



Board Strategic Scorecard

November 2023 (September KPI data)

HSE Board 24 November

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Document Purpose

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

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

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

Improvement plans are appended to the Board Strategic Scorecard for 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.

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

| Zone | Rating | Guiding Criteria |
|--------------|--------|---|
| Green | 5 | <p>Strong assurance that the 2023 Ambition Statement will be fully achieved, on the basis that:</p> <ul style="list-style-type: none"> All KPIs are currently on track against target profile and are expected to achieve the end-of-year target position; and All Deliverables are currently on track and are expected to be completed by target date; and There are no material issues or risks that are expected to impact on the achievement of the Ambition Statement. |
| | 4 | <p>Strong assurance that the 2023 Ambition Statement will be substantially achieved, on the basis that:</p> <ul style="list-style-type: none"> At least 80% of KPIs are currently within 10% of target profile and this position is expected to be maintained to year-end; and At least 80% of Deliverables are currently on track and this position is expected to be maintained to year-end; and To the extent that there are material issues or risks to the achievement of the Ambition Statement, effective mitigations are in place. |
| Amber | 3 | <p>Some concerns that the 2023 Ambition Statement will not be substantially achieved, on the basis that:</p> <ul style="list-style-type: none"> Between 50% and 80% of KPIs are currently within 10% of target profile; and Between 50% and 80% of Deliverables are currently on track. To the extent that there are material issues or risks to the achievement of the Ambition Statement, some mitigations are in place. |
| | 2 | <p>Concerns that the 2023 Ambition Statement will only be partially achieved, on the basis that:</p> <ul style="list-style-type: none"> At least 50% of KPIs are currently within 20% of target profile; and At least 50% of Deliverables are currently on track to be completed within two months of the target date. There are material issues or risks to the achievement of the Ambition Statement, with limited mitigations in place. |
| Red | 1 | <p>Significant concerns that the 2023 Ambition Statement will not be achieved, given consideration of:</p> <ul style="list-style-type: none"> Less than 50% of KPIs are currently within 20% of target profile; and Less than 50% of Deliverables are currently on track to be completed within two months of the target date. There are material issues or risks to the achievement of the Ambition Statement, with no effective mitigations in place. |

Executive Summary

Board Strategic Scorecard Rating Summary

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

Key Strategic Insights

Current Overall Average Rating

In the absence of complete September data for nine* score cards, in the context of the current industrial action, ratings for all scorecards have been maintained from the October report. Each of the 19 scorecards returned a rating of which the overall average is 2.73, unchanged since last reporting period. All 19 scorecards maintained their ratings since the September report:

- 3 scorecards with a maintained rating of 4
- 10 scorecards with a maintained rating of 3
- 4 scorecards with a maintained rating of 2
- 2 scorecards with a maintained rating of 1

KPIs & Deliverables

74 of the 108 September KPIs for update in November were reported on. Please recall KPI data are reported on 2 months in arrears. Of the 108 KPIs this month:

- 32% of KPIs were not reported on in September (29 KPIs not reported due to industrial action with 6 KPIs not reported specifically due to data availability - #2 USC, #8 Prevention, #10 QPS, & #11 PSU)
- 29% of KPIs were on or ahead of target (39% in August)
- 5% of KPIs were within 10% of target (16% in August)
- 7% of KPIs were 10-20% behind target (9% in August)
- 24% of KPIs were behind target by more than 20% (34% in August)
- 2% KPIs were reported on without profile (2% in August)

98 deliverables (n = 100) were reported on this month. Please recall status of deliverables is reported as of the previous month. Of these deliverables:

- 37 deliverables are on track (49 in October)
- 33 deliverables are delayed (30 in October)
- 26 deliverables are complete (20 in October)
- 2 deliverables not reported on (#7 Reform of Disability Services Deliverables #1 & #5) due to industrial action
- 1 deliverable not started (#17 Planning and Implementation of Health Regions Deliverable #3) 'not started' due to adjusted completion date (1 in October)

Expected completion dates have been inputted in the monthly progress update on delayed deliverables as provided by service teams.

*Please note an asterisk has been added to each individual scorecard that has incomplete September data.

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

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

2

Change



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|-------|-------|--------|-------|-------|-------|-------|-------|---------------|-------|-------|-------|
| 1. Percentage of referrals for a COVID-19 test receiving appointment within 24 hours of request Reported for Q1 only | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| | Actual | | 97.0% | 97.0% | 100.0% | | | | | | | | | |
| 2. Percentage of test results communicated in 48 hours following swab Reported for Q1 only | Target | 75.0% | 75.0% | 75.0% | 75.0% | | | | | | | | | |
| | Actual | | 91.0% | 92.0% | 92.0% | | | | | | | | | |
| 3. Percentage of close contacts successfully contacted within 24 operational hours of contacts being collected Reported for Q1 only | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| | Actual | | 97.0% | 95.0% | 100.0% | | | | | | | | | |
| 4. Percentage of referrals meeting three-day target from test referral to completion of contact tracing Reported for Q1 only | Target | 90.0% | 90.0% | 90.0% | 90.0% | | | | | | | | | |
| | Actual | | 95.0% | 96.0% | 96.0% | | | | | | | | | |
| 5. COVID-19 vaccine uptake for priority Health Care Workers (No. of workers 282.1k) Reported Jan-May and Oct-Dec | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% |
| | Actual | | 26.0% | 27.0% | 27.0% | 27.0% | 27.0% | | | | | | | |
| 6. COVID-19 vaccine uptake for people 65 years and over including those in Long Term Residential Care Facilities (727k) (In line with NIAC guidance, from June COVID-19 vaccine uptake target population for people 70 years) | Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | | | |
| | Actual | | 47.0% | 48.0% | 51.0% | 52.0% | 62.0% | 39.0% | 40.0% | 40.0% | 46.0% | | | |
| 7. COVID-19 vaccine uptake for immunocompromised >12 years (146k) (In line with NIAC guidance, from June COVID-19 vaccine uptake target for immunocompromised >5 years) | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | | | |
| | Actual | | 14.0% | 15.0% | 17.0% | 15.0% | 23.0% | 30.0% | 31.0% | 31.0% | 37.0% | | | |
| 8. Influenza vaccine uptake in HSE Health Care Workers (No. of workers 105.6k) | Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | | | |
| | Actual | | | 40.1% | 40.3% | 41.2% | 41.0% | 41.0% | 41.0% | 41.0% | Not available | | | |
| 9. Influenza vaccine uptake for people 65 years and over (743k) | Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | | | |
| | Actual | | 76.0% | 75.8% | 75.8% | 75.9% | 75.0% | 76.0% | 76.0% | 76.0% | Not available | | | |
| 10. Influenza vaccine uptake for children within approved age category (No. of children 1.1m) | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | | | |
| | Actual | | 15.0% | 15.4% | 15.4% | 15.4% | 15.0% | 15.5% | 15.5% | 15.5% | Not available | | | |
| 11. Number of Public Health Consultants contracted (target 84 WTE, of which 34 contracted in 2022) | Target | 50 | 0 | 0 | 0 | 0 | 0 | 30 | 30 | 30 | 30 | 30 | 30 | 50 |
| | Actual | | 0 | 0 | 0 | 1 | 1 | 1 | 6 | 12 | 13 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Complete implementation of the Test and Trace Transition Strategy and supporting plan | Sep-23 | Complete | Completed Oct-23 |
| 2. Develop an integrated plan for the future sustainable operating model for COVID-19 vaccination in conjunction with the Influenza vaccination programme as appropriate | Sep-23 | Complete | Integrated plan became operational the week of October 2nd |
| 3. Develop operational plans for 2023 to support other (new/existing) vaccination programmes with CVC resources where required | Sep-23 | Complete | Completed Oct-23 |

| Key issues impacting delivery of ambition |
|--|
| 1. Improved uptake Autumn/Winter programme |

| Mitigating actions to address key issues |
|--|
| 1. Autumn/Winter programme is currently being implemented. |

2. Unscheduled Care (Emergency Department Performance)

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

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not substantially be achieved, on the basis that all KPIs are not meeting the targets set out in the scorecard. The unscheduled care system remains under significant pressure and Acute & Community services are working intensively to mitigate risks resulting from the overcrowding in ED. Work continues on the three year UEC Plan. This is informed by learning from the After Action Review.

| | |
|---|--------|
| 3 | Change |
| ➔ | |

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Average daily number of patients on trolleys at 0800hrs | Target | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 | <236 |
| | Actual | | 352 | 326 | 378 | 325 | 348 | 223 | 213 | 252 | 284 | | | |
| 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 | | 94.7% | 95.0% | 94.6% | 95.2% | 95.5% | 96.7% | 96.7% | 96.4% | 96.2% | | | |
| 3. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours 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 | | 50.9% | 52.0% | 50.0% | 51.7% | 53.1% | 56.0% | 56.2% | 56.0% | 55.4% | | | |
| 4. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours 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 | | 87.1% | 89.0% | 87.4% | 89.5% | 89.7% | 92.9% | 93.1% | 92.9% | 92.7% | | | |
| 5. Number of beds subject to delayed transfers of care (reflects average monthly figure) | Target | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 | <350 |
| | Actual | | 556 | 570 | 599 | 554 | 485 | 498 | 495 | 485 | 505 | | | |
| 6. Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge <small>*Data is two months in arrears</small> | Target | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% | <11.1% |
| | Actual | | 11.4% | 11.9% | 11.4% | 11.3% | 11.9% | 11.9% | 12.2% | 12.4% | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Development of a 3-Year Unscheduled Care Plan and Improvement Programme | Jul-23 | Delayed | Exp.Del Dec '23. 1. UEC Programme Oversight Board in place; 2. Phase one consultations and reviews completed; 3. Pre LoD draft of Three Year Multiannual UEC Plan shared with DoH for consultation |
| 2. Actions from After Action Review | Jul-23 | Complete | Completed - Sept'23. Ongoing process - actions to feed into development of 3-Year Unscheduled Care programme |

| Key issues impacting delivery of ambition |
|---|
| 1. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff within Eds |
| 2. Infection control requirements and respiratory illness (including COVID-19) |
| 3. Increasing and sustained attendances and admissions due to the changing population demographic particularly in our older patient cohort |
| 4. Capital funding requirements, construction challenges in relation to quality, increased programme of works, overall campus development plans |

| Mitigating actions to address key issues |
|--|
| 1. Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns |
| 2. IPC requirements will continue to be managed in line with guidelines and evolving situation in relation to viruses. Promotion of vaccination uptake |
| 3. Targeted focus on patient flow process and DTOC |
| 4. Ongoing engagements with Department of Health, Estates, Acute and Community Operations in relation to exploring capacity options including modular builds and planning derogation |

