National Service Plan 2023

Contents

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 for 2023. The Plan sets out, at a high level, the services that will be provided to the people of Ireland for the investment entrusted to the HSE. These services and developments are in line with the *HSE Corporate Plan 2021-2024* and the *Programme for Government: Our Shared Future*. The Plan is also informed by the Minister for Health's Annual Statement of Priorities and by the *Winter Plan October 2022 – March 2023*.

Our key focus continues to be the provision of safe health and social care services. We recognise the progress Ireland has made and thank our colleagues in the Department of Health and across the system. As a result of the collective progress over years, and the contribution of so many to Ireland's response to the pandemic, Ireland is reporting the highest life expectancy in the European Union.

However, some issues require further progress. Continued progress with the implementation of the fundamental service delivery reforms set out within *Sláintecare*, will remain a key priority for the HSE in 2023 and beyond. In addition, particular areas of focus for us in the coming year will be to ensure effective service delivery during the forthcoming winter, and to improve access to key hospital and community services, women's health and mental health services, along with continuing to implement national strategies and improving capacity. During 2023, we will also continue to prioritise the mitigation of the most significant risks for the HSE as identified in our Corporate Risk Register.

COVID-19 remains a challenge for our staff and for the public and we continue to work across the organisation to minimise its effects on the capacity of our services. Following on from the 2021 cyberattack, we are continuing to implement 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.

Health reform is at the centre of our vision for the future of our health service, with the *Programme for Government: Our Shared Future,* and *Sláintecare* providing the opportunity to address long-standing challenges. Waiting lists for scheduled care in hospitals and long waits in emergency departments, particularly for older people and those who have more complex needs remain a concern and are a priority for action. 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.

The most critical health priority for 2023 is to ensure the full delivery of the Waiting List Action Plan which will include: short-term measures to address acute scheduled care waiting list backlogs; priority actions in relation to obesity / bariatrics, spina bifida / scoliosis and gynecology; as well as longer-term reforms to enhance capacity and to streamline and reconfigure acute scheduled care pathways.

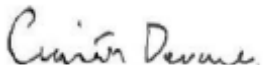
The National Service Plan 2023 has an increased focus on eHealth initiatives, digital solutions and health information systems capability to enable better management and use of health information, and access to that information by clinicians and patients.

Undertaking all necessary work and transition planning to ensure the implementation of the Regional Health Areas (RHAs), including the initiation of the transition phase and the rationalisation of existing health structures will be planned for and implemented in 2023 as preparatory work for the roll-out of RHAs in 2024.

Over 2023, we will work to identify practical steps to improve relationships, review service level agreements and create better structures to achieve accountability while respecting autonomy. While challenges continue, not least in the area of staff recruitment and retention, we will strive to minimise their effects on our patients and service users. 2023 will see continued implementation of key workforce initiatives including expanding student and medical education placement supports, introducing an enhanced system of financial supports to student nurses and midwives, as well as expanding the numbers of health and social care professionals across our health and social care system, providing additional supports to consultant and non-consultant hospital doctors and implementation of the public-only *Sláintecare* consultant contract.

We remain deeply grateful for the public's support and for the hard work and dedication of our HSE staff. We thank our partners across health and social care without whom our collective successes do not happen, and our shared challenges will not be met. We look forward to continued collaborative working in the coming year.

Finally, on behalf of the Board, we look forward to continuing to work with the Minister for Health, the Minister for Children, Equality, Disability, Integration and Youth to deliver community-based disability services, and the Ministers of State in both Departments.



Ciarán Devane

Chairperson

24 March 2023

Introduction from the Chief Executive Officer

As I commence my tenure as Chief Executive Officer of the Health Service Executive, I am pleased to present this National Service Plan for 2023. I want to thank colleagues across the organisation, members of the Board and the Department of Heath who worked to compile the plan for approval by the Minister. I want to record particular thanks to Stephen Mulvany for his leadership of the organisation over the five months which bridged 2022 and 2023, the key time during which the plan was developed.

The plan has regard to and is guided by the primary considerations of:

- The Programme for Government
- The priorities set by the Minister for Health
- *Sláintecare* and the component plans resulting from that policy.

The HSE's €21.6 billion (bn) revenue budget is by any definition an enormous investment by the State and is a reflection of the increasing emphasis Government has placed on improving health and personal social services. The shared agenda of pursuing universal healthcare is and must remain central to all of our plans. Over the last two years, the Government has invested €1.4bn to permanently strengthen our health and social care services and this rises to circa €1.7bn when we consider the 2023 investment outlined in this plan. This is in addition to funding to maintain the existing level of services and once-off funding to deal with COVID-19.

I want to thank all of the staff across our health and social services for their exceptional hard work and dedication over the last two and a half years in the context of both the COVID-19 pandemic and the criminal cyberattack. A pressurised end of 2022 and start to 2023 added to pressures on a committed workforce. We recognise that many others have worked closely with us as key partners throughout this time, including our primary care colleagues such as GPs and pharmacists, our colleagues in private hospitals and private nursing homes and, importantly, those in our Section 39 and Section 38 voluntary partner organisations.

The health of the Irish population has improved significantly over the years. Our life expectancy is continuing to increase and is above international averages. We continue to reduce mortality rates for stroke and certain cancers, and report positive trends in health-maintaining behaviours such as the uptake of smoking cessation services and participation in flu vaccination. According to patient survey data, most people report a very positive overall experience in our hospitals and nursing homes. Similarly, over 90% of the public report medium or high levels of trust in our healthcare staff.

Our key priorities for 2023 include protecting and improving access to our services and improving engagement with the people who provide these services and the people who rely upon them. Our efforts to improve access across the community and hospital system covers both our scheduled care services (reducing waiting times and waiting lists) and our unscheduled care services (reducing emergency department congestion). We take our clear direction from the priorities set by the Minister for us which are several, but at the top of the agenda are access and urgent care improvements.

We have not, in recent memory, had to deal with the level of uncertainty as has been the case as we proceeded through the estimates process and sought to put together this service plan for 2023. Uncertainty about the trajectory of COVID-19, international events such as the war in Ukraine, inflationary pressures,

labour market forces and the ever-changing demands on our health system, have created an economic, social, and health context that is very complex and difficult to plan for.

I expect that there will be very significant pressure on our available 2023 existing level of services funding and COVID-19 funding, with the uncertainties noted above referenced having played a major role in this. The Financial Management Framework (pages 72 to 95) contains important information about significant financial issues and risks for NSP 2023, and the attention of the reader is drawn to this. We will work with our services to ensure core financial management controls are operating effectively and to secure greater efficiencies in the use of the totality of resources available to us.

However, we recognise that, in most cases, greater efficiencies are more likely to increase activity than reduce costs. Accordingly, bearing in mind the likely financial challenges that will arise in 2023, we are committed to working closely with the Department of Health and the Department of Public Expenditure and Reform throughout 2023 to monitor progress and problem-solve as challenges arise, under the oversight of our Board.

It is acknowledged that our health and social care services require continued additional investment in the years ahead to respond to unmet need and support the necessary transformation from our current overly hospital-centric model. This model was primarily designed for dealing with the largely episodic healthcare needs associated with a population with a younger average age. It is now in the process of being reshaped into a community-focused model better designed to deal with the greater level of ongoing support for chronic conditions that is associated with our rapidly ageing population.

However, it is also the case that more resources are not the sole solution to every problem within our health and social care services. We have further work to do to support our Hospital Groups and Community Healthcare Organisations to assist the front-line services that they are responsible for, to be able to demonstrate, with data, that they are doing the best they can with 100% of the resources they have available to them at any point in time. This includes ensuring that every local team is able to map and assess its care processes, identify the extent and causes of any mismatch between demand and capacity, and ensure that all of the known actions to better manage demand and make the most efficient use of capacity are being fully and sustainably deployed. Simply put, we must demonstrate to the public that we are doing the very best for them with what we have and that we are constantly self-critical to the extent that we eradicate cumbersome and outdated ‘ways of doing things’.

The people working in our healthcare system are without a doubt our greatest strength and their wellbeing is at the forefront of all our concerns. Findings in our most recent staff survey demonstrate this, with staff reporting that they feel a sense of personal fulfilment from their job to a greater degree than they report in other large organisations, demonstrating their commitment to the work that they do but they also report high workloads and a need to increase staffing levels at the front-line. In 2023, we aim to increase the size of our workforce by a further 6,000 staff which will represent one of the largest ever annual increases in our staffing. This additional 6,000 is only counted after we have recruited some 10,500 staff to replace those that will retire or leave during the year. Significant efforts are being made to address complex challenges in workforce planning and recruitment while maintaining our focus on strengthening the retention of our existing workforce. This includes advancing the Safe Staffing Framework and encouraging and enabling staff to work at the top of their licence. The ultimate aim is to become an ‘employer of choice’ by providing a rewarding and fulfilling workplace for our most valuable asset – our people.

This plan has been prepared and is submitted alongside our two Capital Plans, which cover our key infrastructural priorities for 2023 i.e. our buildings and equipment Capital Plan and our eHealth / ICT Capital Plan.

During 2023, we will also commence implementation work in preparation for the establishment in 2024, in line with *Sláintecare*, of the six Regional Health Areas (RHAs). This includes identifying opportunities to practically enhance the level of front-line ownership and encourage local teams to improve their services, recognising that this will mean supporting them to try things that may not work out but from which they can learn as part of a rapid continuous improvement approach.

I look forward to working with all on delivering this plan in 2023. Our staff have much to be proud of in terms of what we have achieved and the high-quality services that are provided day in and out around this country. Equally, we are not blind to the challenges that are before us, particularly in terms of providing timely access to our services.

The challenge may be for us as a State agency, but the consequence of how well we do or do not respond is for each individual who uses and needs the services we provide. That must be our sole motivation and a responsibility we take seriously each day.

Bernard Gloster

Chief Executive Officer

24 March 2023

Section 1

Setting the Context: National Service Plan 2023

Setting the Context: National Service Plan 2023

This section of the Plan outlines the strategic context in which the National Service Plan (NSP) 2023 has been prepared. This includes, in particular: the HSE *Corporate Plan 2021-2024,* the *Programme for Government: Our Shared Future,* and *Sláintecare*; the improvements in population health as a result of improved standards of living, changes in behaviour, and the impact of key service interventions; the changes that are happening to the size and make-up of our population; and the challenges that we face to ensure we are delivering effective health and social care services, including improved access, to all our service users across the country. This section concludes by highlighting the importance of ensuring effective arrangements are in place to track improvements over time in both service delivery and population health.

A. NSP 2023 is guided by the *HSE Corporate Plan 2021-2024,* the *Programme for Government: Our Shared Future*, and *Sláintecare*

The NSP 2023 is the Health Service Executive's (HSE's) one-year plan that sets out service delivery priorities and activities to be taken forward in 2023. Our commitment to progressing with an evidence-informed, population-based approach is set out within the HSE *Corporate Plan 2021-2024*. The HSE's Corporate Plan, the *Programme for Government: Our Shared Future*, and *Sláintecare* collectively serve as a compass to orient our national health services and guide our commitment to translating the underlying aims into reality.

The objectives and enablers set out in our Corporate Plan remain key foundations for this year's NSP.

Source: *HSE Corporate Plan 2021-2024*

B. Looking back over the past 10 years: how population health has improved

Our planning recognises and seeks to respond effectively to significant, long-standing challenges that exist within our health service, especially service access. There are long waiting lists for scheduled care in hospitals and long waits in emergency departments, particularly for older people, those with more complex needs and people with lower incomes. Waiting lists for community-based services such as therapies, mental health and disability services also pose significant challenges.

However, we must also acknowledge the gains made over the past decade and where we have come from.

Strong gains in life expectancy place Ireland ahead of EU-27 benchmarks

Reduction in mortality rates (including mortality for cardiovascular disease, respiratory disease and cancer) 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, as well as services that treat people when they are ill. Overall, there are more people in Ireland and we are living longer lives than before. The life expectancy of the Irish population has made the strongest gains among western European countries, and is now above the EU-27 average. In 2021, life expectancy was 84.4 years for women and 80.8 years for men in Ireland, increases of 1.4 years and 2.2 years respectively in the last decade, compared with increases of 0.1 years and 0.5 years for EU-27 in the same period (Figure 1).

Gains in life expectancy have been driven by sharp reductions in mortality from major diseases. The leading causes of death in Ireland include circulatory system diseases (like stroke and heart attack due to ischaemic heart disease), cancer and respiratory system disease; in the last decade the age-standardised mortality from these causes of death have reduced by 33.5%, 18.2% and 33.4% respectively (Figure 2). Infant mortality rates are low in Ireland as in most European Union (EU) countries, and fell by 14.3% in the last decade to 3.0 deaths per 1,000 live births in 2020.

Drivers of improved life expectancy in Ireland include better health services

There are many reasons for these improvements in health. Over decades, better standards of living in Ireland mean that more people have access to the basic building blocks of good health. Healthcare, including care that prevents disease and promotes good health, as well as care for when people get sick, also plays a role. Preventable deaths (i.e. causes of death that can be mainly avoided through effective public health and primary prevention interventions before the onset of illness) for men and women in Ireland are lower than the EU average, as are treatable deaths (i.e. causes of death that can be avoided through optimal quality healthcare).

In Ireland, cancer services have been a key focus of health service improvement over the last decade through the National Cancer Control Programme and National Screening Service. Since the period 1994-1998 when age-standardised five-year survival from cancer (excluding non-melanoma skin cancer) was 44.2%, age-standardised five-year survival has improved significantly and was 61.1% in the most recent period 2010-2014. Marked improvement in survival have been observed for breast, cervical and colorectal cancer among people in age groups offered population-based screening in Ireland.

C. Preparing for the future: keeping pace with increasingly complex demands

Globally, health and social care systems are facing the challenge of increasingly complex population health needs, many outlined below, within an environment of constrained resources. Our population needs are likely to outpace the resources available. Hence, the future requires us to continuously strive for excellence by proactively thinking differently and optimising our current resources to their fullest potential. It is through this lens that the NSP 2023 will outline the key service objectives, priorities and activities.

Growing population health needs, increasing expenditure on healthcare

Health expenditure has continued to rise in the last decade, as it has in many countries, driven by a rise in population, an ageing profile and medical inflation. Total public expenditure on healthcare in Ireland increased from €13.6bn in 2012 to €21.5bn in 2021, a 58% increase. Compared to 2016, the last year for full detailed census results are available, the total population in Ireland is set to grow by an additional one million people in the period to 2041 (a 21% increase). More significantly, the population aged 65 years and older is expected to double over the same period and the population aged over 80 years will increase almost three-fold (Figure 3).

Improvement in health may be leaving some groups behind

Not only do we need to innovate to ensure a sustainable and resilient health service for the future, we also need to do so to ensure one that is also equitable. While population health in general has improved over time, we know that improvements can also mask variations between regions, age groups and underprivileged communities meaning that these improvements have not been enjoyed equally across the population and health inequalities continue to be a challenge. Recent analyses have found that age-standardised mortality rate for those in the least advantaged socio-economic group was twice as high as those in the most advantaged group; and the perinatal mortality rate for unemployed mothers was between 1.6 and 2.2 times the rate of mothers in the higher professional group. Furthermore, people from Traveller and Roma communities often experience severe health inequities, leading to poorer health outcomes, lower life expectancy and higher infant mortality, compared to the general population.

The growing challenge of preventing and managing chronic diseases

In common with other developed countries, chronic diseases are becoming more common in Ireland. The prevalence of long-standing illness or health problem in Ireland is 25.7% for men and women; this is however less than the EU-27 average (33.8% and 37.7% for men and women in EU-27). Health services must reorient more to the prevention, early detection and better management of chronic disease. We know preventative care represents 3% of our total healthcare expenditure, yet we also know that €1 invested in prevention could yield two to four times the economic benefit.

There has been some progress in reducing the prevalence of health behaviours that negatively affect health in Ireland and lead to chronic disease. For example, cigarette consumption per capita has reduced by 37% in the last decade (Figure 4). Alcohol consumption in Ireland, however, remains above the OECD-38 average (10.8 versus 8.6 litres per capita) and has remained relatively constant over the last decade. Emergence of overweight and obesity, especially among children, is a leading concern for public health in Ireland and most developed countries. Across recent *Healthy Ireland* Surveys, 60% of people aged 15 and over were either overweight or obese. While recent stabilisation of overweight and obesity prevalence appears to be continuing, it remains the case that one in five children in Ireland are overweight or obese.

Maintaining vigilance in the face of ongoing COVID-19 infection and responding to the challenges of multidrug resistant infections

Since 2020, health services have faced the extraordinary challenge of additional demand for care as a result of COVID-19. As at the start of November 2022, there were 1.67m polymerase chain reaction (PCR) confirmed cases of COVID-19 in Ireland, 8,066 deaths, and over 45,000 hospital cases. While the COVID-19 challenge has evolved, with vaccine roll-out providing substantial protection to the population, especially against severe disease, the World Health Organisation (WHO) has advised that the disease is not yet endemic and there is an ongoing and unpredictable risk of surges in disease incidence due to virus variants which can evade immunity and lead to more severe disease.

Ongoing investment in COVID-19 specific and more general infection prevention and control (IPC) measures are required. These measures are necessary to protect the population generally, and specifically to reduce the risk of disease transmission in high-risk healthcare settings like hospitals and residential care facilities. COVID-19 highlighted weakness in IPC resourcing in Ireland. Strengthening capacity and capability is essential to protect against COVID-19 and also reduces the impact of other diseases and infections on healthcare, such as influenza and antimicrobial-resistant infections.

Ensuring sufficient health workforce to meet needs

Recruitment and retention of people in our health and social care system is a key challenge, not only faced in Ireland but globally. Our staff and teams are at the core of our national health service. Their wellbeing is critical especially as we continue to emerge from the pandemic with a workforce that has experienced increasing levels of stress and burnout, leading to growing attrition and workplace absenteeism. In certain sectors and specialities, the impact of the recruitment and retention challenge is particularly significant. A notable area of concern is that, despite the intention to strengthen community services, by August 2021, the staffing gap between community and acute services had tripled, a reverse of the 2008 situation, when the numbers were weighted in favour of community settings.

D. Our National Service Plan 2023 is part of a bigger picture that we all face together

Considering the wider determinants of health

Our social environment is a key determinant of health status and comprises different factors. For example, warm, safe and affordable housing is an essential building block for good population health. Property prices are rising, and accommodation is hard to find, particularly for lower-income families. General cost of living increases are compounding the housing challenge, especially in face of energy concerns compounded by the war in Ukraine. Such environmental factors impact socio-economic status which is strongly interconnected with health. Most recent data indicate that the at risk of poverty rate was 11.6% in Ireland, with four in ten households (42.0%) stating they had at least some difficulty in making ends meet. Homeless people often experience complex and chronic health conditions. Marginalised or socially excluded groups exhibit complex health needs and are experiencing poorer health outcomes across a range of indicators including chronic disease, morbidity, mortality and self-reported health.

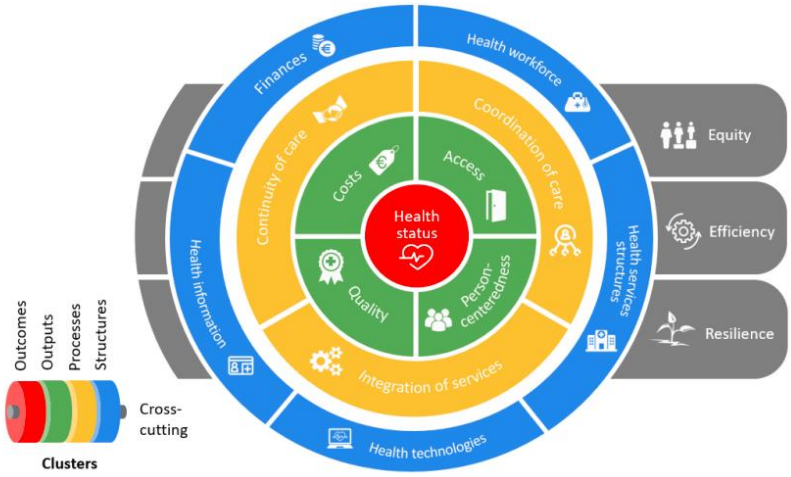
Moreover, our social environment must reflect the significant challenge of human-induced global warming which is presently increasing at a rate of approximately 0.2°C per decade, mainly due to the burning of fossil fuels and associated release of pollutants, causing visible changes in global climate, which in turn is creating

observed consequences in social and environmental conditions. This presents risks for human health as many of the largest health concerns including cardiovascular disease, respiratory diseases and mental health are strongly impacted by climate and adverse weather conditions. Globally, the period from 2011 to 2020 was the warmest decade ever recorded. Healthcare must become climate smart, as health services in some developed countries account for between 5 and 15% of carbon emissions. We must be active in our leadership role in translating Ireland's *Climate Action and Low Carbon Development (Amendment) Act 2021* into specific actions underlying our country's commitment to a legally binding target of net-zero greenhouse gas emissions no later than 2050, and to a significant reduction in greenhouse gas emissions by 2030.

In many ways, we are facing unprecedented challenges in our social environment and in our balance between resource availability and rising demands. However, as our NSP seeks to demonstrate, we are up to the task of meeting our population's needs by a 'one team' approach, keeping the person at the centre to ensure access to the right care, at the right time and in the right place.

E. Tracking Delivery

The implementation of the *HSE Corporate Plan 2021-24,* the *Programme for Government,* and *Sláintecare,* and of the associated commitments, requires concrete and well-defined steps to be taken over time that are also measurable. As we look to the future of improving how we measure ourselves against our ambition, a guiding framework is helpful in ensuring we have a well-rounded and balanced perspective. To that end, a comprehensive Health System Performance Assessment (HSPA) framework has been developed in collaboration between the Department of Health (DoH) and HSE, guided by an international advisory expert panel with involvement from the Organisation for Economic Co-operation and Development (OECD) and the WHO.



Source: Irish Health System Performance Assessment (HSPA) Framework (DoH)

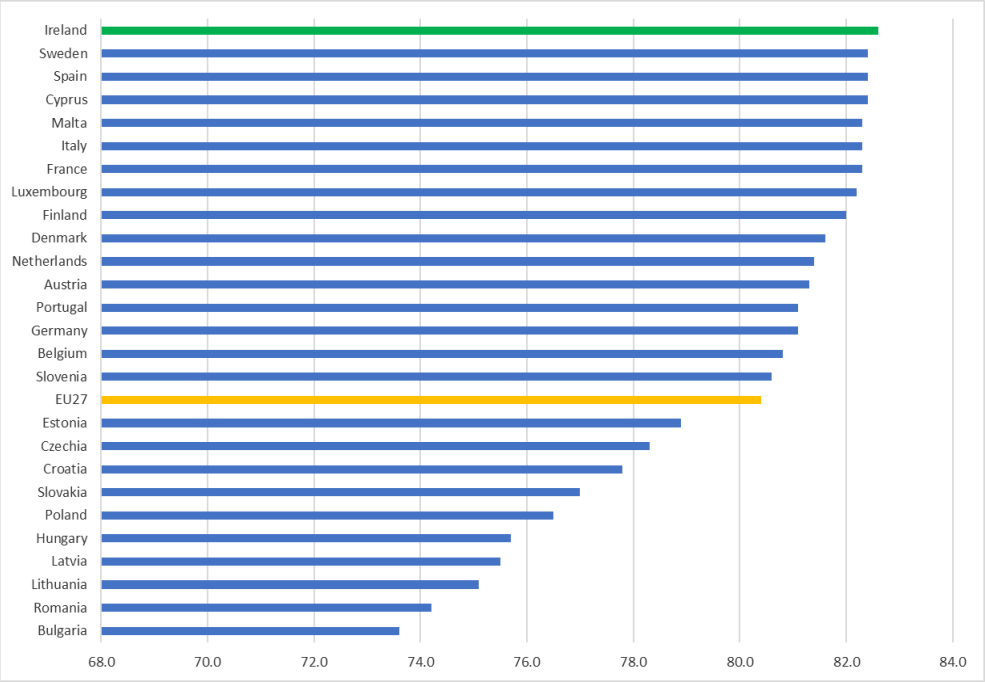
The framework, as illustrated above, is organised into five clusters with each cluster containing between one and five domains. Each domain is further specified by subdomains and related features, which have been populated with indicators to address the three purposes of the framework:

1. Measure performance of the delivery system (health and social services)
2. Provide information (accountability) to the public regarding the effectiveness of policies and strategies of the DoH (or DCEDIY as appropriate) and the HSE on overall population health

3. Monitor the progress of reform measures (including *Sláintecare*) to enable evaluation of the priority areas of the reform and to ensure that the healthcare system is more responsive to the needs of the population.

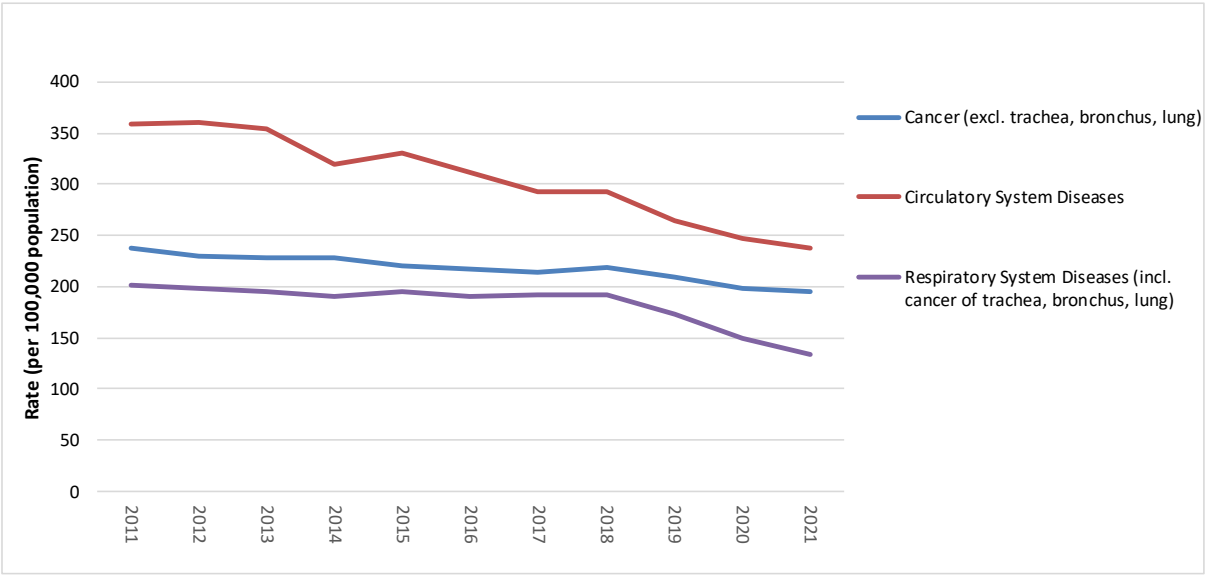
The framework is in early implementation phases with extensive stakeholder consultation underway. This NSP outlines the broad results each service area is committed to and, as applicable, is accompanied by key performance indicators already reflective of the framework's main elements.

Figure 1: Life Expectancy at Birth for Ireland and EU-27 Countries, 2020



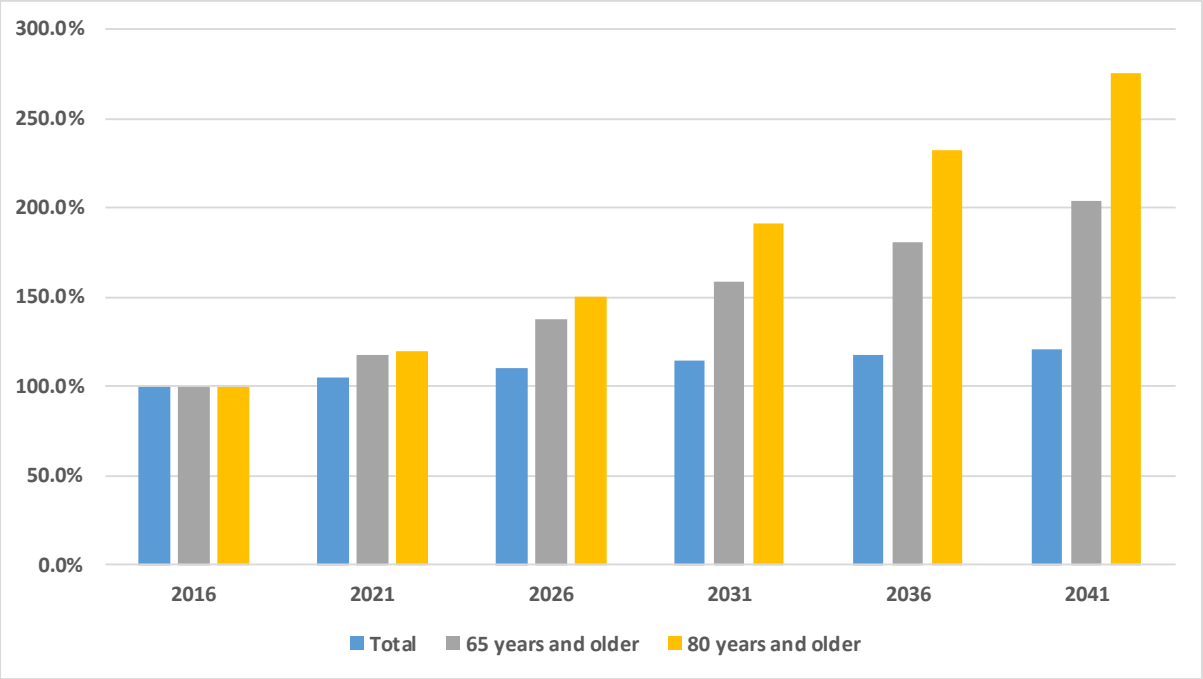
Source: EUROSTAT

Figure 2: Age-standardised death rates for selected causes, Ireland, 2011 to 2021



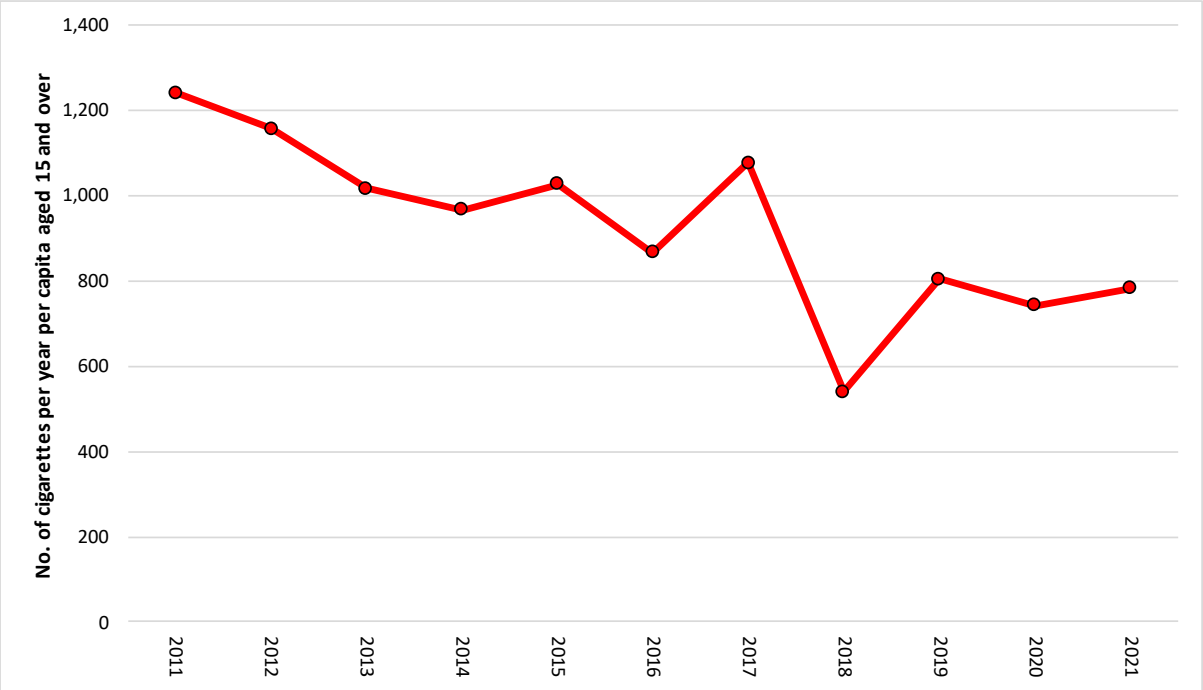
Source: Public Health Information System

Figure 3: Projected population growth, 2016 to 2041



Source: Central Statistics Office (CSO)

Figure 4: Cigarette Consumption per Annum, per Capita Aged 15 years and over, 2001 to 2021



Source: Revenue Commissioners, CSO (population data)

Section 2

Delivering Universal Healthcare – Strategic Reform and Innovation

Delivering Universal Healthcare – Strategic Reform and Innovation

The global COVID-19 pandemic has brought to light some of the most fundamental challenges to patient care and population health, and demonstrated the importance of an integrated and co-ordinated health system. Strategic reform and innovation is critical to maximising capacity across the health service and developing a more integrated health system designed to better meet population health needs. The HSE's strategic reform and innovation agenda is aligned to *Sláintecare*, the *Programme for Government,* and the *HSE Corporate Plan 2021-2024*.

