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An Roinn Sláinte
Department of Health
Secretary General

Mr Sam Keenan
Committee Secretariat
Committee of Public Accounts

By email: PAC@oireachtas.ie

15 July 2022

Your ref: S0911 PAC33

Re: Follow up issues from Committee of Public Accounts meeting of 26 May 2022

Dear Mr Keenan,

In reference to your correspondence of 01 July seeking written notes on a number of issues raised by the Committee of Public Accounts at its meeting of 26 May 2022, please find the attached note providing the updates requested.

I trust the information supplied meets the Committee's requirements.

Yours sincerely,

Robert Watt
Secretary General

Bloc 1, Plaza Míseach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath 2, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin 2, D02 XW14
T +353 1 635 4361 | info@health.gov.ie
www.health.gov.ie

Response to the Committee of Public Accounts
Issues raised at meeting of 26 May 2022

1. A note on the actions being taken by the Department to fill gaps in CAMHS teams, and reduce related waiting times (pg. 14).

Overview

The improvement of Youth Mental Health services is a priority for the Government and the HSE through implementation of Sharing the Vision and the annual HSE Service Plans for Mental Health. CAMHS provide specialist mental health service to those aged up to 18 years, who have reached the threshold for a diagnosis of moderate to severe mental health disorder that require the input of a multi-disciplinary mental health teams, such as moderate to severe anxiety disorders, moderate to severe depression, Bi-Polar Affective disorder, Psychosis, moderate to severe eating disorders, self-harm that require the input of a multi-disciplinary mental health team.

When deciding if a child or adolescent needs to attend CAMHS, several factors are considered by the CAMHS Team. These include clinical presentation, level of social and family support and availability of resources and treatment options at primary care level or within community networks. It is the role of the CAMHS team to decide if the child or adolescent reaches the threshold for community CAMHS i.e. whether their mental health disorder is moderate to severe.

CAMHS is not suitable for children or adolescents where their difficulties are related to learning problems, social problems, behavioural problems or mild to moderate mental health problems. There are many services available to respond to these issues for children and adolescents, for example HSE Primary Care Services, HSE Disability Services, TUSLA, Jigsaw, National Educational Psychology Services (NEPS) and local Family Resource Centres. CAMHS waiting lists can also relate to capacities in other parts of the system where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

Performance Monitoring and Reporting of CAMHS Services

As part of the HSE performance reporting cycle, there is monthly reporting on CAMHS activity in Key Performance areas. Detailed data is published regularly on the HSE website.

New referrals received by CAMHS in 2021 was 22,613, up 5,177 from 2020. In the same period, new referrals seen also increased to 12,376, up 1,920 from 2020. In 2022, the HSE expect around 18,300 referrals to CAMHS, with some 10,900 seen if referrals deemed appropriate. In general, around 60% of referrals are accepted by the specialist CAMHS service, but this can vary over time. Some referrals would be more appropriate to other services such as Primary Care or Disabilities.
Latest available provisional data (May 2022) on CAMHS indicate:

- 4, 294 children on Wait list – 226 more than April figure of 4, 068
- 87.9% of urgent referrals responded to within 3 working days.
- 2,033 referrals (including re-referred) received by CAMHS in May.
- 9,967 referrals received year-to date for May, - a 31 % increase on target of 7,616.

At HSE national level, monthly meetings are held with each CHO area where concerns on operational performance are reviewed. Regular meetings are held between HSE Mental Health and the Department of Health.

CAMHS Improvement

There has been a significant investment for Mental Health generally over recent years, including

under Budget 2022 and the HSE Service Plan 2022. This includes significant funding to meet increased demand and improve CAMHS.

Currently, there are 73 CAMHS teams nationally providing important assessment and treatment services. CAMHS teams in all areas of the country are working to ensure equitable access regardless of geography.

Within the past six years, €22.6m development funding has been directed to enhance CAMHS. Since 2013, an additional 18 CAMHS teams have been established and close to 300 additional Whole Time Equivalent (WTE) posts added to the workforce. Alongside these targeted enhancements of capacity in CAMHS teams, there has also been investment in telehealth, eating disorder teams and in-patient care. The HSE have also invested in services such as Jigsaw and Primary Care Psychology for children and young people with mild to moderate mental health difficulties who do not need to access the specialist mental health services that CAMHS provide. The lessons arising from Covid 19, particularly around greater use of digital technologies, holds significant potential to address increasing demands and case complexity for HSE CAMHS.

