



# Health Service Executive

## Performance and Accountability Framework 2025

December 2024

Contents	Page
<b>1. The Performance and Accountability Framework</b>	<b>3</b>
1.1 Introduction	
1.2 Governance: HSE Board and Board Committees	
1.3 Authority, Responsibilities and Accountability	
<b>2. Accountability for Performance</b>	<b>5</b>
2.1 Accountability levels	
2.2 Responsibility for performance	
2.3 Managers' accountability	
2.4 Performance Agreements	
2.5 Service Arrangements and Grant Aid Agreements	
2.6 Performance improvement	
<b>3. Performance oversight</b>	<b>7</b>
3.1 Between the HSE and DOH and DCEDIY	
3.2 Internal to the HSE	
3.3 Oversight by the HSE Board	
3.4 Supporting the performance process	
3.5 Performance Achievement	
<b>4. Performance expectations and reporting</b>	<b>9</b>
4.1 Performance expectations	
4.2 Primary performance reports	
<b>5. The performance escalation process</b>	<b>10</b>
5.1 Escalation	
5.2 The levels of escalation	
5.3 Escalation where remedial actions do not work	
5.4 Escalation and the accountability of individual managers	
5.5 Managing underperformance	
5.6 Expectations of managers when an issue is escalated	
5.7 Recovery or improvement actions/plans	
5.8 De-escalation	
<b>6. Escalation actions</b>	<b>13</b>
6.1 Approach to under performance	
6.2 Performance support	
6.3 Intervention	
6.4 Types of sanctions that can be applied	
6.5 Sanctions applied to individual accountable officers	
<b>Appendix</b>	<b>16</b>

# 1. The Performance and Accountability Framework

## 1.1 Introduction

The key focus of the Performance and Accountability Framework [PAF] is the provision of safe health and social care services to the public.

Responsibility and accountability for the services provided within the six HSE Regions lies with the respective Regional Executive Officers [REOs]. In addition, a range of nationally delivered services are the responsibility of the National Director for National Services and Schemes and the Chief Clinical Officer.

There are a number of other functions within the HSE Centre that support and enable the REOs and National Director for National Services and Schemes in discharging their responsibilities. These include but are not limited to Access and Integration, Finance, Human Resources, Capital and Estates and Planning and Performance functions.

To assist in delivering on the HSE's performance remit, this Performance and Accountability Framework (PAF) sets out the means by which the HSE's services and functions are held to account for their performance.

While the PAF is an internal management document approved by the HSE Senior Leadership Team [SLT], it recognises that these arrangements are in the context of the HSE's accountability to its two parent Departments, the Departments of Health [DOH] and Children, Equality, Disability, Integration and Youth [DCEDIY].

## 1.2 Governance: HSE Board and Board Committees

### 1.2.1 The HSE Board

Under the *Health Service Executive (Governance) Act 2019*, the Board of the Executive (the Board) is the governing body of the Health Services Executive (HSE), accountable to the Ministers for Health and Children, Equality, Disability, Integration and Youth, for the performance of its functions.

Oversight Agreements with both Departments govern the oversight arrangements between the HSE and those Departments.

### 1.2.2 HSE Board Committees

The Board has established a number of committees to assist and advise it in relation to the performance of its functions. This includes the Performance Committee which has a remit *'to advise the Board on all matters relating to performance within the health service to ensure that such performance is optimised across all relevant domains of the agreed National Balanced Scorecard to ensure better experience for patients and service users.'*

The Audit and Risk Committee [ARC] and Transformation Committee also have roles in relation to HSE finances and the delivery of the organisation's transformation priorities respectively.

The CEO will name specific REOs and National Directors as the Executive Leads and sub-Leads who will attend and support the work of each of the Committees.

### 1.2.3 The HSE's Planning and Performance Framework

The HSE's Planning and Performance Framework is summarised in Diagram 1 in Section 2.1 below.

