



# **The Health Service Executive**

## **Performance and Accountability Framework**

### **2023**

**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

<b>1. The Performance and Accountability Framework</b>	<b>3</b>
1.1 Governance	
1.2 Health System Performance Assessment Framework	
1.3 Regional Health Areas	
1.4 Authority, Responsibility and Accountability	
1.5 What do we mean by Performance?	
<b>2. Accountability for Performance</b>	<b>5</b>
2.1 Accountability structure	
2.2 Accountable officers	
2.3 What does responsibility for performance mean?	
2.4 What are managers accountable for?	
2.5 What is a Performance Agreement?	
2.6 Service Arrangements and Grant Aid Agreements	
2.7 What is the National Performance Oversight Group [NPOG]?	
2.8 What is the Performance Management Unit?	
2.9 What other performance oversight processes will be in place?	
<b>3. Describing performance expectations and reporting</b>	<b>10</b>
3.1 Describing performance expectations	
3.2 Reporting on performance	
<b>4. The performance escalation process</b>	<b>11</b>
4.1 Escalation	
4.2 The levels of escalation	
4.3 Escalation where remedial actions do not work	
4.4 Is escalation primarily the responsibility of the Chief Operations Officer or NPOG?	
4.5 When is escalation by the Chief Operations Officer triggered?	
4.6 When is escalation to the Chief Executive Officer triggered?	
4.7 What are the 'thresholds' for escalation?	
4.8 Is national level escalation invoked regularly?	
4.9 What happens when performance is escalated by the Chief Operations Officer/NPOG?	
4.10 Does escalation mean individual managers are no longer responsible or accountable?	
4.11 Is all underperformance treated in the same way?	
4.12 What is the national Escalation Report?	
4.13 What are managers expected to do when an issue is escalated?	
4.14 What is a Recovery or Improvement Plan?	
4.15 When is an issue deescalated?	
<b>5. The consequences of escalation</b>	<b>16</b>
5.1 What happens if performance does not improve?	
5.2 What supports are available?	
5.3 What do you mean by interventions?	
5.4 What type of sanctions can be applied?	
5.5 What type of organisational level sanctions can be applied?	
5.6 What type of individual level sanctions can be applied?	
<b>6. Attendance at Oireachtas Committees</b>	<b>20</b>
<b>7. Appendices</b> <i>[Accountable Officers, National (Operational) Scorecard and Performance Oversight, Escalations and Thresholds]</i>	<b>21</b>

# 1. The Performance and Accountability Framework

## 1.1 Governance

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 Minister for Health for the performance of its functions.

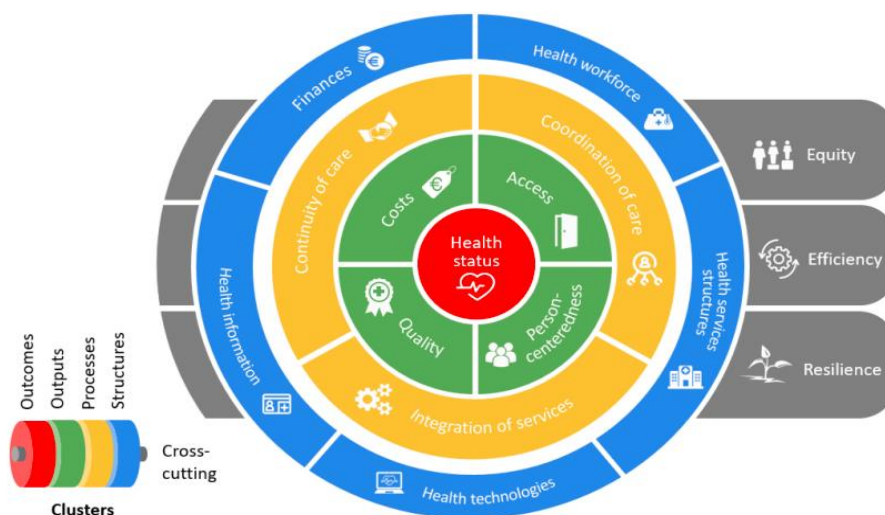
The Board has established a number of committees to assist and advise the Board in relation to the performance of its functions including the Planning and Performance Committee with a remit 'to advise the Board on all matters relating to planning and performance within the health service to ensure that such performance is optimised across all relevant domains of the agreed balanced-scorecard to ensure better experience for patients and service users.' The key focus on implementing the PAF is the provision of safe health and social care services to the public.

The Chief Operations Officer (COO) attends the meetings of the Planning and Performance Committee. The COO also attends meetings of the other Board Committees on request to deal with specific matters. To assist in delivering on the HSE's performance remit this Performance and Accountability Framework (PAF) sets out the means by which the services in the HSE and in particular the Hospital Groups, Community Healthcare Organisations (CHOs), the National Ambulance Service (NAS), the Primary Care Reimbursement Service (PCRS), the Heads of other national services and individual managers are held to account for their performance.

The PAF is an internal management document. There is engagement with a number of stakeholders when drafting the document. The PAF is approved by the HSE Executive Management Team.

## 1.2 Health System Performance Assessment Framework (HSPA)

Implementation of this PAF is pending the requirements upon full implementation of the Health System Performance Assessment Framework (HSPA) which is a comprehensive framework being developed in collaboration between the DoH and HSE, guided by an international advisory expert panel with involvement from the Organisation for Economic Co-operation and Development (OECD) and the World Health Organisation.



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

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

- I. Measure performance of the delivery system (health and social services)
- II. Provide information (accountability) to the public regarding the effectiveness of policies and strategies of the DoH and the HSE on overall population health
- III. Monitor the progress of reform measures (including *Sláintecare*) to enable evaluation of the priority areas of the reform and to ensure that the healthcare system is more responsive to the needs of the population.

The HSPA Framework is in early implementation phases with extensive stakeholder consultation underway. The National Service Plan 2023 (NSP2023) outlines the broad results each service area is committed to and, as applicable, is accompanied by key performance indicators (KPIs) already reflective of the framework's main elements. The National (Operational) Scorecard, National Performance Indicator Suite and Activity in NSP2023 underpin the implementation of this Performance and Accountability Framework.

