National Service Plan

2021

Contents

Foreword from the Chair of the Board 1
Introduction from the Chief Executive Officer 2
Executive Summary 4
Section 1: Strategic Context 9
- Our Corporate Plan 2021-2024 10
- Whole-System Reform 11
- Our Population 16
- Service Planning in the context of Brexit 17
- Service Planning in a COVID-19 Environment 18
- Developing a High-Performing Organisation 19

Section 2: COVID-19 Action Plan 21
Section 3: Clinical, Quality and Patient Safety 27
Section 4: Population Health and Wellbeing 35
- Health and Wellbeing Services 37
- Public Health Service 39
- National Screening Service 41
- Environmental Health Service 42

Section 5: Health and Social Care Delivery 45
- Community Healthcare 46
  - Primary Care Services 48
  - Social Inclusion Services 51
  - Older Persons' Services 54
  - Palliative Care Services 60
  - Disability Services 61
  - Mental Health Services 65
- Acute Hospital Care 69
  - Acute Hospital Care 69
  - Cancer Services 75
  - Women and Children's Services 77
  - National Ambulance Service 79

Section 6: Finance and Financial Management 81
Section 7: Workforce and Corporate Human Resources 95
Section 8: National and Support Services 103
- National Services 104
  - Primary Care Reimbursement Service 104
  - Emergency Management 105
  - EU and North South Unit 105
  - Compliance Unit 106
- Support Services 106
  - eHealth and Health Information Systems 106
  - Integrated Information Services 107
  - Research, Evidence and Advanced Health Analytics 108
  - Health Business Services 109
  - National Communications 111
  - Internal Audit 112

Appendices 113
- Appendix 1: Financial Tables 114
- Appendix 2: HR Tables 123
- Appendix 3: National Scorecard, National Performance Indicator Suite and Activity 2021 124
- Appendix 4: eHealth, Capital Infrastructure 146
- Appendix 5: Population Demographics and Trends 165
- Appendix 6: Annual Statement of Priorities 170
- Appendix 7: Glossary of Terms 171

Foreword from the Chair of the Board

Welcome to our National Service Plan (NSP) for 2021. The Board and I are pleased to present this to you on behalf of the Executive and our teams. This NSP reflects a very significant budget settlement for health services and underlines the strong strategic alignment that now exists between the Health Service Executive (HSE), the Minister for Health and his Department. The development of this Plan was informed by our three-year Corporate Plan 2021-2024, the 2021 Winter Plan (*Winter Planning within the COVID-19 Pandemic, October 2020-April 2021*) and the Pandemic Plan (Planning for Health Services Delivery in the COVID-19 Pandemic – Winter 2020 to End 2021).

We are pleased that the investment that is being entrusted to the HSE gives us the means to provide improved services for people in Ireland and will help us progress important strategic reforms as outlined in *Sláintecare*. It now falls to the HSE's executive team to deliver on this investment, and to the Board to monitor performance against clearly defined targets and milestones on a monthly basis.

The year 2021 presents us with three key opportunities. Firstly, we must keep the population, patients and service users safe in our services; secondly, we must concentrate our efforts on addressing, as far as possible, backlog issues from pauses due to COVID-19, and, thirdly and perhaps most importantly, we must move from talking about reform to implementing reform, across our entire service delivery model. The planning is done. We have an ample strategic framework in *Sláintecare*, complemented by our own Corporate and Operational Plans. Now, for the first time ever, we also have the financial means to bring these plans to life. Accepting that we cannot assume a similar allocation in 2022, we have carefully prioritised our spending priorities in 2021. We are investing in initiatives that we consider most likely to deliver demonstrable improvements to health service performance and delivery. We have also prioritised the mitigation of the most significant risks for the HSE as identified in our Corporate Risk Register.

This NSP is written at a time when we have seen the most extraordinary of responses from both the public and from staff across the HSE. Over the year, guided by public health advice teams, we aim to continue to maximise the delivery of high-quality health and social care services in a COVID-19 environment. With the availability now of an effective vaccine, we must continue to be mindful of and to mitigate the risk that COVID-19 poses to 'normal' healthcare activities. In this regard the NSP is characterised by a marked move towards the delivery of care in the community or at home whenever possible.

We are deeply grateful for the support of the public and the hard work and dedication of our teams. We express our sympathies to anyone who has suffered loss over the past year. Although we anticipate that we will continue to live with COVID-19 during this year, thanks to the strong social solidarity of our people we do so with hope and optimism for a better future.

Meitheal de dhíth arís.

Ciarán Devane

Chair HSE Board

15 January 2021

Introduction from the Chief Executive Officer

The National Service Plan 2021 is the most ambitious plan we have ever submitted, reflecting the fact that we have received the largest year-on-year budget increase ever voted by Government to the Department of Health (DoH), and in turn to the HSE.

As I write this introduction, the situation with regard to the COVID-19 pandemic has deteriorated significantly and our health system is again coming under increasing strain. The number of people currently hospitalised with COVID-19 is more than double the number at the peak of the first wave. Our surge plans have been triggered and right across the system everybody is working at full throttle.

Although the data suggests we may be approaching the peak it is still too early to confidently predict an end to the current wave, or an easing of the pressures on our hospitals. Moreover, there are no guarantees that this will be the final wave of COVID-19 that we experience.

Despite all this there is cause for great optimism in 2021 as two COVID-19 vaccines have now been authorised by the European Commission with further approvals in the pipeline. Guided by the DoH COVID-19 Vaccine Allocation Strategy we are now administering vaccinations to the priority groups at a pace that is more or less contemporaneous with the vaccine supply that we are receiving. As more vaccines are approved and as the volume of supply increases, I assure you that we will leave no stone unturned in order to complete this mass vaccination programme with all possible speed.

Even with the planned roll-out of the vaccine programme over the coming weeks and months, it is very likely that our sustained response to the pandemic will affect our ability to deliver on all of our planned levels of activities this year. The full extent of the pandemic’s impact on service delivery is difficult to predict and in consultation with the HSE’s Board and with the Minister we will keep the position under close review throughout the course of the year.

Notwithstanding the challenging start to the year, and the uncertainty that we face, I am confident nonetheless that we will emerge from this pandemic with a stronger, more united, and ultimately a more integrated health system. The voluntary health sector has worked extraordinarily well with us and this underscores for me the importance of building a new relationship with section 38 and section 39 organisations, grounded on mutual trust and respect. Our colleagues in community-based practice (GPs, pharmacists, dentists, and others) have also worked very closely with us, and already they are emerging as a driving force behind the shifting of care to the community. The commercial healthcare providers and private hospitals have also played their part in diversifying the pathways of care available to us in meeting patient need in a COVID-19 environment. These new ways of working together transcend our current predicament and will set the tone for the future delivery of high quality, integrated healthcare in this country. This unity of approach also gives me confidence that in the coming year we can still make significant progress against the targets we have set for ourselves.

The financial resources now available to the health service present us with a once-in-a-generation opportunity to really change how we deliver healthcare in Ireland. For years we have spoken about shifting

care away from hospitals and towards the community, but progress has been slow. In the past twelve months however, our staff and indeed the whole healthcare system have proven just how adaptive we can be in the delivery of health and personal social services.

In the face of yet another resurgence in the disease, it is fair to say that there will be a lot of catching up to do when we finally bring COVID-19 under control. We must therefore continue to adapt and to innovate and we must resolve, as we did so well in the past year, to embrace newly learned ways of delivering care in alternative physical and indeed virtual settings. Now that we understand the power of these measures there can be no turning back.

Transformation is a word frequently found in corporate literature and indeed our NSP 2021 outlines a number of priorities under this heading. What we envisage for the year ahead for our health services, if we succeed, will indeed have a transformative effect. We are investing now to address backlogs and to improve waiting times for scheduled care. In the community we continue the shift which is already underway towards general practice and primary care, underpinned by better access to diagnostics and by investment in community and home-based care. There will also be a strong focus on digitising our health and social care services, thereby reducing inefficiencies, speeding up patient flow and improving patient experience.

The Board of the HSE has, in accordance with its legal mandate, expressed to me its desire for more comprehensive oversight of performance against the NSP this year. That is as it should be. My Executive Management Team and I have committed to enhanced performance reporting as part of our undertaking to embed a culture of accountability at all levels in the HSE. I also plan to engage with staff, on at least a quarterly basis, about how we are performing. More than ever before we are all invested in this organisation's success. If we expect its performance to improve then everybody should be able to understand how we are doing relative to the standards and targets to which we have publicly committed.

I have been struck lately by how receptive the public continues to be to dialogue about how our healthcare system is meeting their needs but most especially by their desire to be part of the solution. One of the few positive things about the pandemic is that many of us have come to appreciate just how powerful a contribution individual behaviours can make to improving the health status of the population at large.

Over the past year I have witnessed dedication, commitment, flexibility and teamwork right across the organisation. This has instilled great pride in me to work for the HSE. It also reinforces the great responsibility which accompanies the great privilege of serving as its Chief Executive Officer, particularly in the current circumstances.

I look forward to working with and, when circumstances permit, meeting more of our staff over the year ahead. I would also encourage members of the public to maintain their engagement with the health services and to get in touch if you have any feedback. As a learning organisation, we very much value your experience and your opinion of our shared national health service.

Thank you

Paul Reid

Chief Executive Officer

15 January 2021

Executive Summary

As per the *Health Act 2004* (as amended), this NSP 2021 sets out the type and volume of health and personal social services to be provided in 2021. The Plan also sets out the estimated number of employees for the period and the services to which the Plan relates. In line with legislation, the Executive has set out a Plan that fully responds to the Statement of Priorities communicated by the Minister for Health (as set out in the letter of determination, see details at Appendix 6 to the Plan) and the longer-term transformation agenda for health and social care services in Ireland. More specifically the Executive has prepared a Plan that sets out how a number of *Sláintecare* objectives will be progressed and it represents the first full year implementation of the HSE's Corporate Plan 2021-2024. Also, in line with legislation, this NSP outlines the capital plan proposed by the Executive for 2021.

The breadth of services delivered by the Executive is extremely wide, as is the breadth of supporting functions. This Plan is very detailed and includes sections for each key service area, ranging from cancer services, maternity services and services for people living with a disability to services delivered by our Environmental Health Service. The Plan details programmes of work from improving patient safety and keeping the population healthy and well, to supporting people living at home with lifelong conditions. The Plan contains details relating to capital projects, recruitment, finance and eHealth innovations. This year, the Plan outlines how all of these services and functions will be delivered in the context of a global pandemic and specifically what services are planned for 2021 to control the spread of COVID-19. This short Executive Summary is designed to help readers navigate the Plan and to draw out key highlights.

It must be noted that the situation with regard to the COVID-19 pandemic has deteriorated significantly since the draft NSP was submitted to the Minister in November 2020. As the number of cases has risen to unprecedented levels in recent weeks, this has had a material impact on service delivery. Our staff are under extreme pressure with high numbers on COVID-19 leave or self-isolating. Given that the system operates at close to or in excess of 100% capacity, our priority is to protect time-dependent and urgent work and, as a result, other services are adversely impacted. It is very likely that the continuing need to respond to the pandemic – including the delivery of the mass-vaccination programme – will have an adverse impact on our ability to deliver fully the planned levels of activity, performance and reform set out within this Plan. The extent of the pandemic's impact on service delivery in 2021 is difficult to predict; we will keep the position under close review throughout the year with a view to minimising this impact as far as possible and ensuring the DoH and Minister are appropriately advised.

The introduction sections of this Plan reinforce a number of key messages. Firstly, the unprecedented investment made in the health service in 2021 provides real opportunity to improve the experience of care for the people we serve. The funding will, in due course, improve service access across primary, community and acute services and will enable the commencement of significant service transformations including, for example, increasing the range and capacity of services delivered to patients in community settings. Another key message reinforced throughout the Plan is that providing safe services in a global pandemic drives a number of related objectives – keeping staff and patients safe from the spread of COVID-19, resuming services for patients and delivering these in new ways while responding to COVID-19 related backlogs, and delivering COVID-19 testing and tracing and vaccination services. The overriding focus detailed in the Plan is to advance transformation priorities, while responding to COVID-19, in order to permanently begin to tackle pre-COVID-19 waiting lists. By doing so, we can ensure that we maximise the impact of this investment and emerge from the pandemic with a stronger health service.

Involving service users, patients, advocacy groups and staff in service transformations, strengthening our partnerships and relationships with service providers we fund, and working constructively with our broad stakeholder network to align our priorities will be key to our success.

The NSP 2021 is framed by Section 1, Strategic Context. It outlines the alignment to *Sláintecare* objectives and our Corporate Plan priorities and describes our commitment to progressing a transformation agenda in 2021 that responds to the needs of our population and demographic trends. The Plan outlines our reform measures and their expected impacts in 2021 which include: enhancing primary preventive services and partnerships, reforming our services to better support our growing and ageing population, enhancing primary and community care, increasing capacity, reforming scheduled / planned care, mainstreaming appropriate *Sláintecare* Integration Fund projects, improving access to mental health services and supporting the reform of disability services. This section also includes a subsection on how we will improve patient experience and outcomes. It concludes with the implications of service planning in the context of Brexit and identifies risks and issues of service planning in a COVID-19 environment.

Section 2 outlines the COVID-19 Action Plan which identifies the following key priorities in relation to the COVID-19 pandemic: personal protective equipment (PPE), testing and tracing services, public health and crucially the approach to the COVID-19 mass vaccine immunisation programme in 2021. This part of the Plan sets out corresponding high-level actions for each priority area for 2021. COVID-19 actions are also threaded through other service sections of the Plan where relevant.

Section 3 focuses on Clinical, Quality and Patient Safety issues. It outlines activities that will be delivered in 2021 which aim to strengthen clinical leadership and expertise, develop and support our clinical workforce, improve patient and service user experience and improve and assure safety, including designing and implementing new models of care and more multi-disciplinary approaches to healthcare and delivery. This section highlights actions aimed at improving the effectiveness of the HSE's patient experience and engagement arrangements, which are a key focus of NSP 2021, including the further roll-out of Patient and Service User Partnerships Leads across community health organisations (CHOs) and Hospital Groups. This section also focuses on increasing transparency, openness and access to accurate and reliable patient information, strengthening the culture of patient and staff safety and the continued implementation of the national *Patient Safety Strategy 2019-2024*.

Section 4 describes our work to improve Population Health and Wellbeing. It describes services and actions that keep people healthy and well and reduce the likelihood of disease and premature mortality – especially for individuals and communities at greatest risk. The section highlights services in the area of health promotion and improvement, the Environment Health Service, national screening programmes, immunisation programmes and public health, focusing on objectives such as smoking cessation, active living, healthy eating, cancer prevention, infectious disease prevention, public participation and community empowerment. Key actions that will be progressed in 2021 include delivering health promotion and improvement initiatives for people living with chronic disease at the community healthcare network (CHN) level; protecting our population from threats to their health and wellbeing through the provision of national immunisation and vaccination programmes; and implementing the remaining recommendations contained in the *Scoping Inquiry into the CervicalCheck Screening Programme* as well as those contained in the *Independent Rapid Review of Specific Issues in the CervicalCheck Screening Programme.*

Health and Social Care Delivery is the fifth section of NSP 2021 with two subsections: Community Healthcare and Acute Hospital Care (including Scheduled Care).

Community Healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services. This part of the Plan details how these services will be significantly strengthened in 2021, thereby moving away from the prevailing hospital-centric model of healthcare delivery. In 2021, the enhanced community care (ECC) programme will establish 96 CHNs and 32 community specialist teams for older people and people living with chronic disease / lifelong conditions. This section sets out actions to build general practitioners' (GPs') capacity in line with the GP Agreement 2019, progress the roll-out of eHealth initiatives, increase GP access to diagnostics and provide an additional 18 GP training places. Commitments are made to expand and develop new models of care in the National Hepatitis C Treatment Programme and across homeless services and to roll out specific harm reduction approaches within drug and alcohol services.

The section describes how services and supports will be strengthened to better serve our ageing population. Five million additional home support hours, an additional 1,250 rehabilitation and transitional care beds, and support for 22,500 people through the NHSS, while maintaining the waiting period for funding at an average of four weeks, will be provided. Actions are set out relating to implementing key recommendations from the *COVID-19 Nursing Homes Expert Panel Report*, rolling out the community and voluntary ALONE type model across each CHN and implementing a range of initiatives to progress *The National Carers' Strategy*, *The National Positive Ageing Strategy* and *The Irish National Dementia Strategy*. The Plan also outlines our commitment to continuing to work with the DoH to implement, test and evaluate the pilot statutory home support scheme.

Within Community Healthcare, actions and initiatives are detailed to drive a more responsive, person-centred model for disability services, with greater flexibility and choice for the service-user. Detail is outlined relating to the provision of 102 additional residential places, 214 intensive respite support packages, 40,000 additional hours of personal assistant supports and 1,700 day service places while protecting the full time service supports for 5,000 people in residential and day care and enhancing the day service provision for some 14,500 day attenders by increasing their current COVID-19 impacted service from 40% to 60% on average. Further actions necessary to work towards the full resumption of day services while adhering to public health guidance are outlined, including providing additional physical capacity and improving transport. Commitments are made to providing 144 more people with a disability who are currently living in congregated settings with more person-centred homes in the community. In order to achieve the necessary level of reform of the disability sector, this section emphasises the continued collaboration with relevant government departments to develop and implement a plan in line with the UN Convention on the Rights of Persons with Disabilities and in collaboration with relevant agencies and disability service stakeholders.

In relation to mental health services, a number of key actions and initiatives are set out which aim to progress the implementation of *Sharing the Vision – A Mental Health Policy for Everyone*, and *Connecting for Life – Ireland's National Strategy to Reduce Suicide*. This section also sets out improvements in mental health services such as the implementation of crisis resolution teams, crisis cafes, and child and adolescent mental health services (CAMHS) telehealth hubs, as well as an increase in community mental health teams in CAMHS by 10% from 2020 levels. Commitment is made to providing 28 additional beds to enable acute mental health services to respond to COVID-19 and increasing demand, to transition to the new national forensic mental health services and to roll out agreed capital developments to enhance facilities and infrastructure for service users and staff.

The **Acute Hospital Care** section details actions and initiatives to improve the health of the population by providing a range of health services ranging from brief intervention and self-management support to

specialist tertiary services. The Plan details how acute and critical care capacity will be increased. It outlines the HSE's Scheduled Care Transformation Programme to radically change and improve over time arrangements for accessing planned care, with key foundational steps being put in place in 2021. Additional capacity will include opening a further 488 acute beds, 74 sub-acute beds and 66 critical care beds. Actions to provide access to new medicines for patients with cancer and rare diseases and to implement acute hospital care redesign initiatives for older patients and chronic illness patients are set out. In addition, this section details how national strategies will be progressed in 2021, including the *National Cancer Strategy*, the *National Maternity Strategy*, the *National Trauma Strategy*, *A National Model of Care for Paediatric Healthcare Services in Ireland*, Organ Donation and Transplant and the *National Ambulance Service Strategic Plan*.

Section 6 of the NSP 2021 provides a summary of finance, financial management and risk. It presents a detailed breakdown of the 2021 investment and comparisons with previous years. This section reinforces key messages in the NSP including the opportunity afforded to the health service by the significant investment, and the requirement to track and report on what is being delivered.

Section 7 deals with staffing and workforce. Our staff and their skill, commitment and resilience in delivering services during a global pandemic is what makes service delivery happen, seven days a week, 24 hours a day. This section sets out actions to give effect to recruitment and retention objectives, key to delivering the overall Plan. In addition, it sets out a range of actions to protect staff, provide development opportunities and support locally driven healthcare reforms.

There are a large number of essential enabling **National and Support Services set out in Section 8 of NSP 2021.** These services underpin and support the realisation of all objectives within this Plan. There are service actions to respond to over 77 million items submitted as claims for payment by the Primary Care Reimbursement Service, actions by Emergency Management to respond to crises such as the pandemic or severe weather events, the European Union (EU) and North South Unit and the Compliance Unit. This section also includes details on 2021 priorities and actions relating to eHealth, Health Information, Research, Health Business Services, National Communications and Internal Audit – all of which are necessary to support the delivery of this Plan.

It is important to note there are two accompanying reports to the NSP 2021:

- The **2021 Capital Plan** includes further detail, beyond that provided in the NSP, on all capital developments and planned expenditure for 2021 relating to new buildings, existing estate and medical equipment
- The **eHealth and ICT Capital Plan** includes further detail, beyond that provided in the NSP, on all eHealth and health information systems developments and expenditure for 2021.

Separately, an **Access to Care Action Plan** is to be finalised with the DoH in early 2021 and will provide greater detail on the nature and expected impact of the additional scheduled care activity to be delivered in 2021 and the actions to deliver a foundational programme of work to commence meaningful delivery of *Sláintecare* waiting time guarantees and tackle capacity deficits in relation, initially, to hospital services.

A number of **opportunities and risks** have been outlined at key points within the Plan. The most significant of these risks is undoubtedly the ongoing impact and uncertainty associated with the organisation's response to the pandemic, as outlined above. Other key risks identified include the recruitment of the necessary staffing resources, the management of a reform and development programme of this scale, and the acknowledgement that, notwithstanding the scale of investment in 2021, there

continue to be a number of service areas with underlying gaps between capacity and the needs and demands of patients and services users.

While statutory responsibility for preparing an annual service plan rests with the HSE, it relies heavily on the expertise of its partners in the voluntary sector (the section 38 and section 39 organisations) to deliver a substantial element of the services outlined therein. The HSE acknowledges the distinctiveness of the organisations comprising this sector, which it views as essential partners in the delivery of health and social care. The challenge for the voluntary sector and HSE in working together, as highlighted in the *Report of the Independent Review Group established to examine the role of the voluntary organisations in publicly funded health and personal social services* (the Day Report, 2018) is to find an appropriate balance between the necessary control by the State over policy and funding, and the autonomy and independence of the voluntary sector. The HSE is supportive of the concept of accountable autonomy for the voluntary sector, consistent with these balancing forces. The structures which support dialogue between voluntary organisations and the State, including the Dialogue Forum established by the Minister for Health in 2019 will also be fully supported by the HSE during the year.

Finally, there is a commitment to having in place a **monthly reporting** process from the Executive Management Team (EMT) to the Board in the form of a 'Board Strategic Scorecard', and in turn from the Chair of the HSE Board to the Minister for Health and specific commitments in this regard are covered within the Workforce and Finance sections. Reporting will ensure effective monitoring and tracking of delivery relating to key priorities as outlined within the Plan and provide assurance on continued health service preparedness in the context of COVID-19, the delivery of the HSE's reform and development programme and the associated delivery of the HSE's Resourcing Strategy.

Section 1

Strategic Context

Strategic Context

2020 has been an extraordinary year. COVID-19 has fundamentally changed the way that healthcare services can safely be delivered and accessed. Despite the associated challenges, it has influenced the accelerated delivery of many service transformations, fully aligned to the vision of *Sláintecare*, that have been advocated for many years. These are particularly evident in the areas of eHealth, community delivered care and service integration. In addition, 91 *Sláintecare* Integration Fund projects were established in HSE and HSE-funded services to test innovative models of care and service delivery. The way in which staff and services have responded to COVID-19 demonstrates not only enormous resilience and commitment but also the realisation that traditional barriers to change can be overcome, and that new and innovative models of care are possible.

Budget 2021 takes account of these extraordinary times. It provides an unprecedented level of additional investment for the purpose of delivering core services, supporting the resilience and preparedness of the health service to respond to COVID-19, as well as to meaningfully advance transformation in line with agreed *Sláintecare* priorities.

In 2021 we will commence, at scale, the implementation of service reform that have been planned for many years. This will involve a demonstrable shift in the provision of care from hospital to community settings, with a greater emphasis placed on prevention, supporting people with life-long conditions in the community, working to improve access across the board and expanding services that support people to remain at home. Sustainable measures to deliver on an ambitious capacity enhancement and access plan, in line with the *Health Service Capacity Review 2018,* will be advanced. In addition, a number of the *Sláintecare* Integration Fund projects that are shown to be effective enablers of these new models of service delivery will be prioritised for mainstreaming in 2021.

Focusing on patient experience and outcomes will also be a key priority for 2021 with key actions to address the multiple aspects of patient experience including transparency, openness, the use of data and patient safety. We will involve patients in the design and evaluation of new models of care, clinical services and initiatives; we will increase transparency, openness and access to accurate and reliable patient information; and finally we will gather qualitative information about patient experience and outcomes and use it to drive systematic change.

Our Corporate Plan 2021-2024

NSP 2021 will be delivered within the strategic framework of the HSE Corporate Plan 2021-2024. The Corporate Plan was informed by *Sláintecare*, the Programme for Government and the impact of operating within a COVID-19 environment. The Corporate Plan was agreed by the Board and a final draft submitted to the Minister on 30 September 2020. The Corporate Plan will guide our collective energies for the next three years and seeks to accelerate innovative reform including the digitisation of our health service and process improvements, as well as enhancing our model of care and driving value for money.

Our Corporate Plan builds on our collective experiences of living with and working in a COVID-19 environment, learning from new ways of working with a relentless, 'one team' focus on patients, service users, families and the public. It sets out how we aim to emerge from the pandemic stronger, with better health and a better health service for all.

The following six objectives and five enablers, outlined in our Corporate Plan, have shaped the NSP 2021:

Whole-System Reform

Restarting services and continuing to safely deliver core services in the context of COVID-19 are a primary focus of the NSP. In parallel however, the unprecedented level of funding within Budget 2021 will enable and support the acceleration of our reform priorities resulting in permanent improvements to health and social care services in line with *Sláintecare*. Whole-system reform – from supporting people to live healthy independent lives in their communities, through to the provision of specialist hospital care – is critical if we are going to address the long-standing challenges of our health service. These challenges include long waiting lists for scheduled care in hospital and long waits in emergency departments (EDs), particularly for older people and those who have more complex needs. There are also difficulties for hospitals that are running with very high occupancy levels. There is an over-reliance on residential models of care and we lack the services to enable our aging population to maintain their independence and live well in the community. Waiting times for mental health services for children and adults and long waits for community-based services such as therapies also pose challenges. There is not enough home-based support and a lack of person-centred and responsive support for people with disabilities and their families.

The whole-system reform programme presented below describes how in a holistic and comprehensive way we aim to improve the experience of patients and service users during 2021 and beyond, showing how the investment provided will impact on our health service performance and outcomes. The planned investment in additional staffing, services and infrastructure in 2021 will allow demonstrable progress to be made towards addressing the particular capacity gaps in both acute and community services identified in the *Health Service Capacity Review 2018*. Additional consultants and other senior decision makers will support the delivery of shorter waiting times, the reduction of inappropriate hospital admissions, improved patient flow, and earlier discharge of patients to the community.

Our reform programme centres around enhancing patient experience, improving service access across primary, community and acute services, increasing the range and capacity of services delivered to patients in community settings, increasing bed capacity and focusing on health promotion.

Each of the key reform areas is outlined below together with their expected impacts.

Enhance primary prevention services and partnerships so as to improve levels of health and wellbeing at community level, lower the growth of chronic disease and reduce health inequalities

Through existing services and the prevention elements of the Enhanced Community Care (ECC) programme, we will seek to deliver evidence-based prevention and self-support programmes to people living with life-long conditions. We will strengthen our partnership model at local level, enhancing the linkages between health and social care service delivery and wider cross-sectoral partnerships, programmes and services.

We will significantly enhance our focus on prevention and early intervention to improve children's health and wellbeing now and into the future; we will reduce the risk factors for chronic disease, with a clear focus on tackling harmful alcohol use and rising obesity rates.

We will strengthen local delivery, ensuring the full staff compliment is in place across management and delivery, and training and skills development opportunities are provided.

We will establish a dedicated child health workforce and parenting support teams in each CHO.

We will reduce the prevalence of obesity by taking forward plans for an end-to-end Obesity Model of Care with integrated delivery of early intervention, weight management and obesity treatment across the lifespan.

We will commence the establishment of a Healthy Communities Initiative in 18 areas of greatest disadvantage across the country, in partnership with Local Authorities, and new programmes will be implemented in two CHOs addressing the treatment and prevention of childhood obesity and alcohol misuse.

The expected impacts of these reform measures over time are:

- The health outcomes in Ireland will be same or better than OECD averages
- Children in Ireland will have access to a high quality, integrated child health service focused on prevention and early intervention
- Community services will provide a continuum of preventative, management and support services for overweight and obesity
- Improve the health and wellbeing outcomes of some of those most disadvantaged in society
- The prevalence of obesity will decrease annually (by 2% for socially disadvantaged populations)
- Harmful alcohol consumption will reduce due to the increased availability of in-person services.

Enhance primary and community services and reduce the need for people to attend hospital

We will build primary and community services to help care for people at home, especially older people and people with chronic conditions. This should over time reduce visits to and admissions from EDs and transfer of care delays for these population cohorts. It should also lower ED waiting times more generally and the number of people on trolleys.

We will establish 96 CHNs and 32 community specialist teams for older people and chronic disease ensuring integrated care is provided locally at the appropriate level of complexity.

CHNs and community specialist teams for older people and chronic disease will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end to end care, keeping people out of hospital, enabling a 'home first' approach, and ensuring people are discharged from hospital without delay.

Through this reform programme we will in the first phase target the development of 57 networks and 18 community specialist teams for older persons and chronic disease management to support 11 acute hospitals (mainly model 4 hospitals). The second phase of the reform programme will roll out in Winter 2021-2022 and support the remaining 15 model 3 and 4 acute hospitals with the establishment of the remaining 39 networks (96 in total) and the development of a further 14 community specialist teams for older persons and chronic disease management. The enhancing of front of house acute hospital teams will support the community specialist teams. We will expand Community Intervention Teams to provide national coverage for the service. Health and wellbeing services will also be expanded across the 96 CHNs on a phased basis. The community and voluntary ALONE type model which enables co-ordination of voluntary and community supports will be rolled out across each CHN linked to the COVID-19 community call programme. We will expand community diagnostics to improve access for general practice and community specialist teams. We will implement the 2019 GP Agreement, including a structured programme for chronic disease management and prevention for all general medical services (GMS) / GP visit cardholders, with an anticipated 75% uptake, equating to 431,000 patients.

The expected impacts of the above reform measures are:

- Reduction in hospital bed days required for individuals with chronic disease and for the frail elderly
- Reduction in non-elective admissions for COPD, asthma, diabetes and heart failure
- Service delivery will be reoriented towards general practice, primary care and community-based services
- CHNs and community specialist teams will work in an integrated way with NAS and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach
- Self-management support and volunteer models will be in place, linked to the COVID-19 Community Call Programme.

Support older people to live in their own communities, improve their access to care and minimise the number of older people receiving acute and residential care

We will transform our health services to support older people to live as independently in the community, for as long as possible. In 2021, a combination of investments in home care, community bed capacity and community specialist teams, working with CHNs and linked to acute hospitals, represent a substantial shift towards implementing a key plank of *Sláintecare.*

We will work with the DoH to establish and implement the Statutory Home Support Scheme. We will fully roll out the interRAI care needs assessment; this will assist with care planning, decision making and ensure integration and alignment of the testing of the reformed model of service delivery with the roll-out of CHNs. We will develop additional options, having regard to the additional 1,250 community beds to be provided in 2021, to reduce the number of older people in long stay residential care through repurposing existing or developing additional rehabilitation and intermediate care beds, expanding reablement and outreach services and by significantly increasing home support hours. We will undertake a review of all aspects of rehabilitation and intermediate care in Ireland, with a view to making recommendations on future models of service. We will implement the recommendations of the *COVID-19 Nursing Homes Expert Panel*, in collaboration with DoH, Health Information and Quality Authority (HIQA), service providers and service users.

In line with the output of the work programme referenced above, we will examine all relevant findings and implement recommendations of the Value for Money Review which will be supported by a €30m reform fund for public residential care. The expected impacts of the above reform measures are:

- Reduction in admissions of those aged over 75 years from EDs in hospitals served by the community specialist team
- Reduction in the proportion of older people requiring long stay care
- Increase in the number of people receiving home support and in the number of home support hours per person
- The proportion of people aged over 65 years in Nursing Homes Support Scheme (NHSS) long stay care will be reduced, through repurposing existing or developing additional intermediate, rehabilitation, reablement and outreach services and by significantly increasing home support hours.

Reimagine disability services to be the most responsive person-centred model achievable

We will continue the reform of disability services through the implementation of the Transforming Lives programme. We will improve access and enhance specialist disability services. We will work collaboratively with government departments and agencies, including the new government department with responsibility for disability, and disability services stakeholders to work towards financial and operational sustainability of the sector. We will enable service users to be active participants in their care and support, and finally we will provide more people with disabilities, who are currently living in congregated settings, with more person-centred homes in the community.

The expected impacts of the above reform measures are:

- Increase in the number of people currently living in congregated settings provided with more person-centred homes in the community
- Increased numbers of people with disabilities using Personalised Budgets
- Services will continue to be oriented towards supporting integration and ordinary lives for people with disabilities through increased development of community services
- The development of a sustainable residential funding model, which can be managed centrally, which will improve choice and quality service provision
- Responsive services for children will be managed though network teams, ensuring effective integrated services and compliance with assessment of need legislation.

Improve access to mental health services including early intervention services

We will improve access to mental health services through progressing implementation of *Sharing the Vision – A Mental Health Policy for Everyone,* and the continued implementation of *Connecting for Life – Ireland's National Strategy to Reduce Suicide,* extended to 2024. We will work to improve access to both child and adolescent as well as adult mental health services including, for example through the phased implementation of CAMHS, telehealth hubs and planned increase of community health teams, and reduce adult waiting times by resourcing adult crisis resolution teams and crisis cafes.

The expected impacts of the above reform measures are:

- Increased provision of accessible care across multiple community healthcare areas through the development of CAMHS Telehealth hubs and Adult Crisis Resolution Teams
- Enhanced focus on the provision of recovery focused integrated mental health services in Ireland.

Improve scheduled care, laying the foundations for more timely access and reductions in the number of people waiting for services

We will reform scheduled / planned care through the progression of a Scheduled Care Transformation programme. We will seek to lay the foundations for radical change to the delivery of scheduled care services and associated waiting times in relation initially to hospital services. This programme will ensure that patients needing planned care see the right person, in the right place, first and every time, and get the best possible outcomes, delivered in the most efficient way. We will work with GPs and hospital staff to ensure consistent integrated referral pathways for all patients.

We will work to increase capacity by progressing the implementation of elective-only care centres, purchasing additional capacity from the private and public sectors, funding more hospital beds and using resources more effectively.

We will establish dedicated reform teams working at national, regional and hospital levels, to support the effective planning and delivery of the scheduled care reform.

We will implement a Health Performance Visualisation Platform to enable our clinicians, managers and policy makers to have appropriate access to timely, accurate data to support scheduled care planning and delivery.

We will conduct a comprehensive demand and capacity analysis at regional, hospital and individual specialty team levels to identify productivity opportunities and specific capacity gaps including beds, theatres, diagnostics, staff, and other infrastructure.

We will introduce a new patient-centred booking system nationally to reduce DNAs (Did Not Attends) and enable patient-initiated reviews.

The expected impacts of these reform measures are:

- Progress towards achieving waiting times outlined within the *Sláintecare* report; 10 weeks for a new outpatient appointment, 12 weeks for an appointment for a procedure, and 10 days for diagnostics
- GPs have access to a single source of up to date information on patient pathways and referrals and will have direct access to consultant's advice and diagnostic services
- Patient-centred booking arrangements that will support attendance levels and support patient-initiated reviews
- All referrals reviewed by a consultant or other appropriate team member to ensure the selected care pathway is most suited to the patient's needs

- Robust data and information to support planning and decision making and to monitor the impacts of interventions on our services and our patient outcomes
- A strategic, organisational approach to procurement to secure additional capacity for clinical services.

Enhancing bed capacity will support our reform measures and improve access to scheduled and unscheduled care.

We will increase capacity to progress the implementation of the *Health Service Capacity Review 2018* and *Sláintecare*. COVID-19 has very much highlighted the key capacity challenges in our health system. In 2021 we will continue to deliver permanent improvements in our service capacity, including critical care beds, but also acute, sub-acute and community beds. By December 2021 we will ensure the full operationalisation (including capital developments and staffing) of:

- 66 additional adult critical care beds, increasing the total number of critical care beds to 321 at the end of 2021
- 488 additional acute beds (to bring the number of additional beds to 1,146 compared to the position at the beginning of 2020) allowing hospitals to work towards achieving 85% occupancy, reducing the number of patients waiting on trolleys, reducing the number of cancelled elective procedures and providing a safer environment for patients and staff
- 74 additional sub-acute beds, (to bring the number of additional sub-acute beds to 135 compared to the position at the beginning of 2020) offering appropriate post-acute care to more patients, reducing length of stay in acute hospitals and improving access to acute care for more people
- 1,250 additional community beds, including over 600 rehabilitation beds, providing earlier multi-disciplinary team rehabilitation near home.

Working alongside DoH, we will work to improve women's health outcomes and experiences of healthcare with particular attention to the priorities chosen by the Women's Health Taskforce. These include gynaecological health, supports for menopause, physical activity, and mental health among women and girls, alongside additional priorities to be chosen in 2021. We will build capacity, enhance access and help reform services through investments including the €12m investment in delivering the National Maternity Strategy and improving gynaecology and fertility services and €10m investment in screening services including BreastCheck and CervicalCheck.

Our Population

Plans for priority service developments in 2021 have been derived from careful analysis of service need and demand, patient and service user feedback, staff experience, research and multi-disciplinary input into leading models of care and advancements in treatment and therapies. From a demographic perspective, this Plan takes account of current and projected demands over time so we can take action now to address current needs and prepare for future changes in service requirements. Latest population projections indicate a 38% increase in the over 65 population by 2031 and a 68% increase in the over 85 population. As the population ages, the prevalence of frailty[1], is estimated to increase affecting 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland. The number of individuals living with dementia is also projected to increase from approximately 55,000 people in 2016 to over 150,000 people in 2046, representing almost a three-fold increase. With our growing and ageing population and the

[1] Frailty – referring to the gradual loss in reserves across multiple body systems with ageing.

increasing incidence of chronic disease comes a much greater demand for health and social care services and a need to shift healthcare provision toward community services and prevention.