- The planning pillar focuses on the HSE's three-year Corporate Plan and its annual National Service Plan, both of which are informed by government policy including Sláintecare and Ministerial

Priorities set out in the annual Letters of Determination of Expenditure. Each Region, National Services and Schemes will also develop their own operational plans.

- The National Service Plan sets out the key metrics and targets against which health service performance is to be measured. A suite of monthly performance reports are produced to assist in monitoring whether these metrics and targets are being achieved. The principal reports are the National Performance Report and associated Regional Reports and the Board Strategic Scorecard Report. The HSE also produces an Annual Report.

## 1.3 Authority, Responsibilities and Accountability

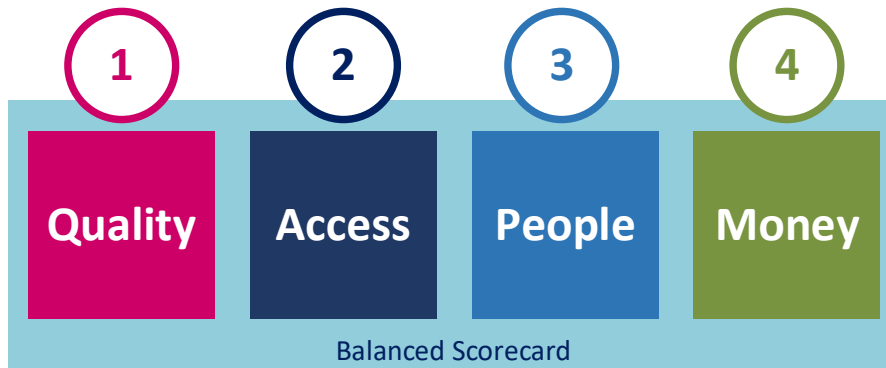
### 1.3.1 Accountable Officers

Accountable Officers for the purpose of the PAF are the six **Regional Executive Officers** [REOs], **National Director National Services and Schemes**, the **Chief Clinical Officer** [CCO] and direct reports to the CEO at **National Director**<sup>1</sup> level, **Regional Executive Management Team** members, **managers of national services** [e.g. National Ambulance Service, Primary Care Reimbursement Service, National Screening Service, Environmental Health] and the **heads of other functions** reporting directly to National Directors.

### 1.3.2 The HSE's Performance and Accountability Framework

The objective of the Performance and Accountability Framework is to ensure that Accountable Officers have clarity on their authority, responsibility and accountability and then ensuring they are being held to account for the performance of the systems for which they are responsible.

The health service seeks to provide the highest quality services to those who need them. Our performance is viewed through four lenses, that is:



- **Quality:** Quality and Safety of services,
- **Access:** Access to and Integration of those services,
- **People:** Effectively harnessing the efforts of our workforce
- **Money:** Achieving this within specific financial, governance and compliance requirements.

The emphasis in the Performance and Accountability Framework is on recognising good performance and on improving areas of underperformance at all levels of the health service. While living within their financial allocation is a fundamental priority for Accountable Officers, the Performance and Accountability Framework is explicit in its intent that performance be managed across the four domains set out above.

<sup>1</sup> References to National Director includes the the Chief Clinical Officer [CCO], Chief Financial Officer [CFO] and Chief People Officer [CPO]