3. Reform of Primary Care, Community and ECC*

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

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

| | |
|---|-------------|
| 3 | Change ➔ |
|---|-------------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------------|---------|---------|---------|
| 1. Number of therapy services patient contacts in Community Healthcare Networks | Target | 1.60m | 0.13m | 0.27m | 0.40m | 0.53m | 0.66m | 0.80m | 0.93m | 1.07m | 1.20m | 1.33m | 1.46m | 1.60m |
| | Actual | | 0.11m | 0.23m | 0.35m | 0.47m | 0.59m | 0.72m | 0.83m | 0.94m | Not available | | | |
| 2. Number of reviews carried out in General Practice in the Chronic Disease Management Treatment Programme, reducing requirement for hospital/ED attendance | Target | 360,000 | 30,000 | 60,000 | 90,000 | 120,000 | 150,000 | 180,000 | 210,000 | 240,000 | 270,000 | 300,000 | 330,000 | 360,000 |
| | Actual | | 34,804 | 75,839 | 126,178 | 167,545 | 219,229 | 264,606 | 309,824 | 355,593 | 404,504 | | | |
| 3. Number of patient contacts by Chronic Disease Community Specialist Teams (across Respiratory, Cardiology, Diabetes & Smoking Cessation) □ | Target | 187,940 | 3,743 | 8,825 | 17,008 | 27,353 | 39,853 | 54,516 | 71,338 | 90,318 | 111,460 | 134,759 | 160,217 | 187,940 |
| | Actual | | 3,743 | 8,825 | 18,162 | 28,362 | 43,289 | 56,737 | 69,736 | 85,328 | Not available | | | |
| 4. Number of patient contacts by Older Persons Community Specialist Teams | Target | 88,985 | 3,876 | 8,985 | 14,393 | 20,448 | 27,074 | 34,267 | 42,033 | 50,367 | 59,273 | 68,746 | 78,789 | 88,985 |
| | Actual | | 3,876 | 8,985 | 15,621 | 22,266 | 30,571 | 39,031 | 48,230 | 58,611 | Not available | | | |
| 5. Percentage of new patients seen by Older Persons Community Specialist Teams on the same day or next day of referral | Target | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | | | |
| | Actual | | 6.0% | 14.0% | 13.0% | 13.0% | 14.0% | 14.0% | 15.0% | 11.0% | Not available | | | |
| 6. Percentage of patients with a frailty score of 6-9 (moderate to severe frailty) seen by Older Persons Community Specialist Teams | Target | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | 55.0% | | | | |
| | Actual | | 46.0% | 42.0% | 46.6% | 46.7% | 36.0% | 36.7% | 33.6% | 35.6% | Not available | | | |
| 7. Number of Community Diagnostics services (X-ray, CT, MRI, DEXA, Natriuretic Peptide Test, ECHO, Spirometry) delivered | Target | 358,338 | 28,641 | 57,282 | 85,923 | 114,564 | 143,205 | 171,846 | 202,928 | 234,010 | 265,092 | 296,174 | 327,256 | 358,338 |
| | Actual | | 35,518 | 68,850 | 109,511 | 146,312 | 191,017 | 236,368 | 279,834 | 346,198 | 391,805 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Optimise recruitment of the remaining 1,000 frontline primary care staff and leadership roles for completion of the ECC Programme (2,227 of 3,500 on boarded in 2022) | Dec-23 | On Track | Governance by ECC steering group of collaborative recruitment process between HR & Operations. 2,593 WTE on boarded and 165 at an advanced stage of recruitment (Total 2,758 WTE's, 79% of target 3,500 WTE's achieved). All options and avenues in relation to recruitment of staff being explored |
| 2. Commence implementation and roll out of Interim ICT solution | Jul-23 | Delayed | Exp. Del Dec '23. Formal procurement process has commenced with procurement documentation published on National Government Procurement website. Proposed solution implementation in Q1 2024 to targeted cohorts of stakeholders across the programme |
| 3. Capital Infrastructure Programme | Dec-23 | On Track | Significant progress has been achieved on the ECC Capital programme, following Sept National Capital and Property Steering Group. 71 of 90 ECC proposals have now been approved to progress, with 6 new proposals approved at Sept NC&PSG across CHOs 1,3 & 5. 1 previously approved proposal in CHO7 is no longer progressing, with a substitute proposal being developed locally |
| 4. Refining and embedding of referral pathways | Dec-23 | On Track | No significant update in last month. Latest position is: Monitoring, evaluation and learning process through ECC steering group and regional oversight groups to ensure fidelity to the model and transfer of learning and best practice |

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

| Mitigating actions to address key issues |
|---|
| 1. All options and avenues in relation to recruitment of staff being explored including targeted work streams in areas such as Nursing and HSCPs. |
| 2. Detailed plan developed & framework agreed, establishing monthly engagement with CHOs, started in March. Allows for more accurate & timely reporting of approved proposals. |
| 3. Procurement documentation for national interim solution have been published on the National Government procurement website to support rollout to ECC Stakeholders in Q1 2024. Healthlink has commenced national roll out with significant progress made to date. |
| 4. Collection of a suite of activity metrics, developed in conjunction with NCAGLs. Dashboards developed & shared with CHOs. Ongoing engagement with Community and Acute stakeholders to improve data quality. |

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

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

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

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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|---------|----------|----------|----------|----------|----------|----------|----------|---------------|----------|----------|----------|
| 1. Ensure by the end of the year that 60% of all new home support care needs assessments undertaken by community staff use the standardised care needs assessment tool (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 | | 1.7% | 1.5% | 1.6% | 1.1% | 2.0% | 1.0% | 1.0% | 2.0% | 1.0% | | | |
| 2. Number of interRAI Care Needs Facilitators in place | Target | 128 | 0 | 0 | 0 | 0 | 0 | 42 | 63 | 84 | 106 | 128 | 128 | 128 |
| | Actual | | 0 | 2 | 7 | 11 | 11 | 11 | 11 | 11 | 12 | | | |
| 3. Number of Home Support Hours Delivered in 2023 (in 2022 a total of 21m hours were delivered) (in line with commencement of the Authorisation Scheme, annual target revised from 23.9m) | Target | 22m | 2.00m | 3.84m | 5.84m | 7.78m | 9.88m | 11.82m | 13.83m | 15.99m | 17.47m | 19.00m | 20.48m | 22m |
| | Actual | | 1.74m | 3.42m | 5.20m | 6.96m | 8.76m | 10.55m | 12.28m | 14.30m | Not available | | | |
| 4. Reduce the number of people waiting for home support services following home support needs assessment undertaken by community staff (December 2022 n = 6,680) | Target | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | <6680 | | | |
| | Actual | | 6,369 | 6,244 | 6,439 | 6,195 | 6,201 | 6,020 | 5,992 | 5986 | Not available | | | |
| 5. Number of people in receipt of Home Support (excluding provision from Intensive Home Care Packages) | Target | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | 55,910 | | | |
| | Actual | | 56,272 | 56,781 | 56,980 | 56,865 | 54,716 | 53,579 | 51,279 | 54,147 | Not available | | | |
| 6. Cost of Home Support Hours delivered in 2023 (in 2022 the total cost of hours delivered was €578.2) | Target | €689.00m | €58.00m | €111.00m | €168.00m | €224.00m | €285.00m | €341.00m | €398.00m | €461.00m | €517.00m | €574.00m | €631.00m | €689.00m |
| | Actual | | €50.17m | €98.57m | €149.96m | €203.99m | €258.11m | €313.81m | €370.97m | €430.29m | Not available | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Establish the National Home Support Scheme Office | Oct-23 | Delayed | Exp.Del Q1-'24. 35.71% of posts are recruited and commenced including Head of Service. Delays with Construction have resulted in the completion of building works delayed to Q1-2024 |
| 2. Finalise specification and complete procurement for Home Support ICT System | Dec-23 | Delayed | Exp.Del - finalise specification Q4 '23. Formal approval awaited from DGOU to proceed with procurement of ICT systems. While awaited the closing out of detailed procurement processes and requirements continue to be progressed. |
| 3. Establish new framework arrangements and pricing for the provision of publicly funded home support services | May-23 | Complete | Completed Aug-'23. The Authorisation Scheme (AS) (commenced August 2023). The Scheme is open to new applications and an Invitation to Participate has been published to eTenders. |
| 4. Finalise new operating model for public community-based residential care for submission to HSE Board | Sep-23 | Delayed | Exp.Del Nov -'23. Work is near finalisation in respect of additional community capacity to support the HSE UEC Plan and the acute system. It is expected this work will be completed by end of November. |
| 5. Finalise reformed Day Service Strategy for submission to HSE Board | Sep-23 | Delayed | Exp.Del Nov -'23. Final Future Strategy will be completed by November for consideration for onward submission to HSE Board |

| Key issues impacting delivery of ambition |
|--|
| 1. Recruitment and retention of key clinical grades across publicly funded home support services |
| 2. Collaboration with union bodies and wider clinical teams across community settings |
| 3. Buy in from service delivery system to implement interRAI across priority areas in the context of competing demands |

| 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 interRAI implementation Group and communication with service delivery areas |

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

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

3

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|--------|---------|---------|---------|---------|---------|---------|---------------|---------|---------|---------|---------|
| 1. Percentage of patients waiting longer than 15 months for an outpatient appointment | Target | <10.0% | <21.0% | <20.0% | <19.0% | <18.0% | <17.0% | <16.0% | <15.0% | <14.0% | <13.0% | <12.0% | <11.0% | <10.0% |
| | Actual | 21.0% | 20.4% | 18.9% | 18.3% | 18.0% | 17.0% | 16.5% | 16.2% | 15.9% | | | | |
| 2. Percentage of patients waiting longer than 9 months for an inpatient or daycase procedure | Target | <10.0% | <24.1% | <23.0% | <22.0% | <20.0% | <19.0% | <18.0% | <16.0% | <15.0% | <14.0% | <12.0% | <11.0% | <10.0% |
| | Actual | 24.1% | 25.0% | 25.4% | 25.6% | 25.9% | 25.6% | 25.9% | 25.6% | 25.9% | 25.0% | | | |
| 3. Percentage of patients waiting longer than 9 months for a GIScope | Target | <5.0% | <6.0% | <6.0% | <6.0% | <6.0% | <6.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% | <5.0% |
| | Actual | 6.0% | 6.0% | 5.8% | 5.1% | 4.5% | 5.4% | 5.8% | 6.3% | 6.6% | | | | |
| 4. Percentage of routine outpatients scheduled in chronological order | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | | 85.0% |
| | Actual | 60.0% | 60.9% | 61.0% | 60.8% | 60.7% | 65.5% | 68.1% | 68.4% | 66.9% | | | | |
| 5. Percentage of routine inpatient and day case procedures scheduled in chronological order | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | | 85.0% |
| | Actual | 75.0% | 75.0% | 75.0% | 73.7% | 74.5% | 75.2% | 75.9% | 74.3% | 74.7% | | | | |
| 6. New to Return Ratio (2022 full year ratio was 1:2.6) | Target | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.5 | | | 1:2.5 |
| | Actual | 1:2.6 | 1:2.6 | 1:2.5 | 1:2.6 | 1:2.5 | 1:2.5 | 1:2.5 | 1:2.6 | Not Available | | | | |
| 7. Number of additional service users removed from waiting lists due to community waiting list initiatives | Target | 11,026 | 523 | 1207 | 1985 | 2805 | 3638 | 4496 | 5707 | 6855 | 8031 | 9122 | 10163 | 11026 |
| | Actual | | 587 | 1200 | 2045 | 2704 | 3679 | 4562 | 6396 | 8141 | 9465 | | | |
| 8. Number of additional appointments and procedures delivered through insourcing and outsourcing waiting list initiatives (OPD, IPDC,GI, Advanced Clinical Prioritisation) | Target | 97.9k | 4.0k | 8.0k | 14.0k | 22.6k | 31.6k | 41.2k | 49.2k | 57.5k | 69.0k | 79.4k | 88.0k | 97.9k |
| | Actual | | 4.8k | 11.0k | 14.1k | 19.2k | 26.1k | 37.8k | 47.7k | 60.5k | 71.5k | | | |
| 9. Spend to date | Target | €90.00m | €6.00m | €14.00m | €22.00m | €29.00m | €36.00m | €45.00m | €51.00m | €58.00m | €67.00m | €75.00m | €82.00m | €90.00m |
| | Actual | | €0.00m | €19.00m | €19.00m | €19.08m | €28.68m | €28.68m | €30.84m | €33.04m | €69.97m | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|--|
| 1. Finalise and approve a multi-annual waiting list plan outlining plans to deliver Sláintecare Maximum Wait Time Targets | Apr-23 | Complete | Completed Mar-23. |
| 2. Implement Patient Centred Booking Arrangements for outpatient appointments in nine additional hospitals to increase patient choice of appointment | Dec-23 | On Track | A CRO has been implemented in 8/10 Hospitals as of the end of September 2023. There are an additional 6 Hospitals engaged to create efficiencies aligned to the National CRO model due to go live in Q4 2023 |
| 3. Implement the agreed strategy to reduce DNAs for new and review outpatient appointments in 22 hospitals with highest DNA rates | Dec-23 | On Track | The updated DNA Strategy has been implemented in 14/22 Hospitals as of the end of September 2023. There are an additional 21 Hospitals in implementation |
| 4. Progress the implementation of the seven prioritised care pathways and commence implementation of the remaining 29 pathways | Dec-23 | On Track | 7 Priority Pathways operational all sites by end Q4. 8/9 Ophthalmology pathway sites operational YTD (May-Sep) activity 12,868; 5/16 Urology pathway sites operational YTD activity 2, 164; 11/16 Orthopaedic VFAC sites operational YTD activity 13,983. 15/26 remaining pathways operational in some sites |
| 5. Implement patient-initiated reviews in 22 hospitals to drive a reduction in the number of review appointments, and increase capacity for new appointments | Dec-23 | On Track | PIR has been implemented in 15/22 Hospitals as of end of September 2023. An additional 6 Hospitals are in implementation and a further 6 have committed to implement by Q4 2023 |
| 6. Expand the implementation of HPVP from 19 to 28 hospitals | Dec-23 | On Track | 21 hosps live. 2 vol hosps implementing single instance of SystemView. CHI, St Vincents & St James progressing with technical build. 4 vol outstanding, TUH, NOHC awaiting Hospital Board Decision on DSA. Change management process in place to ensure widespread participation of the platform |
| 7. Implement the Theatre Transformation Programme to optimise theatre utilisation in four Hospital Groups | Dec-23 | Delayed | Exp.Del Q1'24. Site teams established;Saoita(SUH,UHG,RUH) DMHG(MRHT,Reeves),DMHG Model 4 sites identification in progress.Sites collecting baseline data using the TTM.Engagement with RCSI Technical Partners,HSEPMO and site core teams commenced.Phase2 HG/sites recommended to National Steering Group |
| 8. Support each Hospital Group to complete an analysis of health system demand and capacity at hospital and specialty level | Dec-23 | On Track | Analysis in relation to 6 specialities has completed. Engagement is underway with the Department of Health to develop a deeper understanding of capacity and drivers for increased demand, which will also be used to inform 2024 planning |
| 9. Continue to develop five surgical hubs and open the first hub by December 2023 | Dec-23 | On Track | Construction tender documents have been evaluated for North and South Dublin with successful contractors expected to be appointed in Q4 2024. An SAQ for Cork, Limerick and Waterford hubs has been issued and planning application is expected to be submitted in November 2024 |
| 10. Finalise detailed business case, project brief and procurement strategy for Cork and Galway Elective Hospitals. Complete site selection for Dublin Elective Hospital(s) | Dec-23 | Delayed | Exp.Del Q1' 24. Stage 1 procedure started for an architect-led design team & project control team to be in place Feb 2024. A Process Auditor is appointed. Draft procurement strategy & project brief set for Jan 2024. DOH advances the Dublin elective hospitals |

