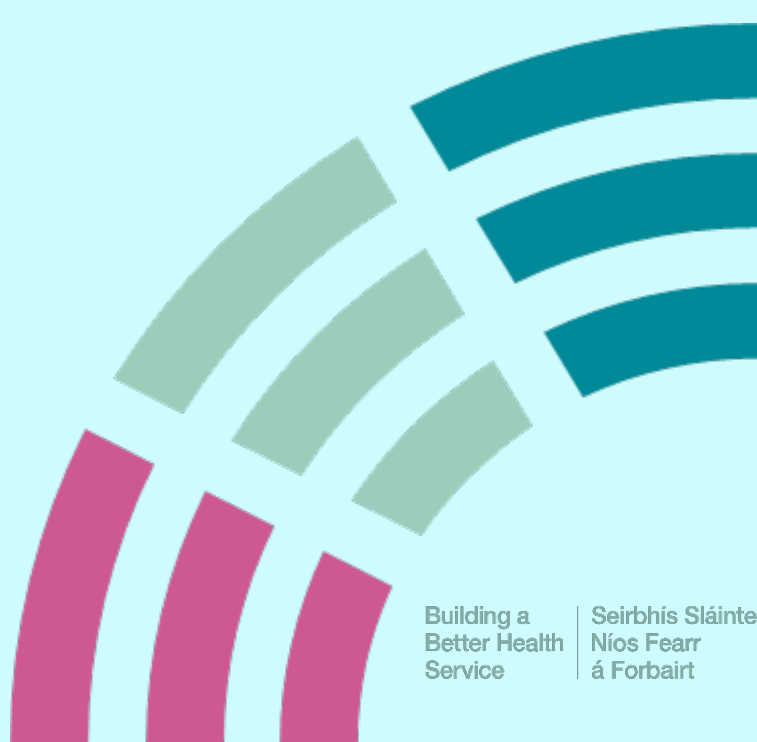




# Performance Profile July-September 2021



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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 1,047,283 emergency presentations year to date. This is a 9.1% variance on emergency presentations result year to date 2020 and is above revised expected activity of 1,032,183.
- New Emergency Department attendances year to date are 869,704 this represents a 0.2% variance YTD against revised expected activity YTD
- 96.6% of all patients were seen within 24 hours in EDs in September 2021 and 97.8% year to date.
- 92.1% of patients aged 75 years and over were seen within 24 hours in EDs in September 2021 and 95.2% year to date.

### Inpatient Discharges

#### Elective Inpatient Discharges

There were 48,711 elective inpatient discharges year to date August 2021 versus 42,516 for the corresponding period in 2020 that is an increase of 14.6%.

#### Emergency Inpatient Discharges

There were 272,795 emergency inpatient discharges year to date August 2021 versus 261,691 for the corresponding period in 2020, that is, an increase of 4.2%.

#### Day Case Discharges (including dialysis)

The number of day case procedures year to date August 2021 was 637,607 versus 584,883 for the same period in 2020, that is, an increase of 52,727 cases.

### Delayed Transfer of Care

There were 474 Delayed Discharges in September 2021. The same month in 2020 was 417.

## Inpatient, Day Case & Outpatient Waiting Lists

September 2021 compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (revised target 80%), compliance 73%.
- Adult Day Case < 15 months (revised target 85%), compliance 82.1%.
- Children's Inpatient, 15 months (revised target 85%), compliance 69.7%.
- Children's Day Case < 15 months (revised target 85%), compliance 76.1%.
- Outpatients < 52 weeks (revised target 65%), compliance 60.7%.
- The total number of patients waiting for an inpatient or day case procedure at the end of September 2021 was 74,869. The total number of people waiting for inpatient and day case procedures is below by 1.4% (-1,033 patients) when the waiting list in September 2021 is compared with September 2020.
- Total number of people waiting for Outpatient appointment was 653,524 in September 2021, this has increased from 612,083 (+41,441) in September 2020.

### Colonoscopy/Gastrointestinal Service

- In September 2021 39.7% of people were waiting less than 13 weeks for routine colonoscopy (revised target 50%).
- There were 332 new urgent patient breaches in September 2021.

### Cancer Services

- 63.4% of prostate cancer referrals were seen within 20 working days year to date compared with 50.2% for the same period last year.
- 90% of lung cancer referrals were seen within 10 working days year to date compared with 86.5% for the same period last year.
- 56.2% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 71.7% for the same period last year.

### Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 77.6%.
- 84% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.
- 64.5% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.

- 56.7% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.
- 53.6% of babies received their developmental screening checks within 12 months and 98.4% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

### **Disability Services**

- There were 8,098 residential places for people with a Disability in September 2021, which is -0.4% (32) lower than the 8,130 profiled target.
- At the end of September 2021, 64 new emergency places were developed; while a further 369 intensive home support packages were put in place.

### **Older Persons Services**

- Home Support hours delivered year to date was 15,061,610. The number of people, in receipt of home support services at the end of September 2021 was 53,335.
- 1,104 persons were in receipt of payment for transitional care in August 2021.
- The current wait time for NHSS funding approval in 2021 is 4 weeks.

### **Mental Health Services**

- 99.5% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of September 2021 which is above 95% target

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

- Nationally year to date to September 2021, 58.2% of smokers are quit at 4 weeks ahead of the National target of 45%.
- 93.6% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to September 2021 while 90.1% of children aged 24 months received the MMR vaccine year to date to September 2021 against a target of 95%.

# Corporate Updates

## Capital – Allocation/Expenditure Analysis

2021 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2021	Cum Profile for Period Jan - Sept	Expenditure for Period Jan - Sept	Variance for Period Jan - Sept	Expenditure to Sept as % of Sept YTD Profile	Expenditure to Sept as % of Annual Profile	Variance to Sept as % of Sept YTD Profile
M02 - Buildings & Equipment– Non Covid19	640.172	327.531	220.958	106.573	67.46%	34.52%	32.54%
M04 - Buildings & Equipment – Covid19	130.000	88.080	82.595	5.485	93.77%	63.53%	6.23%
M02 - New Children's Hospital	198.000	140.000	190.590	(50.590)	136.14%	96.26%	-36.14%
	968.172	555.611	494.144	61.467	88.94%	51.04%	11.06%
M03 - Info Systems for Health Agencies - Non Covid19	95.000	61.017	37.626	23.390	61.67%	39.61%	38.33%
M04 - Info Systems for Health Agencies – Covid19	25.000	16.404	6.558	9.847	39.97%	26.23%	60.03%
	1088.172	633.032	538.328	94.704	85.04%	49.47%	14.96%
Asset Disposals	0.424	0.424	0.000	0.424	0.00%	0.00%	100.00%
Net	1088.596	633.455	538.328	95.128	84.98%	49.45%	15.02%

### General Comment

During 2021 the impact of the Coronavirus Pandemic continues to generate substantial pressures on capital funding across all expenditure categories. The variances and demands that consequently materialise are mitigated by the allocation of additional exchequer funding and the redistribution, where necessary, of existing capital resources to more critical Covid19 projects.

### CONSTRUCTION – M02 – Buildings & Equipment – Non Covid19

The variance on general construction projects for the nine months to September 2021 is 32.54% (or € 106.573m) behind profile. In the period to the end of September the total expenditure of € 220.958m represents 34.52% of the total annual profile for 2021.

### CONSTRUCTION – M04 – Buildings & Equipment – Covid19

The variance on Covid19 construction projects for the nine months to September 2021 is 6.23% (or € 5.485m) behind profile. In the period to the end of September the total expenditure of € 82.595m represents 63.53% of the total annual profile for 2021.

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

The variance on the New National Children's Hospital project for the nine months to September 2021 is -36.14% (or € 50.590m) ahead of profile. In the period to the end of September the total expenditure of € 190.590m represents 96.26% of the total annual profile for 2021.

### Information Systems for Health Agencies – M03 – Non Covid19

The variance on ICT projects for the nine months to September 2021 is 38.33% (or € 23.390m) behind profile.

In the period to the end of September the total expenditure of €37.626m represents 39.61% of the total annual profile for 2021.

### Information Systems for Health Agencies – M04 – Covid19

The variance on ICT Covid19 projects for the nine months to September 2021 is 60.03% (or €9.847m) behind profile.

In the period to the end of September the total expenditure of €6.558m represents 26.23% of the total annual profile for 2021.

### Asset Disposals:

Income from sale of assets in the nine months to September 2021 amounted to €0.424m.

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

Service Area	Q1 2021	Q2 2021	Q3
Acute Hospitals(Hospital groups)	€ 317,320,699	€ 212,729,574	€219,905,921
Community Healthcare	€ 99,733,539	€ 165,921,591	€156,651,951
National Services	€ 753,919,482	€ 538,013,048	€282,905,045
Total	€ 1,170,973,719	€ 916,514,616	€659,462,918



## Internal Audit

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021		2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 31st Sept 2021	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021
<b>Total</b>	<b>58%</b>	<b>68%</b>	<b>56%</b>	<b>59%</b>	<b>69%</b>		<b>95%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>77%</b>	<b>86%</b>	<b>88%</b>	<b>90%</b>	<b>50%</b>	<b>53%</b>	<b>62%</b>
CHO 1	81%	77%	59%	59%	55%		98%	98%	98%	98%	73%	72%	72%	79%	N/A	16%	47%
CHO 2	N/A	50%	67%	100%	N/A		100%	100%	100%	100%	61%	96%	97%	97%	N/A	N/A	50%
CHO 3	N/A	85%	85%	N/A	N/A		100%	100%	100%	100%	88%	88%	88%	96%	N/A	N/A	88%
CHO 4	N/A	79%	59%	55%	50%		100%	100%	100%	100%	80%	80%	80%	80%	N/A	N/A	82%
CHO 5	N/A	N/A	17%	17%	75%		98%	98%	98%	98%	90%	91%	100%	100%	N/A	N/A	N/A
CHO 6	N/A	N/A	N/A	N/A	N/A		98%	98%	98%	98%	94%	95%	95%	95%	N/A	N/A	N/A
CHO 7	100%	N/A	63%	80%	N/A		100%	100%	100%	100%	93%	93%	93%	93%	100%	100%	100%
CHO 8	0%	100%	0%	45%	31%		99%	99%	99%	100%	65%	79%	82%	84%	0%	13%	13%
CHO 9	86%	N/A	30%	30%	N/A		93%	93%	93%	97%	61%	83%	83%	87%	100%	100%	100%
National Mental Health	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A
National Primary Care	100%	100%	100%	N/A	N/A		N/A	N/A	N/A	N/A	90%	100%	100%	100%	N/A	N/A	100%
National Director Community Ops	N/A	20%	20%	20%	98%										N/A	N/A	20%
<b>Total Community Services</b>	<b>65%</b>	<b>78%</b>	<b>55%</b>	<b>54%</b>	<b>70%</b>		<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>78%</b>	<b>88%</b>	<b>90%</b>	<b>91%</b>	<b>51%</b>	<b>45%</b>	<b>62%</b>
Dublin Midlands Hospital Group	86%	N/A	N/A	N/A	100%		96%	100%	100%	100%	89%	100%	100%	100%	88%	88%	88%
Ireland East Hospital Group	58%	N/A	100%	100%	100%		67%	67%	67%	67%	100%	100%	100%	100%	56%	56%	56%
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	N/A	N/A	N/A	N/A

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021		2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 31st Sept 2021	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021
RCSI Hospital Group	0%	0%	0%	0%	36%		100%	100%	100%	100%	82%	82%	82%	89%	0%	0%	0%
Saolta Hospital Group	0%	11%	60%	71%	42%		88%	92%	92%	92%	70%	76%	76%	76%	0%	63%	65%
South South West Hospital Group	38%	25%	60%	100%	95%		72%	84%	90%	90%	35%	35%	55%	55%	64%	82%	61%
University of Limerick Hospital Group	88%	63%	77%	100%	100%		100%	100%	100%	100%	70%	70%	91%	91%	75%	75%	83%
National Ambulance Service	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	0%	0%	0%	25%	N/A	N/A	N/A
National Director Acute Ops	62%	N/A	N/A	N/A	N/A										62%	62%	62%
<b>Total Acute</b>	49%	26%	57%	76%	67%		89%	93%	94%	94%	67%	69%	77%	79%	53%	63%	60%
Chief Information Officer	N/A	67%	65%	100%	N/A		84%	86%	86%	86%	75%	89%	89%	95%	N/A	N/A	67%
Compliance / QAV	N/A	N/A	N/A	N/A	50%		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	75%	75%	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	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	90%	90%	90%	94%	N/A	N/A	N/A
HBS - Estates	N/A	N/A	N/A	N/A	N/A		86%	98%	98%	98%	100%	100%	100%	100%	N/A	N/A	N/A
HBS - Finance	40%	100%	100%	100%	N/A		100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%
HBS - HR	N/A	N/A	0%	0%	0%		100%	100%	100%	100%	65%	94%	100%	100%	N/A	N/A	N/A
HBS - Procurement	56%	100%	N/A	N/A	N/A		90%	90%	90%	90%	90%	95%	100%	100%	50%	78%	89%

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021		2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 31st Sept 2021	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021
Health and Wellbeing	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A
Human Resources	31%	80%	42%	0%	74%		100%	100%	100%	100%	82%	87%	87%	87%	0%	0%	60%
National Screening Service	N/A	100%	100%	N/A	N/A		33%	78%	78%	89%	N/A	N/A	N/A	N/A	N/A	N/A	100%
National Services	0%	25%	25%	N/A	N/A										0%	100%	33%
PCRS	0%	25%	25%	N/A	100%										0%	100%	33%

## National Health and Safety Helpdesk

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

Q3 2021 Metrics	No of Helpdesk Queries 2021		No of Helpdesk Queries 2020	% Increase from 2020
<b>July</b>	Data incomplete due to the helpdesk software unavailability following cyber attack. Software reinstated on the 13th of July 2021		62	-54
<b>Aug</b>			97	4
<b>Sept</b>			131	7
<b>Total</b>			<b>290</b>	<b>-17</b>

## Performance Achievement Q3 Report

Service Delivery Area	WTE Sept 2021	Total completed Q3	% completed to date 2021
<b>Total Health Service</b>	<b>130,636</b>	<b>3,290</b>	<b>5%</b>
National Ambulance Service	2,027	0	0%
Children's Health Ireland	3,885	0	0%
Dublin Midlands Hospital Group	11,621	476	9%
Ireland East Hospital Group	13,297	441	4%
RCSI Hospitals Group	10,500	0	0%
Saolta University Hospital Care	10,404	0	0%
South/South West Hospital Group	11,863	162	1%
University of Limerick Hospital Group	4,943	45	8%
other Acute Services	707	0	0%
<b>Acute Services</b>	<b>69,247</b>	<b>1,124</b>	<b>3%</b>
CHO 1	5,908	155	5%
CHO 2	5,717	386	8%
CHO 3	4,875	85	4%
CHO 4	8,789	101	1%
CHO 5	5,609	0	0%
CHO 6	3,539	722	44%
CHO 7	6,979	47	1%
CHO 8	6,434	0	0%
CHO 9	7,076	158	4%
other Community Services	740	234	32%
<b>Community Services</b>	<b>55,665</b>	<b>1,888</b>	<b>6%</b>
Health & Wellbeing	627	0	0%
Corporate	3,739	278	20%
Health Business Services	1,358	0	0%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,724</b>	<b>278</b>	<b>13%</b>

### Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of Performance Achievements undertaken across services. Report collated on 10th month following the end of each quarter. Percentage is weighted against the service WTE as per previous month's census report.

# Quality and Patient Safety

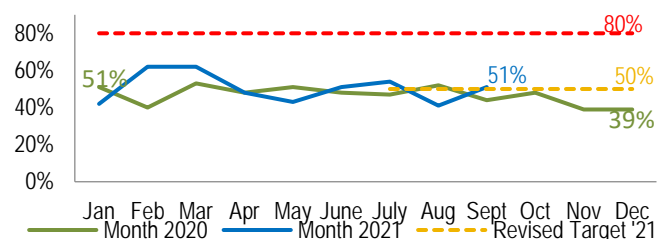
## Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Revised Target/ Expected Activity		Current Period YTD	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National					766	74	58	53
	Acute Hospitals (incl NAS, NSS & NCCP)					448	43	25	34
	Community Healthcare					318	31	33	19
Serious Incidents – Incidents notified within 24 hours of occurrence	<b>National</b>	80%	M	●	50%	<b>50%</b>	<b>54%</b>	<b>41%</b>	<b>51%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	50%	56%	67%	56%	50%
	Community Healthcare	80%	M	●	50%	42%	35%	30%	53%
Serious Incidents – (2021) Review completed within 125 calendar days*	<b>National</b>	70%	M	●	30%	<b>21%</b>	<b>31%</b>	<b>36%</b>	<b>18%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	70%	M	●	30%	27%	29%	60%	25%
	Community Healthcare	70%	M	●	30%	11%	38%	0%	8%
Extreme and major incidents as a % of all incidents reported as occurring	<b>National</b>	<1%	Q	●	<0.9%	0.7%	0.9%	0.6%	0.7%
	Acute Hospitals (incl NAS, NSS & NCCP)	<1%	Q	●	<0.9%	0.8%	1.0%	0.6%	0.7%
	Community Healthcare	<1%	Q	●	<0.9%	0.8%	0.9%	0.6%	0.9%
% of reported incidents entered onto NIMS within 30 days of occurrence**	<b>National</b>	90%	Q	●	60%	<b>61%</b>	-	<b>64%</b>	<b>55%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	90%	Q	●	60%	58%	-	62%	51%
	Community Healthcare	90%	Q	●	60%	62%	-	63%	59%
	National Ambulance Service	90%	Q	●	60%	88%	-	90%	84%

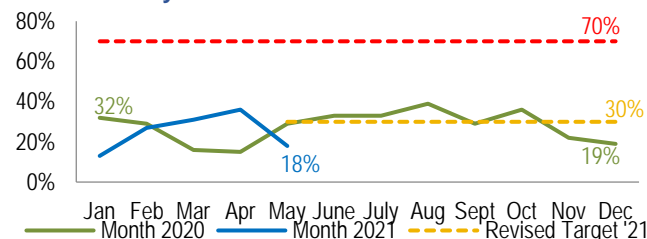
\* Current - reflecting compliance May 2021, Current Period YTD reflecting compliance YTD May 2021

\*\* Data relates to June data

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



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



### Serious Reportable Events

Service Area	Total SRE Occurrence (in-month)
Acute Hospitals [inc. National Ambulance Service]	24
Community Services	8
<b>Total</b>	<b>32</b>

32 SREs were reported as occurring in September 2021. 15 SREs were reported as patient falls, 10 were reported as Stage 3 or 4 pressure ulcers and the remaining 7 SREs reported comprised 5 SRE categories.