Our reform agenda is informed by an acknowledgement of the significant, long-standing challenges that exist within our health service, including long waiting times for both hospital and community-based services, overreliance upon residential models of care, deficiency of home support services and deficiency of person-centred support for people with disabilities. We must transform the delivery of our services informed by local population health needs and create a culture which embraces innovation and new models of care to improve health outcomes.

Sláintecare sets out a vision to systematically reform the delivery of care and address a broad range of complex issues across the health sector. The *Sláintecare Implementation Strategy and Action Plan 2021-2023* outlines key projects across two reform programmes: (i) Improving safe timely access to care and promoting health and wellbeing and (ii) Addressing health inequalities.

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 addresses key infrastructure and capacity requirements and places a strong focus on prevention, productivity and reduction of waiting lists.

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.

The HSE is also committed to creating a culture primed for innovation, underpinned by mechanisms to effectively spread and scale good practices and digital solutions at pace. We will seek to effect these changes in partnership with a vibrant voluntary sector and working closely with key private sector organisations. The HSE is also committed to building sustainable partnerships with the vibrant voluntary sector. The scale of reform and innovation required is significant and will impact every part of our health system, including our staff and the people we serve.

The *HSE Corporate Plan 2021-2024* outlines the strategic direction of the organisation focusing on a number of critical reform areas, in line with the *Sláintecare* objectives. The multi-annual reform programmes seek to drive year-on-year improvements to ensure (i) improved patient and service user outcomes, (ii) improved patient and service-user experience, (iii) improved staff and provider experience and (iv) increased value for money. Building upon progress made through investment in 2021 and 2022, the funding provided through Budget 2023, will enable continued progress against our key reform and innovation programmes resulting in permanent improvements to health and social care services.

In addition, key priorities as outlined in the *Programme for Government* continue to be addressed. These include women's healthcare and maternity services, cancer care, trauma services, chronic disease management, improving recruitment and retention, and infrastructure.

Further detail on specific actions to progress the reform agenda consistent with the HSE's Corporate Plan, Government policy, and *Sláintecare* are outlined below and throughout this NSP.

Establishment of Regional Health Areas

The establishment of six Regional Health Areas (RHAs) will align and integrate hospital and community health and social care services at a regional level based on defined populations and local needs. The Government approved the development of RHAs in April 2022, providing policy direction and a clear mandate for this complex and large-scale reform programme. The recommended policy option includes the implementation of six new RHAs as formal regional structures within the HSE. While the RHAs will operate in line with national policy and strategic direction, the new HSE structure enables devolved decision-making as appropriate. The vision for the RHAs is to create an organisational structure that aligns corporate and clinical governance at a regional level within a robust national context supporting population-based planning and delivery of integrated person-centred health and social care services. New reporting structures will be designed and implemented to empower local decision-making centred on the principles of integration of care, equity of access, improving patient outcomes and experiences, as well as transparency and accountability.

In 2022, the planning process for RHA design and implementation commenced through a joint HSE and Department of Health (DoH) implementation team, with engagement from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), with an initial focus on the vision, objectives, benefits and design principles. Key workstreams are now well established focusing on: Corporate and Clinical Governance; Finance; People and Development; Technology; Capital Estates; and Communications, Change and Culture. Work progressed on the RHA high-level design, addressing key functions together with associated roles and responsibilities of the HSE Centre (and of the two Departments) and the RHAs. Stakeholder mapping was completed to ensure that the design and implementation phase is informed by comprehensive communication and engagement.

In 2023, working with the DoH and DCEDIY, the HSE will progress the detailed design and associated change planning and delivery.

Specifically, in 2023, we will:

- Progress the transition to an integrated service delivery model for RHAs in line with agreed accountabilities at RHA level and associated changes required within the DoH and HSE Centre
- Clarify the corporate and clinical governance arrangements needed to deliver integrated services based on a population-based approach health and social care delivery
- Support services and programmes to align their work programmes and delivery models to forthcoming RHAs and in support of integration of care
- Support the agreed actions and implementation plan for RHAs to progress requirements aligned to finance; people and development; ICT and Capital; Communications, Change and Culture and other areas as required
- Build internal self-sufficiency at national and regional level to support this large-scale programme of change
- Undertake regular staff engagements to support this change management process
- Progress the recruitment and establishment of the RHA leadership team

- Work with the DoH in carrying out an up to date review of the 2018 Health Capacity Review.

Health and Wellbeing Reform

Taking a population health approach and improving the health and wellbeing of the population across the life course is a key objective of *Sláintecare* and underpins our health reform programme. A whole-of-Government population health strategy, *Healthy Ireland*, has been taken forward across HSE services and with external partners since 2013. At local level, this programme, is being led and delivered at hospital and community level, involving a range of local statutory, community and voluntary organisations. The reform programme is a driver of service integration and population-based planning at regional level – a foundational principle of RHAs. At national level, the Health and Wellbeing reform programme is supported by other initiatives working to drive consistency in our approach and to sustain a focus on common population and patient-focused health and wellbeing outcomes. This is driven by an Outcomes Framework at Government level and reinforced in the Health Systems Performance Framework, being developed by the DoH in conjunction with the HSE. Health and Wellbeing reform is also supported through clinical leadership, developing national models of care and the new Enhanced Community Care (ECC) Programme, which is resourcing and strengthening services focused on chronic disease prevention and management.

In 2022, the HSE established 20 *Sláintecare* Healthy Communities in the areas of highest disadvantage across the country providing the following services: Stop Smoking, We Can Quit, Parenting Programmes, Healthy Food Made Easy, Making Every Contact Count (MECC) and Social Prescribing. We have supported the implementation of 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, and new integrated alcohol services in Mid West Community Healthcare and Cork Kerry Community Healthcare. We rolled out a national online sexually transmitted infection (STI) testing service, integrated with public STI clinics to increase access to and capacity for STI testing and dispatched 88,000 home STI testing kits in 2022. We are designing a physical activity patient pathway to support active participation in physical activity with funded organisations outside the health service. Over 10,000 people received face-to-face / telephone intensive cessation support to quit smoking and approximately 7,000 people received online smoking cessation support. Almost 3,000 staff have completed MECC eLearning or face-to-face training to assist them in having conversations on healthy lifestyle behaviour with every patient they encounter.

Building on this progress, in 2023, we will:

- Work to ensure the design and implementation plan for RHAs is informed by what's working well at regional and local level with respect to reforms aimed at improving the health of local populations and local *Healthy Ireland* implementation
- Continue to work with local communities in areas of high deprivation to expand evidence-based health and wellbeing services and to reduce health inequalities
- Extend our internal and external collaborative network at local and national level to deliver increased momentum for reform objectives to improve population health and wellbeing.

Further changes are provided in Section 3 of this document.

Reform of Scheduled Care

Sláintecare sets a vision for improved access to scheduled care and calls for an end to long waiting times, especially for those with urgent and complex care needs. Delivering this vision is dependent on scaling up health service capacity, improving value and productivity, and progressing radical whole-system reform to re-orient health services to the emerging needs of the population through more integrated care and person-centred response.

Sláintecare proposes that no patient should wait longer than the following maximum wait time targets:

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

A *Waiting List Action Plan 2022* was published as the first part of a multi-year programme which is integrated between the DoH, HSE and the National Treatment Purchase Fund (NTPF). The reform programme aims to significantly reduce waiting times with a view to fully achieving the *Sláintecare* maximum wait time targets over a number of years.

In 2022, a key focus for the HSE was to reduce the length of times people were waiting to be seen or for treatment by introducing new maximum wait time targets and chronological scheduling targets to ensure that the majority of people waiting and clinically categorised as non-urgent would be seen in turn. As of the end of October, the number of patients waiting greater than 18 months for an outpatient appointment reduced by 25%, the number of patients waiting greater than 12 months for an inpatient / day case procedure reduced by 15% and the number of patients waiting greater than 12 months for a gastrointestinal (GI) scope reduced by 78%. A strategy to reduce the number of appointments lost due to patients who did not attend (DNA) was developed and piloted at Mercy University Hospital, Sligo University Hospital and Portiuncula University Hospital. To reform our booking arrangements, we have designed and tested patient-centred booking arrangements at the UL Hospitals Group. To reform how we approach the review of outpatient appointments and build capacity, a national guidance document for the patient and family-initiated reviews was developed and piloted at Children's Health Ireland. Reforming the delivery of care we have developed 37 modernised clinical pathways to build sustainable capacity. Significant progress was also made, in conjunction with the DoH, in relation to progressing the planning for elective hospitals in Dublin, Cork and Galway.

For 2023, an additional €175m has been allocated to address waiting lists and waiting times, €85.2m allocated to the HSE and further €89.8m is held within the DoH to facilitate the procurement of additional scheduled care capacity to alleviate waiting lists. The HSE will seek to build upon the progress made in 2022 and aim to achieve maximum waiting times of 15 months for outpatient appointments and nine months for inpatient / day case treatment and GI scopes. Delivering upon the 2023 maximum wait time targets and making progress towards the longer-term *Sláintecare* targets will require strategic and targeted investment, improved chronological management and reform of service delivery.

Specifically, in 2023, we will:

- Continue to take forward the implementation of the Health Performance Visualisation Platform, building data and information capability and insights at local, regional and national levels
- Continue to progress implementation of patient-centred booking arrangements and develop a national implementation plan

- Continue to progress the implementation of patient and family-initiated reviews and develop a national implementation plan
- Progress national implementation of the strategy to reduce 'Did Not Attends' (DNAs)
- Continue to build strategic partnerships with the Private Hospitals Association and the NTPF organisation
- Continue implementation of the prioritised modernised care pathways
- Progress the development of Elective Care Centres in Cork, Dublin and Galway through the Public Spending Code approvals process.

Further details are provided in Section 3 of this document.

Primary Care and Enhanced Community Care Programme

Our population is ageing and there is increasing incidence of chronic disease. In this context, providing timely access to primary care, aligned to general practice, and delivering services at home and in the community will reduce pressure on our already stretched acute hospital system and better deliver what services users want and need. Supporting capacity-building in the community is key to realising the vision of *Sláintecare*. The Enhanced Community Care (ECC) reform programme will, over time, reorient service delivery towards general practice, primary care and community-based services where community healthcare networks (CHNs) and community specialist teams will work in an integrated way with the National Ambulance Service and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach.

In 2022, we established 90 CHNs, 21 community specialist teams for older persons and 18 community specialist teams for chronic diseases. We delivered over 180,000 general practitioner (GP) direct access diagnostic scans by the end of Q3. We have also recruited over 2,000 additional front-line primary care staff.

Building on this progress, in 2023, we will:

- Complete operationalisation 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
- Complete operationalisation of 30 community specialist teams for older people and 30 community specialist teams for chronic disease including roll-out of heart failure virtual clinics nationally together with diabetes initiatives around gestational diabetes mellitus patients in the chronic disease management (CDM) prevention programme.

Reform of Older Persons' Services

The HSE is committed to the delivery of integrated services to enable older people, as far as possible, to remain in their own homes and within their own community. A wide range of services are provided including home support, day care and additional community supports. Older Persons' Services are undergoing a substantial reform programme to ensure that we continue to deliver our services and meet the needs of older people in an integrated way with a focus on the home and community.

In 2022, the HSE delivered new integrated models of increased home and community supports to enable older people to live independently in their own homes or in the community. We undertook an audit of all our publically-funded residential units and scoped out a national framework for a reformed operational model for residential services which will be finalised in 2023. We continued to implement the Integrated Care Programme for Older Persons as part of the wider ECC Programme. We commenced planning in preparation for the Home Support Statutory Scheme and continued to develop our reform model for future home support services and established a National Home Support Office. We completed Home Support Pilots and commenced the evaluation phase utilising International Resident Assessment Instrument (interRAI) as the standard assessment process. We commenced the recruitment of the 128 interRAI Care Needs Facilitators. We continue to develop our dementia services with a focus on prevention and finalised our National Dementia Model of Care which will be published in 2023.

Building on this progress, in 2023, we will:

- Finalise our new operational model and implementation plan for publically funded residential community care
- Continue our implementation of interRAI in line with available resources
- Continue our preparation for the Statutory Home Support Scheme including the development of a national eligibility infrastructure, process and new integrated model of home support within available resources
- Continue to support older people to live in their own homes and communities through delivering integrated care pathways that increase access to care and reduce the number of older people receiving acute and residential care
- Publish the Dementia Model of Care and develop an implementation plan.

Further details are provided in Section 3 of this document.

Reform of Mental Health Services

The HSE is committed to, in collaboration with other services, promoting our population's mental health, supporting those seeking recovery from mental health difficulties and preventing suicidal behaviour. All mental health services are informed by a person-centred recovery approach, with comprehensive national policy and strategy in place to inform all reform and developments.

Significant investment has been made in mental health services over the course of 2021 and 2022 aligned to key reform policy, legislative and operational priorities.

In 2022, mental health services continued to expand staffing across community mental health teams, increased specialist clinical programme teams across eating disorders, attention deficit hyperactivity disorder (ADHD) and early intervention in psychosis, expanded the clinical programme for self-harm and progressed the implementation of models of care for older persons and dual diagnosis. Mental health services completed the development of the new National Forensic Mental Health Service, expanded recovery and engagement practice through the enhancement of peer support workers, individual placement services and Recovery College Co-ordinators, and successfully initiated the design and development of Models of Care for crisis resolution services and child and adolescent mental health services (CAMHS) hubs.

Building on this progress, in 2023, we will:

- Continue to develop and deliver crisis resolution services, with a focus on the implementation, monitoring and evaluation of pilot sites and the development of key performance indicators and outcome measurement tools
- Progress the development of the CAMHS hubs initiative, with a focus on the implementation, monitoring and evaluation of the pilot sites to ensure fidelity to the Model of Care
- Design, develop and test a suite of performance indicators for mental health services on a phased basis, to further inform service delivery, service user outcomes and quality provision, with an initial focus on crisis resolution services and CAMHS hubs
- Roll out the agreed capital development plan to enhance facilities and infrastructure for service users and staff to address regulatory compliance and initiate an analysis of capital requirements to inform future service planning.

Further details are provided in Section 3 of this document.

Reform of Disability Services

The HSE is committed to delivering the key health and social support services required by people with a disability. The overall goal of HSE disability services, as set out in Transforming Lives, is to 'support people with disabilities to live ordinary lives in ordinary places'. Each person is seen as an individual, and the support they avail of enables each person to live their best life with the greatest degree of independence, choice, inclusion, self-determination and fulfilled life as possible.

In 2022, we delivered day services to support circa 20,000 persons with a disability and supported an additional 1,268 young school leavers through day service placements. Through the national demonstrator project for personalised budgets, as of September, 127 persons with a disability are participating representing an increase of 63% on 2021. We also continued to progress the delivery of the 2011 report *Time to Move On from Congregated Settings – A Strategy for Community Inclusion* recommendations, with very positive results for service users who have transitioned to living in homes in the community setting. Since the publication of the 2011 report, we have supported over 2,400 of the identified 4,000 people with disabilities living in 72 congregated settings into community-based homes. Work continues to support the remaining people living in congregated settings to move to the community.

In 2023, we will continue to deliver the reform of disability services through the implementation of the Transforming Lives programme. We will improve access and enhance specialist disability services. We will continue to work collaboratively with government departments and agencies, including the new government department with responsibility for disability, the DCEDIY, and disability services stakeholders, to work towards the financial and operational sustainability of the sector. We will enable service users to be active participants in their care and support.

Specifically, in 2023, we will:

- Work to decrease reliance upon residential services by providing enhanced support, including a range of respite supports, within the community and supporting large-scale organisational change focusing on supports in the community settings, supported by building capacity through education and training
- Further develop residential service capacity in response to emerging needs

- Increase the number of people with disabilities playing an active role in directing their own health and social care support responses
- Progress the development of community neuro-rehabilitation teams as part of the national demonstrator pilot
- Continue implementing changes in line with the New Directions policy by providing new day services placements for school leavers and rehabilitative training graduates
- Continue to deliver the national personalised budgets demonstrator project to 180 participants and commence an evaluation
- Undertake a review of rehabilitative training.

Further details are provided in Section 3 of this document.

Delivering Innovation within Health Services

The Department for Public Expenditure and Reform (DPER) defines innovation as 'the creation of a new, viable offering that adds value' in their *Making Innovation Real* 2020 publication. DPER sets out a vision for the public service to 'harness the power of innovation to deliver world-class public services in Ireland'.

The HSE's approach to innovation is underpinned by four key principles, which align to the DPER key priority areas:

- Citizen-centric – put users at the centre of innovation to enhance their experience of health services
- Innovation culture – create a culture where all staff are inspired, empowered, and enabled to innovate
- Innovation at scale – work across the organisation and with external partners to optimise efficiency by scaling innovations across the health service
- Transformative innovation – drive innovation across the health service by pioneering change and long-term transformation.

The innovation process involves cross-functional input and collaboration, with defined governance and a clear process for idea collation, assessment, approval, and implementation.

In 2022, we undertook an external review of innovation practices, which identified that good progress has been made in recent years, laying the foundations for the scaling of innovation. We designed, developed, and implemented several successful innovative projects across digital, clinical, and service delivery activities at both a national and local level including those developed during the COVID-19 pandemic. These included a number of digital innovations piloted by the HSE, including video enabled outpatient consultations, remote monitoring of patients with chronic disease, improved and integrated inpatient respiratory monitoring systems and the use of digital platforms to facilitate remote access for patients to information and advice from clinical teams. In 2023, the HSE will commence mainstreaming the innovations that most closely align to key areas of strategic reform as well as those that have demonstrated the capacity to enhance patient safety. Pillars of innovation are in place and there is good engagement internally across functions. High-level innovation processes have been defined, and partnerships and alliances within the health and public sector system are well established.

In 2023, the HSE will establish more sustainable and robust arrangements at each stage in the innovation process – from initial identification of ideas through to testing and scaling – together with appropriate governance arrangements, which ensure an ongoing pipeline of innovations to be scaled nationally,

appropriate adherence to procurement guidelines and other requirements, and appropriate integration across the organisation.

Specifically, in 2023, we will:

- Develop a comprehensive strategy for innovation across the HSE, including a digital innovation agenda, in line with the Public Service Innovation Strategy
- Develop a digital innovation framework which sets out the HSE's approach to identifying, evaluating, funding and measuring success for digital-led initiatives
- Develop and implement a detailed target operating model to support the delivery of the innovation strategy
- Support the implementation of the *Sláintecare* Integration Innovation Fund (SIIF) programme that focuses on innovation themes such as scheduled and unscheduled care, primary care services, and CDM.

The combination of these actions will ensure continued innovation.

Organisational Development and Change

The HSE is committed to creating the conditions for change and innovation through the ongoing implementation of *People's Needs Defining Change – Health Services Change Guide*.

In 2022, we continued to build a culture primed for change and innovation by engaging with 69 diverse services across the organisation. We delivered a wide range of organisational development interventions including Change Guide in Action Workshops, Change Consultation Clinics, and Change Mentoring Sessions with a total of 82 interventions and 637 participants. The Change Guide eLearning programme was completed by nearly 500 people during the year.

Building on this work, in 2023 we will:

- Continue to develop and deliver bespoke and context-specific organisation development interventions and resources (including eLearning and digital) in line with the organisational policy on change
- Support the development of Change and Innovation Networks and Communities of Practice as part of the planning for RHAs.

Dialogue Forum

The HSE is committed to enhancing our partnership with the voluntary sector. An important enabler in health sector reform is improved collaboration between the State and voluntary providers with the shared objective of strengthening relationships for the benefit of patients and service users.

In 2023, the HSE will continue to participate in and progress the considerable work programme of the Dialogue Forum, as identified as a priority in the *Programme for Government*. As a result of joint initiatives undertaken during the year, a number of important milestones are expected to be achieved during the first quarter of 2023.

Specifically, in 2023, the Forum will:

- Finalise and launch the Partnership Principles document, which sets out the basis of building a new, improved relationship between voluntary organisations and the State in the delivery of health and social care services
- Finalise a report on the findings of the Case Study programme which sought to identify practical ways to improve the ongoing relationship between funder and provider. Both the Partnership Principles and learnings from the Case Study programme will significantly inform the HSE Service Arrangement Review, which is also expected to be completed in early 2023.

Section 3

Health and Social Care Delivery

1. Enhancing Prevention and Early Intervention
   A. Health and Wellbeing
   B. Public Health
   C. COVID-19 Programme – Test / Trace and Vaccination Programme
   D. National Screening Service
   E. Environmental Health
2. Enhancing Community Services
   A. Primary Care and Enhanced Community Care Programme
   B. Social Inclusion
   C. Older Persons' Services
3. Improving Access to Mental Health Services including Early Intervention
4. Specialist Community-Based Disability Services
5. Delivering Safe, Timely Access to Acute Care
   A. Acute Hospital Services
   B. Cancer Services
   C. National Ambulance Service
6. Cross-Service Domains
   A. Clinical, Quality and Patient Safety
   B. Women's Healthcare
   C. Palliative and End-of-Life Care
   D. Human Rights and Equality
   E. Global Health
   F. Climate Action and Sustainability

1. Enhancing Prevention and Early Intervention

A. Health and Wellbeing

Improving the health and wellbeing of the population remains a key priority for the HSE. The health system needs to continue to drive a whole-system shift towards a culture that places greater emphasis and value on prevention, early intervention, self-management and keeping people well. Improving the health and wellbeing of the population is a key tenet of *Sláintecare* reform and of the *Healthy Ireland Framework* where health and wellbeing is valued and supported both in our health service and at every level of society.

Key Objectives 2023

1. Provide expert advice, analysis and evidence, to shape and drive health improvement and address known preventable lifestyle risk factors by designing, developing and delivering evidence-informed programmes and health promotion campaigns aligned to government policies
2. Strengthen collaborative working in Community Healthcare Organisations (CHOs) and Hospital Groups; with local authorities, local statutory and voluntary partners; and in places of education and workplaces to improve our population's physical and mental health and wellbeing, and address the wider social determinants of health
3. Continue to address health inequalities by implementing prevention programmes, in partnership with local communities, with a particular focus on areas of deprivation.

How will we achieve our key objectives?

Key Objective 1: Provide expert advice, analysis and evidence, to shape and drive health improvement and address known preventable lifestyle risk factors by designing, developing and delivering evidence-informed programmes and health promotion campaigns aligned to government policies

a) Support people to live healthy lifestyles and reduce harmful health behaviours with a particular focus on supporting smoking cessation and smoke-free environments, reducing alcohol consumption (including Foetal Alcohol Spectrum Disorders), promoting healthy food and exercise, supporting positive mental health and sexual health, reducing social isolation, promoting positive parenting and making lifestyle interventions a priority

b) Support all clinical staff, through the Making Every Contact Count (MECC) Programme, to address prevention and promote positive lifestyle behaviour change for patients and service users as part of routine consultations

c) Initiate a process to develop a model of care for the delivery of sexually transmitted infection and sexual health services in Ireland

d) Complete design and commence implementation of a physical active patient pathway model to support active participation in physical activity outside of the health service in partnership with Sport Ireland

e) Continue to support the development and delivery of evidence-based services for obesity prevention and treatment

f) Implement evidence-based health promotion interventions across the services and in the community healthcare networks (CHNs) / community specialist teams (hubs) focusing on disease prevention, reduction in harmful health behaviours and self-management including *Living Well with a Chronic*

Condition: Framework for Self-Management Support and *Living Well – A programme for Adults with Long-term Health Conditions*

g) Provide an evidenced-based approach to CHOs and Hospital Groups to promote staff mental and physical wellbeing

h) Continue to improve breastfeeding rates in line with *Breastfeeding in a Healthy Ireland – the Health Service Breastfeeding Action Plan*

i) Support the implementation of the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme and related initiatives focused on improved outcomes for children

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

Key Objective 2: Strengthen collaborative working in CHOs and Hospital Groups; with local authorities, local statutory and voluntary partners; and in places of education and workplaces to improve our population's physical and mental health and wellbeing, and address the wider social determinants of health

a) Expand the implementation of social prescribing through partnerships with the CHNs including general practitioners (GPs) and the voluntary sector

b) Support the promotion of physical and mental health and wellbeing in education settings in partnership with the Department of Education

c) Continue to implement *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027* including the roll-out of a new HSE stress management programme, and the strengthening of supports for social and emotional wellbeing in early learning and care and school-age childcare settings

d) Finalise and commence implementation of the *Healthy Ireland* in the Health Services Implementation Plan 2023-2025

e) Continue to work with Pobal, Department of Health (DoH) and Healthy City and County co-ordinators in local authorities, in the design and implementation of *Healthy Ireland* initiatives

f) Work to ensure Health and Wellbeing is appropriately considered in the design and planning of Regional Health Areas (RHAs).

Key Objective 3: Continue to address health inequalities by implementing prevention programmes, in partnership with local communities, with a particular focus on areas of deprivation

a) Support lifestyle behavioural change with CHOs for individuals and communities at greatest risk through delivery of *Sláintecare* Healthy Communities in 20 areas of highest deprivation across all CHOs, in partnership with local authorities and local community development organisations

b) Complete the design for community-based specialist weight management services for children and young people, and establish the services in South East Community Healthcare and Dublin South, Kildare and West Wicklow Community Healthcare

c) Continue to support the implementation of community-based integrated alcohol services in both the Mid West and Cork Kerry Community Healthcare areas

d) Finalise and commence implementation of actions from the second HSE Healthy Ireland Men Action Plan.

B. Public Health

The aim of public health medicine is to protect and promote the health of the population in Ireland, ensuring a strengthened, integrated health protection response to threats to public health. The work entails: investigation, prevention and control of infectious diseases (including national vaccination programmes); response to chemical, radiation, and environmental hazards and emergencies; delivery of the universal National Healthy Childhood Programme (NHCP); epidemiological data collection and interrogation; public health risk and needs assessments to inform prevention and intervention programmes; and monitoring and reporting of population health status and public health intervention effectiveness, while also addressing health inequalities. Aligned to our legislative responsibilities and international best practice, public health medicine is undertaking a strategic reform towards a 'hub and spoke' consultant-led service delivery model. In this model, the national service (the hub) sets standards and policies, provides leadership, and centralises critical expertise. 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.

Key Objectives 2023

1. Continue to lead public health medicine reform to deliver an agile, dynamic, evidence-based and intelligence-informed public health service
2. Lead and co-ordinate the response to major health protection incidents and outbreaks using national and regional resources appropriately
3. Improve the uptake of vaccination programmes
4. Support children, parents and child healthcare providers through the work of Child Health Public Health and the NHCP that aims to deliver effective interventions to protect and promote health, enable the early identification of health need, and prevent adverse outcomes.

How will we achieve our key objectives?

Key Objective 1: Continue to lead public health medicine reform to deliver an agile, dynamic, evidence-based and intelligence-informed public health service

a) Provide strong clinical leadership through the establishment of specialised consultant-led multidisciplinary teams across each of the four domains of public health practice – health protection, health service improvement, health intelligence and health improvement

b) Strategically align public health expertise within the health system to contribute effectively to reducing health inequalities and improving health outcomes for all and especially vulnerable population groups, to include developing a vulnerable migrant health protection strategy

c) Lever the detailed specification and market scanning work done in 2022 to advance the procurement of an Outbreak Case and Incident Management IT System, a key enabler of the eHealth ambition and a resilient National Health Protection Service

d) Review and develop a suite of key performance measures for public health

e) Develop an out-of-hours public health on call system, consistent with the emerging national health protection structures, that enables a timely response to national and international threats aimed at protecting the public

f) Continue with the advanced phases of implementation of public health reform, further embedding a strengthened hub-and-spoke model for public health in Ireland with a strong central support and consultant-led care in the six new public health areas aligned to *Sláintecare*

g) Further strengthen the ability of the areas to improve public health outcomes with the establishment and recruitment of additional Consultants in Public Health roles.

Key Objective 2: Lead and co-ordinate the response to major health protection incidents and outbreaks using national and regional resources appropriately

a) Continue to deliver an effective response to the ongoing COVID-19 pandemic and risks from other respiratory viruses (particularly during seasonal peaks in the autumn / winter period) to include the further development and implementation of enhanced surveillance programmes for agreed respiratory diseases

b) Further develop capacity and capability to respond to extant (e.g. monkeypox virus) and any emergent public health threats from infectious diseases, including appropriate deployment of vaccines where available

c) Develop a standardised, sustainable, effective and efficient approach to the investigation, control and prevention of cases, incidents and outbreaks, delivered by up-skilled multi-disciplinary teams, across the Acute Operation Response Programme

d) Re-establish a National Tuberculosis (TB) Advisory Committee and develop a TB Control Programme

e) Lead the implementation of the HSE's first *Health Protection Strategy 2022-2027* to include development of an integrated national health protection service to protect the population of Ireland from all health protection hazards

f) Plan and secure resources to develop and implement a national High Consequence Infectious Disease programme and associated services across acute and community services, the National Isolation Unit, the National Virus Reference Laboratory (NVRL) and the National Ambulance Service (NAS) to ensure appropriate preparedness and response

g) Respond to the health protection needs of International Protection applicants and beneficiaries through advocating for and facilitating catch-up immunisation, early identification of existing illness and screening as per national and international policy.

Key Objective 3: Improve the uptake of vaccination programmes

a) Continue to lead and support the COVID-19 and flu immunisation programmes

b) Implement human papillomavirus (HPV) catch-up vaccination for those who were previously eligible and are under 25 years of age bringing Ireland closer to World Health Organisation global strategy of cervical cancer elimination

c) Finalise requirements and seek funding for a National Immunisation Information System to ensure accurate and timely immunisation uptake information and to allow targeted actions in low uptake areas as well as allowing a single immunisation record for all

d) Strengthen the information and communications technology function to support the transition to Business as Usual of the CoVax (COVID-19 Vaccination Management System) and Trackvax immunisation systems

e) Continue to work with primary care services and CHOs to implement a new standardised model of school-based immunisation delivery and drive improvements in uptake across all School Immunisation Programmes

f) Complete a second national survey on parental attitudes to vaccination and a national survey of pregnant women's attitudes to vaccination to allow insights into current sentiment on vaccines to enable appropriate interventions to improve vaccine confidence and uptake.

Key Objective 4: Support children, parents and child healthcare providers through the work of Child Health Public Health and the NHCP that aims to deliver effective interventions to protect and promote health, enable the early identification of health need, and prevent adverse outcomes

a) Develop a Child Health Public Health strategy for the next three to five years, focused on enabling prevention and early identification, and supporting integrated children's services

b) Continue delivery of current National Newborn Bloodspot Screening Programme

c) Progress identification of child health data and information needs, and capacity within the system to respond

d) Enhance and establish engagement processes with organisations and government bodies, to ensure the needs and priorities for children's health are considered and embedded within their approaches, policies and strategies for the wider benefit of children in society.

