



# Performance Profile July - September 2020

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*Data used in this report refers to the latest performance information available at time of publication*

# Executive Summary

## Executive Summary

The Performance Profile is published on a quarterly basis and provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources. The results for key performance indicators are provided on a heat map and in table and graph format together with a commentary update on performance.

### Emergency Care

- There were 959,767 emergency presentations year to date September 2020. This is a -17.7% percentage variance on emergency presentations for the corresponding period in 2019 and was below expected activity of 1,166,046.
- New Emergency Department attendances year to date are 797,918 this represents a -17.2% percentage variance YTD against expected activity YTD.
- 98.2% of all patients were seen within 24 hours in EDs in September and 98% year to date.
- 95.5% of patients aged 75 years and over were seen within 24 hours in EDs in September and 95.2% year to date.

### Inpatient Discharges

#### Elective Inpatient Discharges

There were 43,523 elective inpatient discharges year to date August 2020 versus 58,970 for the corresponding period in 2019, that is a decrease of -26.2%. Elective inpatient discharges were 28% lower than the expected activity of 60,433.

#### Emergency Inpatient Discharges

There were 261,462 emergency inpatient discharges year to date August 2020 versus 292,029 for the corresponding period in 2019, that is, a decrease of 10.5%. Emergency inpatient discharges were 11.5% lower than the expected activity of 295,272.

### Day Case Discharges (including dialysis)

The number of day case procedures year to date August 2020 was 583,277 versus 736,980 for the same period in 2019, that is, a decrease of 153,706 cases. The percentage variance of day case procedures undertaken year to date August 2020 was -24.2% below the expected activity of 769,881 cases for this period.

### Delayed Transfer of Care

There were 417 Delayed Discharges in September 2020. The same month in 2019 was 724.

### Inpatient, Day Case & Outpatient Waiting Lists

September compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 77.5%.
- Adult Day Case < 15 months (target 95%), compliance 87%.
- Children's Inpatient, 15 months (target 95%), compliance 83.6%.
- Children's Day Case < 15 months (target 90%), compliance 80.7%.
- Outpatients < 52 weeks (target 80%), compliance 59.2%.
- The total number of patients waiting for an inpatient or day case procedure at the end of September 2020 was 75,902. The total number of people waiting for inpatient and day case procedures is up by 10.4% (+7,917 patients) when the waiting list in September 20 is compared with September 19.
- Total number of people waiting for Outpatient appointment was 612,083 in September 20, this has increased from 568,769 (+43,314) in September 19.

### Routine/Urgent Colonoscopies

- In September 36.2% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 450 new urgent patient breaches in September.

### Cancer Services

- 50.4% of prostate cancer referrals were seen within 20 working days year to date compared with 68.1% for the same period last year.
- 86.4% of lung cancer referrals were seen within 10 working days year to date compared with 86.4% for the same period last year.

- 71.7% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 69.7 for the same period last year.

### **Primary Care Services**

- 81.8% of physiotherapy referrals, 81.6% of speech and language referrals, 61.1% of occupational therapy referrals and 52.9% of psychology referrals accessed the services within 52 weeks.
- 54.8% of babies received their developmental screening checks within 10 months and 98.8% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

### **Disability Services**

- 862,393 PA hours were delivered to the end of June 2020 against expected activity of 835,009
- 1,430,896 Home Support Hours were delivered against expected activity of 1,540,004

### **Older Persons Services**

- Home Support hours delivered year to date was 12,849,770. The number of people, in receipt of home support services at the end of September was 52,112
- 933 persons were in receipt of payment for transitional care.
- The current wait time for NHSS funding approval in 2020 is 4 weeks.

### **Mental Health Services**

- 98.4% of all Bed Days of Children were in CAMHS Units up to the end of September 2020 in line with the target of 95%.

### **Population, Health & Wellbeing Services**

- Nationally year to date to June 2020, 48.9% of smokers are QUIT at 4 weeks ahead of the National target of 45%.
- 93.7% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to June 2020 while 91.4% of children aged 24 months received the MMR vaccine year to date to June 2020 against a target of 95%.

# Corporate Updates

## Capital - Allocation/Expenditure Analysis

### 2020 Allocation / Expenditure Analysis - Capital

	Total Allocation (Profile) for 2020	Cum Profile for Period Jan - Sept 2020	Expenditure for Period Jan - Sept 2020	Variance for Period Jan - Sept 2020	Expenditure to Sept '20 as % of Sept '20 YTD Profile	Expenditure to Sept as % of 2020 Annual Profile	Variance to Sept '20 as % of Sept '20 YTD Profile
M02 - Buildings & Equipment	584.000	390.632	311.216	(79.416)	79.67%	53.29%	-20.33%
M02 - New Children's Hospital	315.000	222.976	82.578	(140.398)	37.03%	26.22%	-62.97%
	899.000	613.608	393.794	(219.814)	64.18%	43.80%	-35.82%
M03 - Info Systems for Health Agencies	113.000	71.000	60.467	(10.533)	85.16%	53.51%	-14.84%
	1012.000	684.608	454.260	(230.348)	66.35%	44.89%	-33.65%
Asset Disposals	7.695	7.695	0.000	7.695	0.00%	0.00%	100.00%
Net	1019.695	692.303	454.260	(238.042)	65.62%	44.55%	-34.38%

#### General Comment

During the third quarter of 2020 the impact of the Coronavirus Pandemic has given rise to significant variances across all expenditure categories. Additionally, due to the uncertainty of the situation going forward these variations are likely to continue into the final part of the year.

#### CONSTRUCTION – M02(1)

The variance on general construction projects for the nine months to September 2020 is -20.33% (or € 79.416m) behind profile.

In the period to the end of September the total expenditure of € 311.216m represents 53.29% of the total annual profile for 2020.

Included in the total expenditure above of € 311.216m are Covid19 related charges of € 110.189m.

#### CONSTRUCTION – M02(2) - (New National Children's Hospital)

The variance on the New National Children's Hospital project for the nine months to September 2020 is -62.97% (or € 140.398m) behind profile.

In the period to the end of September the total expenditure of € 82.578m represents 26.22% of the total annual profile for 2020.

#### ICT (M03)

The variance on ICT projects for the nine months to September 2020 is -14.84% (or € 10.533m) behind profile.

In the period to the end of September 2020 the total expenditure of € 60.467m represents 53.51% of the total annual profile for 2020.

Included in the total expenditure above of € 60.467m are Covid19 related charges of € 7.743m

#### Asset Disposals:

Income from sale of assets in the nine months to September 2020 amounted to € 7.695m.

## Internal Audit

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months						
	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2020 Position at 30th September 2020	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th September 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020
<b>Total</b>	<b>76%</b>	<b>60%</b>	<b>61%</b>	<b>68%</b>	<b>46%</b>	<b>89%</b>	<b>94%</b>	<b>95%</b>	<b>95%</b>	<b>76%</b>	<b>77%</b>	<b>80%</b>
CHO 1	38%	41%	51%	86%	N/A	100%	100%	98%	98%	100%	38%	59%
CHO 2	N/A	0%	63%	72%	N/A	95%	100%	100%	100%	N/A	N/A	22%
CHO 3	53%	60%	38%	88%	N/A	90%	100%	100%	100%	29%	71%	88%
CHO 4	100%	25%	54%	71%	N/A	88%	100%	100%	100%	N/A	100%	100%
CHO 5	50%	67%	91%	50%	N/A	89%	100%	96%	96%	100%	60%	94%
CHO 6	93%	54%	85%	100%	N/A	87%	98%	98%	98%	N/A	98%	94%
CHO 7	100%	100%	0%	89%	98%	100%	100%	100%	100%	100%	100%	100%
CHO 8	80%	76%	36%	63%	0%	96%	99%	99%	99%	67%	83%	73%
CHO 9	100%	27%	47%	60%	0%	84%	94%	93%	93%	100%	100%	68%
National Mental Health	N/A	100%	100%	N/A	N/A	77%	100%	100%	100%	N/A	N/A	100%
National Primary Care	N/A	21%	25%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21%
National Director Community Ops					N/A							
<b>Total Community Services</b>	<b>76%</b>	<b>60%</b>	<b>64%</b>	<b>73%</b>	<b>53%</b>	<b>92%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>73%</b>	<b>80%</b>	<b>82%</b>
Dublin Midlands Hospital Group	89%	N/A	N/A	N/A	86%	89%	89%	100%	100%	89%	89%	89%
Ireland East Hospital Group	50%	100%	100%	N/A	50%	73%	67%	67%	67%	50%	50%	100%
National Children's Hospital Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	100%	0%	0%	N/A	0%	86%	86%	90%	100%	100%	100%	82%
Saolta Hospital Group	62%	N/A	67%	74%	0%	85%	85%	86%	87%	62%	62%	62%
South South West Hospital	100%	0%	24%	24%	22%	48%	66%	67%	72%	N/A	44%	44%



75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months						
	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2020 Position at 30th September 2020	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th September 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020
Group												
University of Limerick Hospital Group	100%	N/A	23%	23%	75%	96%	96%	100%	100%	100%	100%	100%
National Ambulance Service	N/A	N/A	0%	0%	N/A	96%	100%	100%	100%	N/A	N/A	N/A
National Director Acute Ops					54%							
<b>Total Acute</b>	88%	37%	41%	42%	45%	80%	84%	87%	89%	86%	79%	81%
Chief Information Officer	58%	66%	86%	100%	N/A	84%	86%	86%	84%	45%	51%	57%
Compliance / QAV	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finance	74%	N/A	89%	89%	N/A	100%	100%	100%	100%	74%	82%	92%
HBS - Estates	100%	N/A	N/A	N/A	N/A	86%	86%	86%	86%	100%	100%	100%
HBS - Finance	N/A	N/A	N/A	N/A	0%	96%	100%	100%	100%	N/A	N/A	N/A
HBS - HR	N/A	N/A	0%	65%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
HBS - Procurement	95%	N/A	0%	0%	0%	90%	90%	90%	90%	95%	95%	95%
Health and Wellbeing	100%	100%	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	100%
Human Resources	83%	84%	80%	N/A	0%	100%	100%	100%	100%	83%	83%	82%
National Screening Service	N/A	N/A	N/A	N/A	N/A	22%	33%	33%	33%	N/A	N/A	N/A
National Services	N/A	N/A			0%							

## National Health and Safety Helpdesk

### No of calls received by the National Health and Safety Helpdesk

Q3 2020 Metrics	No of Helpdesk Queries 2020	No of Helpdesk Queries 2019	% Difference from 2019
July	136	154	-12%
August	93	157	-41%
September	122	182	-33%
Total	351	493	-29%

### Procurement – expenditure (non-pay) under management

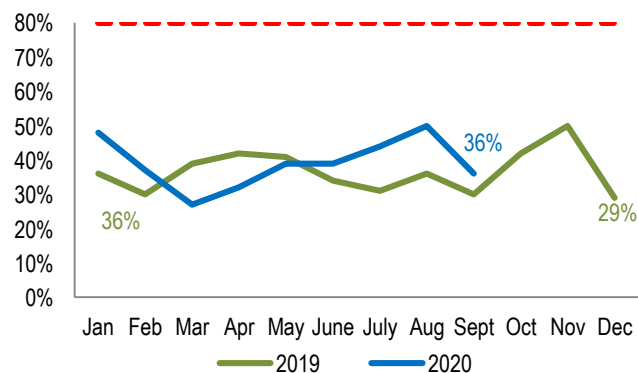
Service Area	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Acute Hospitals(Hospital groups)	€ 341,294,933	€ 340,328,125	€ 366,898,256	€ 348,690,524	€ 377,748,715	€ 428,700,124	€ 371,737,487
Community Healthcare	€ 93,779,956	€ 201,355,563	€ 214,826,179	€ 230,104,196	€ 90,468,056	€ 166,150,727	€ 87,120,272
National Services	€ 567,628,507	€ 560,677,082	€ 568,915,489	€ 623,685,357	€ 634,091,061	€ 477,897,182	€ 749,083,311
Total	€ 1,002,703,396	€ 1,102,360,770	€ 1,150,639,924	€ 1,202,480,077	€ 1,102,307,832	€ 1,072,748,033	€ 1,207,941,070

# Quality and Patient Safety

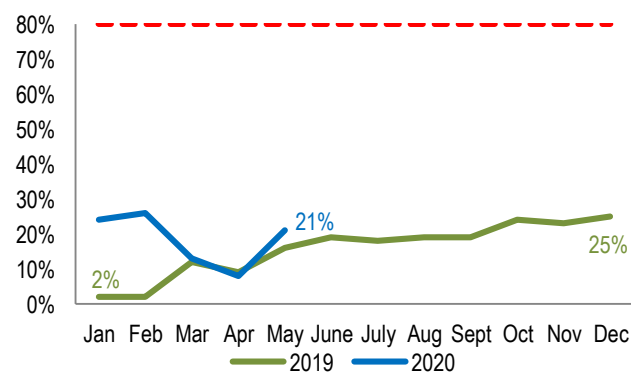
## Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current	
Serious Incidents – Number of incidents reported as occurring	<b>National</b>			<b>844</b>	<b>66</b>	<b>60</b>	<b>42</b>	
	Acute Hospitals (incl NAS, NSS & NCCP)			436	34	28	22	
	Community Healthcare			408	32	32	20	
Serious Incidents – Incidents notified within 24 hours of occurrence	<b>National</b>	80%	M	●	<b>37%</b>	<b>44%</b>	<b>50%</b>	<b>36%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	42%	62%	50%	45%
	Community Healthcare	80%	M	●	32%	25%	50%	25%
Serious Incidents – Review completed within 125 calendar days*	<b>National</b>	80%	M	●	<b>16%</b>	<b>13%</b>	<b>8%</b>	<b>21%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	20%	16%	12%	24%
	Community Healthcare	80%	M	●	9%	8%	4%	15%

**% of serious incidents being notified within 24 hours of occurrence to the senior accountable officer**



**% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident**



### Serious Reportable Events

34 SREs were reported on the National Incident Management System (NIMS) as occurring during September 2020.

Service Area	Total SRE Occurrence
Acute Hospitals [inc. National Ambulance Service]	16
Community Services	18
<b>Total</b>	<b>34</b>

21 SREs were reported as patient falls, 6 as stage 3 or 4 pressure ulcers and the remaining 7 comprised 3 SRE categories.

### Healthcare Audit

Healthcare Audit	In Progress	Completed
Healthcare Audits in progress/completed	27	6

### Appeals Service

1,333 new notifications of appeal were received. 1,379 appeals were processed in the period 1st January - 30<sup>th</sup> September 2020:

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	614	639	154	75	36%
Medical / GP Visit Cards (Over 70's Scheme)	75	84	20	3	27%
16 to 25 Year Old Medical Card/GP Visit Card	198	207	69	20	43%
Nursing Home Support Scheme	377	388	38	75	29%
Blind Welfare	6	4	1	0	2%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Allowance					
CSAR	30	23	2	0	9%
Home Care Package	0	0	0	0	0%
Home Help	2	2	0	0	0%
RSSMAC	16	20	3	2	25%
Other	15	12	0	0	0%
<b>Total</b>	<b>1,333</b>	<b>1,379</b>	<b>287</b>	<b>175</b>	<b>34%</b>

### Incident Reporting

Quarter 2 2020 - % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS

Service Area	% entered on NIMS within 30 days of occurrence
Acute Hospitals	55%
Community Services	61%
National Ambulance Service [NAS]	86%
<b>National</b>	<b>57%</b>

Quarter 2 2020 - Extreme and major incidents as a % of all incidents reported as occurring

Service Area	% entered on NIMS within 30 days of occurrence
<b>National</b>	<b>1.2%</b>

### Complaints

% of complaints investigated within 30 working days of being acknowledged by complaints officer

NSP KPI 2020	Q2 2020
% of complaints investigated within 30 working days of being acknowledged by the Complaints Officer	68%

# Performance Overview

# Community Healthcare

## Community Healthcare Services National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Serious Incidents</b>																	
Quality & Safety	Review completed within 125 calendar days	M	80%	9% [R]	-88.8%									8%	4%	15%	
	<b>Service User Experience (Q2)</b>																
	Complaints investigated within 30 working days	Q	75%	67% [R]	-10.7%	71% [A]	67% [R]	46% [R]	67% [R]	0% [R]	29% [R]	87% [G]	59% [R]	80% [G]			
	<b>Child Health</b>																
	Child screening 10 months <sup>1</sup>	M-1M	95%	54.8% [R]	-42.3%	70.6% [R]	42.5% [R]	42.6% [R]	52.8% [R]	38.3% [R]	55.7% [R]	53.7% [R]	59% [R]	70.1% [R]	27%	36.1%	38.7%
	New borns visited within 72 Hours	Q	99%	98.8% [G]	-0.2%	100% [G]	99.1% [G]	100% [G]	99.8% [G]	99% [G]	100% [G]	96.6% [G]	95.6% [G]	96% [G]	100%	97.4%	98%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91.4% [G]	-3.8%	89.7% [A]	92.6% [G]	93.3% [G]	92.3% [G]	92.3% [G]	90.4% [G]	91% [G]	92.2% [G]	88.8% [A]	92.2%	91.4%	91.4%
	<b>CAMHs – Bed Days Used</b>																
	Bed days used	M	95%	98.4% [G]	3.6%	99.8% [G]	100% [G]	93.2% [G]	95.8% [G]	97.3% [G]	100% [G]	100% [G]	99.9% [G]	99.2% [G]	99.5%	99%	99.9%
	<b>HIQA Inspection Compliance</b>																
Disability Residential Services	Q-2Q	80%	92% [G]	15%										89.9%	89.6%	92%	
Older Persons Residential Services	Q-2Q	80%	73.8% [A]	-7.8%										83.1%	73.6%	73.8%	
<b>Chronic Disease Management</b>																	
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	2,777	739 [R]	-73.4%	65 [R]	87 [R]	79 [R]	184 [R]	66 [R]	60 [R]	46 [R]	83 [R]	69 [R]	739	0	0	
<b>Healthy Ireland</b>																	
Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	48.9% [G]	8.7%										46.1%	46.7%	53.2%	
<b>Therapy Waiting Lists</b>																	
Access & Integration	SLT access within 52 weeks	M	100%	81.6% [R]	-18.4%	86.4% [R]	93.3% [A]	86.7% [R]	98% [G]	91.9% [A]	79.4% [R]	61% [R]	86.8% [R]	71.5% [R]	84.6%	82.5%	81.6%
	Physiotherapy access within 52 weeks	M	94%	81.8% [R]	-13%	91.4% [G]	66.2% [R]	74.4% [R]	95.1% [G]	78.3% [R]	86.3% [A]	80.1% [R]	86.8% [A]	85.4% [A]	84.3%	82.9%	81.8%
	Occupational Therapy access within	M	95%	61.1% [R]	-35.7%	60.5% [R]	56.2% [R]	93.3% [G]	57.9% [R]	54.2% [R]	63.1% [R]	57.2% [R]	66.1% [R]	60.6% [R]	61.8%	60.7%	61.1%

<sup>1</sup> Reporting has not commenced on NSP 2020 metric % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age.



	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
52 weeks																
Psychology treatment within 52 weeks	M	81%	52.9% [R]	-34.6%	76.1% [A]	45.3% [R]	51.3% [R]	49.3% [R]	61.7% [R]	91.1% [G]	36.3% [R]	93.8% [G]	32.8% [R]	56.5%	54.9%	52.9%
<b>CAMHs – Access to First Appointment</b>																
First appointment within 12 months	M	95%	95.6% [G]	0.6%	88.2% [A]	100% [G]	98.4% [G]	88.7% [A]	99.1% [G]	90.9% [G]	100% [G]	98.8% [G]	95.7% [G]	95.4%	94.1%	93.6%
% of urgent referrals to CAMHS responded to within 3 working days	M	>80%	86.4% [G]	8%	100% [G]	55.5% [R]	100% [G]	88.8% [G]	83.4% [G]	94.4% [G]	93.1% [G]	97.4% [G]	100% [G]	86.8%	88.9%	87.5%
<b>Disability Act Compliance</b>																
Assessments completed within timelines	Q	100%	8.6% [R]	-91.4%	11.6% [R]	11.3% [R]	5.7% [R]	6.1% [R]	18.6% [R]	7% [R]	4.2% [R]	6.7% [R]	13.8% [R]	7.1%	11.3%	7.5%
Number of requests for assessment of need received for children	Q	4,483	3,129 [R]	-30.2%	148 [G]	71 [R]	283 [R]	776 [R]	209 [R]	162 [R]	458 [R]	399 [R]	623 [R]	1,669	590	870
<b>Children's Disability Networks</b>																
% of networks established <sup>2</sup>	M	100%	0% [R]	-100%	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0%	0%	0%
<b>Home Support Hours</b>																
Number of hours provided <sup>3</sup>	M	13,990,105	12,849,770 [A]	-8.2%	1,214,479 [A]	1,476,705 [G]	1,052,054 [A]	2,062,706 [G]	1,355,436 [R]	1,015,111 [A]	1,465,505 [A]	1,234,075 [A]	1,973,699 [R]	1,483,447	1,435,332	1,576,680
<b>Nursing Home Support Scheme (NHSS)</b>																
Number of persons funded under NHSS in long term residential care	M	24,369	22,792 [A]	-6.5%										22,572	22,650	22,792
<b>Delayed Transfers of Care</b>																
Number of beds subject to Delayed Transfers of Care	M	≤550	417 [G]	-24.2%										422	404	417
Number of acute bed days lost through Delayed Transfers of Care	M	≤150,150	125,358 [G]	-16.5%										13,695	14,109	13,835
<b>Financial Management – Expenditure variance from plan</b>																
Net expenditure (pay + non-pay - income)	M	<0.1%	4,739,531	2.35% [R]	2.23% [R]	3.92% [R]	5.92% [R]	3.11% [R]	4.78% [R]	2.00% [R]	3.31% [R]	2.87% [R]	2.26% [R]	2.33%	2.27%	2.35%
Gross expenditure (pay and non-pay)	M	<0.1%	5,119,901	2.01% [R]	1.57% [R]	3.05% [R]	5.70% [R]	2.69% [R]	4.13% [R]	1.05% [R]	2.21% [R]	2.18% [R]	1.61% [R]	2.01%	1.93%	2.01%
Non-pay expenditure	M	<0.1%	2,872,439	3.50% [R]	4.87% [R]	4.67% [R]	8.35% [R]	4.08% [R]	5.73% [R]	1.40% [R]	5.37% [R]	5.16% [R]	4.95% [R]	3.44%	3.23%	3.50%

<sup>2</sup> CDN's not due to be established until second half of year, no targets profiled Jan to Jun.

<sup>3</sup> Home Support pilot scheduled to commence in Q2 2020 did not progress in the main due to COVID-19 and the diversion of resources in response to the Pandemic

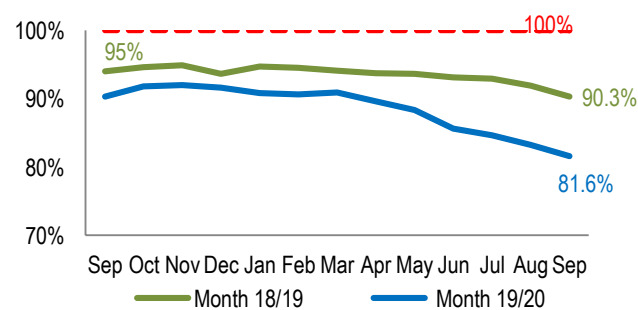
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Service Arrangements (25.09.20)</b>																
	M	100%	57.60%	-42.40%										34.57%	43.91%	57.60%
<b>Internal Audit</b>																
	Q	95%	82% [R]	-13.7%										73%	80%	82%
<b>Funded Workforce Plan</b>																
	M	<0.1%	2,247,461	0.15% [A]	0.25% [A]	1.30% [R]	1.76% [R]	1.24% [R]	2.54% [R]	0.74% [A]	0.14% [A]	0.05% [G]	-0.80% [G]	0.26%	0.32%	0.15%
<b>Workforce</b>	<b>Attendance Management</b>															
	M-1M	<3.5%	6.56% [R]	87.43%	7.07% [R]	4.88% [R]	6.86% [R]	5.40% [R]	6.42% [R]	6.37% [R]	8.46% [R]	7.67% [R]	6.47% [R]	5.13%	5.21%	5.54%
	<b>European Working Time Directive (EWT) Compliance</b>															
	M	95%	89.8% [A]	-5.5%	96.2% [G]	90.9% [G]	100% [G]	84.6% [R]	90.9% [G]	95% [G]	95.9% [G]	84.9% [R]	73% [R]	90.4%	89.2%	89.8%
M	90%	100% [G]	11.1%	100% [G]			100% [G]	100% [G]		100% [G]			100%	100%	100%	

# Primary Care Services

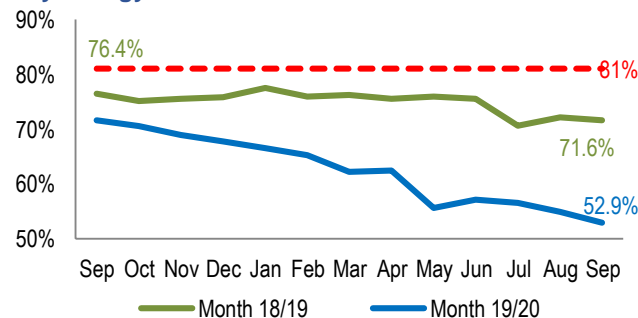
## Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	● <b>81.6%</b>	90.3%	-8.7%	84.6%	82.5%	81.6%	CHO4 (98%), CHO2 (93.3%), CHO5 (91.9%)	CHO7 (61%), CHO9 (71.5%), CHO6 (79.4%)
Physiotherapy access within 52 weeks	94%	M	● <b>81.8%</b>	93.1%	-11.3%	84.3%	82.9%	81.8%	CHO4 (95.1%), CHO1 (91.4%), CHO8 (86.8%)	CHO2 (66.2%), CHO3 (74.4%), CHO5 (78.3%)
Occupational Therapy access within 52 weeks	95%	M	● <b>61.1%</b>	72.2%	-11.1%	61.8%	60.7%	61.1%	CHO3 (93.3%), CHO8 (66.1%), CHO6 (63.1%)	CHO5 (54.2%), CHO2 (56.2%), CHO7 (57.2%)
Psychology access within 52 weeks	81%	M	● <b>52.9%</b>	71.6%	-18.7%	56.5%	54.9%	52.9%	CHO8 (93.8%), CHO6 (91.1%), CHO1 (76.1%)	CHO9 (32.8%), CHO7 (36.3%), CHO2 (45.3%)

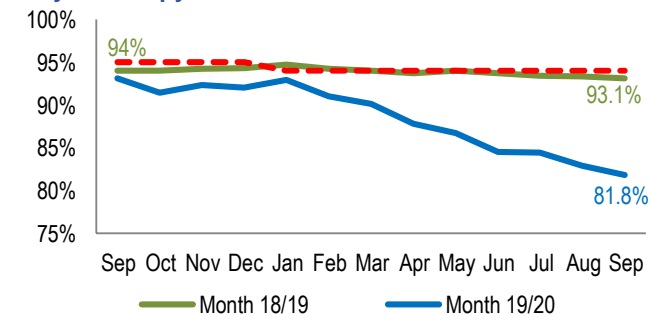
**SLT Access within 52 weeks**



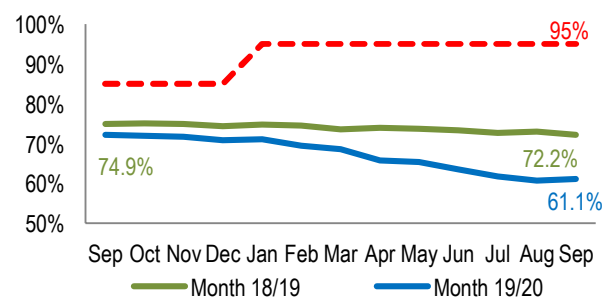
**Psychology Access within 52 weeks**



**Physiotherapy Access within 52 weeks**



**Occupational Therapy access within 52 weeks**



## Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>Physiotherapy</b>					
Number seen	439,916	<b>301,097</b>	-31.6%	436,879	-135,782
Total number waiting	38,630	<b>47,136</b>	22.0%	41,366	5,770
% waiting < 12 weeks	79.0%	<b>80.0%</b>	1.3%	78.5%	1.5%
Number waiting > 52 weeks		<b>8,669</b>		2,872	5,797
<b>Occupational Therapy</b>					
Number seen	292,044	<b>220,927</b>	-24.4%	287,123	-66,196
Total number waiting	32,526	<b>34,658</b>	6.6%	33,434	1,224
% waiting < 12 weeks	68.0%	<b>69.4%</b>	2.0%	67.5%	1.9%
Number waiting > 52 weeks		<b>13,491</b>		9,296	4,195
<b>*Speech &amp; Language Therapy</b>					
Number seen	213,074	<b>114,978</b>	-46.0%	207,710	-92,732
Total number waiting	15,358	<b>19,864</b>	29.3%	14,384	5,480
Number waiting > 52 weeks		<b>3,651</b>		1,393	2,258

Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	8,200	<b>10,946</b>	33.5%	7,984	2,962
Number waiting > 52 weeks		<b>4,243</b>		1,048	3,195
<b>Psychology</b>					
Number seen	37,378	<b>29,680</b>	-20.6%	33,924	-4,244
Total number waiting	8,836	<b>10,135</b>	14.7%	9,276	859
% waiting < 12 weeks	36.0%	<b>14.3%</b>	-60.2%	22.6%	-8.3%
Number waiting > 52 weeks		<b>4,769</b>		2,636	2,133
<b>Podiatry</b>					
Number seen	64,075	<b>37,296</b>	-41.8%	64,802	-27,506
Total number waiting	3,532	<b>5,800</b>	64.2%	4,001	1,799
% waiting < 12 weeks	33.0%	<b>19.0%</b>	-42.5%	43.1%	-24.1%
Number waiting > 52 weeks		<b>2,343</b>		983	1,360
<b>Ophthalmology</b>					
Number seen	77,809	<b>42,795</b>	-45.0%	75,946	-33,151
Total number waiting	17,510	<b>13,104</b>	-25.2%	16,690	-3,586
% waiting < 12 weeks	27.0%	<b>19.1%</b>	-29.1%	22.2%	-3.1%
Number waiting > 52 weeks		<b>5,082</b>		5,300	-218
<b>Audiology</b>					
Number seen	48,295	<b>22,917</b>	-52.5%	41,473	-18,556
Total number waiting	17,114	<b>17,661</b>	3.2%	17,487	174
% waiting < 12 weeks	41.0%	<b>15.1%</b>	-63.1%	34.5%	-19.4%
Number waiting > 52 weeks		<b>6,756</b>		2,637	4,119
<b>Dietetics</b>					
Number seen	50,995	<b>45,854</b>	-10.1%	52,283	-6,429
Total number waiting	16,498	<b>16,593</b>	0.6%	19,241	-2,648
% waiting < 12 weeks	40.0%	<b>27.0%</b>	-32.5%	34.4%	-7.4%
Number waiting > 52 weeks		<b>5,364</b>		3,760	1,604

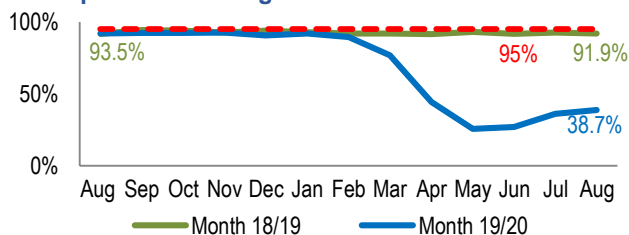
\*SLT reports on both assessment and treatment waiting list

## Child Health

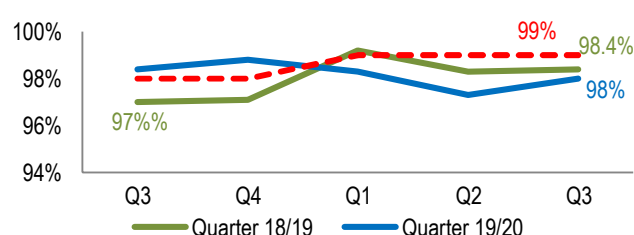
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 54.8%	92.1%	-37.3%	27%	36.1%	38.7%	CHO9 (82.6%), CHO4 (63.1%), CHO7 (52.2%)	CHO6 (0%), CHO5 (5.5%), CHO2 (11.6%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 98.8%	98.6%	+0.2%	100%	97.4%	98%	CHO1, CHO3, CHO4, CHO5 (100%)	CHO7 (93.7%), CHO8 (96.5%)

Note: Reporting has not commenced on NSP 2020 metric % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age.