### 1.3 Regional Health Areas

The vision for the Regional Health Areas (RHAs) is to create an organisational structure that aligns corporate and clinical governance at a regional level within a robust national context supporting population-based planning and delivery of integrated persons-centred health and social care services. New reporting structures will be designed and implemented to empower local decision-making centred on the principles of integration of care, equity of access, improving patient outcomes and experiences, as well as transparency and accountability.

In 2023 all necessary work and transition planning to ensure the implementation of the RHAs, including the initiation of the transition phase and the rationalisation of existing health structures will be planned for and implemented as preparatory work for the roll-out of RHAs in 2024. This PAF will be effective pending the roll-out of the RHAs and related accountability structures.

### 1.4 Authority, Responsibilities and Accountability

The objective of the Performance and Accountability Framework is to ensure that the system has clear authority, responsibilities and accountability and then ensuring accountable officers are being held to account for the performance of the systems in which they are responsible. In this context 'Accountability is about delivering on a commitment. It's responsibility to an outcome, not just a set of tasks. It's taking initiative with thoughtful, strategic follow-through' (Linehan, 2016).

Appropriate authority, responsibility and accountability for healthcare services should devolve close to the patient and service user. In this context a consistent approach to performance and accountability must occur at each level of the health delivery system cognisant of clearly specified authority and responsibility at each level. Authority and responsibility must always be balanced to enable performance and avoid wasted effort, ineffectiveness, unfairness and exploitation.

### 1.5 What do we mean by Performance?

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

- **Access to and Integration** of services,
- the **Quality and Safety** of those Services,
- Achieving this within specific **Financial, <sup>1</sup>Governance and Compliance requirements** and by;
- Effectively harnessing the efforts of our **Workforce**.

While living within their financial allocation must be a fundamental priority for managers, **the Performance and Accountability Framework is explicit in its intent that performance be managed across the four domains set out above.**

**The emphasis in the Performance and Accountability Framework is on recognising good performance and on improving performance at all levels of the health service.**

## 2. Accountability for Performance

### 2.1 Accountability structure

The accountability structure for the HSE is set out below.

1	Service Managers and the CEOs of Section 38 and 39 agencies <b>to</b> the Hospital Group CEOs and CHO Chief Officers.
2	Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services <b>to</b> the National Directors Acute Operations, Community Operations and National Services
3	National Directors Acute Operations, Community Operations, Operational Performance/Integration, National Schemes/Reimbursement and National Operations Planning <b>to</b> the Chief Operations Officer
4	The Chief Operations Officer <b>to</b> the Chief Executive Officer
5	The Chief Executive Officer <b>to</b> the Board
6	The Board <b>to</b> the Minister.

### 2.2 Accountable officers

For the purpose of the HSE's Delegation and Performance and Accountability Frameworks, Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services are considered the accountable officers for their areas of responsibility. They are therefore fully responsible and accountable for the services they lead and deliver.

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.

The list of accountable officers are set out in **Appendix 1**.

### 2.3 What does responsibility for performance mean?

The Performance and Accountability Framework clarifies;

- The named individuals who have delegated responsibility and accountability for **all aspects** of service delivery across the four domains of the National (Operational) Scorecard.

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<sup>1</sup> The CEO will report to the Audit and Risk Committee as soon as practicable where he or she has reason to suspect that any material misappropriation of the HSE's money, or any fraudulent conversion or misapplication of its property, may have taken place. The HSE's Code of Standards and Behaviour and Policy on Fraud is periodically reviewed by the Board's Audit and Risk Committee.

- That these named individuals are **accountable and responsible** for managing the performance of services within their allocated budget.
- For the named accountable officer, what is expected of them, what happens if targets are not achieved and in particular the nature of the supports, interventions and sanctions that will apply if these targets are not achieved?

It is the responsibility of managers 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.

## 2.4 What are managers accountable for?

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.

Once **realistic and achievable measures for performance and performance improvement have been set** and agreed, these will form the basis for performance monitoring and management.

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 will be specifically reflected within the relevant Performance Agreements. 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.

## 2.5 What is a Performance Agreement?

National Directors of Acute Operations, Community Operations, Operational Performance/Integration and National Schemes/Re-imburement, Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services are required to sign a Performance Agreement. These Agreements set out the scope of what they are responsible for and against which they will be held to account, including the specific Budget and staffing levels to achieve the deliverables agreed and such agreement shall not be unreasonably withheld.

- The National Director Performance Agreement is between the National Director and the Chief Operations Officer.
- The Hospital Group CEO, CHO Chief Officer, the Head of the NAS, the Head of PCRS and the Heads of other national services Performance Agreements are between them and the relevant National Directors.

The Performance Agreement is written confirmation that accountable officers;

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

## 2.6 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.

## 2.7 What is the National Performance Oversight Group [NPOG]?

The National Performance Oversight Group (NPOG) has delegated authority from the Chief Executive Officer to serve as a key performance and accountability oversight and scrutiny process for the health service and to support the Chief Executive Officer and the Board in fulfilling their accountability responsibilities.

It is the responsibility of the National Performance Oversight Group as a part of the overall accountability process, to scrutinise the performance of the health service provider organisations, in particular Hospital Groups, CHOs, NAS, PCRS and other national services, to assess performance against the National Service Plan. The NPOG meets on a monthly basis to review performance across the health service.

The standing membership of the Group is the;

▪ Chief Operations Officer (Chair)	▪ National Director Community Operations
▪ Chief Strategy Officer	▪ National Clinical Director Quality and Patient Safety
▪ Chief Clinical Officer	▪ National Director Operational Performance/ Integration
▪ Chief Financial Officer	▪ National Director National Cancer Control Programme
▪ National Director Governance and Risk	▪ National Director Integrated Operations – Planning
▪ Chief Information Officer (attends on request)	▪ National Director National Schemes/Re-imburement (attends quarterly)
▪ National Director Human Resources	▪ CEO National Screening Services (attends quarterly)
▪ National Director Acute Operations	

***Individual managers including Hospital Group CEOs and CHO Chief Officers may be required to attend meetings with NPOG where specific performance issues or escalation requires.***

## 2.8 What is the Performance Management Improvement Unit?

The HSE has established a Performance Management Unit to support improvement activities across the health service where there are significant performance challenges. The PMIU will provide expert assistance and targeted financial investment to assist providers in reaching performance targets.