C. COVID-19 Programme

Test and Trace

The Test and Trace function is responsible for providing end-to-end COVID-19 testing and contact tracing. As the COVID-19 pandemic moves to endemic status, Test and Trace is transitioning to a new operating model, in line with public health guidance. The future model will monitor levels of infections of COVID-19 through enhanced surveillance systems and the introduction of a clinical pathway for testing based on clinical need. We will need to maintain a capacity to respond to any increase in confirmed cases through: a) a surge response plan that will see the NAS providing additional testing capacity, and b) an emergency response plan that will scale up testing and tracing teams. In addition, we will ensure that responses to changes in public health testing guidance or other COVID-19 related public health decisions are enabled and communicated to the public and that appropriate laboratory testing for COVID-19 is available.

Key Objective 2023

Move towards a clinically-driven and surveillance-led model that will end mass testing and will limit contact tracing to surge or emergency scenarios.

How will we achieve our key objective?

a) Implement the new clinical pathway for COVID-19 based on clinical treatment and with supporting technology enhancements as required

b) Support the development and implementation of the Health Protection Surveillance Centre-led enhanced surveillance systems including GP sentinel surveillance, disease severity, whole genome

sequencing, population surveillance and other key surveillance programmes such as severe acute respiratory infections (SARI) surveillance, biostatistics, wastewater surveillance and the modelling unit

c) Continue to support the collection, analysis and reporting of surveillance data through the Contact Management Programme
d) Maintain availability and access to national testing centres and NAS resources to enable a timely response in the event of a surge and / or emergency situation
e) Strengthen the baseline clinical diagnostics capacity within the NVRL
f) Maintain a core end-to-end Test and Trace workforce, resources, and systems to manage a surge or emergency response situation.

Vaccination Programme

The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines, including implementation of government policy and National Immunisation Advisory Committee (NIAC) guidance, provision of clinical guidance and training for healthcare professionals, communication with stakeholders and with the public, and monitoring and remediation of any risks to the successful delivery of the programme. The efficient provision of safe and effective vaccines to the population reduces the incidence of serious illness and death as a consequence of COVID-19. We will ensure there is timely implementation of surge capacity and / or emergency response plans based on agreed triggers, and continue the development of a sustainable model for future management of the COVID-19 Vaccination Programme or similar programmes in response to threats and outbreaks.

Key Objective 2023

Develop and deliver a programme plan for administration of COVID-19 vaccines in line with recommendations.

How will we achieve our key objective?

a) Partner with the National Cold Chain Service to ensure a robust end-to-end cold chain management
b) Ensure infrastructure and licences are in place to maintain access to and the use of vaccination centres and mobile capacity
c) Continue to implement a sustainable, flexible and trained vaccinator workforce maintaining partnership with GPs and pharmacists
d) Continue to ensure a comprehensive surveillance and monitoring system is in place to track the impact of vaccines in Ireland, including implementation of a data quality management system
e) Ensure equitable access to vaccines and appropriate provision and support for harder to reach groups
f) Retain strong public communication and capture the patient / service user experience
g) Continue to provide up-to-date and accurate information to the public and healthcare worker training and support based on new evidence, and European Medicines Agency and NIAC guidance
h) Continue to refine the sustainable operating model for ongoing COVID-19 vaccination needs (or similar threat or outbreak), including development of a surge and emergency plan
i) Ensure the continued availability of an effective vaccination information system.

D. National Screening Service

The National Screening Service (NSS) delivers four national population-based screening programmes for bowel, breast and cervical cancer, and for detecting sight-threatening retinopathy in people with diabetes. These programmes, working with patients, advocacy and wider stakeholder groups, aim to reduce morbidity and mortality in the population through early screen detection of disease, and treatment. We are working to increase the volume and resilience of our service and to be inclusive and responsive in our relationships by developing our standardised communication processes to increase consultation, partnership and relationship building.

Key Objectives 2023

1. Begin implementation of a strategy for NSS that will establish the strategic direction and guide future stakeholder engagement and partnerships (due to be published in Q4 2022)
2. Deliver and develop the BowelScreen programme
3. Deliver and develop the BreastCheck programme
4. Deliver and develop the CervicalCheck programme
5. Deliver and develop the Diabetic RetinaScreen programme.

How will we achieve our key objectives?

Key Objective 1: Begin implementation of a strategy for NSS that will establish the strategic direction and guide future stakeholder engagement and partnerships (due to be published in Q4 2022)

a) Implement the Communication, Engagement and Information Development hub to provide a user-centred and standardised approach

b) Continue the implementation of recommendations arising from the Interval Cancer Expert Reference Group Reports

c) Continue the phased implementation of the NSS Quality Assurance Policy Framework to strengthen quality assurance across all four programmes

d) Publish an Equity Strategy Framework that will establish the direction for addressing screening inequalities for the next five years and maximise screening

e) Continue the phased implementation of a patient-reported experience programme across the four programmes

f) Align with forthcoming updated European Union (EU) Council recommendation on cancer screening.

Key Objective 2: Deliver and develop the BowelScreen programme

a) Expand the age range for BowelScreen by one year to include those aged 59 (programme age range aim to extend from 59-69 in line with the *National Cancer Strategy 2017-2026)*

b) Expand current research on women's experience of the BowelScreen programme to determine why certain groups of the population may not engage with bowel cancer screening.

Key Objective 3: Deliver and develop the BreastCheck programme

a) Increase capacity within the BreastCheck programme to re-align service delivery with the key performance indicators (KPIs) defined in the BreastCheck Women's Charter

b) Continue implementation of the new client and radiology information system of the BreastCheck service to ensure the efficient clinical and operational administration of the BreastCheck service

c) Plan and implement a real-time digital patient experience survey to enable BreastCheck to capture and understand women's experiences in the programme and identify opportunities for improvement

d) Consider the potential to expand the eligible age range for breast cancer screening in line with the awaited decision from the National Screening Advisory Committee and associated resource requirements.

Key Objective 4: Deliver and develop the CervicalCheck programme

a) Continue the multi-year collaboration with the National Immunisation Office, the National Cancer Control Programme (NCCP) and the National Cancer Registry Ireland to progress baseline modelling and structures in preparation for Ireland setting a target for the elimination of cervical cancer

b) Develop a new information management system to support the complexity of programme operations and delivery. Finalisation of business and technical requirements and procurement in 2023

c) Undertake research to explore beliefs and attitudes regarding self-sampling for cervical screening in Ireland to inform potential ways to improve access to screening

d) Support the further establishment of the National Cervical Screening Laboratory at the Coombe Women and Infants University Hospital.

Key Objective 5: Deliver and develop the Diabetic RetinaScreen programme

a) Begin a pilot programme towards implementing a screening pathway for women with diabetes who become pregnant, and to inform a future application to the National Screening Advisory Committee

b) Continue the Digital Surveillance Pilot Pathway into 2023 and review, by the end of the year, the efficacy of extending the scope of the programme.

E. Environmental Health

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.

The service continues to play a key role in protecting the public by ensuring specific determinants of health are proactively regulated. Enhanced official food controls will be implemented which support compliance with food legislation including import controls at the new border control facilities and risks associated with United Kingdom (UK) Regulatory divergence, geopolitical impacts and economic factors will be minimised through increased stakeholder involvement. Key statutory provisions relating to tobacco, alcohol, sunbeds and food safety will be implemented and measured by the achievement of the agreed KPI Suite.

Key Objectives 2023

1. Continue to implement and inform the development of key environmental / public health legislation
2. Maintain and deliver statutory programmes of inspection, surveillance, sampling and investigation on a risk-assessed basis
3. Further develop collaborative engagement across a variety of multi-sectoral fields to strengthen the implementation of public health policies, legislation and health protection.

How will we achieve our key objectives?

Key Objective 1: Continue to implement and inform the development of key environmental / public health legislation

a) Continue planning and preparation for the implementation of the remaining provisions of the *Public Health (Alcohol) Act 2018*

b) Continue planning and preparation 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

c) Import controls
   - Further embed capacity to carry out official controls on food, tobacco and cosmetic imports at ports and airports arising from the UK's exit from the EU
   - Respond to additional requests for food export certificates arising from the UK's exit from the EU.

Key Objective 2: Maintain and deliver statutory programmes of inspection, surveillance, sampling and investigation on a risk-assessed basis

a) Food Safety Legislation
   - Deliver a food safety inspection, surveillance and sampling programme in line with the HSE / Food Safety Authority of Ireland service contract
   - Deliver enhanced food safety official control activities with particular emphasis on the implementation of Regulation (EU) 2017/625 in emerging areas of risk, particularly food safety, security and supply in light of external geopolitical and economic factors

b) Deliver a sunbed inspection programme, including planned test purchase and mystery shopper inspections, under the *Public Health (Sunbeds) Act 2014*

c) Maintain a tobacco and e-cigarette inspection programme, including planned inspection and test purchase activities at retail, distribution, importation and manufacturing level as appropriate.

Key Objective 3: Further develop collaborative engagement across a variety of multi-sectoral fields to strengthen the implementation of public health policies, legislation and health protection

a) Support official food controls regulatory requirements through engagement with DoH, Department of Agriculture, Food and the Marine (DAFM), Food Safe Authority of Ireland (FSAI) and the Revenue Commissioners. This includes continued active participation on Interdepartmental Working Group on the proposed revision to the Food Information to Consumers (FIC) Regulation 1169/2011 and providing advice and input to Ireland's Food Safety and Food Authenticity Programme lead by DAFM

b) Ensure service continuity at border control posts in Dublin and Rosslare, by continuously engaging and developing operational procedures with DAFM and the Revenue Commissioners

c) Engage actively with relevant partners and stakeholders including DoH, Court Services, the Revenue Commissioners and Department of Justice in relation to preparation and implementation of new legislative provisions for tobacco and alcohol

d) Contribute actively to planning for national health threats and emergency preparedness on severe weather, energy crises and potential radiological incidents through HSE, DoH subgroups and the National Emergency Co-ordination Group

e) Engage actively with the Health Products Regulatory Authority on implementation of cosmetic product regulations.

2. Enhancing Community Services

A. Primary Care and Enhanced Community Care Programme

Primary Care

Primary care delivers care and supports to people across the continuum of their lives, close to home, through a community-based approach. Primary Care incorporates GP 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.

Enhanced Community Care Programme

The Enhanced Community Care (ECC) Programme comprises CHNs and specialist teams, supported by joint governance arrangements across community and acute services. These CHNs and specialist teams, will work in an integrated way across all services including the NAS to deliver enhanced person-centred end-to-end care.

Primary care and the ECC Programme serves as the foundation for the transformation 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 and those with chronic disease to live supported lives in their communities for longer. This approach will support people to stay healthy and well, avoid hospitalisation, enable a 'home first' approach, and ensure timely discharge from hospital.

2022 saw the establishment of 90 CHNs, 21 community specialist teams (CSTs) for older people and 18 CSTs for chronic disease together with the provision of direct access for GPs to an additional 180,000 diagnostic scans by the end of Q3. We will ensure full national roll-out of 96 CHNs, 30 CSTs for older people and chronic disease, and national wide coverage of the volunteer programme in collaboration with Alone, with teams maturing and working in a more integrated way, delivering increased services closer to home. CHNs' proactive identification of patients by GPs will prevent unplanned attendance at emergency departments. We will increase access for GP diagnostic tests, providing up to 240,000 community radiology tests as well as up to 266,500 tests across areas such as echocardiography, spirometry and natriuretic peptide blood tests. These developments will facilitate the participation of GPs in a more integrated, primary care focused health service as envisaged in *Sláintecare*. This approach will ensure integrated care is delivered locally at the appropriate level of complexity with GPs, health and social care professionals (HSCPs), nursing leadership and professionals, empowered at a local level to drive integrated care delivery and supporting egress in the community.

We will provide specialist services through CSTs for older people (Integrated Care Programme for Older Persons (ICPOP)) including patients over 75 with high level needs – frailty, dementia and high falls risk – and facilitate early discharge and hospital avoidance as well as complex case management in patients' homes.

We will provide specialist services (targeting four ambulatory care sensitive conditions: diabetes, asthma, chronic obstructive pulmonary disease (COPD) and heart failure (Integrated Care Programme for Chronic Disease – ICPCD)) facilitating rapid access to general practice and CHNs, and to consultant and specialist nursing clinical advice, and provide self-managed support services.

In particular, through the structured chronic disease management (CDM) programme, 430,000 patients together with referrals from CHNs will be targeted. The impact of the CDM programme, aligned to the Winter Plan, should result in some 2,500 to 6,700 patients likely to avoid an Emergency Department (ED) attendance during Winter 2022 / 2023. In the full year 2023, the expectation is that between 16,000 and 21,000 patients will avoid ED attendance as a result of the programme.

Key Objectives 2023

Primary Care

1. Develop and expand primary care in order to enhance services and service user experience
2. Improve access to primary and community care through a range of actions and interventions
3. Prioritise early interventions and improve access to person-centred primary care services as close to home as possible
4. Continue the roll-out of the Model of Care for Long COVID services nationally.

Enhanced Community Care Programme

1. Continue the roll-out of Enhanced Community (ECC) Care Programme
2. Continue the modernisation and development of an integrated General Practice service.

How will we achieve our key objectives?

Primary Care

Key Objective 1: Develop and expand primary care in order to enhance services and service user experience

a) Specified new service developments set out in the Letter of Determination (LoD) 2023:
   - Expand community intervention teams to provide care in the community or home setting to facilitate hospital discharge
   - Establish a leadership structure for design and implementation of the National Oral Health Policy *Smile agus Sláinte*, with the priority of developing a multi-year implementation plan

b) Appoint a national strategic reform lead to drive the implementation of the National Oral Health Policy *Smile agus Sláinte*

c) Maximise new models of multi-disciplinary working and service delivery to enhance service delivery and service user experience in primary care

d) Provide paediatric homecare packages to support children with complex medical conditions to live and be cared for at home

e) Continue to implement the National Access Policy in primary care

f) Work with Health and Wellbeing to establish community-based specialist weight management services for children and young people in South East Community Healthcare and Dublin South, Kildare and West Wicklow Community Healthcare

g) Work with Health and Wellbeing to support all clinical staff, through the MECC Programme, to address prevention and promote lifestyle behaviour change for patients and service users in the areas of

tobacco, alcohol consumption, healthy eating, physical activity, mental health and wellbeing and weight management as part of routine consultations

h) Work with NHCP to implement childhood screening services and surveillance services in a consistent and standardised way across the country

i) Continue to develop the role of community pharmacy in healthcare delivery.

Key Objective 2: Improve access to primary and community care through a range of actions and interventions

a) Continue to develop services and implement waiting list initiatives across a range of dental and orthodontic services, including the development of comprehensive oral healthcare packages for roll-out to children aged from birth to seven years of age

b) Procure services from private providers as appropriate

c) Maximise activity across primary care services to manage waiting lists and waiting times

d) Improve and expand vaccination / immunisation programmes for COVID, flu, child immunisation and other targeted immunisation programmes including those for vulnerable groups.

Key Objective 3: Prioritise early interventions and improve access to person-centred primary care services as close to home as possible

a) Progress the pilot of Safe Nurse Staffing and Skill Mix Phase 3(ii) in community care settings

b) Procure and roll-out an Integrated Community Case Management System, to support a standardised approach to the collection of data, activity and outcome measurement

c) Deliver 12 primary care centres in line with the Capital Plan.

Key Objective 4: Continue the roll-out of the Model of Care for Long COVID services nationally

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

b) Continue the roll-out of the HSE's interim Model of Care for Long COVID services nationally, building on existing service provision to expand services in 2023 in order to ensure that Long COVID and Post-Acute COVID clinics are operating nationally

c) Review Long COVID demands and service capacity implications in conjunction with the DoH.

Enhanced Community Care Programme

Key Objective 1: Continue the roll-out of Enhanced Community Care (ECC) Programme

a) Complete operationalisation 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

b) Complete operationalisation of 30 community specialist teams for older people and 30 community specialist teams for chronic disease including roll-out of heart failure virtual clinics nationally together with diabetes initiatives around gestational diabetes mellitus patients in the CDM prevention programme

c) Continue extensive engagement across the CHO and Hospital Group system to support the establishment of operational ECC teams to leverage a change management approach to enable and support clinical and service leadership with implementation at local level

d) Progress as a matter of urgency the interim information communications technology (ICT) solution for the ECC Programme in tandem with progressing the necessary work for the longer-term ICT infrastructure

e) As part of the Winter Plan leveraging the ECC Programme and GP Agreement 2019, GP practices in each CHN will proactively and systemically identify patients likely to have a preventable unplanned attendance at the ED, to provide a safe alternative to attending EDs by maintaining people in their homes through prevention and interventions

f) Impact of programme aligned to the Winter Plan will:
   - First Phase Winter 2022 / 2023 – 2,553 to 6,700 patients likely to have an avoidable ED attendance
   - Year 1 2023 – full roll out will deliver 16,000 to 21,000 patients per year likely to have an avoidable ED attendance.

Key Objective 2: Continue the modernisation and development of an integrated General Practice service

a) Work with the DoH and stakeholders on the extension of GP cover for children aged 6 / 7 years, expansion of eligibility for free GP visit cards and the extension of the free contraception scheme, including provision of additional resource for expansion of the GP practice team, e.g. practice nurses

b) Provide an additional 30 GP training places in 2023, increasing the planned intake to 285. The HSE will work with partners, including the Irish College of General Practitioners, to identify opportunities to attract GPs internationally to Ireland

c) Complete roll-out of the GP structured programme for CDM and prevention for all medical card / GP visit card holders ages 18 years and over including opportunist case finding and the roll-out of a high-risk preventative programme for eligible patients aged 45 years and over

d) Progress the roll-out of eHealth initiatives, including ePrescribing, summary and shared care records

e) In line with the GP Agreement 2019, a strategic review of general practice will be undertaken to examine and identify the necessary contractual and structural arrangements that need to be in place to facilitate a system of GP care, including out-of-hours care, embedded in a primary care-focused health service and in line with the *Sláintecare* vision on access. The initiative will be led by the DoH with the support of the HSE including engagement with relevant stakeholders

B. Social Inclusion

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.

Social inclusion services, informed by a human rights-based person-centred approach, improve health outcomes for socially excluded groups in society. Improvement in health outcomes is achieved by promoting, enabling and advancing an inclusive health service, enabling initiatives in health service design and delivery and contributing to addressing health inequalities. We will continue to progress this work by increasing the numbers able to access drug and alcohol services across all regions, providing better supports for children and families affected by parental drug and alcohol use and ensure more women and

men are in recovery from addiction. We will continue to work to reduce drug-related harms, overdoses and drug-related deaths. We will ensure an additional 269 Housing First tenancies receive intensive health supports. We will provide better treatment for chronic physical health conditions amongst Travellers and work to promote increased awareness among Travellers of the main causes of acute health conditions and increase access, participation and outcomes to appropriate health services for Travellers through the expansion and strengthening of the Traveller health care infrastructure. We will expand the Creative Ireland Traveller Health Initiative to other areas nationally and prepare five-year regional and national detailed implementation plans for the *National Traveller Health Action Plan, 2022-2027* (NTHAP). We will work to ensure more refugees, international protection applicants, beneficiaries of temporary protection and migrants access culturally appropriate healthcare services.

Key Objectives 2023

1. Ensure sustainability and increase access to drug and alcohol services in the community, in conjunction with key internal and external stakeholders
2. Improve and enhance access to healthcare services for people who are homeless and other social inclusion groups, including: Roma communities, victims / survivors of domestic, sexual and gender based violence and for the lesbian, gay, bisexual, transgender and intersex (LGBTI+) community
3. Enhance targeted measures to expand healthcare services to refugees, international protection applicants, beneficiaries of temporary protection and migrants
4. Increase access, participation and outcomes to appropriate health services for Travellers through implementation of the *National Traveller Health Action Plan, 2022-2027* (NTHAP)
5. Develop social inclusion health services.

How will we achieve our key objectives?

Key Objective 1: Ensure sustainability and increase access to drug and alcohol services in the community, in conjunction with key internal and external stakeholders

a) Increase access to and provision of drug and alcohol services in the community and within residential settings, and continue to support those receiving drug treatment services, children, parents and their families (in partnership with TUSLA and community and voluntary services) and those in recovery

b) Develop integrated care pathways and harm-reduction responses (e.g. naloxone provision), for high-risk drug users to achieve better health outcomes through the expansion of new initiatives, including progressing a medically supervised injecting facility in partnership with Merchants Quay Ireland, subject to confirmation of planning permission

c) Strengthen drug monitoring services for emerging drug trends to reduce drug related harm, through expansion of drug testing capabilities

d) Support the implementation of 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

e) Pilot an initiative for those experiencing difficulties with gambling, in four areas nationally.

Key Objective 2: Improve and enhance access to healthcare services for people who are homeless and other social inclusion groups, including: Roma communities, victims / survivors of domestic, sexual and gender based violence and for the lesbian, gay, bisexual, transgender and intersex (LGBTI+) community

Healthcare services for people who are homeless

a) Implement the health actions in *Housing for All – A New Housing Plan for Ireland* for people who are homeless including those in addiction, including wrap-around health supports for an additional 269 homeless people in Housing First tenancies

b) Continue to implement and evaluate the homeless hospital discharge programme and expand to include paediatric and maternity hospitals

c) Improve the health outcomes of other excluded vulnerable groups (Roma, migrants, and women) with insecure and / or unsuitable housing conditions

d) Implement and evaluate 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 and enhance integrated individual assessment, case management and care planning outside of Dublin

e) Consolidate improvements in healthcare delivery for people who are homeless that were put in place during the pandemic.

Roma Community

a) Expand the Period Dignity programme nationally and include access for people who are homeless, refugees, international protection applicants, migrants, Traveller and Roma communities

b) Develop community health liaison and supports to migrants nationally with a focus on the Roma community.

Victims / Survivors of Domestic, Sexual and Gender-Based Violence

a) Work to implement the *Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022-2026* through the development of a HSE National Domestic, Sexual and Gender-based Violence (DSGBV) Training Strategy, a communications plan and development of protocols in priority settings.

LGBTI+

a) Implement a co-ordinated health response to the *National LGBTI+ Inclusion Strategy*, and increase delivery of training in LGBTI+ awareness, transgender awareness in healthcare, and gender identity skills training.

Key Objective 3: Enhance targeted measures to expand healthcare services to refugees, international protection applicants, beneficiaries of temporary protection and migrants

a) Put in place staffing, training and service support models in line with a new medium-term, sustainable service delivery framework agreed with the DoH

b) Working with local public health, community services and GPs, seek to increase access to vaccination and screening services as a priority

c) Further strengthen local partnerships and networks with statutory, community and voluntary organisations to strengthen the health and wellbeing response for refugees, international protection applicants, beneficiaries of temporary protection and migrants.

Key Objective 4: Increase access, participation and outcomes to appropriate health services for Travellers through implementation of the *National Traveller Health Action Plan, 2022-2027* (NTHAP)

a) Develop a national implementation plan for the NTHAP and establish a national implementation and monitoring group with key stakeholder engagement

b) Expand primary healthcare for Traveller projects, Traveller health units and other Traveller-specific services, under the forthcoming NTHAP

c) In collaboration with the HSE mental health, continue to expand and develop services and supports specific to the needs of Travellers in line with *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)

d) Expand the reach of the Traveller Wellbeing through Creativity pilot initiative nationally by building on the learning emerging from five funded projects.

Key Objective 5: Develop social inclusion health services

a) Implement recommendations of the service user engagement study to inform the development of a social inclusion service user engagement implementation framework

b) Work with the DoH to develop a framework for inclusion health services

c) Plan and support a tailored childhood catch up and flu vaccination programme that recognises and addresses the range of complex needs of vulnerable groups and enhance capacity of health services, to identify and reduce threats from communicable diseases among all socially excluded groups.

C. Older Persons' Services

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.

Older Persons' Services contribute to the continued enhancement of community care services by implementing and delivering a new integrated model of care for older persons which enables increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services. This will result in fewer people being admitted to hospitals and more people being discharged to their home and community settings, reducing the need for long stay residential care. We will commence a standardised assessment process through implementation of International Resident Assessment Instrument (interRAI) in three priority areas – home support, Integrated Care Programme for Older Persons (ICPOP) and development of long stay residential care and we will enhance dementia assessment, diagnostic and post diagnostic support services.

Key Objectives 2023

1. Continue to support acute hospital discharge and reduce requirement for long-term residential care and acute hospital avoidance
2. Continue to provide the Nursing Homes Support Scheme (NHSS)

3. Continue to provide new and enhanced integrated models of home and community support enabling increased access to care and supports in the community
4. Continue to implement interRAI care needs assessment
5. Ensure timely access to dementia care and reduction in waiting times.

How will we achieve our key objectives?

Key Objective 1: Continue to support acute hospital discharge and reduce requirement for long-term residential care and acute hospital avoidance

a) Provide transitional care funding to 8,637 identified patients requiring nursing home convalescence or who are in the process of submitting a NHSS application
b) Provide 650 private contracted short stay beds to 4,200 people to support hospital discharge and avoidance, enabling people to return to their own homes and community
c) Continue to provide 2,182 publicly-managed short stay beds across nine CHOs with a target of 90% occupancy for open beds
d) Maintain the balance of long-term care public / private provision.

Key Objective 2: Continue to provide the Nursing Homes Support Scheme (NHSS)

a) Administer the NHSS and implement a National Bed Register, providing real time data for long and short stay bed numbers and occupancy rates
b) Support 22,712 people through the NHSS while maintaining the average four-week waiting period for funding
c) Commence a review of the cost of care in public units.

Key Objective 3: Continue to provide new and enhanced integrated models of home and community support enabling increased access to care and supports in the community

a) Deliver 24.26m hours to 56,145 people to continue to support older people to live at home and in their communities. (While every effort will be made, delivery of this target will be challenging given the dependency on the recruitment of additional healthcare support assistants across the sector)
b) Develop intensive home supports for 1,150 people to support acute hospital discharge and long-term residential alternative
c) Provide 140,000 personal care hours (Complex Case Home Support Packages) for service users discharged from the National Rehabilitation Hospital
d) Complete the recruitment of all approved posts for the National Home Support Office by Q1 2023
e) Maintain, at a minimum of 40%, the proportion of public / private home support provision
f) Stand up community support teams in line with the recommendations of the *COVID-19 Nursing Homes Expert Panel Report*, replacing existing COVID Response Teams with permanent community support teams across nine CHOs
g) Resume 95% of older persons' day care services
h) Expand the delivery of the Meals on Wheels service through secured funding

i) Commence the procurement process and delivery of a Home Support IT system.

Key Objective 4: Continue to implement interRAI care needs assessment

a) Implement interRAI across three priority areas – home support, ICPOP and long stay residential care in line with available resources

b) Complete recruitment of 128 interRAI Care Needs Facilitator posts by Q1 2023

c) Utilise interRAI to determine appropriate care pathways to meet carers needs through completion of carers needs pilot in Community Healthcare West.

Key Objective 5: Ensure timely access to dementia care and reduction in waiting times

a) Enhance dementia assessment, diagnostic and post-diagnostic support services

b) Allocate a minimum of 15% of new home support hours to people living with dementia or a cognitive impairment

c) Enhance dementia supports through service developments, training, quality and other initiatives.

3. Improving Access to Mental Health Services including Early Intervention

The provision of specialist mental health services includes: acute inpatient care, day hospitals, outpatient clinics, community-based child and adolescent mental health services (CAMHS), general adult, psychiatry of later life, community residential and continuing care residential services and peer-led services. Sub-specialties include: mental health intellectual disability, eating disorders, liaison mental health services, perinatal mental health, peer support, rehabilitation and recovery education. The National Forensic Mental Health Service provides inpatient and in-reach prison services, in addition to an intensive care rehabilitation unit.

Mental health services promote the mental health of our population, by supporting those seeking recovery from mental health difficulties, and working to prevent suicide. We will continue to seek to meet performance targets across CAMHS, general adult services and psychiatry of later life, while also continuing to focus on the delivery of timely, clinically effective and standardised safe mental health services in compliance with statutory requirements. We will increase access to early interventions and improved access to person-centred mental health services.

Key Objectives 2023

1. Continue to implement *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), by enhancing early interventions and improving access to person-centred mental health services
2. Deliver timely, clinically effective and standardised safe mental health services in compliance with statutory requirements
3. Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
4. Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

How will we achieve our key objectives?

Key Objective 1: Continue to implement *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), by enhancing early interventions and improving access to person-centred mental health services

a) Implement agreed mental health priorities including the enhancement of CAMHS and the transition to adult services, the expansion of digital supports and interventions to support our service users' journey through both primary and secondary care services, and to enhance the provision of talk therapies for young people and the general adult population through a range of initiatives including the further training of talk therapists, and increasing provision of online cognitive behavioural therapy (8,000 licences)

b) Develop a learning site in Mid West Community Healthcare to support the implementation of a community-based response to crisis presentations and people in distress in the community based on the concurrent addictions specialised treatment model

c) Continue the development of pilot crisis resolution services in Donegal, Sligo, Leitrim, Cavan and Monaghan, Mid West Community Healthcare, Cork Kerry Community Healthcare, South East Community Healthcare, and Community Healthcare East, and CAMHS hubs in Community Healthcare West, Mid West Community Healthcare, Cork Kerry Community Healthcare, Community Healthcare East and Midlands Louth Meath Community Healthcare with a focus on monitoring and evaluation of pilot implementation and development of performance indicators

d) Continue to progress the development and implementation of agreed clinical programmes and new models of care, including the three pilot sites for Model of Care Older Persons and three sites for Model of Care Dual Diagnosis; and enhancement of staffing across teams in eating disorders, attention deficit hyperactivity disorder ADHD, and self-harm

e) Continue to implement agreed actions as set out in Connecting for Life Implementation Plan 2023-2024, with particular focus on the implementation of the pilot training programme in Dublin South, Kildare and West Wicklow Community Healthcare, targeting 400 staff.

Key Objective 2: Deliver timely, clinically effective and standardised safe mental health services in compliance with statutory requirements

a) Provide an additional 10 emergency placements to ensure that those with more complex healthcare needs have access to appropriate bed placements

b) Improve compliance with statutory regulations in collaboration with the Mental Health Commission to improve patient care by upgrading premises and reviewing any areas of restrictive practice across mental health services, with an initial focus on Cork Kerry Community Healthcare and South East Community Healthcare

c) Implement waiting list initiatives for CAMHS in collaboration with local CAMH services across CHO areas, specifically focusing on children and young people waiting longer than nine months and targeting specific issues impacting each area

d) Continue implementation of recommendations set out in the *Report on the Look-Back Review into Child and Adolescent Mental Health Services County MHS Area A (Maskey Report) 2022*, informed and guided by the Implementation Oversight Group.

Key Objective 3: Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

a) Continue to develop recovery education services through the development of a Recovery Education Strategy 2023-2028 to ensure that the recovery education needs of all service users, family members, carers and staff populations are met

b) Continue to develop the individual placement support service with the further expansion of the programme at CHO level through our community partners

c) Enhance and expand public mental health engagement and feedback mechanisms to inform service improvement in the design and delivery of services, ensuring an inclusive approach with a particular focus on key priority groups

d) Establish a national volunteer panel for co-production as part of the development of a volunteer programme to further enhance opportunities for the value of service users, family members, carers and supporters' involvement by providing support to an estimated 200 volunteers.

Key Objective 4: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

a) Establish a National Lead for Youth Mental Health to enhance and guide the development of youth mental health services

b) Provide oversight and guidance on the provision of psychosocial supports nationally and within each CHO area in order to meet the needs of relevant groups, including people arriving from Ukraine

c) Design, develop and test a suite of KPIs for mental health services on a phased basis, to further inform service delivery, service user outcomes and quality provision, with an initial focus on crisis resolution services and CAMHS hubs

d) Roll out the agreed capital development plan to enhance facilities and infrastructure for service users and staff to address regulatory compliance and initiate an analysis of capital requirements to inform future service planning

e) Continue to support professional development opportunities for staff and to actively recruit to approved development posts to enhance service delivery.

4. Specialist Community-Based Disability Services

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

In 2023, we will continue to deliver the reform of disability services through the implementation of the Transforming Lives programme. This is the overall programme that includes the main policies that are underpinning the development of disability services including New Directions, progressing children's disability services, personalised budgets and the neuro-rehabilitation policies. It also frames the development of important enabling actions including the development of ICT and management information in disability services, the inclusion of disabled people in decision-making and underpins the collaborative working between the HSE and the voluntary sector. We will improve access and enhance specialist disability services. We will continue to work collaboratively with government departments and agencies, including the planned future government department with responsibility for disability, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), and disability services stakeholders, to work towards the financial and operational sustainability of the sector. Through our services, we will enable service users to be active participants in their care and support.