Cancer, cardiovascular disease and respiratory disease continue to be the three most common chronic diseases, accounting for three quarters of deaths in Ireland. Approximately 32% of individuals over 18 years of age currently have one or more chronic diseases, with the highest prevalence of chronic disease observed in the population aged 50 years and over. In this age cohort, the number of individuals living with one or more chronic disease is estimated to increase by 40% between 2016 and 2030. Our system currently is unable to meet demand for health services and too many people are waiting too long for services. Adopting a whole of government, inter-sectoral and prevention-based approach will aim to ensure an improvement in the wider determinants of health, reduce the prevalence of chronic disease, and reduce the number of people requiring and waiting for health services.

Many diseases and premature deaths are preventable through focusing on health behaviours, and preventative care. By transforming our services to focus on prevention and early intervention, we will aim to decrease harmful alcohol consumption, specifically targeting the 37% of individuals who reported binge drinking, improve levels of physical activity, decrease the prevalence of obesity and overweight, and improve vaccination and population screening. Trends in overweight / obesity rates continue to give rise to significant concern with 23% of respondents to the *Healthy Ireland* survey in 2019 being obese and 37% overweight. According to the Cost of Childhood Obesity Report, some 86,000 children of this generation, on the island of Ireland, are estimated to be at risk of premature death due to overweight and obesity (Republic of Ireland 55,000 children and Northern Ireland 31,000 children). (See Appendix 5 for further details of our demographics and trends).

Service Planning in the context of Brexit

An important planning context and consideration for the HSE over the last number of years is Brexit. The United Kingdom (UK) left the EU at the end of January 2020 and was in a transition period until 31 December 2020, the final exit date. On 24 December 2020 the EU and UK concluded a Trade and Co-operation Agreement which has been applied provisionally since 1 January 2021. The HSE has been working closely with the DoH on a wide range of Brexit contingency planning, mitigating actions and readiness. The focus of this work has been on Brexit implications across the following key workstreams:

- Continuity of patient and client health services
- Cross-border and frontier arrangements, including Co-operation and Working Together (CAWT) programmes
- Emergency health services (including NAS)
- Public health matters
- Environmental health services – food import control and export certification
- Workforce issues and recognition of qualifications
- Continuity of supply of goods and services / procurement arrangements
- General Data Protection Regulation (GDPR) compliance
- Communications.

In 2020, the HSE worked closely with the DoH and other agencies on Brexit contingency planning as part of the whole-of-government Brexit readiness programme. Extensive and in-depth work was conducted in numerous areas including medicines, medical devices and GDPR. This involved identifying, assessing and addressing the necessary contingency measures and actions required to maintain services post Brexit. Cross-border issues have been taken into account along with consideration of the existing Northern Ireland Protocol and Withdrawal Agreement.

The HSE continues to work closely with service providers, suppliers and patient groups in relation to the 2021 Brexit environment, with consideration also to the whole-of-government approach to the COVID-19 pandemic.

Priority Areas for Action 2021

The HSE's overriding concern in the context of Brexit is to ensure the protection of public health and the continuity of health services. In order to achieve this, we will work to ensure that:

- The current cross-border co-operation between the Irish, Northern Irish and UK health services continues for the benefit of patients in both jurisdictions
- There is continuity of reciprocal access to health services in the UK as appropriate
- Adequate supplies of medicines and medical devices required for the health services remain available
- A sustainable model of statutory food controls is implemented and maintained by ensuring sufficient EHS staff and through co-operation with other state agencies
- Personal data can be shared with Northern Irish and UK-based service providers by ensuring that appropriate arrangements for GDPR compliance are in place
- There are regular communication briefings with our staff, patients, suppliers and key stakeholders on matters relating to Brexit.

While the EU-UK Trade and Co-operation Agreement provides for substantial continuity in health sector areas, Brexit remains a risk. The HSE, in partnership with DoH and other health sector agencies, will continue to manage and monitor the impact both now and into the future.

Service Planning in a COVID-19 Environment

Service planning for 2021 has been undertaken in a new context which includes the need to resume health services, prepare for the expected pressures associated with winter and deliver services in the context of the continuing prevalence of COVID-19. Planning has incorporated an approach to addressing the backlog of non-COVID-19 care following the unprecedented interruption of routine services during the COVID-19 pandemic.

The health and social care system must be prepared to respond comprehensively to surge and create an environment that seeks to manage outbreaks. Details of specific plans to ensure the continuity of services and build the required capacity to manage and mitigate the impact of COVID-19 are set out in Section 2 and 5 of this Plan.

A critical area of focus within this Plan is to ensure that we are deploying resources and committing to actions that will reduce risks in the delivery of health and social care services. COVID-19 has brought with it service challenges of a scale never before experienced. Over the last number of months, efforts have

focused on reopening and stabilising services. The scale of investment in this year will allow us to make progress with the reinstatement of services and build resilience so they can function independently and in parallel to COVID-19 related services. It will also enable us to make significant progress in addressing service risks which have been ongoing for a number of years, in particular those related to service capacity.

Delivery Issues and Risks

While the level of investment in health and social care services in 2021 is very welcome, there remain particular risks including:

- The ongoing impact and uncertainty associated with the organisation's response to the pandemic
- The recruitment of the necessary staffing resources to ensure delivery of the key NSP developments
- The management of a reform and development programme of this scale
- Key financial risks as previously highlighted including the transitioning of an appropriate proportion of existing COVID-19 staff to roles associated with the new developments (see Section 6 Finance and Financial Management for further details).

It is also important to note that, while the level of increased investment is very welcome across a range of services, there will nonetheless continue to be backlogs and ongoing shortfalls of capacity relative to demand in a number of areas.

Developing a High-Performing Organisation

Our Corporate Plan sets out how we will become a high-performing organisation. One of the key features for high-performing organisations is having an effective performance management framework.

Progress is being made in this area and, during 2021, under the direction of the HSE Board, we will ensure effective arrangements are in place for the monitoring and reporting of performance to the Board, and by the Chair of the Board to the Department / Minister for Health. We will continue to work with our colleagues to strengthen our approach to performance management and develop a more accountable organisation.

In addition to improving our performance management framework, other strategic priorities for developing a high-performing HSE include recruiting and retaining the necessary workforce and empowering our staff to deliver change (as detailed in the resourcing strategy in Section 7 of this Plan); improving the change capability across the organisation; ensuring our organisational structure is fit for purpose; accelerating the implementation of integrated information services and prioritising eHealth, technology and infrastructure advancements. A key focus for 2021 will be to progress the financial reform programme including the development and adoption of the integrated financial management system (IFMS) by all statutory and larger Executive-funded voluntary services, as well as further development of activity based funding (ABF) for hospitals and community.

Finally, it is recognised that the level of investment for 2021 will require a commitment to management supports, including change management, across the system to maximise effective delivery of this significant additional funding and to ensure the required governance and controls are in place.

Section 2

COVID-19 Action Plan

COVID-19 Action Plan

The ongoing COVID-19 pandemic will continue to bring uncertainty and complexity to the planning and delivery of health and social care services in 2021. Over the last number of months our knowledge and experience of managing the COVID-19 pandemic has increased substantially and our collective efforts have focused on prioritising the safe resumption of healthcare services.

Specific funding for COVID-19 has been allocated this year to protect vulnerable groups, service users, patients, healthcare workers and the wider public in line with national and international public health guidance. This funding is outlined in more detail in Section 6 of this Plan: Finance and Financial Management. It focuses on ensuring the health system is prepared to meet the emerging challenges of COVID-19 by strengthening and enhancing the resilience of key public health activities. These activities are to the forefront of Ireland's pandemic response and are essential elements to the delivery of the government's *Resilience and Recovery 2020-2021: Plan for Living with COVID-19*.

The HSE has developed a number of plans to ensure the continuity of health and social care services and to build the required capacity to manage and mitigate the impact of the COVID-19 pandemic. These include:

- Strategic Framework for Delivery of Service in a COVID-19 Environment (June 2020)
- Pandemic / Winter Plan (2020 / 2021)
- National Operating Model for COVID-19 Test and Trace.

These plans are interconnected and inform the prioritisation of activities and targets included within NSP 2021. All of these plans and identified actions are underpinned by complex enabling programmes of work including eHealth, Human Resources (HR), Finance and Communications.

The HSE will ensure a number of COVID-19 priority actions are delivered this year in the areas of:

- Procurement of personal protection equipment (PPE)
- The National Operating Model for COVID-19 Test and Trace
- Public health and health protection
- Service continuity
- COVID-19 Vaccine Immunisation Programme.

Further actions to restore and enhance health and social care services in a COVID-19 environment are detailed in the service delivery sections of this Plan as well as in the Access to Care Action Plan which will be finalised with the DoH in early 2021.

The following sections describe deliverables for 2021 in relation to high-priority COVID-19 related activity and service areas.

Procurement of Personal Protection Equipment (PPE)

Key Deliverables for Action 2021

- Continue to build and deliver a dedicated, stable and responsive PPE supply and distribution service to the healthcare sector within sanction approved by government
- Deploy a long-term (3-5 years) procurement solution for the provision of PPE to healthcare services

- Conclude a thorough and independent audit of the systems and controls in relation to the (a) sourcing and (b) management and usage of PPE
- Work with the DoH and Irish Government Economic and Evaluation Scheme to further develop the demand forecast model for the procurement of PPE, ensure that all purchasing is aligned with the demand / forecast model and enhance the reporting on PPE procurement to include stock levels, stock valuations, contractual arrangements and records in relation to the distribution of PPE.

The National Operating Model for COVID-19 Test and Trace

Key Deliverables for Action 2021

- Continue to implement the National Operating Model for COVID-19 Test and Trace including the required workforce, infrastructure and service enhancements to deliver a daily capacity of 25,000 tests
- Enhance service user access to community referral and swabbing services
- Implement a sustainable, flexible and trained community referral and swabbing workforce
- Continue to implement a permanent and flexible community test centre infrastructure with 35 dedicated test centres nationwide and 12 pop-up fleets to provide geographic agility to respond to swabbing needs
- Deliver dedicated, stable and responsive on-island community laboratory capacity and infrastructure
- Implement a National Virus Reference Laboratory COVID-19 offsite at Backweston, Co. Kildare to provide capacity and resilience
- Enhance the acute laboratory workforce and equipment to support additional testing capacity
- Deliver a sample tracking solution to improve the traceability of swabs between test centres and laboratories
- Implement a sustainable, flexible and trained contact tracing workforce
- Continue to develop the five contact tracing locations with operational enhancements
- Continue to develop and enhance the COVID-19 Care Tracker ICT system.

Indicator	Projected Outturn 2020	Expected Activity / Target 2021
Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	90%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	95%	95%
Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	90%
End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	90%
End to end referral to completion of contact tracing (Overall): Median completion performance	2 days	2 days

Public Health and Health Protection

Key Deliverables for Action 2021

- Sustain the COVID-19 response in line with the pandemic operating model and with the future service delivery model

- Provide public health / health protection leadership to ensure end to end COVID-19 testing and contact tracing is designed and delivered in a manner to specifically protect the health of people living in Ireland from the threat of repeat waves of the COVID-19 epidemic
- Develop a case and incident management system for health protection to support more efficient and robust reporting and management of infectious disease cases, outbreaks and incidents to include updates to the COVID-19 Care Tracker
- Develop a five-year National Health Protection Information Plan to include data governance.

Service Resumption and Continuity

Key Deliverables for Action 2021

A key priority for the HSE is to re-instate, maintain and enhance the delivery of health and social care services in line with the additional investment allocated this year whilst in parallel delivering COVID-19 models of care. The following priority actions will be progressed this year:

- Focus on safely addressing the waiting list backlog and waiting times across primary care services on resumption of services on a phased basis with new approaches to managing risk in service delivery
- Continue to develop and support the responses provided to long-term residential facilities experiencing outbreaks / preventing outbreaks through the current community COVID-19 response teams across the country. In 2021 this will be further supported through implementation of the recommendations arising from the published *COVID-19 Nursing Homes Expert Panel Report*
- Work with public health guidance to resume day care centres as early as possible, and in the interim continue to support clients by phone and outreach services while developing innovative alternatives to traditional day care in tandem with the community and voluntary sector
- Further develop integration between community and acute services, including increasing community access to diagnostics and to specialist advice
- Establish a dedicated scheduled care transformation team to co-ordinate and support the effective planning and delivery of the necessary reforms
- Increase the acute and critical care baseline bed capacity to reduce bed occupancy rates and to manage COVID-19 demand
- Working jointly with community services, improve access to unscheduled care to reduce demand on EDs and invest in the reduction of delayed transfers of care.

COVID-19 Vaccination Programme

A key dimension of the response to the COVID-19 pandemic in Ireland is the implementation of a safe and effective national COVID-19 Vaccination Programme. The Government has established a High Level Task Force (HLTF) on COVID-19 vaccination to develop a strategy and implementation plan and to oversee the delivery of the national COVID-19 Vaccination Programme. The HSE has been working in partnership with the taskforce, the DoH, and other stakeholders and is taking the lead role in the operational roll-out of the programme.

Vaccine Supply

Ireland is part of a central procurement process being conducted by the European Commission to procure safe and effective vaccines. Six advanced purchase agreements with vaccine producers are in place. These agreements will see Ireland receive up to 14.4m doses of vaccine in 2021. The Pfizer-BioNTech and Moderna vaccine have now been approved for conditional marketing authorisation by the European Medicines Agency (EMA) and the purchase of additional doses (circa 3.3m for Ireland) of the Pfizer-BioNTech vaccine was agreed on 8 January 2021.

The Pfizer-BioNTech vaccine is now being distributed across Europe. In Ireland, the vaccines are being stored centrally and distributed, in accordance with the strict vaccine cold chain requirements, by a single logistics provider with substantial relevant experience. The Vaccination Programme is operating in a continually evolving environment. Over the coming weeks and months, we expect vaccines to continue to be approved by the EMA with increasing supplies being made available by manufacturers to Ireland. Both the HLTF and Government have made it clear that the only limiting factor for distributing the vaccine is the supply of vaccines. Therefore, the HSE has, and will continue to have, to operationalise delivery at scale and pace at the same time as managing the continued pressure of COVID-19 on the provision of ongoing healthcare services.

Vaccination Programme

The COVID-19 Vaccination Programme is unprecedented in terms of the complexity, scale, scope of work and resource required to deliver it effectively in the expected timeframe. Successfully implementing this National Vaccination Programme for COVID-19 is critical to (1) contain, over time, the spread of the virus, (2) mitigate its health impact by protecting the at-risk population and (3) restore economic growth by allowing a return to normal economic and social activity.

The HSE is actively working in partnership with the taskforce and the DoH, providing a key leadership and operational role across the key elements of the COVID-19 Vaccination Programme, including:

- **Developing a logistical framework to support the roll-out of the vaccine** to the population; this includes cold supply chain delivery of vaccine product to vaccine administration locations across the country, the procurement and standing up of multiple new mass vaccination sites and the development of a number of new vaccine administration channels
- **Ensuring that the required workforce is in place** to deliver the Vaccination Programme. Significant work is being undertaken to recruit and train the workforce required to deliver vaccinations. The HSE in conjunction with the DoH are working closely with existing vaccinators, including GPs and community pharmacists to ensure the required workforce to administer the vaccine(s) is in place as and when they become available. Further plans are being developed to ensure all relevant recruitment avenues are being explored (e.g. qualified medics from the army are being trained to administer vaccines)
- **Ensuring the safe delivery of the programme**. Detailed work has been undertaken to ensure that all necessary clinical guidelines, policies, procedures and protocols to support the safe and effective administration of the vaccine are in place. In addition, education and training programs have been developed and are being rolled out to ensure all vaccinators are appropriately trained to safely administer the vaccine
- **Providing an integrated IT system** to schedule, record and track immunisations. The HSE has procured and is rolling out an integrated IT system for the Vaccination Programme that will record,

track and report on the administration of COVID-19 vaccines. This system was procured in December 2020 and the HSE worked with the system vendor to ensure that a 'Minimum Viable Product' system went live to allow the Vaccination Programme to commence on 29 December 2020. Significant further work will continue over the coming months to develop and implement the full functionality of the system

- **Ensuring that a comprehensive approach to surveillance and monitoring is in place** for the Vaccination Programme. Significant work has been conducted on the development and implementation of procedures to track vaccine uptake and speedily identify and report on any suspected adverse events
- **Ensuring effective communications in support of the Vaccination Programme**. Significant work has been undertaken to ensure effective communication about the COVID-19 Vaccination Programme. The focus has and will continue to be on ensuring that adequate information is shared with the public and every effort is made to educate and inform the population to reduce vaccine hesitancy and improve vaccine uptake.

Phasing of the Vaccination Programme

The Vaccination Programme is being rolled out in accordance with the published vaccine allocation sequencing approach and vaccination delivery schedules. The implementation plan sets out a three-phase approach to the vaccine roll-out.

Phase 1 Initial roll-out: Limited doses have been made available, and the focus has been on establishing the Vaccination Programme and on delivery of vaccinations to the first two prioritised groups (residents and staff of long-term care facilities (LTCFs) and frontline healthcare workers). Initially with the Pfizer / BioNTech vaccine this is being administered through LTCF and the seven Hospital Groups. The operationalisation of this has and will continue to require significant additional resource and co-ordination.

Phase 2 Mass Ramp-up: We expect a number of different vaccines to become available. To manage the delivery of these vaccines at pace and at scale we intend to use a number of vaccine administration locations. These include the standing up of Mass Vaccination Centres around the country, standing up a model of administration of vaccines through GPs and pharmacies (akin to how the influenza vaccine has been delivered but at significantly higher numbers of doses).

Phase 3 Open Access: We expect there will be a large volume of vaccines available for the population and that vaccine storage and administration requirements will be simpler than early vaccines such as the Pfizer / BioNTech vaccine. These vaccines are likely to be delivered through Mass Vaccination Centres, GPs and pharmacies.

Ongoing Requirements

There will continue to be an ongoing national focus on the effective implementation of the Vaccination Programme and the HSE will need to continue to adapt in an agile way to this dynamic environment. There will be additional requirements and demands from the HLTF and Government to ensure that everything that can be done is being done to vaccinate our population as quickly as we possibly can. This will lead to a requirement for ongoing access to resource and manpower throughout 2021.

Section 3

Clinical, Quality and Patient Safety

Clinical, Quality and Patient Safety

The delivery of high quality, safe, effective and accessible services is a priority for our healthcare system. Our vision is for a truly integrated model of healthcare delivery enabling the clinical workforce to work to their full potential, where patients are partners in their care, where an open and transparent patient safety culture is promoted, and a culture of continuous learning is embedded.

The scale of the challenges that lie ahead during 2021 and beyond require our services to drive transformational change across the health system through strong clinical leadership and expertise, an empowered and supported clinical workforce, design of new models of care and clinical pathways, promotion of a culture of safety, quality and improvement, strong patient partnerships to understand the needs of patients and the communities we serve and the implementation of a new model of public health. We have learnt a great deal throughout the COVID-19 crisis on the importance of building resilience in the community and developing a truly integrated model of healthcare delivery. A quality improvement approach was used to develop, deliver and evaluate training to support healthcare services and staff to adapt to the provision of high quality safe care in a pandemic environment. There was an acceleration of policies and clinical guidance development. Re-introduction of services was led by a population-based needs analysis and health intelligence approach, in collaboration with Public Health. The cumulative impact of COVID-19 on healthcare delivery and wider society will take time to quantify and understand. The COVID-19 experience and evidence-base will provide valuable insights into the core skills and strategies that are essential to better equip healthcare services to meet people’s needs into the future.

Services Provided

Our aim is to initiate and support programmes of work to strengthen clinical leadership and expertise, to develop and support our clinical workforce, to improve the patient and service user experience, and to improve and assure safety:

- Clinical expertise: empowering and deploying clinical leadership to ensure needs-based service design, reconfiguration, implementation and measurement that is innovative, integrated and equitable
- Patient experience: exploring new ways of partnering with patients to ensure they become an active participant in their care
- Improvement and assurance: embedding integrated governance systems based on data and evidence to drive service improvement and assure quality and safety.

Clinical Expertise

Priority Areas for Action in 2021

Develop and strengthen clinical leadership to ensure robust clinical input into design, implementation and evaluation of services

- Commission and support specific leadership programmes for nurses and midwives based on identified service need

- Sponsor a number of nurses and midwives to undertake digital programmes such as the Master of Science in Digital Transformation to better enable their clinical expertise and leadership to be incorporated into the design and delivery of digital health clinical solutions
- Put in place a dedicated HSCPs' clinical advisory resource to provide leadership to design, implement and evaluate services for older people
- Continue to develop the role of the Clinical Director through the provision of training programmes, webinars and masterclasses.

Implement a new public health model

- Design and implement a new model for the delivery of public health medicine based on international evidence and best practice, specifically:
  - Complete the detailed design of the future service delivery model for public health with accompanying workforce and change management plans
  - Finalise a plan to implement a public health service delivery model in a COVID-19 environment
  - Implement a new model for the delivery of public health including recruitment and establishment of multi-disciplinary teams aligned to specialist functions and activities.

Enable new models of care through the development of more multi-disciplinary approaches to healthcare delivery

- Support the alignment of strategic objectives from *The Irish National Dementia Strategy, 2014* and National AFFINITY Falls Programme with integrated older persons' initiatives, to improve healthcare management of the frail older population
- Assist in responding to the *COVID-19 Nursing Homes Expert Panel Report* regarding clinical governance, clinical guidance, structures and services in residential services for older persons
- Publish the therapeutic day care model for palliative care, the National Stroke Strategy 2020-2025 and rehabilitation standards for post-acute and community rehabilitation
- Advance the development of mental health services by defining a model of care for dual diagnosis and creating a national early intervention psychosis prediction model to identify incidences of first episode psychosis
- Develop acute services clinical guidance, pathways and processes to assist the implementation of the 2020 / 2021 Winter Plan, enable patient flow and support safe resumption of services and care delivery, while mitigating the risks of COVID-19 outbreaks
- Progress a co-ordinated approach to infectious disease management through the establishment of a clinical programme, to promote preventative action, early diagnosis, robust antimicrobial stewardship and specialist guidance, aligned to the HSE Antimicrobial Resistance and Infection Control plan
- Progress the establishment of specialist teams for the chronic disease management of key conditions – asthma, chronic obstructive pulmonary disease (COPD), heart failure and diabetes – to support a shift in care away from the larger acute hospitals.

Develop a sustainable clinical workforce

- Develop specialty-specific in-depth medical workforce planning reports to estimate the future demand for medical specialists in the Irish health service, outlining the current specialty service delivery model, the configuration of the medical workforce, future drivers of change to that workforce as well as planned models of care
- Provide increased support to non-consultant hospital doctors (NCHDs) through training and education to support career progression
- Publish two key reports, the Eleventh Annual Assessment of NCHD Posts 2020-2021 and the Review of the Consultant Workforce in Ireland 2020
- Publish a report addressing the recruitment and retention challenges at consultant level in psychiatry
- Support the implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*
- Support the development of the nursing and midwifery resource from graduate to advanced practice by providing guidance and advice to services on the development of clinical specialist and advanced practitioner roles, supporting education and monitoring numbers in post
- Provide access to training and education programmes to support ongoing continual professional development of nurses and midwives
- Work with Higher Education Institutes and all relevant stakeholders to support provision of practice placements necessary for completion of programmes leading to qualification as HSCPs
- Provide clinical leadership and support to local implementation of the Strategic Guidance Framework for Health and Social Care Professions 2020-2025 to realise the full value and impact of HSCPs in delivery of frontline services and transformation of care.

Patient Experience and Engagement

Priority Areas for Action 2021

Involve patients in the design and evaluation of new models of care, clinical services and initiatives

- Continue to partner with people who use our health service, from the start, in the planning, design and delivery of services
- Enhance our work to put the patient and service user at the centre of all of our work and to build real partnerships with patients and service users through the appointment of 20 Patient / Service User Partnership Leads
- Continue to listen to patients and, through Your Service Your Say, ensure that services are responsive to their needs.

Increase transparency, openness and access to accurate and reliable patient information

- Develop processes, education and training programmes to support staff and services to comply with incident reviews, legislation including preparation for the commencement of the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019, pre-action protocols and policies relating to open disclosure, mandatory reporting, assisted decision making, consent and other human rights and equality issues

- Roll out staff supports to support decision making, advanced care planning and the functional approach to capacity
- Develop a clear approach to enabling patients to access their own healthcare record.

Gather qualitative information about patient experience and use it to drive systematic change

- Continue to work in partnership with HIQA and DoH to advance the National Care Experience Programme across community and hospital services
- Continue to embed a patient experience framework tool (Your Voice Matters) into the suite of patient experience captures available, to provide an opportunity for service users and / or their families to describe in narrative form their lived experiences of accessing specific aspects of care
- Launch a Peer Leadership Development Programme to provide a platform for people who use our health service to develop the necessary skills, confidence and tools to work collaboratively with the health service.

Strengthen adult safeguarding

- Further develop safeguarding services to better protect adults at risk of abuse, in line with the Programme for Government 2020 and the *COVID-19 Nursing Homes Expert Panel Report*.

Improvement and Assurance

Priority Areas for Action 2021

Lead and strengthen a culture of patient and staff safety

- Continue the implementation of the national *Patient Safety Strategy 2019-2024* towards reducing patient harm, including through the appointment of additional staff to work with frontline teams on proactively improving safety, quality and risk management
- Continue the implementation of the *Incident Management Framework 2020*, to support learning and inform patient safety improvement plans
- Ensure robust protected disclosure procedures and supports are in place to enable a culture of listening to and supporting staff who raise concerns
- Implement recommendation 1 of the *Scoping Inquiry into the CervicalCheck Screening Programme* (Scally Report) to ensure that good quality records are created and maintained, that are both authentic and reliable and which are protected and preserved to support future actions and ensure current and future accountability
- Maintain compliance with the guidance in relation to Carbapenemase-Producing Enterobacterales (CPE) screening
- Improve knowledge, awareness and management of antimicrobial resistance and infection control as part of the implementation of *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020* and subsequent plans
- Engage with services and stakeholders to develop and update infection prevention and control (IPC) guidance including COVID-19 guidance as required

- Provide education and training for the IPC guidance developed and provide specialist IPC advice to support services on COVID-19 related issues
- Enhance IPC and antimicrobial stewardship capacity on the national Antimicrobial Resistance and Infection Control (AMRIC) team.

Embed quality as a core function at the heart of the health services

- Support services nationally to deliver sustainable quality improvement projects including telehealth, deteriorating patient recognition, specialty quality improvement programmes and other patient safety priorities
- Progress national medication safety programme partnerships and initiatives to reduce harm involving medication
- Reduce harm at points of transition of care through core patient safety initiatives including discharge planning, the Know, Check, Ask campaign, the iSimpathy project for polypharmacy (regular use of a number of medications) and prevention of thrombosis (venous thromboembolism / blood clots)
- Support the further development, design, delivery, education and scale up of the COVID-19 contact management programme using a quality improvement approach
- Grow and further develop the provision of Schwartz Rounds
- Support the ongoing design, development and implementation of clinical guidelines, up to and including DoH National Clinical Effectiveness Committee (NCEC) national clinical guidelines
- Strengthen the HSE's global approach to improving health and the quality of healthcare in Ireland and in less developed countries
- Continue to support services to build their quality improvement capability through structured programmes of learning, and improved accessibility to special interest groups, events and learning opportunities.

Analyse evidence from experience, data and metrics to inform policy, planning and practice

- Continue to embed measurement for improvement methods into the HSE Board and the Executive Management Team (EMT) to include COVID-19 data reporting
- Ensure recommendations from the National Independent Review Panel's reviews are implemented and learning is promoted to improve services across the HSE and its funded agencies
- Through healthcare audit, provide assurance that legislative requirements are being met, that there is adherence with policies, procedures and best practice, and continue the process of aligning healthcare audit with other audit processes
- Continue to support the capability of the health service to report, review, disseminate and implement learning from safety incidents through the further development of the National Incident Management System
- Pilot and support the roll-out of electronic point of occurrence incident reporting
- Support frontline organisations in the use of their data to oversee and improve quality of care through the design and provision of on-line resources and tools
- Continue to support services in the roll-out and adoption of nursing and midwifery quality care metrics
- Improve the quality and outcomes of care through national clinical audits.

Strengthen arrangements to integrate clinical governance

- Following the HSE's Review of Risk Management in 2019, continue the establishment of a national Enterprise Risk Management Programme in 2021 to improve risk management practices and disciplines.

Section 4

Population Health and Wellbeing

Population Health and Wellbeing

Population health and wellbeing is about reforming and changing how health and social care services are planned and delivered so as to keep people healthy and well and reduce the likelihood of disease and premature mortality – especially for individuals and communities at risk. We have several HSE services with responsibility to protect health, promote and improve health, intervene early and prevent disease onset. The importance of an enhanced focus by health services on prevention is recognised by the World Health Organisation (WHO), the EU and *Sláintecare* as a core tenet of building a sustainable health service. The HSE Corporate Plan 2021-2024 commits to significantly enhance our focus on prevention and early intervention to improve children's health and wellbeing and to reduce the risk factors for chronic disease, with a clear focus on tackling harmful alcohol use and rising obesity rates.

The COVID-19 pandemic has underscored the importance of this reform priority. A rapidly expanding evidence base shows that smoking increases the risk of COVID-19 infection (hand to mouth action), obesity is linked to COVID-19 disease severity, and the evidence shows rising levels of alcohol consumption during the pandemic.

Given the impact of COVID-19 on service interruptions, including preventative health priorities, we will re-set and strengthen collaborative working in 2021 across a variety of settings in the community, hospitals, local authorities, education and workplaces to implement *Healthy Ireland*.

Two population health protection and improvement services are particularly critical in the context of responding effectively to the global pandemic and changes that will be experienced in Ireland as a result of Brexit. Our public health / health protection service is leading out our response to control the spread of COVID-19, and our Environmental Health Service (EHS) is playing a key role to protect the health of the population in the context of COVID-19, in addition to augmenting its core service to respond to anticipated Brexit demands.

Services Provided

Population health and wellbeing services take a whole of population approach to supporting people to stay healthy and well throughout their lives, working collaboratively and cross-sectorally at national and local level to implement the *Healthy Ireland* actions with a view to delivering improved population health outcomes for all.

- The national *Healthy Ireland* office and policy priority programmes work to co-ordinate and deliver government strategy actions and targets through services and partnerships. The multi-disciplinary programmes (tobacco, alcohol, healthy eating and active living, sexual health and crisis pregnancy, mental health and wellbeing, healthy childhood and staff health and wellbeing) provide expertise and drive the HSE strategic and service response to known preventable lifestyle risk factors
- CHOs and Hospital Groups implement *Healthy Ireland* plans to deliver upon the health and wellbeing reform agenda locally, and improve the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing
- Health and wellbeing priorities, programmes and interventions, focusing on disease prevention aim to improve health and reduce morbidity, especially focusing on communities at risk (people who are

homeless, refugees, international protection applicants, Traveller, Roma, members of the LGBTI+ community and people with enduring mental health problems)

- Activities for wellbeing, health promotion and disease prevention include public health education initiatives, behaviour modification initiatives, risk communication and behavioural support, health messaging, social connectivity and community enablement
- The Public Health Service protects our population from threats to their health and wellbeing through the provision of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases, environmental hazards and response to emergencies. These services are and will continue to be the cornerstone of the country's response to the global pandemic
- The National Screening Service delivers four national population-based screening programmes to prevent cancer in the population (cervical, breast and bowel cancer), and for detecting sight-threatening retinopathy in people with diabetes
- The EHS is 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 role and function of the EHS is critical in the context of their regulatory functions in the context of Brexit.

Health and Wellbeing Services

Priority Areas for Action 2021

Chronic disease prevention and self-management support

- Support CHOs and Hospital Groups to implement *Living Well with a Chronic Condition: Framework for Self-management Support* in the context of COVID-19
- Support the roll-out of integrated community-based chronic disease management programmes in primary care and acute settings to include heart failure virtual consultation service, and end to end models of care for diabetes and respiratory disease through *Sláintecare* funded developments.

Winter Plan / enhanced community care developments

Linked to the 2021 Winter Plan and the enhanced community care (ECC) programme, CHNs will be augmented with additional health promotion and improvement staff. The inclusion of health and wellbeing priorities, programmes and interventions at CHN level will ensure that prevention, early intervention and self-care support are embedded in the basic building blocks of health and social care delivery.

Local CHN health promotion and improvement interventions will focus on the following four preventative programmes for people living with chronic disease:

- Support all healthcare network staff, through the Making Every Contact Count (MECC) Programme to address prevention and promote lifestyle behaviour change for patients and service users in the areas of tobacco, alcohol consumption, healthy eating and physical activity as part of routine consultations
- Continue to reduce the impact of smoking on respiratory and overall health and its negative impact on healthcare service admissions due to COVID-19, through the prioritisation and delivery of stop smoking services

- Establish a physical activity pathway by augmenting the capacity of primary care to refer service users with diagnosed chronic conditions or identified risk factors to appropriate structured exercise / physical activity programmes within their communities
- Support social prescribing through building partnerships with key community service delivery areas across the CHNs including GPs and primary care, self-management programmes, mental health, and older persons' services, including the voluntary sector, ensuring an integrated approach to support the wellbeing of patients. A national framework for social prescribing will guide the sustainable development of this service and will be based in the CHNs.

In addition, each of the community specialist teams will receive a health promotion and improvement officer to provide smoking cessation services. A new smoking cessation service will prioritise clients with chronic disease across the specialist teams, covering a population of 150,000.

Community Health and Wellbeing – Prevention and early intervention

Subject to a plan being agreed with the DoH, the DoH have identified hold-back funding of €10m in 2021 to support the development of an area based approach to community health and wellbeing improvement with a particular focus on areas of deprivation. The following services and initiatives have been identified for implementation, subject to final agreement with the DoH.

- Implement an end to end child and adolescent overweight and obesity prevention and treatment model to provide treatment and interventions for the prevention of childhood obesity in identified areas
- Deliver evidence-based parenting programmes targeting families with greater needs
- Implement new community-based integrated alcohol services across primary and acute settings and pilot of a digital support / advice service to reduce hazardous and harmful alcohol consumption in identified areas
- Continue to reduce the impact of smoking on respiratory health through the delivery of targeted stop smoking and We Can Quit services
- Establish new social prescribing service in partnership with the community and voluntary sector ensuring an integrated approach to support the wellbeing of the local population
- Support and expand the roll-out of the MECC Programme across all staff categories within the identified disadvantaged areas.

Build upon *Sláintecare* funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda

- Work closely with the DoH to agree an area-based investment plan targeting at-risk communities with a range of evidence-based health and wellbeing services and programmes, in conjunction with local statutory and voluntary partners
- Continue to lead the *Sláintecare* Smoke Free Start Project by supporting the delivery of smoking cessation services in two maternity settings and supporting the delivery of stop smoking services in other *Sláintecare* projects (maternity South East Community Healthcare and COPD projects)
- Implement and evaluate a *Sláintecare* pilot on-line STI testing service, integrated with existing public STI clinics

- Launch and implement the social prescribing framework for the sustainable development and integration of social prescribing across the HSE, in partnership with the community and voluntary sector
- Expand implementation of the national pre-exposure prophylaxis (PrEP) human immunodeficiency virus (HIV) prevention programme in sexually transmitted infection (STI) services in line with PrEP standards and guidelines (which will reduce the risk of HIV infection to those who are deemed to be at substantial risk of acquiring HIV)
- Launch and co-ordinate the implementation of the HSE Mental Health Promotion Plan, extend Minding Your Wellbeing Programme to older people and support / develop a HSE stress prevention / management programme to promote the mental health and wellbeing of the population in a COVID-19 environment in collaboration with stakeholders.

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

- Support CHOs and Hospital Groups to implement the childhood screening and surveillance programme, ensuring content is consistent with the evidence base and is standardised across the country in line with *First Five – A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*
- Leverage partnerships across local community, government, professional bodies, policy makers and the public to promote the importance of effecting positive change in children's health and wellbeing
- Support CHOs and Hospital Groups to improve their breastfeeding rates in line with the *Breastfeeding in a Healthy Ireland – the Health Service Breastfeeding Action Plan 2016-2021* i.e. a 2% annual increase in breastfeeding duration rates over the period 2016-2021.

Improve staff health and wellbeing

- Continue to support the implementation of evidence-based staff health and wellbeing initiatives based on findings from COVID-19 surveys
- Finalise and deliver the HSE Healthy Workplace Framework in collaboration with National Human Resources (HR).

Public Health Service

The Public Health Service, in accordance with Medical Officer of Health legislation, protects our population from threats to health and wellbeing through the provision of national immunisation and vaccination programmes, the prevention and control of infectious diseases, and response to environmental hazards and emergencies. It seeks to deliver measurable health improvement, and provides public health assessment and advice to health and social care service planning, all of which is underpinned by health intelligence.

The national health protection function, supported by eight regional departments of public health, leads and / or co-ordinates major health protection crises and incidents at national and regional level across the country.

Priority Areas for Action 2021

Public health / health protection

- Sustain the COVID-19 response in line with the pandemic operating model and with the future service delivery model
- Provide public health / health protection leadership to ensure end to end COVID-19 testing and contact tracing is designed and delivered in a manner to specifically protect the health of people living in Ireland from the threat of repeat waves of the COVID-19 epidemic
- Develop a case and incident management system for health protection to support more efficient and robust reporting and management of infectious disease cases, outbreaks and incidents to include updates to the COVID-19 Care Tracker
- Develop a five-year National Health Protection Information Plan to include data governance.

Immunisation and vaccination

- Support the roll-out of the National Vaccination Programme for COVID-19
- Continue to support the seasonal influenza vaccination programme, including the provision of a dedicated campaign to increase awareness and include a call to action in an effort to increase uptake to the WHO recommendation of 75%
- Support CHOs and Hospital Groups to increase seasonal influenza vaccination uptake to the WHO recommendation of 75% among healthcare workers and recommended risk groups in acute and long-term care settings by providing a dedicated information campaign to share the facts and address any misinformation
- Continue promotional activities to support parents and guardians to bring their children for primary childhood immunisations on time, including messaging to encourage confidence in attending healthcare settings for these essential appointments
- Work with the Office of the Chief Information Officer and stakeholders to progress the implementation of the National Immunisation Information system, including finalising tender documentation, participating in the tender process and rolling out the system in a phased approach
- Work with primary care services and CHOs to implement a new standardised model of immunisation delivery in schools and drive improvements in vaccine uptake in the schools immunisation programme.