## 2. Accountability for Performance

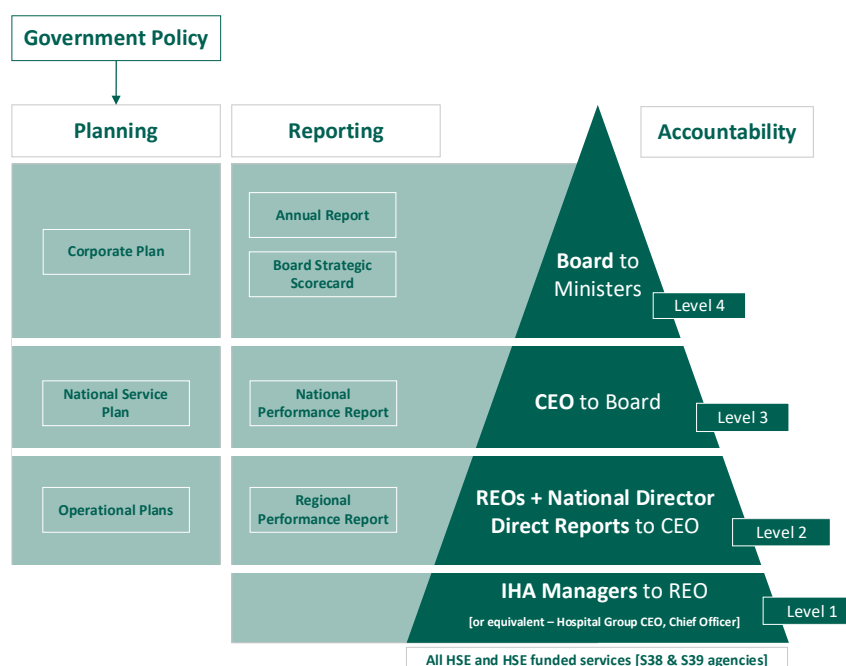
### 2.1 Accountability levels

The accountability levels for the HSE are set out below.

Level	Accountable to
1	Regional Executive Management Team members <b>to</b> REOs and the heads of national services/ other functions reporting <b>to</b> the relevant National Director.
2	REOs and CEO direct reports at National Director level <b>to</b> the CEO
3	CEO <b>to</b> the Board
4	The Board <b>to</b> the Ministers for Health and for Children, Equality, Disability, Integration and Youth

Accountable Officers are required to have formal performance management arrangements in place with the individual services they are responsible for, to ensure delivery against performance expectations and targets.

Diagram 1



### 2.2 Responsibility for performance

Accountable Officers have delegated responsibility and accountability for all aspects of service delivery across the four domains of the HSE's Balanced Scorecard.

The PAF is intended to describe for Accountable Officers, what is expected of them, what happens if agreed levels of performance are not achieved. In particular the PAF outlines the nature of the supports, interventions and sanctions that will apply if these levels of performance are not achieved.

It is the responsibility of Accountable Officers to proactively identify issues of underperformance and to act upon them promptly and to the greatest extent possible to avoid the necessity for escalation within the organisation.

## 2.3 Managers' accountability

Accountable Officers will each be provided with a budget to deliver the services set out in the National Service Plan and in their service level Operational Plans. They are accountable for their performance in delivering against these plans, within budget and for any specified performance improvements.

It is acknowledged that in a minority of cases, achieving performance against plan may not be fully within the control of an individual accountable officer. Where this is the case, Line Managers are required to clearly identify and quantify these issues and share accountability for both the remedial plans and actions required to address these challenges.

Once these issues have been identified and quantified, they may be specifically reflected within the Performance Agreements where relevant. These shared accountabilities will be the exception rather than the rule and will not dilute the accountability of Accountable Officers for delivering on their overall budget and plan.

## 2.4 Performance Agreements

The following Accountable Officers are required to sign a Performance Agreement.

- The **CEO level** Performance Agreement is between the CEO and each Regional Executive Officer [REO], the National Director National Services and Schemes, the Chief Clinical Officer [CCO] and other direct reports to the CEO at National Director level.
- The **REO level** Performance Agreement is between the REO and each member of their Executive Management Team.
- The **National Director level** Performance Agreement is between the National Director<sup>2</sup> and the head of the national service or function reporting to them [e.g. National Ambulance Service, Primary Care Reimbursement Service, National Screening Service, Environmental Health]

These Agreements set out the scope of what Accountable Officers are responsible for and against which they will be held to account, including the specific budget and staffing levels to achieve the agreed level of performance and such agreement shall not be unreasonably withheld. The Performance Agreement serves as written confirmation that the Accountable Officer named in the Agreement accepts;

- Responsibility and accountability for producing and delivering their operational and financial plans.
- The regime of supports, interventions and sanctions set out under the Performance and Accountability Framework.