The support of the Performance Management Improvement Unit can be commissioned in three ways;

- Following a request by a specific provider organisation seeking support for a specific performance improvement initiative.
- By the National Directors for Acute Operations, Community Operations and other national services in response to a LEVEL 3 escalation under the Performance and Accountability Framework.
- By the National Performance Oversight Group where it determines significant improvement is required for systemic performance issues or within specific provider organisations.

***The Chief Operations Officer will have the discretion outside of the NPOG process to commission the Performance Management Improvement Unit to lead on urgent improvement initiatives.***

## 2.9 What other performance oversight processes will be in place?

### 2.9.1 Executive Management Team/Senior Leadership Team

The plan during 2023 is to progress to a regional model for 2024, details of which are being developed as part of the implementation plan. In 2023 The Chief Executive Officer has established interim management arrangements via the Executive Management Team (EMT) and Senior Leadership Team (SLT) which will include focus on improving access and performance; ensuring timely implementation and building public confidence. The purpose of EMT is National focus on planning and performance including co-ordination of organisation-wide policy (internal policy). The purpose of SLT is a Regional focus on planning and performance together with a consultative system-wide basis for key decisions on organisation-wide issues. These changes will not change the direct lines of accountability during 2023 but will develop over the course of the year to strengthen the regional focus as we migrate to a new organisation design in 2023.

### 2.9.2 Operational Oversight Groups

The Chief Operations Officer will on a monthly basis hold Operational Oversight Group meetings relating to Un-Scheduled Care and Scheduled Care. Meetings will be attended by relevant strategic and operational stakeholders relative to Agenda for each meeting. The output of these meetings will be available for the National Performance Oversight Group meetings.

### 2.9.3 National Operations Team and Provider Organisations

The National Director Acute Operations will on a monthly basis hold individual performance meetings with each Hospital Group CEO, the Head of the NAS and with the Heads of other national acute services.

The National Director Community Operations will on a monthly basis hold individual performance meetings with each CHO Chief Officer.

The National Director Operational Performance/Integration will on a monthly basis hold individual performance meetings with the Heads of national services within his remit.

The National Director National Schemes/Re-imburement will on a monthly basis hold individual performance meetings with the Head of PCRS and other national services within his remit.

The National Director Operations Planning will on a monthly basis hold individual performance meetings with the Head of Palliative care and the Head of Suicide Prevention.

The output from these performance review meetings will form a core component of the monthly performance oversight process by NPOG. It is expected that these performance review meetings will cover:

- (1) Financial and Workforce Performance
- (2) Service Performance against Targets
- (3) Patient Safety, Quality and Compliance amongst other agenda items as agreed

### 2.9.4 Annual Performance Review meetings

On an annual basis, the Chief Operations Officer, together with the relevant service National Director [Acute Operations, Community Operations, Operational Performance/Integration, National Schemes/Re-imburement and National Operations Planning] will hold individual performance review meetings with Hospital Group CEOs,



CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services. It is expected that these meetings will focus on the local / immediate actions that will be put in place. The purpose of these meetings will be to;

- Review organisational performance for the previous year against the annual Performance Agreement.
- Plan for the set-up of the coming year in advance of the annual Performance Agreements being signed.

#### 2.9.5 Exceptional Performance Review meetings

The Chief Operations Officer may decide to convene extraordinary performance review meetings with specific provider organisations where significant performance issues are identified.

#### 2.9.6 Quarterly meetings between the National Operations Team and provider organisations

The Chief Operations Officer will convene a quarterly meeting with the national operations team, Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services to review cross organisational service and performance issues.

#### 2.9.7 Service level performance management processes

It is a core responsibility of each provider organisation to manage the delivery of services for which they have responsibility.

Each level of management is for the service for which they are accountable required to;

- Keep performance under constant review.
- Have in place a **monthly** performance management process that will include formal performance meetings with their next line of managers aligned with the 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 (Operational) Scorecard.
- Take timely corrective actions to address any underperformance emerging.
- In certain cases where the underperformance is systemic or has gone on for a sustained period, develop and put in place a full Improvement Plan or Recovery Plan.

#### Key points

- Accountable officers are responsible and accountable for the performance of the services they manage.
- National Directors for Acute Operations, Community Operations, Operational Performance/Integration and National Schemes/Re-imburement, Hospital Group CEOs, CHO Chief Officers, the Head of NAS, the Head of PCRS and the Heads of other national services are required to sign a Performance Agreement.
- Accountable officers are expected to have in place, a **monthly** performance management process that will include formal performance meetings with their next line of managers aligned with the accountability structure.
- The Chief Operations Officer, together with the relevant service National Director [Acute Operations, Community Operations, Operational Performance/Integration, National Schemes/Re-imburement and National Operations Planning] will hold individual review meetings with Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of other national services.
- NPOG is responsible for monitoring and scrutinising health service performance and will hold monthly performance review meetings.

## 3. Describing performance expectations and reporting

### 3.1 Describing performance expectations

#### 3.1.1 Corporate

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

#### 3.1.2 National Service Plan

The National Service Plan is the annual contract, setting out the type and volume of services, between the HSE and the Minister for Health, against which the HSE's performance is measured.

#### 3.1.3 Operational Plans

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

#### 3.1.4 National (Operational) Scorecard

Headline indicators for the health service performance are captured in a National (Operational) Scorecard which represents performance through four 'lenses' or domains. The four domains used by the health service are **Access to and Integration** of services, the **Quality and Safety** of those Services, doing this within the **Financial, Governance and Compliance requirements** and by effectively harnessing the efforts of the **Workforce**. This is to ensure that no one domain dominates when measuring the performance of a service. The National (Operational) Scorecard is set out in the National Service Plan.

### 3.2 Reporting on performance

#### 3.2.1 Monthly Performance Information:

Monthly performance information is provided to accountable officers and the NPOG for oversight of performance and use in internal performance meetings.

#### 3.2.2 Monthly Performance Profile

A monthly Performance Profile is produced setting out monthly performance against the National (Operational) Scorecard. The Profile forms the basis of the NPOG performance oversight process.

#### 3.2.3 Quarterly Performance Report

A quarterly performance report will be compiled and published on the HSE's website ([www.hse.ie](http://www.hse.ie)) and the government's open data web site.

