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# Board Strategic Scorecard March 2024 (January KPI data)

SLT 26 March HSE Board 27 March

National Planning and Performance

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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 2024. 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 the scorecards that assigned a rating of 2 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.



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# 2024 In-Year Monthly Rating Scale (March– December scorecard submissions)

Zone	Rating	Guiding Criteria
Green	5	<ul> <li>Strong assurance that the 2024 Ambition Statement will be fully achieved, on the basis that:</li> <li>All KPIs are currently on track against target profile and are expected to achieve the end-of-year target position; and</li> <li>All Deliverables are currently on track and are expected to be completed by target date; and</li> <li>There are no material issues or risks that are expected to impact on the achievement of the Ambition Statement.</li> </ul>
	4	<ul> <li>Strong assurance that the 2024 Ambition Statement will be substantially achieved, on the basis that:</li> <li>At least 80% of KPIs are currently within 10% of target profile and this position is expected to be maintained to year-end; and</li> <li>At least 80% of Deliverables are currently on track and this position is expected to be maintained to year-end; and</li> <li>To the extent that there are material issues or risks to the achievement of the Ambition Statement, effective mitigations are in place.</li> </ul>
Amber	3	<ul> <li>Some concerns that the 2024 Ambition Statement will not be substantially achieved, on the basis that:</li> <li>Between 50% and 80% of KPIs are currently within 10% of target profile; and</li> <li>Between 50% and 80% of Deliverables are currently on track.</li> <li>To the extent that there are material issues or risks to the achievement of the Ambition Statement, some mitigations are in place.</li> </ul>
	2	<ul> <li>Concerns that the 2024 Ambition Statement will only be partially achieved, on the basis that:</li> <li>At least 50% of KPIs are currently within 20% of target profile; and</li> <li>At least 50% of Deliverables are currently on track to be completed within two months of the target date.</li> <li>There are material issues or risks to the achievement of the Ambition Statement, with limited mitigations in place.</li> </ul>
Red	1	<ul> <li>Significant concerns that the 2024 Ambition Statement will not be achieved, given consideration of:</li> <li>Less than 50% of KPIs are currently within 20% of target profile; and</li> <li>Less than 50% of Deliverables are currently on track to be completed within two months of the target date.</li> <li>There are material issues or risks to the achievement of the Ambition Statement, with no effective mitigations in place.</li> </ul>



# HSE | Board Strategic Scorecard **Executive Summary**

1 scorecards with a rating of 2

0 scorecards with a rating of 1

**Board Strategic Scorecard Rating Summary** 

12% of KPIs were 10-20% behind target

20%

13% of KPIs were behind target by more than

1% of KPIs had no target but were reported

# **Key Highlights**

Key Programmes/Priorities			Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	<u>Ge</u> i.	Pay and Numbers Strategy appr impacted the reporting of data a #12 Recruitment and Retention,
1. Public Health (COVID -19 Test & Trace and Progra / Immunisation)	amme for Vaccination	1	3												ii.	Due to the backlog of reporting
2. Unscheduled Care (Emergency Department Perfor	rmance)	1	4													availability of the OSR for Janua
3. Reform of Primary Care, Community & ECC		1	4												iii.	Recruitment and retention of qu
4. Reform of Home Support & Residential Care for O	older Persons	1	3													Primary Care, #6 Mental Health
5. Reform of Scheduled Care		1	4													Regions and #18 Climate).
6. Reform of Mental Health		1	3												Ke	y Insights:
7. Reform of Disability Services		1	4												i.	Relative to the same time period
8. Prevention & Early Intervention		1	4													scorecard have improved, includ improvement from 2023 to 2024
9. Enhancing Bed Capacity		1	3													improved (from 556 to 371). The
10. Quality & Patient Safety		1	2													approval and launch of both pla
11. Patient & Service User Partnership		1	5												ij.	KPIs in #3 Scheduled Care score
12. Recruitment & Retention		1	3													the no. of service users remove
13. Finance & Procurement		1	3													modernised care pathways show
14. eHealth		1	5												iii.	Good progress is seen in KPIs r
15. Capital Infrastructure		1	3													above target for Jan 2024 (by 4
16. Communications		1	4													exceeded by 44%). Reviews ca Jan target by 7%.
17. Planning and Implementation of Health Regions		1	4													0
18. Climate Action		1	3												iv.	Delivery of home support hours delivered (4% above target) and
19. Women's Health		1	3													a year on year increase with the
Operational Services Report – Annex																of people increased slightly (from
Risk Management - Appendix															v	Children's Disability Services wi
Ratings (for all 19 scorecards):	ls for update i	n Jan	uarv 8	37%	D	eliver	ables	: All de	elivera	bles (r	bles (n=93) were				commencing. Project charters a Disability).	
	d on. Of these re on or ahead re within 10%	e KPIs d of ta	s: arget		re	eporteo 4 de	d on th elivera	nis mo bles a		f these		erable	S:	vi.	Planning and implementation of already achieved in Q1 2024 (D	

- proval, affordable WTE limits and other ongoing IFMS validation exercises and progression of deliverables across a number of scorecards (#10 QPS. n, #13 Finance and Procurement and #15 Capital).
- a requirements the data for 1 KPI in #13 Finance is incomplete. The uary 2024 is also impacted by this backlog.
- qualified staff remains a limiting factor in progressing deliverables (#3 th, #7 Disability, #9 Bed Capacity, #10 QPS, #15 Capital, #17 Health
- od in 2023, a few KPIs in the #2 Unscheduled Care (Emergency Dept.) uding the no. of people >75 years waiting at ED less than 24 hours (a 4% 24). In addition no. of beds subject to delayed transfers of care has also he multiannual UEC and Operational plan shows further progress with lans pending for Q2 2024.
- orecard meeting or exceeding target with all deliverables on track. Of note, red from community waiting lists is 476 (c. 17% above target) and owing impact in new acute wait list removals.
- relevant to primary and community care sectors. Community diagnostics is 41%), a continuation of strong performance from 2023 (annual target carried out by GPs for chronic diseases also performed well exceeding the
- rs for older persons performed ahead of target in Jan, in both no. of hours nd no. of people receiving home support (also 4% above target). Both show he no. of hours delivered up from Jan 2023 (from 1.74m to 1.93m) and no. rom 56,272 to 56,339).
- with Board and Working Groups are established and meetings are being finalised and actions are in progress with 6 complete (#7
- of Health Regions (#17) continues to progress with 3 of 10 deliverables (D1, 4 and 5).
- vii. COVID-19 vaccination uptake for all groups is behind target for January 2024 (#1 Public Health), but reflect a year on year improvement for both Health and Social Care Workers (a 6% increase from 2023 to 2024) and people >70 years (16% increase from Jan 23 to Jan 24) Planning remains on track for an integrated COVID-19/Influenza vaccination programme and NIAC guidance for Winter 2024 is awaited. Mobilisation of COVID-19 Mobile Team resources to support implementation of the MMR catch-up vaccination programme is underway (D/2).



10 deliverables are delayed

3 not started

5

# Supplemental 1-page strategic Balanced Scorecard snapshot view to reflect changes based on 21 Feb Board feedback

	A. Our Service User/Patients: Quality and Safety VICE USERS/PATIENTS: QUALITY AND SAFETY % of surgical re-admissions to same hospital within 30 days of discharge (#10 QPS) % of hip fracture surgery within 48 hours of initial assessment (#10 QPS)	Ct Changes based on 21 Feb Board feedback         B. Staff/Clinicians: Experience and Engagement         STAFF/CLINICIANS         i. Staff Absence Rate (#12 R&R)         ii. Total Net WTE Limits (#12 R&R)
iii.	% of complaints investigated within 30 working days of being acknowledged by a Complaints Officer (#11 Pt/Serv User)	<ul> <li>iii. Annual Turnover Rate (#12 R&amp;R)</li> <li>iv. Improve engagement between HSE and our staff through internal comms channels (#16 Comms)</li> </ul>
iv.	National Incident Management System: % of reviews completed within 125 days of category one incidents from the date the service was notified of the incident (#10 QPS)	
<b>v</b> .	Implementation of the Better Together Road Map/ through the development and implementation of a comprehensive Training Module that is co-designed and delivered across the HSE utilising a 'train the	
	trainer' approach within each Health Region (#11 Pt/Serv User)	
	C. Access and Integration	D. Finance, Governance and Compliance
i. ii.	% of patients waiting longer than 9 months for an inpatient or daycase procedure (#5 Scheduled Care) % of patients waiting longer than 15 months for an outpatient appointment (#5 Scheduled Care)	i. Achievement of Savings targets as per NSP 2024 including:
iii.	% all attendees >aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	<ul> <li>i. €250m Agency "do without" savings</li> <li>ii. €80m Agency / Overtime "conversion" savings</li> </ul>
iv	(#2 USC) Number of people in Traveller community who received information of participated in positive mental	
iv.	health initiatives (#8 Prevention/Early Intervention)	
۷.	% of patients with frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community	
vi.	Specialist teams (#3 Primary Care, ECC) % problem alcohol users (under 18years) for whom treatment has commenced within 1 week	
	following assessment (#8 Prevention/Early Intervention)	
vii.	Board approval of Digital Health Implementation Roadmap ( <u>deliverable</u> #14 eHealth) Complete evaluation of the Autism Assessment and Pathway protocol demonstrator project and	
viii.	commence national roll out with Primary Care, Disability and Mental Health Services ( <u>deliverable</u> #7	
i.	Disability)	
ix. x.	No. of home support hours delivered in 2024 (#4 Older Persons) CAMHS- percentage of urgent referrals to CAMHS Community Teams responded to within three working	tRoo KRIs highlighted are an user included as at USE Read meeting 24 February
xi.	days (#6 Mental Health) Commence phase 2 of Model of Care for Infertility ( <u>deliverable</u> #19 Women's Health)	*BSS KPIs highlighted green were included post HSE Board meeting 21 February
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# Supplemental 1-page strategic Balanced Scorecard snapshot for monthly inclusion, summarising a <u>subset</u> of measures with details captured in individual BSS scorecards