## 2.5 Service Arrangements and Grant Aid Agreements

Service Arrangements and Grant Aid Agreements will continue to be the contractual mechanism governing the relationship between the HSE and each Section 38 and Section 39 Agency.

## 2.6 Performance Improvement

The Access and Integration team may be requested to support strategic improvement initiatives across the health service. This support can be commissioned following a request by one or more REOs or by the National Director – National Services and Schemes.

The CEO may directly request the National Director Access and Integration to lead specific improvement initiatives.

---

<sup>2</sup> References to National Director includes the Chief Clinical Officer [CCO], Chief Financial Officer [CFO] and Chief People Officer [CPO]

## 3. Performance oversight

### 3.1 Between the HSE and the DOH and DCEDIY

The Oversight Agreement between the DOH and DCEDIY sets out a number of monthly and quarterly engagements.

#### 3.1.1. HSE Chair and the Ministers [DOH and DCEDIY]

The HSE Chair attends quarterly meetings with the Ministers for Health and for Children, Equality, Disability, Integration and Youth.

#### 3.1.2 CEO and the Secretary General [DOH]

The CEO attends a monthly performance meeting with the Secretary General of the Department of Health.

#### 3.1.3 DOH Assistant Secretaries, HSE National Directors and REOs

In advance of the meeting between the CEO and the Secretary General [DOH] there is a monthly meeting between the DOH Assistant Secretaries, relevant HSE National Directors and at least two REOs. The purpose of this meeting is to review HSE performance and to agree any areas of escalation for the CEO/ Secretary General Performance meeting.

### 3.2 Internal to the HSE

#### 3.2.1 CEO and REOs and direct reports at National Director level

The CEO holds scheduled performance meetings with each REO and direct reports at National Director level.

#### 3.2.2 HSE Senior Leadership Team [SLT]

The HSE's SLT will review HSE wide performance on a monthly basis and will approve the monthly National Performance Report and the Board Strategic Scorecard.

#### 3.2.3 REOs and National Directors reporting to the CEO

Each REO and the National Directors reporting to the CEO will establish appropriate performance oversight arrangements within their areas of responsibility. Each level of management within the areas for which they are accountable are required to;

- Keep performance under constant review.
- Have in place a regular performance management process that will include formal performance meetings with their direct reports aligned with the HSE's accountability structure
- At these meetings agree, monitor and report on actions to address underperformance. Performance meetings will focus on ***all four*** domains of the National Balanced Scorecard.
- Take timely corrective actions to address any underperformance emerging.
- In certain cases, where underperformance is systemic or has gone on for a sustained period, develop and put in place a full Improvement or Recovery Plan.

### 3.3 Oversight by the HSE Board

#### 3.3.1 Board Committees

The HSE's Performance Committee will review HSE wide performance on a monthly basis. The Audit and Risk Committee [ARC] and Transformation Committee also have roles in relation to HSE finances and the delivery of the organisation's transformation priorities respectively.

### **3.3.2 HSE Board**

The Board will receive and consider the monthly Board Strategic Scorecard [BSS]. Once approved by the Board, the BSS is provided to both Ministers by the Board Chair.

### **3.4 Supporting the HSE's performance management process**

To support the CEO, REOs, the National Director National Services and Schemes and the Chief Clinical Officer in their performance management and oversight roles, a process for bilateral engagement between National Access and Integration leads and Regional/ service leads will be established. The purpose is to ensure a shared understanding of performance, support national consistency and identify areas for enhanced focus and support.

Feedback mechanisms to the CEO and REOs will be established by the National and Regional Planning and Performance leads.

### **3.5 Performance Achievement**

The HSE's Performance Achievement process is intended to help individual staff members develop in their role and gives them the opportunity to meet with their manager to discuss their learning and development needs.