Public health reform – new health protection developments

- Continue to implement a new public health model at national and regional level through the establishment of the national health protection function and regional health protection within area Departments of Public Health
- Establish a Health Protection Guideline Process Development Unit to enable an evidence-based approach to guideline development according to national standards.

Child Health Screening

- Ensure the long-term management and implementation processes are in place to support expansion of the National Newborn Bloodspot Screening Programme, including Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA-SCID)
- Options for the long-term management and implementation of the child health screening programmes will be appraised and agreed in 2021.

National Screening Service

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

Priority Areas for Action 2021

National Screening Programme

- Implement the remaining recommendations contained in the *Scoping Inquiry into the CervicalCheck Screening Programme (Scally Report)* as well as those contained in the *Independent Rapid Review of Specific Issues in the CervicalCheck Screening Programme*
- Plan for and commence initial implementation of the Expert Reference Group's recommendations from the interval cancer audits
- Implement strengthened organisational and governance arrangements in line with the reviews undertaken of screening services including the implementation of the public and patient engagement plan to enhance public input to screening programmes
- Implement a communications strategy, in conjunction with national communications, to ensure continued support, education and information for the public on screening programmes
- Continue to enhance client services to ensure patients and families have access to records for all screening programmes by developing a dedicated client management system.

CervicalCheck

- Stabilise and strengthen the cervical screening programme in line with the *Scoping Inquiry into the CervicalCheck Screening Programme (Scally Report)* by enhancing the programme clinical standards, and data analytics and reporting
- Progress the assessment and planning work undertaken in 2019 which demonstrated a notable increase in colposcopy referrals expected to arise as a result of the introduction of human papilloma virus (HPV) testing and provide additional staffing, augmented with consultant sessions, to maximise the use of colposcopy services and enable a more efficient throughput of service users
- Continue to develop the National Cervical Screening Laboratory at the Coombe Women and Infants' University Hospital, including commencement of its construction, provision of key equipment and the recruitment of any outstanding positions
- Enhance the quality, completeness and timeliness of histology data received from all histology units providing CervicalCheck services

- Enhance training for all healthcare professionals providing CervicalCheck services
- Implement a HPV communications campaign to encourage younger women to participate in the programme, working closely with the surveillance team to align HPV messages.

BreastCheck

- Continue to implement the age-extension of the BreastCheck Programme by rolling out the programme to the remaining cohort of 69 year olds in line with the agreed programme of implementation (subject to the limitations of COVID-19)
- Develop and implement an upgrade to the Radiology Information System (RIS) to ensure the uninterrupted operation and continuity of the RIS for the clinical, operational and administrative day-to-day delivery of the BreastCheck service
- Develop and open semi-permanent BreastCheck units in two locations to increase capacity and access to support a two-year BreastCheck screening round
- Continue to implement a proactive plan to future-proof radiological resources in order to deliver and optimise capacity, including the recruitment of consultant radiologists in 2021 and continue to implement the plan for the recruitment of radiographers.

BowelScreen

- Maximise uptake through targeted communication and promotion amongst eligible men and women aged 60-69 years
- Develop a capacity plan that meets the current endoscopy demand for the screening population and plan to ensure the roll-out of sufficient capacity within the wider endoscopy service to support extension of the BowelScreen Programme as outlined in the *National Cancer Strategy 2017-2026*
- Increase the number of BowelScreen units which provide colonoscopies
- Use additional resources to prepare for the commencement of phased age extension for BowelScreen.

Diabetic RetinaScreen

- Continue the roll-out of a digital surveillance screening programme and model of care that will improve timeframes for the treatment of diabetic retinopathy for a further 5,000 patients in 2021
- Maximise uptake through targeted communication and promotion amongst the eligible population aged 12 years and over
- Following the approval from the National Screening Advisory Committee, implement biennial screening for people who have no diabetic retinopathy within the past two years.

Environmental Health Service

The Environmental Health Service (EHS) plays a key role in protecting the public from threats to its 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. Notwithstanding the impact of COVID-19, a key focus for the service is to ensure the provision of our statutory obligations in relation to environmental health.

Priority Areas for Action 2021

Protect our population from threats to health and wellbeing through the provision of environmental health services

- Further supplement capacity to carry out official controls on food imports at ports and airports, and respond to additional requests for food export certificates, in order to respond to the impact of Brexit
- Increase food safety activity in emerging areas, with particular emphasis on the adoption of *Regulation (EU) 2017/625*
- Agree and implement a new HSE and Food Safety Authority of Ireland Service Contract
- Undertake a sun bed inspection programme, including planned inspection, test purchase and mystery shopper, under the *Public Health (Sunbeds) Act 2014*
- Enforce HSE environmental health tobacco control statutory responsibilities focusing on areas of greatest non-compliance and new tobacco control legislation, in particular the legislation on licensing of retailers
- Fully enforce the provisions of the *Public Health (Alcohol) Act 2018* commenced in Quarter 4 2020
- Continue engagement with the DoH and Irish Water to review the current level of compliance with fluoridation requirements to identify and agree a sustainable funding model that can meet legislative requirements.

Section 5

Health and Social Care Delivery

Community Healthcare

Community healthcare services include primary care, social inclusion, older persons' and palliative care services, disability and mental health services, which are provided for children and adults, including those who are experiencing marginalisation and health inequalities. We will continue to drive and support initiatives that engage our patients and service users, ensuring they become active participants in the design and delivery of their care. Services are provided by GPs, public health nurses and health and social care professionals (HSCPs) through primary care teams and community healthcare networks (CHNs). Community healthcare services are currently delivered across nine CHOs and are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. The community healthcare budget accounts for almost 40% of the HSE spend.

Delivering enhanced community care in line with *Sláintecare*

Reducing our dependence on the current hospital-centric model of care and supporting capacity building in the community is key to realising the vision of *Sláintecare*. With our growing and ageing population and the increasing incidence of chronic disease, timely access to primary care, aligned to general practice, and delivering services at home and in the community will not only ease pressure on our hospital system, it will deliver what clients and services users want and need.

In line with government policy and in the context of the COVID-19 pandemic, the significant additional resource provided in 2021, will enable us to deliver increased levels of healthcare to our citizens in the community and primary care settings. This will include substantial progress towards the roll-out of the enhanced community care (ECC) programme, CHNs and associated specialist teams in the community. These measures will once fully established help people to stay in their homes and community for longer, either preventing hospital admissions or allowing for discharge earlier than would have been possible without these supports.

CHNs are designed to provide the foundation and organisational structure through which integrated care is provided locally at the appropriate level of complexity. The ECC model will allow improved access to diagnostics in the community for GPs and the continued implementation of alternative pathways, including GP-led chronic disease management and community specialist teams for older people. These initiatives will be supported by expanded front of house acute hospital community intervention teams (CITs) which will work in partnership with the community-based specialist teams for older people and chronic disease, together with expansion of the dementia advisor network.

Throughout 2021 there will be a focus on a very considerable expansion of homecare and community support for older people. This 'home first' approach will enable older persons to live independently, in their own homes, for as long as possible, as part of an integrated community model. Funding is also provided for additional community beds with a particular focus on expanding our rehabilitation and intermediate care services.

During 2021 we will:

- Establish 96 CHNs and 32 community specialist teams for older people and chronic disease supporting our 26 hospitals in ensuring integrated care is provided locally at the appropriate level of complexity
- Expand community diagnostics to improve access for general practice and community specialist teams

- Implement the 2019 GP Agreement, including expansion of a structured programme for chronic disease management and prevention for all medical card / GP visit card holders aged 65 years and over equating to 431,000 patients up to 2023 when fully implemented. 2021 will also see introduction of 'opportunistic case finding' for chronic disease and a high risk preventative programme for eligible patients 75 years and over in general practice as well as the development of disease registries in Ireland for the first time in line with the roll-out schedule
- Work with the DoH, in line with DoH policy and direction to design, test and evaluate a reformed model of service delivery to underpin the planned home support statutory scheme and to prepare for regulation of home support services. This initiative will involve the roll-out of a pilot service model, aligned to the home first approach and the ECC programme, integrated across community and acute services
- Provide 1,250 additional community beds which includes over 600 new rehabilitation beds
- Implement the recommendations of the *COVID-19 Nursing Homes Expert Panel Report*, in collaboration with DoH, HIQA, service providers and service users
- Continue to work on antimicrobial resistance and Healthcare Associated Infections (HCAIs) with reference to the implementation of *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020.*

Quality and Patient Safety

- Increase quality and patient safety capacity and capability across CHOs, including investment in senior leadership with the recruitment of nine Heads of Service for Quality and Patient Safety (QPS). This will enable the implementation of cross-cutting QPS functions as outlined in *Sláintecare* across community services, including patient safety and quality improvement, health and safety, safeguarding and infection prevention and control (IPC)
- Further develop safeguarding services to better protect adults at risk of abuse, in line with the Programme for Government 2020 and the *COVID-19 Nursing Homes Expert Panel Report*
- Develop community infection, prevention and control teams including additional investment in staff, eHealth and education and training. This will ensure access across all services and enable support to the private sector in line with the recommendations in the *COVID-19 Nursing Homes Expert Panel Report*. Working in collaboration with acute hospitals, these teams will play an important role in supporting CHNs and in our continued response to COVID-19.

Primary Care Services

Primary care services deliver care to service users close to home through a community-based approach aligned to general practice, so that service users can access services at the most appropriate, cost effective service level.

Services Provided

A range of multi-disciplinary services are provided by a wide range of staff including GPs, community nursing and HSCPs, working with wider community services (older people, disability, mental health, palliative care services) and acute hospital services to deliver efficient, effective and sustainable services, meeting the needs of services users.

Priority Areas for Action 2021

Primary care services

- Focus on safely working to address the waiting lists and waiting times across primary care services on resumption of services on a phased basis with new approaches to managing risk in service delivery
- Through reprioritisation and improved efficiency in service provision, provide 100 additional paediatric homecare packages
- Deliver additional primary care centres in line with the Capital Plan.

National Hepatitis C Treatment Programme

- Expand and develop new models of care in the National Hepatitis C Treatment Programme including the Irish Prison Service. Treatments have become available in the community and will continue to be expanded to widen the point of access nearer to a person's own home. Ireland is on target to reach the WHO's goal of elimination of Hepatitis C by 2030.

Strategic Change

Enhanced community care programme

Community health services will be delivered through a network of 96 CHNs serving the entire country, providing the foundation and organisational structure through which integrated care is provided locally at the appropriate level of complexity, with GP, HSCPs and nursing leadership, empowered at a local level to drive integrated care delivery and supporting egress in the community.

The nine CHN learning sites and their evaluation will continue in 2021, with the outcome of the evaluation informing any changes to the CHN model.

In response to the COVID-19 pandemic and the requirement to transform how community services are delivered along with the learning site process, ECC networks, based on the operating model of the CHNs, will be established, in conjunction with the community specialist teams with full national coverage by the end of 2021, in line with the phasing outlined below. The 96 networks will implement a population needs and stratification approach to service delivery and will improve integrated team working in primary care

services, moving towards more integrated end to end care pathways, providing for more local decision making and involving communities in planning to map identified health needs in their local area.

CHNs and community specialist teams for older people and chronic disease will work in an integrated way with the NAS and acute services to deliver end to end care, keeping people out of hospital, enabling a ‘home first’ approach, and ensuring people are discharged from hospital without delay. This strategic reform of the primary care services will take place in two phases:

- The first phase of the reform programme will build on the 2021 Winter Plan and will target the development of 57 networks and 18 community specialist teams for older persons and chronic disease management to support 11 acute hospitals (mainly model 4 hospitals)
- The second phase of the reform programme will roll out in Winter 2021-2022 and will seek to support the remaining 15 model 3 and 4 acute hospitals with the establishment of the remaining 39 networks (96 in total) and the development of a further 14 community specialist teams for older persons and chronic disease management
- CITs will be expanded as part of the ECC programme to provide national coverage for the CIT service. This nurse-led service supports both hospital avoidance and early discharge and will be rolled out in Donegal, Cavan / Monaghan, Mayo, Wexford and Longford / Westmeath and expanded teams in Roscommon, Cork / Kerry and Kildare / West Wicklow, providing national coverage
- Front of house acute hospital teams will be enhanced to support the community specialist teams for older people and chronic disease
- Health and wellbeing services will be expanded in each of the 96 CHNs on a phased basis
- The community and voluntary ALONE type model which enables co-ordination of voluntary and community supports will be rolled out across each CHN linked to the COVID-19 community call programme.

As we develop these networks and teams, we will naturally build the capacity of the primary care sector, recruiting around 2,000 additional frontline staff across a range of disciplines including nurses, occupational therapists, speech and language therapists, physiotherapists and other healthcare professionals. Initiatives will be undertaken to improve efficiency in the management of waiting lists while additional capacity and new models of service delivery are being put in place in line with the capacity review.

Recognising the implementation challenge involved, with the combination of the COVID-19 pandemic and the scale of strategic change, realising the full impact and service benefits of the investment will take time, as the networks and teams become fully operationalised and mature. However, once fully rolled out alongside supporting initiatives, and when appropriately IT enabled, the ECC reform programme impacts and benefits expected include:

- 20% reduction in admissions of those aged over 75 years in EDs in hospitals served by the community specialist team
- 20% reduction in non-elective admissions for COPD, asthma, diabetes and heart failure
- 20% reduction in bed days used for patients with COPD, asthma, diabetes and heart failure who are in the chronic disease programme
- Population stratification and needs assessment approach to service delivery and capacity planning will be implemented. In addition, the HSE will work with the DoH to conduct and publish population needs

assessments at CHN level so as to inform area based planning culminating in a Citizen Care Masterplan for Ireland.

Sláintecare Integration Fund

- Support the progression of the *Sláintecare* Integration Fund projects focused on development of integrated care pathways as part of the implementation of community specialist teams for chronic disease and CHNs.

Building capacity in general practice including GP Agreement 2019 implementation

The implementation of the GP Agreement 2019 sees the introduction of significant enhancements to contractual arrangements in place with GPs under three main areas: service developments, service modernisation and strategic change measures and eligibility. During 2021 our key priorities in relation to GP services are as follows:

- Continue to implement the GP Agreement 2019, including expansion of the structured programme for chronic disease management and prevention for all medical card / GP visit card holders aged 65 years and over, equating to 431,000 patients up to 2023 when fully implemented. 2021 will also see the introduction of chronic disease 'opportunistic case finding' and a high risk preventative programme for eligible patients aged 75 years and over in general practice as well as the development of disease registries in Ireland for the first time in line with the roll-out schedule
- Progress the roll-out the eHealth initiatives in line with the GP Agreement including ePrescribing, summary and shared care records, data analysis for planning purposes together with the development of a case management system that aligns with new GP data provided through the GP Agreement 2019 and with integrated programmes of care
- Provide an additional 18 GP training places in 2021 increasing the planned intake to 235 for 2021
- In the context of the COVID-19 pandemic implement a range of supports for general practice in line with the 2021 Winter Plan
- Take forward medicines optimisation involving pharmacist-supported structured medicines usage reviews, targeted at GMS patients aged over 75 years, with the appointment of 15 pharmacy posts to the programme in 2021
- Allocate funding to support general practice in areas of deprivation
- Develop a model of service to respond to the needs of patients with violent or abusive behaviour.

Community diagnostics

- Expand community diagnostics to improve access for general practice and community specialist teams including access to plain film x-rays, ultrasound, MRI, CT, ECHO and spirometry with a target delivery of 136,000 additional diagnostic tests
- Work with acute services as part of the wider Scheduled Care Transformation Programme in the development of a radiology strategy including a mapping exercise of current capacity and future requirements with particular focus on supporting GP community based access to diagnostics.

Social Inclusion Services

The improvement of health outcomes for socially excluded groups in society is a key priority. Through social inclusion programmes, the HSE seek to meet government commitments as set out in the Irish Refugee Protection Programme, *Rebuilding Ireland - Action Plan for Housing and Homelessness*, *Housing First National Implementation Plan 2018-2021*, *National Traveller and Roma Inclusion Strategy 2017-2021*, *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*, and the National Drug Strategy *Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025,* supporting more effective social inclusion services.

Services Provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to address health inequalities and to improve access to health services for socially disadvantaged groups.

Priority Areas for Action 2021

The COVID-19 pandemic has highlighted significant challenges for this sector of the population, in particular those with increased vulnerabilities including complex general health, mental health and addiction problems.

Additional funding to enhance health services for people who are homeless, was allocated as part of the 2021 Winter Plan. In addition as part of the NSP 2021 funding is provided to enhance services for Travellers, the Roma community, and migrants and those experiencing addiction.

This will help to continue the protective public health measures that were developed during COVID-19 for the medically vulnerable homeless population. It also expands GP services for people living in emergency accommodation in Dublin and regional centres furthermore. It will also provide continuity of care for people who are homeless and who may require emergency hospital treatment during the winter months. Initiatives include:

- Service provision enhancements, including health supports for temporary emergency accommodation provision in regional based urban centres
- Expanding GP practice to enhance healthcare supports offered to vulnerable people
- Continuation of COVID-19 housing initiatives which were developed as a result of the pandemic
- National public health support for vulnerable groups, including financial supports for COVID-19 rapid testing, tracing and outbreak management.

Health supports for people who are homeless

- Implement the health actions for people who are homeless and in addiction, identified as a priority in 2021, in the Programme for Government and in *Rebuilding Ireland – Action Plan for Housing and Homelessness*, and *Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025* in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people

- Implement new models of care, including the provision of wrap-around supports for homeless people with complex and multiple needs, as part of an integrated housing and health policy response, in line with the *Housing First National Implementation Plan 2018-2021*
- Develop a single integrated homeless case management team for Dublin and enhance homeless action teams outside of Dublin that will provide integrated individual assessment, case management, care planning and co-ordination
- Improve access to mental health services for homeless population in line with the *Sharing the Vision – A Mental Health Policy for Everyone* mental health strategy, including a stepped model of mental healthcare in Dublin in collaboration with mental health services
- Implement and evaluate a Homeless Hospital Discharge Programme, commenced as a two-year pilot in 2020, including a hospital discharge protocol through hospital-based specialist homeless multi-disciplinary teams in St. James's Hospital and the Mater Misericordiae University Hospital, paediatric and maternity hospitals in Dublin. This will ensure appropriate access to and continuity of care for homeless persons leaving hospital, in partnership with the local authority and community service providers
- Evaluate outcomes of the step-down transitional treatment for service users who are homeless and exiting addiction residential treatment.

Drug and alcohol services

- Continue the roll-out of specific harm reduction approaches including support for the additional 700 people brought into opioid substitution treatment during COVID-19 and increase naloxone provision
- Develop community based drug and alcohol services and family support services, including the Dublin North East Inner City initiative and the Galway alcohol service and services for pregnant and post-natal women
- Expand services for women who use drugs and alcohol in a harmful way
- In line with a health-led approach to drug use, co-lead on the phased implementation of the Health Diversion Programme with the DoH including the targeted expansion of SAOR screening and brief intervention and the roll-out of a national drug awareness campaign
- Expand the capacity and availability of the HSE Drug and Alcohol Helpline
- Establish a medically supervised injecting facility in Merchants Quay Ireland, subject to confirmation of planning permission
- In agreement with DoH, support the development of an area-based approach to community health and wellbeing improvement with a particular focus on areas of deprivation with the implementation of a new community-based integrated alcohol services across primary and acute settings.

Refugees and international protection applicants

- Develop a strategic and planned model of healthcare as part of the proposed White Paper on the reform of direct provision
- Continue to improve screening, referral and access to primary care services as identified through health screening and as part of the broader vulnerability health assessment by the Department of Children, Equality, Disability, Integration and Youth.

Traveller and Roma communities

- Publish the Traveller Health Action Plan in line with the *National Traveller and Roma Inclusion Strategy 2017-2022*
- Develop community health liaison and supports to migrants nationally with a particular focus on the Roma community.

LGBTI+ and health

- Develop a co-ordinated health response to HSE responsibilities in the *National LGBTI+ Inclusion Strategy* and *LGBTI+ National Youth Strategy*.

Domestic, sexual and gender-based violence

- Work in partnership with other government departments and agencies including the Department of Children, Equality, Disability, Integration and Youth and the Department of Justice and TUSLA to further enhance the HSE responses to domestic, sexual and gender-based violence.

Strategic Change

The strategic change and redesign programme for Social Inclusion will progress in 2021 on a number of key areas:

- Strengthen the co-ordination role of the National Office for Social Inclusion in the provision of health services for those who are socially excluded
- Embed the primary care response to homelessness arising from COVID-19 as a model of integrated care for people with complex needs in line with *Sláintecare*
- Implement the recommendations of HSE *Second National Intercultural Health Strategy 2018-2023* on a phased, prioritised basis
- Work with the DoH to develop a framework for inclusion health services.

Older Persons' Services

Our population is ageing and we must transform our health services to support older people to live as independently in the community, for as long as possible. Learning from the COVID-19 pandemic and in line with *Sláintecare* and the *Health Service Capacity Review 2018* we must reduce the number of older people in long-term residential settings. The emphasis will be to deliver a new model of integrated, older person services, supporting people to be cared for at home and in their communities, across a care continuum as part of the ECC programme. This includes minimising referrals and admissions to acute settings or, when admitted, facilitating discharge through a designated pathway in order to maximise the potential for remaining at home and in turn reducing the requirement for long-term residential care.

Services Provided

A wide range of services are provided including home supports, day care, community supports provided in partnership with voluntary groups, intermediate care (both residential and in the home), as well as long stay residential care when remaining at home is no longer feasible. Currently, services are provided across a number of settings and are delivered, either directly by the HSE or through service arrangements with voluntary, not for profit and private providers.

Priority Areas for Action 2021

The priority areas for action in 2021 are founded on the need to accelerate the implementation of an integrated service delivery model. This includes the establishment of CHNs and the development of community specialist older person teams as part of end to end pathways that include bespoke care pathways into and out of acute hospital. Equivalent teams for chronic disease are also being developed, as noted earlier in this section of the Plan. New approaches are being introduced such as 'home first' which combines additional support such as therapies with traditional home support hours. An additional 1,250 community beds will be implemented linked to the development, with the DoH, of a new national service framework underpinning a more sustainable model for public residential care which takes account of COVID-19 and the introduction of the new 'home first' model of older people care.

Adopting a 'home first' approach

Home support

- Five million additional home support hours will be provided in 2021, over and above the NSP 2020 target. This includes 230,000 hours of home support to be provided in conjunction with the roll-out of a pilot home support scheme and which will be undertaken in tandem with the enhancement of the older person service model. This will bring the total quantum of home support to 24.26m hours in 2021.
    - The current waiting list will be reduced by a minimum of 2,000 people by year-end
    - 250 reablement packages will be in place at any one time as part of a new model of service, with 3,050 people benefitting by year-end
    - A new model of service is being developed to provide intensive home support to 1,150 people by year-end to support acute hospital discharge and as an alternative to long-term residential care placement

  - A minimum of 5% of the additional 2021 hours will be provided for people living with dementia
  - The proportion of public provision of homecare hours is to be maintained or increased as the HSE's capacity is enhanced in order that this balance is reflected in each CHO over time.

  Maximising the impact and effectiveness of these service initiatives in 2021 will be dependent on the implementation of the ECC programme in line with plans, in particular therapy and nursing capacity in primary care to enable delivery of the clinical care supports to older people.

  These new service approaches will be measured, evaluated and reviewed in 2021 to ensure they are appropriately aligned to the planned statutory home support scheme.

Community beds

Funding is provided for an additional 1,250 rehabilitation and short stay / intermediate care beds in 2021, bringing the total capacity of public short stay beds to just under 3,500. The balance of public / private provision will be maintained with a view to enhancing direct HSE provision nationally over time.

- This expansion will be achieved through the addition of:
  - 617 rehabilitation beds in public facilities
  - 185 repurposed public Nursing Homes Support Scheme (NHSS) beds
  - 448 privately purchased bed capacity for transitional care.

These measures will:

- Benefit approximately 14,900 people in 2021 in rehabilitation and short stay intermediate care beds growing to some 19,900 in 2022
- Support 8,450 people with transitional care funding to facilitate discharge from acute hospitals to nursing home beds while finalising their NHSS applications or for a period of convalescence (four weeks) to facilitate their discharge home
- In line with the *COVID-19 Nursing Homes Expert Panel Report* recommendations, a formal mechanism will be explored for the consideration of a person's suitability for rehabilitation and / or reablement services prior to admission to a nursing home
- In conjunction with the roll-out to the rehabilitation and intermediate care beds, a robust governance model will be developed in consultation with the DoH. These community rehabilitation beds will form part of a local integrated pathway of care to support the home first pathway.

Nursing Homes Support Scheme

- In December 2021, 22,500 people will be supported through the NHSS while maintaining the waiting period for funding at an average of four weeks for 2021. The reduction by 237 of the number of NHSS users planned for 2021 takes account of both population growth and at the same time decreased demand, due to the increased investment in community rehabilitation beds and home care.

Implementation of COVID-19 Nursing Homes Expert Panel Report

- Continue the implementation of key recommendations from the *COVID-19 Nursing Homes Expert Panel Report* and continue to support the work of the implementation structures established by the Minister for Health, including the implementation oversight team reporting processes

- Continue the implementation of enhanced public measures in residential care settings as recommended by the expert panel including the supply of PPE and COVID-19 Response Teams
- Develop an integrated infection prevention and control strategy for the community, including nursing homes (public, private and voluntary).

Day care

- Work with public health guidance to resume day care centres as early as possible, and in the interim continue to support clients by phone and outreach services while developing innovative alternatives to traditional day care in tandem with the community and voluntary sector.

Adult safeguarding

- Undertake implementation of the revised HSE safeguarding policy across all community health and acute care areas in line with the HSE national implementation framework
- Progress the roll-out of the revised HSE safeguarding policy taking into account the development, by the DoH, of a national adult safeguarding policy for the health and social care sector
- Prepare for the publication of the DoH national adult safeguarding policy for the health and social care sector and the future enactment of adult safeguarding legislation
- Provide a programme of education and training which includes a focus on prevention, awareness and response to safeguarding concerns
- Provide health and social care services in line with the expectations of HIQA / Mental Health Commission (MHC) national standards for adult safeguarding.

Strategic Change

Our population is ageing and we must transform our health services to support older people to live as independently in the community, for as long as possible. In 2021, a combination of investments in home care, community bed capacity and community specialist teams, working with CHNs and linked to acute hospitals, represent a substantial shift towards implementing a key plank of *Sláintecare.*

This will support people to live in their own communities, improve their access to care and minimise the number of older people receiving acute and residential care. The impact of the combination of strategic initiatives being introduced this year should result in bed day savings in acute hospitals later in 2021 and yielding a full year effect in 2022. These improvements will be realised as initiatives become fully established and information systems mature to enable accurate attribution of impact across a local health economy. These benefits are summarised as follows:

- A full year effect of the additional five million homecare hours, phased in across CHOs during 2021, will lead to admission avoidance equivalent to 46,500 acute bed days
- As community specialist teams for older people become fully operational during Quarter 4 2021, the full year impact (2022) should result in shorter hospital stays, combined with admission avoidance, yielding an equivalent of some 75,000 acute bed day saving
- The addition of 1,250 community beds providing earlier multi-disciplinary team rehabilitation near home should realise the equivalent of some 36,000 acute bed day savings as they become operational

through 2021. As the community specialist teams for older people, services and pathways mature, a reduction in admissions of those aged 75 years and over to acute hospitals is anticipated

- The requirement to plan for 237 users of long stay NHSS residential beds in 2021 will be avoided.

Enhanced community care - community specialist teams for older people

In line with the ECC programme referenced in previous sections, 32 community specialist teams for older people will commence operation in 2021 in two phases. CHNs and community specialist teams for older people and chronic disease will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end to end care, keeping people out of hospital, enabling a home first approach, and ensuring people are discharged from hospital without delay.

Sláintecare Integration Fund

- Support the development of integrated older person care pathways including community specialist integrated care programme for older people teams and primary care liaison personnel under the *Sláintecare* Integration Fund.

Statutory home support scheme development

- In line with DoH policy and direction, the HSE will work with the DoH to roll out a reformed model of service delivery to inform the development of a statutory home support scheme for the financing and regulation of home support services. The pilot of the statutory home support scheme will include:
  - Review the home support systems and processes currently in place for older people to support design of procedures and processes required in the context of preparation for legislation
  - Work with the DoH in defining and establishing a national home support office to become functional in early 2021 that will address key functions to improve the model of service delivery required to support a statutory home support scheme
  - Design, test and evaluate new community decision-making fora (equivalent to local placement fora) in locations aligned with planned homecare pilot areas that will support equitable and consistent decision making on community care provision, based on a common assessment process (interRAI)
  - Measure, evaluate and review the new service approaches adopted in the 'home first approach' to ensure they are aligned to the planned statutory home support scheme.

interRAI

- Fully roll out interRAI during 2021, supported by the appointment of 128 interRAI assessors, in tandem with the ECC reform programme objectives. This will include the development of operational policies and procedures expanding from the current five CHOs to all nine CHOs (and associated acute hospitals) to inform the planned statutory home support scheme and ensure the integration and alignment of the testing of a reformed model of service delivery with the roll-out of CHNs
- In the context of interRAI care needs assessment, care planning and community decision making fora, work with the DoH to utilise operational policy, testing and evaluation to inform agreed national policy on these.

Public residential care

In conjunction with the DoH, develop and take forward a national service framework underpinning a sustainable model for public residential care for both long stay and short stay beds. The framework will incorporate the learning from COVID-19, requirements for regulatory compliances and support the delivery of the ambitious capacity enhancement and reform plan linked to the *Health Service Capacity Review 2018* and *Sláintecare.* The work programme for 2021 will:

- Take account of the policy direction through the 'home first' model and increased homecare, to support older people to remain in their own homes in their communities for as long as possible
- Undertake a review of all aspects of rehabilitation and intermediate care in Ireland, with a view to making recommendations on future models of service
- Develop additional options, having regard to the additional 1,250 community beds to be provided in 2021, to reduce the number of older people in long stay residential care through repurposing existing or developing additional rehabilitation and intermediate care beds, expanding reablement and outreach services and by significantly increasing home support hours
- Recognising the impact of COVID-19 and the requirement for HIQA regulatory compliance, the HSE and DoH will update and agree plans for the implementation of the Community Nursing Unit Programme 2016-2021 including the development of options to mitigate the potential loss due to COVID-19 / regulatory compliance of up to 500 public long stay beds. This is in the context of avoidance through a 'home first' pathway of the requirement for 237 users of long stay NHSS residential beds in 2021
- In line with the output of the work programme referenced above, examine all relevant findings and implement recommendations of the Value for Money review as part of the implementation of this reform programme which will be supported by a €30m reform fund for public residential care
- Develop a plan in conjunction with the DoH to progress greater integration of private nursing homes within the broader framework of public health and social care in line with the recommendations of the *COVID-19 Nursing Homes Expert Panel Report*
- In the medium term, the HSE will support the DoH to develop and implement Phase 3 of the framework for safe nursing staffing and skill mix in all residential care facilities, similar to the process undertaken in acute care settings
- Develop a plan to increase, over time, public long-term residential care capacity, to rebalance the current 20:80 public:private split.

Community and voluntary supports

- Enhance the delivery of supports to the older population across the CHNs through the further roll-out of the ALONE support co-ordination service, as part of the ECC programme.

The National Carers' Strategy – Recognised, Supported, Empowered

- Additional investment in 2021 will improve equity of access to supports for carers in tandem with the community and voluntary sector
- Pilot the InterRAI Carers Needs Assessment module in selected CHOs to identify carers' needs and support the implementation of the National Carers' Strategy.

The National Positive Ageing Strategy

- Embed the community call response, working with health and wellbeing services and primary care services and in tandem with local authorities and affiliated non-governmental organisations
- Support the DoH in identifying targeted cross-sectoral initiatives to progress the National Positive Ageing Strategy, using available evidence.

Housing Options for our Ageing Population

- Support the DoH in identifying initiatives and working with health and wellbeing and primary care in implementing prioritised projects to make progress against this strategy as exemplified by the community call programme.

The Irish National Dementia Strategy

- Further develop the dementia model of care including a personalised home support model for dementia through expansion of in-home day care, enhancing memory technology resource rooms and the continued roll-out of the Dementia Understand Together campaign
- Enhance and develop the dementia diagnostic service nationally with four additional memory assessment supports services, co-located where possible, with specialist community team ambulatory hubs and a second regional specialist memory service
- Enhance the pathways of dementia care within the ECC reform programme, older persons' service model in tandem with the increase in dementia advisors to 29 nationally
- Implement the NCEC National Clinical Guideline 21 on the appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia in tandem with recruitment of six clinical nurse specialists in acute hospitals to implement dementia and delirium care pathways.

National Health and Social Care Strategy for Older Persons

- Support the DoH and government in scoping and developing an updated national health and social care strategy for older persons through engagement with all relevant stakeholders in the current and future management of an ageing population.

Palliative Care Services

Palliative care enhances quality of life and helps individuals live well and as actively as possible until they die. Palliative services support families in their caring role and continue to support them through their experience of grief and loss. Care is provided in a range of locations including acute hospitals, specialist palliative care inpatient units (hospices), and where people live in the community. A key focus of service development is to ensure equitable access to quality services at home, or as close as possible to home.

Services Provided

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for, whether at home, in hospices or in hospitals.

Priority Areas for Action 2021

- Complete and fully commission the 2020 new developments of inpatient units in Waterford, Mayo, Wicklow and Kildare and work alongside the voluntary hospice groups and philanthropic bodies to progress the plans for new inpatient units in Louth, Offaly and Cavan
- Progress the development of the voluntary hospice sustainability plans
- Commence the implementation of the recommendations contained in the 2020 review of clinical governance and operational arrangements for children's palliative care
- Support the DoH in updating the 2001 national palliative care policy
- Support the delivery of services provided by LauraLynn Children's Hospice including inpatient symptom control, respite and end-of-life care, homecare, family support, and bereavement care
- Address the recommendations of the review of clinical governance and operational arrangements for children's palliative care (2020) by recruiting seven healthcare professionals (medical and nursing) to support existing paediatric and palliative care services to deliver integrated care to children with life-limiting conditions in the community.

Disability Services

Disability services support and enable people with disabilities to live as far as possible the life of their choosing in their own homes and communities, through services, supports and environments, designed and adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible. Building on the Transforming Lives Policy and in line with the UN Convention on the Rights of Persons with a Disability, we will work to reimagine and reform disability services. This will be delivered through collaborative engagement with relevant government departments, service users and their families, service providers and representative bodies, and the national clinical programme for people with disabilities. This will ensure services are appropriately responsive and person-centred with greater flexibility and choice for the service user and delivered within an operationally and financially sustainable model.

Services Provided

Disability services are provided to those with physical, sensory, intellectual disability and autism in community, day, respite and residential settings. Services include personal assistant, home support, multi-disciplinary and other community supports. Services are delivered through a mix of HSE direct provision as well as through non-statutory section 38 / 39 service providers and private providers.

Priority Areas for Action 2021

In order to support mainstream person-centred community based supports for people with disabilities and their families, the following are key priority areas for 2021.

Residential places, respite and personal assistant services - developments

- Provide a total of 102 additional residential places comprising of 44 emergency places, 36 planned residential places, in response to current and demographic need, four adult transfers from Tusla and 18 places to support people with disability under the age of 65 to move from nursing homes to their own home in the community
- Provide nine additional centre-based services, providing some 10,400 additional respite nights along with a range of alternative respite projects including Saturday clubs, breakaway schemes, and summer schemes
- Provide 214 intensive respite support packages to children and young adults
- Deliver 40,000 additional hours of personal assistant supports to expand and enhance supports for people to live self-directed lives in their own communities.

Day services

- Provide an additional 1,700 day services places, delivered in line with the New Directions policy, for school leavers and graduates of rehabilitative training
- Protect full time service supports for the 5,000 people that receive both day and residential services and enhance the day service provision for the 14,500 day attenders by increasing their current COVID-19 impacted service from 40% (equivalent to 2 days per week) to 60% (equivalent to 3 days per week) on average

- Continue to work towards the full resumption of day services in line with public health guidance and New Directions policy by acquiring new locations on a short-term basis to provide additional physical capacity and through improving transport services to enable service users to attend at more diverse locations.

Multi-disciplinary services and assessment of need for children and adults

- Implement fully the revised standard operating procedure and the national access policy within CHOs through the children's disability network teams and progress the delivery of the assessment of need process in line with legal requirements
- Provide 100 additional multi-disciplinary posts within children's network teams to improve assessment of need and treatment with a particular focus on behavioural, dietetics and paediatric services within the children's disability network teams and move towards the completion of reconfiguration under progressing disability services
- Subject to Government approval, recruit 27 staff to commence preparation for establishing the process of assessment of needs for adults (19–21 year olds).

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

- Provide 144 more people with a disability, who are currently living in congregated settings, with more person-centred homes in the community in 2021. Pilot a model of service in one geographical area to support people with an intellectual disability and dementia to transition to community living
- Continue capacity building work in services to support the change from a traditional institutional model of service to a person-centred model of support in the community
- Support the acquisition / development of approximately 30 new homes to meet the needs of those due to move from the congregated settings in 2021 / 2022 through HSE capital funding and social housing options.

Autism Spectrum Disorders Report

- Implement the recommendations of the *Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders* focusing on the implementation of a tiered model of assessment in order to improve access to and responses by services to autistic children and adults in a timely manner
- Enhance the information and resources currently available within the HSE for all people with disabilities and autism to improve the individual's experience of accessing local service information.

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

- Implement the joint HSE and Tusla interagency protocol, prioritising in 2021 co-funding the placement of 33 children and supporting the transition of a number of young adults from Tusla to adult disability services and through the dedicated joint workshop sessions across child and adolescent mental health services (CAMHS), primary care and disability services
- In partnership with Tusla, fully implement recommendations arising from the Children's Ombudsman Report, inclusive of the need to identify, within existing budgets, supports to respond to the needs of

children and young people in foster care arrangements that have been assessed as having a moderate to profound disability.

Progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy

- Progress the roll-out of the revised HSE safeguarding policy, taking into account the development by DoH of a national adult safeguarding policy for the health and social care sector
- Undertake the implementation of the revised HSE adult safeguarding policy across all community health and acute care areas in line with the HSE national implementation framework
- Prepare for the publication of the DoH national policy on adult safeguarding for the health and social care sector and the future enactment of adult safeguarding legislation
- Provide adult disability services in line with the expectations of the HIQA / MHC national standards for adult safeguarding
- Provide a programme of education and training which includes a focus on prevention, awareness and response to safeguarding concerns.

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

- Fully implement Phase 1 of the National Ability Supports System (NASS) and develop additional functionality required for NASS as part of phase 2 of the programme.

Strategic Change

Reform of the Disability Sector

- The HSE, with support from the relevant government departments, will develop and implement a plan for the reform of the disability sector in line with the UN Convention and in collaboration with relevant government departments and agencies, including the new Department of Children, Equality, Disability, Integration and Youth, and disability services stakeholders to include the following:
  - Establish a strategic change team to work collaboratively with government departments and all stakeholders to develop an operationally and financially sustainable model of service and governance
  - Accelerate the development and implementation of a sustainable disability residential funding model and management information system, on a non-statutory basis to improve choice and quality service provision for people with disabilities and their families, building on learning from the current placement improvement programme
  - Implement a standardised assessment tool that enables supports for each person to be based on their individual assessed needs.

Strengthening Disability Fund

- Implement, under the Transforming Lives process, the government approved once-off grant scheme to disability service providers under three improvement strands:
  - Improve person-centred delivery in line with Transforming Lives

- Strengthen partnership arrangements in service delivery with similar bodies and organisations within particular fields
- Initiatives towards building sustainable organisations.

Personalised budgets

- Advance the personalised budgets demonstration projects for 180 adults with disabilities who have expressed an interest in participating in the project which will inform the development of a national service framework for personalised budgets.

Consultation and engagement structures

- Develop structures to enable service users to become active participants in their care and support, not only in the use of personalised budgets but also in the co-design of their services
- Put in place structures to support dialogue and collaborative working with voluntary organisations, including those representing section 38 and 39 providers, and people with disabilities and their families.

Neuro-Rehabilitation Strategy

- Progress the implementation of the managed clinical network demonstrator project funded through the *Sláintecare* 2020 care redesign fund through the development of community neuro-rehabilitation teams in Community Healthcare East and Dublin South, Kildare and West Wicklow Community Healthcare and the development of 10 specialist inpatient beds in Peamount Healthcare, Dublin
- Profile models of effective service integration and collaboration, identifying practices and enablers to support the wide range of statutory and voluntary services to implement the delivery of integrated community-based supports. Review the *Neuro-Rehabilitation Services in Ireland from Theory to Action Implementation Framework 2019-2021* and develop the framework for 2022-2024.

Mental Health Services

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. It is inevitable that one of the hidden impacts of COVID-19 will be on the population's mental health and it is important that we are able to respond to this. A strategic goal for mental health services is to promote the mental health of our population and support those seeking recovery from mental health challenges in collaboration with the other services and agencies including reducing the loss of life by suicide. The strategic development of services is informed by our national mental health policy *Sharing the Vision – A Mental Health Policy for Everyone* and *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*. Advancing the recommendations of *Sharing the Vision* sets a particular focus on promotion, prevention and early intervention including improved integration between physical and mental health.

The recommendations within *Sharing the Vision* will provide a new and enhanced focus on the provision of recovery focused integrated mental health services in Ireland in the future, and continue to inform mental health. This will be achieved through a person-centred approach that focuses on enabling recovery through an emphasis on personal decision-making supported by clinical best practice and lived mental health experience.

The policy provides an overarching framework and four key domains:

- Promotion prevention and early intervention with a focus on improved integration between physical and mental health
- Service access, co-ordination and continuity of care ensures that service users and their families, carers and supporters have timely access to evidence-informed supports, as a result of an outcomes-based focus that puts people before processes
- Social inclusion focuses mainly on people living with complex mental health difficulties who are most vulnerable to social exclusion arising from stigma and discrimination, inadequate accommodation of their needs in workplaces, and insufficient access to income, housing, employment and training or education
- Accountability and continuous improvement focuses on the organisational processes needed to implement and track delivery of the strategic changes proposed with an emphasis on innovation and continuous improvement.

Services Provided

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, CAMHS, general adult, psychiatry of later life services, mental health of intellectual disability, community residential and continuing care residential services and peer led services.

Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health, peer support and recovery education. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds, opening in 2021. All mental health services are informed by a person-centred and recovery approach.

Specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Currently CAMHS serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over.

Priority Areas for Action 2021

Progress implementation of the *Sharing the Vision – A Mental Health Policy for Everyone* and *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*

- Develop a sustainable costed plan for the governance, model of services and implementation of the national policy for mental health – *Sharing the Vision* – and commence implementation of priority actions in 2021 including the targeted recruitment of 123 additional staff and an additional 30.5 WTEs Individual Placement Service (IPS) employment specialists. The 123 staff includes 29 new CAMHS staff and five peer support workers in mental health services. This will also provide for the ongoing development of the dialectical behaviour therapy programme in line with a revised model, to ensure sustainability of the programme
- Continue to progress initiatives and interventions in line with *Connecting for Life national implementation plan 2020-2022* including the recommendations contained in the HSE report *Improving Suicide Bereavement Supports in Ireland*
- Progress the development of a plan to further enhance integrated care pathways focused on young people who are at risk of developing mental health problems, self-harm and suicide. Included in this are different approaches focused on prevention, early intervention and integrated care pathways.

Progress the roll-out of accessible integrated mental healthcare programmes in line with the HSE Corporate Plan

- Progress the development of four crisis resolution teams, four crisis cafes and one respite house as part of a phased development plan in line with *Sharing the Vision*, to implement alternatives to acute inpatient care and ED presentations through integrated care
- Progress the development of three CAMHS telehealth hubs to increase the provision of accessible care across multiple community healthcare areas, reducing waiting lists and managing projected new referrals.

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

- Implement agreed eMental health digital responses
- Increase community mental health team staffing in CAMHS by 10% from 2020 levels
- Transition to the new national forensic mental health service, increasing capacity on a phased basis, to 130 beds in 2021, gradually increasing to full capacity of 170 beds in 2022 including a 30 bed intensive care rehabilitation unit
- Continue to progress development and implementation of the agreed clinical programmes and new models of care
- Continue implementation of *A National Framework for Recovery in Mental Health 2018-2020* and review and align with *Sharing the Vision*

- Increase capacity to deliver 6,250 additional counselling hours and a range of talk therapies including the implementation of the new talk therapies model of care within mental health services
- Provide counselling supports for former residents of mother and baby homes through the national counselling service.

Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements

- Improve compliance in line with the Mental Health Commission findings and deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Further implement the HSE *Best Practice Guidance for Mental Health Services* and the HSE *Incident Management Framework*.

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

- Enhance and expand mental health engagement and feedback mechanisms to inform service improvement in the design and delivery of services, in co-production with service users, family members and carers
- Develop guidance to define the strategic function and role of lived experience in a recovery oriented person-centred service
- Mainstream implementation of the individual placement and support programme through the provision of 30.5 WTEs IPS employment specialists, working through employability services and the National Learning Network as part of a blend of specific employment focused supports alongside mental health professionals
- Increase the capacity to deliver peer-led recovery education
- Develop standardised processes including a new supported volunteering programme to value and reimburse service users, family members and carers for their involvement in service improvement.

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

- Continue development of CAMHS and adult mental health teams in line with implementation priorities under *Sharing the Vision*
- Engage in the development process to establish key performance indicators within mental health services aligned to new service developments
- Roll out the agreed capital developments and minor works to enhance facilities and infrastructure for service users and staff
- Continue to develop and implement the mental health workforce to ensure the right staff with the right skills are allocated to the right services
- Provide 28 additional beds to enable acute mental health services to respond to COVID-19 and increasing demand.

Adult safeguarding

- Undertake implementation of the revised HSE safeguarding policy across mental healthcare services in line with the HSE national implementation framework
- Prepare for the publication of the DoH national adult safeguarding policy for the health and social care sector and the future enactment of adult safeguarding legislation
- Provide mental health services in line with the expectations of HIQA / Mental Health Commission (MHC) national standards for adult safeguarding.

Strategic Change

- Advance the implementation of the recommendations of *Sharing the Vision* with a particular focus on promotion, prevention and early intervention and on improved integration between physical and mental health.

Acute Hospital Care

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.

In the context of COVID-19, a priority for the HSE in the coming year is to improve capacity while adhering to public health guidance in order to ensure that all required services are delivered (including both COVID-19 and non-COVID-19 services). The EDs within our 26 adult receiving hospitals have remained open 24 / 7 and will continue to do so through 2021. Our hospital staff have worked extremely diligently to put in place safe care arrangements and processes in response to COVID-19.

The interruption to normal healthcare activity as a result of the pandemic resulted in significantly reduced activity levels in the acute system in 2020. In the coming year it will be critical to implement new ways of working to improve capacity while operating in a COVID-19 environment and to recover as much activity as possible. The hospital system has rapidly deployed precautions to protect our patients, including reducing bed occupancy levels, moving services off campus and developing new care pathways. The very significant level of investment in 2021 to support additional bed capacity and the implementation of national strategies will enable our system to build upon progress to date and rapidly advance the implementation of *Sláintecare* within the acute environment.

A key focus in 2021 will be on investing and building capacity to lay the foundations for improving access for patients waiting for scheduled care. The Access to Care Action Plan 2021, to be finalised with the DoH in early 2021, will outline the level of additional investment and the levels of core and additional planned activity which will support access to scheduled care. With a focus on longer-term reform, a Scheduled Care Transformation Programme has been established to ensure a coherent and co-ordinated process to work towards, in the coming years, the access targets set out in *Sláintecare*. This work will be done in conjunction with the DoH and the National Treatment Purchase Fund (NTPF).

Addressing challenges related to accessing unscheduled care will also be a key priority in 2021. Significant additional bed capacity is being provided and alternative pathways and processes for accessing care have been developed, aligned to *Sláintecare* principles, the Corporate Plan 2021-2024 and the Winter Plan. This will help to ensure the safety of patients and staff and help to mitigate the risk of COVID-19 transmission. As unscheduled care activity is normalising to pre-COVID-19 levels, it is essential to continue to support and stabilise changes in care delivery which were introduced during the initial COVID-19 surge.

The priorities for acute hospital service delivery for 2021 are strongly focused on enhancing acute services and working towards alternative pathways of care that reduce the need to attend EDs or be admitted to the hospital. Acute services will work in an integrated way with community services to enable developments in community and primary care which support people at home or as close to home as possible. We will provide additional acute and critical care beds to ensure that those who do require hospital admission can access scheduled and unscheduled care services in a timely manner. The HSE will work to maintain the recent reduction in the numbers receiving care on trolleys and will work to achieve further reductions during 2021.

The Winter Plan and NSP 2021 provide for further resources in acute hospitals including additional consultant specialists for the care of older people and those with chronic conditions, additional consultant posts in acute medicine, additional nurse specialists and additional health and social care professionals (HSCPs). These additional staff, as well as investment in additional beds, will support the delivery of

integrated care, enable faster access to specialist services and, working closely with the ECC Programme, will help to avoid hospital admission where appropriate and enable earlier discharge to community. Additional infrastructure and infection prevention and control (IPC) resources to enable the safe management of COVID-19 and non-COVID-19 patients will be delivered in the acute setting. Appropriate reporting requirements will be put in place to track the delivery of these beds and associated staff and funding.

We are also implementing a range of system solutions to support improved safety and efficiency of care delivery in a range of areas including intensive care units (ICUs), scheduling management, electronic discharge management, ePharmacy, video consultation and other areas. It is intended that time related savings from the implementation of service developments will be used to fund the service-related costs of these implementations. Without this funding these initiatives could not proceed, systems would remain paper based and the provision of safe care would be compromised. These resources will also support the integration of care across the hospital and community environments.

The National Cancer Control Programme (NCCP) is responsible for the configuration and co-ordination of cancer services. A key priority of the investment in cancer services in 2021 is the continued implementation of the priorities of the *National Cancer Strategy 2017-2026*. By doing so we aim to decrease the burden of cancer, provide optimal care, maximise patient involvement and quality of life, and enable and assure change. Investment in cancer services through NSP 2021 will ensure the continuity of cancer services as we continue to operate in a COVID-19 environment.

Significant investment is also provided to progress the implementation of other national strategies in 2021. These include developments in relation to critical care, trauma services, maternity services, paediatrics, organ donation and transplant and the National Ambulance Service (NAS). Progressing these national strategies will address key clinical risks and deliver improvements in patient care and outcomes as set out in *Sláintecare*.

As we continue to live in a COVID-19 environment, the activity levels and access times that are expressed in this NSP 2021 must be seen as dependent upon the future pattern of the pandemic and capacity in the private sector.

Services Provided

Acute hospital services are delivered across the network of acute Hospital Groups and provide scheduled care (planned care), unscheduled care (unplanned / 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. These services are provided in response to population need and are consistent with wider health policies and objectives, including those of *Sláintecare*. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety initiatives are prioritised within allocated budgets, including the management of COVID-19 and other infections.

Overarching Priority Areas for Action 2021

- Provide safe services for patients and improve quality of care in accordance with the national *Patient Safety Strategy 2019-2024*

- Develop greater integration between community and acute services, including increasing community access to diagnostics and specialist advice, to promote a modernised and streamlined service model in line with *Sláintecare*
- Build capacity and lay the foundations for improving access to scheduled care in a targeted and integrated manner, maximising the resources available supported by telemedicine and other innovative approaches
- Significantly increase acute and critical care bed capacity to improve access to inpatient care and to help manage COVID-19 demand
- Improve access to unscheduled care and work with community services to improve the transition of care from hospital to community
- Implement the priorities of the *National Cancer Strategy 2017-2026* to reduce the cancer burden, provide optimal care, maximise patient involvement and quality of life and enable and assure change
- Progress the implementation of national strategies to ensure that patients receive high quality, safe care
- Improve the management and monitoring of performance relating to infection prevention and control, antimicrobial resistance and risk of healthcare associated infections, including COVID-19, with reference to the implementation of the *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020* and subsequent plans
- Support the delivery of the NAS alternative care pathways project in order to reduce pressure on acute hospitals
- Support the roll-out and implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018.*

Scheduled Care / Planned Care

Building trust and confidence, and tackling the complex challenge of scheduled care waiting times will require a sustained, at-scale, dedicated transformation process, with full alignment and commitment of the DoH, HSE, NTPF and other key stakeholders.

This year will be the foundational year of the HSE's Scheduled Care Transformation Programme. This dedicated programme will be built on multi-disciplinary expertise, and will work across all healthcare domains to deliver the required reform elements or projects.

Priority Areas for Action 2021 and beyond (further details will be set out in the Access to Care Action Plan 2021 to be finalised with the DoH in early 2021):

- Establish a dedicated team at national, regional and hospital levels, to co-ordinate and support the effective planning and delivery of the necessary reforms, and foster a sustainable culture of local clinical innovation
- Complete an advanced clinical prioritisation process, employing senior clinical decision makers, that will accelerate the appropriate pathway for existing patients on outpatient waitlists by streamlining access to clinical opinion and diagnosis. This will be the first step in the overall reform of referral pathways

- Expand nurse-led non-invasive capsule endoscopy diagnostic services (PillCam), to provide planned surveillance and to manage low risk symptomatic patients, with the long-term view of transitioning the service to the community. This will reduce patient attendances in acute hospitals and remove up to 14% of direct access colonoscopy referrals from waiting lists
- Provide additional scheduled care activity within the public sector to bridge the gap in activity due to COVID-19 restrictions. Initiatives have been identified across all hospitals to supplement the level of existing activity within hospitals
- Procure additional activity from the private sector to supplement activity in the public sector to provide timely access for urgent cases and minimise growth in waiting lists
- Establish robust data and information arrangements to underpin scheduled care planning and delivery at national, regional and hospital levels. This will see the procurement and roll-out of a health performance visualisation platform to provide near real-time health information and trends across the HSE
- Undertake a comprehensive demand and capacity analysis at regional, hospital and individual specialty team level to identify productivity opportunities and specific capacity gaps (beds, theatres, diagnostics, staff, and other infrastructure)
- Fundamentally reform referral pathways, working with GPs, community and hospital staff to provide a comprehensive range of alternative referral and advice options for GPs
- Plan for the nationwide introduction of new patient-centred booking arrangements that will significantly reduce ‘did not attends’ (DNAs) and support patient-initiated reviews
- Maximise the potential of emerging and innovative technologies to support the delivery of effective, patient-centred models of care. eEnabler initiatives include, but are not limited to, expansion of telemedicine, GP decision support, and waiting list management solutions
- Take forward opportunities to further separate scheduled care delivery from unscheduled care delivery, and to participate in the planning and development of the business case for elective ambulatory care centres, through the DoH / HSE Elective Care Centre Oversight Group
- Establish a strategic procurement framework, working with the NTPF where appropriate, to deliver innovative approaches to providing additional activity to achieve access targets, through the procurement of activity within the private sector.

Access to scheduled care has been challenging for a number of years, a situation exacerbated in 2020 by the impact of the COVID-19 pandemic. The Scheduled Care Transformation Programme and its core initiatives will allow us to transform our services to a modern, fit-for-purpose system, with care pathways delivered in an integrated manner, in the right place, at the right time, as envisaged in *Sláintecare*.

Other Scheduled Care Priorities

- Expand the transfer of infusion therapies from the hospital to home settings, including expansion of home dialysis as provided for in the 2021 Winter Plan
- Improve the management of neurological conditions with enhanced care pathways delivered closer to home as outlined in the 2021 Winter Plan
- Deliver psychological and other supports to patients with chronic inherited respiratory conditions.

Unscheduled / Unplanned / Emergency Care

Priority Areas for Action 2021

Improve access to unscheduled care by increasing capacity, reducing demand on EDs, improving hospital processes and improving the management of delayed transfers of care

- Open a further 488 acute beds in 2021 (to bring the number of additional acute beds to 1,146 by end of 2021 compared to the position at the beginning of 2020), allowing hospitals to work towards achieving 85% occupancy, reduce the number of patients waiting on trolleys and provide a safer environment for patients and staff. This represents an increase of over 10% in bed capacity and will be a major contributor to delivering safe service levels
- Open a further 74 sub-acute beds in 2021 (to bring the number of additional sub-acute beds to 135 by end of 2021 compared to the position at the beginning of 2020), offering post-acute care to more patients, reducing length of stay acute hospitals and improving access to acute care for more people
- Appoint additional consultant posts and implement a range of alternative pathways to provide for the delivery of care to COVID-19 and non-COVID-19 patients, providing senior decision makers and ensuring a safe experience of care for patients and a safe environment for staff.

Progress the delivery of *Sláintecare* by enhancing acute hospital services that support integrated care and maintaining patient care in the community

- Progress the delivery of the NSP 2020 care redesign initiatives under *Sláintecare* to provide acute hospital front door frailty teams. These initiatives are aligned to the ECC Programme and are designed to improve the experience and outcomes of people aged over 65 years living with frailty who present to acute services, helping to reduce unnecessary hospital admissions, lengths of stay and re-admission rates
- Address gaps in clinical services for chronic conditions such as diabetes, heart failure and respiratory conditions allowing swifter access to senior decision makers and specialist clinicians.

National Strategies

Critical Care

The development of critical care bed capacity is a key priority in order to strengthen the immediate response to the challenges posed by COVID-19, and to progress the initial phase of the strategic multi-annual plan to address long standing deficits in critical care capacity. Critical care expansion will also support wider strategic reforms such as the Trauma Strategy and the *Health Service Capacity Review* and enable the further development of national services such as organ donation and transplant.

Priority Areas for Action 2021

Increase critical care bed capacity

- Increase the baseline of 255 critical care beds by permanently funding the 40 additional adult critical care beds opened in 2020 and by adding a further 26 beds at University Hospital Limerick, Tallaght University Hospital and the Mater Misericordiae University Hospital (to bring the total number of adult critical care beds to 321 by end of 2021)

- Develop the critical care work force by increasing the numbers of on-site critical care nurse educators and by increasing access to critical care nurse education at foundation and post-graduate levels
- Improve patient care and reduce re-admissions to critical care units by increasing the numbers of hospitals with critical care outreach teams
- Increase the capacity of the NAS critical care and retrieval services.

Trauma Services

The *Report of the Trauma Steering Group – A Trauma System for Ireland* sets out a blue print for how to organise and develop trauma services that will see improvement in patient outcomes through the concentration of trauma-related clinical expertise in two Major Trauma Centres and Trauma Units. The significant investment received for trauma services will enable the commencement of two key priorities identified for development as outlined below.

Priority Areas for Action 2021

- Commence the phased development of the Major Trauma Centre for the Central Trauma Network
- Commence development of planned trauma care in the South Trauma Network to improve patients' experience and reduce time spent in hospital.

Organ Donation and Transplant

Organ donation saves lives and further investment in retrieval services will help to increase the number of organ transplants delivered in 2021.

Priority Areas for Action 2021

Develop and improve Organ Donation and Transplant

- Progress the development of organ retrieval services and transplant audit
- Further enhance the safety of the organ donation service by developing an electronic offering system for matching and allocating donated organs
- Progress the development of the Organ Donation Opt-Out Register in partnership with the Office of the Chief Information Officer.

Cancer Services

The configuration and co-ordination of cancer services is led by the National Cancer Control Programme (NCCP). Our focus for 2021 is the continued implementation of the priorities of the *National Cancer Strategy 2017-2026* aligned with the following themes:

- Reduce the cancer burden
- Provide optimal care
- Maximise patient involvement and quality of life
- Enable and assure change.

NCCP oversees cancer prevention and early diagnosis, rapid access services, treatment of cancer including surgery, radiotherapy and systemic therapy. It has also commenced survivorship, psycho-oncology, and child, adolescent and young adult services, and enhanced community oncology support.

Eight hospitals are designated cancer centres, 26 public hospitals provide systemic anti-cancer therapy (SACT), and five public hospitals and two private centres provide radiotherapy services for public patients. The private centres are governed under service level agreements. The North West Cancer Centre, Altnagelvin, Derry also provides radiotherapy services to public cancer patients in the North West under a service level agreement. Community oncology services include awareness, prevention, care and counselling.

During the COVID-19 crisis period, cancer services prioritised activity across the patient pathway in line with national clinical guidance. This ensured emergency, time critical and symptomatic services for cancer (diagnostics, surgery, chemotherapy and radiotherapy) were delivered appropriately and that patients continued to be seen in a timely way. It also protected vulnerable cancer patients from exposure to COVID-19 during the crisis period. However, the impact of ‘slowing’ cancer services has been significant, with centres now struggling to deliver to a pre-COVID-19 level and a growing backlog of patients waiting for access, care and treatment.

Priority Areas for Action 2021

Reduce the cancer burden

- Continue to develop and implement a national plan for cancer prevention and early detection.

Provide optimal care

- Facilitate additional clinics to address the backlogs that occurred during the initial months of the COVID-19 pandemic across rapid access clinics, surgical, radiotherapy and systemic oncology
- Implement the agreed surgical oncology centralisation project to support cancer surgery
- Implement improvement recommendations for the rapid access clinic key performance indicators (breast, prostate and lung)
- Support the provision of increased and enhanced diagnostics for cancer services
- Support the National Plan for Radiation Oncology Phase 2 expansion (University Hospital Galway construction), contracted provision and radiotherapy services enhancement in line with emerging service developments

- Continue to implement the recommendations of the *National Cancer Strategy 2017-2026* in relation to medical oncology, haematology and SACT services
- Support hospitals in meeting drug costs and in implementing quality initiatives in cancer care.

Maximise patient involvement and quality of life

- Progress recommendations of the National Cancer Survivorship Needs Assessment and progress development of survivorship clinical services across acute and community settings
- Prioritise psycho-oncology services as a core part of cancer care and progress development of psycho-oncology clinical teams across acute and community settings.

Enable and assure change

- Roll out the National Cancer Information System (NCIS) and Multi-Disciplinary Meeting Module
- Strengthen cancer intelligence, research, clinical guidelines, quality framework and workforce planning functions.

Women and Children's Services

National Women and Infants' Health Programme

The implementation of the *National Maternity Strategy 2016-2026 – Creating a Better Future Together* and the strategic development and organisation of general gynaecology services, neonatal services, termination of pregnancy services, sexual assault and treatment services, and infertility services are being led by the National Women and Infants' Health Programme.

Priority Areas for Action 2021

Advance the implementation of the *National Maternity Strategy 2016-2026 – Creating a Better Future Together* and improve the provision of healthcare service for women and infants

- Support the development of maternity networks and Serious Incident Management Forums for maternity services
- Enhance the choices available to women by the further development of the supported care pathway
- Improve access to specialist and HSCP services and supports
- Deliver a maternity specific healthcare communication programme to staff in the 19 maternity services
- Respond to the *National Maternity Experience Survey 2020* by working with and supporting maternity services regarding the implementation of quality improvement programmes
- Support the integration of the national home birth service into acute maternity services
- Increase the range of information and educational supports available to pregnant women
- Review existing and develop new national clinical guidelines in the areas of maternity and gynaecology
- Develop further key performance indicators in the areas of maternity and gynaecology services
- Support the commencement of the Operational Readiness phase of the National Maternity Hospital relocation project
- Continue to implement the national policy review in relation to sexual assault treatment units
- Continue to respond to the recommendations set out in the Chief Medical Officer's report on the use of transvaginal mesh
- Expand access to a safe, high quality termination of pregnancy service
- Expand provision of ambulatory gynaecology services around the country and support expanded gynaecology theatre access in the Dublin region
- Revise and update the 2015 model of care for neonatology
- Develop a national strategy for the provision of neonatal resuscitation training nationally
- Complete implementation of Phase 1 of the model of care for infertility services by establishing two further regional fertility hubs
- Identify issues relating to avoidable incidents of neonatal encephalopathy in collaboration with the DoH and the State Claims Agency, and commence a structured work programme to address
- Support the ongoing implementation of the Maternal and Newborn Clinical Management System (MN-CMS).

Paediatric Model of Care

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

Central to the acute paediatric model of care is the development of the new children's hospital on the campus of St. James's Hospital. This development includes two urgent care and outpatient centres, one at Connolly Hospital Blanchardstown that opened in 2019, and the second at Tallaght University Hospital that is due to be completed towards the end of 2021. The Board of Children's Health Ireland (CHI) oversees the integration of services across the three children's hospitals as part of the ongoing corporate, clinical and operational merging of services.

Further investment in the model of care for general paediatrics at Tallaght should see in due course a significant improvement in waiting times for access to a consultant paediatrician as well as supporting the ongoing development of the cross-hospital integration of services.

Priority Areas for Action 2021

Continue to oversee the new children's hospital development and development of paediatric services

- Progress the recruitment of staff for the new paediatric outpatient and urgent care centre at CHI Tallaght and for the further implementation of the model of care for general paediatrics
- Further develop immunology services at CHI to support the care of children with primary immunodeficiency diseases
- Further develop services for patients with inherited metabolic disorders at the Mater Misericordiae University Hospital to improve the transition of care between paediatric and adult services.

National Ambulance Service

The National Ambulance Service (NAS) is a demand-led service for the whole population, working in conjunction with the Dublin Fire Brigade, Irish Air Corps, Irish Coast Guard, Irish Community Rapid Response and at a community level with First Responder teams. The NAS operates a singular platform for all call taking and dispatch and utilises a range of models to respond to emergency and urgent calls and requests for inter-hospital transfers.

Services continue to be operated and developed in the context of an evolving pandemic, where COVID-19 capacity needs to be maintained and heightened safety measures need to be rigorously adhered to.

Priority Areas for Action 2021

Implement *A Trauma System for Ireland*

- Progress the implementation of the *Report of the Trauma Steering Group – A Trauma System for Ireland* through the continued introduction of standardised protocols for triage and bypass for trauma and orthopaedic patients.

Further develop service delivery and improved clinical governance

- Strengthen the staffing capacity of the NAS critical care and retrieval services
- Provide a structured clinical governance process and support for practitioners
- Target capacity deficits as identified in the *National Ambulance Service of Ireland – emergency service baseline and capacity review*
- Strengthen NAS strategic and operational governance for all transformational programmes and projects
- Progress the development of alternative patient care pathways, including the introduction of the community Pathfinder / community paramedics project to deal with low acuity calls in an integrated manner in partnership with other healthcare providers
- Continue engagement between the HSE and the DoH on the revision and introduction of a balanced set of key performance indicators which includes appropriate response times and patient outcome measures.

Section 6

Finance and Financial Management

Finance and Financial Management

Summary

In summary terms, the scale of additional investment in our health services in 2021 is unprecedented when viewed in the context of any single previous year and is also very significant when we separate out the specific COVID-19 2021 investment. The COVID-19 pandemic is itself unprecedented in the recent history of the state. Including monies held back initially by the Department of Health (DoH), the 2021 budget for operating costs is up €3,524m, or 21% above the National Service Plan (NSP) 2020 allocation of €17,099m. The 2021 capital budget of €1,033.3m is also more than 20% ahead of the 2020 level.

This investment demonstrates a significant commitment to the health service in 2021 and is in part reflective of the very positive perception of the performance of the staff of the health system during the pandemic. It represents an opportunity which, if effectively grasped and built upon, can be the foundation for a lasting improvement in many areas of our health and social care services.

Delivering on the opportunity afforded to the health service by this investment and being able to track and report on what is being delivered will be crucial. The conditionality in this regard associated with the need to ring-fence all COVID-19 and new development funding to deliver the intended purpose and retention in future years of this investment is noted. The need to invest in the necessary change management and implementation support has been factored into this Plan. Conscious that our overall services will be growing by 5%-10% or more in 2021, we will also strengthen our general operational capacity particularly across our community and hospital services in areas like quality and patient safety, patient and service user involvement, data and analytics, risk management, financial management, safeguarding, eHealth, procurement compliance and so on.

The ongoing COVID-19 pandemic will continue to bring uncertainty and complexity to the planning and delivery of services in 2021. As a consequence, it also brings complexity and uncertainty to our efforts at financial planning and financial management for 2021. In order to manage this, we will use every appropriate opportunity to refocus the staff recruited over the last eight months as part of the initial COVID-19 response, towards the new permanent roles enabled by the 2021 investment.

The monies provided for 2021 have afforded us an opportunity to reduce the level of ongoing financial risk that was present in some of our services pre-COVID-19, most notably within acute hospital services, disability services and mental health services. During 2021 we will seek to build upon this platform with a view to being able to enter 2022 with plans in place to enable further improvements, including in the value delivered by our services, in what we hope will be the post-COVID-19 era.

In this NSP we have planned, within the level of available resources, to maximise the delivery of safe service activity levels subject to the delivery, service and financial risks being managed within the overall Plan. In doing so we will seek to use the totality of the funding available as flexibly as is practicable, within the parameters set out in the letter of determination (LoD), to best meet the needs of those who require access to health and social care services.

In line with *Sláintecare* and the Finance Reform Programme, we will continue key projects including the development and adoption of the integrated financial management system (IFMS) by all statutory and larger funded voluntary services, alongside further development of activity based funding (ABF) for hospitals and community services together with enhancing procurement compliance and systems.

2021 Investment and opportunity

The funding provided by the Minister to the HSE is summarised in the table below, with further detail set out in the financial tables at Appendix 1. The total HSE budget for 2021 includes some very significant additional 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 2021 provided by DoH

2021 Opening Budgets for Operating Costs (Revenue) and Capital Costs	Operating Budget* €m	Capital Budget €m
Opening Allocation (December REV)	**17,099.1**	**839.3**
Opening Allocation Adjustments	25.7	-
Existing Level of Service	705.0	26.0
Additional Existing Level of Service Funding 2021 sub total	**730.7**	**26.0**
Opening allocation plus Additional Funding for Existing level of service in 2021	**17,829.8**	**865.3**
Brexit	5.0	13.0
COVID-19 Programmes (excluding central government contingency)	1,676.0	155.0
New Measures	1,112.3	-
Additional Brexit / COVID-19 / New Measures Funding sub total	**2,793.3**	**168.0**
HSE 2021 Net Allocation (excluding holdback funding)	**20,623.1**	**1,033.3**
Total Additional Funding for 2021 over Opening Allocation	**3,524.0**	**194.0**
% increase	21%	23%
* Includes €261.1m initially held back by DoH pending submission and agreement of detailed plans around specific initiatives		

On the operational costs (revenue) side this includes:

1. €705m / 4.1% – existing level of service
2. €1,112m / 6.5% – new measures (development initiatives)
3. €1,817m / 10.6% – non-COVID-19 (excludes opening adjustments, Brexit and COVID-19 funding 2021).

To put this 10.6% increase in context, the corresponding uplift between our 2019 and 2020 opening revenue budgets was a total of circa 6.5% for existing level of service (ELS) and developments combined, and it averaged 7.3% per annum, between 2016 and to 2020. The 10.6% achieved for 2021 is all the more significant given that government has had to invest a further minimum 9.8% / €1,676m in 2021 COVID-19 costs with an additional 1.4% / €240m potential health COVID-19 monies held as part of a central government contingency. The 2021 capital budget provided by the DoH is also more than 20% ahead of the 2020 level.

Of the €20,623m, €16,057m (78%) is allocated to operational service areas performance managed by the HSE. The balance, €4,566m (22%), is allocated to State Claims Agency reimbursement, pensions, and demand-led areas. Costs within pension and demand-led areas are generally less amenable to normal performance management and related financial management actions. The State Claims Agency 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 2021 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 in 2020.

Transformation and reform of certain services on a permanent basis is therefore a necessary and important focus of our plan for 2021, in addition to supporting the resilience and preparedness of the health service to continue to operate in the challenging the COVID-19 environment.

These additional investments include:

a) New Measures - Core Programmes - €1,112m

- €426m for increasing capacity (capacity review 2018 – ICU beds, acute beds, community beds)
- €313m for enhanced community and social care services
- €87.5m for disability services and €23m for mental health services
- €89.5m for implementation of national strategies and expert reviews
- €12m for public health
- €78m improving access to care
- €50m introducing new drugs and €33m for eHealth.

The funding for new measures will be managed and tracked to ensure that it delivers the intended outputs / purpose and the HSE's control and reporting processes will support this.

b) COVID-19 Programmes - €1,676m (excludes central government contingency referenced above)

- €450m for personal protective equipment (PPE)
- €200m for the COVID-19 vaccination programme (initial provisional sum only)
- €445m for the testing and tracing programme
- €210m Access to Care Fund – waiting lists and scheduled care including use of public and private hospitals
- €42m for provision of support to private nursing homes
- €7.7m for support of hospices, €17m for home care, €10m disability day service recovery
- €15m mental health service supports, €11m homelessness and €12m for cancer restoration
- €7.5m for infection prevention and control and €10m for GP COVID-19 contract
- €238.8m for other supports, including continuation of some elements of supports in place during 2020.

In addition to the funding that has been set out above, approval has also been granted in the revised letter of determination 2021 to proceed with the implementation of the delivery of the expanded influenza vaccination programme for the winter season 2021 / 2022.

The approval is up to a cost of €65.5m which is to be funded in the first instance from any once-off savings that may arise naturally from within the existing allocation of €2,071m for COVID-19 (€1,676m COVID-19 revenue funding + €155m COVID-19 capital funding + €240m central government contingency). Thereafter, the HSE will engage with the DoH on how best to proceed and in the interim no changes to the other costs, application of funding and targets that underpin this NSP have been assumed.

In addition, as part of the HSE response to the current very significant surge in COVID-19 cases, the DoH has, by letter dated 11 January, approved the HSE to proceed to sign contracts with the private hospitals for what is referred to as the Safety Net II agreement, which is designed to mitigate the risk that the public hospital system will become overwhelmed by the level of hospitalisations and ICU admissions. As outlined in the HSE's approval request to the DoH, the preliminary estimated cost of the current surge ranges up to circa €47m per month or circa €90m if the current surge lasts for two months, albeit this is subject to a range of variables and significant uncertainty. The LoD and the NSP do not make specific provision for this and therefore it is intended to deal with the funding of this agreement on the same basis as is set out above in respect of the expanded influenza programme for the winter season 2021 / 2022.

c) Existing levels of services - €705m (plus the benefit of circa €160m in savings – see d) below)

- €278m Primary Care Reimbursement Service (including new measures on 1 Nov 2020 and next phase of GP contract)
- €148m pay cost pressures
- €130.8m – Other ELS including demographics (plus the benefit of €160m in savings)
- €47m full year impact of 2020 developments (including €23m disability services and €4m palliative care)
- €20m pensions, €10m state claims, €12m IFMS and national integrated staff records and pay (NiSRP) programmes
- €12m mental health, €15m disability services
- €9.8m paediatric homecare, €3.2m GP training and €4.2m social inclusion
- €15m section 39 pay restoration.

d) Savings identified in the letter of determination to support the existing level of service (ELS) - €160m

The LoD references €160m in savings i.e. €90m available from past pay arrears settlement, €35m bio-similar savings and €35m overseas treatment. The indicative allocation of these monies are as follows:

- €32m disability services (including €5m Children's Disability Network)
- €15.7m mental health services
- €46.9m acute hospital services
- €13.1m strengthening operational capacity (including patient safety and patient liaison capacity)
- €2.5m National Doctors Training Programme
- €35m primary care schemes
- €5m local demand-led schemes (aids and appliances).

Within the overall additional revenue funding for ELS and new measures of €1,817m, circa €28m or 1.5% (of which €13.1m is ELS) has been prioritised to strengthen the operational capacity of our community and hospital services in key areas such as quality and patient safety, patient and service user involvement, data and analytics, risk management, financial management, safeguarding, eHealth, procurement compliance and so on.

A further €10m or 1% has been prioritised to supplement the very welcome €33m investment being funded in our eHealth programmes so that services can release key staff onto these programmes in line with best practice to ensure they are successful.

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

Our knowledge and experience of COVID-19 is substantially different now at the beginning of 2021 than it was 12 months ago. 2021 is likely to be different than 2020 in terms of the impact of COVID-19 and our approach to it. It is also likely to be different in terms of the very significant capacity and development funding that is likely to overlap with some costs that were flagged as COVID-19 in 2020.

