National Service Plan

2022

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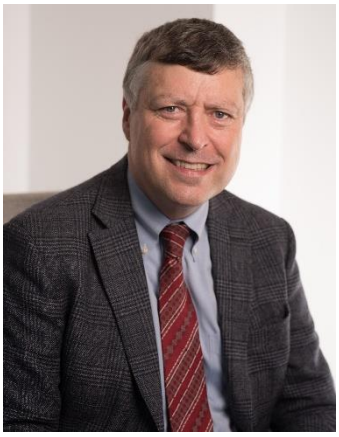
Foreword from the Chair of the Board



On behalf of the Board of the Health Service Executive (HSE), I am pleased to present to you our National Service Plan (NSP) for 2022, which sets out, at a high level, the services that will be provided to the people of Ireland for the investment entrusted to the HSE and within the strategic context of the *HSE Corporate Plan 2021-2024*. The development of this Plan was also informed by the Minister for Health's Annual Statement of Priorities and by the *Winter Preparedness Plan October 2021 – March 2022*.

Our key focus continues to be the provision of safe health and social care services and, simultaneously, the progression of fundamental reforms across our entire service delivery model in areas such as the delivery of *Sláintecare*, addressing waiting lists and waiting list times, women's health and mental health services, along with national strategies. Good governance, including rigorous and meaningful risk oversight and the monitoring of performance against clearly defined targets, is a key element in assuring that services can be delivered in a way that maximises both quality and value. We also continue to prioritise the mitigation of the most significant risks for the HSE as identified in our Corporate Risk Register.

A key component in Ireland's national response to the COVID-19 pandemic has been the successful roll-out of the national vaccination programme and, at the time of writing, more than 90% of the population over the age of 12 years has been fully vaccinated. While COVID-19 remains a major challenge for our staff, patients, service users and vulnerable groups we will be guided by the advice of our public health teams and will continue to work across the organisation to maximise the delivery of high-quality health and social care services as we transition from a pandemic to an endemic scenario.

The cyberattack on 14 May 2021 had a hugely detrimental effect on our healthcare system, already dealing with the unprecedented impact of the pandemic. This criminal act resulted in widespread disruption across all services. In 2022, we will develop, implement and monitor improvements in the security and resilience of critical national infrastructure for the provision of essential services, ensuring an improved rapid response is available to these threats when they occur. We will also ensure the sharing of lessons with other public sector organisations.

Health reform and the Government's *National Recovery and Resilience Plan* are at the centre of our vision for the future of our health service, with *Sláintecare* providing the opportunity to address long-standing challenges including waiting lists for scheduled care in hospitals and long waits in emergency departments, particularly for older people and those who have more complex needs. Our reform programme seeks to address these challenges as well as addressing waiting times for mental health and community-based services, with the ultimate aim of improving the patient / service user experience through innovative initiatives including the ongoing digitisation of our health service. While the implementation of real and sustained reform is complex, it is also essential and as an organisation we are committed to making this change happen.

Work is continuing at the Dialogue Forum with a commitment to enhancing relationships with voluntary organisations. Over the course of the COVID-19 pandemic, we saw the strengthening and working together in partnership of many organisations across the entire health system.

Over 2022 we will work to identify practical means, which will improve relationships, review service level agreements and create better structures around accountable autonomy.

We remain deeply grateful for the public's support and for the hard work and dedication of our HSE staff and look forward to continuing collaborative working in the coming year.

Finally, on behalf of the Board, we look forward to continuing to work with Minister Donnelly and welcome the opportunity to work with Minister Rabbitte and her officials in the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to deliver community-based disability services.

Ciarán Devane

Chair HSE Board

08 February 2022

Introduction from the Chief Executive Officer

This NSP 2022 outlines the health and social care services to be provided to people living in Ireland within the allocated budget of €20.7bn. We are now into the second year of implementation of the *HSE Corporate Plan 2021-2024*. The objectives and the enablers within that plan have guided our decision-making in terms of the service developments and service enhancements we have programmed for the coming year.

COVID-19 continues to be extremely challenging for staff, for patients and for our wider society. The incidence rate is as high now as it was at the beginning of 2020 and it is prevalent across all age groups. Although this is a setback that we really did not need, the very high rate of vaccination uptake has resulted in better protection against serious illness. During the winter period our health service is its busiest, so it is particularly important that community transmission is controlled. I thank the public for their ongoing support in that regard. The booster programme will provide further and better protection for priority cohorts initially and then for everyone else.

Because very little is certain about the future epidemiology of COVID-19, we have decided to maintain our current testing and contact tracing capability for the foreseeable future. Furthermore, we do not yet fully understand the enduring impacts of Long COVID which can be extremely debilitating. I know that our public health experts are both contributing to and following the science closely in that regard, and our services will evolve and improve in tandem with our scientific knowledge.

In responding to the pandemic, we have partnered closely with and relied heavily on the voluntary health sector and our community general practitioners (GPs), pharmacists, and other colleagues within primary healthcare. The strength of this relationship will help us to build a well-resourced, mutually supportive and highly collaborative network of acute, primary and community healthcare in the future.

The cyberattack hit us hard and compounded the pressures of the national COVID-19 response. Services are now restored for the most part. We have engaged specialist cyber surveillance expertise to safeguard our critical technology infrastructure while we go through the process of embedding sophisticated and robust cyber security systems and protocols right across our ICT estate. This should not be regarded as a one-off programme, as cyber security requires ongoing attention, vigilance and investment.

If there was any upside to the cyberattack it was the renewed focus on information technology. It has enormous potential to assist scarce healthcare professionals to leverage their skills, for example, by providing key services in a virtual space, no longer constrained by the physical boundaries of hospitals, clinics, or community residential facilities. There is also obvious potential for technology to be a strategic enabler in our reform agenda and this is a key theme of our Corporate Plan. We therefore have a golden opportunity to bring about a step-change to how we interact with patients by using technology to dissolve outdated demarcations between acute, community and home-based services, while also supporting clinical collaboration and person-centred healthcare. Technology will enable people to obtain the care and the supports that they need in their own homes, while also providing clear-cut pathways to access other services when needed.

The reforms contained within this NSP (and our Corporate Plan) are, of course, informed primarily by *Sláintecare.* The Board and the executive of the HSE are fully committed to delivering upon the vision to transform Ireland's health and social care services embodied in this strategy. The scale of the reform and innovation required is significant, including the requirement to implement new regional health areas (RHAs) but there is much more to *Sláintecare* than that. It is about addressing long-standing problems, in particular ensuring equitable access to integrated health and social care services, organised around the needs of patients. It is also about new ways of working but as is evident in our COVID-19 response our staff are no strangers to that.

During 2022 we will be taking forward a range of programmes and initiatives central to *Sláintecare*. In addition to working with the Department of Health (DoH) on implementing RHAs, and at-scale reforms to tackle hospital and community waiting lists, programmes of change will focus on enhanced primary and community services designed to reduce our dependence on the current hospital-centric model of care, reform of home support and residential care in older persons' services and on the reform of mental health and disability services.

Given the precedence which COVID-19 has taken over many important things, it is my intention in the year ahead to devote substantial efforts to the issue of unacceptable waiting times for scheduled care. This will not be an easy task if we do not bring COVID-19 under control again but we have a number of different levers to assist us next year, not least through the continuation of our strong partnerships with the voluntary and the private sector. Through the Multi-Annual Waiting List Plan, being developed jointly with the DoH and with the support of the clinical community, we are determined to make significant improvements to unacceptable waiting times, and to embark upon a cycle of year-on-year improvement.

As we enter the third financial year to be impacted by COVID-19, the ongoing uncertainty has contributed to a significant level of complexity and challenge in terms of managing ongoing financial issues and risks, which we will continue to address in so far as practicable during 2022, as outlined within Section 6 Financial Management Framework of this NSP.

Our governing legislation provides that the Board of the HSE is accountable to the Minister for Health for the HSE's performance. As Chief Executive Officer (CEO) I am in turn accountable to the Board. This chain of accountability continues throughout the organisation in line with our Performance and Accountability Framework. The Framework provides for a National Performance Oversight Group (NPOG) which evaluates the performance of health service providers (internal and external) against the objectives as set out in the NSP. This process supports the Board and the Executive in meeting their respective accountability obligations.

Next year, we will be adopting a more progressive approach to infrastructure planning and this change is reflected in a revised strategy for HSE Capital and Estates. Investments (i.e. lands, buildings, major items of equipment) will be viewed over a 20-year lifecycle but with rolling five-year reviews. The new HSE Asset and Property Management Strategy will support the development of new facilities, the modernisation and appropriate utilisation of existing facilities and the equipping of both to meet the needs of patients and staff. I also wish to intensify significantly our focus on climate change from next year, with a particular focus on decarbonising our estate and the services provided within our built environment. I know that this is hugely important to our staff and as an organisation with a very significant energy dependence, there is much we can do, and I am determined that we show leadership.

COVID-19 has materially and probably permanently changed the way that the HSE provides healthcare. We continue to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care. This will be apparent from the shift that is already under way (and accelerating) towards primary healthcare, underpinned by better access to diagnostics, by investment in community and home-based care, and by investment in general practice.

The development of RHAs will enable us to finally bring about an integrated and inter-connected network of health and social care provision on a regionalised basis. At a national level we will also press ahead with the implementation of key strategies, including for cancer, trauma, mental health, maternity and women's health, paediatrics and with the important work of improving quality, capacity and access for the people who avail of these services.

One of the key risks for us in the successful delivery of services across the entire healthcare system is our capacity to hire staff with the skills that we need. Attracting additional staff to provide care and progress key reforms is a significant challenge. Very often we find ourselves hiring from one part of the organisation in order to staff another part. While we do need to retain our workforce, we also need to expand it, both in numbers and in skillset. Our hiring strategy will be informed by careful workforce planning and proactive recruitment.

I recognise the commitment and the dedication of our staff to quality healthcare, but I also recognise that everybody's resilience is finite. We need staff to stay the course with us, but we also need to support them in every way possible. We must provide an engaging and safe working environment, as well as opportunities for career progression and professional diversification. I am also committed to investing in staff who choose to invest in themselves by supporting their further education and training interests. We will also continue to invest in other crucial staff supports including the provision of a modern and responsive health and workplace wellbeing service.

Despite the unrelenting pressures we have faced since the onset of the pandemic, our staff continue to deliver COVID-19 services alongside non-COVID-19 services and to support our vaccination and testing and tracing programmes. This sustained response is only possible because of the extraordinary commitment, tenacity and courage of an outstanding workforce. Professionalism has been apparent in the performance of every role. For me, that is the hallmark of a workforce that is both united and invested in striving always for excellence. This unity of purpose will undoubtedly define our future success as we continue the task of rebuilding and co-designing a better health service on which our staff, our families and the people living in this country can depend, and of which we all can rightly be proud.

Paul Reid

Chief Executive Officer

08 February 2022

Section 1

Strategic Context and Population

Strategic Context and Population

A number of important factors influence the environment in which the NSP 2022 has been developed. The effects of COVID-19 and the impact of the cyberattack on delivery and access to timely healthcare services in 2021 were very significant. These contributed to increased waiting lists in acute and community services, a delay in implementing several key *Sláintecare* priorities, and were obstacles to the planning and progression of year one's *HSE Corporate Plan 2021-2024* objectives and enablers. However, the commitment and expertise of our staff maintained services in the most challenging of circumstances, and the innovation demonstrated during the pandemic shows that we have the capacity to scale up the transformation agenda whilst continuing to deliver and improve core services as COVID-19 transitions from being pandemic to endemic.

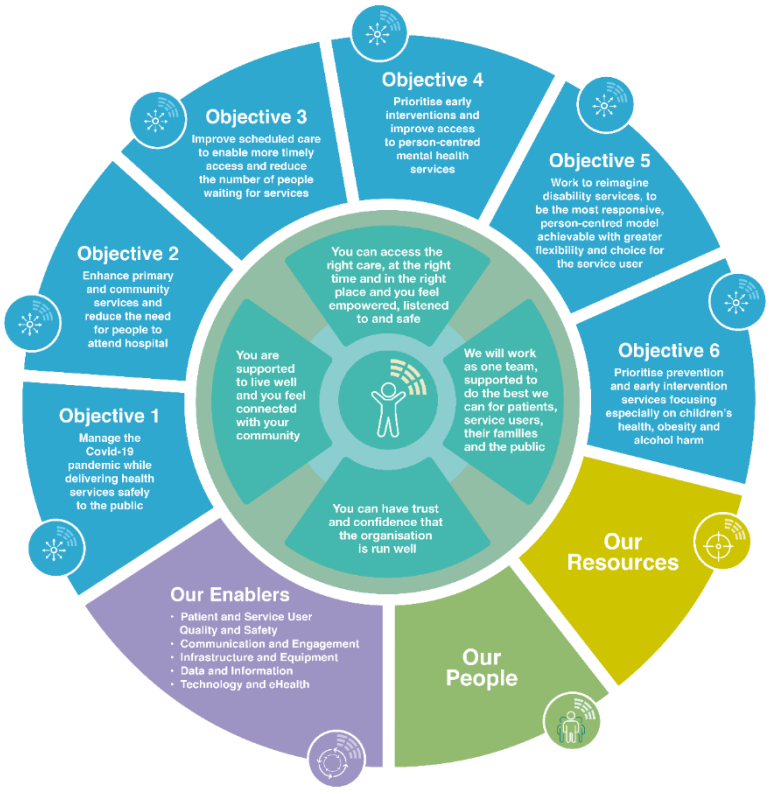
COVID-19 will still circulate in our communities in 2022 and potentially beyond and our planning assumptions, regarding its management, have been built into our 2022 activity levels. Activity levels may fluctuate as the year progresses if the COVID-19 environment changes and we will respond to unforeseen rises in demand from COVID-19 illness with adjustments to activity projections.

In 2022, we will continue to pursue a system-wide approach to the management of risk and business continuity which focuses on the provision of high-quality public healthcare. This includes frameworks for risk management, business continuity management, governance and compliance and will allow us to anticipate and prepare for significant threats before they occur. Recent events such as COVID-19 and the cyberattack on health service systems have demonstrated that there is a range of threats to the delivery of healthcare which can emerge without warning and can have a devastating impact on the delivery of care.

Our Corporate Plan 2021-2024

The Corporate Plan 2021-2024 demonstrates the HSE whole-system commitment to building a healthier Ireland where people receive the right care, at the right time and in the right place. In it, we set out our key organisational priorities for the period 2021-2024.

The objectives and enablers as set out in our Corporate Plan are key foundations for this NSP.



Our Population

Planning for health and setting priorities for service development must be based on knowledge of our population. The NSP 2022 has been developed in the context of the growth and changing age profile of the population and changing prevalence of risk factors for illness, as well as the unique challenges posed by the COVID-19 pandemic. The population of Ireland was estimated to be 5.01 million in April 2021. This is the first time that the Irish population has risen above five million since the 1851 census, when the population was recorded at 5.11 million. The current population figures show an increase of 34,000 (+0.7%), since April 2020, lower than the 55,900 (+1.1%) increase up to April 2020. This is the smallest population gain since 2014, when the population increased by 30,800. The population continues to grow across all regions and age groups. As before, the most significant population growth has been among the older age groups. Population estimates suggest that Ireland continues to have a higher population aged 0-14 years than other countries in Europe. Figures from 2020 show that just over 20% of the Irish population are aged 0-14, compared with approximately 15% in the rest of Europe, and there were 56,859 births in 2020.

Population health outcomes and managing the COVID-19 pandemic

Reduction in mortality rates and gains in life expectancy are important markers of the improvement in population health and underline the importance of the services that are in place to promote and protect their wellbeing. However, the COVID-19 pandemic posed one of the greatest threats to our nation's health. Between March 2020 and the end of October 2021, over 5,300 people in Ireland had died with COVID-19.

Hospital admissions were reduced during the height of the pandemic across all diagnostic groups and, while there has been little evidence to date of direct or immediate harm due to delayed care, lengthy postponement of treatment may result in increased mortality and morbidity.

Ageing population

Over the last decade, the number of people in Ireland aged 65 years and over has increased by over one-third, and growth in this demographic has been twice that of the European Union (EU) average in the same period. There were 742,300 people living in Ireland aged 65 years and over in April 2021, an increase from 629,900 (17.8%) in 2016. Within this age bracket, there were 176,000 people aged 80 years and above, an increase from 147,800 (19.1%) in 2016. The growth in this older age group can be expected to continue into 2022 and can be attributed to better medical care, more accessible treatments and improved lifestyles.

Life expectancy and health of the population

Current life expectancy in Ireland is 80.4 years for males and 84.3 years for females. Life expectancy for females has risen by 1.6 years between 2009 and 2019. Men, in the same period, are living an additional

5.01m
People live in Ireland

34,000
Increase in population since 2020

2.4 years on average in comparison. The most significant factor in this increase in life expectancy is reduced mortality rates from major diseases. However, life expectancy is socially patterned and remains lower for unskilled workers compared to professional workers.

The leading causes of death in Ireland are cancer, diseases of the circulatory system and diseases of the respiratory system, which respectively accounted for 30%, 29% and 14% of total deaths in Ireland in 2018. There has been significant and strong progress in reducing mortality from diseases of the circulatory system in Ireland. In the period 2009-2018, age-standardised mortality for this cause reduced by 25%. Compared to the EU-28 average, recent age-standardised mortality from diseases of the circulatory system is 14% lower in Ireland. There has also been progress in reducing mortality from cancer and diseases of the respiratory system, with age-standardised mortality for these causes reducing by 10% and 11% respectively in the period 2009-2018. Compared to the EU-28 average, recent age-standardised mortality for cancer (excluding cancer of trachea, bronchus and lung) was 7% higher. However, recent age-standardised mortality for diseases of the respiratory system (including cancer of trachea, bronchus and lung) was 40% higher in Ireland compared to EU-28 average, underlining the need to strengthen national progress on respiratory health.

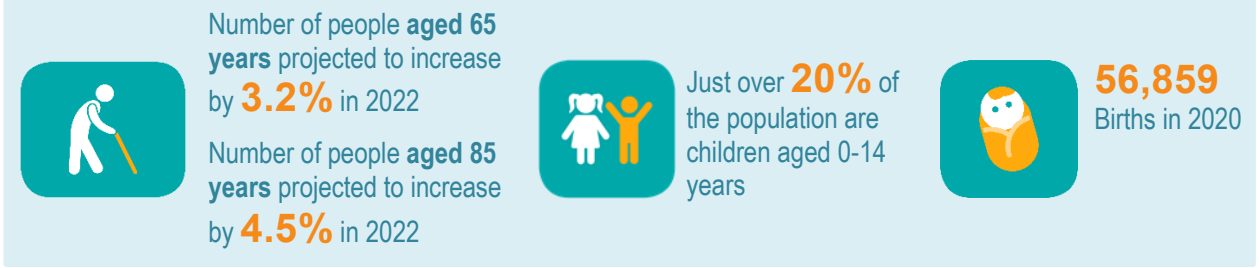
External causes of injury and poisoning, including deaths by suicide and accident, accounted for 4% of all deaths in Ireland in 2018. These causes of death are significant among younger people, with external causes leading to 16% of deaths in people aged under 65 years in 2018. In the period 2008-2019, age-standardised mortality from external causes reduced by 24% in Ireland, with a 50% reduction in age-standardised mortality due to transport accidents and 38% reduction in age-standardised mortality due to suicide. Age-standardised mortality due to suicide is approximately three-fold higher among men than among women in Ireland. Compared to EU-28, recent age-standardised mortality from these causes was 29% lower in Ireland.

Infant mortality rates (IMR) are low in most EU countries, with an average of fewer than 3.5 deaths per 1,000 live births across EU countries in 2018. The Irish IMR has tended to be lower still, with 2.7 deaths per 1,000 live births in 2020.

The 2016 Census reported that 643,000 people (13.5%) had a longstanding illness or difficulty indicative of a disability. This represented an increase of 48,000 (8%) since 2011. Of these, 224,000 (34.9%) were aged 65 years and over, and 59,000 (9.2%) were aged 15 years or younger. Census 2016 also reported that 195,000 people (4.1%) were providing regular unpaid help as carers. The Census of Population that should have taken place in April 2021 was deferred by 12 months because of the COVID-19 pandemic. It will occur instead in April 2022, and this will allow a number of health-related parameters to be updated.

Wider social determinants of health in Ireland

Our social environment is a key determinant of health status. Poverty, socio-economic status and health are strongly interconnected. According to the 2016 census, 22.5% of the population were living in



disadvantage. The numbers of those exposed to disadvantage had increased by 9.1% between 2011 and 2016, with those living in extreme disadvantage increasing by 9.8%.

While there are a number of determinants contributing to the differences in health status across social groups, ensuring access to health services can help. At the end of 2020, 1,584,790 people in Ireland held a medical card to enable access to services and 529,842 held a GP visit card. In total, 2,114,632 people held either card, representing 42% of the population.

Marginalised groups

Marginalised or socially excluded groups have complex health needs and experience poorer health outcomes across a range of indicators, including chronic disease, morbidity, mortality and self-reported health. Greater supports across healthcare services are required for these groups. Homeless people, especially those persistently homeless or sleeping rough and those with substance use disorders, often experience complex and chronic health conditions.

People from Traveller and Roma communities often experience severe health inequalities, leading to poorer health outcomes, lower life expectancy and higher infant mortality, compared to the general population. Irish Travellers tend to be much younger than the general population, with only 20% aged 65 years and over.

Addressing lifestyle risk factors and preventative care

Many diseases and premature deaths are preventable through focusing on preventative care and health behaviours. The *Healthy Ireland* programme adopts a whole-of-government, inter-sectoral approach which aims to ensure an improvement in the wider determinants of health and promotes a reduction in health inequalities. The *Healthy Ireland* / HSE policy priority programmes focus particularly on population health issues such as physical activity, healthy eating, healthy childhood, mental health and wellbeing, tobacco control, alcohol, drugs, and positive ageing.

Smoking rates decreased from 23% in 2015 to 17% in 2019. The highest rates continue to be in the 25-34 year age group (26%). In 2019, 60% of respondents to the *Healthy Ireland* survey were either obese or overweight (unchanged from 2015). Rates were highest in the 65-74 year age group (75%).

Chronic disease and frailty in older people

The prevalence of chronic disease increases with age, with the highest prevalence observed in the population aged 50 years and over. In this age cohort, the number of those living with one or more chronic diseases is estimated to increase by 40% from 2016 to 1.1 million in 2030. *The Irish Longitudinal Study on Ageing* (TILDA) reports that 64.8% of people over the age of 65 years currently live with co-morbidity.

Life expectancy
Women – 84.3 years
Men – 80.4 years

Mortality rates from cardiovascular disease have fallen by **25%** between 2009 and 2018

42% of the population held either medical card / GP visit card in 2020

Frailty is described by TILDA as a 'distinctive health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves'. The TILDA survey has been conducted over many years where the prevalence of frailty in the population over 50 years has increased from 12.7% in Wave 1 (data collected 2009 and 2010) to 19.0% in Wave 4 (data collected 2016). Frailty increases with age, and Wave 4 of TILDA estimated the prevalence of frailty across a range of age groups as 8.7% for those aged 50-64 years, 14.9% for those aged 65-74 years, and 39.1% for those aged 75 years and over. Frailty is a significant risk factor for falls, deterioration in mental health and cognition, and disability among older adults, which contribute to an increased need for health and social care services.

As the population ages, the burden of dementia is also projected to increase. It is estimated that there are between 39,000 and 55,000 people living with dementia in Ireland, of whom an estimated 19,500 live in residential care settings. The *Irish National Dementia Strategy, 2014* has predicted that the number of people in Ireland living with dementia could rise three-fold to over 150,000 people by 2046 with significant implications for health and social care services.

Patient and Family Engagement

In order to provide high-quality care, it is essential that we continually engage with patients and service users to ensure that their views, concerns and experiences, and those of their families, are at the centre of service delivery. Our aim is to strengthen the culture of partnership through patient and service user involvement in the planning, design, delivery and evaluation of services, enabling collaborative working with people who use our health service.

Patient engagement continues through the Partnering with People who use Health Services Programme. This facilitates meaningful engagement at a strategic level through the National Patient and Service User Forum, Patients for Patient Safety Ireland, National Patient Representative Panel and other advocacy and patient support groups. In addition, engagement continues with the Independent Patient Advocacy Service which encourages patients to communicate with the health service about any concerns.

We will also strengthen this partnership through newly appointed patient / service user partnership leads across our Community Healthcare Organisations (CHOs) and Hospital Groups. We will continue to develop and implement the Peer Leadership Development Programme to provide the tools and support to patients / service users in their roles as partners with a focus on co-design. The new HSE Record Retention Policy (2021) will also enable the process for patient access to their records to be more streamlined.

Tackling Climate Change

The Government launched on Thursday, 4 November the Climate Action Plan 2021, an ambitious plan to put Ireland on a more sustainable path, cutting emissions, creating a cleaner, greener economy and society and protecting us from the devastating consequences of climate change. The Government Plan follows the Climate Act 2021, which commits Ireland to a legally binding target of net-zero greenhouse gas emissions no later than 2050, and to a reduction of 51% in greenhouse gas emissions by 2030 (against a 2016-18 baseline). These targets are a key pillar of the current Programme for Government.

The achievement of the 2050 target will require actions across three decarbonisation areas, namely:

- Scope 1: Direct emissions from owned or directly controlled sources, on-site
- Scope 2: Indirect emissions from the generation of purchased energy, primarily electricity
- Scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

Building on the work already taken by the HSE to reduce energy consumption, we will, during 2022, raise significantly the priority, profile and scope of our efforts in this key area. Specifically, we will put in place arrangements to ensure robust actions are taken on a co-ordinated, organisation-wide basis to address all aspects of carbon usage (including infrastructure, transport, equipment, supply-chain, etc.) and across all Scopes (Scope 1, 2 and 3) to ensure that the 2030 target is achieved and that the ambition for net zero is achieved no later than 2050, but ideally sooner.

Section 2

Delivering *Sláintecare* – Strategic Reform and Innovation

Delivering *Sláintecare* – Strategic Reform and Innovation

Health reform is central to the delivery of our vision for our health services, bringing us closer to the delivery of Universal Healthcare as set out in the *Programme for Government - Our Shared Future*. Our focus as we continue to deliver care in a COVID-19 environment, is to learn from, retain and build on healthcare responses to the pandemic, improving our services to meet the following *Programme for Government* aims:

- Implementing *Sláintecare*
- Promoting women's health
- A healthier future, supporting the health and wellbeing of all
- Promoting positive mental health and reducing the burden of mental illness
- A health-led approach to drugs misuse
- An age-friendly Ireland.

The *Sláintecare* strategy provides us with an unprecedented opportunity for the realisation of sustained improvement in the provision of healthcare to all citizens. *Sláintecare* sets out a ten-year vision, covering a wide canvas of complex issues across the health sector and implementing that vision requires concrete and well-defined steps to be taken over time.

We acknowledge the significant, long-standing challenges that exist within our health service. There are long waiting lists for scheduled care in hospitals and long waits in emergency departments (EDs), particularly for older people and those with more complex needs. Waiting lists for community-based services such as therapies, mental health and disability services also pose significant challenges. We must improve our services to become more person-centred and proactive.

In line with *Sláintecare* and the *Programme for Government* objectives, our reform and innovation programme seeks to address these challenges and many others. It centres around enhancing patient experience, improving service access across primary, community and acute services, increasing the range and capacity of services delivered to patients in community settings, increasing bed capacity, addressing health inequalities, focusing on health promotion and ultimately working towards achieving Universal Healthcare. Implementing real and sustained reform is complex – it must be progressed while at the same time meeting the challenges of delivering healthcare on a day-to-day basis.

The scale of reform and innovation required is significant, including the requirement to implement regional health areas (RHAs) through a population health management approach, and will impact almost every part of our health system. However, our experience dealing with COVID-19 has given us invaluable insights into how we might permanently embed the better ways of working together that emerged by necessity. The HSE is committed to making the principles of *Sláintecare* a reality, and many of these principles have been deployed in how our response to the pandemic has been organised, including the acceleration of the delivery of many service transformations. These are particularly evident in the areas of eHealth, community healthcare and service integration, which are also key priorities under the *Programme for Government*.

The *HSE Corporate Plan 2021-2024* details the HSE's transformation agenda for health and social care services, including the progression of a number of *Sláintecare* objectives to proactively drive improvements and standardisation to ensure that the best care outcomes are achieved. The funding within Budget 2022,

and building on the funding already provided in 2021, will enable and support the continued delivery of our key reform priorities set out below, resulting in permanent improvements to health and social care services.

The *Sláintecare Implementation Strategy and Action Plan 2021-2023* outlines key projects across two Reform Programmes. The first Reform Programme focuses on collectively moving towards providing safer, more timely access to care. Through a mix of inter-related projects, the programme will address key infrastructure and capacity requirements and will place a strong focus on prevention. The second Reform Programme sets out actions to address the health inequalities that exist in our health and social care system and moves us towards universal access to healthcare.

Further detail on specific actions to progress the reform agenda consistent with those outlined in the *Programme for Government* can be found in Section 3: Clinical, Quality and Patient Safety and Section 5: Health and Social Care Delivery of this NSP.

Reform of Scheduled Care

Sláintecare recognises the need to reduce waiting times, especially for those with urgent and complex care needs. The delivery of this is dependent on several critical enablers: these relate to scaling up health service capacity, a focus on providing improved value and productivity, and radical whole-system reform so that health services are better oriented to the emerging needs of the population through a more integrated care response. *Sláintecare* proposes maximum access waiting time targets, namely that no patient should wait longer than the maximum wait time targets as set out below:

- Outpatients / assessments – 10 weeks
- Inpatients / day cases – 12 weeks
- Acute diagnostics – 10 days.

A Multi-Annual Waiting List Reform Plan is being finalised to ensure a sustained, system-wide transformation process. It outlines the framework for an implementation programme between the DoH, the HSE acute services and the National Treatment Purchase Fund (NTPF), which aims to result in significant year on year waiting times improvement with a view to fully achieving *Sláintecare* maximum wait time targets in the coming years. In 2022, an additional €200m is being provided to the HSE to address waiting lists and waiting times (for acute and community services). The HSE, working with the DoH, will finalise allocation of this additional €200m funding and associated additional activity by year-end 2021.

During 2022, as a first step on the journey toward the maximum waiting time target set in *Sláintecare,* we are seeking to achieve maximum waiting times of 18 months for outpatient assessments and 12 months for inpatient / day case treatment.

Delivering the 2022 maximum waiting time targets and making progress towards the longer-term *Sláintecare* targets will require significant focus and reform. In 2022, we will:

- Commence implementation of the Multi-Annual Waiting List Reform Plan and improve scheduled care, laying the foundations for more timely access and reductions in the number of people waiting for services
- Fully implement a Health Performance Visualisation Platform (HPVP), which will provide real-time health data and trends across EDs, outpatients, theatres, diagnostics and bed management
- Commence the implementation of 35 modernised integrated acute and community pathways to support waiting list management

- Implement sustainable improvements to acute endoscopy waiting lists
- Commence the implementation of the National Obesity Programme
- Work with GPs and hospital staff to ensure consistently integrated referral pathways for all patients
- Work to increase capacity by purchasing additional capacity from the private sector, funding more beds and using resources more effectively
- Establish dedicated teams at national, CHO, regional and hospital levels to support the effective planning and delivery of the scheduled care reform
- Continue to take forward a comprehensive demand and capacity analysis at regional, local and individual specialty team levels to identify productivity opportunities and specific capacity gaps, including beds, theatres, diagnostics, staff, and other infrastructure
- Introduce a new patient-centred booking system nationally to reduce did not attends (DNAs) and enable patient-initiated reviews within acute hospitals.

During 2022, we will also take forward with the DoH further planning and the implementation of the elective hospital facilities in Dublin, Cork and Galway. These facilities will provide high volume, low complexity procedures.

The HSE, in conjunction with the *Sláintecare* Programme Implementation Office and the DoH, has taken forward a detailed process to consider the number and nature of proposed stand-alone elective hospitals needed. Work to date has involved exploring international exemplar service models, identifying the most appropriate hospital model and the most appropriate specialties and the activity to be delivered by the elective hospitals. Work has also been completed on mapping the approximate patient catchment for each site and an inventory of activity, waiting lists and resources in each location, the proposed process flow, estimated costs and the development of a draft preliminary business case.

In accordance with the Public Spending Code, a preliminary business case has been developed, detailing the selection of the preferred option, financial and economic appraisal, and risk assessment. The preliminary business case has been submitted and is currently being reviewed by the Capital Section in the DoH and the Irish Government Economic and Evaluation Service. Once completed, the preliminary business case will be assessed by the Department of Public Expenditure and Reform (DPER) and submitted to Government for consideration.

In 2022, the HSE will continue to work with colleagues in the DoH to progress elective hospital facilities. It is envisaged that individual site projects will be established within this overall programme.

Development of Regional Health Areas

The *Sláintecare Report 2017* included a commitment to HSE regionalisation. This commitment was reaffirmed by Government in July 2019 – including the geographies for six new Regional Health Areas (RHAs) – and again in the *Programme for Government 2020* and the *HSE's Corporate Plan 2021-2024*.

The objectives of regionalisation are aligned with the overall aims and objectives of *Sláintecare*. These centre around the principles of integration of care: equity of access, improving patient outcomes and experiences, as well as transparency and accountability. They also are directly related to the need for clarity in respect of clinical and corporate governance for integrated care. Recognising the value of

geographical alignment for population-based resource allocation and governance to enable integrated care, the implementation of six RHAs is a key enabler to ensure alignment of community and acute services.

The vision of the RHAs is to create an organisational structure that aligns corporate and clinical governance at regional level, within a strong national context, and enables better co-ordination and improved performance across health and social care services. The new reporting structures will be designed to empower local decision-making and will support population-based service planning and the integration of community and acute care, in line with *Sláintecare's* overall objectives. We are committed to comprehensively implementing the geo-alignment of regions within the context of a strong, lean national HSE Centre, in line with *Sláintecare* objectives.

During 2022, working with the DoH, we will:

- Design and develop the specification of RHAs, including completion of a comprehensive implementation plan, clarity on corporate and clinical governance, commencement of the transition phase to the new arrangements and a plan for the rationalisation of existing health structures.

Enhanced Primary and Community Services

Reducing our dependence on the current hospital-centric model of care and supporting capacity-building in the community is key to realising the vision of *Sláintecare*. With our growing and ageing population and the increasing incidence of chronic disease, timely access to primary care, aligned to general practice and delivering services at home and in the community, will not only ease pressure on our hospital system, it will better deliver what clients and service users want and need. The reform programme will, over time, reduce visits to and admissions from EDs and transfer of care delays for these population cohorts. It should also lower ED waiting times more generally and the number of people on trolleys.

Service delivery will be reoriented towards general practice, primary care and community-based services where teams will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach.

Through the Enhanced Community Care (ECC) Programme and related programmes, we will during 2022:

- Complete the roll-out of 96 community healthcare networks (CHNs), ensuring better access to integrated care provided locally at the appropriate level of complexity
- Establish 30 community specialist teams for chronic disease management and complete the roll-out of 30 community specialist teams for older persons, delivering an additional 2,300 WTE in 2022 and giving a total of 3,500 WTE across 2021 / 2022 for the ECC Programme
- Enhance front of house acute hospital teams to support community specialist teams for older persons and chronic disease
- Continue GP roll-out of the structured programme for chronic disease management and prevention for all medical card / GP visit card holders
- Build capacity in general practice through the continued implementation of the GP Agreement 2019.
- Develop CHN population profiling, needs assessment and stratification commencing in Winter 2021 / 2022 with the aim of appropriately avoiding unplanned ED attendances in the over 75 years age group.

Reform of Home Support and Residential Care

During 2022, in support of older persons, we will also continue to take forward the implementation of new integrated models of home and community support. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services. The proportion of the population over 65 who are in Nursing Homes Support Scheme (NHSS) long-stay care will be reduced by repurposing existing or developing additional intermediate, rehabilitation, reablement and outreach services and providing more home support hours.

Specifically, in 2022, we will:

- Develop and begin to implement a national service framework that defines a financially and operationally sustainable model for public long term residential care and intermediate / rehabilitation care
- Undertake a review of the model of service delivery in preparation for the statutory home support scheme to include workforce and public / private provision
- Design, pilot, and evaluate the proposed reformed delivery model to inform the new home support statutory scheme, supported by the national roll-out of the International Resident Assessment Instrument (interRAI) assessment system
- Support older people to live in their communities, improving their access to care through integrated care pathways and minimising the number of older people receiving acute and residential care
- Continue to support and engage with the Healthy Age Friendly Homes Programme through the Integrated Care Programme for Older People and Community Healthcare Organisations (CHOs) which aims to keep older people healthier in their homes for as long as possible
- Deliver a new model of integrated older persons' services founded on integrated care pathways between hospital and community and supports to positively age well
- Progress the independent review of the cost of care to ensure that value for money is being delivered system wide to include associated recommendations
- Develop and deliver additional alternatives to long-term residential care, including community-based rehabilitation services through an additional 1,243 community rehabilitation beds and increased home support provision
- Continue to implement the recommendations of the *COVID-19 Nursing Homes Expert Panel Report*, including those relating to the HSE's responsibilities as providers of long stay residential care facilities, such as:
  - Design and test clinical governance committees to determine a model
  - Progress the design of a GP led model, in consultation with key stakeholders
- Recruit a national lead to co-ordinate long-term care integration in line with the *COVID-19 Nursing Homes Expert Panel Report*
- Maintain the balance of public / private provision with a view to enhancing direct HSE provision nationally over time.

Reform of Mental Health Services

The profound impact of the COVID-19 pandemic on mental health and wellbeing is evident across every sector in Irish life. During 2022, we will continue to improve access to mental health services by

implementing *Sharing the Vision – A Mental Health Policy for Everyone 2020* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* (extended to 2024). The expected impacts of such reform measures are increased accessible care and evidence-based practice across multiple community healthcare areas.

We will continue to reform mental health services, with the focus in 2022 including:

- Continue to progress development and implementation of the agreed clinical programmes and new models of care
- Reduce waiting times for adults, children and young people, and improve the availability of and accessibility to services through the increased provision and improvement of community mental services.