### Development screening 10 months



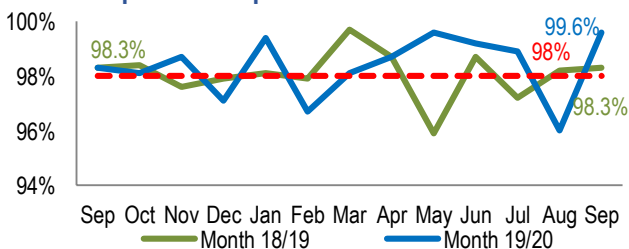
### New borns visited within 72 hours



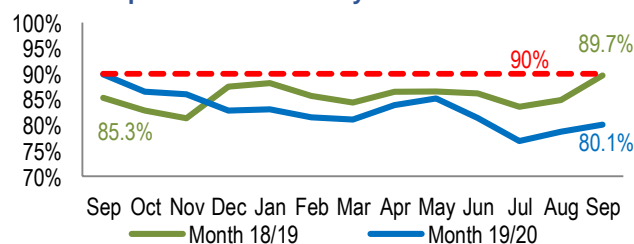
## Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.5%	98.1%	+0.4%	98.9%	96.4%	99.6%	CHO1, 2, 3, 4, 6 & 7 reached target	CHO9 (97.6%)
Access to palliative community services within 7 days	90%	M	● 81.3%	86.2%	-4.9%	76.9%	78.7%	80.1%	CHO2 (97.9%), CHO7 (94.4%), CHO6 (93.1%)	CHO4 (61.9%), CHO8 (64.4%), CHO3 (65.9%)
Number accessing inpatient beds	3,014	M	● 2,409	2,769	-360	275	242	267		
Treatment in normal place of residence	3,532	M	● 3,438	3,573	-135	3,543	3,383	3,438		

### Access to palliative inpatient beds



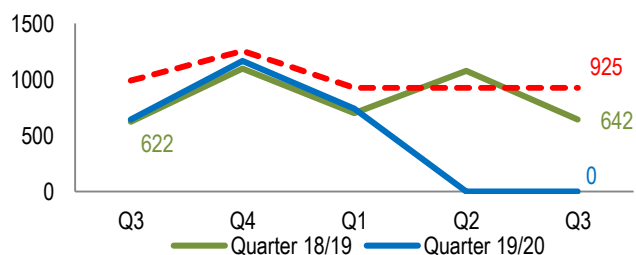
### Access to palliative community services



## Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	2,777	Q	● 739	2,415	-1,676	739	0	0		

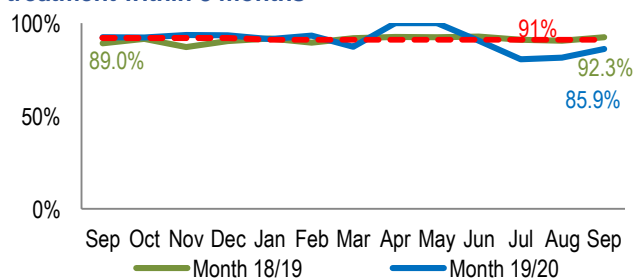
### Number who have completed type 2 diabetes education programme



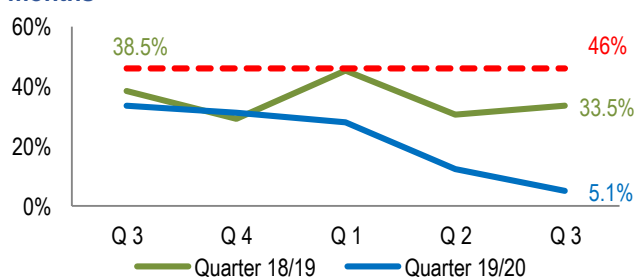
## Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	91%	M	● 90.7%	91.6%	-0.9%	80.5%	81.4%	85.9%	CHO8 (100%), CHO7 (98.3%), CHO9 (92.8%)	CHO5 (49.7%), CHO2 (51.7%), CHO6 (82.7%)
Orthodontics - % seen for assessment within 6 months	46%	Q	● 5.1%	33.5%	-28.4%	28%	12.4%	5.1%	West (100%)	DNE (0%) South (22.4%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 16.5%	11.3%	+5.2%	11.3%	14.9%	16.5%		DNE (21.9%), South (17.2%), West (12.9%)

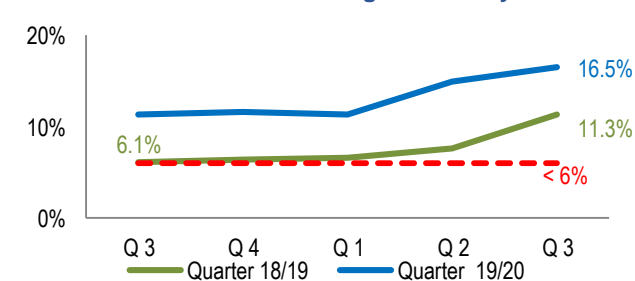
### Oral Health: % of new patients who commenced treatment within 3 months



### Orthodontics: % seen for assessment within 6 months



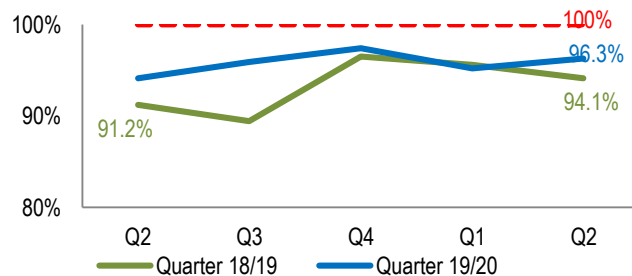
### Orthodontics: treatment waiting list > four years



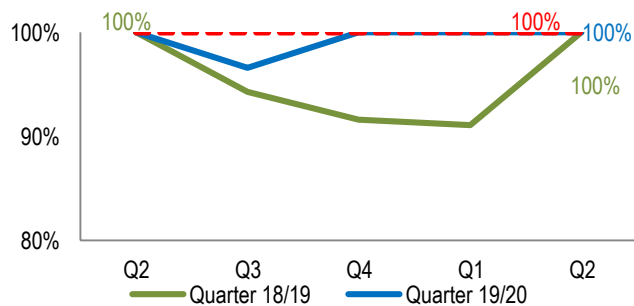
## Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	● 95.7%	94.9%	+0.8%	96.9%	95.2%	96.3%	CHO2, 6 & 9 (reached target)	CHO3 (62.2%), CHO1 (95.5%), CHO4 (96.7%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	● 100%	95%	+5.0%	98.5%	100%	100%	CHO1, 2, 3, 5, 6, 7, 8 & 9 (reached target)	

Access to substance misuse treatment (> 18 years)



Access to substance misuse treatment (<18 years)

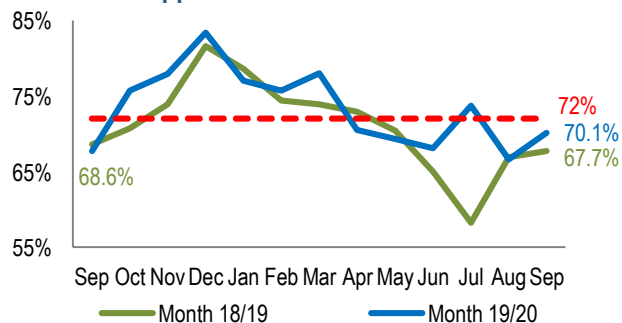


# Mental Health Services

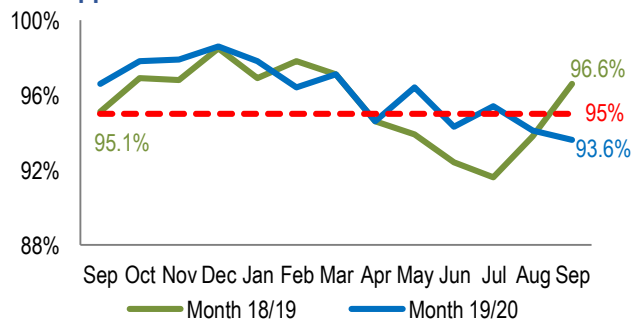
## Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	75%	M	●	<b>91.4%</b>	85.6%	+5.8%	91.3%	89.3%	97%		
CAMHs Bed Days Used	95%	M	●	<b>98.4%</b>	95.9%	+2.5%	99.5%	99%	99.9%	All CHOs reached target	
CAMHs – first appointment within 12 months	95%	M	●	<b>95.6%</b>	95.1%	+0.5%	95.4%	94.1%	93.6%	CHO 2, 3, 5, 7, 8 & 9 reached target	CHO1 (63.7%), CHO4 (89.2%), CHO6 (92.6%)
CAMHs waiting list	1,894	M	●	<b>2,112</b>	2,074	+38	2,196	2,157	2,112	CHO2 (40), CHO7 (147), CHO3&5 (174)	CHO6 (374), CHO8 (351), CHO4 (347)
CAMHs waiting list > 12 months	0	M	●	<b>216</b>	208	+8	241	227	216	CHO2 (0), CHO5 (0), CHO9 (0)	CHO4 (70), CHO1 (56), CHO8 (41)
No of referrals received	13,606YTD 18,128FYT	M	●	<b>11,042</b>	14,147	-3,105	1,102	949	1,544		
Number of new seen	8,136YTD 10,833FYT	M	●	<b>7,114</b>	8,399	-1,285	747	723	982		
% of urgent referrals to CAMHs Teams responded to within three working days	>80%	M	●	<b>86.4%</b>	73.5%	+12.9%	86.8%	88.9%	87.5%	CHO1, 3, 4, 5, 7, 8, & 9 reached target	CHO2 (49.3%), CHO6 (77.8%)

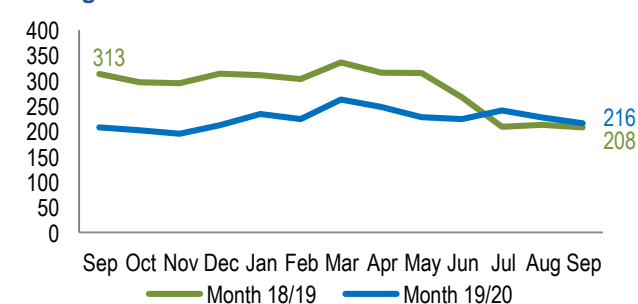
**% offered an appointment and seen within 12 weeks**



**First appointment within 12 months**



**Waiting list > 12 months**





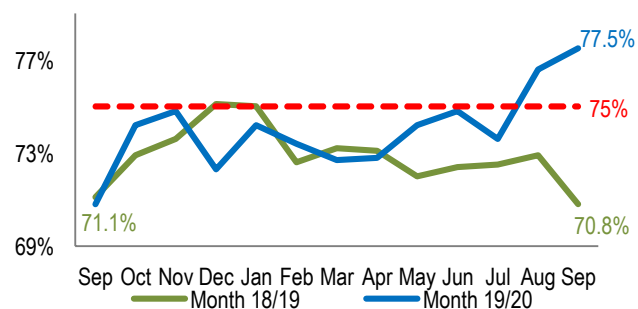
## General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	33,610YTD 44,801FYT	M	● 29,050	33,108	-4,058	3,657	3,262	3,681		
Number of referrals seen	21,554YTD 28,716FYT	M	● 17,666	20,353	-2,687	2,080	1,928	2,176		
% seen within 12 weeks	75%	M	● 74.5%	72.7%	+1.8%	73.6%	76.6%	77.5%	CHO1, 2,3,5,6 & 7 reached target	CHO9 (57.9%), CHO4 (70.2%), CHO8 (73.4%)

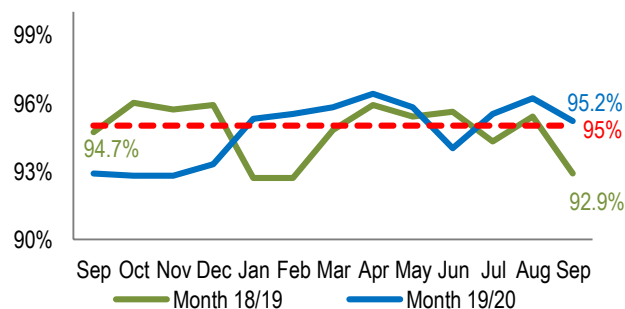
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	9,446YTD 12,593FYT	M	● 8,476	9,388	-912	1,084	1,030	989		
Number of referrals seen	6,680YTD 8,896FYT	M	● 5,689	6,803	-1,114	693	699	705		
% seen within 12 weeks	95%	M	● 95.4%	94.4%	+1%	95.5%	96.2%	95.2%	CHO1, 2, 3, 5 & 6, reached target	CHO9 (76.9%), CHO8 (90.8%), CHO7 (93.9%)

Adult Mental Health - % offered an appointment and seen within 12 weeks



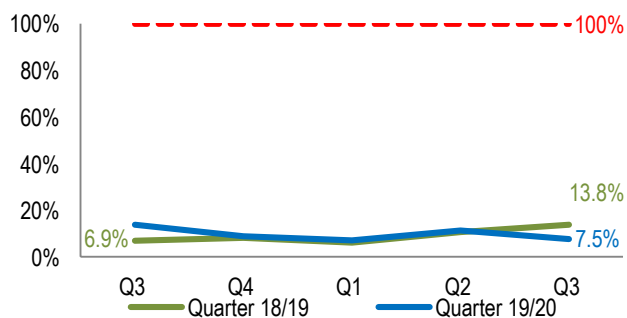
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



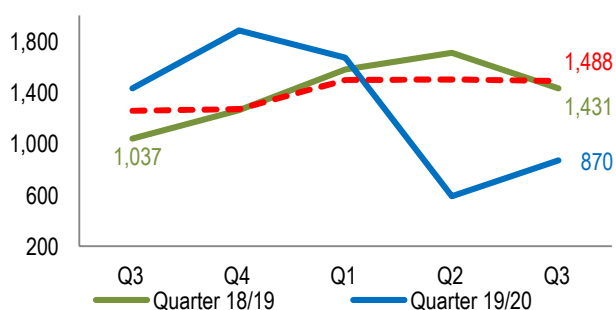
## Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	● 8.6%	10.1%	-1.5%	7.1%	11.3%	7.5%	No CHO reached their target	(% Var): CHO1 (0%), CHO8 (3%), CHO7 (3.7%)
Number of requests for assessment of need received for Children	4,483 YTD/ 5,975 FYT	Q	● 3,129	4,714	-1,585	1,669	590	870	(% Var): CHO1 (89.7%)	(% Var): CHO2 (-55.3%), CHO9 (-45.2%), CHO7 (-35.4%)
Congregated Settings	100 YTD / 132 FYT	Q	● 66	78	-12	40	12	14	(% Var): CHO5 (220%), CHO6 (60%), CHO7 (55.6%)	(% Var): CHO3 (-100%), CHO2 (-83.3%), CHO4 (-72.7%)
% of Children's Disability Networks established <sup>4</sup>	100%	M	● 0%	0%	0	0%	0%	0%	No CHO reached target	
Number of Children's Disability Networks established	41 YTD/ 96 FYT	M	● 0	0	0	0	0	0	No CHO reached target	

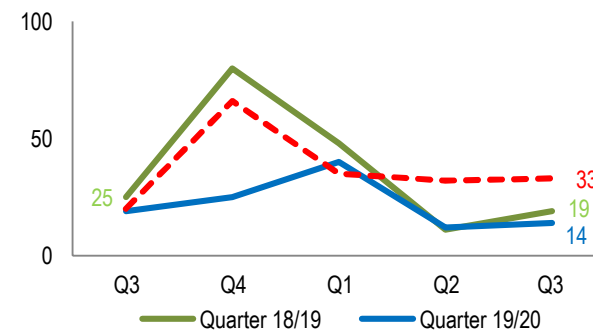
### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings



<sup>4</sup> CDN's not due to be established until second half of year, no targets profiled Jan to June.

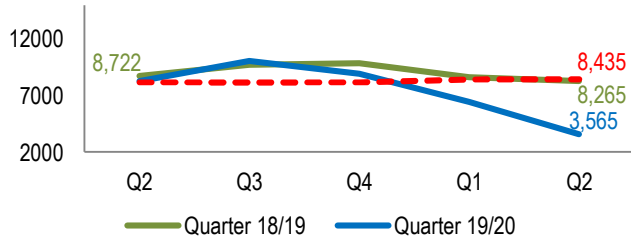
## Residential and Emergency Places and Support Provided to People with a Disability

Performance area	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
<i>Number of new emergency places provided to people with a disability</i>	64	43	● 76	60	+16	4	5	8
<i>No. of in home respite supports for emergency cases (New KPI)</i>	144	96	● 254			35	16	43
<b>Total no. of new emergency places and in home respite supports</b>	208	139	● 330			39	21	51
Number of residential places provided to people with a disability <sup>5</sup>	8,358	8,358	● 8,109			8,143	8,119	8,109

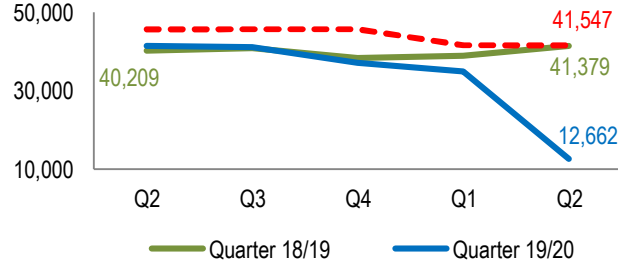
<sup>5</sup> Residential data returned as quarterly for 2019 (listed as monthly in NSP), data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite Sessions	16,864 YTD/ 33,712 FYT	Q-1M	● <b>10,003</b>	16,866	-6,863	8,937	6,438	3,565	(% Var): CHO8 (79.4%), CHO5 (53.6%)	(% Var): CHO6 (-82.9%), CHO7 (-76.4%), CHO2 (-48.4%)
Respite – Number of overnights	83,099 YTD/ 166,183 FYT	Q-1M	● <b>47,569</b>	80,275	-32,706	37,102	34,907	12,662	(% Var): No CHO reached target	(% Var): CHO1 (-64.3%), CHO9 (-51.7%), CHO7 (-50.5%)
Home Support Hours	1,540,004 YTD/ 3,080,000 FYT	Q-1M	● <b>1,430,896</b>	1,536,340	-105,444	698,803	789,267	641,629	(% Var): CHO8 (14.1%), CHO3 (13.2%), CHO2 (10.1%)	(% Var): CHO7 (-29.7%), CHO9 (-25.9%), CHO5 (-19.6%)
Personal Assistance Hours	835,009 YTD/ 1,670,000 FYT	Q-1M	● <b>862,393</b>	827,421	+34,972	404,613	443,669	418,724	(% Var): CHO7 (131.7%), CHO6 (7.6%), CHO4 (5.4%)	(% Var): CHO1 (-13.1%), CHO5 (-12.2%), CHO8 (-2.6%)

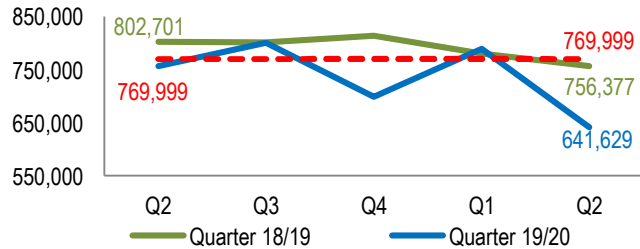
Respite Day Only



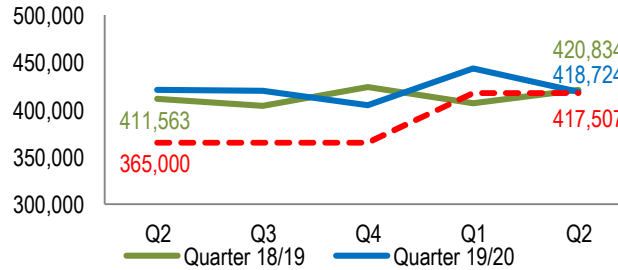
Respite Overnights



Home Support Hours



Personal Assistance Hours

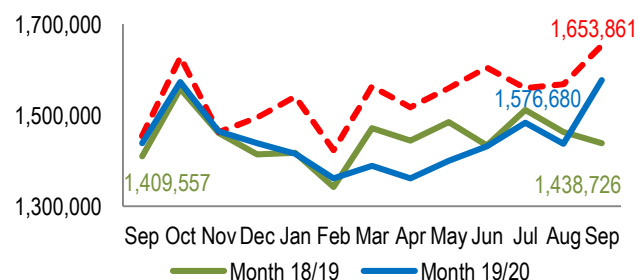


## Older Person's Services

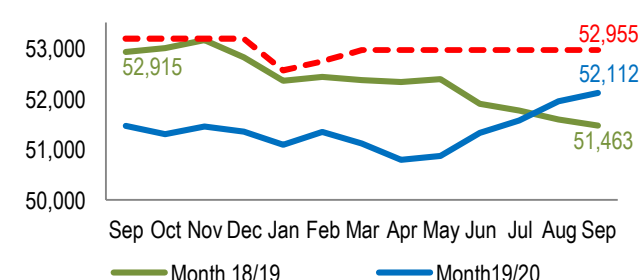
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	13,990,105YTD/ 18,670m FYT	M	● 12,849,770	13,007,820	-158,050	1,483,447	1,435,332	1,576,680	(% Var): No CHO reached target	(% Var): CHO9 (-12.4%), CHO5 (-10.7%) CHO7 (-9.6%),
No. of people in receipt of Home Support	52,955YTD/ 53,475 FYT	M	● 52,112	51,463	+649	51,567	51,968	52,112	(% Var): CHO7 (8.4%) CHO9 (4.2%) CHO1 & 2 (1.1%)	(% Var): CHO6 (-14.4%), CHO5% (-6.2%) CHO4 (-4.5%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	● 141	221	-80	148	146	141		
No. of persons funded under NHSS in long term residential care	24,369YTD/ 24,379 FYT	M	● 22,792	23,382	-590	22,572	22,650	22,792		
No. of NHSS beds in public long stay units	4,980 YTD/ 4,980 FYT	M	● 4,878	4,963	-85	4,905		4,878	(% Var): CHO7 (2.6%),	(% Var): CHO9 (-7.9%), CHO4 (-3.2%) CHO8 (-2.7%)
No. of short stay beds in public units	1,792 YTD/ 1,720 FYT	M	● 1,430	1,900	-470	1,474		1,430	(% Var): CHO4 (6.5%)	(%Var): CHO8 (-74.6%), CHO1 (-42.4%), CHO2 (-32%)
No. of beds subject to Delayed Transfers of Care	≤550	M	● 417	724	-307	422	404	417	SLRON (0), Mullingar, Ennis (0)	SJH (68), CUH (49), Tallaght - Adults (31)
No. of persons in receipt of payment for transitional care	1,160	M-1M	● 933	521	+412	727	872	933		

Home Support pilot scheduled to commence in Q2 2020 did not progress in the main due to COVID-19 and the diversion of resources in response to the Pandemic

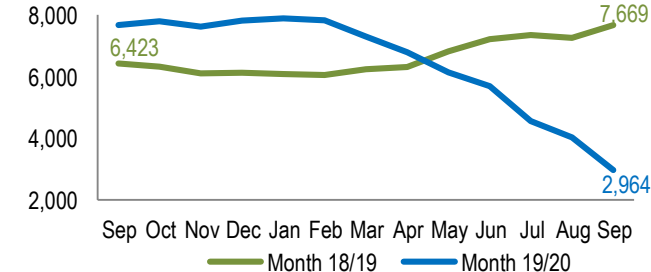
### Number of Home Support Hours Provided



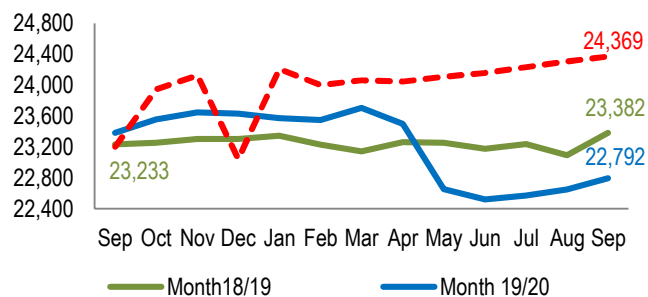
### Number of people in receipt of Home Support



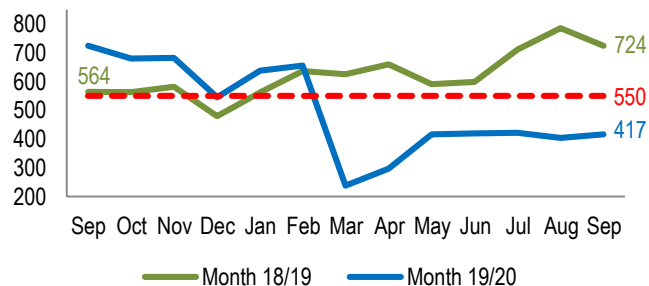
### Number waiting on funding for Home Support



### Number of persons funded under NHSS in long term residential care



### Delayed Transfer of Care



### Delayed Transfer of Care by Destination

	Over 65	Under 65	Total	Total %
Home	47	11	58	13.9%
Residential Care	186	20	206	49.4%
Rehab	18	16	34	8.2%
Complex Needs	18	24	42	10.1%
Housing/Homeless	7	13	20	4.8%
Legal complexity	31	5	36	8.6%
Non compliance	7	2	9	2.2%
COVID-19	10	2	12	2.9%
<b>Total</b>	<b>324</b>	<b>93</b>	<b>417</b>	<b>100%</b>

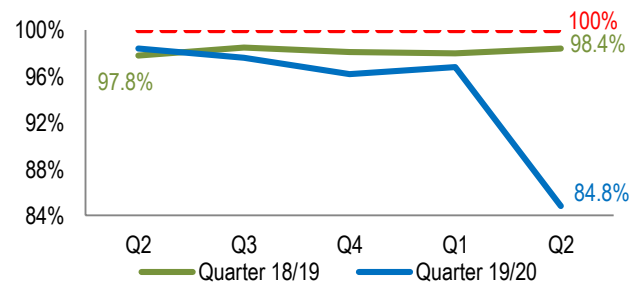
### NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	7,135	7,666	-531	811	700	710	778	-68
	National placement list for funding approval	574	767	-193	578	477	574	767	-193
	Waiting time for funding approval	4 weeks	5 weeks	-1 week	4 weeks	4 weeks	4 weeks	5 weeks	-1 week
	Total no. people funded under NHSS in LTRC	22,792	23,382	-590	22,572	22,650	22,792	23,382	-590
Private Units	No. of new patients entering scheme	5,021	4,890	+131	523	494	595	699	-104
	No. of patients Leaving NHSS	5,557	4,769	+788	440	411	425	449	-24
	Increase	-536	+121	-657	+83	+83	+170	+250	-80
Public Units	No. of new patients entering scheme	1,038	1,226	-188	90	94	82	160	-78
	No. of patients Leaving NHSS	1,339	1,270	+69	118	99	110	118	-8
	Net Increase	-301	-44	-257	-28	-5	-28	+42	-70

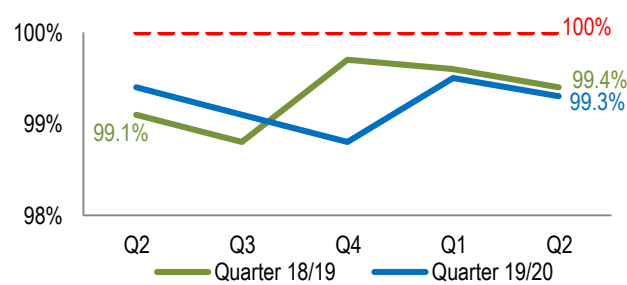
## Disability and Older Persons' Services Safeguarding

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	●	<b>84.8%</b>	98.4%	-13.6%	96.2%	96.8%	84.8%	CHO1, 2, 3, 7 & 9 achieved target	CHO8 (36.8%), CHO5 (90.9%), CHO6 (94.3%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	<b>99.3%</b>	99.4%	-0.1%	98.8%	99.5%	99.3%	CHO4, 5, 6 & 9 achieved target	CHO2 (97.3%), CHO7 (98.1%), CHO1 (98.2%)

% of prelim screenings for adults aged 65 and over



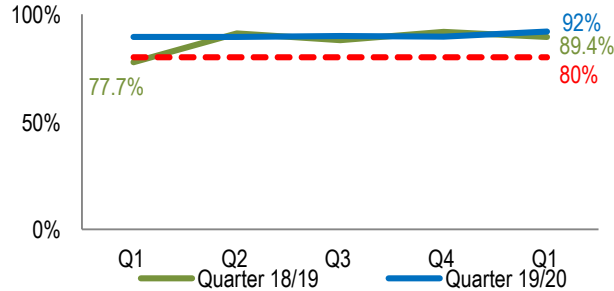
% of prelim screenings for adults under 65



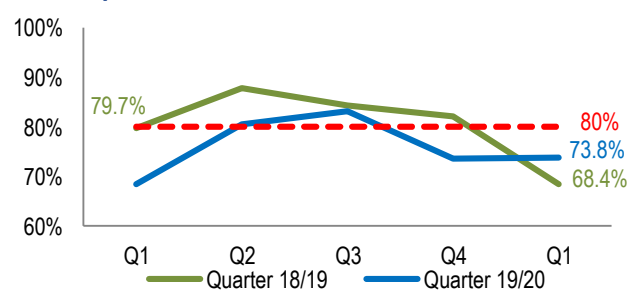
## HIQA Inspections

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	●	<b>92%</b>	89.4%	+2.6%	89.9%	89.6%	92%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	<b>73.8%</b>	68.4%	+5.4%	83.1%	73.6%	73.8%		

HIQA – Disabilities



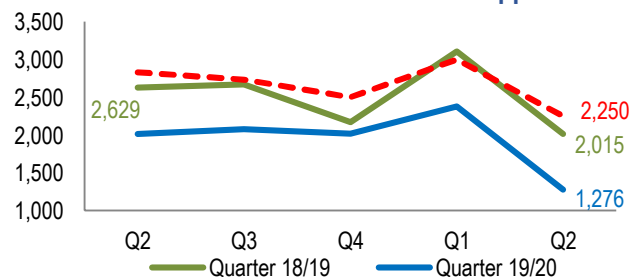
HIQA Inspections – Older Persons



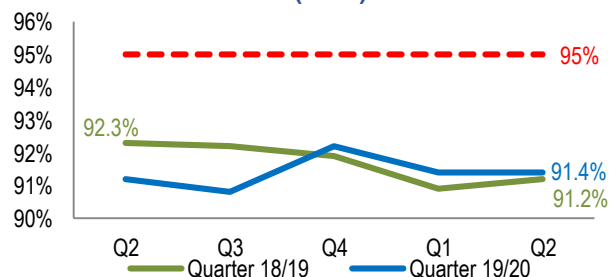
## Population Health and Wellbeing

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers who have received intensive cessation support	5,249 YTD/ 10,000 FYT	Q-1Q	● <b>3,656</b>	5,120	-1,464	2,017	2,380	1,276	(%Var) CHO5 (31.6%), CHO1 (13.5%), CHO8 (12.2%)	(%Var) CHO3 (-94.3%), UL HG (-91%), SAOLTA HG (-75.9%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● <b>48.9%</b>	49.4%	-0.5%	46.1%	46.7%	53.2%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● <b>91.4%</b>	91%	+0.4%	92.2%	91.4%	91.4%	No CHO reached target	CHO9 (87.5%), CHO1 (89.2%), CHO6 (90.2%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● <b>93.7%</b>	93.5%	+0.2%	94.3%	93.6%	93.8%	CHO3 (95.1%), CHO8 (95%)	CHO9 (90.8%), CHO6 (92%), CHO5 (93%)

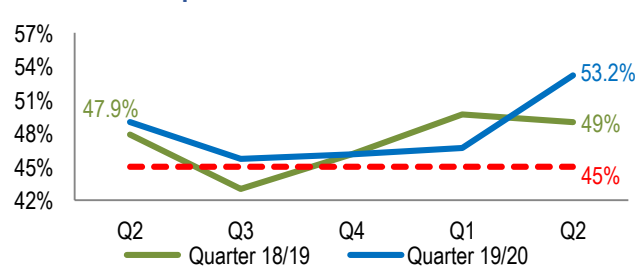
Tobacco smokers – intensive cessation support



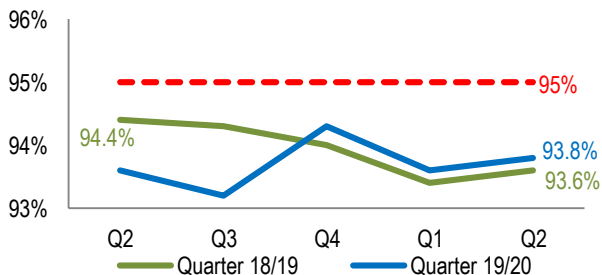
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



% of children 24 months – 3 doses of 6 in 1 vaccine





## Community Healthcare Update

### Introduction

In the period of July to Sept there was a significant improvement in service delivery when compared to the height of the first wave of Covid. Services impacted in the first wave of the pandemic have increased but in the context of being delivered with significant infection control and social distancing measures in place. In addition to core service provision Community Services have been delivering a wide range of Covid specific services, not captured in the performance report, including a national testing and tracing system, supporting long term residential care, developing a sophisticated logistics system to deliver much needed PPE across the system and well as supporting public health services. Additionally, staff have embraced new ways for working, an example of which is the use of video conferencing to see patients.

### Primary Care

Primary Care Services have had to redeploy a majority of staff to support the new COVID-19 models of care and/or prioritise existing staff workloads and as result, overall there was a 89.1% return rate for data across Primary Care Services.

### Community Intervention Teams (CIT)

There were 43,819 CIT referrals to September which is 28.6% ahead of the expected activity for the year of 34,074 (PC122). Eight of the nine Community Healthcare Organisations (CHOs) are ahead of target in September 2020.

\* Data return rate 100%

### Child Health Developmental Screening 10 Months

The national performance in August 2020 is 54.8% compared to a target of 95.0% (PC134). The same period last year was 92.1%. None of the nine CHOs are green on the National Scorecard and performance is within a range of from 38.3% to 70.6%.