### Healthcare Audit

Healthcare Audit	Issued	In Progress
Healthcare Audits issued/in progress	4	37

### Appeals Service

1,050 appeals were received YTD September 2021.

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	443	439	113	55	38%
Medical / GP Visit Cards (Over 70's Scheme)	65	63	19	0	30%
16 to 25 Year Old Medical Card/GP Visit Card	199	195	63	13	39%
Nursing Home Support Scheme	281	249	14	40	22%
Blind Welfare Allowance	9	6	1	0	17%
CSAR	26	26	2	0	8%
Home Care Package	1	1	0	0	0%
Home Help	0	0	0	0	0%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
RSSMAC	5	4	1	0	25%
Other	21	18	4	0	22%
<b>Total</b>	<b>1,050</b>	<b>1,001</b>	<b>217</b>	<b>108</b>	<b>32%</b>

# Performance Overview



# Community Healthcare

# Community Healthcare Services National Scorecard/Heatmap

Where targets have been revised, the RAG rating is against revised targets. Where an activity metric does not have a CHO target, only the National result has been RAG rated

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % 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	
Quality and Safety	<b>Serious Incidents</b>																			
	Review completed within 125 calendar days	M	70%	-84.3%	30%	11% [R]	-63.3%										38%	0%	8%	
	% of serious incidents being notified within 24 hours of occurrence	M	80%	-47.5%	50%	42% [R]	-16%										35%	30%	53%	
	% of reported incidents entered onto NIMS within 30 days of occurrence	Q	90%	-31.1%	60%	62% [G]	3.33%										-	63%	59%	
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	-20%	<0.9%	0.8% [G]	-11%										0.9%	0.6%	0.9%	
	<b>Service User Experience (Q2 at 20.10.21)</b>																			
	Complaints investigated within 30 working days	Q	75%	-34.7%		49% [R]		52% [R]	40% [R]	67% [R]	86% [G]	NA	22% [R]	100% [G]	11% [R]	67% [R]				
	<b>Child Health</b>																			
	Child assessment 12 months	M-1M	95%	-43.6%	55%	53.6% [G]	-2.5%	30.8% [R]	39.7% [R]	49.9% [A]	83.3% [G]	42.7% [R]	11.3% [R]	66.3% [G]	56.3% [G]	54% [G]	59%	59.8%	64.2%	
	New borns visited within 72 Hours	Q	99%	-0.6%		98.4% [G]		100% [G]	99.1% [G]	99% [G]	99.7% [G]	98.7% [G]	95.7% [G]	100.4% [G]	94.5% [G]	98.4% [G]	98.7%	98.2%	98.3%	
% of babies breastfed exclusively at three month PHN visit	Q-1Q	32%	13.6%		36.4% [G]		40.4% [G]	32.3% [G]	37.5% [G]	35.8% [G]	40.6% [G]	47.1% [G]	41.2% [G]	28% [R]	37.2% [G]	33%	37.2%	35.8%		
Children aged 24 months who have received MMR vaccine	Q-1Q	95%	-5.1%		90.1% [A]		86.6% [A]	94.2% [G]		92.8% [G]	91.7% [G]	90.3% [G]	89% [A]	90.2% [G]	86.6% [A]	92.1%	91%	89.3%		

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % 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>CAMHs – Bed Days Used</b>																		
	% of Bed days used	M	95%	4.7%		99.5% [G]		99.8% [G]	100% [G]	100% [G]	98.8% [G]	98% [G]	100% [G]	100% [G]	99.7% [G]	99% [G]	99.6%	99.9%	99.8%
	<b>Disability Services</b>																		
	Congregated Settings	Q	110	-28.2%		79 [R]		22 [R]	0 [R]	4 [R]	2 [R]	4 [R]	20 [G]	3 [R]	17 [G]	7 [G]	35	30	14
	<b>Healthy Ireland</b>																		
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	29.3%		58.2% [G]											57.4%	60%	55.6%
<b>Access and Integration</b>	<b>Therapy Waiting Lists</b>																		
	Physiotherapy access within 52 weeks	M	94%	-17.5%	80%	77.6% [G]	-3.0%	86.6% [G]	70% [R]	71% [R]	88.9% [G]	63.6% [R]	88.3% [G]	95.2% [G]	73.6% [A]	88.4% [G]	76.8%	76.6%	77.6%
	Occupational Therapy access within 52 weeks	M	95%	-32.2%	60%	64.5% [G]	7.5%	56.4% [A]	55.8% [A]	91.8% [G]	74.4% [G]	52.9% [R]	83.1% [G]	73.3% [G]	67.8% [G]	55.1% [A]	63.3%	63.8%	64.5%
	SLT access within 52 weeks	M	100%	-16%	80%	84% [G]	5%	68.5% [R]	95.4% [G]	88.8% [G]	98.5% [G]	76.8% [G]	100% [G]	78.8% [G]	88.9% [G]	75% [A]	77%	78.5%	84%
	Podiatry treatment within 52 weeks	M	77%	-36.1%	55%	49.2% [R]	-10.5%	36.3% [R]	82.3% [G]	37.6% [R]	70.1% [G]	37% [R]			25.9% [R]	78.2% [G]	50.2%	50.3%	49.2%
	Ophthalmology treatment within 52 weeks	M	64%	-21%	55%	50.5% [A]	-8.2%	55.9% [G]	45.9% [R]	66.2% [G]	46.4% [R]	61.4% [G]		49.7% [A]	41.1% [R]	100% [G]	49.2%	51.1%	50.5%
	Audiology treatment within 52 weeks	M	75%	-14.6%	65%	64% [G]	-1.5%	85.2% [G]	69.2% [G]	55.1% [R]	59.5% [A]	52.1% [R]			64.8% [G]	95.9% [G]	63.5%	65%	64%
	Dietetics treatment within 52 weeks	M	80%	-27.4%	65%	58.1% [R]	-10.6%	92.7% [G]	60.9% [A]	43.8% [R]	80.5% [G]	42.6% [R]	68.6% [G]	48.2% [R]	54% [R]	73.4% [G]	57.4%	59.6%	58.1%
	Psychology treatment within 52 weeks	M	81%	-30%	50%	56.7% [G]	13.4%	76.5% [G]	51.9% [G]	60.5% [G]	59.3% [G]	75.2% [G]	91.1% [G]	36.7% [R]	97% [G]	38.3% [R]	50.6%	53.7%	56.7%
	<b>Nursing</b>																		
% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	0.8%			100.8% [G]		99.8% [G]	99.8% [G]	102.6% [G]	101.8% [G]	100% [G]	99.3% [G]	101.1% [G]	102.1% [G]	97.3% [G]	99.9%	99.3%	100.8%

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % 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	
Access and Integration	<b>Mental Health</b>																			
	% of urgent referrals to CAMHS responded to within 3 working days	M	>90%	4.8%		94.3% [G]		100% [G]	97.7% [G]	100% [G]	71.2% [R]	90.8% [G]	100% [G]	84.6% [A]	99.8% [G]	100% [G]	92.3%	93.7%	94.5%	
	% seen within 12 weeks by GAMHT	M	75%	0.7%		75.6% [G]		88% [G]	88.4% [G]	69.3% [A]	73.6% [G]	74% [G]	82.1% [G]	80% [G]	70% [A]	54.3% [R]	73.9%	73.7%	72.7%	
	% seen within 12 weeks by POLL Mental Health Teams	M	95%	-1.2%		93.8% [G]		98.2% [G]	99% [G]	94.6% [G]	94.2% [G]	99.1% [G]	97.6% [G]	94.3% [G]	87.4% [A]	77% [R]	94.2%	93%	91%	
	<b>Disability Act Compliance</b>																			
	Assessments completed within timelines	Q	100%	-85.3%		14.7% [R]		72.1% [R]	35.3% [R]	27.1% [R]	10.2% [R]	3.3% [R]	8.7% [R]	0.1% [R]	16.8% [R]	11.5% [R]	14.3%	16.3%	14.3%	
	Number of requests for assessment of need received for children	Q	3,463	26.9%		4,393 [G]		324 [G]	122 [G]	361 [G]	601 [R]	205 [G]	254 [G]	873 [G]	630 [G]	1,023 [G]	1,212	1,911	1,270	
	<b>Children's Disability Networks</b>																			
	No. of Children's Disability Networks established <sup>1</sup>	M	91	-6.6%		85 [A]		7 [G]	9 [G]	7 [G]	14 [G]	12 [G]	7 [G]	11 [G]	6 [R]	12 [G]	0	0	1	
	<b>Disability Emergency Supports</b>																			
No. of new emergency places provided to people with a disability	M	33	93.9%		64 [G]												15	7	8	
No. of in home respite supports for emergency cases	M	269	37.2%		369 [G]												29	76	43	

<sup>1</sup> NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata. CHO4 reduced full year target by 1, CHO3 increased full year target by 1, overall national total remains 91.

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % 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	
Access and Integration	<b>Home Support Hours<sup>2</sup></b>																			
	Number of hours provided	M	17,501,749	-13.9%	13,652,948	15,061,610 [G]	10.3%	1,463,319	1,736,340	1,242,961	2,146,508	1,415,533	1,407,578	1,724,045	1,475,015	2,450,310	1,860,138	1,831,163	1,698,700	
	No. of people in receipt of home support	M	55,324	-3.6%		53,335 [G]		4,398 [G]	6,727 [G]	4,544 [G]	9,025 [G]	6,059 [G]	4,561 [G]	6,087 [R]	4,451 [R]	7,483 [G]	54,119	54,379	53,335	
	<b>Delayed Transfers of Care</b>																			
	Number of beds subject to Delayed Transfers of Care	M	≤480	-1.3%	≤371	474 [R]	27.8%												475	474
	<b>Homeless</b>																			
% of service users assessed within two weeks of admission	Q	85%	0.9%		85.7% [G]		90% [G]	96.8% [G]	97.6% [G]	65% [R]	88.1% [G]	96.6% [G]	100.8% [G]	75% [R]	87.5% [G]	82.7%	83.7%	85.7%		
<b>Substance Misuse</b>																				
% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	-3.6%		96.4% [G]		100% [G]	100% [G]	71.4% [R]	94.8% [A]	99.8% [G]	100% [G]	100% [G]	79.7% [R]	99.3% [G]	96.1%	94.7%	97.6%		
Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>																			
	Net expenditure (pay + non-pay - income)	M	<0.1%	0.21% [A]		5,146,678		5.46% [R]	6.43% [R]	5.91% [R]	3.65% [R]	4.70% [R]	5.27% [R]	1.64% [R]	8.16% [R]	5.56% [R]	1.05%	0.54%	0.21%	
	Gross expenditure (pay and non-pay)	M	<0.1%	-0.07% [G]		5,515,217		4.00% [R]	4.43% [R]	5.40% [R]	2.47% [R]	3.91% [R]	4.30% [R]	1.16% [R]	6.44% [R]	5.63% [R]	0.62%	0.21%	-0.07%	
	Pay expenditure variance from plan	M	<0.1%	0.61% [A]		2,419,025		1.99% [R]	3.36% [R]	3.51% [R]	-0.15% [G]	2.07% [R]	7.46% [R]	2.69% [R]	7.09% [R]	4.18% [R]	1.23%	0.69%	0.61%	
	Non-pay expenditure	M	<0.1%	-0.59% [G]		3,096,192		8.64% [R]	5.39% [R]	6.60% [R]	5.01% [R]	5.78% [R]	1.14% [R]	-0.98% [G]	5.61% [R]	7.48% [R]	0.16%	-0.16%	-0.59%	
<b>Service Arrangements (30.09.21)</b>																				
Monetary value signed	M	100%	-21.09%		78.91%												53.85%	74.62%	78.91%	

<sup>2</sup> No. of home support hours provided for testing of Statutory Home Support Scheme (230,000) will be included for reporting when the pilot commences

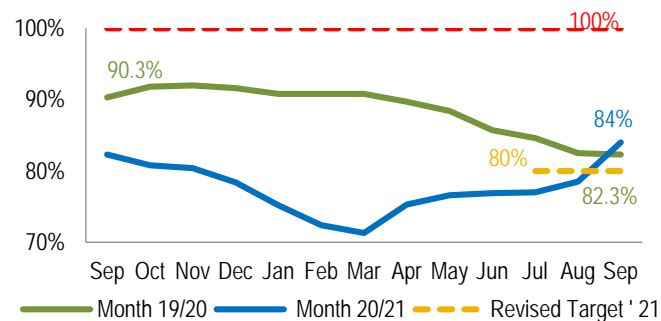
		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	<b>Internal Audit</b> Recommendations implemented within 12 months (2020)	Q	95%	-34.73%		62% [R]											51%	45%	62%
<b>Workforce</b>	<b>Attendance Management</b> % absence rates by staff category (non Covid)	M	<3.5%	29.71%		4.54% [R]		5.71% [R]	3.18% [G]	5.17% [R]	4.17% [R]	5.07% [R]	3.94% [A]	4.88% [R]	5.19% [R]	4.13% [R]	4.72%	4.98%	5.03%
	% absence rates by staff category (Covid)	M	NA			1.37%		1.74%	1.09%	1.08%	1.37%	1.57%	1.60%	1.40%	1.45%	1.18%	0.69%	0.94%	1.04%

## Primary Care Services

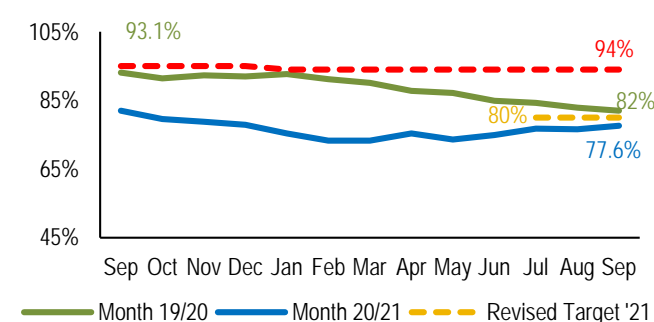
### Primary Care Therapies

Performance area	Target/Expected Activity	Freq	Revised Target/Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Speech and Language Therapy access within 52 weeks	100%	M	● 80%	84%	82.3%	+1.7%	77%	78.5%	84%	CHO6 (100%), CHO4 (98.5%), CHO2 (95.4%)	CHO1 (68.5%), CHO9 (75%), CHO5 (76.8%)
Physiotherapy access within 52 weeks	94%	M	● 80%	77.6%	82%	-4.4%	76.8%	76.6%	77.6%	CHO7 (95.2%), CHO4 (88.9%), CHO9 (88.4%)	CHO5 (63.6%), CHO2 (70%), CHO3 (71%)
Occupational Therapy access within 52 weeks	95%	M	● 60%	64.5%	60.9%	+3.6%	63.3%	63.8%	64.5%	CHO3 (91.8%), CHO6 (83.1%), CHO4 (74.4%)	CHO5 (52.9%), CHO9 (55.1%), CHO2 (55.8%)
Podiatry access within 52 weeks	77%	M	● 55%	49.2%	60.7%	-11.5%	50.2%	50.3%	49.2%	CHO2 (82.3%), CHO9 (78.2%), CHO4 (70.1%)	CHO8 (25.9%), CHO1 (36.3%), CHO5 (37%)
Ophthalmology access within 52 weeks	64%	M	● 55%	50.5%	59.5%	-9%	49.2%	51.1%	50.5%	CHO9 (100%), CHO3 (66.2%), CHO5 (61.4%)	CHO8 (41.1%), CHO2 (45.9%), CHO4 (46.4%)
Audiology access within 52 weeks	75%	M	● 65%	64%	66%	-2%	63.5%	65%	64%	CHO9 (95.9%), CHO1 (85.2%), CHO2 (69.2%)	CHO5 (52.1%), CHO3 (55.1%), CHO4 (59.5%)
Dietetics access within 52 weeks	80%	M	● 65%	58.1%	68.8%	-10.7%	57.4%	59.6%	58.1%	CHO1 (92.7%), CHO4 (80.5%), CHO9 (73.4%)	CHO5 (42.6%), CHO3 (43.8%), CHO7 (48.2%)
Psychology access within 52 weeks	81%	M	● 50%	56.7%	52.8%	+3.9%	50.6%	53.7%	56.7%	CHO8 (97%), CHO6 (91.1%), CHO1 (76.5%)	CHO7 (36.7%), CHO9 (38.3%), CHO2 (51.9%)

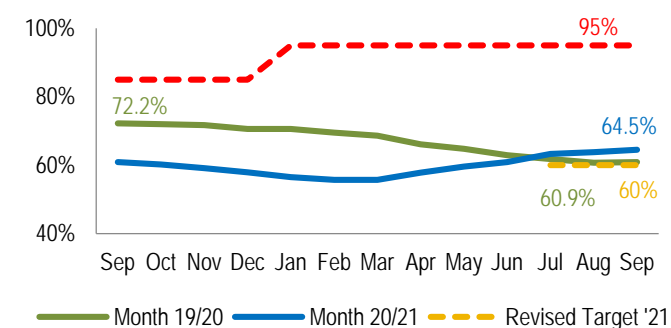
SLT Access within 52 weeks



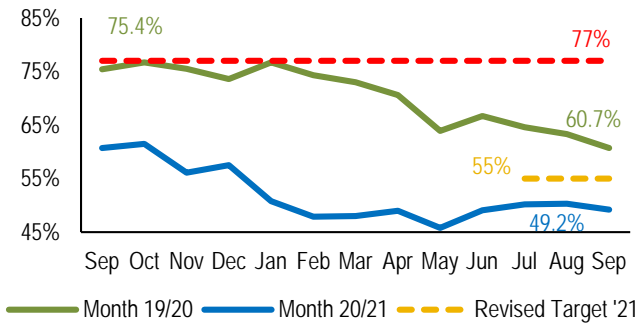
Physiotherapy Access within 52 weeks Podiatry



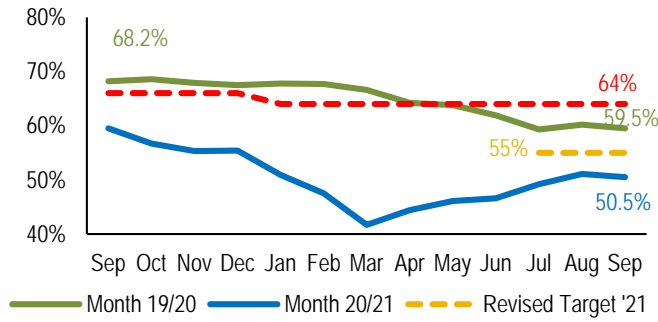
Occupational Therapy Access within 52 weeks