| Key issues impacting delivery of ambition |
|--|
| 1 Data Sharing Agreement with outstanding Voluntary Hospitals. |
| 2. There is a risk to the achievement of overall programme targets due to the recruitment embargo and ongoing industrial action. |

| Mitigating actions to address key issues |
|--|
| 1 HPVP DSA discussion ongoing with hospitals who have recently paused engagement. |
| 2. Discussions ongoing with Hospital Groups and application for derogation to recruit are being progressed where required. |

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

| | | |
|--|---|--------|
| Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved as significant progress made in the implementation of Maskey recommendations, advancement of developments across CAMHS Hubs and Crisis Resolution Teams (recruitment and Models of Care), and implementation of new Models of Care for Older Persons and Dual Diagnosis. | 4 | Change |
|--|---|--------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|---------------|---------|---------|
| 1. CAMHS - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by CAMHS Community Teams (December 2022 - 62.9%) | 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% |
| | Actual | | 62.9% | 62.4% | 60.4% | 58.5% | 57.6% | 57.3% | 56.6% | 56.0% | Not available | | | |
| 2. CAMHS - reduce the number of people (with an accepted referral / re-referral for CAMHS Community Teams) waiting longer than 12 weeks to be seen (December 2022 n = 2,599) | Target | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 | <2599 |
| | Actual | | 2,694 | 2,614 | 2,651 | 2,632 | 2,613 | 2,627 | 2,464 | 2,490 | Not available | | | |
| 3. CAMHS - percentage of urgent referrals to CAMHS Community Teams responded to within three working days (December 2022 - 92.8%) | 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 | | 91.1% | 91.8% | 91.4% | 92.4% | 93.3% | 94.1% | 94.3% | 94.0% | 94.0% | Not available | | |
| 4. CAMHS - percentage of children admitted to CAMHS acute mental health units as a proportion of total admissions of children to acute mental health units | 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% |
| | Actual | | 93.8% | 93.9% | 94.7% | 93.0% | 94.3% | 95.1% | 94.8% | 94.7% | Not available | | | |
| 5. Adult services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 week by General Adult Community Mental Health Team (December 2022 - 70.8%) | 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 | | 70.0% | 69.7% | 69.7% | 69.6% | 69.2% | 69.1% | 68.8% | 68.8% | Not available | | | |
| 6. Older Persons Services - percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Team (December 2022 - 91%) □ | Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |
| | Actual | | 88.5% | 88.3% | 88.6% | 88.5% | 89.2% | 89.2% | 89.7% | 89.7% | Not available | | | |
| 7. NSD spend* (Based on transfer from HSE to S39s or agreed independent providers) | Target | €14.00m | €0.00m | €0.00m | €0.00m | €3.10m | €4.65m | €6.20m | €7.55m | €9.10m | €10.65m | €12.20m | €13.75m | €14.00m |
| | Actual | | €0.00m | €0.00m | €0.00m | €6.85m | €6.85m | €7.60m | €7.85m | €8.19m | €8.75m | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|--|
| 1. Establish oversight arrangements to assure implementation of the Maskey Report and Mental Health Commission Report Recommendations including the wider improvement programme | Dec-23 | On Track | The CAMHS Improvement Programme Oversight Group meets monthly. Of 63 Maskey actions-35 complete, 26 in progress & 1 in each category not started / delivery issue. A CAMHS /YMH Improvement Programme Plan drafted, addressing Maskey, MHC and Sharing the Vision requirements-to be finalised Q4 2023 |
| 2. Recruit a new AND for Child and Youth Mental Health and Consultant Clinical Lead to develop and lead out comprehensive Service Improvement Project for Child and Youth Mental Health | Jun-23 | Complete | Completed Jun -'23 |
| 3. CAMHS Hubs: Implement CAMHS hubs across five existing pilot sites and complete interim evaluation report | Dec-23 | On Track | Model of Care for CAMHS Hubs launched Sept 2023. 2 learning sites operational, 3 progressing recruitment and location of teams. Monitoring and Evaluation programme planning underway |
| 4. Crisis Resolution Services: Implement Crisis Resolution Services across five existing pilot sites and complete interim evaluation report | Dec-23 | On Track | Four Crisis Teams fully operational. Remaining site (CHO 3) progressing team recruitment. All sites progressing community partnership arrangements for Solace Café. Monitoring and Evaluation plan in process. Evaluation Advisory Group established |
| 5. Models of Care: Implement agreed models of care (older persons and dual diagnosis) in three pilot sites each | Oct-23 | Delayed | Exp.Del Dec'24.OP:NOG established. 2 meetings to support Model Implementation (PPI) Integration with NCPO & National Dementia Office is in place. DD:PPI approach to implementation training & evaluation is progressing. Model implemented in one Pilot site.Recruitment progressing in 3 pilot sites |
| 6. Individual Placement Support: Expand the individual placement support service to 50 sites by adding an additional 11 sites to the existing 39 at CHO level, through our community partners | Dec-23 | On Track | 11 IPS posts are at tender or in the pre-tender stage. Q.2 2023 data returns on IPS show 54 people were placed in employment during the period. Q3 data will be available Q4 |
| 7. Recovery and Engagement: Expand the lived experience co-production panel of Mental Health volunteers engaged in service improvement work nationally from 30 to 70 and engage 10,000 participants in recovery education programmes nationally | Dec-23 | On Track | A census of Lived Experience volunteers is being carried out in Q4 to confirm numbers of volunteers and levels of involvement (70 target). Recovery Education Programmes - Q1: 6673 engagements, Q2: 2819 engagements, Q3 data due in Q4 |
| 8. National Office for Suicide Prevention: Deliver suicide prevention gatekeeper training to 3,500 people (online and face to face) and train 60 new trainers to deliver the programmes | Dec-23 | On Track | In Q2, 2023 over 3500 people participated in NOSP's suicide prevention programmes. Q3 report will be available end of Q4 |

| Key issues impacting delivery of ambition |
|--|
| 1. Embargo on recruitment of key disciplines impacting initiatives |
| 2. Industrial action impacting on return of KPI data |

| Mitigating actions to address key issues |
|--|
| 1. Impact to be escalated via appropriate channels |
| 2. National negotiations in process. |

7. Reform of Disability Services*

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

Rating and Overview (1): Significant concerns that the 2023 Ambition Statement will not be achieved. Retention and recruitment remains a significant challenge for all services. The retention and recruitment of specialised clinician's in the Children's Disability Network Teams (CDNT's) remains a particular challenge for the Community Healthcare areas.

Change **1** →

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|----------|----------|----------|----------|---------|---------|---------|---------|---------------|---------|---------|---------|
| 1. Percentage of Assessments of Need completed within 12 weeks as provided for in the regulations (Outturn 2022 - 24.5%) | Target | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% | | | 100.0% |
| | Actual | | | | 19.0% | | | 14.0% | | | Not available | | | |
| 2. Reduce by 50% the number of children waiting* for an Assessment of Need (December 2022 n = 4,613) *overdue for completion under the Disability Act 2005 | Target | 2,306 | | | <4036 | | | <3459 | | | <2882 | | | <2306 |
| | Actual | | | | 5,484 | | | 6,495 | | | Not available | | | |
| 3. Reduce the number of speech and language therapy patients* 0 - 17yrs, 11mths on the assessment waiting list waiting to be seen (December 2022 n = **14,886) *Data relates to children waiting for Primary Care services only | Target | <14,886 | <14, 886 | <14, 886 | <14, 886 | <14, 886 | <14,886 | <14,886 | <14,886 | <14,886 | <14,886 | | | <14,886 |
| | Actual | | 14,520 | 14,096 | 15,224 | 15,488 | 15,625 | 15,744 | 15,773 | 15,392 | Not available | | | |
| 4. Reduce the number of psychology patients* 0 - 17yrs, 11mths on the treatment waiting list waiting to be seen (December 2022 n = **13,256) **Data relates children waiting for Primary Care Services only | Target | <13, 256 | <13, 256 | <13, 256 | <13, 256 | <13, 256 | <13,256 | <13,256 | <13,256 | <13,256 | <13,256 | | | <13,256 |
| | Actual | | 13,540 | 14,044 | 15,104 | 15,698 | 16,253 | 15,678 | 16,827 | 17,184 | Not available | | | |
| 5. Number of people living in congregated settings (currently 1,600 people) supported to transition to homes in the community vs. target (35 people transitioned in 2022) | Target | 73 | 4 | 10 | 16 | 21 | 30 | 37 | 41 | 50 | 56 | 63 | 68 | 73 |
| | Actual | | 3 | 6 | 13 | 13 | 16 | 35 | 37 | 40 | Not available | | | |
| 6. Number of people under 65 years of age currently living in nursing homes (currently 1,262 people) supported to transition to homes of their choice in the community vs. target (22 people transitioned into 2022) | Target | 43 | 2 | 4 | 7 | 10 | 13 | 17 | 21 | 25 | 29 | 34 | 39 | 43 |
| | Actual | | 4 | 6 | 6 | 8 | 11 | 11 | 11 | 20 | Not available | | | |
| 7. Progress the recruitment of 136 senior clinicians to facilitate children's disability network teams to restore on-site health and social care supports to 104 special schools, as required by Government | Target | 136 | 0 | 0 | 0 | 0 | 0 | 64 | 76 | 88 | 100 | 112 | 124 | 136 |
| | Actual | | 0 | 0 | 0 | 0 | 0 | 34 | 34 | 34 | Not available | | | |
| 8. Reduce the average vacancy rate across the 91 Children's Disability Network Teams (December 2022 - 34%) | Target | 34.0% | | | | | | | | | | | | 34.0% |
| | Actual | | | | | | | | | | | | | |
| 9. NSD spend (€9.7m heldback) | Target | €23.30m | €0.62m | €1.25m | €1.90m | €2.65m | €3.30m | €4.05m | €5.65m | €7.38m | €11.26m | €15.26m | €19.26m | €23.30m |
| | Actual | | €0.20m | €0.53m | €1.54m | €1.76m | €2.82m | €3.97m | €4.20m | €4.83m | €13.65m | | | |