In recognition of the importance of supports and services for children, we will continue to prioritise the delivery of therapy services to children with disabilities and their families. We will progress and develop residential services in response to the increasing need for those services by adults with disabilities. Our residential services include planned and where needed, emergency placements and care. Respite will be a key priority in that it provides important supports for families in maintaining their caring role.

We will progress the development of Community Neuro-Rehabilitation Teams as part of the national demonstrator pilot. We will continue implementing changes in line with the New Directions policy by providing new day services placements for school leavers and rehabilitative training graduates. We will maintain a focus on the delivery of national personalised budgets demonstrator project to 180 participants. A key priority for 2023 will be reducing the Assessment of Need wait list.

A significant challenge for disability services is recruitment and retention of staff. In 2023, we will be working with a wide range of internal and external stakeholders to implement a series of actions to improve staff retention and recruitment performance and increase base staffing levels in line with funding received. This is paramount and underpins all 2023 commitments. The HSE Disability Operations Team are bringing together a range of experts from Human Resources (HR), clinical programmes, communications and the wider delivery system to work on initiatives to promote disability services as a workplace of choice in what is an exceptionally competitive market both domestically and internationally.

The HSE will continue to work with relevant government departments in supporting the development and subsequent implementation of the Disability Action Plan to deliver the services developments identified as being needed in the Disability Capacity Review report. The developments planned for 2023 within the available funding, will improve services for some, but the scale of need identified in the Capacity Review report will require the finalisation and implementation of the Disability Action Plan. The HSE, in progressing

the developments in the National Service Plan, remains aware of the scale of need for many people for a wide range of services.

Wherever possible, people with disabilities are supported to live in the community and to access mainstream health and social care services. Specialist disability services focus on providing supports to people with more complex disabilities, and to complement the mainstream health and social care services provided to people with disabilities alongside the rest of the population. The development of specialist services is underpinned by some key principles including:

- Rights-based services aligned with the United Nations Convention on the Rights of Persons with Disabilities
- Services provided in the community where people live
- Early intervention to maximise people's capacities
- Person-centred services supporting people's choice and control
- A strengths-based approach, recognising and supporting the inherent abilities of people with disabilities
- Coherent and integrated services and supports
- Services that are equitable and consistent
- Prioritisation on the basis of assessed need
- Services provided by interdisciplinary teams, networked regionally with other teams, and supported by enhanced services and supports where necessary.

The principle of 'mainstream first' requires that HSE-led services are developed in the context of supporting actions by Government departments in the areas of housing, transport, education, including higher education, employment and social protection.

We will seek to provide improved access to children's disability services and improved compliance with the statutory Assessment of Need process. We will ensure increased provision of day services through the provision of places for the 2023 school leavers and rehabilitation-training graduates. We will work to increase provision of residential and respite services and increase provision of personal assistant and home supports. We will increase the number of those under the age of 65 moving from nursing homes to community settings. We will continue to work with community support teams to provide safeguarding support to vulnerable adults.

Key Objectives 2023

1. Improve the delivery of a range of specialist community-based disability services and increase service capacity in the areas of day, respite, multi-disciplinary, residential and personal assistant services using the resources available
2. Progress the delivery of the Assessment of Need process in line with legislative obligations
3. The Stability and Sustainability Team will continue to focus on financial and governance challenges to develop proposals for a more sustainable model of services, extracting high level learning from its current programme of work to inform future service considerations, including policy where appropriate

4. Continue the transition of people from institutional settings to community-based services in line with *Time to Move on from Congregated Settings* policy and the recommendations of *Wasted Lives: Time for a better future for younger people in nursing homes*
5. Support and help facilitate the transfer of functions of specialist community-based disability services from the DoH to the DCEDIY.

How will we achieve our key objectives?

Key Objective 1: Improve the delivery of a range of specialist community-based disability services and increase service capacity in the areas of day, respite, multi-disciplinary, residential and personal assistant services using the resources available

Children's Services

a) Progress the recruitment of 136 senior clinicians to facilitate children's disability network teams (CDNTs) to restore on-site health and social care supports to 104 special schools, as required by Government. This initiative will be in addition to recruiting the balance of the 2021 allocation of therapists to special schools as well as the continued recruitment of the 2022 allocated posts

b) Implement the range of actions in the draft Roadmap for Progressing Children's Disability Services, through the CDNTs, with a specific focus to:
   - Progress a range of initiatives to recruit and retain staff on CDNTs to maximise the supports available to children and families requiring these services
   - Recruit two consultant paediatricians, in conjunction with the Paediatric programme, to provide essential paediatric medical supports and interventions
   - Improve communication with all stakeholders, especially families
   - Implement an initiative for all children currently awaiting CDNT first or follow up service
   - Improve governance of the service
   - Develop integrated service pathways to ensure children and families can access the right service at the right time

c) Progress a capacity-building initiative in two CHOs to demonstrate an all-team approach to supporting children with complex behaviours

d) Review and implement the (i) National Access Policy and (ii) the HSE's primary care, disabilities and CAMHS Joint Protocol with Tusla, in conjunction with primary care and mental health services

e) Establish 91 family forums and nine family representative groups in order to co-design CDNT service improvements and developments with families

f) Deliver a public-facing communications / media plan to highlight the work of the CDNTs.

Autism

a) Continue to implement the recommendations of the 2018 Autism Report, led by the Service Improvement Programme for the Autistic Community Board, prioritising the ongoing work of the pilot to introduce a tiered model of assessment and improved access to information and resources

b) Engage with DCEDIY to support the development of its Autism Innovation Strategy.

Neuro-rehabilitation

a) Develop two additional community neuro-rehabilitation teams in two CHOs in line with the Neuro-Rehabilitation Implementation Framework.

Clinical Pathways

a) Resource a continence clinic in Cork Kerry Community Healthcare area for children and adults with primary diagnosis of a neuro-physical disability through an agreed Centre

b) Establish a national specialist service for children with visual impairments, in addition to upskilling CDNT members across the country to assist in local therapy interventions via training and ongoing consultative support.

Day Services

a) Implement changes in line with New Directions policy through the provision of 1,250 new day services placements for school leavers and graduates of rehabilitative training

b) Undertake a review of rehabilitative training in follow up to the 2020 rehabilitative training report to maximise the use of places and to reflect the change in the outcomes for participants.

Residential

a) Provide 43 additional residential places in response to current need

b) Support 18 delayed transfers of care in line with the Winter Plan

c) Provide 23 residential care packages to young people ageing out of Tusla services in line with the Joint Protocol

d) Consider a sustainable funding model for residential services, incorporating the early learning from the pilot project commenced in Community Healthcare West in 2022, the work of the National Placement Improvement Programme and the Disability Supports Management Application Tool.

Respite

a) Establish five additional respite services and increase one service from part time to full time opening to provide 7,872 additional nights to 278 people in a full year

b) Provide 27 additional in-home respite packages to children and young adults in a full year

c) Provide 265 day-only respite packages to 180 people in a full year.

Personalised Supports

a) Deliver an additional 70,370 personal assistant hours to expand and enhance the supports for people to live self-directed lives in the community

b) Deliver the national personalised budgets demonstrator project to 180 participants

c) Support the development of projects that will enhance the provision of assistive technology to service users and contribute to collaborative working between service providers

d) Support the integration and inclusion of people with disabilities through a Social Farming initiative.

Key Objective 2: Progress the delivery of the Assessment of Need process in line with legislative obligations

a) Arising from a 2022 High Court judgement the HSE must provide additional assessments for a cohort of children who were identified as requiring these assessments through the *Disability Act 2005*

assessment of need process. The HSE will use all available mechanisms to provide these assessments including the procurement of assessments internationally

b) Establish the process for Assessment of Need for people born after 2002.

Key Objective 3: The Stability and Sustainability Team will continue to focus on financial and governance challenges to develop proposals for a more sustainable model of services, extracting high level learning from its current programme of work to inform future service considerations, including policy where appropriate

a) Examine financial and governance challenges around the current models of service and service delivery

b) Inform future service model considerations, aligned to current policy and regulation, delivered progressively over time and in collaboration with individuals supported, their families and staff for best outcomes

c) Work within compliance and budgetary processes as appropriate and maximise the use of available resources

d) Strengthen appropriate data and information collection and analysis, as well as monitoring mechanisms in collaboration with CHOs

e) Work to provide learning for overall stability and sustainability of the sector.

Key Objective 4: Continue the transition of people from institutional settings to community-based services in line with *Time to Move on from Congregated Settings* policy and the recommendations of *Wasted Lives: Time for a better future for younger people in nursing homes*

Time to Move on from Congregated Settings

a) 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

b) Work will continue to support individuals currently residing in congregated settings, to move into more appropriate community and residential settings.

People under 65 years of age in Nursing Homes

a) Continue to support individuals under the age of 65, who are currently residing in nursing homes, to move into more appropriate community settings or to enhance the quality of life for those who will be continuing their nursing home placement

b) Continue the implementation of the recommendations from the Ombudsman's report, *Wasted Lives: Time for a better future for younger people in nursing homes*, to enable transitions in to the community and reduce the risk of younger adults being inappropriately placed in a nursing home, with a specific focus on the National Nursing Home survey and mapping project, model of service development, service access and navigation, funding, and informed consent, policy and human rights.

Key Objective 5: Support and help facilitate the transfer of functions of specialist community-based disability services from the DoH to the DCEDIY

a) Develop and agree, with the relevant department, the necessary performance and accountability

processes and structures to reflect any new reporting requirements

b) Implement the necessary financial governance and management arrangements to reflect the funding requirements of both votes

c) Ensure continued integration with mainstream services

d) Ensure that no disruption to service delivery occurs as a result of the transfer

e) Identify post-transfer, any further funding, services or people to transfer to DCEDIY, as appropriate

f) Maintain corporate support and services to Specialist Community-Based Disability Services as part of the overall corporate structure

g) Ensure appropriate structures, planning and performance engagement mechanisms are in place and effective for both Departments, in respect of both Specialist Community-Based Disability Services specific matters and areas of shared interest to both DoH and DCEDIY.

5. Delivering Safe, Timely Access to Acute Care

A. Acute Hospital Services

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.

Acute hospital services aim to deliver safe and timely access to care in the appropriate setting, with improved health outcomes for patients and a more effective use of resources. In 2023, our focus is to improve access to acute services by continuing to increase general and critical care bed capacity, responding to challenges in unscheduled care by delivering our Winter Plan commitments for 2022 / 23 and building on integrated responses already in train to improve access to scheduled care and reduce waiting lists. Delivering services in a COVID-19 environment will continue to be a feature in 2023.

Key Objectives 2023

1. In line with *Sláintecare*, improve access to unscheduled and urgent care by implementing the Winter Plan 2022 / 23 and the Waiting List Action Plan, with local governance and decision-making driving integrated initiatives to improve patient flow and patient experience through prevention, treatment and discharge
2. Build on existing proven waiting list initiatives to secure more timely access to scheduled care and develop a multi-annual approach for priority areas to sustainably enhance capacity and increase the number of patients being treated
3. Deliver an additional 184 general acute beds and 26 critical care beds and improve capability to meet patient needs
4. Establish an inclusive trauma system and deliver trauma-related clinical expertise through two regional Trauma Networks where facilities and services co-ordinate the care of injured patients along standardised pathways
5. In line with *Sláintecare* objectives, streamline and reconfigure integrated care pathways / models of care and implement national strategies and services in collaboration with community services
6. Embed developments in paediatric services; organ donation; transplant services; and renal services.

How will we achieve our key objectives?

Key Objective 1: In line with *Sláintecare*, improve access to unscheduled and urgent care by implementing the Winter Plan 2022 / 23 and the Waiting List Action Plan, with local governance and decision-making driving integrated initiatives to improve patient flow and patient experience through prevention, treatment and discharge

a) Implement the Winter Plan 2022 / 23 commitments by increasing capacity, reducing demand on EDs and improving patient flow and patient experience times

b) Roll out a Framework for Safe Nurse Staffing in emergency care settings (Phase 2) and the recruitment of additional ED consultants.

Key Objective 2: Build on existing proven waiting list initiatives to secure more timely access to scheduled care and develop a multi-annual approach for priority areas to sustainably enhance capacity and increase the number of patients being treated

a) Continue to improve access to scheduled care as part of the multi-annual approach to address waiting lists and waiting times. A 2023 Waiting List Action Plan will support improvements to waiting lists and waiting times, including across identified priority areas (obesity / bariatrics, spina bifida / scoliosis, and gynaecology) and other areas where there is an evidenced capacity and demand imbalance (orthopaedics, ear, nose and throat (ENT), ophthalmology, dermatology, neurology, etc.)

b) More generally, support as a key organisational priority the sustainable reduction in waiting times through: (i) the implementation of improved operational processes (including, for example, theatre utilisation and chorological management), (ii) the introduction of evidence-based models of care, and (iii) the targeted expansion of operational and physical capacity

c) The development of surgical hubs is a key component of the HSE's plan to reduce waiting lists and waiting times. The aim is to establish six surgical hubs to build capacity to deliver high volume, low complexity procedures. The capacity created through the surgical hubs will be protected elective capacity to reduce the risk of cancellations due to emergency pressures. The surgical hubs are expected to be operationalised within the next 12-18 months.

Key Objective 3: Deliver an additional 184 general acute beds and 26 critical care beds and improve capability to meet patient needs

a) Increase general acute bed capacity from 995 at end-2022 to 1,179, and increase critical care capacity from 326 at end-2022 to 352

b) Progress the planning for the Phase 2 of the National Strategic Plan for Critical Care

c) Enhance the quality of our critical care service by rolling out the new Critical Care Clinical Information System on a phased basis to additional sites; developing critical care retrieval services, expanding the advanced nurse practitioner outreach capacity and increasing critical care training and education places.

Key Objective 4: Establish an inclusive trauma system and deliver trauma-related clinical expertise through two regional Trauma Networks where facilities and services co-ordinate the care of injured patients along standardised pathways

a) Expand the initial phase of major trauma services, the Major Trauma Centre (MTC) for the Central Trauma Network at Mater Misericordiae University Hospital in line with 2021 and 2022 service plan allocation, providing care for trauma patients with severe injuries (up to an additional 700 trauma patients in a full year forecast to be received following the commencement of major trauma services)

b) Continue the phased development and associated recruitment of clinical staff at the MTC for the South Trauma Network at Cork University Hospital (CUH) in line with 2021 and 2022 service plan allocation (an additional 380 trauma patients from across the South Trauma Network are forecast to have their full acute episode of care at CUH once the system is fully implemented)

c) Commence planning to develop the Trauma Unit with Specialist Services at University Hospital Galway and the Trauma Units in the Central Trauma Network at Our Lady of Lourdes Hospital, Drogheda and in the South Trauma Network at University Hospital Waterford in preparation of a proposal to the 2024 Estimates process

d) Continue to implement the standard rehabilitation needs assessment tool and rehabilitation prescription for all major trauma patients in both MTCs

e) Implement the pre-hospital trauma triage tool for use by the NAS and other pre-hospital care providers to identify patients requiring treatment in a MTC.

Key Objective 5: In line with *Sláintecare* objectives, streamline and reconfigure integrated care pathways / models of care and implement national strategies and services in collaboration with community services

a) Aligned with *Sláintecare*, commence implementation of the prioritised modernised care pathways including urology, orthopaedics, ophthalmology, and overweight / obesity pathways

b) Continue the development of integrated Long and Post-Acute COVID clinics to ensure each Hospital Group has both clinics in line with the interim Model of Care

c) Progress the implementation of the key national strategies / services with the establishment of a trauma system, and further implementation of the cancer, maternity, dementia, cardiac, gynaecology and oral health strategies (see further information on these strategies under Cross-Service Domains and Enhancing Community Services within this section of the NSP)

d) Roll out new strategies and services including for stroke, neuro-rehabilitation, and genetics and genomics (see further information on these strategies under Cross-Service Domains and Specialist Community-Based Disability Services within this section of the NSP).

Key Objective 6: Embed developments in paediatric services; organ donation; transplant services; and renal services

a) Expand dialysis capacity in Hospital Parent Renal Units through enhanced clinical governance

b) Expand the Home Dialysis Therapy Programme

c) Implement new developments to address national transplantation service infrastructural deficits; to enhance the availability of solid organs for transplant and progress the development of the National Organ Retrieval Service

d) Continue to implement the Paediatric Model of Care commenced in 2021 and 2022

e) Implement the multi-agency Barnahus model of child sexual abuse services.

B. Cancer Services

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

Cancer services are designed and delivered through nine cancer centres, including Children's Health Ireland (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 (including chemotherapy

and immunotherapy). Radiotherapy is provided through five public centres and two private centres. Services are designed and managed to ensure timely, equitable access to safe, quality-assured, person-centred care and enhanced patient experience. NCCP will continue to focus on emerging treatments and technologies, along with supporting community and voluntary services.

Key Objectives 2023

1. Provide optimal care, ensuring that patients are provided with the right treatment
2. Maximise patient involvement and quality of life
3. Reduce the cancer burden through prevention and early detection
4. Enable and assure change in our services based on best practice.

How will we achieve our key objectives?

Key Objective 1: Provide optimal care, ensuring that patients are provided with the right treatment

a) Continue the agreed surgical oncology centralisation project and support cancer surgery (bladder, gynae)
b) Support National Plan for Radiation Oncology Phase 2 expansions and radiotherapy services enhancement
c) Implement improvement recommendations for the rapid access clinic KPIs
d) Continue to build medical oncology, haematology and systemic anti-cancer therapy services to meet demand
e) Progress implementation of systemic anti-cancer therapy (SACT) model of care recommendations and developments of associated KPIs
f) 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.

Key Objective 2: Maximise patient involvement and quality of life

a) Progress development of psycho-oncology, cancer survivorship, child and adolescent services and the Community Cancer Support Centre network.

Key Objective 3: Reduce the cancer burden through prevention and early detection

a) Progress the implementation of the national plan for skin cancer prevention and the *Early Detection of Cancer Plan 2022-2025*
b) The Prevention and Early Detection functions within the NCCP will progress initiatives and research into reducing health inequalities surrounding cancer services.

Key Objective 4: Enable and assure change in our services based on best practice

a) 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

b) Roll out the National Cancer Information System and multi-disciplinary meeting module across the Hospital Groups and circa six SACT Centres in 2023.

C. 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. NAS provides a range of services which includes the provision of unscheduled care in response to 112 / 999 emergency calls. Care begins immediately at the time an emergency call is received and continues through to the safe treatment, referral, discharge or transportation and handover of the patient at an ED or hospital.

The NAS Strategy sets out a structured plan to meet service demands and support wider healthcare reconfiguration into the future, including through progressing the development of aeromedical services. To enable this growth and transition, NAS will continue to implement a new core governance, leadership and structural design including the implementation of new technical specialties and business and support structures to ensure NAS service delivery is aligned with the *Sláintecare* geographical structures going forward.

Based on the capacity challenges reflected in the NAS Workforce Plan, and considering the impact of work to mitigate the impact of offload delays, NAS will treat greater numbers of patients through an alternative care pathway such as Hear and Treat, See and Treat or refer initiatives with the aim of reducing the percentage of conveyances to ED.

Key Objective 2023

Improve emergency access and move towards a more multi-dimensional urgent and emergency care provision model which is safe and of the highest quality.

How will we achieve our key objective?

a) Continue to address the capacity deficit as identified by the Demand and Capacity Analysis and subsequent *National Ambulance Service (NAS) HR Workforce Plan 2022-2026*

b) Continue the development of technical specialties and core structures to facilitate the future growth of NAS and its alignment with *Sláintecare* geographical structures

c) Strengthen the NAS Clinical Hub and continue the roll-out of alternative care pathways and the implementation of the Out of Hospital Cardiac Arrest Strategy

d) Establish a dedicated funded Helicopter Emergency Medical Service in the South West

e) Establish a NAS Emerging Threat Team to provide dedicated capacity and capability within the HSE to respond in a timely manner to all future emerging threats to the delivery of public health services, such as that posed by the COVID-19 pandemic and the more recent monkeypox virus.

6. Cross-Service Domains

A. Clinical, Quality and Patient Safety

Delivery of a high-quality, safe, effective, responsive and person-centred healthcare service is our paramount focus, alongside the acceleration and implementation of integrated models of care aligned to the *Sláintecare* principle of providing care at the lowest level of complexity. Programmes of work are initiated and progressed to support the delivery of healthcare reform and delivery of the *HSE Corporate Plan 2021-2024*, while enhancing quality of care, building capacity and resilience in our workforce, and enabling service improvements.

Clinically-led and evidence-informed health service reform is vitally important to address patient backlogs arising from COVID-19 and the cyberattack. It is essential that we maximise learning and development opportunities and empower front-line staff to lead, including in the area of digital transformation. We must also incorporate clinical expertise and leadership in the design and delivery of modernised, evidence-informed clinical pathways and models of care to promote effective and efficient management across the full spectrum of care, in an integrated manner built around the needs of patients.

Key Objectives 2023

1. Enhance clinical expertise and enable a sustainable clinical workforce, including through enhanced recruitment and supporting the development of advanced practice
2. Strengthen an evidence and needs-based approach to inform strategic and operational decisions in the design and configuration of health services
3. Drive quality and safety improvement through implementation of the *HSE Patient Safety Strategy 2019-2024*
4. Implement, on a phased basis, the HSE's *Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* which is aligned to *Ireland's Second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2)* to integrate infection prevention and control (IPC) and antimicrobial stewardship across community and acute operations
5. Support improvements in availability, reconfiguration and transformation of services including implementation of national healthcare strategies, the women's health programme, and delivery of programmes enabling the implementation of *Sláintecare*
6. Strengthen service user engagement and decision-making, including advancing new ways of engaging with patients to ensure they become active participants in their care
7. Work with CHOs and Hospital Groups to drive implementation of the *Patient Safety Strategy 2019-2024* thereby reducing common causes of harm.

How will we achieve our key objectives?

Key Objective 1: Enhance clinical expertise and enable a sustainable clinical workforce, including through enhanced recruitment and supporting the development of advanced practice

a) Support recruitment, retention and enable registration of graduates of medical, HSCPs, and nursing and midwifery staff required to deliver new models of care in community and new scheduled and unscheduled care pathways in line with workforce planning

b) Address consultant recruitment and retention challenges in Model 3 hospitals by implementing the recommended actions following the publication of the report of the expert steering group

c) Strengthen medical education training by providing appropriate educational supports at site level by piloting a Clinical Educator network responsible for overseeing onsite training and development of non-consultant hospital doctors (NCHDs)

d) Support the implementation of the DoH NCHD Taskforce recommendations

e) Support the development of medical, HSCPs, and nursing and midwifery resources from graduate to specialist and advanced practice through education, guidance, advice and monitoring of numbers in the post of specialist and advanced practice across services

f) Maintain, develop and optimise current clinical workforce capacity and skill mix through continuing support for the implementation of the Frameworks for Safe Nurse Staffing (Phases 1 and 2) and the pilot to develop a framework for safe nurse staffing and skill mix in long-term residential care settings for older persons

g) Continue to implement *HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professions 2021-2026* through progressing key developments including in relation to advanced practice, addressing critical clinical placement issues for international recruits and students in training, and supporting retention

h) Develop and commence implementation of a sustainable model, governance and interconnected infrastructure at national, regional and local level for HSCP clinical practice placement education which supports and enables additional HSCP student numbers and placements for international graduates who require periods of adaptation, as well as practice development which supports supply, recruitment and retention of HSCPs

i) Build the digital health capabilities of nursing and midwifery, HSCPs and medical staff

j) Support the implementation of the recommendations of the Expert Review Body on Nursing and Midwifery.

Key Objective 2: Strengthen an evidence and needs-based approach to inform strategic and operational decisions in the design and configuration of health services

a) Progress evidence-based frameworks and models to support the implementation of *Sláintecare*, such as models of care for infectious disease, vascular surgery, and general paediatric surgery

b) Develop a strategy for an integrated services framework for children and young persons across the continuum of care, incorporating prevention, early intervention, flow across acute, community and primary care-based services while including multiple clinical domains, public health, paediatrics, disability, etc.

c) Support and provide clinical input to the HSE's strategy and governance model for clinical innovation and digital healthcare, building on learning from innovations during the pandemic e.g. virtual patient engagement platforms, remote monitoring applications etc.

d) Support the safe and cost-effective use of medicines through health technology and management processes for new medicines and the ongoing clinical management and monitoring, ensuring equity in the provision of existing and emerging medicines / therapies

e) Assist the design, development and implementation of clinical guidelines, up to and including DoH National Clinical Effectiveness Committee National Clinical Guidelines.

Key Objective 3: Drive quality and safety improvement through implementation of the *HSE Patient Safety Strategy 2019-2024*

a) Deliver on the key commitments of the *Patient Safety Strategy 2019-2024* with all services and stakeholders through programmes to address the common causes of harm and develop a patient safety surveillance system and a quality and patient safety competency framework while advancing open disclosure and incident management

b) Progress work towards the implementation of the Patient Safety Bill and revised Open Disclosure policy (pending enactment of the Bill and implementation of the National Policy Framework for Open Disclosure) that will build on greater accountability in health and social care

c) Roll out a programme to improve medication reconciliation / safety in the community (national iSIMPATHY (implementing Stimulating Innovation in the Management of Polypharmacy and Adherence Through the Years) programme)

d) Improve patient safety and standards of care through implementation of clinical audits, the establishment of a National Clinical Centre for Audit while continuing to implement the recommendations of the *National Review of Clinical Audit 2019.*

Key Objective 4: Implement, on a phased basis, the HSE's *Antimicrobial Resistance Infection Control (AMRIC) Action Plan 2022-2025* which is aligned to *Ireland's Second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2)* to integrate infection prevention and control (IPC) and antimicrobial stewardship across community and acute operations

a) Improve awareness and knowledge of antimicrobial resistance

b) Enhance surveillance of antibiotic resistance and antibiotic use

c) Reduce infection and disease spread

d) Optimise the use of antibiotics in humans.

Key Objective 5: Support improvements in availability, reconfiguration and transformation of services including implementation of national healthcare strategies, the women's health programme, and delivery of programmes enabling the implementation of *Sláintecare*

a) Support the continued roll-out of national healthcare strategies, ECC Programme, Trauma Programme, NCCP, National Women and Infants Health Programme and the public health reform programme in line with the 2021 and 2022 provisions, thereby enabling enhanced service delivery in 2023

b) Initiate a number of new developments as set out in the 2023 LoD. These relate to progressing the implementation of the *National Strategy for Accelerating Genetic and Genomic Medicine in Ireland*, the *National Stroke Strategy 2022-2027*, the National Review of Specialist Cardiac Services and modernised scheduled care pathways

c) Support the roll-out and implementation of the Long COVID hub network, related treatments and pathways to enable implementation of the interim Model of Care

d) Support Co-operative Real Engagement for Assistive Technology Enhancement disability projects in the identification and use of new technologies to support people with disabilities.

Key Objective 6: Strengthen service user engagement and decision-making, including advancing new ways of engaging with patients to ensure they become active participants in their care

a) Progress utilisation of the Your Voice Matters Survey Framework, in measuring the degree to which integrated care is being experienced by service users and support patient involvement in the planning and delivery of health and social care services

b) Develop the utilisation of the Healthcare Complaints Analysis Tool to analyse patient complaints across the harm / severity spectrum to target developments and improve programmes of work

c) Support services to implement the *Assisted Decision-Making (Capacity) Act 2015* when commenced to support decision-making and maximise service users' capacity to make decisions

d) Assist services to implement and comply with the revised HSE *National Consent Policy 2022* to support decision-making and maximise service users capacity to make decisions

e) Enable patient and service user experiences feedback through the implementation of a number of initiatives, such as National Care Experience Programmes, family surveys, publication of national casebooks with patient and service user journeys / stories / experiences and conduct an audit of patient, service user and staff experience of Your Service Your Say (YSYS) within mental health services

f) Appoint 20 patient / service user partnership leads in CHOs and Hospital Groups

g) Roll out training programmes that are supported by and involve patient and service user advocacy groups to build expertise within the system

h) Scale up the *Sláintecare* funded Healthy Age Friendly Homes Initiative, supporting older persons with complex care needs, through appointment of Healthy Age Friendly Homes Co-ordinators to all 31 local authorities in Ireland.

Key Objective 7: Work with CHOs and Hospital Groups to drive implementation of the *Patient Safety Strategy 2019-2024* thereby reducing common causes of harm

a) Recruit staff to enhance IPC / antimicrobial stewardship (AMS) teams nationally and within acute and community services

b) Support the development and implementation of the National Clinical Effectiveness Committee – National Guideline for Prevention and Control of Healthcare Associated Infection in collaboration with the AMRIC team

c) Improve compliance with incident management policies and standards, including open disclosure and support the proactive identification of patient safety risks

d) Introduce and operate procedures for enhanced patient safety surveillance

e) Develop and deliver CHO quality improvement plans

f) Develop resources to support the pending introduction of legislation on Pre-Action Protocols and the Patient Safety Bill

g) Continue to progress and develop safety programmes, including the venous thromboembolism programme and the Safe Site Surgery Audit

h) Monitor acute hospitals' incidence of hospital-acquired antimicrobial resistant infections, oversee the management of COVID-19 in acute hospitals and residential facilities, drive compliance with IPC

regulatory standards and best antimicrobial prescribing practices and recruit staff to enhance IPC / AMS teams nationally and within acute and community services

i) 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

j) Develop a future operating model and governance structure for safeguarding across acute and community services, procure and introduce a national safeguarding case management system and work with the new community support teams to provide safeguarding and social work support to residents in public, private and voluntary nursing homes.

B. Women's Healthcare

The National Women and Infants Health Programme (NWIHP) was established to lead on the implementation of *Creating a Better Future Together: National Maternity Strategy 2016-2026*. NWIHP strengthens and quality assures maternity services through collaborative working with internal clinical advisers, operational delivery teams and key external partners.

The NWIHP brief has expanded considerably in recent years into the wider area of women's health in line with the *Women's Health Action Plan 2022-2023* and through the securing of additional investment from women's health funding in 2022 and into 2023. These services include: gynaecology services, incorporating ambulatory gynaecology services, specialist menopause services and endometriosis; perinatal genetics, focusing on the evaluation, diagnosis, management and treatment of anomalies before birth; sexual and reproductive health; and neonatology.

Over the course of the last four years, NWIHP have secured new investment for maternity and gynaecology services. In 2023, we will continue to engage nationally with professionals involved in the delivery of these services to drive forward related work programmes. NWIHP will also work to collaboratively refine and test a suite of ambulatory gynaecology KPIs.

Key Objectives 2023

1. Further implement the National Maternity Strategy
2. Ensure quality and safety in the provision of maternity care
3. Enhance access to gynaecology services
4. Support sexual and reproductive health.

How will we achieve our key objectives?

Key Objective 1: Further implement the National Maternity Strategy

a) Continue to drive the implementation of the National Maternity Strategy and associated actions including:

- Preparation of a roadmap and associated costing / capital investment requirements to address infrastructural deficits
- Preparation of a maternity workforce roadmap and associated costings to ensure that all maternity services are appropriately staffed to meet current and future demand for services
- Review of the Maternity and Infant Care Scheme

b) Develop minimum standards for Early Pregnancy Assessment Units

c) Strengthen perinatal pathology services in line with the HSE's *National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death, 2016*

d) Implement Phase 1 of the National Framework for Perinatal Genetics focusing on evaluation, diagnosis, management and treatment of anomalies before birth, therefore improving both pregnancy and neonatal outcomes

e) Drive the next phases of the HSE's quality improvement programme in breastfeeding with the roll-out of the Baby Friendly Initiative

f) Commence Phase 2 of the operational readiness programme for the new National Maternity Hospital at Elm Park Dublin

g) Continue the roll-out of the Maternal and Newborn Clinical Management System

h) Continue to engage with service users and advocacy groups to inform women's health-related programmes of work.