Progress to end February 2022 has seen an additional 650 children and young people removed from the waiting list for Primary Care Child Psychology. This helps address CAMHS pressures by reducing inappropriate referrals.

Steps taken to address CAMHS challenges include:

- HSE Service Plan 2022 provides over €5m new funding for CAMHS and some 57 new posts for this service.
- Five new CAMHS Tele-Hubs being developed. One Hub exists in CHO2, with others planned for CHOs 3 and 4 and two in the Eastern region. A new Model of Care for CAMHS Hubs is also being progressed.
- 114 new assistant psychologists and 20 psychologists recruited to HSE Primary Care since 2018 has helped relieve pressures and inappropriate referrals to the specialist CAMHS service.
- Increased undergraduate psychiatric nurse places by 130 overall per year should help address CAMHS vacancies.
- The gradual replacement or updating of CAMHS infrastructure helps address staff/recruitment by improving the work environment. This is being progressed under the HSE Capital Plan.
- Greater flexibility around CAMHS team Skills Mix envisaged under Sharing the Vision, as opposed to the prescriptive model under A Vision for Change, will create opportunities around more focused care delivery at local level.
- New High Dependency Unit/Seclusion Room, CAMHS Galway is being progressed over 2022.

More detailed analysis remains to be done on the potential impacts of Covid-19 on CAMHS. Around 85-90% of CAMHS services continued nationally via reduced traditional face-to-face contacts, coupled with more blended approaches using digital technologies. While there have been greater mental health pressures on young people generally arising from various Covid-19 impacts, these have been dealt with by additional HSE psycho-social supports provided to combat Covid-related issues among young people.

In relation to acute bed capacity, 10 new CAMHS beds will be provided in the new National Forensic Mental Health Service (NFMHS) at Portrane (first units of its kind nationally) and 20 CAMHS beds are planned for the National Children's Hospital.

Despite focussed efforts nationally and internationally, the HSE has been unsuccessful in recruiting sufficient staff to enable CAMHS to continue at full capacity. The Executive continues intense efforts to recruit for vacancies as quickly as possible, with the skills and competencies to meet the needs of young people in this specialist service.

National Waiting List Initiative

The 2022 Waiting List Action Plan includes key actions focused on addressing community care access and waiting lists, including:

- Design and implement the Integrated Community Case Management System (ICCMS) as a foundational case management system which will also support communication between healthcare providers and effective management, planning and delivery of services;
- Participate in the modernised scheduled care pathway programme of work related to current acute waiting lists and support the feasibility and implementation planning of pathway proposals to deliver more services in the community in line with Sláintecare;
- Develop a process to complete a capacity and demand analysis across community waiting lists;
- Undertake an options appraisal of wider reforms, in line with Sláintecare to potentially reduce community waiting lists;
- Define and develop an implementation plan for agreement of appropriate maximum wait-time targets for community services in scope - the scope of which is to be agreed.

These actions are foundational steps to enabling longer term fundamental reform, enhancing integration between acute and community services and improving access to care in the community, including mental health services.

Funding of €3.4m is indented in the Waiting List Action Plan for a two phase CAMHS initiative to reduce waiting lists, in particular long waiters.

Maskey Report

The Report on the Look-Back Review into CAMHS in South Kerry ('Maskey Report') was published on 26 January 2022. The Report contains 35 recommendations and the implementation of these recommendations involves a range of actions led by Cork Kerry Community Healthcare Organisation (CHO), as well as national actions. The HSE is progressing implementation of all 35 recommendations of the Report including audits around compliance with the CAMHS Operational Guidelines (2019); an Expert Audit Group on Prescribing Practice; and qualitative research into CAMHS experiences. In addition, the Mental Health Commission is undertaking a review of CAMHS arising from the Maskey Report. The HSE will utilise the outcomes of these on-going initiatives to improve CAMHS nationally.