The uncertainty and complexity that the ongoing pandemic brings to our efforts at financial planning, inter-alia, makes it difficult to reliably estimate the future costs associated with the various strands of the response to COVID-19. The individual and overall funding amounts related to COVID-19 set out in the LoD and in this plan must be viewed in that context. To mitigate this issue, it is noted that the 2021 whole of government estimates and associated sanctioning processes include significant flexibility for reallocation of funds, including through re-directing savings that may arise from winding-down of emergency COVID-19 measures across all departments and public agencies, and through general contingency provisions, reflecting the need for a responsive approach to deal with unprecedented uncertainty.

All costs associated with PPE, including for example storage and distribution costs, will be reported against the PPE programme. Similarly, with testing and tracing, and vaccination, all relevant costs, including referral and communication costs, will be funded by and reported against these two programmes.

The weekly flash reporting will be continued in 2021 and the process is being reviewed to make further enhancements, including linkage with standard monthly reporting in so far as is practical. DoH and Department of Public Expenditure and Reform (DPER) will be considered as part of this review.

In preparing for 2021, it will be necessary to revisit with services the definition of COVID-19 costs and how they are charged and reported. This review of definitions and reporting will need to take full account of the significant capacity enhancements, access to care monies, restart and similar monies as well as more usual development investment across a range of national strategies in 2021.

As part of this, staffing resources already recruited to date in response to COVID-19 will need to be reviewed and an assessment made as to whether they can be appropriately assigned to the key developments, the funding for which, unlike COVID-19 monies, is predominantly recurring in nature.

Given the uncertainty and complexity of what is outlined above, it will be necessary for CHOs and Hospital Groups, as part of preparing their operational plans, to set out what they anticipate their revised 2021 COVID-19 response arrangements to be. This will be accompanied by an estimate of the likely costs over and above any specifically funded initiatives referenced within this NSP including those covered also within the 2021 Winter Plan. The bulk of the monies provided for COVID-19 additional supports will be allocated following review and assessment of operational plans and progress on their implementation from January 2021 onwards. It is acknowledged that these funds are intended solely for COVID-19 related costs as per the LoD.

With opportunity also comes risks, including financial risks, which have to be appropriately managed

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 2021 will work to maximise the delivery of safe services, within the level of available resources, in order to meet the activity volume and other targets in this Plan, subject to the delivery, service and financial 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, within the parameters of the LoD, 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.

There is limited capacity within the Plan for the HSE to respond in 2021 to further pay or other pressures, beyond those which have already been provided for. In the event that additional unfunded pressures emerge, for example, via the industrial relations machinery of the state, regulatory processes, government decisions or the courts etc., the HSE will engage with the DoH as to how to proceed.

It is noted that the HSE's capacity to respond to new drugs and new indications for existing drugs is finite i.e. €50m for 2021, and needs to be looked at in the context of the circa €2.4bn the HSE is already paying each year to drug companies. This equates to 12% or nearly one in every eight euros invested in running our health and social care services. Where companies are willing to reduce the cost of existing drugs it enables headroom within that €2.4bn which the HSE can use to make additional new drugs available to patients earlier. Some encouraging progress in this regard was made in the latter half of 2020 and the HSE will look to continue this in 2021 as part of its obligation to operate as required within the *Health (Pricing and Supply of Medical Goods) Act 2013* and existing conditions of sanction in relation to new medicines.

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

IFMS, the single integrated financial and procurement management system for the publicly funded healthcare sector, is expected to complete its national design, build and test phases by Q4 2021 with deployment commencing in 2022. The HSE will continue and further expand its engagement with stakeholders, including with our partner voluntary organisations funded under section 38 and section 39, in advance of their adoption of this system.

As was the case in 2020, the HSE will continue to engage very regularly with the DoH and the DPER, including through the Health Budget Oversight Group as part of our efforts to ensure robust oversight of funding, its application to the intended purposes and to spending trends as they emerge.

Dealing with any in-year or accumulated historic financial overruns within voluntary organisations funded under section 38 and section 39 across the acute hospital, disability and other sectors is primarily a matter for the boards of those organisations. The HSE will continue and, where necessary, seek to enhance its engagement and relationship with its section 38 and section 39 key partner organisations in order that we can provide as much guidance and practical support as is feasible.

Community Services – Disability

Within disability services the service and financial risk will primarily relate to residential places and emergency cases. This is the cost of providing residential care to people with an intellectual and physical disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts. Also key is the expansion of day services to provide additional supports to enhance the day service provision, affected by COVID-19, to 14,940 people from an average of 40% service to an average of 60% service. 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 2021.

Acute Hospital Care

Acute services have modelled the expected level of activity that the 2021 funding will pay for and identified service areas where the HSE is expected to address service demands. The COVID-19 pandemic has led to unprecedented interruption to normal healthcare activity. Until such time as all of the at-risk groups within the population are vaccinated, healthcare delivery will occur in a high-risk environment where outbreak, surge and a negative impact on elective capacity could ensue at any time. A priority for the HSE in the coming year is to ensure that all required services are delivered to patients (COVID-19 and non-COVID-19).

Bad Debt Management – The acute hospital budget for bad debt provision / charge related to private income has been limited to existing budget level pending the outcome of the ongoing court case involving private insurers.

As activity levels return towards pre-COVID-19 levels in 2021 we will closely monitor the performance of patient income to assess whether it is returning to the levels necessary to provide the expected essential support for the overall provision of public acute hospital care.

In seeking to mitigate underlying financial risks through the allocation of 2021 funding, benchmarking data from our ABF programme will be utilised so that hospitals which have consistently been assessed as more efficient may benefit appropriately. The safe staffing programme will be utilised where practical to provide an evidence base to assist in addressing financial and service risks related to staffing levels.

We will invest in patient level costing capability within the hospital system and in hospital activity coding to improve the coding quality to ensure activity data is accurately reflected in our ABF modelling given the importance of this national dataset for planning, managing and research and the progressively increasing influence it will have on funding levels in the years ahead in line with *Sláintecare*.

Community Services – Older Persons

Unsustainable cost levels in certain public units have the potential to ‘consume’ capacity and service that patients could otherwise benefit from. With the expected publication in 2021 of the DoH Value For Money

report on public and private long stay care, the HSE will work over time to reconfigure public long-term care bed stock to address value for money and sustainability issues related to the public cost of care in a number of locations.

More generally the emphasis will be to deliver a new model of integrated, older person services across a care continuum as part of the ECC programme. This includes minimising referrals and admission to acute settings or, when admitted, facilitating discharge through a designated pathway in order to maximise the potential for remaining at home and in turn reducing the requirement for long-term residential care. This will be supported throughout 2021 by a very considerable expansion of home care and community support for older people. This home first approach will enable older persons to live independently, in their own homes, for as long as possible, as part of an integrated community model.

Community Services – Mental Health

The HSE will ensure that sufficient provision is made within ELS and new measures monies to fund essential placements for service users with complex and challenging needs as well as quality and regulatory mandated enhancements to staffing in our acute care units. In addition, temporary provision will be made from within overall funding to address the additional costs associated with increasing agency, particularly medical agency, including within our community-based teams. This temporary provision is pending improvement in the capacity to attract key specialised staff or changes to the model of provision to reduce the unsustainable reliance on very high cost agency in some locations.

The recommendations within *Sharing the Vision – A Mental Health Policy for Everyone* will provide a new and enhanced focus on the provision of recovery focused integrated mental health services in Ireland in the future, and continue to inform mental health service delivery. This will be achieved through a person-centred approach that focuses on enabling recovery through an emphasis on personal decision-making supported by clinical best practice and lived mental health experience.

Pensions and Demand-Led areas

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

Primary Care Reimbursement Service

It is noted that the LoD has indicated the level of budget for Primary Care Reimbursement Service (PCRS) in 2021. Separately, all costs incurred by PCRS in support of testing and tracing, and the expected vaccination programme, will be funded from monies associated with those schemes.

The PCRS will continue to face financial pressures driven by increased demand for services. 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.

PCRS will continue to report on the full year effect of the 2020 savings initiatives in 2021. In addition to this, HSE will also report on new 2021 savings of €35m for bio-similar and other drugs.

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 2021 under each scheme. In the event that actual expenditure emerges in 2021 at a level higher than the indicated budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Pensions

It is noted that the LoD has set out the level of budget for pensions in 2021.

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. Pension costs and income will be monitored carefully and reported on regularly. In the event that actual expenditure emerges in 2021 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

It is noted that the LoD has set out the level of budget for State Claims Agency (SCA) for 2021. This funding relates to the cost of managing and settling claims which arose in previous years which is a statutory function of the SCA. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. In the event that actual expenditure emerges in 2021 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Local Demand-Led Schemes

The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures. The budget will allow the HSE to fund a maximum of affordable level for these services.

Overseas Treatment

The Overseas Treatment Schemes include treatment abroad, cross-border healthcare and EU schemes (such as the European Health Insurance Card (EHIC)). These schemes relate to the provision of clinically

urgent care and treatment abroad. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

Brexit Costs

In 2020, the HSE worked closely with the DoH and other agencies on Brexit contingency planning as part of the whole-Government Brexit readiness. This involved identifying, assessing and addressing the necessary contingency measures and actions required to maintain service post Brexit. The HSE continues to work closely with service providers, suppliers and patient groups in relation to the 2021 Brexit environment.

Capital funding 2021 (see detail in separate capital plans)

The 2021 LoD provides for €1,033.3m capital funding comprising €913m (including Brexit) for building, equipping and furnishing of health facilities, of which €130m is for COVID-19 related projects. The €1,033.3m also includes €120m for ICT projects, of which €25m is for COVID-19 related projects. It is noted that there are risks to the operating (revenue) budget caused by the pressure related to backlog maintenance and essential equipment replacement.

The measures provided for within the Capital Plan for building, equipping and furnishing of health facilities will include:

- €220m for the new children's hospital
- €127m for older persons' services
- €35m for radiation oncology programme
- €43m for primary care services
- €20m for disability services
- €21m for mental health services
- €315m for acute hospital projects including additional capacity and maternity services
- €42m for community projects
- €26m for National Ambulance Service including vehicle replacement
- €108m for infrastructural risk including COVID-19 related works
- €13m Brexit construction works - OPW
- €65m for medical equipment replacement.

It is noted that the projects listed above will be funded by the €913m provided in the LoD, plus €68m carry-over funds from 2020 and €15m of capital income (primarily estimated disposal income).

The €130m additional funding received in 2021 is for COVID-19 related works to provide additional capacity, mainly in the acute hospitals, and infrastructural risk type works in the areas of infection prevention and control, separation of patient flows in a clinical setting, improved ventilation etc.

The measures provided for within the €120m ICT capital plan will include:

- €9.1m for service continuity and transformation projects such as health pathways, immunisation and remote consultation (telehealth)

- €46.8m for national programmes such as the National Integrated Medical Imaging System (NIMIS), ICT clinical information system, children's hospital and IFMS
- €36.5m for enabling programmes such as technology replacements, cloud infrastructure and storage and core ICT networks
- €8.1m for technology modernisation of existing platforms.

Corporate Finance – Priorities and Actions

Corporate Finance provides strategic and operational support, direction and advice to services within the health service to achieve the goals of providing high quality, integrated health and social care services. This support enables the organisation to demonstrate value in terms of economy, efficiency and effectiveness in order to maintain and enhance appropriate investment in our health service. Corporate Finance supports:

- Delivery of the actions / initiatives set out in this Plan including through improved measurement and reporting (weekly COVID-19 Flash reporting will be continued and enhanced where practical)
- Implementation of the national finance reform programme (see below) including progressing the design and implementation of a single IFMS for the HSE, Tusla, section 38 funded voluntary bodies and larger section 39 funded voluntary bodies
- Implementation of the single NiSRP which will link to the finance system
- Progressing the implementation of the pay foundation programme to improve and accurately cost, report, forecast and plan pay across the health service (integrated with NiSRP and IFMS above)
- Extension of ABF, via implementation of the ABF Implementation Plan to include delivering on specific priorities in the *Sláintecare* Implementation Strategy. The Healthcare Pricing Office role is to embed and grow ABF across the system to increase understanding of and accountability for costs, and identify opportunities for improved efficiency
- Developing and co-ordinating ongoing enhancements in relation to the HSE's internal control framework as part of the national finance reform programme. For 2021 this will include working with procurement colleagues to improve procurement compliance. Specifically, this encompasses the requirement to have in place a database of all 2020 payments over €25,000 with an assessment of the level of non-competitive and non-compliance procurement within same.

IFMS and the wider Finance Reform Programme of which it is a part

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 Finance Reform Programme, including IFMS, is overseen and mandated by a Finance Reform Board, chaired by the Chief Executive Officer (CEO) and consisting of senior representatives from the HSE, the DoH (including the Secretary General) and DPER (Assistant Secretary General, Health Vote).

The implementation of IFMS across the publicly funded health and social care system (including all section 38 funded organisations and larger section 39 funded organisations) requires the adoption of a set of national standard finance and procurement processes.

To support this, a new and developing financial management framework has been drafted which defines the process, governance and controls required to demonstrate effective financial management practice. The framework is a living document which has most recently been approved by the Finance Reform Programme Steering Committee in June 2019. Development of the framework and associated strategies will continue as the programme progresses.

Impacts and benefits of IFMS as part of the wider Finance Reform Programme include:

- Stabilisation of legacy systems with an interim Business Information solution to provide standardised data for reporting
- Better, more timely and more comparable financial information for all stakeholders with an interest in the health service whether they are providers, funders or service users
- Support for a strengthened system of internal controls
- Enable further value to be delivered and demonstrated
- Integration of processes to allow a clear line of sight across the system and effective consolidation
- Standardisation and improvement of processes
- Development of reporting processes and mechanisms that support decision-making, service delivery and statutory requirements
- Productivity and efficiency gains
- Supports the key objectives of the Public Service ICT Strategy
- Clear definition of roles, responsibilities and capabilities.

Progress expected in 2021

The detailed design of IFMS will be completed in Quarter 1 2021, followed by a build and test phase of approximately six months. Deployment across the health system will commence in Quarter 4 2021 with the HSE East, Health Business Services (HBS), the National Distribution Service and Tusla, the Child and Family Agency, scheduled to go live in Quarter 2 2022.

It is anticipated that the IFMS programme will have successfully been rolled out to 80% of the public health system by the end of Quarter 3 2024 with roll-out prioritised by areas of significant expenditure.

Section 7

Workforce and Corporate Human Resources

Workforce and Corporate Human Resources

National Human Resources (HR) provides strategic support, direction, advice and interventions to all areas of the health service, recognising that all staff throughout the system are the key to the delivery of excellent people capability.

Throughout the COVID-19 period, National HR played a central role in the overall health service response through support for our staff from the Workplace Health and Wellbeing Unit, by providing support for the flexible and agile response to change across our health services and by ensuring the availability and dissemination of information in real time through the organisational frameworks agreed. Additionally, National HR has provided stability, support and structure to all areas of the health service, regularly issuing critical information updates, guidance and assurances through the governance structures and the robust communication pathways set out.

Progress also continues to be made on delivering on the priorities of National HR that will result in improved people services across the healthcare system. The Corporate Plan 2021-2024 will ensure a clear alignment with the *Health Services People Strategy 2019-2024*. Our focus for 2021 is to support the restoration of health and social care services in a COVID-19 environment and address the workforce needs associated with a view substantial expansion in the HSE workforce associated with the new and increased levels of service described elsewhere in the Plan.

Leadership and Culture

- Continue to build and enhance leadership and management development, capacity and capability through the Health Service Leadership Academy by delivering two cohorts each of Leading Care I, II and III
- Continue to provide practice and knowledge-based supports to change leaders across the services and nurture innovation, agility and person-centred design across improvement initiatives in line with *People's Needs Defining Change – Health Services Change Guide*, the HSE policy framework and agreed approach to change for the HSE.

Employee Experience

- Staff wellbeing
  - Promote health and safety through the Workplace Health and Wellbeing Unit which provides support for all staff and assists in preventing staff becoming ill or injured as a result of all hazards including biological hazards such as COVID-19 and returning them safely to work after an illness or injury
  - Develop and strengthen the necessary physical, psychological and personal supports for employees through implementation of the *Healthy Ireland* Framework nationally
  - Monitor and oversee the implementation of practices in delivering training to reduce the number of incidents of violence and aggression, and manual handling in the workplace in line with the HSE strategy *Linking Service with Safety – Together Creating Safer Places of Service*

  - Maintain and progress compliance with the requirements of the European Working Time Directive (EWTD) for both NCHDs and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest
- Staff engagement
  - Actively engage with staff, in line with the HSE's recovery planning and the transformation process to hear their feedback particularly for the initial response to COVID-19, so that prompt and appropriate action is taken and a roadmap developed for new ways of working to be integrated into regular work practices
  - Continue engagement with our workforce ensuring that the benefits, speed and consistency of the digital and technical solutions that emerged for staff and the public during COVID-19 are fully maximised
  - Through redesign of the Values in Action programme and the approach to culture change, align the different programmes available across the HSE and enable the resources available to be used in a more collaborative and more cost effective way
  - As part of our ongoing commitment to engage, consult and listen to staff feedback we will conduct a health services staff survey during 2021 to assess what has changed since the last survey in 2018 and what improvements continue to be required
- Capability and talent
  - Design and deliver virtual training and development programmes to staff throughout the country, together with providing virtual one-to-one and team coaching and interventions
  - Develop an improved user-centred interface for HSELanD which will focus on providing a personalised and adaptive learning experience to support the professional development needs of each learner, allowing staff to be targeted with the most appropriate learning
  - Continue to improve change capacity through focused practice-based interventions, working with colleagues at all levels to increase our capability to work with rapid and emergent change
- Workforce planning and intelligence
  - Develop a strategic workforce plan, underpinned by strategic operational decisions, and a plan for shaping our business continuity model in a new healthcare landscape that reflects the existing and emerging healthcare needs of our population in terms of ensuring a workforce to provide the longer-term sustainable response to COVID-19
- Service design and integration
  - Maximise the flexibilities contained within the *Public Service Stability Agreement 2018-2020* or its successor agreement to assist in moving towards the delivery of a workforce that is capable of meeting the needs of service users:
    - Implement and monitor the nursing agreement, and associated savings
    - Roll out the *Review of Role and Function of Health Care Assistants 2018*
    - Implement the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*

- Performance accountability
  - Implement and monitor implementation of Performance Achievement across the organisation and carry out analysis of the data collected to evaluate the implementation of the Performance Achievement programme and associated resources such as the HSELanD Hub
- Network and partner
  - Implement key projects which ensure a partnership approach to the delivery of HSE priorities and *Sláintecare* developments including:
    - Support the uniform implementation of HR strategies and policies across our delivery system
    - Develop and enhance relationships with our external partners
    - Plan, within the level of available resources, to continue to actively implement *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017* (in partnership with the DoH), which supports the implementation of *Sláintecare* – Teams of the Future Workstream, through the ongoing establishment of the HSE Workforce Planning Unit
- Professional HR services
  - Provide a number of professional services, to assist in the optimisation of our workforce, including:
    - Support local services in the areas of absence management, quality improvements, standardisation of procedures around pay, implementation of circulars and access to relevant information
    - Establish in 2021, a Pay Assurance Unit to support services in ensuring payroll payments are compliant with HSE policies
    - Implement the recommendations from the external review of the National Investigations Unit.

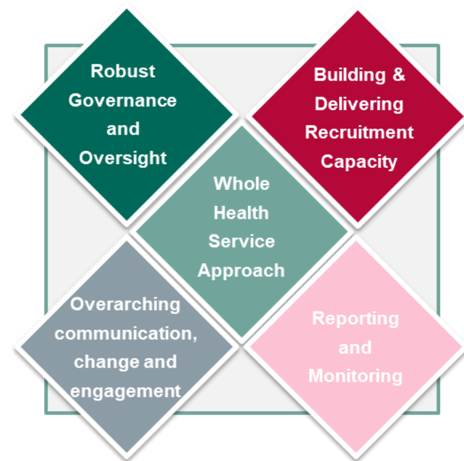
Resourcing Strategy 2021

NSP 2021 has provided an unprecedented level of investment to support the resilience and preparedness of the health services and to increase capacity through permanent staffing of up to 16,000 whole time equivalents (WTE). The 12,500 WTE posts set out in the Winter Plan 2021 are encompassed within this overarching WTE, for which the decisions on same in late September 2020 has both initiated and laid the planning and implementation groundwork for the delivery of up to 16,000 WTE.

Undoubtedly, this year's Resourcing Strategy will be of a scale that has been unparalleled and will require an ambitious suite of resourcing approaches with the collective aim of meeting, to the greatest extent possible, both the resourcing requirements set out in NSP 2021, along with the retention of the current workforce. This is, to set it in context, one of the most ambitious plans that will not only require the attraction of additional new staff into the health system, but equally in a way that also responds to the average annual staff turnover of 6.5%.

The contextual factors, in which this year's Resourcing Strategy are set, are particularly pertinent to the extent that they will impact on our capacity to deliver under this Plan. While in the main, these relate to the global context of health workforce shortages coupled with a global pandemic impacting on both domestic and international supply and availability, there are other factors that have been considered. These, along with the specific detail on the approach to resourcing this year's Plan are set out separately in the HSE National Service Plan 2021 Workforce Resourcing Strategy. The Resourcing Strategy also provides a monthly profile of the WTE required under the Resourcing Strategy.

The Workforce Resourcing Strategy aims to deliver, to the greatest extent possible, the resourcing requirements set out in this year's NSP. The Strategy is best described as iterative, as it will be required to evolve based on both internal and external factors but importantly is underpinned by a core set of principles as follows:



1. A whole of health service approach to planning and delivery
2. Robust governance and oversight
3. Building and delivering recruitment capacity
4. Overarching communication, change and engagement
5. Reporting and monitoring.

Whole of health service approach

The objective of meeting the resourcing requirements set out in NSP 2021, demands a whole of health service approach. Undoubtedly increasing our recruitment capacity will require both internal and external capacity expansion, which in turn demands a whole of service approach. This is a key first principle to the Resourcing Strategy, and one that brings together the multiple delivery units and entities across our Public Health Service engaged in recruitment activities with a common goal. A key part of delivering the requirements of the NSP 2021, in a holistic manner, is the creation of a forum that allows us to look at all available recruitment channels in one place. This forum will connect all recruitment activity carried out locally through the CHO and Hospital Group services, nationally through our HBS Recruitment Service, along with other providers recruiting on our behalf in an effort to increase overall capacity. This enables the necessary inter-connected working coupled with, for example, the sharing of information with each taking input from the other to deliver the overall objectives.

Governance and oversight

A robust and well-defined programme structure and project governance is key to supporting our services to deliver the resourcing requirements laid out in NSP 2021. This has been enabled through the creation of a Resourcing Strategy Taskforce, reporting to an overarching Governance Group, with key leadership from our Executive Management Team members and our services. The taskforce is equipped with the capability to undertake workforce analysis and modelling, construct a database to enable tracking and monitoring of role fulfilment, provide insight to enable planning, communicate, engage and align all relevant stakeholder groups, and to monitor progress against agreed timelines and targets. The overall programme is underpinned by four key workstreams:

- Workforce analytics and interpretation
- Database development
- Resource planning and execution
- Change, engagement and communications.

Building and delivering recruitment capacity

The size and scale of the resourcing requirements under NSP 2021 demands an expansion not only in the suite of recruitment approaches beyond that previously undertaken by the HSE, but in the overall

recruitment capacity and capability coupled with efforts to enhance workforce retention by the largest employer in the state.

To expand our capacity we are employing a number of approaches including:

- Expanding HBS recruitment capacity
- Expanding local CHO and Hospital Group recruitment capacity in addition to capacity within some of the national services
- Engagement of third party agencies
- Engagement with the Public Appointments Service
- Expansion of existing and new international recruitment frameworks
- Procurement of a managed service provider
- Cross government collaboration to explore and develop as appropriate labour market supply chains.

Capability expansion is focused on delivering enhanced recruitment guidance, tools and resources to our services, with retention focused on harnessing existing initiatives coupled with increased communication and engagement on the workforce / career opportunities across our services for example through the delivery of *Sláintecare*.

The Resourcing Strategy sets out in greater detail the profile of recruitment by staff category under NSP 2021.

The HSE is making significant progress in building its capacity both internally and externally to meet the recruitment needs of NSP 2021. In recent months the HSE is taking a collective and collaborative approach to increasing capacity across all channels at national and local service level, with due consideration to ensuring limited duplication. Existing capacity will further be augmented with the support of a formal arrangement with the Public Appointment Service for support with certain administrative grades and with consultant recruitment. Overflow capacity from framework recruitment agencies has also supported a number of large scale campaigns in recent months.

The HSE has recently launched a procurement process to secure a Managed Service Provider (MSP) to support the organisation in its endeavours. It is expected that this MSP will be in place in February 2021. Capacity has also been increased by the development of an overflow channel through a third party provider (operating under the governance of the HSE).

- Health and Social Care Professionals
  - The HSE has significant panels in place for many of the health and social care professional grades both basic and senior. Whilst accepting that due to the dominant nature of the HSE as an employer of Healthcare Professionals the majority of those on the senior panels are likely to be already working within the health service. To this end and to support the additionality into the system, three campaigns were launched for staff grade occupational therapist, speech and language therapist and physiotherapist in November 2020. These campaigns were specifically designed to attract new recruits to the health services. Over 1,500 applications were received of which over 400 will be 2021 graduates. These interviews will all be conducted virtually and the technology is currently being put in place and tested. The interviews will start on the second week in January. This campaign was supported by a significant communication strategy to maximise the international reach both with the Irish colleges as well as a direct targeted campaign using LinkedIn where over 1,000 direct messages were distributed to qualified professionals

- Medical Recruitment
  - It is recognised that the recruitment of certain medical consultants will be challenging and to this end a small multi stakeholder working group including the HSE and the Public Appointments Service has been established to identify specific recruitment and resourcing strategies for consultants
- Nursing
  - The HSE has and continues to offer permanent posts to graduating nurses from the 11 Irish colleges. To supplement the requirements for nursing posts, the international channels are being utilised through an existing framework. This process is already in train and it is expected it will deliver an additionality of circa 1,000 WTEs over the course of 2021. Due consideration is being given to this initiative to ensure that it is being done in an ethical and safe manner to avoid destabilising any other healthcare systems internationally
- Test and Trace
  - The HSE has developed an overflow arrangement with a third party provider to assist in the immediate and ongoing needs of our test and trace function. This mechanism remains agile to meet the fluctuating needs of the service as dictated by virus progression.

Overarching communication, change and engagement

An integrated approach to communications, brand and advertising will be a significant element of benefit to this year's Resourcing Strategy. The focus of the approach is on a range of key areas and importantly, development of brand strategy, concept and advertising campaign, user experience mapping and development of an approach to support services advertise and recruit with a suite of material available for use locally. In addition, there will be key campaign communications, for example, at Christmas, we will launch to target segment specific audiences. As we monitor delivery of the strategy, this element will continue to iterate in response to the overarching performance of the strategy as a key element to success.

Reporting and monitoring

Integral to the Resourcing Strategy is reporting against performance. The primary purpose of reporting will be to assess the success of the strategy on recruitment performance against the agreed monthly targets. These data will be used to inform changes as required to the strategy and any further analysis to assist in key decisions / actions to be taken. The national database in development will be the key source of data to inform reporting and monitoring. Monthly reporting will be provided to key internal and external stakeholders with further detail on this element set out in the Resourcing Strategy.

Risk and Mitigation

As noted, the size and scale of the resourcing requirement set out in NSP 2021 is unparalleled. In addition, the context and indeed timescale for delivery of the expanded workforce is equally ambitious and therefore it is of no surprise that this strategy comes with key risks, most notably the ability to achieve the overarching workforce expansion within the projected timelines. The Resourcing Strategy sets out in greater detail the key risks and associated mitigation. Notably these centre, in the main, on operating in an environment of global workforce shortages, competition to recruit to respond to the growing demands of

healthcare services, a global pandemic affecting both workforce supply (e.g. travel restrictions) and workforce availability (absence) along with retention of the existing workforce. Notwithstanding the efforts to mitigate the risks, those that are external to the HSE will undoubtedly prove more challenging to mitigate and hence may pose significant risk to delivery of the overall strategy.

Section 8

National and Support Services

National and Support Services

Delivery of NSP 2021 is dependent on a number of key enablers which underpin service delivery. In conjunction with frontline services, the provision of a modern and efficient healthcare system is enabled by these essential support services. This section sets out the key priorities in 2021 for the following national and support services:

National Services:

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

Support Services:

- Office of the Chief Information Officer, Integrated Information Services, Research, Evidence and Advanced Health Analytics, Health Business Services (HBS), National Communications and Internal Audit.

National Services

Primary Care Reimbursement Service

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

PCRS also makes payments to suppliers and manufacturers of high tech drugs and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the NCCP and the National Hepatitis C Treatment Programme. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications. The scale of resources required by PCRS to meet the needs of its customers including the demand for new drug therapies is a challenge due to the demand-led nature of eligibility. PCRS also compiles statistics and trend analyses which are provided to the HSE, the government, customers, stakeholders and members of the public.

Priority Areas for Action 2021

- Roll out a fully integrated on-line application process for those wishing to apply or renew their eligibility under the GMS, LTI or DPS schemes
- Reimburse contractors in line with service level agreements and health policy regulations
- Support access to health entitlements for citizens who are coming to Ireland or going from Ireland to other EU / EEA States and to the UK post-Brexit
- Strengthen quality, accountability and value for money across the organisation
- Develop the workforce to deliver the best possible service

- Work with the DoH in delivering the Programme for Government commitment to extend medical cards to those with a terminal illness including the establishment of an Information Working Group to assist in the communication of any such extension
- Commence the Medicinal Cannabis Access Programme, subject to the availability of suitable products and the establishment of arrangements to approve their use in individual cases, and record relevant information on a register as provided for in the regulations.

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. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.

Priority Areas for Action 2021

- Continue to assist and support HSE leadership in its co-ordination of the response to COVID-19
- Promote severe weather preparedness with management across the organisation and improve its internal capacity to respond
- Advance preparedness to counter emerging viral and other biological threats
- Assist the implementation and exercise of hospital major emergency plans
- Engage with other principle response agencies and government departments to meet HSE obligations as established under *A Framework for Major Emergency Management, 2006* and *Strategic Emergency Management, 2017*, as well as statutory obligations in regard to upper tier seveso sites and crowd events.

EU and North South Unit

The EU and North South Unit works on behalf of the HSE to promote health co-operation with providers on both a north and south and east west basis to ensure better health outcomes. The unit co-ordinates with others to ensure the delivery of a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services and co-operation on new initiatives. The EU and North South Unit support services to identify and fund appropriate projects. This is in conjunction with the cross-border health and social care partnership, Co-operation and Working Together (CAWT).

Brexit and COVID-19 pose new challenges in relation to healthcare delivery and co-operation. In this context all efforts have been made to ensure the continuation of all cross-border services, to the greatest extent possible. Responding to the challenges posed by Brexit and COVID-19 will be a key priority in 2021.

Priority Areas for Action 2021

- Act as project partner on five existing EU Interreg projects in the areas of acute services, mental health services, population health, children's services and medication optimisation
- Act as lead partner on four EU Interreg projects to the value of approximately €30m in the areas of acute services, mental health services, population health and children's services

- Improve medication optimisation through the iSimpathy project, in partnership with Scotland and Northern Ireland
- Develop and maintain partnerships between health and related services, north and south to develop new ways to improve health and social services for people of the border corridor of Ireland and beyond, such as potential engagement with the Shared Island Fund
- Continue to work with relevant stakeholders to contribute, through consultations, on the development of the Peace Plus Programme and respond to requests for funding from the Special EU Programmes Body for the Peace Plus Programme
- Engage with the DoH and the Health Research Board to gain full potential of opportunities available under the EU4Health Programme, including its annual work plan for 2021 and other EU multi-annual financial framework programmes
- Following Brexit on the 1 January 2021, ensure service continuity for service users across the health system.

Compliance Unit

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

Priority Areas for Action 2021

- Continue to support the implementation of the Governance Framework through:
  - Ensuring that service arrangements and grant aid agreements are in place with all section 38 and section 39 service providers
  - Completing the 2020 Annual Compliance Statement process for all section 38 service providers, and section 39 service providers that receive annual funding over €3m
  - Managing the second phase of the external reviews of governance in the relevant section 38 and section 39 service providers
- Continue to facilitate the process to establish Contract Management Support Units in each CHO on a phased basis
- Review Part 1 and Part 2 of the service arrangements for section 38 and section 39 service providers and private providers taking account of the recommendations from the independent review group set up to examine the role of voluntary organisations in publicly funded health services.

Support Services

eHealth and Health Information Systems

eHealth is a key enabler for health service reform. The level of funding in 2021 gives us an enormous opportunity to take on a range of new initiatives and projects not previously considered, providing the biggest uplift in capacity and expertise in many years. A major recruitment programme is underway which will yield medium and longer-term dividends in terms of the scale of ambition of the health service and the reform programme.

The experience of COVID-19 has shown how new solutions can be deployed across care settings to facilitate new ways of delivering care, when business-led projects deliver technology related change, focusing on delivering the capability to provide integrated care for people in the most appropriate setting, and enabling the shift from acute to community and closer to home. The Office of the Chief Information Officer (OoCIO) delivers transformational eHealth capability across the healthcare delivery system through an ambitious plan, underpinning the reform agenda as set out in *Sláintecare* and facilitating integration within and across community services, hospitals and other specialised care providers.

In 2021, the eHealth capital allocation is €120m (see Appendix 4(a) and separate eHealth and ICT Capital Plan for full detailed list of projects). Of this, an investment of €25m is ring-fenced for programmes that ensure we have the best chance not only of recovering from the COVID-19 crisis but also of capitalising on the best of the clinical, cultural, information and technological changes that are happening as part of the HSE's response to transition to a new steady state. Our immunisation eHealth team is focused on providing an integrated IT system to schedule, record and track COVID-19 vaccinations.

As a key strategic tool of healthcare generally, the eHealth and ICT Capital Plan aligns strongly with the HSE Corporate Plan, the 2021 Winter Plan, and *Sláintecare*. The plan has prioritised delivery technology platforms to enable the healthcare system to keep people well at home whilst also providing pathways to access care when needed.

Priority Areas for Action 2021

In compiling the eHealth and ICT Capital Plan 2021, priority has been given to the following:

- Deliver, enhance and maintain a wide range of technology initiatives as part of our response to COVID-19. These include providing an integrated IT system to schedule, record and track immunisations, the COVID-19 Care Tracker; COVID-19 Tracker App, HealthLink for COVID-19, and the Health Performance Visualisation Platform
- Deliver eHealth solutions needed to support integrated care and a return to service delivery, through an accelerated deployment model. This will include procuring Health Pathways solution, commencing procurement of the Shared Care Record, developing the Enterprise Scheduling Electronic Facility and several others
- Continue to develop other priority national solutions which support transformation, and which were in development prior to the COVID-19 pandemic
- Expedite the roll-out of the key enablers which are necessary to support the successful deployment and adoption of the solutions identified within the eHealth and ICT Capital Plan.

See further details on eHealth and ICT Capital in Appendix 4(a)

Integrated Information Services

Prior to the COVID-19 pandemic, substantial work had been done in developing the design for an Integrated Information Service (IIS) to enable the HSE to become a data-driven, evidence-based organisation. The IIS was designed to more effectively manage quality of information, consolidate information to provide a comprehensive understanding of the entirety of the health system, and enhance insights to drive better decision making and sustainably improve the quality of care.

A key ongoing critical dependency to support the management of the pandemic is the need for accurate and timely information, as the situation is changing on an hourly / daily basis and significant operational decisions need to be made to implement the latest public health guidance and maximise the use of available resources and equipment. The challenge of obtaining timely high quality data, matched with the urgency and importance of the information requirements during this phase, has led the IIS to rapidly develop infrastructure and applications to enable diverse data to be gathered, collated, analysed and presented as meaningful insights / information to support management decision-making.

Building on the work to date, in 2021 a key priority is to expand capability to ensure the HSE is enabled with the necessary insights to support an evidence-based approach to service planning and operations.

Priority Areas for Action 2021

- Introduce a single cross-organisational approach to data collection, governance, reporting, modelling and analytics
- Support the completion of capacity and demand analysis for scheduled care services across locations, specialties, care pathways and care cohorts
- Enable the HSE executive team and wider management teams for scheduled care services to have the required real time insights, to support corporate reporting arrangements
- Provide the necessary strategic and operational information to enable efficient management of the longer-term testing and contact tracing process
- Implement the Health Performance Visualisation Platform to provide the necessary data flows and analytics capacity to examine activity, waiting lists, bed-flow blockages etc., across our hospital network to safely manage services in real time.

Research, Evidence and Advanced Health Analytics

The Research and Evidence Service is focused on supporting the HSE to build and use knowledge to improve population health and wellbeing, patient outcomes and service design. It is playing a key role during the COVID-19 pandemic and work in all of its functions has pivoted to focus on COVID-19 urgent priorities. The service is

- Developing health intelligence capability and a range of modelling and analytic outputs to support operational decision-making, strategy development and performance improvement
- Developing research management infrastructure and processes to improve research governance, ethics and data protection considerations in addition to supporting COVID-19 related research priorities
- Providing a remote knowledge and information resource access service to staff and healthcare professional trainees, developing on-line repositories (i.e. clinical practice guidelines), expanding virtual services to support research evidence gathering, knowledge translation and training.

During the COVID-19 pandemic, the Research and Evidence Service delivered forecasting and modelling analysis to inform health service planning and strategic decisions, and in collaboration with Clinical Design and Innovation created an open access repository for the latest clinical guidance and research evidence.

Priority Areas for Action 2021

Develop our health intelligence service and capabilities in advanced health analytics, modelling and mapping strategies to directly support planning at all levels of the service

- Maintain and enhance a health service demand and capacity model and associated forecast, building on the work developed as part of the Integrated National Operations Hub forecasting and modelling workstream
- Augment the capability of our health informatics tools to enable further detailed population profiling, geographic analysis and service information to further inform optimum service planning, needs assessment, evaluation and resource balancing decisions across all services
- Progress implementation of the primary care chronic disease management system, ensuring appropriate data is available for service needs
- Continue to support the health information advanced analysis needs of hospitals, community and corporate services associated with the implementation of *Sláintecare*, including the design of healthcare structures.