The Board/Planning and Performance Committee receive on a monthly basis the Performance Profile inclusive of the Escalation Report and the Management Data Report.

Monthly performance data, the Performance Profile and an overview of areas in escalation, and actions planned, are provided to the Department of Health and the Minister monthly.

#### 3.2.4 Board Strategic Scorecard

The Board Strategic Scorecard (BSS), as developed annually by EMT and the HSE Board (with input from the DOH), provides a high level monthly progress report on key strategic programmes and priorities across the HSE. Upon approval by EMT and the HSE Board, the monthly BSS is shared with the DOH and the Minister.

Low performance of an individual scorecard triggers the requirement of an improvement plan, managed by EMT Lead of the relevant scorecard, and shared with NPOG to assist with performance oversight.

### 3.2.5 Scheduled Care

A monthly Waiting List Performance report will be compiled reporting on performance at national, hospital group and hospital level, and by specialty (at each individual hospital) to further drive scheduled care performance and share insights on successful practice. It will identify strong and poor performance by hospital and CHO against NSP targets. This report will also be shared with the Department of Health and the Minister.

### 3.2.6 Urgent and Emergency Care

A monthly Urgent and Emergency Care Performance report will be compiled reporting on performance at Hospital and CHO level. It will identify strong and poor performance by hospital and CHO against NSP targets. This report will also be shared with the Department of Health and the Minister.

#### Key points

- The National Service Plan sets out the performance priorities and targets for the year.
- Performance information covering the four domains of the National (Operational) Scorecard is produced on a monthly basis.

## 4. The performance escalation process

### 4.1 Escalation

Under the Performance and Accountability Framework there is provision for the formal escalation of individual Hospital Groups, hospitals, CHOs, or other services that are not achieving national performance expectations set out in the National Service Plan and National (Operational) 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.

The Operational Oversight Groups for Scheduled Care and Urgent and Emergency Care provide intensive performance management of the Waiting List Action Plan (WLAP) and hospital Emergency Care, two key health priorities in 2023. The Oversight Groups monitor performance against plan and update the National Performance Oversight Group (NPOG) of site specific escalations/de-escalations at Level 2 and Level 3 escalation. The Groups can also make recommendations to NPOG regarding escalation/de-escalation of sites to/from Level 4 escalation. In the context of the Escalation and Intervention Framework, underperformance also includes performance that:

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

## 4.2 The levels of escalation

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

<b>Level 0</b> <i>[Accountable Officer]</i>	<b>Steady state</b> Performance is being achieved against plan.	Performance subject to routine performance monitoring by the relevant accountable officer.
<b>Level 1</b> <i>[Accountable Officer]</i>	<b>A variance emerges.</b> A variance from plan is identified and intervention and support in response to early signs of difficulty is managed at a provider level.	Performance subject to focussed performance monitoring by the relevant accountable officer.
<b>Level 2</b> <i>[Accountable Officer]</i>	<b>The variance is not improving.</b> The variance from plan is not improving despite intervention and support in response to early signs of difficulty being managed at a provider level.	<b>A decision to escalate</b> an area of underperformance in individual services under their remit <b><i>is made by CHO Chief Officers, Hospital Group CEOs, the Head of the NAS, the Head of PCRS and the Heads of other national services.</i></b>
<b>Level 3</b> <i>[NDs Acute Operations, Community Operations, Operational Performance/Integration and National Schemes/Re-imburement]</i>	<b>The problem/variance persists.</b> It becomes harder to fix and potentially spreads to other organisations. Intervention and support are required. The Ruleset is: <ul style="list-style-type: none"> <li>• A national variance of 20% from plan, and/or</li> <li>• Persistent performance issue, and/or</li> <li>• Strategic issue.</li> </ul>	<b>A decision to escalate</b> an area of underperformance in individual Hospital Groups, CHOs, NAS, PCRS or other national services <b><i>is made by the relevant National Director</i></b> for Acute Operations, Community Operations, Operational Performance/Integration or National Schemes/Re-imburement. Support from PMIU will typically be deployed at the discretion of the National Director.
<b>Level 4</b> <i>[Chief Officer]</i> <i>Operations</i>	<b>The problem becomes critical or where prolonged underperformance puts quality, safety and financial sustainability at risk.</b> The performance issue persists and the organisation has failed to reverse underperformance. Significant intervention is required.	<b>A decision to escalate</b> an area of underperformance <b><i>is made by the Chief Operations Officer.</i></b> External supports, interventions or sanctions may be required. The PMIU may be commissioned to lead on specific improvement initiatives. <i>Note: NPOG formal delegated authority is effective from Level 4 upward in the HSE Accountability structure.</i>
<b>Level 5</b> <i>[Chief Executive Officer]</i>	<b>Significant governance or organisational risks are identified that affect the functioning or reputation of the health service</b> The actions determined by the Chief Operations Officer and/or NPOG do not achieve the necessary impact and action is required by the Chief Executive Officer.	A decision to escalate the <b>significant governance or organisational risks <i>is made by</i></b> the Chief Operations Officer or the CEO

*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 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 5, however there is confidence that these issues are being managed appropriately by the relevant accountable officer.*

### 4.3 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 always 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 appropriate 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 relevant accountable officer unless this authority has been removed.

#### Key points

- Corrective actions should be taken as soon as underperformance is identified.
- Where remedial actions do not work, a full recovery or improvement plan will need to be put in place.
- The Performance and Accountability Framework envisages that performance issues may be escalated by a more senior level of management where specific conditions are met.

### 4.4 Is escalation primarily the responsibility of the Chief Operations Officer or NPOG?

No. Performance is expected to be managed on a day to day basis by managers across the health system. Managing performance requires managers to review performance data and meet formally with their direct reports on at least a monthly basis to review performance and decide upon actions to address variances in performance.

**Levels 1 to 3** escalations should be the first steps in the performance escalation process and responsibility at these levels lies with CHO Chief Officers, Hospital Group CEOs, the Head of NAS, the Head of PCRS, the Heads of other national services and National Directors Acute Operations, Community Operations, Operational Performance/Integration, National Schemes/Re-imburement and National Operations Planning respectively.