As part of the overall performance management process, Accountable Officers reporting to the CEO are required to engage in the Performance Achievement process with the CEO. They are also required to ensure they have a Performance Achievement process in place with their own direct reports and at all levels within their area of responsibility.



## 4. Performance expectations and reporting

### 4.1 Setting performance expectations

#### 4.1.1 Corporate Plan

The HSE's three year Corporate Plan sets out the strategic direction of the health service for this period.

#### 4.1.2 National Service Plan

The National Service Plan is the annual contract, setting out the type and volume of services, between the HSE and the Ministers for Health and Children, Equality, Disability, Integration and Youth against which the HSE's performance is measured.

#### 4.1.3 Operational Plans

Operational plans at national and service levels are developed to give effect to the priorities set out in the National Service Plan.

#### 4.1.4 National Balanced Scorecard

Headline indicators for the health service performance are captured in a National Balanced Scorecard which represents performance through four lenses or domains. As set out in Section 1.4, the four domains used by the health service are **Quality [including Safety], Access, People and Money**.

The use of the National Balanced Scorecard is to ensure that no one domain dominates when measuring the performance of a service. The National Balanced Scorecard is included in the National Service Plan.

### 4.2 Primary performance reports

#### 4.2.1 Monthly National Performance Report

A monthly National Performance Report [with Regional versions] is produced setting out performance against the National Balanced Scorecard. The Report forms the basis of the HSE's performance oversight process. Upon approval by SLT, the monthly National Performance Report is shared with the DOH and DCEDIY.

#### 4.2.2 Board Strategic Scorecard

As set out in Section 3.3.2, the Board Strategic Scorecard (BSS), as developed annually by the SLT and the HSE Board, provides a high-level monthly progress report on key strategic programmes and priorities across the HSE. Upon approval by SLT and the HSE Board, the monthly BSS is shared with the Ministers DOH and DCEDIY.

Underperformance of an individual scorecard triggers the requirement for a set of improvement actions or an improvement plan, managed by SLT Lead of the relevant scorecard.

During 2025 the Board is expected to review the form of reporting it requires.

## 5. The performance escalation process

### 5.1 Escalation

Under the Performance and Accountability Framework there is provision for the formal escalation of individual IHAs or services that are not achieving national performance expectations set out in the National Service Plan and National Balanced Scorecard. Escalation reflects an increased level of concern in relation to performance which requires more intense focus, action and scrutiny in order to bring about improvement. Escalation may take the form of support, intervention or sanction (See 6.1).

Escalation is primarily the responsibility of each REO and the National Director National Services and Schemes and only where there is a significant and sustained underperformance is escalation exercised directly by the CEO.

In the context of the escalation, underperformance also includes performance that:

- Places patients or service users **at serious risk**
- **Fails** to meet the **required standards** for that service.
- **Departs** from what is considered **acceptable practice**.

### 5.2 The levels of escalation

Performance management and the operation of the Performance and Accountability Framework is a process managed primarily at the level of the relevant accountable officer.

The table below describes the escalation levels within the HSE. Level 0 reflects a steady state position, Performance is subject to routine performance monitoring by the relevant Accountable Officer.

<p><b>Level 1</b> [Accountable Officer]</p>	<p><b>A performance variance emerges and is not improving.</b></p> <p>Performance is not improving despite intervention and support in response to early signs of difficulty being managed at a service level.</p>	<p><b>A decision to escalate</b> an area of underperformance in individual services under their remit <b><u>is made by the service manager/ functional head.</u></b></p>
<p><b>Level 2</b> [REO or ND NS&amp;S]</p>	<p><b>The problem/variance persists.</b></p> <p><i>The problem becomes critical or where prolonged underperformance puts quality, safety and financial sustainability at risk.</i></p> <p>It becomes harder to fix and potentially spreads to other parts of the service. Intervention and support are required.</p> <p>As a guide:</p> <ul style="list-style-type: none"> <li>▪ A variance of 20% from plan, over a period of 3 consecutive reporting cycles or more and/or</li> <li>▪ Persistent performance issue, and/or</li> <li>▪ Strategic issue.</li> </ul>	<p><b>A decision to escalate</b> an area of underperformance <b><u>is made by the relevant REO or National Director.</u></b></p>