Enable the implementation of the HSE National Research Governance Framework and development of support structures for research

- Commence planning for the implementation of the HSE National Research Governance Framework by developing standardised implementation protocols as well as the necessary policies, guidelines and on-line training material in areas such as consent and data protection
- Develop the research information management system to support implementation of the framework, the development of research offices and the work of reformed HSE Research Ethics Committees (RECs)
- Establish the national support office for the HSE Reference RECs
- Publish the HSE National Consent for Research policy.

Continue the reform of the National Health Library and Knowledge Service to ensure its full added value in support of evidence-based practice, decision-making and knowledge management is maximised

- Set up the HSE national office for policies, protocols, procedures and guidance (PPPG) to build on the expertise acquired during the development of the HSE COVID-19 clinical guidance repository, and standardise and implement a common approach to all national PPPGs with the support of an educational elearning module.

Health Business Services

Health Business Services (HBS) provides a range of business services on a shared basis to our corporate partners and customers, supporting evolving health structures. These services include transactional elements of human resources and finance, estates and capital programme management, procurement and the SAP centre of excellence. HBS operates as a key strategic partner in ensuring that investment in infrastructure, equipment and PPE will enable frontline services to safely deliver optimum care in the current COVID-19 environment and into the future.

Priority Areas for Action 2021

Progress major enterprise resource planning initiatives for the health environment

- Further develop shared services operating models, standardised processing and new ways of working across finance and procurement in the health sector as part of work on the IFMS programme, in partnership with the national finance team and other stakeholders
- Continue to implement the National Integrated Staff Records and Payroll Programme (NiSRP), a major complex change programme aligned to the IFMS
- Expand the existing SAP centre of excellence to support the IFMS and the NiSRP
- Progress the National Estates Information System, a single integrated workspace to manage the HSE estate.

Deliver excellence in procurement

- Continue to improve the corporate procurement and compliance programme
- Commence roll-out of the national logistics service to support new customers in the Dublin area
- Continue the programme of procurement of the electronic healthcare record for the Irish health service.

Deliver excellence in HR

- Work in collaboration with National HR to implement a new recruitment-operating model that meets the requirements of the evolving service and market.

Progress digital and technology initiatives for the health environment to deliver business excellence

- Progress the strategic development of the shared service support model, incorporating a customer contact centre, and a customer relationship management technology solution.

Capital Investment in Healthcare

Each year, the HSE submits an annual capital plan to the DoH having regard to contractual commitments, investment priorities and funding available. In 2021, the capital funding allocated for construction, refurbishments, building fit-out and equipment etc. is €983.17m. This funding will be managed to achieve value for money in accordance with the HSE’s Capital Projects Manual and Approvals Protocol and the Public Spending Code.

Priority Areas for Action 2021

In compiling the Capital Plan 2021, priority has been given to the following:

- Capital developments in the acute sector encompassing: contractually committed projects in construction (including the national children’s hospital), contractually committed projects in design, and deficits identified during the COVID-19 pandemic emergency response. These include enhanced infection control measures, additional bed capacity and the requirement for increased intensive care accommodation
- Continuing the programme of delivering primary care accommodation to meet the commitment to care closer to home, incorporating access to expanded diagnostic facilities in line with *Sláintecare*

- Social care initiatives, including improving older persons' residential facilities to meet HIQA's compliance standards, and progressing the person-centred model of housing for intellectual disability by continuing with decongregation programmes
- Mental health initiatives, including improving residential facilities to meet the MHC compliance standards
- Investment in minor capital initiatives, the equipment replacement programme and the ambulance replacement programme to support patient safety, clinical and infrastructural risk
- Climate action and energy efficiency, in partnership with the Sustainable Energy Authority of Ireland (SEAI), to meet government targets and commitments
- Programme for Partnership government projects, including Beaumont Hospital ED and cystic fibrosis projects, University Hospital Galway ED, and paediatric intensive care facilities at CHI Crumlin
- Other government priorities such as the National Maternity Hospital (relocation to St. Vincent's Hospital Campus), and radiation oncology.

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

National Communications

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

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

Priority Areas for Action 2021

Enhance communication across the health service and with the wider public

- Continue to build on the trust, confidence and pride in the health service through the development of a Trust and Confidence Strategy and Implementation Plan
- Build the capacity of HSELive to meet the public demand
- Enhance the digital tools that we offer to the public and our partners
- Continue to innovate and enhance communications to and from our staff
- Develop an integrated stakeholder management strategy
- Continue to meet the increasing demands from our media colleagues and continue to deliver timely and factually correct responses, through the maintenance of staffing level and resources.

Internal Audit

The work of Internal Audit identifies risks and control issues which may have systemic implications for the HSE. Through its audit reports and recommendations to strengthen controls, it provides assurance to the Audit and Risk Committee and the Board, as well as to the CEO and EMT on the adequacy and degree of adherence to procedures and processes. COVID-19 has resulted in an increase in the range of threats / exposures / vulnerabilities to the control environments of all businesses and sectors – including the HSE and its funded agencies – and greater assurance on these will be needed. Implementation by management of Internal Audit recommendations is an essential part of HSE governance mechanisms. The HSE Performance and Accountability Framework is supported by the overall work of Internal Audit.

Priority Areas for Action 2021

Conduct audits and provide recommendations to strengthen controls within the HSE and agencies funded by the HSE

- Produce a comprehensive programme of completed audit reports covering a wide variety of audit topics and geographical spread throughout the HSE
- Expand the programme of audits including audits of funded agencies
- Deliver a programme of ICT audits
- 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
- Conduct special investigations including fraud related reviews as required
- Develop a Value for Money Audit capability
- Develop a standards and quality programme
- Provide advice to senior management on controls and processes, including ICT security and assurance.

Appendices

Appendix 1: Financial Tables

Table 1: Finance 2020

Service Area / Business Unit	2020 Opening Budget (NSP2020) €m	Post-NSP Movements €m	2020 Other Movements €m	2020 Closing Recurring Budget €m
Operational Service Areas	**Column A**	**Column B**	**Column C**	**Column D**
Acute Hospital Care (including Private Hospitals)	5,377.6	4.3	49.2	5,431.2
National Ambulance Service	173.9	0.0	(0.0)	173.9
Acute Operations (including Private Hospitals)	**5,551.5**	**4.3**	**49.2**	**5,605.1**
Primary Care	923.7	2.3	(26.6)	899.3
Social Inclusion	159.8	1.2	0.8	161.8
Palliative Care	97.6	3.0	0.9	101.5
Primary Care Total	**1,181.1**	**6.5**	**(24.9)**	**1,162.7**
Mental Health	**1,031.3**	**-**	**(0.4)**	**1,030.9**
Older Persons' Services	936.0	7.2	(21.5)	921.6
Nursing Homes Support Scheme (NHSS)	1,036.4	26.0	11.8	1,074.2
Older Persons' Services Total	**1,972.4**	**33.2**	**(9.6)**	**1,995.9**
Disability Services	**2,049.5**	**5.0**	**(25.4)**	**2,029.1**
Health and Wellbeing Community	**9.8**	**-**	**0.5**	**10.3**
Other Community Services	**17.2**	**0.0**	**1.3**	**18.5**
Total Community Operations	**6,261.2**	**44.6**	**(58.5)**	**6,247.4**
Clinical Design and Innovation	15.1	-	(0.8)	14.4
Office of Nursing and Midwifery Services	46.5	-	(0.7)	45.8
Quality Assurance and Verification	6.2	-	(0.1)	6.1
Quality Improvement	10.0	-	(1.4)	8.7
National Health and Social Care Profession	1.8	-	-	1.8
National Doctors Training and Planning	35.3	-	(0.2)	35.1
National Cancer Control Programme (NCCP)	97.6	-	0.5	98.1
Chief Clinical Office Total	**212.6**	**-**	**(2.6)**	**210.0**
National Screening Service	**110.2**	**-**	**0.1**	**110.3**
Health and Wellbeing	**131.2**	**-**	**(5.6)**	**125.6**
National Services incl. Environmental Health	**46.6**	**-**	**4.5**	**51.1**
Support Services Total	**487.7**	**0.0**	**34.3**	**522.0**
Testing and Tracing	**-**	**-**	**-**	**-**
Personal Protective Equipment (PPE)	**-**	**-**	**-**	**-**
Other Operations Services	**988.3**	**0.0**	**30.6**	**1,019.1**
Total Operational Service Areas	**12,801.1**	**49.0**	**21.5**	**12,871.6**
Pensions and Demand Led Services				
Pensions Total	**562.0**	**-**	**8.6**	**570.6**
State Claims Agency	**400.0**	**-**	**-**	**400.0**
Primary Care Reimbursement Service	**2,951.0**	**-**	**(35.2)**	**2,915.8**
Demand Led Local Schemes	**267.4**	**-**	**(0.5)**	**266.9**
Overseas Treatment	**74.1**	**-**	**-**	**74.1**
Total Pensions and Demand Led Areas	**4,254.5**	**-**	**(27.1)**	**4,227.4**
Total Budget	**17,055.6**	**49.0**	**(5.6)**	**17,099.0**

Note 1: This table illustrates the agreed budgetary movements between NSP2020 and the closing 2020 recurring budget. Budget changes in 2020 include agreed service and staff transfers, internal commissioning of services and an additional commitment of €49m (NHSS €26m, €13.8m for Winter Capacity, €5m enhanced disability services, €4.2m other funding) provided as part of the Revised Estimates Volume for 2020

Note 2: Any 2020 supplementary estimate related to COVID-19 expenditure which may be voted upon by year-end is not reflected in the balances above. This includes the €1.997bn voted by government for the HSE's COVID-19 Action Plan 2020

Table 2: Income and Expenditure 2021 Allocation

Service Area / Business Unit	2020 Closing Recurring Budget (see Table 1)	NSP 2021 Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which: ELS Incl. Brexit, Pay Rate Funding & Technical Adjustments	COVID-19 Programmes	New Measures	Total Increase
	€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**
Acute Hospital Care (including Private Hospitals)	5,431.2	6,234.5	803.3	14.8%	189.0	210.0	404.3	803.3
National Ambulance Service	173.9	187.5	13.6	7.8%	3.6	-	10.0	13.6
Acute Operations (including Private Hospitals)	**5,605.1**	**6,422.0**	**816.9**	**14.6%**	**192.6**	**210.0**	**414.3**	**816.9**
Primary Care	899.3	1,163.6	264.2	29.4%	78.2	11.0	175.0	264.2
Social Inclusion	161.8	167.0	5.2	3.2%	5.2	-	-	5.2
Palliative Care	101.5	117.0	15.4	15.2%	5.7	7.7	2.0	15.4
Primary Care Total	**1,162.7**	**1,447.5**	**284.8**	**24.5%**	**89.1**	**18.7**	**177.0**	**284.8**
Mental Health	**1,030.9**	**1,114.1**	**83.2**	**8.1%**	**45.2**	**15.0**	**23.0**	**83.2**
Older Persons' Services	921.6	1,310.7	389.0	42.5%	64.0	59.0	266.0	389.0
Nursing Homes Support Scheme (NHSS)	1,074.2	1,044.2	(30.0)	-2.8%	(30.0)	-	-	(30.0)
Older Persons' Services Total	**1,995.9**	**2,354.9**	**359.0**	**18.0%**	**34.0**	**59.0**	**266.0**	**359.0**
Disability Services	2,029.1	2,207.7	178.6	8.8%	91.1	10.0	77.5	178.6
Health & Wellbeing Community	10.3	10.5	0.2	1.8%	0.2	-	-	0.2
Other Community Services	**18.5**	**18.7**	**0.2**	**0.9%**	**0.2**	-	-	**0.2**
Total Community Operations	**6,247.4**	**7,153.4**	**906.0**	**14.5%**	**259.8**	**102.7**	**543.5**	**906.0**
Clinical Design and Innovation	14.4	14.4	0.1	0.3%	0.1	-	-	0.1
Office of Nursing and Midwifery Services	45.8	46.0	0.2	0.5%	0.2	-	-	0.2
Quality Assurance and Verification	6.1	6.2	0.1	1.8%	0.1	-	-	0.1
Quality Improvement	8.7	8.7	0.1	0.9%	0.1	-	-	0.1
National Health and Social Care Profession	1.8	1.8	-	0.0%	-	-	-	-
National Doctors Training and Planning	35.1	37.7	2.6	7.3%	2.6	-	-	2.6
National Cancer Control Programme (NCCP)	98.1	130.2	32.1	32.7%	0.1	12.0	20.0	32.1
Chief Clinical Office Total	**210.0**	**245.1**	**35.1**	**16.7%**	**3.1**	**12.0**	**20.0**	**35.1**
National Screening Service	**110.3**	**120.9**	**10.6**	**9.6%**	**0.6**	**-**	**10.0**	**10.6**
Health and Wellbeing	**125.6**	**156.8**	**31.2**	**24.8%**	**5.2**	**7.5**	**18.5**	**31.2**
National Services incl. Environmental Health	**51.2**	**52.1**	**0.9**	**1.8%**	**0.9**	**-**	**-**	**0.9**
Support Services Total	**522.0**	**811.9**	**289.9**	**55.5%**	**(4.9)**	**238.8**	**56.0**	**289.9**
Testing and Tracing	**-**	**445.0**	**445.0**	**0.0%**	**-**	**445.0**	**-**	**445.0**
Personal Protective Equipment (PPE)	**-**	**450.0**	**450.0**	**0.0%**	**-**	**450.0**	**-**	**450.0**

Service Area / Business Unit	2020 Closing Recurring Budget (see Table 1)	NSP 2021 Budget	Increase (Column B - A)	Increase (Column B - A)	Of Which: ELS Incl. Brexit, Pay Rate Funding & Technical Adjustments	Of Which: COVID-19 Programmes	Of Which: New Measures	Of Which: Total Increase
	€m	€m	€m	%	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Vaccinations	-	200.0	200.0	0.0%	-	200.0	-	200.0
Other Operations Services	1,019.1	2,481.9	1,462.8	108.5%	5.0	1,353.3	104.5	1,462.8
Total Operational Service Areas	12,871.6	16,057.2	3,185.7	24.7%	457.4	1,666.0	1,062.3	3,185.7
Pensions Total	570.6	590.6	20.0	3.5%	20.0	-	-	20.0
State Claims Agency	400.0	410.0	10.0	2.5%	10.0	-	-	10.0
Primary Care Reimbursement Service	2,915.8	3,254.1	338.3	11.6%	278.3	10.0	50.0	338.3
Demand Led Local Schemes	266.9	271.9	5.0	1.9%	5.0	-	-	5.0
Overseas Treatment	74.1	39.1	(35.0)	-47.2%	(35.0)	-	-	(30.0)
Total Pensions and Demand Led Areas	4,227.4	4,565.7	338.3	8.0%	278.3	10.0	50.0	343.3
Total Budget	17,099.0	20,623.0	3,524.0	20.6%	735.7	1,676.0	1,112.3	3,524.0

Note 1: €20,362m is the amount notified to the HSE by the DoH of net - non capital determination for 2021. The letter of determination also notifies a further €258.6m which will initially be held by the DoH pending agreement of the relevant implementation details and €2.5m of dormant account funding, bringing the total held funding to €261.1m. The total funding available is €20,623m

Note 2: In line with the Dormant Account (Amendment) Act 2012, dormant account funding of €2.5m will be allocated in 2021 in line with the Dormant Account Disbursement Scheme, which is administered by the Minister of Rural and Community Development. This scheme outlines how funds will be distributed and what areas of disadvantage should be targeted

Note 3: Any reprioritised targets that have been specified in this Plan may require a reallocation of available budget resource as part of the 2021 operational planning process. These targets as set out in the 2021 letter of determination are: €90m Consultants payback settlement, €35m bio-similar savings and €35m Overseas Treatment

Note 4: Column C & D illustrate the increase in funding levels at €3,524m / 20.6%

Note 5: Columns E, F & G illustrate the increase in funding levels by a) ELS incl. Brexit, Pay Rate Funding and technical adjustments b) COVID-19 Programmes & c) New Measures. The total ELS funding provided is €705m with an additional €25.7m of opening technical adjustments

Table 3: Finance Allocation 2021

Service Area / Business Unit	2020 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2020 New Developments	ELS & Technical Adjustments	ELS: 2021 Pay Rate Funding (supports existing staffing levels)	Brexit	New Measures	COVID-19 Programmes	2021 NSP Budget	Less: 2021 NSP Budget held at DoH	2021 Opening Budget (Column H+I)	2021 Internal Commissioner Funding to be applied	2021 Available Funding (Column J+K)
	€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**
Acute Hospital Care (including Private Hospitals)	5,431.2	-	94.9	94.1	-	404.3	210.0	6,234.5	(47.0)	6,187.5	125.1	6,312.6
National Ambulance Service	173.9	-	-	3.6	-	10.0	-	187.5	(5.0)	182.5	0.1	182.6
Acute Operations (including Private Hospitals)	**5,605.1**	**-**	**94.9**	**97.7**	**-**	**414.3**	**210.0**	**6,422.0**	**(52.0)**	**6,370.0**	**125.2**	**6,495.2**
Primary Care	899.3	20.0	45.7	12.5	-	175.0	11.0	1,163.6	(83.3)	1,080.3	2.1	1,082.3
Social Inclusion	161.8	-	4.2	1.0	-	-	-	167.0	-	167.0	0.4	167.4
Palliative Care	101.5	4.0	0.7	1.0	-	2.0	7.7	117.0	(2.0)	115.0	0.1	115.0
Primary Care Total	**1,162.7**	**24.0**	**50.6**	**14.5**	**-**	**177.0**	**18.7**	**1,447.5**	**(85.3)**	**1,362.2**	**2.6**	**1,364.8**
Mental Health	1,030.9	-	29.4	15.7	-	23.0	15.0	1,114.1	(22.0)	1,092.1	3.0	1,095.1
Older Persons' Services	921.6	-	47.9	16.1	-	266.0	59.0	1,310.7	(25.0)	1,285.7	0.6	1,286.3
Nursing Homes Support Scheme (NHSS)	1,074.2	-	(30.0)	-	-	-	-	1,044.2	-	1,044.2	-	1,044.2
Older Persons' Services Total	**1,995.9**	**-**	**17.9**	**16.1**	**-**	**266.0**	**59.0**	**2,354.9**	**(25.0)**	**2,329.9**	**0.6**	**2,330.5**
Disability Services	**2,029.1**	**23.0**	**47.0**	**21.1**	**-**	**77.5**	**10.0**	**2,207.7**	**-**	**2,207.7**	**2.0**	**2,209.7**
Health and Wellbeing Community	**10.3**	**-**	**-**	**0.2**	**-**	**-**	**-**	**10.5**	**-**	**10.5**	**0.6**	**11.1**
Other Community Services	**18.5**	**-**	**-**	**0.2**	**-**	**-**	**-**	**18.7**	**-**	**18.7**	**1.0**	**19.7**
Total Community Operations	**6,247.4**	**47.0**	**144.9**	**67.8**	**-**	**543.5**	**102.7**	**7,153.4**	**(132.3)**	**7,021.1**	**9.8**	**7,030.9**
Clinical Design and Innovation	14.4	-	-	0.1	-	-	-	14.4	-	14.4	(4.3)	10.2
Office of Nursing and Midwifery Services	45.8	-	-	0.2	-	-	-	46.0	-	46.0	(11.1)	34.9
Quality Assurance and Verification	6.1	-	-	0.1	-	-	-	6.2	-	6.2	-	6.2
Quality Improvement	8.7	-	-	0.1	-	-	-	8.7	-	8.7	(0.6)	8.2
National Health and Social Care Profession	1.8	-	-	-	-	-	-	1.8	-	1.8	-	1.8
National Doctors Training and Planning	35.1	-	2.5	0.1	-	-	-	37.7	-	37.7	(8.5)	29.2
National Cancer Control Programme (NCCP)	98.1	-	-	0.1	-	20.0	12.0	130.2	(32.0)	98.2	(84.9)	13.3
Chief Clinical Office Total	**210.0**	**-**	**2.5**	**0.6**	**-**	**20.0**	**12.0**	**245.1**	**(32.0)**	**213.1**	**(109.4)**	**103.7**
National Screening Service	**110.3**	**-**	**-**	**0.6**	**-**	**10.0**	**-**	**120.9**	**-**	**120.9**	**(25.2)**	**95.7**
Health and Wellbeing	**125.6**	**-**	**4.5**	**0.7**	**-**	**18.5**	**7.5**	**156.8**	**(0.5)**	**156.3**	**(5.8)**	**150.5**
National Services incl. Environmental Health	**51.2**	**-**	**-**	**0.9**	**-**	**-**	**-**	**52.1**	**-**	**52.1**	**-**	**52.1**

Service Area / Business Unit	2020 Closing Recurring Budget (see Table 1)	ELS: Full Year Impact of 2020 New Developments	ELS & Technical Adjustments	ELS: 2021 Pay Rate Funding (supports existing staffing levels)	Brexit	New Measures	COVID-19 Programmes	2021 NSP Budget	Less: 2021 NSP Budget held at DoH	2021 Opening Budget (Column H+I)	2021 Internal Commissioner Funding to be applied	2021 Available Funding (Column J+K)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Support Services Total	**522.0**	**-**	**(19.9)**	**10.0**	**5.0**	**56.0**	**238.8**	**812.0**	**(44.4)**	**767.6**	**(2.1)**	**765.5**
Testing and Tracing	**-**	**-**	**-**	**-**	**-**	**-**	**445.0**	**445.0**	**-**	**445.0**	**-**	**445.0**
Personal Protective Equipment (PPE)	**-**	**-**	**-**	**-**	**-**	**-**	**450.0**	**450.0**	**-**	**450.0**	**-**	**450.0**
Vaccinations	**-**	**-**	**-**	**-**	**-**	**-**	**200.0**	**200.0**	**-**	**200.0**	**-**	**200.0**
Other Operations Services	**1,019.1**	**-**	**(12.9)**	**12.9**	**5.0**	**104.5**	**1,353.3**	**2,481.9**	**(76.9)**	**2,405.5**	**(142.4)**	**2,262.6**
Total Operational Service Areas	**12,871.6**	**47.0**	**226.9**	**178.5**	**5.0**	**1,062.3**	**1,666.0**	**16,057.3**	**(261.2)**	**15,796.1**	**(7.5)**	**15,788.6**
Pensions Total	**570.6**	**-**	**20.0**	**-**	**-**	**-**	**-**	**590.6**	**-**	**590.6**	**-**	**590.6**
State Claims Agency	400.0	-	10.0	-	-	-	-	410.0	-	410.0	-	410.0
Primary Care Reimbursement Service	2,915.8	-	278.0	0.3	-	50.0	10.0	3,254.1	-	3,254.1	7.5	3,261.6
Demand Led Local Schemes	266.9	-	5.0	-	-	-	-	271.9	-	271.9	-	271.9
Overseas Treatment	74.1	-	(35.0)	-	-	-	-	39.1	-	39.1	-	39.1
Total Pensions and Demand Led Areas	**4,227.4**	**-**	**278.0**	**0.3**	**-**	**50.0**	**10.0**	**4,565.7**	**-**	**4,565.7**	**7.5**	**4,573.2**
Total Budget	**17,099.0**	**47.0**	**504.9**	**178.8**	**5.0**	**1,112.3**	**1,676.0**	**20,623.0**	**(261.1)**	**20,361.9**	**-**	**20,361.9**

Note 1: Column B represents the additional cost in 2021 of developments that were started in 2020

Note 2: Column C 'ELS Funding' is inclusive of efficiency targets that have been specified in this Plan. These efficiency target may require a reallocation of available budget resource as part of the 2021 operational planning process. These targets as set out in the 2021 letter of determination are: €90m Consultants payback settlement, €35m bio-similar savings and €35m Overseas Treatment

Note 3: Column D represents the cost of implementing nationally approved pay agreements in 2021 and supports existing staffing levels

Note 4: Column E represents the 2021 Brexit funding provision for HSE

Note 5: Column F: Further detail relating to funding provided for New Measures is available on table 4, appendix 1

Note 6: Column G represents the additional funding that has been specified for COVID-19

Note 7: COVID-19 funding of €42m has been included in Older Persons' Services for the Temporary Assisted Payments scheme (TAPS) for private nursing homes

Note 8: The total HSE additional budget of €3,524m consists of column, B - €47m, C - €504.9m, D - €178.8m, E - €5m, F - €1,112.3m & G - €1,676m (See also table 2, appendix 1)

Note 9: As per the letter of determination, €261.1m will be held by the DoH: €258.6m of New Measures and €2.5m of dormant accounts funding. This funding is referenced in column I

Note 10: A number of HSE areas, including National Cancer Control Programme, National Screening Service and Clinical Design & Innovation, utilise their budgets to 'commission' services internally from the acute hospitals, community services and other service areas. This funding is referenced in column K and is subject to final approval as part of operational planning

Note 11: Overseas Treatment includes the Treatment Abroad Service, Cross-Border Directive and EU Schemes (such as the European Health Insurance card (EHIC)). These schemes relate to the provision of clinically urgent care and treatment abroad

Table 4: 2022 Full Year Costs related to NSP 2021

New Measures	Cost in 2021 €m	Cost in 2022 (Note 1) €m	2022 Incremental funding requirement €m
	Column A	Column B	Column C
Acute Hospital Care			
Increasing capacity to progress implementation of the Capacity Review 2018	**426.3**	**426.3**	**-**
Acute Beds (1,146)	236.0	236.0	-
Sub Acute Beds (135)	13.3	13.3	-
Critical Care beds (66)	52.0	52.0	-
Community Beds (1,250)	125.0	125.0	-
Delivering enhanced community and social care services	**313.0**	**373.0**	**60.0**
Home Care Packages and modernisation of delivery of HCP via new assessment tools and the Home Support office (5m hours)	133.0	133.0	-
Enhanced Community and Social Care Services	150.0	210.0	60.0
Community Paramedicine / Critical Care Retrieval / Pathfinder / 1813 Medical Helpline / NEOC	5.0	5.0	-
GP Access to Diagnostic Tests	25.0	25.0	-
Disabilities Services	**87.5**	**110.4**	**30.6**
Progressing Disability Services (Children)	3.5	3.5	-
Progressing Disability Services (Adults)	1.7	1.7	-
Day Services Recovery	20.0	20.0	-
In year Transitions from Tusla to HSE (residential)	1.0	1.0	-
School leavers / Day Services (1,700)	17.4	34.8	17.4
Respite	5.0	5.0	-
Residential Placements: planned (27)	5.5	5.5	-
Alternative Placements from Nursing Homes (18)	3.0	3.0	-
Decongregation	4.1	4.1	-
Section 39 (Other)	10.0	10.0	-
Intensive Support Packages	6.0	6.0	-
Residential Placements: emergency	5.5	11.0	5.5
Residential Placements: Tusla Under 18s	4.2	4.2	-
Personal Assistance Hours	0.6	0.6	-
Funding for the Hospices	-	-	7.7
Mental Health Services	**23.0**	**23.0**	**-**
Mental Health - Sharing the Vision	23.0	23.0	-
Implementing National Strategies and Expert Reviews	**89.5**	**105.6**	**13.6**
Cancer Strategy	20.0	20.0	-
National Maternity Strategy and New Models of Care for Gynaecology	12.0	12.0	-
Safe staffing implementation and pilot	10.0	10.0	-
Trauma	6.0	6.0	-
Paediatric Model of Care	6.3	6.3	-
National Ambulance Service Strategic Plan	5.0	5.0	-
ODTI Strategy	0.8	0.8	-
Sláintecare Consultant Contract	10.0	10.0	-
National Dementia Strategy	5.0	5.0	-
Palliative Care	2.0	2.0	-
National Carers' Strategy	2.0	2.0	-
National Positive Ageing Strategy	0.5	0.5	-
Housing Options for our Ageing Population	0.5	0.5	-
Staff Health and Wellbeing	3.0	3.0	-
Antimicrobial Resistance and Infection Control (AMRIC)	6.5	11.3	4.8
Infection Control Programmes		11.3	8.8
Public Health and Wellbeing and The National Drugs Strategy	**12.0**	**17.3**	**5.3**
Public Health Workforce	12.0	17.3	5.3
Improving access to care	**78.0**	**90.5**	**12.5**
Alternative Care Pathways	33.0	45.5	12.5

New Measures	Cost in 2021 €m	Cost in 2022 (Note 1) €m	2022 Incremental funding requirement €m
	Column A	Column B	Column C
Acute Hospital Service Restart	35.0	35.0	-
Cancer Screening	10.0	10.0	-
Introducing New Drugs	**50.0**	**50.0**	**-**
New Drugs	50.0	50.0	-
eHealth	**33.0**	**33.0**	**-**
eHealth	25.0	25.0	-
Key enablers	8.0	8.0	-
New Measures (including holdback funding)	**1,112.3**	**1,229.1**	**122.0**

Note 1: Indicative costs for 2022 have been included for certain initiatives, pending clarification of their actual costs in 2022 through the operational planning process and engagement with the DoH

Note 2: Infection Control Programmes are funded with COVID-19 resource in 2021 but will require a recurring funding resource in 2022.

Table 5a: COVID-19 Funding

Service Area / Business Unit	Delivering enhanced community and social care services	Disability Services	Mental Health Services	Implementing National Strategies & Expert Reviews	Public Health & Wellbeing & The National Drugs Strategy	Improving access to care	COVID-19 Measures: Testing, Tracing & Public Health	COVID-19 Measures: PPE	COVID-19 Measures: Additional Supports	Total COVID-19 Programmes
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Operational Service Areas										
Acute Operations (including Private Hospitals)	**-**	**-**	**-**	**-**	**-**	**210.00**	**-**	**-**	**-**	**210.00**
Primary Care	-	-	-	-	11.00	-	-	-	-	11.00
Palliative Care	-	-	-	-	-	-	-	-	7.70	7.70
Mental Health	-	-	15.00	-	-	-	-	-	-	15.00
Older Persons' Services	17.00	-	-	-	-	-	-	-	42.00	59.00
Disability Services	-	10.00	-	-	-	-	-	-	-	10.00
Total Community Operations	**17.00**	**10.00**	**15.00**	**-**	**11.00**	**-**	**-**	**-**	**49.70**	**102.70**
National Cancer Control Programme (NCCP)	-	-	-	12.00	-	-	-	-	-	12.00
Health and Wellbeing	-	-	-	-	-	-	-	-	7.50	7.50
Support Services		-	-	-	-	-	-	-	238.80	238.80
Testing and Tracing	-	-	-	-	-	-	445.00	-	-	445.00
Personal Protective Equipment (PPE)	-	-	-	-	-	-	-	450.0	-	450.00
Vaccinations	-	-	-	-	-	-	-	200.0	-	200.0
Other Operations Services	**-**	**-**	**-**	**12.00**	**-**	**-**	**445.00**	**650.00**	**246.30**	**1,353.30**
Total Operational Service Areas	**17.00**	**10.00**	**15.00**	**12.00**	**11.00**	**210.00**	**445.00**	**650.00**	**296.00**	**1,666.00**
Primary Care Reimbursement Service	-	-	-	-	-	-	-	-	10.00	10.00
Total Pensions and Demand Led Areas	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**10.00**	**10.00**
Total HSE	**17.00**	**10.00**	**15.00**	**12.00**	**11.00**	**210.00**	**445.00**	**650.00**	**306.00**	**1,676.00**

Note 1: The majority of the monies provided for COVID-19 additional supports will be allocated following review and assessment of operational plans and progress on their implementation from January 2021 onwards.

Table 5b: COVID-19 Funding – summary

COVID-19 Supports	*Heading 1* Collective Behaviours	*Heading 2* Cross Cutting Actions	*Heading 3* Communic-ations	*Heading 4* Community Care	*Heading 5* Acute Services	*Heading 6* Expanding Physical Capacity	*Heading 7* Expanding & Protecting our Workforce	*Heading 8* Essential Products & Equipment	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m
Personal Protective Equipment (PPE)								450.0	450.0
Vaccinations								200.0	200.0
Testing and Tracing		445.0							445.0
Delivering enhanced community and social care services				17.0					17.0
Temporary Assisted Payment Scheme (TAPS)				42.0					42.0
Improving Access to Care					210.0				210.0
Total Direct COVID-19 Costs	**-**	**445.0**	**-**	**59.0**	**210.0**	**-**	**-**	**650.0**	**1,364.0**
Disability Day Services Recovery				10.0					10.0
Mental Health Services Support				15.0					15.0
Implementing National Strategies and Expert Reviews		12.0							12.0
Public Health and Wellbeing and The National Drugs Strategy		11.0							11.0
COVID-19 Additional Supports		264.0							264.0
Total Other COVID-19 Measures	**-**	**287.0**	**-**	**25.0**	**-**	**-**	**-**	**-**	**322.0**
Total COVID-19 Measures	**-**	**732.0**	**-**	**84.0**	**210.0**	**-**	**-**	**650.0**	**1,676.0**

Note 1: The majority of the monies provided for COVID-19 additional supports will be allocated following review and assessment of operational plans and progress on their implementation from January 2021 onwards

Note 2: The table above illustrates the direct and indirect COVID-19 support funding that has been provided as part of this Plan. Headings 1 - 8 relate to the 2020 COVID-19 Action Plan as approved by Government

Note 3: Funding is provided to deliver the testing and contact tracing programmes, procure Personal Protection Equipment (PPE) in line with the modelled demand, strengthen the workforce and to provide further funding for a range of additional COVID-19 supports in order to ensure the health service is best prepared

Note 4: The Temporary Assisted Payment Scheme (TAPS) are payments to support private and voluntary nursing homes with additional costs due to COVID-19.

Appendix 2: HR Information

Direct Staffing	WTE Dec 2019	Medical / Dental	Nursing / Midwifery	Health and Social Care Professionals	Manage-ment / Admin	General Support	Patient and Client Care	WTE Sept 2020	Projected WTE Dec 2021
Total Staffing	**119,817**	**11,796**	**39,622**	**17,458**	**19,414**	**9,784**	**26,493**	**124,568**	**135,655**
Acute Hospital Services	60,604	9,386	24,323	8,181	9,671	6,580	5,771	**63,912**	**65,481**
Ambulance Services	1,933	1	2	1	88	6	1,847	**1,945**	**2,081**
Acute Services	**62,537**	**9,387**	**24,325**	**8,182**	**9,758**	**6,585**	**7,618**	**65,856**	**67,561**
Community Health and Wellbeing	-	-	2	13	89	-	33	**136**	**230**
Mental Health	9,954	941	4,970	1,406	1,015	724	1,236	**10,292**	**10,077**
Primary Care	10,599	1,039	3,020	2,606	2,708	422	1,055	**10,849**	**12,977**
Disabilities	18,303	55	3,629	4,033	1,378	797	8,731	**18,624**	**20,622**
Older People	13,233	136	3,442	429	809	896	7,797	**13,509**	**16,393**
Community Services	**52,089**	**2,171**	**15,064**	**8,487**	**5,999**	**2,839**	**18,852**	**53,411**	**60,298**
H&WB Corporate and National Services	**5,191**	**238**	**233**	**789**	**3,657**	**360**	**24**	**5,301**	**7,795**

Source: Sept Data sourced from Health Service Personnel Census. All figures relate to Whole Time Equivalents

Note 1: The projected WTE for December 2021 is based on projected employment figures. Of note the above figures may not all be reflected in our monthly Health Service Personnel Census, as some of the posts will be recruited by external / third party agencies.

Note 2: The projected year-end WTE of 135,655 WTE includes growth of 15,838 WTE, inclusive of Winter Plan WTE. The extent to which the year to date growth has consumed the additional growth of 15,838 WTE is the subject of detailed analysis, with the over-riding principle of affordability to year-end 2021.

Note 3: The projected year-end WTE of 135,655 WTE includes 2020 service developments already in the run rate, for which current estimates are a minimum of 334 WTE. Based on a final analysis this will need to be reflected in the final year projection, estimated for 2021 above.

Note 4: Of note H&WB Corporate and National Services includes the WTE for Test and Trace notwithstanding that significant portions of the WTE for this programme will be delivered in Community and Acute Operations. In addition, the WTE figures for Test and Trace will be subject to ongoing review between the HSE and DoH in line with Testing demand and the requirement for the HSE to grow this service further in 2021.

Note 5: As part of the enhanced community care Phase II there are an additional 868 WTE not included in the above profile, subject to recruitment delivery, affordable within the overall funded level in 2021 and that arising in 2022 as set out in Table 4.

Note 6: The below table provides the current split of the HSE / Section 38 total WTE for September 2020 and based on an estimated pro-rata assumption, the split of the projected Dec 2021 WTE.