Reform of Disability Services

The HSE is committed to delivering the key health and social support services that are required by people with a disability. This necessitates an incremental approach that lays firm foundations for developing services to improve the experience of care and services. Through reform programmes, we will support people with disabilities to live a full life in the community with access to a range of person-centred community services and supports, across their life spans. We will work to ensure compliance with standards and the highest quality of life of each individual. We will also reduce the number of people living in institutional settings by providing more appropriate community-based accommodation.

In 2022, we will:

- Work collaboratively to reimagine disability services to be the most responsive person-centred model achievable
- Work collaboratively with government departments and agencies, including the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in particular, and disability services stakeholders to work towards financial and operational sustainability of the sector
- Develop and implement a multi-annual funded plan for the reform of the disability sector in line with the UN Convention and in collaboration with government departments and agencies and disability services stakeholders
- Develop and implement a sustainable disability residential funding model to improve choice and quality service provision for people with disabilities and their families, building on learning from the current placement improvement programme and agree on a Stability and Sustainability process to work with organisations presenting with significant governance and performance challenges through a sustainability impact assessment process, to develop an operationally and financially sustainable model of service and governance
- Continue processes to close congregated settings and to ensure that individuals with a disability, under the age of 65, do not spend their lives in nursing homes due to inadequate access to support packages
- Implement a standardised assessment tool that enables each person's support to be based on their individual assessed needs.

Dialogue Forum

The HSE recognises the contribution of a vibrant and sustainable voluntary sector. An important enabler in health sector reform is ongoing improvement in the collaborative working between the State and voluntary providers with the shared objective of strengthening relationships for the benefit of patients and service users. To this end, the HSE will continue to participate in and progress the considerable work programme agreed in 2021 of the Dialogue Forum as identified as a priority in the *Programme for Government*. This work programme will develop and agree a set of co-designed partnership principles and also complete a series of case studies focusing on improving the funder / provider relationship through identification on what is and has / has not worked well in terms of both governance / oversight and service delivery leading to a greater understanding of the challenges faced by all parties, particularly building on the recent pandemic experience. This work will also significantly inform progression of the HSE review of the content and implementation of the current service arrangements.

Delivering Innovation within Health Services

In striving to achieve the above reforms, we will continue to explore new and innovative ways of working in everything we do. A key initial phase is to develop a Healthcare 4.0 Innovation Strategy for the HSE in 2022, leveraging the potential of disruptive innovation, noting that innovation is about more than generating ideas and requires determination and an understanding of change – particularly the people and cultural elements of change. It is aimed to have the Strategy developed in Q2 2022, followed by an implementation planning process. The comprehensive HSE Healthcare 4.0 Innovation Strategy will include:

- Improvements to procurement and scaling up arrangements of current innovation initiatives that includes the appropriate use of EU innovation partnership procurement process
- Empowerment of patients to perform self-management of medical needs and provide channels for more interactive communication with healthcare professionals through the Internet of Things (physical objects that are embedded with sensors, processing ability, software, and other technologies) and wearable devices
- Provision of real-time secure capturing of patient clinical records through the use of blockchain technology
- Provision of more accurate predictive models of the patient condition through the use of artificial intelligence
- Increased preventative and predictive components of care with the expectation of keeping individuals as healthy as possible and less dependent on curative care
- Further introduction of robotics and automation to maximise healthcare resources
- Approaches to providing modern methods of construction – delivering sustainable, adaptable, flexible, future-proofed healthcare facilities
- Progress the establishment of a physical innovation centre, which will allow us to showcase the ‘art of the possible’.

Organisational Development and Change

It is essential that we develop our capacity for reform and embrace challenges confidently, particularly at times of rapid change, significant policy shift and clinical / service innovation. The implementation of

People's Needs Defining Change – Health Services Change Guide is part of a strategic programme of capacity improvement to support the health system to further develop the right knowledge and skills to continuously address challenges by improving and sustaining change at all levels. We believe that this process will contribute to the HSE's work to build a culture of quality improvement through the whole system. In 2022 we will:

- Provide support to large-scale change and organisation development programmes, including conducting change impact analyses and defining appropriate change management strategies
- Support the development of change readiness and capability to deliver better quality and outcomes, including through the delivery of practice-based interventions
- Curate and develop online practice and education resources aligned to creating readiness for change and service design
- Support service re-design with a particular focus on the impact for service users and staff in line with local recovery and sustainability plans
- Continue to progress Change and Innovation Networks at local level in line with the six planned RHAs.

Section 3

Clinical, Quality and Patient Safety

Clinical, Quality and Patient Safety

The foundation of any modern health service is integrated patient-centred care facilitated by a collaboration between service users and all those who work to deliver health and social care services. Our response to the COVID-19 pandemic saw senior members of the clinical community active as visible leaders in the operational management and strategic direction of our health service. Clinically enabled and informed reform will be even more important as we transition from the pandemic to an endemic phase of COVID-19. In 2022, we will continue to enable integrated, enhanced and empowered leadership and governance roles for medical, health and social care professionals (HSCPs), and nursing and midwifery staff across all areas of service provision.

Patient safety demands good governance and accountability, safe systems of care, a just culture, and sustainable improvements as well as an active culture of service user and staff engagement with supported opportunities for continual learning. This culture is created and developed by advocating on behalf of both the clinical community and service users, empowering both groups to inform planning for the organisation. Clinicians working with service users and with other key stakeholders – advocacy groups, academic institutions, training colleges and professional regulatory bodies – represent the key partnerships, which will have a lasting impact on the direction of our health service.

Services Provided

To support our people and programmes, learning from our collective experiences during COVID-19 to drive service improvement and build resilience in our workforce, we will initiate and support programmes of work to deliver on the following four overarching priorities for 2022:

1. Clinical Expertise: Develop, empower and deploy clinical leadership at all levels within the HSE. This will ensure an evidence and needs-based approach to strategic and operational decisions in the design and configuration of health services. It will also facilitate collaboration between clinical leaders, service users and all those who work to deliver health and social care services to develop innovative service improvement designs and solutions to achieve wider, improved population health outcomes
2. Quality and Safety: Through the implementation of the HSE *Patient Safety Strategy 2019-2024,* assess the quality and safety of our services, address the major causes of harm in the provision of care, and enable staff to build the necessary knowledge, skills and abilities to drive quality and safety improvement
3. Service Change and Transformation: Continue to review, evolve, enhance and reform models of care and service, with clinically enabled and patient-centred national strategies leading to service change and transformation, including the implementation of public health reform, the women's health programme, the national clinical strategies of cancer, maternity and trauma services, the development of a strategy for the National Screening Service, and programmes enabling the implementation of *Sláintecare* such as the Enhanced Community Care programme, GP Agreement 2019 and the Scheduled Care Transformation Programme (detailed in the relevant sections of this NSP)
4. Service User Engagement: Continue to actively engage on all aspects of service user engagement, including exploring new ways of partnering with patients to ensure they become active participants in their care.

Clinical Expertise

Priority Areas for Action 2022

Enhance clinical leadership

- Commission and support specific clinical leadership programmes based on identified service needs, such as in digital transformation to enable clinical expertise and leadership be incorporated in the design and delivery of digital health solutions.

Develop innovative service improvement designs and solutions

- Provide clinical leadership and guidance at a strategic level to drive innovative, sustainable integrated care and to support the implementation of a model of care for Long COVID
- Continue to develop new models of care and clinical pathways that support an integrated multidisciplinary approach to healthcare delivery and address the clinical challenges raised by COVID-19
- Develop clinical designs and enable healthcare transformation by clinically guiding implementation of evidence-informed service delivery models and pathways in such areas as scheduled care, older persons' services, chronic disease management, children's services, mental health, primary care and acute care
- Provide public health / health protection clinical leadership to specifically protect the health of our population from the threat of repeat waves of the COVID-19 pandemic.

Enable a sustainable clinical workforce

- Support the development of a sustainable clinical workforce by addressing key challenges around the education, professional development, specialist and advanced practice, recruitment and retention of medical, HSCPs, and nursing and midwifery staff
- Support the development of the nursing and midwifery resource from graduate to specialist and advanced practice through education, guidance, advice and monitoring of numbers in the post of advanced nurse / midwife practitioner across services
- Develop an overarching framework for progressing advanced practice across HSCPs working on strategic reform programmes to deliver enhanced senior clinical decision-making capacity and timely access to care
- Compile a report to address consultant recruitment and retention challenges in model 3 hospitals through a structured review with recommended actions for implementation
- Publish the Review of the Consultant Workforce in Ireland 2021 and an in-depth medical workforce plan for the specialties of anaesthesiology (including paediatric anaesthesiology) and ear, nose and throat (ENT), and projections to meet the unmet demand for pathology
- Maintain, develop and optimise current clinical workforce capacity and skill mix through continuing support for the implementation of A Strategic Guidance Framework for Health and Social Care Professions 2021-2026, and the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*, to include (Phase 1), and roll-out of a Framework for Safe Nurse Staffing in emergency care settings (Phase 2)

- Review current workforce arrangements in each maternity unit and hospital to determine the required levels of staff and skill-mix, by profession and specialty, to meet the current and expected future demand for services across the country.

Quality and Safety

Priority Areas for Action 2022

Prepare and implement patient safety initiatives

- Ensure alignment of all Quality and Patient Safety priorities with implementation of *Sláintecare* priorities
- Prepare for implementation of the pending Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 and the revised Part 4 of the *Civil Liability (Amendment) Act 2017*
- Implement a quality assurance framework to provide a consistent and effective approach to quality assurance across our screening services
- Lead on the implementation of the *Patient Safety Strategy 2019-2024* and other related strategies
  - Develop patient safety oversight and implementation governance structures to focus on reducing the common causes of harm including pressure ulcers, sepsis, deteriorating patient, transitions of care, falls and venous thromboembolism (VTE)
  - Develop a patient safety surveillance function and expand on the development and reporting of quality and patient safety improvement indicators
- Develop a quality and patient safety (QPS) competency framework in collaboration with patient representatives, services and academic bodies to support a coherent approach to the building of QPS capacity and capability and plan, design and deliver QPS education programmes
- Implement the recommendations of the *National Review of Clinical Audit 2019*, establish a permanent HSE National Centre for Clinical Audit, and progress the development of robust governance structures. Strengthen the end-to-end process for clinical audit locally and nationally, to ensure effective clinical and quality outcomes for service users and to meet the needs of multidisciplinary stakeholders
- Analyse data sets and information related to QPS to inform policy and practice, including the design of a Quality and Patient Safety Surveillance System
- Support the ongoing design, development and implementation of clinical guidelines, up to and including DoH National Clinical Effectiveness Committee National Clinical Guidelines, to ensure safe, evidence-based and effective care.

Develop knowledge, awareness and management of antimicrobial resistance and infection control

- Publish and provide education and training on antimicrobial resistance and infection control (AMRIC) clinical guidance
- Provide performance oversight on antimicrobial resistance and healthcare associated infections
- Implement, on a phased basis, the *HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* which is aligned to *Ireland's Second One Health National Action Plan for Antimicrobial Resistance 2021-2025 (iNAP2*); this plan encompasses antimicrobial resistance and integrates infection prevention and control (IPC) / antimicrobial stewardship (AMS) across community and acute settings.

Service Change and Transformation

Priority Areas for Action 2022

Continue to review, evolve, enhance and reform models of care and service

- Establish structures and systems to progress the implementation of a new public health model at national and local level
- Continue to embed a public health approach in the planning and delivery of national screening programmes
- Progress the implementation of the *National Cancer Strategy 2017-2026*; reconfiguration of cancer services, centralisation of complex treatments (surgery, systemic therapy), and provision of a hub-and-spoke model for less complex treatment and follow up
- Progress the implementation of the *National Maternity Strategy – Creating a Better Future Together 2016-2026* and services reform to improve the provision of healthcare services for women and infants
- Progress the implementation of the National Trauma Strategy with the establishment of major trauma services at the major trauma centres in Dublin and Cork, the Mater Misericordiae University Hospital (MMUH) and Cork University Hospital (CUH), respectively
- Clinically enable the Scheduled Care Transformation Programme to develop and progress the implementation of clinical pathways and processes that reduce waiting times and improve access, patient flow and care delivery
- Reorient service delivery towards general practice, primary care and community-based service, through the delivery of the ECC Programme, including the provision of ongoing clinical direction and support for its implementation
- Support the establishment of 96 community healthcare networks (CHNs), each servicing a population of 50,000 people, which will facilitate a population needs assessment and population stratification approach to service delivery. The CHNs will also enable the integration of teams working in primary care services and the move towards more integrated end-to-end care pathways as well as providing for more local decision making and community involvement in planning to map identified health needs in their local area
- Implement models of care developed through the integrated care programmes for older people and those with chronic disease with the establishment and full roll-out of 30 clinical specialist teams for older people and 30 clinical specialist teams for chronic disease, to support CHNs and GPs to respond to the specialist needs of these cohorts, through the development of care pathways between acute and community services, improving access to and timely discharge from acute hospital services
- Extend the community virtual ward model to a number of sites to support the delivery of sub-acute care in the community
- Expand the community diagnostics programme for the provision of timely direct access to diagnostics for GPs, enabling integrated care delivery, reduced emergency department attendances and facilitating hospital avoidance, particularly for the over 75 years age group
- Support the implementation of the transformation programme by developing and implementing measures to encourage timely recruitment and retention of medical staff, nurses and HSCPs in community and primary care settings, and further develop continuing professional development and practice development programmes across professional groups

- Build capacity in general practice and provide ongoing clinical direction and support through the implementation of the GP Agreement 2019
- Provide clinical leadership and direction to support the development of structures and pathways to deliver the *Winter Preparedness Plan October 2021 – March 2022*
- Establish a National Genetics and Genomic Medicine Network through the appointment of a director to provide leadership and expertise and develop a national genomic strategy.

Service User Engagement

Priority Areas for Action 2022

Enable service users to have a meaningful and active role in service innovation and design

- Appoint active and engaged service user representatives to the national steering group responsible for the implementation of the Trauma Strategy
- Continue implementation of the NSS' *Patient and Public Partnership Strategy 2019-2023*
- Continue to develop patient advocate and patient engagement roles within cancer services
- Build on the existing patient engagement within the national clinical programmes to expand the co-design of services
- Engage with the Patient Advocacy Service in order to enable learning and drive service improvement.

Increase service users' active participation in their care

- Implement communication strategies to increase awareness and confidence in the screening and vaccination programmes through continued support, education and information made available to the public
- Develop a dedicated client management system to ensure patients and families have access to records for all screening programmes
- In collaboration with ALONE, develop self-management support and volunteer models as part of the ECC programme linked to the COVID-19 community call model
- Align consent for COVID-19 vaccinations across different age groups and across demographics for different vaccinations to ensure that people are enabled to make a values judgement on the risks / benefits of vaccination for them and the wider community.

Further information in relation to the key deliverables in our response to the COVID-19 pandemic, public health, screening, and health and social care delivery are detailed in the relevant sections of this NSP.

Section 4
Population Health and Wellbeing and Public Health

Population Health and Wellbeing and Public Health

Health and Wellbeing Strategy

Improving the health and wellbeing of the population is a key underlying principle of the health reform programme. *Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025*, a cross-government wellbeing policy, lays the foundations to improve the health and wellbeing of our nation over the coming generation. It gives significant emphasis to improving wellbeing across the life course, addressing key lifestyle challenges, health inequalities and the wider determinants of health. The *Healthy Ireland* Framework is further enforced by the *Sláintecare Implementation Strategy and Action Plan 2021-2023* and the *Healthy Ireland Strategic Action Plan 2021-2025*.

Focusing on prevention and early intervention, and working closely with the delivery system, the Health and Wellbeing Strategy aims to reduce obesity, alcohol misuse and smoking, improve sexual health, promote positive mental health, and invest in the foundations of good health for all children. These are the key determinants of long-term health and wellbeing. We will empower individuals to take greater control of their physical, sexual and mental health, through supporting behaviour change, and giving people tailored and targeted information, tools and support to make healthier choices throughout their lives.

Priority Areas for Action 2022

Building upon the Corporate Plan, along with the significant investment in addressing health inequalities through the *Sláintecare* Healthy Communities Programme and lessons learnt so far from COVID-19, our commitment during 2022 includes six priority areas:

Building on work commenced in 2021, provide leadership to support full implementation of the *Sláintecare* Healthy Communities Programme to improve local population health and wellbeing outcomes with a particular focus on areas of deprivation in conjunction with local statutory and voluntary partners

- Work with national partners, both internal and external, to support Community Healthcare Organisations (CHOs) to fully establish the *Sláintecare* Healthy Communities Programme in the 19 community areas
- Develop and roll-out out a monitoring and evaluation framework for the *Sláintecare* Healthy Communities Programme
- Complete the clinical design phase to support the implementation of an end-to-end child and adolescent overweight and obesity treatment programme in target CHOs
- Support the implementation of new community-based integrated alcohol services in-line with the nationally agreed model in target CHOs.

Support the mainstreaming of evidence-based *Sláintecare* integrated projects to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda

- Further develop and support the national roll-out of an online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing
- Further develop an online platform and tools to support the delivery of social prescribing services in line with the HSE Social Prescribing Framework
- Enhance the delivery of Making Every Contact Count (MECC) through further scale-up of the HealthEir initiative developed under the *Sláintecare* Integration Fund.

Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme and associated initiatives focused on improved outcomes for children

- Support CHOs and Hospital Groups to implement the childhood screening and surveillance programme, ensuring content is consistent with the evidence base and is standardised across the country in line with *First Five: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*
- Support CHOs and Hospital Groups to improve breastfeeding rates in line with the *Breastfeeding in a Healthy Ireland – the Health Service Breastfeeding Action Plan 2016-2021* by:
  - Developing and implementing a new breastfeeding training programme for midwives and public health nurses
  - Supporting the implementation of HSE policy on Code of Practice for Breastmilk Substitutes.

Strengthen the design and delivery of behaviour change interventions and programmes

- Design and support the implementation of a primary care delivered adult weight management behaviour change programme
- Scope and design a physical activity patient pathway in healthcare model to support active participation in physical activity with funded organisations outside the health service
- Develop and disseminate health and wellbeing messages and campaigns targeting personal behaviour change
- Develop and disseminate policies, guidance and support tools to strengthen organisational capacity for health improvement.

Improve service delivery to support service user needs

- Review the current service provision of unplanned pregnancy supports and counselling in the context of emerging evidence and the termination of pregnancy legislative review
- Commence the implementation of clinical guidelines for the treatment of tobacco dependence to include the development of online training programmes for healthcare practitioners to help standardise clinical practice
- Develop and publish an updated State of Tobacco Control Report and a four-year Tobacco Free Ireland Programme plan
- Commence work to adapt Obesity Canada clinical guidelines for the Irish context.

Support our workforce to lead healthier lives

- Work with key stakeholders (Human Resources, CHOs / Hospital Groups) to ensure an evidence-based approach to the promotion of mental and physical health and wellbeing of staff.

Public Health

Public Health protects and promotes the health of the Irish population, contributes effectively to major service design and policy implementation, strives to address health inequalities, and ensures a population needs-based approach to integrated healthcare delivery.

In line with Medical Officer of Health legislation, Public Health protects our population from threats to health and wellbeing through the investigation, prevention and control of infectious diseases and outbreaks, the provision of national immunisation and vaccination programmes, and the response to environmental hazards and emergencies. The health protection function leads on major health protection incidents.

In 2021, our key focus was on responding to COVID-19 as well as providing guidance for the safe delivery of prioritised non-COVID-19 services. A key element in our response was the requirement to ensure that end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting were designed and delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's testing and tracing programme. Another pillar of the COVID-19 pandemic response was the implementation of the COVID-19 vaccination programme with key involvement from the National Immunisation Office and Health Protection Surveillance Centre. In 2022, building on the investment provided in 2021, a sustainable and appropriate end-to-end response service will be maintained.

In 2022, the Public Health Service will be embarking on a programme of strategic structural reform to implement a new, consultant-delivered service delivery model aligned to international best practice and addressing the recommendations of the Crowe Horwath Report.

Priority Areas for Action 2022

Public Health / Health Protection

- Sustain the COVID-19 response in line with legislative requirements, the pandemic operating model and the evolving Public Health Response Plan to ensure end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting are designed and delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the pandemic
- Continue to develop and implement comprehensive, end-to-end health protection information systems, to support more efficient and robust surveillance, investigation, management and reporting of infectious disease cases, outbreaks and incidents
- Develop the capacity and capability of the health protection workforce
- Continue to enhance the control of tuberculosis led by the National Tuberculosis Advisory Committee
- Continue to prioritise public health actions to prevent and control STIs and Human Immunodeficiency Virus
- Continue the establishment and implementation of:

  - Health Protection Guidance Development Unit to enable an evidence-based approach to guidance and guideline development, according to national standards, and to support quality improvement within the health protection service
  - Biostatistics and Modelling Unit within the Health Protection Surveillance Centre
- Continue to prioritise public health actions on surveillance and control of healthcare associated infections and antimicrobial consumption
- Develop the Health Threats Programme including a comprehensive After-Action Review in 2022 of the public health response to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness
- Work with the National Health Intelligence Unit to support population health planning and needs assessment in the context of the planning for new regional health areas (RHAs), developing capacity to support health and wellbeing services to deliver on health and wellbeing priorities
- Work with internal and external stakeholders to advocate for and promote health improvement, particularly in vulnerable groups
- Work with the national clinical lead for health and wellbeing chronic disease to support health service health improvement priorities.

Immunisation and Vaccination

- Continue to support the National Vaccination Programme for COVID-19
- Continue to support the seasonal influenza vaccination programme for relevant target populations, including increasing awareness in hospital and long-term care facilities to meet the target for flu vaccine uptake amongst staff
- Collaborate with the National Screening Service and the National Cancer Control Programme (NCCP) to progress baseline modelling and structures in preparation for Ireland setting a target for the elimination of cervical cancer
- Continue to work with primary care services and CHOs to implement a new standardised model of immunisation delivery in schools and drive improvements in vaccine uptake through the Schools Immunisation Programme
- Continue work on addressing vaccine hesitancy and improving vaccine confidence in Ireland.

Public Health Reform

- Implement a fundamentally reformed 'hub and spoke' service delivery model for public health medicine, where the national function (the hub) co-ordinates, sets standards and policies, provides leadership, and centralises critical expertise, and the public health areas (the spokes) respond to service delivery needs, identify and implement improvement initiatives, and support integration with area healthcare delivery structures and external stakeholders
- Establish consultant leadership within the specialty of public health medicine for the first time, through:
  - Recruitment of 34 consultant posts in public health medicine by June 2022 with a priority focus on health protection and public health area leadership
  - Collaboration with the DoH to demonstrate evidence of reform and progress DPER sanction of Phase 2 consultant recruitment (30 WTE posts)

  - Recruitment of Phase 2 consultant posts by June 2023 to deliver strong clinical leadership and capacity across each of the pillars of public health practice including: health protection, health intelligence, health service improvement and health improvement
- Embed key public health leadership posts to ensure Public Health contributes effectively to major service design and policy implementation, strives to address health inequalities, and ensures a population needs-based approach to integrated healthcare delivery
- Establish six public health areas to strengthen integration with emerging healthcare delivery structures and optimise the impact of public health on population needs assessment, service planning and strategic reforms
- Develop a National Health Protection Strategic Plan (five-year) to include a data governance plan.

Child Health Screening

- Continue the development and implementation of the Framework for the National Healthy Childhood Programme
- Continue the necessary implementation processes for the planned expansion of the National Newborn Bloodspot Screening Programme to include Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA-SCID) in 2022
- Continue to work with the National Screening Advisory Committee / DoH to identify further expansion opportunities for the National Newborn Bloodspot Screening Programme
- Progress options within the HSE for formalisation and governance of child health screening and developmental surveillance programmes.

Testing and Tracing

Services Provided

The Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing. The core components of the service include:

- Referral service for testing
- Swabbing delivered via 35 dedicated test centres and eight pop-up fleets
- Laboratory testing for COVID-19
- Result communication (to individuals tested, GPs / referring clinicians, residential care facility or other facility managers)
- Contact tracing (for all COVID-positive complex and non-complex cases)
- Surveillance and outbreak management.

Accurate and large-scale testing, coupled with a robust contact tracing system, has played a central role in the management of the COVID-19 pandemic. Over the past 18 months, testing and tracing capacity has been significantly increased. The uncertainty about the potential for future surges of COVID-19 poses a challenge to service planning for the testing and tracing function. The current unforeseen surge in COVID-19 cases typifies the unknown trajectory of this pandemic.

Uncertainty remains regarding the future epidemiology of COVID-19, including variants of concern, vaccine escape, level of harm etc. The continued leveraging of technology, such as online portals, will allow testing and tracing to continue to efficiently co-ordinate testing and gather and report information.

It is important that testing and tracing capacity is maintained in line with public health policy, with ongoing availability of antigen testing.

Priority Areas for Action 2022

- Continue to implement the National Operating Model for COVID-19 testing and tracing, including maintaining the required workforce, infrastructure, and service enhancements to deliver testing and contact tracing to the agreed capacity
- Develop a future Operating Model to ensure testing and tracing has sufficient flexibility to respond appropriately to changes in policy, clinical direction and COVID-19 prevalence (i.e. ability to scale up and scale down the service) based on the agreed level of resource commitment to the programme
- Continue to develop and improve testing and tracing information and communications technology (ICT) infrastructure, including online portals, to more efficiently co-ordinate testing and gather and report information
- Continue to implement a sustainable, flexible and trained community referral, swabbing and contact tracing workforce in line with the agreed capacity
- Maintain acute laboratory workforce and equipment to support required testing capacity
- Support the expansion of Whole Genome Sequencing to improve the detection and monitoring of variants of concern
- Continue to review and evaluate international best practice, antigen testing options and population based self-testing, to support surge planning and the future epidemiology of COVID-19.

COVID-19 Vaccination Programme

A key component of Ireland's national response to the COVID-19 pandemic has been the roll-out of a national vaccination programme for a number of novel vaccines. By the end of October 2021, more than 90% of the eligible population has been fully vaccinated. In order to achieve this milestone, the programme had to overcome a number of challenges including, but not limited to, changes to vaccine supply forecasts and clinical guidance, the development of a new ICT infrastructure to enable planning, scheduling, and monitoring of vaccinations, the development of effective partnership arrangements with GPs and pharmacists, the expansion of our trained vaccinator workforce and the establishment of new vaccination locations throughout the country.

The initial programme was substantially completed by the end of September 2021, with significant impacts in terms of reduced incidence of the disease, hospitalisations, and mortality. In addition, the success of the Vaccination Programme is a cornerstone in supporting the reopening of society and easing of restrictions.

As we move from pandemic management towards living with COVID-19 as one of many endemic diseases, it will be essential that we continue with a measured and proportionate response. This will allow the health system to leverage the learning over the past 18 months and increase preparedness for future variants or future new viruses.

The next phase of the programme will be the provision of booster vaccinations for identified and at-risk groups within the community. The roll-out of these boosters began in Q4 2021. As we proceed with the booster programme into 2022, we are aware that we will need to ensure flexibility to adapt to future National Immunisation Advisory Committee (NIAC) recommendations.

Separately, the programme is working to ensure preparedness for future COVID-19 vaccination programmes (perhaps annually if needed) as well as general pandemic responsiveness.

Services Provided

The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines. Key services provided include:

- Liaising and communication with the public and with all relevant stakeholders, including the Government and NIAC, on matters related to the roll-out of the programme
- Provision of an end-to-end cold chain service that manages storage and distribution of vaccines to all channels
- Identification and maintenance of licences for appropriate COVID-19 vaccination centre locations
- Provision of a qualified workforce
- Provision and ongoing assessment and upgrading of the ICT system to allow for the safe and efficient administration of the vaccines as the programme evolves
- Monitoring and remediation of any risks, including data quality issues, to the successful delivery of the programme
- Provision of data to support the production of digital COVID-19 certificates.

Priority Areas for Action 2022

In order to ensure the end-to-end management and distribution of the COVID-19 vaccines, there is a need to retain a central programme team to drive the delivery of requirements as per NIAC guidance. Priorities for 2022 are:

- Partner with the National Cold Chain Service to ensure a robust end-to-end cold chain management system for storage and delivery of all COVID-19 vaccines with appropriate accountability
- Ensure infrastructure and licences are in place to maintain access to and the use of vaccination centres
- Continue to implement a sustainable, flexible and trained vaccinator workforce
- Maintain partnership with GPs and pharmacists
- Continue to ensure a comprehensive surveillance and monitoring system is in place to track the impact of vaccines in Ireland
- Retain strong public engagement with public health measures such as vaccination, through communications on any developments related to boosters
- Operationalise additional doses and booster doses of a COVID-19 vaccine for those deemed eligible as per NIAC guidance
- Continue to provide up-to-date and accurate information based on new evidence, European Medicines Agency (EMA), and NIAC guidance to support health professionals and people getting vaccinated

- Design and implement a sustainable operating model for ongoing COVID-19 vaccination needs (including the transition to medium term infrastructure)
- Conclude the end-to-end development of the CoVax information system to support the optimum operating model for COVID-19 vaccinations, including considerations for how this can be leveraged to support other vaccination programmes.

National Screening Service

Services Provided

The National Screening Service (NSS) delivers four national population-based screening programmes, for cervical, breast and bowel cancer, and for detecting threatening retinopathy in people with diabetes. These programmes, working with patient, advocacy and wider stakeholder groups, aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Priority Areas for Action 2022

National Screening Service

- Collaborate with the National Immunisation Office and the National Cancer Control Programme to progress baseline modelling and structures in preparation for Ireland setting a target for the elimination of cervical cancer
- Develop a strategy for NSS that will establish the strategic direction for the next three to five years
- Continue the implementation of the recommendations arising from the Interval Cancer Expert Reference Group Reports
- Continue to enhance NSS client services to ensure patients and families have access to records for all screening programmes by developing a dedicated client management system
- Continue to develop and strengthen information governance within NSS
- Implement a communications strategy, in conjunction with National Communications, to ensure continued support, education and information for the public on screening programmes
- Pilot an information hub to bring a standardised, co-ordinated and consistent approach to the development and review of information resources for audiences including patients, the public and healthcare professionals
- Enhance ICT systems and applications to yield a direct improvement to NSS ICT operations and add an extended, improved capacity for monitoring and evaluation of current procedures and processes.

BowelScreen

- Maximise uptake of the BowelScreen programme through targeted communication and promotion amongst eligible men and women aged 60-69 years.

BreastCheck

- Maximise uptake of the BreastCheck screening programme through targeted communication and promotion amongst the eligible population (women aged between 50 and 60)
- Develop and implement an upgrade to the Client and Radiology Information System to ensure the uninterrupted operation and continuity of the system for the clinical, operational and administrative day-to-day delivery of the BreastCheck service
- Increase resourcing within the BreastCheck units to support increased accountability, management, governance and business planning to meet the key performance indicators as set out in the BreastCheck Women's Charter.

CervicalCheck

- Maximise uptake of the CervicalCheck screening programme through targeted communication and promotion amongst the eligible population (women aged between 25 and 65)
- Continue the implementation of capacity enhancement actions required for the increase in colposcopy referrals arising as a result of the introduction of human papilloma virus (HPV) testing
- Continue the construction and resourcing of the National Cervical Screening Laboratory at the Coombe Women and Infants University Hospital (due to be operational in 2022).

Diabetic RetinaScreen

- Maximise uptake of the Diabetic RetinaScreen programme through targeted communication and promotion amongst the eligible population aged 12 years and older
- Implement an extended digital surveillance-screening pilot and model of care that will enable 2,000 participants to be seen in a community-based service rather than a hospital service.

Environmental Health Service

Services Provided

The Environmental Health Service (EHS) plays a key role in protecting the public from threats to health and wellbeing. The primary role of the EHS is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, including the areas of food safety, tobacco control, sunbed regulation, alcohol control and fluoridation of public water supplies.

Priority Areas for Action 2022

- Further embed our capacity to carry out official controls on food imports at ports and airports, and respond to additional requests for food export certificates, arising from the implementation of Brexit
- Maintain food activity in emerging areas, with particular emphasis on the implementation of *Regulation (EU) 2017/625*
- Undertake a sunbed inspection programme, including planned inspection, test purchase and mystery shopper, under the *Public Health (Sunbeds) Act 2014*

- Continue advance preparations for the implementation of the proposed Public Health (Tobacco and Nicotine Inhaling Products) Bill which seeks amongst other matters to introduce an annual licensing requirement for retailers of tobacco or nicotine inhaling products
- Continue engagement with stakeholders towards the implementation of the provisions of the *Public Health (Alcohol) Act 2018* on a risk prioritisation basis
- Undertake, where required, essential COVID-19 activities based on a risk prioritisation of core statutory functions and from within existing resources.

Section 5

Health and Social Care Delivery

Integrated Operations Delivery

COVID-19 has brought unprecedented pressure to the Irish health service. Staff in community and hospital services have worked tirelessly to provide safe patient services while at the same time delivering new COVID-19 response services including test and trace and vaccination programmes, and existing services in new and innovative ways. There have, however, been very serious impacts for patients and service users with delayed care and missed appointments, which have been further exacerbated by the cyberattack. There have also been interruptions to the implementation of significant reform programmes aligned to the *HSE Corporate Plan 2021-2024* and *Sláintecare*. The focus for healthcare delivery organisations in 2022 is to:

- Maintain service responses to COVID-19, maintain surge and escalation capacity, and maintain flexibility and resilience to develop any new service requirement in response to COVID-19 demands
- Noting the uncertain disease trajectory, work to safely restore services to pre-pandemic levels, especially our disability and mental health services, our older persons' services and services for vulnerable and excluded groups in society
- Catch up on delayed care by implementing a plan to address waiting lists in 2022. This includes shorter-term initiatives to increase access and build hospital and community capacity, and longer-term initiatives that will deliver a more sustainable service
- Respond proactively to winter service pressures, accentuated by COVID-19, flu and delayed care, by fully implementing all initiatives set out in the *Winter Preparedness Plan October 2021 – March 2022*
- Build on pre-pandemic work and work accelerated by the pandemic (e.g. telehealth) to roll out new models of care focused on the individual and fundamental to addressing the demand / capacity gap and building a sustainable service longer-term. This includes significant enhancement of community-based care to bring care closer to home and rolling out the integrated programmes for older persons and chronic disease
- Continue enhancing preventative services and population health management in community and hospital settings, working with a range of external partners and agencies to support better health – with a focus in 2022 on implementation of the obesity model of care and new enhanced health and wellbeing services aligned to areas with higher levels of deprivation
- Deliver sustainable healthcare with the purpose of preserving natural resources, reducing carbon emissions and mitigating the effects of climate change.

Fundamental to all of these objectives in operational services for 2022 is creating an integrated system of care, with healthcare professionals working together to improve how care is delivered and experienced by service users and patients. As set out in the following sections, there is a vast range of commitments that span all healthcare services and these are informed by the principles of service integration and a range of government health policies and strategies. In 2022, we will also ensure CHOs and Hospital Groups work to inform and support the development of RHAs – a core focus of which is to support population health planning and integrated health and social care delivery for improved health outcomes.

Service challenges and related risks to the delivery of the plan

There are several challenges and risks associated with operational delivery in 2022. The single biggest challenge is the health, wellbeing and resilience of our workforce. Operating in a pandemic with service

escalations, persistent additional demands and pressures for over 21 months creates real challenges for staff. This is compounded by elevated levels of patient and family distress and experiences of loss and grief. Throughout 2022, engagement with staff at every level (management, administration, clinical, support) is required to do everything we can to create supportive environments in very challenging operational circumstances.

The second biggest challenge and risk relates to delivering reform priorities and improving service performance for patients in the context of a pandemic showing few signs of abatement and an uncertain disease trajectory for 2022. An imperative for 2022 is to work with staff in CHOs and Hospital Groups to deliver transformational change in line with the *HSE Corporate Plan 2021-2024* and *Sláintecare* objectives while also delivering on significant performance demands to support better patient care and patient needs.

The impact of current and future COVID-19 surges and associated hospitalisation rates could sustain and worsen existing pressures in the delivery system. What is clear is that the health service and staff need to maintain flexibility and resilience to continue to operate in a COVID-19 environment in 2022. COVID-19 care demands, if they continue at the disruptive levels being experienced in the final months of 2021, will undermine the pace of delivery of service reforms in 2022.