2. A note outlining the Department's progress in implementing the recommendations contained in the Value for Money and Policy Review of Nursing Home Care Costs (pgs. 15-16)

Value for Money Review

As the Committee will be aware from its engagement with the Department of Health and previous briefing provided, a Value for Money Review on Nursing Home Care Costs was undertaken between March 2018 and March 2021 under the direction of a Steering Committee. This Committee was comprised of representatives of the Department of Health, the Department of Public Expenditure and Reform (DPER), the National Treatment Purchase Fund (NTPF), the Health Service Executive (HSE), and the Economic and Social Research Institute (ESRI), led by an independent chair.

The purpose of the VFM Review was to identify, quantify and analyse the reasons for any cost differential between private/voluntary and public nursing homes and, following analysis, to make recommendations for improving the value for money obtained by the Health sector.
In accordance with the established procedures for Value for Money reviews, the report was submitted to the Oireachtas and published on the 15 of December 2021.

Recommendations

The Review made 9 recommendations with implications across a number of health sector bodies. 7 of these recommendations were fully accepted and 2 (recommendations 1 and 8) were partially accepted. The progress against these recommendations is being monitored by the Department:

1. ***An inter-agency project team, with the range of expertise required, should be established to drive the delivery of the recommendations.***

   Update

   As noted in the published report, this recommendation has been partially accepted as many of the recommendations refer to work that is currently in train, with established governance or oversight structures. The recommendations also overlap to a degree with the implementation of the NTPF Review of the Pricing System for Long-Term Residential Care and it is essential that oversight structures are not duplicated. Certain other recommendations are discrete workstreams that will be directed from within the appropriate section of the Department.
   The Department has set out a plan for how each of the recommendations will be addressed and by which organisation. As the first six months since the report's publication is now complete the Department is updating this plan with progress to date; the initial results of that review are set out in this document.

2. ***The NTPF and Department of Health should explore a potential change to the Deed of Agreement between the NTPF and private operators to allow for the sharing of the information collected by the NTPF with the Department. It is likely that a change in the legislation would be required to facilitate this. A clearly defined process would need to be agreed to provide reassurance to the sector with regards to the purpose, use and availability of the data transferred, with safeguards in place to protect any commercially sensitive information.***

   Update

   The Department has engaged with the NTPF to explore the options to changing the Deed of Agreement to allow for additional information sharing, and is now considering the additional types of data that might be required by the Department, the necessary requirements to data

sharing arrangements to facilitate this exchange, and the risks and issues presented by any such change.
In that regard, since this recommendation was made, the Department has engaged with the NTPF on a range of topics and it has provided data, analysis and reporting on sets and sub-sets of nursing homes, which have been sufficient to inform policy-making. As such, there may be no requirement to share commercially sensitive data at a level that would allow for the identification of individual nursing homes or nursing home groups, mitigating any risks for providers in that regard.

In parallel, work is ongoing on the development of HIQA regulations that are expected to capture relevant operational data in relation to individual nursing homes. This would include a statutory basis for any required information sharing with the Department.

3. ***The interRAI Single Assessment Tool should be rolled out nationally, along with a set of national operational policy and guidelines, to determine the care needs of the applicants to the NHSS. Within a defined period of time (determined by the Department) care needs assessments used to determine funding under the NHSS should be undertaken using the interRAI Single Assessment Tool.***

Update

The roll out of interRAI in the community has commenced, with a focus on the home care sector for 2022 as evaluation of outputs from pilot sites and further interRAI rollout will be critical to the development of the new statutory home support scheme. The pilot for testing of a reformed model of service for the delivery for home support is now fully operational across four sites - CHO2, CHO 4, CHO 7 and CHO 8. Funding has been approved for 128 interRAI care needs facilitators in 2022 and the recruitment campaign has commenced. Once this initial phase of rollout is complete, the Department intends that interRAI will be rolled out to long-term residential care.

4. ***A programme of work should be established to examine and develop, as appropriate, a model for the allocation of resources through the use of Resource Utilisation Groups to align resources/payments to care needs. This should include an examination of international evidence and best practice and should include a comprehensive capture of data using the interRAI assessment tool for a minimum period to determine a baseline profile of care needs in residential care settings. Work on such resource allocation models should fully align with development work being undertaken with regard to the development of the statutory home support scheme.***

Update

Work is underway in the Department which will assist with the design of a bespoke case mix classification/resource allocation model for Ireland's statutory home support scheme and residential care service. As part of this work, the Department commissioned an evidence review from the Health Research Board (HRB) entitled 'Linking care bands to resource allocation for home support and long-term residential care' which was published in July 2021.