Direct Staffing	Medical / Dental	Nursing / Midwifery	Health and Social Care Professionals	Manage-ment / Admin	General Support	Patient and Client Care	WTE Sept 2020	Projected WTE Dec 2021
Total Staffing	**11,796**	**39,622**	**17,458**	**19,414**	**9,784**	**26,493**	**124,568**	**135,655**
HSE	**7,581**	**25,983**	**9,873**	**13,578**	**6,078**	**17,064**	**80,157**	**87,291**
Section 38 Hospitals	4,063	10,520	3,914	4,629	2,746	2,035	**27,906**	30,389
Section 38 Voluntary Agencies	153	3,119	3,671	1,207	960	7,394	**16,505**	17,974
Section 38	**4,215**	**13,639**	**7,585**	**5,836**	**3,706**	**9,429**	**44,411**	**48,364**

Appendix 3(a): National Scorecard

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by the complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
		% of serious incidents being notified within 24 hours of occurrence to the senior accountable officer
		% of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS
		Extreme and major incidents as a % of all incidents reported as occurring
	HCAI Rates	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection
		Rate of new cases of hospital associated C. difficile infection
	Child Health	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
		% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age
		% of babies breastfed exclusively at three month PHN visit
		% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
	Urgent Colonoscopy within 4 weeks	No. of new people waiting > four weeks for access to an urgent colonoscopy
	BreastCheck	% BreastCheck screening uptake rate
	Surgery	% of surgical re-admissions to the same hospital within 30 days of discharge
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ambulance Turnaround	% of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)
	CAMHS Bed Day Used	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units
	Disability Services	Facilitate the movement of people from congregated to community settings
	Smoking	% of smokers on cessation programmes who were quit at four weeks

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
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
		Ophthalmology – % on waiting list for treatment ≤52 weeks
		Audiology – % on waiting list for treatment ≤52 weeks
		Dietetics – % on waiting list for treatment ≤52 weeks
		Psychology – % on waiting list for treatment ≤52 weeks
	Nursing	% of new patients accepted onto the nursing caseload and seen within 12 weeks
	Emergency Department Patient Experience Time	% of all attendees at ED who are discharged or admitted within six hours of registration
		% of all attendees at ED who are in ED <24 hours
		% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration
		% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
	Waiting times for procedures	% of adults waiting <15 months for an elective procedure (inpatient and day case)
		% of children waiting <15 months for an elective procedure (inpatient and day case)
		% of people waiting <52 weeks for first access to OPD services
		% of people waiting <13 weeks following a referral for colonoscopy or OGD
	Ambulance Response Times	% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Cancer	% of new patients attending rapid access breast, 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 Children's Disability Networks established

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	**Disability Services**	No. of new emergency places provided to people with a disability
		No. of in home respite supports for emergency cases
		No. of day only respite sessions accessed by people with a disability
		No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)
	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 Intensive Homecare Packages (IHCPs)) – each person counted once only
	Mental Health	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams
	Homeless	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission
	Substance Misuse	No. 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 3(b): National Performance Indicator Suite

Note: 2020 and 2021 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

System Wide				
Indicator	**Reporting Period**	**NSP2020 Target**	**Projected Outturn 2020**	**Target 2021**
Finance Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2020	≤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%
Capital Capital expenditure versus expenditure profile	Q	100%	90%	100%
Governance and Compliance Procurement - expenditure (non-pay) under management	Q (1 Qtr in arrears)	80%	62%	65%
Audit % of internal audit recommendations implemented, against total no. of recommendations, within six months of report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		95%	90%	95%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed		100%	100%	100%
% annual compliance statements signed	Annual	100%	100%	100%
Workforce **Attendance Management** % absence rates by staff category	M (1 Mth in arrears)	≤3.5%	6.4%*	≤3.5%
EWTD <24 hour shift (acute – NCHDs)	M	95%	97%	95%
<24 hour shift (mental health – NCHDs)		95%	98%	95%
<24 hour shift (disability services – social care workers)		95%	70%	95%
<48 hour working week (acute – NCHDs)		95%	87%	95%
<48 hour working week (mental health – NCHDs)		95%	89%	95%
<48 hour working week (disability services – social care workers)		90%	70%	90%
Respect and Dignity % of staff who complete the HSE-land Respect and Dignity at Work module	Annual	60%	60%	60%
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his/her line manager		70%	40%	70%

System Wide				
Indicator	**Reporting Period**	**NSP2020 Target**	**Projected Outturn 2020**	**Target 2021**
Quality and Safety **Service User Experience** % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	65%	75%
Serious Incidents % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	M	80%	36%	80%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident		80%	20%	70%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS	Q	90%	57%	90%
Extreme and major incidents as a % of all incidents reported as occurring		<1%	0.7%	<1%
* Including 1.8% is COVID-19 related absence rate				

Population Health and Wellbeing				
Indicator	**Reporting Period**	**NSP2020 Target**	**Projected Outturn 2020**	**Target 2021**
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	45%	47.9%	45%
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine		95%	94%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine		95%	91%	95%
% of first year students who have received two doses of HPV vaccine*	Annual	85%	75%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (acute hospitals)		75%	59%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (long term care facilities in the community)		75%	45%	75%
% uptake in Flu vaccine for those aged 65 and older		New PI NSP2021	New PI NSP2021	75%
% uptake of flu vaccine for those aged 2-12 years old		New PI NSP2021	New PI NSP2021	60%
* In 2020 the cohort for receipt of the HPV vaccine was expanded to include all first year students (previously only girls were recipients of the vaccine)				

Primary Care Reimbursement Service

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Medical Cards % of completed medical card / 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%	95%	95%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff		96%	97%	96%

National Screening Service

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
National Screening Service **BreastCheck** % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	70%	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)	95%	95%	90%
CervicalCheck % eligible women with at least one satisfactory cervical screening test in a five year period	Q (1 Qtr in arrears)	New PI NSP2021	New PI NSP2021	80%
Average result turnaround time	M	6 weeks	6 weeks	4 weeks
BowelScreen % of client uptake rate in the BowelScreen programme	Q (1 Qtr in arrears)	45%	45%	45%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate		68%	68%	68%

Community Healthcare

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
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	19.05	<22
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	98%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	79%	81%	81%
% on waiting list for assessment ≤52 weeks		94%	87%	94%
Occupational Therapy % of new service users seen for assessment within 12 weeks		68%	70%	71%

Community Healthcare

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
% on waiting list for assessment ≤52 weeks	M	95%	65%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	87%	100%
% on waiting list for treatment ≤52 weeks		100%	72%	100%
Podiatry % on waiting list for treatment ≤12 weeks		33%	23%	33%
% on waiting list for treatment ≤52 weeks		77%	65%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		27%	19%	19%
% on waiting list for treatment ≤52 weeks		66%	64%	64%
Audiology % on waiting list for treatment ≤12 weeks		41%	20%	20%
% on waiting list for treatment ≤52 weeks		88%	75%	75%
Dietetics % on waiting list for treatment ≤12 weeks		40%	27%	40%
% on waiting list for treatment ≤52 weeks		80%	72%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	15%	36%
% on waiting list for treatment ≤52 weeks		81%	60%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment		91%	90%	90%
Orthodontics % of patients seen for assessment within six months	Q	46%	22%	22%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	<6%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%	54%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	99%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	64%	60%	64%
% of babies breastfed exclusively at first PHN visit		50%	40%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		46%	29%	46%
% of babies breastfed exclusively at three month PHN visit		32%	32%	32%

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	3.8 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	33.1 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	80%	87%	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%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	100%	100%
Older Persons' Services				
Safeguarding *(combined KPIs with Disability Services)* % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	93.9%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Residential Care % occupancy of short stay beds	M	90%	62.9%	90%
Quality % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	75.9%	80%
Intensive Homecare Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned	M	100%	99.5%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		15%	15.2%	15%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	86.9%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98.5%	98%

Community Healthcare				
Indicator	**Reporting Period**	**NSP2020 Target**	**Projected Outturn 2020**	**Target 2021**
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90%	81.3%	80%
% of patients triaged within one working day of referral (community)		95%	92.6%	95%
Disability Services				
Safeguarding *(combined KPIs with Older Persons' Services)* % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	93.9%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Quality % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	75.9%	80%
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	100%	83%	95%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	73.9%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Networks established	M	100%	54%	100%
Mental Health Services				
Quality % compliance with regulations following Mental Health Commission inspection of Mental Health approved centres	Q	70%	70%	70%
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90.6%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		75%	74.4%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	22%	<22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		98%	97.3%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95.5%	95%

Community Healthcare

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month	M	<3%	3%	<3%
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		75%	85%	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%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	72.1%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	10%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95.5%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		>80%	90%	>90%

Acute Hospital Care

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Acute Hospital Services				
Outpatient attendances New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2.4	1:2.9	1:2.7
Activity Based Funding (MFTP) model HIPE completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	95%	100%	100%
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting <15 months for an elective procedure (inpatient)	M	85%	77%	85%
% of adults waiting <15 months for an elective procedure (day case)		95%	85%	95%
% of children waiting <15 months for an elective procedure (inpatient)		95%	79%	95%
% of children waiting <15 months for an elective procedure (day case)		90%	79%	90%
% of people waiting <52 weeks for first access to OPD services		80%	58%	75%
Colonoscopy / Gastrointestinal Service % of people waiting <13 weeks following a referral for colonoscopy or OGD		65%	37%	65%
No. of new people waiting > four weeks for access to an urgent colonoscopy		0	6,751	0

Acute Hospital Care				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration	M	65%	69%	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration		80%	83%	85%
% of ED patients who leave before completion of treatment		<6.5%	5%	<6.5%
% of all attendees at ED who are in ED <24 hours		97%	97%	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	50%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	70%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	95%	99%
Ambulance Turnaround Times % of ambulances that have a time interval ≤30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)		80%	35%	80%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	4.9	≤4.8
Medical Medical patient average length of stay		≤7.0	7.1	≤7.0
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	M	75%	62%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	26%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	11.4%	≤11.1%
Surgery Surgical patient average length of stay		≤5.2	6.3	≤5.2
% of elective surgical inpatients who had principal procedure conducted on day of admission		82%	72.1%	82%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	44.5%	60%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	85%	76.8%	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤2%	2%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	M	<0.9/10,000 bed days used	<0.8/10,000 bed days used	<0.8/10,000 bed days used
Rate of new cases of hospital associated C. difficile infection		<2/10,000 bed days used	<2/10,000 bed days used	<2/10,000 bed days used

Acute Hospital Care				
Indicator	**Reporting Period**	**NSP2020 Target**	**Projected Outturn 2020**	**Target 2021**
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Q	100%	76.6%	100%
% of acute hospitals implementing the national policy on restricted antimicrobial agents		100%	61.7%	100%
Rate of new hospital acquired COVID-19 cases in hospital inpatients	M	New PI NSP2021	New PI NSP2021	N/A
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (2 Mths in arrears)	2.4 per 1,000 bed days	2.9	2.4 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%	60.4%	80%
% of hospitals implementing PEWS (Paediatric Early Warning System)		100%	63%	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%	40.5%	100%
% of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	51%	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%	70%	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%	75%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q (1 Qtr in arrears)	95%	92%	95%
% of reperfused STEMI patients (or LBBB) who get timely PPCI		80%	65%	80%
National Women and Infants Health Programme **Irish Maternity Early Warning System (IMEWS)** % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	100%	73.7%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	44.2%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	68.4%	100%
% of Hospital Groups that have discussed a quality and safety agenda with NWIHP on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		100%	100%	100%
Sexual assault services (>14yrs) % of patients seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination	Q	90%	90%	90%

Acute Hospital Care

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Cancer Services				
% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	M	95%	71.3%	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%	59.4%	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%	10.1%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	38.2%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	34.7%	>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%	85.1%	90%

National Ambulance Service

Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q (1 Qtr in arrears)	40%	40%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance	M	94%	92%	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%	80%	80%
% of ECHO calls which had a resource allocated within 90 seconds of call start		98%	98%	98%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		70%	55%	70%
% of DELTA calls which have a resource allocated within 90 seconds of call start		90%	80%	90%
Intermediate Care Service % of all transfers provided through the intermediate care service		90%	90%	90%

National Ambulance Service				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Ambulance Turnaround % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes	M	80%	80%	85%
% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 60 minutes		98%	98%	98%

Appendix 3(c): Activity 2021

The Expected Activity 2021 set out in the tables below have been developed as follows:

1. NSP 2020 has been used as the starting point for baseline performance for 2021 (ie. excluding the impact of COVID-19 and new development funding)
2. This baseline (no. 1 above) has been adjusted for the impact of COVID-19
3. No. 2 above has been adjusted to reflect the in-year impact of new development funding as set out in the letter of determination
4. The 'Expected Activity 2021' presented below is thus reflective of both the impact of COVID-19 and the new development funding as set out in the letter of determination

Note: 2020 and 2021 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Population Health and Wellbeing				
Activity	**Reporting Period**	**NSP2020 Expected Activity**	**Projected Outturn 2020**	**Expected Activity 2021**
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out	Q	384	55	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	Bi-annual	32	8	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*		32	16	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	Q	242	120	242
No. of official food control planned, and planned surveillance, inspections of food businesses		33,000	20,000	33,000
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*		40	40	40
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q (1 Qtr in arrears)	10,000	6,597	10,000
No. of smokers who are receiving online cessation support services	Q	6,000	7,527	7,000
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule		500	3,220	1,500
Making Every Contact Count No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention		4,241	1,273	3,946
No. of frontline staff to complete the face to face / virtual module of Making Every Contact Count training in brief intervention		1,696	130	790

Primary Care Reimbursement Service

Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Achievable Activity 2021
Medical Cards No. of persons covered by medical cards as at 31st December	M	1,544,172	1,613,015	1,636,109
No. of persons covered by GP visit cards as at 31st December		546,604	533,379	556,996
Total		**2,090,776**	**2,146,394**	**2,193,105**
General Medical Services Scheme Total no. of items prescribed	M	60,094,352	60,490,913	62,317,500
No. of prescriptions		19,350,381	18,313,204	19,317,300
Long Term Illness Scheme Total no. of items prescribed		10,167,522	9,913,841	10,521,900
No. of claims		2,915,000	2,763,862	2,933,500
Drug Payment Scheme Total no. of items prescribed		8,530,102	8,348,588	8,724,000
No. of claims		2,361,993	2,451,457	2,501,000
Other Schemes No. of high tech drugs scheme claims		778,563	825,860	890,000
No. of dental treatment services scheme treatments		1,185,985	847,791	1,007,900
No. of community ophthalmic services scheme treatments		793,256	606,408	780,782

National Screening Service

Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
National Screening Service **BreastCheck** No. of women in the eligible population who have had a complete mammogram	M	185,000	49,241	120,000
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting		New PI NSP2021	New PI NSP2021	280,000
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		125,000	42,058	125,000
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		110,000	59,934	110,000

Community Healthcare				
Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
Primary Care Services				
Community Intervention Teams Total no. of CIT referrals	M	45,432	43,819	59,919
Paediatric Homecare Packages Total no. of Paediatric Homecare Packages		537	516	616
***Health Amendment Act*: Services to people with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed	Q	300	76	224
GP Activity No. of contacts with GP Out of Hours Service	M	1,064,465	891,201	922,094
Chronic Disease Structured Management Programme (excluding high risk reviews) – No. of reviews undertaken (2 reviews per patient in a 12 month rolling period)	Bi-annual	New PI NSP2021	New PI NSP2021	256,448
Nursing No. of patients seen	M (1 Mth in arrears)	474,366	363,680	474,366
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,632,047	1,028,747	1,541,674
Physiotherapy No. of patients seen		587,604	381,596	587,604
Occupational Therapy No. of patients seen		389,256	291,150	389,256
Speech and Language Therapy No. of patients seen		282,312	139,246	282,312
Podiatry No. of patients seen		85,866	42,652	85,866
Ophthalmology No. of patients seen		104,147	46,980	46,980
Audiology No. of patients seen		64,465	30,556	31,259
Psychology No. of patients seen		49,757	36,051	49,757
Dietetics No. of patients seen		68,640	60,516	68,640
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	3,700	740	1,480
Orthodontics No. of patients seen for assessment within six months		2,723	574	574
GP Trainees No. of trainees	Annual	217	217	235

Community Healthcare				
Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
National Virus Reference Laboratory No. of tests	M	966,221	579,729	772,972
Note: Primary Care activity levels in 2021 are dependent on the trajectory of COVID-19, targeted waiting list initiatives and development of new integrated activity and performance measures reflecting existing and new resource.				
Social Inclusion Services				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	M (1 Mth in arrears)	10,145	10,139	10,500
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,894	1,486	1,486
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,245	1,168	1,168
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives		3,735	3,735	3,735
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	3,735	3,735
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	4,940	3,786	3,786
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		360	312	312
Older Persons' Services				
Safeguarding *(combined activity volume with Disability Services)* No. of staff undertaking safeguarding training (eLearning module via HSELanD)	Q (1 Mth in arrears)	New PI NSP2021	New PI NSP2021	60,000
InterRAI Ireland (IT based assessment) No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	1,200	2,849	6,000
Home Support No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))		18.67m	17.76m	23.67m
No. of home support hours provided for testing of Statutory Home Support Scheme		230,000	N/A	230,000
Total home support hours (excluding IHCP)		**18.90m**	**17.76m**	**23.90m**
No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only	M	53,475	52,294	55,675
Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an Intensive Homecare Package		235	127	235

Community Healthcare				
Activity	**Reporting Period**	**NSP2020 Expected Activity**	**Projected Outturn 2020**	**Expected Activity 2021**
No. of home support hours provided from Intensive Homecare Packages	M	360,000	271,537	360,000
Total home support hours (including IHCP)		**19.26m**	**18.03m**	**24.26m**
Transitional Care No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	1,160	902	831
No. of persons in acute hospitals approved for transitional care to move to alternative care settings		11,335	8,103	8,450
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care during the reporting month	M	24,379	23,056	22,500
No. of NHSS beds in public long stay units		4,980	4,829	4,501
Residential Care No. of short stay beds in public units		1,720	1,214	2,209
Palliative Care Services				
Inpatient Palliative Care Services No. accessing specialist inpatient beds within seven days (during the reporting year)	M	4,201	2,975	4,078
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,532	3,329	3,358
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)		283	310	310
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		97	50	46
Disability Services				
Safeguarding *(combined activity volume with Older Persons' Services)* No. of staff undertaking safeguarding training (eLearning module via HSELanD)	Q (1 Mth in arrears)	New PI NSP2021	New PI NSP2021	60,000
No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	Q	180	15	180
Residential Places No. of residential places for people with a disability (including new planned places)	M	8,358	8,065	8,130*
New Emergency Places Provided to People with a Disability No. of new emergency places provided to people with a disability		64	88	44
No. of in home respite supports for emergency cases		144	275	358
Congregated Settings Facilitate the movement of people from congregated to community settings	Q	132	120	144

Community Healthcare

Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
Day Services including School Leavers No. of people (all disabilities) in receipt of rehabilitation training (RT)	M	2,290	2,237	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 (1 Mth in arrears)	23,547	15,693	18,420
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	33,712	20,958	20,958
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,060	3,652	4,392
No. of overnights (with or without day respite) accessed by people with a disability		166,183	80,152	85,336
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		1.67m	1.70m	1.74m
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,552	2,552	2,587
Home Support Service No. of home support hours delivered to persons with a disability		3.08m	3.01m	3.01m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		7,294	7,130	7,130
***Disability Act* Compliance** No. of requests for assessment of need received for children	Q	5,975	4,613	4,613
Progressing Disability Services for Children and Young People (0-18s) Programme No. of Children's Disability Networks established	M	96	52	96
* The Expected Activity 2021 of 8,130 includes the 88 new emergency places created in 2020 and the 58 new planned places funded under NSP2021 that will commence during the year. The target also takes account of the reduction of 81 vacancies expected to arise in congregated settings during the year in line with the Transforming Lives policy.				
Mental Health Services				
General Adult Community Mental Health Teams No. of adult referrals seen by mental health services	M	28,716	23,042	23,042
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	12,148	11,939	11,939
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	8,896	7,388	7,388
Child and Adolescent Mental Health Services No. of CAMHS referrals received by mental health services		18,128	14,894	14,895
No. of CAMHS referrals seen by mental health services		10,833	9,338	9,338

Acute Hospital Care

Activity	Reporting Period	NSP2020 Expected Activity	Projected Outturn 2020	Expected Activity 2021
Discharge Activity Inpatient	M (1 Mth in arrears)	645,037	577,685	654,355
Day case (includes dialysis)		1,142,437	916,158	1,083,110
Total inpatient and day cases		**1,787,474**	**1,493,843**	**1,737,465**
Emergency inpatient discharges	M (1 Mth in arrears)	444,606	408,552	449,475
Elective inpatient discharges		91,635	74,554	109,427
Maternity inpatient discharges		108,796	94,579	95,453
Inpatient discharges ≥75 years		126,828	120,548	134,240
Day case discharges ≥75 years		209,249	172,526	199,202
Level of GI scope activity		108,260	69,057	93,494
Level of dialysis activity		180,969	175,560	190,462
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		226,443	195,273	198,338
Emergency Care New ED attendances	M	1,283,401	1,093,503	1,166,404
Return ED attendances		116,180	88,446	97,791
Injury unit attendances		103,215	95,032	103,507
Other emergency presentations		44,916	37,591	42,144
Births Total no. of births		59,247	57,221	57,059
Outpatients No. of new and return outpatient attendances		3,318,604	2,880,434	3,165,163
No. of new outpatient attendances		892,745	719,970	913,625
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤200,750	167,959	≤175,200
No. of beds subject to delayed transfers of care		≤550	550	≤480
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	725	N/A
Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation	Q (5 Mths in arrears)	N/A	12 per 1,000 inpatient discharges	N/A

Note: This table includes activity provided under the Access to Care Action Plan, to be finalised with the DoH in early 2021, but excludes activity provided directly by the NTPF

National Ambulance Service				
Activity	**Reporting Period**	**NSP2020 Expected Activity**	**Projected Outturn 2020**	**Expected Activity 2021**
Total no. of AS1 and AS2 (emergency ambulance) calls	M	340,000	350,000	360,000
Total no. of AS3 calls (inter-hospital transfers)		33,000	30,000	30,000
No. of intermediate care vehicle (ICV) transfer calls		30,000	27,000	29,000
No. of clinical status 1 ECHO calls activated		5,100	5,400	5,600
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)		4,940	5,000	5,400
No. of clinical status 1 DELTA calls activated		142,000	142,000	142,000
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)		130,000	125,000	125,000
Aeromedical Service – Hours (Department of Defence)		480	480	480
Irish Coast Guard – Calls (Department of Transport, Tourism and Sport)		200	200	200
Aeromedical Service South – Tasking (Irish Community Rapid Response)		600	600	600

Appendix 4(a): eHealth and ICT Capital Appendix

Programme	Primary HSE Service Area	Key 2021 Deliverables	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
				OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
COVID Case Tracker (CCT)	Test and Trace	– Maintenance and further development of CCT for COVID-19 patient triage and registration, assessment, testing and result notification, contact tracing and surveillance	Y	24	0	€0	€800,000	€1,683,407	€0
COVID Tracker App	OoCIO	– Maintenance and further development of public COVID Tracker App	Y	2	0	€0	€220,000	€140,284	€0
COVID Test Appointment Scheduling (SwiftQueue)	Community	– COVID-19 appointment scheduling platform	N	4	5	€0	€780,000	€278,470	€400,000
HealthLink (COVID)	OoCIO	– Maintain streamlined processes for COVID-19 e-referral and priority Service Plan initiatives	Y	6	0	€0	€0	€415,236	€0
BI Data Lake	OoCIO	– Data ingestion engine, data lake, targeted dashboards	Y	7	0	€0	€150,000	€574,779	€0
Enterprise Collaboration	OoCIO	– Microsoft Teams deployed across the organisation	Y	5	0	€0	€3,700,000	€429,297	€0
Death Registration Solution	Acute	– Death notification and registration service (phase 1) in place, enabling digital notification within 24 hours of death	Y	10	9	€0	€112,500	€685,408	€720,000
Enterprise Scheduler	Community	– Pilot roll-outs (and Proofs of Concept currently) implemented and evaluated – Agreed Strategy for Enterprise Scheduler across health services	Y	9	14	€0	€500,000	€682,013	€1,120,000
National Waiting List Management System	Community	– Initial CHO live on existing iPM instance – Plan for additional CHO implementations agreed – National Waiting List defined for agreed go-live, plan for further roll-out	Y	17	16	€0	€500,000	€1,293,707	€1,280,000
Health Pathways	Community	– Procure solution and make available to service	Y	3	7	€0	€500,000	€239,692	€560,000
ePharmacy / ePrescribing	Acute	– Procurement conducted – Vendor selected for solution implementation	N	22	15	€0	€1,150,000	€1,693,734	€1,200,000
Immunisation	Public	• Live implementation of interim national solutions	Y	5	0	€0	€900,000	€413,026	€0

Programme	Primary HSE Service Area	Key 2021 Deliverables	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
				OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
(including potential COVID Vaccine technology)	Health	• Tender process completed for National Immunisation Information System • Vendor selected and roll-out commenced • The delivery of systems and technology required to enable the administering of the COVID-19 vaccine as it becomes available							
Home Support Management System	Community	• Procurement conducted • Vendor selected • Implementation commenced	N	3	8	€0	€500,000	€239,692	€640,000
Residential Care Management System	Community	• Demonstrators agreed to inform appropriate national approach • Demonstrators implemented and evaluated • National approach agreed	Y	10	9	€0	€500,000	€748,879	€720,000
Video Conferencing / Remote Consultation (Telehealth)	Acute	• Roll-out of video-enabled care solutions continued • Procurement completed and preferred vendor(s) selected	Y	6	10	€0	€1,477,000	€420,434	€800,000
Electronic Discharge System	Acute	• Deployment to first 3 of 7 priority sites	Y	9	8	€0	€250,000	€655,346	€640,000
Health Performance and Visualisation Platform	Strategy and Operations (Joint)	• Procurement and vendor selection completed • Process for data consolidation and integration agreed (for platform with 50 acute public hospitals) • Roll-out commenced with first 10 key hospitals	Y	5	0	€0	€1,921,875	€391,557	€0
Integrated Information Services Recovery	OoCIO and Strategy	• Strategy and implementation plan developed for Integrated Information Service roll-out • Implementation programme executed in line with the Centre Review and Corporate Plan	N	12	0	€0	€0	€986,621	€0
Shared Care Record	CCO, Acute, Community	• Shared Record business case approved • DGOU sanction secured • Shared Record procurement commenced • Build infrastructure to enable Summary Care Record	Y	8	11	€0	€250,000	€661,694	€880,000

Programme	Primary HSE Service Area	Key 2021 Deliverables	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
				OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
Community Hub Management System / PCMS	Community	• Pilot roll-outs completed and results evaluated • Assess solution of feasibility as a Primary Care Management system • National roll-out commenced	Y	8	9	€0	€600,000	€615,655	€720,000
Clinical Notes	Community	• Solution scope and requirements defined	N	0	0	€0	€100,000	€0	€0
A2I, HIDS, Integration and Interoperability IHI)	OoCIO	• Seeding of GP Practice Management Systems with IHI • Seeding PAS systems with IHI, thereby enabling downstream seeding to MN-CMS, MedLIS, NIMIS • Progress the functionality for the provision of IHI numbers for newborn babies in conjunction with MN-CMS	Y	29	0	€1,173,266	€782,177	€2,234,968	€0
Network and Communications Technologies	OoCIO	• Enterprise WLAN implementation complete • Direct network connectivity progressed (Microsoft Azure and Amazon Web Services) • Internet Infrastructure 2.0 procurement complete	Y	4	0	€1,875,000	€625,000	€275,370	€0
Technology Refresh	OoCIO	• Operationalise hybrid VMWare • Pilot hybrid Citrix environment • Progress Device Refresh including Windows 10 • Complete server refresh programmes • Progress infrastructure to Cloud programme	N	8	0	€7,460,000	€3,340,000	€564,913	€0
Single Identity	Community	• Complete HealthIrl migration • Complete Lotus Notes migration • Complete regional exchange migration • Identity management tools in place	N	8	0	€675,000	€225,000	€528,853	€0
National Single Sign-on solution	Community	• TUH pilot delivered • Procurement complete for system-wide SSO solution • DGOU sanction for system-wide SSO solution	N	0	0	€850,000	€0	€0	€0
Cloud Services Infrastructure and Storage	OoCIO	• Cloud Framework complete with associated resources • Platform and infrastructure management log analytics in place • Infrastructure As A Service / Platform As A Service implementations progressed	N	6	0	€13,258,552	€4,441,448	€410,456	€0

Programme	Primary HSE Service Area	Key 2021 Deliverables	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
				OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
Emergency Services Technology	Acute	• Core Emergency Services system upgrade completed and live	N	4	3	€750,000	€250,000	€268,074	€240,000
Security Services	OoCIO	• Tender document for Security Perimeter Procurement (Proxy) is published • Construction of new cyber security environment initiated and underway • Security tools in place • Complete the Controls Review for the NIS Directive (Initiate Threat Detection and Management)	N	5	0	€1,275,000	€425,000	€374,778	€0
National Integrated Medical Imaging (NIMIS)	Acute	• Continue to support and operate NIMIS serving 41 Acute hospitals and 17 Community facilities • Manage and support radiologists reporting from home as part of COVID-19 response • Operate and support solution to exchange images and reports between public and private facilities as part of the COVID-19 response • Continue and complete NIMIS1.8 (RIS virtualisation) • NIMIS2 PACS to stabilise and protect radiology services as per the 2017 vulnerability audit, including enabling removal of Windows 7 dependency • Design the NIMIS2 RIS solution	Y	7	1	€3,753,924	€0	€573,595	€80,000
PAS IPMS	Acute	• Continue to support and operate iPMS in 39 Acute hospitals, long-stay units and CHO clinics • Ensure capacity to commence then accelerate implementation in Cappagh, Royal Victoria Eye and Ear, and Beaumont Hospitals, and commence implementation in SVUH, St Michael's, Naas, and St Columcille's Hospitals • Upgrade SSWHG to current release; evaluate and test next generation iPMS for deployment into whole estate	Y	19	0	€5,703,951	€0	€1,421,173	€0
ICU Clinical Information System	Acute	• Procure CIS for all unserved ICU beds • Implement in Saolta • Commence implementation in SSWHG (Waterford)	Y	10	0	€4,740,841	€0	€755,261	€0

Programme	Primary HSE Service Area	Key 2021 Deliverables	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
				OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
		• Assess feasibility of retrofitting existing CIS platforms to national standard configuration and formulary							
Citizen Health Portal	OoCIO	• Technical development to integrate Portal with Consent Register development • Technical development to enable patient access to COVID-19 results	N	0	0	€150,000	€0	€0	€0
Acute Services Digital Leads	Acute	• Acute Services Digital Leads hired and in place	Y	19	0	€0	€0	€1,005,928	€0
CHO Digital Leads	Community	• CHO Digital Leads hired and in place	Y	9	0	€0	€0	€905,335	€0
SUBTOTAL - 2021 NSP				**303**	**125**	**€41,665,534**	**€25,000,000**	**€22,567,636**	**€10,000,000**

SUBTOTAL - 2021 ONGOING eHEALTH PROGRAMMES[1]	**0**	**0**	**€53,334,466**	**€0**	**€0**	**€0**

TOTAL eHEALTH	**303**	**125**	**€95,000,000**	**€25,000,000**

[1]Capital allocated for National Programmes, Other Solution Programmes, Other Technology

Programme	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
		OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
Acute Floor Solution	N	0	0	€350,000	€0	€0	€0
Maternity and Newborn Clinical Management System (MN-CMS)	Y	0	0	€2,000,000	€0	€0	€0
Medical Laboratories (MedLIS)	Y	0	0	€2,356,000	€0	€0	€0
National Cancer Information System	Y	0	0	€1,500,000	€0	€0	€0
National Electronic Blood Track	Y	0	0	€813,363	€0	€0	€0
Children's Health Ireland IT	N	0	0	€5,877,000	€0	€0	€0
Order Comms	N	0	0	€1,092,425	€0	€0	€0
eObservations	N	0	0	€150,000	€0	€0	€0
Chronic Disease Management (CDM)	Y	0	0	€500,000	€0	€0	€0
National Forensic Hospital	Y	0	0	€750,000	€0	€0	€0
National Rehab Hospital	Y	0	0	€750,000	€0	€0	€0
interRAI Assessment Tool	Y	0	0	€379,969	€0	€0	€0
National Nursing Homes Support Scheme Replacement	Y	0	0	€750,000	€0	€0	€0
Small Community Projects	Y	0	0	€500,000	€0	€0	€0
Nurse Task Force Management - Safe Nursing	Y	0	0	€500,000	€0	€0	€0
Stakeholder Digital Experience	Y	0	0	€400,000	€0	€0	€0
Automation, AI and Robotics	Y	0	0	€150,000	€0	€0	€0
eRostering, Workforce Planning	Y	0	0	€250,000	€0	€0	€0
Integrated Financial Management	Y	0	0	€8,800,000	€0	€0	€0
National Estates System	Y	0	0	€1,500,000	€0	€0	€0
National Integrated Staff Records (NiSRP)	Y	0	0	€2,000,000	€0	€0	€0
Electronic Digital Records Management (EDRM)	Y	0	0	€400,000	€0	€0	€0
Acute Hospital Solutions Refresh	Y	0	0	€2,000,000	€0	€0	€0

Programme	Roll-out in 2021	2021 New Resources		2021 Capital Funding Allocation		2021 Revenue Funding Allocation	
		OoCIO (assigned)	Non-OoCIO (required)	Core Capital	COVID-19 Capital	OoCIO	Business
Digital Innovation	Y	0	0	€250,000	€0	€0	€0
Small Patient Solutions	Y	0	0	€150,000	€0	€0	€0
Small Non-Patient Solutions	Y	0	0	€250,000	€0	€0	€0
Emergency Care	Y	0	0	€1,000,000	€0	€0	€0
Risk and Compliance	Y	0	0	€250,000	€0	€0	€0
External Support Services	N/A	0	0	€6,800,000	€0	€0	€0
Technology Modernisation	Y	0	0	€8,169,709	€0	€0	€0
Data Management Technology	Y	0	0	€500,000	€0	€0	€0
Enhance Remote Working Options	Y	0	0	€500,000	€0	€0	€0
Service Improvement Programme	N/A	0	0	€350,000	€0	€0	€0
Data Centre Rationalisation and Modernisation	Y	0	0	€500,000	€0	€0	€0
Application Modernisation and KTLO	Y	0	0	€500,000	€0	€0	€0
Enterprise Architecture Digital Support	Y	0	0	€346,000	€0	€0	€0

SUBTOTAL - 2021 ONGOING eHEALTH PROGRAMMES[1]	0	0	**€53,334,466**	**€0**	**€0**	**€0**

[1]Capital allocated for National Programmes, Other Solution Programmes, Other Technology

Appendix 4(b): Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2019 / 2020 and will be operational in 2021; 2) are due to be completed and operational in 2021; or 3) are due to be completed in 2021 and will be operational in 2022