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

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|---|
| 1. Progressing Children's Disability Services: Improve the services to children and families by commencing the implementation of the action plan set out in the Progressing Disabilities Roadmap, (following Board and Ministerial approval) | Oct-23 | | Not available due to FORSA industrial action |
| 2. Complete the Sustainability Impact Assessment process (review of model of service, workforce, finance, org structure and ICT) with one S38 and one S39 organisation and produce a report on the learnings from the process | Dec-23 | On Track | SIA with S38 completed and draft report issued . Some elements of Finance work ongoing. Funding submission made through Estimates. Implementation plan under development. S39 process underway, assessments commencing Oct 23. Learning reports being drafted for engagement |
| 3. Community Neuro-Rehabilitation Teams: Establish four Community Neuro Rehabilitation Teams (CHOs 2,4,6 & 7) | Dec-23 | Delayed | Expected completion-2024. All 4 CHOs ready to progress to recruitment. CHO2&4: at risk, team sign off required by LIG cannot be completed as we await outcome of Grade VIII team lead role PN application. CHO6&7: at Risk - additional PN's to increase team to 13 have not been approved at this time |
| 4. Monitoring System for New Directions: Develop a monitoring system to measure compliance with the 'Interim Standards for New Directions' to assist stakeholders to deliver services and supports in accordance with the vision and stated objectives outlined in the New Directions and the Value for Money reports | Dec-23 | Delayed | Expected completion-May 2024. 2 working groups stood up by NSG. (1) Outcomes, are progressing the development of outcomes indicators for high quality services - on track for Dec 2023. (2) Service User Engagement are recruiting SU's to provide expert by experience input into the monitoring system. |
| 5. Family Forums and Family Representative Groups: Establish 66 new Family Forums, bringing total to 91, and establish 9 CHO Family Representative Groups to ensure Service User and Family participation in CDNT service development at national, regional and local levels | Dec-23 | | Not available due to FORSA industrial action |
| 6. Implement the 'Action Plan for Disability Services 2023-2026' and seek to secure associated revenue and capital funding to address the capacity requirements outlined in the Disability Capacity Review Report | Oct-23 | Delayed | Expected completion - Dec '23. Action Plan for Disability services '23-26 was approved by Govt in Sept, however it has not yet been published. Expected publication by year end 2023. In its absence, capital and revenue costs linked to the draft were submitted in the 2024 estimates process. |
| 7. KPI development: Define the KPIs required for measurement of Disability services from 2024 and identify the required mechanisms and associated investment plan to measure these KPIs from Jan 2024 | Sep-23 | Delayed | Expected completion date - Nov '23. Draft KPIs have been developed and are subject to formal agreement by Disability Services (Strategy / Operations / Sustainability & Stability) in early November to close out this work. |

| Key issues impacting delivery of ambition |
|--|
| 1. The sourcing and retention of suitably qualified staff to deliver services which received new development funding in 2023 |
| 2. Embargo on recruitment of key disciplines impacting initiatives |
| 3. Industrial action impacting on return of KPI data |

| Mitigating actions to address key issues |
|---|
| 1. Work is ongoing with HR colleagues to support the retention of existing staff and the recruitment of existing vacancies and new posts. |
| 2. Impact to be escalated via appropriate channels |
| 3. National negotiations in process. |

8. Prevention and Early Intervention

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

Rating and Overview (2): Concerns that 2023 Ambition Statement will only be partially achieved on the basis that at least 50%of deliverables are currently on track.

| | |
|---|-------------|
| 2 | Change ➔ |
|---|-------------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|-----|-----|--------|-----|-----|---------|-----|-----|--------|-----|-----|--------|
| 1. Percentage of smokers on cessation programmes who were quit at four weeks | Target | 48.0% | | | 48.0% | | | 48.00% | | | 48.0% | | | 48.0% |
| | Actual | | | | 50.3% | | | 56.60% | | | 56.3% | | | |
| 2. Number of frontline staff who completed the eLearning Making Every Contact Count brief intervention training | Target | 5,748 | | | 1,939 | | | 3,352 | | | 4,805 | | | 5,748 |
| | Actual | | | | 949 | | | 1,674 | | | 2,434 | | | |
| 3. Percentage of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment* <small>*Data available on 21st of November</small> | Target | 100.0% | | | 100.0% | | | 100.00% | | | 100.0% | | | 100.0% |
| | Actual | | | | 100.0% | | | 29.60% | | | | | | |
| 4. Number of people in the Traveller community who received information on or participated in positive mental health initiatives* <small>*Data available on 21st of November</small> | Target | 3,735 | | | 933 | | | 1,866 | | | 2,799 | | | 3,735 |
| | Actual | | | | 2,902 | | | 5,078 | | | | | | |
| 5. Number of staff who completed the eLearning Intercultural Awareness programme. | Target | 3,000 | | | 750 | | | 1,500 | | | 2,250 | | | 3,000 |
| | Actual | | | | 1,372 | | | 2,441 | | | 2,837 | | | |
| 6. Number of staff who completed the eLearning Introduction to Ethnic Equality Monitoring | Target | 800 | | | 200 | | | 400 | | | 600 | | | 800 |
| | Actual | | | | 60 | | | 100 | | | 199 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|---|
| 1. Deliver targeted initiatives through 20 Sláintecare Healthy Communities to address health inequalities including smoking cessation services, Healthy Food Made Easy courses, Social Prescribing and Parenting courses targeting early childhood intervention | Dec-23 | On Track | All HSE staff in place for SHC area based teams. Majority of services operationalised. 16/19 Community Food and Nutrition Workers recruited and in place. Recruitment ongoing in remaining areas. Q3 2023 data collated locally but have not been shared with National H&W due to industrial action |
| 2. Design a Physical Activity Referral Pathway to support referrals to physical activity programmes with funded organisations outside the health service in partnership with Sport Ireland | Dec-23 | On Track | Not available due to FORSA industrial action |
| 3. Scope and develop a digital intervention to support reduced alcohol consumption by the general population using professional and community online support | Sep-23 | Delayed | Exp. Del - ref recruitment. Delivery impacted as a result of capacity to deliver due to recruitment pause and decommissioning of posts |
| 4. Establish specialist weight management service for children and young people encompassing, diet and exercise as appropriate, in CHOs 5 and 7 with a view to testing the approach and seeking to implement nationally | Sep-23 | Delayed | Not available due to FORSA industrial action |
| 5. Establish baseline information on HSE data systems that record ethnicity data in line with Ethnic Equality Monitoring | Dec-23 | Complete | Completed Jun-23 |

| Key issues impacting delivery of ambition |
|--|
| 1. Delivery of alcohol digital intervention is impacted due to pause on recruitment and decommissioning of posts |
| 2. Establishing weight management service for children and young people in two CHOs will be severely impacted by decommissioning of posts in CHOs |
| 3. There is ongoing pressure on managers to release staff for training and support MECC implementation within their service due to pressure on the healthcare system |

| Mitigating actions to address key issues |
|---|
| 1. Reviewed as part of 2024 service planning |
| 2. Posts reprioritised as part of 2024 planning process. outcome unknown. |
| 3. Review and up-date of original modules planned for 2024 providing an opportunity to consolidate content and explore ways to reduce time barriers |

9. Enhancing Bed Capacity

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

Rating and Overview (1): Significant concerns that the 2023 Ambition Statement will not be achieved on the basis that delivery of the ambition is dependent on capital build, supply of materials and equipment, and recruitment/retention of the required skilled staff for these beds. Currently respiratory and infectious disease are at low levels, changes to the current epidemiological context and resultant IPC requirements may present access challenges to acute sites to complete required works. Challenges in relation to retention of existing staff and recruitment of additional staff to open beds. Beds now expected to come on stream by end 2023.

| | |
|---|-------------|
| 1 | Change ➔ |
|---|-------------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Critical Care Beds | Target | 28 | 0 | 0 | 2 | 2 | 2 | 18 | 20 | 20 | 21 | 21 | 21 | 28 |
| | Actual | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | |
| 2. Acute Bed additions | Target | 209 | 0 | 0 | 0 | 10 | 10 | 10 | 77 | 77 | 173 | 173 | 173 | 209 |
| | Actual | | 3 | 0 | 5 | 7 | 27 | 28 | 28 | 50 | 71 | | | |
| 3. Community Bed (including rehabilitation beds) additions | Target | 53 | 15 | 15 | 36 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 53 |
| | Actual | | 15 | 15 | 17 | 17 | 19 | 30 | 30 | 30 | 30 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|---------|--|
| 1. Delivery of beds and WTEs as per profile (from 01/03/2023) | Dec-23 | Delayed | Exp.Del Q1 '24. Beds delivered Sept 23. 22 Additional Acute beds (12 x Portiuncla;1 x NRH). 8 beds in Monaghan in July (reported in Oct) 1 Critical Care bed (CUH). No Community Beds were delivered. Delivery profile may continue to evolve given ongoing recruit/retention challenges & capital works |

| Key issues impacting delivery of ambition |
|--|
| 1. Increased timeframes to complete the capital programme of works including supply of materials and equipment has delayed the initial expected completion dates |
| 2. Capital funding requirements, construction challenges in relation to quality, increased programme of works, overall campus development plans |
| 3. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff to open beds |
| 4. Infection control requirements & access challenges to acute areas to undertake the work |
| 5. Recruitment challenges in relation to retention of existing staff and recruitment of additional staff in critical care |

| Mitigating actions to address key issues |
|--|
| 1. Ongoing engagements with estates re: same |
| 2. Ongoing engagements with DoH, Estates, Acute and Community Operations in relation to exploring capacity options including modular builds and planning derogation |
| 3. Ongoing engagement with HR regarding recruitment of staff alongside national and international recruitment campaign |
| 4. IPC requirements will continue to be managed in line with guidelines and evolving situation in relation to COVID-19 and seasonal viruses during the winter period |
| 5. Phased opening of ICU beds, recruitment and training of staff ongoing |

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

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

| | |
|---|-------------|
| 3 | Change ➔ |
|---|-------------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection (SA BSI) per 10,000 bed days used | Target | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 | <0.8 |
| | Actual | | 0.6 | 0.9 | 0.8 | 0.9 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |
| 2. National Incident Management System: Percentage of reviews completed within 125 days of category one incidents from the date the service was notified of the incident | Target | 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% |
| | Actual | | 48.0% | 48.0% | 47.0% | 43.0% | 41.0% | 39.0% | 40.0% | 45.0% | 45.0% | | | |
| 3. Percentage of surgical re-admissions to the same hospital within 30 days of discharge (Data two months in arrears) | Target | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% | <2.0% |
| | Actual | | 1.7% | 1.4% | 1.4% | 1.4% | 1.4% | 1.4% | 1.5% | 1.5% | | | | |
| 4. Percentage of hip fracture surgery carried out within 48 hours of initial assessment (Data one quarter in arrears) | Target | 85.0% | | | 85.0% | | | 85.0% | | | 85.0% | | | 85.0% |
| | Actual | | | | 72.5% | | | 76.7% | | | 76.4% | | | |
| 5. Rate of medication incidents as reported to National Incident Management System per 1,000 beds (aim to increase reporting) (Data three months in arrears) | Target | >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 |
| | Actual | | 2.5 | 2.7 | 2.9 | 2.5 | 2.6 | 2.6 | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|---|
| 1. Produce (i) a quarterly publication on Patient Safety Together website of Patient/Staff stories, (ii) quarterly publication of Patient Safety Digest and (iii) quarterly publication of Patient Safety Supplement | Mar-23 | Complete | Completed Jun-23. |
| 2. Co-design and develop a National QPS Competency Framework | Dec-23 | On Track | 3rd Meeting of the Advisory Group scheduled 16th January 2024. 2nd round of co-design process in progress. 2 sub groups have commenced and 3 are scheduled. Implementation plan focus groups scheduled for November |
| 3. Commence Quality & Safety Surveillance System in Maternity services as proof of concept i.e. research on best practice and statistical methods, design a ICT system and establish clinical and data governance and a programme office | Dec-23 | Delayed | Exp. Del - ref recruitment. Recruitment remains on hold due to a recruitment pause, consequently ICT development & site engagement paused |

| Key issues impacting delivery of ambition |
|---|
| 1. Signals Programme MDT (X5) recruitment is on hold as a result of HSE pause of recruitment. Due to this it will not be completed this project as designed within the year timeframe |
| 2. Signals Programme ICT Consultancy Procurement process has been collapsed due to recruitment pause |
| 3. Research programme required adaption given revised timelines and scope |

| Mitigating actions to address key issues |
|--|
| 1. Options appraisal developed and agreement from QS Signals Project Leadership team to proceed with rescope deliverables |
| 2. Procurement documentation has been updated and is ready to reissue once recruitment is possible. Recruitment and consultancy timelines will align with an extended timeline |
| 3. Ethics application submitted to support adapted research |