<p><b>Level 3</b> [Chief Executive Officer]</p>	<p><b>Significant governance or organisational risks are identified that affect the functioning or reputation of the health service</b></p> <p>The actions determined by the relevant REO or ND NS&amp;S do not achieve the necessary impact and action is required by the Chief Executive Officer.</p>	<p>A decision to escalate <b>significant governance or organisational risks</b> <u>is made by</u> the CEO</p>
---	---	---

**Note:** The above guidance is not intended to mean an automatic escalation. It should however serve as a trigger for the review of specific areas of performance. Any escalation decision should be based on the outcome of this review.

Similarly, the levels of escalation do not necessarily indicate the seriousness of a particular performance issue but rather the need for the organisational response to be led or supported at a more senior level. This may reflect either the capacity or capability of other levels to manage the improvements required. For example, performance issues at LEVEL 1 may be as serious as performance issues at LEVEL 3, however there is confidence that these issues are being managed appropriately by the relevant Accountable Officer.

### 5.3 Escalation where remedial actions do not work

Where remedial action is not possible or is not achieving the required correction, it must be discussed with the next level of management for the purpose of further advice, support or intervention as necessary. ***It is expected that managers will in the first instance be responsible for initiating corrective actions.***

The Performance and Accountability Framework envisages that performance issues may be escalated by a more senior level of management where;

- There are concerns that the appropriate level of management are not taking the relevant actions to address underperformance;
- There is a lack of engagement by managers with a formal performance improvement process;
- The actions required to address underperformance lie outside of the control of accountable officers.

When an area of performance has been escalated, primary responsibility for managing performance remains with the relevant accountable officer unless this authority has been removed.

### 5.4 Escalation and the accountability of individual managers

In instances where underperformance has been escalated this;

- **Does not** mean the transfer of responsibility or accountability to a higher level of management.
- **Does not** remove or dilute the full accountability and responsibility of the accountable officer or alter their responsibility or accountability.
- **Does** provide for a graduated response to underperformance that may take the form of support, intervention or sanction.

**In exceptionally rare circumstances, escalation to levels 2 or 3 may mean that responsibility / reporting lines for a particular service may be changed to ensure effective and speedy action is initiated in response to a serious performance issue.**

## 5.5 Managing underperformance

It is expected that there will be a differentiated response taken to performance by ensuring that individual services that contribute to underperformance are clearly identified and that high performing services will not be the subject of escalation actions. Poor performance will be addressed through the agreement and implementation of explicit, time bound actions and more rigorous performance management *of the specific services* where the underperformance lies.

The HSE is committed to providing support to managers and services who are struggling to achieve improvements. This support and any form of escalation must however always enhance rather than remove or blur individual accountability and avoid diffusing responsibility or passing it upwards.

Consequences or sanctions will be considered if reasonable improvement is not achieved and further detail is set out in Section 6 below.

## 5.6 Expectations of managers when an issue is escalated

Where a service or service issue has been escalated, Accountable Officers ***are expected to ensure that managers reporting to them are notified that the issue is the subject of escalation and that the appropriate remedial actions are being taken and monitored. The timeframes for improvement should also be set out.*** These notifications should be recorded and kept on file for subsequent review.

## 5.7 Recovery or Improvement actions/ Plans

Where significant and sustained underperformance has been identified and where remedial actions have not been successful, the CEO, REO or National Director NS&S may request the development of a set of improvement actions or if required an Improvement Plan. An Improvement Plan at a minimum contain the following elements.