The evaluation of the testing of a reformed model of service delivery will be integral to the evidence base for the development of a system of care banding. The testing of a reformed model of service delivery is currently ongoing in four pilot sites with an interim evaluation report expected in November 2022. The respective home support and residential care policy

teams are engaging within the Department to ensure that developmental work in both sectors is aligned.

5. ***The Safe Staffing and Skill Mix Framework for Residential Care should be agreed as a priority.***

Update

This is a complex piece of work that will continue throughout 2022. Its objective is to have successfully tested a staffing model based on resident need in all of the 9 sites (including private, public and voluntary nursing homes), with a view to developing national policy and roll out in 2023. Significant progress has been made since the Taskforce was established in February 2021 with all expected milestone timeframes met to date.

6. ***An extensive review and audit process be established as a matter of urgency to examine the operation, costs, staffing, rostering, use of agency staff and cost assignment in public nursing units prioritising the most expensive nursing homes. The process should be supported by external expertise as required. Cost improvement measures should be a key outcome along with recommendations for future use and/or alternative service models where costs improvement measures cannot be achieved.***

Update

Scoping has begun for an independent audit of the public cost of care, as envisaged by this report, to ensure that cost overruns are minimised or eliminated where possible, maximising the value of our investment in public residential care. Terms of reference for an audit are being developed however the commissioning of this work has been paused in order to allow for the completion of an audit of public bed capacity that is currently ongoing within the HSE.

It is understood that this audit involves a validation and reconciliation of public bed capacity and occupancy levels, which drive the public cost of care. The Department anticipates that the results of the audit will be available shortly. It is important to allow this process to complete before an external review is commissioned as, firstly, it is expected that this audit will reduce the scope of work that will need to be outsourced and, secondly, any audit will only be of value if the underlying data is valid and up to date. As such, the Department now expects the independent review to be commissioned in the latter part of the year.

7. ***The published cost of care for public nursing homes should be explicit whereby the cost of care referred to is the maximum cost of care that can be charged to the NHSS. For the purposes of transparency, a list showing the actual eligible costs incurred by each nursing home, highlighting any variances against the maximum cost of care, should be published shortly after the end of each financial year.***

Update

In March 2022 the HSE published its annual updated cost of providing care in its public residential care centres for older people.

The report gives detailed cost of care in public nursing homes. It shows that the cost of care has increased to from €1,674 per week in 2021 to €1,698 per bed per week in 2022.
The 1.4% increase can be attributed to pay increases provided under the Lansdowne Road Agreement (funded separately to Nursing Homes Support Scheme (NHSS) funds allocated within the HSE Service Plan 2022). These costs do not relate to the amount a person will pay towards their care under the NHSS (Fair Deal).

The HSE acknowledges there are variations in the cost of care across public centres as well as across private nursing homes, with public nursing homes generally having a higher cost of care. Factors that contribute to the cost differential are set out in detail within this Value for Money report. The HSE has also acknowledged that there are variances between the published cost of care for the year, which is based on historical data, and the full scope of eligible costs actually incurred. This is set out in the HSE's annual financial statements each year, which have been published for 2021.

It is understood that the HSE will publish the required, detailed additional information, as committed to in this recommendation, in respect of the calendar year 2022 onwards.

8. ***The Department of Health and the HSE should examine if a cohort of existing long-term care residents supported under the NHSS could have remained at home for longer had the right package of supports been available.***

Update

As noted in the published report, this recommendation has been partially accepted as work was already in train to provide a set of home support packages aimed at avoidance of long-term residential care, i.e. making available the "right package of supports" envisioned in this recommendation.

This initiative commenced through the Winter Plan 2020/2021, which was framed in the context of an increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in the context of a pandemic. The Plan provided for enhanced intermediate and rehabilitation bed and outreach capacity, transitional care capacity and a Home First approach through significant enhanced Home Support hours and Reablement packages of care.