Specific operational risks include:

- **Workforce Retention and Recruitment:** The ability to support and retain our experienced, dedicated staff is essential to the delivery of this plan. In addition, the ability to expand our skilled workforce at a sufficient pace and scale to increase service capacity and deliver reform programmes remains very challenging given workforce supply and availability constraints, both nationally and internationally. Inherent in this risk is the need to actively mitigate the potential de-stabilisation of existing services arising from significant levels of internal staff movement
- **Capacity, Demand and Activity:** The COVID-19 pandemic and cyberattack have resulted in delayed care and a deterioration of waiting times for patients requiring services. Demand patterns in planned care (scheduled) and emergency care (unscheduled) have shifted. Implementing plans to increase access and reduce waiting times and improve patient experience times in 2022 will be challenged where a) COVID-19 service demands remain high and service escalations continue; b) staff absences due to COVID-19 remain high; c) higher levels of health-seeking behaviour may emerge and d) the effects of delayed care are experienced
- **Service Restoration:** The way in which health services are being delivered has undergone significant change since the onset of the COVID-19 pandemic. Essential infection prevention and control measures to protect health service users and healthcare providers in a COVID-19 environment impacts on the full restoration of service volumes, and it is clear that infection prevention and control measures will be essential to maintain, bringing with them infrastructure challenges to deliver safe care and reduce harm to patients and staff
- **Winter and Seasonal Pressures:** Health and social care services always prepare for winter pressures, but winter 2021 / 2022 presents unprecedented challenges, beyond those experienced in the first phase of the pandemic, due to increased and sustained COVID-19 presentations coupled with flu presentations, emergence of respiratory syncytial virus, and nursing home outbreaks. The *Winter Preparedness Plan October 2021 – March 2022* sets out the HSE response across key service areas (and across service settings, GPs, primary care, acute etc.) to mitigate seasonal pressure risks which will require day to day management, agile issue resolution, strong clinical leadership across services, rapid risk escalation and robust communications

- **ICT Systems and Infrastructure:** The constrained availability of critical ICT infrastructure, systems, applications and skills in key service settings continues to impact the ability of operational services to monitor and deliver high-quality, evidence-based, safe and effective services, including the delivery of reform programmes, which are largely dependent on systems enablement
- **Resilience of HSE Funded Agencies:** Some HSE funded agencies may be challenged to address changes in their governance status, regulatory status or funding which could significantly and adversely impact the delivery of services to patients and service users
- **Regulatory Compliance:** The impact of legislative and regulatory non-compliance undermining the quality and safety of services, could result in a potential loss of services and possible harm to patients / service users and staff. This includes multi-annual non-compliance service issues and cyber-related data protection impacts that may yet emerge
- **Safeguarding Policy Compliance:** That the current Safeguarding Operations, provided under the 2014 HSE policy to disability and older persons' services, remain under resourced to fully meet the increasing demand for adult safeguarding in social care, and a requirement to extend safeguarding operations to all HSE provided and funded services. In 2022, the risk will be mitigated by the provision of a case management system and increasing the capability of all staff to recognise and respond to risk of abuse of adults in order to maximise the effectiveness of current capacity. The future of safeguarding operations will need to be considered in the context of the operating model of community healthcare networks and the design of integrated healthcare areas during 2022
- **Quality and Patient Safety:** Anticipating and responding to risk of harm is a central objective of the HSE *Patient Safety Strategy 2019-2024.* Significant progress has been made on reducing risks to the common causes of harm. Operating in a pandemic, with service escalations and persistent additional demands and pressures for over 21 months, creates unprecedented challenges for staff with well-documented patient and staff risks arising. In 2022, specific focus will be required on protecting and supporting staff, infection prevention control, antimicrobial stewardship, adult safeguarding and on improving targeted patient and service user outcomes
- **Service Continuity Management:** The potential for future pandemics, cyberattacks, major emergencies, severe weather events and industrial action up to and including national strikes requires vigilance and enhanced organisational capacity, structures and systems to respond. The organisational learnings from managing the COVID-19 pandemic / 2021 cyberattack will be reviewed to ensure all services are safer, better prepared and more robust to respond to future challenges.

Winter Preparedness

Responding proactively to winter seasonal pressures

The *Winter Preparedness Plan October 2021 – March 2022* outlines our targeted response to optimising and creating capacity at three critical stages in the patient pathway, that is: people receiving care in their own homes and communities, patient flow and egress. Working across community and acute services, the HSE will develop additional capacity, implement new ways of working, and enhance infection prevention and control measures to accommodate increased patient demand in winter.

Priority Areas for Action 2022

Admission avoidance

The HSE is committed to maintaining all acute restart and alternative pathway initiatives introduced as part of *Winter Planning within the COVID-19 Pandemic (October 2020-April 2021).* The HSE will also introduce the following patient pathways:

- GP liaison nurses to manage direct referrals from GPs to EDs
- Enhanced and expanded frailty intervention therapy team models
- Community teams to support ED avoidance for respiratory patients
- Chronic obstructive pulmonary disease (COPD) outreach teams to support admission avoidance
- Expanded Pathfinder frailty model to increase ED avoidance
- Disability emergency placements / packages of care, where appropriate to support hospital discharge and admission avoidance based on Disability Support Application Management Tool priority need for which a sustainable placement and funding model is to be agreed, within available resources
- Palliative care home-based night nursing capacity
- Increase supports for GPs and GP out of hours services.

Capacity / patient flow

The health service will continue to treat COVID-19 and non-COVID-19 patients simultaneously. COVID-19 capacity needs to be available with safety measures adhered to. We will further enhance capacity to meet increased demand and support the patient journey through the following measures:

- There was a commitment to deliver an additional 1,146 permanent acute beds in 2021, by the end 2021 it is expected that 849 of these beds will be open. It is planned to have 1,000 of these beds opened by the end Q1 2022, with the remaining 146, which are dependent on capital works, to be open later in the year
- In addition, a further 24 beds were approved under the Winter Plan for Cork University Hospital (CUH), these are subject to a capital development and are expected to be delivered by the end of Q1 2022
- A further 48 beds will be delivered in the Mater Misericordiae University Hospital (MMUH) in 2022 as part of its acute and critical care block. These beds are expected to be available in Q3, 2022
- Introduce additional phlebotomy capacity and mental health ED liaison supports.

Egress

The HSE will maintain an enhanced focus on egress and the following initiatives will enable the timely egress of patients from the acute setting:

- Appoint community intervention team (CIT) co-ordinator roles
- Appoint additional discharge co-ordinator roles
- Establish early support discharge teams for the elderly
- Increase supports for aids and appliances to facilitate patient discharge
- Provide additional capacity for earlier discharge of complex cases.

Enhancing Primary and Community Services

Reducing the need for people to attend hospital and enabling people to access increased care and supports in their own communities

Primary care delivers care and supports to people across the continuum of their lives, close to home, through a community-based approach and incorporates general practice and GP out of hours services, in addition to a wide range of diagnostic, treatment and support services including dental, audiology, ophthalmology, child psychology and therapy services. Primary care serves as the foundation for the enhancement and reform of community services, which will deliver a greater range and volume of integrated services, reducing the need for people to attend hospital and enabling older people to live supported lives in their communities for longer. These enhanced community services provide services for children, older persons, persons with disabilities, people living with chronic conditions, mental health, palliative care, Long COVID, vulnerable and excluded groups.

Enhancing community services is a fundamental reform priority for the HSE. It has proved challenging to deliver reforms in line with planned timelines due to the imperative to prioritise COVID-19 response services, however the groundwork has been laid to enable significant catch-up in 2022, with an additional 2,300 WTE being delivered in 2022 and giving a total of 3,500 WTE across 2021 / 2022. These new networks and specialist teams, supported by joint governance arrangements across community and acute services, will work in an integrated way across all services including the National Ambulance Service (NAS) to deliver enhanced person-centred end-to-end care. This approach will support people to stay healthy and well, avoid hospitalisation, enable a 'home first' approach, and ensure timely discharge from hospital.

Further, CHNs will enable implementation of a population needs and stratification approach, which will enable better local decision making while communities will also be involved in determining the health needs of their local areas. In addition, the implementation of the GP Agreement 2019 supported by increased community diagnostic capacity will provide access to more comprehensive services in the community.

Priority Areas for Action 2022

Enhanced Community Care

- Complete the roll-out of 96 CHNs, each servicing a population of circa 50,000, led by a network manager with a GP lead, nurse lead and multi-disciplinary team
- Deliver preventative health and wellbeing initiatives in response to CHN population requirements
- Establish 30 community specialist teams that will serve those with chronic disease and complete the roll-out of 30 community specialist teams that will serve older persons. Each supporting a population of around 150,000
- Clinical leadership, operational leads in community specialist teams and network managers will provide integrated end-to-end pathways of care in conjunction with acute hospital services and GPs
- Enhance front of house acute hospital teams to support community specialist teams for older persons and chronic disease
- In collaboration with ALONE, develop a model to co-ordinate volunteer and community supports across each CHN, leveraging in a structured way the informal supports and volunteerism within local communities

- Continue GP roll-out of the structured programme for chronic disease management and prevention for all medical card / GP visit card holders ages 18 years and over, equating to some 431,000 patients by 2023 when fully implemented, including the roll-out of a high-risk preventative programme for eligible patients aged 65 years and over
- Progress the roll-out of eHealth initiatives, including ePrescribing, summary and shared care records
- Allocate funding in 2022 to implement a new model of support to general practice in areas of deprivation – tested in 2021
- Procure interim ICT solution, aligned to the longer-term roll-out of an Integrated Community Case Management System, to support a standardised approach to the collection of data, activity and outcome measurements
- Work with the DoH and stakeholders on the extension of GP cover for children aged 6 / 7 years
- Provide an additional 24 GP training places in 2022, increasing the planned intake to 259 for 2022
- Increase direct access to community diagnostics to support chronic disease management and radiology
- Support the development of a radiology strategy.

Core primary care services

- Maximise activity across primary care services to manage waiting lists and waiting times in line with additional capacity and new models of multi-disciplinary working and service delivery
- Provide paediatric homecare packages to support children with complex medical conditions to live and be cared for at home
- Work with the National Nurture Programme to implement childhood screening and surveillance services in a consistent and standardised way across the country
- Recruit additional lactation consultants to build and enhance breastfeeding supports across all CHOs
- Continue to implement the National Access Policy in primary care
- Support the delivery of initiatives, managed and governed by Health and Wellbeing, to include community-based integrated alcohol services in South East Community Healthcare and Dublin North City and County Community Healthcare and an end-to-end child and adolescent overweight and obesity treatment programme in Mid West Community Healthcare and Cork Kerry Community Healthcare
- In collaboration with the DoH, implement measures to improve access to dental services for medical card holders
- Accelerate and expand the use of virtual and telehealth services to enable care closer to home and earlier discharge from secondary care services
- Deliver CITs and outpatient parenteral antimicrobial therapy services to support hospital avoidance and early discharge
- Deliver 24 primary care centres in line with the Capital Plan.

Community wait list initiatives

Waiting list delays have been a feature of community health and social care delivery in Ireland over a number of years. The scale of the current waiting list challenge has increased due to a number of factors including the reprioritisation of services during the pandemic response.

The HSE welcomes investment in 2022 to address waiting list challenges. Short, medium and longer-term proposals are in development to improve access to primary care, disabilities and mental health services.

- As our staff have been adversely impacted by the pandemic, their ability to work additional hours to address waiting lists is limited; accordingly, services may be procured from private providers
- Continue to implement waiting list initiatives commenced in 2021 in psychology services for children and adolescents waiting over one year as well as across a range of dental and orthodontic services
- Progress waiting list initiatives in child and adolescent mental health, autism spectrum disorder and a range of primary care therapy services including reconvening the paediatric ophthalmology working group
- Submit a business case to the Digital Government Oversight Unit for approval to proceed to tender for the Integrated Community Case Management System, which will be a key enabler of enhancing community care and efficient waiting list management.

Services for People with Long COVID

It is now recognised that persistent and prolonged symptoms can occur after acute COVID-19 infection. As a novel condition, services for those with Long COVID symptoms are in the early stages of establishment. During 2022, the HSE will work with patients to put in place an appropriate Long COVID service.

Services Provided

A number of acute hospitals operate dedicated Long COVID clinics for patients who were hospitalised with the condition.

Priority Areas for Action 2022

We will establish a national service for those that require specialist follow-up post COVID-19 (<12 weeks) and patients that develop Long COVID (>12 weeks) to:

- Deliver patient-led rehabilitation and recovery with an online support and education platform to manage symptoms at home
- Provide general assessment, support and rehabilitation through general practice and community rehabilitation
- Establish specialist acute hospital clinics in six sites with access to neurocognitive and psychiatry / psychology services supported by community health and social care professionals (HSCPs) and early discharge back to primary care for ongoing follow-up where appropriate.

Social Inclusion

Addressing health inequalities and access to services for vulnerable and excluded groups

Services Provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors to address health inequalities and improve access to health services for vulnerable and excluded

groups. The improvement of health outcomes for socially excluded groups in society is a key priority. Social inclusion services are informed by a person-centred approach, with comprehensive national policies and strategies to inform all developments.

Priority Areas for Action 2022

Healthcare services for people who are homeless

- Identify and address the social determinants of health for people who are homeless with relevant stakeholders, including access to suitable housing conditions for those who are long-term homeless
- Maintain COVID-19 public health measures for people who are homeless and consolidate improvements in healthcare delivery that were put in place during the pandemic
- Develop a single integrated homeless case management team in Dublin for approximately 3,000 adults in emergency accommodation, including women and those in private emergency accommodation
- Enhance integrated individual assessment, case management and care planning outside of Dublin
- Implement the health actions in *Housing for All – A new Housing Plan for Ireland* for people who are homeless including those in addiction, in order to provide the most appropriate primary care and specialist addiction / mental health services for their needs
- Provide wrap-around supports for an additional 240 homeless people in Housing First tenancies
- Improve access to mental health services for our homeless population, including a stepped model of mental healthcare in Dublin, in collaboration with mental health services
- Continue to implement and evaluate the homeless hospital discharge programme and expand to include paediatric and maternity hospitals in order to improve care pathways and health and development outcomes for vulnerable pregnant women, new mothers and their babies.

Drug and alcohol services

- Increase access to and provision of drug and alcohol services in the community, in conjunction with key internal and external stakeholders
- Expand harm reduction approaches and integrated care pathways for high-risk drug users, with a view to reducing and preventing drug related deaths
- Continue to purchase additional residential detoxification, stabilisation, step-down and rehabilitation episodes and increase capacity for HSE referred clients in line with additional resources received within NSP 2022 funding
- Establish a medically supervised injecting facility in partnership with Merchants Quay Ireland, subject to confirmation of planning permission
- Continue to support those receiving drug treatment services and those in recovery
- Develop family support services and services for children who are affected by parental drug and alcohol use, in partnership with Tusla and community and voluntary service providers
- Expand drug and alcohol services for women who use drugs and alcohol in a harmful way
- Strengthen drug monitoring services for emerging drug trends in line with the HSE *Report of the Emerging Drug Trends and Drug Checking Working Group 2021*

- Implement the Health Diversion Programme for people in possession of drugs for personal use, in partnership with the DoH and with the support of An Garda Síochána
- Continue to enhance drug and alcohol services in areas of disadvantage, in conjunction with Government initiatives and Drug and Alcohol Task Forces.

Refugees, international protection applicants and migrants

- Improve and enhance access to healthcare services for refugees, international protection applicants and migrants, including services to women
- Support the transition to the new model of accommodation and supports for international protection applicants.

Traveller and Roma communities

- Finalise and publish the Traveller Health Action Plan
- Expand and re-establish Primary Healthcare for Traveller Projects, to address Traveller health inequalities and enhance preventative and early intervention measures
- Run a pilot Period Poverty programme for Travellers and Roma to establish an evidence base for national roll-out
- In conjunction with Health and Wellbeing Services, work to establish, expand or extend the reach of existing projects in the area of creativity and the arts with the Traveller community
- Develop community health liaison and supports to migrants nationally with a focus on the Roma community.

Lesbian, gay, bisexual, transgender and intersex (LGBTI+) and health

- Develop a co-ordinated health response to HSE responsibilities in the *National LGBTI+ Inclusion Strategy* and *LGBTI+ National Youth Strategy* and increase delivery of training in LGBTI+ awareness and transgender GIST (Gender Identity Skills Training).

Domestic, sexual and gender-based violence (DSGBV)

- Work in partnership with other government departments and agencies including the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Department of Justice and Tusla to further enhance the HSE responses to domestic, sexual and gender-based violence through the development of protocols for DSGBV enquiry and response in priority settings (EDs, mental health, general practitioner and maternity settings).

Service-wide

- Support the use of the Central Statistics Office ethnic identifier in health services to inform access, participation and health outcomes for different ethnic groups
- Develop a service-user engagement implementation framework in line with the HSE *Patient and Public Partnership Strategy*, HSE Patient and Public Engagement Framework and DoH Partner Voices Policy.

This will provide additional guidance on engaging service-users incorporating the lived experience of social inclusion groups into service planning and delivery

- Work with the DoH to develop a framework for inclusion health services.

Services for People Requiring Palliative and End-of-Life Care

Palliative care enables individuals with life-threatening illnesses to live active lives for as long as possible, while the focus of end-of-life care is to ensure physical, psycho-social and spiritual comfort. Palliative care services also support families in their caring role, and this support continues into their experience of grief and loss.

Services Provided

Palliative care is provided in a range of locations including acute hospitals, specialist palliative care inpatient units (hospices), and in people's own homes in the community. A key focus is to ensure equitable access to quality services regardless of age, diagnosis or location. In the average month, care is provided to 3,400 individuals in their own homes, 1,000 patients in acute hospitals, 450 people in inpatient units (hospices), and 400 families receive bereavement care. In addition, 300 children with life-limiting conditions are supported at home and 60 children receive care in Children's Health Ireland (CHI) Crumlin and Temple Street.

Priority Areas for Action 2022

- Return palliative care services to pre-pandemic levels
- Extend the provision of out of hours care in the community to support patients to remain at home and avoid inappropriate hospital admission
- Progress the development of plans for the new specialist palliative care inpatient units in Tullamore, Drogheda and Cavan
- Continue to implement the recommendations contained in the review of clinical governance and operational arrangements for end-of-life care for children in the community
- Maximise the potential use of telehealth as appropriate to enhance access to services for patients and families
- Support the DoH in updating the 2001 National Palliative Care Policy
- Open the palliative care support unit in Roscommon University Hospital
- Establish the National Hospice-Friendly Residential Care Settings Programme in partnership with the Irish Hospice Foundation and the All Ireland Institute for Hospice and Palliative Care, in line with the *COVID-19 Nursing Homes Expert Panel Report* recommendation.

Services for Older Persons

Services for Older Persons will contribute to the continued enhancement of community care services by implementing and delivering a new integrated model of care for older persons. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.

Services Provided

A wide range of core services are provided for older persons including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible. These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers.

Priority Areas for Action 2022

Home support

- Complete the home support pilot in early Q2 2022 to provide 230,000 additional hours
- Provide 250 ongoing reablement packages for service users to build functional capacity to remain at home, as part of a new model of service, with 3,000 people benefiting by year-end
- Continue to develop a new model of intensive home supports for 1,150 people by year-end to support acute hospital discharge and as an alternative to long-term residential placement
- Facilitate timely discharges of complex cases to the community from the National Rehabilitation Hospital
- Provide a minimum of 11% of additional 2022 home support hours for people living with dementia
- Maintain, at a minimum of 40%, the proportion of public / private provision of support hours so that the balance is reflected in each area over time and any increases reflect the workforce requirements of the expected statutory home support scheme
- Progress the establishment of the National Home Support Office by the end Q1 2022
- Continue to progress the national IT system for home support in line with detailed requirements for the operation of the home support scheme, when known.

Integrated care service model

- Continue the roll-out of 30 community specialist teams for older persons in tandem with enhancing front-door frailty teams
- Operationalise priority care pathways for falls, frailty and dementia in tandem with enhanced CHNs
- Establish one community support team in each of the nine CHOs to proactively support providers of long-stay residential care facilities for older persons, as recommended by the *COVID-19 Nursing Homes Expert Panel Report*
- Continue to support the roll-out of the Patient Advocacy Service to residents of HSE operated nursing homes.

interRAI

- Complete recruitment of 128 interRAI WTEs funded in NSP 2021 by Q1 2022
- Implement interRAI in the context of the home support pilot project and work with the DoH to translate learning into a standardised care needs assessment policy
- Continue to develop the interRAI Ireland information system.

Community rehabilitation

- Existing capacity will be utilised efficiently to deliver community-based rehabilitation services. This will be delivered using additional capacity delivered in 2021, comprising of:
  - 552 rehabilitation beds in public facilities
  - 550 privately purchased beds for transitional care
  - 141 posts appointed across our community services during 2021 ensuring older people are provided with an opportunity to avail of bed or home-based rehabilitation services

  It is expected that over 2,500 additional patients may benefit from these new beds during 2022.

Nursing Homes Support Scheme (NHSS)

- Support 22,412 people through the NHSS while maintaining the average four-week waiting period for funding.

Day care

- Significant restoration of day care services (85%) through HSE services, voluntary, and for-profit providers in line with public health guidance.

Dementia care services

Continue to enhance assessment, diagnostic services and post diagnostic support, ensuring timely access to care and reduction in waiting times through the following initiatives:

- Provide pathways of care, timely assessment, diagnosis and appropriate post-diagnostic support through the development of five new memory assessment and support services and one new Regional Specialist Memory Clinic in Galway
- Provide specialist diagnostic services to people with an intellectual disability in the National Intellectual Disability Memory Service at Tallaght University Hospital
- Enhance the memory technology resource rooms for equity of access to cognitive therapies and psycho-education resources and care
- Implement the dementia minimum dataset across all services to ensure standardisation of data collection and reporting
- Improve patient and service user quality and safety through the provision of six dementia assistant director of nursing posts, one in each Hospital Group
- Improve patient outcomes in acute settings and develop dementia patient care pathways in acute hospitals through the provision of four additional dementia clinical nurse specialists

- Undertake the third wave of the Irish National Audit of Dementia in acute hospitals
- Promote brain health to reduce the prevalence and delay the onset of dementia through collaboration with clinical programmes, the Dementia: Understand Together campaign and the National Dementia Risk Reduction group through the provision of a brain health project manager.

Carers

- A Carers' Needs pilot will be undertaken in Community Healthcare West in 2022 using the interRAI Carers' Needs Assessment to determine appropriate care pathways to meet carer needs.

Workforce / Capacity

- Work with the DoH through the establishment of its Strategic Workforce Advisory Group to address staffing requirements for home support and residential care, including recruitment, retention and skills development.

Delivering Person-Centred Disability Services

The publication of the *Disability Capacity Review to 2032* underscores a unique opportunity to strategically invest in supports that deliver on the *HSE Corporate Plan 2021-2024* commitment to reimagine and reform the disability sector; make inroads on unmet needs for services; and deliver the most responsive, person-centred services achievable. The development of the Action Plan for Disability 2022-2025 has informed the development of services in 2022 and will further determine the service developments, and the enabling factors, in the provision of person-centred services and supports. The focus is on choice for the service user to enhance their opportunity to live a full life and to access the necessary services and supports. The policy landscape for this work is detailed and based on service user involvement and provides a very clear costed pathway for stable sustainable service development in the context of meeting our obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and as underpinned by the Transforming Lives policy.

This work will be delivered through continued collaborative engagement with relevant government departments, service users and their families, service providers and representative bodies, and the National Clinical Programme for People with Disabilities.

The disability priority actions in the NSP 2022 are developed for 2022 in the context of the transfer of functions from the DoH to the DCEDIY in 2022 and the work underway in the Action Plan for Disability Services 2022-2025.

Services Provided

Disability services are delivered through HSE services, section 38 / section 39 and for-profit providers. The range of specialist disability services that are provided to 60,000 people with physical, sensory, intellectual disabilities and autism spans residential, home support and personal assistance services, clinical / allied therapies, neuro-rehabilitation services, respite, day and rehabilitative training.

Priority Areas for Action 2022

The key priority areas to support mainstream person-centred community-based supports for people with disabilities and their families are:

Residential supports

- Provide a range of residential supports creating 106 additional places in response to current and demographic need through investment in 50 places responding to priority needs, 36 planned residential places, 10 supported living places and 10 intensive home support packages to support transitions and discharges from acute services and the National Rehabilitation Hospital
- Provide 12 residential packages to support young adults ageing out of Tusla services
- Commence a demonstration project in Community Healthcare West to develop planned access to residential services.

Respite services

- Establish three additional specialist centre-based services to provide 4,032 nights to 90 children, one to be Prader-Willi appropriate and the other two to provide high-support respite for children and young adults with complex support needs, in addition to seven further respite services which will provide 9,408 nights to 245 children and adults in a full year
- Provide 53 additional intensive respite support packages to children and young adults.

Personalised assistant supports and services

- Deliver 120,000 additional hours of personal assistant supports and 30,000 additional hours of home supports to expand and enhance supports for people to live self-directed lives in their own communities
- Develop a protocol for the eligibility and allocation of personal assistant services based on a universally agreed definition, in collaboration with DCEDIY, people with disabilities and providers.

Day services

- Provide an additional 1,700 day service places for school leavers and graduates of rehabilitative training
- Develop and implement a process for identifying and managing day service vacancies
- The HSE, DoH, Department of Education and Department of Higher Education to engage regarding post-secondary school pathways for young people to provide the fullest array of options including day services, access to further and higher education and apprenticeships.

Multi-disciplinary services and assessment of need for children

- Continue to implement the standard operating procedure, which is currently under review, and the National Access Policy within CHOs through the Children's Disability Network Teams (CDNTs) and progress the delivery of the assessment of need process in line with legal requirements
- Provide 190 additional multi-disciplinary, administration and specialised posts for CDNTs to improve assessment of need and intervention, and to develop specialised services and supports in line with the

recommendations of the *Report of National Advisory Group on Specialist Supports for Deaf Children to National PDS 0-18s Working Group*

- Review the development and delivery of specialised services and supports to support CDNTs in line with the *Guidance on Specialist Supports 2016*
- Implement a two-year demonstration project in two CHOs in support of CDNTs to manage children who have behaviours that challenge, and their families
- Implement capacity-building initiatives, including in the area of digital and assistive technology, in CDNTs which will enhance their ability to deliver quality services and supports in line with UNCRPD principles
- Review the delivery of integrated services and supports for children with disabilities, in particular at the interfaces between disability, mental health, primary and community care, acute hospitals and other specialised services.

Time to Move On from Congregated Settings – A Strategy for Community Inclusion

- Provide 143 people with a disability living in congregated settings with more person-centred homes in the community
- Continue capacity-building work in services to support the change from an institutional model of service to a person-centred model of support in the community
- Support 63 people with disabilities (<65yrs) inappropriately placed in nursing homes to transition to more appropriate placements in the community and progress implementation of the recommendations of the Ombudsman Report in line with the HSE Action Plan, including working with acute services to plan with people to prevent inappropriate discharges to nursing homes.

Progress the full implementation of agreed joint protocols underpinning interagency arrangements between HSE community and acute hospital services in partnership with Tusla

- Work towards the full implementation of the recommendations arising from the *Children's Ombudsman Report,* in partnership with Tusla*,* including the need to identify, within existing budgets, supports to respond to the needs of children and young people in foster care arrangements that have been assessed as having a moderate to profound disability.

Sector development

- Stand-up the National Placement Assessment and Oversight Team to work with CHOs to review and analyse high cost residential placements and support people to move to their home community with appropriate supports.

Personalised budgets

- Advance the personalised budget demonstration projects for 180 adults with disabilities who have expressed an interest in participating in the project, which will inform Government consideration of a viable funding model for those who wish to avail of it.

Consultation and engagement structures

- Ensure the effective participation of people with a disability in decision making and planning for ordinary lives in ordinary places through the implementation of the recommendations of the report: *Effective Participation in Decision-making* through engagement with the Disabled Persons Organisations and other relevant stakeholders
- Progress a range of actions to support dialogue and collaborative working with voluntary organisations, including those representing section 38 and section 39 providers, and people with disabilities and their families.

Neuro-Rehabilitation Strategy

- Progress the implementation of the managed clinical network demonstrator project in two CHOs.

Autism Report

- Continue to implement the recommendations of the 2018 Autism Report, led by the Autism Programme Board, prioritising the implementation of a tiered model of assessment and improved access to information and resources.

Progress implementation of an ICT / eHealth Case Management Programme across the disability sector

- Develop an integrated case management system for all 91 Children's Disability Network teams
- Develop a new integrated assessment of need tracking system for children and adults and a new integrated national day services database whilst working with the Community Digital Oversight Group to develop disability information requirements within the Integrated Community Case Management System. Implementation of the National Ability Supports System (NASS) will remain a priority throughout 2022.

Improving Access to Mental Health Services including Early Intervention

The strategic goal for mental health services, in collaboration with other services, is to promote the mental health of our population, support those seeking recovery from mental health difficulties, and suicide prevention. All mental health services are informed by a person-centred and recovery approach, with comprehensive national policy and strategy in place to inform all developments.

Services Provided

Specialist mental health services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams for children and adolescents (CAMHS), general adult and psychiatry of later life services, mental health of intellectual disability, community residential and continuing care residential services and peer-led services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health, peer support and recovery education. The

National Forensic Mental Health Service provides inpatient and in-reach prison services, in addition to an intensive care rehabilitation unit.

Priority Areas for Action 2022

Implementation of *Sharing the Vision – A Mental Health Policy for Everyone 2020* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* (extended to 2024)

- Implement agreed mental health priorities including CAMHS and the transition to adult services, acute bed capacity, and development of digital supports and interventions to support our service users' journey through both primary and secondary care services
- Continue to progress initiatives and interventions to reduce suicide and self-harm, including the enhancement of training opportunities for 400 staff in mental health services.

Design integrated, evidence-based and recovery-focused mental health services

- Continue to implement and expand agreed mental health digital responses, with a focus on the provision of stepped care options
- Continue development of crisis resolution services, with the addition of three crisis resolution teams and three cafes in place by Q4 2022, providing an additional 900 interventions at full implementation, reducing acute inpatient care and ED presentations
- Progress the CAMHS telehealth hubs initiative, developing two further hubs by Q4 2022 across two CHOs, to increase the provision of accessible care, with an anticipated 200 new service users seen at full implementation
- Open the new National Forensic Mental Health Service in Portrane with an initial 110 beds increasing to 130 beds during 2022
- Continue to progress development and implementation of the agreed clinical programmes and new models of care, including:
    - Expand teams across the Attention Deficit Hyperactivity Disorder (ADHD) in Adults National Clinical Programme and the National Clinical Programme for the Assessment and Management of Patients Presenting to EDs following Self-Harm
    - Expand the Suicide Crisis Assessment Nurse service
    - Establish two further pilot sites for dual diagnosis
    - Continue the roll-out of specialist eating disorder teams with three new full and two partial teams to see on average 660 new cases per year
    - Continue the roll-out of early intervention in psychosis teams to support an additional 335 service users
    - Develop three pilot sites for specialist mental health services for older people
- Continue to implement *A National Framework for Recovery in Mental Health 2018-2020* to enhance and develop the recovery approach through the provision of 1,280 training and recovery education events per year, benefiting 10,240 people

- Provide oversight and manage the implementation of the *HSE Psychosocial Response to the Covid-19 Pandemic* Framework across the nine CHOs, and provide strategic direction and guidance across national, community and acute services.

Deliver timely, clinically effective and standardised safe mental health services in compliance with statutory requirements

- Improve compliance in collaboration with the MHC, including the appointment of an additional 30 nursing staff to the National Forensic Mental Health Service
- Continue to invest in both infrastructure and systems to improve service user care and compliance with MHC regulations.

Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

- Continue implementation of mental health engagement and feedback through the planned expansion of peer support workers will benefit 130 individual service users directly per year
- Continue to value the involvement of service users, family members and carers through the implementation of the Volunteer Policy by providing support to an estimated 200 volunteers.

Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

- Enhance community mental health teams across CHOs to increase capacity to meet demand for specialist services, aligned to service need and operational requirements
- Support mental health services through the promotion of Making Every Contact Count to address prevention and promotion of healthy lifestyle behaviours and increase mental health service users' participation in chronic disease management programmes
- Provide a choice of enhanced psychological supports to nursing home residents, families and staff, to address their individual needs and support their resilience, wellbeing and, where applicable, recovery from distressful events
- Roll out the agreed capital developments to enhance facilities and infrastructure for service users and staff to address regulatory compliance
- Commence targeted recruitment of 312.9 WTE to support the implementation of the 2022 priorities.

Improving Quality and Patient Safety

At a national level, the HSE's corporate quality and patient safety (QPS) functions develop and strengthen structures for leadership, governance and accountability, working in partnership with CHOs, Hospital Groups and other health and social care providers. The service works to enhance processes for safety-related surveillance, performance monitoring, risk management and safe systems of care. Through principles of active learning and co-design, this service works with CHOs and Hospital Groups to drive implementation of the *Patient Safety Strategy 2019-2024* thereby reducing common causes of harm and maximising patient experience. Staff engagement in the co-design of safe systems of care with service

users has been essential to respond to three key service needs – safe COVID-19 operations, building quality and patient safety capacity and capability in services, and readiness to mainstream *Sláintecare* reforms. The work will support continued roll-out of the *National Standards for Safer Better Healthcare* and support continuous clinical and healthcare audit at local and national level against a range of key policies, procedures, protocols, guidelines and standards.

At CHO and Hospital Group level, quality and patient safety services are delivered directly by QPS teams under the leadership of Chief Officers and Chief Executives. These services in the community include the National Safeguarding Office and CHO Safeguarding Protection Teams, regional infection prevention and control and antimicrobial stewardship teams, QPS and health and safety services.

Priority Areas for Action 2022

Strengthening safety and quality in hospital and community services

In 2022, we will focus on realising the benefits from significant investment in 2021, which included 51 posts for acute services, including the NAS, and 27 posts in community services. Nine new Heads of Service for Quality, Safety and Service Improvement in CHOs provide local leadership under the governance of Chief Officers. In Hospital Groups, and at hospital level, Chief Executive Officers are supported by QPS staff. Priorities for 2022 include:

- Design and deliver programmatic interventions to improve compliance with incident management policies and standards, including open disclosure
- Introduce and operate procedures for enhanced patient safety surveillance which is responsive to local and regional trends and takes account of new services, models of care and structures as they come online (including the provision of surveillance across CHNs and Hospital Groups, and later RHAs)
- Develop and deliver an evidence and intelligence informed CHO quality improvement plan under the direction of the Chief Officer and in collaboration with care group Heads of Service and CHN managers
- Continue to support the proactive identification of patient safety risks
- Appoint Patient Safety Partnership posts across hospital services which will play a vital role in building and strengthening relationships with patients, their families and staff through the delivery of a number of actions designed to enable patient partnerships and improved outcomes for patients
- Monitor the health and social care requirements for the pending introduction of legislation on Pre-Action Protocols and Patient Safety Bill and facilitate the introduction of the necessary systems and resources to support the legislation
- Continue to progress and develop safety programmes, including the venous thromboembolism (VTE) programme and the Safe Site Surgery Audit
- Engage with the DoH Patient Safety Office and advocacy service to enable shared learning from patient safety surveillance and intelligence.

Infection prevention and control (IPC) and antimicrobial stewardship (AMS)

The HSE's *Interim Guidance on Infection Prevention and Control for the Health Service Executive 2021,* as well as the broader *HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* has established the efficacy of good IPC and AMS practice as a highly impactful means of reducing harm and improving outcomes. The focus in 2022 is to:

- Monitor and review acute hospitals' reported incidence of hospital-acquired S. aureus blood stream infection, healthcare associated C. difficile infection and Carbapenemase-producing Enterobacteriaceae (CPE) infection / colonisation, CPE screening and hospital-acquired COVID-19
- Oversee the management of COVID-19 outbreaks, and management of risk of transmission in acute hospitals and residential facilities
- Recruit staff to enhance IPC / AMS teams nationally and within acute and community services
- Support minor capital projects which improve infrastructure in a manner that facilitates IPC
- Improve knowledge, awareness and management of antimicrobial resistance and infection control as part of the implementation of *Ireland's Second One Health National Action Plan on Antimicrobial Resistance 2021-2025* (iNAP2) in collaboration with AMRIC team
- Support the development of National Clinical Effectiveness Committee – National Guideline for Prevention and Control of Healthcare Associated Infection in collaboration with AMRIC team
- Implement the *HSE Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* (encompassing antimicrobial resistance) which integrates IPC / AMS across community and acute settings in phases
- Co-ordinate the roll-out of the National Clinical Surveillance Infection Control System for the remaining CHOs, four Hospital Groups and CHI
- Support and monitor the implementation of the intravenous (IV) line care team pilots in two acute hospitals commenced in 2021, and advance implementation of IV line care teams in additional model 4 hospitals
- Progress phase 1 of the surgical site infection surveillance programme in conjunction with the Irish Hip Fracture Audit in collaboration with the National Office of Clinical Audit
- Promote the surgical antibiotic prophylaxis duration recommendations
- Continue the delivery of the HSE Community Health and Social Care IPC and AMS Strategy (2021-2023), aligned to the HSE AMRIC Action Plan and iNAP2
- Strengthen the development of IPC professionals, particularly nurses, by increasing the provision of higher education in IPC and AMS to ensure a sustainable workforce
- Support CHO community support teams in their role in line with the recommendations of the *COVID-19 Nursing Homes Expert Panel Report*
- Improve the data and intelligence on community IPC and AMS in order to enable targeted intervention and improvement, including compliance with IPC regulatory standards and best antimicrobial prescribing practices.

Adult safeguarding and protection in health and social care

The COVID-19 pandemic has highlighted a broad societal requirement to safeguard vulnerable adults. The HSE currently operates the *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014.* In addition, the HSE is working to implement a revised policy, and supporting the DoH in its development of a policy for safeguarding adults relating to operationalisation and resourcing. Significant changes are envisaged as new services and new models of care come online, requiring more safeguarding capacity and capability across all service models and service settings. In 2022 we will:

- Engage with stakeholders to develop a future operating model and governance structure for safeguarding across acute and community services
- Enhance the National Safeguarding Office services with an additional suite of training and practice guidance
- Procure and introduce a national safeguarding case management system
- Continue supporting Safeguarding Ireland and other partners
- Maximise integration between adult safeguarding and protection teams and the new community support teams to have a particular focus on providing safeguarding and social work support to residents in public, private and voluntary nursing homes.

Patient and Service User Experience

Services Provided

The establishment of a consolidated Patient and Service User Experience function, as part of the Office of Integrated Operations, seeks to improve visibility and leadership for patient and public involvement within the HSE. This will further facilitate our work to embed a strong culture of effective patient, service user and family partnership across the health and social care service to support high-quality health and social care delivery.

This function brings together the existing teams for national complaints governance and learning, and patient and public engagement, under a single function reporting to the Chief Operations Officer. Programmes to develop, implement and support patient experience will also report into this new function. This will assist us to further develop meaningful engagement, collaboration and partnerships between patients, service users, families, health professionals and organisations, and to build on the findings of our surveys and programmes to inform and improve patient and service user experience.

In addition to the priority areas for action for this new consolidated function, each service area, disability, mental health, social inclusion services, as well as in broader acute and community operations have commitments and deliverables in 2022 to improving patient and service user involvement. These priority actions are targeted at ensuring that the views of patients, service users, family members and carers, are central to the design and delivery of our services and that a culture of participation is embedded and supported by staff and all stakeholders.

Priority Areas for Action 2022

- Appoint 20 patient / service user partnership leads in CHOs and Hospital Groups
- Work closely with patient advocacy groups to develop the newly consolidated function of Patient and Service User Experience
- Implement the National Inpatient Care Experience Programme across acute hospital services
- Implement the National Maternity Care Experience Programme
- Conduct the End-of-Life Bereaved Families Survey Programme
- Conduct the Maternity Bereavement Survey
- Implement the Care Experience Programme across residential care services for older persons
- Publish the revised Your Service Your Say (YSYS) Feedback policy with supporting guidance

- Increase focus on the publication (quarterly) of national casebooks which ensure learning across all of the HSE's services from patient and service user journeys / stories / experiences and demonstrate the change resulting from feedback
- Conduct an audit of patient, service user and staff experience of YSYS within mental health services
- Roll out of training programmes that are supported by and involve patient and service user advocacy groups, to build expertise within the system to improve the overall care experience for our patients and service users
- Implement patient and service user experience surveying as part of compliance auditing with YSYS within services
- Develop the utilisation of the Healthcare Complaints Analysis Tool to analyse patient complaints across the harm / severity spectrum to target developments and improvement programmes of work.