### 4.5 When is escalation by the Chief Operations Officer triggered?

**Level 4** Escalation is triggered by the Chief Operations Officer when there is;

- A serious concern related to service delivery, quality and safety of care and/or organisational effectiveness or financial performance arises.
- When other levels of management responsible for performance levels and the actions determined by NPOG have failed to reverse underperformance.

### 4.6 When is escalation to the Chief Executive Officer triggered?

**Level 5** Escalation to or by the Chief Executive Officer is expected to be a very rare occurrence. It will be triggered where significant governance or organisational risks are identified that are expected to severely affect the functioning or reputation of the health service.

#### 4.7 What are the 'thresholds' for escalation?

Thresholds for performance escalation are set out in the Performance and Accountability Framework for the headline indicators described in the National (Operational) Scorecard. These thresholds ***do not*** indicate an automatic escalation of services. They merely act as a trigger for review of specific areas of performance. A decision in relation to escalation is based on outcome of this review of performance at the appropriate level.

For example, two services may have the same performance levels, one is not escalated because there is confidence that the actions being undertaken to address underperformance are adequate, while another service may be escalated as the actions being taken are inadequate, or are not achieving the required improvement in performance.

These thresholds combine a specified variance from target at a point-in-time as well as a specified timeframe over which underperformance has been noted. This means that in most cases an in month variance may not be a cause for concern, whereas the variance continuing over three months may be. Details are set out in **Appendix 3**.

#### 4.8 Is national level escalation invoked regularly?

No. It should be the exception that the formal escalation process is invoked at a national level (**Escalation Levels 3, 4 or 5**) either by National Directors, the Chief Operations Officer or the Chief Executive Officer.

In some cases issues may be escalated to national level because the resolution of the performance issues lie outside of the control of an individual accountable officer or because an organisation does not have capability / expertise available locally to fully solve the issues.

#### 4.9 What happens when performance is escalated by the Chief Operations Officer/NPOG?

The Chief Operations Officer (COO)/NPOG will seek assurance, on behalf of the Chief Executive Officer, that Hospital Groups, Community Healthcare Organisations, the National Ambulance Service, the PCRS and other nationally managed services are delivering against performance priorities and targets. The COO/NPOG will explore, whether appropriate and timely remedial actions are being taken to address areas of underperformance.

The COO/NPOG will;

- Identify areas of underperformance,
- Require a formal diagnostic to be undertaken to assess whether a service is underperforming or whether there are factors outside the control of the service or team that are impacting on performance levels.
- Require additional remedial actions to be put in place or a Recovery/ Improvement Plan to be developed.
- Request the Performance Management Improvement Unit to lead a specific performance improvement initiative.
- Commission an external performance or governance review.
- Recommend specific courses of action to the Chief Executive Officer.

#### 4.10 Does escalation mean individual managers are no longer responsible or accountable?

No. 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 4 or 5 may mean that responsibility / reporting lines for a particular service will be changed to ensure effective and speedy action is initiated in response to the problem.**

#### 4.11 Is all underperformance treated in the same way?

No. 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 Sections 5.4 to 5.6 below.

#### 4.12 What is the national Escalation Report?

Every month the NPOG produces an Escalation Report for the Chief Executive Officer. The Report contains the areas of performance that are the subject of a Level 4 or Level 5 Escalation. It records actions agreed in response to the area of escalation and whether these actions have been delivered or not.

The Report also identifies those individual services which are the subject of escalation, together with the name of the accountable officer. This report is published quarterly.

#### 4.13 What are managers expected to do 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.

#### 4.14 What is a Recovery or Improvement Plan?

Where significant and sustained underperformance has been identified and where remedial actions have not been successful, the NPOG / the Chief Operations Officer may request the development of a Recovery or Improvement Plan. The Plan will be required at a minimum to contain the following elements.

- A full analysis and diagnostic identifying the reasons for poor performance.
- Detailed actions for improving performance. These actions should be specific and measureable.
- The planned improvement trajectory, with targets set out by quarter and showing how long it will take to achieve the national target or the desired level of improvement as determined by NPOG / the Chief

Operations Officer. This information together with the agreed improvement actions will be used to assess the success of the Plan.

- Actions will have clear, named owners who will be accountable for delivering on the 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.

#### 4.15 When is an issue deescalated?

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 on the basis of 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 sustained 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 of time.

#### Key points

- Performance is expected to be managed on a day to day basis by managers.
- There are 5 levels of escalation. It is expected that the majority of performance issues will be managed at Level 1.
- Thresholds for performance escalation are broadly set for the key focus areas on the National (Operational) Scorecard with decisions on the appropriate level of escalation made through ND/COO/CEO and/or NPOG.
- Where underperformance has been escalated, this does not mean the transfer of responsibility or accountability to a higher level of management.
- Poor performance will require explicit, time bound actions and more rigorous performance management of the specific services where the underperformance lies.
- The NPOG may commission the Performance Management Improvement Unit to lead a specific performance improvement initiative.
- Each month the NPOG produces an Escalation Report for the Chief Executive Officer.
- 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.
- Where remedial actions have not been successful, the NPOG / Chief Operations Officer may request the development of a Recovery or Improvement Plan.

## 5. The consequences of escalation

### 5.1 What happens if performance does not improve?

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.

## 5.2 What supports are available?

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 (the National Director).

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 (this may be provided directly by the National Director)
- Putting a dedicated Improvement team in place led by the Performance Management Improvement Unit.

In cases where additional supports are provided, the accountable officer or manager will be required to reaffirm their agreement to and ability to meet the commitments set out in their Performance Agreement or operational plan.

The accountable officer to whom support is being provided will be expected to meet with their line manager on a regular basis in line with what is considered appropriate in terms of timescales agreed as part of any improvement plan.

## 5.3 What is meant by interventions?

If performance does not improve, despite on-going monitoring and support, 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, National Director, the Chief Operations Officer or the Chief Executive Officer. These interventions may include;

- Enhanced monitoring through formal review meetings with the relevant line manager.
- Additional controls being put in place.
- Setting out, in writing, the explicit performance requirements, arrangements for monitoring and consequences where performance does not improve.
- Commissioning of an external Improvement initiative through the Performance Management Improvement Unit, performance or governance diagnostic review.
- Performance meetings with the National Director and the Chief Operations Officer culminating in a set of performance expectations and requirements, which may include additional improvement actions and expectations, supports, interventions or sanctions.