A number of initiatives were put in place in order to support both the discharge of patients from an acute setting and demand from the community, depending on the assessed care needs of the individual client/patient.

One such initiative focused on Long-Term Care Avoidance – Discharges / Extensive HS Packages / Hospital Avoidance. Under this initiative, patients being discharged from an acute setting or clients in the community who would have otherwise been a candidate for Hospital Admission or Long-Term Care could be discharged / maintained at home with a maximum Home Support care package of up to 56 hours per week.

7,866 clients were allocated a Home Support Package under this initiative of which 5,703 clients commenced their service during 2021. These packages remained active at year end. In addition, 915 clients commenced the service during 2021 under this initiative but ceased before year end.

Further review of the impacts of this initiative will be undertaken in the latter part of 2022.

9. The recommendations of this review should be implemented having regard to the recommendations of the final report published by the COVID-19 Nursing Homes Expert Panel on 19 August 2020.

Update

The COVID-19 Nursing Homes Expert Panel Report includes 86 recommendations in total, over 15 thematic areas, with associated timelines for implementation over the short, medium and long term. The Minister for Health established an oversight structure to ensure the implementation of the important recommendations contained in this Report. This encompassed the establishment of both an Implementation Oversight Team and a Reference Group.

The recommendations in the Expert Panel report were two-fold in nature: firstly, immediate actions required for the ongoing protection and support for nursing home residents during the pandemic and, secondly, medium- and longer-term recommendations in relation to broader system reforms to enhance and better integrate nursing home care and older persons care more broadly.

The Government is committed to the implementation of the Expert Panel recommendations. While it is accepted that this broad programme of wide-ranging and complex reform will take time to implement, the fourth progress report on the implementation of the recommendations, published in June 2022, highlights the important progress that has already taken place across a number of areas and sets out clearly the structures and processes that have been established to ensure continued implementation.

The Nursing Home Expert Panel's recommendations have provided a guiding framework not only for the pandemic response in nursing homes over the last two years but also more broadly for a wide-ranging programme of improvement and reform for older persons' care. Its recommendations are implicitly considered in the existing reform framework for the NHSS, comprising the recommendations of this review, the Pricing review, the C&AG review and the Programme for Government.

3. The staffing whole-time equivalent in the Department (pg. 22)

As of 30th June there are 661 staff in the Department of Health which is 643.7 WTE

4. A note providing information on the following matters relating to dental services:
- **The areas within the sector where staffing numbers have increased or are due to increase**
- **The number of dentists providing dental services for the school system**
- **The respective budgets for the previous three years, and**
- **Details of the Dental Treatment Services Scheme, and its progress (pgs. 36-38)**

1. The areas within the sector where staffing numbers have increased or are due to increase

The HSE's Public Dental Service employs oral healthcare workers to provide services in HSE dental clinics to children up to 16 years of age and people with special needs. The HSE also provides orthodontic treatment to those who have the greatest level of need and have been assessed and referred for treatment before their 16th birthday.

Regarding staffing increases and anticipated future increases, the HSE has advised that it is prioritising the filling of current vacancies in the Public Dental Service. A Consultant Orthodontist has recently been recruited for CHO 6 (Loughlinstown, Co Dublin). Competitions are ongoing to recruit additional Consultant Orthodontists in CHO 5 (South East) and in CHO 4 (Kerry).

The table below provides the number of vacancies across all categories of oral healthcare professional, for each of the 17 dental areas, in December 2021 and June 2022.

HSE Public Dental Service vacancies, expressed as number of Whole Time Equivalents (WTEs), for all oral healthcare grades combined		
Dental Area:	**December 2021**	**June 2022**
CHO 1 Sligo Leitrim	4.40	6.80
CHO 1 Donegal	6.40	6.80
CHO 1 Cavan Monaghan	3.80	2.80
CHO 2 Mayo Roscommon	8.50	6.90
CHO 2 Galway	3.00	5.50
CHO 3 Mid-West	n/a	n/a
CHO 4 Kerry	1.80	2.00
CHO 4 Cork	0.00	4.00
CHO 5 Waterford Wexford	n/a	n/a
CHO 5 Carlow, Kilkenny, South Tipperary	6.50	4.70
CHO 6 Wicklow, Dun Laoghaire, Dublin South East	3.00	8.70
CHO 7 Dublin South Central and Dublin West areas	6.40	6.40
CHO 7 Dublin South-West, Dublin West and Kildare West Wicklow	n/a	n/a
CHO8 Louth Meath	0.00	9.80
CHO8 Midlands	2.30	2.30
CHO 9 Dublin North	4.00	3.40
CHO 9 Dublin North-West Dublin North Central	4.50	5.50