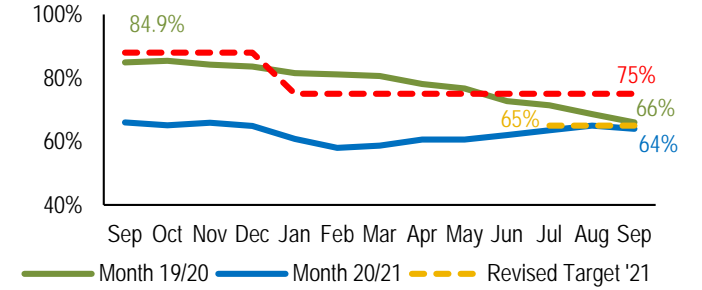
**Podiatry Access within 52 weeks**



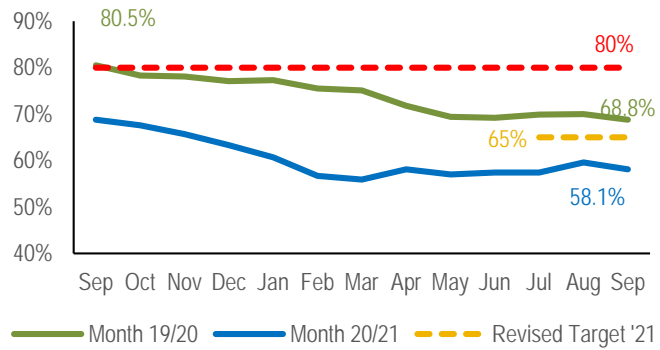
**Ophthalmology Access within 52 weeks**



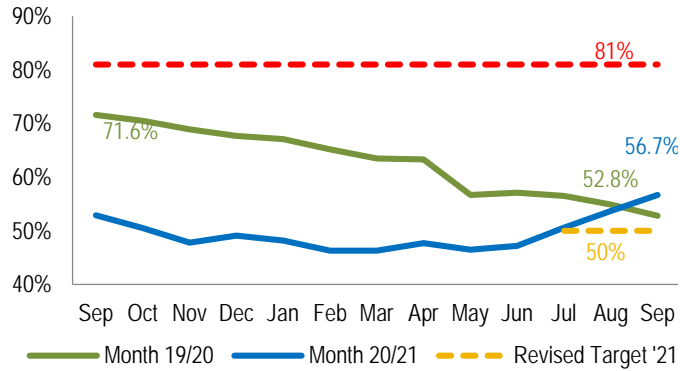
**Audiology Therapy Access within 52 weeks**



**Dietetics Access within 52 weeks**



**Psychology Access within 52 weeks**





## Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	% Var YTD	Revised Target/ Expected Activity	Current Period YTD	Revised % Var YTD	SPLY	SPLY change
<b>Physiotherapy</b>							
Number seen	439,916	-27.9%	299,348	317,046	5.9%	305,283	11,763
Total number waiting	42,173	33.9%		56,455		47,873	8,582
% waiting < 12 weeks	81%	-2.6%		78.9%		80%	-1.1%
Number waiting > 52 weeks				12,733		8,705	4,028
<b>Occupational Therapy</b>							
Number seen	292,044	-14.5%	240,007	249,777	4.1%	226,648	23,129
Total number waiting	34,093	5.7%		36,036		36,656	-620
% waiting < 12 weeks	71%	-4.5%		67.8%		69.3%	-1.5%
Number waiting > 52 weeks				12,810		14,323	-1,513
<b>*Speech &amp; Language Therapy</b>							
Number seen	213,074	-27.3%	145,003	154,894	6.8%	118,163	36,731
Total number waiting	17,645	1.8%		17,967		20,655	-2,688
Number waiting > 52 weeks				2,866		3,651	-785

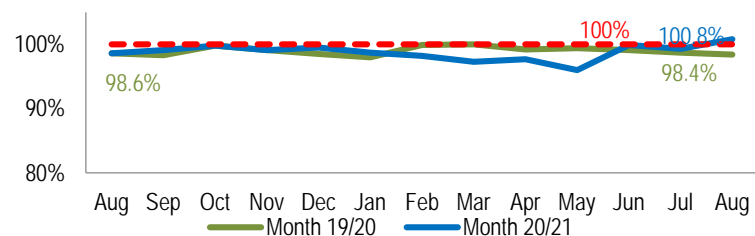
\*SLT reports on both assessment and treatment waiting list

Treatment Waiting List	Target/ Expected Activity	% Var YTD	Revised Target/ Expected Activity	Current Period YTD	Revised % Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>							
Total number waiting	9,868	-1.2%		9,746		11,064	-1,318
Number waiting > 52 weeks				3,010		4,243	-1,233
<b>Psychology</b>							
Number seen	37,378	-17.6%	36,533	30,811	-15.7%	30,159	652
Total number waiting	10,532	8.2%		11,391		10,441	950
% waiting < 12 weeks	36%	-42.1%	20%	20.8%	4%	14%	6.8%
Number waiting > 52 weeks				4,932		4,927	5
<b>Podiatry</b>							
Number seen	64,075	-50.9%	28,023	31,487	12.4%	37,242	-5,755
Total number waiting	4,619	61.5%		7,461		5,956	1,505
% waiting < 12 weeks	33%	-56%	20%	14.5%	-27.5%	19.6%	-5.1%
Number waiting > 52 weeks				3,792		2,343	1,449
<b>Ophthalmology</b>							
Number seen	35,099	40.8%	46,648	49,402	5.9%	43,957	5,445
Total number waiting	17,794	14.4%		20,358		16,156	4,202
% waiting < 12 weeks	19%	-17.2%	20%	15.7%	-21.5%	17.8%	-2.1%
Number waiting > 52 weeks				10,071		6,536	3,535
<b>Audiology</b>							
Number seen	23,423	45.3%	35,056	34,043	-2.9%	24,324	9,719
Total number waiting	19,351	-9.5%		17,506		21,320	-3,814
% waiting < 12 weeks	20%	5%		21%		15.4%	5.6%
Number waiting > 52 weeks				6,296		7,253	-957
<b>Dietetics</b>							
Number seen	50,995	0.8%	32,671	51,401	57.3%	47,556	3,845
Total number waiting	17,417	36.6%		23,797		19,039	4,758
% waiting < 12 weeks	40%	-36%	25%	25.6%	2.4%	27%	-1.4%
Number waiting > 52 weeks				9,976		5,942	4,034

## Nursing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	● 100.8%	98.4%	+2.4%	99.9%	99.3%	100.8%	CHO3 (102.6%), CHO8 (102.1%), CHO4 (101.8%)	CHO9 (97.3%), CHO6 (99.3%), CHO1 & CHO2 (99.8%)

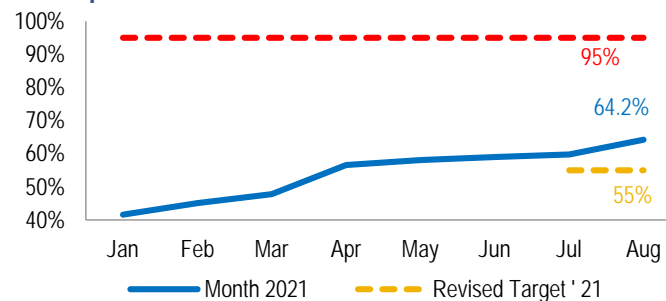
### Nursing – access within 12 weeks



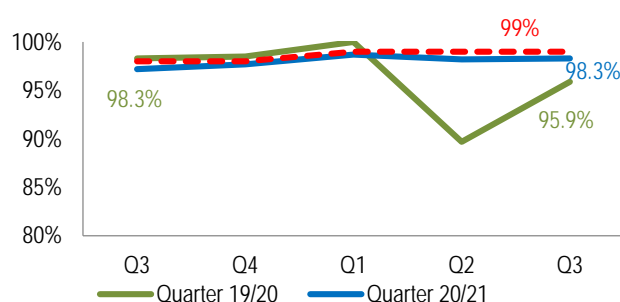
## Child Health

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	● 55%	53.6%			59%	59.8%	64.2%	CHO4 (90.3%), CHO3 (85.2%), CHO8 (77.9%)	CHO9 (25%), CHO1 (27.3%), CHO6 (36.3%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 98.4%	95.9%	+2.5%	98.7%	98.2%	98.3%	CHO1 & 7 (100%), CHO2 (99.4%), CHO3 & CHO6 (99%)	CHO8 (94%), CHO5 (97.5%), CHO4 (98.8%)	

### Developmental assessment 12 months



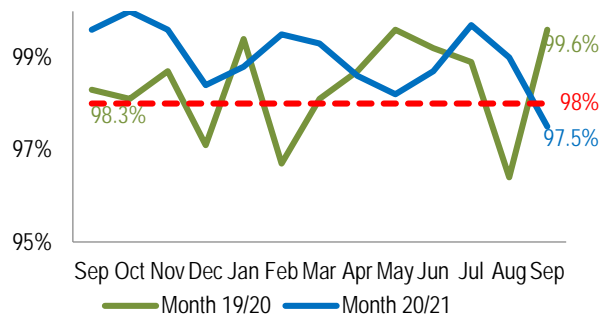
### New borns visited within 72 hours



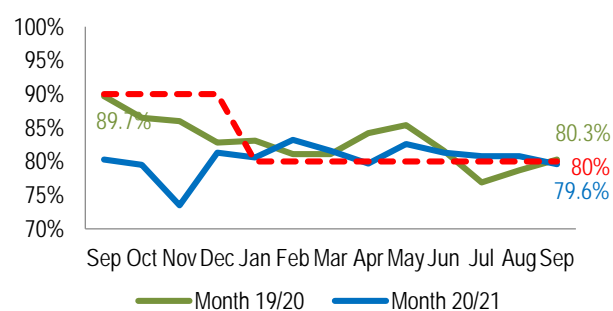
## Palliative Care

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M		● 98.8%	98.5%	0.3%	99.7%	99%	97.5%	CHO1, CHO3 (100%)	CHO9 (94.2%), CHO6 (95.8%) CHO7 (97.7%)
Access to palliative community services within 7 days	80%	M		● 81.1%	81.4%	-0.3%	80.8%	80.8%	79.6%	CHO2 (100%), CHO9 (97.9%), CHO1 (93.3%)	CHO3 (66.3%), CHO5 (66.7%), CHO7 (72.1%)
Number accessing inpatient beds within seven days	2,974 YTD/ 4,078 FYT	M	● 2,025 YTD/ 2,776 FYT	2,394	2,409	-15	295	284	236		
Treatment in normal place of residence	3,358 FYT	M		● 2,941	3,448	-507	3,467	3,451	2,941	CHO3 (18.1%), CHO9 (18%), CHO7 (16.8%)	CHO2 (-83%) CHO6 (-36.4%), CHO1 (-19.6%)

### Access to palliative inpatient beds



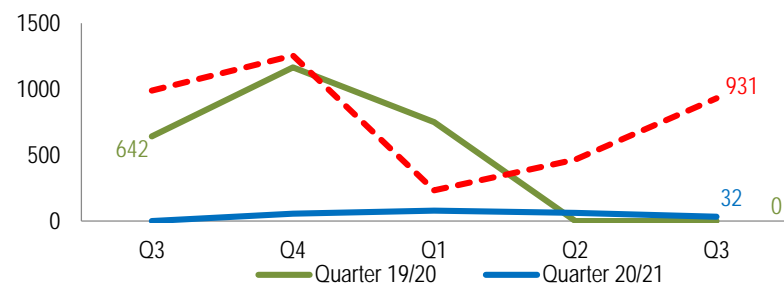
### Access to palliative community services



## 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 (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	1,480 FYT	Q	● 171	750	-579	78	61	32	No CHO reached target	

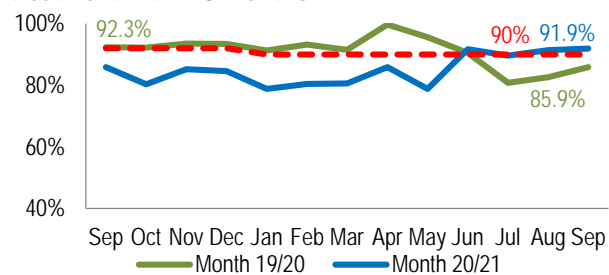
### Number who have completed type 2 diabetes education programme



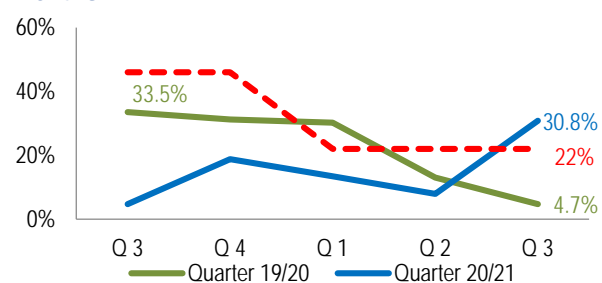
## Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 months	90%	M	● 86%	90.7%	-4.7%	89.6%	91.4%	91.9%	CHO3 (99.3%), CHO7 (97.4%), CHO9 (96.2%)	CHO2 (73.2%), CHO5 (74.2%), CHO8 (91.6%)
Orthodontics - % seen for assessment within 6 months	22%	Q	● 30.8%	4.7%	+26.1%	13.4%	7.9%	30.8%	West (58.4%)	DNE (6.2%), DML (14.7%), South (28.2%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 20.9%	19.2%	+1.7%	20.3%	22.2%	20.9%		DNE (39.2%), DML (22.3%), South (21.3%)

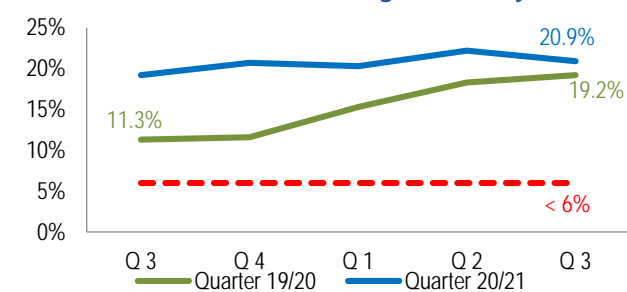
**Oral Health: % of new patients who commenced treatment within 3 months**



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



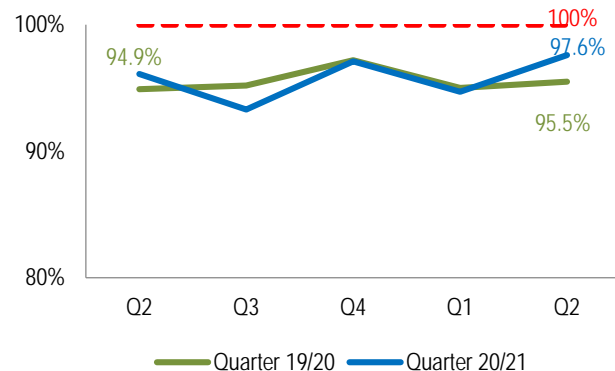
**Orthodontics: treatment waiting list > four years**



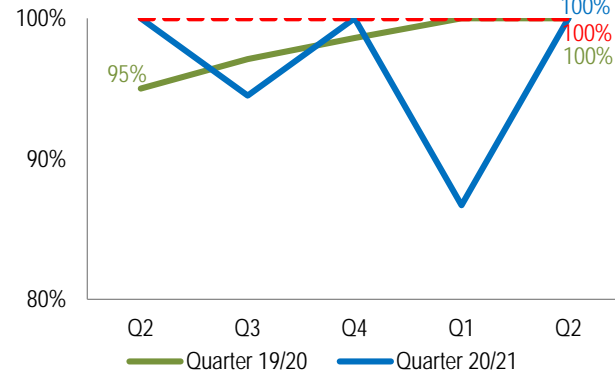
## Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	● 96.4%	95.5%	+0.9%	96.1%	94.7%	97.6%	CHO1,2, 6 & 7 reached target	CHO3 (68%), CHO4 (93.1%), CHO8 (95.6%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	● 95.6%	100%	-4.4%	94.3%	86.7%	100%	CHO1, 2, 5, 7, 9 reached target	
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	● 85.7%	85.2%	+0.5%	82.7%	83.7%	85.7%	CHO7 (100.8%), CHO3 (97.6%), CHO2 (96.8%)	CHO4 (65%), CHO8 (75%), CHO9 (87.5%)

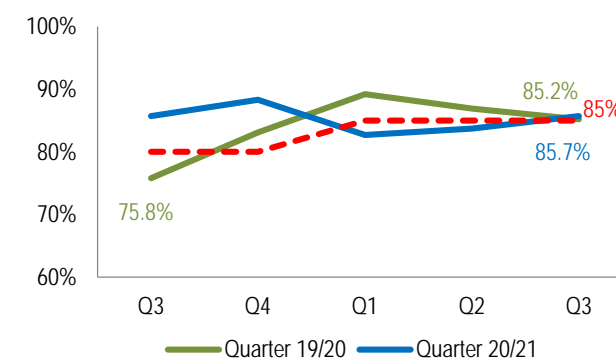
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks

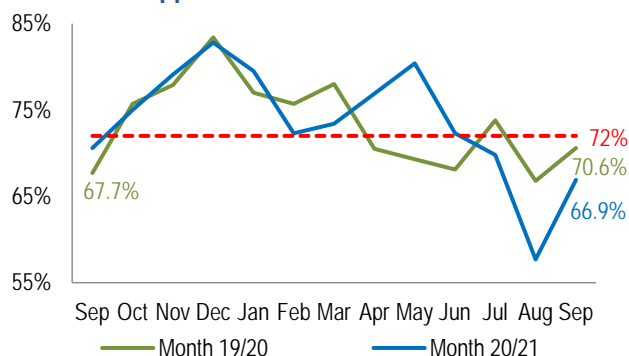


# Mental Health Services

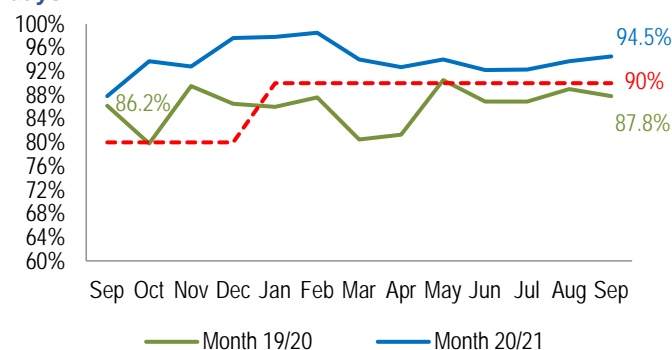
## Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Admission of Children to CAMHs	85%	M	● 92.2%	91.4%	+0.8%	85.7%	90.3%	96.4%		
CAMHs Bed Days Used	95%	M	● 99.5%	98.5%	+1%	99.6%	99.9%	99.8%	CHO1, 2, 3, 4, 6, 7, 8 & 9 reached target	CHO5 (0%)
CAMHs – first appointment within 12 months	95%	M	● 95.3%	95.6%	-0.3%	96.4%	96.0%	96.3%	CHO1, 2, 5, 6, 7 & 9 reached target	CHO8 (91.9%), CHO3 (92.9%), CHO4 (94.2%)
CAMHs waiting list	2,308	M	● 2,948	2,137	+811	3,083	2,917	2,948	CHO2 (79), CHO5 (246), CHO7 (270)	CHO4 (583), CHO6 (441), CHO8 (396)
CAMHs waiting list > 12 months	0	M	● 195	266	-71	198	185	195	CHO2 (0)	CHO3 (80), CHO4 (53), CHO8 (32)
No of referrals received	11,193 YTD 14,895 FYT	M	● 16,869	11,119	+5,750	1,608	1,473	2,015		
Number of new seen	7,023 YTD 9,338 FYT	M	● 9,445	7,151	+2,294	921	882	1,121		
% of urgent referrals to CAMHs Teams responded to within three working days	>90%	M	● 94.3%	86.5%	+7.8%	92.3%	93.7%	94.5%	CHO1, 2, 3, 5, 6, 8 & 9 reached target	CHO4 (54.2%), CHO7 (85.7%)

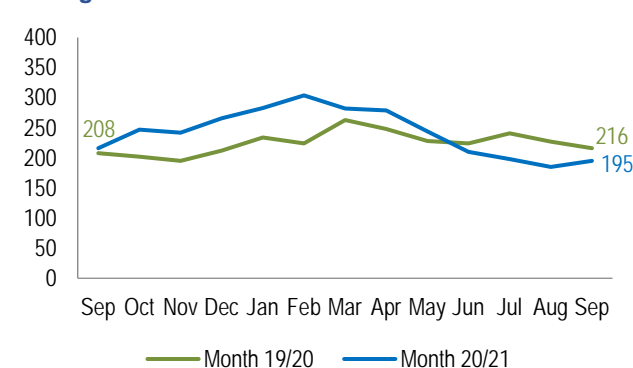
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



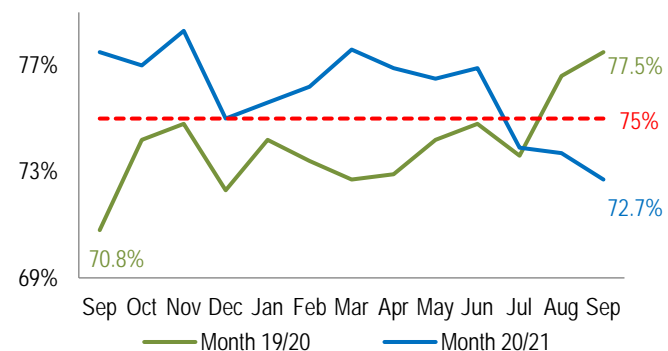
## General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	27,749 YTD 36,962 FYT	M	● 29,718	29,213	+505	3,173	3,375	3,559		
Number of referrals seen	17,311 YTD 23,042 FYT	M	● 17,966	17,766	+200	1,915	1,960	2,092		
% seen within 12 weeks	75%	M	● 75.6%	74.5%	+1.1%	73.9%	73.7%	72.7%	CHO1, 2, 6 & 7 reached target	CHO9 (50.3%), CHO3 (65.8%), CHO4 (69.5%)

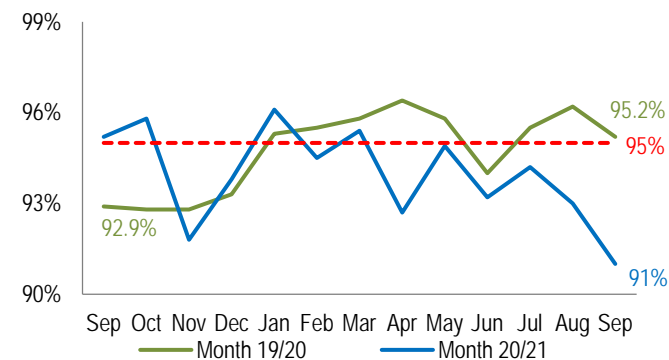
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	8,289 YTD 11,042 FYT	M	● 8,001	8,499	-498	904	988	908		
Number of referrals seen	5,548 YTD 7,388 FYT	M	● 5,491	5,692	-201	597	674	650		
% seen within 12 weeks	95%	M	● 93.8%	95.5%	-1.7%	94.2%	93.0%	91.0%	CHO1, 2, 4, 5 & 6 reached target	CHO9 (65%), CHO8 (76.7%), CHO7 (84.6%)

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



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

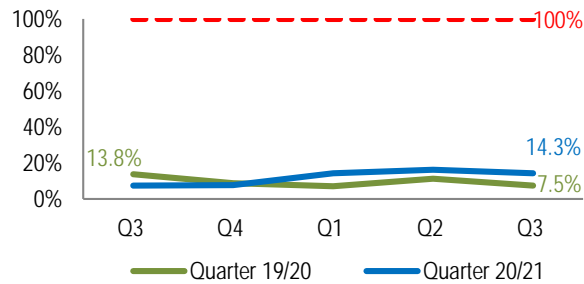




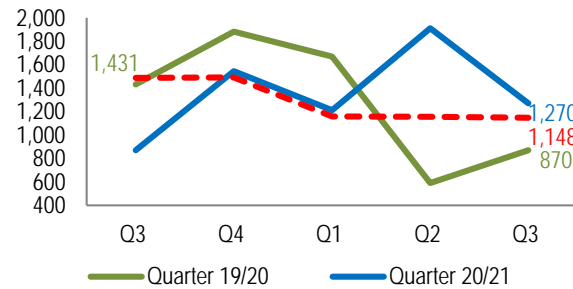
## Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Disability Act Compliance	100%	Q	● 14.7%	8.6%	+6.1%	14.3%	16.3%	14.3%	No CHO reached target	(% Var): CHO6 (0%), CHO7 (0.3%), CHO9 (2%)
Number of requests for assessment of need received for Children	3,463YTD/ 4,613 FYT	Q	● 4,393	3,129	+1,264	1,212	1,911	1,270	(% Var): CHO's 1, 2, 3, 5, 6, 7, 8 & 9 reached target	(% Var): CHO4 (-23.9%)
Movement from Congregated Setting to community settings	110 YTD/ 144 FYT	Q	● 79	52	+27	35	30	14	(% Var): CHO9 (250%), CHO8 (183.3%), CHO6 (122.2%)	(% Var): CHO2 (-100%), CHO4 (-88.2%), CHO3 (-73.3%).
% of Children's Disability Networks established <sup>3</sup>	100%	M	● 93.4%	0.0%	+93.4%	93.4%	93.4%	93.4%	(% Var): CHO 1, 2, 3, 4, 5, 6, 7 & 9 reached target	(% Var): CHO8 (50%)
Number of Children's Disability Networks established <sup>4</sup>	91 YTD/ 91FYT	M	● 85	0	+85	0	0	1	(% Var): CHO 1, 2, 3, 4, 5, 6, 7 & 9 reached target	(% Var): CHO8 (-50%)

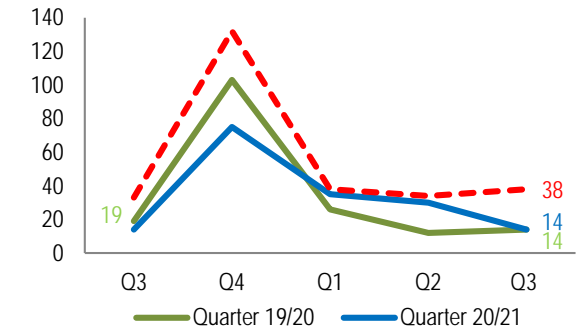
### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings



<sup>3</sup> NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata

<sup>4</sup> CHO 4 reduced full year target by 1, CHO 3 increased full year target by 1, overall national total remains 91.

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

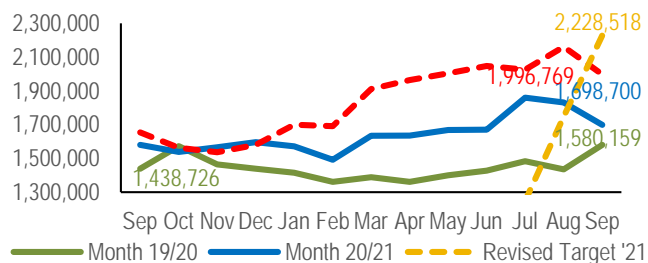
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	44	33	● 64	65	-1	15	7	8
No. of in home respite supports for emergency cases	M	358	269	● 369	252	+117	29	76	43
Number of residential places provided to people with a disability	M	8,130	8,130	● 8,098	8,109	-11	8,093	8,090	8,098

## Older Person's Services

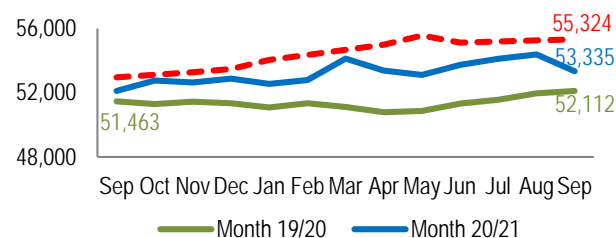
Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	17,501,749 YTD/ 23.67m FYT	M	● <b>13,652,948</b> YTD/ <b>21,895,805</b>	● <b>15,061,610</b>	12,853,249	+2,208,361	1,860,138	1,831,163	1,698,700		
No. of people in receipt of Home Support	55,324 YTD/ 55,675 FYT	M	●	● <b>53,335</b>	52,112	+1,223	54,119	54,379	53,335	(%Var): CHO2 (5.4%), CHO6 (3.2%), CHO9 (2.9%)	(%Var): CHO8 (-24.2%), CHO7 (-13.5%), CHO5 (-2.6%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M		● <b>114</b>	141	-27	120	117	114		
No. of persons funded under NHSS in long term residential care	22,681 YTD/ 22,500 FYT	M		● <b>22,278</b>	22,792	-514	22,109	22,193	22,278		
No. of NHSS beds in public long stay units	4,556 YTD/ 4,501 FYT	M		● <b>4,678</b>	4,878	-200	4,725	4,690	4,678	(%Var): CHO9 (20.3%), CHO3 (11.6%), CHO2 (11.3%)	(%Var): CHO1 (-11.7%), CHO5 (-3.9%), CHO6 (-0.6%)
No. of short stay beds in public units	1,984 YTD/ 2,209 FYT	M		● <b>1,402</b>	1,430	-28	1,400	1,420	1,402	(%Var): CHO6 (2.1%)	(%Var): CHO4 (-55.6%), CHO8 (-55%), CHO3 (-40.4%)
No. of beds subject to Delayed Transfers of Care	≤480	M	● <b>≤371</b>	● <b>474</b>	417	+57		475	474	3 hospitals have (0), 3 hospitals have (1)	SJH (61), Tallaght Adults & MMUH (39), CUH (38)
No. of persons in receipt of payment for transitional care	831	M-1M		● <b>1,104</b>	933	+171	1,023	1,072	1,104		

No. of home support hours provided for testing of Statutory Home Support Scheme (230,000) will be included for reporting when the pilot commences

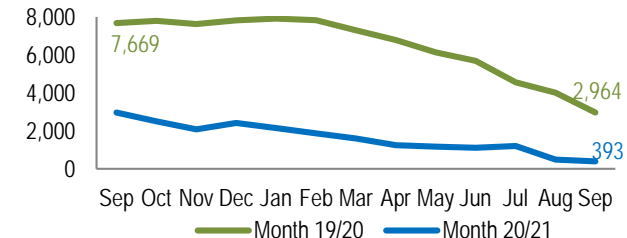
### Number of Home Support Hours Provided



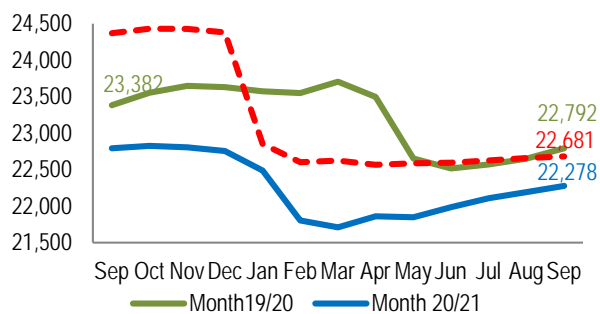
### Number of people in receipt of Home Support



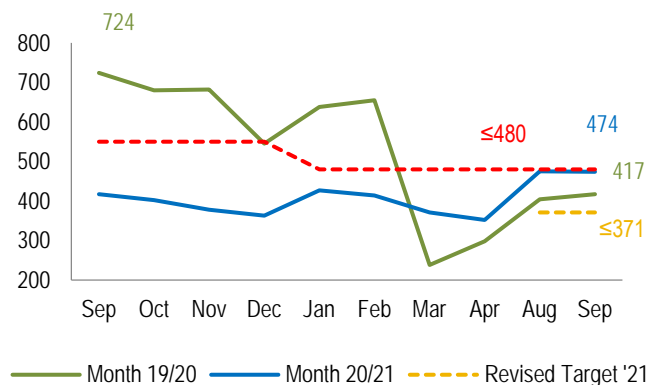
### Number waiting on funding for Home Support



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



### Delayed Transfers of Care



### Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	72	11	83	17.5%
Residential Care	215	23	238	50.2%
Rehab	19	13	32	6.8%
Complex Needs	14	17	31	6.5%
Housing/Homeless	11	21	32	6.8%
Legal complexity	29	7	36	7.6%
Non compliance	5	3	8	1.7%
COVID-19	11	3	14	3%
<b>Total</b>	<b>376</b>	<b>98</b>	<b>474</b>	<b>100%</b>

### NHSS Overview

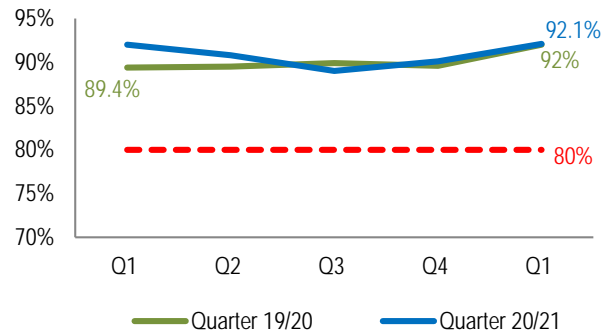
	Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
No. of new applicants	6,859	7,135	-276	826	767	758	710	+48
National placement list for funding approval	647	574	+73	596	556	647	574	+73
Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
Total no. people funded under NHSS in LTRC	22,278	22,792	-514	22,109	22,193	22,278	22,792	-514
<b>Private Units</b>								
No. of new patients entering scheme	4,591	5,021	-430	543	572	560	595	-35
No. of patients Leaving NHSS	4,796	5,557	-761	433	467	459	425	+34
Increase	-205	-536	+331	+110	+105	+101	+170	-69
<b>Public Units</b>								
No. of new patients entering scheme	900	1,038	-138	110	98	96	82	+14
No. of patients Leaving NHSS	1,172	1,339	-167	97	119	112	110	+2
Net Increase	-272	-301	+29	+13	-21	-16	-28	+12

## Disability and Older Persons' Services

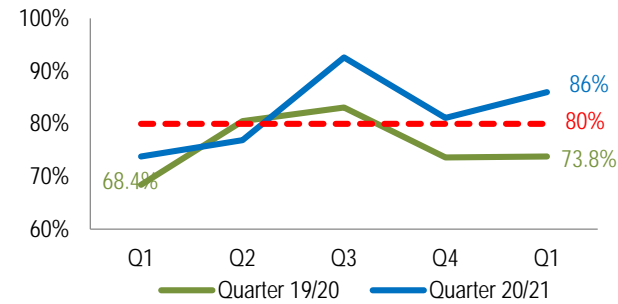
### HIQA Inspections

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
HIQA Inspections (Disabilities)	80%	Q-2Q	● 92.1%	92%	+0.1%	89%	90.1%	92.1%		
HIQA Inspections (Older Persons)	80%	Q-2Q	● 86%	73.8%	+12.2%	92.6%	81.1%	86%		

#### HIQA – Disabilities



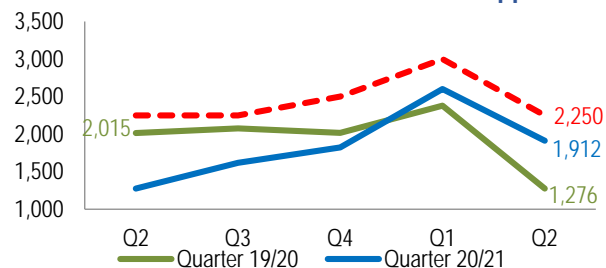
#### HIQA Inspections – Older Persons



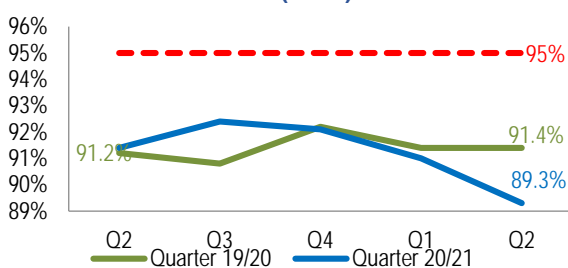
## Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	5,250 YTD/ 10,000 FYT	Q-1Q	● 4,513	3,656	+857	1,824	2,601	1,912	(%Var) CHO5 (78.3%), IE HG (35.9%), CHO6 (29.4%)	(%Var) UL HG (-87%), RCSI (-72.5%), SAOLTA HG (-69.9%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 58.2%	48.9%	+9.3%	57.4%	60%	55.6%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 90.1%	91.4%	-1.3%	92.1%	91%	89.3%	CHO2 (93.3%), CHO4 (93.1%), CHO5 (91%)	CHO9 (84.6%), CHO1 (85.7%), CHO7 (87.5%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.6%	93.7%	-0.1%	94.6%	94.2%	92.9%	CHO2 (96.2%), CHO4 (95.4%), CHO8 (94.5%)	CHO9 (89.8%), CHO1 (91.1%), CHO6 (91.4%)

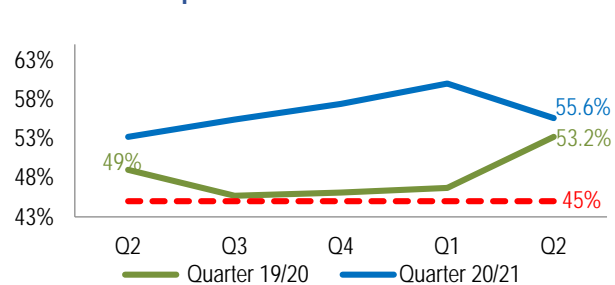
Tobacco smokers – intensive cessation support



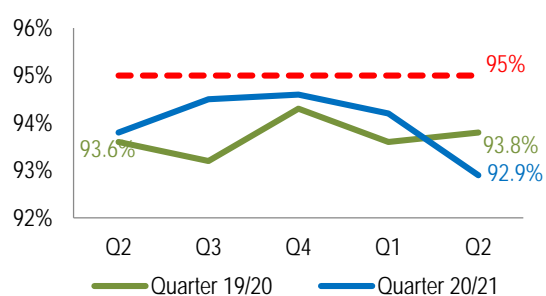
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



## Community Healthcare Update

2021 has been a challenging year in addition to the ongoing impact of the Global Pandemic the challenges in health services and in particular community services have been exacerbated by the cyber-attack which commenced on the 14th May but is still impacting service provision, albeit at a much lower level than earlier in the summer. An additional impact of the cyber-attack has been on our ability to collect performance data; this is a challenge in community pending the introduction of planned electronic patient record systems. However, many of the 'data gaps' have been 'filled' and it is planned that performance data will be collected as per pre-cyber. A key learning from the Cyber Attack has been in respect of the vulnerability of the data collection / performance-reporting process in Community and this has reinforced the requirement for the proposed Integrated Community Case Management System (ICCMS) referred to above.