Note that due to Covid all non-essential clinical work was suspended in mid-March 2020 including all routine child developmental checks. The child immunisation programme was prioritised in the recommencement of services and this work has been progressed in recent weeks. A date for the resumption of

developmental checks has not been set but the preparatory work in terms of infrastructure readiness to ensure a clean and safe environment is underway. Covid will impact on the ability to achieve the full-year target

\* Data return rate 81.2%

### Physiotherapy Access within 52 weeks

The national position at September 2020 YTD is red at 81.8% compared to the target of 94% (PC100G). The same period last year was 93.1%. The number of clients waiting longer than 52 weeks has increased by 10% from 7,850 in August to 8,669 in September (PC100E). Two CHOs are green on the national scorecard with performance within a range of 91.4% to 95.1%. Three CHO's are in amber in September within a range of 85.4% to 86.8%. Four CHO's are in red in September within a range of 66.2% to 80.1%. Covid will impact on the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\* Data return rate 96.9%

### Occupational Therapy (OT) Access within 52 weeks

The national September YTD position is 61.1% (red) compared to the target of 95% (PC101G). The same period last year was 72.2%. One CHO is green on the Heatmap with the performance of 93.3%. Eight CHOs are red on the Heatmap with performance in a range from 54.2% to 66.1%. The number of clients waiting longer than 52 weeks decreased by 7% from 14,552 in August to 13,491 in September (PC101E). Covid will impact on the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\* Data return rate 93.7%

### Speech and Language Therapy (SLT) Access within 52 weeks

The national position in September 2020 is red at 81.6% compared to the target of 100% (PC116B). The same period last year was 90.3%. The number of clients waiting for an initial assessment for longer than 52 weeks has increased by 7% from 3,400 in August to 3,651 in September (PC116C). Covid will impact on the ability to achieve the full-year target. In light of Covid, services are being

reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\*Data return rate 93.7%

#### Podiatry Access within 52 weeks

The national September YTD position is 59.6% compared to the target of 77% (PC104G). The same period last year was 75.4%. The number of clients waiting longer than 52 weeks has increased by 9% from 2,156 in August to 2,343 in September (PC104E). Covid will impact on the ability to achieve the full-year target.

\*Data return rate 95.2%

#### Ophthalmology Access within 52 weeks

The national September YTD position is 61.2% compared to the target of 66% (PC107G). The same period last year was 68.2%. The number of clients waiting longer than 52 weeks has decreased by 19% from 6,248 in August to 5,082 in September (PC107E). Covid will impact on the ability to achieve the full-year target.

\*Data return rate 90.9%

#### Audiology Access within 52 weeks

The national September YTD position is 61.7% compared to the target of 88% (PC108G). The same period last year was 84.9%. The number of clients waiting longer than 52 weeks has increased by 2% from 6,635 in August to 6,756 in September (PC108E). Covid will impact on the ability to achieve the full-year target.

\*Data return rate 85%

#### Dietetics Access within 52 weeks

The national September YTD position is 67.7% compared to the target of 80% (PC109E). The same period last year was 80.5%. The number of clients waiting longer than 52 weeks has decreased by 2% from 5,474 in August to 5,364 in September (PC109E). Covid will impact on the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\*Data return rate 84.4%

#### Psychology Access within 52 weeks

The national September YTD position is 52.9% (red) compared to the target of 81% (PC103G). The same period last year was 71.6%. Two of the 9 CHOs are green on the national scorecard with performance in a range from 91.1% to 93.8%. Six CHOs are red on the Heatmap ranging from 32.8% to 61.7%. The number of clients waiting longer than 52 weeks has increased by 3% from 4,635 in August to 4,769 in September (PC103E). Covid will impact on the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\*Data return rate 96.9%

#### Numbers of Patients Seen

The following is an analysis of the number of patients seen year to date within the therapy disciplines;

Number of Patients Seen YTD September 2020			
Discipline	Target YTD	Actual YTD	Actual vs. Target YTD
Physiotherapy (PC125)	439,916	301,097	-31.6%
Occupational Therapy (PC124)	292,044	220,927	-24.4%
SLT (PC126)	213,074	114,978	-46.0%
Podiatry (PC127)	64,075	37,296	-41.8%
Ophthalmology (PC128)	77,809	42,795	-45.0%
Audiology (PC129)	48,295	22,917	-52.5%
Dietetics (PC130)	50,995	45,854	-10.1%
Psychology (PC131)	37,378	29,680	-20.6%

#### Palliative Care

##### Access to Palliative Inpatient Beds

In September 2020, the YTD position is 98.5% of admissions (target 98%) to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral. Seven CHO's surpassed the target of 98% with all admissions within 7 days during the current month. Performance in September was 99.6% for access within 7 days to specialist palliative care inpatient beds (PAC1A).

### Access to Palliative Community Services

In September 2020, the YTD position is 81.3% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days (target 90%) compared to the performance of 86.2% in the same period last year. In September 2020, Two CHO's performed above the target. Seven CHO's (CHO 4, 5, 6, 7, 8 & 9) did not reach the target (PAC9A).

\* Data return rate 94.7%

### Children's Palliative Care

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in September 2020 has increased by 11 children on the same period last year (42 in September 2019 vs. 53 in September 2020) (PAC39). The number of children in the care of the Children's Nurse Co-ordinators was 265 in September 2020 has decreased by 36 children in September 2019 (301 September 2019 vs. 265 in September 2020) (PAC37).

### Social Inclusion

Social inclusion continues to operate at similar levels to that of pre-COVID 19, Total number of clients in receipt of opioid substitution treatment (outside prisons) in June 2020 was 10,465 and is 6.1% over the expected activity level of 9,863

\* Data return rate 0%

### Mental Health

#### CAMHS Inpatient Units

Nationally there were 222 children admitted to CAMHS in-patient units at the end of September 2020. (MH 37) Close weekly monitoring at the national level of the activity and waitlist for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

Admissions of children to the child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient unit's activity YTD continues above target (75%) at 91.4% (MH5).

Activity YTD at end of September 2020 for the percentage 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 is above 95% target at 98.4% (MH57).

On recent engagement calls, there have been some anecdotal reports of increased incidence of eating disorders in adolescents which may be related to the restrictions and increased use of social media.

#### CAMHS Admission to Adult Units

The number of children admitted to adult mental health units has reduced during 2020. Latest available data to the end of September 2020 indicates a running total of 21 child admissions to adult units. This is compared to a total of 50 child admissions to adult units in 2019. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).

#### Community CAMHS

Nationally there was a decrease of 45 children on the waiting list for community mental health services continues from 2,157 in August to 2,112 in September 2020. There is a slight increase of 38 children on the waiting list for community mental health services for the same period last year (MH50).

There are 216 children waiting longer than 12 months in September, however, there are regional variances. CHO 2, CHO 5 and CHO 9 have no children waiting longer than 12 months to be seen. CHO1 have 56, CHO3 (23), CHO4 (70), CHO6 (19), CHO 7 (7) and CHO8 have 41 children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of September, 77.1% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% (MH6). However, 95.6% of young people new or re-referred cases were seen within 12 months in community CAMHS services YTD September 2020 (MH72).

Nationally 86.4% of urgent referrals to CAMHS were responded to within three working days, above the 80% target. This variance is largely driven by one area CHO2 and is due to the inputting of data as opposed to not responding to urgent referrals. This situation is being currently rectified by CHO2 (MH73) on recent engagement calls the local area report this has been resolved and should be visible in the data going forward.

#### Community Adult mental health services

74.5% of referred patients were offered an appointment and seen within 12 weeks in general adult mental health YTD August 2020 against a target of 75% (MH2). CHOs 3, 4, 7, 8 and 9 are below target and this was discussed on engagement calls in September where action plans were discussed however Covid related contingencies make this more challenging to address.

19.3% referred to general adult patients do not attend (DNA) their appointments

95.4 % of referred patients in Psychiatry of Old Age services were offered an appointment and seen within 12 weeks YTD September 2020 against a target of 95%. (MH4)

\* Data return rate 97.3%

#### Finance

Mental health is aiming for a break-even financial position at year-end. Currently, national mental health is closely monitoring the position in all CHOs with particular emphasis on CHO5 and CHO7.

When Covid expenditure is excluded, CHO 5 has an YTD deficit of €1,739k. The deficit relates to Medical Agency costs in CAMHS whereby agency consultants are being sourced from the UK due to longstanding recruitment and retention issues. CHO5 report that this deficit is being reviewed with a view to reduce the agency expenditure in the coming months.

When Covid expenditure is excluded, CHO 7 has a YTD deficit of €603k. This relates to significant agency nursing overspend in the CAMHS inpatient unit which is being masked by surpluses in private placements – these placements are due to commence in Q3 2020 which will lead to further deficits as the year progresses.

## Disability Services

### Children's Disability Networks

No. of networks established remains the same with on-going Covid demands on services, including staff redeployment and a focus on achieving AON Assessment targets under the Overdue AON Scheme.

### Residential Places

There were 8,109 residential places for people with a disability in September 2020 which is 3% (249) lower than the 8,358 profiled target (DIS108). This can be attributed to the loss of places in congregated settings that could not be re-utilised, which is in keeping with Government policy to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. The “in-year” capacity (bed) levels are also often impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.

### PA/Home Support Hours/Respite Services

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHET, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential and home support services whilst curtailing or closing certain services such as day services, respite services, PA services and certain clinical & therapeutic supports in order to; a) prioritise essential public health services at CHO level and b) ensure continued delivery of the referenced residential and home supports provision.

Personal Assistant Services are on target to deliver NSP 2020 levels of service, despite the COVID-19 pandemic, with PA 3.3% above the target for Q2 2020. Home Support Services were 7.1% below target in Q2.

The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity; some centres remained open, while others were temporarily re-purposed as isolation facilities. The number of respite overnights operated at 57.2% of the NSP target for Q2 2020; while the number of days only sessions was down by 40.7% on the 2020 target for Q2. In this context, it is

noted that there is a significant risk to achieving NSP 2020 target, due to the COVID-19 pandemic. Throughout the pandemic, staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

### Emergency Places

In accordance with NSP 2020, Disability Services committed to developing 64 new emergency residential placements and 144 intensive transitional support packages for children and young people with complex/high support needs focusing on families experiencing substantial levels of support need, but who do not require a high-cost long term placement. At end of September 2020, a total of 76 new emergency places were developed across the 9 CHOs at a cost of €14.6 million. A further 254 intensive home support packages were put in place at a cost of €5.6m.

### RT Places

There were 2,182 people (all disabilities) in receipt of Rehabilitative Training in September 2020 which is 4.7% (108) less than the 2,290 profiled target (DIS14). New trainees are slower to start this year so it may be October before figures are back up.

\* Data return rate 100%

### Disability Act Compliance

The total number of applications 'overdue for completion' rose again during Quarter 3, 2020. The increase in Q3 is mainly due to the lack of assessments completed due to the Covid pandemic - However, there were fewer than expected new applications for assessment of need due to the COVID-19 pandemic.

### Congregated Settings

A further 14 people transitioned from congregated settings to homes in the Community in Q3 2020, bringing the total for the year to date to 66. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in

community settings. Overall, there are now less than 2,000 people remaining in congregated settings.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

### Older Persons

#### Home Support

Since 2018 activity data for Home Support for Older People is now reflected in terms of total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency in relation to the activity going forward. The bringing together of activity for these two separately funded services was and remains a considerable undertaking, principally in ensuring an accurate reflection of activity in terms of hours.

NSP 2020 provides for 18.9m home support hours to be delivered to 53,475 people (by year-end) inclusive of 770,000 hours/2,210 home support packages funded under the Winter Initiative 2019/2020, and 230,000 hours relating to the Home Support Pilot Scheme to commence Q2 2020 plus Intensive Home Care Packages delivered to approximately 235 people with approximately 360,000 hours delivered in the full year. The additional hours over the level provided in 2019 (17.9m hours) relates to additional activity funded during 2019 to support service pressures during the winter months, additional hours being phased in over Q1 and Q4 2020 plus 230,000 hours relating to the pilot Home Support Scheme that was scheduled to commence in Q2.

To the end of September, it was expected that the Home Support Service would deliver 13,990,105 hours. The data reported indicates that 12,849,770 hours were provided, a variance of -8.2% (OP53) with 52,112 people in receipt of home support (OP54) and 141 people in receipt of an Intensive Home Care Package (OP4). The Home Support Pilot that was scheduled in Q2 did not progress in the main due to COVID-19 and the diversion of resources in response to the



Pandemic. Planning is now underway in conjunction with the Department of Health for the rollout of the pilot in Q1 2021.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists for the end of September indicates that 2,964 people were waiting for home support funding (OP55), (preliminary data). All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

\* Data return rate 96.9%

## NHSS

In September 2020 the Nursing Homes Support Scheme funded 22,792 long term public and private residential places, and when adjusted for clients, not in payment, there were 23,642 places supported under the scheme. The number of people funded under the scheme is 6.5% below the NSP profile for September of 24,369 (OP8).

There is a decrease of 590 in the number of people supported under the scheme when compared to the same period last year. This is a 2.5% decrease in activity year on year.

The number on the placement list at the end of September 2020 is 574 (September 2019 – 767). This is a decrease of 193 (25.2%) on the same period last year.

A total of 6,055 people were approved for funding under the scheme in the first nine months of 2020 compared to 6,132 people approved for the same period last year. This is a decrease of 77 approvals or 1.2% year on year.

In the first nine months of 2020, 7,135 applications were received and 6,059 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 57 or 0.93% in the number of starters supported under the scheme when compared to 2019. The scheme took on new

clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2020.

## Finance

1. YTD September Older Persons and NHSS are showing a deficit of €27,675K split;
  - Older Persons €15,068K surplus excluding Covid 19 costs
  - Covid €46.9K deficit (no budget received)
  - Covid TAPS Scheme NHSS €42.1K deficit (no budget received)
  - NHSS €46,281K surplus excluding Covid 19 TAPS scheme
2. Surplus of €15,068K in Older Persons is split;
  - Home Support €13,460K underspend
  - Residential Care €15,128K overspend
  - Other €16,737K underspend
3. CHO Performance
  - Excluding Covid 19 costs CHO's are €995K overspent YTD
  - Covid 19 costs included in CHO's spend YTD €26,778K.
4. Agency Spend
  - YTD Sept spend on agency is €44.4m; €36.24m non Covid 19 and €8.2m Covid 19 costs.
  - Ignoring spend on Covid 19 YTD 2020 the average daily spend has increased by 6% on 2019.
5. Covid 19 Spend €46,914K YTD; €25,783K CHOs and €21,130K Regional/National and €42,110K NHSS TAPS
6. National Cost Centres
  - Excluding Covid 19 YTD underspend €2,570k
  - Covid 19 income €101K donation
7. Regional Cost Centres
  - Excluding Covid 19 YTD €13,493K underspend
  - Covid 19 spend €21,148K mainly TCB Older Persons

## Population Health & Wellbeing

### MECC

MECC eLearning has been available throughout the Q1, Q2 & Q3 with improved access and minimal navigation issues for online participants. 955 staff completed the eLearning in Q1 to Q3 despite the Covid challenge (HWB94). Face to face workshops were cancelled from 10th March and have not resumed. The MECC programme is exploring other options of delivering the skills workshop e.g. an online platform, Communication to the wider system to promote eLearning commenced week of July 20th. Commencement of the HRB Applied Partnership Award entitled Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC is delayed from March to September 2020.

### Tobacco smokers – intensive cessation support

Intensive cessation support is a consultation of more than ten minutes provided by a trained tobacco cessation specialist to a smoker in an acute or community setting. It can be delivered in a variety of ways – face to face (one to one), group or via telephone. Smoking cessation is a highly cost-effective intervention. Seven out of ten smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully. Metric performance is reported quarterly, one quarter in arrears.

Nationally, 3,656 smokers received intensive cessation support from a cessation counsellor in Q2 2020, which is -30.3% below the quarterly target of 5,249 smokers (HWB27). Three out of the nine CHOs achieved or exceeded their target YTD with the best performers being CHO1 (+13.5%), CHO 5 (+31.6%) and CHO 8 (+12.2%). In contrast, the performance outliers are CHO 3 (-94.3%), UL Hospital Group (-91%), CHO 2 (-68.3%), CHO 6 (-62.7%) and Saolta Hospital Group (-75.9%). Underperformance can be attributed to vacancies in some services and the cancellation of smoking cessation clinics due to staff redeployed during the COVID-19 pandemic. Additionally, the new campaign (QUIT for 28 days) including TV adverts was paused due to the Covid-19 pandemic. Prior to this, the QUIT campaign was working very effectively in motivating quit attempts. The Tobacco Free Ireland (TFI) programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support.

### % of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears (i.e. Q2 2020 is reported in Q3 2020). Nationally, 48.9% of smokers remained quit at four weeks YTD June 2020 which is above the target of 45% (HWB26).

### Population Health Protection - Vaccinations

The World Health Organisation (WHO) has listed vaccine hesitancy among a number of global health threats. The WHO said that vaccination currently prevents up to three million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved. The Vaccine Alliance established by the DoH is aimed at boosting the uptake of childhood vaccines and reducing vaccine hesitancy. This alliance is comprised of healthcare professionals, policymakers, patient advocates, students and representatives from groups most affected by vaccine hesitancy.

Vaccination uptake below targeted levels presents a public health risk in terms of the spread of infectious disease and outbreaks as herd immunity declines. Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity.

Public Health and the National Immunisation Office engage with Community Healthcare Operations supporting them to maximise the uptake of all publicly funded immunisation programmes through (1) the provision of advice regarding best practice and standardised delivery of immunisation programmes and (2) the development of national communication campaigns designed to promote immunisation uptake rates and provide accurate and trusted information to the public, healthcare professionals and staff, including working with the Vaccine Alliance. This approach is similar to the successful approach taken to increase the uptake of the HPV vaccine in girls over recent years.

**% of children aged 24 months who have received the 6-in-1 vaccine – (6in1 Vaccine)**

The 6 in 1 vaccine protects children against six diseases: Diphtheria, Hepatitis B, Haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death.

Nationally, the uptake rate for the 6-in-1 vaccine YTD June (i.e. June uptake rate) is 93.7% against a target of 95% (-1.4%). CHO 3 and 4 is on target (95%) and all other CHOs are within 4% of target (HWB4).



# Acute Hospitals

## Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity/Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
Quality & Safety	<b>Serious Incidents</b>															
	Review completed within 125 calendar days	M	80%	20% [R]	-75%								16%	12%	24%	
	<b>Service User Experience (Q2)</b>															
	Complaints investigated within 30 working days	Q	75%	72% [G]	-4%	88% [G]	69% [A]	95% [G]	88% [G]	55% [R]	35% [R]	39% [R]				
	<b>HCAI Rates</b>															
	Staph. Aureus (per 10,000 bed days)	M	<0.9	0.9 [G]	0.6%	1.2 [R]	1.6 [R]	0.7 [G]	0.9 [G]	0.4 [G]	1.1 [R]	0.5 [G]	0.9	0.8	0.9	
	C Difficile (per 10,000 bed days)	M	<2	1.9 [G]	-5.8%	1.2 [G]	2.9 [R]	1.8 [G]	1.1 [G]	1.0 [G]	2.6 [R]	1.8 [G]	2.6	2.0	1.9	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	85.1% [R]	-14.9%	100% [G]	100% [G]	63.6% [R]	100% [G]	100% [G]	70% [R]	100% [G]	53.2%	76.6%	85.1%	
	<b>Surgery</b>															
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.9% [A]	-9.5%		76.8% [A]	91.7% [G]	75.3% [R]	84.3% [G]	70% [R]	67.1% [R]	75.1%	76.8%	77.1%	
	Surgical re-admissions within 30 days of discharge	M-1M	≤2%	2.1% [G]	5%		3.1% [R]	1.6% [G]	2.2% [A]	2% [G]	2% [G]	2.4% [R]	2.8%	2%	1.9%	
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	44.9% [R]	-25.2%		57.3% [G]	48.1% [R]	45.6% [R]	30.6% [R]	51.8% [R]	3.1% [R]	54.5%	39.8%	38.6%	
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82%	73.4% [R]	-10.5%		56% [R]	86.8% [G]	66.4% [R]	63.8% [R]	75.9% [A]	84.8% [G]	71%	74.1%	76.5%	
	<b>Medical</b>															
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.8% [A]	6.3%		11.4% [G]	12% [A]	10.9% [G]	12.7% [R]	11.8% [A]	11.5% [G]	12.2%	11.3%	11.3%	
	<b>Ambulance Turnaround</b>															
Ambulance turnaround < 30 minutes	M	80%	37% [R]	-53.8%	61.7%	46.6%	36.6%	47.9%	21.9%	24.7%	45.5%	38.3%	36.8%	35.5%		
% of ambulance turnaround delays escalated – 30 minutes	M	80%	81.5% [G]	1.8%								88%	85.5%	77.2%		

		Reporting Frequency	Expected Activity/Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current		
Access & Integration	<b>Urgent colonoscopy</b>																
	Number waiting > 4 weeks (zero tolerance)	M	0	4,922 [R]		3 [R]	497 [R]	673 [R]	624 [R]	1449 [R]	711 [R]	965 [R]	557	598	450		
	<b>Routine Colonoscopy<sup>6</sup></b>																
	Waiting < 13 weeks for routine colonoscopy or OGD	M	65%	36.2% [R]	-44.3%	26% [R]	28% [R]	35.1% [R]	64.3% [G]	35.5% [R]	42% [R]	25% [R]	31.7%	34.1%	36.2%		
	<b>Emergency Department Patient Experience Time</b>																
	ED within 24 hours (Zero Tolerance)	M	97%	98% [G]	1%	99.9% [G]	97.9% [G]	98.1% [G]	98.6% [G]	99.1% [G]	96.6% [R]	95% [R]	98.8%	98.6%	98.2%		
	75 years or older within 24 hours (Zero Tolerance)	M	99%	95.2% [R]	-3.8%		96.4% [R]	96.1% [R]	96.2% [R]	97.8% [R]	91.7% [R]	88.3% [R]	97.5%	97%	95.5%		
	ED within 6 hours	M	65%	69.6% [G]	7.1%	90.5% [G]	61.1% [A]	73.6% [G]	59.5% [A]	75.2% [G]	67.2% [G]	70.4% [G]	70.2%	69.3%	68.7%		
	<b>Waiting times</b>																
	Adult waiting <15 months (inpatient)	M	85%	77.5% [A]	-8.8%		71.2% [R]	83.5% [G]	88% [G]	66.8% [R]	74.9% [R]	84.3% [G]	79.8%	78.2%	77.5%		
	Adult waiting <15 months (day case)	M	95%	87% [A]	-8.4%		83.5% [R]	91% [G]	95.6% [G]	83.6% [R]	83.2% [R]	88% [A]	89.1%	87.9%	87%		
	Children waiting <15 months (inpatient)	M	95%	83.6% [R]	-12%	81.4% [R]	100% [G]	88.6% [A]	90.2% [A]	86.5% [A]	98.6% [G]	77.5% [R]	86.4%	85%	83.6%		
	Children waiting <15 months (day case)	M	90%	80.7% [R]	-10.3%	77.5% [R]	100% [G]	86% [G]	99% [G]	84.3% [A]	91.2% [G]	79.3% [R]	80.3%	78.7%	80.7%		
	Outpatient < 52 weeks	M	80%	59.2% [R]	-26%	52.4% [R]	58.2% [R]	62.2% [R]	79.5% [G]	58.6% [R]	55.2% [R]	48.2% [R]	61.2%	60.2%	59.2%		
	<b>Delayed Transfers of Care<sup>7</sup></b>																
Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤550	417 [G]	-24.2%	3	125	85	43	51	94	10	422	404	417			
Number of acute bed days lost through Delayed Transfers of Care (site specific targets)	M	≤150,150	125,358 [G]	-16.5%	1,211	35,032	27,211	23,997	10,926	21,405	3,785	13,695	14,109	13,835			

<sup>6</sup> Please note that % Routine GI scope KPI includes all GI scopes and not just those that are routine

<sup>7</sup> Delayed Transfers of Care: Please note the National Rehabilitation Hospital is included in the National total but not reported at group level within the heat map

		Reporting Frequency	Expected Activity/Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
Cancer	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	71.1% [R]	-25.1%		40.1% [R]	81% [R]	99.5% [G]	79.9% [R]	51.6% [R]	73.9% [R]	65.3%	61.8%	59.7%	
	Urgent Breast Cancer within 2 weeks	M	95%	71.7% [R]	-24.5%		25.1% [R]	77.7% [R]	99.4% [G]	87.9% [A]	52.4% [R]	86.3% [A]	64.7%	56.4%	55.1%	
	Non-urgent breast within 12 weeks	M	95%	59.7% [R]	-37.2%		26% [R]	81.8% [R]	83% [R]	51.1% [R]	50.5% [R]	22.7% [R]	56.9%	49.9%	48.2%	
	Lung Cancer within 10 working days	M	95%	86.4% [A]	-9%		97.1% [G]	99.3% [G]	100% [G]	88.6% [A]	78.2% [R]	59.5% [R]	90.3%	87.9%	90.7%	
	Prostate Cancer within 20 working days	M	90%	50.4% [R]	-44.1%		41.1% [R]	87.7% [G]	100% [G]	19.7% [R]	29.2% [R]	21.3% [R]	45.3%	64.9%	61.9%	
	Radiotherapy treatment within 15 working days	M	90%	84.1% [A]	-6.6%		82.8% [A]			86.4% [G]	79.2% [R]	97.8% [G]	82.5%	77.2%	76.2%	
	<b>Ambulance Response Times</b>															
	ECHO within 18 minutes, 59 seconds	M	80%	80.4% [G]	0.5%									80.7%	78.7%	81.6%
	Delta within 18 minutes, 59 seconds	M	70%	54.3% [R]	-22.4%									57.9%	53.1%	53.1%
	Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>														
Net expenditure (pay + non-pay - income)		M	<0.1%	4,701,095	9.09% [R]	4.05% [R]	9.13% [R]	8.71% [R]	9.02% [R]	7.24% [R]	9.36% [R]	17.45% [R]	8.99%	9.04%	9.09%	
Gross expenditure (pay and non-pay)		M	<0.1%	5,235,814	5.68% [R]	2.40% [R]	4.26% [R]	6.47% [R]	5.57% [R]	4.20% [R]	5.49% [R]	11.55% [R]	5.49%	5.58%	5.68%	
Non-pay expenditure		M	<0.1%	1,645,371	9.36% [R]	6.00% [R]	5.95% [R]	6.83% [R]	10.50% [R]	5.58% [R]	11.62% [R]	21.63% [R]	9.44%	9.06%	9.36%	
<b>Service Arrangements (25.09.20)</b>																
Monetary value signed	M	100%	93.72%	-6.28%									63.85%	63.85%	93.72%	
Workforce	<b>Internal Audit</b>															
	Recommendations implemented within 12 months (2019)	M	95%	81% [R]	-14.7%								86%	79%	81%	
	<b>Funded Workforce Plan</b>															
Pay expenditure variance from plan	M	<0.1%	3,590,444	4.08% [R]	1.05% [R]	3.41% [R]	6.32% [R]	3.65% [R]	3.58% [R]	2.85% [R]	6.94% [R]	3.77%	4.07%	4.08%		
<b>Attendance Management</b>																
% absence rates by staff category (overall)	M	≤3.5%	6.16% [R]	76%	5.73% [R]	6.46% [R]	5.93% [R]	6.27% [R]	5.68% [R]	5.46% [R]	8.50% [R]	4.73%	4.54%	4.92%		
<b>European Working Time Directive (EWTD) Compliance</b>																
< 48 hour working week	M	95%	85% [R]	-10.5%	91.4% [G]	81.3% [R]	77.9% [R]	82.6% [R]	93.4% [G]	90.8% [G]	80.5% [R]	86.6%	85.4%	85%		

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

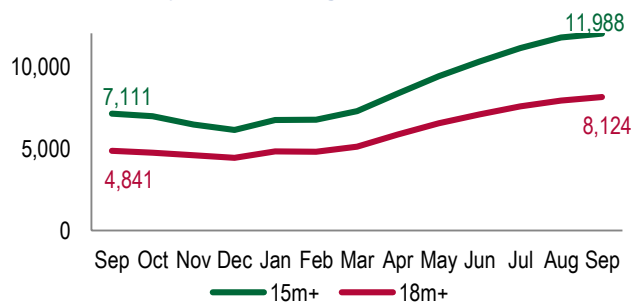
Activity Area	Expected Activity YTD	Result YTD Sept 2020	% Var YTD	Result YTD Sept 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,166,046	959,767	-17.7%	1,126,201	-14.8%	117,299	116,894	118,131
New ED Attendances	964,216	797,918	-17.2%	935,387	-14.7%	97,269	96,882	97,056
OPD Attendances	2,496,399	2,184,779	-12.5%	2,525,473	-13.5%	266,349	247,194	293,118

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Aug 2020	% Var YTD	Result YTD Aug 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	427,360	369,380	-13.6%	422,951	-12.7%	45,496	51,198	48,313
Inpatient weight units	422,282	377,342	-10.6%	423,857	-11%	44,470	50,130	46,177
Day case (includes dialysis)	769,881	583,277	-24.2%	736,980	-20.9%	67,550	83,307	76,825
Day case weight units (includes dialysis)	717,130	548,109	-23.6%	723,942	-24.3%	63,005	78,798	71,647
IP & DC Discharges	1,197,241	952,657	-20.4%	1,159,931	-17.9%	113,046	134,505	125,138
% IP	35.7%	38.8%		36.5%	+6.3%	40.2%	38.1%	38.6%
% DC	64.3%	61.2%		63.5%	-3.6%	59.8%	61.9%	61.4%
Emergency IP discharges	295,272	261,462	-11.5%	292,029	-10.5%	33,286	35,694	33,481
Elective IP discharges	60,433	43,523	-28%	58,970	-26.2%	4,270	6,836	7,211
Maternity IP discharges	71,655	64,395	-10.1%	71,952	-10.5%	7,940	8,668	7,621
Inpatient discharges >75 years	84,929	76,576	-9.8%	83,732	-8.5%	9,743	10,716	9,666
Day case discharges >75 years	141,509	109,239	-22.8%	134,959	-19.1%	12,866	15,838	14,562

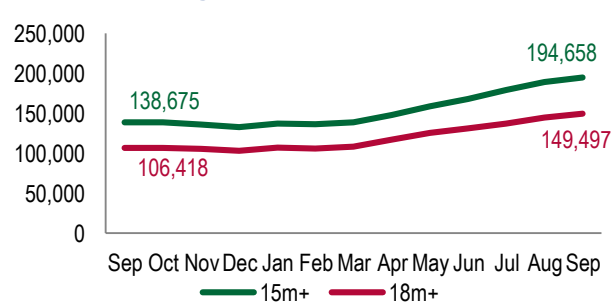
## Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	85%	M	● 77.5%	84.3%	-6.8%	79.8%	78.2%	77.5%	18 out of 37 hospitals reached target	CUH (53.1%), PUH (54.1%), GUH (58.9%)
Day case adult waiting list within 15 months	95%	M	● 87%	92.2%	-5.2%	89.1%	87.9%	87%	17 out of 41 hospitals reached target	MUH (69.3%), St Michaels (70%), UHW (75.1%)
Inpatient children waiting list within 15 months	95%	M	● 83.6%	91.3%	-7.7%	86.4%	85%	83.6%	12 out of 20 hospitals reached target	UHL (76.8%), CHI (81.4%), SUH (84.5%)
Day case children waiting list within 15 months	90%	M	● 80.7%	82.7%	-2%	80.3%	78.7%	80.7%	17 out of 26 hospitals reached target	Beaumont (75%), CHI (77.5%), UHL (77.7%)
Outpatient waiting list within 52 weeks	80%	M	● 59.2%	68.6%	-9.5%	61.2%	60.2%	59.2%	7 out of 43 hospitals reached target	Croom (40.4%), RVEEH (44.6%), UHW (46.8%)

### Inpatient & Day Case Waiting List



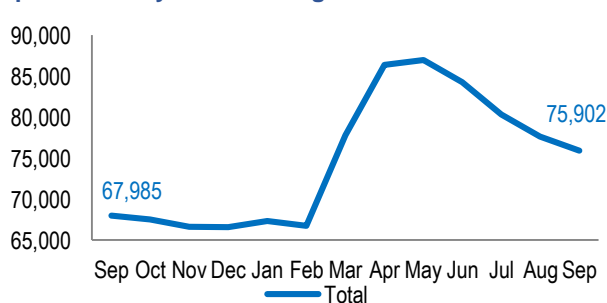
### Outpatient Waiting List



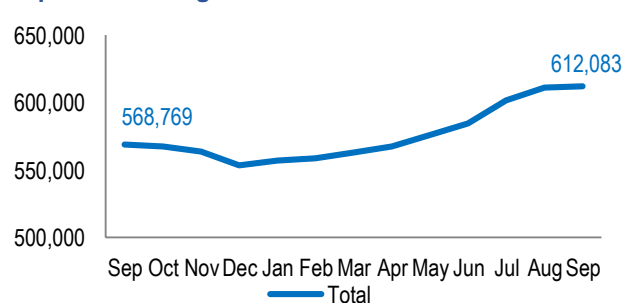
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	18,534	18,040	+494	5,766	4,162
Adult DC	49,612	43,483	+6,129	9,830	6,425
Adult IPDC	<b>68,146</b>	<b>61,523</b>	<b>+6,623</b>	<b>15,596</b>	<b>10,587</b>
Child IP	3,383	2,631	+752	939	555
Child DC	4,373	3,831	+542	1216	846
Child IPDC	<b>7,756</b>	<b>6,462</b>	<b>+1,294</b>	<b>2,155</b>	<b>1,401</b>
OPD	612,083	568,769	+43,314	249,959	194,658

### Inpatient & Day Case Waiting



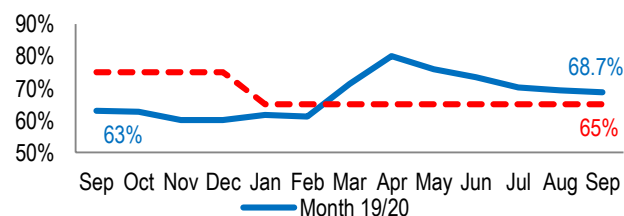
### Outpatient Waiting List Total



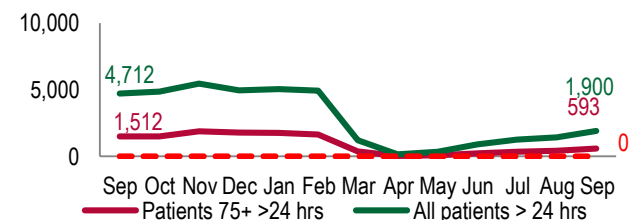
## ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	65%	M	● <b>69.6%</b>	63.3%	+6.3%	70.2%	69.3%	68.7%	18 out of 28 hospitals achieved target	Tallaght – Adults (41.9%), Naas (51.7%), Beaumont (52.9%),
% in ED < 24 hours	97%	M	● <b>98%</b>	96.3%	+1.7%	98.8%	98.6%	98.2%	22 out of 28 hospitals achieved target	UHL (92%), UHK (93.6%), CUH (94.9%)
% 75 years within 24 hours	99%	M	● <b>95.2%</b>	90.7%	+4.5%	97.5%	97%	95.5%	16 out of 27 hospitals achieved target	UHL (80.1%), CUH (82.5%), UHK (85.9%)

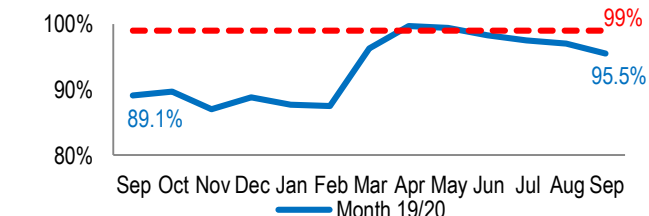
**% patients admitted or discharged within 6 hours**



**ED over 24 hours**



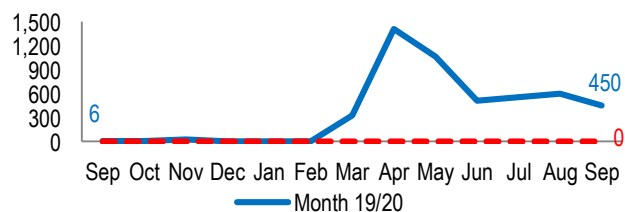
**% 75 years old or older admitted or discharged**



## Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	● <b>4,922</b>	175	+4747	557	598	450	26 out of 38 hospitals achieved target	LUH (145), MUH (63), Ennis (60)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M	<b>130</b>	384	-254	5	1	7	9 out of 14 hospitals have 0	UHK (4), GUH, Louth, SJH (1)
Routine Colonoscopy and OGD <13 weeks	65%	M	● <b>36.2%</b>	47.9%	-11.7%	31.7%	34.1%	36.2%	3 out of 37 hospitals achieved target	UHL (22.8%), Naas (23.2%), MMUH (23.5%)

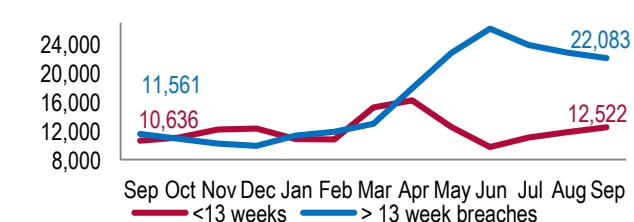
**Urgent Colonoscopy - number of new people waiting**



**BowelScreen – Urgent Colonoscopies**

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	24	51	65
Number scheduled over 20 working days	5	1	7

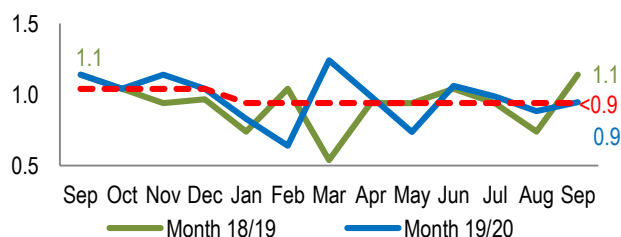
**Number on waiting list for GI Scopes**



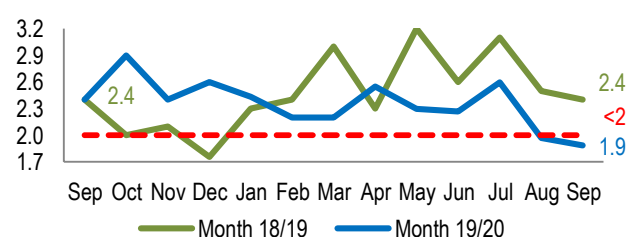
## HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.9	M	● 0.9	1.1	-0.2	0.9	0.8	0.9	35 out of 46 hospitals achieved target	Naas (4.3), Portlaoise (3.6), Beaumont (2.3)
Rate of new cases of C Difficile infection	<2	M	● 1.9	2.4	-0.5	2.6	2.0	1.9	33 out of 46 hospitals achieved target	Croom (14.8), Bantry (9.1), CUH (5.6)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	● 85.1%	74.5%	+10.6%	53.2%	76.6%	85.1%	40 out of 47 hospitals achieved target	7 hospitals did not achieve the target.