Key Objective 2: Ensure quality and safety in the provision of maternity care

a) Collaborate with HSE Quality and Patient Safety Intelligence on the development of a Quality and Safety Signals system to improve access to and interrogation of data and information on quality and safety of services

b) Continue the work of NWIHP's Obstetric Emergency Support Team, focusing on identification and mitigation of clinical risk and the provision of rational and practical support to hospitals when an adverse incident occurs.

Key Objective 3: Enhance access to gynaecology services

a) Expand ambulatory gynaecology services as set out in the Ambulatory Model of Care roll-out plan and continue to develop service evaluation mechanisms and associated KPIs

b) Continue to implement the framework for endometriosis care, representing a change in the management of endometriosis, recognising and highlighting endometriosis as a priority area for service improvement

c) Continue to roll out and expand dedicated Women's Health Hubs in the community, facilitating access to high quality, timely care, in an appropriate environment, provided by the appropriate person(s), as a key component of *Sláintecare*

d) Establish a governance group to oversee the implementation of the Chief Medical Officer's recommendations relating to the use of transvaginal mesh.

Key Objective 4: Support sexual and reproductive health

a) Take forward Phase 2 of the roll-out of the Model of Care for Infertility with the development and introduction of publicly funded, publicly provided Advanced Human Reproductive services, incorporating In Vitro Fertilization (IVF)

b) Collaborate with relevant stakeholders to advance recommendations arising from the (i) Review of Termination of Pregnancy Services, as provided under the *Health (Regulation of Termination of*

Pregnancy) Act 2018 and (ii) the DoH Review of the operation of the *Health (Regulation of Termination of Pregnancy) Act 2018*

c) Expand termination of pregnancy services across the maternity networks, providing safe, high quality termination of pregnancy care.

C. Palliative and End-of-Life Care

Palliative care improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and treatment of pain and other physical, psychosocial and spiritual problems. Specialist palliative care services are provided by the HSE in conjunction with the voluntary sector. Specialist palliative care multidisciplinary teams deliver integrated care in acute hospitals, specialist palliative care inpatient units (hospices) and in community settings including a person's home.

Specialist palliative care reduces acute hospital admissions and facilitates earlier discharge from hospitals to the community where care is delivered by the palliative care team in accordance with the patient and family's needs. Palliative care input leads to enhanced quality of life and better patient and family satisfaction during end-of-life care.

In the average month, care is provided to 3,500 individuals in their own homes, 1,000 patients in acute hospitals, 520 people in palliative care inpatient units (hospices), and 440 families receive bereavement care. In addition every month, 320 children with life-limiting conditions are supported at home and 60 children receive specialist palliative care in CHI Crumlin and Temple Street. 35 children are admitted to Laura Lynn Children's Hospice per month.

Children with life-limiting conditions and their families will receive co-ordinated care through a partnership approach from paediatric, adult palliative care, primary care and voluntary agencies supported by the specialist palliative care team in CHI. We will increase by 15% the number of children and families receiving children's palliative care from Laura Lynn Children's Hospice in 2023. We will progress the development of new specialist palliative care units in accordance with HSE 2017 Development Framework recommendations and in line with the HSE Capital Programme while increasing the number of patients seen by specialist palliative care teams in the community. We will facilitate earlier discharge from hospital of patients who wish to receive end-of-life care in the community in line with their needs and increase the number of patients receiving night support at home in collaboration with the Irish Cancer Society and Irish Hospice Foundation. We will enhance the patient and family experience of palliative, end-of-life and bereavement care in nursing homes.

Key Objectives 2023

1. Implement the recommendations from the HSE 2020 report *Clinical Governance and Operational arrangements for supporting a model of care for children with life-limiting conditions in the community in Ireland*
2. Develop and enhance adult palliative care services for people with life-limiting conditions, in line with the forthcoming new adult palliative care policy

3. Improve the delivery of person-centred palliative, end-of-life and bereavement care in residential care settings through the implementation of the Caru nursing home programme in conjunction with Irish Hospice Foundation and All Ireland Institute of Hospice and Palliative care.

How will we achieve our key objectives?

Key Objective 1: Implement the recommendations from the HSE 2020 report *Clinical Governance and Operational arrangements for supporting a model of care for children with life-limiting conditions in the community in Ireland*

a) Enhance the CHI specialist palliative care team to provide leadership and remote support to regional paediatric, adult palliative care and primary care services supporting children in the community
b) Support Laura Lynn to increase its hospice in the home service nationally by expanding its regional services.

Key Objective 2: Develop and enhance adult palliative care services for people with life-limiting conditions, in line with the forthcoming new adult palliative care policy

a) Progress the development of plans for new specialist palliative care inpatient units in Tullamore, Drogheda and Cavan
b) Enhance the staffing of specialist palliative care teams to provide integrated and seamless care across the acute hospital, hospice and community settings
c) Progress the re-designation of Section 39 hospices to Section 38 status, in line with DoH policy direction, to ensure the continued sustainability and provision of specialist palliative care services across Ireland.

Key Objective 3: Improve the delivery of person-centred palliative, end-of-life and bereavement care in residential care settings through the implementation of the Caru nursing home programme in conjunction with Irish Hospice Foundation and All Ireland Institute of Hospice and Palliative care

a) Collaborate with the Irish Hospice Foundation and All Ireland Institute of Hospice and Palliative Care to implement the Caru programme in nursing homes across all nine CHOs in 2023.

D. Human Rights and Equality

The HSE, through its National Office for Human Rights and Equality Policy, takes forward the strategic oversight and implementation of the HSE National Consent Policy and supports health and social care services to prepare for implementation of the *Assisted Decision-Making (Capacity) Act 2015*. It also manages a number of other equality and human rights issues including oversight of guidance on Do Not Attempt Resuscitation (DNAR), issues pertaining to universal access to health and social care services for people with disabilities, and access of transgender and intersex people to mainstream healthcare. The Office provides support and guidance to staff regarding these human rights and equality issues, including the development and delivery of training and eLearning programmes, webinars and policy development. The Office is also engaged in activity to influence legislative and organisational change to ensure the human rights and dignity of each person who uses our health and social care services are respected.

Key Objective 2023

Provide support and guidance to staff regarding human rights and equality issues to ensure compliance with key policy and legislation and to influence the development of new legislation and policy that has implications for people using HSE services.

How will we achieve our key objective?

a) Develop and disseminate resources, including guidance, training and webinars, to support staff and services to comply with the *Assisted Decision-Making (Capacity) Act 2015*
b) Develop robust measurements to allow the monitoring and reporting of the implementation of the *Assisted Decision-Making (Capacity) Act 2015*
c) Continue to progress the roll-out of the revised *National Consent Policy* and the National Consent Policy eLearning programme to staff
d) Develop a range of supports for staff in the areas of advance care planning, supporting decision-making, the functional approach to capacity, and universal access for people with disabilities
e) Continue to support the DoH on the development of the protection of liberty safeguards
f) Develop and launch a new DNAR policy with related supports and research for staff and services
g) Develop and implement a plan on Advance Healthcare Directives, including education and training programmes for staff and services and practice guidelines.

E. Global Health

The Global Health Programme develops and implements initiatives aimed at improving health services and population health outcomes in developing countries. It also co-ordinates the HSE's humanitarian donations of medical supplies and equipment to Ukraine and countries in Africa.

Key Objective 2023

Ensure a global approach to improving healthcare through co-operation with other countries.

How will we achieve our key objective?

a) Continue bilateral collaboration programmes with the health services in Mozambique, Ethiopia, Tanzania, Zambia and Sudan
b) Facilitate new partnerships by Irish healthcare institutions with counterparts in Africa to strengthen health services and increase health security
c) Develop and share technical expertise and resources focused on improving quality and safety of healthcare in low resource countries
d) Donate medical supplies and equipment to Ukraine and countries in Africa for essential health services.

F. Climate Action and Sustainability

The HSE, through its Climate Action and Sustainability programme, is seeking to become a healthcare service that is both environmentally and socially sustainable and one that leads by example on climate action. Our aim is to reach the target of net-zero greenhouse gas emissions by 2050, in line with Government's *Climate Action Plan 2021*.

Key Objective 2023

Take forward the implementation of the HSE Climate Action and Sustainability Strategy 2022-2050, to include, and build on, existing work to decarbonise the HSE estate.

How will we achieve our key objective?

a) Establish a Programme Office and wider governance structures to take forward the delivery of the HSE Climate Action and Sustainability Strategy 2022-2050 and associated Implementation Plan

b) Deliver on each of the key 2023 actions and commitments in the strategy and associated implementation plan

c) Deliver actions outlined in the HSE Infrastructure Decarbonisation Roadmap, to achieve the energy related carbon reduction targets outlined in the Government's *Climate Action Plan 2021*

d) Deliver on staff and community engagement by providing communication, awareness, and training to proactively engage with HSE staff as agents for sustainable change encouraging a culture of environmental awareness

e) Deliver on measures and report on key metrics and internal benchmarks; establish baselines where these are not known and set targets to continually improve and publicly share our performance.

Section 4

Service Delivery Enablers

1. Financial Management Framework
2. Workforce and Corporate Human Resources
3. Infrastructure and Equipment
4. eHealth and Disruptive Technology
5. Research and Evidence
6. Communications
7. Governance and Risk
8. Internal Audit
9. Primary Care Reimbursement Service
10. Emergency Management
11. EU and North South Unit
12. Compliance Unit – Grants to Service Providers
13. Data Protection Office

1. Financial Management Framework

1. Summary

The 2023 core (non-COVID-19) revenue[1] budget level is €21,124.1m or 5.7% above the 2022 starting budget of €19,984.7m, which was set out in NSP 2022. This funding is in addition to the €564.5m which is provided on a once-off basis for 2023 COVID-19 related costs, including public health measures. This is set out in the Letter of Determination (LoD) received from the Minister indicating a total 2023 net revenue determination of €21,688.6m. Of this, €182.8m will initially be held centrally by the HSE and a further central Government COVID-19 contingency of €88.3m has been specifically set aside for health services revenue costs in 2023.

The 2023 core (non-COVID-19) capital budget is €112m / 11.3% above this year's starting budget of €995m, with an additional €50m also provided on a once-off basis for COVID-19 projects. The €240.2m of core new measures funding provided, in addition to the €1.4bn in 2021 and 2022, in alignment with *Sláintecare* to support the permanent strengthening of the health services is 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.

Uncertainty about the trajectory of COVID-19, international events such as the war in Ukraine, inflationary pressures, labour market forces and the ever-changing demands on our health system, have created an economic, social, and health context that is very complex and difficult to plan for. We will work with our services to ensure core financial management controls are operating effectively and to secure greater efficiencies in the use of the totality of resources available to us.

However, we recognise that, in most cases, greater efficiencies are more likely to reduce waiting lists than reduce costs. Accordingly, bearing in mind the financial challenges that will arise in 2023, we are committed to working closely with the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) throughout 2023 to monitor progress and problem-solve as challenges arise, under the oversight of our Board.

A significant amount of work has been completed to assess the level of financial issues (i.e. financial pressures where there is a significant degree of certainty as to the outlook for the year) and financial risk (i.e. financial pressures where there is a greater degree of uncertainty) to be managed within our services in 2023. The overall financial issues and risks for 2023 have been categorised into four distinct categories:

1. **Operational Services – Financial Issue:** Core operational service issues – the overall 2023 financial issues arising in the context of the circa €21.7bn total revenue allocation, in 2023, is estimated by the HSE to be circa **3.3%** (excluding time related savings). It is noted that the DoH view is that this overstates the level of financial issue. However, both organisations are fully aligned on the need for any mitigation measures to ensure service capacity and therefore activity volumes and access times, for patients and services users, are not adversely impacted.
2. **Operational Services – Financial Risk:** these include Haddington Road Agreement (HRA), non-pay inflation, home support, pay costs and private income and which, whilst funded to a level in 2023, remain a material financial risk of circa 3.3% in the context of the total revenue budget. In the event

[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.*

that actual expenditure emerges in 2023 at a level higher than the notified budget level, the DoH and HSE will engage to seek funding solutions which do not adversely impact services.

3. **Pensions and Demand Led Schemes – Financial Risk:** expenditure in these areas is generally not amenable to normal budgetary control measures given the statutory and policy basis for the various schemes. In the event that actual expenditure emerges in 2023 at a level higher than the notified budget level, the DoH and HSE will engage to seek funding solutions which do not adversely impact services. The current estimate of this financial risk by the HSE represents a risk of circa 0.8% of overall budget 2023.
4. **COVID–19 – Financial Issue:** separate to ongoing monitoring of test and trace, vaccination and PPE programmes, the HSE have evaluated the various COVID-19 responses which are in place and will continue to work with the DoH to determine what aspects of same are likely to be required to continue in 2023 and beyond, with some likely to be very valid for consideration to be embedded as ongoing responses and will then need to be made to secure recurring funding for same via the 2024 estimates process. The current estimate of the potential financial risk by the HSE is in the order of 2.7% of total revenue budget of 2023.

   It is further noted that the DoH view is that the total financial issues and risks are overstated. However, both organisations are fully aligned on the need for all mitigation measures to ensure services for our patients and service users are not adversely impacted.

These financial issues and risks exclude costs relating to the new pay deal, Brexit and Ukraine; the current assumption is that these costs are funded through the Revised Estimates Volume for 2023. It follows that it is not practical to provide the usual level of assurance around the extent and overall affordability of likely 2023 activity, particularly in respect of acute hospital services, disability services and, older persons' services.

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 2023 the Board, through its Executive, will continue to pro-actively manage the budget notified to it while delivering on the targets set out in this NSP in a way that represents value for the resources entrusted to it.

For the COVID-19 programme areas there is a financial issue in respect of expected costs over the current funded levels. The LoD does not include funding for COVID-19 responses within acute and community settings (other than the COVID-19 emergency places within specialist community-based disability services). As part of securing 2023 process there is a requirement for the continued evaluation of these COVID-19 responses in order to determine what aspects of same are likely to be required to continue beyond Q1 / Q2 2023.

2. 2023 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 appending this chapter. The total HSE budget for 2023 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 2023 provided by DoH

On the operational costs (revenue) side this includes additional funding of:

1. €897.2m / 4.5% – to maintain existing level of service
2. €240.2m / 1.2% – to support new measures (development initiatives)
3. Total of €1,137.4m / 5.7% – to support non-COVID-19 (excludes opening technical adjustments of €2m and COVID-19 funding 2022 of €564.5m).

Of the €21,124.1m, €16,104.6m is allocated to operational service areas performance managed by the HSE. The balance, €5,019.5m, is allocated to State Claims Agency (SCA) reimbursement, to pensions, and to 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.

A key focus of the health budget 2022, which will continue into 2023, 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 2023, in addition to supporting the resilience and preparedness of the health service to continue to operate in the challenging COVID-19 environment. Ministerial approval has been provided for the abolition of all inpatient hospital charges from April 2023.

2023 Opening Budget for Operating Costs (Revenue) and Capital Costs	Operating Budget €'m	Capital Budget €'m
Opening Allocation (December REV)	**19,984.7**	**995.0**
Opening Allocation Adjustments	2.0	-
Existing Level of Service	897.2	112.0
Additional Existing Level of Service Funding 2023 sub total	**899.2**	**112.0**
Opening allocation plus Additional Funding for Existing Level of Service in 2023	**20,883.9**	**1,107.0**
New Measures	240.2	-
HSE 2023 Net Allocation (including holdback funding)	**21,124.1**	**1,107.0**
Total Additional Core Funding for 2023 over Core Opening Allocation	**1,139.4**	**112.0**
% increase of Opening Allocation (incld. / excl. Opening Allocation Adjustments)	5.71% / 5.70%	11.3%
COVID-19 Costs	564.5	50.0
HSE 2023 Net Allocation Total Funding	**21,688.6**	**1,157.0**

Full details of these investments in core services, new measures and COVID-19 responses are set out in table 3 which appends this chapter.

Existing Levels of Service (ELS) – €899.2m (including (€49.2m) in savings) + €2.0m technical adjustments

- €342.9m pay cost pressures (excluding increments)
- €409.9m specific ELS allocations including:

  - €54.0m in acute operations
  - €31.0m in primary care
  - €10.7m in mental health
  - €58.9m in older persons' services
  - €49.9m in disability funding
  - €20.0m Nursing Homes Support Scheme
  - €39.7m cyber and ICT funding
  - €63.7m PCRS funding
  - €35.8m pensions
  - €46.2m in other initiatives / areas
- €130.1m non pay inflation
- €65.5m incremental costs related to 2022 developments
- (€49.2m) savings measures.

New Service Developments – €240.2m (including holdback funding of €117.4m) (non-pay only; pay elements for these new initiatives to be covered from within the overall existing pay allocation)

- €101.2 in respect of eligibility measures (€65.6m held back)
- €50.1m in national services, workforce and reform (€17.7m held back)
- €25.0m in disabilities (€9.7m held back)
- €14.0m in mental health measures (no holdback)
- €8.7m in acute funding (€2.8m held back)
- €10.6m in women's health (€4.0m held back)
- €17.9m in primary care (€7.5m held back)
- €11.8m in older persons' (€10.1m held back)
- €0.8m in health and wellbeing (no holdback).

COVID-19 costs – €564.5m (contingency of €89.8m held back by DoH)

- €424.3m for public health programmes
- €30.2m for waiting list measures action plan split across acutes and community care pathways
- €40.0m for once off cyber resilience
- €31.0m for primary care including general practitioner (GP) access
- €39.0m for disabilities including emergency residential placements.

3. Financial Issues and Risks

The financial issues and risks outlined below are largely consistent with the variance between the minimum provision levels in respect of 2023 ELS and COVID-19 costs estimated by the HSE, and the level of funding available to DoH in finalising the LoD. However in 2023 (unlike 2022) there will be a limited offset of once-off costs with naturally occurring savings related to the necessary phased recruitment of scarce specialist healthcare staff.

To that end 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 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. **Rostering / Management of overtime and agency** – to seek to manage both agency and overtime use through a combination of rostering arrangements, effective monitoring and reporting whilst also leveraging the benefits of ongoing roll-out of the eHealth staffing programme, which will help deliver a more effective and efficient staffing skill mix
2. **Cost of Care in Public Long Term nursing homes** – 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. This work will need to factor in the outputs from the DoH Value for Money and also the safe staffing framework
3. **Reduction in the use of external consultants** – a detailed review of consultancy expenditure will be re-prioritised to ensure that any ongoing or future consultancy costs are only utilised in the context of their contribution to strategic decision-making or policy direction. These costs will be monitored regularly and clear guidance will be provided to HSE budget holders to ensure that consultancy firms are only engaged for pre-approved and appropriate projects. This is a process that had commenced prior to COVID-19 and which is now re-instated as a priority
4. **High Cost Residential Placements (Disability and Mental Health)** – re-establish National Placement and Oversight Review Team project. Re-establishment needs to be prioritised and fully resourced. Seeking to review and address existing high cost and other placements ensures appropriate needs of clients are fulfilled and represents reasonable value for taxpayers
5. **COVID-19 responses** – separate to the three specific areas of test and trace, vaccination and PPE, there is a need to resource a significant rapid re-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 2023, with some likely to be very valid for consideration to be embedded as ongoing responses. A case will then need to be made to secure recurring funding for same
6. **Private Maintenance Income** – to determine what is the realistic income potential for 2023 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), COVID-19 impact, policy direction i.e. shift to public only consultants). Pre-COVID-19 private income targets overall are largely deliverable, currently circa €113m likely issue.

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 2023. However, it is appropriate to recognise the likely ongoing impact on capacity and capability for same due to the last three 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 well evidenced unmet need and ongoing requirements to improve the safety and quality of services, rather than yielding significant net cash releasing savings.

3.1 Operational Service Areas - Financial Issue – Areas beyond the normal level of financial risk

A significant amount of work has been completed to assess the scale of the operational financial issue to be managed within our core operational service areas. The overall 2023 financial issue beyond normal levels in the context of the circa €21.7bn allocation in 2023, has been estimated by the HSE to represent an issue of circa 3.3% (excluding time related savings).

There is a substantial level of incoming gross recurring deficits in 2023 which are in effect being temporarily funded or offset in 2022 by once-off naturally occurring time-related savings on new service developments. These specific areas were flagged as being beyond the normal level of risk in 2022, remain as issues in 2023 and are therefore not possible to provide for in NSP 2023. These areas of financial pressure are set out by service area below.

It should be noted that these issues still fall to be managed in 2023 and with added uncertainty as to the availability of previously utilised time related savings to temporarily offset gross service deficits. The 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. It is also 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.

In relation to any unfunded costs coming into 2023 from 2022, a core assumption, which has been reinforced in the financial management process with service providers during the current year, is that any excess costs incurred above the 2022 core budgets or 2022 financial limits, will have to be dealt with by the relevant CHO, Hospital Group or voluntary organisation in 2023 as a first charge.

A similar level of focus on financial management with the same core assumption, including control of pay costs to ensure planned affordable growth in healthcare staff, will be maintained and where necessary strengthened in 2023.

This financial issue is within the following service areas:

i. Acute operations (including NAS)[2]

Acute operations have modelled the expected level of activity that the 2023 funding will pay for and has identified areas where the HSE is expected to address service demands. It has also assessed the costs that cannot be avoided or are fixed. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is often pressure to respond to need even if this exceeds the available funding level. In the context of overall core budget the HSE has assessed a risk of circa 2%.

It is expected that the public hospital element of the €85.2m waiting list / waiting time funding may somewhat mitigate this pressure, as may elements of the additional €88.3m held by the DoH for additional scheduled capacity to alleviate waiting lists.

A significant cost base has emerged in response to the pandemic over the past three years which may create an additional funding risk in 2023. Work is continuing to understand the complex impacts of the last three 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. A challenge remains in the determination of valid COVID-19 costs not yet being reported as such by the relevant hospitals and therefore impacting in core expenditure which may need to be considered in the context of COVID-19 funding. 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. The issues above are also impacted by the increased level of services that are being commissioned outside of the normal commissioning role of HSE acute operations. This additional commissioning requires additional funding consideration.

ii. Community operations[2]

It is the case for some community services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is pressure to respond to need even if this exceeds the available funding level. With the uncertainty in 2023 around the availability of previously utilised time-related savings the overall financial risk in community services is now clearly manifesting in 2023, with a financial pressure of up to 2% when taken in the context of core budget for 2023. This is reflective of an incoming core deficit coupled with a shortfall in available funding for ELS costs in 2023.

Disability Services: The service and financial pressure 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 the 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 2023.

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) in 2023. The HSE will work with both Government departments in 2022 and 2023 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. It is a core assumption that DoH will have consulted appropriately with DPER and Department of Children, Equality, Disability, Integration and Youth (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.

Older Persons' Services: Specific pressures are evident in the areas of long stay, where the level of provision is directly determined by the funding available. Unsustainable cost levels in certain public units are 'consuming' capacity and service that patients could otherwise benefit from. The key issues remain the

[2] *Operational GAP Excludes TRS, HRA, Table 4, Inflation, New Developments, Increments, Home Support, Ukraine and Demographics.*

cost of care funding gap in the public community nursing units in addition to the provision of home support hours.

Primary Care: Underlying funding gaps arise due to unfunded lease costs in primary care centres and also relating to the overall provision of medical and surgical appliances for services.

Mental Health: The key financial management issue is the need to manage the level of growth in agency and emergency residential placements costs while also managing service risk. Work is underway to align the existing level of service costs within the division to available funding.

iii. Support services

A number of key strategic and operational imperatives will exert upward financial pressure on support services in 2023. These are service-supporting, centrally co-ordinated initiatives as follows:

1. The Integrated Financial Management System (IFMS) – build and test of the approved IFMS will progress through 2023. The initial implementation of the solution in the HSE East, PCRS, HSE Corporate, National and Shared Services, and Tusla will go-live in Q3 2023
2. NISPR and SAP COE – the continued roll-out of the National Integrated Staff Records and Pay (NiSRP) programme including SAP COE will continue into 2023
3. Microsoft Office 365 (Post Cyber) – the scale and nature of the overall funding provided for cyber does not provide for the cost of licencing Office 365 within voluntary providers
4. Extend National Distribution Centre (NDC) to accommodate growth in customer base and wider range of goods due to ongoing supply challenges.

The HSE acknowledges its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it, and by making the most efficient and effective use of those resources. The HSE in 2023 will work to maximise the delivery of safe service, within the level of available resource, in order to meet the activity volume and other targets in this plan, subject to the delivery, service and financial issues and risks being managed within the overall plan. In doing so the HSE seeks to use the totality of the funding available as flexibly as is practical to best meet the needs of those who rely on health and social care services whilst also moving forward with the implementation of *Sláintecare*. However, in determining the extent of such flexibility due regard has to be had to the various parameters and constraints within which any organisation must operate, including those related to industrial relations, change management, regulatory matters and policy.

Significant monitoring and engagement through internal governance structures, most notably the EMT, Audit and Risk Committee 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 as far as is practical via any, and all, available options.

iv. Workforce 2023

This year's LoD sets out a total workforce expansion, over year-end 2022 employment. The scale and targeting of this expansion needs to be considered in the context of:

1. The total numbers of posts currently remaining to be recruited under funding provided as part of NSP 2021 and NSP 2022

2. The provision of non-pay only 'New Measures' funding of €240.2m in 2023 (i.e. no provision for the pay elements of new service developments in 2023, with the pay elements for these new initiatives to be covered from within the overall existing pay allocation)
3. Overall affordability of planned recruitment targets is a key consideration for 2023 and also a key financial risk. It is evident, even at such an early stage that recruitment profiles must be carefully aligned to the overall pay budget in order for any planned recruitment to remain affordable for the 2023 financial year.

There will be a requirement for full year funding of development initiatives in 2024. The extent of this requirement is set out in the table appending this chapter.

3.2 Operational Services - Financial Risk

In terms of the areas of risk set out in the summary Section 1 above i.e. where it has not been possible to fully provide for in 2023. The overall 2023 financial risk is beyond normal levels in the context of the following categories of expenditure (excluding Ukraine, Brexit and the New Pay Deal).

i. Haddington Road Hours

The requirement for staff to work additional hours across most but not all grades in a number of sectors within the wider civil and public service came into force from 1 July 2013 under the HRA. By virtue of a Government decision in April 2022 the reversal of these additional hours came into effect from 1 July 2022.

The bridging of these additional hours is now required in order to ensure service continuity across the health system. The HSE's cost estimate for 2023 has been calculated as being in the range of €355m to €454m in a full year. The lower end of the range assumes all lost hours need to be replaced, and can be immediately replaced, using directly employed staff. The upper end of the range assumes all lost hours need to be replaced and this is done in the first year via agency and overtime, while efforts are progressed to prioritise directly recruited staff. The assumption around 100% full replacement of hours is pending detailed review of what is identified as services as required. The funding provided as part of budget 2023 of €222m will mitigate a proportion of the 2023 financial risk. However, careful and frequent monitoring will be required and in the event that actual expenditure emerges in 2023 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

ii. Non-Pay Inflation

Despite the provision of €130.1m in the LoD 2023, it is important to note that any emergence of further inflationary pressures during 2023 will be largely beyond the control of the HSE. All options will be explored to ensure that every action that can be reasonably taken to mitigate inflationary pressures is being taken. To the extent that these costs cannot be effectively mitigated, the DoH and HSE will engage to seek non-service impacting solutions to same.

iii. Home Support

There is a requirement to respond to and balance the level of homecare provision in older persons' services that is consistent with funding levels in 2023 (the winter period to end March 2023 will be prioritised in this regard). This requirement is inclusive of Home Support specific inflationary pressures which may become evident during the financial year.

iv. Extended Winter Flu

It is likely that the expanded winter flu campaign for 2023 / 2024, 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 at this stage, the HSE will engage with the DoH on how best to proceed.

v. Private Income

There remains material uncertainty with respect to the levels of private income generation in 2023 and therefore this remains a material financial risk which has to be managed.

In the event that actual expenditure emerges in 2023 in any of these areas, at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions to avoid adversely impacting services.

3.3 Pensions and Demand-Led areas – Financial Risk

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 2023 under each scheme. In the event that actual expenditure emerges in 2023 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 2023 budget level at €3,615.7m in an effort to manage overall service and financial risk.

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 2023 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 2023 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 State Claims Agency (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 2023 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 2023 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 human immunodeficiency virus (HIV) and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures. The 2023 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). 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, 2021 and 2022. This has resulted in lower service utilisation and expenditure relating to these schemes during this three-year period. In 2023, there is an estimated likely financial risk with the EU Schemes 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 2023 funding uplift.

3.4 COVID-19 – Financial Issue

As we prepare for 2023, in the knowledge that it is the fourth financial year impacted by COVID-19, we do so with the assumption that, in financial management terms, it represents the start of a return to more typical patterns of funding and related expectations, after what have been three 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 reform, innovation and change.

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 2023 compared to total 2022 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 2023.

The specific path of the pandemic in 2023, (particularly over the winter 2023 / 2024 period) and its impacts may also require levels of activity beyond funded levels. Given the uncertainty around the potential course of the pandemic in 2023, 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 EMT, HSE Audit and Risk Committee (ARC) and HSE Board – in addition to external mechanisms including the Health Budget Oversight Process.

Separate to ongoing monitoring of the three specific areas of test and trace, vaccination and PPE, a significant level of important COVID-19 responses have been put in place across our hospital and community services. These responses are based on public health and infection prevention and control guidance. Based on the evolving COVID-19 landscape, a clinically-guided and operationally-led approach was undertaken in 2022 to determine the extent to which the individual responses need to be maintained, scaled down or discontinued during 2022 and into 2023.

The LoD does not include funding for COVID-19 responses within acute and community settings (other than the COVID-19 emergency places within specialist community-based disability services). As part of securing 2023 funding there is a requirement for the continued evaluation of these COVID-19 responses in conjunction with DoH in order to determine what aspects of same are likely to be required to continue beyond Q1 / Q2 2023, with some responses likely to be valid for consideration to be embedded as ongoing responses, funding for which will then need to be sought via the 2024 estimates process.

A detailed clinical and operational assessment of the measures in place was completed in 2022. Those measures tied specifically to COVID-19 have been identified and will be managed in line with the ongoing COVID-19 levels. Other measures have been identified which are required on an ongoing basis to ensure safe and effective services are delivered and to protect our health and social care system for the future. These include IPC measures, staffing in critical areas and other enhanced protection measures.

4. eHealth and ICT Capital Resourcing 2023

The eHealth and ICT capital funding available in 2023 is €140m. Balancing the investments across the demands of both the foundational and the transformational strategic imperatives simultaneously is the challenge of the 2023 eHealth and ICT Capital Plan. The demand for digital and eHealth continues to grow, and the pressures on the existing level of funding available are widely understood. The additional ICT capital funding provided at the end of 2022 of €23.5m has facilitated a proportionately lower actual allocation within the 2023 ICT capital allocation for that particular category, without adversely impacting the fundamental requirements and deliverables set out in this plan.

The following table summarises the categories and associated allocations for 2023:

Capital Category	€'m
Foundational Infrastructure	29.1
Existing National eHealth Programmes (In-Flight)	105.0
HSE Transformation Priorities	5.90
Sub Total – Vote allocation (Note 1)	***140.0***

Infrastructure and Equipment Capital Resourcing 2023

The Infrastructure and Equipment capital allocation available for 2023 amounts to €1.027bn, and is set out in the table below.

Allocation Details	€'m
2023 Allocation (Vote)	967.0
COVID-19 capital	50.0
Income	10.0
Total Allocation	***1,027.0***

Contractual commitments entering 2023 amount to €615m. Priority will be given to infrastructural risk, equipment and ambulance replacement and climate action programmes, after the allocation of funding to meet all contractual commitments is met. A summary breakdown of the priority allocations is below:

- Ambulance replacement: €14.5m
- Equipment replacement programme: €65.0m
- Infrastructural risk: €67.8m
- Climate action: €20.0m.

The remainder of the funding will be allocated in accordance with criteria agreed with the DoH, to projects which have been approved by the National Capital and Property Steering Group.

The funding available for 2023 will be managed to achieve value for money in accordance with the Public Spending Code and the HSE Capital Projects Manual and Approvals Protocol. Funding is allocated on a prioritised basis, aligned to the strategic priorities of Government and the HSE and will support the mitigation of risk, service improvement and the delivery of safe and quality healthcare.