Other challenges include addressing the backlogs for care caused in part by patients delaying seeking treatment over the course of the pandemic and the increase in wait lists as a result of staff being redeployed to provide pandemic services.

A wait list initiative has been put in place in Community Services but the challenges associated with this should not be underestimated. In the short term, it is likely that winter challenges and the ongoing pandemic will impact and there are capacity challenges in both the public and private sector.

For the remainder of 2021, there will be ongoing challenges from redeployment to Covid services, the flu & Covid booster vaccination programmes and there will likely be ongoing staff absences related to Covid, including 'long' Covid.

Accordingly, the performance data should be read in light of the very significant challenges detailed above.

### Wait List Initiative

The numbers of people waiting for services and the length of time that they are waiting has increased as a result of re-prioritising services during COVID-19,

delivering services within a COVID safe model of care in addition to the impact of the Cyber-Attack.

It is a key priority of Community Services to help people to access the care and support that they need as soon as possible and a Project Group has been established to oversee this work. There are a number of challenges facing the service in delivering this priority including the limited workforce availability and competing with private or small practice organisations when attempting to recruit.

In addition to this there are competing priorities for the workforce in restoring and delivering services in a safe model of care including supporting the vaccination and testing services.

There are 2 initial waiting list initiatives underway where approval and resources have been secured – these are

- A. People waiting for orthodontic treatment and
- B. Children waiting for primary care psychology for more than 12 months.

In addition to these initiatives, a number of others are in design phase which can be largely categorised into two types of solutions for dedicated waiting list initiatives.

The first category is to use and bolster in-house capacity, there is only one of these currently being scoped (for CAMHS services) due to the workforce constraints explored above.

The second category is to procure services from external providers through the establishment of a Dynamic Purchasing Agreement. It is envisaged that there will be a number of service lots within the agreement which can evolve over time, in the first instance this is likely to include primary care therapy services and ASD Diagnostic Assessments.

There are a number of longer term initiatives underway in the organisation that will further support teams to better manage waiting lists including the procurement of

an Integrated Client Case Management System and an associated project to modernise, streamline and standardise all pathways of care.

Key risks escalated by the Group is that these shorter-term initiatives may further exacerbate recruitment challenges by procuring services from the private sector and that this approach may be contrary to the direction of travel outlined in the Sláintecare vision.

Another risk is that during the procurement process it may become apparent that the provision is not available to procure to meet the needs of people waiting for services; considerations include the array of small independent providers who may not want to be HSE suppliers, services that are available within the market may not meet all service needs, geographical coverage for the whole country, the capacity in the market to undertake more activity and price.

## **PERFORMANCE NOTICE's – Community Services**

### **Stewarts Care Ltd**

A Performance Notice was issued to Stewarts Care in 2018 relating to Financial Review, Governance and Deficits as well as HIQA Regulatory Compliance.

A work programme was put in place to address all of these issues. The Performance Notice is still in place while there is an on-going independent financial review with a particular focus which now is close to completion. We are satisfied there are policies and procedures in place to protect this financial focus area going forward and while a final legacy issue remains under investigation and pending the final report, the performance notice remains.

### **St John of Gods**

A Performance Notice was issued to St John of God's in 2017 related to:

- (i) HIQA Regulatory Compliance
- (ii) HSE Internal Audit Report Findings and Recommendations
- (iii) Financial management/controls and reported deficits
- (iv) Service Performance relating to De-congregation

An Implementation Plan to address these matters was agreed and monitored by an Oversight Implementation Group. Subsequently, in November 2020, St. John of God's issued notice of withdrawal of services which would take place in September 2021. Following considerable engagement, this notice has since been removed by St John of Gods supported by an agreed Memorandum of Understanding providing a progression of a time-bound sustainability impact assessment jointly by HSE and SJOG. The performance notice is still in place.

## **Primary Care**

Primary Care Services continue to be the most impacted by the requirement to set up Covid Specific Services including the vaccination programme. This has inevitably impacted the delivery of Primary Care services. Additionally Primary Care services are dependent on email as a key communication tool were adversely affected by the Cyberattack and it should be noted that there are still ongoing issues with email in both CHO 1 and CHO8 in particular.

While there has been a significant return of staff from Covid services to 'core duties', there is still a significant impact on Primary Care services due to the pandemic. Staff are required to deliver services in a socially distant environment with a consequent impact on their ability to meet targets that were set for a non-pandemic service. Other challenges include reduced capacity, maintaining Covid 19 services, the impact of the vaccination programme and increased demand and wait lists as a result of the pandemic.

In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall there was 61.2% return rate for data across Primary Care Services.

## **Community Intervention Teams (CIT)**

At end of September 2021, there were 48,926 CIT referrals year to date which is 8.9% ahead of the expected year to date activity of 44,939 (PC122).

**\* Data return rate 93.7%.**



#### Child Health Developmental Assessment 12 Months

The national performance at August 2021 YTD (Data one month in arrears) is 53.6% compared to a target of 55% (PC153). In the performance management engagements with the CHOs, it was agreed to help in providing admin support to free up staff to support PHNs working to scope of practice and to take a targeted recruitment to fill this grade. Again, it should be noted that services are being delivered in a Covid environment and there are requirements to provide services in a safe environment for both children and staff.

**\* Data return rate 87.5%**

#### Oral Health

Year to date nationally 86% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). Strong performance.

**\* Data return rate 93.3%**

#### Physiotherapy Access within 52 weeks

The national position at the end of September 2021 is 77.6% compared to the target of 80% (PC100G). The number of clients waiting longer than 52 weeks has decreased by -6.2% from 13,571 in August to 12,733 in September (PC100E). The improvement is likely related to returns from redeployment.

Covid will impact the ability to achieve the full-year target.

**\* Data return rate 96.9%**

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

The national position in September 2021 is 64.5% compared to the target of 60% (PC101G). The number of clients waiting longer than 52 weeks decreased by -4.9% from 13,475 in August to 12,810 in September (PC101E).

**\* Data return rate 93.7%**

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

The national position in September 2021 is at 84% compared to the target of 80% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has decreased by -36.4% from 4,509 in August to 2,866 in September (PC116C). Notably, CHO7 has reduced their wait list by 970 in September.

**\* Data return rate 96.9%**

#### Podiatry Access within 52 weeks

The national position in September 2021 is 49.2% compared to the target of 55% (PC104G). The number of clients waiting longer than 52 weeks has decreased by -4.4% from 3,965 in August to 3,792 in September (PC104E).

**\* Data return rate 100%**

#### Ophthalmology Access within 52 weeks

The national September 2021 position is 50.5% compared to the target of 55% (PC107G). The number of clients waiting longer than 52 weeks has increased by 10.4% from 9,122 in August to 10,071 in September (PC107E). The wait list initiative should reduce the wait list in the future.

**\* Data return rate 90.9%**

#### Audiology Access within 52 weeks

The national position in September 2021 is 64% compared to the target of 65% (PC108G). The number of clients waiting longer than 52 weeks has decreased by -3.6% from 6,532 in August to 6,296 in September (PC108E).

**\* Data return rate 90%**

#### Dietetics Access within 52 weeks

The national position in September 2021 is 58.1% compared to the target of 65% (PC109G). The number of clients waiting longer than 52 weeks has increased by 10% from 9,068 in August to 9,976 in September (PC109E).

**\* Data return rate 93.7%**

#### Psychology Access within 52 weeks

The national position in September 2021 is 56.7% compared to the target of 50% (PC103G). The number of clients waiting longer than 52 weeks has decreased by -2% from 5,034 in August to 4,932 in September (PC103E). Work is on-going with Mental Health Services to look at how best to provide digital online cognitive behavioural therapy services and other digital interventions to enhance service provision in this area. The wait list initiative should reduce the wait list in the future.

**\* 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 2021 (please note data return rates referred to above)			
Discipline	Target YTD (NSP 2021)	Actual YTD	Actual vs. Target* YTD
Physiotherapy (PC125)	299,348	317,046	+5.9%
Occupational Therapy (PC124)	240,007	249,777	+4.1%
SLT (PC126)	145,003	154,894	+6.8%
Podiatry (PC127)	28,023	31,487	+12.4%
Ophthalmology (PC128)	46,648	49,402	+5.9%
Audiology (PC129)	35,056	34,043	-2.9%
Dietetics (PC130)	32,671	51,401	+57.3%
Psychology (PC131)	36,533	30,811	-15.7%

\* *The reduction in capacity due to infection prevention and control measures and the need to maintain social distancing affects the delivery of services should be noted.*

## Palliative Care

### Access to Palliative Inpatient Beds

The national year to date position is 98.8% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).

### Access to Palliative Community Service

The national year to date position is 81.1% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days, compared to the performance target of 80%. (PAC9A).

\* **Data return rate 87.5%**

### Children's Palliative Care

The number of children in the care of the specialist palliative care teams in September 2021 is N/A compared to expected activity of 46 (PAC39). The data is not available due to ongoing cyberattack related issue.

\* **Data return rate 0%.**

The number of children in the care of the Children's Nurse Co-ordinators was 264 in September 2021. compared to the expected activity of 310. (PAC37).

\* **Data return rate 77.4%.**

## Mental Health

### CAMHS Inpatient Units

Nationally there were 261 children admitted to CAMHS in-patient units at the end of September 2021 (MH37). 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.

92.2% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in September 2021 YTD which is above the target (85%) (MH5).

99.5% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of September 2021, which is above 95% target (MH57).

The number of children admitted to adult mental health units has reduced during 2021. The latest available data is the end of September 2021 that indicates there were 22 child admissions to adult units. This is compared to 27 child admissions to adult units in 2020. 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 an increase of 31 children on the waiting list for community mental health services, from 2,917 in August to 2,948 in September 2021 (MH50). There are 195 children waiting longer than 12 months in September. CHO2 has no children waiting longer than 12 months to be seen. CHO1 have 5, CHO3 (80)

CHO4 (53), CHO5 (6), CHO6 (9), CHO7 (9), CHO8 (32) and CHO9 (1) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of September 2021, 75.8% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% (MH6). However, 95.3% of young people new or re-referred cases were seen within 12 months in community CAMHS services YTD September 2021 (MH72).

Nationally, 94.3% of urgent referrals to CAMHS were responded to within three working days, above the 90% target. (MH73).

**\* Data return rate 97.8%**

*Note: CAMHS Wait list: In line with the recent announcement of the national waiting list initiative under the Slaintecare implementation programme which is being led out by the CEO of the HSE and the Secretary General in the Department of Health, work has commenced in examining CAMHS waiting lists over 12 months with the objective of eliminating this over the next 6 months. Meetings with Heads of Service and ECD's in each CHO areas are in the process of being organised, with the specific purpose of agreeing action plans to address their respective CAMHS waiting lists that exceed 12 months. It is envisaged that all initial meetings with each HOS will have taken place within the next 2-3 weeks and outline action and implementation plans agreed by the end of November.*

#### Community Adult mental health services

90.6% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD September 2021 against a target of 90% (MH1). CHOs, 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed however Covid related contingencies make this more challenging to address. 17.9% referred to general adult patients did not attend (DNA) their appointments.

**\* Data return rate 93.2%**

96.5% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD September 2021 against a target of 98% (MH3).

**\* Data return rate 87.5%**

#### Adult Acute Inpatient mental health services

At the end of June 2021, there was 5,697 admissions to adult acute inpatient units compared 5,660 for the same period in 2020 and 6,105 in 2019. Please note the decrease in admissions for the same period 2019.

#### Disability Services

##### Children's Disability Networks

Significant progress is being made in line with the timeline for the reconfiguration of Children's Disability Network Teams. Children's Disability Network Managers (CDNMs) have been appointed to the majority of networks. The outstanding vacancies are currently being progressed through the job offer / contracting stage. Lead agencies for each of the networks have been agreed in all CHOs. A standardised CHO governance structure and processes have been agreed upon between the HSE and all agencies and are currently being implemented in all CHO areas. Expressions of preference for staffing are also concluded in most areas.

To date, 85 CDNs have been established and it is envisaged a further 3 CDNs will be in place in November and the remaining 3 in December. Once all teams are in place, every child with complex needs will have access to a team, regardless of the nature of their disability, where they live, or the school they attend.

*Please note that although the 2021 National Service Plan Cumulative Target identifies 96 Children's Disability Networks, we are now working towards a revised Target of 91 Networks that have been agreed by National Disability Offices and Community Operations and this is reflected in the KPI target.*

##### Residential Places

There were 8,098 residential places for people with a disability in September 2021 which is -0.4% (32) lower than the 8,130 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.

**Data return 100%.**

### Emergency Places

In accordance with NSP 2021, Disability Services committed to developing 44 new emergency residential placements and 358 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 2021, 64 new emergency residential places were developed; while a further 369 intensive home support packages were put in place; this includes 309 new packages and 60 packages approved in 2020 against additional Q4 funding, which have been maintained in 2021.

**\* Data return 100%.**

### RT Places

There were 2,057 people (all disabilities) in receipt of Rehabilitative Training in September 2021, which is -10.2% (233) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic.

**\* Data return rate 100%**

### Congregated Settings

A total of 79 people transitioned from congregated settings to homes in the Community in Q3 2021 (DIS55). 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 1,800 people remaining in congregated settings.

The target for de-congregation for 2021 was set at 144. We understand from conversations with the CHO Areas and Service Providers that there are a significant number of people planned to transition in Quarter 4 and we are hopeful of meeting the NSP target by year end. 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.

**\* Data return rate 100%**

### Disability Act Compliance

Activity for the year (up to end Quarter 3) indicates that there has been significant progress in the number of Assessment of Need reports completed during the year, 6,204 by end of September.

This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 2,720 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations) (DIS1).

The increase in activity to date in 2021 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement.

The table below shows the progress made up to end September 2021 in relation to the backlog of overdue assessments, which has reduced from 6,558 in June 2020 to 518 at end of September 2021. CHOs 1, 2, 4, 5, 6 and 7 have cleared those assessments that were overdue at 30th June 2020. Across the country 92% of those assessments have been completed. (Note: This activity data refers only to those AONs that were overdue at 30/6/2020).

CHO	Overdue @ 30/6/20	Outstanding @ 31/9/21
CHO1	138	0
CHO2	100	0
CHO3	589	10
CHO4	1098	0
CHO5	643	0
CHO6	257	0
CHO7	1056	0
CHO8	764	6
CHO9	1913	502
<b>Total</b>	<b>6558</b>	<b>518</b>

## 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 activity against targets.

NSP 2021 provides for 23.7 million home support hours to be delivered to 55,675 people and for 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people by year end. This allocation comprehends an additional 5 million hours funded under the Winter Plan 2020/2021 and 230,000 hours relating to the Home Support Pilot Scheme which is to commence in 2021.

The Winter Plan for 2020/2021 has been framed in the context of increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in the context of a pandemic. The Home Support initiatives included in the Winter Plan provides for an additional 5m home support hours to be delivered by end of 2021. In order to ensure timely discharges from acute settings for older people, a discharge to assess approach will be utilised, which will be further enabled through the establishment of Integrated Decision Making Forum(s) alongside enhanced transitional and short-stay bed capacity.

One of the key enablers of the home support scheme is the implementation of the InterRAI tool in Ireland. In 2021, the full implementation of InterRAI will commence across Ireland. Key to this will be: (1) the recruitment and training of 128 InterRAI assessor resources who will work in the community; and (2) the development of operational policies/procedures to deliver the operationalisation of the assessment through to service provision process (across community and acute settings). Successful implementation of these processes is a key dependency to the establishment of the statutory home support scheme.

At the end of September (YTD) it was expected that the Home Support Service would deliver 13,652,948 hours (revised target) The data reported indicates that 15,061,610 hours were provided, a variance of +10.3% (OP53) with 53,335 people in receipt of home support (OP54) with activity up 17.2% on SPLY 114 people are in receipt of an Intensive Home Care Package (OP4) (preliminary data) \*\*

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 at end of September indicates that 393 people were assessed and waiting for funding for home support. (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 2021 the Nursing Homes Support Scheme funded 22,278 long term public and private residential places, and when adjusted for clients not in payment, there were 23,175 places supported under the scheme. The number of people funded under the scheme is below the profile for September by 403.

There is a decrease of 514 in the number of people supported under the scheme when compared to the same period last year. This is a 2.6% decrease in activity year on year.

The number on the placement list at the end of September 2021 is 647 (Sept 2020 – 574). This is an increase of 73 (12.71%) on the same period last year.

A total of 5,370 people were approved for funding under the scheme in the first nine months of 2021 compared to 6,055 people approved for the same period last year. This is a decrease of 685 approvals or 11.3% year on year.