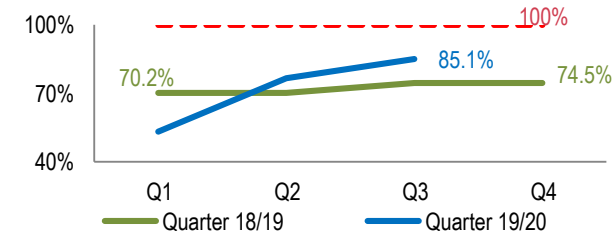
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



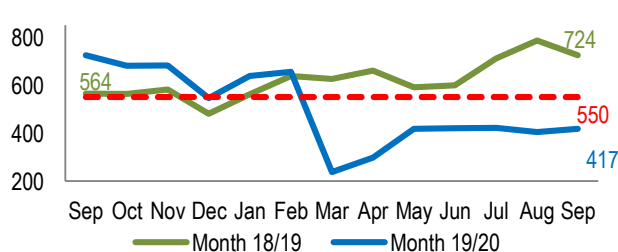
Requirements for screening with CPE Guidelines



## Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤550	M	● 417	724	-307	422	404	417	SLRON (0), Mullingar, Ennis (0)	SJH (68), CUH (49), Tallaght - Adults (31)

Delayed Transfers of Care



Delayed Transfers of Care by Destination

	Over 65	Under 65	Total	Total %
Home	47	11	58	13.9%
Residential Care	186	20	206	49.4%
Rehab	18	16	34	8.2%
Complex Needs	18	24	42	10.1%
Housing/Homeless	7	13	20	4.8%
Legal complexity	31	5	36	8.6%
Non compliance	7	2	9	2.2%
COVID-19	10	2	12	2.9%

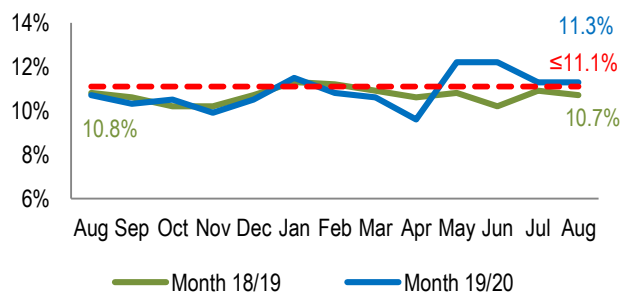
	Over 65	Under 65	Total	Total %
<b>Total</b>	<b>324</b>	<b>93</b>	<b>417</b>	<b>100%</b>



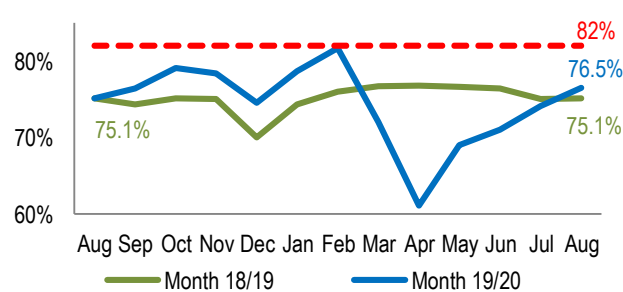
## Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.8%	11.4%	+0.4%	12.2%	11.3%	11.3%	19 out of 34 hospitals achieved target	Columcille's (20.3%), LUH (16.9%), Ennis (16.7%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	● 73.4%	75.1%	-1.7%	71%	74.1%	76.5%	18 out of 35 hospitals achieved target	Croom (35.7%), SLK (50%), SJH (22.8%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 44.9%	44.9%	0%	54.5%	39.8%	38.6%	11 out of 31 hospitals achieved target	11 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 2.1%	2%	+0.1%	2.8%	2%	1.9%	19 out of 38 hospitals achieved target	Sth Tipperary (4.7%), Portlaoise (4.6%), Mullingar (4.4%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 76.9%	75.2%	1.7%	75.1%	76.8%	77.1%	4 out of 16 hospitals achieved target	OLOL (59.5%), CUH (65.6%), UHL (71.4%)

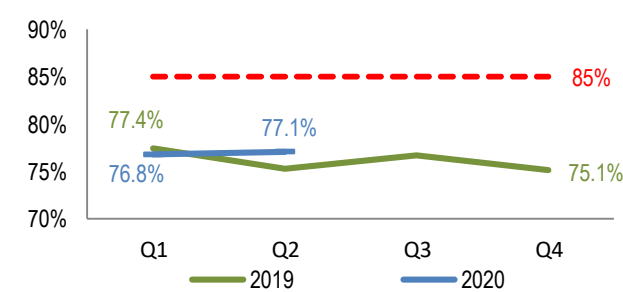
### Emergency re-admissions within 30 days



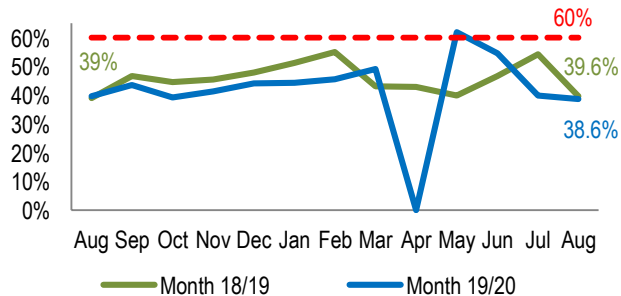
### Procedure conducted on day of admissions



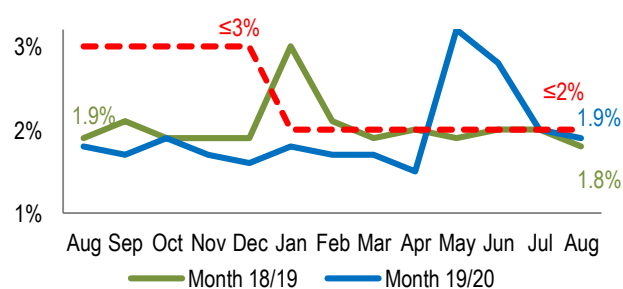
### Hip fracture surgery within 48 hours



### Laparoscopic Cholecystectomy day case rate



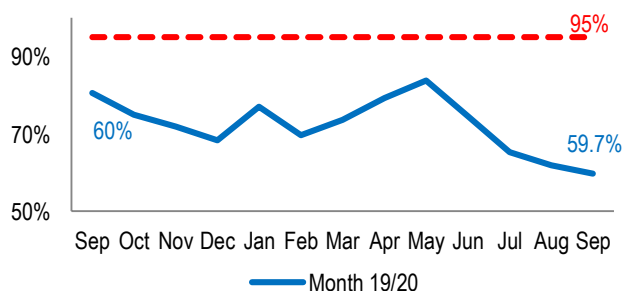
### Surgical re-admissions within 30 days



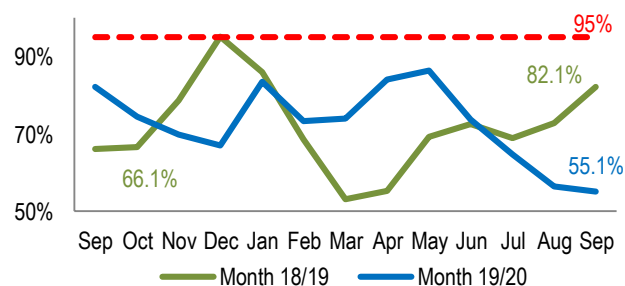
## Cancer Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	●	<b>71.1%</b>	71.6%	-0.5%	65.3%	61.8%	59.7%	LUH (100%), Beaumont (99.7%), SVUH (98.3%)	CUH (19.5%), UHW (20.5%), SJH (37.7%)
Urgent breast cancer within 2 weeks	95%	M	●	<b>71.7%</b>	69.7%	+2%	64.7%	56.4%	55.1%	LUH (100%), Beaumont (99.6%), UHL (98.8%)	UHW (8%), CUH (15.5%), SJH (17.4%)
Non-urgent breast within 12 weeks	95%	M	●	<b>59.7%</b>	70.2%	-10.5%	56.9%	49.9%	48.2%	MMUH (89.3%), Beaumont (68.7%), UHW (64.3%)	CUH (6.6%), SJH (13.8%), LUH (24.2%)
Lung Cancer within 10 working days	95%	M	●	<b>86.4%</b>	86.4%	0%	90.3%	87.9%	90.7%	5 out of 8 hospitals achieved target	UHW (75%), CUH (76%), UHL (77.8%)
Prostate cancer within 20 working days	90%	M	●	<b>50.4%</b>	68.1%	-17.8%	45.3%	64.9%	61.9%	5 out of 8 hospitals achieved target	CUH (11.4%), UHL (30.3%), GUH (35.1%)
Radiotherapy within 15 working days	90%	M	●	<b>84.1%</b>	85.6%	-1.5%	82.5%	77.2%	76.2%	UHW (100%), UHL (97.9%), GUH (89.4%)	SLRON (67.7%), CUH outstanding

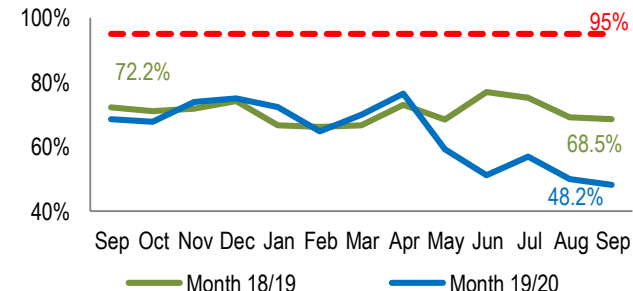
**Rapid Access within recommended timeframe**



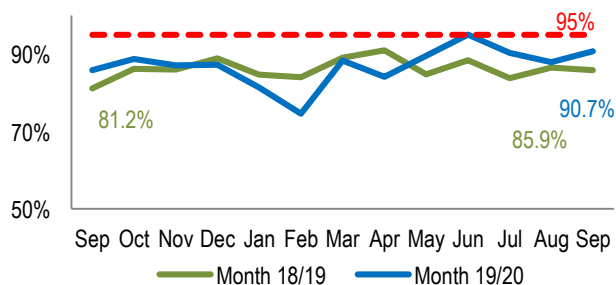
**Breast Cancer within 2 weeks**



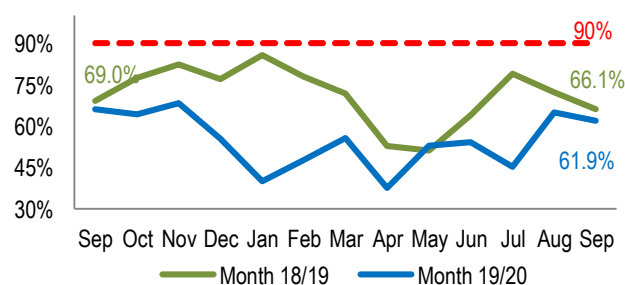
**Non-urgent breast within 12 weeks**



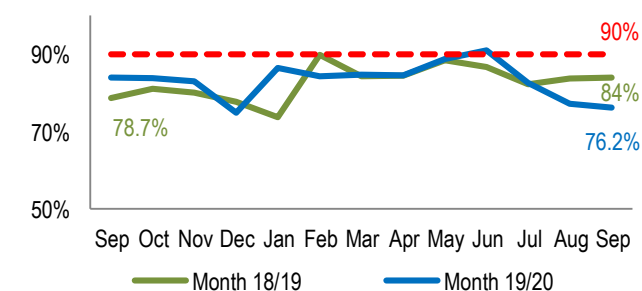
**Lung Cancer within 10 working days**



**Prostate Cancer within 20 working days**



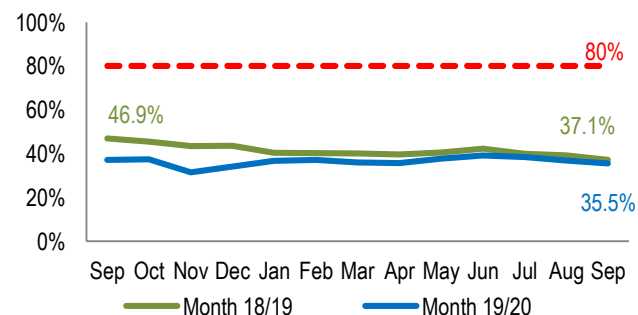
**Radiotherapy within 15 working days**



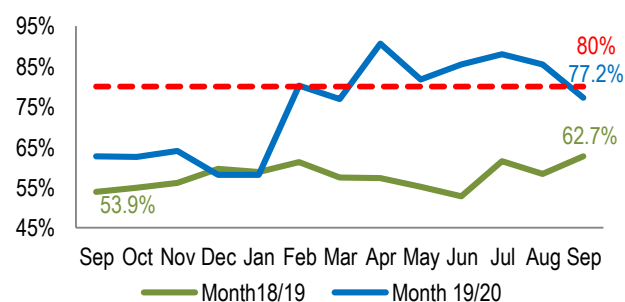
## Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of ambulances that have a time interval ≤ 30 minutes	80%	M	● 37%	39.8%	-2.9%	38.3%	36.8%	35.5%	CHI (72.4.6%), Rotunda (70%), Navan (68.6%)	CUH (9%), SUH (14.8%), MUH (17.4%)
Ambulance Turnaround % delays escalated within 30 minutes	80%	M	● 81.5%	58.4%	+23.1%	88%	85.5%	77.2%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	● 97.2%	98.1%	-0.9%	98.4%	97.7%	96.7%		

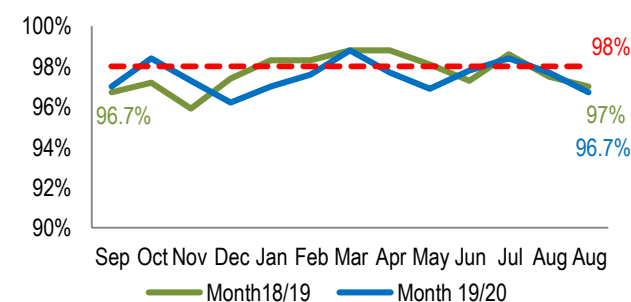
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



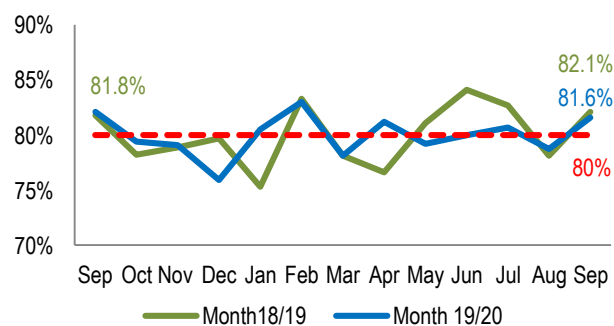
Delays Escalated - within 60 minutes



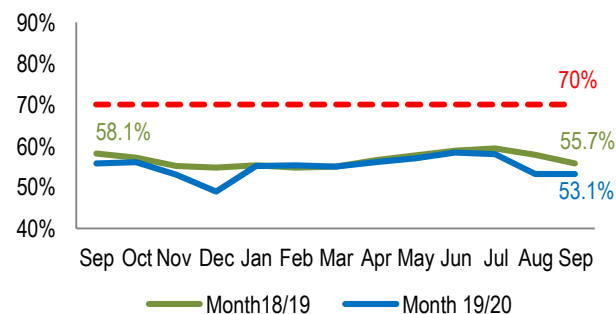
## Pre-Hospital Emergency Care Services

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	80%	M	● 80.4%	80.1%	+0.3%	80.7%	78.7%	81.6%	North Leinster (88.7%) Dublin Fire Brigade (84.2%),	South (70.7%), West (75%)
Response Times – DELTA	70%	M	● 54.3%	56.7%	-2.4%	57.9%	53.1%	53.1%		Dublin Fire Brigade (41%), South (51.3%), West (58.1%) North Leinster (60.7%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	● 43.7%	42.2%	1.5%	38.8%	47.9%	39.4%		

### Response Times – ECHO



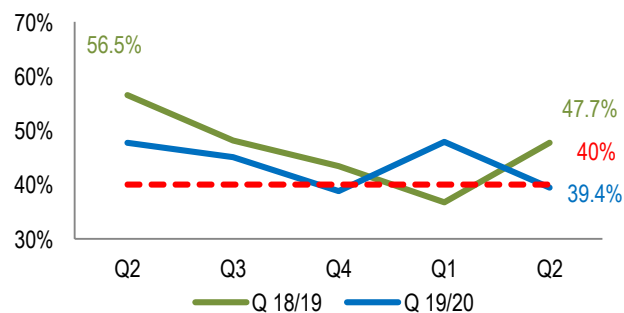
### Response Times – DELTA



### Call Volumes (arrived at scene)

	Target/Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	3,699	3,801	+2.8%	3,605	196
DELTA	97,497	83,714	-14.1%	96,940	-13226

### ROSC



## Acute Hospital Services Update

### Emergency Department (ED) Performance

- There were 959,767 emergency presentations year to date September 2020. This is a decrease of 14.8% on emergency presentations for the corresponding period in 2019 and behind the target of 1,166,046 by 17.7%. There were 118,131 emergency presentations in September 2020 which was a decrease 6.3% (7,944) on the same month last year.
- New Emergency Department Attendances year to date September 2020 are 17.2% (166,298) behind target and a reduction of 14.7% (137,469) when compared with the same period last year 2019. There were 97,056 new ED attendances in the month of September 2020 which was 0.2% (174) higher than August 2020 and a decrease of 6.3% when compared with the same period last year.
- The number of admissions from ED year to date September 2020 was 235,830 which was a decrease of 10.1% on the same period in 2019. It is worth noting that while attendances and presentations remain lower following the first COVID surge, the number of admissions is now broadly consistent with the same period in 2019. There were 27,850 admissions in September 2020 which was down 1.6% on September 2019.
- Of the patients who attend ED, 24.6% were admitted year to date September, up from 23.2% for the same period last year. Of note 49.2% of patients aged over 75 years, who attended ED were admitted. This is an increase from 47.8% year to date September 2019
- 22 of the 28 Emergency Departments reported ED PET (Patient Experience Time) less than 24 hours compliance greater than the target of 97%. This compares with 16 compliant EDs in September 2019
- ED PET less than 24 hours for patients aged 75+ was 95.5% in September.
- NTPF were supporting up to 200 additional and or upgraded from day case acute and sub-acute beds to support winter pressures. This support has continued throughout 2020 with funding committed to the 31 December 2020

The daily average number of vacant beds was 370 during September 2020, compared to 392 for August 2020 and 443 for July (Source: HSE Special Delivery Unit). This reflects the increases in activity across all sites and a

subsequent increase in the number of admissions following increased attendances to an emergency department.

The average number of beds closed for September is 336, this compares with an average number in 2019 of 109 beds. Key factors include essential refurbishment to address COVID requirements and closures due to infection prevention control requirements.

### Delayed Transfers of Care (DTC)

There were 417 Delayed Transfer of Care at the end of September 2020 which is a decrease of 42.4% on the same month last year. This included 58 patients waiting to go home and 206 waiting on long term nursing care. The DTC categories have increased from 3 to 8 from 1<sup>st</sup> July 2020. These are listed in Table 1 below:

**Table 1: Number of Delayed Transfer of Care**

Delayed Transfer of Care Categories:	End September 2020
Home	58
Residential Care	206
Rehab	34
Complex Needs	42
Housing/Homeless	20
Legal complexity	36
Non compliance	9
COVID-19	12
<b>Total</b>	<b>417</b>

### Inpatient/Day Case Discharges (based on HIPE data which is one month in arrears)

Following NPHET guidance from 27<sup>th</sup> March to 5<sup>th</sup> May which restricted all non-urgent elective surgery, there was a significant reduction in all scheduled care activity (including NTPF activity) across all Acute Services including outpatient clinics, inpatient and day case procedures.

The reduction in activity was to ensure patient safety and that appropriate resources, both physical and human, were prioritised to support COVID-19 related activity and urgent care. It should be noted that time-critical essential work continued throughout the public system in line with national and relevant WHO advice.

The arrangement with the private hospitals also focused on complex time dependent surgery including the delivery of cancer surgery and treatments and cardio thoracic services. This arrangement enabled the separation of COVID and non COVID activities during the period of surge.

Since 5<sup>th</sup> May, there has been a phased re-introduction of elective activity in line with national / international clinical guidance. The throughput in theatres however remains lower because of necessary additional infection control measures including patient screening, PPE measures and additional cleaning of theatres and equipment.

#### Day Case Discharges (including dialysis)

- The number of day case procedures year to date August 2020 was 583,277 versus 736,980 for the same period in 2019 that is, a decrease of 153,703 (20.9%) cases.
- The number of day case procedures undertaken year to date August 2020 was 24.2% behind the target of 769,881 cases for this period.
- Activity in the month of August 2020 was 76,825 and was 13,915 (15.3%) lower than August 2019
- Nationally areas such as General Surgery, Radiotherapy, Gastro-Enterology, Ophthalmology and Dermatology account for nearly half of the decrease in activity year to date when compared with last year. The decrease in activity relates to additional infection control measures, which are impacting the throughput of patients through each bed and theatre access.

#### Inpatient Discharges

- The number of inpatient discharges was 369,380 year to date August 2020 versus 422,951 for the corresponding period in 2019, that is, a decrease of 53,571 (12.7%) cases.

- Inpatient discharges year to date August 2020 were 13.6% lower than the target of 427,360.
- Activity in August 2020 was 48,313 and is 3573 (6.9%) lower than August 2019

#### Elective Inpatient Discharges

- There were 43,523 elective inpatient discharges year to date August 2020 versus 58,970 for the corresponding period in 2019, that is, a decrease of 26.2%.
- Elective inpatient discharges were 28.0% lower than the year to date target of 60,433.
- The number of elective inpatient discharges in the month of August was 7,211 which was down 3.9% on the same month last year.

#### Emergency Inpatient Discharges

- There were 261,462 emergency inpatient discharges year to date August 2020 versus 292,029 for the corresponding period in 2019, that is, a decrease of 10.5%.
- Emergency inpatient discharges year to date August 2020 were 11.5% lower than the target of 295,272. The significant reduction in ED attendances is directly linked to the pandemic.
- The activity in August 2020 was 33,481 which was 4.6% lower than 2019

#### Maternity Inpatient Discharges

- There were 64,395 maternity inpatient discharges year to date August 2020 and 71,952 for the corresponding period in 2019 which is a decrease of 7,557 (10.5%).
- Maternity inpatient discharges year to date were 10.1% less than the target of 71,655.
- Activity in August 2020 was 7,621 which was 18% lower than August 2019

#### Out Patient Department Attendances

- The number of new and return outpatient attendances was 2,184,779 year to date September 2020 versus 2,525,473 for the corresponding period in 2019, which is a decrease of 13.5%.

- The number of new and return attendances for September 293,118 compared with September 2019 show an increase of 5,405 or 1.9%. This is an early indicator of recovery of outpatient activity. New and return outpatient attendances year to date were 12.5% lower than the target of 2,496,339.
- The number of Out Patient Department attendances in September was 293,118 which is an increase of 1.9% outpatient when compared with the corresponding period in 2019.
- Provisional data for September indicates total of 66,146 virtual outpatient consultations took place.
- A total of 490,000 virtual outpatient consultations have been reported since March 2020 (when the reporting process commenced) details outlined in Table 2 below. DNA rates remain low for virtual activity at less than 1%.

**Table 2 Virtual Consultations 2020**

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
All OPD Consultations	273,890	209,834	169,407	193,242	232,206	266,349	247,194	293,118
Virtual OPD consultations		34,503	86,277	87,589	80,278	73,329	61,878	66,146
% of Consultations that are virtual		16%	51%	45%	35%	28%	25%	23%

## Waiting Lists

### Inpatient/Day Case Waiting Lists

Arising from the NPHE decision in early May regarding resumption of services and aligned with the roadmap for reopening society and business, IPDC activities have increased in line with the interim guidance that has been issued to support the safety of patients and staff. The guidance is informed by requirements in relation to social distancing, cocooning, pre-screening etc. and it is not envisaged that IPDC activity, as it resumes, will reach the volumes that were being seen in a pre-COVID environment.

As a result of this guidance and the services being re-established, the last week in May saw a slight reduction in IPDC waiting lists for the first time in a number of weeks. Some patients received their treatment in private facilities as part of the arrangement between the HSE and private Hospitals. The arrangement with the private hospitals remained operational to the end of June. In line with the Government mandate, the HSE has finalised a procurement process which will allow it to procure services from the private hospital sector in order that the HSE will meet priority requirements including those relating to scheduled care

- The number of people waiting for an inpatient or day case appointment increased by 11.6% (7,917) patients) between September 2019 to 75,902 in September 2020.
- The number waiting at the end of September 2020 shows a reduction for the fourth successive month since May 2020, when the number of people waiting reached a peak of 86,946. There has been a reduction of 2,663 (2.2%) when compared with August 2020.

A key issue for the remainder of 2020 is the on-going impact of COVID-19 and the likelihood of a sustained adverse impact on waiting lists over the coming months due to the occupancy and safe distance requirements. The HSE will continue to engage with the private providers through its national procurement framework and with the NTPF to secure access to private hospital capacity to support the delivery of elective care.

The National Service Plan (NSP) 2020 target is that 85% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure and 95% will wait less than 15 months for a day case procedure. By the end of September, compliance with wait time targets is as set out below:

### Waiting times

- Adult Inpatients Waiting List Compliance was 77.5%, below target of 85%
- Adult Day Case Waiting List Compliance was 87%, below target of 95%
- Children's Inpatient Waiting List Compliance was 83.6%, below target of 95%
- Children's Day Case Waiting List Compliance was 80.7%, below target of 90%.



## Outpatient Waiting Lists

### Wait time target

The National Service Plan 2020 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 59.2% in September 2020.

### Volume of patients waiting

Total number of people waiting for an Outpatient appointment was in 612,083 in September 2020 which is an increase of 734 (0.1%) on August 2019.

There is a significant reduction in all scheduled outpatient activity associated with the impact of COVID-19. A key issue for 2020 is the likelihood of a sustained adverse impact on waiting lists over the coming months due to the occupancy and safe distance requirements arising from COVID with early indications that it could affect up to 60% of throughput. The use of virtual clinics has been deployed to mitigate some of this loss however it has limited application for seeing new patients. The HSE is examining other options for delivering OPD activity including the use of off-site locations.

As a result of the impact of COVID up until May 2020 only emergency or time dependent face to face outpatient activity was taking place. Since April, there has been a considerable increase in "virtual" outpatient activity. Acute Operations have taken on an extensive piece of work with the office of the National Clinic Advisory and Group Lead (NCAGL), Clinical Programmes, Hospital Groups and the Office of the Chief Information Officer (OoCIO) to support the roll out of enabling technologies to support, maintain and expand virtual outpatient consultations.

Virtual consultations are taking place both over the phone and with the use of software to support face to face engagement with patients. The primary focus of virtual engagements has been around outpatient services up until this point however the technology is now being planned for use for other virtual engagements e.g. health and social care professional patient engagements. We are continuing to work extensively with the office of the OoCIO to progress the virtual movement taking place in our health system.

OPD HSE activity for September was 293,118 this figure exceeds the average monthly activity for 2019 (280,000) and last year's September figure of 287,713. New: return ratio for September has also improved and is now at 1:2.7 which is an improvement on previous months however above the NSP target of 1:2.4 (we normally run at 1:2.6) at its peak in April new to return ratios were 1:4.3 NTPF figures indicate that OPD waiting list grew by just under 17,000 from June to July which is the most significant increase seen since the onset of COVID-19, August figures have seen an increase of under 10,000 and figures for September have seen much smaller waiting list growth with an increase of just over 1,000 OPD referral levels have increased significantly, Julys NTPF figures indicate that referral rates were almost 87,000 with is approximately 5,000 more than the average for 2019, August figures seen a drop to 61,896 and Septembers referrals were 69,185 (average referral rates in 2019 were 85,000 approx.)

Overall when comparing the number of referrals YTD (September) with the same period last year NTPF figures indicate there is a reduction in referral numbers of 180420 for OPD

### NTPF/HSE Waiting List Validation

As of the end of October 2020 the total number of patients validated in Acute Hospitals, for OPD and IPDC including scopes is 154,466. Of this total 25,499 (circa 16.5%) patients have been removed from the waiting list. Outpatient removals are 22,912 and IPDC including Scopes removals are 2,587. Both figures are inclusive of validation cycles that commenced in 2019 that closed off in 2020.

### Citywest

As part of the overall response to COVID 19, the Convention Centre Facility in Citywest was taken over by the HSE. The centre is easily accessible and well serviced in terms of public transport. The Centre is next door to the Citywest hotel, which is currently used as a COVID 19 isolation centre. The Convention centre has a total area of 16,499 sq. m (177,000 sq. ft.) This is spread over 3 floors, with the main convention space on the ground floor, with six plenary rooms and 29 breakout rooms are also available, most of which are equipped with high-specification audio-visual facilities and offering natural light.