- An understanding of the reasons for poor performance.
- Actions being taken to improve performance. These actions should be specific and measurable.
- The planned improvement trajectory, with interim targets showing how long it is expected it will take to achieve the national target or the desired level of improvement.
- Actions will have named owners who will be accountable for delivering on these actions.
- The plan may also describe how the HSE's Performance and Accountability Framework will be invoked where actions are not delivered and performance does not improve in line with the Plan.

## 5.8 De-escalation

Escalation ***is not*** intended to be an end in itself. Performance issues should be in escalation for as short a period as possible. Services ***are not*** escalated or deescalated based on a single month's performance and the period of escalation will vary from issue to issue.

It is expected that performance areas will be deescalated as soon as the actions taken to address them are shown to be achieving the desired result. Therefore, escalation is only invoked until;

- There is a return to the required performance level or,
- There is a credible improvement plan in place and,
- The trajectory of improvement is being sustained over an agreed period.

## 6. Escalation actions

### 6.1 Approach to underperformance

Accountable Officers are required to ensure that a graduated and appropriate regime of;

- **Supports,**
- **Interventions,** and where warranted
- **Sanctions,** are in place at service organisational level and individual level where performance does not improve.

### 6.2 Performance support

Where remedial actions are not working sufficiently to address underperformance, Accountable Officers may need to put in place additional supports for managers reporting to them. Similarly, Accountable Officers may also seek support from their line manager. Supports may include;

- Assistance with the improvement plan including diagnosis, actions, milestones and timelines
- Specialist resources to work with them and their senior staff.
- Mentoring and advisory support.
- Putting a dedicated Improvement team in place. This may be supported by the national Access and Integration team.

The manager to whom support is being provided will be expected to meet with their line manager on a regular basis in line with timescales agreed as part of an improvement plan.

### 6.3 Intervention

If despite on-going monitoring and support, performance does not improve, or where plans that have been committed to are not being delivered upon, specific interventions may be put in place by the relevant Accountable Officer. These interventions may include;

- Enhanced monitoring through formal review meetings with the relevant line manager.
- Additional controls.
- Setting out, in writing, the explicit performance requirements and arrangements for monitoring and the consequences where performance does not improve.
- Commissioning of an external Improvement initiative or performance or governance diagnostic review.

### 6.4 Types of sanctions that can be applied

While the focus of the Escalation process will be on supporting managers to improve operational performance in a particular area, where despite remedial plans and supports and interventions being in place, performance does not improve, the Performance and Accountability Framework also provides for sanctions to be applied. Sanctions may be applied at organisational level and/or at the individual level, depending on the circumstances.

#### 6.4.1 Organisational level sanctions

The sanctions applied may vary, depending on whether the organisation is:

- A service provided directly by the HSE; or
- An organisation providing services to the HSE pursuant to a written service arrangement or grant aid agreement (a **Section 38** or **Section 39** organisation).

## 6.4.2 HSE Services

Where performance does not improve after appropriate supports are provided and interventions are taken, sanctions may be applied to service organisations in the first instance. That is IHAs, individual hospitals, community services or National Services. Sanctions which are applied at a service level include the following.

- A **formal Performance Notice** may be issued to the relevant service from the appropriate Accountable Officer. Performance notices will specify the reason for the notice, the performance improvement expectation, timeframe, accountability arrangements and consequences where there is insufficient improvement.
- A **Performance Improvement Plan or set of credible improvement actions** may be required on foot of a Performance Notice.
- Where improvement is not seen within the timeframe set out in the first Performance Notice or where actions agreed have not been implemented, a **Second Performance Notice** may be issued. The time between the issuing of the first and second performance notice will vary depending on the nature of the performance issue that has been escalated. For example in cases of significant patient safety concerns or where financial performance is significantly off target the period between notices may be one month. In other cases where there is a need to develop a major improvement plan this period may be longer.
- Unless issued by the CEO, a decision to issue any Performance Notice must be taken by the relevant REO or National Director National Services and Schemes.