## 5.4 What type of sanctions can be applied?

While the focus of the Escalation process will be on supporting managers to improve operational performance in a particular area, in the case of continued underperformance despite remedial plans, supports and interventions being in place, 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.

## 5.5 What type of organisational level sanctions can be applied?

The sanctions that may be 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 (a “**Section 38**” organisation or a “**Section 39**” organisation)

### 5.5.1 HSE Services

Where performance does not improve after appropriate supports and interventions are taken, sanctions may be applied to services in the first instance, that is: individual hospitals, hospital groups, CHOs, community services, the National Ambulance Service, PCRS, or other nationally managed services. Sanctions which are applied at a service level include the following.

- A **formal Performance Notice** will 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. [National Guidance on Performance Notices has been developed to support this process].
- An **organisational Performance Improvement Plan** will 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** will 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.
- A decision to issue any Performance Notice must be notified to NPOG.

***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.***

### 5.5.2 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 of Additional Services or the provision of any capital funding until such time as the Provider addresses the Non-Compliance to the satisfaction of the HSE.

Managers are required to provide NPOG with a copy of any **First Notification letter** issued.

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.

### 5.5.3 Publication of Performance Notices

Performance Notices issued will be reported on in the National Performance Profile Report.

## 5.6 When might individual level sanctions be applied?

### 5.6.1 Performance Achievement Process

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

- a. Where, following Escalation and agreed intervention(s), the performance issue persists and there is no apparent underlying reason for the continued underperformance; and/or
- b. Where it is apparent that interventions agreed in Escalation may not have been actioned; or
- c. Where the “accountable officer” may have otherwise failed to take appropriate action(s) in relation to a performance issue.

In these cases the formal Performance Achievement Process will be invoked.

Where the formal Performance Achievement Process is invoked;

- The relevant manager will be advised formally in writing that there is an issue with their performance. This notification will detail the specific area/s of underperformance.
- They will be required to attend one or more individual performance meetings with the National Director or other Line Manager.
- They will, following these meeting(s) be required to produce and agree an individual Performance Improvement Plan with their National Director or other Line Manager.

### 5.6.2 Performance Improvement Plans

The Performance Improvement Plan (PIP) 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 or 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.

### 5.6.3 Removal from post

Where there continues to be underperformance following the initiation of the Performance Achievement process, 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.

## Key points

- A graduated and appropriate system of supports, interventions and sanctions are in place for services and managers where performance does not improve.
- Where remedial actions are not working sufficiently to address underperformance, accountable officers may need to put in place additional supports for managers.
- If following on-going monitoring and support, performance does not improve, or where plans are not being delivered, specific interventions may be put in place.
- The Performance Management Improvement Unit may be requested to lead on specific improvement initiatives.
- While the focus of the Escalation process will be on supporting managers to improve performance the Performance and Accountability Framework also provides for sanctions to be applied in the case of continued underperformance. Sanctions may be applied at organisational level and/or at the individual level, depending on the circumstances.
- In the first instance, sanctions may be applied to individual hospitals, Hospital Groups, CHOs, community services, the National Ambulance Service, PCRS, and other nationally managed services where performance does not improve.
- The issuing of Performance Notices is an important part of the escalation process. Performance notices issued must be notified to NPOG.
- The Performance Notice provisions and actions set out in Part 1 of the Service Arrangement may be invoked in relation to the performance of Section 38 and Section 39 Agencies.
- Where there has been no improvement in performance this is likely to become a matter of personal performance for named managers. Personal performance issues in relation to managers will be dealt with in accordance with the Performance Achievement process and the development of a PIP.
- If there is still no improvement in performance it may be necessary to initiate a disciplinary process, which 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. Personal performance issue(s) in respect of a named manager may become apparent through the NPOG process, but will be dealt with in accordance with the established HR procedures relating to performance and disciplinary matters.

## 6. Attendance at Oireachtas Committees

Under the Performance and Accountability Framework, senior managers, including those responsible for particular services or institutions including Hospital Group CEOs, CHO Chief Officers, the Head of the NAS, the Head of PCRS and the Heads of National Services may be required to attend at relevant Oireachtas Committees to account for service delivery, quality and financial performance issues.

## Appendix 1: Named accountable officers

Group	Accountable Officer	Hospital Name	Accountable at hospital level
Ireland East	Mr D. Lyons (interim Group CEO)	Cappagh National Orthopaedic Hospital	Angela Lee (CEO)
		Mater Misericordiae University Hospital	Alan Sharp (CEO)
		Midland Regional Hospital Mullingar	Kay Slevin (GM)
		National Maternity Hospital	Prof. Shane Higgins (Master)
		Our Lady's Hospital Navan	Anita Brennan (GM)
		Royal Victoria Eye and Ear Hospital	Donal Brosnan (Interim CEO)
		St. Columcille's Hospital	Rose Shivmangal (GM)
		St. Luke's General Hospital Kilkenny	Ann Slattery (GM)
		St. Vincent's University Hospital	Michele Tait (interim CEO)
		St. Michael's Hospital Dun Laoghaire	Anne Coleman (GM)
		Wexford General Hospital	Linda O'Leary (GM)
RCSI	Mr. I. Carter (Group CEO)	Beaumont Hospital	Patrick Clerkin (Interim CEO)
		Cavan General Hospital	Su-Zann O'Callaghan (GM)
		Connolly Hospital	Barbara Keogh Dunne (GM)
		Louth County Hospital Dundalk	Fiona Brady (GM)
		Monaghan Hospital	Su-Zann O'Callaghan (GM)
		Our Lady of Lourdes Hospital Drogheda	Fiona Brady (GM)
		Rotunda Hospital	Prof Sean Daly (Master)
Dublin Midlands	Mr. T. O'Callaghan (Group CEO)	Coombe Women & Infant University Hospital	Prof Michael O'Connell (Master)
		Midland Regional Hospital Portlaoise	John Joyce (GM)
		Midland Regional Hospital Tullamore	Catriona McDonald (GM)
		Naas General Hospital	Niamh Barrett (Interim GM)
		St. James's Hospital	Noel Gorman (Interim CEO)
		St Luke's, Rathgar	Jennifer Carey (Interim GM) Prof Charles Gillham (/Network Director)
		AMNCH Tallaght Hospital – Adult	Lucy Nugent (CEO)
Saolta	Mr. T. Canavan	Letterkenny University Hospital	Sean Murphy (GM)
		Mayo General Hospital	Catherine Donohue (GM)
		Portiuncula University Hospital	James Keane (GM)