The convention centre in Citywest is currently being developed to support a number of scheduled care activities including:

**Glaucoma pressure testing:** Drive through Glaucoma pressure testing has commenced in the Citywest facility to support reduction of the IEHG waiting list for the service. This service is carried out by an SHO and CNM11 from the IEHG and is delivered while the patients remain in their car. To date patient feedback has been with very positive. Planned activity for this service is to see 1,500 patients to be tested through this initiative.

**CHI Allergy Testing:** CHI Clinical Immunology and Allergy Team identified a unique opportunity to vastly reduce the current Day Case waiting list for patients requiring Food Challenges. The use of the Citywest facility with the support of the HSE allows for a focused period to manage a high volume of patients over the course of six weeks which began on 7th September 2020. At the time of go-live, CHI had 485 patients on their clinical immunology waiting list with a further number of patients requiring Food Challenges accounted for on the Day Case General Paediatric waiting list. A cross site multi-disciplinary team from CHI is supporting this project who have prioritised this within their current contracted hours. Additional resource requirements and equipment were supported by the NTPF.

**CHI Orthopic Service:** As a direct result of the restrictions relating to Covid 19, CHI at Crumlin had to defer a number of outpatient appointments, including those within the Orthopic service. CHI worked with Citywest and scheduled a number of suitable patients to be seen in Citywest, the facility in Citywest provided an opportunity to manage these patients at a higher volume than possible on our primary site in CHI Crumlin. This service concluded on 16th October 2020 with 200 patients being seen.

There are a number of other services either commencing activities in Citywest or in the planning stage to provide patient access including Epilepsy virtual and face to face clinics, Rheumatology virtual clinics and Orthopaedic Clinics. Acute Operations is working closely with the Hospital Groups and Citywest to ensure that all potential capacity is being utilised.

## BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. Invitations for BowelScreen were paused on Wednesday 18 March 2020 due to Covid-19. Invitations have resumed and are being managed depending on capacity within the individual units. In September, 65 invitations issued from 11 sites.

## Cancer Services

Following the NPHET decision on curtailment of service, rapid access services continued to be provided but in some instances, it was necessary to reduce the volume of activity in accordance with clinical guidance.

In March and April, NCCP advised that there was a sharp reduction in the number of GP referrals to the rapid access clinics. Referrals began to recover in May. While the NPHET guidance between March and May resulted in restriction of non-urgent elective work, rapid access cancer services continued to be provided. In some instances, it was necessary to reduce the volume of activity in accordance with clinical guidance.

NCCP has advised that data from the e-referrals system indicates that the number of referrals received up to the end of September now matches those received in 2019. However, clinics are still constrained in the number of slots that they can offer to these patients for safety reasons.

## Symptomatic Breast Cancer Clinics

Four of the nine Symptomatic Breast Cancer Sites exceeded the National Service Plan 2020 target where 95% of patients were offered an appointment within 10 working days of receipt of referral in September 2020:

### Four of the nine Symptomatic Breast Cancer Sites were compliant in September:

- Letterkenny University Hospital – 100.0%
- Beaumont Hospital – 99.6%
- University Hospital Limerick 98.8%
- St Vincent's Hospital – 98.7%

**Five hospitals were below the target:**

- Galway University Hospital – 62.5%
- Mater Misericordiae University Hospital - 26.0%
- Cork University Hospital – 15.5%
- St James's Hospital – 17.4%
- University Hospital Waterford – 8.0%

**Rapid Access Clinics for Lung Cancer Services**

Five Rapid Access Clinics for lung cancer exceeded the National Service Plan 2020 target in September 2020 where 95% of patients were offered an appointment within 10 working days of receipt of referral.

**Five hospitals achieved 100% compliance with the target of 95%:**

- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- Mater Misericordiae University Hospital – 96.7%
- St James's Hospital – 97.0%
- Galway University Hospital – 95.6%

**Three hospitals were below the target:**

- Cork University Hospital – 76.0%
- University Hospital Limerick – 77.8%
- University Hospital Waterford – 75.0%

**Rapid Access Clinic for Prostate Cancer Services**

Five Rapid Access Clinics for prostate cancer exceeded the National Service Plan 2020 target where 90% patients were offered an appointment within 20 working days of receipt of referral.

Given the sustained capacity challenges in relation to Prostate Cancer Acute Operations is engaging with NCCP and Hospital Groups to determine the appropriate capacity and capability measures required to deliver sustained improvement.

**Five hospitals were compliant in September:**

- Beaumont Hospital - 100%
- Mater Hospital – 100.0%
- St Vincent's University Hospital – 94.9%
- University Hospital Waterford – 92.3%
- St James's Hospital – 90.9%

**Three hospitals were below target:**

- Galway University Hospitals 35.1%
- University Hospital Limerick – 30.3%
- Cork University Hospital – 11.4%

**Radiotherapy**

In September, two of the five radiotherapy centres complied with the NSP 2019 target that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat: UPMC, Whitfield, Waterford and The Mid-Western Radiation Oncology Centre, Limerick complied with the target in September 2020. September data for Cork Radiotherapy Service was unavailable.

**Addressing Non Compliance**

In terms of addressing the areas of non-compliance, it is important to note that while the RACs continued to operate throughout COVID, the number of referrals fell. As a result, some sites are seeing an increase in the numbers to be seen. The NCCP is undertaking a review of performance by site in conjunction with the relevant clinical needs and Acute Operations to determine key causal factors for under compliance and an improvement plan will be agreed for each site.

**Performance and Accountability Framework**

The following is a summary of those areas escalated under the Performance and Accountability Framework that are the subject a performance notice by NPOG

**St James's Hospital Symptomatic Breast Cancer Services**

The Dublin Midlands Hospital Group issued a Performance Notice to St James's Hospital in October 2018 having regard to its non-compliance with the access targets for referrals to the symptomatic breast cancer clinic.

A series of escalation meetings were held; an improvement plan was agreed with the Group and SJH and performance improved for a limited period. Following continued deterioration in performance further escalation meetings were convened and it culminated in St James Hospital CEO attending the NPOG meeting in November 2019 to agree a sustainable plan. Arising from that meeting an action plan was agreed. The hospital's performance has not improved since the plan was agreed at the end of 2019.

The NCCP has met with the Group and the hospital is undertaking a detailed review of the performance at SJH in conjunction with relevant clinical leads and the actions and interventions will be agreed arising from such review. The hospital remains in Level 3 escalation and the Performance Notice remains in place

### Healthcare Associated Infections (HCAI)

There were 25 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 52 cases of Clostridium Difficile infection reported by hospitals in September.

It is important to acknowledge that national averages and uniform targets do not take full account of variation in the case mix of hospitals. Adjustments based on bed days therefore do not fully account for variations between hospitals. It is important therefore to consider results for each Hospital Group and each hospital in the context of its own baseline and to consider that some month to month variation is to be expected.

There were 61 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in September. In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHET). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

### National Ambulance Service

Activity volume for AS1<sup>8</sup> and AS2<sup>9</sup> calls received this month has increased by 3,686 calls (13%) compared to the same month last year (September 2019)

- The daily average call rate for AS1 and AS2 calls received this month was 1,067. (30 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 82% this month. This is an increase of 3% compared to last month i.e. August 2020
- ECHO calls increased by 5% (20) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was below target at 53% this month.
- Nationally there was a 3% (368) decrease in DELTA call activity compared to the same month last year.
- 83% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Continuous monitoring of Emergency Departments' turnaround times is displaying a negative in relation to releasing ambulances, and a downward trajectory is noted. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
  - 35% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 37% of vehicles being released within 30 minutes or less last year (September 2019).

<sup>8</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>9</sup> AS2 - Urgent calls received from a general practitioner or other medical sources

- 85% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 83% of vehicles being released within 60 minutes or less last year (September 2019)

## Human Resources

The 2019 WTE limits were notified to the Hospital Groups. A core principle of the approach in 2019 is the primacy of pay and overall budget over any WTE value. Therefore, the affordability assessment and resultant approach to budget setting requires an appropriate budget to be in place for both agency and overtime with the WTE limit used as a control indicator.

The revised limit as of January 2020 for Acute Hospitals based on an affordability assessment at the start of the year, including ambulance services is 61,513. This limit excludes these WTEs associated with new developments in 2019. Hospital Groups were requested to implement interim controls to manage WTE and pay expenditure levels. This includes the management of any risk associated with the additional controls including the re-prioritisation of existing staff resource as necessary

In response to the pandemic, significant funding was approved for the HSE to support its overall response. For hospitals, this included the opening of additional acute and critical care beds, recruitment of additional staff to support the delivery of Covid and non Covid pathways and the delivery of off-site solutions. The infection control requirements have also created significant additional demands on staffing.

Absence in line with national guidelines on isolation has also been a challenge in terms of continuity of essential service provision. The rate of Absence in August 2020 is 4.9% of which 0.7% (*14.0% of the total*) is COVID-19 related. Absence rate same period last year was 4.6%

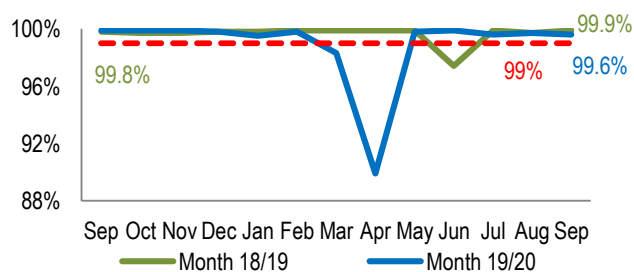
Based on the September WTE Report, Acute Hospitals including Ambulance Services reported 65,856 WTEs. The growth reflects the opening of additional capacity in response to COVID, retention of medical interns, assignment of nursing students to clinical roles and the impact of absenteeism linked to COVID.

# National Services

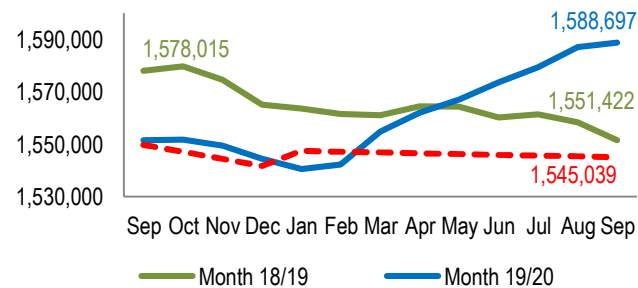
## National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	99.6%	99.9%	-0.3%	99.6%	99.7%	99.6%
Number of persons covered by Medical Cards	1,545,039YTD/ 1,544,172 FYT	M	●	1,588,697	1,551,422	+37,275	1,579,309	1,586,990	1,588,697
Number of persons covered by GP Visit Cards	541,161 YTD/ 546,604 FYT	M	●	532,042	520,443	+11,599	530,635	531,638	532,042
Number of initial tobacco sales to minors test purchase inspections carried out	288 YTD/ 384 FYT	Q	●	55	345	-290	42	13	0
Number of official food control planned, and planned surveillance inspections of food businesses	24,750YTD/ 33,000 FYT	Q	●	15,828	22,257	-6,429	5,529	3,242	7,057

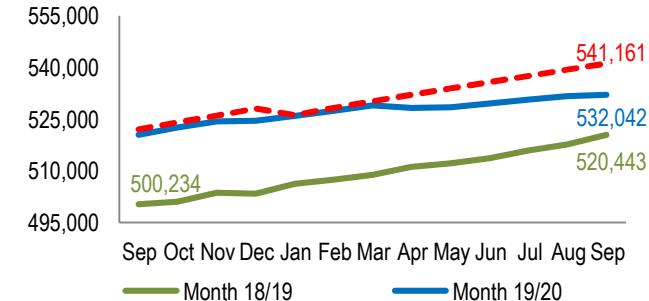
### Medical card turnaround within 15 days



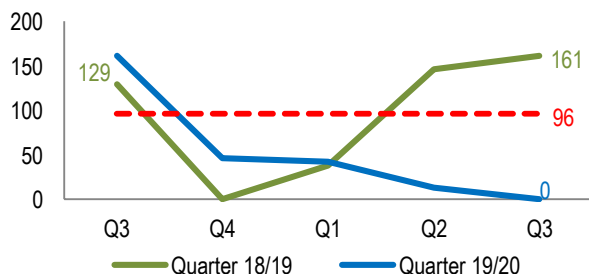
### Number of persons covered by Medical Card



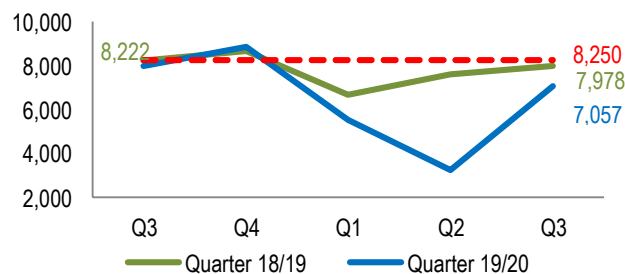
### Number of persons covered by GP Visit cards



### Number of initial tobacco sales to minors



### Number of inspections of food businesses



## National Services Update

### PCRS

The number of people who held medical card eligibility on 30th September 2020 was 1,588,697, an increase of 1,707 on the previous month. The total number of persons with eligibility for a GP visit card on 30th September 2020 was 532,042, an increase of 404 on the previous month. As at 30th Sept, 2,120,739 or 43% of the population had medical card or GP visit card eligibility, an overall increase of 2,111 on the previous month. 99.6% of medical card applications were processed within 15 working days.

### Emergency Management

The HSE Emergency Management function (EM) assists leaders and managers across all levels of the HSE to generate resilience in the face of identified risks that threaten to disrupt the provision of Health Services.

#### COVID-19 Response

HSE Emergency Management continues to support the HSE response to COVID-19. The HSE National Crisis Management Team (NCMT), supported by Emergency Management continues to meet regularly as does the National Public Health Emergency Team (NPHET). The increase in cases of COVID 19 during September led to increased interaction between HSE Emergency Management and the Defence Forces. The Defence Forces continue to assist the HSE in areas such as Logistics, Transport, as well as the provision of Emergency Medical Technicians who to carry out swab tests. With the surge in testing in September the Defence Forces have provided 40 Medical First responders per day to assist the HSE with swabbing at COVID 19 test centres. The Air Corps provided 6 flights for transportation of laboratory samples. HSE EM provides a liaison officer to the Defence Forces to facilitate the ongoing engagements and tasking's.

#### Regional Response

At a regional level HSE EM continues to work as part of the area crisis management teams. In addition EM staff continue to participate in the interagency structures such as the Regional Steering Groups and Regional Working Groups and linking with other non HSE organisations to coordinate the

support required as part of the response. The regions are also endeavouring to carry out some aspects of the regional interagency work plan for 2020 subject to the constraints imposed by COVID-19 and other operational demands.

#### SEVESO

6 Seveso exercises have now been completed albeit under the restrictions imposed by social distancing. There are plans for a further 8 Seveso sites due to be tested before year end with two additional sites to be deferred to 2021 subject to agreement of the HAS.

#### 2020 Service Delivery Plan

HSE EM has reviewed its 2020 Service Delivery plan to identify the priorities for the remainder of the year and examine what can be delivered alongside a continued focus on COVID 19.

#### Severe Weather

The HSE Severe weather plan has been updated prior to circulation as part of the HSE's winter preparedness.

#### High Consequences Infections Diseases

This group continues to work to deliver an updated plan including procurement of appropriate transportation isolation units (pods) for the National Ambulance Service and waste contract and equipment for the National Isolation Unit.

#### Sláintecare

HSE EM have carried out a review of the proposed Sláintecare structures to see what the impact will be on interagency work in terms of how the proposed geographic areas align with other agencies. Further future planning will require input from leadership to identify the preferred options for delivery of EM going forward.

#### Crowd events

Most events for 2020 have been cancelled due to COVID 19, however some, such as motor rallies and some sports events, are going ahead and HSE EM offices have been engaging with event organisers. In addition pre planning meetings are underway for events proposed for 2021



## EU & North South Unit

The HSE EU & North South Unit is a National Service and a key Health Service enabler. Working for the HSE across boundaries and borders, this Unit aims to contribute to the health and wellbeing of people living in the border region and beyond and to enable better access to health and social care services through cross-border, all-island working and multi-country working.

- Assist the HSE in responding to the challenge of Covid-19 while continuing to ensure delivery of priorities of the unit.
- As Brexit Co-ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure HSE preparedness for same.
- As both a project Partner and Lead Partner ensure successful implementation of the various projects under the EU Interreg VA programme with partners in NI & Scotland.
- Continue to develop practical solutions to common health challenges and develop new ways to improve health and social care services for the wellbeing of people on the island, where appropriate.
- Positively engage Government Depts., NSMC, SEUPB and other relevant Agencies on future of EU Structural funds available for health & social care services along the border, especially in the context of the Covid-19 pandemic.

## COVID-19

- Staff who were reassigned to work on Covid are now back and the Unit is operating on a “business as usual” basis, with the proviso that staff may be available for reassignment in the event of a surge in numbers.
- Liaison with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.

- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.
- Weekly link with local frontline services offering support such as Manorhamilton HBS Recruit, CHO 1 Head Office Ballyshannon and Chief Officer, Sligo University Hospital HR Department and Occupational Health, Sligo.

## Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Leading out on Brexit Readiness Notices as requested by the DoH
- Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's
- DoH Brexit Action Plan returned for North South Unit.
- Continuous discussions with DoH colleagues regarding future Common Travel Area
- Attended HSE Brexit Briefing for Suppliers
- For HSE DPO, co-ordinated HSE GDPR SCC compliance list

## Cross Border Work

- Ongoing work on new EU funded project (i-Simpathy) as requested by DoH.
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Discussions with DoH on future Peace Plus programme
- Input to submission to the Peace Plus public consultation
- Ongoing work with CAWT Governance sub-group



## Next Steps – 4th Quarter 2020

- Continue to monitor situation regarding the need for redeployment of EU North South Unit staff to Covid-19 work in the event of a surge.
- Continue to liaise with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA during the Covid-19 pandemic.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- As part of Brexit preparations, ensure GDPR SCC compliance list is complete as requested by HSE DPO.

- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- The Unit, in conjunction with HSE partners and our roles on the management board and secretariat, will work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.
- Continue work on i-Simpathy, EU funded project.

## Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 15,828 Planned and Planned Surveillance Inspections were carried out by the end of Q3. This represents a 36% shortfall of the end of Q3 target, which is directly resultant from government restrictions from the 13/3/20 which closed of the majority of food premises with phased reopening in Q2. Local lockdowns in Kildare Laois Offaly Dublin and Donegal during Q3 also impacted on numbers of Inspections. Additional impact on targets owing to support of HSA RTWS protocol and reassignment of resource to Contact Tracing.

Notwithstanding this, of those Planned and Planned Surveillance inspections that were carried out, 16.3% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 55 initial tobacco sales to minors test purchase inspections were completed by end of Q3 which is 81% below the Q3 target of 288 Test Purchase Inspections. Activity in this area was suspended from the 13/3/20 due to responding to COVID-19 and government restrictions on the opening of the certain target premises

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that

inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. As this work could be completed remotely, 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q3. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 95% of all complaints received by the EHS by the end of Q3 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q3, 1,307 drinking water samples were taken to assess compliance which is a 29% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE, but more significantly due to suspension of the activity due to COVID-19 restrictions in place from the 13/3/20. Monitoring resumed in June.

116 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is a 35.9% shortfall of the YTD Target of 181

8 Sunbed Test Purchases were completed by end of Q3 which is 33% of YTD Target. No Mystery Shopper Inspections to Sunbed Establishments were completed by end of Q3. Activity was suspended on 13/03/20

21 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is a 30% shortfall of the YTD target of 30. Activity in this area was suspended on the 13/3/20 government restrictions on the opening of the certain target premises.

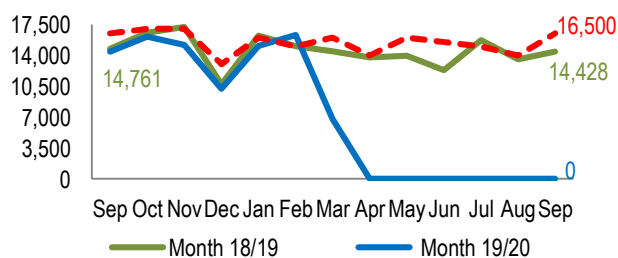
NOTE: Efforts will continue by EHS to achieve agreed Q3 targets, however significant challenges are presented across targets given the continuing COVID-19 situation

# National Screening Service

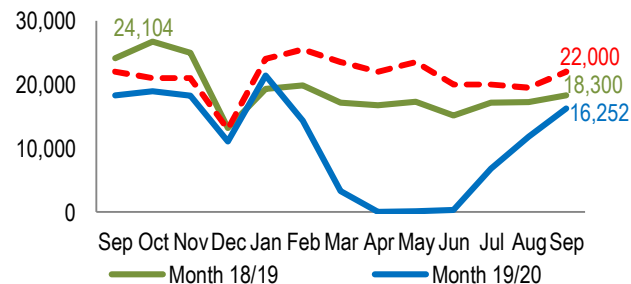
## National Screening Service

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	138,000 YTD/ 185,000 FYT	M	● <b>38,153</b>	129,446	-91,293	0	0	0
BreastCheck - % screening uptake rate	70%	Q-1Q	● <b>58.6%</b>	70.9%	-12.3%	65.3%	58.6%	
CervicalCheck - number of eligible women who had screening	200,000 YTD/ 255,000 FYT	M	● <b>74,227</b>	158,105	-83,878	6,767	11,816	16,252
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	● <b>77.8%</b>	79.1%	-1.3%	79.1%	78.5%	77.1%
BowelScreen - number of people who completed a satisfactory FIT test	95,100 YTD/ 125,000 FYT	M	● <b>27,302</b>	91,344	-64,042	1,057	1,806	2,618
Bowelscreen - % client uptake rate	43% YTD/ 45% FYT	Q-1Q	● <b>36.7%</b>	43.4%	-6.7%	40.6%	36.7%	
Diabetic RetinaScreen - number of people screened	81,270 YTD/ 110,000 FYT	M	● <b>41,472</b>	81,810	-40,338	4,560	6,048	6,682
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	● <b>70%</b>	64.6%	+5.4%	62.3%	70%	

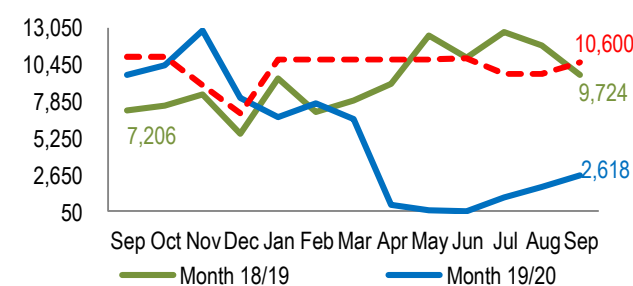
**BreastCheck-number who had a mammogram**



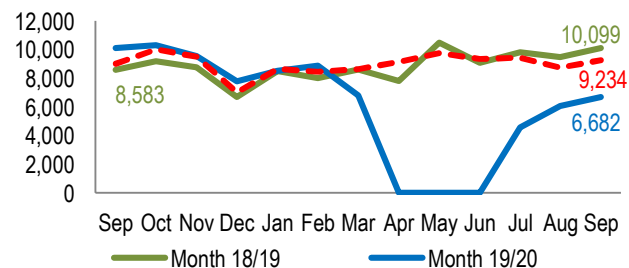
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period September 2020 was 0 against a target of 16,500.
- The number of women aged 65+ who had a complete mammogram in the period September 2020 was 0 against a target of 3,400
- The number of women who had a complete mammogram year to date (Jan-September 2020) was 38,153 which is behind the target of 138,000 by 99,847 (72.4%).
- Uptake for Q2 is 0% due to pause in screening.

### COVID-19

BreastCheck paused screening on the 13<sup>th</sup> March. The programme aims to restart inviting and screening in late October. Social distancing will impact service delivery. PPE will be required for the safety of women and staff. The situation is being monitored. Upgrade of mobile vans will be required to deliver the programme safely; approx. 70% of women are screened at mobile units. In the meantime BreastCheck continues to image women from the symptomatic service.

### CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period September 2020 was 16,252 against a target of 22,000.
- The number of women who had one or more smear tests in a primary care setting year to date (Jan-September 2020) was 74,227 which is behind the target of 200,000 by 125,773 (62.9%).
- The average turnaround time for screening results from laboratories was 1.57 weeks, well inside the target of 6 weeks.
- The proportion of clients issued results within four weeks of screening in Q3 was 93.2% which is a 57.1% increase from Q2.
- CervicalCheck 5-year coverage for period ending 30 June 2020 was 77.1% which is below the standard of 80% and a 1.4% reduction since Q1 2020.

CervicalCheck made a technical transition to HPV screening on March 30<sup>th</sup>. Screening activity to date in Q3 has been below target due to capacity issues arising from COVID 19.

Screening was paused in primary care from March 30<sup>th</sup> due to COVID 19 and restarted on **July 6<sup>th</sup>**. To date 140,000 invite letters have been issued to women overdue their screening tests this year. The COVID 19 era involves a change in how we provide care, as social distancing has a huge knock on effect on how many patients can be seen within GP practices and in colposcopy units. COVID has had a knock on effect on laboratory resourcing (both personnel and equipment) and this is affecting the number of samples that can be processed each week. This is not just an Irish problem but is also affecting cervical screening programmes internationally as laboratory consumables used in cervical screening tests are also used in COVID testing.

The phased restart of screening is progressing, as planned, to calling people whose screening invitations for routine screening in 2020 were delayed due to COVID 19.

### BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (September 2020) was 2,618 against a target of 10,600.
- The number of clients who have completed a satisfactory BowelScreen FIT test year to date (Jan-September 2020) was 27,302 which is behind the target of 95,100 by 67,798 clients (71.3%).
- Uptake for Q2 is 0% due to pause in screening.

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was just below the  $\geq 90\%$  target at 89.2% within 20 working days in September. Eight of the eleven contracted colonoscopy centres which were offering colonoscopies in September met the expected KPI of 90% within 20 days. However this needs to be considered within the context of the Covid-19 pandemic and its effects

## COVID - 19

The programme implemented a full pause on issue of invitations, FIT kits and reminders in March 2020 with scheduled reviews of this action in line with government guidance. During the pause a small number of BowelScreen home test kits in the system continue to be returned and were analysed. Nine of the thirteen BowelScreen units, where they deem it safe etc. to proceed, are conducting colonoscopies albeit at severely reduced capacity levels. BowelScreen is working with endoscopy units to maximise available capacity albeit at a reduced level. The programme resumed invitations in August.

## Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period September 2020 was 6,682 below the target of 9,234 by 2,552.
- The number of diabetics screened with a final grading result year to date (Jan-September 2020) was 41,472 which is below the target of 81,270 by 39,798 clients (49%).
- Uptake for Q2 is 0% due to pause in screening.

The programme recommenced screening in July 2020 on a phased approach nationally. The model for recommencing screening is inviting 50% of the backlog cohort and 50% of the prospective cohort. Over the August/September period there was a noted increase in attendance.

The programme will not achieve its predicted KPI's for 2020 as a result of COVID 19. There are a number of barriers impacting on the number of invitations: the implementation of physical distancing and; infection control measures, we need to do more to screen less. It is anticipated there will be a 35% DNA (Do Not Attend) rate of the planned screening capacity for 2020.

# Finance

## Introduction

In the 2020 National Service Plan (NSP2020), the HSE has planned, within the level of available resources, to maximise the delivery of safe service activity levels subject to managing the delivery, service and financial risks. The totality of the funding available will be used as flexibly as is practicable to best meet the needs of those who require access to health and social care services. The HSE has a responsibility to use the resources available in the most beneficial, effective, and efficient manner to improve, promote and protect the health and wellbeing of the population.

Thereafter the priority, consistent with the Sláintecare programme, is to deliver on activity, capacity & access, improvement and other targets set out in the National Service Plan (NSP), albeit this must be done within the affordable staffing level and without exceeding the overall budget.

The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with the Sláintecare Programme and the Department of Health (DoH) to deliver this change. The HSE is currently in the process of developing a new corporate plan, which will have a five-year focus, be aligned with Sláintecare, and will focus on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders. It is intended that the Corporate Plan will be published later in 2020.

Delivering on these priorities will require a significantly enhanced focus on financial management, and better controls on the management of agency, overtime and overall staffing levels and pay costs within affordable limits. In 2019, a core assumption in the financial management process with service providers during the year was that any excess costs incurred above budgets would have to be dealt with by the relevant community health organisation (CHO), hospital group or section 38 voluntary organisations. Therefore, all senior managers were requested to tighten financial and staffing controls. This has been

supported by a series of additional interim controls around agency, overtime and staffing. In 2020, a similar level of focus on financial management with the same core assumption, including control of pay costs to ensure planned affordable growth in healthcare staff, will be maintained and where necessary strengthened. However some of these controls / management focus have been changed throughout 2020 due to Covid-19 as set out in the below paragraph.

This internal performance focus is supplemented by monthly external performance engagements with the DoH. There are also further meetings with the DoH and Department of Public Expenditure and Reform (DPER) via the Health Budget Oversight Group.

Acute hospitals, disability services and older persons public long term care services were flagged in NSP 2020 as areas of significant financial challenge that required significant cost reduction and containment measures. In addition, it is anticipated that PCRS and pensions will experience substantial financial pressures in 2020.

Since the early part of 2020, the population of Ireland, and indeed the world, have been experiencing the impact of the Coronavirus pandemic, or Covid-19 as it has been designated by the WHO. The HSE's current priority is to continue to implement measures to reduce the spread of this disease. The HSE has clearly flagged that it will not be possible to deliver on many of the savings measures set out in NSP2020. This is due to the need to maintain all existing capacity, open additional capacity as part of that response and the need to divert management attention to operationalizing the Covid-19 response. Preliminary work is underway in terms of planning for any gradual return to more essential elements of "business as usual" however this cannot detract from our efforts to manage the Covid-19 pandemic. The indicative planned funding level associated with the HSE Action Plan already submitted to DoH and DPER was c. €1.8bn.



## Financial Performance

### HSE Overall Financial Performance

The HSE's financial position at the end of September 2020 shows a YTD deficit of €1.747bn. Within this €1.747bn deficit, operational services areas are showing a deficit of €1.763bn of which other operations are showing a deficit of €967.2m (mainly Covid-19 related), acute operations €391.5m, private hospitals €295.4m (Covid-19 related) and community services €108.8m.

**Table 1 – Net Expenditure by Division September 2020**

September 2020	YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Covid-19 Related Variance Note 1	Non Covid-19 related variance
	€m	€m	€m	€m	%	€m (A)	€m (B)
Acute Operations	5,809.4	4,701.1	4,309.6	391.5	9.1%	364.2	27.3
Private Hospitals		295.4		295.4		295.4	-
Community Services	6,238.8	4,739.5	4,630.7	108.8	2.4%	181.6	(72.7)
Other Operations/Services	690.9	1,452.1	484.8	967.2	199.5%	1,005.6	(38.4)
Total Operational Service Areas	12,739.1	11,188.1	9,425.1	1,763.0	18.7%	1,846.8	(83.8)
Total Pensions & Demand Led Services	4,246.3	3,186.6	3,202.3	(15.7)	-0.5%	140.8	(156.6)
<b>Overall Total</b>	<b>16,985.5</b>	<b>14,374.7</b>	<b>12,627.4</b>	<b>1,747.3</b>	<b>13.8%</b>	<b>1,987.7</b>	<b>(240.4)</b>

Note 1: The Acute Operations Covid-19 deficit of €364.2m is analysed as follows: €245.3m directly reported Covid-19 related expenditure for YTD September, €110.4m related to loss of income due to Covid-19 for YTD September and €8.5m relating to Covid-19 Indirect costs as identified for YTD September.

It should be noted that following an agreement between the DoH and the HSE that the First Surplus of €56.8m (as per the December 2019 HSE management accounts) was written off in part against the DoH debtor balance of €54.0m. The remaining balance has been ignored for the purpose of this report and below tables.

Table 1a Summary Financial Performance sets out the same information as Table 1 but at a Divisional level. Detailed analyses of the Divisional performances are detailed in the relevant Sections below.