11. Patient and Service User Partnership

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

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--------|
| Rating and Overview (3): Some concerns that the 2023 Ambition Statement will only be substantially achieved. | | | | | | | | | | | | | | 3 | Change |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--------|

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Number of hospital groups and CHOs actively engaging in the implementation of the Patient engagement Roadmap | Target | 15 | 0 | 0 | 0 | 10 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | Actual | | 0 | 0 | 14 | 14 | 14 | 14 | 14 | 15 | 15 | | | |
| 2. Number of hospital groups and CHOs with ADM committees and designated ADM leads | Target | 15 | 8 | 10 | 12 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| | Actual | | 13 | 13 | 13 | 13 | 15 | 15 | 15 | 15 | 15 | | | |
| 3. Number of staff that have completed the e-learning programme on assisted decision-making (population = circa 156k) | Target | 35,880 | 0 | 0 | 1,000 | 4,000 | 8,000 | 12,500 | 18,000 | 21,000 | 24,000 | 28,000 | 32,000 | 35,880 |
| | Actual | | 0 | 0 | 1,105 | 3,343 | 5,282 | 6,846 | 8,063 | 9,357 | 10,566 | | | |
| 4. Number of staff that have completed the e-learning programme on HSE National Consent Policy (population = circa 156k) | Target | 39,000 | 7,500 | 9,000 | 11,000 | 13,000 | 15,000 | 18,000 | 21,000 | 24,000 | 28,000 | 32,000 | 36,000 | 39,000 |
| | Actual | | 7,491 | 8,286 | 9,115 | 9,884 | 10,528 | 11,034 | 11,762 | 12,352 | 13,351 | | | |
| 5. Percentage of complaints to HSE investigated within 30 working days of being acknowledged by a Complaints Officer* <small>*Q3 data available November</small> | Target | 75.0% | | | 75.0% | | | 75.0% | | | 75.0% | | | 75.0% |
| | Actual | | | | 66.0% | | | 68.0% | | | | | | |
| 6. Percentage of complaints to HSE where an Action Plan identified as necessary is progressing* <small>*The figures for the first 6 months of the year were provided in November 2023 due the need to wait until the appropriate legislative timeframe has elapsed for the recommendation to be implemented or partially implemented by the service before data reports can be run on the CMS to generate the KPI return for the reporting period.</small> | Target | 65.0% | | | | | | 65.0% | | | | | | 65.0% |
| | Actual | | 88.0% | 90.0% | 93.0% | 79.0% | 89.0% | 91.0% | | | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|---|
| 1. Support operational services preparation for implementation and compliance with the Assisted Decision Making (Capacity) Act 2015 through the development and provision of guidance and support materials, and training and mentorship programmes. | Dec-23 | On Track | E-learning being promoted via info sessions and HSE News. Mentorship programme commenced in September 2023 with 46 mentors and over 500 mentees. Webinars planned for October and November. Memo issued to staff in September with update |
| 2. Develop and commence the implementation plan for the HSE Patient Engagement Roadmap | Apr-23 | Delayed | Exp. Del Dec'23. No significant update in last month. The newly appointed AND is reviewing implementation strategy and progress in line with PPPG framework |
| 3. Develop a suite of KPIs to monitor progress towards and benefits arising from the implementation of the Patient Engagement Roadmap | Dec-23 | Delayed | Exp. Del Dec'23. This work is delayed. An additional project resource has been provided to support the development of the KPIs. Every effort will be made to bring it back on track again |
| 4. Support operational services capability to monitor and report on compliance with mandatory recording of Action Plans on the Complaints Management System through provision of training and generation of quarterly compliance reports as outlined in the Your Service Your Say policy | Dec-23 | On Track | Second set of data set for KPI no. 6 available |
| 5. The post of Assistant National Director to be in place by the end of Q2 | Jun-23 | Complete | No significant update in last month. Completed Jun 23 |

| Key issues impacting delivery of ambition |
|--|
| 1. E-learning on ADM and consent is not mandatory in the HSE |
| 2. Await appointment of ADM posts in CHO areas and HG to support roll-out of the Act in local areas. Recruitment pause impacting on this |

| Mitigating actions to address key issues |
|---|
| 1. Work is underway to establish grounds to make the ADM training mandatory. A paper is in development and will be shared shortly |
| 2. Working with CHO areas and HG in relation to establishing ADM committees and putting designated leads-in place |

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

Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved. This is justified on the basis that 80% of the KPIs are within 80% of the target, and 80% of the deliverables are on track for delivery/complete.

4



| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|-------|-------|-------|-------|-------|-------|-------|---------------|-------|-------|-------|-------|
| 1. Average Time to Recruit - From receipt of job order to start date for HR Shared Services recruitment | Target | 12.5wks | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | | | |
| | Actual | | 14.5 | 16.3 | 16.7 | 13.1 | 12.0 | 13.0 | 13.0 | 14.2 | 14.4 | | | |
| 2. Total Net Change WTE | Target | 6,010 | 644 | 1,228 | 1,786 | 2,156 | 2,357 | 2,458 | 3,095 | 3,110 | 3,475 | 4,327 | 5,479 | 6,010 |
| | Actual | | 588 | 1,441 | 2,092 | 2,758 | 2,891 | 3,652 | 3,976 | 4,722 | 5,330 | | | |
| 3. Medical & Dental Net Change WTE | Target | 500 | -28 | -29 | 52 | 88 | 95 | 80 | 184 | 134 | 315 | 435 | 459 | 500 |
| | Actual | | -67 | -35 | 108 | 191 | 201 | 209 | 348 | 661 | 792 | | | |
| 4. Nursing & Midwifery Net Change WTE | Target | 1,950 | 246 | 673 | 842 | 996 | 1,082 | 1,064 | 1,189 | 1,093 | 1,069 | 1,217 | 1,788 | 1,950 |
| | Actual | | 328 | 787 | 867 | 1,091 | 1,047 | 1,148 | 1,153 | 1,274 | 1,398 | | | |
| 5. Health & Social Care Professionals Net Change WTE | Target | 1,000 | 151 | 107 | 184 | 197 | 158 | 90 | 133 | 159 | 285 | 612 | 887 | 1,000 |
| | Actual | | 105 | 99 | 229 | 265 | 215 | 280 | 188 | 180 | 435 | | | |
| 6. Management & Admin Net Change WTE | Target | 1,460 | 177 | 360 | 463 | 550 | 603 | 629 | 861 | 907 | 976 | 1,169 | 1,338 | 1,460 |
| | Actual | | 270 | 517 | 741 | 932 | 1,125 | 1,354 | 1,522 | 1,650 | 1,793 | | | |
| 7. General Support Net Change WTE | Target | 100 | 32 | 25 | 43 | 66 | 63 | 106 | 149 | 159 | 101 | 68 | 92 | 100 |
| | Actual | | 55 | 63 | 60 | 117 | 108 | 198 | 197 | 213 | 173 | | | |
| 8. Patient & Client Care Net Change WTE | Target | 1,000 | 67 | 93 | 202 | 259 | 356 | 490 | 579 | 659 | 728 | 828 | 917 | 1,000 |
| | Actual | | -104 | 10 | 87 | 162 | 195 | 463 | 568 | 745 | 738 | | | |
| 9. Annual Turnover Rate | Target | <10.0% | | | <2.3% | | | <2.3% | | <2.7% | | | | <2.7% |
| | Actual | | | | 2.1% | | | 2.1% | | Not Available | | | | |
| 10. Staff Absence Rate | Target | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | ≤4.0% | | | |
| | Actual | | 5.5% | 4.8% | 4.9% | 4.9% | 4.9% | 5.0% | 4.9% | 5.2% | 5.8% | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|--|
| 1. Delivery of the 2023 HSE Resourcing Strategy to the point of implementation | Feb-23 | Complete | Completed Feb-23 |
| 2. Commencement of the mobilisation of the Resourcing Strategy actions | Mar-23 | Complete | Completed Jun-23 |
| 3. Develop and implement Phase 1 of the Talent Pool System, sharing information about open roles and opportunities for new and existing staff | Mar-23 | Complete | Completed Jun-23 |
| 4. Establish a Talent Attraction & Engagement Unit, delivering an attraction strategy specific to each grade category | Sep-23 | Delayed | Exp. Del Q1'24. Work ongoing but hampered by recruitment moratorium |
| 5. Commence implementation of a single talent acquisition solution (Applicant Tracking) | Dec-23 | On Track | Interim strategy agreed to maximise existing technology in the absence of funding for single acquisition solution |
| 6. Complete the transition to new Recruitment Operating Model | Mar-23 | Complete | Work underway on review of the recruitment operating model to ensure that it is fully aligned with the new Health Regions |
| 7. Develop the plan to support the DoH negotiations to increase HSCP student places in Irish colleges | Sep-23 | Complete | Completed - 197 additional places were available for September 2023. Additional spaces required in 2024 and beyond |
| 8. Develop reporting of reasons for staff turnover and integrate into quarterly turnover reporting | Dec-23 | On Track | Extensive work has been undertaken in partnership with SAP COE and the build has been completed on SAP. Therefore reporting capability is now on track and moving into test reporting phase. There is potential impact now due to IA |

| Key issues impacting delivery of ambition |
|--|
| 1. The current restriction on recruitment may impact on the delivery of the ambitions outlined above |
| 2. Dependency on SAP COE for the technical solution to deliverable due to the significant demands on SAP COE for JFMS go live in 2023 |
| 3. The provisions of approp clinical infrastructure within NHSCPO and Health Regions, may impact on HSEs capacity to facilitate additional clinical placements for students. |
| 4. Review of recruitment operating model, to facilitate appropriate recruitment reform aligned to Health Regions, requires an end to end review, including candidate, hiring manager & recruiter input |
| 5. Industrial Action by Forsa |

| Mitigating actions to address key issues |
|--|
| 1. Restructure and prioritise work |
| 2. Significant and continuous engagement with SAP COE on the timelines for the technical development of the leaving reasons build and reporting |
| 3. Progressing the development of a central support model in the NHSCPO and regional infrastructure to facilitate larger throughput of clinical placements |
| 4. Appropriate stakeholder engagement to commence and lead recruitment reform review, ensuring it is aligned to the new Health Regions |
| 5. Engagement with NERS to list projects for derogation. |

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

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will only be substantially achieved.

3
➔

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|----------|----------|----------|----------|-----------|----------|----------|----------|---------------|----------|----------|----------|
| 1. Core Operational Services YTD Variance against agreed Budgets for 2023 (exc Pensions and Demand Led and COVID) noting the increased complexity of the financial framework for 2023 | Target | within +/- 0.5% | +/- 3.0% | +/- 3.0% | +/- 3.0% | +/- 2.5% | +/- 2.25% | +/- 2.0% | +/- 2.0% | +/- 2.0% | +/- 2.0% | +/- 1.5% | +/- 1.0% | +/- 0.5% |
| | Actual | | 2.9% | 3.5% | 3.6% | 4.1% | 5.0% | 5.3% | 5.1% | 5.1% | Not Available | | | |
| 2. COVID19 Sanction v Spend (Compliance - as for 2022 HSE to formally seek sanction via CEO to Sec Gen in advance of any excess of costs over existing sanction) | Target | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | <2.5% | | | |
| | Actual | | 90.0% | 77.2% | 70.3% | 61.1% | 52.0% | 47.0% | 41.1% | 29.8% | Not Available | | | |
| 3. Procurement Spend Under Management (spend in 2022 was 68%) | Target | 75.0% | | | 61.5% | | | 68.0% | | | 73.5% | | | 75.0% |
| | Actual | | | | 65.3% | | | 62.1% | | | 78.7% | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Deliver IFMS first go live | Jul-23 | Complete | Completed Jul-'23. Significant post go-live challenges being worked through. |
| 2. Progress implementation of Activity Based Funding 2021-2023 plan (i) Further enhance hospital costing and pricing (ii) Support and enable the existing ABF programme (iii) Develop a roadmap for structured purchasing (iv) Scope and implement costing and activity measures for a community costing programme | Dec-23 | On Track | The ABF Implementation Plan comprises 35 actions within the 4 objectives outlined. At the end of 2022, 25 out of the 35 actions were completed. Of the remaining 10 actions 4 have been completed by the end of September 2023. The remainder are on track for completion by the end of December 2023. |
| 3. The Internal controls programme will progress (i) the development of a controls and compliance monitoring and reporting toolset and (ii) the performance management of the Internal Controls Improvement Plan with full implementation of an online repository | Dec-23 | On Track | Work ongoing with enhanced Repository tool under development with Vclarity, interim tool currently in place producing quarterly controls reporting |
| 4. Agree SLA with DoH/DPER on enhanced reporting and monitoring arrangements | Jun-23 | Delayed | Exp. Del Dec '23. Work with DoH is on-going |
| 5. Produce a report for ARC every quarter on non-compliant procurement (to include non-compliant procurement spend) that is based on the output of self-declaration from budget holders appropriately supported by procurement | Mar-23 | Complete | Completed Mar-'23 |
| 6. Working with relevant colleagues, support the establishment and progression of a number of programmes to support quality and value improvements building on existing arrangements | Dec-23 | On Track | Work on-going |