Health and Wellbeing

Embedding primary and secondary prevention services, programmes and interventions across community and acute services

Services Provided

CHOs and Hospital Groups deliver a range of programmes, services and initiatives aimed at reducing risk factors for chronic disease and mental and sexual ill health, and building healthy, sustainable communities. These include staff training and upskilling, programme delivery, provision of services and supporting the implementation of prevention and health-promoting campaigns and initiatives.

Priority Areas for Action 2022

Implement Healthy Ireland

- With support from Health and Wellbeing Strategy, implement the *Healthy Ireland* prevention agenda in CHOs and Hospital Groups to tackle key lifestyle and behavioural risks and reduce the burden of chronic disease.

Building on work commenced in 2021, fully implement the *Sláintecare* Healthy Communities Programme to improve local population health and wellbeing outcomes with a particular focus on areas of deprivation in conjunction with local statutory and voluntary partners

- With support from Health and Wellbeing Strategy, fully establish 19 *Sláintecare* Healthy Communities Programmes, across CHOs, providing the following services: Stop Smoking Services including We Can Quit, Parenting Programmes, Healthy Food Made Easy, Making Every Contact Count (MECC) and Social Prescribing
- In conjunction with primary care, implement an end-to-end child and adolescent overweight and obesity treatment programme in South East Community Healthcare and Dublin South, Kildare and West Wicklow Community Healthcare

- In conjunction with social inclusion and primary care, implement new community-based integrated alcohol services in Midwest Community Healthcare and Cork Kerry Community Healthcare.

Continue to support existing *Sláintecare* integrated projects to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda

- Provide specialist Stop Smoking services for pregnant women attending maternity services in the South East Community Healthcare catchment area
- Deliver *Living Well with a Chronic Condition: Framework for Self-management Support* in existing CHOs
- With support from Health and Wellbeing Strategy, align existing *Sláintecare* Integration funded social prescribing projects with the HSE Social Prescribing Framework
- In conjunction with Health and Wellbeing Strategy, support existing Community Mothers sites to adopt the new Community Families Programme model.

Under the Enhanced Community Care Programme, implement evidence-based health promotion and improvement interventions in the community healthcare networks (CHNs) / community specialist teams (hubs) focusing on disease prevention and wellbeing improvements

- Deliver a range of programmes, services and initiatives to reduce the risk factors of chronic disease, and mental and sexual ill health and build healthy, sustainable communities to include training, programme delivery, provision of service, supporting implementation of prevention and health-promoting policies, campaigns and initiatives
- Through delivery of the MECC Programme, Health and Wellbeing Strategy will support CHOs and Hospital Groups to address prevention and promote lifestyle behaviour change for patients and service users in the areas of tobacco, alcohol consumption, healthy eating and physical activity, weight management and mental health promotion as part of routine consultations across community and acute services
- Reduce smoking-related harm to respiratory and overall health, and the subsequent demand on healthcare services, through the provision of a comprehensive suite of stop smoking services as part of the national QUIT service. The service includes a national phone line, face-to-face cessation services and online support services.

Implementation of the Influenza Programme

- Implement the seasonal flu vaccination programme to improve uptake amongst healthcare workers as well as promoting uptake amongst at-risk vulnerable groups.

Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme

- Continue to improve breastfeeding rates by increasing provision of breastfeeding supports across hospital and community services.

Support our workforce to lead healthier lives

- Provide strategic support to CHOs and Hospital Groups to promote the mental, sexual and physical health and wellbeing of staff through providing evidence-based staff health and wellbeing initiatives.

Delivering Safe, Timely Access to Acute Hospital Care

Acute hospital services are undergoing a significant programme of reform to deliver safe and timely access to care in the appropriate setting, improved health outcomes for patients and a more effective use of resources. This will require the enhancement and development of services across a range of key areas to include: establishing elective hospital facilities, building general and specialist bed capacity, improving patient flow through the hospital system from admission to discharge and transforming access to scheduled care services. In addition, acute services will work in an integrated way with community services to provide supports at the lowest appropriate level of care to enable people to access care at home or as close to home as possible. Additional bed capacity and the implementation of national strategies will seek to ensure that those who do require hospital admission can access scheduled and unscheduled care services in a timely manner. Planned reforms have been delayed in all areas due to the adverse effects of the pandemic and the cyberattack but the delivery of priority actions in 2022 will support an acceleration of service improvements.

Services Provided

Acute hospital services aim to improve the health of the population by providing health services ranging from self-management support, brief intervention and early diagnosis to specialist tertiary services. Acute hospital services are delivered across the network of acute Hospital Groups and provide scheduled care (planned care), unscheduled care (emergency care), diagnostic services, specialist services (specific rare conditions or highly specialised areas such as critical care and organ transplant services), cancer services, trauma services, maternity and children's services and includes the NAS.

Scheduled Care (Planned Care)

Scheduled care services have been particularly impacted by COVID-19 and the cyberattack resulting in longer waiting times and larger waiting lists. Improving access to scheduled care will require a dual approach of addressing backlogs with once-off funding and in parallel building and reforming services. Significant foundational work to deliver service reforms has been initiated and will be accelerated through the delivery of priority actions in 2022.

Priority Areas for Action 2022

- Commence the implementation of a range of initiatives to target a reduction in waiting lists
- Commence the establishment of an innovative community-based, acute-supported urology continence service and continue the roll-out of the haematuria and lower urinary tract pathways nationally

- Continue the roll-out of orthopaedic trauma assessment clinics and commence the roll-out of lower back pain pathways, fast track knee pathways, and progress fracture liaison service
- Commence the development of a restructured national rheumatology service, based on a hub and spoke model
- Cardiology, respiratory medicine and endocrinology will progress plans for the delivery of the acute component of Phase 1 of the chronic disease hubs in the areas of diabetes, COPD, asthma, heart failure and general cardiac symptomatology. Endocrinology will also commence the first phase of the national obesity programme acute component
- Respiratory medicine will, in addition, commence the roll-out of the cystic fibrosis model of care
- ENT will progress the establishment of dysphonia / dysphagia and balance clinics nationally, addressing approximately 12% of the ENT waiting list and pilot direct access to audiology services, based in the community, with oversight from acute services
- Commence delivery of non-invasive gastroenterology diagnostics in the community
- Dermatology will commence the roll-out of new acne, psoriasis and pigmented skin lesion pathways which will complement a pilot clinic for non-pigmented skin lesions delivered by plastic surgery. Plastic surgery will, in addition, deliver a pilot occupational therapy-delivered specialist hand rehabilitation clinic
- General surgery will progress the development of a network of skin and subcutaneous skin lesions clinics nationally, delivering services efficiently in a 'one stop' service
- Ophthalmology will further progress the development of community eye care teams and commence implementation of a cataract pathway
- Neurology will further develop the network of headache clinics, managing 20% of neurology waiting lists
- CHI has developed a comprehensive plan targeted at delivering significant reductions in scheduled care waiting times for children. Specific areas of focus for 2022 will be the development of additional diagnostic, outpatients department (OPD) and theatre access to support the delivery of reduced wait times. A specific focus will be placed on improving scoliosis waiting times given significant investment in scoliosis over the last number of years and additional theatre and diagnostic capacity will be progressed in 2022 to support scoliosis, orthopaedic and paediatric waiting lists generally.

Unscheduled Care (Emergency Care)

The reform of unscheduled care will continue in 2022 in line with the *Sláintecare* Reform Programme. This will involve a mix of inter-related projects that, when aligned together, will collectively move towards providing safer, more timely access to unscheduled care. This programme includes the expansion of bed capacity, as well as the continued implementation of new and alternative pathways of care. This will provide patients with the right care in the right place at the right time.

Continued investment in community care is enabling patients to access appropriate care on a timely basis and will reduce the requirement for patients to present to EDs. As we shift care to the community, the profile of patients presenting to our EDs will likely have an increased severity of illness.

For winter 2021 / 2022 we are putting arrangements in place to support the safe and effective delivery of emergency and elective services within the context of moving from managing the pandemic to living with

endemic COVID-19. As part of the HSE response to COVID-19, we put in place a Safety Net arrangement with private hospitals to ensure that time-dependent surgery, particularly cancer, could continue to be provided safely and within acceptable timeframes. The HSE also developed a *Winter Preparedness Plan October 2021 – March 2022* to deal with the challenges exacerbated by a potential increase in COVID-19 and flu presentations.

Priority Areas for Action 2022

- Improve access to unscheduled care by increasing capacity, reducing demand on EDs and improving hospital processes
- There was a commitment to deliver an additional permanent 1,146 beds in 2021, by the end 2021 it is expected that 849 of these beds will be open, it is planned to have 1,000 of these beds opened by the end Q1 2022, with the remaining 146, which are dependent on capital works, to be open later in the year
- In addition, a further 24 beds were approved under the Winter Plan for CUH, these are subject to a capital development and are expected to be delivered by the end of Q1 2022
- A further 48 beds will be delivered in the MMUH in 2022 as part of its acute and critical care block. These beds are expected to be available in Q3, 2022
- Continue the implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* (Phase 1), and roll-out of a Framework for Safe Nurse Staffing in emergency care settings (Phase 2).

Critical Care

Services Provided

The Strategic Plan for Critical Care provides a multi-annual plan for critical care services to be supported and expanded to meet the needs of patients into the future and aims to increase the number of critical care beds to 446, which is slightly ahead of the pre-pandemic recommendation of 430 beds as outlined in the *Health Service Capacity Review 2018.* In 2021, significant developments in critical care capacity included 66 critical care beds that were planned and funded, bringing the total to 321 beds across the service, as well as resources for rapid response teams, nurse educator roles and enhancement of critical care retrieval services. In 2022, construction and commissioning will conclude on 20 of the 66 beds funded in 2021 and these will be opened in mid 2022. In addition, a further 19 beds are funded in 2022 and this will bring the total number of critical care beds to 340.

Priority Areas for Action 2022

- Recruit highly skilled critical care staff to build capacity and a sustainable workforce
- Open seven additional Level 3 intensive care unit (ICU) beds as part of a new build in St. Vincent's University Hospital (SVUH)
- Open a second tranche of eight Level 3 ICU beds in the MMUH
- Permanently fund the upgrade of 22 Level 2 high dependency beds to Level 3 ICU beds at Beaumont Hospital (8), University Hospital Galway (UHG) (1), Mercy University Hospital (MUH) (4), Kilkenny Hospital (3), Midlands Regional Hospital Mullingar (MRHM) (3) and SVUH (3)

- Open four additional critical care beds in CUH to support implementation of the Trauma Strategy and in line with the Strategic Plan for Critical Care
- Implement a new Critical Care Clinical Information System on a phased basis over two years (2022 and 2023).

An Inclusive Trauma System

Services Provided

The *Report of the Trauma Steering Group – A Trauma System for Ireland* sets out a blueprint for how to develop trauma services to improve patient outcomes. The report recommends concentrating trauma-related clinical expertise in two Major Trauma Centres (MTCs), supported by Trauma Units, organised across two Trauma Networks where facilities and services co-ordinate the care of injured patients along standardised pathways. Each MTC will provide the highest level of specialist trauma care to the most severely injured patients on a single hospital site. Trauma units will be able to resuscitate and stabilise trauma patients, deliver definitive care to most and be able to safely transfer those who require a higher level of care.

In April 2021, the MMUH was designated as the MTC for the Central Trauma Network. Detailed planning for the establishment of the MTC is underway and an investment of €5.7m was provided to support its establishment in 2021. The investment in trauma services will continue in 2022 to enable the continued implementation of the Trauma Strategy in 2022.

Priority Areas for Action 2022

- Complete the initial establishment phase of the MTC for the Central Trauma Network at MMUH providing care for trauma patients with severe injuries. It is forecast that MMUH will receive up to an additional 700 trauma patients in a full year following the commencement of major trauma services
- Commence the phased development of the MTC for the South Trauma Network at CUH. When the trauma system is fully implemented, a forecasted additional 380 trauma patients from across the South Trauma Network will have their full acute episode of care at CUH
- Develop the service specification for the Trauma Unit with Specialist Services at University Hospital Galway (UHG) and define its role within the Central Trauma Network and the Saolta University Health Care Group
- Implement a standard rehabilitation needs assessment tool and rehabilitation prescription for all trauma patients in both MTCs
- Develop a pre-hospital trauma triage tool for use by the NAS to identify patients requiring treatment in a MTC.

Paediatric Services

The National Model of Care for Paediatric Healthcare Services in Ireland sets out the vision for high-quality, integrated, accessible healthcare services for children from birth to adulthood. The model aims to ensure that all children can access high-quality services in an appropriate location, within an appropriate timeframe, irrespective of their geographical location or social background.

Services Provided

Acute hospital services for children are provided by 19 hospitals across the country. Children's Health Ireland (CHI) provide all of the national specialty and tertiary services, as well as general paediatric medical and surgical services for children within the catchment. Three regional paediatric units (CUH, UHG and UHL) deliver a range of general medical and surgical services for children in those regions. The model of care recommends increasing a number of high volume clinical specialties at these Units that will deliver services closer to home and reduce demand at CHI hospitals. The HSE is committed to the development of the interagency Barnahus model of child sexual abuse services working with Tusla and An Garda Síochána. Paediatric forensic medical services are currently provided by CHI, the Saolta University Health Care Group and the South / South West Hospital Group. These services will become an integral part of the three Barnahus service developments. CHI also currently provides an assessment and therapy service for children who have been the victims of sexual abuse and these services will be incorporated into the Barnahus interagency model.

Priority Areas for Action 2022

- CHI Tallaght outpatient and urgent care centre open and fully operational
- Continue to develop national specialty services at CHI hospitals including neonatology, non-malignant haematology, and maxillo-facial and specialist ENT surgery and improve consultant intensivist staffing for CHI Temple Street in advance of the opening of the new children's hospital
- Enhance services at the three regional paediatric units (CUH, UHG and UHL) including access to nurse specialists and HSCPs, so that children can be transferred from CHI services and receive care closer to home
- Progress the development of the multi-agency Barnahus model of child sexual abuse services by improving access to and availability of forensic medical services at the three Barnahus sites (West, South and East), and improve access to therapy services at CHI
- Continue to oversee the new children's hospital development and development of paediatric services.

Specialist Services Delivery

Development of Organ Donation and Transplant services

Services Provided

Organ Donation and Transplant (ODTI) is the competent authority for organ donation, safe organ procurement and transplantation of organs in Ireland. This is achieved through the maintenance of a robust quality management system, which monitors and tracks the end-to-end process for procurement of organs for donation up to their safe transfer to transplant hospitals. In addition, ODTI maintains ongoing tracking of outcomes of organs post-transplant and acts as an indefinite confidential intermediary between donor families and recipients following transplant.

Priority Areas for Action 2022

- Continue to develop and improve organ donation and transplant services in order to provide the highest standard of services to the people of Ireland
- Increase availability of transplantable organs for patients on the Irish transplant waiting list through development of Donation after Circulatory Death and support the implementation of an opt-out system of organ donation in line with international best practice.

Development of Renal Services

An ambitious reform programme incorporating capacity, configuration and governance is underway to meet the growing demand for renal services across the country. The focus is on improving overall quality of life for service users by delivering safe, efficient and integrated care. This requires enhancing core capacity within renal units, provision of services closer to home and at home, and expansion of renal transplantation activity.

Services Provided

Renal services are provided under the clinical governance of the Parent Renal Units in each of the six Hospital Groups. Service users receive treatment in one of the 24 national haemodialysis units (HSE or contracted services) or in their own home.

Priority Areas for Action 2022

- Expand dialysis capacity in hospital Parent Renal Units through enhanced clinical governance
- Expand the Home Dialysis Therapy Programme.

National Ambulance Service

The National Ambulance Service (NAS) serves the needs of patients and the public as part of an integrated health system through the provision of high-quality, safe and patient-centred services. This care begins immediately at the time the emergency call is received and continues through to the safe treatment, transportation and handover of the patient to the clinical team at the receiving ED or hospital.

Services Provided

The service is moving towards a more multi-dimensional urgent and emergency care provision model which is safe and of the highest quality with the ultimate aim of improving patient outcomes whilst ensuring appropriate care delivery. This will support the overall vision of *Sláintecare* – to move from an overly acute-centric model to a more community-based and integrated model of care.

The NAS works and engages with a range of external services including Dublin Fire Brigade, Irish Air Corps, Irish Coast Guard, Irish Community Air Ambulance and, at community level, with First Responder teams.

Priority Areas for Action 2022

- Address 24/7 tactical and operational management deficits
- Progress core governance, leadership and structural design
- Continue development of a Hear and Treat model
- Continue to address capacity deficit as identified by *NAS Baseline and Capacity Review (2015)* and in anticipation of the findings of the NAS Baseline and Capacity Review 2021 due to report in early 2022
- Work with Testing and Tracing to develop a mobile function to support outbreak management across the country.

Cancer Services

A clinical and operational imperative for the HSE is to restore full operation of all cancer services and recover time-to-treatment performance to address the unprecedented back-logs and delays in diagnosis and treatment for patients arising from the COVID-19 pandemic and the cyberattack. Demand for services is projected to grow by 10%-12% in 2022. This challenging priority will be addressed through continued configuration and centralisation of cancer services, development of rapid access clinics, digital enablement and expansion of community oncology, all of which will be underpinned by a patient-centred approach.

Services Provided

Cancer services are designed and delivered through nine cancer centres, including CHI Crumlin for children and young adults, a satellite unit in Letterkenny University Hospital for breast cancer services, and a further 16 public hospitals for systemic anti-cancer therapy (SACT) (chemotherapy, immunotherapy). Radiotherapy is provided through five public centres and two private centres. Services are designed and managed to ensure equitable access to safe, timely, quality-assured, person-centred care.

The National Cancer Control Programme leads on the implementation of the *National Cancer Strategy 2017-2026*, working collaboratively and engaging with service users and external stakeholders, and acute and community services.

Priority Areas for Action 2022

The priority is to provide consistent, high-quality, equitable access to cancer services for patients nationally.

Provide optimal care

- Continue the agreed surgical oncology centralisation project and support cancer surgery
- Implement improvement recommendations for the rapid access clinic key performance indicators (KPIs)
- Support National Plan for Radiation Oncology (NPRO) Phase 2 expansions and radiotherapy services enhancement
- Progress implementation of SACT model of care recommendations
- Continue to build medical oncology, haematology and SACT services to meet demand

- Complete the implementation of national chimeric antigen receptor T-cell therapy (CAR-T), peptide receptor radionuclide therapy (PRRT) and stem cell therapy (SCT) specialised services
- Progress the development of national cancer genetics and molecular diagnostics services.

Maximise patient involvement and quality of life

- Progress recommendations of the National Cancer Survivorship Needs Assessment
- Progress psycho-oncology services as a core part of cancer care
- Progress development of the child and adolescent service
- Progress development of the Community Cancer Support Centre network
- Work with partners to ensure the availability of appropriate and timely fertility services for cancer patients.

Reduce the cancer burden

- Progress the implementation of the national plan for skin cancer prevention
- Implement early detection projects and the *Early Detection of Cancer Plan 2022-2025*.

Enable and assure change

- Transform cancer services – governance, structures, information systems, and accreditation and quality initiatives. Ensure an appropriate mix of clinical and non-clinical staff in cancer services
- Strengthen cancer intelligence, research, clinical guidelines, evidence and quality hub
- Roll out the National Cancer Information System and multi-disciplinary meeting module
- Support hospitals in meeting drug costs, enabling patient access to clinical trials and implementing quality initiatives in delivery.

Women's Healthcare

Services Provided

The National Women and Infants Health Programme (NWIHP), leads on the implementation of the National Maternity Strategy, including the management, organisation and delivery of women's health initiatives across maternity, gynaecology, neonatology and sexual and reproductive health services. The Programme has strengthened and quality assured maternity services through collaborative working with internal clinical advisers, operational delivery teams and key external partners. The NWIHP is also responsible for co-ordinating the HSE's implementation of the Women's Health Action Plan 2022.

Priority Areas for Action 2022

Improving the provision of healthcare services for women and infants is a critical clinical and operational priority for the HSE and will be advanced through a multi-facetted programme of work which includes the Women's Health Action Plan 2022. The significant investment for NSP 2022 provides for delivery of a wide suite of additional and enhanced services and supports as follows:

Governance and oversight of maternity services

- Continue to support the development of maternity networks and Serious Incident Management Forums for maternity services
- Review current workforce arrangements in each maternity unit and hospital to determine the required levels of staff and skill-mix, by profession and specialty, to meet the current and expected future demand for services across the country
- Strengthen governance structures within maternity services by increasing the presence and availability of senior decision makers from both a medical and midwifery perspective
- Develop an implementation plan to address infrastructural deficits within maternity hospitals and units to ensure compliance with national standards
- Support the ongoing implementation of the Maternal and Newborn Clinical Management System.

Quality and safety

- Establish an obstetric event support team to support maternity hospitals and units in the identification and mitigation of clinical risk
- Drive the five work programmes of the National Neonatal Encephalopathy Action Group targeted at identifying and addressing issues resulting in avoidable incidents in neonatal encephalopathy
- Support the establishment of a national perinatal genetics service
- Review existing and develop new national clinical guidelines in the areas of maternity and gynaecology
- Develop national standards for the provision of key mandatory training programmes in maternity services including neonatal resuscitation training, cardiotocography and management of obstetric emergencies
- Support the development of regional and networked perinatal pathology service.

Model of care – maternity

- Commence a review of the Maternity and Infant Care Scheme
- Develop minimum standards for early pregnancy assessment units with an associated revenue and capital plan
- Further develop the supported care pathway, enhancing the choices available to women
- Expand the provision of care available in a range of areas including postnatal supports, maternity-related diabetes, parent-craft education, physiotherapy, medical social work and dietetics
- Enhance neonatal services by means of investing in additional consultants, advanced nurse practitioners and allied health professionals
- Support the integration of the national home birth service into acute maternity services
- Increase the range of information and educational supports available to pregnant women.

Gynaecology

- Expand the provision of ambulatory gynaecology services around the country and complete the implementation of the ambulatory gynaecology model of care
- Establish and implement a national suite of KPIs for the provision of ambulatory gynaecology services

- Oversee the implementation of the Chief Medical Officer's recommendations relating to the use of transvaginal mesh
- Support initial development of specialist regional and supra-regional endometriosis services
- Advance the establishment of specialist menopausal clinics and, working in conjunction with the Irish College of General Practitioners, support the establishment of a seamless scheduled care pathway in menopause care for women in Ireland, spanning primary and secondary care.

Sexual and reproductive health

- Continue to implement the national policy review recommendations in relation to sexual assault treatment units
- Further roll out and expand the provision of a safe, high-quality termination of pregnancy service.

Women's Health Action Plan 2022 and Task Force Co-ordination

- Establish processes for supporting implementation of the Women's Health Action Plan 2022, ensuring that all initiatives are assessed to ensure coherence and the appropriate strategic impact
- Establish a process within the HSE at national and service delivery level to ensure collaboration and communication on this Action Plan
- Appoint a national GP lead in the area of women's health, who will work with NWIHP and other HSE services in designing, planning and implementing enhanced structured care pathways for women's health in a range of areas including contraception, menopause and fertility
- Progress a wide range of initiatives from the forthcoming Women's Health Action Plan as documented comprehensively throughout the Health and Social Care Delivery chapter under relevant governance areas e.g.:
  - Provide free contraception to women aged 17-25 years
  - Support unique needs of vulnerable pregnant women, new mothers and their babies who are experiencing homelessness
  - Commence work to tackle period poverty
  - Further enhance the HSE responses to domestic, sexual and gender-based violence
  - Enhance screening services for women and maximise their uptake
  - Expand colposcopy services
  - Target health and wellbeing initiatives for mothers and expectant mothers and those in disadvantaged communities
  - Expand drug and alcohol services for women who use drugs
  - Improve and enhance access to healthcare services for women refugees, international protection applicants and migrants
  - Review the current provision of unplanned pregnancy supports and counselling.

Section 6

Financial Management Framework

2022

Financial Management Framework 2022

1. Summary

The 2022 core (non-COVID-19) revenue[1] budget level is €1,007m / 5.3% above this year's starting budget of €18,948m, which was set out in NSP 2021. This funding is in addition to the €697m which is provided on a once-off basis for 2022 COVID-19 related costs, including public health measures, and a further €30.7m in technical adjustments. This is set out in the Letter of Determination (LoD) received from the Minister indicating a total 2022 net revenue determination of €20,683m. Of this, €163.8m will initially be held by the DoH and a further central Government COVID-19 contingency of €100m has been specifically set aside for health services revenue costs in 2022.

The 2022 core (non-COVID-19) capital budget is €130m / 15% above this year's starting budget of €865m with an additional €50m also provided on a once-off basis for COVID-19 projects. A further central Government COVID-19 contingency of €100m has been set aside specifically for health services capital costs in 2022. *(Total specific health service COVID-19 contingency of €200m i.e. €100m revenue and €100m capital.)*

The €1.4bn of core new measures funding provided, in alignment with *Sláintecare*, to support the permanent strengthening of the health services between 2021 (€1.1bn) and 2022 (€0.3bn), is very welcome and is in part reflective of the very positive perception of the performance of the staff of the health system during the ongoing pandemic. It represents a significant opportunity to improve services for those that rely on them.

The ongoing pandemic will continue to bring uncertainty and complexity to the planning and delivery of services in 2022. As a consequence, it also brings complexity and exceptional levels of uncertainty to elements of our efforts at financial planning and financial management for 2022 given we are now entering the third financial year likely to be impacted by COVID-19. 2019 is the last full non-COVID-19 year on which to base or assess our models and forecasts, including those that seek to link cost inputs to activity outputs. To greater or lesser extents, this is a factor for most of our services. However, it is particularly the case within our acute hospital services where the impact of COVID-19 continues to penetrate most aspects of care delivery and our efforts to separate COVID-19 from non-COVID-19 costs are most challenged.

It follows that it is not practical to provide the usual level of assurance around the extent and overall affordability of likely 2022 activity, particularly in respect of acute hospital services, albeit every practical effort will be made to manage and mitigate the various financial issues and risks.

The HSE is fully aware of, and committed to, its obligation to protect and promote the health and wellbeing of the population while making best use of the resources available to it. In managing services in 2022 the Board, through its Executive, will continue to pro-actively manage the budget notified to it with the aim of operating within that budget while delivering on the targets set out in this NSP in a way that represents value for the resources entrusted to it. The HSE has delivered small surpluses in 2019 and 2020, and it is likely that it will be in a position to deliver a substantial breakeven / small surplus position again in 2021.

[1] The revenue budget from DoH covers net operating costs i.e. pay and non-pay costs of our overall services, less any income raised, and is separate to the capital budget for defined infrastructure, equipment and ICT projects.

The following key areas which it has not been possible to provide for in 2022, are beyond the normal level of financial risk that is managed in any given year, and will be closely monitored with DoH colleagues:

i. COVID-19 – Overall likely costs including Long-COVID-19[2], particularly given current surge in cases ***(Issue)***
ii. €60m – 1st July Financial Emergency Measures in the Public Interest (FEMPI) unwind provisions re twilight premia and overtime ***(Issue)***
iii. €25m – (of €37m) savings target in respect of public community nursing home costs ***(Issue)***
iv. Private Income – material uncertainty, range of external factors, including COVID-19 impact ***(Issue)***
v. Acute Hospitals – minimum additional forecasting / modelling risk 2% on c. €7bn gross cost ***(Risk)***.

Further details in relation to the issues and risks, and their mitigation, are set out in section 4 below.

Subject to any necessary clinical advice and approvals, it is likely that the expanded winter flu campaign for 2022 / 2023, the cost of which is expected to be higher than that of the 2021 / 2022 campaign, will proceed next year, subject to further engagement with DoH colleagues around plans for same. As in previous years, while no specific funding has been provided for this at this stage, this will be funded in the first instance from any once-off savings that may arise naturally from within the total allocation. Thereafter, the HSE will engage with the DoH on how best to proceed and, in the interim, no changes to the other costs, application of funding or targets that underpin this NSP have been assumed.

In addition, and in line with *Sláintecare* and the Finance Reform Programme, we will continue key projects including the development and adoption of the integrated financial management system (IFMS) by all statutory, section 38 and larger section 39 funded voluntary organisations as per the Minister's Annual Statement of Priorities. This will take place alongside implementation of year 2 of our three-year controls improvement plan, including enhanced procurement compliance, further development of activity based funding (ABF) for hospitals and community services, and ongoing priority work on interim improvements to financial reporting, including in relation to cash and working capital, pending IFMS.

The HSE confirms its commitment to the general principle that new measures (development) funding should deliver 'net additional' outputs against a visible and agreed baseline and will target continued progress in reporting on this basis in 2022. Weekly COVID-19 flash reporting will also be continued and, where practical, improved.

The financial information underpinning the plan is subject to the specific limitations of the HSE's currently available financial systems. This includes the HSE's reliance on the receipt of financial and other information from a large number of voluntary organisations which are separate legal entities with their own separate financial systems. Every effort has been made within the time and resources available to ensure that the information provided in the plan is as accurate as possible. However, it must be read in the above context and it is noted that a margin of error of as little as 0.1% equates to over €20m in net expenditure terms for the HSE as a whole.

[2] Long COVID-19 prioritised new service model expected cost of €2m in 2022 rising to full year cost of €6m in 2023.

2. 2022 Investment

The funding provided by the Minister to the HSE is summarised in the table below, with further detail set out in the financial tables in Appendix 1. The total HSE budget for 2022 includes some investments which will be applied to restart services in a COVID-19 environment, enhance or expand existing services, including enhancing service resilience and responding to demographic and other pressures, and to commence new approved service developments.

Net Expenditure Funding Level for 2022 provided by DoH

On the operational costs (revenue) side this includes:

1. €696.8m / 3.7% – existing level of service
2. €310m / 1.6% – new measures (development initiatives)
3. €1,007m / 5.3% – non-COVID-19 (excludes opening technical adjustments and COVID-19 funding 2022).

Of the €20,683m, €15,891.5m is allocated to operational service areas performance managed by the HSE. The balance, €4,791.1m, is allocated to State Claims Agency (SCA) reimbursement, pensions, and demand-led areas. Costs within pension and demand-led areas are generally less amenable to normal performance management and related financial management actions. The SCA costs are more directly related to the operational legal process around claims and the overall maturing of the claims portfolio. The HSE continues to place significant focus on efforts to improve the safety and quality of our services. This includes the introduction of a centrally co-ordinated clinical support and oversight process for maternity services experiencing the most serious adverse events, which typically account for the largest single element of overall clinical liability claims which the SCA manages on behalf of the State.

A key focus of the health budget 2022 will be to deliver the strategic and permanent reform set out in *Sláintecare* and build on the positive and innovative changes made during the COVID-19 pandemic. Transformation and reform of certain services on a permanent basis is therefore a necessary and important focus of our plan for 2022, in addition to supporting the resilience and preparedness of the health service to continue to operate in the challenging COVID-19 environment.

2022 Opening Budget for Operating Costs (Revenue) and Capital Costs	Operating Budget €'m	Capital Budget €'m
Opening Allocation (December REV)	**18,947.9**	**865.0**
Opening Allocation Adjustments	30.7	-
Existing Level of Service	696.8	130.0
Additional Existing Level of Service Funding 2022 sub total	**727.5**	**130.0**
Opening allocation plus Additional Funding for Existing level of service in 2022	**19,675.4**	**995.0**
New Measures (Including Winter Plan)	310.3	-
HSE 2022 Net Allocation (excluding holdback funding)	**19,985.7**	**995.0**
Total Additional Core Funding for 2022 over Core Opening Allocation	**1,037.8**	**130.0**
% increase of Opening Allocation (incld. / excl. Opening Allocation Adjustments)	5.5% / 5.3%	15.0%
COVID-19 Costs	697.0	50.0
HSE 2022 Net Allocation Total Funding	**20,682.6**	**1,045.0**

These additional investments include:

a) New Measures – Core Programmes – €310m

- €54.5m for disability services, including €4m for Winter Plan measures
- €40.2m for Primary Care Reimbursement Service (PCRS) / eligibility measures
- €38.6m for implementing national strategies
- €30.0m for new drugs
- €22.5m for older persons' services, including €4.2m for Winter Plan measures
- €25.3m for women's health
- €24.0m for mental health, including €1m for Winter Plan measures
- €22.3m for workforce and allied reform measures
- €9.1m for acute Winter Plan measures
- €10.5m for additional critical care capacity
- €6.0m for National Drugs Strategy
- €4.5m for acute eligibility measures
- €4.0m for *Healthy Ireland*
- €3.05m for palliative care, including €0.65m for Winter Plan measures
- €15.8m for other initiatives, including €3.0m for Winter Plan measures.

Funding for new measures is acknowledged as ring fenced to specific measures and it will be managed and tracked with a view to delivering the intended outputs / purpose. The HSE's control and reporting processes will support this.

b) Existing levels of services (ELS) – €696.8m (including €67m in savings) + €30.7m technical adjustments

- €286m pay cost pressures including funding increments of €39m
- €364.4m for ELS and demographics including
  - €129.4m for demographics
  - €43m in relation to cyber remediation
  - €34.3m for specific workforce issues
  - €109m for PCRS
  - €25m in relation to state claims
  - €24.5m in relation to pensions
  - €66.2m for other initiatives
  - (€67m) savings measures: acute income (€10m), NHSS cost of care (€37m) and (€20m) in PCRS
- €77m in relation to 2022 full year costs related to Table 4 NSP 2021 including
  - €22.9m for disabilities school leavers and emergency residential places
  - €15m for enhanced community care / community health networks
  - €13.6m for AMRIC and infection control programmes

- €12.5m for alternative care pathways
- €7.7m for palliative care – hospices
- €5.3m for public health workforce.

c) COVID-19 Costs – €697m (excludes central government contingency referenced above)

- €497m for COVID-19 response, including but not limited to vaccination, testing and tracing and personal protective equipment (PPE)
- €200m – acute and community scheduled care access (waiting lists and waiting times) including use of public and private hospitals.

3. COVID-19 – Uncertainty and Complexity – Financial Planning and Financial Management in the continuing global pandemic

As we prepare for 2022, in the knowledge that it is the third financial year impacted by COVID-19, we do so with the assumption that, in financial management terms, it represents the start of the return to more typical patterns of funding and related expectations, after what have been two exceptional years. The HSE is committed to taking all practical steps to meet and manage these expectations in order to facilitate the continued improvement of our services which is dependent on sustained additional investment over the medium term, coupled with the necessary innovation and change.

COVID-19 related costs will be dealt with in further detail below but, in summary, we will continue with our efforts to ensure only valid and relevant COVID-19 related costs and impacts are reported as such. The assumption is that such costs are largely already in the run rate, will generally reduce during 2022 compared to total 2021 levels and will typically not be added to unless specifically driven by the course of the disease. Ongoing strong discipline, supported by clear clinical guidance around what is allowed to continue and be referred to as COVID-19 costs or impacts, will remain essential in 2022.

Given the current fourth wave, the significant uncertainty around the potential course of the pandemic in 2022, and the expectation that the HSE will continue to respond very proactively to it, the agreed planning assumption is that COVID-19 related costs and impacts and the funding of same will be revisited through a number of governance and oversight mechanisms including the HSE Audit and Risk Committee (ARC) and HSE Board in addition to external mechanisms including the Health Budget Oversight Process. The specific path of the pandemic and its impacts may also require levels of activity beyond funded levels necessitating the need to access health specific and general centrally-held COVID-19 contingency funds. This will be supported by the project referenced below.

4. With opportunity also comes risks, including financial issues and risks, which have to be appropriately managed

The financial issues and risks outlined below are largely consistent with the variance between the minimum provision levels in respect of 2022 ELS and COVID-19 costs estimated by the HSE, and the level of funding available to DoH in finalising the LoD, albeit an element of same are likely to be offset on a once-off basis by naturally occurring savings related to the necessary phased recruitment of scarce specialist healthcare staff.

Ongoing improvements in efficiency and effectiveness are a normal part of any system and it is assumed that this is the case across the health system, including for 2022. However, it is appropriate to recognise the likely ongoing impact on capacity and capability for same due to the last two years of responding to the ongoing pandemic. It is also assumed that any improvements in efficiency and effectiveness are more likely to be consumed in mitigating the significant and well evidenced unmet need and ongoing requirements to improve the safety and quality of services, rather than yielding significant net cash releasing savings.

It is intended that a small number of properly governed and resourced projects / programmes to support quality and value improvements will be put in place and prioritised, or refreshed[3] and reprioritised where already in place. They will require significant clinical, financial, HR and other inputs but typically will be led by the Chief Operations Officer / relevant National Director with CEO / Executive Management Team (EMT) support and oversight.

The intention is for each project / programme to involve representatives from key internal and external stakeholders to include, where appropriate, DoH and DPER. The summary list of these projects includes:

1. **COVID-19 responses (Acute and Community Services)** – Evaluation and determining if any case for embedding 2022 and beyond and incorporate via the 2023 Estimates process
2. **Public Long-Stay Units (Older Persons)** – Roadmap to address quality, viability and value issues
3. **Sustainability Impact Assessment process (Disability sector voluntaries)** – initially St. John of Gods
4. **Private Maintenance Income (Acute and some voluntary community hospitals)** – Determine potential
5. **Home Support (Older Persons and Disability**) – To progress an integrated foundational plan
6. **High Cost Residential Placements (Disability and Mental Health)** – Re-establish National Placement and Oversight Review Team project

4.1 Areas beyond the normal level of financial risk that is managed in any given year

In terms of the areas of risk set out in the summary section at 1 above i.e. where it has not been possible to provide for in 2022 and which are beyond the normal level of financial risk that is typically managed in any given year:

i. **COVID-19 Overall likely costs and impacts including Long-COVID-19,** particularly given current surge in cases (Issue)

As per the general approach outlined in section 3 above, and separate to ongoing monitoring of the three specific areas of test and trace, vaccination and PPE, the project referenced in this section at 1) above will evaluate the various COVID-19 responses which are in place and determine what aspects of same are likely to be required to continue beyond Q1 / Q2 2022, with some likely to be very valid for consideration to be embedded as ongoing responses, albeit a case will then need to be made to secure recurring funding for same via the 2023 estimates process.