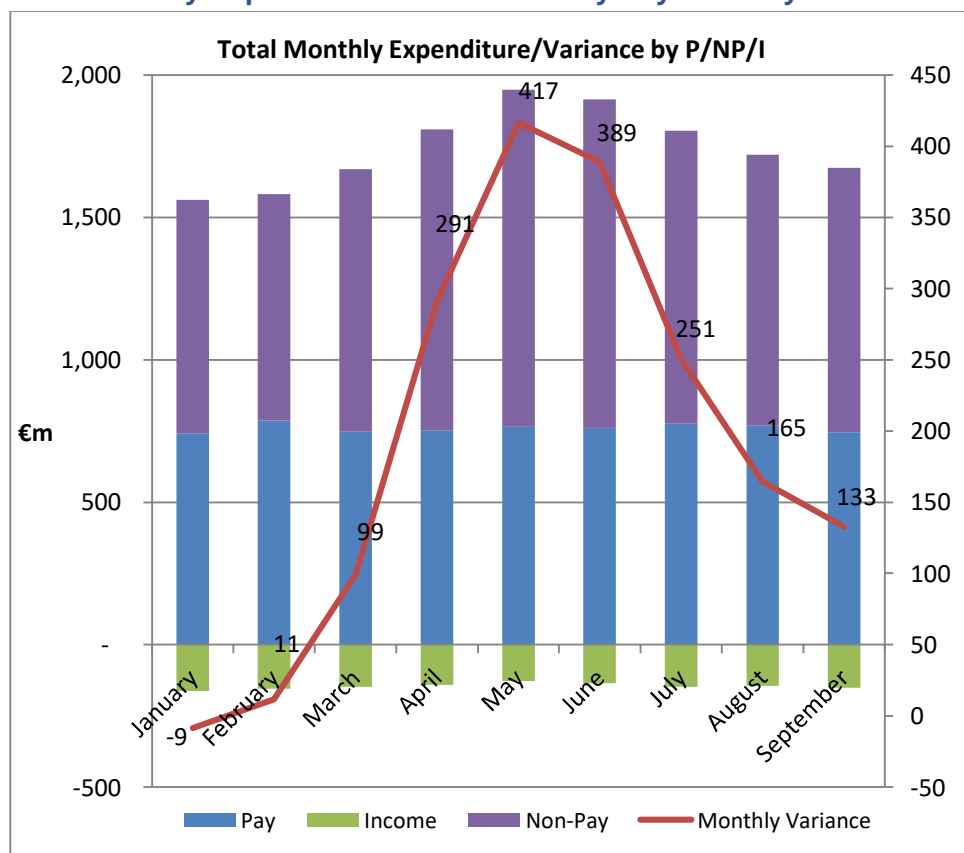
**Table 1a - Summary Financial Performance**

September 2020	YTD Actual Spend vrs YTD Budget					YTD Variance	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
	€m	€m	€m	€m	%	€m	€m
Acute Hospital Care	5,634.4	4,565.9	4,181.0	384.9	9.2%	237.9	147.0
National Ambulance Service	175.1	135.2	128.6	6.6	5.2%	7.4	(0.8)
<b>Acute Operations</b>	<b>5,809.4</b>	<b>4,701.1</b>	<b>4,309.6</b>	<b>391.5</b>	<b>9.1%</b>	<b>245.3</b>	<b>146.2</b>
<b>Private Hospitals</b>		<b>295.4</b>		<b>295.4</b>		<b>295.4</b>	<b>-</b>
Primary Care Division Total (Note 1)	1,174.5	887.4	861.5	25.9	3.0%	47.1	(21.2)
Mental Health Division	1,033.5	779.1	773.6	5.4	0.7%	14.9	(9.5)
Older Persons Services	906.6	705.9	674.1	31.8	4.7%	46.9	(15.1)
Nursing Home Support Scheme	1,063.0	787.1	791.3	(4.2)	-0.5%	42.1	(46.3)
Older Persons Services Division	1,969.6	1,493.1	1,465.4	27.7	1.9%	89.0	(61.3)
Disability Services Division	2,027.3	1,548.3	1,505.4	42.9	2.9%	22.8	20.1
Health & Wellbeing Community	14.0	8.5	10.0	(1.6)	-15.5%	0.1	(1.7)
CHO HQs & Community Services	19.8	23.2	14.7	8.5	57.7%	7.6	0.9
<b>Community Total</b>	<b>6,238.8</b>	<b>4,739.5</b>	<b>4,630.7</b>	<b>108.8</b>	<b>2.4%</b>	<b>181.6</b>	<b>(72.7)</b>
Chief Clinical Office	94.2	59.8	65.4	(5.5)	-8.5%	0.7	(6.3)
National Screening Service	85.1	43.8	57.9	(14.1)	-24.4%	0.4	(14.5)
Health & Wellbeing Division	111.6	82.6	81.8	0.8	1.0%	6.1	(5.3)
National Services	51.8	37.5	37.5	0.0	0.0%	0.5	(0.5)
Support Services	348.2	1,228.3	242.2	986.1	407.2%	997.9	(11.8)
<b>Other Operations/Services</b>	<b>690.9</b>	<b>1,452.1</b>	<b>484.8</b>	<b>967.2</b>	<b>199.5%</b>	<b>1,005.6</b>	<b>(38.4)</b>
<b>Total Operational Service Areas</b>	<b>12,739.1</b>	<b>11,188.1</b>	<b>9,425.1</b>	<b>1,763.0</b>	<b>18.7%</b>	<b>1,727.9</b>	<b>35.1</b>
Pensions	574.0	406.9	421.7	(14.8)	-3.5%	-	(14.8)
State Claims Agency	400.0	245.3	300.0	(54.7)	-18.2%	-	(54.7)
Primary Care Reimbursement Service (Note 1)	2,931.5	2,300.4	2,227.1	73.3	3.3%	137.7	(64.3)
Demand Led Local Schemes (Note 1)	266.9	202.5	200.0	2.5	1.2%	3.2	(0.7)
Treatment Abroad and Cross Border Directive	57.8	24.9	43.7	(18.8)	-43.1%	-	(18.8)
EHIC (European Health Insurance Card)	16.2	6.6	9.8	(3.3)	-33.2%	-	(3.3)
<b>Total Pensions &amp; Demand Led Services</b>	<b>4,246.3</b>	<b>3,186.6</b>	<b>3,202.3</b>	<b>(15.7)</b>	<b>-0.5%</b>	<b>140.8</b>	<b>(156.6)</b>
<b>Overall Total</b>	<b>16,985.5</b>	<b>14,374.7</b>	<b>12,627.4</b>	<b>1,747.3</b>	<b>13.8%</b>	<b>1,868.8</b>	<b>(121.5)</b>

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Pensions & Demand Led Areas

Further analysis of the Covid-19 / non Covid-19 expenditure is analysed in the Sections below.

**Graph 1:**  
**Total Monthly Expenditure and Variance by Pay/Non-Pay and Income**



Graph 1 above displays the total monthly expenditure by pay/non-pay and income. The red line displays the monthly deficit against budget. The significant increase in expenditure / deficit in quarter 2 is mainly due to the additional PPE

and other medical supplies that were required due to the spike in Covid-19 activity. As can be seen from graph 1 above, the monthly deficit decreased in quarter 3, which corresponds to a reduction in Covid-19 activity. It should be noted that there was a significant decrease in expenditure and activity in relation to the non Covid-19 related activity in quarter 2, which offsets some of the Covid-19 deficit.

The respective Covid-19 versus non Covid-19 expenditure / deficit increase is shown more acutely in Graphs 2 and 3 below.

### HSE Financial Performance including / excluding Covid-19

Within the total PR deficit to the end of September of €1.747bn, €1.869bn (see table 1b below) or 107% has been categorised by service areas as directly attributable to Covid-19 expenditure. Of this total Covid-19 YTD expenditure, acute operations represents €245.3m, private hospitals €295.4m, community services €181.6m, support services €997.9m, and PCRS €137.7m.

Within the support services spend of €997.9m, €863.1m in HBS-procurement is in relation to the procurement of medical supplies and equipment and the €23.5m in HBS-estates is in relation to self-isolation facilities. The expenditure in CIO of €15.0m is primarily relating to the purchase of new hardware.

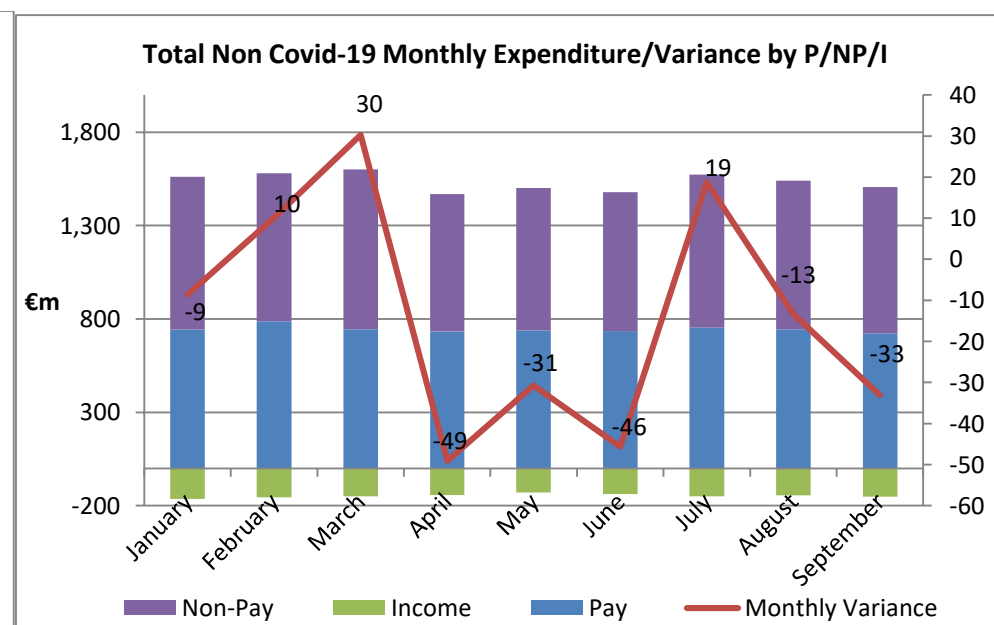
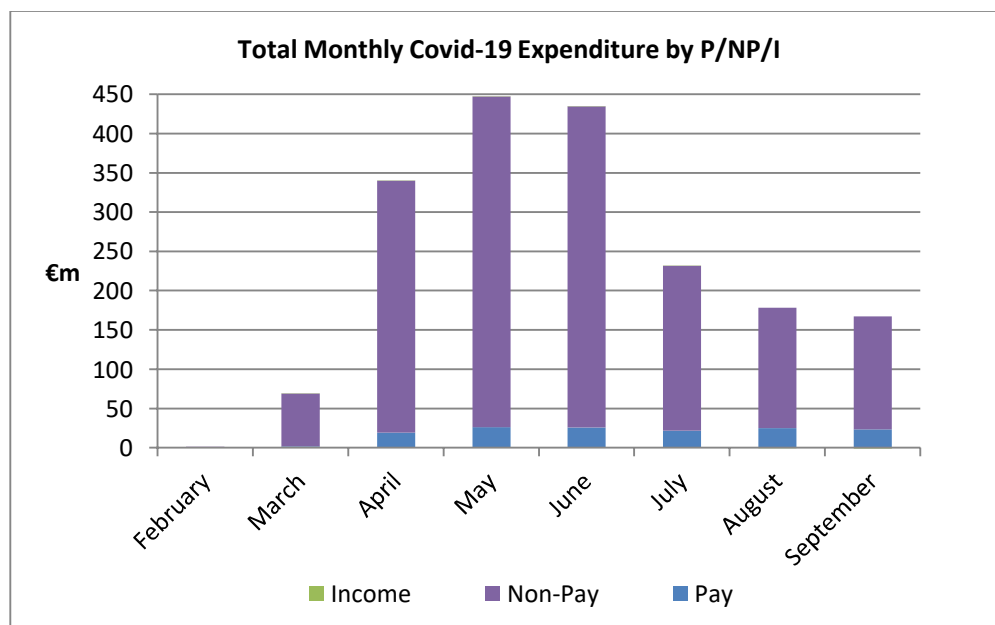
Further detail by division is illustrated in tables 1a and 1b below and within the accompanying narrative. The YTD deficit has been analysed further between Covid-19 and non Covid-19 and into its relevant pay / non-pay / income categories as set out below.

**Table 1b – Detailed Financial Performance including / excluding Covid-19**

September 2020	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Acute Hospital Care	89.3	148.7	(0.1)	237.9	49.5	(13.0)	110.4	147.0	138.8	135.8	110.3	384.9
National Ambulance Service	3.4	4.0	0.0	7.4	(1.5)	1.0	(0.3)	(0.8)	1.8	5.1	(0.3)	6.6
<b>Acute Operations</b>	<b>92.7</b>	<b>152.8</b>	<b>(0.1)</b>	<b>245.3</b>	<b>48.0</b>	<b>(11.9)</b>	<b>110.2</b>	<b>146.2</b>	<b>140.6</b>	<b>140.8</b>	<b>110.1</b>	<b>391.5</b>
<b>Private Hospitals</b>	<b>0.0</b>	<b>295.4</b>	<b>0.0</b>	<b>295.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>295.4</b>	<b>0.0</b>	<b>295.4</b>
Primary Care Division Total (Note 1)	7.5	39.6	0.0	47.1	(16.4)	(6.2)	1.4	(21.2)	(8.9)	33.4	1.4	25.9
Mental Health Division	6.7	8.2	0.0	14.9	(0.1)	(10.7)	1.4	(9.5)	6.6	(2.5)	1.4	5.4
Older Persons Services	11.9	35.1	(0.1)	46.9	(3.3)	(18.5)	6.7	(15.1)	8.6	16.6	6.6	31.8
Nursing Home Support Scheme	0.0	42.1	0.0	42.1	0.0	(40.4)	(5.9)	(46.3)	0.0	1.7	(5.9)	(4.2)
Older Persons Services Division	11.9	77.2	(0.1)	89.0	(3.3)	(58.9)	0.8	(61.3)	8.6	18.3	0.8	27.7
Disability Services Division	3.2	19.6	(0.0)	22.8	(12.4)	27.5	5.0	20.1	(9.2)	47.1	5.0	42.9
Health & Wellbeing Community	0.1	0.1	0.0	0.1	(1.0)	(0.5)	(0.2)	(1.7)	(0.9)	(0.4)	(0.2)	(1.6)
CHO HQs & Community Services	6.5	1.1	(0.0)	7.6	0.8	0.2	(0.1)	0.9	7.3	1.3	(0.1)	8.5
<b>Community Total</b>	<b>35.8</b>	<b>145.8</b>	<b>(0.1)</b>	<b>181.6</b>	<b>(32.4)</b>	<b>(48.6)</b>	<b>8.2</b>	<b>(72.7)</b>	<b>3.5</b>	<b>97.2</b>	<b>8.2</b>	<b>108.8</b>
Chief Clinical Office	0.1	0.6	0.0	0.7	(4.1)	(1.7)	(0.4)	(6.3)	(4.0)	(1.1)	(0.4)	(5.5)
National Screening Service	0.0	0.3	0.0	0.4	(2.2)	(12.2)	(0.0)	(14.5)	(2.2)	(11.9)	(0.0)	(14.1)
Health & Wellbeing Division	5.4	0.7	0.0	6.1	(0.3)	(4.4)	(0.6)	(5.3)	5.1	(3.7)	(0.6)	0.8
National Services	0.4	0.2	(0.0)	0.5	(0.3)	(0.2)	0.0	(0.5)	0.1	(0.1)	(0.0)	0.0
Support Services	8.7	989.6	(0.4)	997.9	0.8	(11.8)	(0.8)	(11.8)	9.5	977.8	(1.2)	986.1
<b>Other Operations/Services</b>	<b>14.6</b>	<b>991.4</b>	<b>(0.4)</b>	<b>1,005.6</b>	<b>(6.1)</b>	<b>(30.4)</b>	<b>(1.9)</b>	<b>(38.4)</b>	<b>8.5</b>	<b>961.0</b>	<b>(2.3)</b>	<b>967.2</b>
<b>Total Operational Service Areas</b>	<b>143.1</b>	<b>1,585.3</b>	<b>(0.5)</b>	<b>1,727.9</b>	<b>9.5</b>	<b>(90.9)</b>	<b>116.5</b>	<b>35.1</b>	<b>152.6</b>	<b>1,494.5</b>	<b>116.0</b>	<b>1,763.0</b>
Pensions	0.0	0.0	0.0	0.0	(8.4)	0.1	(6.5)	(14.8)	(8.4)	0.1	(6.5)	(14.8)
State Claims Agency	0.0	0.0	0.0	0.0	0.0	(54.7)	0.0	(54.7)	0.0	(54.7)	0.0	(54.7)
Primary Care Reimbursement Service (Note 1)	1.0	136.6	0.0	137.7	(4.1)	(52.6)	(7.6)	(64.3)	(3.1)	84.0	(7.6)	73.3
Demand Led Local Schemes (Note 1)	0.1	3.1	0.0	3.2	1.0	(1.3)	(0.4)	(0.7)	1.0	1.8	(0.4)	2.5
Treatment Abroad and Cross Border Directive	0.0	0.0	0.0	0.0	(0.1)	(18.7)	(0.0)	(18.8)	(0.1)	(18.7)	(0.0)	(18.8)
EHIC (European Health Insurance Card)	0.0	0.0	0.0	0.0	(0.0)	(1.5)	(1.7)	(3.3)	(0.0)	(1.5)	(1.7)	(3.3)
<b>Total Pensions &amp; Demand Led Services</b>	<b>1.1</b>	<b>139.7</b>	<b>0.0</b>	<b>140.8</b>	<b>(11.7)</b>	<b>(128.7)</b>	<b>(16.2)</b>	<b>(156.6)</b>	<b>(10.6)</b>	<b>11.1</b>	<b>(16.2)</b>	<b>(15.7)</b>
<b>Overall Total</b>	<b>144.2</b>	<b>1,725.1</b>	<b>(0.5)</b>	<b>1,868.8</b>	<b>(2.3)</b>	<b>(219.5)</b>	<b>100.3</b>	<b>(121.5)</b>	<b>142.0</b>	<b>1,505.5</b>	<b>99.8</b>	<b>1,747.3</b>

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Pensions & Demand Led Areas

**Graph 2 & 3: Total Monthly Covid-19, Non Covid-19 Expenditure and Variance by Pay/Non-Pay and Income**



Graph 2 above displays the total monthly Covid-19 expenditure by pay/non-pay and income. The total YTD Covid-19 expenditure is €1.869bn. The monthly Covid-19 expenditure / deficit peaked in the months of April €340.2, May €447.3m and June €434.9m. This increase in expenditure occurred due to the partnership with the private hospitals to provide additional capacity to meet the challenges of the Covid-19 pandemic. Additional PPE was purchased during these months to protect healthcare workers from contracting Covid-19. As set out in appendix 1, graph 3 provides a breakdown of the average daily Covid-19 expenditure for each month.

Graph 3 above displays the total monthly non Covid-19 expenditure by pay/non-pay and income. The total YTD non Covid-19 expenditure is €12.506bn. The red line displays the monthly deficit/surplus against budget. The total YTD surplus is €121.5m. The increase in Covid-19 expenditure during quarter 2 corresponded to a decrease in non-Covid-19 expenditure during the same period. This decrease

in expenditure occurred, as there was a reduction in non Covid-19 activity across the healthcare sector. Activity was reduced to ensure patient safety and to curtail the transmission of Covid-19. As set out in appendix 1, graph 4 provides a breakdown of the average daily non-Covid-19 expenditure for each month.

### Acute Operations

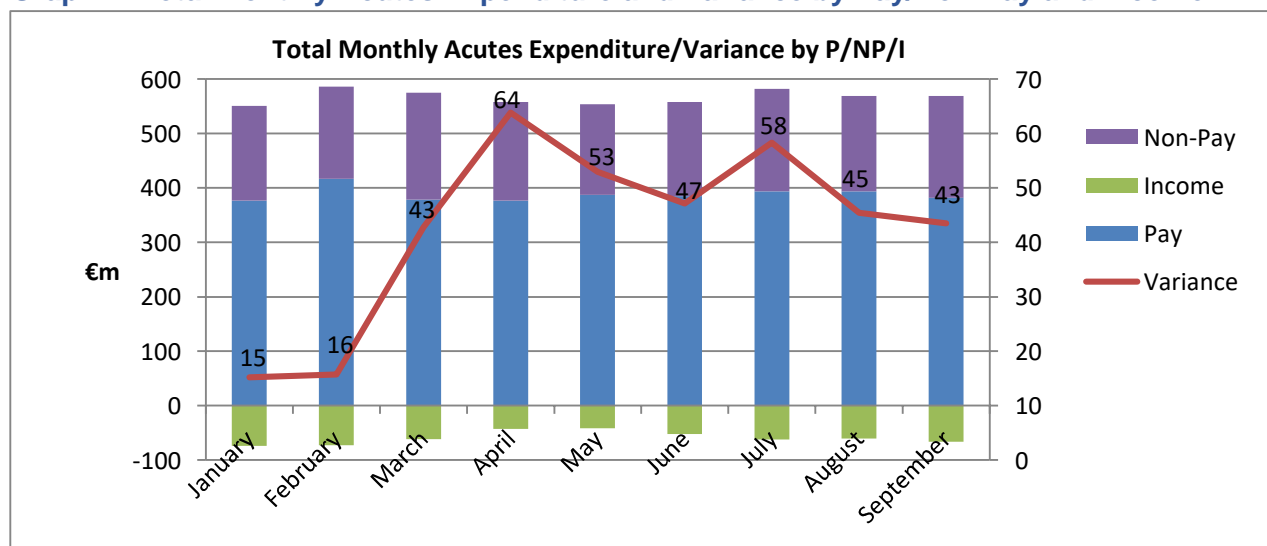
Acute operations has a YTD expenditure of €4.701bn against a YTD budget of €4.310bn leading to a deficit of €391.5m or 9.2% as set out in table 2a below. Acute operations include a deficit of €384.9m on acute hospital care and a deficit of €6.6m on the national ambulance service. Within the YTD deficit of €391.5m, €245.3m has been categorised as being directly attributable to Covid-19 expenditure as set out in table 2b below.

**Table 2a - Acute Operations September YTD**

September 2020 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
RCSI Hospital Group	863.1	702.3	644.2	58.1	9.0%
Dublin-Midlands Hospital Group	1,009.6	824.3	755.4	69.0	9.1%
Ireland East Hospital Group	1,103.0	898.1	826.1	72.0	8.7%
South-South West Hospital Group	954.7	780.7	713.8	66.8	9.4%
Saolta University Health Care Group	885.3	709.2	661.3	47.9	7.2%
University of Limerick Hospital Group	377.7	331.0	281.8	49.2	17.4%
Children's Health Ireland	361.3	279.9	269.0	10.9	4.0%
Regional & National Services	79.7	40.4	29.3	11.1	37.8%
<b>Acute Hospital Care</b>	<b>5,634.4</b>	<b>4,565.9</b>	<b>4,181.0</b>	<b>384.9</b>	<b>9.2%</b>
National Ambulance Service	175.1	135.2	128.6	6.6	5.2%
<b>Acute Operations Total</b>	<b>5,809.4</b>	<b>4,701.1</b>	<b>4,309.6</b>	<b>391.5</b>	<b>9.1%</b>

YTD Variance	
Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
€m	€m
34.7	23.4
46.0	22.9
46.7	25.3
37.8	29.1
31.5	16.3
28.9	20.3
5.7	5.2
6.6	4.5
<b>237.9</b>	<b>147.0</b>
7.4	(0.8)
<b>245.3</b>	<b>146.2</b>

**Graph 4: Total Monthly Acutes Expenditure and Variance by Pay/Non-Pay and Income**



Graph 4 displays the total monthly acutes hospital care expenditure by pay/non-pay and income. The red line displays the monthly deficit/surplus against budget. The total YTD deficit is €384.9m. The increase in the deficit for quarter 2 is due to the increased expenditure to combat the Covid-19 pandemic.

**Table 2b - Acute Operations September YTD Analysed**

September 2020 Acute Operations	YTD Variance attributable to Covid-19			
	Pay	Non Pay	Income	Total
	€m	€m	€m	€m
RCSI Hospital Group	19.3	15.4	(0.0)	34.7
Dublin-Midlands Hospital Group	14.6	31.4	-	46.0
Ireland East Hospital Group	20.7	26.0	(0.0)	46.7
South-South West Hospital Group	11.5	26.3	(0.0)	37.8
Saolta University Health Care Group	14.5	17.1	-	31.5
University of Limerick Hospital Group	7.1	21.9	(0.1)	28.9
Children's Health Ireland	1.4	4.3	-	5.7
Regional & National Services	0.2	6.4	-	6.6
<b>Acute Hospital Care</b>	<b>89.3</b>	<b>148.7</b>	<b>(0.1)</b>	<b>237.9</b>
National Ambulance Service	3.4	4.0	-	7.4
<b>Acute Operations Total</b>	<b>92.7</b>	<b>152.8</b>	<b>(0.1)</b>	<b>245.3</b>

YTD Variance attributable to Non Covid-19			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
0.2	6.4	16.7	23.4
5.6	(13.6)	30.9	22.9
21.1	(6.3)	10.5	25.3
5.3	3.3	20.5	29.1
3.8	(4.2)	16.8	16.3
8.6	0.5	11.2	20.3
0.8	0.4	4.0	5.2
4.1	0.5	(0.1)	4.5
<b>49.5</b>	<b>(13.0)</b>	<b>110.4</b>	<b>147.0</b>
(1.5)	1.0	(0.3)	(0.8)
<b>48.0</b>	<b>(11.9)</b>	<b>110.2</b>	<b>146.2</b>

YTD Variance Total			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
19.6	21.8	16.7	58.1
20.3	17.8	30.9	69.0
41.7	19.7	10.5	72.0
16.8	29.6	20.5	66.8
18.2	12.9	16.8	47.9
15.7	22.4	11.1	49.2
2.2	4.7	4.0	10.9
4.3	6.9	(0.1)	11.1
<b>138.8</b>	<b>135.8</b>	<b>110.3</b>	<b>384.9</b>
1.8	5.1	(0.3)	6.6
<b>140.6</b>	<b>140.8</b>	<b>110.1</b>	<b>391.5</b>

In addition to the directly attributable Covid-19 expenditure of €237.9m, acute hospital care has identified an additional €118.9m as being indirectly attributable to Covid-19. These primarily relate to a loss of income of €110.4m and €8.5m relating to indirect Covid-19 costs as identified for YTD September. Therefore, the total Covid-19 YTD deficit is €356.8m.

Of the total acute hospital care YTD **€384.9m** deficit (including Covid-19), €138.8m relates to pay, €135.8m relates to non-pay and €110.3m relates to income. The €138.8m pay deficit is due to the recruitment of 3,765 additional WTEs for YTD September. This wte increase is comprised of increases in the following staff categories; nursing - 1,132 wtes, medical- 831 wtes, support - 881 wtes, paramedical - 549 wtes and administration - 372 wtes. This extra recruitment has occurred mainly due to Covid-19.

The €135.8m non-pay deficit is comprised of overspends in clinical costs of €40.9m and non-clinical costs of €94.8m. Within the clinical costs YTD deficit of

€40.9m, €78.5m has been categorised as being directly attributable to Covid-19 expenditure. Of this €78.5m deficit, €32.2m relates to medical/surgical supplies, €19.6m other medical equipment, €12.1m laboratory, €6.9m supplies and contract other medical equipment, €5.3m drugs and medicine. The deficit is offset by a YTD surplus of (€37.6m) for non Covid-19 related expenditure. Of this deficit a surplus of (€29.1m) relates to medical/surgical supplies (€3.9m) in laboratory, €3.0m in other medical equipment and (€2.5m) in x-ray imaging.

Within the non-clinical costs YTD deficit of €94.8m, €70.2m has been categorised as being directly attributable to Covid-19 expenditure. Of this €70.2m deficit, €21.4m relates to bedding/ clothing, €13.2m relates to maintenance, €8.4m cleaning and washing, €5.7m computer, €4.8m professional services, €4.1m office expenses and €2.3m patient transport. There is a deficit of €24.6m for non Covid-19 related expenditure. Of this deficit €16.0m relates to bad debts (a significant portion of which relates to the on-going actions of health insurers) and €5.8m cleaning and washing.

There is a YTD income deficit of €110.3m against budget. This consists mainly of deficits on maintenance charges of €98.4m owing to the reduction in hospital activity due to Covid-19, inpatient charges of €3.8m and other income of €5.8m which is mainly in the voluntary sector. Covid-19 has impacted the normal income stream. Acute income streams have increased since the second quarter but are still not at their pre Covid19 levels. As set out in appendix 1, graph 5 provides a breakdown of the monthly maintenance income charges.

Significant improvements have been made in relation to Antimicrobial Resistance (AMR) and Infection Control across the health service, including CPE screening (carbapenemase-producing enterobacterales) rolled out in acute hospitals in 2019.

### Private Hospitals

In March 2020, Government approved a proposal from the DoH to allow for a formal partnership with private hospitals which would make their facilities and capacity available to meet the challenges of the Covid-19 pandemic. This put 2,000 beds, approximately 8,000 staff and a range of clinical facilities at the disposal of the public health service. This partnership commenced on 30th March 2020 and concluded on the 30th June 2020. The cost of the arrangement is €295.4m to the end of September. This may change over the coming months although these changes are not expected to be material. Costs may change due to the following issues:

- The outcome of the cost assessment exercise currently underway for the March – June period.
- The cost of patients whose episode of care continued beyond 30<sup>th</sup> June and whose claims are still outstanding.
- The finalisation of consultant's payroll costs.
- The outcome of the cost review dealing with claims for consultant's rooms and expenses.

Estimates have been made for adjustments related to the above in the €295.4m YTD cost.

### Community Operations

There have been significant cost pressures within our community services (CS) in recent years; therefore managing the year on year growth in demand for community-based services will remain a key challenge across primary care, mental health, disability and older person's services in 2020

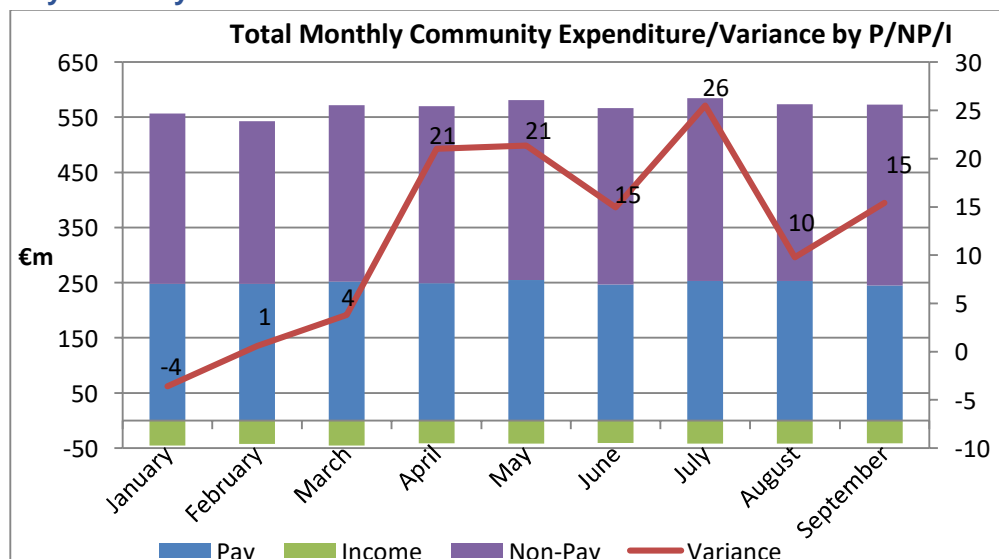
CS has YTD expenditure of €4.740bn against a YTD budget of €4.631bn leading to a deficit of €108.8m. This represents a YTD deficit of 2.4%.



**Table 3a - Community Operations September YTD**

September 2020 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
						€m	€m
Primary Care Total	911.0	688.2	668.0	20.2	3.0%	38.6	(18.4)
Social Inclusion Total	167.5	126.9	124.1	2.8	2.2%	5.8	(3.0)
Palliative Care Total	96.0	72.3	69.4	2.9	4.1%	2.7	0.2
<b>Primary Care Division Total (Note 1)</b>	<b>1,174.5</b>	<b>887.4</b>	<b>861.5</b>	<b>25.9</b>	<b>3.0%</b>	<b>47.1</b>	<b>(21.2)</b>
<b>Mental Health Division - Total</b>	<b>1,033.5</b>	<b>779.1</b>	<b>773.6</b>	<b>5.4</b>	<b>0.7%</b>	<b>14.9</b>	<b>(9.5)</b>
Older Persons Services Total	906.6	705.9	674.1	31.8	4.7%	46.9	(15.1)
Nursing Home Support Scheme Total	1,063.0	787.1	791.3	(4.2)	-0.5%	42.1	(46.3)
<b>Older Persons Services Division - Total</b>	<b>1,969.6</b>	<b>1,493.1</b>	<b>1,465.4</b>	<b>27.7</b>	<b>1.9%</b>	<b>89.0</b>	<b>(61.3)</b>
<b>Disability Services - Total</b>	<b>2,027.3</b>	<b>1,548.3</b>	<b>1,505.4</b>	<b>42.9</b>	<b>2.9%</b>	<b>22.8</b>	<b>20.1</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>14.0</b>	<b>8.5</b>	<b>10.0</b>	<b>(1.6)</b>	<b>-15.5%</b>	<b>0.1</b>	<b>(1.7)</b>
<b>CHO HQs &amp; Community Services - Total</b>	<b>19.8</b>	<b>23.2</b>	<b>14.7</b>	<b>8.5</b>	<b>57.7%</b>	<b>7.6</b>	<b>0.9</b>
<b>Community Total</b>	<b>6,238.8</b>	<b>4,739.5</b>	<b>4,630.7</b>	<b>108.8</b>	<b>2.4%</b>	<b>181.6</b>	<b>(72.7)</b>

**Graph 5: Total Monthly Community Expenditure and Variance by Pay/Non-Pay and Income**



Graph 5 displays the total monthly community expenditure / deficit and surplus by pay/non-pay and income. The red line displays the monthly deficit/surplus against budget. The total YTD deficit is €108.8m. The increase in deficits from the month of April onwards is due to the increased expenditure to combat the Covid-19 pandemic.

**Table 3b - Community Operations September YTD analysed**

September 2020 Community	YTD Variance attributable to Covid-19			
	Pay	Non Pay	Income	Total
	€m	€m	€m	€m
Primary Care Total	6.4	32.2	0.0	38.6
Social Inclusion Total	0.6	5.2	-	5.8
Palliative Care Total	0.5	2.2	-	2.7
<b>Primary Care Division Total (Note 1)</b>	<b>7.5</b>	<b>39.6</b>	<b>0.0</b>	<b>47.1</b>
<b>Mental Health Division - Total</b>	<b>6.7</b>	<b>8.2</b>	<b>-</b>	<b>14.9</b>
Older Persons Services Total	11.9	35.1	(0.1)	46.9
Nursing Home Support Scheme Total	-	42.1	-	42.1
<b>Older Persons Services Division - Total</b>	<b>11.9</b>	<b>77.2</b>	<b>(0.1)</b>	<b>89.0</b>
<b>Disability Services - Total</b>	<b>3.2</b>	<b>19.6</b>	<b>(0.0)</b>	<b>22.8</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>0.1</b>	<b>0.1</b>	<b>-</b>	<b>0.1</b>
<b>CHO HQs &amp; Community Services - Total</b>	<b>6.5</b>	<b>1.1</b>	<b>(0.0)</b>	<b>7.6</b>
<b>Community Total</b>	<b>35.8</b>	<b>145.8</b>	<b>(0.1)</b>	<b>181.6</b>

The YTD deficit in CS is reflective of the specific additional Covid-19 related expenditure that would not have been budgeted for at the start of the year. However, it should be noted that these specific Covid-19 deficits are offset in part by decreases in non Covid-19 related expenditure within CS. The performance by community operations division is illustrated in tables 3a and 3b above.

