 25 | 5 | 4 | 20 | =6</td |
| CRR 005 | Inadequate and ageing infrastructure/ equipment | CSO | Cautious | Property and Equipment | 3 | 4 | 12 | 3 | 3 | 9 | <12 |
| CRR 006 | Delivery of Major Capital Projects | CSO | Cautious | Property and Equipment | 5 | 3 | 15 | 4 | 3 | 12 | <12 |
| CRR 007 | Anti Microbial Resistance and Health Care Associated Infections | ссо | Averse | Patient Safety | 5 | 5 | 25 | 4 | 5 | 20 | =6</td |
| CRR 008 | Safety incidents leading to harm to patients | COO | Averse | Patient Safety | 4 | 5 | 20 | 3 | 5 | 15 | =6</td |
| CRR 009 | Health, wellbeing, resilience and safety of staff | NDHR | Cautious | People | 5 | 5 | 25 | 3 | 5 | 15 | <12 |
| CRR 010 | Climate action | CSO | Eager | Strategy | 5 | 4 | 20 | 3 | 3 | 9 | =25</td |
| CRR 011 | Digital environment and cyber failure | CIO | Averse | Security | 5 | 5 | 25 | 4 | 5 | 20 | =6</td |
| CRR 012 | Delivering Sláintecare | CSO | Eager | Strategy | 4 | 4 | 16 | 4 | 3 | 12 | =25</td |
| CRR 013 | Internal controls and financial management | CFO | Cautious | Financial | 4 | 5 | 20 | 4 | 5 | 20 | <12 |
| CRR 014 | Sustainability of screening services | ССО | Averse | Patient Safety | 5 | 5 | 25 | 4 | 5 | 20 | =6</td |
| CRR 015 | Stability and Transformation of Disability Services | COO | Averse | Operations & service disruption | 5 | 5 | 25 | 5 | 4 | 20 | =6</td |
| CRR 016 | Workforce and Recruitment | NDHR | Cautious | People | 4 | 5 | 20 | 3 | 4 | 12 | <12 |
| CRR 017 | HSE Funded Agencies | COO | Averse | Operations & service disruption | 4 | 5 | 20 | 4 | 4 | 16 | =6</td |
| CRR 018 | Assisted Decision Making Capacity Legislative Changes | COO | Averse | Patient Safety | 5 | 5 | 25 | 5 | 4 | 20 | =6</td |
| CRR 019 | Displaced Ukrainian Population and International Protection Applicant Population | COO | Averse | Operations & service disruption | 5 | 4 | 20 | 4 | 4 | 16 | =6</td |
| CRR 020 | Workplace Violence and Aggression | NDHR | Cautious | People | 5 | 5 | 25 | 4 | 5 | 20 | <12 |
| CRR 021 | Data Protection | coo | Averse | Security | 5 | 5 | 25 | 5 | 4 | 20 | =6</td |

| Total 15-25 | 14 |
|-------------|----|
| Total 6-12 | |

HSE | Board Strategic Scorecard

Appendix 2: BSS Alignment with 2023 Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2023 Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