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Community Healthcare									
Primary Care Services									
Donegal, Sligo Leitrim, Cavan Monaghan									
Buncrana, Co. Donegal	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.10	0.20	-	-
Carrickmacross, Co. Monaghan	Primary Care Centre, by lease agreement	Q2 2021	Q3 2021	0	0	0.12	0.15	-	-
Clones, Co. Monaghan	Primary Care Centre, by lease agreement	Q4 2021	Q2 2022	0	0	0.20	0.20	-	-
Donegal Town, Co. Donegal	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.20	0.30	-	-
Dunfanaghy / Falcarragh, Co. Donegal	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.10	0.20	-	-
Killeshandra, Co. Cavan	Primary Care Centre, by lease agreement	Q2 2021	Q3 2021	0	0	0.15	0.15	-	-
Nazareth House, Sligo	Refurbishment - Phase 2 : Primary care team and other community services	Q4 2021	Q1 2022	0	0	2.6	5.70	-	-
North Sligo Network Primary Care Centre	Primary Care Centre, HSE built	Q4 2021	Q4 2021	0	0	4.5	6.96	-	-
St. Conal's Hospital, Letterkenny, Co. Donegal	Refurbishment - fabric upgrade of blocks G and H	Q1 2021	Q1 2021	0	0	0.38	0.78	-	-
Community Healthcare West									
Ballyhaunis, Co. Mayo	Primary Care Centre, by lease agreement	Q3 2021	Q4 2021	0	0	0.00	0.04	-	-
Moycullen, Co. Galway	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.25	0.25	-	-
Portumna, Co. Galway	Primary Care Centre, by lease agreement	Q3 2021	Q4 2021	0	0	0.20	0.20	-	-
Mid West Community Healthcare									
Ennis 1 (Station Road), Co. Clare	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.15	0.20	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
St. Nessan's Road, Dooradoyle, Co. Limerick	Occupational health accommodation upgrade	Q1 2021	Q2 2021	0	0	0.7	2.7	-	-
Newcastle West, Co. Limerick	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.25	0.25	-	-
Roscrea, Co. Tipperary	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.15	0.20	-	-
Thurles, Co. Tipperary	Primary Care Centre, by lease agreement	Q4 2021	Q4 2021	0	0	0.25	0.25	-	-
Cork Kerry Community Healthcare									
Bandon, Co. Cork	Primary Care Centre, by lease agreement	Q4 2020	Q2 2021	0	0	0.25	0.25	-	-
Bantry, Co. Cork	Primary Care Centre, by lease agreement	Q3 2021	Q3 2021	0	0	0.19	0.45	-	-
Castletownbere, Co. Cork	Primary Care Centre, by lease agreement	Q3 2021	Q3 2021	0	0	0.125	0.15	-	-
Newmarket, Co. Cork	Primary Care Centre, by lease agreement	Q1 2021	Q1 2021	0	0	0.25	0.37	-	-
South East Community Healthcare									
Kilkenny City	Primary Care Centre, by lease agreement	Q2 2021	Q4 2021	0	0	0.15	0.25	-	-
St. Otteran's Hospital, Waterford	Development of audiology services	Q4 2021	Q1 2022	0	0	1.80	2.16	-	-
Thomastown, Co. Kilkenny	Primary Care Centre, by lease agreement	Q4 2021	Q2 2022	0	0	0.15	0.15	-	-
Community Healthcare East									
Arklow, Co. Wicklow	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.200	0.900	-	-
Dun Laoghaire, Co. Dublin	Primary Care Centre, by lease agreement	Q4 2021	Q1 2022	0	0	0.350	0.500	-	-
Rathdrum, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2021	Q4 2021	0	0	0.20	0.20	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Ballyboden, Co. Dublin	Primary Care Centre, by lease agreement	Q3 2021	Q4 2021	0	0	0.40	0.40	-	-
Kildare, Co. Kildare	Primary Care Centre, by lease agreement (extension of facility)	Q3 2021	Q3 2021	0	0	0.35	0.35	-	-
Springfield, Tallaght, Co. Dublin	Primary Care Centre, by lease agreement (extension of facility)	Q2 2021	Q3 2021	0	0	0.20	0.20	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Midlands Louth Meath Community Healthcare									
Banagher / Kilcormac, Co.Offaly	Primary Care Centre, by lease agreement	Q4 2020	Q1 2021	0	0	0.18	0.20	-	-
Older Persons' Services									
Donegal, Sligo Leitrim, Cavan Monaghan									
Carndonagh Community Hospital, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q3 2021	Q3 2021	0	0	2.28	4.24	-	-
Dungloe Community Hospital, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	0	0	0.10	3.31	-	-
Falcarragh Community Nursing Unit, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q4 2021	Q1 2022	13	0	2.84	3.50	-	-
Our Lady's Hospital, Manorhamilton, Co. Leitrim	Refurbishment of all electrical services	Q1 2021	Q1 2021	0	0	0.19	0.54	-	-
St John's Community Hospital, Co. Sligo	Upgrade and refurbishment to achieve HIQA compliance	Q1 2021	Q1 2021	0	0	3.14	8.03	-	-
Mid West Community Healthcare									
Community Hospital of Assumption, Thurles, Co. Tipperary	Extension to care unit at the hospital providing additional clinical capacity	Q1 2021	Q2 2021	0	0	0.6	2.6	-	-
Raheen, Co. Clare	Upgrade and refurbishment to achieve HIQA compliance	Q4 2021	Q2 2022	0	0	1.16	3.17	-	-
Cork Kerry Community Healthcare									
Caherciveen Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q4 2021	Q1 2022	0	0	2.00	3.85	-	-
Castletownbere Community Hospital (St Joseph's), Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	0	0	0.41	3.76	-	-
Clonakilty Community Hospital and Long Stay (Mount Carmel), Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q4 2021	Q1 2022	0	0	4.60	6.89	-	-
Listowel Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q4 2021	Q1 2022	0	0	1.80	3.44	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Monfield Nursing Home, Rochestown, Cork	Purchase of property and upgrade works at Rochestown, Cork to provide additional Older Persons capacity.	Phase 1 Q1 2021 Phase 2 Q4 2021	Phase 1 Q1 2021 Phase 2 Q4 2021	35	0	1.20	4.33	-	-
Skibbereen Community Hospital (St Anne's), Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q1 2021	Q2 2021	0	0	2.46	5.75	-	-
South East Community Healthcare									
Sacred Heart Hospital, Co. Carlow	Upgrade and refurbishment to achieve HIQA compliance	Q3 2021	Q4 2021	0	0	2.20	3.44	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Clonskeagh Hospital, Dublin 6	Fire alarm and emergency lighting replacement	Q1 2021	Q1 2021	0	0	0.08	0.79	-	-
Dublin North City and County Community Healthcare									
Sean Cara, Co. Dublin	Upgrade, extension and refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	0	0	0.19	8.57	-	-
St. Mary's Hospital, Phoenix Park, Dublin	Upgrade of heating system in original main building. Phased upgrade	Q1 2021	Q2 2021	0	0	2.00	5.20	-	-
Disability Services									
Donegal, Sligo Leitrim, Cavan Monaghan									
Cregg House and Cloonamahon Co. Sligo	Five units at varying stages of purchase / new build / refurbishment to meet housing requirements for 20 people transitioning from congregated settings	Phased delivery 2021	Phased delivery 2021	0	20	0.13	2.42	-	-
Community Healthcare West									
Áras Attracta, Swinford, Co. Mayo	Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for 14 people transitioning from congregated settings	Phased delivery 2021	Phased delivery Q4 2021	0	14	0.22	2.24	-	-
Brothers of Charity, Galway	One unit for purchase / refurbishment to meet housing requirements for four people transitioning from a congregated setting	Q3 2021	Q4 2021	0	4	0.00	0.95	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Mid West Community Healthcare									
Brothers of Charity, Bawnmore, Co. Limerick	Fire alarm, emergency lighting and compartmentation works in conjunction with decongregation programme	Q2 2021	Q3 2021	0	0	0.00	0.80	-	-
Daughters of Charity, Co. Limerick and Roscrea, Co. Tipperary	One unit at varying stages of purchase / new build / refurbishment to meet housing requirements for four people transitioning from congregated settings	Phased delivery 2021	Phased delivery 2021	0	4	0.15	0.755	-	-
Cork Kerry Community Healthcare									
St. Raphael's Centre, Youghal, Co. Cork St. Vincent's Centre, St Mary's Road, Cork	Three units of purchase / refurbishment to meet housing requirements for 12 people transitioning from congregated settings	Phased delivery 2021	Phased delivery 2021	0	12	0.46	1.342	-	-
South East Community Healthcare									
St. Patrick's Centre, Co. Kilkenny	Two units of refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased delivery 2021	Phased delivery 2021	0	8	0.08	1.25	-	-
Midlands Louth Meath Community Healthcare									
St. John of God, St Mary's Campus, Drumcar, Co Louth	Three units of purchase / refurbishment to meet housing requirements for 12 people transitioning from congregated settings	Phased delivery 2021	Phased delivery 2021	0	12	0.28	1.84	-	-
Dublin North City and County Community Healthcare									
Grangegorman Villas, Dublin 7	Relocation of Eve Holdings to 1-5 Grangegorman Villas to facilitate development of Grangegorman Primary Care Centre	Q2 2021	Q3 2021	0	0	1.89	3.21	-	-
Mental Health Services									
Community Healthcare West									
Oakgrove House, St Brigid's Hospital, Ballinasloe, Co. Galway	Provision of two, five-bed houses (high support hostels) for residents with intellectual disabilities	Q1 2021	Q2 2021	0	10	0.84	2.03	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
South East Community Healthcare									
University Hospital Waterford	Further upgrade to Acute Mental Health Unit to comply with recommendations of the Mental Health Commission Report	Q2 2021	Q2 2021	0	0	0.00	1.04	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Mount Carmel Campus, Co. Dublin	Provision of accommodation in vacant convent for Eating Disorder Specialist Hub	Q1 2021	Q1 2021	0	0	0.70	1.40	-	-
Dublin North City and County Community Healthcare									
National Forensic Mental Health Services Hospital, Portrane, Co. Dublin	Phase 1: National Forensic Central Hospital (100 replacement and 70 additional beds). Also part of this project are Child and Adolescent Mental Health (10 beds) and Intensive Care Rehabilitation Unit (30 beds), as proposed by Vision for Change	Q4 2020	Q1 2021	70	100	4.00	195.02	-	-
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 13 people currently in the Weir Home	Q1 2021	Q2 2021	0	13	0.25	3.18	-	-
Acute Hospital Care									
Children's Health Ireland									
CHI, Temple Street, Dublin 1	Interim Works including: ECG room, Admissions Unit, Cochlear Implant / Audiology Facility, Rapid Access Clinic in ED, Endoscopy and Radiology upgrade and Neurology Unit. Agreed schedule of payments	Q4 2020	Q1 2021	0	0	0.28	6.60	-	-
CHI, Tallaght, Dublin	Paediatric Ambulatory and Urgent Care Centre	Q2 2021	Q4 2021	0	0	0.70	26.92	-	-
Dublin Midlands Hospital Group									
Midland Regional Hospital, Portlaoise, Co. Laois	Respiratory Assessment Unit: Provision of two-storey modular building ca. 800m² to provide Respiratory Assessment Unit for ED to segregate COVID-19 and non-COVID-19 clients	Q3 2021	Q4 2021	0	0	2.70	4.90	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Midland Regional Hospital, Portlaoise, Co. Laois	Reconfiguration of available space to provide additional clinical and admin accommodation	Q3 2021	Q4 2021	0	0	1.17	1.67	-	-
Midland Regional Hospital, Portlaoise, Co. Laois	Ward Refurbishment Project: Provision of 9 No Isolation rooms	Q4 2021	Q4 2021	0	9	0.50	0.82	-	-
Midland Regional Hospital, Tullamore, Co. Offaly	Upgrade fans and ventilation ductwork throughout hospital	Phased Q2-Q3 2021	Q3 2021	0	0	0.10	0.50	-	-
Midland Regional Hospital, Tullamore, Co. Offaly	Reconfiguration works to provide mid-term AMAU, two isolation rooms in ED, reconfigure and extend Blood Transfusion and Histology Labs	Phased Q2-Q3 2021	Q4 2021	0	0	3.30	3.99	-	-
St. James's Hospital, Dublin 8	Reconfiguration of current Catheterisation Lab Unit and replacement of the equipment	Q2 2021	Q3 2021	0	0	0.40	3.03	-	-
St. James's Hospital, Dublin 8	Bone Marrow: Modular Unit (four bay) and refurbishment of existing space to create additional three spaces. Provision of seven isolation rooms for the Bone Marrow Unit	Q3 2021	Q4 2021	7	0	4.90	5.61	-	-
Naas General Hospital	12 single rooms / isolation beds	Q4 2021	Q4 2021	12	0	4.65	5.00	-	-
Tallaght University Hospital	12 bed Integrated Critical Care Unit. Refurbish and extend over the existing OPD	Q4 2021	Q4 2021	12	0	12.00	19.66	-	-
Ireland East Hospital Group									
Mater Misericordiae University Hospital, Dublin 7	Construction of 112 bed Ward Block (94 No. single isolation rooms, each capable of ventilation and high-flow oxygen delivery, 2 No. Highly Infectious Disease Containment Suites and 16 No. Intensive Care Beds. Phase 1 to deliver 48 beds inclusive of include 8 critical care beds by end 2021.	Q4 2021	Q4 2021	48	0	25.00	82.00	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Regional Hospital, Mullingar, Co. Westmeath	Extension to Radiology Department to accommodate an MRI being provided by others	Q4 2021	Q2 2022	0	0	3.57	7.76	-	-
Regional Hospital, Mullingar, Co. Westmeath	New Projects: Respiratory Assessment Unit: OPD space to accommodate RAU - Adult and Paediatric	Q4 2021	Q2 2022	0	0	2.5	4.90	-	-
St. Luke's General Hospital, Kilkenny	Extension to Radiology and provision of a new MRI	Q2 2021	Q3 2021	0	0	2.85	4.78	-	-
St. Luke's General Hospital, Kilkenny	New 72 bed medical ward block	Q4 2021	Q4 2021	40	32	25.00	29.70	-	-
Our Lady's Hospital, Navan, Co. Meath	Modifications to theatres and increased recovery area to make second theatre operational for elective surgery: to free theatres up in Mater to deal with COVID-19 specific and backlog procedures. Total additional beds - 5	Q1 2021	Q2 2021	5	0	0.18	0.78	-	-
St. Vincent's University Hospital, Dublin 4	Provision of a second MRI	Q1 2021	Q1 2021	0	0	2.15	2.65	-	-
National Rehabilitation Hospital	Upgrade existing recently vacated building to deliver (35) beds (for possible use by acute services).	Q4 2021	Q4 2021	35	0	2.51	3.11	-	-
Wexford General Hospital	Development of 8 bed Ambulatory Care facility	Q4 2021	Q4 2021	8	0	*	*	-	-
RCSI Hospital Group									
Beaumont Hospital, Dublin 9	Development of a specialist Neuro Interventional Radiology Thrombectomy service (two rooms)	Q1 2021	Q1 2021	0	0	3.02	5.38	-	-
Beaumont Hospital, Dublin 9	Recovery area necessary to satisfy C-19 requirements and creation of 16 (additional) endoscopy beds. Refurbishment of St Raphael's ward to accommodate 16 beds.	Q4 2021	Q4 2021	16	0	0.72	0.95	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Beaumont Hospital, Dublin 9	Emergency Department Treatment Bay - reconfigure space to provide additional assessment bays 9 and remodel existing space in ED to expand existing general waiting area	Q4 2021	Q4 2021	0	0	0.73	0.96	-	-
Beaumont Hospital, Dublin 9	Respiratory and Infectious Disease Assessment Unit - reconfigure open ward area to provide isolation cubicles and support rooms for respiratory assessment and direct admission.	Q4 2021	Q4 2021	0	0	0.52	0.75	-	-
Beaumont Hospital, Dublin 9	Freehold Acquisition of Beaumont Convent and upgrade for admin accommodation	Q4 2021	Q4 2021	0	0	1.52	4.23	-	-
Connolly Hospital, Dublin 15	Segregate within ED for COVID-19 positive patients and social distancing measures	Q2 2021	Q2 2021	0	0	0.50	1.40	-	-
Connolly Hospital, Dublin 15	Laboratory extension	Q2 2021	Q2 2021	0	0	0.20	0.75	-	-
Connolly Hospital, Dublin 15	Connolly Wing additional waiting areas	Q2 2021	Q2 2021	0	0	0.25	0.95	-	-
Saolta University Health Care Group									
Portiuncula Hospital, Ballinasloe, Co. Galway	14-bed isolation ward: conversion of OPD Dept. on first floor	Q4 2021	Q4 2021	12	0	*	*	-	-
Portiuncula Hospital, Ballinasloe, Co. Galway	Building works associated with new fluoroscopy equipment	Q1 2021	Q1 2021	0	0	0.02	1.07	-	-
Portiuncula Hospital Ballinasloe, Co. Galway	Lift replacement programme (four lifts)	Q2 2021	Q2 2021	0	0	0.44	0.94	-	-
Portiuncula Hospital Ballinasloe, Co. Galway	Winter 2020 - ED converting to Outpatients Dept.	Q1 2021	Q1 2021	0	0	0.08	1.40	-	-
Sligo University Hospital	Provision of a Diabetic Centre to facilitate the commencement of a paediatric insulin pump service	Q4 2020	Q1 2021	0	0	0.07	1.79	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Sligo University Hospital	Provision of a roof top extension to the ICU at Sligo University Hospital to provide four additional isolation rooms to deal with capacity issues for the COVID-19 Intermediate / Winter Plan 2020	Q3 2021	Q3 2021	0	0	1.45	1.81	-	-
University Hospital Galway	Sexual Assault Treatment Unit. Relocation to leased facility. Co-funded with TUSLA and Dept. of Justice	Q2 2021	Q3 2021	0	0	0.90	0.90	-	-
University Hospital Galway	Provision of new IT room	Q4 2021	Q4 2021	0	0	0.22	0.57	-	-
University Hospital Galway	Winter 2020 – Temporary ED reconfiguration and extension: The expansion of the existing ED into the adjacent OPD to allow Green and Red areas to be created for separation of COVID-19 flow of patients - waiting areas, minor injuries assessment and paediatrics	Q1 2021	Q1 2021	0	0	0.28	1.88	-	-
University Hospital Galway	Cardio-thoracic Ward	Q4 2021	Q4 2021	12	0	*	*	-	-
South / South West Hospital Group									
Cork University Hospital	Nurse training accommodation - enables an additional four acute beds	Q1 2021	Q2 2021	4	0	0.19	0.64	-	-
Cork University Hospital	Lift replacement programme	Phased Delivery 2021/2022	Phased Delivery 2021/2022	0	0	1.00	1.80	-	-
Mercy University Hospital, Cork	Lift replacement programme	Q4 2020	Q1 2021	0	0	0.01	0.51	-	-
Mercy University Hospital, Cork	Additional bed capacity: Provision of a new modular 30 bed ward block	Q4 2021	Q4 2021	30	0	11.00	18.97	-	-
South Infirmary Victoria University Hospital, Cork	Relocation of the Ophthalmology Outpatients Dept. from CUH to SIVUH	Q2 2021	Q4 2021	0	0	4.00	6.76	-	-
South Infirmary Victoria University Hospital, Cork	Refurbishment / upgrade of two theatres and accommodation to facilitate relocation of ophthalmic surgery from CUH	Q4 2021	Q4 2021	0	0	3.35	4.15	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
South Tipperary General Hospital	Fit-out of St Michael's, Phase 2, including Pre Op Assessment Unit and pods for 2 bed bays in 11 bay / Surgical 2 / CCU. Total additional beds - 33	Q2 2021	Q3 2021	33	0	0.70	1.15	-	-
University Hospital Kerry	Decant to relocated UHK Outpatient Services to recently completed PCC in Tralee	Q4 2021	Q1 2022	0	0	*	*	-	-
University Hospital Kerry	2nd CT Scanner for UHK: Acquisition of a second Scanner to address the 3,111 annual shortfall in CT capacity.	Q4 2021	Q4 2021	0	0	*	*	-	-
University Hospital Waterford	New replacement Mortuary and Post Mortem facilities	Q2 2021	Q3 2021	0	0	4.00	6.95	-	-
University Hospital Waterford	Upgrade of theatre AHUs - Phase 1 in 2015, Phase 2 in 2018 and Final Phase 2020	Q3 2021	Q3 2021	0	0	0.03	0.69	-	-
University Hospital Waterford	MRI replacement and associated fire / infrastructure upgrade works (equipment purchase in ERP)	Q3 2021	Q3 2021	0	0	2.10	2.50	-	-
UL Hospitals Group									
Croom Hospital, Co. Limerick	Fire upgrade works	Q4 2021	Q4 2021	0	0	0.50	1.76	-	-
Croom Hospital, Co. Limerick	Orthopaedic Surgical Unit development: Theatre and CSSD fit-out including Link to St Anne’s Ward and lifts (excludes refurbishment of St Anne’s Ward)	Q1 2021	Q2 2021	0	0	3.50	13.00	-	-
Ennis Hospital, Co. Clare	Phase 1b of redevelopment of Ennis General Hospital - consists of fit-out of vacated areas in the existing building to a Local Injuries Unit	Q4 2021	Q1 2022	0	0	1.25	1.73	-	-
Ennis Hospital, Co. Clare	Equipping of new OPD, including provision of x-ray Room and other diagnostics	Q1 2021	Q3 2021	0	0	0.40	0.90	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2021 Implications	
						2021	Total	WTE	Rev Costs €m
Nenagh Hospital, Co. Tipperary	Provision of dedicated clinical space for OPD clinic	Q1 2021	Q2 2021	0	0	0.45	1.40	-	-
University Maternity Hospital Limerick	Neo-natal expansion – Phase 1	Q2 2021	Q3 2021	0	0	0.61	1.15	-	-
University Hospital Limerick	Lift replacement programme (four lifts)	Q2 2021	Q2 2021	0	0	0.05	1.05	-	-
University Hospital Limerick	Fire safety upgrade - Phase 2:Installation of a fire alarm and emergency lighting system	Q4 2021	Q4 2021	0	0	1.20	8.10	-	-
University Hospital Limerick	Construction of a new modular COVID-19 lab at UHL to manage testing. The equipment and the team are currently housed in the CERC building which needs to return to education	Q1 2021	Q2 2021	0	0	1.90	3.96	-	-
National Ambulance Service									
Ardee Ambulance Base, Co. Louth	New ambulance station	Q4 2021	Q1 2022	0	0	3.00	3.89	-	-
Ballybofey, Co. Donegal	The provision of ambulance base at St Joseph's Hospital Stranorlar, including relocation of Older Persons' Services	Q2 2021	Q2 2021	0	0	0.58	0.80	-	-
Mullingar, Co. Westmeath	Relocation of ambulance station	Q4 2021	Q2 2022	0	0	2.40	3.70	-	-

* Provided for as capital works under the Winter Plan (a fund of €12m is provided for accelerated capital works under the Winter Plan)

Further analysis of the impact of operationalising capital initiatives in 2021 will be set out in the Operational Plans 2021

Appendix 5: Population Demographics and Trends

The population of Ireland was estimated to be 4.98m in April 2020. This represents an increase of 55,900 from April 2019, slightly lower than the 64,500 increase seen in 2018 / 2019. These represent the largest annual increases since 2008. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups.

Population health outcomes and managing the COVID-19 pandemic

Continuing reductions in mortality rates and gains in life expectancy are important and positive population health outcomes. They demonstrate the success achieved in supporting people to maintain good health as well as providing access to effective healthcare services during illness.

However, our health services have been significantly challenged in 2020 by the emergence in late 2019 of a novel viral pathogen SARS CoV 2. This has placed great demands on our health system in terms of developing services for COVID-19, enhancing existing services to provide care to this new cohort of patients and striving to preserve continuity of other health services. During the pandemic, existing long-term challenges within our health service have become even more prominent, including waiting lists for scheduled care, access to mental health services and an overreliance on residential models of care.

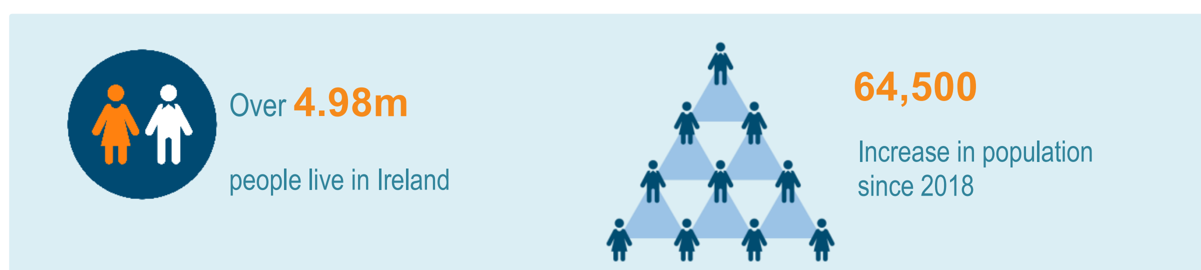
Recently success has been achieved in re-focusing health planning on health promotion, proactive care and community care. The ongoing delivery of *Healthy Ireland* and policy priority programmes have driven action in key areas of health behaviour, as well as expanding services such as immunisation and population screening.

The challenges to achieving good health are dynamic and the arrival of the pandemic in 2020 only serves to underline this. It is even more important at this time to ensure that marginalised groups within our population are not left behind.

Despite the necessary focus on responding to the pandemic, we need to ensure a balance between responding to illness and enabling good health and disease prevention. Such an approach must be consistent with *Sláintecare*, build on successes and plan to ensure continuity of health services while providing new models of care including for those with both acute and long-term effects of COVID-19.

Ageing population

The increase in both the proportion and the number of older people represents the most significant change in population structure in the last decade. The number of people aged 65 years and over has increased by 35.2% since 2009, being more than double the EU average of 16% in the same period. The number in this cohort is projected to increase by a further 23,500 (3.3%) in 2021. Similarly, the number of adults aged 85



years and over will increase by some 3,600 (4.6%) in 2021. Medical innovations, enhanced treatments and improved lifestyles are driving this growth.

As the use of healthcare increases across age groups, population ageing presents a significant challenge for health service planning. The use of inpatient hospital care is over seven times greater among people aged 65 years and older, and 14 times greater for those 80 and over compared to people aged 64 and younger. Similar patterns are seen across other health services including primary and community care services. Therefore, while population growth is forecast at 1% for the period 2020 to 2021, due to population ageing demographic pressure on health services will increase by 1.7% in the same period. This means that delivering the same quantum of health services to an additional 1% of people requires a 1.7% growth in services. This figure excludes requirements to address unmet need and non-demographic pressures such as changing population health status and new technologies.

In addition to this growth in the older population, children aged 0-14 years accounted for just over a fifth of our population in 2019, which is high by EU comparisons.

Birth rates

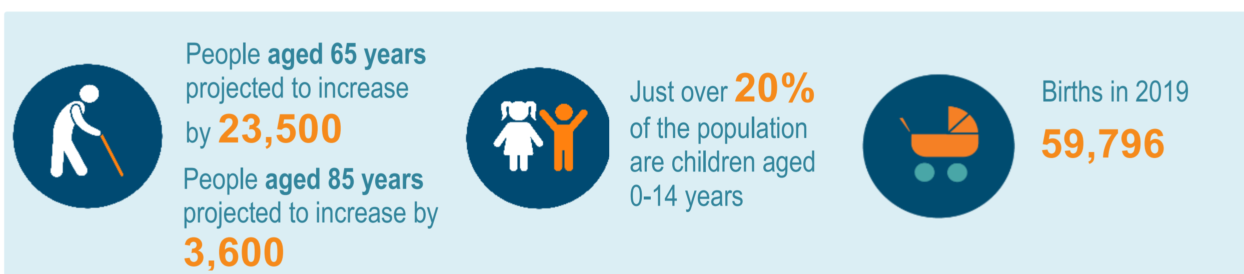
There were 59,796 births in 2019, representing a decrease of 1,220 births compared to 2018. The birth rate has declined in recent years, with a further reduction expected over the next decade. Despite reductions in the number of births in recent years, the fertility rate in Ireland, at 1.7% in 2019, is the fourth highest in the EU, but below the replacement level.

Life expectancy and health of the population

Life expectancy has risen by three years for males and almost two years for females since 2007. Women live on average to 84 years and men 80.4 years, which is above the EU average. The most significant increase in life expectancy is driven by reduced mortality rates from major diseases. However, life expectancy is socially patterned and remains lower for unskilled workers compared to professional workers. Research has shown that certain groups such as Travellers and people who are homeless have a lower life expectancy.

Overall, age-standardised mortality rates have declined over the past decade. Notable reductions were seen in the mortality rates from circulatory system diseases (25.1%), respiratory disease (10.5%) and cancer (10.0%) between 2009 and 2018. Transport accident mortality rates have also fallen by 49.7% in the same period.

Suicide rates have fallen by 37.8% between 2009 and 2018 and the rate in 2017 was 8 per 100,000, which is below the EU average for both males and females. 81% of these deaths were male, with the highest rate in those aged 25-35 years. Both self-harm presentations to hospital (11,600 in 2017) and suicide in the 15–19 age cohort are above European averages.



The infant mortality rate in 2019 was 3.2 per 1,000 live births and remains low by EU comparisons. The average maternal age for all births registered in 2019 was 33 years, a slight increase from 32.9 years in 2018. Teenage births reduced further to 864 births in 2019, from 980 births in 2018 and 1,041 in 2017.

The 2016 Census reported that 643,000 people (13.5%) had a longstanding illness or difficulty indicative of a disability. Of these 224,000 (34.9%) were aged 65 years and over and 59,000 (9.2%) were aged 15 years or younger. This represented an increase of 48,000 (8%) since 2011.

Census 2016 also reported that 195,000 people (4.1%) were providing regular unpaid help as carers.

Wider social determinants of health in Ireland

Our social environment is a key determinant of health status. Poverty, socio-economic status and health are strongly interconnected. In 2016, 22.5% of the population were exposed to disadvantage. Between 2011 and 2016, the numbers exposed to deprivation increased by 9.1%, with those living in extreme disadvantage increasing by 9.8%. For those living in the most deprived areas life expectancy at birth of males and females in 2016 / 2017 was 79.4 and 83.2 years respectively compared to 84.4 and 87.7 years respectively for those living in the most affluent areas.

While there are a number of determinants contributing to the differences in health status across social groups, ensuring access to health services can help. At the end of 2019, 1,544,374 people in Ireland held a medical card to enable access to services and 524,494 held a GP visit card. In total, 2,068,868 people held either card, representing 42% of the population.

Marginalised groups

Marginalised or socially excluded groups have complex health needs and experience poorer health outcomes across a range of indicators including chronic disease, morbidity, mortality and self-reported health. Greater supports across healthcare services are required for these groups, particularly in responding to COVID-19. Homeless people especially those persistently homeless or sleeping rough and those with substance use disorders often experience complex and chronic health conditions.

People from Traveller and Roma communities often experience severe health inequalities, leading to poorer health outcomes, lower life expectancy and higher infant mortality, compared to the general population. Irish Travellers are much younger than the general population, with only 7% aged 55 years and over, and nearly three quarters aged 34 years or younger. The estimated Roma population is between 3,000 and 5,000.

Addressing lifestyle risk factors and preventative care

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

Smoking rates decreased from 23% in 2015 to 17% in 2019. The highest rates continue to be in the 25 to 34 year age group (at 26%), although this decreased by 6%, from 32% in 2015. 40% of all smokers reported having made an attempt to quit in the past 12 months. There was an increase in the use of e-cigarettes from 3% in 2015 to 5% in 2019.

In 2018, three-quarters of the population reported drinking alcohol, with 55% of drinkers drinking at least once a week. 37% of drinkers reported binge drinking, consuming six or more standard drinks on a typical drinking occasion.

In the 2019 *Healthy Ireland* survey 46% of respondents 15 years and over reported a sufficient level of physical activity, reflecting a slight increase from the comparative figure of 44% in 2015. Over a third (37%) reported they consume at least five portions of fruit and vegetables daily (including juices). Contrasting this, 9% reported daily consumption of sugar-sweetened drinks highest in those aged 15-24 years, at 15%.

In 2019, 60% of respondents were either obese or overweight (unchanged from 2015) with 49% reporting currently trying to lose weight. Rates were highest in 65–74 year olds with 75% being either obese or overweight.

Vaccination and population screening are essential preventive healthcare services offered by the HSE. The national uptake target for MMR vaccine is 95% in children at 24 months. In 2008 this uptake rate was 89%, increasing to 92% in 2016 and unchanged up to 2019. In 2018 / 2019 the uptake rate for the HPV vaccine (at least 2 doses of vaccine) was 73.1% (target 85%), an increase of 7.9% over the previous year. Initial figures for the school year 2019 / 2020 show an uptake of 81% for the first dose.

The BreastCheck screening uptake target is 70%. At the end of 2019, uptake was above the target at 70.6% and was comfortably above the Organisation for Economic Co-operation and Development (OECD) average of 60.8%. The CervicalCheck screening coverage target is 80%. At the end of 2019, coverage was broadly on target at 79.1% and slightly higher than the OECD average. The BowelScreen screening uptake target is 45%. At the end of 2019, uptake was slightly below this at 42%.

Smoking rates decreased from **23%** (2015) to **17%** (2019)

92% of children aged 24 months received the MMR vaccine in 2019

Chronic disease and frailty in older people

Cancer, cardiovascular disease and respiratory disease continue to be the three most common chronic diseases, accounting for three quarters of deaths in Ireland. Approximately 32% of those over 18 years of age currently have one or more chronic diseases, representing an increase from 29% in 2018.

The incidence of chronic disease increases with age, with the highest prevalence observed in the population aged 50 years and over. In this age cohort, the number of those living with one or more chronic disease is estimated to increase by 40% from 2016 to 1.1m in 2030.

Over the past decade the age-adjusted cancer incidence in Ireland is slowly declining for males and is stable for women. Assuming that population cancer risk remains stable, demographic changes will lead to an approximate doubling of the number of cancers (excluding non-melanoma skin cancer) to 43,000 cases overall by 2045. Important risk factors, such as smoking, alcohol consumption, obesity and UV radiation exposure impact on incidence rates for specific cancers.

Frailty refers to the gradual loss in reserves across multiple body systems, and is estimated to affect 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland. It is a significant risk factor for falls, deterioration in mental health and cognition, and disability among older adults which contribute to an increased need for health and social care services.

As the population ages, the burden of dementia is also projected to increase from some 55,000 people in 2016 to over 150,000 people in 2046, representing almost a three-fold increase (*The Irish National Dementia Strategy, 2014)*.

Appendix 6: Annual Statement of Priorities for the development of the HSE National Service Plan 2021 (as outlined in the Letter of Determination, 3rd November 2020)

1. Protect vulnerable groups, service users, patients, healthcare workers, and the wider public in the face of COVID-19 in line with national and international public health guidance with a specific focus on ensuring that the health system is prepared to meet the emerging challenges and on enhancing the strength and resilience of the key public health activities that are to the forefront of Ireland's pandemic response and essential to the delivery of the government's *Resilience and Recovery 2021-2021: Plan for Living with COVID-19*
2. Deliver increased levels of healthcare to our citizens in community and primary care settings encompassing the mainstreaming, as appropriate, of *Sláintecare* Integration Fund initiatives, including the implementations of a total of 24.2 million homecare hours in 2021 and substantial progress towards the full roll-out of enhanced community services, community health networks and associated specialist teams across the country
3. Deliver on the ambitious capacity enhancement and reform plan in line with the *Health Service Capacity Review 2018* and *Sláintecare* to include:
    a. a minimum of 2,600 additional open and staffed beds in acute and community settings in 2021
    b. implementation of integrated structural reforms to modernise and future-proof our health service in line with the capacity pillars of Health Living, Enhanced Community Care and Hospital Productivity Improvements
    c. increasing the number of community beds, while maintaining or increasing the proportion of these beds which are provided directly by the Executive
4. Enhance access to care in 2021, including the delivery of core health services to the level that is specified in the NSP as well as the development, in collaboration with the Department and the National Treatment Purchase Fund (NTPF), of an Access to Care Action Plan for my approval for publication alongside the NSP
5. Implement the National Strategies (set out in Appendix 3 of the Letter of Determination), including the implementation of the Nursing Homes Expert Panel recommendations
6. Improve access to mental health services, including progressing the implementation of *Sharing the Vision*
7. Improve access and enhance specialist disability services with a focus on the implementation of the *Transforming Lives* programme
8. Ensure that the wider health and wellbeing agenda is reflected throughout the planning of services in 2021, in line with the important role of prevention in reducing pressure on health and social care services.
9. Protect vulnerable homeless people and implement key aspects of the *National Drugs Strategy*
10. Introduce new drugs in line with the *Health (Pricing and Supply of Medical Goods) Act 2013* and existing conditions of sanction in relation to new medicines continue to apply
11. Roll-out key eHealth initiatives in 2021, with the additional investment for new developments allocated to the Executive's Office of the CIO ensuring alignment as appropriate with *Sláintecare* Reform objectives
12. In line with *Sláintecare* and the Finance Reform Programme, continue key projects including development and adoption of Integrated Financial Management System (IFMS) by all statutory and larger Executive funded voluntary services, alongside further development of activity based funding for hospitals and community services together with enhancing procurement governance and systems.

Appendix 7: Glossary of Terms

Acronym	
A2I	Access to Information
ABF	Activity Based Funding
ADA-SCID	Adenosine Deaminase Deficiency Severe Combined Immunodeficiency
ALOS	Average Length of Stay
AI	Artificial Intelligence
AMAU	Acute Medical Assessment Unit
AMRIC	Antimicrobial Resistance and Infection Control
CAMHS	Child and Adolescent Mental Health Services
CAWT	Co-operation and Working Together
CCU	Coronary Care Unit
CCT	COVID Care Tracker
CDM	Chronic Disease Management
CEO	Chief Executive Officer
CHI	Children's Health Ireland
CHN	Community Healthcare Network
CHOs	Community Healthcare Organisations
CIS	Clinical Information System
CIT	Community Intervention Team
CIO	Chief Information Officer
COPD	Chronic Obstructive Pulmonary Disease
COVID	Corona Virus Disease
CPE	Carbapenemase-Producing Enterobacterales
CSARs	Common Summary Assessment Reports
CT	Computed Tomography
CUH	Cork University Hospital
DGOU	Digital Government Oversight Unit
DBT	Dialectical Behavioural Therapy
DNA	Did Not Attend
DoH	Department of Health
DPER	Department of Public Expenditure and Reform
DPS	Drug Payment Scheme
ECC	Enhanced Community Care
ECG	Electrocardiogram
ECHO	Echocardiogram
ED	Emergency Department
EDRM	Electronic Digital Records Management

Acronym	
EEA	European Economic Area
EHIC	European Health Insurance Card
EHS	Environmental Health Service
ELS	Existing Levels of Service
EMA	European Medicines Agency
EMT	Executive Management Team
ERP	Enterprise Resource Planning
EU	European Union
EWTD	European Working Time Directive
GDPR	General Data Protection Regulation
GMS	General Medical Service
GP	General Practitioner
HBS	Health Business Services
HCAI	Healthcare Associated Infection
HIDS	Health Identifiers
HIQA	Health Information and Quality Authority
HLTF	High Level Task Force
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HR	Human Resources
HSCP	Health and Social Care Professional
HSE	Health Service Executive
HSELanD	Health Services eLearning and Development
ICT	Information and Communications Technology
ICU	Intensive Care Unit
ICV	Intermediate Care Vehicle
ID	Infectious Disease
IFMS	Integrated Financial Management System
IHCP	Intensive Homecare Package
IHI	Individual Health Identifier
IIS	Integrated Information Service
IMEWS	Irish Maternity Early Warning System
INEWS	Irish National Early Warning System
IPC	Infection Prevention and Control
iPMS	Integrated Patient Management System
IPS	Individual Placement Service
IT	Information Technology
KPI	Key Performance Indicator

Acronym	
KTLO	Keep The Lights On
LGBTI+	Lesbian, Gay, Bisexual, Transgender and Intersex
LoD	Letter of Determination
LOS	Length of Stay
LTCF	Long-term care facility
LTI	Long-Term Illness
MECC	Making Every Contact Count
MedLIS	Medical Laboratory Information System
MFTP	Money Follows The Patient
MHC	Mental Health Commission
MMR	Measles, Mumps, Rubella
MN-CMS	Maternal and Newborn Clinical Management System
MPDS	Medical Priority Dispatch System
MRI	Magnetic Resonance Imaging
MSP	Managed Service Provider
NAS	National Ambulance Service
NASS	National Ability Support System
NCCP	National Cancer Control Programme
NCEC	National Clinical Effectiveness Committee
NCHD	Non-Consultant Hospital Doctor
NCIS	National Cancer Information System
NEOC	National Emergency Operations Centre
NHSS	Nursing Homes Support Scheme
NIAC	National Immunisation Advisory Committee
NIMIS	National Integrated Medical Imaging System
NIMS	National Incident Management System
NiSRP	National Integrated Staff Records and Pay Programme
NPHET	National Public Health Emergency Team
NSP	National Service Plan
NTPF	National Treatment Purchase Fund
NWIHP	National Women and Infants' Health Programme
OECD	Organisation for Economic Co-operation and Development
OGD	Oesophago-Gastro-Duodenoscopy (Gastroscopy)
OoCIO	Office of the Chief Information Officer
OPD	Outpatients Department
OPW	Office of Public Works
PA	Personal Assistance
PACS	Picture Archive and Communication System

Acronym	
PAS	Patient Administration System
PCC	Primary Care Centre
PCMS	Primary Care Management System
PCRS	Primary Care Reimbursement Service
PEWS	Paediatric Early Warning System
PHN	Public Health Nurse
PPE	Personal Protective Equipment
PPPG	Policies, Protocols, Procedures and Guidance
PrEP	Pre-Exposure Prophylaxis
QPS	Quality and Patient Safety
RAU	Respiratory Assessment Unit
REC	Research Ethics Committee
REV	Revenue
RIS	Radiology Information System
ROSC	Return of Spontaneous Circulation
RT	Rehabilitation Training
SACT	Systemic Anti-Cancer Therapy
SAOR	Support, Ask and assess, Offer assistance, Refer
Sars CoV2	Severe Acute Respiratory Syndrome Coronavirus 2
SATU	Sexual Assault Treatment Unit
SCA	State Claims Agency
SEAI	Sustainable Energy Authority of Ireland
SSO	Single Sign-On
STI	Sexually Transmitted Infection
SIVUH	South Infirmary - Victoria University Hospital
SSWHG	South / South West Hospital Group
SVUH	St. Vincent's University Hospital
TAPS	Temporary Assisted Payments scheme
TUH	Tallaght University Hospital
UHL	University Hospital Limerick
UHK	University Hospital Kerry
UK	United Kingdom
UV	Ultraviolet
VTE	Venous Thromboembolism
WHO	World Health Organisation
WLAN	Wireless Local Area Network
WTE	Whole Time Equivalent

Dr. Steeven's Hospital
Steevens' Lane
Dublin 8
D08 W2A8

Telephone: 01 6352000
www.hse.ie

© February 2021 HSE
ISBN: 978-1-78602-158-8