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A. Our Service user/Patients:	KPI	Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	July	Aug	Sept	Oct	Nov	Dec	
Quality and Safety	i. % of surgical re-admissions to same hospital within 30 days of discharge (#10 QPS).	≤2%.	Data 2 mths in arrears												
	ii. % of hip fracture surgery within 48 hours of initial assessment (#10 QPS).	85%	Data 1 quarter in arrears												
	iii. % of complaints investigated within 30 working days of being acknowledged by a Complaints Officer (#11 Pt/Serv User).	75%	Reported quarterly												
	iv. Na ional Incident Management System: % of reviews completed within 125 days of category one incidents from the date the service was notified of the incident (#10 QPS).	70%	44%												
	v. Implementation of the Better Together Road Map/ through delivery of a 'train the trainer' approach within each Health Region (#11 Pt/Serv User)	across 6 regions	1												
B. Staff/Clinicians:	i. Staff Absence Rate (#12 R&R).	≤4%	6.5%												
Experience and Engagement	ii. Total Net WTE Limits (#12 R&R).	TBC	146.4				Legen	ч							
Engagement	iii. Annual Tumover Rate (#12 R&R).	TBC	TBC					_	. Feb an	d Nov a	ctivity t	rende w	ill ha		
	iv. Improve engagement between HSE and our staff through internal comms channels (#16 Comms).	3.63m	0.44m				<b>KPIs</b> : Between Feb and Nov activity trends will be represented as follows (when compared to target):								
C. Access and	i. % of patients waiting longer than 9 months for an inpatient or daycase procedure (#5 Scheduled Care).	10%	22.6%				•			/ed perf			iget).		
Integration	ii. % of patients waiting longer than 15 months for an outpatient appointment (#5 Scheduled Care).	10%	13.2%				: 1	r		ased per					
	iii. % all attendees >aged 75 years and over at ED who are discharged or admitted ≤24 hours of registra ion (#2 USC).	99%	91%				. ,	<u> </u>		ained pe					
	iv. Number of people in Traveller community who received information of participated in posi ive mental heal h ini iatives (#8 Prevention/Early Intervention).	3,735	Reported quarterly				~	~	TTTC TTC	inted pe					
	v. % of patients with frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community Specialist teams (#3 Primary Care, ECC).	55%	39%				Delive	rables:	Status o	of delive	rables a	as follow	/s:		
	vi. % problem alcohol users (under 18years) for whom treatment has commenced within 1 week following assessment (#8 Prevention/Early Intervention).	100%	Reported quarterly				• On								
	vii. Board approval of Digital Health Implementation Roadmap (deliverable #14 eHealth)	Apr-24	On track				Dela								
	viii. Complete evaluation of the Autism Assessment and Pa hway protocol demonstrator project and commence national roll out with Primary Care, Disability and Mental Health Services (deliverable #7 Disability)	Sep-24	On track				<ul><li>Not</li><li>Con</li></ul>		1						
	ix. No. of home support hours delivered in 2024 (#4 Older Persons).	22.0m	1.93m				• No	longer	required	ł					
	x. CAMHS- percentage of urgent referrals to CAMHS Community Teams responded to within three working days (#6 Mental Health).	≥90%	89.6%												
	xi. Commence phase 2 of Model of Care for Infertility (deliverable #19 Women's Health)	Q2-24	On track												
D. Finance, Governance and	i. €250m Agency "do without" savings. Annual target: €376m (across all savings categories).	€376m across all categories	TBC												
Compliance	ii. €80m Agency / Overtime "conversion" savings. Annual target: €376m (across all savings categories).	€376m across all categories	TBC												

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

Ambition Statement 2024:Public Health aligned with the new Health Regions, will work across the domains of health improvement, health service improvement, health neutro protection to protect and promote the health and wellbeing of the population. Building upon the strategic reform of Public Health, it will continue to implement key immunisation priorities and will ensure the delivery and monitoring of a high-level of prevention and control of vaccine preventable diseases across population groups through immunisation programmes. This will include COVID-19, seasonal flu and the Primary Childhood Immunisation Schedule as informed by guidance/policy. In 2024, integrated plans for Covid-19 and Influenza vaccination programmes will be maintained and key activities for the improvement of immunisation uptake rates will be implemented across priority programmes.

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Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved.													3	Change
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.COVID-19 Vaccine uptake for Health and Care Workers (based on HSE Healthcare Workers recorded on HSE HR-SAP)	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50%	50.0%	50.0%	50.0%	50.0%	50.0%
	Actual		19.0%											
2.COVID-19 Vaccine uptake for people 70 years and over (based on Census 2022 data)	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
	Actual		62.0%											
3. Influenza vaccine uptake in HSE Health Care Workers (Acute Hospitals)	Target	75.0%												75.0%
	Actual													
4. Influenza vaccine uptake for people 65 years and over	Target	75.0%												75.0%
	Actual													
5. Influenza vaccine uptake for children within approved age category (2-17)	Target	50.0%												50.0%
	Actual													
6. Percentage of International Health Regulation (IHR) alerts received by Health Projection Surveillance Centre (HPSC)	Target	100.0%			100.0%			100.0%			100.0%			100.0%
that are risk assessed and actioned as appropriate within 24 hours of the alert (Data reported quarterly in arrears)	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Develop an integrated plan for-COVID-19 vaccination in conjunction with the Influenza vaccination programme as appropriate.	Jun-24		Planning in place for Covid-19 Spring Programme 2024. Awaiting NIAC guidance for Winter 2024. Planning in progress to integrate COVID-19 and Influenza vaccination programmes for Winter 2024
2. Develop operational plans for 2024 to support other (new/existing) vaccination programmes with Covid-19 Mobile Team resources where required.	Sep-24	On Track	Operational plans revised and adapted for COVID-19 Mobile teams to support implementation of MMR catch-up vaccination programme under the direction of the Measles National Incident Management Team.
<ol> <li>Work with the DoH to agree and implement a plan to expand the flu vaccination programme within approved age category in line with the funding provided</li> </ol>	Mar-24	Delayed	Exp. Del TBC. Continuing to engage with Department on funding. LAIV operational plan for winter 2024 developed.
<ol> <li>Implement key actions identified by the HSE Integrated Taskforce for improvement of immunisation uptake rates.</li> </ol>	Dec-24	On Track	HSE Taskforce for Improvement of Immunisation Uptake Rates in place, meeting fortnightly to review uptake rates for Primary Childhood Immunisation.

Key issues impacting delivery of ambition

1 Awaiting NIAC Guidance for Covid-19 Winter 2024.

Mitigating actions to address key issues

1. Planning for delivery in place.

1

Ambition statement 2024: To maintain 2023 improvements in patient care and to deliver further quantifiable improvements in 2024 metrics and KPIs. This will improve the experience of patients accessing the unscheduled care pathway and deliver better health outcomes by reducing known levels of harm associated with prolonged wait times in EDs and extended stays in hospital following the completion of acute care. To deliver this, the focus in 2024 will be on implementing year 1 priorities of the National UEC plan 2024-2026, incorporating key learnings from successes achieved in 2023. Services will work to optimise existing integrated service models for patients, and deliver service quality, efficiency and productivity measures that will improve care to patients, with a particular focus on older adults.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved.													4	Change
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Average daily number of patients on trolleys at 0800hrs	Target	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320	<320
	Actual		353											
2. Percentage of all attendees at ED who are in ED <24 hours	Target	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%
	Actual		96.0%											
3. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hrs of registration	Target	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	Actual		91.0%											
4. Number of beds subject to delayed transfers of care (reflects average monthly figure) <350	Target	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350	<350
	Actual		371											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Multiannual UEC plan 2024-2026 is launched, providing a medium term vision and roadmap for the incremental and sustained improvement of UEC Services	Apr-24	On Track	Plan is at penultimate draft stage. It will proceed to the P&P Committee for approval In April
2. HSE UEC Operational Plan 2024 is launched, providing the full range of national, integrated and service led actions to deliver UEC improvements in year 1 of the 3 year UEC Plan	Mar-24	On Track	Plan is at penultimate draft stage. It will proceed to the March P&P Committee meeting for briefing purposes. It is expected that the minister will bring the plan to Government before the end of March ahead of its launch
3. An enablement function is established as part of the UEC Programme to provide support to Health Regions in the development of local service improvement trajectory plans	Jun-24	Not Started	Completion of this work is dependant on finalising the Governance structure for the UEC programme
4. Revised National and Health Region UEC clinical and operational governance structures and associated arrangements for UEC Programme and Older Adults pathway delivery, monitoring and reporting are in place strengthening delivery capability	May-24	Not Started	This is dependant on finalising the alignment of the centre to the regions as the part of the change process

1.

Key issues impacting delivery of ambition

Mitigating actions to address key issues

# 3. Reform of Primary Care, Community and ECC

4

Change

Ambition statement 2024: The ECC will support Community Healthcare Networks and Community Specialist Teams for Older People & Chronic Disease to reach maturity, integrating with the wider community services and enabled by continued delivery of community diagnostics, with an emphasis on productivity and output to maximise impact, in order to ensure a consistent end to end care pathway & improve patient outcomes across the wider health system.

Rating and Overview (4):Strong assurance that the 2024 Ambition Statement will be subtaintually achieved. The ECC Programme is progressing in line with the planned focus on consolidation of existing CHNs and CSTs, activity impact & outcomes in the context of productivity and by continuing planned investment in Digital & Capital infrastructure to enable teams to further embed the model.