In the first nine months of 2021 6,859 applications were received and 5,491 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 568 or 9.4% in the number of starters supported under the scheme when compared to 2020. 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 2021.

### Transitional Care Funding

Transitional Care Funding which is in place to assist Acute Hospitals with the discharge of patients who are finalising their Nursing Home Support Application or

in need of a period of convalescence care before returning home has continued to be in demand in 2021.

In August 2021, 711 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds, 389 approvals were for NHSS applicants and 322 were for convalescence care. This is against a revised monthly target of 553 approvals for August 2021.

## Social Inclusion

### Opioid substitution

Social inclusion continues to operate at similar levels to that of pre-COVID 19. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of July was 10,765 and is 2.8% over the expected activity level of 10,464 (SI1)

**Data provided by Social Inclusion to Community Operations on request.**

### Homeless Service

1059 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2021 against a target of 1168 (SI52)

\* **Data return rate 95.7%**

## Population Health and Wellbeing

### MECC

MECC eLearning has been available throughout 2021 with improved access and minimal navigation issues for online participants. 857 staff completed the eLearning YTD September 2021 despite the Covid challenge (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD September 2021 is 75 compared to YTD target of 566 (HWB95). Performance has been significantly impacted by Covid-19 as face to face workshops were cancelled in March 2020 and have not resumed.

There is on-going participation in the HRB Applied Partnership Award entitled *“Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC”* to develop an implementation strategy to successfully roll-out the programme in Ireland.

## 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, 4,513 smokers received intensive cessation support from a cessation counselor YTD June 2021, which is -14% below the target of 5,250 smokers (HWB27).

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, as a result of the cyber-attack in May 2021, there may have been a perception among the public that services were ‘unavailable’ for a time in Q2.

Market research on the Quit campaign found that 1 in 4 people who smoke are going to try to quit for 28 days having seen the campaign. Over one in three people who smoke said they intend to use the HSE Quit, an increase of 14% on 2019. Campaign will be live through the month of October 2021, as smokers are encouraged to quit smoking for 28 days.

The Tobacco Free Ireland (TFI) programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support.

### Online Cessation Support Services

4,474 (-14.8%) people received online cessation support services during Q3 2021 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on [www.quit.ie](http://www.quit.ie). There was strong performance in online activity and traffic to [www.quit.ie](http://www.quit.ie) throughout 2020. The temporary pausing of face to face stop smoking services due to COVID-19 has contributed to this uplift in seeking support through digital channels.

#### % 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. Nationally, 58.2% of smokers remained quit at four weeks YTD June 2021, 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. Due to the prioritised response to the Covid-19 pandemic, immunisation uptake data was incomplete for the Q4 reporting period (i.e. this metric is reported quarterly in arrears).

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q2 2021) is 93.6% against a target of 95% (-1.5%) (HWB4).

**\*Data return 100%**

# Acute Hospitals



## Acute Hospitals National Scorecard/Heatmap

Where targets have been revised, the RAG rating is against revised targets. Where an activity metric does not have a CHO target, only the National result has been RAG rated

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
Quality and Safety	<b>Serious Incidents</b>																	
	Review completed within 125 calendar days	M	70%	-61.4%	30%	27% [A]	-10%								29%	60%	25%	
	% of serious incidents being notified within 24 hours of occurrence	M	80%	-30%	50%	56% [G]	12%								67%	56%	50%	
	% of reported incidents entered onto NIMS within 30 days of occurrence	Q	90%	-35.6%	60%	58% [G]	-3.33%								-	62%	51%	
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%		<0.9%	0.8% [G]	-11%								1.0%	0.6%	0.7%	
	<b>Service User Experience (Q2 at 20.10.21)</b>																	
	Complaints investigated within 30 working days	Q	75%	-4%		72% [A]		67% [R]	83% [G]	82% [G]	83% [G]	57% [R]	45% [R]	28% [R]				
	<b>HCAI Rates</b>																	
	Staph. Aureus (per 10,000 bed days)	M	<0.8	56%		1.2 [R]		0.0 [G]	2.5 [R]	0.8 [G]	1.2 [R]	1.6 [R]	0.7 [G]	1.2 [R]	1.0	1.1	1.2	
	C Difficile (per 10,000 bed days)	M	<2	-7.2%		1.9 [G]		0.0 [G]	1.9 [G]	2.3 [R]	1.4 [G]	1.8 [G]	2.2 [A]	2.0 [G]	2.3	2.0	1.9	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	-4.3%		95.7%		100% [G]	85.7% [R]	90.9% [A]	100% [G]	100% [G]	90% [A]	100% [G]	91.7%	89.4%	95.7%	
	<b>Surgery</b>																	
Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	-7.2%		78.9% [A]			79.9% [A]	91.7% [G]	77.3% [A]	82.3% [G]	72% [R]	75.9% [R]	72.7%	81.2%	75.7%		
Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	-5%		1.9% [G]			2.9% [R]	1.5% [G]	1.8% [G]	1.9% [G]	1.9% [R]	2.1% [R]	1.5%	1.6%	1.7%		
Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	-8.4%		75.5% [A]			56.7% [R]	89.2% [G]	77.4% [G]	57.1% [R]	76.6% [A]	77.3% [R]	76.7%	76%	76%		

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
<b>Medical</b>	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	3.6%		11.5% [G]			10.7% [G]	11.6% [G]	10.7% [G]	11.6% [G]	12.3% [R]	12.2% [A]	10.1%	10.9%	10.7%
	<b>Ambulance Turnaround</b>																
	Ambulance turnaround < 30 minutes	M	80%	-63.9%		28.9% [R]		69.3% [R]	37.2% [R]	28.1% [R]	40% [R]	12.9% [R]	17.5% [R]	38.6% [R]	25.8%	24.5%	22.1%
	% of ambulance turnaround delays escalated – 30 minutes	M	85%	-11.4%		75.3% [R]									75.5%	76.8%	71.7%
	<b>Urgent colonoscopy</b>																
Number waiting > 4 weeks (zero tolerance)	M	0			2,712 [R]		0 [G]	1 [R]	95 [R]	30 [R]	1,921 [R]	197 [R]	468 [R]	240	431	332	
<b>Access and Integration</b>	<b>Colonoscopy and OGD</b>																
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	-38.9%	50%	39.7% [R]	-20.6%	29.9% [R]	35.6% [R]	35.5% [R]	76.6% [G]	32.7% [R]	52.5% [G]	26.3% [R]	35.7%	38.8%	39.7%
	<b>Emergency Department Patient Experience Time</b>																
	ED within 24 hours (Zero Tolerance)	M	97%	0.8%		97.8% [G]		99.8% [G]	96.7% [R]	98.8% [G]	99.4% [G]	97.8% [G]	96.7% [R]	93.9% [R]	97.6%	97%	96.6%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	-3.8%		95.2% [R]			94.8% [R]	97.8% [R]	98.6% [R]	95.8% [R]	91.8% [R]	84.8% [R]	94.5%	93.5%	92.1%
	ED within 6 hours	M	70%	-8.9%		63.7% [A]		92.2% [G]	52.8% [R]	72.2% [G]	54.5% [R]	61.9% [R]	61.3% [R]	64.5% [A]	60.6%	59.7%	59.9%
	75 years or older within 6 hours	M	95%	-53.4%		44.3% [R]			34.6% [R]	58% [R]	31.4% [R]	46.8% [R]	38.6% [R]	51% [R]	41.3%	40.4%	39.6%
	<b>Waiting times</b>																
	Adult waiting <15 months (inpatient)	M	85%	-14.1%	80%	73% [A]	-8.8%		67.1% [R]	81% [G]	87.2% [G]	59.5% [R]	71.9% [R]	78% [G]	70.6%	71.1%	73%
	Adult waiting <15 months (day case)	M	95%	-13.6%	85%	82.1% [G]	-3.4%		80.1% [A]	88.7% [G]	98.6% [G]	76.2% [R]	79.2% [A]	73.2% [R]	80.5%	80.9%	82.1%
Children waiting <15 months (inpatient)	M	95%	-26.7%	85%	69.7% [R]	-18%	67.7% [R]	100% [G]	87.6% [G]	70.3% [R]	69.2% [R]	91.4% [G]	29.5% [R]	70.3%	69.4%	69.7%	
Children waiting <15 months (day case)	M	90%	-15.4%	85%	76.1% [R]	-10.5%	75.4% [R]	100% [G]	86.4% [G]	85.7% [G]	76.6% [A]	85.6% [G]	56.2% [R]	74.7%	74.3%	76.1%	
Outpatient < 52 weeks	M	75%	-19.1%	65%	60.7% [A]	-6.6%	54.7% [R]	60.2% [A]	65.9% [G]	86.9% [G]	56.2% [R]	56.9% [R]	47.5% [R]	58.9%	59.6%	60.7%	

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current
<b>Delayed Transfers of Care<sup>5</sup></b>	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤480	-1.3%	≤371	474 [R]	27.8%	5	129	129	55	41	92	13		475	474
	<b>Cancer</b>																
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	-36%		60.8% [R]			46.3% [R]	60.6% [R]	99.7% [G]	48.8% [R]	58.9% [R]	66.8% [R]	52.4%	48.1%	50.3%
	Urgent Breast Cancer within 2 weeks	M	95%	-40.8%		56.2% [R]			34.6% [R]	52.5% [R]	99.7% [G]	47.5% [R]	57.4% [R]	65.8% [R]	43.6%	38.7%	40.4%
	Non-urgent breast within 12 weeks	M	95%	-56.3%		41.6% [R]			44.1% [R]	38.4% [R]	96.2% [G]	21.6% [R]	12.4% [R]	18% [R]	42%	36.1%	43.8%
	Lung Cancer within 10 working days	M	95%	-5.3%		90% [A]			97% [G]	99.5% [G]	99.6% [G]	97.5% [G]	83.2% [R]	68.7% [R]	87.6%	86.3%	86.5%
	Prostate Cancer within 20 working days	M	90%	-29.5%		63.4% [R]			76.9% [R]	91.1% [G]	100% [G]	20.9% [R]	51.6% [R]	67.9% [R]	73.1%	66.5%	73.4%
	Radiotherapy treatment within 15 working days	M	90%	-17.8%		74% [R]			69.9% [R]			82.3% [A]	65.7% [R]	99.8% [G]	64.2%	73.7%	77.6%
	<b>Ambulance Response Times</b>																
	ECHO within 18 minutes, 59 seconds	M	80%	-5%		76.0% [G]									71.8%	73.7%	68.8%
Delta within 18 minutes, 59 seconds	M	70%	-33.8%		46.4% [R]									39.9%	41.0%	39.0%	
<b>Finance, Governance &amp; Compliance</b>	<b>Financial Management – Expenditure variance from plan</b>																
	Net expenditure (pay + non-pay - income)	M	<0.1%	6.15% [R]		5,210,276		8.49% [R]	8.94% [R]	11.09% [R]	10.09% [R]	11.81% [R]	13.02% [R]	15.31% [R]	9.90%	7.60%	6.15%
	Gross expenditure (pay and non-pay)	M	<0.1%	3.73% [R]		5,787,196		6.89% [R]	5.42% [R]	7.99% [R]	7.57% [R]	8.33% [R]	9.39% [R]	10.28% [R]	6.57%	4.78%	3.73%
	Pay expenditure variance from plan	M	<0.1%	1.50% [R]		3,848,364		2.29% [R]	4.67% [R]	6.13% [R]	4.31% [R]	5.24% [R]	4.51% [R]	6.09% [R]	2.58%	2.50%	1.50%
	Non-pay expenditure	M	<0.1%	8.47% [R]		1,938,831		19.72% [R]	6.94% [R]	12.30% [R]	15.72% [R]	15.19% [R]	20.63% [R]	20.06% [R]	15.63%	9.67%	8.47%

<sup>5</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	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	<b>Service Arrangements (30.09.21)</b>																
	Monetary value signed	M	100%	-35.14%		64.86%									38.91%	38.75%	64.86%
	<b>Internal Audit</b>																
	Recommendations implemented within 12 months (2020)	Q	95%	-36.84%		60% [R]									53%	63%	60%
	<b>Attendance Management</b>																
Workforce	% absence rates by staff category (Non Covid)	M	<3.5%	16.85%		4.09% [R]		3.86% [A]	3.90% [A]	3.74% [A]	4.01% [R]	4.01% [R]	4.13% [R]	5.56% [R]	4.27%	4.59%	4.77%
	% absence rates by staff category (Covid)	M	NA			1.59%		1.24%	1.62%	1.49%	2.07%	1.61%	1.26%	2%	0.78%	1.24%	1.18%

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

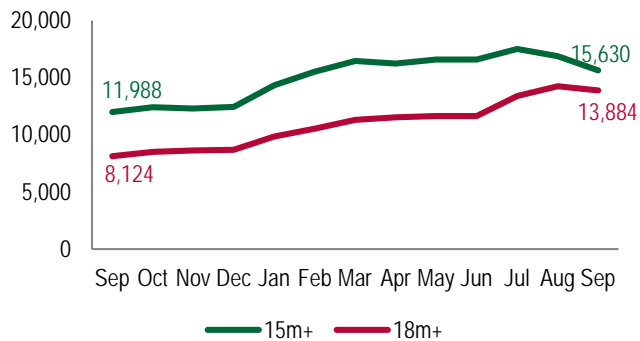
Activity Area	Expected Activity YTD	% Var YTD	Revised Expected Activity YTD	Result YTD 2021	Revised % Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,051,463	-0.4%		1,047,283		959,923	+9.1%	132,587	131,060	137,415
New ED Attendances	868,243	+0.2%	852,429	869,704	+2%	798,053	+9%	109,292	109,235	113,485
OPD Attendances	2,388,012	+1%	2,381,315	2,412,174	+1.3%	2,203,014	+9.5%	275,382	277,876	307,879

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Revised Expected Activity YTD	Result YTD 2021	Revised % Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges		384,789	386,407	0.4%	369,829	+4.5%	51,426	53,380	50,625
Inpatient weight units			378,945		382,591	-1%	48,590	49,241	46,319
Day case (includes dialysis)		650,047	637,607	-1.9%	584,883	+9%	82,680	86,491	84,228
Day case weight units (includes dialysis)			612,146		554,263	+10.4%	82,957	82,013	77,868
IP & DC Discharges		1,034,837	102,4014	-1.0%	954,712	+7.3%	134,106	139,871	134,853
% IP			37.7%		38.7%	-2.6%	38.3%	38.2%	37.5%
% DC			62.3%		61.3%	+1.6%	61.7%	61.8%	62.5%
Emergency IP discharges		273,925	272,795	-0.4%	261,691	+4.2%	36,093	36,970	35,250
Elective IP discharges		49,880	48,711	-2.3%	42,516	+14.6%	7,419	7,657	6,882
Maternity IP discharges		60,985	64,901	6.4%	65,623	-1.1%	7,914	8,753	8,493
Inpatient discharges >75 years			79,530		76,562	+3.9%	10,831	11,223	10,365
Day case discharges >75 years			122,491		109,484	+11.9%	15,933	16,771	16,428

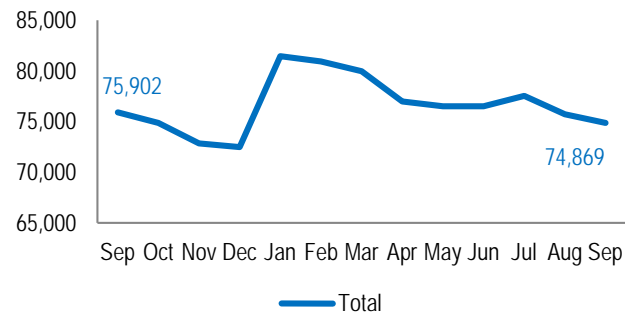
## Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/Expected Activity	Freq	Revised Target YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 15 months	85%	M	● 80%	73%	77.5%	-4.5%	70.6%	71.1%	73%	16 out of 38 hospitals reached target	PUH (34.8%), Nenagh (40%), CUHM (51.8%)
Day case adult waiting list within 15 months	95%	M	● 85%	82.1%	87%	-4.9%	80.5%	80.9%	82.1%	24 out of 42 hospitals reached target	Nenagh (61.3%), MUH (63.4%), St Johns (64%)
Inpatient children waiting list within 15 months	95%	M	● 85%	69.7%	83.6%	-13.9%	70.3%	69.4%	69.7%	9 out of 20 hospitals reached target	LUH (18.2%), UHL (29.3%), Croom (33.3%)
Day case children waiting list within 15 months	90%	M	● 85%	76.1%	80.7%	-4.6%	74.7%	74.3%	76.1%	14 out of 25 hospitals reached target	Nenagh (47.5%), UHL (58.9%), MUH (62.5%)
Outpatient waiting list within 52 weeks	75%	M	● 65%	60.7%	59.2%	+1.5%	58.9%	59.6%	60.7%	19 out of 43 hospitals reached target	RVEEH (42.6%), UHL (44.6%), Ennis (46.6%)

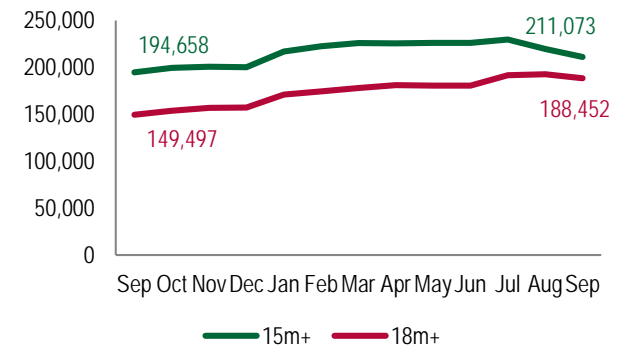
### Inpatient & Day Case Waiting List



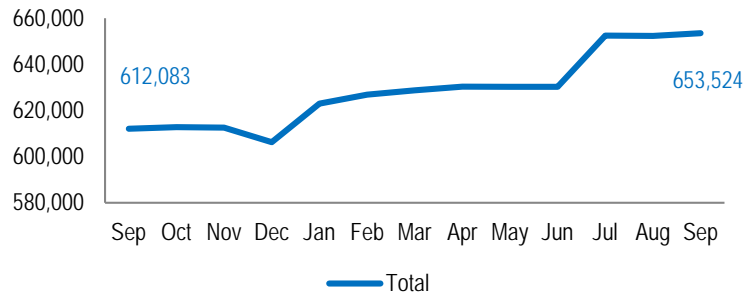
### Inpatient & Day Case Waiting



### Outpatient Waiting List



### Outpatient Waiting List Total



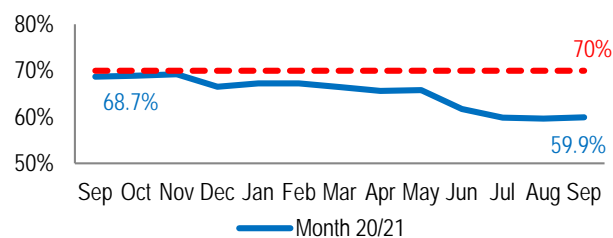
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	17,316	18,534	-1,218	5,618	4,678
Adult DC	50,397	49,612	785	11,418	9,034
Adult IPDC	<b>67,713</b>	68,146	<b>-433</b>	<b>17,036</b>	<b>13,712</b>
Child IP	3,226	3,383	-157	1,218	979
Child DC	3,930	4,373	-443	1,175	939
Child IPDC	<b>7,156</b>	7,756	<b>-600</b>	<b>2,393</b>	<b>1,918</b>
OPD	<b>653,524</b>	612,083	<b>41,441</b>	<b>257,137</b>	<b>211,073</b>