It is noted that these costs can be categorised in a number of ways including:

- **Addressing pre-COVID-19 sub-optimal IPC practice** – include PPE, cleaning, washing, etc.

[3] *3) and 5) below are already underway, 6) is being restarted following a pause due to COVID-19*

- **Addressing pre-COVID-19 infrastructure / space that was not IPC compliant**
- **Staff backfill costs due to COVID-19** – illness, self-isolation, vulnerable 'cocooners', etc.
- **Enhanced IPC measures** – e.g. Separate COVID-19 / Non-COVID-19 pathways – may have general relevance to respiratory illness 'season', virtual provision, deferred / reduced provision etc.
- **Acute flow measures** – prompted by IPC / public health requirements, including enhanced complex case discharge to mental health, older persons and disability, additional home support and transitional care beds, CITs, extended working day for diagnostics and other areas
- **COVID-19 impacts – loss of income**, including acute patient income
- **COVID-19 impacts – loss of section 38 / section 39 fundraising capacity**.

ii. €60m – **1st July 2021 FEMPI unwind provisions re twilight premia and overtime** (Issue)

The HSE is likely to be able to accommodate the impact of this change in the current year; however, in a largely 24x7 / frontline service context, it is not feasible to do so for 2022. €23m of this relates to restoration of twilight premia which is earned by certain grades for hours worked after 6pm with the balance relating to overtime premia, much of it being structural in nature i.e. worked as part of normal / European Working Time Directive (EWTD) compliant hours for certain grades, including nursing and medical staff. When the FEMPI changes were implemented c. 2013, the HSE's budget was reduced accordingly so it is assumed that an increase in budget will be required to fund this change. It is suggested that the issue be revisited in the context of the final DoH and DPER decision on the 2020 end year surplus and any potential 2021 surplus, once known[4]. A permanent solution will be pursued thereafter within the 2023 estimates process. More than 75% of the overall 2022 impact is within the already challenging areas of disability (€10.4m) and acute services (€35.5m).

iii. €25m – (of €37m) **savings target in respect of public community nursing home costs** (Issue)

The goal of sustainably addressing the quality and cost effectiveness of our public community nursing units is one which the HSE remains fully committed to. The specific recommendations of the value for money report on nursing home care costs will be a key guiding factor in determining the steps to be undertaken in 2022 to address the cost effectiveness of our public nursing homes, in line with this overall requirement as set out in the LoD 2022. However, our assessment is that the proposed budget reduction does not assist with this.

It is assumed that €12m of this budget reduction can be offset on a once-off basis via naturally occurring savings within the overall budget for Older Persons. The medium to longer-term issue will be addressed by the project referenced in this section at 2) above. Similar to the FEMPI funding issue, it is suggested that the residual €25m for 2022 be revisited in the context of the final DoH and DPER decision on the 2020 end year surplus and any potential 2021 surplus, once known. A permanent solution, to the full €37m, will be pursued thereafter within the 2023 estimates process.

[4] *HSE 2021 AFS draft for audit will be adopted by end March and audit will be complete by end April / early May.*

iv. **Private Income** – material uncertainty, range of external factors, including COVID-19 impact (Issue)

It is difficult to separate out the COVID-19 from non-COVID-19 causal factors; however, it is worth noting that pre-COVID-19, acute income had reached the stage where the overall target was deliverable after a number of years of difficulty and necessary attention including investment. For 2021, there is a private income shortfall estimated to be in excess of €100m, albeit it is assumed COVID-19 is a substantial driver of this. The project referenced in this section at 4) above will be implemented to determine the realistic potential for this income in 2022 and beyond. Separately, and in advance of this project, the relevant operational national director(s), with finance support, will conduct a structured engagement with senior hospital leaders to ensure that all practical steps that can be taken to appropriately raise and collect private maintenance income, are being taken. Thereafter it is proposed to address matters on the same basis as iii and iv above. This issue includes any related bad debts.

v. **Acute Hospitals – minimum additional forecasting / modelling risk 2%** on c. €7bn gross cost (Risk)

Work will continue, led by our acute finance team, with support from the Healthcare Pricing Office and other colleagues, to understand the complex impacts of the last two years of COVID-19 on cost inputs and the related mix and level of outputs within the hospital system, and to disentangle the various COVID-19 and non-COVID-19 movements in costs and budgets. This will assist with mitigating the forecasting / modelling risk as, presently, our draft assessment of outturn 2021 non-COVID-19 costs indicates a substantial level of potentially recurring costs which are in effect being temporarily funded or offset by once-off naturally occurring time related savings on developments. It remains to be determined what element of this may be valid COVID-19 costs not yet being reported as such by the relevant hospitals.

To the extent that such costs are non-COVID-19 and otherwise unfunded, clear messaging with hospital groups and hospitals around limiting or if necessary reversing unfunded non-COVID-19 cost growth to within funded levels will be continued and enhanced. Staffing levels will need to be limited to the WTE level that can be afforded in 2022 and in some cases this may require reassignment of otherwise unfunded staff into funded development posts, or similar actions, to ensure that funded developments can proceed fully.

To the extent that any of this risk may crystallise, an element of it may be related to the changing mix and level of activity as, hopefully, more normal patterns of acute activity re-emerge in 2022. Consistent with the key objectives of the initiative i.e. targeted evidenced based interventions to address waiting lists / waiting times, it is expected that the public hospital element of the €200m waiting list / waiting time funding may somewhat mitigate this risk, as may elements of the additional €50m assigned to NTPF.

The issues above are being added to by the increased level of services that are being commissioned / funded in acute hospitals outside of the main commissioning line i.e. being commissioned or funded by various national programmes or offices[5] (NCCP, NSS, NWIHP, PCRS, ECC, NTPF etc.) parallel to the main commissioning role of HSE acute operations.

A revised set of overarching principles and a related process to bring greater simplicity and transparency to this commissioning and mitigate the emerging risks will be put in place early in 2022.

[5] NCCP = National Cancer Control Programme, NSS = National Screening Service, NWIHP = National Women and Infants Health Programme, PCRS = Primary Care Reimbursement Service, ECC = Enhanced Community Care Programme

Significant monitoring and engagement through internal governance structures, most notably the ARC and the HSE Board will be undertaken. In addition, engagement with external stakeholders including the DoH via the Health Budget Oversight Group process will be continued and enhanced until this risk has been sufficiently bottomed out and mitigated via any and all available options.

4.2 Areas within the normal level of financial risk for any given year – Operational Service Areas

Outside of the six specific items outlined above, and despite the general levels of complexity and uncertainty, a significant amount of work has been completed to assess the level of residual financial risk to be managed within our core operational service areas. Contingent with the proposed high level allocations and assumptions shared previously with DoH colleagues, particularly in relation to disability services and older persons' services, the overall 2022 normal financial risk in the context of the c. €15.9bn allocation to core operational services i.e. separate to pension and demand led areas, in 2022, is a risk of €75m or 0.4%, which is within normal parameters. This risk is within the following service areas:

i. Acute operations (including NAS) – issue / risk c. €30m *(see also 2% gross cost risk at 4.1 vi above)*
ii. Community operations – issue / risk c. €30m (primarily disability services)
iii. Support services – issue / risk c. €15m.

The €75m risk referenced above does not represent an additional budget, or an allowable overspend i.e. every practical effort consistent with overall delivery on the NSP will be made to manage within the available budget and mitigate this €75m.

On a related note, it is acknowledged that dealing with any in-year or accumulated historic financial overruns within voluntary organisations funded under section 38 and section 39 across the acute hospital, disability and other sectors is primarily a matter for the boards of those organisations.

The HSE will continue and, where necessary, seek to enhance its engagement and relationship with its section 38 and section 39 key partner organisations, in order that we can provide as much guidance and practical support as is feasible.

Within disability services the service and financial risk will primarily relate to residential places and emergency cases. This is the cost of providing residential care to people with an intellectual and physical disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by Health Information Quality Authority (HIQA) or the courts. The HSE recognises the particular challenges faced by our partners in the voluntary disability sector and will put specific additional focus into its engagement with the sector in 2022.

Following a Government decision, and subject to the relevant legislative changes, responsibility for policy, functions and funding relating to specialist community-based disability services is to transfer to the Minister for Children, Equality, Disability, Integration and Youth (MCEDIY) during 2022. The HSE will work with both Government departments in 2022 to ensure that it has the systems and processes in place and be in a position to account to the MCEDIY once the transfer has taken place. This process will involve financial, performance and service delivery accountability.

The disability services element of this plan is based on €54.5m of 2022 new measures funding growing to €110m in 2023 with the uplift referenced within Table 4 in appendix 1 as is the normal practice. This funding includes €4m of recurring Winter Plan funding specifically designated to disabilities measures. In

light of the imminent transfer of the disability vote, it is a core assumption that DoH will have consulted appropriately with DPER and DCEDIY in relation to the projected 2023 funding level in advance of the adoption by the HSE Board of this plan and its approval by the Minister for Health.

This overall plan, including the disability services component, is predicated on the distribution of funding for disability and non-disability services, within total HSE funding, being as set out within this plan which is consistent with the LoD, including Table 4 referenced above. Any material change to this distribution is likely to require a revision to this plan.

Planned multi-annual approach to mitigate service risk and avoid future high cost 'emergency placements': Building on the DoH *Disability Capacity Review to 2023*, there is an immediate need for a specific and targeted multi-annual approach to revenue (staff and operating costs) funding of disability residential services so that certainty can be given now to voluntary providers as to the appropriate level of residential supports they will need to put in place for 2023 and subsequent years. This will in turn allow them to better access the available local authority capital housing funds, for which there is a significant lead time.

This is a key dependency for mitigating the ongoing service and financial risk that otherwise will inevitably continue to arise in the form of crisis driven sourcing of placements which can lead to sub-optimal placement options and excessive unfunded costs.

5. Pensions and Demand-Led areas

Expenditure in these areas is generally not amenable to normal budgetary control measures given the statutory and policy basis for the various schemes.

Primary Care Reimbursement Service (PCRS)

In summary, the various schemes, including the medical card scheme, are operated by the PCRS on the basis of legislation as well as policy and direction provided by the DoH. Eligibility under these schemes is administered by PCRS. Its key task in this regard is to ensure that those who have eligibility can have their eligibility confirmed and access their entitlements under the schemes in as efficient and as responsive a way as practical.

PCRS also has a role in ensuring appropriate application of the various scheme rules, including monitoring probity, and progressing the medicines management programme. Thereafter, demographic, economic and other variable factors, given the demand-led nature of the schemes, will dictate the actual numbers of eligible persons and the cost of their entitlements to be paid by PCRS in 2022 under each scheme. In the event that actual expenditure emerges in 2022 at a level higher than the indicated budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

It is proposed to set the 2022 budget level at €3,427.5m with the bulk of the adjustment compared to the LoD figure benefiting disability services in an effort to manage overall service and financial risk. It is estimated that the likely financial risk within PCRS will be 'up to €22m' which is within normal risk parameters and is at a lower level than in many previous years. It is likely that this risk will be substantially mitigated if current trends in card numbers continue.

Pensions

Pensions provided within the HSE and HSE-funded agencies (section 38) cannot readily be controlled in terms of financial performance and can be difficult to predict across the workforce given the lack of fully integrated systems and the variables involved in individual staff members' decisions as to when to retire. The HSE will continue to comply with the strict public sector wide requirement to ring-fence public pension related funding and costs and keep them separate from mainstream service costs.

The 2022 pension budget has been set at the level indicated by the LoD. Pension costs and income will be monitored carefully and reported on regularly. In the event that actual expenditure emerges in 2022 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

State Claims Agency

This funding relates to the cost of managing and settling claims which arose in previous years, which is a statutory function of the SCA. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE.

It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims.

The 2022 funding level for SCA has been set at the level directed within the LoD and it is noted that this has been agreed as part of the Estimates process.

In the event that actual expenditure emerges in 2022 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Local Demand-Led Schemes

The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures. The 2022 budget level has been set in line with what the LoD provided for.

Overseas Treatment

The Overseas Treatment Schemes include treatment abroad, cross-border healthcare and EU schemes (such as the European Health Insurance Card (EHIC)). These schemes relate to the provision of clinically urgent care and treatment abroad. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

The operation of these schemes was materially impacted by the COVID-19 pandemic with restricted travel arrangements operating for 2020 and 2021. This has resulted in lower service utilisation and expenditure relating to these schemes during this two-year period. In 2022, there is an estimated likely financial risk with the EU Schemes of up to €40m if levels of expenditure return to pre-COVID-19 levels.

The overall allocation to the pensions and demand-led area, which includes overseas treatment, is commensurate with the total 2022 funding uplift.

6. ICT Capital 2022

The public health service is underpinned by a vast technology landscape, which is the largest ICT operating environment in the state. This requires ongoing and significant investment in order to stay current, to ensure security and protection, and to provide an ongoing basis for further development and innovation. Equally, eHealth being a key enabler for health service reform, investment must be prioritised for new initiatives upon which major strategic goals / *Sláintecare* is dependent.

The ICT and eHealth capital funding available in 2022 is €130m with an additional €7m COVID-19 capital contingency held at governmental level which may be required as part of the COVID-19 response (not allocated to the Health Vote). Balancing the investments across the demands of both the foundational and the transformational strategic imperatives simultaneously is the challenge of the 2022 eHealth and ICT Capital plan.

The ICT Capital plan has three categories within which all of the eHealth programmes are aligned. The following table summarises the categories and the amount planned to be allocated:

Capital Category	€'m
Foundational Infrastructure and Cyber Technology	59.8
Existing National Programmes (In-Flight)	60.2
HSE Transformation Priorities	10.0
Sub Total – Vote allocation (Note 1)	***130.0***

Note 1: A further €7m is part of a €100m COVID-19 capital contingency which is held at central government level i.e. not allocated to the Health Vote, as the health specific element of a wider COVID-19 contingency amount which may be required as part of the COVID-19 pandemic response.

The eHealth and ICT Capital plan targets an accelerated Windows 7 remediation programme (€7.7m), alongside a drive to complete the implementation of a secure digital identity for all HSE staff (€5.1m).

Key priorities for transformational eHealth investment include technologies to enable scheduled care targets (€2.1m), in areas such as waiting lists, scheduling of patient appointments and electronic patient referrals and discharge, and healthcare pathways.

Other national programmes in flight or about to start include: Children's Hospital €14m, National Integrated Medical Imaging €13.8m (this also has a critical cyber component), Medical Laboratory Information System (MedLIS) €4.2m, Individual Health Identifier Consumer systems integration €1.1m, Newborn and Maternal €1.8m, Integrated Finance Management €2.8m, and EU Open NCP-SCR €1.9m.

Aligning our plans to address critical and urgent requirements as well as key transformational requirements in 2022 and 2023-2025 will be a significant challenge based on the capital allocation which has been made available.

7. Building, Equipping and Furnishing Capital 2022

The review of *Project Ireland 2040: National Development Plan 2021-2030* is complete. The review provided the opportunity to re-examine the cost estimates of the previous National Development Plan (NDP), many of which were out of date. Capital and Estates worked with the DoH in making a submission to DPER on the review process in mid-2021. The submission for the ten-year period was €19.1bn with the requirement identifying €1.478bn needed in 2022. The outcome of this process published in autumn 2021, is a revised NDP setting five-year capital ceilings out to 2025.

In more recent discussions with DoH colleagues it was indicated that this level of allocation was unlikely to emerge from the NDP review and a very significant review was completed to reduce the 2022 requirement to €1.2bn.

The Capital allocation available for 2022 amounts to €932m, which is set out in the table below. This allocation has resulted in a variance of €175m compared to the funding level required to progress the projects that have come through the HSE's National Capital and Property Steering Group, following the review referred to above. In addition, €93m of a total €100m COVID-19 Capital contingency has been set aside by Government (i.e. not allocated to the Health Vote) which may be accessed to support the capital programme in 2022.

Allocation Details	€'m
2022 Allocation (Vote)	865.0
COVID-19 capital	50.0
Income	17.0
Sub-total – Vote allocation (Note 2)	***932.0***

Note 2: A further €93m is part of a €100m COVID-19 capital contingency which is held at central government level i.e. not allocated to the Health Vote, as the health specific element of a wider COVID-19 contingency amount which may be required as part of the COVID-19 pandemic response.

Contractual commitments entering 2022 amount to €707m leaving a total of €318m for prioritisation. Out of this €318m it is proposed to ring fence €144.77m to deal with strategic risk items as follows:

- Climate action: €10m (€5m in 2021)
- Ambulance replacement: €14.5m (as per 2021)
- Equipment replacement programme: €65m (as per 2021)
- Infrastructural risk: €55.3m (€60m in 2021).

The funding available for 2022 will deliver a range of acute and community projects across the country. This investment will provide increased capacity in the health system and will support the delivery of *Sláintecare*.

8. High Priority 2022 Projects to be led by relevant EMT member / National Director with CEO / EMT support and oversight

8.1 COVID-19 response (Acute and Community Services)

Separate to the three specific areas of test and trace, vaccination and PPE, there is a need to resource a significant rapid evaluation of the various responses which are in place and determine what aspects of same are likely to be required to continue beyond Q1 / Q2 2022, with some likely to be very valid for consideration to be embedded as ongoing responses, albeit a case will then need to be made to secure recurring funding for same.

It is difficult to be certain for how long these COVID-19 costs and impacts will be necessary / unavoidable and in some cases they may be required indefinitely.

8.2 Public Long-Stay Care Units (Older Persons)

To establish a practical medium to long-term roadmap to sustainable provision of high-quality care, with cost of care and occupancy levels that represent strong public value and that can be justified in any properly evidenced comparison with private long-stay care. Pre-COVID-19 cost of care and occupancy issue stable at c. €25m per annum, currently in excess of €100m. This work will need to factor in the outputs from the DoH Value for Money report due to be published imminently and also the safe staffing framework.

8.3 Sustainability Impact Assessment process (Disability Sector Voluntaries)

Project underway, has commenced with St. John of Gods. Need to ensure it has the necessary programme resource and governance. Any financial implications arising from the process will fall to be dealt with in the normal way i.e. via the annual estimates process.

8.4 Private Maintenance Income (Acute Hospitals and some voluntary community hospitals)

To determine what is the realistic income potential for 2022 and subsequent years given the various complexities at play (insurers campaign, insurers actions around paying only from date of Private Insurance Patient form signing rather than admission (Commercial Court ruling imminent), COVID-19 impact, policy direction i.e. shift to public only consultants. Pre-COVID-19 private income targets overall largely deliverable, currently c. €120m likely issue.

8.5 Home Support (Older Persons and Disabilities)

To set out and advance the integrated plan for foundational work around home support including IT system, national home support office, home support worker recruitment and retention, market engagement and messaging, standardised costing and reporting of actual hours of care delivered versus travel and other time, roll out of interRAI assessment tool etc. This is a c. €600m service and needs to expand significantly and so needs the necessary foundational supports put in place.

8.6 National Placement and Oversight Review Team project – Review of High Cost Residential Placements ('Emergency' Placements – Disability and Mental Health Services)

Was in place and making reasonable progress pre-COVID-19. Re-establishment needs to be prioritised and fully resourced. Seeking to review and address existing high cost and other placements to ensure appropriate for needs of clients and represents reasonable value for tax payers.

9. National Finance and Procurement – Priorities and Actions

Corporate Finance and Procurement provide strategic and operational support, advice and, where appropriate, direction to services in relation to financial and procurement matters. Our overall aim is to collaborate with relevant colleagues to advance efforts to drive and demonstrate value in terms of economy, efficiency and effectiveness of services in order to maintain and enhance appropriate investment in our health service.

For 2022, in addition to a substantial level of complex business as usual activities, Corporate Finance and Procurement will:

- Continue weekly COVID-19 flash reporting in line with the agreed protocol for COVID-19 expenditure. Where practical, this reporting will be refined and expanded and aligned insofar as practical to monthly reporting
- Continue to work with DCEDIY and DoH to reach a shared understanding and agreed work plan around the reporting obligations associated with the transfer of functions and how best same can be practically met, and the agreed timescale for same. This will include any interim and medium term solutions that may be required around the reporting necessary to make the requisite information available (including the identification of income, expenditure, assets and liabilities separately between DoH and DCEDIY areas of funding)
- Further build on the development in 2021 of monthly working capital reporting and information in relation to month end cash balances including ageing of balances, whilst also continuing to develop mechanisms to link the cash / vote position with the accrual-based expenditure
- Continue to provide detailed forecasts of expenditure on an accruals basis for each service area linked to forecasts of cash requirements to year-end. These accrual and cash forecasts will endeavour to be provided on a quarterly basis and will highlight material risks for the financial year
- Develop proposals to have improved visibility of expenditure being incurred in relation to the investments in new measures over 2020-2021 focused on the larger reform, strategies and capacity measures
- A strategy paper will be developed in relation to reporting requirements around climate action (carbon budgets etc.) and proposed National Finance Division role regarding same
- Jointly establish a tripartite working group (together with officials from the DoH and DPER) to scope, agree and manage the delivery of further additional financial reporting requirements
- Complete development and adoption of the HSE three-year Corporate Procurement Plan in Q1 2022
- Implementation of recommendations from KPMG PPE Audit
- Continue the roll-out of National Distribution Centre (NDC) to statutory hospitals within the HSE network currently not part of the NDC network including further roll-out of Point of Use
- Finalisation and approval of new Payroll Strategy in Q1 2022
- Supporting the implementation of National Integrated Staff Records and Pay (NiSRP) in HSE South for go live Q1 2023
- Continue the roll out of mandatory online payslips, electronic invoicing in HSE Mid-West, progress CRM[6] and RPA projects across Finance Shared Services and implementing Electronic Data Interchange for private health insurance remittance across our hospitals.

IFMS and the wider Finance Reform Programme

Established to deliver the phased implementation of a new finance operating model for the Irish health service, the Finance Reform Programme is one of the HSE's key non-clinical priorities designed to ensure

[6] CRM = Customer Relationship Management, RPA = Robotic Process Automation

that the financial and procurement people, processes and technology, necessary to support our services in their efforts, are in place. A core element of the programme is the design and implementation of a single integrated financial and procurement system for the Irish health service. This system is based on the modern SAP S/4HANA platform and will support our services to deliver and demonstrate further value and probity around the use of our existing resources, allowing us to secure the maximum appropriate investment in health and social care for patients and their families.

Progress expected in 2022

The detailed system design was completed in 2021 and the process to procure a Systems Integrator to build, test and deploy the solution across the health service will be completed in Q2 2022. Build and test will commence in Q3 2022.

A new lead for reporting will be appointed and preparatory work, in line with the Centre Review, will be progressed, including a significant consultation exercise with relevant National Finance Division staff around the move to best practice separation of the production or reports from their use, which is expected to take place as we move towards the implementation of IFMS.

Activity Based Funding

Work to progress the existing ABF Programme will continue, to ensure that it is fully integrated and understood across the healthcare system. The ABF Implementation Plan 2021 to 2023 comprises 35 actions under four objectives, two of which are designed to support and progress the existing programme base, and two of which expand it to new areas of focus:

1. Further enhance hospital costing and pricing
2. Support and enable the existing ABF programme
3. Develop a roadmap for structured purchasing
4. Scope and implement foundational costing and activity measures for a community costing programme.

Work has commenced on a number of actions in 2021 and will continue in 2022, notwithstanding some actions may be impacted by COVID-19.

System of Internal Controls

A three-year internal financial controls improvement programme commenced in Q2 2021. The primary goal of this programme is to drive ongoing improvements in compliance and to provide a high level of assurance to the Board in respect of the effectiveness of the system of internal control. The workstreams of this programme are built around key control areas. Areas of focus for 2022 include the revision of HSE National Financial Regulations, enhanced communications and awareness campaign, ongoing development of compliance reporting tools as well as appropriate resourcing of an enhanced second line of defence model.

Section 7
Workforce and Corporate Human Resources

Workforce and Corporate Human Resources

National Human Resources (HR) is committed to developing, supporting, retaining and expanding our workforce to ensure the continued provision of quality healthcare to the public, in line with the *Sláintecare* reform programme and the *HSE Corporate Plan 2021-2024*.

Through the NSP 2022, the HSE is increasing our commitment to supporting services through a number of streams, including:

- Expansion of recruitment capacity and recruitment planning
- Continued development and provision of employee support services
- Continued strategic development of workforce planning
- Training and development of staff through provision of internal and external educational supports
- Supporting staff through the provision and signposting of professional advisory services
- Supporting managers through the provision of compliance and reporting frameworks to support them in meeting the requirements of their roles
- Digitisation of HR through the development of digital recruitment, payroll, personnel management and document management solutions and training to support staff in expanding their digital skills
- Agreement and roll-out of industrial relations frameworks within which sectoral bargaining options can be debated and agreed, including the public consultant contract.

National HR is focused on contributing to a culture of increased organisational effectiveness, which continues to support the vision of the *Corporate Plan 2021-2024*, the *Health Services People Strategy 2019-2024*, and the objectives of the NSP 2022.

The Staff Survey 2021 has identified a number of areas for improvement which will be prioritised through the delivery of the NSP 2022 including:

- Increasing the size of the workforce to enable all existing roles to be supported and fulfilled
- Enhancing the level of career development and training to increase retention of staff
- Addressing the issues of culture identified in the staff survey through engagement with staff, improved communications, and awareness of the policies and supports available to staff when needed.

Valuing Staff and Teams

Our staff are our most valuable resource; each health service employee plays a valuable role in providing health services to the public. National HR recognises and values the immense contribution and dedication of our staff, particularly demonstrated throughout the COVID-19 pandemic, subsequent cyberattack, and the on-going response and recovery period.

National HR is committed to demonstrating how the organisation values and supports our staff, through:

- Providing for staff who are in need of occupational health support services to promote health, safety and wellbeing and assist in preventing staff becoming ill or injured as a result of hazards (including COVID-19)

- Physical, psychological and personal supports for employees through implementation and integration of the Healthy Workplace Framework nationally and engagement with the World Health Organisation
- Educational and guidance supports through facilitating and guiding service managers in managing their service recovery activities
- Workforce planning and employee relations matters and managing and supporting staff through personal and professional difficulties, goals and achievements
- Development of a new model for Diversity, Equality and Inclusion which will support the organisation
- Expansion of our staffing resources, building stronger teams to support the increasing demands on services and staff
- Progression and implementation of industrial relations agreements and the appropriate recommendations arising from reviews of roles and functions of staff, in order to ensure the development, standardisation and efficacy of staff skills, roles and goals.

Delivery of Change

On foot of the planned Corporate Centre Review, HR Shared Services and the National Integrated Staff Records and Pay (NiSRP) Programme have been integrated into the National HR function, as part of a re-alignment of the corporate structures. This transition was undertaken in 2021, and notwithstanding that integration is at an early stage, there are already clearly defined benefits to the integration of these functions with our HR Strategic Workforce Planning and Intelligence and HR Compliance and Optimisation functions, including benefits realised in the specific area of resource planning and governance, and the strengthening of compliance levels and linkages across the HR directorate.

The integration of HR Shared Services into National HR has enabled clearer lines of sight across a range of inter related data and information. This enhanced relationship has strengthened service delivery across HR shared Service functions, delivering efficiencies in processes and improved workflows.

The migration of the NiSRP programme under the governance of the HR directorate enables the synergies of aligning programme sponsorship with management structure, and aligning programme deliverables with corporate strategy. The roll-out of the NiSRP programme in the South is a priority in 2022 and will yield similar benefits as have been realised in the previous areas where the system has been deployed.

National HR will work with corporate and operational services to support and facilitate change for the betterment of health service provision, and will:

- Champion the work of our colleagues in the HSE Change and Innovation unit, and our colleagues delivering training in quality improvement, highlighting the various supports that are available to assist services to create change in keeping with national and divisional strategies and plans for 2022 and beyond
- Update, agree and implement our policies, procedures, guidance documents and frameworks, where relevant. This will enable our managers and staff to operate in and through the changing governance structures and evolving regulatory and legal requirements within which the health services operate
- Support staff to be resilient and adaptable, through the provision of expanded Employee Assistance Programme services and the implementation of a supportive performance achievement system

- Develop, update and disseminate HR Circulars while effectively using communication media to ensure managers and staff are aware of developments and changes as they arise and are embedded.

Strategic Workforce

As the needs of the public grow and change in response to the changing demographic of our country, health services must also grow and change to meet these needs. The HSE is committed to expanding our workforce both in number and in skill, through actively modernising our approach to workforce planning, recruitment, upskilling and professional service provision. National HR will:

- Support services in developing and expanding the workforce through development of a workforce projection model, national datasets and support tools to enable an analytical and proactive approach to the staffing needs of services
- Implement HR metrics and KPIs by collaborating to develop and implement a fit for purpose ICT reporting system for employee reporting and people analysis
- Develop our capacity and capability to deliver HR integration with key programmes including the integrated financial management system (IFMS), Pay Foundation and NiSRP.

The size and scale of the continuing resourcing requirements under NSP 2022 demands a continued expansion in the overall recruitment capacity and capability coupled with efforts to enhance workforce retention by the largest employer in the state.

To deliver resourcing requirements we are continuing to employ a number of approaches including:

- Expanding HR Shared Services recruitment capacity and local CHO and Hospital Group recruitment capacity in addition to capacity within some of the national services in line with the work of the recruitment operating model for the HSE
- Engaging with third party agencies including a managed service provider and the Public Appointments Service
- Expanding existing and new international recruitment frameworks
- Exploring and developing appropriate labour market supply chains through cross-government collaboration.

The HSE is making significant progress in building its capacity both internally and externally to meet the recruitment needs of NSP 2021 and 2022.

A new recruitment operating model has been agreed and work is actively underway to develop the implementation plan, inclusive of resourcing requirements and other key dependencies. The new model will rely on accurately forecasting the scale of what is to be recruited and how, agreeing the parameters, enabling and supporting consistency with clear lines of responsibility and underpinning the model with a single digital platform to enable full oversight and reporting on activity and recruitment performance levels.

Professional HR Services

The provision of professional HR services to the wider health service is a key delivery objective for National HR in 2022. National HR is focused on the continued development of cross-community and cross-service collaboration, cultivating our networks and partnerships to secure strong relationships across the wider health system.

Through these strengthened connections, National HR will position itself as a highly engaged, agile and responsive corporate division. We will proactively work on all fronts with the services and at a cross-sectoral level and will:

- Maximise the flexibilities contained within the Building Momentum Agreement to assist in moving towards the delivery of a workforce that is capable of meeting the needs of service users
- Progress the *Review of Role and Function of Health Care Assistants*
- Maintain and expand our communications pathways and approaches
- Listen to our services and staff through consultation and engagement within staff and management forums, union engagement and direct feedback
- Provide an agile response to external and internal developments that impact our services and staff.

Standards of Excellence

National HR will support the staff of the wider health service to achieve excellence, through the provision of a supportive, educational and caring environment. We will:

- Promote and demonstrate good leadership through the reformation of corporate governance structures, the provision of leadership education and training opportunities, and the clear communication of the expectations placed on managers and staff
- Support services through setting out clear expectations for how our services will manage HR matters This will be achieved through service planning support, performance achievement systems, industrial relations agreements, policy and procedural guidance, and signposting to all HR supports
- Continue the implementation of the performance achievement framework
- Further our goals for standardisation of HR and industrial relations practices across the health services, through the provision of education and streamlining of professional services
- Continue to showcase our staff and team achievements through the HSE Excellence Awards, recognising staff that go 'above and beyond' as well as providing positive examples for other services seeking innovative service improvement ideas for implementation in their areas.

Enabling our Employees

National HR is committed to supporting our staff to develop their potential. We will continue to engage with our staff and hear their voices through our Staff Engagement unit, through the staff engagement forum and the anonymised Staff Survey, listening to and implementing staff feedback to ensure the continued improvement of our service provision. Our staff will be encouraged to continue to positively engage with educational supports and opportunities (through HSELanD, HSE-provided courses, and training from external providers) to support staff to carry out their current roles and develop their career pathways.

National HR will also support our managers to enable staff in accessing these supports, through clear guidance to all managers and staff in the form of policies, procedures, circulars and memos, and through direct engagement between National HR divisions and the HR professionals in the wider health service to highlight the opportunities and provisions arising.

HR Shared Services

We will continue to support the future staff we seek to recruit, in addition to our existing staff and those who have retired from our services through:

- Working collaboratively with services to shape and develop the implementation plan for the new recruitment operating model for the HSE
- Establishing a Single Public Service Pension Scheme Administration (SPSPS) unit to operationalise the SPSPS and obtain full compliance with same in line with both our legislative requirements and commitments to government
- Developing and integrating further digital solutions including robotics, across all transactional HR areas to build capacity and improve turnaround times and agile management across recruitment, Agency Framework Locum Staffing Booking Portal, digitisation of HR forms and automation of manual processes in national personnel administration, Garda vetting and pensions, establishment of customer relationship management helpdesk solutions across key functions, and further roll-out of e-signatures across HR Shared Services functions
- Developing and implementing a pilot project to allow for staff mobility across the services.

National Integrated Staff Records and Pay (NiSRP) Programme

We will develop our capacity and capability to deliver HR integration with key programmes including IFMS, Pay Foundation and NiSRP through:

- Continuing the planned implementation of NiSRP across HSE sites, delivering My HSE Self Service (employee and manager self-service for staff records, pay and re-imbursement of expenses) in the Midlands, Mid-West and North West in early 2022 and delivery of the full NiSRP solution (SAP HR staff records), payroll, time managers workplace and My HSE Self Service in HSE South for a go-live in Q1 2023
- Developing an options appraisal for the transition of the NiSRP Self Service Helpdesk from NiSRP programme management to business as usual operations
- Designing and implementing standard national business processes across all employee related HR processes linked to the NiSRP Programme.

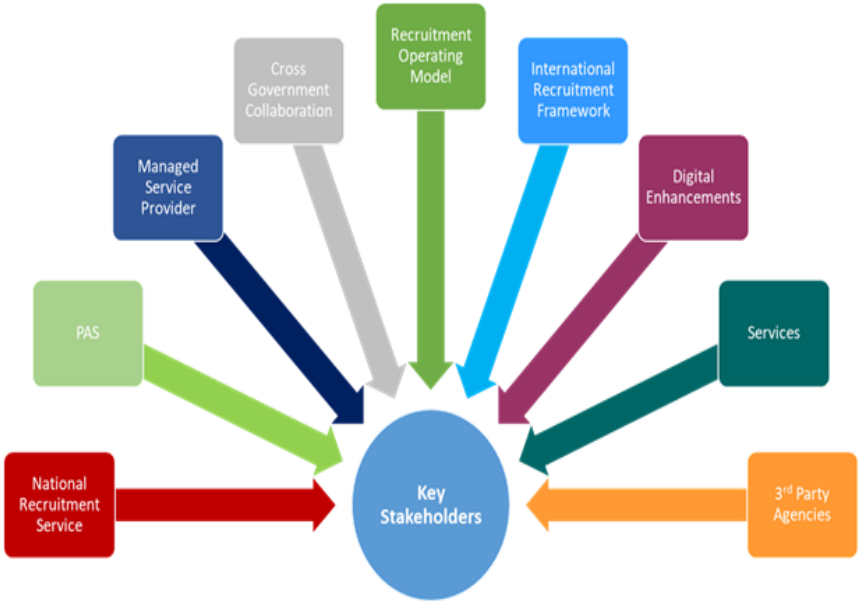
Resourcing Strategy

This year's Resourcing Strategy accompanies the NSP and is provided under separate cover. The strategy sets out the resourcing profile as required for the delivery of NSP 2022, and sets out the key approaches to the delivery of same.

The resourcing strategy is underpinned by a set of principles as follows, each of which is set out in greater detail in the accompanying strategy:

- A whole of health service approach to planning and delivery
- Robust governance and oversight
- Building and delivering recruitment capacity
- Overarching communication, change and engagement

- Reporting and monitoring.



This year's strategy builds on the 2021 strategy and the key learning from the implementation of same, alongside the inclusion of additions to the suite of approaches, designed to meet the overarching resourcing requirements. There are nine separate approaches set out in the strategy that collectively aim to support delivery of the resourcing requirements. A critical and central approach to this year's strategy is the requirement to implement the national recruitment operating model. This revised model is aimed at ensuring the joint efforts, at both local and national level, collectively deliver the most effective and efficient, appropriately resourced model in an evolving healthcare and health workforce demand landscape.

The new recruitment operating model will formalise a naturally evolving model, bringing greater transparency, evidence, intelligence and co-ordination of effort and delivery in both a centralised and local recruitment model. It will be underpinned by the optimum approach for the recruitment output, and will rely on accurately forecasting the scale of the required recruitment, and the optimum recruitment solution from a suite of options, underpinned by clarity of roles / responsibilities and deliverables within a single digital platform. The digital platform will enable complete oversight and reporting on activity and performance at all levels throughout the system. It will, for the first time, provide an end-to-end view of recruitment inputs, outputs and outcomes that will drive greater effectiveness, efficiency and delivery, dependent upon workforce supply chains. Some key foundational work has already begun in 2021, with the development of core guidance documents, recruitment tools and resources developed in conjunction and shared with services to support recruitment activity and processes both locally and nationally.

This year's strategy comes with continued issues and risks to delivery. These are signalled clearly in the strategy alongside the associated mitigating actions. Notably the unpredictable nature of the pandemic environment and its continued impact on the labour market are key features in this section and the associated estimation of the recruitment delivery for 2022 for which the degree of certainty is less so the case in 2022. For these reasons, the strategy sets out a resourcing delivery range. We have identified a lower resourcing target, in addition to a higher stretch target.

This is to acknowledge the unpredictable environment, notwithstanding our commitment to ensure that recruitment pipelines and actions for all posts are fully activated and progressing in 2022. This upper range is informed by the up to affordable WTE as set out in the LoD.