n/a = Figures not yet available

2. The number of dentists providing dental services for the school system

The HSE have provided the total numbers of whole-time equivalents, for each oral healthcare staff category, employed in the HSE Public Dental Service in March 2022.

Oral Healthcare Staff Category/Grade	Whole-Time Equivalent (WTE) March 2022
Consultant Orthodontist	11.17
Dental Hygienist	54.04
Dental Hygienist, Senior	3.00
Dental Surgeon, General	155.67
Dental Surgeon, Principal	24.76
Dental Surgeon, Senior	45.33
Dental Surgeon, Senior Administrative	22.28
Orthodontics, Specialist	41.33
Dental Nurse	350.82
Dental Nurse, Senior	61.18
Dental Surgery Assistant (unqualified)	37.54
Total	**807.12**

3. The respective budgets for the previous three years

The budget for the Public Dental Service has been €62.3m per year since 2019. The budget for the Orthodontic Service has been €20.3m per year since 2019. The budget for the Dental Treatment Services Scheme (DTSS), through which private practitioners under contract to the HSE provide services to medical card holders over the age of 16, has been €56m per year since 2019.

4. Details of the Dental Treatment Services Scheme, and its progress

Dental treatment for medical card holders aged 16 and over is provided under the Dental Treatment Services Scheme (DTSS). Services available annually include an examination, two fillings and emergency extractions. More complex care and a broader range of treatments for patients with special needs and high-risk patients is also provided, some of which requires prior approval.

The Minister for Health has been concerned for some time that medical card patients in some parts of the country have been experiencing problems in accessing dental services. The Minister has approved a package of measures which has come into effect since 1 May. This package includes €10m provided in Budget 2022 to fund the reintroduction of the scale and polish for all medical card holders on a once yearly basis and an expanded oral health examination which now includes preventative elements in line with the Healthy Ireland approach. In addition, to address concerns held by contracts regarding the viability of the scheme, an estimated €16 million of an underspend in this year's estimate allocation (€56 million) has been used to award fee increases across a number of items, including fillings.

A more long-term reform of the Scheme will be addressed in the context of the implementation of the National Oral Health Policy, which sets out a body of substantial services reform. Work is underway to design a governance framework to oversee and facilitate root and branch service reform. The Chief Dental Officer is already engaging with stakeholders on such reform and will shortly be meeting with the Irish Dental Association.

5. A note on the Department's process for the approval and delivery of capital projects (pg. 43)

Capital Planning and Project Prioritisation and Procedures and Process

I. Overview of Health Capital Planning Process

The National Development Plan (NDP) 2021- 2030 sets out capital ceilings for the sector to 2025, with subsequent years to be added on a rolling basis. These multi annual ceilings allow for multi annual capital planning of projects and programmes. Health capital investment decisions are informed by Programme for Government priorities, sectoral policies, strategies and reform initiatives as set out in Sláintecare. The Department of Health (DoH) is developing a Strategic Health Investment Framework which will formalise criteria for the prioritisation of capital projects in the health sector, allowing for a more strategic based approach to healthcare capital investment ensuring that future health capital funding allocations align with National and sectoral objectives.

The Department engage with the Health Services Executive (HSE) in planning for and delivery of capital projects in the Health Sector.

The HSE is responsible for the planning and delivery of health services and management of healthcare infrastructure. A Property Management Strategy 2022 – 2050 has been developed in the HSE for setting out a clear strategic direction for the future management and development of the health estate. Each year the HSE must develop a National Service Plan (NSP) and Capital Plan upon receipt of notification from DOH of annual allocations set in the budget and priorities set out in the Letter of Determination (LoD). These plans must then be submitted for review and approval by the Minister for Health (the Minister).