5. 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 2023, 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 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 2022 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 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 2020-2023 focused on the larger reform, strategies and capacity measures
- The HSE is fully committed to addressing the emergency tax issues for NCHDs and will put in place the necessary provisions to mitigate this issue arising in 2023 as an urgent priority
- Continue to implement HSE Corporate Procurement Plan 2022-2024
- Introduce SAP Extended Warehouse Management to the NDC as part of IFMS and provide cross-docking services to Children's Health Ireland
- Enhance procurement compliance reporting toolset
- Establish required shared services organisational structures to support IFMS
- Implement the new Payroll Strategy in Q1 2023
- Support the implementation of NiSRP in HSE South for go-live Q1 2023 and the Section 38 hospitals (Mercy University Hospital and South Infirmary Victoria University Hospital, Cork) in Q3 2023
- Continue the roll out of mandatory online payslips, electronic invoicing in HSE Mid West, progress customer relationship management and robotic process automation projects across Finance Shared Services and increase usage of 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 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.

The build and test of the approved IFMS design commenced in Q4 2022 and will progress through Q1 2023. The initial implementation of the solution in the HSE East, PCRS, HSE Corporate, National and Shared Services, and Tusla will go-live in Q3 2023. The second of five first-phase implementation groups comprising HSE West, a Section 38 community organisation, and a Section 39 organisation is scheduled to go-live at the end of Q4 2023, with the remaining three implementation groups scheduled for go-live in Q2 2024, Q4 2024 and Q2 2025, respectively. This implementation approach will see over half (circa 53%) of all HSE expenditure transacted on IFMS by the end of 2023, with 100% HSE coverage achieved by Q2 2025.

Activity Based Funding

The ABF Implementation Plan 2021-2023 was approved by the EMT in November 2021 comprising of 35 actions under four objectives. Work to progress the existing activity based funding (ABF) Programme to ensure that it is fully integrated and understood across the healthcare system, has continued on a number of actions in 2022 and will continue in 2023, notwithstanding some actions may be impacted by COVID-19. The hosting of an in person ABF Conference for the first time since 2019 has been a key action in relation to communication with the wider health system. This has been followed up with individual meetings with the Hospital Groups together with a return to on-site training and education of coding and costing staff.

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 in 2022 included the revision and rewrite of HSE National Financial Regulations, which will be launched in Q1 2023, appropriate resourcing of an enhanced second line of defence model and the introduction of controls performance management reports. 2023 will see ongoing development of compliance reporting tools, the roll-out of a supported controls self-assessment process as well as continued enhanced awareness and training campaigns.

Financial Tables

Table 1: Finance 2022

Service Area / Business Unit	2022 Opening Recurring Budget (NSP 2022)	2022 Other Movements	Post-NSP Movements	2022 Closing Recurring Budget
	€m	€m	€m	€m
Operational Service Areas	**Column A**	**Column B**	**Column C**	**Column D**
Acute Hospital Care (including Private Hospitals)	6,286.1	-	78.1	6,364.2
National Ambulance Service	201.5	-	0.7	202.2
Acute Operations (including Private Hospitals)	**6,487.6**	**-**	**78.8**	**6,566.4**
Primary Care	1,177.3	-	(23.3)	1,154.0
Social Inclusion	186.0	1.0	2.2	189.2
Palliative Care	121.9	-	0.9	122.8
Primary Care Total	**1,485.2**	**1.0**	**(20.2)**	**1,466.0**
Mental Health	**1,159.0**	**-**	**6.7**	**1,165.7**
Older Persons' Services	1,297.9	-	(28.8)	1,269.1
Nursing Homes Support Scheme (NHSS)	1,025.1	-	28.0	1,053.1
Older Persons' Services Total	**2,323.0**	**-**	**(0.8)**	**2,322.2**
Disability Services	**2,347.4**	**-**	**4.3**	**2,351.7**
Health and Wellbeing Community	**11.9**	**3.5**	**14.9**	**30.3**
Quality Patient Services Community	**8.3**	**-**	**12.6**	**20.9**
Other Community Services	**17.5**	**-**	**10.1**	**27.6**
Total Community Operations	**7,352.3**	**4.5**	**27.6**	**7,384.4**
Clinical Design and Innovation	14.0	-	0.2	14.1
Office of Nursing and Midwifery Services	64.3	-	(5.3)	59.0
Quality Assurance and Verification	4.5	-	(3.0)	1.5
Quality Improvement Division	9.0	-	-	9.0
National Health and Social Care Profession	3.1	-	(0.3)	2.9
National Doctors Training and Planning	49.5	-	4.9	54.4
National Women and Infants Programme	-	-	0.6	0.6
National Cancer Control Programme (NCCP)	139.2	-	(2.4)	136.8
Chief Clinical Office Total	**283.6**	**-**	**(5.3)**	**278.3**
National Screening Service	**123.3**	**-**	**(2.9)**	**120.4**
Health and Wellbeing	**179.3**	**-**	**(27.7)**	**151.6**
National Services incl. Environmental Health	**61.2**	**-**	**0.2**	**61.4**
Support Services Total	**707.2**	**(5.5)**	**(62.4)**	**639.4**
Other Operations Services	**1,354.6**	**(5.5)**	**(98.1)**	**1,251.0**
Total Operational Service Areas	**15,194.5**	**(0.9)**	**8.2**	**15,201.8**
Pensions Total	**616.3**	**-**	**0.3**	**616.6**
State Claims Agency	**435.0**	**-**	**-**	**435.0**
Primary Care Reimbursement Service	**3,427.5**	**-**	**(8.6)**	**3,418.9**
Demand Led Local Schemes	**273.1**	**-**	**0.1**	**273.2**
Overseas Treatment	**39.2**	**-**	**-**	**39.2**
Total Pensions and Demand Led Areas	**4,791.1**	**-**	**(8.2)**	**4,782.8**
Total Budget	**19,985.6**	**(0.9)**	**(0.0)**	**19,984.7**

Note 1: The table above illustrates the agreed budgetary movements between NSP 2022 and the closing 2022 recurring budget. Budget changes in 2022 include agreed service and staff transfers and the internal commissioning of services

Note 2: The 2022 budget moved by (€0.9m) during the year upon receipt of an updated LoD issued on 15 June 2022. This included additional funding of €5.4m transferred to the HSE for the implementation of specific programmes and initiatives. In addition, there was a retraction of (€6.3m) of funding, which had previously been allocated to the HSE, back to the Department and other agencies to fund services to be carried out on behalf of the HSE

Note 3: The 2022 opening budget excludes COVID-19 funding of €697m, which was allocated on a once off basis in 2022.

Table 2: Income and Expenditure 2023 Allocation

Service Area / Business Unit	2022 Closing Recurring Budget (see Table 1)	2023 NSP Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which					
					ELS incl. Pay Rate Funding & Technical Adjustments	COVID-19	New Measures	Inflation	Savings	Total Increase
	€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**
Acute Operations (including Private Hospitals)	6,364.2	6,738.9	374.7	5.9%	251.5	-	26.3	96.9	-	374.7
Access to Care	-	30.2	30.2	-	-	30.2	-	-	-	30.2
National Ambulance Service	202.24	211.75	9.51	4.7%	5.0	-	4.5	-	-	9.5
Acute Operations (including Private Hospitals)	**6,566.4**	**6,980.8**	**414.4**	**6.3%**	**256.5**	**30.2**	**30.9**	**96.9**	**-**	**414.4**
Primary Care	1,154.0	1,246.9	93.0	8.1%	54.1	31.0	7.8	-	-	93.0
Social Inclusion	189.2	200.7	11.5	6.1%	5.2	-	6.3	-	-	11.5
Palliative Care	122.8	130.1	7.3	5.9%	3.6	-	3.8	-	-	7.3
Primary Care Total	**1,466.0**	**1,577.7**	**111.8**	**7.6%**	**62.9**	**31.0**	**17.9**	**-**	**-**	**111.8**
Mental Health	**1,165.7**	**1,226.7**	**61.0**	**5.2%**	**43.8**	**-**	**14.0**	**3.2**	**-**	**61.0**
Older Persons' Services	1,269.1	1,369.4	100.3	7.9%	83.6	-	12.8	3.9	-	100.3
Nursing Homes Support Scheme (NHSS)	1,053.1	1,094.2	41.1	3.9%	20.0	-	-	21.1	-	41.1
Older Persons' Services Total	**2,322.2**	**2,463.7**	**141.4**	**6.1%**	**103.6**	**-**	**12.8**	**25.0**	**-**	**141.4**
Disability Services	**2,351.7**	**2,539.8**	**188.1**	**8.0%**	**119.1**	**39.0**	**25.0**	**5.0**	**-**	**188.1**
Health & Wellbeing Community	**30.3**	**30.7**	**0.4**	**1.4%**	**0.4**	**-**	**-**	**-**	**-**	**0.4**
Quality Patient Services Community	**20.9**	**21.0**	**0.0**	**0.1%**	**0.0**	**-**	**-**	**-**	**-**	**0.0**
Other Community Services	**27.7**	**28.2**	**0.5**	**1.9%**	**0.5**	**-**	**-**	**-**	**-**	**0.5**
Total Community Operations	**7,384.5**	**7,887.7**	**503.2**	**6.8%**	**330.3**	**70.0**	**69.7**	**33.2**	**-**	**503.2**
Clinical Design and Innovation	14.1	19.5	5.4	37.9%	0.0	-	5.4	-	-	5.4
Office of Nursing and Midwifery Services	59.0	65.5	6.5	11.0%	3.3	-	3.2	-	-	6.5
Quality Assurance and Verification	1.5	1.8	0.3	18.1%	0.3	-	-	-	-	0.3
Quality Improvement Division	9.0	9.2	0.2	2.1%	0.2	-	-	-	-	0.2
National Health and Social Care Profession	2.9	4.3	1.4	50.3%	-	-	1.4	-	-	1.4
National Doctors Training and Planning	54.4	66.3	11.8	21.7%	6.0	-	5.8	-	-	11.8
National Women and Infants Programme	0.6	11.8	11.2	1861.7%	0.6	-	10.6	-	-	11.2

Service Area / Business Unit	2022 Closing Recurring Budget (see Table 1)	2023 NSP Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which					
					ELS incl. Pay Rate Funding & Technical Adjustments	COVID-19	New Measures	Inflation	Savings	Total Increase
	€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**
National Cancer Control Programme (NCCP)	136.8	137.0	0.2	0.2%	0.2	-	-	-	-	0.2
Chief Clinical Office Total	**278.3**	**315.2**	**36.9**	**13.3%**	**10.6**	**-**	**26.3**	**-**	**-**	**36.9**
National Screening Service	**120.3**	**128.5**	**8.1**	**6.7%**	**6.2**	**-**	**1.9**	**-**	**-**	**8.1**
Health and Wellbeing	**151.6**	**162.5**	**10.9**	**7.2%**	**9.6**	**-**	**1.3**	**-**	**-**	**10.9**
National Services incl. Environmental Health	**61.4**	**63.8**	**2.4**	**3.9%**	**2.3**	**-**	**0.1**	**-**	**-**	**2.4**
Support Services Total	**639.3**	**1,122.6**	**483.3**	**75.6%**	**61.4**	**456.3**	**14.8**	**-**	**(49.2)**	**483.3**
Other Operations Services	**1,250.9**	**1,792.6**	**541.6**	**43.3%**	**90.1**	**456.3**	**44.4**	**-**	**(49.2)**	**541.6**
Total Operational Service Areas	**15,201.9**	**16,661.1**	**1,459.2**	**9.6%**	**676.8**	**556.5**	**145.0**	**130.1**	**(49.2)**	**1,459.2**
Pensions Total	**616.6**	**652.4**	**35.8**	**5.8%**	**35.8**	**-**	**-**	**-**	**-**	**35.8**
State Claims Agency	**435.0**	**435.0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Primary Care Reimbursement Service	**3,418.9**	**3,615.7**	**196.8**	**5.8%**	**93.6**	**8.0**	**95.2**	**-**	**-**	**196.8**
Demand Led Local Schemes	**273.2**	**273.2**	**0.0**	**0.0%**	**0.0**	**-**	**-**	**-**	**-**	**0.0**
Overseas Treatment	**39.2**	**51.2**	**12.0**	**30.7%**	**12.0**	**-**	**-**	**-**	**-**	**12.0**
Total Pensions and Demand Led Areas	**4,782.9**	**5,027.5**	**244.6**	**5.1%**	**141.4**	**8.0**	**95.2**	**-**	**-**	**244.6**
Total Budget	**19,984.7**	**21,688.6**	**1,703.9**	**8.5%**	**818.3**	**564.5**	**240.2**	**130.1**	**(49.2)**	**1,703.9**

Note 1: €21,506m is the amount notified to the HSE by the DoH of net - non-capital determination for 2023. The LoD also notifies a further €180.3m which will initially be held centrally pending agreement of the relevant implementation details and €2.5m of dormant account funding, bringing the total held funding to €182.8m. The total funding available is €21,689m

Note 2: In line with the Dormant Account (Amendment) Act 2012, dormant account funding of €2.5m will be allocated in 2023 in line with the Dormant Account Disbursement Scheme, which is administered by the Minister for Rural and Community Development. This scheme outlines how funds will be distributed and what areas of disadvantage should be targeted

Note 3: In relation to the savings figure of (€49.2m) indicated in column I, this relates to an overall reduction in the workforce targets for 2023 to an overall workforce level of 142,933. This represents a reduction of 769 whole time equivalent (WTE) over the maximum workforce numbers in the 2022. The granular impact of this on individual service areas will be determined later and reflected in a revised LoD

Note 4: Column C & D illustrate the increase in funding levels at €1,704m / 8.5%. Excluding the COVID-19 funding of €565m & the opening technical adjustments of €2.0m, the 2023 operating budget level is €1,137m / 5.7% over and above the starting 2022 budget of €19,985m

Note 5: Columns E, F, G, H & I illustrate the increase in funding levels by i) ELS incl. Pay Rate Funding & Technical Adjustments ii) COVID-19 iii) New Measures iv) Inflation & v) Savings. The total ELS funding provided is €897.2m with an additional €2.0m of opening technical adjustments.

Table 3: Finance Allocation 2023

Service Area / Business Unit	2022 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2022 New Developments	ELS incl. Technical Adjust-ments	ELS: 2023 Pay Rate Funding (supports existing staffing levels)	Inflation	New Measures	Savings	COVID-19	2023 NSP Budget	Less: 2023 NSP Budget held at DoH	2023 Opening Budget (Column I+J)	2023 Internal Commis-sioner Funding to be applied	2023 Available Funding (Column K+L)
	€m	€m	€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**	**Column L**	**Column M**
Acute Operations (including Private Hospitals)	6,364.2	9.3	51.0	191.2	96.9	26.3	-	-	6,738.9	(22.2)	6,716.7	141.4	6,858.1
Access to Care	-	-	-	-	-	-	-	30.2	30.2	-	30.2	-	30.2
National Ambulance Service	202.2	-	3.0	2.0	-	4.5	-	-	211.8	(2.2)	209.6	0.4	209.9
Acute Operations (including Private Hospitals)	**6,566.4**	**9.3**	**54.0**	**193.2**	**96.9**	**30.9**	**-**	**30.2**	**6,980.8**	**(24.4)**	**6,956.5**	**141.8**	**7,098.3**
Primary Care	1,154.0	-	27.5	26.6	-	7.8	-	31.0	1,246.9	(3.7)	1,243.3	4.0	1,247.3
Social Inclusion	189.2	0.1	3.5	1.6	-	6.3	-	-	200.7	-	200.7	4.4	205.1
Palliative Care	122.8	1.6	-	2.0	-	3.8	-	-	130.1	(3.8)	126.3	(0.4)	125.9
Primary Care Total	**1,466.0**	**1.7**	**31.0**	**30.2**	**-**	**17.9**	**-**	**31.0**	**1,577.7**	**(7.5)**	**1,570.2**	**8.0**	**1,578.2**
Mental Health	**1,165.7**	**-**	**10.7**	**33.1**	**3.2**	**14.0**	**-**	**-**	**1,226.7**	**-**	**1,226.7**	**(9.9)**	**1,216.7**
Older Persons' Services	1,269.1	2.2	58.9	22.5	3.9	12.8	-	-	1,369.4	(11.1)	1,358.3	1.0	1,359.3
Nursing Homes Support Scheme (NHSS)	1,053.1	-	20.0	-	21.1	-	-	-	1,094.2	-	1,094.2	-	1,094.2
Older Persons' Services Total	**2,322.2**	**2.2**	**78.9**	**22.5**	**25.0**	**12.8**	**-**	**-**	**2,463.7**	**(11.1)**	**2,452.6**	**1.0**	**2,453.5**
Disability Services	**2,351.7**	**27.6**	**49.9**	**41.6**	**5.0**	**25.0**	**-**	**39.0**	**2,539.8**	**(19.7)**	**2,520.1**	**2.8**	**2,522.9**
Health and Wellbeing Community	**30.3**	**-**	**-**	**0.4**	**-**	**-**	**-**	**-**	**30.7**	**-**	**30.7**	**-**	**30.7**
Quality Patient Services Community	**20.9**	**-**	**-**	**0.0**	**-**	**-**	**-**	**-**	**21.0**	**-**	**21.0**	**-**	**21.0**
Other Community Services	**27.7**	**-**	**-**	**0.5**	**-**	**-**	**-**	**-**	**28.2**	**-**	**28.2**	**-**	**28.2**
Total Community Operations	**7,384.5**	**31.5**	**170.5**	**128.4**	**33.2**	**69.7**	**-**	**70.0**	**7,887.7**	**(38.3)**	**7,849.4**	**1.9**	**7,851.2**
Clinical Design and Innovation	14.1	-	-	0.0	-	5.3	-	-	19.5	(0.2)	19.3	(4.8)	14.4
Office of Nursing and Midwifery Services	59.0	(0.2)	3.0	0.5	-	3.2	-	-	65.5	(3.2)	62.3	(11.7)	50.6
Quality Assurance and Verification	1.5	-	-	0.3	-	-	-	-	1.8	-	1.8	-	1.8
Quality Improvement Division	9.0	-	-	0.2	-	-	-	-	9.2	-	9.2	-	9.2
National Health and Social Care Profession	2.9	-	-	-	-	1.4	-	-	4.3	-	4.3	-	4.3

Service Area / Business Unit	2022 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2022 New Developments	ELS incl. Technical Adjust-ments	ELS: 2023 Pay Rate Funding (supports existing staffing levels)	Inflation	New Measures	Savings	COVID-19	2023 NSP Budget	Less: 2023 NSP Budget held at DoH	2023 Opening Budget (Column I+J)	2023 Internal Commis-sioner Funding to be applied	2023 Available Funding (Column K+L)
	€m	€m	€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**	**Column L**	**Column M**
National Doctors Training and Planning	54.4	-	6.0	0.0	-	5.8	-	-	66.3	(3.0)	63.3	(7.2)	56.0
National Women and Infants Programme	0.6	-	0.6	-	-	10.6	-	-	11.8	(10.1)	1.7	-	1.7
National Cancer Control Programme (NCCP)	136.8	-	-	0.2	-	-	-	-	137.0	-	137.0	(105.0)	32.0
Chief Clinical Office Total	**278.3**	**(0.2)**	**9.6**	**1.2**	**-**	**26.3**	**-**	**-**	**315.2**	**(16.5)**	**298.7**	**(128.7)**	**170.0**
National Screening Service	**120.3**	**-**	**4.5**	**1.7**	**-**	**1.9**	**-**	**-**	**128.5**	**-**	**128.5**	**(19.2)**	**109.3**
Health and Wellbeing	**151.6**	**-**	**8.1**	**1.5**	**-**	**1.3**	**-**	**-**	**162.5**	**-**	**162.5**	**0.1**	**162.6**
National Services incl. Environmental Health	**61.4**	**-**	**-**	**2.3**	**-**	**0.1**	**-**	**-**	**63.8**	**-**	**63.8**	**-**	**63.8**
Support Services Total	**639.3**	**(3.8)**	**51.7**	**13.4**	**-**	**14.8**	**(49.2)**	**456.3**	**1,122.5**	**(65.8)**	**1,056.8**	**0.6**	**1,057.4**
Other Operations Services	**1,251.0**	**(4.0)**	**73.9**	**20.2**	**-**	**44.4**	**(49.2)**	**456.3**	**1,792.5**	**(82.3)**	**1,710.3**	**(147.3)**	**1,563.0**
Total Operational Service Areas	**15,201.8**	**36.8**	**298.4**	**341.7**	**130.1**	**145.0**	**(49.2)**	**556.5**	**16,661.1**	**(144.9)**	**16,516.1**	**(3.6)**	**16,512.5**
Pensions Total	**616.6**	**-**	**35.8**	**-**	**-**	**-**	**-**	**-**	**652.4**	**-**	**652.4**	**-**	**652.4**
State Claims Agency	**435.0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**435.0**	**-**	**435.0**	**-**	**435.0**
Primary Care Reimbursement Service	**3,418.9**	**28.7**	**63.7**	**1.1**	**-**	**95.2**	**-**	**8.0**	**3,615.7**	**(37.9)**	**3,577.8**	**3.6**	**3,581.4**
Demand Led Local Schemes	**273.2**	**-**	**-**	**0.0**	**-**	**-**	**-**	**-**	**273.2**	**-**	**273.2**	**-**	**273.2**
Overseas Treatment	**39.2**	**-**	**12.0**	**0.0**	**-**	**-**	**-**	**-**	**51.2**	**-**	**51.2**	**-**	**51.2**
Total Pensions and Demand Led Areas	**4,782.9**	**28.7**	**111.5**	**1.2**	**-**	**95.2**	**-**	**8.0**	**5,027.5**	**(37.9)**	**4,989.6**	**3.6**	**4,993.2**
Total Budget	**19,984.7**	**65.5**	**409.9**	**342.9**	**130.1**	**240.2**	**(49.2)**	**564.5**	**21,688.6**	**(182.8)**	**21,505.8**	**-**	**21,505.8**

Note 1: Column B represents the additional funding provided in 2023 for the incremental cost of 2022 new developments. However, this funding is a portion of the expected 2023 full year costs of these developments as per NSP2022, therefore the HSE will be required to reprioritise budget from within existing funding base to provide funding for these initiatives. Further detail relating to these initiatives has been indicated on table 4

Note 2: Column C 'ELS incl Technical Adjustments' represents the funding allocated to support specific existing levels of service and includes €2.0m of opening technical adjustments

Note 3: Column D represents the cost of implementing nationally approved pay agreements in 2023 and supports existing staffing levels. It does not include any funding for the new public service pay deal, which will fall to be addressed post-Budget for inclusion in REV 2023 in March 2023

Note 4: Column E represents the funding provided for non-pay inflation, including but not limited to, energy cost inflation across acute & community areas

Note 5: Column F further detail relating to funding provided for New Measures is available on table 4

Note 6: Column G represents the savings of (€49.2m) which relates to an overall reduction in the workforce targets for 2023 to an overall workforce level of 142,933. This has been allocated centrally pending an updated LoD advising of the individual service areas impacted

Note 7: Column H represents the additional once-off funding that has been specified for COVID-19 of €564.5m, which includes the following: €30.2m for waiting list action plan split across acutes and community care pathways, €31.0m in primary care, €39m in disabilities, €424.0m for Testing & Tracing, Personal Protective Equipment, Therapeutics and Vaccination Programmes and other public health measures. Also included in this funding is €40m allocated to cyber resilience measures

Note 8: In addition to the €564.5m, there is a further €178.1m of COVID-19 funding, €89.8m *(2022: €200m)* of which is being held within the Department's own subheads to facilitate the procurement of additional scheduled capacity to alleviate waiting lists and €88.3m of funding which is being held in a central government contingency, i.e. outside the Health Vote

Note 9: The total HSE additional budget of €1,704m consists of column, B - €65.5m, C - €409.9m, D - €342.9m, E - €130.1m, F - €240.2m, G - (€49.2m) & H - €564.5m (See also table 2)

Note 10: As per the LoD, €182.8m will be held centrally: €117.3m of New Measures, €20m of ELS, €2.5m of dormant accounts funding and €43.0m of COVID-19 funding. This funding is referenced in column J

Note 11: ELS funding for Infectious Diseases Enhanced Surveillance is currently included in the Health & Wellbeing ELS. HPSC falls under the governance of the CCO, but is currently included in the H&W budget figures

Note 12: Three specific funding streams have now fallen to be funded as part of the REV in March 2023, Acute & Community COVID-19 Responses, Brexit and the Ukrainian responses.

Table 4: 2024 Full Year Costs related to NSP 2023

2023 New Measures	Cost in 2023	2023 Funding	2023 PNS Affordability Framework (Column A - B)	Full Year Cost in 2024	Incremental Funding in 2024 (Column D - A)
	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E
Eligibility Measures	**102.4**	**101.2**	**1.2**	**161.8**	**59.4**
Acute adult inpatient charges, GP Visit Cards and IVF access	102.4	101.2	1.2	161.8	59.4
Women's Health	**15.1**	**10.6**	**4.5**	**29.9**	**14.8**
National Maternity Hospital operational readiness	2.3	0.5	1.8	2.3	-
Breast Implant Registry	0.4	0.1	0.3	0.4	-
Extension of free contraception	5.9	5.9	-	17.6	11.7
Gynaecology Strategy	0.6	0.1	0.4	2.2	1.7
Women's Health Hubs - additional locations	0.9	0.9	-	0.9	-
Women's Health - morning sickness drugs (Cariban)	1.3	1.3	-	1.3	-
Women's Health - cancer care / screening	3.8	1.9	1.9	5.2	1.5
Acutes	**43.3**	**8.7**	**34.6**	**53.0**	**9.7**
Bed capacity - critical care beds	5.6	1.2	4.4	9.3	3.7
Bed capacity - acute beds	15.0	3.0	12.0	15.0	-
Pre-Hospital Emergency Care Services (incl. NAS & Helicopter Emergency Medical Service in the SW)	22.7	4.5	18.2	28.7	6.0
Disabilities	**25.0**	**25.0**	**-**	**49.5**	**24.5**
Childvision (National Project) / Crann (Continence Clinic)	0.4	0.4	-	0.8	0.5
Neuro (Acute)	1.7	1.7	-	1.7	-
Neuro (Community)	0.9	0.9	-	1.7	0.8
PA Hours	1.9	1.9	-	1.9	-
Residential Pilot	1.2	1.2	-	2.5	1.3
Respite	6.9	6.9	-	6.9	-
School Leavers / Day Services	8.5	8.5	-	27.0	18.5
Social Farming	0.2	0.2	-	0.2	-
Tusla	3.5	3.5	-	6.9	3.4
Health & Wellbeing	**1.3**	**0.8**	**0.5**	**1.3**	**-**
Online STI testing and the National Condom Distribution Service	1.1	0.6	0.5	1.1	-
Social Prescribing	0.2	0.2	-	0.2	-
Mental Health	**14.0**	**14.0**	**-**	**14.2**	**0.2**
New accommodation costs - rent	2.0	2.0	-	2.0	-
Emergency Private Placements	3.0	3.0	-	3.0	-
Non-HSE (s39) developments	9.0	9.0	-	9.2	0.2
Older Persons	**17.7**	**11.8**	**5.9**	**32.3**	**14.6**
Dementia Strategy	4.9	0.9	4.0	8.3	3.5
Healthy Age Friendly Homes	5.2	5.2	-	5.2	-
Meals on Wheels	1.8	1.8	-	1.8	-
Introduction of New Safeguarding Policy	5.9	4.0	1.9	17.0	11.1
Primary Care including Palliative Care and Social Inclusion	**29.1**	**17.9**	**11.2**	**40.5**	**11.4**
Enhancing Palliative Care for children and adults	3.7	2.8	0.9	7.2	3.5

2023 New Measures	Cost in 2023	2023 Funding	2023 PNS Affordability Framework (Column A - B)	Full Year Cost in 2024	Incremental Funding in 2024 (Column D - A)
	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E
Oral healthcare packages for 0-7 year olds	5.0	4.8	0.3	7.9	2.9
Long COVID-19 - Develop & Implement MoC	6.6	0.1	6.5	6.6	-
Diabetes - Multiple Initiatives	2.6	2.3	0.3	3.7	1.1
Community Intervention Teams (CITs) – augmentation to HSCP staffing to support hospital discharge	2.2	0.4	1.8	2.2	-
Children's Orthodontics	1.0	0.3	0.8	1.2	0.2
Conversion from s39 to s38 for hospices	1.0	1.0	-	4.7	3.7
Social Inclusion and Addiction Services, including traveller health & international protection	7.0	6.3	0.7	7.0	-
National Services, Workforce and Reform	**105.3**	**50.1**	**55.2**	**146.2**	**40.9**
New Drugs	18.0	18.0	-	18.0	-
Public Health Reform – Outbreak Case and Incident Management System / Support functions	2.3	0.5	1.8	2.4	0.1
Cardiac Strategy	1.2	0.2	0.9	7.9	6.8
Stroke Strategy	4.9	3.6	1.3	9.0	4.1
Advanced Nurse and Midwife Practitioners	4.3	0.9	3.4	6.4	2.2
Implement ERB recommendations	2.8	2.4	0.4	2.8	-
Medical Workforce – intern / grad / undergrad places	4.6	0.8	3.8	8.5	3.9
Health and Social Care Professionals expansion	7.2	1.4	5.8	10.2	3.0
Public consultants' contract - non-pay supports	7.0	7.0	-	7.0	-
Implement NCHD report re: onsite supports	5.0	5.0	-	5.0	-
Enhanced Reimbursement Scheme	5.4	5.4	-	5.4	-
HSE Environmental Health Service - food safety and public health alcohol	1.0	0.1	0.9	1.3	0.3
National Genetics & Genomics Strategy	2.7	1.5	1.2	2.7	-
Safe Nurse Staffing and Skill Mix Phase 3(ii) pilot – Community Care settings	1.5	1.0	0.5	2.0	0.5
Regional Health Area (RHA) implementation	7.0	1.4	5.6	7.0	-
Implement Health Record system for CHI	9.1	1.0	8.1	9.1	-
National Oral Health Strategy – clinical and reform leadership roles	1.1	-	1.1	1.1	-
Cyber security - new developments (excludes non-pay costs €20m funded under COVID)	18.0	-	18.0	38.0	20.0
Innovative Patient Care Solutions in Community Settings	2.4	-	2.4	2.4	-
2023 New Measures (pre holdback funding)	**353.1**	**240.2**	**112.9**	**528.6**	**175.5**
Paediatric Model of Care including new children's hospital	3.5	-	3.5	3.5	-
Organ Donation and Transplant Services	0.4	-	0.4	0.4	-
Phase 2- 19 additional Critical Care beds	14.3	9.3	5.0	14.3	-
Barnahus model for child sexual abuse services	1.3	-	1.3	1.3	-
National Ambulance Service Strategic Plan	2.7	-	2.7	2.7	-
Enhanced Community and Social Care Services	45.0	-	45.0	68.0	23.0
Sharing the Vision	13.4	-	13.4	13.4	-

2023 New Measures	Cost in 2023	2023 Funding	2023 PNS Affordability Framework (Column A - B)	Full Year Cost in 2024	Incremental Funding in 2024 (Column D - A)
	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E
Dementia	2.9	-	2.9	2.9	-
School Leavers	19.0	14.3	4.8	19.0	-
Other Disability Services	36.5	13.3	23.2	36.5	-
Expansion of Advanced Nurse Practitioners and Midwives	0.5	(0.2)	0.7	0.5	-
Cancer Strategy	8.9	-	8.9	8.9	-
Trauma Strategy	4.7	-	4.7	4.7	-
Antimicrobial Resistance and Infection Control (AMRIC)	1.2	-	1.2	1.2	-
New Drugs	25.3	10.7	14.6	25.3	-
Dental Treatment Services Scheme	10.0	-	10.0	10.0	-
Other 2022 NSP Table 4 Initiatives funded in 2023	23.6	18.1	5.5	23.6	-
2022 New Measures - Full Year Cost (funded / unfunded)	**213.3**	**65.5**	**147.8**	**236.3**	**23.0**
2022 & 2023 New Measures – Part / Full Year Cost (funded / unfunded)	**566.4**	**305.7**	**260.7**	**764.9**	**198.5**

Note 1: Column A represents the total cost in 2023 (pay and non-pay) for the 2022 and 2023 new service developments

Note 2: Column B represents the 2023 new development funding provided for the non-pay element of the 2023 new development costs only, where the pay costs (recruitment) will be funded by a reprioritisation of existing funded recruitment. €240.2m has been provided for 2023 new service developments, and €65.5m has been provided for the 2023 FYC of 2022 new service developments

Note 3: Column C illustrates utilising the Pay and Numbers affordability framework to fund the pay element of 2023 new service developments of €112.9m and €147.8m and FYC of 2022 new service developments

Note 4: Column D indicates the 2024 full year costs for 2022 / 2023 initiatives, pending clarification of their actual costs in 2024 through the operational planning process and engagement with the DoH

Note 5: Column E indicates the 2024 incremental funding required, which assumes the continued use of the development funding reprioritised in 2023. The ongoing funding for these reprioritised developments will need to be reviewed as part of Estimates 2024 and Estimates 2025.