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

| Mitigating actions to address key issues |
|---|
| 1. Financial Control Framework 2023 builds on Financial Chap of NSP & significant int & ext engagement incl DOH & DPER re agreed areas of expenditure management incl COVID Hosp. & Community Responses |

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

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will only be substantially achieved. Strong progress on plan: delivery of 93% of capital programmes on target; Digital Health Strategic Implementation Plan completed but awaiting DoH Framework publication, National Forensic Hospital EHR go-live completed on target; GP Lab eOrdering solution pilots underway, but delayed by 3 quarters; Children's Disabilities system is live on 24 sites, with rollout delayed; Cyber Transformation procurement notices issued for 3 key services

3 ➔ Change

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| 1. eHealth ICT Capital spend | Target | €140.00m | €4.25m | €17.15m | €22.55m | €28.65m | €34.15m | €40.35m | €46.85m | €57.95m | €71.10m | €89.30m | €115.80m | €140.00m |
| | Actual | | €4.25m | €13.6m | €22.95m | €26.82m | €30.9m | €36.3m | €37.5m | €38.53m | €38.38m | | | |
| 2. Percentage of eHealth ICT Capital spend on Community programmes | Target | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% | 5.1% |
| | Actual | | 8.6% | 8.0% | 6.0% | 5.6% | 4.9% | 6.6% | 6.4% | 6.2% | 4.1% | | | |
| 3. Number of new ICT professionals recruited to deliver 2022/2023 eHealth Service Plan | Target | 250 | 21 | 42 | 63 | 84 | 105 | 126 | 147 | 168 | 189 | 210 | 231 | 250 |
| | Actual | | 24 | 55 | 69 | 96 | 113 | 136 | 166 | 183 | 197 | | | |
| 4. Delivery of 90% of capital programmes on track (RAG status Green or Amber) | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | | | |
| | Actual | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 95.3% | 93.0% | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Prepare and submit Digital Health Strategy and Implementation plan | Jul-23 | Delayed | Exp. Del Dec'23. Draft DoH framework and HSE Implementation plan submitted to T&T Committee 2024 strategy funding submitted into NSP & Capital Plan 4 Strategy Mobilisation workstreams stood up and advancing deliverables Submission to Board delayed as DoH Framework not released yet |
| 2. Delivery and Go-live of Specialised Care Services Clinical Management System for the National Forensics Mental Health Service | Sep-23 | Complete | Successful Go-live completed on 31 August Ongoing adoption, embedding & training since system went live Project Close process underway |
| 3. Deliver GP Laboratory eOrdering solution to 4 pilot sites - Galway (GUH), Waterford (UHW), Navan (OLHN), Beaumont | Sep-23 | Delayed | Exp. Del Q2'24. Development works ongoing with GP practice vendors; 3 GP PMS completed, remaining 1 underway Single go-live planned for Q3 '23 based on speed of Vendor delivery <u>Go-live completion behind schedule for all 4 sites - OLHN: Q4 '23; GUH & UHW: Q1 '24; BH: Q2 '24</u> |
| 4. Rollout Children's Disabilities Network Teams Information Management System to 91 teams | Dec-23 | Delayed | Exp. Del Q2'24. Solution roll out is ongoing; 24 of 91 teams live to date (behind YTD target of 77) 2 team go-lives in Oct and 4 in Sept Data quality & migration complexities slowed rollout since May, delaying implementation schedule Replanning exercise delayed by IA; many teams refuse engagement |
| 5. Delivery and Go-live of IPMS and Swiftqueue on 2 Community sites | Jun-23 | Complete | Site 2 (Ophthalmology Services Navan) live and operational as of 23 June Site 1 (Psychology Services Limerick) went live with IPMS system on 2 October 2023 |
| 6. Deliver Cyber Transformation programme (2023) for the HSE ICT estate | Dec-23 | On Track | Cyber Incident Response Playbook socialisation ongoing Procurement for CISO Tenders 1-3 underway NCSC Compliance actions are being progressed (31 of 36 items completed/submitted for completion); 5 items have revised target dates Engaging & funding Voluntary orgs to accelerate Office 365 projects |

| Key issues impacting delivery of ambition |
|--|
| 1. Forsa work-to-rule action delaying advancement of many projects and negatively affecting data reporting and achievement of KPIs/deliverable targets |
| 2. Recruitment restrictions are impacting ability to deliver ICT Capital Plan and ICT Operational services |
| 3. Ability of GP vendors to complete work for GP ordering within agreed timeframes |

| Mitigating actions to address key issues |
|---|
| 1. Engage with Operational leads to reprioritise project work |
| 2. Reprioritise projects and restructure project teams |
| 3. GP Practice Management Systems Vendor development rescheduled to work in parallel to accelerate delivery |

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

Rating and Overview (2): Concerns that the 2023 Ambition Statement will only be partially achieved. Overall capital expenditure for the period to the end of September remains behind profile by €170.13m. This continues the trend from previous reports and is largely attributable to the National Children's Hospital which is showing a variance against target spend of €109.67m. The remaining underspend is related primarily to performance of projects in the acute sector, together with current challenges in the processing of capital payments to contractors and suppliers. Traction on the re-profiling exercise to manage the un-spent capital funding undertaken following the Q2 management review and approved by the HSE Board, is likely to be evidenced in Q4. However, it will remain challenging to ensure funds will be fully utilised and open engagement in respect of this is ongoing with the DoH. Remaining Capital Plan actions are progressing in line with expectations at end Q3 and in to Q4. While delivery of additional acute and community bed capacity remains challenged due to contractor issues and other broader factors, projects now due by end Q4 remain within these timelines. Actions on the Capital and Estates Strategy Implementation Plan remain paused due to the cessation of the SME support contract.

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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|--------|--------------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| 1. Capital spend | Target | €1,027.00m | €18.30m | €59.50m | €111.50m | €170.70m | €262.40m | €335.20m | €401.00m | €482.30m | €559.60m | €634.20m | €751.40m | €1,027.00m |
| | Actual | | €18.30m | €38.14m | €98.26m | €133.74m | €184.50m | €257.45m | €290.57m | €335.53m | €389.47m | | | |
| 2. New primary care centres completed | Target | 9 | | | 2 | | | 5 | | | 8 | | | 9 |
| | Actual | | | | 0 | | | 5 | | | 5 | | | |
| 3. New critical care bed capacity completed | Target | 16 | | | 0 | | | 16 | | | | | | |
| | Actual | | | | 0 | | | 16 | | | | | | |
| 4. New (162 beds) and replacement (99 beds) acute bed capacity | Target | 261 | | | 36 | | | 193 | | | 249 | | | 261 |
| | Actual | | | | 18 | | | 126 | | | 174 | | | |
| 5. New (zero beds) and replacement (500 beds) community bed capacity | Target | 500 | | | 130 | | | 266 | | | 332 | | | 500 |
| | Actual | | | | 0 | | | 180 | | | 216 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Take forward the implementation of the Capital and Estates strategy to include: (i) establishing governance structures and procuring external subject matter experts (ii) developing strategic investment planning approaches (iii) enhancing the estate data-set to support evidence-based capital decisions (iv) developing standardised, programmatic approaches to delivery of the capital plan (v) implementing digital technology in areas such as design, delivery and operation of the estate (vi) developing the Capital and Estates Workforce Plan This is an ongoing process and deliverables will be refined further as process advances | Dec-23 | Delayed | Exp. Del Q1 '24. Delayed due to the cessation of the SME support contract. Alternative arrangements and associated timelines for concluding the necessary work is being considered. |
| 2. Progress the tender process for construction of the National Maternity Hospital on receipt of Government approval of the final business case | Dec-23 | On Track | Procurement processes in progress for enabling and main contractor works. Project governance proposals remain under active stakeholder consideration |
| 3. Deliver the equipment replacement programme in accordance with the HSE Equipment Replacement Report; commission an update of the Equipment Replacement Report | Dec-23 | On Track | Expenditure on the National Equipment Replacement Programme continues in line with profile. Drafting of report to assess future national equipping expenditure requirements is on track with preliminary draft due in early Q4 |
| 4. Take forward phase 2 critical care infrastructure projects at Cork University Hospital, St Vincent's Hospital, St James Hospital, Beaumont Hospital and at the Mater Misericordiae Hospital | Dec-23 | On Track | Phase 2 critical care infrastructure projects are at project initiation stage and continue to advance in line with the approvals process and requirements of the Public Spending Code |

| Key issues impacting delivery of ambition |
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| 1. Resourcing to manage the Capital Plan remains a significant issue |
| 2. Underspend, primarily on New Children's Hospital together with challenges in processing of capital payments, is impacting the overall performance of targets for capital expenditure |
| 3. Impact of global challenges continues, including; construction inflation, restricted availability and/or delays with materials as a result of Brexit or the war in Ukraine |

| Mitigating actions to address key issues |
|---|
| 1. Limited recruitment advancing for technical posts to support regionally and centrally delivered projects, up to panel formation only. Approval to make any new appointments currently paused |
| 2. Re-profiling of capital funding approved by HSE Board in July. Capital Plan expenditure continues to be closely managed, in liaison with Finance colleagues, and DoH updated |
| 3. Operational delivery of the Capital Plan is in the context of prevailing national and global challenges. Mechanisms to support project delivery continue with appropriate engagement |

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

Rating and Overview (4): Strong assurance that the 2023 Ambition Statement will be substantially achieved. HSE Communications, along with our colleagues in CHOs and Hospital Groups, are working through what is traditionally our busiest period of the year, from a news, campaigns and staff communications point of view. We have several campaigns and programmes commencing in September or early October, including winter vaccines for flu and COVID-19, mental health, breastfeeding and QUIT smoking. We continue to support the Health Region programme for staff and stakeholders, and to work to secure long-term digital health and contact care services.

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| 4 | Change ➔ |
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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1. Improve health behaviour and knowledge via HSE campaigns (QUIT, vaccine and other campaigns) | Target | 1.25m | 0.20m | 0.30m | 0.40m | 0.40m | 0.50m | 0.60m | 0.60m | 0.70m | 1.00m | 1.60m | 2.50m | 2.90m |
| | Actual | | 0.20m | 0.29m | 0.45m | 0.50m | 0.70m | 0.80m | 0.87m | 0.73m | 0.91m | | | |
| 2. Increase public, partner and patient access to quality health information through visits to HSE.ie sites (15% increase in 2023) | Target | 70.00m | 6.30m | 11.20m | 16.80m | 22.40m | 28.00m | 32.90m | 38.50m | 43.40m | 49.70m | 56.70m | 63.70m | 70.00m |
| | Actual | | 6.20m | 11.50m | 14.67m | 17.40m | 26.01m | 31.29m | 36.51m | 42.58m | 49.19m | | | 6.20m |
| 3. Improve engagement between HSE and our staff through internal comms channels: interactions via internal comms channels in 2023 | Target | 3.38m | 0.35m | 0.65m | 0.93m | 1.20m | 1.47m | 1.75m | 1.99m | 2.26m | 2.57m | 2.85m | 3.13m | 3.38m |
| | Actual | | 0.28m | 0.52m | 0.86m | 1.18m | 1.51m | 1.85m | 2.16m | 2.61m | 2.98m | | | |
| 4. Increase public understanding of HSE work via proactive news generation: national projects receiving coverage (two per week) in 2023 | Target | 108 | 8 | 18 | 26 | 36 | 44 | 54 | 64 | 72 | 80 | 88 | 98 | 108 |
| | Actual | | 9 | 19 | 32 | 42 | 58 | 70 | 81 | 93 | 101 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|---|------------------------|----------|--|
| 1. Deliver a stakeholder website within HSE.ie, supporting all HSE service teams, partners and stakeholders, providing information about the organisation and enabling critical digital health service developments and dedicated spaces for RHA and other services | Dec-23 | On Track | Project progressing well, content being drafted and reviewed for high level sections and work ongoing on page designs and templates for Health Regions |
| 2. Establish a personalised email subscription system for all HSE staff, enabling HSE staff to sign up for targeted updates and enabling HSE services to communicate relevant and effective messages to all staff | Jun-23 | Complete | The first email subscription newsletter using this new system was issued to staff on 29 August. HSE eHealth are reviewing the wider implementation of this new system and this is progressing well |
| 3. Deliver an integrated communications & engagement programme to (i) support the rollout of RHAs, including staff, stakeholder, public affairs & public communications, & (ii) designing an effective operating model for RHA communications teams | Dec-23 | On Track | Work is ongoing to communicate progress on Health Regions, with staff content and newsletter and stakeholder engagement |

| Key issues impacting delivery of ambition |
|---|
| 1. Long term funding (beyond 2023) for HSE.ie and HSElive is not in place |

| Mitigating actions to address key issues |
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| 1. Working with Ehealth to secure long-term funding for HSE ie, HSElive and the planned HSE app, as an integrated package, part of the upcoming Government Digital Framework |

17. Planning and Implementation of Health Regions

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

Rating and Overview: (3): Some concerns that the 2023 Ambition Statement may not be substantially achieved to agreed Implementation Plan timelines due to external dependencies. Risk Log with mitigation actions in place which remains a key focus for the programme team (DoH/HSE).