Group	Accountable Officer	Hospital Name	Accountable at hospital level
	<b>(Group CEO)</b>	Roscommon Hospital	Mary Garvey (GM)
		Sligo University Hospital	Grainne McCann (GM)
		University Hospital Galway	Chris Kane (GM)
<b>UL Group</b>	<b>Prof. C. Cowan (Group CEO)</b>	Ennis Hospital	Prof. Colette Cowan
		Croom Orthopaedic Hospital	Prof. Colette Cowan
		University Hospital Limerick	Prof. Colette Cowan
		University Maternity Hospital Limerick	Prof. Colette Cowan
		Nenagh Hospital	Prof. Colette Cowan
		St. John's Hospital Limerick	Emer Martin (CEO)
<b>South/ South West</b>	<b>Mr. G. O'Dwyer (Group CEO)</b>	Bantry General Hospital	Carole Croke (Hospital Manager)
		Cork University Maternity Hospital	Prof John Higgins
		Cork University Hospital	David Donegan (CEO)
		University Hospital Kerry	Mary Fitzgerald (interim GM)
		Lourdes Orthopaedic Hospital Kilcreene	Grace Rothwell (GM)
		Mallow General Hospital	Ms. Claire Crowley (Hospital Manager)
		Mercy University Hospital	Anne Coyle (CEO)
		South Infirmary Victoria University Hospital	Helen Donovan (CEO)
		South Tipperary General Hospital	Maria Barry (GM)
		University Hospital Waterford	Grace Rothwell (GM)

<b>*Children's Health Ireland</b>	<b>Ms. E. Hardiman (CEO)</b>	Children's University Hospital Temple Street Our Lady's Children's Hospital Crumlin AMNCH Tallaght Hospital - Paediatric	Eilish Hardiman (CEO)
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\* Children's Health Ireland commenced on 1 January 2019 as a new entity that governs and delivers acute paediatric services at Crumlin, Temple Street and Tallaght Hospitals. On the 31st of July 2019 Children's Health Ireland opened a new Paediatric Outpatient Department and Urgent Care Centre at CHI Connolly in Blanchardstown.

	<b>Service Name</b>	<b>Accountable for service</b>
<b>Community Healthcare Organisations</b>	Area 1	Dermot Monaghan
	Area 2	Breda Crehan-Roche
	Area 3	Maria Bridgeman
	Area 4	Michael Fitzgerald
	Area 5	Kate Killeen White
	Area 6	Martina Queally
	Area 7	Mary O'Kelly
	Area 8	Des O'Flynn
	Area 9	Mellany McLoone

	<b>Service Name</b>	<b>Accountable for service</b>
<b>National</b>		
<b>PCRS</b>	PCRS	Shaun Flanagan
<b>National Ambulance Service</b>	National Ambulance Service	Robert Morton
<b>NHSS</b>	NHSS	Ultan Hynes
<b>Environmental Health</b>	Environmental Health	AnnMarie Part
<b>Public Health</b>	Public Health	Dr John Cuddihy - Interim
<b>National Screening Service</b>	National Screening Service	Fiona Murphy

## Appendix 2: National (Operational) Scorecard

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	<b>Complaints investigated within 30 days</b>	% of complaints investigated within 30 working days of being acknowledged by the complaints officer
	<b>Serious Incidents</b>	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident
		% of reported incidents entered onto NIMS within 30 days of notification of the incident
		Extreme and major incidents as a % of all incidents reported as occurring
	<b>HCAI Rates</b>	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection
		Rate of new cases of hospital associated C. difficile infection
	<b>Child Health</b>	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
		% of children reaching 12 months within the reporting period who have had their 9 – 11 month Public Health Nurse (PHN) child health and development assessment on time or before reaching 12 months of age
		% of infants breastfed exclusively at the Public Health Nurse (PHN) 3 month child health and development assessment visit
		% of infants visited by a Public Health Nurse (PHN) within 72 hours of discharge from maternity services
	<b>Urgent Colonoscopy within four weeks</b>	No. of new people waiting > four weeks for access to an urgent colonoscopy
	<b>BreastCheck</b>	% BreastCheck screening uptake rate
	<b>Surgery</b>	% of surgical re-admissions to the same hospital within 30 days of discharge
	<b>Medical</b>	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
<b>Patient Handover at Emergency Department to Clear</b>	% of ambulance crews who are ready and mobile to receive another 999 call within 15 minutes of clinically and physically handing over their patient at an ED or hospital	
<b>CAMHs Bed Day Used</b>	% 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	
<b>Disability Services</b>	Facilitate the movement of people from congregated to community settings	
<b>Smoking</b>	% of smokers on cessation programmes who were quit at four weeks	
Access and Integration	<b>Therapy Waiting Lists</b>	Physiotherapy – % on waiting list for assessment ≤52 weeks
		Occupational Therapy – % on waiting list for assessment ≤52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤52 weeks
		Podiatry – % on waiting list for treatment ≤52 weeks



## National Scorecard

Scorecard Quadrant	Priority Area	Key Performance Indicator
		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
	<b>Nursing</b>	% of new patients accepted onto the nursing caseload and seen within 12 weeks
	<b>National Ambulance Service (NAS) to ED Handover Times</b>	% patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival
	<b>Emergency Department Patient Experience Time</b>	% 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
	<b>Waiting times for procedures</b>	% of adults waiting <9 months for an elective procedure (inpatient and day case)
		% of children waiting <9 months for an elective procedure (inpatient and day case)
		% of people waiting <15 months for first access to OPD services
		% of people waiting <13 weeks following a referral for colonoscopy or OGD
	<b>Ambulance Response Times</b>	% 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
	<b>Cancer</b>	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
	<b>National Screening Service</b>	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting
	<b>Disability Services</b>	% of child assessments completed within the timelines as provided for in the regulations
		No. of new emergency places provided to people with a disability
		No. of in home respite supports for emergency cases
		No. of day only respite sessions accessed by people with a disability
		No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)
		No. of overnights (with or without day respite) accessed by people with a disability