2. Workforce and Corporate Human Resources

National Human Resources (HR) works to develop, support, retain and expand our workforce to ensure the continued provision of quality healthcare to the public. Our workforce is our most valuable asset and as a first principle, our objectives are designed to retain this valuable asset in our services, upon which to further build / expand. Notwithstanding our efforts again this year to substantially grow our workforce, the focus therefore of our activities will be shared on efforts to both expand through recruitment, and equally to retain our existing workforce to fully capitalise on our efforts. National HR contributes to a culture of increased organisational effectiveness, which continues to support the vision of the *HSE Corporate Plan 2021-2024*, the *Health Services People Strategy 2019-2024*, responding to the staff survey 2021 and overall organisational objectives.

Our goal is to ensure that all healthcare workers are informed and encouraged to access services that support them at each stage of their working lives; that self-sufficiency within the Irish state is maximised for the resourcing and delivery of publicly-funded health services for the future; and that our workforce is enhanced both in number and in skill, through actively modernising our approach to workforce planning, recruitment, upskilling and professional service provision. In addition, we will ensure that public health service employers can respond to claims and other grievances in a timely manner, contributing to effective industrial relations, and that creative, robust and agile strategies are developed and implemented across a number of key transactional HR functions.

Key Objectives 2023

1. Expand recruitment capacity and recruitment planning through the devolved recruitment operating model
2. Continue the development and provision of employee support services to enable response to employee needs
3. Continue the strategic development of workforce planning
4. Provide internal and external educational supports for the training and development of our staff
5. Support staff through the provision and signposting of professional HR advisory services
6. Support our HR managers through the provision of compliance and reporting frameworks to support them in meeting the requirements of their roles
7. Continue to digitise HR processes across the HSE through the development of digital recruitment, payroll, personnel management and document management solutions and training to support staff in expanding their digital skills
8. Agree and roll out industrial relations frameworks including the public services agreement and implementation of a new consultant contract.

How will we achieve our key objectives?

Key Objective 1: Expand recruitment capacity and recruitment planning through the devolved recruitment operating model

a) Work closely with stakeholders across the services, in government, education, regulatory bodies and relevant third parties to maximise a sufficient domestic supply of healthcare staff

b) Develop a resourcing strategy for the HSE to address short, medium and long-term workforce requirements, across the professions with a particular focus on increasing clinical and support staffing numbers across the services to enable the implementation of *Sláintecare*

c) Continue to enhance our organisation's capacity to attract, develop, retain and engage the workforce that will support our services to deliver against the HSE's strategic goals. Ensure early recruitment of health care professional graduates across nursing and health and social care grades

d) Progress and implement the transition plans for the new Recruitment Operating Model underpinned by integrated digital enablers to provide national visibility across all recruitment activity in the HSE

e) Identify existing supply from Irish colleges in collaboration with the DoH and other relevant stakeholders and identify the relevant gaps. The HSE will work with the Department of Further and Higher Education, through the DoH, to secure additional spaces and relevant infrastructure to satisfy future needs

f) Further develop the Gradlink programme to attract new graduates, nurture talent and benefit from multi-generational working

g) Engage appropriately with third-party agencies including a managed service provider and the Public Appointments Service to maximise available supports and markets

h) Expand existing and new international recruitment frameworks to maximise our reach to available pools of qualified applicants across a range of grades to supplement domestic graduate recruitment and engage with third party agencies including a managed service provider and the Public Appointments Service to deliver resourcing requirements nationally and internationally

i) In order to expand our overall consultant workforce, the HSE will market internationally the benefits of the new Consultant Contract together with continuing to implement process improvements to streamline hiring timeframes and the overall candidate experience

j) Implement the evolving recommendations from the Non-Consultant Hospital Doctor (NCHD) Taskforce to improve the retention of doctors in the services.

Key Objective 2: Continue the development and provision of employee support services to enable response to employee needs

a) Continue to strengthen, and raise awareness of, occupational health and employee assistance support services, to promote health, safety and wellbeing and assist in preventing staff becoming ill or injured as a result of hazards

b) Continue to roll out training, support and guidance for managers on facilitating an employee's return to work after illness or injury

c) Ensure physical, psychological and personal supports for employees are in place through implementation and integration of the Healthy Workplace Framework nationally, including roll-out of the WorkPositive^{CI} Tool

d) Conduct a HSE-wide staff survey during 2023 to assess what has changed since the last survey of 2021 and what improvements continue to be required.

Key Objective 3: Continue the strategic development of workforce planning

a) Continue to develop strategic workforce projections, national datasets and support tools, that supports services in developing and expanding their workforce and enable an analytical and proactive approach

to the staffing needs of services

b) Develop a strategic workforce supply model across a range of workforce groups that integrates with and supports the development of the resourcing strategy

c) Develop a target operating model for HR Organisation Management (OM), to enable, support and deliver a nationally standardised model of OM that drives data integrity and quality

d) 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

e) Progress the *Review of Role and Function of Health Care Assistants* and implement its recommendations.

Key Objective 4: Provide internal and external educational supports for the training and development of our staff

a) Design and deliver a new high potential learning intervention to develop the leadership and management capabilities of the top level talent pipeline

b) Enhance Health Services eLearning and Development (HSeLanD) platform functionality and efficiency

c) Advance micro learning including an integrated learning app for podcasts etc.

d) Continue to implement the HSeLanD Health eLearning Management programme

e) Continue the implementation and roll-out of Performance Achievement arrangements.

Key Objective 5: Support staff through the provision and signposting of professional HR advisory services

a) Maintain and expand our communications pathways and approaches

b) Listen to our services and staff through consultation and engagement within staff and management forums, union engagement and direct feedback

c) Provide an agile response to external and internal developments that impact our services and staff

d) Continue regular engagement with services to provide information, support and professional HR guidance to the service.

Key Objective 6: Support our HR managers through the provision of compliance and reporting frameworks to support them in meeting the requirements of their roles

a) Continue to review, develop and issue policies, procedures, guidelines, HR Circulars and memos with regard to national strategies and policies, providing guidance on implementation of same. We hope to review the disciplinary procedure for employees of the HSE and the Trust in Care Policy during 2023

b) Implement a Customer Relationship Management (CRM) system for the National HR Employee Helpdesk.

Key Objective 7: Continue to digitise HR processes across the HSE through the development of digital recruitment, payroll, personnel management and document management solutions and training to support staff in expanding their digital skills

a) Implement HR metrics and KPIs by collaborating to develop and implement a fit for purpose ICT reporting system for employee reporting and people analysis

b) Develop our capacity and capability to deliver HR integration with key programmes including the IFMS, Pay Foundation and NiSRP

c) Strengthen compliance with legacy pension scheme payment timescales, in line with our legislative requirements and commitments to government, implementing specific digital process improvements using Robotic Process Automation and investing in CRM

d) Continue implementation of the NiSRP programme in the South by implementing the single national integrated staff records and payroll technical platform along with the Operating Model for National Personnel Administration, and standardised business processes

e) Develop and integrate further digital solutions including robotics, across all transactional HR areas to build capacity and improve turnaround times including the establishment of customer relationship management helpdesk solutions across key functions

f) Introduce online self-service functionality and processes to allow all staff to request leave, submit expense claims, change bank details, update certain personal information and carry out other common HR related tasks online

g) Provide national coverage of all employee data to support management information and decision-making

h) Develop administrative agility and appropriate support function structural design.

Key Objective 8: Agree and roll out industrial relations frameworks including the public services agreement and implementation of a new consultant contract

a) Implement the provisions of the review report into the National Investigations Unit, including recruitment, induction and training of 15 WTE full-time investigators

b) Continue to engage with the network of internal mediators, ensuring appropriate continuous professional development and workforce planning to ensure stable supply of mediators

c) Maintain industrial peace by regular and constructive engagement with trade union and staff representative bodies

d) Work to maximise the Change Agenda provisions of Building Momentum and any successor agreement that may apply in 2023

e) Continue monitoring the roll-out of the hours restoration element of Building Momentum, to ensure that the reductions are not resulting in a diminution of services and that working hours regimes and rosters are of a sufficiently robust nature

f) Utilise fully the revised understanding relating to the National Joint Council of the Health Services.

HR Information

Direct Staffing by Care Group	WTE Dec 2021	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	Total WTE September 2022	Dec 2022 Estimated Projection	2023 December Estimated Projection
Total Health Service	**132,323**	**12,472**	**42,657**	**19,147**	**22,635**	**10,130**	**28,205**	**135,245**	**136,923**	**142,933**
Ambulance Services	2,060	1	3	-	109	5	1,915	2,033	2,066	2,266
Acute Hospital Services	68,069	10,061	26,885	9,003	11,031	7,075	6,353	70,408	71,257	74,457
Acute Services	**70,129**	**10,062**	**26,888**	**9,003**	**11,140**	**7,080**	**8,268**	**72,441**	**73,323**	**76,723**

Direct Staffing by Care Group	WTE Dec 2021	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	Total WTE September 2022	Dec 2022 Estimated Projection	2023 December Estimated Projection
Community Health and Wellbeing	181	-	5	20	110	1	148	284	307	364
Mental Health	10,362	990	4,965	1,470	1,041	692	1,243	10,400	10,430	10,630
Primary Care	12,582	1,012	3,296	3,048	3,042	396	1,353	12,147	12,472	13,422
Disabilities	19,623	53	3,651	4,314	1,598	753	9,287	19,656	19,866	20,047
Older People	13,623	115	3,525	434	973	861	7,872	13,779	13,896	14,618
CHO Operations	-	1	30	41	436	7	10	525	525	566
Community Services	**56,370**	**2,170**	**15,471**	**9,326**	**7,201**	**2,711**	**19,913**	**56,792**	**57,497**	**59,648**
H&WB Corporate & National Services	**5,824**	**239**	**298**	**818**	**4,294**	**339**	**24**	**6,012**	**6,103**	**6,562**

Direct Staffing by Administration	WTE Dec 2021	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Admin.	General Support	Patient & Client Care	Total WTE September 2022	Dec 2022 Estimated Projection	2023 December Estimated Projection
Total Health Staffing	**132,323**	**12,472**	**42,657**	**19,147**	**22,635**	**10,130**	**28,205**	**135,245**	**136,923**	**142,933**
HSE	**85,508**	**7,939**	**28,203**	**10,997**	**16,194**	**6,388**	**18,029**	**87,750**	**88,838**	**92,757**
Section 38 Hospitals	29,464	4,375	11,288	4,165	5,114	2,816	2,359	30,117	30,490	31,829
Section 38 Voluntary Agencies	17,351	159	3,165	3,984	1,327	925	7,818	17,379	17,594	18,347
Section 38	**46,815**	**4,533**	**14,453**	**8,149**	**6,441**	**3,742**	**10,176**	**47,495**	**48,085**	**50,176**

Note 1: The above care group projections to year-end are based on estimated high level projections, to be further validated as part of the Pay and Numbers Strategy

Note 2: The projected December 2022 employment levels are based on a projected estimated outturn at December 2022 of 136,923 WTE. Actual December 2022 WTE outturn when reported, if different, will impact on the 2023 year end projected WTE outturn thereafter

Note 3: The expansion of 6,010 WTE in 2023 is based on the estimated available labour market supply and the requirement to recruit at a minimum 10,500 replacement WTEs in 2023. The LoD expansion of 6,000 WTE is based on the 2022 Pay and Numbers Strategy of 11,369 WTE, less the 2022 projected expansion of 4,600 WTE, alongside a savings / efficiency of -769 WTE (-670 WTE noted in LoD subsequently clarified with DoH as -769 WTE). As agreed with DoH, there is work to progress the movement on the 11,369 WTE, and the detail of the -769 WTE to arrive at an equilibrium position in 2023.

Significant expansion of our workforce to deliver safe and effective services has been a key objective in our service plans over the last number of years. In the last three years, there has been substantial investment in recruitment capacity and capability alongside efforts to retain our workforce. It has been the joint focus of both expansion and retention that has delivered an additional 15,400 WTE over December 2019 employment levels. This growth has taken place against the backdrop of significant health service challenges. The unpredictable COVID-19 environment, with successive waves resulting in significant staff absence, coupled with a criminal cyberattack, in addition to the globally competitive labour market have all impacted over this period on our recruitment delivery. The significant staff absence of +10,000 staff in Q1 2022, due to the Omicron wave, illustrates the volatility and impact of this environment.

In 2022, to date, we have delivered a further workforce expansion of +2,900 WTE, with a projected 2022 year end outturn of +4,600 WTE. While this falls short of our estimated minimum target of 5,500 WTE, this expansion has taken place in the face of unprecedented increases in staff turnover, up almost 1% in the first two quarters of 2022, with a similar increasing trend now emerging for Q3, and a significant Q1 wave of

COVID-19 related staff absence. The turnover levels at Q3 2022 are already at the full year levels reported in 2021 at +10,500 with further leavers expected in Q4. This substantially increases replacement demand, up almost 2,000 replacements posts from 2021-2022. While the 2022 rate has significantly increased beyond that of 2021, this level of increase is not expected to continue into 2023. Despite our best efforts to retain our existing workforce, the rate increase in 2022 is also due in part to leavers arising out of COVID-19 specific recruitment in this period (e.g. swabbers and contact tracers).

This year's LoD sets out a total workforce expansion, over year-end 2022 employment levels of +6,000 WTE. The scale of the expansion is of note in the context of the total numbers of posts currently remaining to be recruited under the NSP 2021 and NSP 2022 and associated initiatives.

The totality of outstanding posts from 2021 and from 2022, and from NSP 2023 and HRA replacement collectively *far exceed* the 6,000 WTE. The 6,000 WTE expansion in 2023 represents the assessed estimation by the HSE of the maximum available labour market supply to be recruited within the year.

The risks that were noted in NSP 2022, related to the domestic and international market supply, COVID-19 environment and an increase in turnover, continue to exist as we enter into 2023. There is a further emerging risk in 2023 that the 'cost of living' measures may negatively affect our attractiveness in recruiting internationally and from within domestic recruitment markets.

These factors, taken together with the need to fill service developments posts, address Haddington Road replacement hours and respond to normal staff turnover present particular challenges and uncertainties. In this difficult context, we are seeking to progress all outstanding recruitments, notwithstanding the labour market availability to deliver the required workforce expansion. Recruitment is a process, and clear signalling and communication is required that the health service is developing and that there are substantial opportunities for both domestic and international applicants alike.

As noted earlier, a first principle and of equal importance to our focus on recruitment are the substantial efforts we will make during 2023 to retain our existing workforce. We recognise that retention focused initiatives are not simply only those that can be delivered at national level. A blend of both national and locally led initiatives are the most effective. Local intelligence on the reasons staff leave are key to informing and targeting retention efforts. There are, however, particular examples of retention initiatives that illustrate both national and local efforts. Those to be continued and enhanced in 2023 include: active responses to our staff survey recommendations, demonstrating we have not only heard but acted on the feedback from our staff; provision of a broad and bespoke range of personal and professional development and career opportunities to staff, delivered both locally and nationally, contributing to the development and self-actualisation of our staff; provision of a suite of health and wellbeing services, more critical than ever as our staff emerge from the last number of years working in the COVID-19 environment; efforts to strengthen workplace culture at every level of the organisation to ensure staff want to join and remain with our services as a valued member of our team.

In summary therefore, our aims in 2023 are to:

- Continue to actively seek to recruit all prior service developments from 2021 and 2022 yet to be on-boarded, in parallel with recruitment to the new 2023 service developments
- Mitigate to the greatest extent possible, the key risks to reaching the full expansion of the labour market estimated availability, up to +6,000 WTE. This requires a joint and equal focus on both aggressive recruitment and retention

- Positively consider staff categories / staff groups in clinical areas that exceed the range within the 6,000 WTE, in a labour market whereby these groups of staff are in short supply.

As jointly agreed between the HSE and DoH, collaborative work will progress in the context of the pay and numbers strategy 2023 to include an understanding, treatment of, and detail pertaining to the -769 WTE reduction in the 2022 Pay and Numbers.

In relation to the Haddington Road hours' adjustment and replacement required, the LoD sets aside €222m in 2023. The HSE will continue to engage with the DoH on the actual HRA replacement requirement, and will utilise the work being undertaken by the HSE to capture and report on the replacement of Haddington Road hours posts, and associated costs, reflecting services requirements and what is available in workforce supply terms. The replacement of the HRA hours will be a combination of direct employment, agency and overtime.

The domestic workforce available to recruit, includes not only HSE direct employment, but also agency and overtime. The multiple competing demands for workforce supply, to support service developments, replacement posts and Haddington Road hours replacements, will far outstrip what is available in our domestic market for direct recruitment.

While agency conversion will continue to be a core objective, it is acknowledged that agency and overtime will continue to be a feature into 2023. The monitoring of same will be significantly strengthened, particularly in areas such as Haddington Road hours' replacements.

Notwithstanding the risks associated with the net expansion of up to +6,000 WTE in 2023, every effort to fully optimise and maximise our workforce recruitment efforts, in parallel to our efforts to retain our existing staff will be pursued in 2023.

3. Infrastructure and Equipment

Each year, the HSE submits an annual capital plan to the DoH having regard to contractual commitments, investment priorities and funding available. In 2023, the capital funding available for healthcare infrastructure, equipping and furnishing is €967m with a further €50m available for capital infrastructure COVID-19 actions. This is a total of €1,017m. An additional €10m is available from income generated in 2022. This funding will be managed to achieve value for money in accordance with the Public Spending Code (currently under review) and the Capital Projects Manual and Approvals Protocol of the HSE. It is prioritised and aligned to the strategic priorities of Government and the HSE, and supports the mitigation of infrastructural risk and the delivery of safe and quality healthcare. Our goal is to ensure that safe, secure and high-quality infrastructure is provided to support current and future needs, playing a key role in improving the experience and outcomes for patients, staff and families accessing healthcare facilities.

Having a workforce with the right skills, experience and capacity to support HSE objectives remains a key enabler. The Capital Programme has almost doubled between 2018 and 2022. Based on a sectoral gap analysis and capability assessment conducted earlier in the year related to the National Development Plan (NDP), it was identified that a scaling up of resources was required in Capital and Estates in view of increasing activity and the prevailing construction environment. Additional resources to deliver the NDP, Capital Programme and Capital and Estates Strategy are to be funded in 2023.

Key Objective 2023

Strengthen the capital appraisal, approval, tender and build process to accelerate infrastructure development to support service delivery

How will we achieve our key objective?

a) Take forward the implementation of the new Capital and Estates Strategy, building upon Strategic Assessment Framework principles and adopting the DoH multi-criteria Strategic Healthcare Investment Framework to deliver on the NDP objectives for healthcare

b) Progress the Infrastructure Decarbonisation Strategy and Implementation Roadmap in partnership with the Sustainable Energy Authority of Ireland to make the HSE estate more energy efficient and sustainable

c) Support delivery of Government priority projects including the completion of the new Children's Hospital, advancement of the National Maternity Hospital and enablement of other key initiatives outlined in the *Sláintecare* delivery plan

d) Support specific priority programmes including: critical care, enhanced community care (ECC), elective hospitals, mental health, HIQA, older people and disability projects, and future capacity planning initiatives

e) Maintain investment in minor capital initiatives, the delivery of the equipment replacement programme and the ambulance replacement programme to support patient safety and the mitigation of clinical and infrastructural risk

f) Maintain efficient oversight and effective management of the Capital Plan, including through assessment of internal HSE governance arrangements for decisions on the allocation of funding, to ensure delivery of prioritised projects, noting the challenges of external factors such as construction inflation, procurement of contractors and capacity within the construction industry.

4. eHealth and Disruptive Technology

The eHealth and Disruptive Technology division delivers information and communications technology (ICT) services and support throughout the HSE, facilitating integration within and across community services, hospitals, and other specialised care providers. In 2023, the allocation of funding to the eHealth division will be €365m. This comprises €140m for ICT Capital projects, €40m once-off funding for the Cyber Transformation Plan and €185m operational budget to fund pay costs for our growing pool of eHealth professionals and also some revenue funded initiatives such as the O365 programme. Outside of this eHealth budget, the other divisions are likely to invest a further €160m primarily in ICT running costs, applications maintenance and telephony charges.

Of the workforce pool at our disposal, more than 50% is dedicated towards the safe and secure upkeep, operation and maintenance of our vast estate of devices, networked sites, users and precious data. The balance of our resource, just below 50%, is primarily dedicated towards the eHealth change agenda as articulated within the eHealth and ICT Capital Plan 2023.

As a key strategic tool of healthcare generally, the eHealth and ICT Capital Plan aligns with the *HSE Corporate Plan 2021-2024*, the *Programme for Government*, 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, with potential for improved patient experience, safety and efficiency. This technology ensures integration within and across community services, hospitals, and other specialised care providers, providing access to high-quality, timely and relevant data to help us understand the needs of our population, to measure and track our progress and support improved decision-making. In addition, the advancement and enablement of technology requires as a matter of urgency the remediation of cyber risks to strengthen and secure our ICT and Digital infrastructure, ensuring that access is not compromised by cyber threats.

Key Objectives 2023

1. Operate, maintain and protect the HSE's digital fabric, the largest of its kind in the state, by providing 24/7 services to over 70,000 end-users across 2,000 interwoven systems and applications
2. Stabilise and protect the integrity of the technology environment through a structured Cyber transformation programme (Year 1)
3. Facilitate integrated care delivery and access to services with transformational eHealth initiatives delivered under the eHealth and ICT Capital plan.

How will we achieve our key objectives?

Key Objective 1: Operate, maintain and protect the HSE's digital fabric, the largest of its kind in the state, by providing 24/7 services to over 70,000 end-users across 2,000 interwoven systems and applications

a) Drive the modernisation of our ageing applications estate

b) Building on the successful completion of Phase 1 of the O365 programme, Phase 2 will see over 60% of our digital workforce enabled with safe, modern collaboration and mobility tools

c) Continue to enable the ambitions of *Sláintecare* through transformational technologies including electronic patient referrals and the increased adoption of our telehealth platforms.

Key Objective 2: Stabilise and protect the integrity of the technology environment through a structured Cyber transformation programme (Year 1)

a) Continue to focus on improvements in the security and resilience of critical national infrastructure coupled with improving awareness of cyber security threats across the organisation

b) Address the findings of the post-incident review following the criminal conti cyberattack, through an established multi-year programme. This will see continued investment in cyber defence including our security operations centre and managed detection and response. In addition to cyber defence, this programme will be focused on investing in modernisation of the technology estate to mitigate the business and cyber risks of hosting legacy technology.

Key Objective 3: Facilitate integrated care delivery and access to services with transformational eHealth initiatives delivered under the eHealth and ICT Capital plan

a) Continue to embed the Individual Health Identifier with the addition of the personal public service number across our patient record systems in alignment with the forthcoming Health Information Bill and establish identity services to support person-facing portals using *MyGovID.ie* in alignment with digital first as per the Public Service ICT Strategy

b) Develop the business case for a National Digital Shared Patient Record

c) Provide information dashboards and roll out the Health Performance Visualisation Platform Phase 2

d) The current eHealth Strategy for Ireland was published almost 10 years ago. Our DoH eHealth divisional colleagues have initiated the development of a national Digital Health Strategic Framework 2023-2030 aligned with Government's *Harnessing Digital – The Digital Ireland Framework*. This framework will inform, guide and enable the HSE to develop our corresponding Digital Health Strategic Implementation Plan. Collectively, these reference points will outline ambitions and targets for digital health, guide necessary policy choices, and inform funding decisions for consideration by Government. Our national ambitions are to leverage digital in delivering health services, improve the state of digital health in Ireland, and fulfil upcoming EU obligations. This collective approach will allow us to establish a solid foundation for engagement with the Department of Public Expenditure and Reform and other key stakeholders while gaining approval for targeted investment in a co-ordinated way, which is critical in the context of previous considerations on the national roll-out of Electronic Health Records (EHRs) and national health information systems

e) Advance the Integrated Community Case Management System and ECC technology requirements.

5. Research and Evidence

The HSE, through the work of the Research and Evidence teams of Health Library Ireland, the National Health Intelligence Unit, and National Research and Development, supports the healthcare system to embrace and maximise the use of data, research and published, quality evidence to inform patient care, health service reform and population health and wellbeing, with a view to ensuring improved needs assessment, resource balancing decisions and service planning across services.

Key Objectives 2023

1. Empower service planning and *Sláintecare* reform by providing key health service decision-makers with ready access to intelligence drawn from advanced data analytics, including population profiling considering inequalities and geographical differences, horizon scanning, health modelling, evaluation processes, investigating patterns of disease and health of the population, etc.
2. Position research as a key enabler of quality health service delivery by embedding organisational capability for governance, management and support of research within the impending Regional Health Area (RHA) structures and developing a national cohesive system for research governance
3. Increase national access to the best national and international published evidence to enable evidence informed practice and research and support staff at point of care.

How will we achieve our key objectives?

Key Objective 1: Empower service planning and *Sláintecare* reform by providing key health service decision-makers with ready access to intelligence drawn from advanced data analytics, including population profiling considering inequalities and geographical differences, horizon scanning, health modelling, evaluation processes, investigating patterns of disease and health of the population, etc.

a) Increase access to population profiling digital tools to healthcare staff involved in strategic and operational service planning and delivery, and provide training nationally on the Health Atlas Ireland Finder to support population-based resource allocation decisions

b) Enhance functionality on advanced service planning digital tools such as the Integrated Service Model which can provide early identification of potential areas of pressure

c) Engage with relevant stakeholders to develop a plan for the implementation of the Health Support System. This system will allow the linking of data from existing datasets to provide an integrated view of health service records for the purpose of service planning and improvement.

Key Objective 2: Position research as a key enabler of quality health service delivery by embedding organisational capability for governance, management and support of research within the impending Regional Health Area (RHA) structures and developing a national cohesive system for research governance

a) Enable the implementation of the HSE Framework for the Governance, Management, and Support of Research by continuing to take forward the planning and delivery of research governance structures aligned to the RHAs including Research Ethics Committees and Research Offices

b) Commence the roll-out of the Electronic Research Management System to Research Ethics Committees incorporating the national authorisation form to include ethical and institutional governance requirements

c) Engage with key stakeholders to enable a harmonised national approach for the management of data protection and contractual governance for research in the health service and publish the HSE Code of Practice and Guidance for the institutional governance of research.

Key Objective 3: Increase national access to the best national and international published evidence to enable evidence informed practice and research and support staff at point of care

a) Provide equity of access to key eHealth library resources for front-line staff

b) Enable HSE senior management to access curated, high-quality national and international evidence to support strategic and operational decision-making

c) Implement and operationalise the HSE National Central Repository Solution for policies, procedures, protocols and guidance.

6. Communications

HSE Communications provides essential direct public, patient and staff services, and supports HSE teams at every level with strategic communications planning and implementation. We deliver across a number of channels including: *hse.ie*, social media, broadcast, print and publications, HSELive and innovative digital tools. Our service plan priority for 2023 is building high-quality, accessible digital communications services for the HSE, online (40 million *hse.ie* views), on social media (3 million people reached through direct engagement) and through our contact centre (500,000 non-COVID-19 contacts supported). We will develop, review and update over 1,000 health, wellbeing and services guides and deliver specific digital projects to support recruitment, RHAs, stakeholder and staff communications.

Key Objectives 2023

1. Improve health outcomes and empower people with evidence-based, up-to-date health information for the whole population
2. Support people to access the right care in the right place by providing information and signposting to all health services
3. Enable regional services and strategic programmes to communicate effectively with patients, staff and stakeholders
4. Accessible, high-quality digital services through *hse.ie* and non-digital and assisted digital options through HSELive.

How will we achieve our key objectives?

Key Objective 1: Improve health outcomes and empower people with evidence-based, up-to-date health information for the whole population

a) Complete the development of the public *hse.ie* site, started during COVID-19, as the digital front door to our health service, giving evidence-based, high-quality information on health, wellbeing and health services.

Key Objective 2: Support people to access the right care in the right place by providing information and signposting to all health services

a) Secure and extend the social media team to allow for the rapidly increasing demands from our social media communities for information and customer service queries

b) Develop and support the new online health service directory that RHAs and national services will use for patients and healthcare professionals

c) Provide all health, wellbeing and services information on the public website in Irish.

Key Objective 3: Enable regional services and strategic programmes to communicate effectively with patients, staff and stakeholders

a) Develop essential website infrastructure for regional health services, (CHOs, Hospital Groups and RHAs), enabling them to have a distinct online identity and communicate effectively

b) Deliver a new corporate section of *hse.ie*, so that our organisation's teams, functions and programmes can communicate more effectively with their staff and all stakeholders and provide easy access to information about all clinical and strategic programmes

c) Continue to develop and maintain the staff *hse.ie* website and its content. Develop new communications channels to enable effective national and regional communications with staff

d) Deliver a new careers in health *hse.ie* website integrated with new recruitment systems.

Key Objective 4: Accessible, high-quality digital services through *hse.ie* and non-digital and assisted digital options through HSELive

a) Enable our *hse.ie* contact centre to provide services by phone, email, webchat, SMS and social media channels for a wider range of health services, beyond COVID-19. These new contact care channels will provide non-digital and assisted digital support. In addition, the HSE will provide enhanced information for patients on waiting lists on the website

b) Establish the new digital service design team needed to support 2023's eHealth developments, ensuring all public facing digital services, apps and digital self-help tools are accessible, part of a seamless digital health service experience.

7. Governance and Risk

Governance and Risk works to ensure that public and wider societal confidence in the health service continues to be built by enabling the meeting of statutory, regulatory and policy obligations aimed at improving the delivery and administration of our services and by anticipating and managing the risks to the delivery of these services.

Key Objective 2023

Continue to develop the HSE's Enterprise Risk Management Programme and establish a National Compliance Programme.

How will we achieve our key objective?

a) Embed a risk management culture and capability further across the organisation through the implementation of the HSE's revised Risk Management Framework 2022, risk monitoring and reporting, and through training and education programmes

b) Establish a Compliance Programme to design and begin the roll-out of the HSE's Compliance Framework, prioritising the identification of, monitoring and reporting on priority compliance obligations

c) Continue to support improvements in the control weaknesses identified through compliance and audit activities

d) Continue to strengthen our processes for dealing with Protected Disclosures by implementing the provisions of the *Protected Disclosures (Amendment) Act 2022*, oversee the management of the HSE's legal services and support service user eligibility for National Schemes through the National Appeals Service

e) Continue to support improvements in child safeguarding across all HSE and HSE funded services through continued implementation of the *Children First Act 2015* and the *HSE Child Protection and Welfare Policy* and by monitoring compliance with same.

8. Internal Audit

Internal Audit provides independent assurance that the 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.

Key Objective 2023

Provide assurance to the Audit and Risk Committee, the Board, the Chief Executive Officer and the Executive Management Team (EMT) on the adequacy and degree of adherence to procedures and processes, including healthcare procedures and processes.

How will we achieve our key objective?

a) 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

b) Deliver the programme of audits including audits of funded agencies

c) Deliver a programme of healthcare and ICT audits

d) Conduct special investigations including fraud related reviews, as required

e) 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

f) Report to the Safety and Quality Committee on a periodic basis on healthcare related audit findings

g) Develop a standards, quality, training and development unit

h) Provide advice to senior management on controls and processes, including ICT security and assurance.