крі	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Therapies / Community Healthcare Network Services - Total number of patients seen	Target	1,597,487	133,128	266,256	399,384	532,512	665,640	798,768	931,896	1,065,024	1,198,152	1,331,280	1,464,408	1,597,487
	Actual		118,422											
2. Number of reviews carried out in General Practice in the Chronic Disease Management Treatment Programme,	Target	529,212	44,101	88,202	132,303	176,404	220,505	264,606	308,707	352,808	396,909	441,010	485,111	529,212
reducing requirement for hospital/ED attendance			47,489											
3. Number of patient contacts by Chronic Disease Community Specialist Teams (across Respiratory, Cardiology, Dial		228,000	19,000	38,000	57,000	76,000	95,000	114,000	133,000	152,000	171,000	190,000	209,000	228,000
& Smoking Cessation)	Actual		20,602											
4. Number of patient contacts by Older Persons Community Specialist Teams	Target	141,000	11,750	23,500	35,250	47,000	58,750	70,500	82,250	94,000	105,750	117,500	129,250	141,000
	Actual		10,418											
5. Percentage of new patients seen by Older Persons Community Specialist Teams on the same day or next day of referra	al Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
	Actual		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%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%
Specialist Teams	Actual		39.0%											
7. Number of Community Diagnostics services (X-ray, CT, MRI, DEXA, Natriuretic Peptide Test, ECHO, Spirometry)	Target	401,409	33,451	66,902	100,353	133,804	167,255	200,706	234,157	267,608	301,059	334,510	367,961	401,409
delivered	Actual	•	47,215		, i i i i i i i i i i i i i i i i i i i			č.			,			

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Commence implementation and roll out of Interim ICT solution	Jun-24		Procurement Evaluation Group established and formal review of vendor submissions in progress. Vendor demonstrations scheduled with a view to select successful vendor. Requirements and Formal Design process has commenced in parallel.
2. ECC Capital Infrastructure Programme Implementation aligned to Primary Care Centre Development	Dec-24		As of 31st January 2024, there are 72 ECC Capital proposals approved to progress, an increase of 1 new proposal since the previous update. This recently approved proposal is for the Roscommon Spoke for CST 5, at Roscommon PCC.
3. Complete Healthlink rollout across CHNs and CSTs, supporting integrated, multidisciplinary ways of working	Jun-24		64 of the 96 x CHNs live on HealthLink and a further 4 x CHNs are expected to go live by end of Mar'24. The outstanding rollout was delayed owing to IR issues. Engagements recommenced to close out outstanding CHNs by Apr'24. For ICPOP 23/30 of the CSTs are live and for ICPCD 27/30 CSTS are live.
<ol> <li>Further embedding of full end-to-end pathway and integrated ways of working to maximise productivity and output</li> </ol>	Dec-24		Monitoring, evaluation and learning process through ECC steering group & regional oversight groups to ensure affinity to the model & transfer of learning and best practice. ECC update delivered to REOs highlighting progress/impact to date & importance of implementing ECC model within the 80/20 rule.
5. Activity / Productivity analysis by CHO undertaken	Jun-24	On Track	Approach and scope of analysis considered through established governance process- ECC Steering Group, Feb meeting - work ongoing to refine approach, format etc.

### Key issues impacting delivery of ambition

1. Recruitment - backfilling of key leadership roles in order to maximise productivity and output of teams currently in place

2. Capital Infrastructure - adequate space and accommodation for the delivery of services by multidisciplinary teams

3. Implementation of the Interim ICT Solution

Mitigating actions to address key issues
1. Backfilling has been paused in line with memo from CEO, local areas have been advised to seek derogation for all Key Leadership posts.
2. Continued implementation of the detailed plan developed & framework agreed in 2023, with on-going established monthly engagement with CHOs.
3. Procurement Evaluation Group established. Detailed requirement and process design phase commenced in advance of vendor selection.

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

3

Change

Ambition Statement 2024: We will continue to provide integated models of home and community support, enabling increased access to care and supports in the community and egress from acute hospitals through the delivery of 22m hours of home support, to better support older people and their families to remain in their own homes and communities in line with their wishes. We will progress this through: i) progresssing the implementation of the interRAICare Needs Assessment ii) procuring an IT system to support the delivery of home support services, the Nursing Home Support Scheme and the impending Statutory Home Support Scheme and iii) establishment of the National Home Support Scheme office.

Rating and Overview: Significant work continues to progress the reform agenda. Challenges remain in relation to the recruitment and retention of home support staff. Collaborative working continues led by National Community Operations & HR to mitigate the risks.

КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Ensure by the end of the year that 60% of all new home support care needs assesment undertaken via InterRAI	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%
	Actual		1.4%											
2. Number of Home Support Hours Delivered in 2024 - The profile of hours by month is being progressed and will be	Target	22.00m	1.84m	3.56m	5.41m	7.27m	9.11m	10.89m	12.91m	14.75m	16.53m	18.38m	20.16m	22.00m
e shortly	Actual		1.93m											
3. Number of people waiting for home support services following home support needs assessment undertaken by	Target	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
community staff. No actual target. This is a count of the number of people awaiting home support resources after assessment at the end of the reporting period	Actual		5,530											
4. No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) The profile	Target	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100	54,100
of clients by month is being progressed and will be available shortly	Actual		56,339											
5. Cost of Home Support Hours delivered in 2024 - Budget profile is currently being finalised and will be available shortly	Target	€692.61m	€58.66m	€113.54m	€172.20m	€228.97m	€287.63m	€344.40m	€403.66m	€461.72m	€518.49m	€577.15m	€633.92m	€692.61m
	Actual		TBC											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Establish the National Home Support Scheme Office	Q1-24	Delayed	Exp Del. TBC. Construction commenced on site Monday 11 March and is due to conclude July 2024. Significant delays experienced in commencing this project
2. Finalise specification and complete procurement for Home Support ICT System	Dec-24		Awaiting approval from DGOU. Internal Governance processes approved procurement process and documents are w th HSE legal. Preparation of Stage 2 Procurement process commenced and will be finalised once Home Support Prov der regulations are finalised & draft standards published.

### Key issues impacting delivery of ambition

1. Recruitment and retention of key 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

### Mitigating actions to address key issues

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 the Future Home Support Operating Model and interRAI implementation Workstreams and associated Working Groups, ensuring effective communication with service delivery areas.

1.

# 5. Reform of Scheduled Care

Change

Ambition Statement 2024: 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 2024 will include the implementation of i) the prioritised modernised care pathways; ii) End to end solution for referral management iii) and integrated Specialty Review Groups; as well as progressing the implementation of Surgical Hubs.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved

													-	
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Percentage of patients waiting longer than 15 months for an outpatient appointment	Target	10.0%	13.2%	12.9%	12.1%	12.1%	11.9%	11.5%	11.3%	11.2%	11.1%	10.9%	10.4%	10.0%
	Actual		13.2%											
2. Percentage of patients waiting longer than 9 months for an inpatient or daycase procedure	Target	10.0%	22.6%	21.6%	20.5%	19.5%	18.4%	17.4%	16.4%	15.3%	14.3%	13.1%	11.4%	10.0%
	Actual		22.6%											
3. Percentage of patients waiting longer than 9 months for a GIScope	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
	Actual		4.9%											
4. Deliver an increase in activity by 5% above the 2023 outturn for Outpatient, IPDC, GI scope activity by increasing core	Target	5.0%	твс											5.0%
and additional activity	Actual													
5. Number of service users removed from community waiting lists due to community initiatives	Target	4,836	407	814	1,231	1,658	2,025	2,442	2,889	3,336	3,753	4,150	4,527	4,836
	Actual		476											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Centralised Referral &amp; Patient Initiated Review (PIR): Progress the implementation of centralised referrals and PIR across all sites and all specialties where clinically appropriate.</li> </ol>	Dec-24	On Track	Generated 2023 year end reports for CRO and PIR Targets for CRO and PIR drafted, and implementation planning commenced PIR toolkit has been developed
<ol> <li>Surgical Hubs: Fully operationalise the surgical hubs in South and North Dublin and progress remaining hubs on an expedited schedule for operationalisation on a phased basis throughout 2025</li> </ol>	Dec-24	On Track	Dublin South refurbishment underway and on track for Phase 1 operational Aug 24. Dublin North progressing with Phase 1 due to be operational Nov/24. Galway Letter of Agreement to issue in Feb. Cork Waterford Limerick tender docs issued in Jan 24
3. HSE Website Improvement: Build upon the foundations of the patient and service user resource that is being created on hse.ie, with a key focus on enhancing user experience. In 2024, focus areas will include publishing more granular data and average patient wait times.	Dec-24	On Track	Implemented user experience improvements based on feedback from users. Scoping commenced for provision inclusion of waiting times into HSE App
4. Alignment on wait times: Engage with the NTPF to ensure whole of system focus on reducing waiting times as the key indicator for improving access to scheduled care	Dec-24	On Track	Engagement ongoing with NTPF throughout January to align hybrid approach to delivering additional capacity to achieve reduction in wait times and waiting list volumes. Strong collaborative approach undertaken to the development of the Wait List Action Plan (WLAP) 2024 including development of KP3s
5. Modernised Care Pathways: In 2024, Modernised Care Pathways are expected to deliver approximately 6,000 OPD wait list removals and total patient activity of 70,500 (21,000 new patient and 49,500 review patient activity). MCPs will support health system performance across a range of parameters, including: waiting list removals/avoidance; releasing/creating additional acute consultant capacity; and hospital /emergency department avoidance.	Dec-24	On Track	M1-2024: There are currently 28 operational pathways (+1 Vs last month) across 78 sites (+8 V's last month). These pathways have reported 825 new acute wait list removals and total patient activity of 7,834 (3,522 new patient activity, and 4312 review patient activity

1.

Key issues impacting delivery of ambition

Mitigating actions to address key issues

# 6. Reform of Mental Health

2

Change

Ambition Statement 2024: Continue to implement the reform and improvement of Mental Health Services, through the implementation of the key strategies Sharing the Vision and Connecting for Life; with a significant focus on i) The publication and implementation of a Child and Youth Mental Health service action plan focussing on reducing waiting lists, improving access and meeting KP's including urgent referrals; ii) Increasing availability of digital mental health supports; iii) Continued roll-out of Crisis Resolution Services and CAMHS Hubs; iv) Enhancement of MH Clinical Programme teams; v) Development of an enhanced model of Engagement in MH.