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

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|-------------------------------|-------------|--|
| 1. Finalise and agree Health Regions implementation Plan, to include initial Target Operating Model for January 2024 | June-23 Initially April 23 | Complete | Completed Sept '23. |
| 2. Commence recruitment of the six Health Region's REOs following DOH/DPER approval (April 2023) with offers issued by September 2023 | Dec-23 Initially Sep 23 | On Track | REO posts advertised with closing date of 12th Oct '23. Planned date for final interviews w/c 4th Dec'23 |
| 3. Commence recruitment of Health Region's Senior Management Teams following DOH/DPER approval | Feb-24 Initially Sep 23 | Not Started | No further update. Recruitment of Health Regions Executive Management Teams dependent on appointment of REOs |
| 4. Finalise the Integrated Service Delivery Model with associated structures within Health Regions aligned to national frameworks | Aug-23 Initially June 23 | Delayed | Exp. Del Nov'23, Options for Integrated Healthcare Area (IHA) and Health Region top teams have been developed. HSE/DoH ISD models options appraisal meeting scheduled for 3rd Nov 23 to select and propose the preferred option for consideration by programme governance |
| 5. Finalise and agree HSE National organisational structures, roles/responsibilities and associated processes /relationships between HSE National and Health Regions | Sep-23 | Delayed | Exp. Del Nov '23. HSE CEO continuing to work on HSE Centre review following circulation of draft proposal to Senior Leadership Team and update awaited. Centre design due to be completed by the end of Nov '23 |
| 6. Complete the redefinition of existing CHO/HG geographical boundaries to Health Regions defined areas, to include associated changes required for HR and Finance supported by change impact assessment | Dec-23 | On Track | Findings from Impact Analysis and Proposed Approach and Scope document being considered by Acute Operations and Community Operations in transitioning to new Health Region geographies. Forsa industrial action may impact on timescales to deliver this change |
| 7. Establish arrangements, in partnership with DOH to progress the development of: (i) Population Based Resource Allocation; and (ii) Health Needs Assessments | July-23 Initially April 23 | Delayed | Exp. Del Dec' 23. DoH continues to progress work to establish PBRA. Terms of Reference currently being drafted. Health Needs Assessment continues to be progressed with programme of work agreed with Public Health Department to deliver same |
| 8. Agree and further embed programme governance with continuous input from all key stakeholders during further design and implementation phases | Apr-23 | Complete | Completed Oct '23. Health Regions governance fora stood up and meeting regularly to progress and oversee programme deliverables |
| 9. Appoint approved Change Management Support Posts to support transition arrangements | Nov-23 | On Track | Work ongoing to regularise PMO posts in HGs & CHOs. These posts will be key in supporting change management and standing up of Health Regions alongside previously approved change management posts (with a focus on organisational development and design). Plan to develop C&I Hub in each Health Region |

| Key issues impacting delivery of ambition |
|---|
| 1. Recruitment to Health Region REO posts is a key dependency to achieving timeline of Feb 2024 for Health Regions |
| 2. Scale of change within the Health Regions programme and deliverables to ensure safe transition to Health Regions |
| 3. Need to ensure alignment with other key policies and developments |
| 4. Need to engage constructively with a wide range of stakeholders. Current Forsa industrial action may impact on ability to engage with certain stakeholders |
| 5. HSE Centre Review is a key dependency to Health Regions EMT structures and IHA structures |

| Mitigating actions to address key issues |
|--|
| 1. REO posts advertised with closing date of 12th Oct 2023. Planned date for final interviews w/c 4th Dec'23 |
| 2. Programme and change management is crucial. Proposal developed is at consultation stage, to support change management within individual Health Regions |
| 3. Alignment with Slaintecare and HSE Planning. Ongoing engagement across services to ensure alignment with key policy areas |
| 4. Stakeholder engagement plan in place aligned to programme deliverables. Risk that the current Forsa industrial action will result in delayed delivery of some Implementation Plan actions |
| 5. Outcomes from Centre Review awaited. Work progressing on Health Region EMT structures and ISD model via ISD work stream |

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

Rating and Overview (3): Some concerns that the 2023 Ambition Statement will not be substantially achieved. Key actions in the Infrastructure Decarbonisation Roadmap continue to progress despite challenges in recruiting suitably qualified technical staff, symptomatic of over-saturation in the national market currently and the current recruitment pause. Progress is steady and maintained on progressing shallow retrofit improvements, however challenges in expending funds associated with deep energy retrofit Pilot Pathfinder projects persist in to this quarter, attributable to delays in finalising the report from technical advisors which will inform the approach to an upscaled level of activity. Implementation of Climate Action Strategy is progressing but at a slower rate than expected due to lack of dedicated resources.

Change

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| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|---------|
| 1. Programme spend on shallow energy retrofit improvements | Target | €12.50m | | | €1.30m | | | €2.80m | | | €5.00m | | | €12.50m |
| | Actual | | | | €1.25m | | | €2.5m | | | €5.20m | | | |
| 2. Large-scale deep energy retrofit pathfinder projects spend | Target | €7.50m | | | €1.00m | | | €2.50m | | | €4.00m | | | €7.50m |
| | Actual | | | | €0.19m | | | €0.70m | | | €1.20m | | | |
| 3. Number of utility meters installed at pilot locations to enhance metering of HSE data | Target | 20 | | | 0 | | | 0 | | | 5 | | | 20 |
| | Actual | | | | 0 | | | 0 | | | 5 | | | |
| 4. Expand from 111 to 140 the number of energy management teams in place in the HSE and S38 and S39 organisations | Target | 140 | | | 115 | | | 120 | | | 130 | | | 140 |
| | Actual | | | | 112 | | | 112 | | | 128 | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|--|
| 1. Progress implementation of the HSE Climate Action Strategy through the development of eight climate action work streams, associated implementation and measurement plans, and the development and delivery of an internal staff communication campaign and training programmes. Complete funding proposal for implementation for the next six years | Dec-23 | Delayed | Exp. Del Q2'24. Steady Progress despite delays in some of the programmes. All work programmes have held x2 plus meetings and have an agreed deliverable timeline. Internal Staff Campaign for launch mid-Nov 2023. The National Climate Steering group have met twice |
| 2. Produce a draft report following establishment of the large scale deep energy and carbon retrofit pilot pathfinder programme to inform future solutions, costs and actions | Apr-23 | Complete | Completed -Sept'23 |
| 3. Produce a National Strategic Assessment Report (SAR) outlining the proposed approach to taking forward large-scale energy retrofits across all healthcare sites, informed by learnings from the pathfinder sites. Commence SAR preparation in May to present to HSE National Capital Steering Group in August | Aug-23 | Delayed | Exp. Del Q2'24 (TBC). Awaiting outcome of engagement as part of National Heat & Built Environment Taskforce on potential for preparation of Public Sector SAR for deep retrofits. HSE element of SAR will be informed by upscaled Design Report from Technical Advisors - first draft received |
| 4. Gather, compile and verify data on water consumption for the top 170 significant users as part of a water conservation training programme | Dec-23 | Delayed | Exp. Del Q1'24 due to delays in receipt of information from Irish Water. However, water consumption data from significant user sites continues to be gathered and verified |
| 5. Deliver four national energy efficient design training programmes for design team framework professionals, HSE staff and section 38 and 39 organisations during 2023. Two programmes will be delivered by Q2 and two programmes by Q4 2023 | Dec-23 | On Track | Final training dates agreed for November 2024 |

| Key issues impacting delivery of ambition |
|--|
| 1. Demand for energy and sustainability initiatives is having a significant impact on the ability to recruit specialist technical expertise needed |
| 2. Need for integrated working with external stakeholders |
| 3. Pressure of delivering business as usual and continuation of existing service. Availability of resources to dedicate time to progressing implementation is extremely challenging. |

| Mitigating actions to address key issues |
|--|
| 1. Direct engagement ongoing with relevant universities to source graduates. Bespoke campaigning for energy officers continues all with a view to appointment when recruitment pause lifted. |
| 2. Regular Meetings held with stakeholders |
| 3. Resource planning ongoing |

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

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

| KPI | T/A | 2023 Annual Target | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|--------|--------|
| 1. Percentage of general gynaecology referrals streamed to ambulatory gynaecology unit/setting | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | | | 50.0% |
| | Actual | | 29.0% | 42.5% | 43.6% | 33.0% | 45.0% | 35.5% | 44.6% | 46.2% | Not Available | | | |
| 2. Number of new patients seen per month at regional infertility hubs | Target | 1,500 | 0 | 0 | 150 | 300 | 450 | 600 | 750 | 900 | 1,050 | 1,200 | 1,350 | 1,500 |
| | Actual | | 0 | 0 | 126 | 122 | 270 | 297 | 247 | 398 | Not Available | | | |
| 3. Number of supra-regional gynae-oncology MDTs to be established and operational | Target | 4 | | | 4 | | | | | | | | | 4 |
| | Actual | | | | 2 | | | | | | | | | |
| 4. Percentage of patients (>14 years) seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit for a forensic clinical examination | Target | 90.0% | | | 90.0% | | | 90.0% | | 90.0% | | | | 90.0% |
| | Actual | | | | 91.0% | | | 86.3% | | 91.0% | | | | |
| 5. Number of reimbursement claims for unlicensed Cariban dispensed (against code 66892) under Community Drug Schemes | Target | N/A | | | | | | | | | | | | |
| | Actual | | 191 | 405 | 638 | 559 | 658 | 630 | 740 | 809 | 866 | | | |
| 6. Spend on Cariban | Target | €1.30m | €0.10m | €0.20m | €0.30m | €0.40m | €0.50m | €0.60m | €0.70m | €0.80m | €0.90m | €1.00m | €1.20m | €1.30m |
| | Actual | | | €0.05m | €0.12m | €0.21m | €0.29m | €0.07m | €0.08m | €0.09m | €0.07m | | | |
| 7. Number of unique individuals who have received benefits under the Free Contraception Scheme. | Target | N/A | | | | | | | | | | | | |
| | Actual | | 55,809 | 52,699 | 56,707 | 43,088 | 61,361 | 58,108 | 57,495 | 53,498 | 71,817 | | | |
| 8. Percentage Breast Check screening uptake rate* (EOY 2022 75.5%) *Reported quarterly in arrears | Target | 70.0% | | | 70.0% | | | 70.0% | | 70.0% | | | | 70.0% |
| | Actual | | | | 74.3% | | | | | 61.4% | | | | |

| Deliverables supporting delivery of ambition | Target Completion Date | Status | Monthly Progress Update |
|--|------------------------|----------|---|
| 1. Complete implementation of Models of Care for ambulatory gynaecology and endometriosis | Dec-23 | On Track | This is being progressed. Data from 2021, 55% of women were waiting between 0-6 months, with 14% of women waiting greater than 18 months. September 2023, 76% of women waiting between 0-6 months, with 3% waiting greater than 18 months. |
| 2. Complete phase one of the Model of Care for Infertility with the roll out of the sixth and final regional infertility hub | Jun-23 | Complete | Completed - Sept '23. |
| 3. Commence phase two of Model of Care for Infertility to include: (i) engaging with the DoH to operationalise the provision of publicly funded, privately provided in vitro fertilisation (IVF), and (ii) complete operational readiness programme to enable commencement of publicly funded, publicly provided IVF | Dec-23 | On Track | Significant work being undertaken in this area |
| 4. Design and implement three women's health hubs as proofs of concept ie. formal evaluation incorporating the patient experience, staff experience and quantitative data on referral pathways | Dec-23 | On Track | This work is progressing. |
| 5. Complete the review of the Maternity and Infant scheme in line with the National Maternity Strategy implementation plan | Sep-23 | Delayed | Exp. Del Dec '23 |
| 6. Progress baseline modelling and structures in preparation for Ireland setting a target for the elimination of cervical cancer and undertake research to explore beliefs and attitudes regarding self-sampling for cervical screening | Dec-23 | On Track | Preparations to launch a public consultation on developing an elimination of cervical cancer strategic action plan is underway. A Cervical Cancer Elimination Delivery Group has been established to oversee development of a Cervical Cancer Elimination Action plan by 17 November 2024 |

| Key issues impacting delivery of ambition |
|---|
| 1. |

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

Appendix 1. Risk Management

Overview: There are currently 21 risks on the Corporate Risk Register [CRR]. The current risk ratings of the risks, per the Q2 2023 CRR report, are 14 Red and 7 Amber.