9. 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 reduce cost services they provide to the public across a range of community health schemes.

Key Objective 2023

Support healthcare delivery by providing reimbursement services to contractors for the provision of health services to members of the public.

Risk to delivery of key objective

The budget 2023 decision to increase eligibility numbers by in excess of 400,000 general practitioner (GP) visit cards (the majority of same via means) represents an unprecedented increase in required means assessments. This will require significant investment in additional staff, early policy clarifications in relation to the exact ruleset to be applied and reliance on retrospective (as opposed to prospective) means assessment to validate the applications received. It will also require that PCRS carefully consider what eligibility workloads it can deprioritise so as to ensure the maximum resources possible are available to support this new and complex work programme. The eligibility programme introduces a substantive risk that PCRS capacity could be overwhelmed and / or that there could be delays in processing the volume of expected applications within a reasonable timeframe. PCRS will bring forward a set of business requirements for consideration with the aim of mitigating, insofar as it is possible, these risks.

How will we achieve our key objective?

a) Progress the new developments set out in the LoD in 2023:
   - Extend GP visit cards in line with significant increases in financial thresholds
   - Implement any revised payment supports to GPs
   - Extend access to the National Free Contraception Scheme
   - Provide reimbursement support to Cariban
   - Roll out any new reimbursement arrangements arising out of the commissioning of new oral healthcare services for children aged 0-7 years
   - Roll out any new reimbursement measures approved for blood glucose strips for women with gestational pregnancy
   - Assess pricing and reimbursement applications in relation to new drugs in accordance with agreed procedures
   - Develop a proposal to increase visibility on the steps / progress made by each individual medicine through the HSE assessment and approval processes
b) Work with the Department of Children, Equality, Disability, Integration and Youth to roll out the PCRS components of the redress scheme for former residents of Mother and Baby and County Homes Institutions
c) Implement reductions in VAT on nicotine and hormone replacement therapies

d) Continue the following programmes:
   - Roll-out of the extended access to Free GP care for children ages 6 and 7 years
   - Reduction in the Drugs Payment Scheme (DPS) threshold to €80 per month
   - Plan for a fully integrated, user-friendly, on-line application process for those wishing to apply or renew their eligibility under the General Medical Service, Long-Term Illness or DPS schemes
   - Reimbursement of contractors in line with contracts, service level agreements and health policy regulations
   - Centralisation of Hardship Arrangements in PCRS
   - PCRS component of the HSE Ukraine response by determining medical card eligibility in line with policy direction

e) Work to ensure that we:
   - Have the resources required to meet the needs of our customers and the challenges arising out of the significant new schemes and eligibilities introduced in Budget 2022 and Budget 2023
   - Strengthen quality, accountability and value for money across the service
   - Engage with the strategic Finance Reform Programme (IFMS)
   - Continue to increase resilience of PCRS services to any pandemic or other risks including the ongoing implementation of learnings from the national review of the 2021 cyberattack on the HSE and continue to enhance security of PCRS ICT systems.

10. Emergency Management

The Emergency Management function assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation to ensure a timely response to any unforeseen event that might impact HSE service provision. We will ensure crisis management teams engage early in responding to any such event.

Emergency Management engages with other agencies, government departments and external bodies to ensure a health input to national resilience and preparedness, and facility and service leads across the organisation will have completed proactive severe weather preparedness in line with Severe Weather planning and guidance documentation. We will refine and develop crisis management plans and crisis communication plans and provide a roadmap on the implementation of Phase 2 of the Operational and Clinical Resilience programme based on the Board and Executive priorities for 2023.

Key Objective 2023

Assist and support HSE leadership and management in its continued co-ordination and response to emergencies.

How will we achieve our key objective?

a) Promote severe weather preparedness across the organisation to improve planning and response capacity

b) Support the development and implementation of Phase 2 of the Operational and Clinical Resilience (OCR) programme. Emergency management will provide a leadership role in establishing an office for OCR and leading prioritised programmes of work as agreed by the EMT arising from the conclusion of Phase 1 of the programme

c) 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.

11. EU and North South Unit

The EU and North South Unit works 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.

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 cross jurisdictional services have been maintained throughout 2021 / 2022 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 2023, along with positive engagement on external funding programmes such as Peace Plus and EU4Health.

The EU and North South Unit supports 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 is in conjunction with the cross-border health and social care partnership, Co-operation and Working Together.

Key Objective 2023

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.

How will we achieve our key objective?

a) Act as project partner on five existing EU Interreg VA projects in the areas of acute services, mental health services, population health, children's services and medication optimisation

b) Act as lead partner on four new EU Interreg VA projects to the value of approximately €31m in the areas of acute services, mental health services, population health and children's services

c) Improve medication optimisation through the iSIMPATHY (implementing Stimulating Innovation in the Management of Polypharmacy and Adherence Through the Years) project, in partnership with Scotland and Northern Ireland

d) 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

e) Engage with DoH and the Health Research Board to maximise the opportunities available under the EU4Health Programme and other EU multi-annual financial framework programmes

f) Develop further the cross-border service level agreements and memorandums of understanding with key stakeholders including DoH and services across the HSE

g) Respond to the challenges posed by Brexit to the health system, particularly the HSE.

12. Compliance Unit – Grants to Service Providers

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 improved compliance and assurance that both the HSE and service providers meet their respective obligations. Robust processes are in place where lack of compliance is identified and there is regular monitoring of all statistics pertaining to governance arrangements between the HSE and Section 38 and Section 39 agencies.

Key Objective 2023

Support the implementation of the HSE Governance Framework which incorporates national standardised documentation and guidance documents that enable the HSE to contractually underpin the grant funding provided to all service providers.

How will we achieve our key objective?

a) 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 2022 Annual Compliance Statement process for all Section 38 and Section 39 service providers that receive annual funding over €3m

b) Manage the second phase of the external reviews of governance in relevant Section 38 and Section 39 service providers which was commenced in 2021

c) Support the Contract Management Support Unit Managers in the Contract Management Support Units in further developing their roles in the CHOs.

13. Data Protection Office

A national Data Protection Office (DPO) is both a statutory requirement of a public service body and an essential enabler in supporting all functions across the HSE meet its obligations under General Data Protection Regulation (GDPR).

The National DPO office has a number of functions that include oversight, compliance, advice, support and responses in relation to data protection. Its function when fully established, will ensure all functions have the framework, tools and resources to enable them to manage their service in line with GDPR regulations and HSE policies. We will assist in meeting GDPR compliance obligations through ensuring greater protection and confidentiality of our service user and employee personal data, developing greater trust in the HSE's ability to manage data. Systems and processes will be built or bought with privacy in the design. We will reduce the likelihood of data breaches or misuse of service user and employee personal data, empower HSE programmes that wish to use service user data safely and securely, and ensure a greater understanding of the data that the HSE holds. Long-term cost saving will be achieved where data is archived or deleted where no longer needed. We will establish a Data Protection capability which will support the HSEs *Sláintecare* programme and new RHAs.

Key Objectives 2023

1. Implement a formal data protection / privacy programme to improve privacy compliance maturity across HSE operational and corporate units
2. Appoint an experienced data protection / privacy programme manager
3. Establish a Target Operating Model Programme to augment the National Data Protection Office and ensure this team is further developed to support the creation of new data protection offices in RHAs
4. Ensure timely delivery of data privacy capabilities across the HSE
5. Commence a multi-year programme to further automate data privacy processes.

How will we achieve our key objectives?

Key Objective 1: Implement a formal data protection / privacy programme to improve privacy compliance maturity across HSE operational and corporate units

a) Leverage experienced data protection / privacy change and solutions experts to assist with the establishment of the key data protection capabilities.

Key Objective 2: Appoint an experienced data protection / privacy programme manager

a) Formally appoint the permanent HSE data protection officer, and begin to build the support team necessary for the National DPO Office to ensure sufficient resources are in place to support the HSE objective of achieving GDPR compliance in terms of how service user, employee and partner personal and special category data is processed.

Key Objective 3: Establish a Target Operating Model Programme to augment the National Data Protection Office and ensure this team is further developed to support the creation of new data protection offices in RHAs

a) Provide HSE management and business lines with a proactive framework to assist the organisation in achieving a more mature compliance position in relation to data protection legislation.

Key Objective 4: Ensure timely delivery of data privacy capabilities across the HSE

a) Educate HSE staff and partners / suppliers on key data protection standards and principles (e.g. privacy governance charter and framework, data privacy strategy, formal data protection roles and responsibilities, policies, standards, training and awareness)

b) Build privacy by design into our systems, process and supply arrangements, reducing the cost of dealing with data breaches.

Key Objective 5: Commence a multi-year programme to further automate data privacy processes

a) Implement and optimise tooling and enhance capability to further automate operational data privacy processes (e.g. records of processing activities, data subject access requests, data protection impact assessments and breach reporting)

b) Evidence compliance with accountability requirements under GDPR, through greater oversight over data protection controls, risks and issues with centralised timely and accurate data, allowing more risk based and cost effective decisions to be made to address areas of concern.

Appendices

Appendix 1(a): National (Operational) 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 reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident
		% of reported incidents entered onto National Incident Management System (NIMS) within 30 days of notification of the incident
		Extreme and major incidents as a % of all incidents reported as occurring
	Healthcare Associated Infections (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 9-11 month public health nurse (PHN) child health and development assessment on time or before reaching 12 months of age
		% of infants breastfed exclusively at the PHN three month child health and development assessment visit
		% of infants 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
	Patient Handover at Emergency Department to Clear	% of ambulance crews who are ready and mobile to receive another 999 call within 15 minutes of clinically and physically handing over their patient at an Emergency Department (ED) or hospital
	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
		Podiatry – % on waiting list for treatment ≤52 weeks

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	**Therapy Waiting Lists**	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
	National Ambulance Service (NAS) to ED Handover Times	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival
	ED 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 <9 months for an elective procedure (inpatient and day case)
		% of children waiting <9 months for an elective procedure (inpatient and day case)
		% of people waiting <15 months for first access to Outpatients Department (OPD) services
		% of people waiting <13 weeks following a referral for colonoscopy or Oesophago Gastro Duodenoscopy (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 (intellectual disability (ID) / autism and physical and sensory disability)

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	**Disability Services**	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))
		No. of people in receipt of home support (excluding provision from 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
Workforce	**Attendance Management**	% absence rates by staff category

Appendix 1(b): National Performance Indicator Suite

Note: 2022 and 2023 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).

Enhancing prevention and early intervention				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Health and Wellbeing				
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	48%	51%	48%
Public Health				
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%	93.5%	95%
% of children aged 24 months who have received the MMR vaccine		95%	87.7%	95%
% of first year students who have received one dose of Human Papillomavirus (HPV) vaccine	Annual	New PI NSP 2023	New PI NSP 2023	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2022-2023 influenza season (acute hospitals)		75%	65%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2022-2023 influenza season (long-term care facilities in the community)		75%	55%	75%
% uptake in Flu vaccine for those aged 65 and older		75%	75%	75%
% uptake of Flu vaccine for those aged 2-17 years old		50%	16.6%	50%
Testing and Tracing				
Swab to communication of test result % of test results communicated in 48 hrs following swab	M	90%	94%	75%
Result to completion of positive patient assessment % of detected cases successfully contacted and assessment captured within 24 operational hours of case being notified		New PI NSP 2023	New PI NSP 2023	90%
Swab receipt by lab to communication of test result % of test results communicated in 24 hrs following receipt of swab by lab		New PI NSP 2023	New PI NSP 2023	90%
COVID-19 Vaccination Programme				
Uptake % uptake of booster doses for eligible adult population by approved cohorts: • >65 years (includes residents in residential care facilities) • Healthcare workers • Immunocompromised >12 years	M	New PI NSP 2023	New PI NSP 2023	*75% *>50% *>50%

Enhancing prevention and early intervention				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
National Screening Service				
BreastCheck % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	75%	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%	73%	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 % BowelScreen screening uptake rate		45%	40%	45%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate		69%	63%	69%
*Reporting will be in line with cohorts as approved by the National Immunisation Advisory Committee (NIAC) in the context of public health recommendations. Targets may require adjustment during 2023 to reflect updated clinical advice.				

Enhancing community services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
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	<20	<21.5
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%	76%	81%
% on waiting list for assessment ≤52 weeks		94%	78%	94%
Occupational Therapy % of new service users seen for assessment within 12 weeks		71%	65%	71%
% on waiting list for assessment ≤52 weeks		95%	73%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	89%	100%
% on waiting list for treatment ≤52 weeks		100%	77%	100%
Podiatry % on waiting list for treatment ≤12 weeks		33%	21%	33%
% on waiting list for treatment ≤52 weeks		77%	54%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		19%	19%	19%

Enhancing community services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
% on waiting list for treatment ≤52 weeks	M	64%	53%	64%
Audiology % on waiting list for treatment ≤12 weeks		30%	26%	30%
% on waiting list for treatment ≤52 weeks		75%	74%	75%
Dietetics % on waiting list for treatment ≤12 weeks		40%	22%	40%
% on waiting list for treatment ≤52 weeks		80%	58%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	21%	36%
% on waiting list for treatment ≤52 weeks		81%	63%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment		90%	93%	94%
Orthodontics % of patients seen for assessment within six months	Q	31%	45%	45%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	19%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%	83%	95%
% of infants visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98%	99%
% of infants breastfed (exclusively and partially (not exclusively)) at the PHN primary (first) visit	Q (1 Qtr in arrears)	64%	62%	64%
% of infants breastfed exclusively at the PHN primary (first) visit		50%	39%	50%
% of infants breastfed (exclusively and partially (not exclusively)) at the 3 month PHN child health and development assessment visit		46%	43%	46%
% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit		36%	31%	36%
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	Data to be collected from Jan 2023	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	Data to be collected from Jan 2023	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%	81.5%	85%

Enhancing community services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
% of homeless service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care / support plan	Q	New PI NSP 2023	New PI NSP 2023	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%	96.3%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	96.9%	100%
Problem Alcohol Use % of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment		New PI NSP 2023	New PI NSP 2023	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment		New PI NSP 2023	New PI NSP 2023	100%
Older Persons' Services				
Residential Care % occupancy of short stay beds	M	90%	75%	90%
Intensive Homecare Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned		100%	100%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	≤3.5%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		15%	15%	15%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	90%	90%

Mental Health Services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
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%	88.1%	≥90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		≥75%	70.8%	≥75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and did not attend (DNA) in the current month		≤22%	21.4%	≤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%	93.7%	≥98%

Mental Health Services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	≥95%	91%	≥95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		≤3%	3.1%	≤3%
Child and Adolescent Mental Health Services (CAMHS) 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%	90.8%	>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%	98.3%	>95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		≥80%	66.8%	≥80%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		≥80%	62.9%	≥78%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		≤10%	7%	≤10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		≥95%	95.7%	≥95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		≥90%	92.8%	≥90%

Disability Services				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	95%	80%	95%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	23.6%	100%

Delivering safe, timely access to acute care				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Acute Hospital Services				
Outpatient attendances New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2.5	1:2.5	1:2.5
Activity Based Funding (MFTP) model Hospital Inpatient Enquiry (HIPE) completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	100%	76%	100%

Delivering safe, timely access to acute care				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Inpatient, Day Case and Outpatient Waiting Times				
% of adults waiting <9 months for an elective procedure (inpatient)	M	New PI NSP 2023	New PI NSP 2023	90%
% of adults waiting <9 months for an elective procedure (day case)		New PI NSP 2023	New PI NSP 2023	90%
% of children waiting <9 months for an elective procedure (inpatient)		New PI NSP 2023	New PI NSP 2023	90%
% of children waiting <9 months for an elective procedure (day case)		New PI NSP 2023	New PI NSP 2023	90%
% of people waiting <15 months for first access to OPD services		New PI NSP 2023	New PI NSP 2023	90%
% of routine elective procedures (inpatient) chronologically scheduled		85%	66%	85%
% of routine elective procedures (day case) chronologically scheduled		85%	74%	85%
% of routine patients on Gastrointestinal (GI) waiting lists that are chronologically scheduled		New PI NSP 2023	New PI NSP 2023	85%
% of routine patients on OP waiting lists that are chronologically scheduled		New PI NSP 2023	New PI NSP 2023	85%
Colonoscopy / Gastrointestinal Service				
% of people waiting <13 weeks following a referral for colonoscopy or OGD		65%	54%	65%
No. of new people waiting > four weeks for access to an urgent colonoscopy		0	2159	0
% of people waiting <9 months for an elective procedure GI scope		New PI NSP 2023	New PI NSP 2023	95%
Emergency Care and Patient Experience Time				
% of all attendees at ED who are discharged or admitted within six hours of registration		70%	58%	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration		85%	74%	85%
% of ED patients who leave before completion of treatment		<6.5%	7.5%	<6.5%
% of all attendees at ED who are in ED <24 hours		97%	96%	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	37%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	53%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	90%	99%
NAS to ED Handover Times				
% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M (1 Mth in arrears)	New PI NSP 2023	New PI NSP 2023	80%

Delivering safe, timely access to acute care				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Length of Stay Average length of stay (ALOS) for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	5.2	≤4.8
Medical Medical patient average length of stay		≤7.0	7.8	≤7.0
% of medical patients who are discharged or admitted from Acute Medical Assessment Unit (AMAU) within six hours AMAU registration	M	75%	62%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	29%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	11%	≤11.1%
Surgery Surgical Elective Inpatient average length of stay		New PI NSP 2023	New PI NSP 2023	≤5.0
Surgical Emergency Inpatient average length of stay		New PI NSP 2023	New PI NSP 2023	≤6.0
% of elective surgical inpatients who had principal procedure conducted on day of admission		82.4%	76%	82.4%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	48%	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%	1.7%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	M	<0.8/10,000 bed days used	1	<0.8/10,000 bed days used
Rate of new cases of hospital associated C. difficile infection		<2/10,000 bed days used	2.1	<2/10,000 bed days used
% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	Q	100%	95.8%	100%
% of acute hospitals implementing the national policy on restricted antimicrobial agents		100%	81.3%	100%
Rate of new hospital acquired COVID-19 cases in hospital inpatients	M	N/A	16.9	N/A
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (2 Mths in arrears)	3.0 per 1,000 bed days	2.8	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	100%	44%	100%

Delivering safe, timely access to acute care				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
% of hospitals implementing Paediatric Early Warning System (PEWS)	Q	100%	37%	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%	29%	100%
% of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	95%	100%
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%	67%	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%	70%	90%
Acute Coronary Syndrome % ST-Elevation Myocardial Infarction (STEMI) patients (without contraindication to reperfusion therapy) who get Primary Percutaneous Coronary Intervention (PPCI)	Q (1 Qtr in arrears)	95%	89%	95%
% of reperfused STEMI patients (or left bundle branch block (LBBB)) who get timely PPCI		80%	65%	80%
Cancer Services				
% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe	M	95%	75%	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%	49%	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%	8.1%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	28.4%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	28%	>30%
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%	72%	90%

Delivering safe, timely access to acute care				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
National Ambulance Service				
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%	46%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon – % medical priority dispatch system (MPDS) protocol compliance	M	94%	95%	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%	73%	75%
% of ECHO calls which had a resource allocated within 90 seconds of call start		98%	90%	98%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		50%	42%	45%
% of DELTA calls which have a resource allocated within 90 seconds of call start		90%	63%	90%
Intermediate Care Service % of all transfers provided through the intermediate care service		90%	81%	90%
Patient Handover at ED to Clear % of ambulance crews who are ready and mobile to receive another 999 call within 15 minutes of clinically and physically handing over their patient at an ED or hospital		New PI NSP 2023	New PI NSP 2023	75%

Cross-Service Domains				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Quality and Safety				
Serious Incidents % of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	42%	70%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	75%	70%
Extreme and major incidents as a % of all incidents reported as occurring		<1%	0.5%	<1%
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer		75%	72%	75%
'Your Service Your Say' Policy % of complaints where an Action Plan is identified as necessary, is in place and progressing		New PI NSP 2023	New PI NSP 2023	65%

Cross-Service Domains				
Indicator	**Reporting Period**	**NSP 2022 Target**	**Projected Outturn 2022**	**Target 2023**
Safeguarding % of community concerns that have been reviewed by a social worker on the Community Healthcare Organisation (CHO) Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days	Q (1 Mth in arrears)	New PI NSP 2023	New PI NSP 2023	85%
% of service concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days	Q (1 Mth in arrears)	New PI NSP 2023	New PI NSP 2023	70%
Women's Healthcare				
Irish Maternity Early Warning System (IMEWS) % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	100%	63%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	19%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	58%	100%
% of Hospital Groups that have discussed a quality and safety agenda with National Women and Infants Health Programme (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 Sexual Assault Treatment Unit (SATU) for a forensic clinical examination	Q	90%	91%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	96%	98%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)		80%	81%	80%
% of patients triaged within one working day of referral (community)		96%	95%	96%

Finance				
Indicator	**Reporting Period**	**NSP2022 Target**	**Projected Outturn 2022**	**Target 2023**
Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2022	≤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)	68%	62%	72%

Human Resources				
Indicator	Reporting Period	NSP2022 Target	Projected Outturn 2022	Target 2023
Attendance Management % absence rates by staff category	M	≤4%	4.7%	≤4%
European Working Time Directive (EWTD) <24 hour shift (acute – non-consultant hospital doctors (NCHDs))	M	95%	97%	97%
<24 hour shift (mental health – NCHDs)		95%	97%	97%
<24 hour shift (disability services – social care workers)		95%	95%	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)		95%	95%	95%
Respect and Dignity % of staff who complete the Health Services eLearning and Development (HSeLanD) Respect and Dignity at Work module	Annual	60%	60%	80%
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his / her line manager	Q	70%	70%	70%

Capital and Estates				
Indicator	Reporting Period	NSP2022 Target	Projected Outturn 2022	Target 2023
Capital expenditure versus expenditure profile	Q	100%	95%	100%

Internal Audit				
Indicator	Reporting Period	NSP2022 Target	Projected Outturn 2022	Target 2023
% of internal audit recommendations implemented, against total no. of recommendations, within six months of report being received	Q	75%	71%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		95%	82%	95%

Primary Care Reimbursement Services				
Indicator	Reporting Period	NSP2022 Target	Projected Outturn 2022	Target 2023
Medical Cards % of completed medical card / general practitioner (GP) visit card applications processed within 15 days**	M	99%	99%	99%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days		95%	90%	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%
**This key performance indicator (KPI) will not be possible to apply to Budget 2023 eligibility measures due to the significantly increased volumes				

Compliance Unit				
Indicator	**Reporting Period**	**NSP2022 Target**	**Projected Outturn 2022**	**Target 2023**
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%

Appendix 1(c): Activity 2023

Note: 2022 and 2023 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).

Enhancing prevention and early intervention				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Health and Wellbeing				
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q (1 Qtr in arrears)	22,436	12,298	18,849
No. of smokers who are receiving online cessation support services	Q	6,000	6,707	6,000
Making Every Contact Count (MECC) No. of front-line staff to complete the eLearning MECC training in brief intervention		3,997	2,301	5,748
No. of front-line staff to complete the face to face / virtual module of MECC training in brief intervention		802	553	1,150
Public Health				
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	11,000	6,800	11,000
National Screening Service				
BreastCheck No. of women in the eligible population who have had a complete mammogram	M	150,000	150,000	185,000
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting		295,000	261,000	264,000
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		140,000	110,000	140,000
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		111,000	105,000	110,000
Environmental Health				
No. of initial tobacco sales to minors test purchase inspections carried out	Q	384	384	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	Bi-annual	32	32	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*		32	36	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	Q	242	189	188
No. of official food control planned, and planned surveillance, inspections of food businesses		33,000	30,000	33,000

Enhancing prevention and early intervention				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
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*	Q	40	40	40

Enhancing community services				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Primary Care Services				
Community Intervention Teams (CITs) Total no. of CIT referrals	M	64,598	81,372	81,372
Paediatric Homecare Packages Total no. of Paediatric Homecare Packages		651	636	651
***Health Amendment Act*: Services to people with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed	Q	74	32	74
GP Activity No. of contacts with GP Out of Hours Service	M	922,094	1,141,167	1,143,000
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	452,802	390,958	452,802
Nursing No. of patients seen	M (1 Mth in arrears)	474,366	416,256	474,366
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,579,699	1,308,690	1,597,487
Physiotherapy No. of patients seen		587,604	480,276	587,604
Occupational Therapy No. of patients seen		389,256	333,972	389,256
Speech and Language Therapy No. of patients seen		282,312	191,472	282,312
Podiatry No. of patients seen		85,866	63,143	85,866
Ophthalmology No. of patients seen		67,264	79,836	79,836
Audiology No. of patients seen		49,000	54,216	54,216
Psychology No. of patients seen		49,757	42,672	49,757

Enhancing community services				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Dietetics No. of patients seen	M	68,640	63,103	68,640
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	1,480	756	1,480
Orthodontics No. of patients seen for assessment within six months		574	845	845
GP Trainees No. of trainees	Annual	259	235	285
National Virus Reference Laboratory No. of tests	M	818,583	885,619	885,619
Social Inclusion				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	M (1 Mth in arrears)	10,800	10,782	10,800
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,500	1,616	1,500
Traveller Health No. of people who received information on or participated in positive mental health initiatives	Q	New PI NSP 2023	New PI NSP 2023	3,735
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	7,048	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)	4,940	4,004	4,940
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		360	324	360
Problem Alcohol Use No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment		New PI NSP 2023	New PI NSP 2023	3,000
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment		New PI NSP 2023	New PI NSP 2023	34
Older Persons' Services				
InterRAI Ireland (IT based assessment) No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	18,000	3,046	18,100
Home Support No. of home support hours provided (excluding provision of hours from IHCPs)		23.67m	21.02m	***23.9m
No. of people in receipt of home support (excluding provision from IHCPs) – each person counted once only		55,675	55,663	55,910

Enhancing community services				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an IHCP	M	235	75	235
No. of home support hours provided from IHCP		360,000	225,096	360,000
Total home support hours (including IHCP)		**24m**	**21.24m**	***24.26m**
Transitional Care No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	916	916	916
No. of persons in acute hospitals approved for transitional care to move to alternative care settings		8,637	9,726	8,637
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long-term residential care during the reporting month	M	22,412	22,270	22,712
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		2,182	1,750	2,182
*** While every effort will be made, delivery of this target will be challenging given the dependency on the recruitment of additional healthcare support assistants across the sector				

Mental Health Services				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
General Adult Community Mental Health Teams No. of adult referrals seen by mental health services	M	26,201	26,068	29,482
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	11,314	11,460	11,460
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	9,025	7,965	9,883
Child and Adolescent Mental Health Services (CAMHS) No. of CAMHS referrals received by mental health services		18,271	21,224	21,224
No. of CAMHS referrals seen by mental health services		10,878	10,669	12,635

Disability Services				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Personalised Budgets No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	Q	180	135	45

Disability Services

Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,228	8,221	8,305
New Emergency Places Provided to People with a Disability No. of new emergency places provided to people with a disability	M	50	92	43
No. of in home respite supports for emergency cases		422	434	447
Congregated Settings Facilitate the movement of people from congregated to community settings		143	70	73
Day Services including School Leavers No. of people (all disabilities) in receipt of RT		2,290	2,038	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	18,500	18,300	19,100
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	22,474	23,244	24,444
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		5,351	5,170	5,758
No. of overnights (with or without day respite) accessed by people with a disability		92,552	126,036	129,396
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		1.70m	1.70m	1.77m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,587	2,630	2,690
Home Support Service No. of home support hours delivered to persons with a disability		3.12m	2.923m	3.12m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,326	7,011	7,326
***Disability Act* Compliance** No. of requests for assessment of need received for children	Q	5,857	6,555	6,555

Delivering safe, timely access to acute care

Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
Acute Hospital Services				
Discharge Activity Inpatient	M (1 Mth in arrears)	638,938	605,609	634,115
Day case (includes dialysis)		1,181,878	1,086,578	1,128,411
Total inpatient and day cases		**1,820,816**	**1,692,187**	**1,762,526**
Emergency inpatient discharges		452,335	429,805	455,111

Delivering safe, timely access to acute care				
Activity	**Reporting Period**	**NSP2022 Expected Activity**	**Projected Outturn 2022**	**Expected Activity 2023**
Elective inpatient discharges	M (1 Mth in arrears)	85,683	76,233	83,582
Maternity inpatient discharges		100,920	99,571	95,422
Inpatient discharges ≥75 years	M (1 Mth in arrears)	134,308	127,613	138,549
Day case discharges ≥75 years		228,838	219,072	234,540
Level of GI scope activity		98,503	97,678	98,620
Level of dialysis activity		216,840	183,006	188,859
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		242,642	212,139	224,361
Emergency Care New ED attendances	M	1,337,407	1,339,732	1,350,913
Return ED attendances		113,928	111,415	112,963
Injury unit attendances		131,650	148,087	154,816
Other emergency presentations		40,455	47,527	47,844
Births Total no. of births		60,015	54,552	54,552
Outpatients No. of new and return outpatient attendances		3,424,505	3,247,149	3,389,402
No. of new outpatient attendances		964,921	927,757	933,878
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤127,750	208,848	≤127,750
No. of beds subject to delayed transfers of care		≤350	605	≤350
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	860	N/A
Venous Thromboembolism (VTE) Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation		N/A	11.4	N/A
National Ambulance Service				
Total no. of AS1 and AS2 (emergency ambulance) calls	M	362,000	384,000	407,040
Total no. of AS3 calls (inter-hospital transfers)		30,000	22,000	24,400
No. of intermediate care vehicle (ICV) transfer calls		29,000	18,000	19,080
No. of clinical status 1 ECHO calls activated		5,600	6,800	7,208
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)		5,400	6,400	6,784
No. of clinical status 1 DELTA calls activated		140,000	166,000	175,960
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)		120,000	153,000	162,180
Aeromedical Service – Hours (Department of Defence)		480	480	480

Delivering safe, timely access to acute care

Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
Irish Coast Guard – Calls (Department of Transport, Tourism and Sport)		200	230	260
Aeromedical Service South – Tasking		600	600	600

Note 1: All Acute Hospital Appendix 1(c) KPIs exclude National Treatment Purchase Fund (NTPF) and Access to Care Activity

Note 2: In terms of scheduled care activity, 2022 projected outturns include reported and projected activity delivered through *Sláintecare* improvement plans; 2023 expected activity does not include this activity.

Cross-Service Domains

Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
Quality and Safety				
Safeguarding No. of staff undertaking safeguarding training (eLearning module via HSeLanD)	Q (1 Mth in arrears)	40,000	45,000	32,000
Palliative Care Services				
Inpatient Palliative Care Services No. accessing specialist inpatient beds within seven days (during the reporting year)	M	3,814	3,919	4,000
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,406	3,470	3,484
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	320	320
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		46	46	60
No. of children / family units who received therapeutic support from Laura Lynn Children's Hospice (during the reporting month)		90	86	100
No. of admissions to Laura Lynn Children's Hospice (during the reporting year)		456	452	456

Primary Care Reimbursement Services

Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
Medical Cards No. of persons covered by medical cards as at 31st December	M	1,539,348	1,569,821	1,630,367
No. of persons covered by GP visit cards as at 31st December		617,960	616,735	1,069,391
Total		**2,157,308**	**2,186,556**	**2,699,758**

Primary Care Reimbursement Services				
Activity	Reporting Period	NSP2022 Expected Activity	Projected Outturn 2022	Expected Activity 2023
General Medical Services Scheme Total no. of items prescribed	M	60,593,558	64,682,423	66,849,425
No. of prescriptions		17,671,500	18,861,395	19,493,292
Long-Term Illness Scheme Total no. of items prescribed	M	10,759,195	10,443,108	10,767,975
No. of claims		2,997,250	2,909,450	3,020,299
Drug Payment Scheme Total no. of items prescribed		12,108,081	13,080,702	14,312,334
No. of claims		3,558,250	3,924,210	4,293,700
Other Schemes No. of high tech drugs scheme claims		970,000	982,379	1,070,793
No. of dental treatment services scheme treatments		1,000,000	796,310	855,480
No. of community ophthalmic services scheme treatments		785,000	671,598	745,000

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