													S	
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. CAMHS - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by CAMHS	Target	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%	≥78.0%
Community Teams	Actual		58.0%											
2. 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%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%	≥90.0%
	Actual		89.6%											
3. 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%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%	≥85.0%
children to acute mental health units)	Actual		96.0%											
4. 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%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%	≥75.0%
General Adult Community Mental Health Team	Actual		67.6%											
5. Older Persons Services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12	Target	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%	≥95.0%
weeks by Psychiatry of Later Life Community Mental Health Team	Actual		86.7%											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1.Publish Child and Youth Mental Health Action Plan	Jul-24	On Track	Draft Child and Youth Mental Health Plan in development and progressing well.
<ol> <li>Implement CAMHS Waiting List initiative with a target reduction of 35% (1500), and enhance CAMHS Teams with additional staff</li> </ol>	Dec-24		Exp. Del TBC. 2024 Waitlist initiative funding allocation to be confirmed. Existing 2023 W/L initiative plans operating in CHO's 1,2,6,8 & 9, have continued into 2024. Req. by CHO 3 and 4 to engage in the 2024 initiative currently being considered and are dependent on available W/L funding in 2024.
3. Develop new i) Model of Engagement in Mental Health, and ii) Framework for Recovery in line with Sharing the Vision and the Patient Engagement Framework	Dec-24	On Track	Both the Engagement Framework for Mental Health and the Framework for Recovery in Mental Health are at drafting stage
4. Implement agreed models of care for (i) Older Persons and Dual Diagnosis across pilot sites, (ii) enhance CAMHS Eating Disorder team in CHO6 with additional staff in line with Model of Care (iii) enhance SASSY (Substance Abuse Service Specific to Youth) team in CHO9 in line with Model of Care	Dec-24		(i) Pilot sites progressing, Recruitment challenges due to current embargo across pilot sites. (ii) Additional 2.4 WTE posts approved in Budget 2024 and recruitment due to commence (iii) Additional 7 WTE posts approved in Budget 2024 and recruitment due to commence
5. Deliver Crisis Resolution Services (1xCrisis Team, 4xSolace cafe's) and CAMHS Hubs (3xCAMHs Hubs) across learning sites and complete interim evaluation report for both initiatives	Dec-24		Exp. Del dep. on recruitment. Recruit pause affecting a) commencement of CAMHS Hub CHO 3, 4, & 8. b) commencement of Crisis Resolution Team in CHO 3 and filling of gaps on CRTs in CHO 1, 5 & 6. Plans progressing for Crisis Cafes in CHO 6, 3, 1 & 5. Evaluation plans for both initiatives underway.
6. Deliver suicide prevention gatekeeper training to 5,000 people (online and face to face) and train 40 new trainers to deliver the programmes	Dec-24		Let's Talk About Suicide online suicide prevention training went live Q1,'24 16 out of target 40 Train the Trainers trained Over 1500 people attended suicide prevention training
<ol> <li>Commence a comprehensive evaluation of Connecting for Life (report due to be completed Q2-25)</li> </ol>	Feb-24		(i) Contract awarded in Jan 2024. (ii) Evaluation Advisory Group meeting held (iii) Presentation on evaluation given to key CfL stakeholders (e.g. NGO partners & ROSPs) (IV) CfL stakeholder mapping exercise completed and Stakeholder meeting convened.
8. Increasing availability of digital mental health supports: (i) implement a digital mental health action plan (ii) provide 8000 online guided CBT courses	Dec-24		(i) Digital Mental Health Action Plan implementation in progress.(ii) Online CBT has 2,115 referrals, 1,209 users currently active and 7,500 pre-paid licences. New programmes awaiting sign-off are: Space from Sleep and Space from Perinatal Wellbeing.

### Key issues impacting delivery of ambition

1. Embargo on recruitment impacting progress across all MH developments.

2. Industrial action has impacted the return of KPI data

### Mitigating actions to address key issues

1. Risks report completed and escalated.

2. Industrial action resolved and work underway with CHOs to update MH data systems.

# 7. Reform of Disability Services

Ambition Statement 2024: Continue to implement the reform of disability services, ensuring that people with disabilities have significantly improved access to high quality, person-centred services that meet their individual needs, promote 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) expansion of the neuro-rehabilitation project; iv) implementation of the 2024 actions from the 'Action Plan for Disability Services; 2023-2026; v) Roll out of a new national Autism assessment and pathways protocol; vi) Review all high cost residential placements across Disability and Mental Health services to ensure delivery of high quality person centered services at the most economical cost available in the short term; and adequate development of residential requirements in the long term.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved with significa	ant dependend	cy on the ability to	recruit nece	ssary skills mi	ĸ								4	Change
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Number of children on the active caseload of Children's Disability Network Teams	Target	51,000			47,000			48,250			49,500			51,000
	Actual													
2. Number of children waiting for an initial contact with Children's Disability Network Teams	Target	14,870			16,109			15,696			15,283			14,807
	Actual													
<ol> <li>Number of residential places for people with a disability (including new planned places)*</li> </ol>	Target	8,431	8,369	8,379	8,388	8,395	8,402	8,408	8,414	8,418	8,422	8,425	8,428	8,431
*End of Dec'23 figure: 8,400. Jan data due 22nd of March.	Actual													
4. Number of respite overnights accessed by people with a disability	Target	160,000			37,000			76,000			118,000			160,000
	Actual													
5. Number of U65s residing in nursing homes supported to move to community or remain in nursing home with supports	Target	38				2	6	10	14	20	26	30	34	38
as per their will and preference.	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Progressing Children's Disability Services: (i) Improve the services to children and families through the implementation of the action plan set out in the Roadmap (ii) progress the completion 91 fully functional CDNT teams</li> </ol>	Dec-24	On Track	SIP Board 1st met Feb13th, Workforce WG Mar 5th, Comms WG 7th, Children's Integrated Services 12th, Service Access & Improvement 14th. WGs to finalise Project Charters, required to deliver Roadmap actions. Meanwhile, significant number of actions in train & 6 completed.
2. (i) Establish Community Neuro-Rehabilitation Teams in CHO6 & CHO7 to complete the Managed Clinical Rehabilitation Network (MCRN) in these CHOs (July 2024); (ii) establish full CNRTs in CHO2 & CHO4 (July 2024) (ii) develop and establish a new CNRT in CHO9 (Dec 2024); (iii) Develop business plans with colleagues in RHAs for the future development of Managed Clinical Rehabilitation Networks in CHO2, CHO4 and CHO9.	Dec-24	On Track	CHO 2, 46 & 7 ready to progress to recruitment once primary notifications approved. Continuing to engage with CHO colleagues in relation to funding for additional CNRT in 2024 and future development of MCRNs.
3. Monitoring System for New Directions: Complete the 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	Jul-24	On Track	The Outcomes Working Group are progressing the development of outcomes indicators, on track for delivery in May 2024. The Service User Engagement Working Group are actively recruiting SU's to provide input from experts by experience into the monitoring system.
<ol> <li>Complete evaluation of the Autism Assessment and Pathway protocol demonstrator project and commence national roll out with Primary care, Disability and Mental health Services</li> </ol>	Sep-24	On Track	Commence data collection from the 4 pilot areas at the end of March, the independent evaluators to commence evaluation following the data collection.
<ol> <li>Deliver better value from expenditure on high cost residential placements across Disability and Mental Health services, to ensure that the HSE receives high quality person centred services at the most economical cost available.</li> </ol>	Dec-24	On Track	Work plan has been developed and scheduling of Priority 1 assessments review underway
6. Implement a decongregation plan in line with the Disability Action Plan targets; develop relevant business cases to secure the associated revenue and capital funding to meet the 2024-2025 targets for transitions from congregated settings.	Dec-24	On Track	Target for 2024 is 73 transitions. 5 transitions took place in January and business cases are in development for 17 further transitions by the end of Q1 2024
7. Extract learning from the Sustainability Impact Assessment process (review of model of service, workforce, finance, org structure, estates and ICT) sharing learning towards the stability and sustainability of the disability sector	Dec-24	On Track	The learning papers are being developed. The Informing Disability Services: Literature Review and the Agreed Service Delivery Model report are finalised. The team are presenting SIA project findings to key stakeholders on an ongoing basis, tailoring content to different audiences.
8. Family Forums and Family Representative Groups: Establish the remaining 22 new Family Forums (total of 91) and 4 Family Representative Groups (total 9) to ensure Service User and Family participation in CDNT service development at national, regional and local levels		On Track	81 FFs and 6 FRGs now in place. Awaiting validated returns

### Key issues impacting delivery of ambition

1. The sourcing and retention of suitably qualified staff to deliver services which received new development funding in 2024

	Mitigating actions to address key issues
1. Targeted recruitment process underway	

# 8. Prevention and Early Intervention

4

Change

Ambition Statement 2024: Enable individuals to take greater control over their physical, mental and sexual health, through supporting behavioural change, by delivering services and targeted interventions which provide people with the tools and support to make healthier choices throughout their lives, (particularly individuals and communities at greatest risk).

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. All KPIs are currently on track for delivery and position is expected to be maintained to year end. 1/2 deliverables may be impacted due to external factor.

KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Percentage of smokers on cessation programmes who have quit at four weeks (quarterly)	Target	52.0%			52.0%			52.0%			52.0%			52.0%
	Actual													
2. Number of frontline staff who completed the eLearning Making Every Contact Count brief intervention training	Target	5,935			2,017			3,501			4,985			5,935
larterly)	Actual													
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%
essment (quarterly)	Actual													
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 (quarterly)	Actual													
5. Number of free home testing Sexually Transmitted Infections (STIs) kits dispatched	Target	120,000	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000	110,000	120,000
	Actual		12,046											
6. Percentage of new individual service users admitted to Supported Temporary Accommodations (STA), Private	Target	86.0%			86.0%			86.0%			86.0%			86.0%
Emergency Accommodations (PEA), and /or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Complete and commence implementation of a Physical Activity Pathway to support referrals to physical activity programmes outside the HSE in partnership</li> </ol>	Dec-24		Digital Platform specification design workshops x 3 (incl E-Health, Digital Health Clinical Team, HSE Comms Digital Lead and practitioners). First procurement meeting 31/1. Training for HSCPs commenced on 26/1 - 35 participants.
with Sports Ireland			
2. Increase access to free Stop Smoking Medication	Dec-24	On Track	Meetings held with national pharmacy procurement and further development of invitation to tender and award criteria documentation for the supply of stop smoking medications centrally.

### Key issues impacting delivery of ambition

1. Capacity issues in HBS Procurement and E-Health causing delay in going to tender for digital platform.

### Mitigating actions to address key issues

1. Engaging and supporting Procurement and E-Health on addressing any queries.

# 9. Enhancing Bed Capacity

2

Change

Ambition statement 2024: To deliver additional bed capacity across the year as follows: i) provide an additional 22\* critical care beds under NSP2024 to reach a total of 352 beds; ii) to deliver a total of 147 additional acute beds; and iii) 23\* beds will need to be delivered to reach target of 352 required by LoD and NSP24. Discussion required as to where this bed will be identified and WTEs provided.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. National capital and minor capital works are on track but delays in operationalisation may occur due to recruitment of staff to open beds.

													3	
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Critical Care Beds	Target	22*	1	1	1	1	1	9	9	9	12	12	18	22
	Actual		1											
2. Acute Bed additions	Target	147	0	22	37	49	49	75	93	111	111	121	121	147
	Actual		0											
3. Community Bed (including rehabilitation beds) additions	Target	16	0	0	4	0	0	8	0	0	12	0	0	16
	Actual		0											
4. No. of short stay beds in public units	Target	1,683	1,612	1,615	1,625	1,630	1,637	1,642	1,650	1,657	1,664	1,670	1,677	1,683
	Actual		1,612											
5. No. of Nursing Home Support Scheme (NHSS) beds in public long-stay units	Target	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501	4,501
	Actual		4,796											

Note: 'Bed' reflects the total additional acute bed capacity that became operational during the year either as a result of construction or reconfiguration.