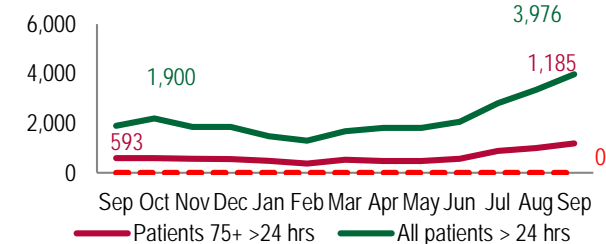
## ED Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% within 6 hours	70%	M	● 63.7%	69.6%	-5.9%	60.6%	59.7%	59.9%	4 out of 27 hospitals achieved target	Tallaght – Adults (34.2%), Naas (36.4%), Beaumont (40.4%)
75 years or older within 6 hours	95%	M	● 44.3%	51.3%	-7%	41.3%	40.4%	39.6%	St Michaels (88.7%), SLK (70.1%), MMUH (59.1%)	Tallaght – Adults (18%), UHK (20.5%), Naas (23.1%)
% in ED within 24 hours	97%	M	● 97.8%	98%	-0.2%	97.6%	97%	96.6%	17 out of 27 hospitals achieved target	UHK (89.4%), CUH (89.5%), Mercy (91.2%)
% 75 years within 24 hours	99%	M	● 95.2%	95.2%	0%	94.5%	93.5%	92.1%	7 out of 26 hospitals achieved target	CUH (69.6%), UHK (76.1%), Mercy (81.2%)

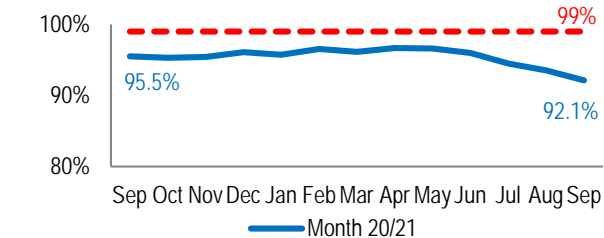
% patients admitted or discharged within 6 hours



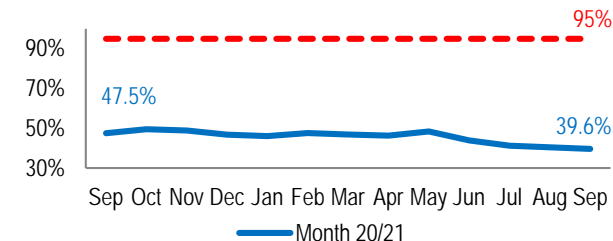
ED over 24 hours



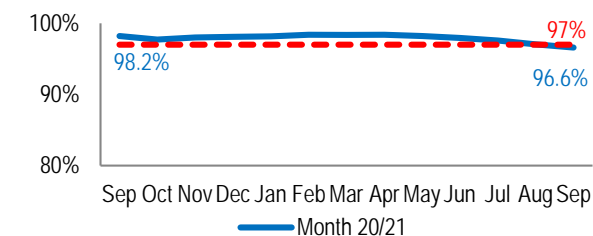
% 75 years within 24 hours



% 75 years within 6 hours



% in ED within 24 hours

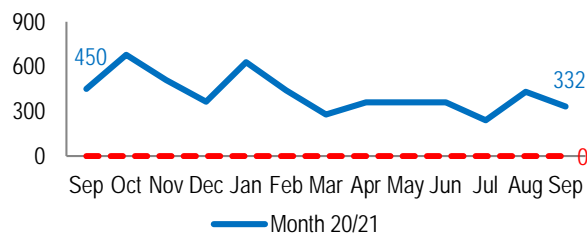




## Colonoscopy/ Gastrointestinal Service

Performance area	Target/ Expected Activity	Freq	Revised Target YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M		● 2,712	4,922	-2,210	240	431	332	31 out of 38 hospitals achieved target	LUH (191), MUH (100), UHL (15)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		145	130	+15	1	17	35	7 out of 14 hospitals achieved target	SUH (22), LUH (6), Wexford (3)
Colonoscopy and OGD <13 weeks	65%	M	● 50%	39.7%	36.2%	+3.5%	35.7%	38.8%	39.7%	14 out of 37 hospitals achieved target	MUH (12.2%), Nenagh (15.3%), UHL (18.9%)

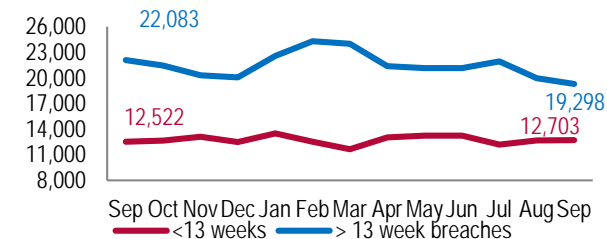
### Urgent Colonoscopy –no. of new people waiting



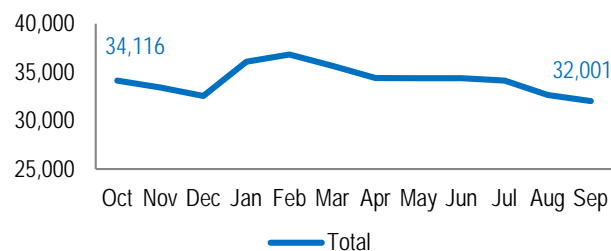
### BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	203	200	202
Number scheduled over 20 working days	1	17	35

### No. on waiting list for Colonoscopy and OGD



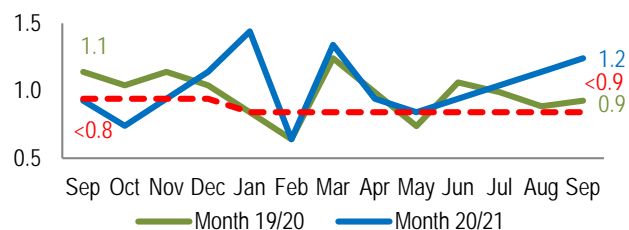
### Total No. on waiting list for Colonoscopy and OGD



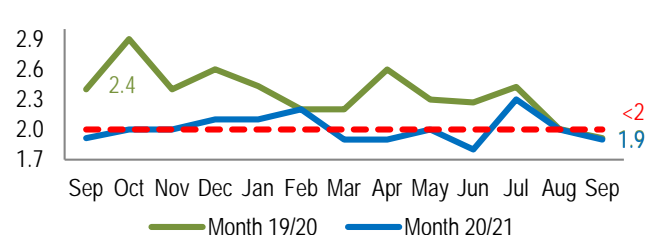
## HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)	
Rate of new cases of Staph. Aureus infection	<0.8	M	●	1.2	0.9	+0.3	1.0	1.1	1.2	33 out of 48 hospitals achieved target	Coombe (4.9), SJH (3.7), NMH (2.7)
Rate of new cases of C Difficile infection	<2	M	●	1.9	1.9	+0.0	2.3	2.0	1.9	34 out of 48 hospitals achieved target	PUH (8.2), MMUH (5.0), Navan (4.5)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	95.7%	85.1%	+10.6%	91.7%	89.4%	95.7%	45 out of 48 hospitals achieved target	3 hospitals didn't achieve the target.

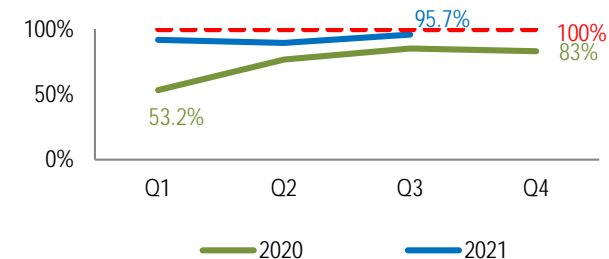
### Rate of Staph. Aureus bloodstream infections



### Rate of new cases of C Difficile associated diarrhoea



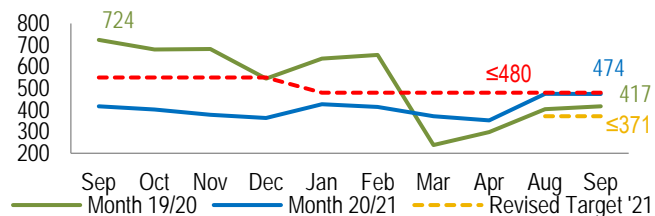
### Requirements for screening with CPE Guidelines



## Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Revised Target YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤480	M	●	≤371	474	417	+57	475	474	3 hospitals have (0), 3 hospitals have (1)	SJH (61), Tallaght Adults & MMUH (39), CUH (38)

### Delayed Transfers of Care<sup>6</sup>



### Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	72	11	83	17.5%
Residential Care	215	23	238	50.2%
Rehab	19	13	32	6.8%
Complex Needs	14	17	31	6.5%

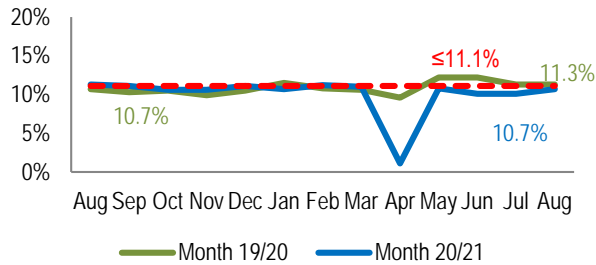
	Over 65	Under 65	Total	Total %
Housing/Homeless	11	21	32	6.8%
Legal complexity	29	7	36	7.6%
Non compliance	5	3	8	1.7%
COVID-19	11	3	14	3.0%
<b>Total</b>	<b>376</b>	<b>98</b>	<b>474</b>	<b>100%</b>

<sup>6</sup> DTOC data not available for May – July due to cyber attack

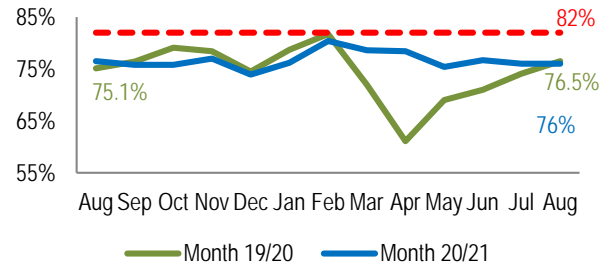
## Surgery and Medical Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.5%	11.8%	-0.3%	10.1%	10.9%	10.7%	20 out of 34 hospitals achieved target	St Colmcille's (18.5%), Nenagh (17.5%), Ennis (16.8%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	● 75.5%	73.4%	+2.1%	76.7%	76%	76%	16 out of 35 hospitals achieved target	Croom (39.7%), SLK (36.4%), SJH (19.8%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 44%	44.9%	-0.9%	40.5%	42.7%	43.9%	12 out of 29 hospitals achieved target	7 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.9%	2.1%	-0.2%	1.5%	1.6%	1.7%	22 out of 38 hospitals achieved target	Croom (1.7%), SIVUH (0.7%), Portlaoise (4.5%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 78.9%	77%	+1.9%	72.7%	81.2%	75.7%	2 out of 16 hospitals achieved target	CUH (60.4%), MRHT (60.9%), OLOL (63.2%)

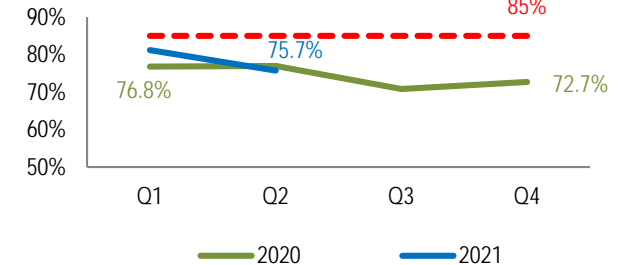
### Emergency re-admissions within 30 days



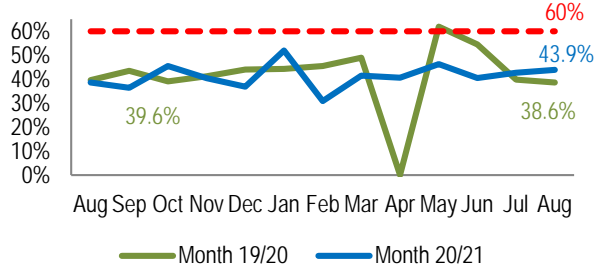
### Procedure conducted on day of admissions



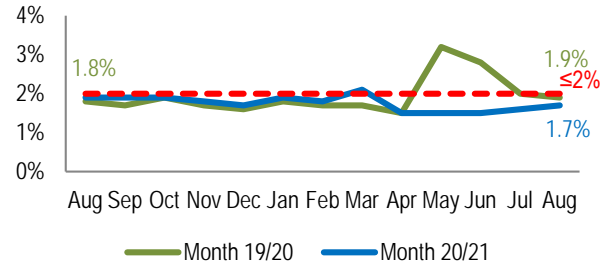
### Hip fracture surgery within 48 hours



### Laparoscopic Cholecystectomy day case rate



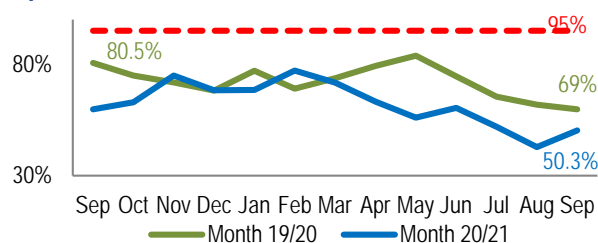
### Surgical re-admissions within 30 days



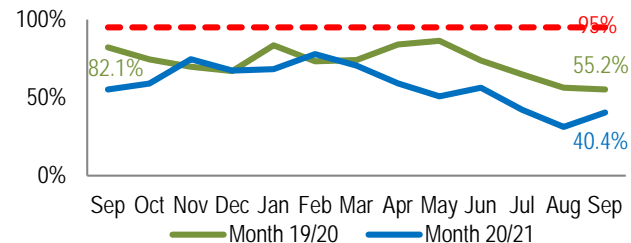
## Cancer Services

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	●	<b>60.8%</b>	71.1%	-10.3%	52.4%	48.1%	50.3%	Beaumont (99.7%), LUH (95.5%)	GUH (31.9%), MMUH (32.7%), SJH (36%)
Urgent breast cancer within 2 weeks	95%	M	●	<b>56.2%</b>	71.7%	-15.5%	43.6%	38.7%	40.4%	Beaumont (99.6%), LUH (95.5%)	UHW (15.9%), SJH (18.8%), GUH (19.7%)
Non-urgent breast within 12 weeks	95%	M	●	<b>41.6%</b>	59.7%	-18.1%	42%	36.1%	43.8%	Beaumont (98.2%)	UHW (2.9%), CUH (9.2%), LUH (11.1%)
Lung Cancer within 10 working days	95%	M	●	<b>90%</b>	86.5%	+3.5%	87.6%	86.3%	86.5%	6 of the 8 hospitals reached the target	CUH (31%), UHL (59%)
Prostate cancer within 20 working days	90%	M	●	<b>63.4%</b>	50.2%	+13.2%	73.1%	66.5%	73.4%	SJH, Beaumont, MMUH, UHW (100%)	CUH (10%), GUH (26.6%)
Radiotherapy within 15 working days	90%	M	●	<b>74%</b>	83.9%	-9.9%	64.2%	73.7%	77.6%	UHL (100%)	SLRON (71.8%), GUH (84.7%)

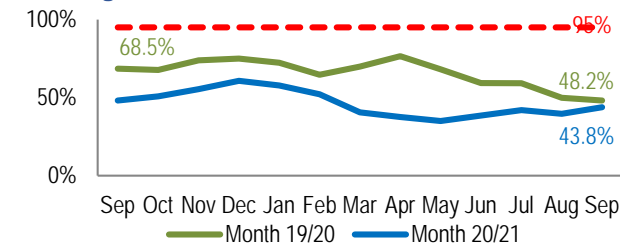
Rapid Access within recommended timeframe



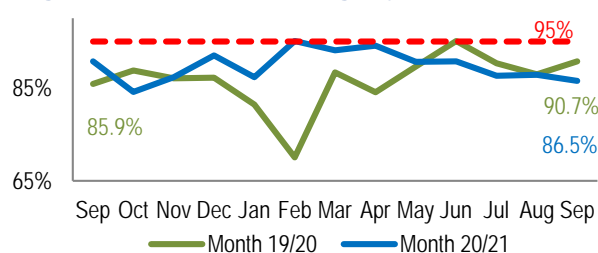
Breast Cancer within 2 weeks



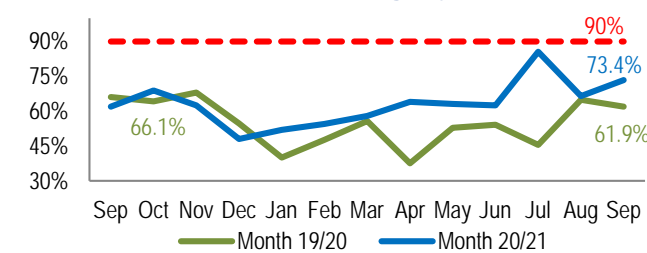
Non-urgent breast within 12 weeks



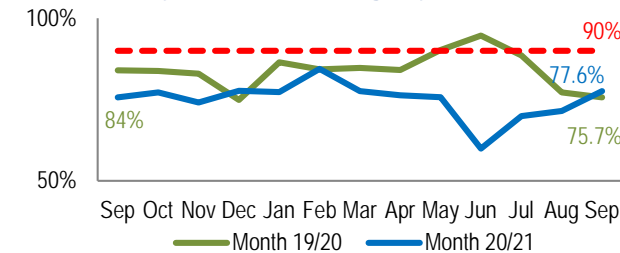
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