## National Scorecard

Scorecard Quadrant	Priority Area	Key Performance Indicator
	<b>Older Persons</b>	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
	<b>Mental Health</b>	% 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
	<b>Homeless</b>	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission
	<b>Substance Misuse</b>	% 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		
<b>Finance, Governance and Compliance</b>	<b>Financial Management</b>	Net expenditure variance from plan (pay + non-pay - income)
	<b>Governance and Compliance</b>	% 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		
<b>Workforce</b>	<b>Attendance Management</b>	% absence rates by staff category

## Appendix 3: Performance Oversight, Escalations and Thresholds

### Level 4 Escalation

***Level 4 escalation is subject to oversight and intervention by the Chief Operations Officer***

Performance will be reviewed by the National Performance Oversight Group if:

**Performance is reported to be more than 20% away from target / expected activity (YTD) over a period of 3 consecutive cycles or more.**

Performance which is outside the parameter set out above will result in a review of the performance results. A decision to escalate to Level 4 will be based on this review of performance.

### Level 5 Escalation

***Level 5 escalation is subject to intervention by the Chief Executive Officer.***

**Level 5 escalation will be considered if there is a significant governance or organisational risk.**

Consideration of whether Level 5 escalation will be recommended, will be based on an assessment by the Chief Operations Officer with NPOG or may be decided by the Chief Executive Officer.

## Key Performance Indicators & Targets

NSC Quadrant	Short Name	Key Performance Indicator	Reporting Frequency	NSP Target
Quality and Safety	<b>Complaints investigated within 30 days</b>	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%
	<b>Serious Incidents</b>	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%
		% of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%
		Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%
	<b>HCAI Rates</b>	Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection	M	<0.8/10,000 bed days used
		Rate of new cases of hospital associated C. difficile infection	M	<2/10,000 bed days used
	<b>Child Health</b>	% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Q (1 Qtr in arrears)	95%
		% of children reaching 12 months within the reporting period who have had their 9 – 11 month Public Health Nurse (PHN) child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%
		% of infants breastfed exclusively at the Public Health Nurse (PHN) 3 month child health and development assessment visit	Q (1 Qtr in arrears)	36%
		% of infants visited by a Public Health Nurse (PHN) within 72 hours of discharge from maternity services	Q	99%
	<b>Urgent Colonoscopy within four weeks</b>	No. of new people waiting > four weeks for access to an urgent colonoscopy	M	0
	<b>BreastCheck</b>	% BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%

NSC Quadrant	Short Name	Key Performance Indicator	Reporting Frequency	NSP Target
	<b>Surgery</b>	% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤2%
	<b>Medical</b>	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤11.1%
	<b>Patient Handover at Emergency Department to Clear</b>	% of ambulance crews who are ready and mobile to receive another 999 call within 15 minutes of clinically and physically handing over their patient at an ED or hospital	M	75%
	<b>CAMHS Bed Day Used</b>	% 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	M	>95%
	<b>Disability Services</b>	Facilitate the movement of people from congregated to community settings	M	73
	<b>Smoking</b>	% of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	48%
<b>Access and Integration</b>	<b>Therapy Waiting Lists</b>	Physiotherapy – % on waiting list for assessment ≤52 weeks	M	94%
		Occupational Therapy – % on waiting list for assessment ≤52 weeks	M	95%
		Speech and Language Therapy – % on waiting list for assessment ≤52 weeks	M	100%
		Podiatry – % on waiting list for treatment ≤52 weeks	M	77%
		Ophthalmology – % on waiting list for treatment ≤52 weeks	M	64%
		Audiology – % on waiting list for treatment ≤52 weeks	M	75%
		Dietetics – % on waiting list for treatment ≤52 weeks	M	80%
		Psychology – % on waiting list for treatment ≤52 weeks	M	81%
	<b>Nursing</b>	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%
<b>National Ambulance Service (NAS) to</b>	% patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M (1 Mth in arrears)	80%	

NSC Quadrant	Short Name	Key Performance Indicator	Reporting Frequency	NSP Target
	<b>ED Handover Times</b>			
	<b>Emergency Department Patient Experience Time</b>	% of all attendees at ED who are discharged or admitted within six hours of registration	M	70%
		% of all attendees at ED who are in ED <24 hours	M	97%
		% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	M	95%
		% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	M	99%
	<b>Waiting times for procedures</b>	% of adults waiting <9 months for an elective procedure (inpatient and day case)	M	90%
		% of children waiting <9 months for an elective procedure (inpatient and day case)	M	90%
		% of people waiting <15 months for first access to OPD services	M	90%
		% of people waiting <13 weeks following a referral for colonoscopy or OGD	M	65%
	<b>Ambulance Response Times</b>	% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	M	75%
		% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	M	45%
	<b>Cancer</b>	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe	M	95%
		% 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%
	<b>National Screening Service</b>	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	264,000
	<b>Disability Services</b>	% of child assessments completed within the timelines as provided for in the regulations	Q	100%
		No. of new emergency places provided to people with a disability	M	43
		No. of in home respite supports for emergency cases	M	447
		No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	24,444

NSC Quadrant	Short Name	Key Performance Indicator	Reporting Frequency	NSP Target	
		No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q (1 Mth in arrears)	5,758	
		No. of overnights (with or without day respite) accessed by people with a disability	Q (1 Mth in arrears)	129,396	
	<b>Older Persons</b>	No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))	M	23.9m	
		No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only	M	55,910	
	<b>Mental Health</b>	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	M	≥90%	
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	M	≥75%	
		% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	≥95%	
	<b>Homeless</b>	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	85%	
	<b>Substance Misuse</b>	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q (1 Qtr in arrears)	100%	
		% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	
	<b>Finance, Governance and Compliance</b>	<b>Financial Management</b>	Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%
		<b>Governance and Compliance</b>	% of the monetary value of service arrangements signed	M	100%
			% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%
<b>Workforce</b>	<b>Attendance Management</b>	% absence rates by staff category	M	≤4%	