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Delivery of beds and WTEs as per profile	Dec-24	On Track	1 additional critical care bed opened as profiled in St James' Hospital on 8th January 2024.

2

Key issues impacting delivery of ambition								
1. Recuritment of Additional Staff								
2.Capital Programme to meet anticipated/completion dates								

	Mitigating actions to address key issues
1.	
2.	

# 10. Quality and Patient Safety

Change

2

Ambition Statement 2024: 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 fractures surger. In addition, we will, iv) continue implementation of the Patient Safety Strategy; v) design a National Quality and Patient Safety Surveillance in maternity services; vi) design and deliver a National QPS Competency Framework; and vii) implement the Patient Safety Together platform.

Rating and Overview (2): Concerns that the 2024 Ambition Statement will only be partially achieved

													Ζ	
KPI	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days	Target	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8	⊲0.8
used	Actual		0.9											
2. National Incident Management System: Percentage of reviews completed within 125 days of category one incidents		70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
the date the service was notified of the incident	Actual		44.0%											
3. Percentage of surgical re-admissions to the same hospital within 30 days of discharge	Target	≤2.0%	≤2.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%	⊴.0%
(Data reported two months in arrears)	Actual													
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 reported one quarter in arrears)	Actual													
5. Rate of medication incidents as reported to National Incident Management System per 1,000 beds (aim to increase reporting)		>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0	>3.0
(Data reported three months in arrears)	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status Monthly Progress Update
<ol> <li>Commence Quality &amp; Safety Surveillance System in Matemity 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</li> </ol>		Delayed Exp. Del dep on recruitment. Recruitment remains on hold due to recruitment pause / centre review consequently ICT development & site engagement paused. Project avaiting clarification of pay & numbers strategy outcome and inclusion of this Släintecare project.

1.

Key issues impacting delivery of ambition

Mitigating actions to address key issues

# 11. Patient and Service User Partnership

5

Change

Ambition statement 2024: to continue strenghtening the culture of patient and service user partnership through direct involvement and leadership in planning and programme activities through: i) progressing the implementation of the Health Services Patient Engagement Roadmap through the development of training programmes; ii) strengthening implementation of QPs 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.

Rating and Overview (5): Strong assurance that the 2024 Ambition Statement will be achieved.

КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
. Implementation of the Better Together Road Map through the development and implementation of a comprehensive lational Training Module that is co designed and co delivered across the HSE utilising a 'train the trainer' approach with		6	0	0	0	0	0	0	0	0	1	4	6	6
each Health Region	Actual		1											
Number of hospitals and CHO areas with ADM leads in place as committed to in Service Plan 2023 (max 38)		38				13				26				38
	Actual													
3. Total number of staff that have completed Module 1: Guiding Principles on the e-learning programme on assisted	Target	26,000	15,000	16,000	17,000	18,000	19,000	20,000	21,000	22,000	23,000	24,000	25,000	26,000
decision-making	Actual		14,497											
4. Percentage of complaints to HSE investigated within 30 working days of being acknowledged by a Complaints Officer	Target	75.0%			75.0%			75.0%			75.0%			75.0%
	Actual													
Percentage of complaints to HSE where an Action Plan identified as necessary is progressing		75.0%					75.0%			75.0%			75.0%	
	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status Monthly Progress Update
1. Develop a working group to collate, assess, review and agree the learning pathway plan for partnership education and training	Apr-24	Complete Completed Mar-24. Working group established and meetings have commenced
2. Develop a partnership education and training package for service users. Careers, public representatives, staff and managers	Jun-24	On Track 3 workshops have taken place to date with PALS, PSUES, service users and HSE staff over the month of February and early March with regard to the education plan
3. Develop feedback mechanisms and KPIs to aid with monitoring and evaluating the education and training sessions	Nov-24	On Track As a key componenet of the development of the education plan we will be looking to devleop the feedback mechanisms and KPIs
4. Support operational services capability to monitor and report on compliance with mandatory recording of Action Plans on the Complaints Management System (KPINo. 6) through provision of training and generation of quarterly compliance reports as outlined in the Your Service Your Say policy	Dec-24	On Track No data entry for KPIno.4 or KPIno.5 for this months return as data is returned quarterly and will not be available until 23rd May for KPIno.4 and 5th July for KPIno.5

### Key issues impacting delivery of ambition

1. E-learning on ADM is not mandatory in the HSE

### Mitigating actions to address key issues

1. Work is underway to establish grounds to make ADM and consent training mandatory. A paper is currently in development. E-learning promoted at all information sessions.

Ambition Statement 2024: Ambition Statement 2024: To source, deliver and retain the required work									tout in the Pa	ay and Numb	ers Strategy	2024.		Change
KPI targets/data (KPI#2/#3) awaiting finalisation of affordable WTE limits													3	
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Average Time to Hire - From receipt of job order to date HR Shared Services issue contract	Target Actual	19 wks	19 wks 16 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks	19 wks
2. Total Net WTE Limit * *Opening WTE Limit is provisional and in line with draft Pay and Numbers Strategy	Target Actual	ТВС	143,845 146,429	143,845	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
3. Annual Turnover Rate* *Targets and Jan data not available as PNS remains under discussion	Target Actual	TBC	140,429 TBC	TBC	TBC	TBC	TBC	TBC	твс	TBC	TBC	TBC	TBC	TBC
4. Staff Absence Rate	Target Actual	≤4.0%	<u>≤</u> 4.0% 6.5%	<u>≤4.0%</u>	<u>≤4.0%</u>	<u>≤4.0%</u>	<b>≤4.0%</b>	<u>≤4.0%</u>	<b>≤4.0%</b>	<b>≤4.0%</b>	<b>≤4.0%</b>	≤4.0%	≤4.0%	≤4.0%

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Establish a Talent Attraction &amp; Engagement Unit, delivering an attraction strategy specific to each grade category</li> </ol>	Sep-24	On Track	TAE Unit with reduced resources commenced Q4 2023. Initial focus on CDNT Resourcing. Ongoing engagement with Universities and engagement with Secondary Schools to be commenced
2. Establish affordable WTE Limits	Jan-24		Exp Del dep. on PNS. 2024 Entity Limits developed (by staff category by Hospital & CHO care group, with limits for S38 voluntary agencies & central HSE functions), in conjunction with Finance, are subject to Pay & Numbers finalisation & SLT sign-off. Expected they will issue before month end.
<ol> <li>Commence employment monitoring and reporting against the affordable WTE limits</li> </ol>	Feb-24	Delayed	Exp Del dep. on PNS. Monitoring reports (actual monthly WTE vs staff category at entity level will be in place immediately after sign-off.
<ol> <li>Commence the tendering process for a single talent acquisition solution (Applicant Tracking)</li> </ol>	Sep-24	On Track	Initial meeting scheduld for April 2024
<ol><li>To revise the Governance and deliverables for the HSE Resourcing Strategy to support the development of the six HSE Health Regions with a targeted focus on Disability Services</li></ol>	Apr-24	On Track	Proposed new Governance Structures with enhanced focus on Disability Services are drafted and under consultation internally.
<ol> <li>Establish Career Pathways material, per profession, in collaboration with the relevant National Discipline Leads, for hosting on the HSE Career Hub.</li> </ol>	Dec-24	On Track	Work commencing Q2 2024 - with meetings scheduled for April 2024
<ol><li>Develop and build relationships with Domestic and UK universities through informative webinars, as part of a TAE Strategy</li></ol>	Dec-24	On Track	Ongoing engagement with Domestic and UK universities through webinars, with a focus on HSCPs. Good participation and engagement, with insightful feedback from students.
<ol> <li>Develop a framework for engagement with Secondary Schools, promoting careers in healthcare.</li> </ol>	Sep-24	On Track	Work commencing March 2024
9. Develop an appropriate Recruitment model that supports the implementation of the six HSE Health Regions	Sep-24	On Track	Commencement of Health Regions senior management required, to support and agree development. March ROM Governance meeting postponed due to same. Next meeting scheduled for June 2024.

### Key issues impacting delivery of ambition

1. The transition to the new Health Regions may impact the deliverables of the Strategy and the development of an appropriate Recruitment Model to support same

### Mitigating actions to address key issues

1.Continual engagement with the REOs once appointed to build relationships and ensuring that the focus of the Strategy continues to flexe according to the changing landscape