Notwithstanding the prevailing global shortages of the health workforce that continue to be a challenge, it is expected that these will be intensified due to the impact of the global pandemic. In addition, there is a risk of increased turnover within our existing workforce, beyond the current 6.1%. If this risk materialises the impact could be substantial, with a significant increase in the dual requirement already in place to recruit replacement in addition to new development posts. The strategy sets out the specific and targeted

approaches across our services for 2022 in an effort to address and meet these challenges. For example, to address attrition the range of approaches include:

- Attractive promotional posts along with specialist and advanced practice roles, offering the opportunity for practitioners to practice at the top of their licence
- Significant number of posts across a range of services / locations / specialties which are predominantly permanent, offering job security in a time of uncertainty
- Substantial offering of educational and development support, both for clinical and leadership programmes, alongside a suite of other Continuous Professional Development opportunities
- Specific staff health and wellbeing supports, particularly necessary in this unprecedented period of global pandemic.

While these are but a few to mention herein, they, coupled with the other key issues and risks, illustrate the relative scale and complexity of the challenges. The resourcing strategy sets out a lower target of 5,500 WTE and a maximum target of at least +10,000 WTE. The NSP works to the maximum target as the HSE is fully committed to deliver to the greatest extent the maximum of the range, acknowledging the significant and unpredictable challenges to workforce supply in 2022. Further details on the approach to prioritisation, in the context of known challenges are outlined below.

Resourcing Prioritisation

The previous section details the significant recruitment requirement for 2022. Outstanding 2021 NSP new service development posts, delayed as a result of the pandemic and the cyberattack, are already actively being processed with intense focus on high-risk and high impact service areas, e.g. recruitment of home support posts and posts to deliver enhanced community services. In some areas of service, staffing requirements are very specialist and are not in competition with the generality of recruitment. There is also active work prioritising the recruitment of additional Winter 2021 / 2022 posts to address seasonal pressures and improve patient experience.

However, it is acknowledged that there is a limit to the level of new staff that can be successfully recruited in 2022. For example, it will remain a challenge to fully recruit all new service development funded posts in 2022. There will remain a challenge to recruit certain categories of staff e.g. consultant posts, health and social care professionals, health / homecare assistants etc. due to labour market shortages. Recruitment of consultants for hospital and mental health services is at least a 12 month process and will be pursued on an ongoing basis. Recruitment challenges will impact on 2022 strategic developments in areas such as mental health services, some acute specialist services and disability services. It is critical however, in committing to *Sláintecare* reform objectives and Ministerial priorities to move toward Universal Healthcare by addressing waiting lists in particular, that recruitment pipelines and actions for all posts are fully activated and progressing in 2022 to realise Ministerial and reform service objectives for safer, better patient care.

Our objective, therefore, is to complete the recruitment for those initiatives set out in 2021 that are already actively being processed. This coupled with our prioritisation of key strategic areas within our 2022 service developments, will enable us to maximise recruitment efforts and optimise the delivery of the suite of strategic developments spanning 2021 and 2022.

With regard to 2022 new service development posts, we will prioritise recruitment for the following areas:

- ICU and general bed capacity, cancer care, maternity services and the development of trauma services as well as access to care
- Staff to support home support services
- Disability staffing
- Mental health staffing.

In 2022, the HSE will work closely with the DoH to make significant progress on our resourcing strategy which requires continued cross-government collaboration and planning and is critical to our success in transforming and expanding services. There are enhanced monitoring and robust operational reporting arrangements in place with the DoH detailing how each new service development is progressing in 2022. In addition, enhanced reports are also in place relating to overall HSE progress on recruitment. These arrangements in 2022 will provide robust monitoring for each service area in addition to providing important insights for 2023 planning and prioritisation.

Section 8
National and Support Services

National and Support Services

Delivery of NSP 2022 is dependent on a number of key enablers that underpin service delivery. In conjunction with frontline services, the provision of a modern and efficient healthcare system is enabled by these essential support services. This section sets out the key priorities in 2022 for the following national and support services:

National Services:

- Primary Care Reimbursement Service, Emergency Management, the EU and North South Unit and the Compliance Unit

Support Services:

- eHealth and Disruptive Technology, Strategy and Research, Capital Investment in Healthcare, National Communications and Internal Audit.

National Services

Primary Care Reimbursement Service

The Primary Care Reimbursement Service (PCRS) is responsible for making payments to healthcare professionals – doctors, dentists, pharmacists and optometrists / ophthalmologists – for the free services or reduced cost services they provide to the public across a range of community health schemes. The schemes form the infrastructure through which the HSE delivers a significant proportion of primary care to the public.

PCRS also makes payments to suppliers and manufacturers of high tech drugs and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the National Cancer Control Programme and the National Hepatitis C Treatment Programme.

PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes Drugs Payment Scheme (DPS) and Long-Term Illness (LTI) applications. The scale of resources required by PCRS to meet the needs of its customers including the demand for new drug therapies is a challenge due to the demand-led nature of eligibility. PCRS also compiles statistics and trend analyses which are provided to the HSE, the government, customers, stakeholders and members of the public.

Priority Areas for Action 2022

- Roll out a fully integrated on-line application process for those wishing to apply or renew their eligibility under the General Medical Service, LTI or DPS schemes
- Reimburse contractors in line with service level agreements and health policy regulations
- Strengthen quality, accountability and value for money across the service
- Continue to increase resilience of PCRS services to any pandemic risks
- Implement any learnings from the national review of the 2021 cyberattack on the HSE and continue to enhance security of PCRS ICT systems

- Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2022 in accordance with agreed procedures
- Implement Programme for Government priorities announced in Budget 2022, to extend access to Free GP care for children aged 6 and 7, to reduce the monthly DPS threshold from €114 to €100 and to implement new dental and women's health initiatives (including free contraception for women aged 17-25) reimbursable through PCRS
- Scale up resources required by PCRS to meet the needs of its customers and work to meet the challenges resulting from a demand led environment.

Emergency Management

The Emergency Management function assists leadership and management across the HSE in the preparation of major emergency plans including the identification and mitigation of strategic and operational risk to the organisation. It engages with other agencies, government departments and external bodies to ensure a health input into a co-ordinated national resilience plan.

Priority Areas for Action 2022

- Assist and support HSE leadership and management in its continued co-ordination and response to emergencies including COVID-19
- Promote severe weather preparedness across the organisation to improve planning and response capacity
- Assist in the implementation and exercise of hospital major emergency plans
- Engage with principal response agencies and government departments to meet HSE obligations as established under *A Framework for Major Emergency Management, 2006* and *Strategic Emergency Management, National Structures and Framework, 2017*, as well as statutory obligations in regard to upper tier Seveso sites, licensing of outdoor events, airports, road tunnels and rail tunnels.

EU and North South Unit

The HSE EU and North South Unit works on behalf of the HSE to promote health co-operation with providers on a north-south, east-west and all-island basis to ensure better outcomes for people, especially those living in border and remote areas. The EU and North South Unit support services to identify and fund appropriate healthcare development. Co-operation in healthcare covers a wide range of areas including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services and co-operation on new initiatives. This can be in conjunction with the cross-border health and social care partnership, Co-operation and Working Together.

While Brexit, COVID-19 and additional cyber security measures pose new challenges in relation to cross jurisdictional healthcare delivery and co-operation, it is notable that all services have been maintained throughout 2020 / 2021 with little or no change. In this context, all efforts have been made to ensure the continuation and growth of cross-border co-operation. Responding to the challenges posed by Brexit and COVID-19 will continue to be a key priority for 2022 along with positive engagement on the three main external funding programmes: Peace Plus, Shared Island and EU4Health.

Priority Areas for Action 2022

- Act as project partner on five existing EU Interreg projects in the areas of acute services, mental health services, population health, children's services and medication optimisation
- Act as lead partner on four EU Interreg projects to the value of approximately €30m in the areas of acute services, mental health services, population health and children's services
- Improve medication optimisation through the iSimpathy project, in partnership with Scotland and Northern Ireland
- Develop and maintain partnerships between health and related services, north and south to develop new ways to improve health and social services for people of the border corridor of Ireland and beyond, such as potential engagement with the Shared Island Fund
- Continue to work with relevant stakeholders to contribute, through consultations, on the development of the Peace Plus Programme and respond to requests for funding from the Special EU Programmes Body for the Peace Plus Programme. Ensure that funding proposals align with local and national policy such as *Sláintecare* and the need to ensure a person-centred integrated care environment
- Engage with DoH and the Health Research Board to gain full potential of opportunities available under the EU4Health Programme and other EU multi-annual financial framework programmes
- Ensure service continuity for service users across the health system post-Brexit
- Ensure service continuity for cross-border services following COVID-19 and the increased cyber security measures
- Develop and support cross-border and all-island service level agreements and memorandums of understanding and collectively report on same to DoH
- On all funding programmes and co-operation initiatives ensure integration of health and social care services putting the patient at the centre of everything that we do.

Compliance Unit

The HSE is mandated to manage and deliver, or arrange to be delivered on its behalf, health and personal social services and these services are, by their nature, varied and complex. In some instances the HSE itself delivers these services directly but, in other circumstances, the HSE relies upon non-statutory service providers to deliver services on its behalf.

In this context, the HSE has a formal Governance Framework in place, which incorporates national standardised documentation and guidance documents that enable the HSE to contractually underpin the grant funding provided to all service providers. This Framework seeks to ensure the standard and consistent application of good governance principles thereby ensuring that both the HSE and service providers meet their respective obligations.

The Compliance Unit supports the implementation of the HSE Governance Framework as it applies to section 38 and section 39 service providers who deliver services on behalf of the HSE.

Priority Areas for Action 2022

- Continue to support the implementation of the Governance Framework:
  - Monitor the completion levels of service arrangements and grant aid agreements with all section 38 and section 39 service providers
  - Monitor the receipt and review of Annual Financial Statements in respect of section 38 and section 39 service providers
  - Complete the 2021 Annual Compliance Statement process for all section 38 and section 39 service providers that receive annual funding over €3m
- Manage the second phase of the external reviews of governance in the relevant section 38 and section 39 service providers which was commenced in 2021
- Support the Contract Management Support Unit Managers in the newly established Contract Management Support Units in each CHO
- Continue the review of Part 1 and Part 2 of the service arrangement documentation for section 38 and section 39 service providers.

Support Services

eHealth and Disruptive Technology

The Office of the Chief Information Officer (OoCIO) delivers ICT services and support throughout the HSE, facilitating integration within and across community services, hospitals, and other specialised care providers. The ICT environment supporting health services in Ireland is the largest of its kind in the state, providing 24/7 services to over 70,000 end users across 2,000 interwoven systems and applications. In addition, the National Service Desk resolves approximately 500,000 support calls per annum.

In 2022, the eHealth capital allocation is €130m. The full detailed list of projects which make up the €130m is outlined in Appendix 4(a) and the eHealth and ICT Capital Plan. The priority for eHealth investment in 2022 will be the delivery of foundational infrastructure and cyber technology, national and HSE transformational programmes, COVID-19 and public health vaccination support, and to further develop Systems Applications and Products (SAP) centre of excellence and Robotic Process Automation shared services operating models.

Following the 2021 cyberattack, the OoCIO's main focus is to compel improvements in the security and resilience of critical national infrastructure, and to improve awareness of cyber security threats across the organisation, while allowing for greater consistency and co-ordination of response to these threats when they occur.

In 2022, the increased revenue funding will enable:

- Increased cyber security resilience
- Improved life cycle management of existing application to enable faster recovery from cyberattacks
- Establishment of a funding base for a full move to Office 365 for users
- Funding of existing Cloud workloads on a permanent basis.

As a key strategic tool of healthcare generally, the eHealth and ICT Capital Plan aligns with the *HSE Corporate Plan 2021-2024*, the *Winter Preparedness Plan October 2021 – March 2022* and *Sláintecare*. The plan prioritises the delivery of technology platforms, which enable the healthcare system to keep people well at home, in so far as possible, while also providing pathways to access care when needed.

Priority Areas for Action 2022

In compiling the eHealth and ICT Capital Plan 2022, priority has been given to the following:

- Stabilise the operational environment and deliver foundational infrastructure and cyber technology resilience, while continuing to build and enhance the Security Operations Centre which will protect the organisation from the threat of future cyberattacks
- Further deploy a corporate-led cyber security education and communication programme to raise awareness of cyber security threats, reduce the risks associated with cyberattacks and embed a culture of security compliance within the HSE
- Advance the secure integration of COVID-19 applications and information environments, enabling the exchange of vaccination data across the healthcare system
- Advance the secure integration of application and information environments, enabling transformational programmes across the healthcare system
- Deliver the core national programmes to advance the *Sláintecare* Implementation Strategy:
    - Waiting Lists – Systems: Health Performance Visualisation Platform (HPVP) / Centralised Bookings / eReferrals, eDischarge, ePrescribing etc.)
    - Cyber resilience
    - Pandemic response (CoVax, Computed Tomography (CT))
    - Electronic healthcare records (CHI)
    - Community Electronic Health Record System
    - Integrated Financial Management System (IFMS)
    - National Estates Information System (NEIS)
    - Health Performance Visualisation Platform (HPVP)
    - ePharmacy and ePrescribing
    - GP Contract – eHealth components and Healthcare Pathways
    - Summary Care Record / Patient Portal / App, Shared Care Record and Individual Health Identifiers (IHI)
    - EU Commitments and NRRP (ePharmacy, ePrescribing, Community eHealth solutions via ICT communications and technical infra, IFMS)
    - Investment in clinical and digital workforce (nurse casemix, nursing homes, AFIS).

Strategy and Research

The Strategy and Research function encompasses a number of areas including Research and Evidence, Human Rights and Equality and the Global Health Programme.

Priority Areas for Action 2022

Commence the implementation of the HSE Framework for the Governance, Management, and Support of Research, and develop associated research support structures

- Publish the HSE National Consent for Research Policy
- Establish the HSE National Research Governance and Oversight Board; publish the roadmap for the reform of the research governance, management and support functions and the Code of Practice; and commence the establishment of Hospital Group Research Offices
- Complete the procurement and commence the roll-out of an electronic research management system for research registration and approval
- Publish the roadmap for the reform of the HSE research committee system and the Code of Practice for the new HSE Reference Research Ethics Committees and commence the implementation of the HSE Research Ethics Committee reform.

Continue to develop essential data-informed health intelligence through the National Health Intelligence Unit to directly support planning at all levels of the service

- Scope a Health Support System which enables the linking of data from existing datasets to describe complete service user interactions
- Enhance the Integrated Service Model to provide early identification of potential areas of stress within the service for given scenarios and aid service planning
- Augment the capability of our health informatics tools to enable further population profiling, geographic analysis and service information to further inform service planning, needs assessment, evaluation and resource balancing decisions across services.

Build on the National Health Library and Knowledge Service achievements of 2021 in a structured approach, given the greater need for online resources, technology and new business operation models resulting from COVID-19

- Expand and promote the National eHealth Library enabling access to acute and community settings
- Finalise the re-structure of the library service to enable continued implementation of the National Health Library and Knowledge Service Strategy
- Strengthen the National Office for Policies, Procedures, Protocols and Guidelines.

Human Rights and Equality

- Develop education and training programmes to support staff to comply with the *Assisted Decision-Making (Capacity) Act 2015*, the *HSE National Consent Policy*, Part 3 of the *Disability Act 2005*, the *Irish Human Rights and Equality Act 2014 (Public Sector Duty)* and other human rights and equality policy and legislation
- Provide guidance and support to staff and services on universal access for people with disabilities, supported decision making, advance care planning, the functional approach to capacity and other human rights and equality issues including the *Human Rights and Equality Act 2014 (Public Sector Duty)*, transgender and intersex policy issues and the *Irish Sign Language Act 2017*

- Develop and implement a plan on Advance Healthcare Directives, including education and training programmes for staff and services, practice guidelines and research in the area
- Develop a revised Do Not Attempt Cardiopulmonary Resuscitation policy with related training and education programmes for staff.

Global Health

- Strengthen the HSE's global approach to improving health and the quality of healthcare in Ireland and in less developed countries
- Implement partnerships with less developed countries to tackle COVID-19, build resilient health systems and reduce the risk of future global health threats
- Donate medical equipment and PPE to less developed countries in response to COVID-19.

Capital Investment in Healthcare

Services Provided

Each year, the HSE submits an annual capital plan to the DoH having regard to contractual commitments, investment priorities and funding available. In 2022, the capital funding available for construction, refurbishment, building fit-out and equipment is €932m, plus a further €93m, retained centrally, which may be required in the response to the COVID-19 pandemic. This funding will be managed to achieve value for money in accordance with the Public Spending Code and the Capital Projects Manual and Approvals Protocol of the HSE.

Priority Areas for Action 2022

- Complete the development of a comprehensive Property and Equipment Strategy
- Continue capital developments in the acute sector encompassing: contractually committed projects in construction (including the National Children's Hospital), contractually committed projects in design such as ED projects, and deficits identified during the COVID-19 pandemic emergency response, including increased intensive and critical care capacity. Also included are enhanced infection control developments and additional bed capacity, for example at Mallow General Hospital, Cork and the Mater Misericordiae University Hospital, Dublin
- Continue the programme of delivering primary care accommodation to meet the commitment to provide care closer to home, incorporating developments associated with the roll-out of the ECC programme in line with *Sláintecare*
- Maintain progress on social care initiatives, including improving older persons' residential facilities to meet HIQA compliance standards, and progressing the person-centred model of housing for intellectual disability by continuing with de-congregation programmes
- Continue initiatives for mental health services, including improving residential facilities to meet the Mental Health Commission's compliance standards
- Maintain investment in minor capital initiatives, the equipment replacement programme and the ambulance replacement programme to support patient safety, clinical and infrastructural risk

- Progress initiatives for climate action and energy efficiency through design and test projects, in partnership with the Sustainable Energy Authority of Ireland, to continue achievement of Government targets
- Progress other priorities such as the National Maternity Hospital (relocation to St. Vincent's University Hospital Campus) and radiation oncology.

Further information in relation to the completion and operational status of capital infrastructure projects is provided in Appendix 4(b) and in the separate Capital Plan 2022.

National Communications

Services Provided

National Communications is responsible for leading a wide range of communications initiatives and providing high-quality communications advice to staff across the health service, working in partnership with the delivery system to build trust and confidence in the HSE and to manage the risk to the organisation's reputation. It is also responsible for providing proactive, evidence-based and responsive integrated communications campaigns, and proactive and reactive media support to the HSE, as well as an emergency out of hours service. National Communications delivers communications activities across a number of channels including: *hse.ie*, social media, broadcast, print and publications, HSELive and through a range of innovative digital tools.

COVID-19 has led to a significant, increased demand for communication services including public health campaigns, webinars, internal communications, HSELive services, social media engagement, partner engagement and the development of digital platforms including apps and self-help bots. To ensure this demand can be met, National Communications will need to focus on enhancing our staffing levels and strengthening our digital health delivery system.

Priority Areas for Action 2022

- Continue to plan and manage effective insight-led campaigns that support the HSE's COVID-19 response
- Extend the out of hours press and media services appropriate for an organisation of the size and scale of the HSE to ensure media queries are answered in an appropriate and timely manner
- Develop a new stakeholder website to replace the *hse.ie/about* site
- Develop tool sets, guidelines and standards for the HSE centre, CHOs and Hospital Groups, to be delivered in phases during 2022
- Continue to undertake research and consultations to establish the key drivers and risks for trust and confidence in the health service
- Develop a new corporate web presence that enables the many different parts of the health service to communicate effectively online about how it works, what it is doing and how it is performing
- Continue to enhance the staff website and develop a new staff mobile application to enable effective information sharing and communications between all HSE staff.

Internal Audit

The role of Internal Audit is to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively. Internal Audit identifies risks and control issues which may have systemic implications for the HSE. Through its audit reports and recommendations to strengthen controls, it provides assurance to the Audit and Risk Committee and the Board, as well as to the Chief Executive Officer and Executive Management Team, on the adequacy and degree of adherence to procedures and processes, including healthcare procedures and processes. Implementation by management of Internal Audit recommendations is an essential part of HSE governance mechanisms. The HSE Performance and Accountability Framework is supported by the overall work of Internal Audit. Without this work, issues may remain undetected resulting in waste of resources, reputational damage and undermining of patients' and the public's trust and confidence in the HSE.

Priority Areas for Action 2022

- Produce a comprehensive programme of completed audit reports, covering a wide variety of audit topics and geographical spread throughout the HSE, on the effectiveness of the HSE's control environment
- Deliver the programme of audits including audits of funded agencies
- Deliver a programme of ICT audits
- Deliver a programme of healthcare audits
- Conduct special investigations including fraud related reviews, as required
- Report on a quarterly basis to the EMT and Audit and Risk Committee on completed audit reports, audit findings and the status of implementation of audit recommendations
- Report to the Safety and Quality Committee on a quarterly basis on healthcare related audit findings
- Develop a standards and quality programme
- Provide advice to senior management on controls and processes, including ICT security and assurance.

Appendices

Appendix 1: Financial Tables

Table 1: Finance 2021

Service Area / Business Unit	2021 Opening Budget (NSP2021) €m	Post-NSP Movements €m	2021 Other Movements €m	2021 Closing Recurring Budget €m
Operational Service Areas	**Column A**	**Column B**	**Column C**	**Column D**
Acute Hospital Care (including Private Hospitals)	6,024.5	8.2	0.1	6,032.8
National Ambulance Service	187.5	0.5	-	188.0
Acute Operations (including Private Hospitals)	**6,212.0**	**8.7**	**0.1**	**6,220.8**
Primary Care	1,152.6	(11.7)	-	1,140.9
Social Inclusion	167.0	2.0	-	169.0
Palliative Care	109.3	0.7	-	109.9
Primary Care Total	**1,428.8**	**(9.1)**	**-**	**1,419.8**
Mental Health	**1,099.1**	**3.4**	**-**	**1,102.4**
Older Persons' Services	1,251.7	(11.6)	-	1,240.1
Nursing Homes Support Scheme (NHSS)	1,044.2	7.4	-	1,051.6
Older Persons' Services Total	**2,295.9**	**(4.2)**	**-**	**2,291.7**
Disability Services	**2,197.7**	**13.2**	**-**	**2,210.9**
Health and Wellbeing Community	**10.5**	**1.2**	**-**	**11.7**
Quality Patient Services Community	**-**	**8.2**	**-**	**8.2**
Other Community Services	**18.7**	**(1.8)**	**-**	**16.9**
Total Community Operations	**7,050.7**	**10.9**	**-**	**7,061.6**
Clinical Design and Innovation	14.4	(0.4)	-	14.0
Office of Nursing and Midwifery Services	46.0	(0.1)	-	46.0
Quality Assurance and Verification	6.2	(1.8)	-	4.4
Quality Improvement Division	8.7	0.1	-	8.9
National Health and Social Care Profession	1.8	0.4	-	2.3
National Doctors Training and Planning	37.7	0.1	-	37.8
National Cancer Control Programme (NCCP)	118.2	0.8	0.1	119.1
Chief Clinical Office Total	**233.1**	**(0.7)**	**0.1**	**232.5**
National Screening Service	**120.9**	**0.5**	**-**	**121.4**
Health and Wellbeing	**149.3**	**(9.5)**	**-**	**139.8**
National Services incl. Environmental Health	**52.1**	**8.0**	**0.4**	**60.4**
Support Services Total	**573.2**	**(27.6)**	**0.2**	**545.7**
Other Operations Services	**1,128.6**	**(29.4)**	**0.6**	**1,099.9**
Total Operational Service Areas	**14,391.3**	**(9.8)**	**0.8**	**14,382.3**
Pensions Total	**590.6**	**1.2**	**-**	**591.8**
State Claims Agency	**410.0**	**-**	**-**	**410.0**
Primary Care Reimbursement Service	**3,244.1**	**8.7**	**-**	**3,252.8**
Demand Led Local Schemes	**271.9**	**-**	**-**	**271.9**
Overseas Treatment	**39.1**	**-**	**-**	**39.1**
Total Pensions and Demand Led Areas	**4,555.7**	**9.9**	**-**	**4,565.6**
Total Budget	**18,947.1**	**-**	**0.8**	**18,947.9**

Note 1: The table above illustrates the agreed budgetary movements between NSP2021 and the closing 2021 recurring budget. Budget changes in 2021 include agreed service and staff transfers and the internal commissioning of services

Note 2: The 2021 closing recurring budget moved by €0.8m during the year due to a prior year adjustment for the allocation of additional funds from Department of Health vote of €0.8m relating to prior year Brexit funding

Table 2: Income and Expenditure 2022 Allocation

Service Area / Business Unit	2021 Closing Recurring Budget (see Table 1)	2022 NSP Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which			
					ELS & Demographics, incl. Pay Rate Funding & Technical Adjustments	COVID-19	New Measures	Total Increase
	€m	€m	€m	%	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Acute Operations (including Private Hospitals)	6,032.8	6,286.1	253.3	4.2%	198.6	-	54.7	253.3
Access to Care	-	200.0	200.0	0.0%	-	200.0	-	200.0
National Ambulance Service	188.0	201.5	13.5	7.2%	4.5	-	9.0	13.5
Acute Operations (including Private Hospitals)	**6,220.8**	**6,687.6**	**466.8**	**7.5%**	**203.1**	**200.0**	**63.7**	**466.8**
Primary Care	1,140.9	1,177.3	36.4	3.2%	34.5	-	1.9	36.4
Social Inclusion	169.0	186.0	17.0	10.1%	11.0	-	6.0	17.0
Palliative Care	109.9	121.9	12.0	10.9%	8.9	-	3.1	12.0
Primary Care Total	**1,419.8**	**1,485.2**	**65.4**	**4.6%**	**54.4**	**-**	**11.0**	**65.4**
Mental Health	**1,102.4**	**1,159.0**	**56.6**	**5.1%**	**32.6**	**-**	**24.0**	**56.6**
Older Persons' Services	1,240.1	1,297.9	57.8	4.7%	35.4	-	22.4	57.8
Nursing Homes Support Scheme (NHSS)	1,051.6	1,025.1	(26.5)	-2.5%	(26.5)	-	-	(26.5)
Older Persons' Services Total	**2,291.7**	**2,323.0**	**31.3**	**1.4%**	**8.9**	**-**	**22.4**	**31.3**
Disability Services	**2,210.9**	**2,347.3**	**136.5**	**6.2%**	**82.0**	**-**	**54.5**	**136.5**
Health & Wellbeing Community	**11.7**	**11.9**	**0.2**	**1.5%**	**0.2**	**-**	**-**	**0.2**
Quality Patient Services Community	**8.2**	**8.2**	**0.1**	**0.9%**	**0.1**	**-**	**-**	**0.1**
Other Community Services	**16.9**	**17.5**	**0.6**	**3.5%**	**0.6**	**-**	**-**	**0.6**
Total Community Operations	**7,061.6**	**7,352.0**	**290.7**	**4.1%**	**178.8**	**-**	**111.9**	**290.7**
Clinical Design and Innovation	14.0	14.0	0.0	0.0%	0.0	-	-	0.0
Office of Nursing and Midwifery Services	46.0	64.3	18.3	39.8%	6.2	-	12.1	18.3
Quality Assurance and Verification	4.4	4.5	0.1	2.3%	0.1	-	-	0.1
Quality Improvement Division	8.9	9.0	0.1	1.1%	0.1	-	-	0.1
National Health and Social Care Profession	2.3	3.1	0.8	34.8%	0.8	-	-	0.8
National Doctors Training and Planning	37.8	49.5	11.7	31.0%	11.7	-	-	11.7
National Cancer Control Programme (NCCP)	119.1	139.2	20.1	16.9%	0.1	-	20.0	20.1
Chief Clinical Office Total	**232.5**	**283.6**	**51.1**	**22.0%**	**19.0**	**-**	**32.1**	**51.1**
National Screening Service	**121.4**	**123.3**	**1.9**	**1.6%**	**1.9**	**-**	**-**	**1.9**

Service Area / Business Unit	2021 Closing Recurring Budget (see Table 1)	2022 NSP Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which			
					ELS & Demographics, incl. Pay Rate Funding & Technical Adjustments	COVID-19	New Measures	Total Increase
	€m	€m	€m	%	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Health and Wellbeing	139.8	179.3	39.5	28.3%	33.4	-	6.1	39.5
National Services incl. Environmental Health	60.4	61.2	0.8	1.3%	0.8	-	-	0.8
Support Services Total	545.7	1,204.1	658.4	120.7%	144.2	497.0	17.2	658.4
Other Operations Services	1,099.9	1,851.6	751.7	68.4%	199.5	497.0	55.4	751.9
Total Operational Service Areas	14,382.3	15,891.5	1,509.2	10.5%	581.3	697.0	230.9	1,509.2
Pensions Total	591.8	616.3	24.5	4.1%	24.5	-	-	24.5
State Claims Agency	410.0	435.0	25.0	6.1%	25.0	-	-	25.0
Primary Care Reimbursement Service	3,252.8	3,427.5	174.7	5.4%	95.4	-	79.4	174.7
Demand Led Local Schemes	271.9	273.1	1.2	0.4%	1.2	-	-	1.2
Overseas Treatment	39.1	39.1	0.0	0.0%	0.0	-	-	0.0
Total Pensions and Demand Led Areas	4,565.6	4,791.1	225.5	4.9%	146.1	-	79.4	225.5
Total Budget	18,947.9	20,682.6	1,734.7	9.2%	727.4	697.0	310.3	1,734.7

Note 1: €20,519m is the amount notified to the HSE by the DoH of net - non capital determination for 2022. The letter of determination also notifies a further €161.3m which will initially be held by the DoH pending agreement of the relevant implementation details and €2.5m of dormant account funding, bringing the total held funding to €163.8m. The total funding available is €20,683m

Note 2: In line with the Dormant Account (Amendment) Act 2012, dormant account funding of €2.5m will be allocated in 2022 in line with the Dormant Account Disbursement Scheme, which is administered by the Minister of Rural and Community Development. This scheme outlines how funds will be distributed and what areas of disadvantage should be targeted

Note 3: Any reprioritised targets that have been specified in this plan may require a reallocation of available budget resource as part of the 2022 operational planning process. These targets as set out in the 2022 letter of determination are: (€37m) nursing homes cost of care, (€10m) acute's income and (€20m) PCRS / biosimilar saving

Note 4: Column C & D illustrate the increase in funding levels at €1,735m / 9.2%. Excluding the COVID-19 funding of €697m & the opening technical adjustments of €30.7m, the 2022 operating budget level is €1,007m / 5.3% over and above the starting 2021 budget of €18,948m

Note 5: Columns E, F & G illustrate the increase in funding levels by a) ELS & Demographics incl. Pay Rate Funding & Technical Adjustments b) COVID-19 & c) New Measures. The total ELS funding provided is €696.8m with an additional €30.7m of opening technical adjustments

Table 3: Finance Allocation 2022

Service Area / Business Unit	2021 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2021 New Developments	ELS & Demographics incl. Technical Adjustments	ELS: 2022 Pay Rate Funding (supports existing staffing levels)	New Measures	COVID-19	2022 NSP Budget	Less: 2022 NSP Budget held at DoH	2022 Opening Budget (Column G+H)	2022 Internal Commissioner Funding to be applied	2022 Available Funding (Column I+K)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Operational Service Areas	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**	**Column F**	**Column G**	**Column H**	**Column I**	**Column J**	**Column K**
Acute Operations (including Private Hospitals)	6,032.8	12.5	74.8	111.3	54.7	-	6,286.1	(5.8)	6,280.3	150.0	6,430.3
Access to Care	-	-	-	-	-	200.0	200.0	-	200.0	-	200.0
National Ambulance Service	188.0	-	1.5	3.0	9.0	-	201.5	-	201.5	0.4	201.9
Acute Operations (including Private Hospitals)	**6,220.8**	**12.5**	**76.3**	**114.3**	**63.7**	**200.0**	**6,687.6**	**(5.8)**	**6,681.8**	**150.3**	**6,832.2**
Primary Care	1,140.9	15.0	7.1	12.4	1.9	-	1,177.3	-	1,177.3	5.8	1,183.1
Social Inclusion	169.0	-	10.0	1.0	6.0	-	186.0	(4.1)	181.9	4.4	186.3
Palliative Care	109.9	7.7	-	1.2	3.1	-	121.9	(3.1)	118.8	-	118.8
Primary Care Total	**1,419.8**	**22.7**	**17.1**	**14.6**	**11.0**	**-**	**1,485.2**	**(7.2)**	**1,478.0**	**10.2**	**1,488.2**
Mental Health	**1,102.4**	**-**	**13.7**	**18.9**	**24.0**	**-**	**1,159.0**	**(13.8)**	**1,145.2**	**(9.0)**	**1,136.2**
Older Persons' Services	1,240.1	-	27.9	7.5	22.4	-	1,297.9	(19.6)	1,278.3	(47.0)	1,231.4
Nursing Homes Support Scheme (NHSS)	1,051.6	-	(33.3)	6.8	-	-	1,025.1	-	1,025.1	28.0	1,053.1
Older Persons' Services Total	**2,291.7**	**-**	**(5.4)**	**14.3**	**22.4**	**-**	**2,323.0**	**(19.6)**	**2,303.4**	**(19.0)**	**2,284.4**
Disability Services	**2,210.9**	**22.9**	**36.2**	**22.9**	**54.5**	**-**	**2,347.4**	**(18.5)**	**2,328.9**	**2.3**	**2,331.2**
Health and Wellbeing Community	**11.7**	**-**	**-**	**0.2**	**-**	**-**	**11.9**	**-**	**11.9**	**-**	**11.9**
Quality Patient Services Community	**8.2**	**-**	**-**	**0.1**	**-**	**-**	**8.3**	**-**	**8.3**	**-**	**8.3**
Other Community Services	**16.9**	**-**	**-**	**0.6**	**-**	**-**	**17.5**	**-**	**17.5**	**-**	**17.5**
Total Community Operations	**7,061.6**	**45.6**	**61.6**	**71.6**	**111.9**	**-**	**7,352.3**	**(59.1)**	**7,293.2**	**(15.5)**	**7,277.5**
Clinical Design and Innovation	14.0	-	-	-	-	-	14.0	-	14.0	(4.1)	9.9
Office of Nursing and Midwifery Services	45.9	-	6.1	0.2	12.1	-	64.3	(14.8)	49.5	(11.5)	38.0
Quality Assurance and Verification	4.4	-	-	0.1	-	-	4.5	-	4.5	-	4.5
Quality Improvement Division	8.9	-	-	0.1	-	-	9.0	-	9.0	(0.3)	8.7
National Health and Social Care Profession	2.3	-	0.8	-	-	-	3.1	-	3.1	-	3.1
National Doctors Training and Planning	37.8	-	11.6	0.1	-	-	49.5	-	49.5	(9.0)	40.5
National Cancer Control Programme (NCCP)	119.1	-	-	0.1	20.0	-	139.2	-	139.2	(96.2)	43.0

Service Area / Business Unit	2021 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2021 New Developments	ELS & Demographics incl. Technical Adjustments	ELS: 2022 Pay Rate Funding (supports existing staffing levels)	New Measures	COVID-19	2022 NSP Budget	Less: 2022 NSP Budget held at DoH	2022 Opening Budget (Column G+H)	2022 Internal Commissioner Funding to be applied	2022 Available Funding (Column I+K)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Operational Service Areas	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**	**Column F**	**Column G**	**Column H**	**Column I**	**Column J**	**Column K**
Chief Clinical Office Total	232.5	-	18.5	0.5	32.1	-	283.6	(14.8)	268.8	(121.1)	147.7
National Screening Service	121.4	-	0.7	1.2	-	-	123.3	-	123.3	(19.9)	103.4
Health and Wellbeing	139.8	18.9	13.5	1.0	6.1	-	179.3	(1.0)	178.4	0.2	178.5
National Services incl. Environmental Health	60.4	-	-	0.8	-	-	61.2	-	61.2	-	61.2
Support Services Total	545.7	-	48.1	96.1	17.2	497.0	1,204.1	(45.5)	1,158.8	0.6	1,159.3
Other Operations Services	1,099.9	18.9	80.8	99.6	55.4	497.0	1,851.6	(61.3)	1,790.6	(140.2)	1,650.2
Total Operational Service Areas	14,382.3	77.0	218.7	285.5	230.9	697.0	15,891.5	(126.1)	15,765.4	(5.3)	15,760.0
Pensions Total	591.8	-	24.5	-	-	-	616.3	-	616.3	-	616.4
State Claims Agency	410.0	-	25.0	-	-	-	435.0	-	435.0	-	435.0
Primary Care Reimbursement Service	3,252.8	-	94.9	0.4	79.4	-	3,427.5	(37.7)	3,389.8	5.4	3,395.2
Demand Led Local Schemes	271.9	-	1.2	-	-	-	273.1	-	273.1	-	273.1
Overseas Treatment	39.1	-	-	-	-	-	39.1	-	39.1	-	39.1
Total Pensions and Demand Led Areas	4,565.6	-	145.7	0.4	79.4	-	4,791.1	(37.7)	4,753.4	5.4	4,758.8
Total Budget	18,947.9	77.0	364.4	286.0	310.3	697.0	20,682.6	(163.8)	20,518.9	-	20,518.9

Note 1: Column B represents the additional cost in 2022 of developments that were started in 2021

Note 2: Column C 'ELS & Demographics incl. Technical Adjustments' is inclusive of efficiency targets that have been specified in this plan. These efficiency targets may require a reallocation of available budget resource as part of the 2022 operational planning process. These targets as set out in the 2022 letter of determination are: (€37m) nursing homes cost of care, (€10m) acute's income and (€20m) PCRS/biosimilar saving

Note 3: Column D represents the cost of implementing nationally approved pay agreements in 2022 and supports existing staffing levels

Note 4: Column E: Further detail relating to funding provided for New Measures is available on table 4, appendix 1

Note 5: Column F represents the additional once-off funding that has been specified for COVID-19, which includes the 2022 Access to Care funding of €200m (*2021: €210m)* and €497m for Testing & Tracing, Personal Protective Equipment and Vaccination programmes and other public health measures, which is being held centrally

Note 6: €33m of the €497m COVID-19 funding will be designated to specific COVID-19 public health responses as follows: €10m to each of Mental Health and Disabilities to support specific public health measures, €3m to Healthy Ireland for COVID-19 related health promotion measures, and €10m to maintain public health measures and to consolidate improvements in health services for people who are homeless.