**Primary care services** YTD deficit; €25.9m

Within this deficit, €47.1m has been categorised by service areas as being directly attributable to Covid-19 expenditure. Of this €47.1m deficit, €7.5m relates to pay and €39.6m relates to non-pay. Of this €39.6m non pay deficit, €12.6m relates to grants to outside agencies, €7.9m professional services, €5.1m laboratory, €3.3m maintenance and €2.1m cleaning and washing.

The deficit is offset by a YTD surplus of (€21.2m) for non Covid-19 related expenditure. (€16.4m) of this non Covid-19 surplus is in pay due to the delayed recruitment of vacant positions, (€2.0m) in paediatric homecare packages and (€1.5m) in travel.

YTD Variance attributable to Non Covid-19			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
(13.6)	(5.9)	1.1	(18.4)
(2.9)	1.5	(1.6)	(3.0)
0.0	(1.8)	1.9	0.2
(16.4)	(6.2)	1.4	(21.2)
(0.1)	(10.7)	1.4	(9.5)
(3.3)	(18.5)	6.7	(15.1)
-	(40.4)	(5.9)	(46.3)
(3.3)	(58.9)	0.8	(61.3)
(12.4)	27.5	5.0	20.1
(1.0)	(0.5)	(0.2)	(1.7)
0.8	0.2	(0.1)	0.9
(32.4)	(48.6)	8.2	(72.7)

YTD Variance Total			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
(7.2)	26.4	1.1	20.2
(2.3)	6.7	(1.6)	2.8
0.6	0.4	1.9	2.9
(8.9)	33.4	1.4	25.9
6.6	(2.5)	1.4	5.4
8.6	16.6	6.6	31.8
-	1.7	(5.9)	(4.2)
8.6	18.3	0.8	27.7
(9.2)	47.1	5.0	42.9
(0.9)	(0.4)	(0.2)	(1.6)
7.3	1.3	(0.1)	8.5
3.5	97.2	8.2	108.8

**Mental health services** YTD deficit; €5.4m

Within this deficit, €14.9m has been categorised as being directly attributable to Covid-19 expenditure. Of this €14.9m deficit, €6.7m relates to pay and €8.2m relates to non-pay expenditure. Of this €6.7m pay deficit, €2.8m relates to payroll, €2.7m agency and €1.2m overtime. Of this €8.2m non-pay deficit, €1.8m relates to maintenance, €1.6m capitation payments, €1.1m cleaning and washing, €1.0m medical and surgical supplies, €0.5m rent and rates, furniture €0.4m, bedding and clothing €0.4m, grants to outside agencies €0.3m and computers €0.2m.

This deficit is offset in part by a YTD surplus of (€9.5m) for non Covid-19 related expenditure. Of this (€9.5m) surplus, (€0.1m) surplus relates to pay, €1.4m deficit relates to income and (€10.7m) relates to non-pay and has occurred due to mental health services not occurring due to Covid-19.

The main drivers of the non Covid-19 related surplus relate to (€4.5m) in placement start dates being pushed back several months, (€2.5m) in training not taking place due to Covid-19 restrictions, (€3.6m) in travel due to Covid-19 travel restrictions.

**Older persons:** YTD deficit; €27.7m. Within this deficit, €89.0m has been categorised as being directly attributable to Covid-19 expenditure. Of this deficit of €89.0m, €11.9m relates to pay, €35.1m relates to non-pay, €42.1m relates to NHSS and €0.1m relates to Income.

This deficit is offset in part by a YTD surplus of (€61.3m) for non Covid-19 related expenditure. The main items driving this surplus are, (€12.3m) in home support packages, (€9.8m) in transitional care beds, (€46.3m) in NHSS and a deficit of €15.1m in residential care.

#### **Disability services** YTD deficit; €42.9m

Within this deficit, €22.8m has been categorised as being directly attributable to Covid-19 expenditure. Of this deficit of €22.8m, €3.2m relates to pay and €19.6m relates to non-pay. Of this €3.2m pay deficit, €2.0m relates to nursing and €0.8m support services. Of this €19.6m non-pay deficit, €9.6m relates to grants to outside agencies, €3.7m capitation payments, €2.6m medical and surgical supplies and €0.7m cleaning and washing.

It should be noted that there is an additional YTD deficit of €20.1m for non Covid-19 related expenditure. Of this deficit of €20.1m, (€12.4m) relates to pay, €27.5m relates to non-pay and €5.0m relates to income. The main drivers of this €20.1m YTD deficit are, €12.4m of a deficit due to not meeting planned efficiency targets, €2.0m in new non Covid-19 residential placements and €1.3m in home support packages.

## Chief Clinical Officer

**Table 4a – Chief Clinical Officer September YTD**

September 2020 Chief Clinical Office	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Clinical Design & Innovation	9.6	4.2	6.1	(1.9)	-31.6%
Office of Nursing & Midwifery Services	35.6	21.9	25.2	(3.3)	-13.3%
Quality Assurance & Verification	6.1	3.8	4.5	(0.8)	-17.3%
Quality Improvement Division	9.8	7.0	7.2	(0.2)	-2.9%
National Health and Social Care Profession	2.0	1.5	1.5	(0.0)	-2.9%
National Doctors Training & Planning	22.3	17.6	16.4	1.1	6.9%
National Cancer Control Programme (NCCP)	8.8	4.0	4.4	(0.4)	-8.5%
<b>Chief Clinical Office Total</b>	<b>94.2</b>	<b>59.8</b>	<b>65.4</b>	<b>(5.5)</b>	<b>-8.5%</b>

YTD Variance	
Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
€m	€m
0.1	(2.0)
0.1	(3.4)
0.0	(0.8)
0.1	(0.3)
0.0	(0.0)
0.5	0.6
-	(0.4)
0.7	(6.3)

**Table 4b – Chief Clinical Officer September YTD analysed**

September 2020 Chief Clinical Office	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Clinical Design & Innovation	0.0	0.1	-	0.1	(1.2)	(0.7)	(0.2)	(2.0)	(1.2)	(0.6)	(0.2)	(1.9)
Office of Nursing & Midwifery Services	0.0	0.0	-	0.1	(2.3)	(1.1)	(0.0)	(3.4)	(2.2)	(1.1)	(0.0)	(3.3)
Quality Assurance & Verification	0.0	0.0	-	0.0	(0.4)	(0.4)	-	(0.8)	(0.4)	(0.4)	-	(0.8)
Quality Improvement Division	0.1	0.0	-	0.1	(0.1)	(0.0)	(0.2)	(0.3)	(0.0)	0.0	(0.2)	(0.2)
National Health and Social Care Profession	-	0.0	-	0.0	(0.2)	0.1	(0.0)	(0.0)	(0.2)	0.1	(0.0)	(0.0)
National Doctors Training & Planning	0.0	0.5	-	0.5	(0.2)	0.8	(0.0)	0.6	(0.2)	1.3	(0.0)	1.1
National Cancer Control Programme (NCCP)	-	-	-	-	0.1	(0.5)	(0.0)	(0.4)	0.1	(0.5)	(0.0)	(0.4)
<b>Chief Clinical Office Total</b>	<b>0.1</b>	<b>0.6</b>	<b>-</b>	<b>0.7</b>	<b>(4.1)</b>	<b>(1.7)</b>	<b>(0.4)</b>	<b>(6.3)</b>	<b>(4.0)</b>	<b>(1.1)</b>	<b>(0.4)</b>	<b>(5.5)</b>

The Chief Clinical Officer (CCO) has YTD expenditure of €59.8m against a YTD budget of €65.4m leading to a surplus of (€5.5m) or (8.5%) as shown in table 4a above. Within this surplus, €0.7m expenditure has been categorised as being directly attributable to Covid-19.

Within the CCO, the office of nursing & midwifery services has a YTD surplus of (€3.3m) relating to vacant posts where actual wte's are running 11% below budget. Clinical design & innovation has a YTD surplus of (€1.9m) primarily due to vacant posts not being filled. National doctors training & planning has a YTD deficit of €1.1m. The pay surplus is driven by vacant posts and the surplus in non-pay due to the delay in commencing training courses. The National Cancer

Control Programme (NCCP) has a YTD surplus of (€0.4m) due to payments to cancer support organisations not occurring in 2020. The performance by chief clinical officer area is illustrated in tables 4a and 4b above.

**National Screening Service**

The National Screening Service (NSS) provides population-based screening programmes for BreastCheck (BC), CervicalCheck (CC), BowelScreen (BS) and Diabetic RetinaScreen (DRS). These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

**Table 5a – National Screening Service September YTD**

September 2020 National Screening Service	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
						€m	€m
National Screening Service	85.1	43.8	57.9	(14.1)	-24.4%	0.4	(14.5)

**Table 5b – National Screening Service September YTD analysed**

September 2020 National Screening Service	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
National Screening Service	0.0	0.3	-	0.4	(2.2)	(12.2)	(0.0)	(14.5)	(2.2)	(11.9)	(0.0)	(14.1)

The NSS has YTD expenditure of €43.8m against a YTD budget of €57.9m leading to a surplus of (€14.1m) or (24.4%) as shown in table 5a above. Within this surplus, (€2.2m) relates to pay and (€11.9m) relates to non-pay. The pay surplus of (€2.2m) is arising due to staff vacancies. The non-pay surplus of (€11.9m) relates to screening programmes that were suspended due to Covid-19. Programmes have re-commenced but uptake is slower than expected. The performance of the NSS is illustrated in tables 5a and 5b above.

## Health and Wellbeing

**Table 6a – Health and Wellbeing September YTD**

September 2020 Health & Wellbeing	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
						€m	€m
Health Protection Surveillance Service	5.2	4.4	3.6	0.9	23.8%	1.1	(0.2)
Health Protection Vaccines	53.2	36.7	38.1	(1.5)	-3.9%	0.1	(1.6)
Public Health	20.2	18.6	14.5	4.1	28.2%	4.6	(0.5)
Health Promotion	6.5	4.1	5.7	(1.6)	-27.6%	0.0	(1.6)
Research & Evidence	9.5	6.2	6.7	(0.5)	-7.8%	0.1	(0.7)
Health & Wellbeing - (Regional)	9.3	7.0	6.8	0.2	2.3%	0.0	0.1
Crisis Pregnancy Agency	5.6	4.4	4.9	(0.6)	-11.9%	0.1	(0.7)
Health & Wellbeing Nat Dir Off	2.1	1.2	1.4	(0.1)	-10.2%	0.0	(0.1)
<b>Health &amp; Wellbeing Total</b>	<b>111.6</b>	<b>82.6</b>	<b>81.8</b>	<b>0.8</b>	<b>1.0%</b>	<b>6.1</b>	<b>(5.3)</b>

**Table 6b – Health and Wellbeing September YTD analysed**

September 2020 Health & Wellbeing	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Health Protection Surveillance Service	0.8	0.2	-	1.1	(0.2)	(0.1)	0.1	(0.2)	0.6	0.1	0.1	0.9
Health Protection Vaccines	0.1	0.0	-	0.1	(0.0)	(1.6)	(0.0)	(1.6)	0.1	(1.6)	(0.0)	(1.5)
Public Health	4.3	0.3	-	4.6	0.3	0.0	(0.8)	(0.5)	4.6	0.3	(0.8)	4.1
Health Promotion	0.0	-	-	0.0	(0.0)	(1.6)	(0.0)	(1.6)	0.0	(1.6)	(0.0)	(1.6)
Research & Evidence	0.1	0.1	-	0.1	(0.3)	(0.4)	(0.1)	(0.7)	(0.2)	(0.3)	(0.1)	(0.5)
Health & Wellbeing - (Regional)	-	0.0	-	0.0	(0.0)	(0.1)	0.3	0.1	(0.0)	(0.1)	0.3	0.2
Crisis Pregnancy Agency	0.1	-	-	0.1	(0.1)	(0.5)	-	(0.7)	(0.1)	(0.5)	-	(0.6)
Health & Wellbeing Nat Dir Off	-	0.0	-	0.0	0.1	(0.1)	(0.1)	(0.1)	0.1	(0.1)	(0.1)	(0.1)
<b>Health &amp; Wellbeing Total</b>	<b>5.4</b>	<b>0.7</b>	<b>-</b>	<b>6.1</b>	<b>(0.3)</b>	<b>(4.4)</b>	<b>(0.6)</b>	<b>(5.3)</b>	<b>5.1</b>	<b>(3.7)</b>	<b>(0.6)</b>	<b>0.8</b>

Health & Wellbeing (H&WB) support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within H&WB support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population. The performance by health and wellbeing area is illustrated in tables 6a & 6b above.

The H&WB division has a YTD expenditure of €82.6m against a budget of €81.8m leading to a deficit of €0.8m or 1.0% as shown in table 6a above. Within this deficit, €6.1m expenditure has been categorised as being directly attributable to Covid-19.

Within the H&WB division there is a deficit in pay of €5.1m. Within this deficit €5.4m has been categorised as being directly attributable to Covid-19 expenditure. Of this €5.1m deficit, €4.6m has occurred in public health and is due to increased recruitment and overtime in dealing with the Covid-19 pandemic.

Within the H&WB division there is a surplus in non-pay of (€3.7m). Within this surplus a deficit of €0.7m has been categorised as being directly attributable to Covid-19 expenditure. Of this (€3.7m) surplus, (€1.6m) has occurred in health protection vaccines due to the temporary suspension of school immunisation programmes. This programme has re-commenced through alternative delivery mechanisms. Health promotion has a surplus of (1.6m) due to education and training not taking place due to Covid-19.

## National Services (Excl. PCRS)

**Table 7a – National Services September YTD**

September 2020 National Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Environmental Health	49.4	35.6	35.7	(0.1)	-0.3%
Emergency Management	1.7	1.3	1.3	0.1	4.5%
EU & North South Unit	0.6	0.5	0.5	0.1	11.0%
<b>National Services Total</b>	<b>51.8</b>	<b>37.5</b>	<b>37.5</b>	<b>0.0</b>	<b>0.0%</b>

YTD Variance	
Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
€m	€m
0.5	(0.6)
0.1	0.0
-	0.1
0.5	(0.5)

**Table 7b – National Services September YTD analysed**

September 2020 National Services	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Environmental Health	0.4	0.1	(0.0)	0.5	(1.2)	(0.5)	1.1	(0.6)	(0.8)	(0.4)	1.1	(0.1)
Emergency Management	0.0	0.0	-	0.1	(0.1)	(0.1)	0.1	0.0	(0.0)	(0.0)	0.1	0.1
EU & North South Unit	-	-	-	-	1.0	0.3	(1.3)	0.1	1.0	0.3	(1.3)	0.1

The national services division has a YTD expenditure of €37.5m against a budget of €37.5m leading to breakeven position. The (€0.1m) surplus in environmental health (EH) relates to a pay surplus of (€0.8m) arising due to staff vacancies. The income deficit of €1.1m relates to an historic income target. Prior to Irish Water being in existence EH provided services to county councils and charged for same. Since the creation of Irish Water the councils provide this service hence the loss of income to EH. The EU & north south unit is now part of national services, having previously been reported as part of human resources. The performance by national service area is illustrated in tables 7a & 7b above.

National Services include:

- **Environmental Health:** The environmental health service plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety,

## Support Services

**Table 8a – Support Services September YTD**

September 2020 Support Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Health Business Services	143.6	988.0	101.4	886.6	874.0%
Finance	49.2	31.7	33.0	(1.4)	-4.1%
Human Resources	43.4	34.1	29.7	4.4	14.7%
Board of the HSE & Office of the CEO	3.8	2.1	2.6	(0.5)	-20.9%
Health System Reform	9.5	4.4	6.2	(1.8)	-28.6%
Legal Services	17.3	14.3	13.0	1.3	9.7%
Office of the COO & Office of the CSO	8.1	9.3	6.0	3.3	54.3%
Compliance	1.3	0.6	1.0	(0.4)	-41.2%
Communications	12.8	15.4	6.2	9.1	147.3%
Audit	4.4	2.7	3.3	(0.6)	-17.9%
Health Repayment Scheme	0.5	0.1	0.4	(0.3)	-80.6%
Chief Information Officer	50.6	52.4	37.8	14.7	38.8%
Regional Services	3.5	73.3	1.5	71.8	4927.6%
<b>Support Services Total</b>	<b>348.2</b>	<b>1,228.3</b>	<b>242.2</b>	<b>986.1</b>	<b>407.2%</b>

tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies and control of drinking and bathing water quality.

- **Emergency Management:** The emergency management function assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.
- **EU and North South Unit:** The EU and north south unit works on behalf of the HSE to promote health co-operation with providers both north and south of the border, ensuring better outcomes for people living in border areas, and covering a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services, and co operation on the new initiatives.

YTD Variance	
Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
€m	€m
887.5	(0.9)
0.9	(2.3)
5.1	(0.8)
-	(0.5)
-	(1.8)
2.4	(1.2)
5.0	(1.8)
-	(0.4)
9.4	(0.3)
0.0	(0.6)
-	(0.3)
15.0	(0.4)
72.4	(0.6)
997.9	(11.8)



**Table 8b – Support Services September YTD analysed**

September 2020 Support Services	YTD Variance attributable to Covid-19			
	Pay	Non Pay	Income	Total
	€m	€m	€m	€m
Health Business Services	0.4	887.1	(0.0)	887.5
Finance	0.0	1.3	(0.3)	0.9
Human Resources	4.3	0.8	-	5.1
Board of the HSE & Office of the CEO	-	-	-	-
Health System Reform	-	-	-	-
Legal Services	-	2.4	-	2.4
Office of the COO & Office of the CSO	-	5.0	-	5.0
Compliance	-	-	-	-
Communications	2.7	6.7	-	9.4
Audit	0.0	0.0	-	0.0
Health Repayment Scheme	-	-	-	-
Chief Information Officer	1.2	13.8	-	15.0
Regional Services	0.0	72.4	-	72.4
<b>Support Services Total</b>	<b>8.7</b>	<b>989.6</b>	<b>(0.4)</b>	<b>997.9</b>

YTD Variance attributable to Non Covid-19			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
(1.7)	1.1	(0.3)	(0.9)
0.1	(2.7)	0.2	(2.3)
0.3	(1.1)	(0.0)	(0.8)
(0.1)	(0.5)	(0.0)	(0.5)
(0.2)	(1.6)	-	(1.8)
(0.1)	(1.3)	0.2	(1.2)
0.8	(2.5)	(0.0)	(1.8)
(0.0)	(0.4)	-	(0.4)
(0.3)	0.9	(0.9)	(0.3)
(0.0)	(0.6)	(0.0)	(0.6)
(0.0)	(0.3)	-	(0.3)
2.3	(2.6)	(0.1)	(0.4)
(0.3)	(0.2)	(0.0)	(0.6)
0.8	(11.8)	(0.8)	(11.8)

YTD Variance Total			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
(1.3)	888.2	(0.3)	886.6
0.1	(1.4)	(0.1)	(1.4)
4.6	(0.2)	(0.0)	4.4
(0.1)	(0.5)	(0.0)	(0.5)
(0.2)	(1.6)	-	(1.8)
(0.1)	1.1	0.2	1.3
0.8	2.5	(0.0)	3.3
(0.0)	(0.4)	-	(0.4)
2.4	7.6	(0.9)	9.1
(0.0)	(0.6)	(0.0)	(0.6)
(0.0)	(0.3)	-	(0.3)
3.6	11.2	(0.1)	14.7
(0.3)	72.1	(0.0)	71.8
9.5	977.8	(1.2)	986.1

The September results for support services (SS) shows net expenditure of €1.228bn against the available budget reported at €242.2m. This gives rise to a YTD deficit of €986.1m or 407.2% as shown in table 8a above. The performance by support service area is illustrated in tables 8a & 8b above.

- The YTD deficit of €986.1m includes a deficit of €886.6m in health business services (inclusive of €887.5m Covid-19 expenditure). The deficit in HBS is comprised of €864.2m in HBS-Procurement mainly in relation to medical supplies and equipment (PPE) and €23.3m is in HBS-Estates mainly in relation to self – isolation facilities.
- €14.7m deficit in chief information officer (inclusive of €15.0m Covid-19 expenditure) of which €8.5m is in relation to the purchase of new hardware.
- €9.1m deficit in communications (inclusive of €9.4m Covid-19 expenditure) of which €2.7m is in relation to staffing a call centre and €6.7m is in relation to advertising and awareness campaigns that took place related to Covid-19.
- €4.4m deficit in human resources (inclusive of €5.1m Covid-19 expenditure) which relates to the hiring of agency nurses in response to Covid-19.
- €1.3m deficit in legal services (inclusive of €2.4m Covid-19 expenditure).

- €71.8m deficit in regional services (inclusive of €72.4m of Covid-19 expenditure) of which €72.4m has been spent on lab processing and other Covid-19 costs.
- €3.3m deficit in the office of the COO and CSO (inclusive of €5.0m of Covid-19 expenditure).

Offsetting the above SS deficits there are surpluses of (€1.4m) in finance, (€1.8m) in health system reform and other minor surplus amounting to (€1.8m) in other SS divisions.

The bulk of the costs and cost pressures giving rise to this spend and deficit levels represent essential supports provided by the national functions to support direct service provision.

In 2020, support services divisions will continue to focus on financial management by ensuring efficiency, tightening financial controls, reviewing costs and charging out appropriate costs that relate directly to other divisions and services.



## Demand Led Services

Table 9a - Demand Led Services Areas September YTD

September 2020 Pensions & Demand Led Services	Approved	YTD	YTD	YTD	YTD	YTD Variance	
	Allocation	Actual	Budget	Variance	Variance	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
	€m	€m	€m	€m	%	€m	€m
Pensions	574.0	406.9	421.7	(14.8)	-3.5%	-	(14.8)
State Claims Agency	400.0	245.3	300.0	(54.7)	-18.2%	-	(54.7)
Primary Care Reimbursement Service	2,931.5	2,300.4	2,227.1	73.3	3.3%	137.7	(64.3)
Demand Led Local Schemes	266.9	202.5	200.0	2.5	1.2%	3.2	(0.7)
Treatment Abroad and Cross Border Directive	57.8	24.9	43.7	(18.8)	-43.1%	-	(18.8)
EHIC (European Health Insurance Card)	16.2	6.6	9.8	(3.3)	-33.2%	-	(3.3)
<b>Pensions &amp; Demand Led Services Total</b>	<b>4,246.3</b>	<b>3,186.6</b>	<b>3,202.3</b>	<b>(15.7)</b>	<b>-0.5%</b>	<b>140.8</b>	<b>(156.6)</b>

Table 9b - Demand Led Services Areas September YTD analysed

September 2020 Pensions & Demand Led Services	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Pensions	-	-	-	-	(8.4)	0.1	(6.5)	(14.8)	(8.4)	0.1	(6.5)	(14.8)
State Claims Agency	-	-	-	-	-	(54.7)	-	(54.7)	-	(54.7)	-	(54.7)
Primary Care Reimbursement Service	1.0	136.6	-	137.7	(4.1)	(52.6)	(7.6)	(64.3)	(3.1)	84.0	(7.6)	73.3
Demand Led Local Schemes	0.1	3.1	-	3.2	1.0	(1.3)	(0.4)	(0.7)	1.0	1.8	(0.4)	2.5
Treatment Abroad and Cross Border Directive	-	-	-	-	(0.1)	(18.7)	(0.0)	(18.8)	(0.1)	(18.7)	(0.0)	(18.8)
EHIC (European Health Insurance Card)	-	-	-	-	(0.0)	(1.5)	(1.7)	(3.3)	(0.0)	(1.5)	(1.7)	(3.3)
<b>Pensions &amp; Demand Led Services Total</b>	<b>1.1</b>	<b>139.7</b>	<b>-</b>	<b>140.8</b>	<b>(11.7)</b>	<b>(128.7)</b>	<b>(16.2)</b>	<b>(156.6)</b>	<b>(10.6)</b>	<b>11.1</b>	<b>(16.2)</b>	<b>(15.7)</b>

Expenditure in demand led services areas such as pensions, SCA, PCRS and TAS/CBD is driven primarily by eligibility, legislation, policy, demographic and economic factors. Accordingly it is not amendable to normal management controls in terms of seeking to limit costs to a specific budget limit. In some cases it can also be difficult to predict with accuracy in any given year and can vary from plan depending on a number of factors outside of the health services direct control.

In the event that actual expenditure on demand led services areas emerges in 2020 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

## Pensions

Pensions provided within the HSE and HSE funded agencies (section 38) are based on statutory schemes the rules for which are decided centrally for the public service in general. They cannot readily be controlled in terms of financial performance and can be difficult to predict. There is a strict requirement on the health service, as is the case across the public sector, to ring fence public pension related funding and costs and keep them separate from mainstream service costs. Pension costs and income are monitored carefully and reported on regularly.

As part of NSP2020 an additional €72.5m has been assigned to pensions. In addition funding has been made available to pensions from the net monies related to the consultant's settlement.

Pensions have expenditure of €406.9m against a profiled budget of €421.7m leading to a YTD surplus of (€14.8m) or (3.5%) as shown in table 9a above. This surplus of (€14.8m) is comprised of a surplus in Additional Superannuation Contribution (ASC) of (€1.8m) and a surplus in pensions of (€13.0m). Pension spend is volatile in nature but generally in an upward direction as the year progresses. September saw a drop in the value of Lump Sum payments but we also expect to see a small increase in retirees after the October 1st 2020 pay increase. A year end review will take place in December which is likely to see an increase in Pension Costs. Transition to the Single Public Service Pension Scheme (SPSPS) retirements will see a reduction in the cost of pensions but this will occur gradually over a number of years.

## State Claims Agency (SCA)

The SCA is a separate legal entity which manages and settles claims on behalf of government departments and public bodies, including the HSE. The HSE reimburses the SCA for costs arising from claims under the clinical and general indemnity schemes and has an allocated 2020 budget for this reimbursement of €400m, an additional €60m over 2019 Budget.

Precise cost prediction in this area has proven to be extremely challenging and deficits in recent years have been met each year by way of supplementary funding at year end. There is a significant and on-going focus on mitigating in so far as is practical the underlying risks and issues which give rise to claims.

SCA have expenditure of €245.3m against a profiled budget of €300.0m leading to a YTD surplus of (€54.7m) or (18.2%) as shown in table 9a above. This surplus is due to the slowdown of the legal process due to the closure of the court services as a result of Covid-19 and is therefore likely to be temporary in nature.

## Primary Care Reimbursement Service (PCRS)

PCRS supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and/or government policy.

PCRS continues to face significant financial challenges and increased demand for services.

Financial and related general performance within PCRS is reviewed on a monthly basis with officials from DoH and DPER.

The PCRS has year to date expenditure of €2.300bn against a budget of €2.227bn leading to a year to date deficit of €73.3m or 3.3% as shown in table 9a above. This deficit is illustrated by scheme in the accompanying management data report.

In response to the Covid-19 pandemic, a number of measures were undertaken by the HSE which have an impact on the various schemes/arrangements operated by the PCRS. Where a decision has a definitive cost attributable to the pandemic, the cost will be reported separate to the business as usual costs.

Within this YTD deficit of €73.3m, €137.7m has been categorised as being directly attributable to Covid-19 expenditure. The impact of this amount has been counteracted by reduction in other services resulting from the emergency. The reported Covid-19 costs include costs in respect of the GP support package

(accounting for €122.2m of Covid-19 costs), September eligibility extension costs, an element of increased demand on drugs and direct administrative costs. The costs will increase as the year progresses due to the extension of MC/GPVC eligibility for existing cohort whose eligibility were due to expire in the months of March to September, the award of medical cards due to change in economic environment, costs in relation to the Covid-19 contact centre and staff redeployments.

Within the Covid-19 deficit of €137.7m, €122.2m has been due to GP fees and allowances, €4.3m general medical services (GMS) pharmacy fees, €8.6m GMS pharmacy drugs, €1.6m admin pay & non-pay (excluding NCPE) and €0.9m community demand led schemes drug payment scheme.

There is an YTD surplus of (€64.3m) for non Covid-19 related expenditure. Of this (€64.3m), (€22.5m) has been due to GP fees and allowances, (€2.5m) pharmacy fees, (€4.7m) pharmacy drugs / medicines, (€15.2m) dental treatment / prescription services, (€6.3m) community ophthalmic services, (€6.9m) admin pay & non-pay (excluding NCPE), and (€13.4m) NDMS Hep. C programme. These surpluses are offset by deficits in €2.9m high tech arrangement and €5.9m community demand led schemes high tech arrangement.

High Tech drug spend is increasing each year, due to 2019 new drugs in addition to full year effect of 2018 and 2017 newly approved drugs. In addition year on year number of patients dispensed continues to rise across most condition types and for all drug types. The demand is primarily across the following conditions: cancer, cystic fibrosis and rheumatology.

#### [Treatment Abroad and Cross Border Healthcare \(TAS/CBD\)](#)

The TAS provides for the referral of patients to another EU/EEA country or Switzerland for a treatment that is not available in Ireland. The CBD entitles persons ordinarily resident in Ireland who have an appropriate referral for public healthcare to opt to avail of that healthcare in another EU/EEA country or Switzerland. As with other demand-led services, it is exceptionally difficult to predict with accuracy the expenditure and activity patterns of these schemes.

As part of NSP2020, treatment abroad and cross border healthcare has an allocated 2020 budget of €58m.

TAS and CBD have a year to date expenditure of €24.9m against a profiled budget of €43.7m leading to a YTD surplus of (€18.8m) or (43.1%) as shown in table 9a above. This surplus is due to activity being lower than anticipated.

TAS is specific to very specialised treatments. As a result of Covid-19, public hospitals were not seeing patients except in emergencies; therefore TAS patients were not accessing their primary consultants and not being referred abroad. However, these patients will still need these treatments and this should be regarded as a delay in referrals, which will increase again as the year progresses.

CBD has also seen a significant drop in activity due to Covid-19. From March 2020, the private hospitals abroad were not available for private healthcare; therefore CBD patients could not access their main service providers. The Government restrictions on travel (5km from home, then 20km from home) and air travel restrictions also had a significant impact on the ability of patients to access healthcare through the CBD scheme.

#### [European Health Insurance Card \(EHIC\)](#)

The EHIC is used for instances where you are travelling to another EU State. If you fall ill or injured during such a trip your EHIC will cover any necessary care you might need. Again, due to the demand led nature of these schemes it is extremely difficult to predict expenditure accurately. Due to the onset of Covid-19 less international travel has taken place than was initially anticipated which is resulting in surpluses in the EHIC scheme.

As part of NSP2020, EHIC has an allocated 2020 budget of €16.2m.

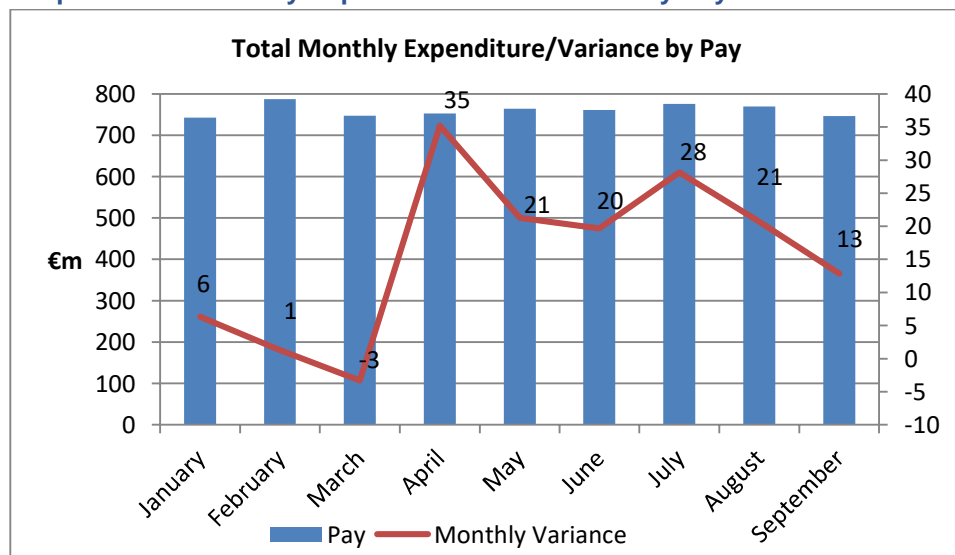
EHIC has expenditure of €6.6m against a profiled budget of €9.8m leading to a YTD surplus of (€3.3m) or (33.2%) as shown in table 9a above.

The E125 scheme is for European citizens who are on short term visits to another member state. It is anticipated that the E125 scheme will be in a surplus position at year end with Covid-19 impacting travel within the EU.