# 13. Finance and Procurement

Ambition Statement 2024: To work with colleagues internally and externally to limit the level of supplementary financial su savings agenda. To make progress on key strategic areas including JFMS, Cash Management, Procurement, Reporting,	ie pay area. To	o provide imp	roved reporti	ng and decisio	n support, in	cluding aroun	id maximising	delivery on t	ne productivit	yand				
Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved.		⊃I targe ata TB0		3	Change									
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Achievement of Savings Targets as per NSP2024 including:* a. 6250m Agency / do without' savings b. 630m Agency / Overtime "conversion" savings c. 634m Consultancy savings 634m d. 612m Drugs and Medicines savings	Target	€376.00m	€3.90m	€7.80m	€11.70m	€44.10m	€76.50m	€108.90m	€141 30m	€173.70m	€206.10m	€238 50m	€270.90m	€303 30m
e. CL3m Procurement Savings f. OXm Other savings to be agreed as part of the work of the Taskforce on Savings and Productivity - Lead in time till end March assumed for savings 1, 2 and 4. *Jan data not available due to delays in the resumption of financial reporting following IA	Actual													
<ol> <li>Pay Spend - operating within pay spend level agreed as part of the Pay and Numbers Strategy (PNS) 2024*</li> <li>Targets and Jan data not available as PNS remains under discussion</li> </ol>	Target Actual	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
3. Procurement Spend Under Management: SUM - relates to non-pay spend- target for 2024 will be 85% of c. 64.9bn addressable spend (as per 3 year Corporate Plan, following delivery of 76% against target 75%).*	Target	85.0%			69.0%			84.0%			83.0%			85.0%
THB SUM will fail as existing contracts expire and will rise as HSE Procurement/OGP replace those contracts & establish contracts for additional areas of spend.	Actual													
4. Reduce potential 2025 first charge by minimum 25% below the 2024 first charge level.*	Target	>/= 25.0%												>/= 25 0%
*2025 first charge for 2025 will be est in Dec once final level 2024 supplementary financial support is known for 2024	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1.JFMS Rollout: a. Development and approval of revised Project Plan to accelerate roll out b. Delivery against key 2024 milestones in that plan	a. Q1-24 b. Q4-24	On Track	Revised Project Plan recommended by FRP Steering Committee on 29 February 2024. This plan will be presented for decision to HSE Board on 27 March 2024.
2. JFMS Benefits realisation / Reporting: a. Deliver 5 day close and report across IG1 sites by May / June reporting cycle b. Commence Cash Reporting for IG1 Main Entities / Care Groups reporting to support DOH Vote view c. Utilise JFMS BPC Forecasting in IG1 Sites	a. Jun-24 b. Apr-24 c. Jun-24		Item 2a. On track for delivery date. Item 2c - On track but dependent on completion of procurement process to have specialist support on site by May 1st & need to have RCOE resource in place Item 2b. may be delayed.
<ol> <li>Key Stakeholder Relationship Management (DOH Finance Unit/DPER Vote Team)</li> <li>Finalise agreement on revisions to Cash Management Approach</li> <li>Update Reporting Schedule to include reports and timelines for HSE data to be shared via DOH with DPER building on 2023 improvements (HSE to DOH schedule)</li> </ol>	Mar-24	On Track	Ibem 3a Ongoing Engagement with DoH Ibem 3b Updated Reporting Schedule to be shared with DoH by end of March.
4.Procurement Compliance: a. Improve 2024 compliance assessment result by 5% beyond 2023 level b. Set out high level plan to leverage IFMS, initially in OG1 sites, to expand and streamine compliance process so that includes spend below C25k and reliance on self assessment is reduced.	a. 2 5%Q2 bal Q4 b. Jun-24	On Track	lbem 4a. is on track for target delivery date. Ibem 4b. is behind schedule.
5.Rollout of the final work stream Internal Controls Programme WS4 Self Assessment, revamped plan by end Q1-24, one site to be in progress by Q4-24	Dec-24	On Track	Revamped Plan on target end Q1
6.ABF Benchmarking- Complete Annual Benchmarking Process for System review by 31 Oct 24 Actions: a. Hospitals to have 100% of 2023 admitted activity coded by 31 Mar 24 b. HPO to hold quarterly meetings with Hosp Grp CFO /RHA Fin rep c. Hosp Specialty Costing Returns to be submitted for review & audit by 31 May 24 d.HPO to host an annual ABF Conference on ABF issues by end Jun 24 e. ABF Final Benchmarking Model to be completed by 31 Oct 24	a. Mar-24 b. Q4-24 c. May-24 d. Oct-24 e. Oct-24	On Track	The coding coverage at the end of February nationally is 97.9% The deadline for completion of the 2023 HIPE File is March 2024.
7.Invoice Processing - finalise achievement of steady state in terms of: a. Clear current Jul - Nov backlog b. Resource & operational plan for steady state in place c. Invoice volumes at steady state levels d. Resource levels to maintain steady state	a. Q1-24 b. Q1-24 c. Q2-24 d. Q4-24	On Track	Deliverables progressing according to plan in Q1. Regarding target (a) there is some risk now that the target may not be achieved by end of Q1.

Key issues impacting delivery of ambition

1. The FORSA dispute impacted heavily on financial reporting and we now face challenges in the catch up as a result.

### Mitigating actions to address key issues

1. There is a significant focus on the Finance team to bring reporting up to date.

# 14. eHealth

Change

Ambition Statement 2024: Enable transformation of patient care by i) approval of Digital Health Strategic Implementation Roadmap, ii) completing CMMI re-assessment of Cyber Security, iii) releasing the Health App to the general population iv) National Shared Care Record vendor selected, v) developing Target Operating Model for eHealth Centre & Regions, vi) delivery of two 25-bed Virtual Wards.

Rating and Overview (5): Strong assurance that the 2024 Ambition Statement will be fully achieved. Strong progress on plan: delivery of 95% of capital programmes on target; Digital Health Strategic Implementation Roadmap completed and approved internally but awaiting DoH Framework publication, Cyber security CMMI maturity re-assessment has not started; Mobile Health App on track for Beta 1 release in Q1; National Shared Care Record procurement progressing on track; Target Operating Model scheduled to commence in Q1; procurement for delivery of 2 Virtual Wards on track

КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. eHealth ICT Capital expenditure vs 2023 profile-YTD	Target	€155.0m	€7.0m	€16.0m	€20.0m	€25.0m	€30.0m	€37.0m	€48.0m	€60.0m	€78.0m	€98.0m	€120.0m	€155.0m
	Actual		€8.0m											
2. Delivery of 90% of capital programmes on track by EOY (RAG status Green or Amber)	Target	90.0%	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%	90.0%	90.0%	90.0%
	Actual		91.7%											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Board approval of Digital Health Strategic Implementation Roadmap	Apr-24	On Track	Final draft of DHSIR approved by Steering Group, CEO, SMT & EMT Awaiting publication of Strategic Framework by Department of Health before submission for Board approval
2. CMMI maturity re-assessment completed for Cyber Security	Jul-24	Not Started	This project has not started yet
3. Mobile Health App released to the general public	Dec-24	On Track	App private Beta 1 (target population=100) behind target for technical readiness by end of Q1. This will be 2-3 weeks later than planned and may impact Q2 target, but will have no overall impact on completion date Planning commenced for private Beta 2 (target population=1,000) for Q2 release
4. National Shared Care Record preferred vendor selected	Dec-24	On Track	Procurement activities ongoing Completed all responses back to Tenderers to facilitate completion of Invitation to Submit Final Tender (ISFT) documentation (due to be released in July 2024)
5. New Target Operating Model developed and approved for eHeath Centre and Regions	Jul-24	On Track	Project planning underway; kick-off due before the end of Q1
6. Delivery of two 25-bed Virtual Wards	Dec-24	On Track	Procurement activities underway Dynamic Purchasing System (DPS) Phase 1 vendor responses reviewed Tender expected to be issued in Q1, with selection & contracting in Q2

Key issues impacting delivery of ambition		Mitigating actions to address key issues
L	1	1.

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Change

Ambition Statement 2024: To fully deliver the 2024 Capital Plan, including, i) acute bed capacity, inclusive of critical care beds; ii) community bed capacity; iii) Government priority projects, inclusive of surgical hubs; iv) investment to support patient safety and mitigate clinical and infrastructural risk.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. Verifiable capital expenditure for January 2024 is not available due to significant and ongoing challenges with IFMS reporting. Deliverables are all in progress. Resource capacity within Capital and Estates remains a significant constraint at present to achieving the 2024 Ambition Statement.

КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Capital spend*	Target	€1,159.30m	€22.68m	€62.82m	€116.75m	€197.19m	€273.40m	€334.07m	€426.72m	€510.44m	€589.08m	€698.43m	€907.27m	€1,159.30m
*Provisional figure. Not yet validated due to ongoing exercise with IFMS colleagues	Actual		€10.83m*											
2. Primary care centres completed	Target	5			1			4			4			5
	Actual													
3. Acute bed capacity, including critical care beds completed	Target	143			0			65			65			143
	Actual													
4. Community bed capacity completed	Target	413			118			118			333			413
	Actual													

Note: 'Bed' reflects the total number of new and replacement beds constructed during the year. It does not align with the number of additional beds that become operational during the year

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Deliver the National Equipment Replacement Programme in accordance with the revised and approved Equipment Replacement Report 2024-2028	Dec-24	On Track	Expenditure on the National Equipping Replacement Programme is in line with profile at January 2024.
<ol> <li>Undertake procurement and put in place appropriate governance and resources to progress the National Maternity Hospital project.</li> </ol>	Dec-24	On Track	SAQ's for main contract now evaluated and shortlist of tenders identified. Enabling works framework contracts now on site. Engagement progressing with relevant stakeholders in respect of project governance.
<ol> <li>Continue construction on two surgical hubs in Dublin. Commence construction on surgical hub in Galway. Continue design for all other hubs.</li> </ol>	Dec-24	On Track	Work on the South Dublin Hub has commenced on site. North Dublin Hub and Galway Hubs are approved to award contracts. Limerick, Cork and Waterford Hubs are in design.
4. Deliver the 2024 Minor Capital Programme	Dec-24	On Track	This Programme is in progress.

### Key issues impacting delivery of ambition

1. Resourcing to manage delivery of the Capital Plan is a significant challenge due to lack of skilled staff to oversee project scoping, design and delivery, given number of projects in Capital Plan.

2. Lack of capacity and capability in the construction and design sectors may delay delivery of the Capital Plan. Healthcare projects are less attractive in a buoyant market due to complexity.

3. The impact of global challenges remains a factor, including construction inflation, restricted availability and/or delays with materials and labour shortages likely to inhibit progress.

4. The deployment of the IFMS is challenging the ability to validate Capital Plan spend

### Mitigating actions to address key issues

1. Plans for the recruitment of 53 posts approved in NSP 2024 are being developed.

2. Establishment of new design team frameworks is in progress following engagement with design team professional bodies. Engagement with construction sector is continuing.

3. Appropriate engagement is continuing with the construction sector in order to support project delivery.

4. Engagement is ongoing with HSE Finance to validate financial reporting to enable accurate tracking of capital spend.

1.

# 16. Communications

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Change

Ambition Statement 2024: Ensure effective communications from health service teams across the HSE and Health Regions that builds understanding of our services and earns public confidence in the HSE. This will be led by HSE Communications through media relations, public affairs, staff communications, partner engagement, public campaigns and a particular focus on high-quality digital and contact care services.

Rating and Overview (4): Strong assurance that the 2024 Ambition Statement will be substantially achieved. Communications teams were very active in January, supporting the health service in responding to pressures in community and acute services nationwide. This involved media relations, advertising, social and digital media and direct door drops to the public about injury units, vaccine and other services. The digital team published an updated approach to Trolley GAR and other activity reports on HSE.ie, providing improved access to daily reports and activity trends.

КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Support public understanding of HSE work via proactive news generation: national projects receiving coverage per	Target	88	5	11	17	23	33	41	49	54	60	70	79	88
month	Actual		13											
2. Increase public, partner and patient access to quality health information through visits to HSE ie sites, social media	Target	71.67m	7 52m	11.84m	18.37m	23.39m	29.02m	35.14m	40.26m	45.78m	51 3m	58.93m	66.05m	71.67m
engagements, direct messaging and contacts to HSElive	Actual		9.32m											
3. Improve engagement between HSE and our staff through internal comms channels: interactions with internal comms	Target	3.63m	0 24m	0.46m	0.76m	1.05m	1.33m	1.63m	1.90m	2.21m	2.54m	2.94m	3.32m	3.63m
channels	Actual		0.44m											
4. Improve health behaviour and knowledge and uptake of services through HSE campaigns: impacts of QUIT, vaccine,	Target	3.55m	0 24m	0.48m	0.71m	0.98m	1.35m	1.47m	1.51m	1.56m	1.65m	2.8m	3.34m	3.55m
screening and other campaigns	Actual		0.19m											

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Support the development of a new Health App to give people easier access to their health info and services	Dec-24	On Track	The app project is progressing well, in partnership with eHealth, Transformation and Technology
<ol> <li>Work with regional leaders to design high quality and effective Health Region Communications teams and services, including recruitment and transition of staff</li> </ol>	Dec-24	On Track	Design of regional communications teams in ongoing, working with the Health Regions programme team, and consulting with regional communications staff
3. Co-create, publish and implement a patient focused visual identity policy for the HSE and Health Regions	Sep-24		The project is progressing, with support and input from regional communications teams. Immediate visual identity materials have been developed for the REO offices, and a model for the wider needs of the regions and centre is being developed
<ol> <li>Develop HSE and Health Regions communications operating model, with central infrastructure, agreed standards, training, and regional communications programmes, content and activity</li> </ol>	Sep-24	On Track	This project is underway, including the new about hse ie website and it's dedicated sites for each health region, and rollout of a new email targeting system later this year

1.

Key issues impacting delivery of ambition

Mitigating actions to address key issues

Ambition Statement 2024: HSE Health Regions (x6) will be established on a phased basis from 1st March 2024 and will be accountable for both the delivery and planning of services for their geographical region supported by a strong lean reconfigured HSE Centre Rating and Overview: (4) Strong assurance that the 2024 Ambition Statement will be substantially achieved. Change 4 2024 Annual KPI T/A Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Target Target Actual

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Six Health Regions will be stood up - each led by a Regional Executive Officer (REO), who will be accountable for the planning and delivery of services and associated resources in their Region, initially supported by Hospital Groups and CHOs and their respective leadership teams.</li> </ol>	Mar-24		Completed-Mar'24. Six Health Regions were stood up on 1st March with REOs appointed. Five of the six REOs have taken up post with the final REO to commence in post from mid-April. There will be a transition period from 1st March to 30th September. Induction of REOs took place wk of 4th March
<ol> <li>The Health Region Executive Management Team (EMT) and Integrated Healthcare Area (IHA) Management Team Structures will be agreed.</li> </ol>	Feb-24	Delayed	Exp. Del Apr <sup>2</sup> 24. Feedback on proposed structures (including Clinical governance) for region EMTs and IHAs is being sought from a range of stakeholders (including REOs, DoH and National Directors) during March. To be approved by CEO and governance fora in April
<ol> <li>HSE Centre Senior Leadership Team (SLT) roles will be appointed within the reconfigured HSE Centre that will be focused on supporting Health Regions in planning, enabling, performance and assurance.</li> </ol>	Mar-24	Delayed	Exp. Del Q2'24. The majority of roles have been appointed. Two posts remain to be filled by competition (1) ND for Access and Integration and (2) ND for Major Capital Infrastructure
<ol> <li>Approach to Patient and Service User Partnership within Health Regions agreed.</li> </ol>	Feb-24	Complete	Completed-Feb'24. Proposal setting out the approach to Patient/Service User Partnership has been approved by governance fora and will form the basis for the future engagement of patients/service users. Next steps will include detailed design via National Patient Experience Team. Process ongoing
<ol> <li>Regional population health needs profile completed for each Health Region to support Population Based Resource Allocation (PBRA).</li> </ol>	Mar-24	Complete	Completed-Feb'24. Population Profiles have been prepared for each Region. This is key to support Health Regions, HSE Centre and the DoH in their respective roles in planning, delivering, improving and overseeing services. PBRA expert group to meet during March
6. Detailed design of the Integrated Healthcare Area (IHA) Management Team structure and functions completed.	Aug-24	On Track	5D work stream being initiated to progress the detailed design of the IHA Management Team structure and functions and the ISD model for Health Regions
7. Health Region Change Management supports agreed and in place.	Jun-24		Proposal approved to establish Change & Innovation Hubs within the Health Regions including both PMO posts and additional change management posts. Job specs being prepared and engagement with HR and REOs on these supports
8. Health Region Executive Management Team (EMT) appointments will be in place.	Sep-24		Detailed design on Health Region EMTs being progressed. Final structures and roles currently being reviewed by REOs. Job specs currently being developed and work ongoing with HR/DoH re appointment/transition processes
9. Rollout of a new Integrated Service Delivery (SD) model commenced with the appointment of Integrated Health Area (IHA) Leads within each Region.	Sep-24	On Track	HA geographical boundaries to be agreed by end of March with REO input. Process ongoing with DoH to agree grade and number of IHA lead roles. Job spec drafted and is at consultation stage
<ol> <li>Responsibility and accountability transferred from the CHO and Hospital Group Senior Management Teams to the new Health Region Executive Management Team.</li> </ol>	Dec-24	On Track	Transition arrangements in place from March to September 2024

Key issues impacting delivery of ambition	Mitigating actions to address key issues
1. Finalising Health Region EMT and IHA Structures is a key dependency to progressing programme further.	1. Ongoing discussions with REOs, National Directors, DoH and CEO. Final approval to be sought from programme governance fora and HSE Board by April 2024.
2. Effective management HR processes, including IR and ER issues throughout the transition period (March to September 2024).	2. HR working group in place with RAID log regularly reviewed and updated. Communications plan in place (see 3 below).
3. Need to continue to engage and inform all stakeholder groups particularly through the transition period.	3. Stakeholder engagement plan in place aligned to programme deliverables. Regular communications being undertaken with staff and staff representative groups.
4. Scale of Change within the Health Regions Programme and deliverables to ensure safe transition to Health Regions.	4. Programme and Change Management support is crucial. Establishment of Change & Innovation Hubs as part of wider change plan.
5. Need to ensure alignment with other key policies and developments.	5. Alignment with stakeholder and HSE Planning. Ongoing engagement across services to ensure alignment with key policy areas.

3

Change

Ambition Statement 2024: To take forward the implementation of the HSE Climate Strategy 2023 to 2050 to include i) developing frameworks for the implementation across six priority areas and ten interconnected strategic objectives ii) developing and providing a Climate Action Roadmap iii) continue the implementation of the Infrastructure Decarbonisation Roadmap.

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved. Capital and Estates deliverables are in progress.

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КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Programme spend for supported energy shallow retrofit capital works		€30.00m			€0.90m			€3.60m			€5.40m			€30.00m
	Actual													
2. Programme spend for large-scale, deep energy retrofit pathfinder projects in Capital Plan 2024 (design phase)		€10.00m			€0.30m			€1.20m			€1.80m			€10.00m
	Actual													
3. Number of utility meters installed at identified locations, to enhance metering of HSE data		450			46			122			350			450
	Actual													
4. Number of Energy Teams established nationally		160			145			150			155			160
	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
<ol> <li>Undertake implementation of the HSE Climate Action Strategy through ten work programmes delivering on a). Development of frameworks and associated implementation and measurement plans. b) Ongoing development and delivery of internal staff communication campaign and training programme. c) A funding proposal for resources required over the medium term.</li> </ol>	Q2-24		Exp.Del Q3'24. Delayed due to resourcing. Frameworks development, Ongoing Health care without harm project carbon footprint for 2019, resource proposal ongoing. Planning for 2nd phase of staff campaign to launch Feb. Planning for training to 1,000 leaders and Snr leadership in-person training event
<ol> <li>Undertake implementation of ISO 50001 (Energy Management System), to enable continued improvement in energy efficiency and reductions in environmental impact</li> </ol>	Dec-24	On Track	Resource requirements for implementation of ISO 50001 have been identified, and preliminary scoping undertaken. Activity metrics for ISO 50001 to be agreed.
3. Gather, compile and verify data on water consumption for significant users as part of a water conservation training programme.	Dec-24	On Track	Process of gathering, compiling and verifiying data is in progress.
4. Implement 2024 Actions on the HSE Infrastructure Decarbonisation Roadmap	Dec-24	On Track	The Infrastructure Decarbonisation Roadmap is presently being updated - due to be finalised by end Q1, 2024. Actions will commence thereafter.

### Key issues impacting delivery of ambition

1. Demand for energy and sustainability initiatives nationally is having a significant impact on ability to recruit specialist technical expertise. This is also constrained by HSE recruitment pause.

2. Pressure for delivering business as usual and continuation of exisiting services. Need for dedicated resources to build internal HSe team to deliver on HSe obectives

3. Integrated working with external stakeholders crucial

### Mitigating actions to address key issues

1. Engagement with the market sources continues. Advancement to panel formation, in preparation for recruitment progress.

2. Short term resource requirements identified and planning continues

3. Regular meetings held with external stakeholders. Climate and Health Alliance charter signed by 22 organisations

1.

# 19. Women's Health

2

Change

Ambition Statement 2024: 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 on ongoing focus on iii) the implementation of the National Maternity Strategy; iv) access to rapid access breast clinics and sexual assault treatment units; and v) implementation on Choose Screening; National Screening Strategic Plan 2023-2027

Rating and Overview (3): Some concerns that the 2024 Ambition Statement will not be substantially achieved.