| LoD Section | Sub-section | LOD Description | BSS ref | Referenced in 2023 BSS |
|----------------------|---|---|---------|---|
| I. Waiting Lists | | Waiting List Action Plan | 3 | Reform of Primary Care, Community & ECC |
| | | | 5 | Reform of Scheduled Care |
| | | | 7 | Reform of Disabilities |
| II. Eligibility | | Extending Free Contraceptive Scheme | 19 | Women's Health |
| | | Access to IVF treatment. | | |
| III. Better Services | Women's Health | National Maternity Hospital readiness & | 19 | Women's Health |
| | | Service developments & Women's Health Hubs. | | |
| | National Strategies | National Maternity Strategy | 19 | Women's Health |
| | | Patient Safety Strategy | 10 | Quality & Patient Safety |
| | Capacity expansion | Acute, Community & Critical Care beds & ECC | 2 | Unscheduled Care (Emergency Department Performance) |
| | | Programmes | 9 | Enhanced Bed Capacity |
| | | | 15 | Capital Infrastructure |
| | | | 3 | Reform of Primary Care, Community & ECC |
| | Community healthcare | Expand specialist services | 3 | Reform of Primary Care, Community & ECC |
| | | | 4 | Reform of Home Support & Residential Care for Older Persons |
| | | | 6 | Reform of Mental Health Services |
| | | | 7 | Reform of Disability Services |
| | | | 8 | Prevention & Early Intervention |
| | | Embed IPC improvements | 10 | Quality & Patient Safety |
| | | Social inclusion improvements | 6 | Reform of Mental Health Services |
| | | | 8 | Prevention & Early Intervention |
| | Wider health & wellbeing agenda | Health promotion, tackling obesity, prevention of chronic | 8 | Prevention & Early Intervention |
| | | diseases, addiction services, targeted measures under the Healthy Communities Initiative | 16 | Communications |
| | | | 3 | Reform of Primary Care, Community & ECC |
| | Research & Evidence | Use of data & research to inform patient care, reform & | 8 | Prevention & Early Intervention |
| | | population health & wellbeing. | 19 | Women's Health |
| | eHealth initiatives & digital solutions | Increased focus to enable better management & use of | 14 | eHealth |
| | | health information & access to that information by clinicians | 5 | Reform of Scheduled Care |
| | | & patients | 3 | Reform of Primary Care, Community & ECC |

HSE | Board Strategic Scorecard

Appendix 2: BSS Alignment with 2023 Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2023 Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

| LoD Section | Sub-section | LoD Description | BSS ref | Referenced in 2023 BSS |
|---|--|---|--|---|
| IV. Workforce & other key modernisation / | Key workforce initiatives | Increase the no. of Advanced Nurse/Midwife Practitioner posts | 12 | Recruitment & Retention |
| governance programme | | Continued development of home support services | 4 | Reform of Home Support & Residential Care for Older Persons |
| areas | | Continue recruitment initiatives for therapy professionals | 12 | Recruitment & Retention |
| | Regional Health Areas (RHAs) | Undertake all work & transition planning to implement RHAs. | 17 | Planning & Implementation of RHAs |
| | Finance Reform Programme | First phase of the IFMS project across the Health System. | 13 | Finance & Procurement |
| | ICT solution for ECC Programme | Interim ICT solution for the ECC Programme | 3 | Reform of Primary Care, Community & ECC |
| | | | 14 | eHealth |
| | Public health capability | Expanding infectious disease surveillance | 1 | Public Health (COVID -19 Test & Trace & Programme for Vaccination/Immunisation) |
| | | Growing our public health workforce | 1 | Public Health (COVID -19 Test & Trace & Programme for Vaccination/Immunisation) |
| | | | 12 | Recruitment & Retention |
| | | Implementing new systems capabilities in relation to incident management; | 10 | Quality & Patient Safety |
| Capital Allocation 2023 | | Provision of €1,157 million in capital funding | ion in capital funding 15 Capital Infrastructure | |
| | | | 14 | eHealth |
| Appendix 2: Specific | Women's Health | Expansion of free contraception | 19 | Women's Health |
| Conditionality attaching | Disabilities | Children Community-Based Disability Services | 7 | Reform of Disability Services |
| to the funding for individual service areas | Vaccination Programme | | | Public Health (COVID -19 Test & Trace & Programme for Vaccination / Immunisation) |
| | Testing, Tracing & Disease Surveillance | Testing for COVID-19 focus on the mitigation of the severe impacts of COVID-19 for those most vulnerable to the disease | 1 | Public Health (COVID -19 Test & Trace & Programme for Vaccination/Immunisation) |
| | Public Health Reform | Recruitment of Public Health Consultants | 1 | Public Health (COVID -19 Test & Trace & Programme for Vaccination/Immunisation) |