Corporate Risk RAG Summary

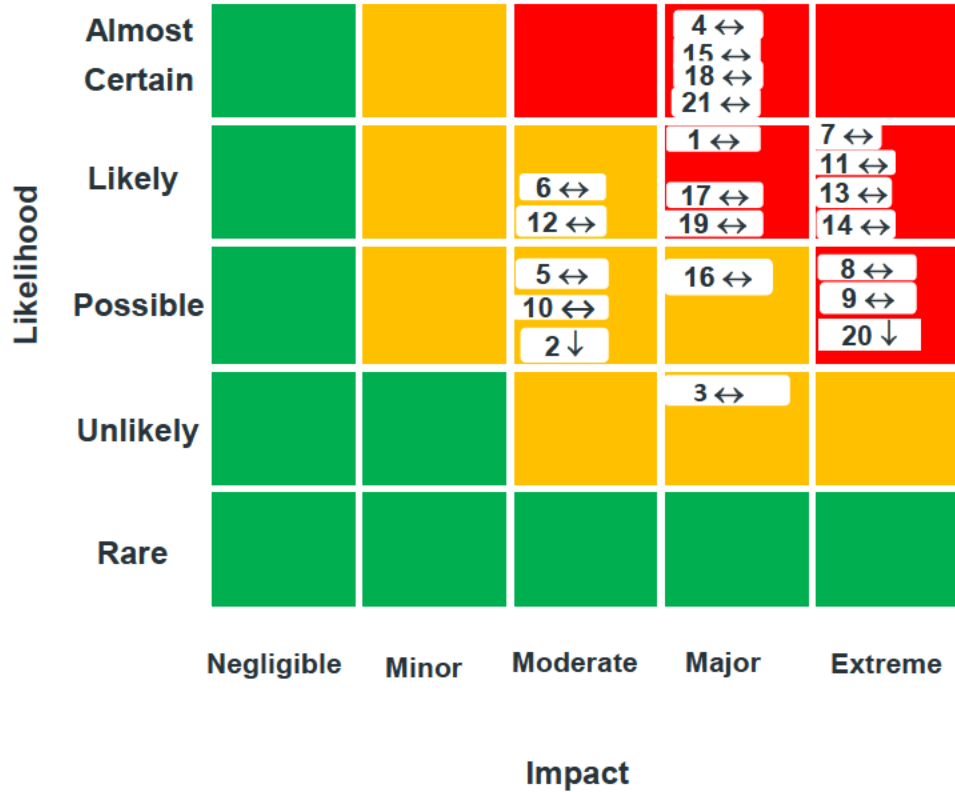
| RAG | Quarter 2, 2022 | Quarter 3, 2022 | Quarter 4, 2022 | Quarter 1, 2023 | Quarter 2, 2023 |
|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Red | 11 | 12 | 16 | 14 | 14 |
| Amber | 8 | 7 | 5 | 7 | 7 |
| Green | 0 | 0 | 0 | 0 | 0 |

Corporate Risk Register [CRR] Update

| | | |
|---|--|---|
| 1 | Corporate Risks Q2 2023 | <p>The Q2 CRR was approved by the EMT at their meeting on the 26th July 2023. There are currently 21 risks, 14 Red and 7 Amber residual risk ratings.</p> <p>The Q3 2023 Corporate Risk Review [CRR] report is now being finalised for approval by the EMT.</p> |
| 2 | Risk Programme Priorities | <p>There was an extensive programme of presentations and Q&A engagements throughout October to support staff in the ongoing implementation of the HSE's Enterprise Risk Management [ERM] Policy and Procedures 2023. This was subsequent to the five national Webinars that were held in August/September. This further demonstrates our commitment to keeping staff and senior management well-informed and engaged.</p> |
| 3 | Full Review of the HSE's Principal Risks [Review] | <p>The CRO's report on the fundamental review of the HSE's corporate risks has concluded and the majority of proposals were approved by the EMT. Implementation of the report proposals have now commenced and in particular the Q4 2023 Corporate Risk Review will focus on the assessment of the risks approved in principle for inclusion on the revised Corporate Risk Register.</p> <p>In addition, there is to be a dedicated risk management workshop with the Audit and Risk Committee members including Chairs of the other Board level committees due to be held on the 22nd November 2023. The focus of this workshop is to outline the principles of risk management as set out in the ERM Policy and Procedures 2023 and the proposed revised Corporate Risk Register reporting format.</p> |

Residual rating changes Q1 2023 to Q2 2023

↑ Increasing ↓ Decreasing ↔ No change • New/ Emerging



| Risk ID | Risk Title | Risk Rating | | | |
|---------|--|---------------------------------|----|----------|----------------------|
| | | Residual rating [with controls] | | Movement | Risk Appetite Target |
| | | Q1 | Q2 | | |
| CRR 001 | Major Disruption to Clinical and Non Clinical Service Continuity | 16 | 16 | ↔ | </=6 |
| CRR 002 | Future trajectory of COVID | 12 | 9 | ↓ | </=6 |
| CRR 003 | New pandemic outbreak [serious/high consequence] infectious disease [non-COVID] | 8 | 8 | ↔ | </=6 |
| CRR 004 | Access to care | 20 | 20 | ↔ | </=6 |
| CRR 005 | Inadequate and ageing infrastructure/ equipment | 9 | 9 | ↔ | <12 |
| CRR 006 | Delivery of Major Capital Projects | 12 | 12 | ↔ | <12 |
| CRR 007 | Anti-Microbial Resistance and Health Care Associated Infections | 20 | 20 | ↔ | </=6 |
| CRR 008 | Safety incidents leading to harm to patients | 15 | 15 | ↔ | </=6 |
| CRR 009 | Health, wellbeing, resilience and safety of staff | 15 | 15 | ↔ | <12 |
| CRR 010 | Climate action | 9 | 9 | ↔ | </=25 |
| CRR 011 | Digital environment and cyber failure | 20 | 20 | ↔ | 15 |
| CRR 012 | Delivering Sláintecare | 12 | 12 | ↔ | </=25 |
| CRR 013 | Internal controls and financial management | 20 | 20 | ↔ | <12 |
| CRR 014 | Sustainability of screening services | 20 | 20 | ↔ | </=6 |
| CRR 015 | Stability and Transformation of Disability Services | 20 | 20 | ↔ | </=6 |
| CRR 016 | Workforce and Recruitment | 12 | 12 | ↔ | <12 |
| CRR 017 | HSE Funded Agencies | 16 | 16 | ↔ | </=6 |
| CRR 018 | Assisted Decision Making Capacity Legislative Changes | 20 | 20 | ↔ | </=6 |
| CRR 019 | Displaced Ukrainian Population and International Protection Applicant Population | 16 | 16 | ↔ | </=6 |
| CRR 020 | Workplace Violence and Aggression | 20 | 15 | ↓ | <12 |
| CRR 021 | Data Protection | 20 | 20 | ↔ | </=6 |

Appendix 1. Risk Management

| Risk Summary Table | | | | | | | | | | | |
|--------------------|--|-------|---------------|---------------------------------|-----------------|--------|--------|---------------------------------|--------|--------|---------------|
| Risk ID | Risk Title | Owner | Risk Appetite | | Risk Rating | | | | | | |
| | | | Risk appetite | Risk appetite theme | Inherent rating | | | Residual rating [with controls] | | | Risk Appetite |
| | | | | | Likelihood | Impact | Rating | Likelihood | Impact | Rating | Target |
| CRR 001 | Major Disruption to Clinical and Non Clinical Service Continuity | COO | Averse | Operations & service disruption | 4 | 5 | 20 | 4 | 4 | 16 | </=6 |
| CRR 002 | Future trajectory of COVID | CCO | Averse | Patient Safety | 4 | 5 | 20 | 3 | 3 | 9 | </=6 |
| CRR 003 | New pandemic outbreak [serious/high consequence] infectious disease [non-COVID] | CCO | Averse | Patient Safety | 2 | 5 | 10 | 2 | 4 | 8 | </=6 |
| CRR 004 | Access to care | COO | Averse | Operations & service disruption | 5 | 5 | 25 | 5 | 4 | 20 | </=6 |
| CRR 005 | Inadequate and ageing infrastructure/ equipment | CSO | Cautious | Property and Equipment | 3 | 4 | 12 | 3 | 3 | 9 | <12 |
| CRR 006 | Delivery of Major Capital Projects | CSO | Cautious | Property and Equipment | 5 | 3 | 15 | 4 | 3 | 12 | <12 |
| CRR 007 | Anti Microbial Resistance and Health Care Associated Infections | CCO | Averse | Patient Safety | 5 | 5 | 25 | 4 | 5 | 20 | </=6 |
| CRR 008 | Safety incidents leading to harm to patients | COO | Averse | Patient Safety | 4 | 5 | 20 | 3 | 5 | 15 | </=6 |
| CRR 009 | Health, wellbeing, resilience and safety of staff | NDHR | Cautious | People | 5 | 5 | 25 | 3 | 5 | 15 | <12 |
| CRR 010 | Climate action | CSO | Eager | Strategy | 5 | 4 | 20 | 3 | 3 | 9 | </=25 |
| CRR 011 | Digital environment and cyber failure | CIO | Averse | Security | 5 | 5 | 25 | 4 | 5 | 20 | </=6 |
| CRR 012 | Delivering Sláintecare | CSO | Eager | Strategy | 4 | 4 | 16 | 4 | 3 | 12 | </=25 |
| CRR 013 | Internal controls and financial management | CFO | Cautious | Financial | 4 | 5 | 20 | 4 | 5 | 20 | <12 |
| CRR 014 | Sustainability of screening services | CCO | Averse | Patient Safety | 5 | 5 | 25 | 4 | 5 | 20 | </=6 |
| CRR 015 | Stability and Transformation of Disability Services | COO | Averse | Operations & service disruption | 5 | 5 | 25 | 5 | 4 | 20 | </=6 |
| CRR 016 | Workforce and Recruitment | NDHR | Cautious | People | 4 | 5 | 20 | 3 | 4 | 12 | <12 |
| CRR 017 | HSE Funded Agencies | COO | Averse | Operations & service disruption | 4 | 5 | 20 | 4 | 4 | 16 | </=6 |
| CRR 018 | Assisted Decision Making Capacity Legislative Changes | COO | Averse | Patient Safety | 5 | 5 | 25 | 5 | 4 | 20 | </=6 |
| CRR 019 | Displaced Ukrainian Population and International Protection Applicant Population | COO | Averse | Operations & service disruption | 5 | 4 | 20 | 4 | 4 | 16 | </=6 |
| CRR 020 | Workplace Violence and Aggression | NDHR | Cautious | People | 5 | 5 | 25 | 3 | 5 | 15 | <12 |
| CRR 021 | Data Protection | COO | Averse | Security | 5 | 5 | 25 | 5 | 4 | 20 | </=6 |
| Total 15-25 | | | | | | | | | | | 14 |
| Total 6-12 | | | | | | | | | | | 7 |

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

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

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

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

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

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