													J	1
КРІ	T/A	2024 Annual Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Νον	Dec
1. Number of new patients seen at ambulatory gynaecology clinics	Target	18,000	1,500	3,000	4,500	6,000	7,500	9,000	10,500	12,000	13,500	15,000	16,500	18,000
	Actual		1,100											
2. Number of new patients seen per month at regional infertility hubs	Target	3,000	250	500	750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000
	Actual		116											
3. Number of supra-regional gynae-oncology MDTs to be established and operational	Target	4			2			2			3			4
	Actual													
4. Percentage of patients (>14 years) seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault	Target	90.0%			90.0%			90.0%			90.0%			90.0%
Treatment Unit for a forensic clinical examination	Actual													
5. Percentage Breast Check screening uptake rate $\Box$	Target	70.0%			70.0%			70.0%			70.0%			70.0%
	Actual													

Deliverables supporting delivery of ambition	Target Completion Date	Status	Monthly Progress Update
1. Elimination of cervical cancer - A national consultation to develop an action plan will launch in Q1 2024 with plans to publish the action plan.	Nov-24		A consultation survey was launched in March targeting the public for views and experiences of HPV vaccination and screenig services to inform the development of a cervical cancer elimation paction plan. Work is underway to finalise a public & healthcare professional questionnaire.
<ol> <li>Breast Check increase of availability- the Breastcheck programme aims to increase the availability of screening closer to home by opening two new satellite screening units.</li> </ol>	Dec-24	On Track	HSE Estates sourcing additional locations suitable for two satellite units
3. Complete implementation of Models of Care for ambulatory gynaecology and endometriosis	Feb-24		NWIHP support the roll out of the 3 ambulatory gynaecology sites in development for 2024. Newly appointed Clinical for Gynaecology plans site visits in Q1/Q2'24. NWIHP launch the National Endometriosis Framework in Q2'24 guide for the clinical mngmt of endometriosis & a quick reference guide for GPs
4. 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 (IVF), and (ii) complete operational readiness programme to enable commencement of publicly funded, publicly provided IVF	Q2-24		CUMH has been identified as the launch site for Irelands inaugural publically funded, provided Advanced AHR Centre. NWIHP is working with CUMH and HSE procurement to commence design and fit out the project with a competive tender process early Q2 2024 for the facility and the IVF solution
5. 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	Q4-24		2 premises have been identified in Cork & Galway with a third to be idenitied in the SoutheEast. These services will enable dedicated womens health services incl. counselling antenatal care early pregnancy assessement, postnatal care womens health physiotherapy services and complex menopause clinic

1.

Key issues impacting delivery of ambition

Mitigating actions to address key issues

**Overview:** There are 10 'Open' risks on the Corporate Risk Register [CRR]. The residual risk ratings of the risks, per the January CRR report, are 3 Red and 7 Amber.

Co	Corporate Risk RAG Summary 'Open'							
RA	G	January 2024						
Hi	gh	3						
Me	edium	7						
Lo	w	0						
Co	orporate Risk Registe	er [CRR] Update						
1	HSE Principal Risks	Following a fundamental review of the HSE's corporate risks and by extension the Corporate Risk Register [CRR] <b>a new CRR</b> was presented and approved by the EMT in January. The new marks a fundamental change to the way the we record and report on our principal risks.						
	January 2024	The new CRR is shorter and more high level, with the essential risk information presented 'on a page'. Recognising that the nature of the risks we face vary, the new CRR categorises risks under two headings, 'Open' risks which are under active management and 'Watched' risks which undergo a periodic review to determine whether there is any change to the level of risk they pose.						
		A target risk rating has been included as a realistic goal for reducing the level of risk.						
		Due to the fundamental changes in the CRR the new version cannot be compared on a like-for-like basis to the previous CRR, consequently, the quarter-on-quarter comparison of residual ratings is omitted from this month's update.						
2	Risk Programme Priorities	January saw the launch of the eLearning module the 'Fundamentals of Enterprise Risk Management' which is available to all staff on HSELanD. This initiative ensures that all staff can access risk management training, to support embedding a risk aware culture. Training is designed to support staff in understanding each of the steps in the risk management process.						
3	Board Committee Workshop	A dedicated risk management workshop with the Audit and Risk Committee members including Chairs of the other Board level committees took place in January. A set of actions emerging from the workshop have been agreed by the ARC.						

# Appendix A. Risk Management (cont'd) - Open Risks

Risk ID	Risk Title	Residual
R001	Delivery of Care: A sudden and exceptional level of demand for emergency care services.	12
R002	Standards of Safety and Care: A catastrophic failure in standards of care, safety to patients, service users or staff.	10
R003	Disruptive Events: A major disruption to critical healthcare services.	9
R004	Health Care Acquired Infections and AMR: A significant and sustained increase in the rate of Health Care Acquired Infections [HCAIs] and Anti-Microbial Resistance [AMR] across HSE healthcare settings.	15
R005	<b>Financial Management:</b> The HSE's financial allocation will be insufficient to deliver the activity levels set out in the National Service Plan.	8
R006	Major Infrastructure: A failure to deliver critical infrastructure projects.	16
R007	Cyber Security: A major service impacting cyber-attack.	16
R008	Health Regions: Implementation of the HSE's health regions and Centre reforms will be delayed and benefits not realised.	9
R009	Compliance: A major failure to meet a significant statutory or regulatory obligation.	12
R010	Data Protection: The major loss, theft, illegal or unauthorised use of service user, employee and partner personal data [paper-based and digital]	12

Due to the fundamental changes in the CRR the new version cannot be reliably compared on a like-for-like basis to the previous CRR, consequently, the quarter-on-quarter comparison of residual ratings is omitted from this month's update.

# Watched Risks

Risk ID	Watched Risk Description
W001 Delivery of Care	<u>Significant</u> and <u>sustained</u> increases in the length of time patients and service users are waiting to receive health and social care services
W002 COVID 19	The <u>severity</u> and <u>transmissibility</u> of COVID 19 will significantly increase
W003 New pandemic	The emergence of a new highly infectious disease
W004 Healthcare workforce	Critical permanent long-term workforce shortages
W005 Health & wellbeing of the workforce	The health and wellbeing of our workforce will <u>progressively</u> deteriorate
W006 Climate change	Acceleration in the rate of climate change
W007 Population screening	Population based screening programmes will become unviable

# Appendix B. BSS Alignment with 2024 DOH Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DOH Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
I. Waiting Lists		<ul> <li>i. Waiting List Action Plan</li> <li>ii. National Treatment Purchase Fund</li> <li>iii. Community waiting lists</li> <li>iv. Integrated pathways for patients</li> <li>v. 6 new surgical hubs</li> <li>vi. Mental Health</li> </ul>	2 3 6 7 9 11 15 19	Unscheduled Care Reform of Primary Care, Community & ECC Reform of Scheduled Care Reform of Mental Health Reform of Disability Services Enhancing Bed Capacity Patient and Service User Partnership Capital Infrastructure Women's Health
II. Urgent & Emerge	ency Care	i. UEC Operational Plan 2024	2 9	Unscheduled Care Enhancing Bed Capacity
III. Productivity		i. Higher productivity through investment and reforms	All	All
IV. Infrastructure		<ul><li>i. Increasing numbers of acute, community and ICU beds</li><li>ii. 6 new surgical hubs</li></ul>	9 15	Enhancing Bed Capacity Capital Infrastructure
V. Reform	Medicines Sustainability			
	Financial controls and savings	<ul><li>i. Identifying and delivering savings</li><li>ii. Strengthening financial control environment</li></ul>	7 13 15	Reform of Disability Services Finance & Procurement Capital Infrastructure
	Enhanced Community Care	<ul> <li>i. Increasing activity and maximising productivity</li> <li>ii. Interim ICT solution</li> <li>iii. Programme impacts in terms of service delivery, client/patient outcomes and on the wider health service</li> </ul>	1 2 3 4 6 9 10 15	Public Health Unscheduled Care (Emergency Department Performance) Reform of Primary Care, Community & ECC Reform of Home Support and Residential Care for Older Persons Reform of Mental Health Enhanced Bed Capacity Quality and Patient Safety Capital Infrastructure



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# Appendix B: BSS Alignment with 2024 DOH Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DOH Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification.

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
	Older Persons Services	<ul> <li>Increased provision of home support service</li> <li>Increased provision of transitional care beds</li> <li>Enhance provision of community-based care</li> <li>Ensure long-term residential care accessibility and affordability through Nursing Home Support Scheme</li> </ul>	4 6 7 9	Reform of Home Support and Residential Care for Older Persons Reform of Mental Health Reform of Disability Services Enhancing Bed Capacity
	Health and Wellbeing	i. Support of local authorities under Healthy Ireland	8	Prevention and Early Intervention
	Health Regions	i. Implementation of Health Regions	16 17	Communications Planning & Implementation of Health Regions
VI. Workforce		<ul> <li>i. Continued increase in the number of Consultant Hospital Doctors</li> <li>ii. Increased numbers of NCHD postgraduate training places</li> <li>iii. Expansion of student nurse and medical education and GP places</li> <li>iv. Expansion of the numbers of Health and Social Care Professionals</li> <li>v. Complete implementation of the Safe Nurse Staffing Framework (phase 1 &amp; 2)</li> <li>vi. Recruitment of 160 ANMPs</li> <li>vii. Additional resources for increased infrastructure and digital deliverability capacity</li> <li>viii. Strong controls over total pay bill including agency and overtime costs</li> </ul>	12	Recruitment & Retention



# Appendix C: BSS Alignment with 2024 DCEDIY Letter of Determination (LoD)

The following provides an overview of the BSS scorecard alignment with the 2024 DCEDIY Letter of Determination. The BSS reference describes the scorecard number that aligns to the LoD specification

LoD Section	Sub-section	LoD description	BSS #	Referenced in BSS 2024
I. Better Services	a. Progressing Disability Services for Children	<ul> <li>i. Integrated Services between Disabilities, Primary Care, CAMHS and Tusla</li> <li>ii. CDNT Service Access and Improvement including AON</li> <li>iii. Workforces (Recruitment and Retention)</li> <li>iv. Communication and Engagement with Children and Families, and with Staff</li> </ul>	7	Reform of Disability Services
	b. Action Plan	i. Action Plan for Disability Services 2024-2026	7	Reform of Disability Services
II. Services for Thalidomide S	urvivors			
III. Key modernisation programme areas	a. Workforce	<ul> <li>i. Expanding student and clinical education placement supports</li> <li>ii. Expanding numbers of Health and Social Care Professionals</li> <li>iii. Recruitment initiatives for therapy professionals</li> </ul>	7 12	Reform of Disability Services Recruitment & Retention
	b. Data	<ul> <li>i. Development and implementation of platform to support aggregation, analysis and reporting of data</li> <li>ii. Increasing percentage of completed Service Agreements and Grant Agreements</li> <li>iii. Improving oversight, monitoring, reviewing and reporting of service delivery targets</li> </ul>	7	Reform of Disability Services
	c. Stability and Sustainability Process	Ensure sustainability and quality of service for people with disabilities	7	Reform of Disability Services
	d. Health Regions Structural Reform	i. Implementation of Health Regions	17	Planning & Implementation of Health Regions
	e. UN Convention on the Rights of Persons with Disabilities			