Note 7: The total HSE additional budget of €1,735m consists of column, B - €77m, C - €364.4m, D - €286m, E - €310.3m & F - €697m (See also table 2, appendix 1)

Note 8: As per the Letter of Determination, €163.8m will be held by the DoH: €132.5m of New Measures, €28.8m of ELS and €2.5m of dormant accounts funding. This funding is referenced in column H

Note 9: A number of HSE areas, including National Cancer Control Programme, National Screening Service and Clinical Design & Innovation, utilise their budgets to 'commission' services internally from the acute hospitals, community services and other service areas. This funding is referenced in column J and is subject to final approval as part of operational planning

Note 10: Overseas Treatment includes the Treatment Abroad Service, Cross-Border Directive and EU Schemes (such as the European Health Insurance card (EHIC)). These schemes relate to the provision of clinically urgent care and treatment abroad

Table 4: 2023 Full Year Costs related to NSP 2022

New Measures	Cost in 2022 €m	Cost in 2023 (Note 1) €m	2023 Incremental funding requirement €m
	Column A	Column B	Column C
Women's Health	**25.3**	**43.7**	**18.5**
Implementation of the National Maternity Strategy	8.7	8.7	-
Free Contraception for Women aged 17-25	9.0	27.0	18.0
Period Poverty Implementation Group	0.2	0.7	0.5
Obstetric Event Support Team	0.5	0.5	-
Model of Care for Gynaecology	5.3	5.3	-
Perinatal Genetics	1.3	1.3	-
Sexual Assault Treatment Units	0.3	0.3	-
Implementing National Strategies	**38.6**	**58.8**	**20.2**
Cancer Strategy	20.0	28.9	8.9
National Ambulance Service Strategic Plan	8.2	10.9	2.7
Trauma Strategy	5.3	10.0	4.7
Paediatric Model of Care including new children's hospital	4.1	7.6	3.6
Organ Donation and Transplant Services	1.0	1.4	0.4
Additional Critical Care Capacity	**10.5**	**24.7**	**14.3**
Phase 2- 19 additional Critical Care beds	10.5	24.7	14.3
Other Ministerial priorities	**3.4**	**5.9**	**2.5**
Antimicrobial Resistance and Infection Control (AMRIC)	2.1	3.3	1.2
Barnahaus model for child sexual abuse services	1.3	2.6	1.3
Disabilities	**50.5**	**106.0**	**55.5**
School Leavers	14.4	33.4	19.0
Other Disability Services	36.1	72.6	36.5
Mental Health	**23.0**	**36.4**	**13.4**
Sharing the Vision	23.0	36.4	13.4
Older People	**27.7**	**34.6**	**6.9**
Dementia	7.3	10.2	2.9
Other Initiatives	2.8	5.0	2.2
Nursing Home Expert Panel	17.6	19.4	1.8
Acutes Eligibility Measures	**4.5**	**4.5**	**-**
Acute Paediatric Charges Measures	4.5	4.5	-
Introducing New Drugs	**30.0**	**67.8**	**37.8**
New Drugs	30.0	67.8	37.8
National Drugs Strategy / Social Inclusion	**6.0**	**6.0**	**-**
National Drugs Strategy / Homelessness Health Measures	6.0	6.0	-
Health Ireland	**4.0**	**4.0**	**-**
Positive Mental Health	0.2	0.2	-
Physical Activity Pathways	0.5	0.5	-
National Sexual Health Strategy	3.3	3.3	-
Palliative Care	**2.4**	**4.0**	**1.6**
Palliative Care	2.4	4.0	1.6
PCRS / Eligibility Measures	**40.2**	**50.2**	**10.0**
Dental Treatment Services Scheme	10.0	20.0	10.0
Drug Payment Scheme – maximum payable reduced to €100 per month	11.5	11.5	-
Extension of Free GP Cover for children aged 6 / 7	18.7	18.7	-
Workforce and allied reform measures	**22.3**	**22.1**	**(0.2)**
Student Nurse / Midwife PPG	7.4	7.4	-
Safe Staffing Skill Mix Nursing (ED Phase)	2.8	2.8	-
Safe Nurse Staffing and Skill Mix	0.2	0.2	-
Expansion of Advanced Nurse Practitioners and Midwives	11.9	11.7	(0.2)

New Measures	Cost in 2022 €m	Cost in 2023 (Note 1) €m	2023 Incremental funding requirement €m
	Column A	Column B	Column C
Winter Plan	**22.0**	**22.0**	**-**
Acutes	9.1	9.1	-
Disabilities	4.0	4.0	-
Older Persons	4.2	4.2	-
Mental Health	1.0	1.0	-
Palliative	0.7	0.7	-
Primary Care	1.9	1.9	
National Ambulance Service	0.8	0.8	-
Communications	0.3	0.3	-
New Measures (pre holdback funding)	**310.3**	**490.7**	**180.4**
Enhanced Community and Social Care Services (Note 2)	15.0	60.0	45.0
Support Services Key Initiatives (Note 3)	17.8	17.8	-
Total	**343.1**	**568.5**	**225.4**

Note 1: Indicative costs for 2023 have been included for certain initiatives, pending clarification of their actual costs in 2023 through the operational planning process and engagement with the Department of Health

Note 2: The €15m Enhanced Community and Social Care Services funding, which has been allocated to Primary Care in 2022 within ELS, will have an incremental cost in 2023 of €45m

Note 3: There are decisions and funding assumptions on the cost in 2022 / 2023 of €17.8m for Support Services Key Initiatives such as NISRP, IFMS, fire safety, climate action, medical devices regulation, National Distribution Centre rollout and Communications supports. These initiatives will be funded once-off through time related savings in 2022, the ongoing funding of which will need to be reviewed and finalised during 2022 and as part of Estimates 2023

Appendix 2: HR Information

Direct Staffing by Care Group	WTE Dec 2020	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	Total WTE September 2021	Minimum Target WTE Dec 2022	Upper WTE Limit Dec 2022
Total Health Service	**126,174**	**12,017**	**40,983**	**18,614**	**21,198**	**10,059**	**27,766**	**130,636**	**137,414**	**141,977**
Acute Hospital Services	64,449	9,626	25,401	8,840	10,436	6,924	5,992	67,220	69,462	**70,817**
Ambulance Services	1,990	3	1	-	97	4	1,922	2,027	2,121	**2,194**
Acute Services	**66,439**	**9,629**	**25,402**	**8,840**	**10,533**	**6,928**	**7,914**	**69,247**	**71,583**	**73,011**
Community Health and Wellbeing	144	1	7	12	120	-	28	167	169	**170**
Mental Health	10,301	958	5,013	1,439	1,020	711	1,236	10,377	10,791	**11,067**
Primary Care	11,572	1,011	3,150	2,703	3,171	413	1,757	12,205	14,099	**15,279**
Disabilities	18,944	55	3,632	4,328	1,484	778	9,136	19,413	20,247	**20,819**
Older People	13,415	120	3,508	463	864	887	7,662	13,504	14,441	**15,329**
Community Services	**54,377**	**2,144**	**15,309**	**8,945**	**6,659**	**2,790**	**19,818**	**55,665**	**59,747**	**62,664**
H&WB Corporate & National Services	**5,358**	**244**	**271**	**829**	**4,006**	**341**	**33**	**5,724**	**6,084**	**6,302**

Note 1: The table above outlines an estimated WTE range for 2022 with a 'Minimum Target WTE' along with an Upper Limit. This is based on the approach set out in the accompanying Resourcing Strategy, to set out a minimum target for recruitment in 2022. The associated profile at staff category level for the projected minimum target is also included in the accompanying Resourcing Strategy

Note 2: As vaccination programme is expenditure based, a WTE for inclusion in the HSE direct employment figures has not been included in the above table.

Note 3: The table below is based on an estimate of the distribution of the WTE by Administration

Direct Staffing by Administration	WTE Dec 2020	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	Total WTE September 2021	Minimum Target WTE Dec 2022	Upper WTE Limit Dec 2022
Total Health Staffing	**126,174**	**12,017**	**40,983**	**18,614**	**21,198**	**10,059**	**27,766**	**130,636**	**137,414**	**141,693**
HSE	**81,192**	**7,708**	**27,011**	**10,569**	**15,049**	**6,272**	**17,788**	**84,396**	**88,775**	**91,539**
Section 38 Hospitals	28,234	4,151	10,839	4,119	4,892	2,836	2,209	29,046	30,553	31,505
Section 38 Voluntary Agencies	16,748	158	3,133	3,926	1,257	951	7,768	17,194	18,086	18,649
Section 38	**44,982**	**4,309**	**13,972**	**8,045**	**6,149**	**3,787**	**9,978**	**46,240**	**48,639**	**50,154**

Note 1: Health Sector staffing figures relate to direct employment levels as returned through the Health Service Personnel Census (HSPC) for the public health sector (HSE & Section 38 Voluntary Agencies)

Note 2: Figures relating to service levels are expressed as whole-time equivalents (WTE) in order to take account of part-time working

Appendix 3(a): National Scorecard

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by the complaints officer
	Serious Incidents	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident
		% of reported incidents entered onto NIMS within 30 days of notification of the incident
		Extreme and major incidents as a % of all incidents reported as occurring
	HCAI Rates	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection
		Rate of new cases of hospital associated C. difficile infection
	Child Health	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
		% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age
		% of babies breastfed exclusively at three month PHN visit
		% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
	Urgent Colonoscopy within four weeks	No. of new people waiting > four weeks for access to an urgent colonoscopy
	BreastCheck	% BreastCheck screening uptake rate
	Surgery	% of surgical re-admissions to the same hospital within 30 days of discharge
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ambulance Turnaround	% of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)
	CAMHs Bed Day Used	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units
	Disability Services	Facilitate the movement of people from congregated to community settings
	Smoking	% of smokers on cessation programmes who were quit at four weeks
Access and Integration	**Therapy Waiting Lists**	Physiotherapy – % on waiting list for assessment ≤52 weeks
		Occupational Therapy – % on waiting list for assessment ≤52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤52 weeks

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration		Podiatry – % on waiting list for treatment ≤52 weeks
		Ophthalmology – % on waiting list for treatment ≤52 weeks
		Audiology – % on waiting list for treatment ≤52 weeks
		Dietetics – % on waiting list for treatment ≤52 weeks
		Psychology – % on waiting list for treatment ≤52 weeks
	Nursing	% of new patients accepted onto the nursing caseload and seen within 12 weeks
	Emergency Department Patient Experience Time	% of all attendees at ED who are discharged or admitted within six hours of registration
		% of all attendees at ED who are in ED <24 hours
		% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration
		% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
	Waiting times for procedures	% of adults waiting <12 months for an elective procedure (inpatient and day case)
		% of children waiting <12 months for an elective procedure (inpatient and day case)
		% of people waiting <18 months for first access to OPD services
		% of people waiting <13 weeks following a referral for colonoscopy or OGD
	Ambulance Response Times	% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Cancer	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
	National Screening Service	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting
	Disability Services	% of child assessments completed within the timelines as provided for in the regulations
		No. of new emergency places provided to people with a disability
		No. of in home respite supports for emergency cases
		No. of day only respite sessions accessed by people with a disability
		No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)
		No. of overnights (with or without day respite) accessed by people with a disability
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration		No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only
	Mental Health	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams
	Homeless	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission
	Substance Misuse	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment
		% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (pay + non-pay - income)
	Governance and Compliance	% of the monetary value of service arrangements signed
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
	Attendance Management	% absence rates by staff category

Appendix 3(b): National Performance Indicator Suite

Note: 2021 and 2022 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

System Wide				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Finance Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2021	≤0.1%
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		≤0.1%
Pay expenditure variance from plan		≤0.1%		≤0.1%
Non-pay expenditure variance from plan		≤0.1%		≤0.1%
Governance and Compliance Procurement – expenditure (non-pay) under management	Q (1 Qtr in arrears)	65%	27%	68%
Capital Capital expenditure versus expenditure profile	Q	100%	94%	100%
Audit % of internal audit recommendations implemented, against total no. of recommendations, within six months of report being received		75%	69%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		95%	72%	95%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed		100%	100%	100%
% annual compliance statements signed	Annual	100%	100%	100%
Workforce **Attendance Management** % absence rates by staff category	M (1 Mth in arrears)	≤3.5%	4.8%	≤4%
EWTD <24 hour shift (acute – NCHDs)	M	95%	98%	95%
<24 hour shift (mental health – NCHDs)		95%	98%	95%
<24 hour shift (disability services – social care workers)		95%	71%	95%
<48 hour working week (acute – NCHDs)		95%	85%	95%
<48 hour working week (mental health – NCHDs)		95%	91%	95%
<48 hour working week (disability services – social care workers)		90%	76%	95%
Respect and Dignity % of staff who complete the HSELanD Respect and Dignity at Work module	Annual	60%	60%	60%
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his/her line manager		70%	5%	70%

System Wide

Indicator	Reporting Period	NSP2021 Target	Projected Outturn 2021	Target 2022
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	74%	75%
Quality and Safety **Serious Incidents** % of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident	M	New PI NSP2022	New PI NSP2022	70%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	New PI NSP2022	New PI NSP2022	70%
Extreme and major incidents as a % of all incidents reported as occurring		<0.9%*	0.7%	<1%

*NSP2021 target revised as part of NSP Q1 2021 Review

COVID-19 Environment

Indicator	Reporting Period	NSP2021 Target	Projected Outturn 2021	Target 2022
Testing and Tracing				
Referral to appointment % of referrals receiving appointments in 24 hrs	M	90%	94%	90%
Swab to communication of test result % of test results communicated in 48 hrs following swab		90%*	95%	90%
Result to completion of contact tracing % of close contacts successfully contacted within 24 operational hours of contacts being collected		90%	93%	90%
End-to-end referral to completion of contact tracing (Overall) % completed within 3 days		90%	91%	90%
Median completion performance		2 days	2 days	2 days
Vaccination Programme				
Uptake % Uptake for eligible population	M	New PI NSP2022	New PI NSP2022	90%**

*NSP2021 target of 95% revised to 90% for reporting in 2021
**Contingent on guidance from NIAC and may be adjusted

Population Health and Wellbeing

Indicator	Reporting Period	NSP2021 Target	Projected Outturn 2021	Target 2022
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	45%	50%*	48%

Population Health and Wellbeing				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine	Q (1 Qtr in arrears)	95%	94%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine		95%	91%	95%
% of first year students who have received two doses of HPV vaccine	Annual	85%	75%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2021-2022 influenza season (acute hospitals)		75%	59%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2021-2022 influenza season (long-term care facilities in the community)		75%	45%	75%
% uptake in Flu vaccine for those aged 65 and older		75%	71%	75%
% uptake of Flu vaccine for those aged 2-17 years old		New PI NSP2022	New PI NSP2022	50%
*Due to COVID-19, majority of quit at 4-week status are self-reported and not co-validated				

Primary Care Reimbursement Service				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Medical Cards % of completed medical card / GP visit card applications processed within 15 days	M	99%	98.2%	99%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days		95%	84%	95%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff		96%	99%	96%

National Screening Service				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
National Screening Service **BreastCheck** % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	71%	70%
% of women offered hospital admission for treatment in BreastCheck host hospital within three weeks of diagnosis of breast cancer	Bi-annual (1 Qtr in arrears)	90%	90%	90%
CervicalCheck % eligible women with at least one satisfactory cervical screening test in a five year period	Q (1 Qtr in arrears)	80%	73%	80%
BowelScreen % of client uptake rate in the BowelScreen programme		45%	45%	45%

National Screening Service				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate	Q (1 Qtr in arrears)	68%	62%	69%

Community Healthcare				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Primary Care Services				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<22	22	<22
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	100%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	81%	79%	81%
% on waiting list for assessment ≤52 weeks		80%*	78%	94%
Occupational Therapy % of new service users seen for assessment within 12 weeks		71%	68%	71%
% on waiting list for assessment ≤52 weeks		60%*	65%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		80%*	84%	100%
% on waiting list for treatment ≤52 weeks		55%*	69%	100%
Podiatry % on waiting list for treatment ≤12 weeks		20%*	15%	33%
% on waiting list for treatment ≤52 weeks		55%*	49%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		20%*	16%	19%
% on waiting list for treatment ≤52 weeks		55%*	51%	64%
Audiology % on waiting list for treatment ≤12 weeks		20%	21%	30%
% on waiting list for treatment ≤52 weeks		65%*	64%	75%
Dietetics % on waiting list for treatment ≤12 weeks		25%*	26%	40%
% on waiting list for treatment ≤52 weeks		65%*	58%	80%
Psychology % on waiting list for treatment ≤12 weeks		20%*	21%	36%
% on waiting list for treatment ≤52 weeks		50%*	57%	81%

Community Healthcare				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment	M	90%	88%	90%
Orthodontics % of patients seen for assessment within six months	Q	22%	31%	31%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	21%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	55%*	57%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	64%	60%	64%
% of babies breastfed exclusively at first PHN visit		50%	40%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		46%	41%	46%
% of babies breastfed exclusively at three month PHN visit		32%	36%	36%
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	28 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	85%	85%	85%
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	97%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	98%	100%
Older Persons' Services				
Safeguarding *(combined KPIs with Disability Services)* % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	95%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	95%	100%

Community Healthcare				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Residential Care % occupancy of short stay beds	M	40%*	54.6%	90%
Quality % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	81.1%	80%
Intensive Homecare Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned	M	100%	100%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		15%	15.1%	15%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	87%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98%	98%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)		80%	80.7%	80%
% of patients triaged within one working day of referral (community)		95%	96%	96%
Disability Services				
Safeguarding *(combined KPIs with Older Persons' Services)* % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	95%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	95%	100%
Quality % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	90.8%	80%
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	95%	95%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	14%	100%
Mental Health Services				
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90.6%	≥90%

Community Healthcare

Indicator	Reporting Period	NSP2021 Target	Projected Outturn 2021	Target 2022
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	M	75%	76.4%	≥75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	17.1%	≤22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		98%	97.8%	≥98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95.4%	≥95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		<3%	2.7%	≤3%
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		85%	92.5%	>85%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		95%	99.3%	>95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	79%	≥80%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	75.4%	≥80%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	5.1%	≤10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95.1%	≥95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		>90%	95.7%	≥90%
*NSP2021 target revised as part of NSP Q1 2021 Review				

Acute Hospital Care

Indicator	Reporting Period	NSP2021 Target	Projected Outturn 2021	Target 2022
Acute Hospital Services				
Outpatient attendances New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2.7	1:2.7	1:2.5
Activity Based Funding (MFTP) model HIPE completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	100%	70%	100%

Acute Hospital Care				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting <12 months for an elective procedure (inpatient)	M	New PI NSP2022	New PI NSP2022	98%*
% of adults waiting <12 months for an elective procedure (day case)		New PI NSP2022	New PI NSP2022	98%*
% of children waiting <12 months for an elective procedure (inpatient)		New PI NSP2022	New PI NSP2022	98%*
% of children waiting <12 months for an elective procedure (day case)		New PI NSP2022	New PI NSP2022	98%*
% of people waiting <18 months for first access to OPD services		New PI NSP2022	New PI NSP2022	98%**
% of routine elective procedures (inpatient) chronologically scheduled		New PI NSP2022	New PI NSP2022	85%
% of routine elective procedures (day case) chronologically scheduled		New PI NSP2022	New PI NSP2022	85%
Colonoscopy / Gastrointestinal Service % of people waiting <13 weeks following a referral for colonoscopy or OGD		50%***	38.5%	65%
No. of new people waiting > four weeks for access to an urgent colonoscopy		0	4,000	0
% of people waiting <12 months for an elective procedure GI scope		New PI NSP2022	New PI NSP2022	100%
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration		70%	64.6%	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration		85%	80.7%	85%
% of ED patients who leave before completion of treatment		≤6.0%***	5.2%	<6.5%
% of all attendees at ED who are in ED <24 hours		97%	98.1%	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	45.6%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	65.8%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	95.9%	99%
Ambulance Turnaround Times % of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)		80%	32%	80%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	5.1	≤4.8

Acute Hospital Care				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Medical Medical patient average length of stay	M (1 Mth in arrears)	≤7.0	7.5	≤7.0
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	M	75%	59.2%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	26.4%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	11.5%	≤11.1%
Surgery Surgical patient average length of stay		≤5.2	5.9	≤5.2
% of elective surgical inpatients who had principal procedure conducted on day of admission		82%	79.4%	82.4%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	40.5%	60%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	85%	75%	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤2%	2.0%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	M	<0.8/10,000 bed days used	0.9	<0.8/10,000 bed days used
Rate of new cases of hospital associated C. difficile infection		<2/10,000 bed days used	2.0	<2/10,000 bed days used
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Q	100%	93.8%	100%
% of acute hospitals implementing the national policy on restricted antimicrobial agents		100%	83.3%	100%
Rate of new hospital acquired COVID-19 cases in hospital inpatients	M	N/A	1.6	N/A
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (2 Mths in arrears)	2.4 per 1,000 bed days	4.3 per 1,000 bed days	3.0 per 1,000 bed days
Irish National Early Warning System (INEWS) % of hospitals implementing INEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	80%	41.7%	100%
% of hospitals implementing PEWS (Paediatric Early Warning System)		100%	33.3%	100%
National Standards % of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	Bi-annual	100%	53%	100%
% of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	100%	100%

Acute Hospital Care				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	74%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis		12%	11%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit		90%	76%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q (1 Qtr in arrears)	95%	95%	95%
% of reperfused STEMI patients (or LBBB) who get timely PPCI		80%	65%	80%
National Women and Infants Health Programme **Irish Maternity Early Warning System (IMEWS)** % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	100%	80%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	45%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	90%	100%
% of Hospital Groups that have discussed a quality and safety agenda with NWIHP on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		100%	100%	100%
Sexual assault services (>14yrs) % of patients seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination	Q	90%	79%	90%
Cancer Services				
% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe	M	95%	61.1%	95%
Symptomatic Breast Disease Services **Non-urgent** % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)		95%	40.3%	95%
Clinical Detection Rate – breast cancer % of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Annual	>6%	8.6%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	36.4%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	36.3%	>30%

Acute Hospital Care				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Radiotherapy % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	M	90%	74.7%	90%
*In relation to elective procedures (inpatient and day case), the NSP 2022 target is 98% for % of people waiting <12 months and 100% for % of people waiting <24 months **In relation to OPD services, the NSP 2022 target is 98% for % of people waiting <18 months and 100% for % of people waiting <36 months ***NSP2021 target revised as part of NSP Q1 2021 Review				

National Ambulance Service				
Indicator	**Reporting Period**	**NSP2021 Target**	**Projected Outturn 2021**	**Target 2022**
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q (1 Qtr in arrears)	40%	40%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon – % medical priority dispatch system (MPDS) protocol compliance	M	94%	94%	94%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		80%	76%	80%
% of ECHO calls which had a resource allocated within 90 seconds of call start		98%	97%	98%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		70%	46%	50%
% of DELTA calls which have a resource allocated within 90 seconds of call start		90%	74%	90%
Intermediate Care Service % of all transfers provided through the intermediate care service		90%	81%	90%
Ambulance Turnaround % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes		85%	75%	85%
% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 60 minutes		98%	97%	98%

Appendix 3(c): Activity 2022

Note: 2021 and 2022 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Population Health and Wellbeing

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out	Q	384	0	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	Bi-annual	32	0	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*		32	32	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	Q	242	100	242
No. of official food control planned, and planned surveillance, inspections of food businesses		18,000*	18,000	33,000
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*		40	30	40
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q (1 Qtr in arrears)	10,000	7,500**	22,436
No. of smokers who are receiving online cessation support services	Q	7,000	6,000	6,000
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule		1,500	11,260	11,000
Making Every Contact Count No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention		3,946	1,143	3,997
No. of frontline staff to complete the face to face / virtual module of Making Every Contact Count training in brief intervention		790	100	802

*NSP2021 target revised as part of NSP Q1 2021 Review

**Impact of cyberattack

Primary Care Reimbursement Service

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Medical Cards No. of persons covered by medical cards as at 31st December	M	1,636,109	1,551,955	1,539,348
No. of persons covered by GP visit cards as at 31st December*		556,996	526,450	617,960
Total		**2,193,105**	**2,078,405**	**2,157,308**

Primary Care Reimbursement Service

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
General Medical Services Scheme Total no. of items prescribed	M	62,317,500	61,765,008	60,593,558
No. of prescriptions		19,317,300	18,013,150	17,671,500
Long-Term Illness Scheme Total no. of items prescribed		10,521,900	10,234,950	10,759,195
No. of claims		2,933,500	2,851,250	2,997,250
Drug Payment Scheme Total no. of items prescribed		8,724,000	9,616,893	12,108,081
No. of claims		2,501,000	2,818,800	3,558,250
Other Schemes No. of high tech drugs scheme claims		890,000	893,270	970,000
No. of dental treatment services scheme treatments		1,007,900	800,000	1,000,000
No. of community ophthalmic services scheme treatments		780,782	600,000	785,000
*Includes Free GP care for those aged under 8				

National Screening Service

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
National Screening Service **BreastCheck** No. of women in the eligible population who have had a complete mammogram	M	110,000*	110,000	150,000
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting		280,000	369,000	295,000
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		87,500*	87,500	140,000
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		90,000*	90,000	111,000
*NSP2021 target revised as part of NSP Q1 2021 Review				

Community Healthcare

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Primary Care Services				
Community Intervention Teams Total no. of CIT referrals	M	59,919	64,598	64,598

Community Healthcare				
Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Paediatric Homecare Packages Total no. of Paediatric Homecare Packages	M	616	591	651
***Health Amendment Act*: Services to people with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed	Q	224	150	74
GP Activity No. of contacts with GP Out of Hours Service	M	922,094	914,181	922,094
Chronic Disease Structured Management Programme (excluding high risk reviews) – No. of reviews undertaken (2 reviews per patient in a 12 month rolling period)	Bi-annual	256,448	196,232	452,802
Nursing No. of patients seen	M (1 Mth in arrears)	474,366	358,582	474,366
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,193,121*	1,249,911	1,579,699
Physiotherapy No. of patients seen		413,089*	440,076	587,604
Occupational Therapy No. of patients seen		330,071*	336,234	389,256
Speech and Language Therapy No. of patients seen		197,181*	205,738	282,312
Podiatry No. of patients seen		39,093*	44,522	85,866
Ophthalmology No. of patients seen		64,033*	67,264	67,264
Audiology No. of patients seen		48,445*	46,343	49,000
Psychology No. of patients seen		50,204*	41,938	49,757
Dietetics No. of patients seen		51,006*	67,796	68,640
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	1,480	400	1,480
Orthodontics No. of patients seen for assessment within six months		574	569	574
GP Trainees No. of trainees	Annual	235	235	259
National Virus Reference Laboratory No. of tests	M	772,972	818,583	818,583

Community Healthcare				
Activity	**Reporting Period**	**NSP2021 Expected Activity**	**Projected Outturn 2021**	**Expected Activity 2022**
Social Inclusion Services				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	M (1 Mth in arrears)	10,500	10,796	10,800
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,486	1,548	1,500
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,168	1,059	1,100
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives		3,735	3,735	3,735
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	3,735	3,735
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	3,786	3,157	4,940
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		312	206	360
Older Persons' Services				
Safeguarding *(combined activity volume with Disability Services)* No. of staff undertaking safeguarding training (eLearning module via HSELanD)	Q (1 Mth in arrears)	60,000	50,000	40,000
InterRAI Ireland (IT based assessment) No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	1,196*	1,925	18,000
Home Support No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))		21.90m*	21m	23.67m
No. of home support hours provided for testing of Statutory Home Support Scheme		230,000	59,600	170,400
Total home support hours (excluding IHCP)		**22.13m***	**21.1m**	**23.8m**
No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only	M	55,675	54,000	55,675
Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an Intensive Homecare Package		235	120	235
No. of home support hours provided from Intensive Homecare Packages		360,000	250,000	360,000
Total home support hours (including IHCP)		**22.55m***	**21.40m**	**24.2m**

Community Healthcare				
Activity	**Reporting Period**	**NSP2021 Expected Activity**	**Projected Outturn 2021**	**Expected Activity 2022**
Transitional Care No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	831	1,060	916
No. of persons in acute hospitals approved for transitional care to move to alternative care settings		6,346*	8,450	8,637
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long-term residential care during the reporting month	M	22,500	22,297	22,412
No. of NHSS beds in public long-stay units		4,501	4,501	4,501
Residential Care No. of short stay beds in public units		2,209	2,182	2,182
Palliative Care Services				
Inpatient Palliative Care Services No. accessing specialist inpatient beds within seven days (during the reporting year)	M	2,776*	3,436	3,814
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,358	3,406	3,406
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)		310	310	310
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		46	46	46
No children / family units who received therapeutic support from Laura Lynn Children's Hospice (during the reporting month)		New PI NSP2022	New PI NSP2022	90
No of admissions to Laura Lynn Children's Hospice (during the reporting year)		New PI NSP2022	New PI NSP2022	456
Disability Services				
Safeguarding *(combined activity volume with Older Persons' Services)* No. of staff undertaking safeguarding training (eLearning module via HSELanD)	Q (1 Mth in arrears)	60,000	50,000	40,000
No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	Q	180	90	180
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,130	8,090	8,228
New Emergency Places Provided to People with a Disability No. of new emergency places provided to people with a disability		44	85	50
No. of in home respite supports for emergency cases		358	402	422
Congregated Settings Facilitate the movement of people from congregated to community settings		144	144	143

Community Healthcare

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Day Services including School Leavers				
No. of people (all disabilities) in receipt of rehabilitation training (RT)	M	2,290	2,098	2,290
No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / autism and physical and sensory disability)	Bi-annual	18,420	17,500	18,500
Respite Services				
No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	20,958	14,826	22,474
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		4,392	4,311	5,351
No. of overnights (with or without day respite) accessed by people with a disability		85,336	89,192	92,552
Personal Assistance (PA)				
No. of PA service hours delivered to adults with a physical and / or sensory disability		1.74m	1.58m	1.70m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,587	2,271	2,587
Home Support Service				
No. of home support hours delivered to persons with a disability		3.01m	2.76m	3.12m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,130	6,012	7,326
***Disability Act* Compliance**				
No. of requests for assessment of need received for children	Q	4,613	5,857	5,857
Mental Health Services				
General Adult Community Mental Health Teams				
No. of adult referrals seen by mental health services	M	23,042	26,141	26,201
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	11,939	11,314	11,314
Psychiatry of Later Life Community Mental Health Teams				
No. of Psychiatry of Later Life referrals seen by mental health services	M	7,388	6,839	9,025
Child and Adolescent Mental Health Services				
No. of CAMHS referrals received by mental health services		14,895	22,492	18,271
No. of CAMHS referrals seen by mental health services		9,338	10,271	10,878
*NSP2021 target revised as part of NSP Q1 2021 Review				

Acute Hospital Care

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Discharge Activity				
Inpatient	M (1 Mth in arrears)	595,424*	595,424	638,938
Day case (includes dialysis)		1,015,050*	1,015,050	1,181,878
Total inpatient and day cases		**1,610,474***	**1,610,474**	**1,820,816**

Acute Hospital Care

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Emergency inpatient discharges	M (1 Mth in arrears)	422,782*	422,782	452,335
Elective inpatient discharges		82,166*	82,166	85,683
Maternity inpatient discharges		90,475*	90,475	100,920
Inpatient discharges ≥75 years		134,240	124,936	134,308
Day case discharges ≥75 years		199,202	191,005	228,838
Level of GI scope activity		79,884*	79,884	98,503
Level of dialysis activity**		189,648*	189,648	216,840
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		198,488*	198,488	242,642
Emergency Care New ED attendances	M	1,168,414*	1,168,414	1,337,407
Return ED attendances		101,953*	101,953	113,928
Injury unit attendances		101,312*	101,312	131,650
Other emergency presentations		42,120*	41,120	40,455
Births Total no. of births		58,996*	58,996	60,015
Outpatients No. of new and return outpatient attendances		3,235,143*	3,221,143	3,424,505
No. of new outpatient attendances		877,012*	863,012	964,921
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤175,200	131,330	≤127,750
No. of beds subject to delayed transfers of care		371*	350	≤350
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	550	N/A
Venous Thromboembolism (VTE) Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation		New PI NSP2022	New PI NSP2022	N/A

Note: All Acute Hospital Appendix 3(c) KPIs exclude NTPF and Access to Care Activity

*NSP2021 target revised as part of NSP Q1 2021 Review

**Does not include Home Haemodialysis or Peritoneal dialysis treatments – 96,905 treatments

National Ambulance Service

Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
Total no. of AS1 and AS2 (emergency ambulance) calls	M	360,000	358,000	362,000
Total no. of AS3 calls (inter-hospital transfers)		30,000	25,000	30,000
No. of intermediate care vehicle (ICV) transfer calls		29,000	26,000	29,000

National Ambulance Service				
Activity	Reporting Period	NSP2021 Expected Activity	Projected Outturn 2021	Expected Activity 2022
No. of clinical status 1 ECHO calls activated	M	5,600	5,400	5,600
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)		5,400	5,200	5,400
No. of clinical status 1 DELTA calls activated		142,000	134,000	140,000
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)		125,000	108,000	120,000
Aeromedical Service – Hours (Department of Defence)		480	480	480
Irish Coast Guard – Calls (Department of Transport, Tourism and Sport)		200	200	200
Aeromedical Service South – Tasking (Irish Community Rapid Response)		600	600	600

Appendix 4(a): eHealth and ICT Capital Appendix

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
1.1	Network and Communications Technologies	OoCIO	• Enterprise WLAN implementation partially completed for Acute, Community and Corporate services enabling Mobility and Connectivity: • Limited Annual Network Refresh required to enhance security, enable priority services and deliver new services. • Cloud Direct Network connectivity progressed Microsoft Azure, enable cloud applications performance and security (HPVP, COVID-19 Reporting) • Internet Infrastructure 2.0 procurement complete, enabling secure connectivity for internal and external Cloud Services. • Limited Refresh legacy telephony equipment - PBX Framework, PBX Site Upgrades • Enable *Sláintecare* mobility in Community, best cost model - Establish new Mobile Framework - Mobile Technology Connectivity Re-Design - O365 Mobile Migration • Community Enablement: Capital Plan 2022 - 10 x Community Nursing Unit Builds - 15 x Primary Care Builds	€7,650,000
1.2	Refresh Current Technology and Devices	OoCIO	• Address Cyber Security weaknesses related to legacy infrastructure - Windows 7 Device Refresh including Windows 10 - Replace 23,000 devices and peripherals in 2022 plus 19,000 Windows 7 devices • Enable Resilient and Secure Cloud Services - Operationalise hybrid VMWare into Azure - Pilot hybrid Citrix environment - Progress Infrastructure to Cloud programme • Vaccination Device Enablement • Infrastructure Refresh: BAU Device Delivery (100 per week) • Emergency Services Technology - ICCS Replacement - Tetra upgrade	€24,709,110