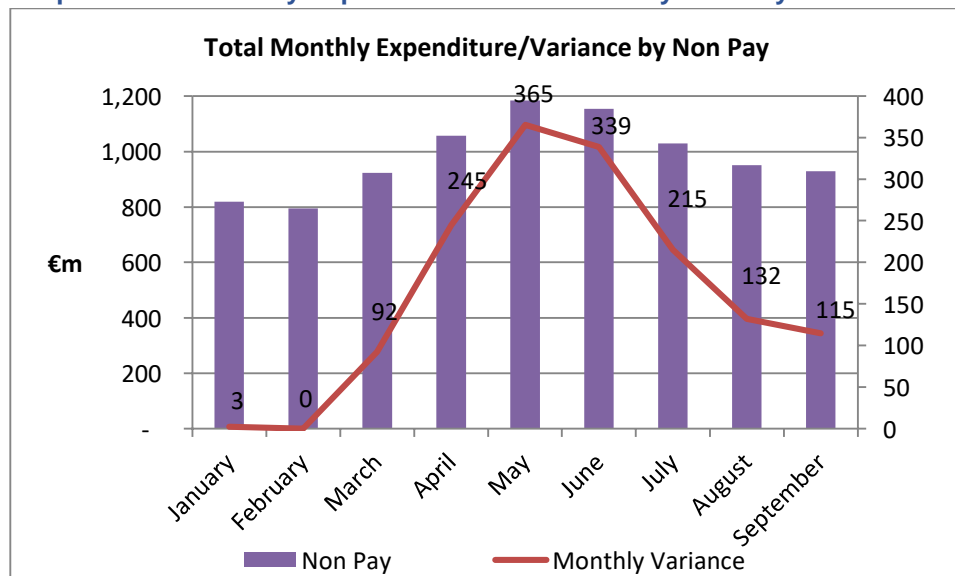
The E127 scheme is availed of by European citizens who reside on a long term basis in another member state. In addition, the E127 scheme is generating a surplus as no costs have been processed on this scheme by other eligible countries. However it is anticipated that the costs will be processed later in the year thereby significantly reducing the YTD surplus.

## Appendix 1 – Summary September YTD Data

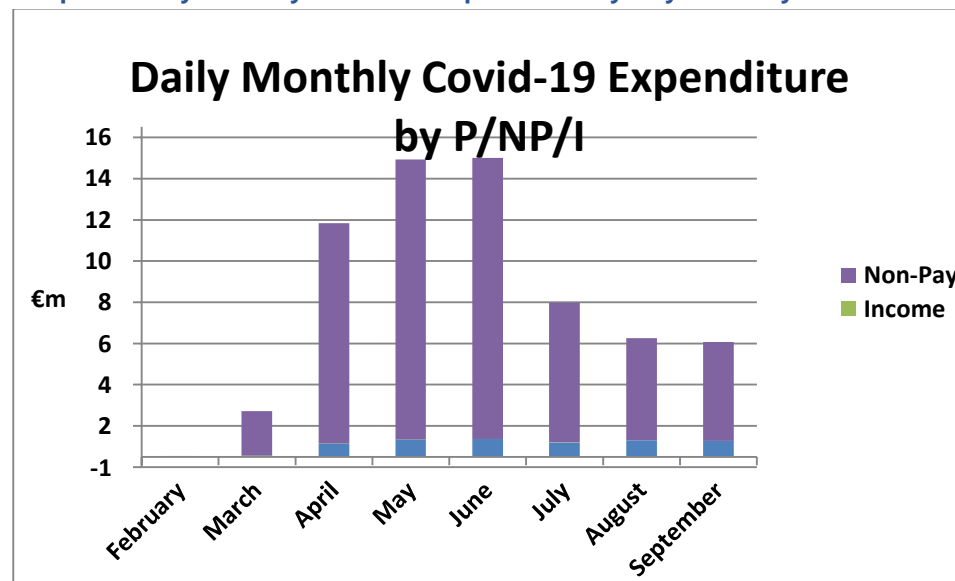
### Graph 1: Total Monthly Expenditure and Variance by Pay



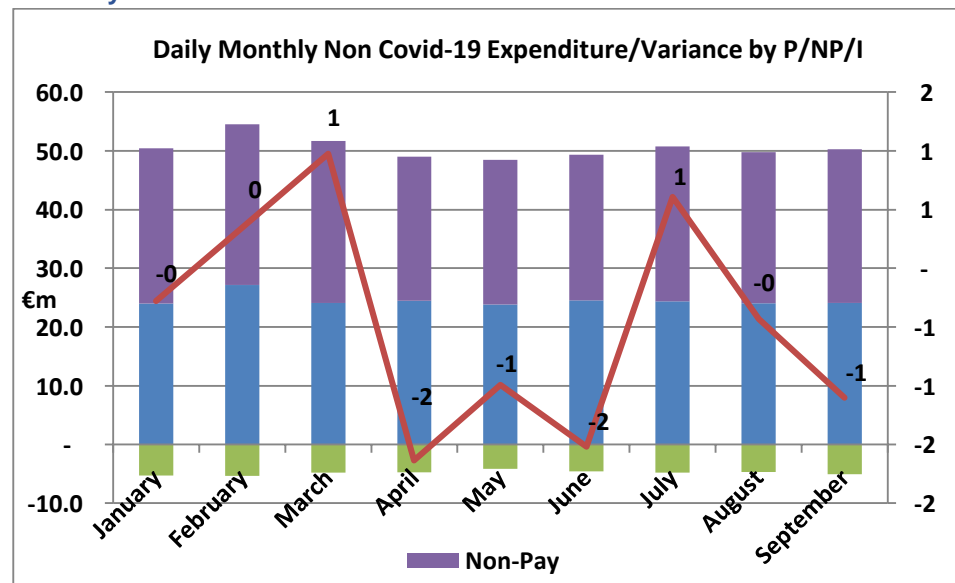
### Graph 2: Total Monthly Expenditure and Variance by Non-Pay



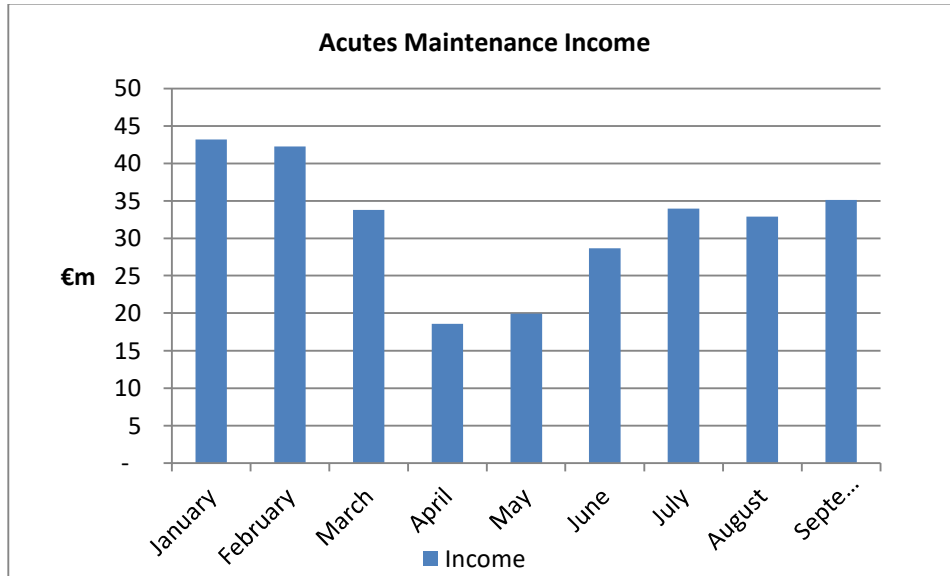
### Graph 3: Daily Monthly Covid-19 Expenditure by Pay Non-Pay and Income



### Graph 4: Daily Monthly Non Covid-19 Expenditure and Variance by Pay Non-Pay and Income



**Graph 5: Monthly Acutes Maintenance Income**



# Human Resources

## Health Sector Workforce

At the end of September 2020 Health Services employment levels stand at **124,568** whole-time equivalents (WTE).

### Overall headlines this month

- When compared with the **August 2020 figure (124,705 WTE)**, the change this month shows a **decrease of -136 WTE**, with the Year to Date change at **+4,751 WTE (+4.0%)**.
- This month's change is below that normally seen for September, with the 5 year average change for the same period at **+274 WTE**.
- There are however, a number of factors impacting the employment data for this month, most notably;
  - Health Care Assistants – Student Nurse/Midwife intern (year 1-3), COVID-19 contracts ceased from 31<sup>st</sup> August 2020 with this month's census reflecting a decrease of -352 WTE;
  - Pre-registration Nurse/Midwife Interns (4<sup>th</sup> Year) completing their internship showing a decrease of -385 WTE, which is expected to re-increase on uptake of Staff Nurse/ Midwife contracts due to reporting time lags;
  - Similar to the impact seen on the rollout of NiSRP in the East, the further roll out of NiSRP in the South East, along with an automation of the South census file has also impacted on this month's figures, showing some variation, and in particular in General Support grades this month.

### Overarching key findings this month

- Four of the six staff categories are showing growth this month, the largest of which is Medical & Dental (**+99 WTE**). Within this category, the Consultant staff group has increased by **+35 WTE**, while registrars have increased by **+31 WTE** and Medical/Dental Other increased by **+49 WTE**.
- Health & Social Care Professionals are the second largest increase this month at **+55 WTE** mainly due to +32 WTE Social Care, Therapy Professions +18 WTE and +15 WTE Social Workers. Further increases are seen across Management & Administration (+53 WTE), primarily

seen in the Administrative/Supervisory (Grade V to Grade VII) staff group at +77 WTE. Patient Client & Care increased by **+19 WTE** this month.

- Nursing & Midwifery and General Support are both reporting decreases of **-189 WTEs** and **-173 WTEs** respectively this month. As noted earlier however, both are impacted by specific issues this month. In Nursing & Midwifery, this is mainly attributable to completion of the 4<sup>th</sup> year clinical placement of Pre-registration Nurse/Midwife Intern (Covid-19) grades (**-352 WTEs**). Of note, most all other nursing and midwifery grades are reporting increases this month. The decrease in General Support is mainly seen in the South East (-141 WTEs) and is likely to be related to the roll out of NiSRP as referred to above.
- This month the Section 38 Voluntary Agencies are reporting an increase of **+128 WTE (+0.8%)**, while the HSE decreased by **-11 WTE** and Section 38 Voluntary Hospitals **by -254 WTE (-0.9%)**.
- At a divisional level, the largest increase is in Community Services at **+153 WTE**, with Mental Health showing an increase of **+38 WTE**, Disabilities at **+125 WTE**, Primary Care at **+18 WTE**, while Older people is showing a decrease of **-34 WTE**. Acute Services are showing a decrease of **-323 WTE**, while H&WB, Corporate & National Services have increased by **+33 WTE**.

### Operations key findings this month

- Overall this month, **Acute Services** is showing an decrease of **-323 WTE**, however with a year to date growth of **+3,319 WTE (+5.3%)**.
- Four of the six staff categories are showing decreases this month of which Nursing & Midwifery is the largest decrease (**-158 WTE**), related to **-307 WTE** reduction in Pre- registration Nurse/Midwife Interns as noted above. General Support is the second highest decrease at **-115 WTE** largely attributable to the rollout of the NiSRP in the South East, while Patient & Client Care is also showing a decrease mainly due to a reduction in Health Care Assistants of **-92 WTE**. Health & Social Care Professionals is showing a decrease at **-13 WTE**, predominantly related to Health Science Diagnostics (-18 WTE). Both the Medical & Dental staff category and Management & Administration staff categories have



increased by **+25 WTE** and **+27 WTE** respectively this month primarily due to increases in Consultants (+27 WTE), Registrars (+30 WTE) and Admin & Supervisory Grade V to VII (+55 WTE).

- All Hospital Groups with the exception of CHI decreased this month the largest decrease seen in the Ireland East Hospital Group (**-143 WTE**).
- The change within **Community Services** this month is an increase of **+153 WTE** with a year to date growth of **1,322 WTE (2.5%)**.
- Four of the six staff categories are showing increases this month with two reporting decreases.
- Patient & Client Care is showing the largest growth (**+111 WTE**) which is attributable to increases in Home Helps **+58 WTE** and Care Other at **+54 WTE**. Further increases are seen in Health & Social Care Professionals (**+64 WTE**), of which 32 WTE relates to Social Care and 12 WTE relates to Therapy Professions. The Medical & Dental staff category has increased by **+71 WTE** (+24 WTE SHO/Interns, +8 WTE Consultants and +41 WTE Medical Dental, other).
- Those staff categories showing decreases this month include Nursing & Midwifery (**-35 WTE**), along with General Support (**-61 WTE**), both attributing to the reasons outlined above impacting on this month's employment reports in these staff categories.
- Six of the nine CHOs are showing increases this month, with CHO 4 showing the largest increase (**+112 WTE**). CHO 2 is reporting the largest decrease this month at **-28 WTE**.
- At Division level all divisions are showing increases this month with the exception of Older People services as follows: Mental Health (+38 WTE), Primary Care (+18 WTE), Community Health & Wellbeing (+6 WTE) with Disabilities showing the largest increase (**+125 WTE**). Older People is showing a decrease of -34 WTE.

#### By Division/ Care Group: September 2020

Division/ Care Group	WTE Dec 2019	WTE Aug 2020	WTE Sep 2020	WTE change since Aug 2020	% change since Aug 2020	WTE change since Dec 2019	% change since Dec 2019
<b>Total Health Service</b>	119,817	124,705	124,568	-136	-0.1%	+4,751	+4.0%
Ambulance Services	1,933	1,944	1,945	+1	+0.1%	+12	+0.6%
Acute Hospital Services	60,604	64,236	63,912	-324	-0.5%	+3,308	+5.5%
<b>Acute Services</b>	62,537	66,180	65,856	-323	-0.5%	+3,319	+5.3%
Community Health & Wellbeing	-	130	136	+6	+4.8%	+136	-100.0%
Mental Health	9,954	10,253	10,292	+38	+0.4%	+338	+3.4%
Primary Care	10,599	10,831	10,849	+18	+0.2%	+250	+2.4%
Disabilities	18,303	18,499	18,624	+125	+0.7%	+322	+1.8%
Older People	13,233	13,543	13,509	-34	-0.3%	+277	+2.1%
Social Care	31,535	32,043	32,134	+91	+0.3%	+598	+1.9%
<b>Community Services</b>	52,089	53,257	53,411	+153	+0.3%	+1,322	+2.5%
Health & Well-being	574	483	485	+2	+0.4%	-88	-15.4%
Corporate	3,035	3,177	3,196	+19	+0.6%	+161	+5.3%
Health Business Service	1,583	1,608	1,620	+12	+0.8%	+37	+2.3%
<b>H&amp;WB Corporate &amp; National Services</b>	5,191	5,268	5,301	+33	+0.6%	+110	+2.1%

## Health Sector Absence Rates: August 2020

The reported absence rate for August stands at 5.1%. There is an increase on the previous month of 4.7%. Notably, the latest absence rate is less impacted by COVID-19 in August at 0.7%, as a result, the August absence rate is coming into line with pre-COVID-19 rates. These figures are reflected in the attached National Absence Report.

	Benchmark /Target	Jul-20	Certified Absence August 2020	Self-Certified August 2020	COVID-19 August 2020	Aug-20	Full Year 2019	Year to date 2020
<b>Rate</b>	<3.5%	4.7%	3.9%	0.4%	0.7%	5.1%	4.7%	6.2%

Note: COVID-19 absence relates to employees that are absent with a medical diagnosis of COVID-19 or where employees have been advised to self-isolate due to COVID-19.

## Latest monthly figures (August 2020)

August 2020 absence rate stands at 5.1% of which 3.9% is certified, 0.4% Self-Certified with **0.7%** (or 13.3% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the August absence rate of 4.3%, while marginally lower, is comparable to the same month in previous years i.e. 4.4% (2016), 4.3% (2017), 4.5% (2018) and 4.6% (2019).
- For **Acute Services** the absence rate is 4.9% of which 0.7% (14.0% of the total) is COVID-19 related. **Community Services** stands at 5.5% of which 0.7% (13.1% of the total) is COVID-19 related. **Health & Wellbeing, Corporate & National Services'** rate is 3.1% of which 0.1% (4.5% of the total) is COVID-19 related. Details as follows

## Health Service Absence Rate - by Division

Aug 2020	Certified absence	Self-certified absence	COVID-19 absence	Total absence rate	Certified	Self-certified	COVID-19
<b>Total</b>	<b>3.9%</b>	<b>0.4%</b>	<b>0.7%</b>	<b>5.1%</b>	<b>76.2%</b>	<b>7.3%</b>	<b>13.3%</b>
Ambulance Services	5.2%	0.7%	0.5%	6.4%	81.3%	10.3%	8.3%
Acute Hospital Services	3.5%	0.4%	0.7%	4.9%	71.0%	8.6%	14.2%
<b>Acute Services</b>	<b>3.5%</b>	<b>0.4%</b>	<b>0.7%</b>	<b>4.9%</b>	<b>71.4%</b>	<b>8.7%</b>	<b>14.0%</b>
Community Health & Wellbeing	2.2%	0.5%	0.0%	2.7%	82.8%	17.2%	0.0%
Mental Health	3.8%	0.3%	0.8%	4.9%	77.0%	6.9%	16.1%
Primary Care	4.3%	0.2%	0.4%	4.9%	88.3%	3.1%	8.6%
Disabilities	4.4%	0.3%	0.6%	5.3%	82.1%	5.9%	11.9%
Older People	5.7%	0.4%	1.1%	7.3%	78.7%	5.6%	15.7%
<b>Community Services</b>	<b>4.5%</b>	<b>0.3%</b>	<b>0.7%</b>	<b>5.5%</b>	<b>81.4%</b>	<b>5.5%</b>	<b>13.1%</b>
Health & Wellbeing	2.3%	0.3%	0.1%	2.7%	85.3%	12.5%	2.2%
Corporate	2.7%	0.3%	0.1%	3.1%	87.3%	8.9%	3.8%
Health Business Services	2.9%	0.1%	0.3%	3.2%	90.5%	1.6%	7.9%
<b>HWB, Corporate &amp; National</b>	<b>2.7%</b>	<b>0.2%</b>	<b>0.1%</b>	<b>3.1%</b>	<b>87.8%</b>	<b>7.6%</b>	<b>4.5%</b>

- At **Staff Category** Patient & Client Care reports the highest absence rate at 6.9% followed by General Support reporting an absence rate of 6.6%. Notably, these increases are impacted by COVID-19, with 13.0% of all absence in Patient & Client Care, and 14.3% of all absence in General Support related to COVID-19. Medical and Dental reported the lowest absent rate at 1.5%, with 18.2% COVID-19 related. Details as follows:

### Health Service Absence Rate - by Staff Category

Aug 2020	Certified absence	Self-certified absence	COVID-19 absence	Total absence rate	Certified	Self-certified	COVID-19
Total	3.9%	0.4%	0.7%	5.1%	76.2%	7.3%	13.3%
Medical & Dental	1.1%	0.1%	0.3%	1.5%	75.0%	6.9%	18.2%
Nursing & Midwifery	4.3%	0.6%	0.8%	5.7%	75.6%	10.3%	14.1%
Health & Social Care Professionals	3.1%	0.2%	0.6%	3.8%	80.2%	5.0%	16.6%
Management & Administrative	3.4%	0.2%	0.4%	4.2%	81.3%	4.5%	8.8%
General Support	5.4%	0.4%	0.9%	6.6%	81.7%	5.9%	14.3%
Patient & Client Care	5.4%	0.5%	0.9%	6.9%	78.2%	6.6%	13.0%

### Year-to-date & trends 2008 – 2019

The year to date 2020 figure of 6.2% has also been significantly impacted by COVID-19 related absence with 1.7% of the 2020 absence rate (or 27% of all 2020 absence) already accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020.

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%	4.6%	4.7%	6.2%

- The 2019 full year rate is 4.7%, which is broadly consistent with the 2020 year-to-date rate **excluding** COVID-19 at 4.6 %.
- It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally (excluding COVID-19). Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, demographic of employees, and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically

demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.

- Health service absence rates are detailed in the attached report.

*Notes: Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. The HSE's sets absence rates as a key result area (KRA) with the objective of reducing the impact & cost of absence and commits to a national target level of 3.5% for all hospitals and agencies. This KPI however, excludes the impact of COVID-19 related absence*

### European Working Time Directive (EWTd)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.6%	85%
Mental Health Services	97.1%	89.8%
Other Agencies	100%	100%

# Appendices

## Appendix 1: Report Design

The Performance Profile provides an update on key performance areas for Community Healthcare, Acute Hospitals, National Services and National Screening Services in addition to Quality & Patient Safety, Finance and Human Resources. It will be published quarterly together with the Management Data Report for each performance cycle.

An update on year to date (YTD) performance is provided on the heat map for each metric on the National Scorecard. The service area updates provide an update on performance in graph and table format for the metrics on the National Scorecard and also for other key metrics taken from the National Service Plan (NSP).

### Heat Maps:

- Heat Map provided for Community Healthcare and Acute Hospitals
- The heat maps provide the YTD position for the metrics listed on the National Scorecard in the NSP (Performance and Accountability Framework metrics) and a small subset of metrics taken from appendix 3 in the Service Plan
- The results for last three months are provided in the final three columns Current, Current (-1) and Current (-2)
- Metrics relevant to the current performance cycle under review are only displayed on the heat map i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)
- [R], [A] and [G] are added after the results on the heat map to comply with visualisation requirements for colour vision deficiencies

1.1	0.9
[R]	[G]

- The table below provides details on the rulesets in place for the Red, Amber, Green (RAG) ratings being applied on the heat maps. A Green rating is added in cases where the YTD performance is on or exceeds target or is within 5% of the target

Performance RAG Rating	Finance RAG Rating
Red ● > 10% of target	Red ● ≥ 0.75% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target

### Performance Table:

- The Performance Overview table provides an overview on the YTD and in month performance
- In-month results for the current and previous two cycles added are present to facilitate trends review
- Details of the three best performers and outliers are presented alongside the results of the metric
- Metrics relevant to the current performance cycle under review are only displayed on the table i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)

### Graphs:

- The graphs provide an update on in month performance for metrics with percentage based targets over a period of 13 months
- The result labels on the graphs are colour coded to match the relevant line colour on the graph to make it clearer which results refer to which lines on the graph
- The legend below provides an update on the graph layout. Solid lines are used to represent in-month performance and dashed lines represent the target/expected activity

Graph Layout:	
Target	-----
Month 18/19	—————
Month 17/18	—————

### Service Commentary:

A service update for Community Services, Acute Services, National Services and National Screening Services will be provided each cycle.

## Appendix 2: Data Coverage Issues

The table below provides a list of the year to date data coverage issues

Service Area	Metric Name	Data Coverage Issue
Primary Care	Speech and Language Therapy % on waiting list for assessment within ≤ 52 weeks % on waiting list for assessment within ≤ 52 weeks No of Speech and Language patients seen	Non Return (Apr, May, Jun, Jul, Aug) CHO1 (Sligo/Leitrim) Non Return (Aug, Sep) CHO1 (Donegal) Non Return (Mar, Apr) CHO3 (Limerick, North Tipp/East Limerick) Non Return (Feb) CHO4 (Kerry) Non Return (Sep) CHO7 (Kildare/West Wicklow) Non Return (Mar, Apr, May, Jun) CHO8 (Meath)
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Mar) CHO4 (North Lee) Non Return (Mar, Apr, May, Jun, Sep) (South Lee) Non Return (Aug) CHO5 (South Tipperary)
Primary Care	Occupational Health % of new Occupational Health patients seen for assessment within 12 weeks % of Occupational Health patients on waiting list for assessment ≤ 52 weeks No of Occupational Health patients seen	Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) - CHO1 (Sligo/Leitrim) Non Return (Mar, Apr, May, Jun, Jul, Aug) CHO 3 (Limerick) Non Return (Sep) CHO5 (Carlow/Kilkenny) Non Return (Feb) CHO6 (Dun Laoghaire) Non Return (Apr, May, Jun) CHO9 (Dublin North) Non Return (Sep) CHO9 (Dublin North West)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks. % of Audiology patients on the waiting list for treatment < 52 weeks. No of Audiology patients seen	Non Return (Jul) CHO1 (Donegal) Non Return (Apr, May) CHO5 (South Tipp) Non Return (Mar, Apr, Sep) CHO7 (Dublin South West/Kildare West Wicklow) Non Return (Sep) CHO9 (Dublin North Central)
Primary Care	Dietetics % of patients on dietetic waiting list who are waiting ≤ 12 weeks % of patients on dietetic waiting list who are waiting ≤ 52 weeks No. of Dietetics patients seen	Non Return (Apr) CHO1 (Sligo/Leitrim) Non Return (Sep) CHO7 (Dublin South City/Dublin West) Non Return (Jun) CHO7 (Dublin South West, Kildare/West Wicklow) Non Return (Mar) CHO8 (Longford/Westmeath) Non Return (Mar, Apr, May, Sep) CHO9 (North Dublin) Non Return (Jul, Sep) CHO9 (Dublin North Central, Dublin North West)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks. % of Ophthalmology patients on the waiting list for treatment < 52 weeks. No of Ophthalmology patients seen	Non Return (Sep) CHO1 (Donegal) Non Return (Jan, Feb, May, Jun, Jul, Sep) CHO8 (Meath)
Primary Care	Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment	Non Return (Mar, Apr, May, Jun, Jul, Aug, Sep) CHO3 (Clare, Limerick, North Tipp/East Limerick)

Service Area	Metric Name	Data Coverage Issue
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return (2019) – CHO7 (Dublin West) Non Return (Jan) CHO2 (Galway) Non Return (Mar, Apr, May, Jun, Jul, Aug) CHO5 (Carlow/Kilkenny) Non Return (Jul, Aug) CHO5 (South Tipperary) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) CHO6 (Dublin South East, Wicklow) Non Return (Feb, Jul, Aug) CHO6 (Dun Laoghaire) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) CHO7 (Dublin West) Non Return (Jan) CHO9 (Dublin North) Non Return (Jan, Jul, Aug) CHO9 (Dublin North Central) Non Return (Jul, Aug) CHO9 (Dublin North West)
Primary Care	Podiatry % of podiatry clients (patients) on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	Non Return (May) CHO3 (Clare, Limerick) Non Return (Apr, May, Jun, Jul, Aug, Sep) CHO5 (South Tip) Non Return (Jan), CHO5 (Carlow/Kilkenny) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) CHO9 (North Dublin)
Primary Care	Psychology % of Psychology patients on waiting list for treatment ≤ to 52 weeks % of Psychology patients on waiting list for treatment ≤ to 12 weeks No of Psychology patients seen	Non Return (Jul) CHO9 (Dublin North) Non Return (Sep) CHO9 (Dublin North Central)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return (2019) - CHO7 (Dublin West) Non Return (Apr, Jun, Jul, Aug) CHO1 (Cavan/Monaghan) Non Return (Feb) CHO1 (Donegal) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) - CHO2 (Galway) Non Return (Apr) CHO3 (Limerick, North Tipp/East Limerick) Non Return (Aug) CHO4 (Kerry) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) CHO5 (Carlow/Kilkenny) Non Return (Aug) CHO5 (South Tipp) Non Return (Mar, Apr, May, Jun, Jul) CHO6 (Dublin South East) Non Return (Apr, May, Jun) - CHO9 (Dublin North) Non Return (Aug) CHO9 (Dublin North Central) Non Return (Jul, Aug) CHO9 (Dublin North West)



Service Area	Metric Name	Data Coverage Issue
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return (Q3) CHO1 (Donegal, Cavan/Monaghan) Non Return (Q1, Q2, Q3) CHO5 (Carlow/Kilkenny) Non Return (Q3) CHO5 (South Tipp) Non Return (Q1, Q2, Q3) CHO6 (Dublin South East, Wicklow) Non Return (Q3) Dun Laoghaire) Non Return (Q1, Q2, Q3) CHO9 (Dublin North West, Dublin North Central), Non Return (Q2, Q3) CHO9 (North Dublin)
Primary Care	Consumption of Antibiotics Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Non Return (Q1, Q2) National
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019 – CHO1 (Donegal) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) - CHO1 (Donegal)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return (Q1 2020) CHO8 (Louth & Meath)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return (Q1 2020) CHO8 (Louth & Meath)
Mental Health General Adult	Number of referrals received	Non returns: CHO2 Roscommon/Boyle, CHO4 Mallow, CHO7 Camac
Mental Health General Adult	Number of referrals seen	Non returns: CHO2 Roscommon/Boyle, CHO4 Mallow, CHO7 Camac
Mental Health General Adult	% seen within 12 weeks	Non returns: CHO2 Roscommon/Boyle, CHO4 Mallow, CHO7 Camac
Mental Health CAMHS	CAMHS waiting list	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS
Mental Health CAMHS	CAMHS waiting list > 12 months	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS



Service Area	Metric Name	Data Coverage Issue
Mental Health CAMHS	No of referrals received	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS
Mental Health CAMHS	Number of new seen	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS
Mental Health CAMHS	CAMHS – first appointment within 12 months	Non returns: CHO1 South Cavan/South Monaghan CHO7 Linn Dara West Kildare CHO8 Longford Westmeath YAMHS
Disabilities	Number and percentage of Children's Disability Networks established.	CDN's not due to be established until the second half of the year, no targets profiled for Jan to June <b>Non Returns: CHO 8 - September</b>
Disabilities	No. of residential places for people with a disability	Data returned as quarterly for 2019 (listed as monthly in NSP) -data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.
Disabilities	No of in home respite supports for emergency cases	New KPI for 2020, no targets profiled for Jan or Feb.
Disabilities	Total number of new emergency places and in home respite supports	New KPI for 2020 (DIS 102 + DIS 109)
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	UHK closed in February 2020. Wexford closed in March/April/May. Portlaoise, Tallaght Adults, Cavan, Connolly, Drogheda, Mayo & Portiuncula closed in March. Naas outstanding April 2020. CUH outstanding Feb-Sept 2020. St John's outstanding Sept 20. UHL outstanding April - June 2020 change to Medical ED for Jul - Sept 20 Mater closed in May 2020. Navan closed June 2020. Drogheda re-opened Jun 20
Acute Hospitals	% 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)	CUH outstanding September 2020

Service Area	Metric Name	Data Coverage Issue
Acute Hospitals	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	UH Kerry data outstanding for September 2020
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	UH Kerry data outstanding for September 2020
Acute Hospitals	No. of new cases of CPE	UH Kerry data outstanding for September 2020
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	During Q1 2020, 17/49 hospitals data was outstanding. This was due to pressures on Infection Prevention & Control staff due to COVID. In Q2 there are 3 Hospitals outstanding CHI at Crumlin, Letterkenny University Hospital and Mercy University Hospital.
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	During Q1 2020, 17/49 hospitals data was outstanding. This was due to pressures on Infection Prevention & Control staff due to COVID. In Q2 there are 2 Hospitals outstanding CHI at Crumlin and Mercy University Hospital. 1 hospital outstanding during Q3, Bantry General Hospital

## Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Childrens Health Ireland	Children's Health Ireland	CHI	Saolta University Health Care Group	Galway University Hospitals	GUH
				Letterkenny University Hospital	LUH
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWIUH		Mayo University Hospital	MUH
	Midland Regional Hospital Portlaoise	Portlaoise		Portiuncula University Hospital	PUH
	Midland Regional Hospital Tullamore	Tullamore		Roscommon University Hospital	RUH
	Naas General Hospital	Naas		Sligo University Hospital	SUH
	St. James's Hospital	SJH		South/South West Hospital Group	Bantry General Hospital
St. Luke's Radiation Oncology Network	SLRON	Cork University Hospital	CUH		
Tallaght University Hospital	Tallaght - Adults	Cork University Maternity Hospital	CUMH		
Ireland East Hospital Group	National Orthopaedic Hospital Cappagh	Cappagh	Kilcreene Regional Orthopaedic Hospital		Kilcreene
	Mater Misericordiae University Hospital	MMUH	Mallow General Hospital		Mallow
	Midland Regional Hospital Mullingar	Mullingar	Mercy University Hospital		Mercy
	National Maternity Hospital	NMH	South Infirmary Victoria University Hospital		SIVUH
	Our Lady's Hospital Navan	Navan	South Tipperary General Hospital	Sth Tipperary	
	Royal Victoria Eye and Ear Hospital	RVEEH	University Hospital Kerry	UHK	
	St Luke's General Hospital Kilkenny	SLK	University Hospital Waterford	UHW	
	St. Columcille's Hospital	Columcille's	University of Limerick Hospital Group	Croom Orthopaedic Hospital	Croom
	St. Michael's Hospital	St. Michael's		Ennis Hospital	Ennis
	St. Vincent's University Hospital	SVUH		Nenagh Hospital	Nenagh
Wexford General Hospital	Wexford	St. John's Hospital Limerick		St. John's	
RCSI Hospitals Group	Beaumont Hospital	Beaumont		University Hospital Limerick	UHL
	Cavan General Hospital	Cavan		University Maternity Hospital Limerick	LUMH
	Connolly Hospital	Connolly			
	Louth County Hospital	Louth			
	Monaghan Hospital	Monaghan			
	Our Lady of Lourdes Hospital	OLOL			
	Rotunda Hospital	Rotunda			

## Appendix 4: Community Health Organisations

	Areas included		Areas included
CHO 1	<b>Donegal, Sligo Leitrim, Cavan Monaghan</b>	CHO 6	<b>Community Healthcare East</b>
	Cavan		Dublin South East
	Donegal		Dun Laoghaire
	Leitrim	Wicklow	
	Monaghan	<b>Dublin South, Kildare and West Wicklow Community Healthcare</b>	
	Sligo	Dublin South City	
CHO 2	<b>Community Healthcare West</b>	CHO 7	Dublin South West
	Galway		Dublin West
	Mayo		Kildare
	Roscommon		West Wicklow
CHO 3	<b>Mid West Community Healthcare</b>	CHO 8	<b>Midlands Louth Meath Community Healthcare</b>
	Clare		Laois
	Limerick		Offaly
	North Tipperary		Longford
CHO 4	<b>Cork Kerry Community Healthcare</b>		Westmeath
	Cork		Louth
	Kerry		Meath
CHO 5	<b>South East Community Healthcare</b>		CHO 9
	Carlow	Dublin North Central	
	Kilkenny	Dublin North West	
	South Tipperary	Dublin North City	
	Waterford		
	Wexford		