II. Process for Development of Capital Plan

The HSE Capital Plan determines the projects that can progress in any given year having regard to the total available capital funding and the relevant priority of each project as determined by Programme for Government, policies and strategies. All Health capital projects currently at various stages of development are considered as part of this process.

Once a project has been included in the Capital Plan, the intention is that it should progress to completion. However, in line with the Public Spending Code, projects are reviewed at various design stages and re-evaluated, should the project scope or costs alter.
The number and cost of projects competing for inclusion in the annual Capital Plan invariably exceeds the funding available. It is necessary for the HSE to conduct a prioritisation exercise to determine which projects can be funded in any given year.

i. Review of and Selection of Projects for Inclusion in HSE Capital Plan

The HSE have developed detailed and robust systems and procedures to appraise, manage and deliver infrastructure projects required for the provision of health services. The appraisal of prospective projects is conducted in compliance with the HSE Capital Projects Manual and Approvals Protocol. Projects are appraised by the HSE National Capital and Property Steering Committee (NCPSC), to ensure compliance with service priorities and policies, alignment with the National Service Plan and

the Capital Plan. Following this, the NCPSC recommend projects for inclusion in the Capital Investment Programme, from where they undergo a prioritisation process to inform the annual Capital Plan.

Ensuring value for money is achieved from the available capital budget and selecting critically important projects, requires a robust prioritisation exercise be completed, to inform the Capital Plan.

In compiling the Capital Plan, first order priority is given to:

- Existing contractual commitments, i.e., the completion and equipping of all projects in construction.
- Other contractual commitments including, Public Private Partnership unitary charges, design commitments, equipment replacement programme and ambulance replacement programme requirements.

Second order priority is given to infrastructural risk projects including minor capital works.

Any remaining available funding is allocated to the priority list of projects in descending order, following the prioritisation exercise undertaken by a Project Evaluation Group, which includes representatives from all Divisions in the HSE.

The prioritisation exercise requires each project be evaluated and scored by the Project Evaluation Group. Following feedback from CHO Area's and Hospital Groups, a prioritised listing of projects, based on the scores achieved is finalised. A draft Capital Plan is then prepared and approved through HSE processes. Engagement with DoH officials takes place in the development of the plan.

ii. HSE Board Approval

Prior to being presented to the HSE Board a meeting is held between HSE Estates and National Directors to finalise the capital plan. The final plan is then presented to the HSE Board for review and approval.

iii. Submission of Plan to DOH and Approval of Minister

The annual capital plan prepared by the HSE must be submitted to DOH for review and approval by the Minister.

III. Management and Delivery of Plans

Once the annual plan is approved by the HSE Board and the Minister, executive implementation is primarily the responsibility of the HSE National Director, Capital & Estates. The Capital & Estates Division ensures compliance with EU Directives and ensures that all individual projects in the Capital Programme are assessed and managed in accordance with the Public Spending Code.

Officials from the Department of Health have regular meetings with HSE Capital & Estates officials monitoring delivery of the plan.

6. The expenditure to date on the National Children's Hospital (pg. 52).

The Government approved a capital budget of €1.433bn for the NCH project in 2018. This included the capital costs for the main hospital at St James's Hospital campus, the two satellite centres, equipment for the three sites, and the construction of the carpark and retail spaces. The capital budget has not yet been depleted and to date, €1,049,001,707 (73.2%) of the €1.433bn budget has been drawn down for works on the project across the three sites. The total budget allocated for 2022 is €352m of which €144.78m (41.13%) has been drawn down to date.

Additional costs in relation to the integration and transfer of the services of the three children's hospitals to the new sites brings the total programme cost to €1.73bn. This includes investment in ICT, a new Electronic Health Record system, and the Children's Hospital Integration Programme (the merging of three paediatric hospitals) including commissioning.

Brexit, the pandemic and recent geopolitical developments have severely impacted construction industry supply chains and more general economic challenges- the NCH project is not immune to these external challenges. Every effort is being taken to mitigate the risks but these externalities beyond the control of the contractor and the NPHDB make speculation and more definitive forecasting unwise.

Definitive updates on costs cannot be provided due to the fact that we are talking about a live contract and speculation on any costs will be detrimental to the Development Board's commercial engagements.