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
			- Network Refresh • Communications Strategy - Limited Contact Centre Upgrade - Limited Social Media Contact Centre • Data Centres: required to enhance security, enable priority services and deliver new services - Server Refresh - Storage Refresh - Backup Solution Endpoints critical to Cyber Security Response and Recovery - BAU sustainment, UPS, power - Network Refresh Clonshaugh – address current risk in National Data Centre	
1.3	Single Identity	OoCIO	• Single national email: Migration of HSE email users to single national exchange on HealthIRL - Complete Lotus Notes to Exchange migration • Cloud identity: enablement of HSE users for cloud identity - Complete regional exchange migration (CALS) to address Cyber Security identity weaknesses - Identity Management Tools	€5,100,000
1.4	Data Centre and Cloud Services	OoCIO	• Cloud Framework complete with associated resources, including: VDI, Data Centre Rationalisation and Modernisation, Data Management technology, CSE Cloud Server Enrolment, VMWare Hybrid • Cloud Platform and Infrastructure management log analytics in place • Infrastructure as a Service / Platform as a Service implementations progressed	€6,120,000
1.6	Cyber Security Technology	OoCIO	• Cyber Security tender document for Security Perimeter Procurement (Proxy) published • Construction of new cyber security environment initiated and underway (SOC) • Cyber Security: AV + EP encryption Tool Contract Renewal / Procurement • Endpoint Detection and Response (EDR) Technology Programme – rationalisation and procurement • Security Controls Equip / Technology in place: - Mobile Security - Privilege Access Management Tools - Network Security Tools - End Point Control Technology - Network Access Control (NAC)	€11,150,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
			- Security Information and Event Management (SIEM) – real time detection, analytics, alerts - Vulnerability Management • IT Risk Management Programme implemented (People, Processes, Technology) • Cyber Third Party Threat Intelligence in place – user credentials on Dark Web • Complete the Controls Review for the NIS Directive (Initiate Threat Detection and Management)	
1.7	New Technology	OoCIO	• Mobility and Connectivity - Implement Unified Collaboration Solution for HSE Estate (fixed desktop / mobile) - Implement Virtual Desktop Infrastructure (VDI) POC (on-prem) • Implement managed print, data sharing hub, file transfer, batch	€5,100,000
Subtotal				**€59,829,100**
2.1	IHI Integration – Sustain Consumer Systems	OoCIO	• IHI (and Eircode) integration into: - iPMS systems (5 of 13 instances) - All GP systems - PCRS systems - National Screening and Immunisation systems - National Treatment Purchase Fund (NTPF) and HIPE - All NIMIS, MN-CMS, MedLIS, NCIS systems - Community Services systems (as they are delivered)	€1,100,000
2.2	Integration and Interoperability	OoCIO	• HealthLink and Health Identifiers integration into NIMIS, MN-CMS, MedLIS, NCIS • Integration platform completed to support integration messaging and data exchange of health identifiers (incl. IHI, Eircodes, consent, death notifications, electronic discharges and referrals with consumer systems such as COVID-19 CCT, CoVax, Data Lake, HIPE, DEASP and GRO)	€350,000
2.3	Acute Floor Solution	Acute	• Recruit programme team • Complete procurement • Commence configuration	€245,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
2.4	Critical Care ICT	Acute	• Produce national Critical Care CIS Implementation Roadmap: Q1 • Conduct procurement, finalise contract and appoint supplier: Q2 • Complete ongoing ICU CIS Implementation(s): - RCSI Hospital Group and OLOL: Q1 - Saolta University Health Care Group (Q2 and Q4) • Commence new implementation in priority sites set by programme board • Continue rollout of ICU CAS to Phase 3 sites	€850,000
2.5	Maternity and Newborn (MN-CMS)	Acute	• Migrate the MN-CMS platform for CUMH, UHK, NMH, Rotunda from the Clonshaugh DC to Cerner Total Managed Service (TMS) remote hosting environment in Sweden • Upgrade the MN-CMS platform to 2018 code base or latest • Mitigate technology risks on HSE Millennium platform prior to move • Prepare cyber security / OES compliance roadmap (subject to resource plan approval) • Continue engagement with CWIUH and UHL on readiness and implementation planning of MN-CMS • Prepare cyber security / OES compliance roadmap (subject to resource plan approval)	€1,788,671
2.6	Medical Laboratories (MedLIS)	Acute	• Move MedLIS to Remote Hosting Option • Testing and QA for Cavan and Beaumont implementation • Continue Lab Systems Stabilisation	€4,200,000
2.7	National Cancer Information System	Acute	• Continue roll-out of NCIS to hospitals previously planned for 2021. These are: CHI Crumlin, MRH Tullamore, SSWHG IPM PAS-NCIS Interface, Kerry General Hospital, Cork University Hospital, Mercy University Hospital, South Infirmary Victoria University Hospital, PAS-NCIS Interface, Portiuncula Hospital, PAS-NCIS Interface, St Vincent's University Hospital • Continue planning for NCIS roll-out to hospitals previously planned for 2022 (Cavan General Hospital, Tallaght University Hospital, Letterkenny General Hospital, Naas Hospital, Sligo University Hospital, University Hospital Waterford, Connolly Hospital, Our Lady of Lourdes Hospital, St Luke's Hospital, Kilkenny, Wexford General Hospital, South Tipperary General Hospital, University Hospital Limerick, Mater Misericordia Hospital	€994,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
2.8	National Electronic Blood Track	Acute	• Continue to support and operate this system to maintain compliance with the blood directive • Complete hardware refresh	€400,000
2.9	National Integrated Medical Imaging (NIMIS)	Acute	• Continue to support and operate NIMIS serving 41 Acute hospitals and 17 Community facilities • Deliver NIMIS 2 PACS upgrade • Upgrade some workstations from Windows 7 to Windows 10 (for cybersecurity) • Commence RIS implementation • Prepare cyber security / OES compliance roadmap • Complete PACS / RIS upgrade in Cork RIS implementation • PACS / RIS procurement for SVUH and commence implementation	€13,800,000
2.10	CHI ICT	CHI	• NCH network significantly delivered • Continue procurement of NCH core infrastructure • Commence procurement of integration engine	€4,100,000
2.11	CHI EHR	CHI	• EHR procurement completed • EHR implementation commenced	€9,500,000
2.12	CHI Crumlin – Temple St	CHI	• Risk Assessment of legacy clinical solutions completed • Risk remediation plans prepared • Priority remediations executed	€700,000
2.13	PAS iPMS	Acute	• Continue to support and optimise existing estate of iPMS • Deploy to additional sites – Beaumont, Sligo, Letterkenny, Cappagh; commence projects in Royal Victoria Eye and Ear and Naas • Introduce new capabilities as directed by the programme board • Prepare cyber security / OES compliance roadmap	€2,800,000
2.14	ePharmacy	Acute	• Plan, configure and commence rollout of HMMS Phase 1	€700,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
2.15	EU Open NCP-SCR	OoCIO	• Open tender competition will be held in Q1 2022 to identify suitable framework supplier(s). • The Irish Open NCP (EU EHR) support framework will consist of applicable work packages across the required domains, (i.e. Legal, Organisational, Technical, Semantic, Security, Testing and Training). • Once established, the support framework will facilitate the continued implementation, development and running of essential services to support the ongoing operation of the Irish Open NCP • Participation in EU test events as required by Ireland's Grant agreements with EU	€1,910,000
2.16	Chronic Disease Management (CDM)	Community	• Pilot sites roll-out • Full implementation • CDR issue to be addressed	€1,500,000
2.17	National Forensic Hospital	Community	• Phase 1 roll-out of TrakCare at NFMHS	€1,800,000
2.18	National Rehab Hospital	Community	• Phase 1 roll-out of TrakCare at the NRH	€1,800,000
2.19	interRAI Assessment Tool	Community	• Complete Phase 1 roll-out • Commenced phase 2 implementation	€379,969
2.20	National Nursing Homes Support Scheme Replacement	Community	• Complete requirements specification and business case • Commenced implementation (subject to business case approval)	€700,000
2.21	Small Solutions	Acute	• Multiple small projects across all portfolios: - Business case completed and DGOU approved - Procurement completed and implementation commenced - Project delivery and closure	€3,290,000
2.22	Nurse Task Force Management – Safe Nursing	ONMSD	• Progress the implementation of the Nurse Task Force Management – Safe Nursing initiative to improve provision of patient care	€1,400,000
2.23	Integrated Financial Management System	Finance	• Commence Build and test phase of the IFMS • Deployment preparation and readiness • Extend CHI SAP to Temple Street to provide single CHI finance and procurement solution	€2,800,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
2.24	National Estates System	Estates	• Phase 2 NEIS delivers three modules in Tririga - Two of these modules will be delivered in 2022 with the third being delivered in Q1 2023 - Each module is delivered through a series of iterations through design, build, test and deployment. • Go Live Dates: - Operations and Maintenance (incl Medical Equipment Management) – March 2022 - Property Management (Real Estate) – Oct 2022	€1,470,000
2.25	National Integrated Staff Records (NiSRP)	HR	• Progress with regional implementation of the national integrated staff records program (NiSRP) in HSE South • Deploy Employee and Manager Self service to existing SAP sites	€350,000
2.26	National Single Sign-on Solution	Community	• Commence Phase 1 roll-out of National Single Sign-on Solution in eight hospital sites.	€1,260,000
Subtotal				**€60,187,640**
3.1	Scheduled Care eEnablers	Community	• Business case completed and approved • Procurement completed and preferred vendor selected • Commenced implementation	€2,100,000
3.2	Shared Care Record	CCO, Acute, Community	• Shared Record pilot based on existing data sources and messaging delivered • Continue to build Infrastructure to enable Summary Care Record • Shared Record business case approved • DGOU sanction secured	€140,000
3.3	Integrated Community Care Case Management	Community	• Business case, statement of requirements developed • Complete procurement	€350,000
3.5	Endoscopy	Acute	• Commence procurement of new Endoscopy system	€70,000
3.6	Cardiology	Acute	• Implement replacement system in GUH, not recovered after cyber attack • Extend and deploy replacement system in The Mater	€525,000
3.7	SSW Inpatient Journey Solution	Acute	• Complete Procurement • Commence implement in CUH	€1,050,000

NSP Programme		Primary HSE Division	Key 2022 Deliverables	2021 Capital Funding Allocation
3.8	Order Comms	Acute	• Commence implementation in line with DGOU approvals	€140,000
3.9	ePrescribing and NMPC	Community	• Design and procure Primary Care ePrescribing • Design and procure NMPC Solution build	€350,000
3.10	Infectious Disease Register (CIDR)	Public Health	• Business case completed and approved • Procurement completed and preferred vendor selected • Commenced implementation	€350,000
3.11	Citizen Portal	OoCIO	• Citizen Portal front-end completed for Citizen Patient Summary Record (Citizens and their circle of care, including clinicians) – piloted with Dublin North City and County Community Healthcare Elderly Services to include medications and discharge letters • Addition of extra services as they become available including appointment scheduling for e.g. COVID-19 Related appointments • Addition of extra data as it becomes available for e.g. Lab test results	€175,000
3.12	Immunisation (non-CoVax)	Public Health	• Tender process completed for National Immunisation Information System • Solution selected and roll-out commenced	€700,000
3.13	Home Support Management System	Community	• Agree pilots to inform appropriate National Approach • Implement and evaluate pilots • Agree and progress the National Approach	€280,000
3.14	Residential Care Management System	Community	• Agree pilots to inform appropriate National Approach • Implement and evaluate pilots • Agree and progress the National Approach	€280,000
3.15	Health Performance Visualisation Platform	Strategy and Operations (Joint)	• Complete insight training for all clinicians • Commence and progress HPVP change management programme adoption • Complete HPVP phase 1 project; transition completed • Complete procurement and vendor selection for HPVP Phase 2 • Initiate implementation of HPVP Phase 2	€3,473,250
Subtotal				**€9,983,250**
Overall Total				**€130,000,000**

The table below represents the additional investments which should be made. These are subject to securing additional investment from the COVID-19 capital contingency that is held at Central Government level.

eHealth Programme		Primary HSE Division	Key 2022 Deliverables	2021 COVID Funding
1.2	Refresh Current Technology and Devices (Windows 7-10 migration)	OoCIO	• Address Cyber Security weaknesses related to legacy infrastructure - Windows 7 migration to Windows 10	€3,400,000
1.5	Healthlink Cloud Migration	OoCIO	• Migration of HealthLink infrastructure into Cloud Platform • Operationalisation as HealthLink production platform	€1,000,000
1.8	IHI Infrastructure Refresh and Migration	OoCIO	• IHI Infrastructure performance enhanced to meet the increased throughput	€400,000
3.4	Telehealth	Community	• Rollout of video-enabled care solutions continued • Procurement completed and preferred vendor(s) selected. • New platform deployed • Extension into remote monitoring and online therapies	€2,200,000
Total COVID-19 Contingency Fund				**€7,000,000**

Appendix 4(b): Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2020 / 2021 and will be operational in 2022; 2) are due to be completed and operational in 2022; or 3) are due to be completed in 2022 and will be operational in 2023

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Community Healthcare									
Primary Care Services									
Donegal, Sligo Leitrim, Cavan Monaghan Community Healthcare									
Buncrana, Co. Donegal	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.15	0.40	-	-
Carrickmacross, Co. Monaghan	Primary Care Centre, by lease agreement	Q4 2021	Q2 2022	0	0	0.10	0.40	-	-
Donegal Town, Co. Donegal	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.40	0.98	-	-
Killeshandra, Co. Cavan	Primary Care Centre, by lease agreement	Q1 2022	Q2 2022	0	0	0.13	0.13	-	-
Monaghan Town, Co. Monaghan	Primary Care Centre to be developed on HSE owned site (St. Davnet's). Includes a Mental Health Primary Care Centre	Q1 2022	Q1 2023	0	0	5.10	14.08	-	-
Nazareth House, Co. Sligo	Nazareth House refurbishment – Phase 2	Q4 2021	Q1 2022	0	0	0.10	3.99	-	-
Newtowncunningham, Co. Donegal	Primary Care Centre – HSE own build	Q1 2022	Q2 2022	0	0	1.04	3.66	-	-
North Sligo Network Primary Care Centre	North Sligo Network Primary Care Centre (Grange, Drumcliffe). Two site solution	Drumcliffe Q4 2021 Grange Q3 2022	Drumcliffe Q1 2022 Grange Q4 2022	0	0	2.52	7.05	-	-
Community Healthcare West									
Ballyhaunis, Co. Mayo	Primary Care Centre, by lease agreement	Q2 2022	Q3 2022	0	0	0.10	0.40	-	-
Moycullen, Co. Galway	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.12	0.24	-	-
Portumna, Co. Galway	Primary Care Centre, by lease agreement	Q4 2022	Q1 2023	0	0	0.20	0.40	-	-
Mid West Community Healthcare									
Ennis 1 (Station Road), Co. Clare	Primary Care Centre, by lease agreement	Q1 2022	Q2 2022	0	0	0.20	0.40	-	-
Newcastlewest, Co. Limerick	Primary Care Centre, by lease agreement	Q1 2022	Q2 2022	0	0	0.20	0.40	-	-
Thurles, Co. Tipperary	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.43	0.85	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Cork Kerry Community Healthcare									
Ballincollig Co. Cork	Primary Care Centre, by lease agreement	Q2 2022	Q4 2022	0	0	0.20	0.40	-	-
Bandon, Co. Cork	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.05	0.40	-	-
Beara (Castletownbearhaven), Co. Cork	Primary Care Centre, by lease agreement	Q1 2022	Q2 2022	0	0	0.05	0.25	-	-
Castleisland, Co. Kerry	Primary Care Centre, by lease agreement	Q3 2022	Q4 2022	0	0	0.05	0.25	-	-
Cobh, Co. Cork	Primary Care Centre, by lease agreement	Q4 2022	Q1 2023	0	0	0.05	0.40	-	-
Fermoy, Co. Cork	Primary Care Centre, by lease agreement	Q2 2022	Q4 2022	0	0	0.20	0.40	-	-
South East Community Healthcare									
Waterford City / South Kilkenny (Ferrybank)	Primary Care Centre, by lease agreement	Q4 2021	Q2 2022	0	0	0.50	0.67	-	-
Enniscorthy, Co. Wexford	Primary Care Centre, by lease agreement	Q2 2022	Q4 2022	0	0	0.05	0.40	-	-
Thomastown / Ballyhale, Co. Kilkenny	Primary Care Centre, by lease agreement	Q1 2022	Q3 2022	0	0	0.32	0.32	-	-
Community Healthcare East									
Arklow, Co. Wicklow	Primary Care Centre, by lease agreement	Q2 2022	Q3 2022	0	0	0.20	0.40	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Knocklyon / Rathfarnham (Ballyboden), Dublin	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.05	0.85	-	-
Castle Street Clinic, Dublin 2	Upgrade existing building to continue to deliver alcohol and drugs specialist services for 244 service users	Q3 2022	Q1 2023	0	0	1.30	1.62	-	-
Older Persons' Services									
Donegal, Sligo Leitrim, Cavan Monaghan Community Healthcare									
Carndonagh Community Hospital	HIQA compliance – refurbishment	Q2 2022	Q3 2022	2	46	1.80	4.24	-	-
Dungloe Community Hospital	HIQA compliance – refurbishment	Q4 2021	Q1 2022	1	33	0.10	3.31	-	-
Falcarragh CNU	HIQA compliance – refurbishment	Q4 2022	Q1 2023	0	35	3.05	3.50	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
St John's Community Hospital	HIQA compliance – refurbishment	Q2 2022	Q3 2022	0	95	0.76	8.03	-	-
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	2.24	4.95	-	-
Community Healthcare West									
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	3.60	16.98	-	-
Mid West Community Healthcare									
Raheen, Co. Clare	HIQA compliance – refurbishment	Q1 2022	Q2 2022	0	7	0.35	3.53	-	-
St. Ita's, Newcastle West, Co. Limerick	Refurbishment and 12 additional beds	Q4 2022	Q1 2023	0	66	3.30	3.80	-	-
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	2.85	5.02	-	-
Cork Kerry Community Healthcare									
Cahersiveen Community Hospital, Co. Kerry	HIQA compliance – refurbishment and extension	Q1 2022	Q1 2022	0	33	0.14	3.79	-	-
Castletownbere Community Hospital (St Josephs), Co. Cork	HIQA compliance – refurbishment and extension	Q4 2021	Q4 2021	0	31	0.10	3.86	-	-
Clonakilty Community Hospital and Long-Stay (Mount Carmel), Co. Cork	HIQA compliance – refurbishment and extension	Q2 2022	Q2 2022	0	122	1.10	6.89	-	-
Heather House, St Mary's Health Campus, Cork	60 single bedrooms (extension to the existing 50-bed Heather House CNU)	Q2 2022	Q2 2022	60	0	12.00	26.96	-	-
Listowel Community Hospital, Co. Kerry	HIQA compliance – refurbishment and extension	Q1 2022	Q1 2022	0	24	0.16	3.44	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Blarney, Co Cork	50 single bedroom new development – Phase 1 20 beds	Q3 2022	Q3/4 2022	20	0	5.00	14.10	-	-
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	3.21	8.79	-	-
South East Community Healthcare									
Sacred Heart Hospital, Carlow	HIQA – refurbishment – Phase 3 extension	Q2 2022	Q2 2022	0	0	1.50	3.44	-	-
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	3.06	14.56	-	-
Community Healthcare East									
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	1.02	14.56	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	3.21	8.46	-	-
Midlands Louth Meath Community Healthcare									
St Mary's Hospital, Drogheda, Co. Louth	Combine Boyne View and St Mary's, refurbishment and new build – Phase 1	Q4 2022	Q1 2023	0	30	7.26	12.87	-	-
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	1.39	5.73	-	-
Dublin North City and County Community Healthcare									
Enhanced Community Care – Stage 1 (various locations)	Interim and Permanent accommodation at various locations for Enhanced Community Care	Phased Delivery 2022	Phased Delivery 2022	0	0	4.82	8.33	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Disability Services									
Donegal, Sligo Leitrim, Cavan Monaghan Community Healthcare									
Cregg House and Cloonamahon, Co. Sligo	Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	16	0.84	4.72	-	-
Community Healthcare West									
Áras Attracta, Swinford, Co. Mayo	Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	15	1.05	3.66	-	-
Mid West Community Healthcare									
Daughters of Charity, Co. Limerick and Roscrea, Co. Tipperary and Brothers of Charity, Limerick	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	8	1.42	2.52	-	-
Cork Kerry Community Healthcare									
St. Raphael's Centre, Youghal, Co. Cork and St. Vincent's Centre, St Mary's Road, Cork	Four units of purchase / refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	15	0.64	1.67	-	-
South East Community Healthcare									
St. Patrick's Centre, Co. Kilkenny and HSE Wexford (WRIDS)	Two units of refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	8	0.41	2.54	-	-
Midlands Louth Meath Community Healthcare									
St. John of Gods, St Mary's Campus, Drumcar, Co Louth	One unit of purchase / refurbishment to meet housing requirements for individuals transitioning from congregated settings	Phased delivery 2022	Phased delivery 2022	0	4	0.01	0.65	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Mental Health Services									
Donegal, Sligo Leitrim, Cavan Monaghan Community Healthcare									
Letterkenny University Hospital, Co. Donegal	AMHU anti-ligature works	Q4 2022	Q4 2022	0	0	0.54	0.70	-	-
South East Community Healthcare									
Clonmel, Co. Tipperary	The provision of a 10-bed crisis housing unit to facilitate the vacation of St. Luke's General Hospital	Q3 2022	Q3 2023	2	8	3.11	3.73	-	-
Midlands Louth Meath Community Healthcare									
St. Fintan's, Co. Laois	Refurbishment works for CAMHS team	Q4 2022	Q4 2022	0	0	0.05	0.70	-	-
Acute Hospital Care									
Children's Health Ireland									
CHI, Temple Street, Dublin	Neurosurgery rehab for over 6s from Beaumont. Redevelop the 4th floor (old neurology department) and 2nd MRI as well as relocating CT into a series of rehabilitation rooms	Q3 2022	Q4 2022	0	0	1.60	2.10	-	-
Dublin Midlands Hospital Group									
Coombe Women and Infants' University Hospital, Dublin	New interim laboratory – National Screening Service (excludes equipping)	Q4 2022	Q4 2022	0	0	7.96	15.00	-	-
Midland Regional Hospital, Portlaoise, Co. Laois	Reconfiguration of available space to provide additional clinical and administrative accommodation (administrative building and Chapel of Rest)	Q4 2021	Q1 2022	0	0	0.10	1.80	-	-
Midland Regional Hospital, Tullamore, Co. Offaly	Reconfiguration works to provide mid-term AMAU, 2 isolation rooms in emergency department, reconfigure and extend blood transfusion and histology labs	Q4 2021	Q1 2022	0	0	0.14	3.64	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Midland Regional Hospital, Tullamore, Co. Offaly	Conversion of ward area to provide four new neutral pressure isolation rooms	Q3 2022	Q4 2022	0	4	0.10	1.10	-	-
Midland Regional Hospital, Tullamore, Co. Offaly	Provision of a dispensing robot for the pharmacy	Q2 2022	Q3 2022	0	0	0.36	0.36	-	-
Naas General Hospital, Co. Kildare	Construct modular unit (12 single rooms)	Q3 2022	Q3 2022	12	0	4.61	5.96	-	-
St. James's Hospital, Dublin	Bone Marrow Unit – Modular unit. Provision of seven isolation rooms for the Bone Marrow Unit	Q3 2022	Q4 2022	7	0	0.45	5.61	-	-
St. James's Hospital, Dublin	Extension to the ground floor OPD for non-invasive cardiology diagnostic and respiratory services	Q1 2022	Q2 2022	0	0	0.40	12.48	-	-
Tallaght University Hospital	12-bed integrated Critical Care Unit. Refurbish and extend over the existing OPD	Q3 2022	Q4 2022	12	0	8.21	19.86	-	-
Ireland East Hospital Group									
Mater Misericordiae University Hospital, Dublin 7	Mater Major Trauma Centre phase 1a	Q2 2022	Q3 2022	0	0	0.23	6.73	-	-
Mater Misericordiae University Hospital, Dublin 7	Construction of 112 bed Ward Block – Phase 1 (48 general beds and eight ICU beds)	Q2 2022	Q3 2022	56	0	44.00	89.00	-	-
Regional Hospital Mullingar, Co. Westmeath	Extension to radiology department to accommodate an MRI	Q4 2022	Q1 2023	0	0	5.20	7.44	-	-
Our Lady's Hospital, Navan, Co. Meath	Refurbishment of male and female inpatient nightingale wards	Q3 2022	Q4 2022	0	0	1.00	1.50	-	-
Our Lady's Hospital, Navan, Co. Meath	Upgrade of the existing mortuary	Q3 2022	Q4 2022	0	0	0.67	0.82	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
St. Columcille's Hospital, Dublin	Alterations and renovation of the mortuary viewing room and internal WC to allow accessibility. New external paved ramp and railing together with planters and a new pergola	Q2 2022	Q3 2022	0	0	0.01	0.21	-	-
St. Luke's General Hospital, Carlow / Kilkenny	New 72-bed replacement medical ward block	Q4 2021	Q1 2022	0	72	2.20	29.70	-	-
Saolta University Health Care Group									
Letterkenny University Hospital, Co. Donegal	Electrical infrastructure upgrade, 1980s building (Phases 2 and 3)	Q4 2022	Q4 2022	0	0	0.80	1.15	-	-
Merlin Park University Hospital, Galway	Replacement orthopaedic theatre block	Q2 2022	Q2 2022	0	0	3.20	10.20	-	-
Sligo University Hospital	Provide a roof top extension to provide additional isolation rooms	Q4 2021	Q1 2022	4	0	0.63	3.77	-	-
University Hospital Galway	Sexual Assault Treatment Unit. Relocation to a leased facility. Co-funded with Tusla and Justice	Q4 2021	Q1 2022	0	0	0.02	0.70	-	-
University Hospital Galway	Interim ED to facilitate service continuity	Q3 2022	Q3 2022	0	0	6.50	13.00	-	-
University Hospital Galway	Cardiothoracic ward: Phase 2 – provision of a cardiothoracic ward	Q3 2022	Q4 2022	0	12	2.76	4.71	-	-
South / South West Hospital Group									
Cork University Hospital	Blood Science Project – extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q3 2022	Q4 2022	0	0	3.00	6.68	-	-
Mallow General Hospital, Co. Cork	Replacement medical ward: As Phase 1, replace the existing sub-standard medical ward accommodation with 48 new single bedrooms in two wards to modern day (Health Building Note) standards	Q3 2022	Q4 2022	20	28	12.00	28.64	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
Mercy University Hospital, Cork	Additional bed capacity: Provision of a new modular 30-bed ward block	Q4 2022	Q1 2023	30	0	13.50	19.83	-	-
South Infirmary Victoria University Hospital, Cork	The relocation of the ophthalmology OPD from CUH to SIVUH	Q3 2021	Q1 2022	0	0	0.21	8.91	-	-
South Infirmary Victoria University Hospital, Cork	Refurbishment / upgrade of two theatres and accommodation to facilitate relocation of ophthalmic surgery from CUH	Q4 2022	Q4 2022	0	0	2.80	4.15	-	-
University Hospital Kerry	Water Infrastructure Replacement – Phase 1	Q1 2022	Q1 2022	0	0	1.11	2.37	-	-
University Hospital Kerry	Reconfiguration of existing High Dependency Unit	Q1 2022	Q2 2022	0	5	0.30	2.00	-	-
University Hospital Waterford	Development of a theatre on Level 2 to facilitate cataract surgery and other ophthalmology procedures	Q3 2022	Q4 2022	0	0	1.25	1.64	-	-
University Hospital Waterford	The provision of a second cardiac catheterisation laboratory to enable the expansion of the cardiac diagnostic / interventional service	Q3 2022	Q4 2022	0	0	6.73	7.82	-	-
University Hospital Waterford	MRI replacement and associated fire / infrastructure upgrade works (Equipment purchase in ERP)	Q4 2022	Q1 2023	0	0	1.69	2.50	-	-
UL Hospitals Group									
Croom Orthopaedic Hospital, Co. Limerick	Orthopaedic surgical unit development: Theatre and CSSD fit-out including link to St Anne's Ward and lifts (excludes refurbishment of St Anne's ward)	Q4 2021	Q1 2022	0	0	0.20	14.69	-	-
Ennis Hospital, Co. Clare	Phase 1b of the re-development of Ennis Hospital – consists of the fit-out of vacated areas in the existing building to a Local Injury Unit	Q1 2022	Q2 2022	0	0	0.07	1.85	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2022 Implications	
						2022	Total	WTE	Rev Costs €m
University Hospital Limerick	Lift replacement programme (four lifts)	Q1 2022	Q1 2022	0	0	0.03	1.16	-	-
University Hospital Limerick	Production kitchen / catering upgrade	Q4 2022	Q1 2023	0	0	1.80	2.25	-	-
University Hospital Limerick	Construction of a new modular COVID-19 laboratory at UHL to manage testing	Q4 2021	Q1 2022	0	0	0.06	3.96	-	-
University Maternity Hospital, Limerick	Neo-natal expansion. Phase 1 – relocate clinical staff. Phase 2 – Neo-natal spaces	Phased Delivery Phase 1 Q4 2021 Phase 2 Q4 2022	Q1 2022 (Phase 1) Q4 2022 (Phase 2)	0	0	1.06	2.50	-	-
National Ambulance Service									
Ardee Ambulance Base, Co. Louth	New ambulance station	Q3 2022	Q4 2022	0	0	1.57	3.90	-	-
Ballybofey , Co. Donegal	The provision of an ambulance base at St Joseph's Hospital, Stranorlar, including relocation of Older Persons' Services	Q4 2021	Q1 2022	0	0	0.10	0.65	-	-
Merlin Park University Hospital, Galway	Provision of an ambulance to serve Galway City – permanent facility	Q4 2021	Q1 2022	0	0	0.25	4.90	-	-
Mullingar, Co. Westmeath	Relocate ambulance station: Will replace existing fragmented service and integrate fleet and operatives in one central location	Q2 2022	Q3 2022	0	0	1.13	3.96	-	-

Further analysis of the impact of operationalising capital initiatives in 2022 will be set out in the Operational Plans 2022

Appendix 5: Annual Statement of Priorities for the development of the HSE National Service Plan 2022 (as outlined in the Letter of Determination, 2nd November 2021)

Annual Statement of Priorities for NSP 2022

In planning for health services in 2022, the Minister has directed that the following annual key priorities are incorporated by the Executive into NSP 2022 in respect of the full allocation of funding being provided:

1. The most urgent health priority for 2022 is for the Executive to engage with the Department on the significant reform agenda and activity required to address unacceptably high waiting list levels, and the move towards the waiting times as envisaged in Sláintecare. An additional **€200 million** in funding to address **waiting lists and waiting times** is being provided to the Executive in 2022, and I would ask that the Executive work with the Department and the National Treatment Purchase Fund (NTPF) to finalise and begin implementation of a Multi-Annual Waiting List Reform Plan
2. Advancing women's health is a key focus for 2022, including progressing the National Maternity Strategy and the Model of Care for Gynaecology, rollout of free contraception to women aged 17-25, enhancing perinatal genetic and obstetric services as well as developing pilot programmes in relation to period poverty
3. Continuing to protect vulnerable groups, patients, healthcare workers and the wider population from the risks posed by COVID-19 while building resilience across the Health system to support the recovery from immediate COVID-19 impacts and plan for the transition to a post COVID-19 scenario
4. **National Strategies** – in addition to strategies noted above under women's health, it will be critical to further progress other National Strategies in the area of Cancer, Trauma, Dementia Care, Palliative Care, Paediatric Model of Care including the new National Children's Hospital, progressing the National Ambulance Service Strategic Plan, Organ Donation and Transplant Initiatives as well as implementing the Safe Staffing Framework for Nursing
5. Supporting the advancement of programmes of work in line with **Sláintecare objectives**:
    a. Designing and development of the specification of Regional Health Areas (RHA) including completion of the full RHA implementation plan, clarity on corporate and clinical governance, and initiation of the transition phase and the rationalisation of existing health structures
    b. Introduction of a population health management approach to service planning and funding
6. Supporting the implementation of eHealth and health-related recommendations of the **National Recovery and Resilience Plan** including:
    a. Implementation, in consultation with the relevant representative bodies, of the public consultant contract
    b. Full rollout of the GP agreement to develop and expand community care through the modified Chronic Disease Management Programme (CDM)
    c. Implementation of the Enhanced Community Care Programme, including the operationalisation of Community Healthcare Networks (CHNs) in line with advancement of RHAs
7. Ensuring that the wider **health and wellbeing** agenda is reflected throughout the planning of services, including specific measures focused on health promotion, the prevention of chronic diseases and targeted measures under the Healthy Communities Initiative to deliver enhanced services and address health inequalities within disadvantaged communities

8. Progressing **capacity expansion** in line with the 2018 Health Service Capacity Review by completing the full rollout of acute and community beds developments originally funded in 2021 and continuing the implementation of the Strategic Plan for Critical Care with a further 19 critical care beds
9. Improving access to **mental health services** by continuing to enhance the capacity of community mental health teams with particular emphasis on CAMHS, crisis resolution teams and the rollout of specialist eating disorder teams. Additionally, along with strengthening the capacity and resilience of other mental health programmes and progressing the implementation of *Sharing the Vision*
10. Enhancing and integrating services for **older persons**
11. Improving access and enhancing specialist **disability services** with a focus on the implementation of the *Transforming Lives* programme, expanding access to disability specific therapy services including further rollout and reorganisation of *Progressing Disability Services for Children* under the newly established Children's Disability Network Team model as well as commencing to address the capacity recommendations noted in the *Disability Capacity Review to 2032*
12. Protecting **vulnerable homeless people** and implement key aspects of the *National Drugs Strategy.*
13. Introducing **new drugs** in line with the Health (Pricing and Supply of Medical Goods) Act 2013 to enable continued reimbursement of cost-effective new medicines. It should be noted that existing conditions of sanction in relation to new medicines continue to apply
14. In line with Sláintecare and the Finance Reform Programme, **continuing key reform and governance projects**. This includes Activity Based Funding (ABF) and the adoption of the Integrated Financial Management System (IFMS) and National integrated Staff Records and Payroll (NiSRP) Programmes across the Health system, including all s.38 voluntaries in the case of IFMS and NiSRP and additionally the larger s.39 voluntaries in the case of IFMS
15. As an outcome of the 2021 Budget, the full cost in 2021 of the Winter Plan measures introduced from October 2020 to April 2021 under the 2020/2021 Pandemic plan, has now been built into the Executive's determination on a recurring basis. I note that the Executive has committed to providing an updated Winter Plan in the coming weeks.

Appendix 6: Glossary of Terms

Acronym	
ABF	Activity Based Funding
ADHD	Attention Deficit Hyperactivity Disorder
ALOS	Average Length Of Stay
AMAU	Acute Medical Assessment Unit
AMHU	Acute Mental Health Unit
AMRIC	Antimicrobial Resistance and Infection Control
AMS	Antimicrobial Stewardship
AV	Antivirus
BAU	Business as Usual
CAMHS	Child and Adolescent Mental Health Services
CCT	COVID Care Tracker
CDM	Chronic Disease Management
CDNT	Children's Disability Network Team
CEO	Chief Executive Officer
CHI	Children's Health Ireland
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
CIDR	Computerised Infectious Disease Reporting
CIS	Clinical Information System
CIT	Community Intervention Team
CNU	Community Nursing Unit
COPD	Chronic Obstructive Pulmonary Disease
CoVax	COVID-19 Vaccination Management System
COVID	Corona Virus Disease
CPE	Carbapenemase-Producing Enterobacterales
CRM	Customer Relationship Management
CSAR	Common Summary Assessment Reports
CSSD	Central Sterilising Supplies Department
CT	Computed Tomography
CUH	Cork University Hospital
CUMH	Cork University Maternity Hospital
CWIUH	Coombe Women and Infants University Hospital
DC	Data Centre
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEASP	Department of Employment Affairs and Social Protection

Acronym	
DGOU	Digital Government Oversight Unit
DNA	Did Not Attend
DPER	Department of Public Expenditure and Reform
DPS	Drug Payment Scheme
DSGBV	Domestic, Sexual and Gender-based Violence
ECC	Enhanced Community Care
ED	Emergency Department
EDR	Endpoint Detection and Response
EHIC	European Health Insurance Card
EHR	Electronic Healthcare Record
EHS	Environmental Health Service
ELS	Existing Levels of Service
EMT	Executive Management Team
ENT	Ear, Nose and Throat (otolaryngology)
ERP	Enterprise Resource Planning
EU	European Union
EWTD	European Working Time Directive
FEMPI	Financial Emergency Measures in the Public Interest
GI	Gastrointestinal
GIST	Gender Identity Skills Training
GP	General Practitioner
GRO	General Register Office
HCAI	Healthcare Associated Infections
HIPE	Hospital In-Patient Enquiry
HIQA	Health Information Quality Authority
HMMS	Hospital Medicines Management System
HPV	Human Papilloma Virus
HPVP	Health Performance Visualisation Platform
HR	Human Resources
HSCP	Health and Social Care Professional
HSE	Health Service Executive
HSELanD	Health Service Executive Learning and Development
ICCS	Incident Command and Control System
ICT	Information and Communications Technology
ICU	Intensive Care Unit
ICV	Intermediate Care Vehicle
ID	Infectious Disease
ID	Intellectual Disability

Acronym	
IFMS	Integrated Financial Management System
IHCP	Intensive Homecare Package
IHI	Individual Health Identifier
IMEWS	Irish Maternity Early Warning System
IMR	Infant Mortality Rates
iNAP	Ireland's National Action Plan
INEWS	Irish National Early Warning System
interRAI	International Resident Assessment Instrument
IPC	Infection Prevention and Control
iPMS	Integrated Patient Management System
IT	Information Technology
KPI	Key Performance Indicator
LGBTI+	Lesbian, Gay, Bisexual, Transgender and Intersex
LOS	Length Of Stay
LTI	Long-Term Illness
MCEDIY	Minister for Children, Equality, Disability, Integration and Youth
MECC	Making Every Contact Count
MedLIS	Medical Laboratory Information System
MFTP	Money Follows The Patient
MINC	Minor Complexity
MMR	Measles, Mumps, Rubella
MMUH	Mater Misericordiae University Hospital
MN-CMS	Maternal and Newborn Clinical Management System
MPDS	Medical Priority Dispatch System
MRH	Midlands Regional Hospital
MRI	Magnetic Resonance Imaging
MTC	Major Trauma Centre
NAC	Network Access Control
NAS	National Ambulance Service
NCCP	National Cancer Control Programme
NCH	New Children's Hospital
NCHD	Non-Consultant Hospital Doctor
NCIS	National Cancer Information System
NCP	National Contact Point
NDC	National Distribution Centre
NDP	National Development Plan
NEIS	National Estates Information System
NEOC	National Emergency Operations Centre

Acronym	
NFMHS	National Forensic Mental Health Service
NHSS	Nursing Homes Support Scheme
NIAC	National Immunisation Advisory Committee
NIMIS	National Integrated Medical Imaging System
NIMS	National Incident Management System
NIS	Network and Information Security
NiSRP	National integrated Staff Records and Payroll
NMH	National Maternity Hospital
NMPC	National Medicinal Product Catalogue
NPOG	National Performance Oversight Group
NRH	National Rehabilitation Hospital
NSP	National Service Plan
NSS	National Screening Service
NTPF	National Treatment Purchase Fund
NWIHP	National Women and Infants' Health Programme
ODTI	Organ Donation and Transplant Ireland
OES	Operators of Essential Service
OGD	Oesophago Gastro Duodenoscopy
OLOL	Our Lady of Lourdes Hospital
OoCIO	Office of the Chief Information Officer
OPD	Outpatients Department
PA	Personal Assistance
PACS	Picture Archiving and Communication System
PBX	Private Branch Exchange
PCRS	Primary Care Reimbursement Service
PEWS	Paediatric Early Warning System
PHN	Public Health Nurse
PI	Performance Indicator
POC	Proof of Concept
PPCI	Primary Percutaneous Coronary Intervention
PPE	Personal Protective Equipment
PPG	Pandemic Placement Grant
RCSI	Royal College of Surgeons in Ireland
RHA	Regional Health Area
RIS	Radiology Information System
ROSC	Return of Spontaneous Circulation
RPA	Robotic Process Automation
RT	Rehabilitation Training

Acronym	
SACT	Systemic Anti-Cancer Therapy
SAP	Systems Applications and Products software
SATU	Sexual Assault Treatment Unit
SCA	State Claims Agency
SIEM	Security Information and Event Management
SIVUH	South Infirmary – Victoria University Hospital
SOC	Security Operation Centre
SPSPS	Single Public Service Pension Scheme
SSWHG	South / South West Hospital Group
STEMI	ST-Elevation Myocardial Infarction
STI	Sexually Transmitted Infection
SVUH	St Vincent's University Hospital
TILDA	The Irish Longitudinal Study on Ageing
TMS	Total Managed Service
UHG	University Hospital Galway
UHK	University Hospital Kerry
UHL	University Hospital Limerick
UPS	Uninterruptible Power Supplies
VDI	Virtual Desktop Infrastructure
VTE	Venous Thromboembolism
WLAN	Wireless Local Area Network
WRIDS	Wexford Residential Intellectual Disability Services
WTE	Whole Time Equivalent

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