**Performance notices signal a significant level of concern in relation to the delivery of performance improvement. As such, they should be issued sparingly. All normal performance management processes should be exhausted first.**

## 6.4.3 Services provided by Section 38 and Section 39 Agencies

The Performance Notice provisions and actions set out in Part 1 of the Service Arrangement (Section 14.3) may be invoked in relation to the performance of Section 38 and Section 39 Agencies. These include but are not limited to;

- Withholding a proportionate percentage of funding.
- Precluding any consideration of requests for funding for new service developments or the provision of any capital funding until such time as the Provider addresses the non-compliance to the satisfaction of the HSE.

Invoking these provisions is considered to be a serious level of escalation which should be used judiciously. Managers are required to seek REO approval for issuing any **First Notification letter**. In addition, managers will be expected to engage formally with the Board of the Provider agency via the Board Chair and/or CEO. This may include;

- Seeking a meeting with representatives of the Board or calling for a full Board meeting in respect of the Performance Notice.
- Formally advising Boards of their responsibilities under the Companies Act where they are limited companies.

## 6.5 Sanctions applied to individual accountable officers

### 6.5.1 Performance Management Process

The performance of an individual “accountable officer” may need to be addressed in the following circumstances:

- Where, following Escalation and agreed intervention(s), the performance issue persists and there

is no apparent underlying reason for the continued underperformance; and/or

- Where it is apparent that interventions agreed in Escalation may not have been actioned; or
- Where the “Accountable Officer” may have otherwise failed to take appropriate action(s) in relation to a performance issue.

Any matters relating to the underperformance of an individual staff member or perceived shortcomings in work standards, conduct or attendance should be managed through the HSE’s Disciplinary Procedure. A Guidance Note of Performance in the HSE is available at:

<https://www.hse.ie/eng/staff/resources/hrppg/policiesprocedures.html>

### **6.5.2 Performance Improvement Plans**

A personal Performance Improvement Plan will set out performance improvement expectations and the nature of any support arrangements, which may be put in place. These support arrangements may include the appointment of mentoring, advisory, specialist support, or formal partnering arrangements with a high performing manager from another area of the HSE and/or another organisation.

The Performance Improvement Plan will also outline specific actions, deliverables, timeframes as well as the monitoring and accountability arrangements to be put in place and the consequences where performance does not improve in accordance with the Performance Improvement Plan.

### **6.5.3 Removal from post**

Where there continues to be underperformance following the initiation of the HSE Disciplinary Procedure, i.e. where the expectations set under the PIP are not achieved, the process may ultimately culminate in disciplinary action in line with the provisions of the HSE disciplinary policy and processes provided therein, which may include, for example, removal of the named manager from post and / or to other duties.



National Director, Planning and Performance

Room 1.21, Dr. Steevens Hospital, Dublin 8.

Eircode D08 W2A8

E-mail: [PlanningandPerformance@hse.ie](mailto:PlanningandPerformance@hse.ie)

Tel: 01 6352619

### Memorandum

13<sup>th</sup> March 2025

**To:** Senior Leadership Team (SLT)  
**From:** Mr. Patrick Lynch, National Director, Planning and Performance  
**Subject:** Performance and Accountability Framework (PAF) 2025

---

Dear SLT

Please find attached Performance and Accountability Framework (PAF) 2025.

I would like to bring to your attention to **Section 6.4.3 Services provided by Section 38 and Section 39 Agencies** and specifically the paragraph below:-

‘Invoking these provisions is considered to be a serious level of escalation which should be used judiciously. Managers are required to seek REO approval for issuing any **First Notification letter**.’

In the context of recent work updating Service Arrangements, this paragraph should be interpreted as ‘IHA Manager or National Director approval (as applicable) is required for the issuing of a **First Notification letter** and that the SLT is advised in writing appending a copy of the Notification letter.’

This paragraph will be updated for the PAF2026.

If there are any queries do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink that reads 'Patrick Lynch'.

**Mr. Patrick Lynch**  
National Director Planning & Performance