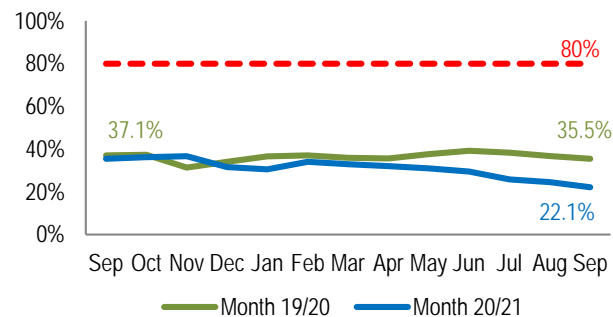
Radiotherapy within 15 working days



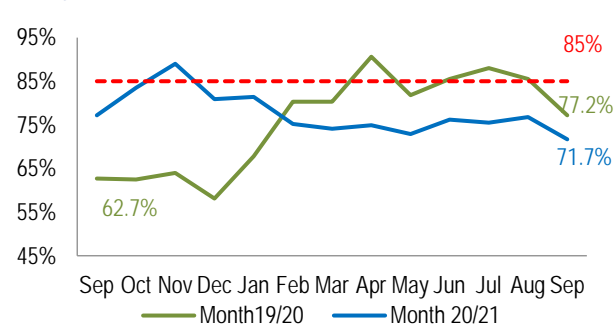
## Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	● <b>28.9%</b>	37%	-8.1%	25.8%	24.5%	22.1%	CHI (64.7%), Rotunda (64%), Coombe (58.3%)	CUH (4.3%), Mercy (5.6%), UHK (5.9%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	● <b>75.3%</b>	81.5%	-6.2%	75.5%	76.8%	71.7%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	● <b>96.4%</b>	97.2%	-0.8%	96.5%	96.6%	96.3%		

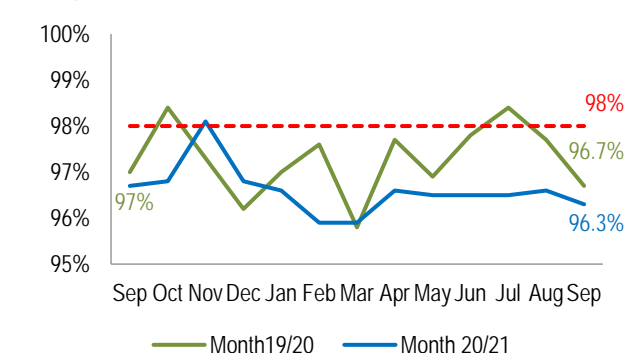
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



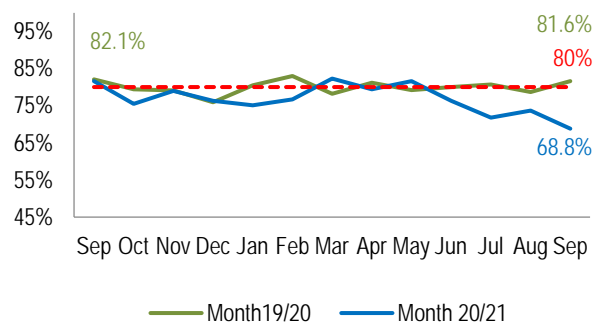
Delays Escalated - within 60 minutes



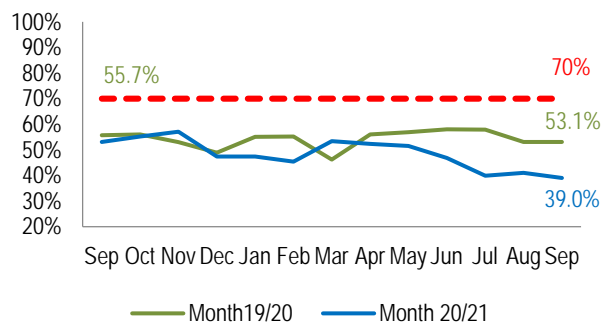
## Pre-Hospital Emergency Care Services

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Response Times – ECHO	80%	M	● 76%	80.4%	-4.4%	71.8%	73.7%	68.8%		Dublin Fire Brigade (77.6%), North Leinster (76.7%), South (54.4%), West (62.1%)
Response Times – DELTA	70%	M	● 46.4%	54.3%	-7.9%	39.9%	41%	39%		Dublin Fire Brigade (27.2%), North Leinster (44.7%), South (36.1%), West (47.6%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	● 38.1%	43.8%	-5.7%	41.4%	36.6%	39.3%		

### 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	4,117	11.3%	3,801	316
DELTA	93,780	87,223	-7.0%	83,714	3509

## Acute Hospital Services Update

The Cyber attack in May had a significant and sustained effect on the HSE in terms of its capacity to schedule and treat patients in all settings. With specific reference to ED and OPD, there were particular challenges on reporting activity. Accordingly, year to date data is not provided as meaningful analysis of activity and trends is not possible.

### Emergency presentations (including Local injury units and other emergency presentations)

- **Emergency presentations:** There were 137,415 emergency presentations in September 2021. This is an increase of 29.4% when compared with September 2020 and an increase of 9.0% when compared with September 2019.
- There are a number of factors contributing to the increase in ED attendances. These include
  - the impact on GPs of their participation in vaccination programmes,
  - Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase. Similar trends have been observed in other jurisdictions during the Pandemic.
- **Patient Experience Time:** 96.6% of all patients attending ED were seen within 24 hours in September 2021 which is just below the NSP target of 97%. This compares with 98.2% in September 2020. 95.8% of patients were seen within target in September 2019.
- ED Patient Experience Time less than 24 hours for patients aged 75+ was 92.1% in September 2021, this is below the NSP target of 99.0%. This compares with 95.5% in September 2020 and is an improvement on September 2019 which was at 98.1%.
- The significant increase in the number of patients presenting to ED has resulted in longer wait times for admitted and non-admitted patients.

### Delayed Transfers of Care (DTC)

- There was 474 Delayed Transfers of Care at the end of September 2021 which is an increase of 13.7% on the same month last year (417); but a decrease of (34.5%) from the number of DTCs in September 2019 (724).

- The 474 reported in September 2021 included 83 patients waiting to go home and 238 waiting on long term residential care. The DTC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End September 2021
Home	83
Residential Care	238
Rehab	32
Complex Needs	31
Housing/Homeless	32
Legal complexity	36
Non compliance	8
COVID-19	14
<b>Total</b>	<b>474</b>

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

**Caveat re All Activity Data:** National data for April and May 2021 is incomplete due to data gaps caused by the Cyber-attack. From our review of the data, there were particular challenges in relation to the reporting of dialysis activity. The level of data incompleteness is unquantifiable, therefore all comparisons with prior periods should be treated with caution.

### Inpatient Discharges

- There were 386,407 inpatient discharges year to date August 2021 and 369,829 for the corresponding period in 2020 which is an increase of 4.5%. Activity YTD August 2021 is higher than the same period in 2019 by 10.9%.
- This increase of 2.8% year to date is attributable to a recovery from April 2021 as inpatient activity January to March 2021 was down on the equivalent period in 2020 by 11.5% and down on January to March 2019 by 5.4%.

### Day Case Discharges (including dialysis)

- There were 637,607 day case discharges year to date August 2021 and 584,883 for the corresponding period in 2020 which is an increase of 9.0%. When YTD August 2021 is compared with YTD August 2019, the activity is down 13.5%.
- During the period January to March 2021 a significant decrease in activity was seen of the order of 15.5% when compared with 2020 and 18.0% lower than 2019. This related to the clinical decision to curtail elective activity in response to the third surge and also the impact of COVID outbreaks at individual hospital sites.
- The Cyber-attack has had a dual impact on activity. Firstly, it was necessary to cancel a number of procedures in May as it was not possible to access patient data for scheduling cases or to review diagnostic or other information relevant to patient management. In addition, we are aware of under reporting in relation to dialysis activity, it is therefore not possible to state to what extent the Day Case Activity has recovered.

### Elective Inpatient Discharges

- There were 48,711 elective inpatient discharges year to date August 2021 and 42,516 for the corresponding period in 2020 which is an increase of 14.6%. YTD August 2021 was down 17.4% on the same period in 2019.
- January to March 2021 was 32.4% and 33.3% lower than the same period in 2020 and 2019 respectively, available data shows an increase since April 2021 when compared with 2020.
- The impact of the Cyber-attack in May 2021 on elective activity was significant as hospitals were unable to schedule patients in May and June 2021, due to the lack of access to patient electronic data and were unable to retrieve electronic records.

Following the Cyber-attack, an agreement was made with the private hospitals (Safety Net 3 Agreement (SN3)). This arrangement with the private hospitals has offset the loss of elective work in the public system particularly in relation to elective work. Services at private hospitals for patient care were accessed in response to the loss of service associated with the Cyber-attack. This has included access to chemotherapy and radiotherapy services for urgent cases. The SN3 arrangement facilitates access to services from the private system while addressing the backlogs associated with the Cyber-attack. Additionally, access to private

diagnostics companies is provided to support the reduction in and the loss of radiology on acute sites.

### Emergency Inpatient Discharges

- There were 272,795 emergency inpatient discharges year to date August 2021 and 261,691 for the corresponding period in 2020 which is an increase of 4.2%. Year to date August 2021 activity is lower than 2019 by 6.6%.
- January to March 2021 is down 8.7% when compared with the same period in 2020; while available data for the period since April and May 2021 shows a recovery, the true extent is hard to see without a complete data set for the period.

### Maternity Inpatient Discharges

- There were 64,901 maternity inpatient discharges year to date September 2021 and 65,623 for the corresponding period in 2020 which is a decrease of 1.1% and a decrease of 9.82% when compared with year to date May 2019.
- The activity since April shows an increase in activity when compared with 2020 however due to the incompleteness of data, it is not possible to state to what extent activity has recovered.

### Outpatient Department Attendances

- The number of new and return outpatient attendances was 307,879 in September 2021 versus 292,518 for the corresponding period in 2020, which is an increase of 5.3% and an increase of 7.0% when compared with the same period in 2019.
- Virtual Clinics: Virtual patients' engagement has become a key element of delivering outpatient care in a COVID environment with numbers of patients being seen averaging c.75,000 from January to March 2021. Ability to maintain this level of activity through virtual patient engagement was impacted by the Cyber-attack. The total number of patients seen virtually in September YTD is 495,626 with virtual activity averaging c. 43,000 per month since May this year.



## Waiting Lists

A key issue for the remainder 2021 is the residual impact of the cyber-attack and 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 and potential COVID related outbreaks or challenges associated with staff that have contracted COVID or are a close contact. Work on access to care continues with Hospital Groups around increasing IPDC volumes through approved initiatives in the public sector, access to private facilities through the procurement framework that has been established by the HSE and ongoing work through NTPF commissioning and validation.

### Access to Care Plan

As part of the 2021 planning process, the HSE Access to Care Plan is approved.

This activity will be funded by a combination of HSE core funding, optimising the resources within the access to care fund of €210m, Sláintecare redesign fund and NTPF funding of €130m.

As part of this plan the HSE has put a procurement framework in place to allow Acute Services to purchase of 695 procedures from private providers. These are procedures that the NTPF do not currently purchase. This Framework is now live and an engagement process with Hospital Groups has taken place to advise around accessing services from the Framework.

Also as part of this plan, recruitment for additional nursing staff to review referrals, triage referrals and stream patients into specific care pathways has commenced across all hospital groups.

With some posts filled and activities associated underway to manage the referral workflow effectively, this will ensure that patients receive the most clinically appropriate care from the point of referral onwards.

Additional funding is approved for a range of Scheduled Care initiatives over outpatients, inpatients and day cases and GI scopes. These initiatives were submitted by Hospital Groups as activities that would support provision of additional activities to bridge the gap on activities list as a result of COVID.

As part of the HSE's response to the cyber-attack, to support scheduled and unscheduled care activities during this period there has been an expansion of access to radiology diagnostics through the existing framework between Primary Care and private providers. This response was put in place the week following the cyber-attack and remains in place for all hospitals currently.

### Inpatient/Day Case Waiting Lists

- In September 2021 The number of people waiting for an inpatient or day case appointment (IPDC) was 74,869 which represents a reduction of 963 or 1.1% on August 2021 This figure has reduced by 8.1% (6,587 patients) since the end of 2021 peak in January
- The number of IPDC Patients waiting in September 2021 is higher than the number waiting at the end of September 2020 by 1.4% (1,033 patients) and higher by 10.1% (6,884) when compared with September 2019. This is directly as a result of the services being restricted to urgent and time-critical patient access in light of the pandemic. The sustained improvement in waiting lists observed in the second half of 2020 as the system recovered from the first surge was reversed as a result of the necessary measures taken during third surge. The effects of the Cyber-attack was also significant as the priority to deliver time dependant work in the public and private sectors during June and July
- IPDC waiting lists maintained a positive trend throughout the cyber-attack and have maintained and reduced the volumes of patients waiting. There are a number of factors contributing to this such as the level of HSE activity that was maintained during this period, access to services in private facilities to support management of waiting lists, ongoing NTPF activity and also potentially low conversion rate from OPD due to services being impacted.

The National Service Plan (NSP) 2021 target is that 85% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure, 95% will be waiting less than 15 months for a day case procedure. By the end of March, compliance with wait time targets is as set out below:

### Waiting times

- Adult Inpatients Waiting List Compliance was 73.0%, below Revised NSP 2021 target of 80%
- Adult Day Waiting List Compliance was 82.1%, below the revised target of 85%
- Children's Inpatient Waiting List Compliance was 69.7%, below the revised target of 85%
- Children's Day Case Waiting List Compliance was 76.1%, below the revised target of 85%.

### Colonoscopy Waiting List

The revised National Service Plan (NSP) 2021 target is that 50% of adults on the inpatient waiting list will wait less than 13 weeks for a colonoscopy or OGD (Oesophago-Gastro-Duodenoscopy).

The impact of COVID 19 has been significant in terms of the requirement to curtail routine elective work particularly during periods of surge. Unit closures/reductions in service, staff redeployment and leave because of COVID are further straining services. This was evident again in Q1 2021 with the third surge when elective activity levels were curtailed once more, and the volume of scopes carried out was reduced.

At the end of September 2021, the number of people on the Colonoscopy/OGD waiting list was 32,001. This is a decrease of 1.9% on the number waiting at the end of August 2021 (32,636).

The number waiting at the end of September 2021 shows a decrease of 7.5% from September 2020 (34,605), and an increase of 44.2% when compared with September 2019 (9,804).

### National Endoscopy Action Plan

An updated National Endoscopy Action Plan has been developed by the HSE Acute Operations Endoscopy Steering Committee and has prioritised initiatives for 2021 onwards to address deficits in endoscopy services, which have been exacerbated by COVID-19. There is an emphasis on commencing/funding demand management initiatives. Overall, the key points of the action plan include:

- Increase the volume of referrals triaged by nurses to ensure patients are directed to the most appropriate intervention, or not added to the waiting list where clinically indicated.
- Use stool tests taken by patients at home (FIT tests), rather than a colonoscopy in order to diagnose certain diseases, discharge patients or safely defer patients to a later date.
- Use more capsule endoscopies (PillCam) as an alternative to colonoscopies.
- Publish de-anonymised (to hospital level, not individual clinician level) NQAIS Endoscopy data to further strengthen quality improvement and clinical governance in GI endoscopy.
- Delivery increased activity in public and private units to recover lost activity in 2020.
- Continue to support endoscopy units to achieve external accreditation.
- Harness NTPF support for clinical validation as well as funding additional day case scopes in the public and private sector.
- Support increased capital investment in endoscopy units

### Outpatient Waiting Lists

#### Wait time target

The revised National Service Plan 2021 target is that 65% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 60.7% in September 2021. This is an increase from 59.6% in August 2021.

#### Volume of patients waiting

The total number of people waiting for an Outpatient appointment was 653,524 at the end of September 2021 which is an increase of 1,180 since August 2021

The number waiting at the end of September 2021 shows an increase of 6.8% compared with September 2020 (612,083), and an increase of 14.9% when compared with September 2019 (568,769).

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. Consequently, there was a significant reduction in all scheduled outpatient activity associated with the

impact of COVID-19. In the latter months of 2020, the volumes of patients seen increased back to levels similar to 2019 volumes. This was supported by the use of virtual clinics which has been deployed to mitigate some of this loss.

A key issue in 2021 is the likelihood of a sustained adverse impact on waiting lists, in particular in terms of new patient volumes, due to the occupancy and safe distance requirements arising from COVID. The Access to Care Plan is targeting additional activity in the public and private sector.

### **Citywest**

The Citywest Convention centre has a total area of 16,499 sq. m (177,000 sq. ft.) This is spread over three floors, with the main convention space on the ground floor. There are six plenary rooms and a number of breakout rooms are also available, most of which are equipped with high-specification audio-visual facilities and offering natural light.

The convention centre can provide infrastructure to support patient care in a number of key service areas examples of service types outlined below:

- OPD Face to Face Consultations
- OPD Virtual Consultations
- Low complexity Day Case Activities
- Screening/Immunisation programmes
- COVID Vaccine Clinics
- Rehab (face to face and virtually)

In September 2021, 1,962 patients were seen in the Citywest Campus. A total of 18,233 patients have been seen year to date in 2021. Active initiatives include:

- Glaucoma Testing – Ireland East Hospital Group,
- Mass immunisation for children of school going age - HPV /Tdap,
- Orthopaedic OPD – Children’s Health Ireland,
- Rheumatology Virtual Clinic – Dublin Midlands Hospital Group,
- Coombe Obstetrics Clinic, Neurology Virtual OPD – Dublin Midlands Hospital Group.

### **Connected Health Proposal Citywest**

On 22nd February 2021, the HSE started a new initiative providing a medically led Rehabilitation Exercise Programme to support patient rehab in particular in the context of post COVID patient recovery on the Citywest campus.

The Programme has been developed and adapted with safety in mind and is in line with the government regulations associated with social distancing and other COVID related measures. This model has been successfully tested in Tallaght University Hospital and in Clontarf Orthopaedic Hospital. The plan includes classes 5 days a week with 3 classes held per day, with 15 patients in each class for an initial period of 3 months. The Programme offers the opportunity for large numbers of patients to access the rehab service in a safe environment that have diverse chronic illnesses or post COVID related illnesses.

### **BowelScreen**

The BowelScreen target is that 90% of patients are scheduled within 20 days. In September 2021, 202 invitations were issued of which 82.7% were scheduled within the target time of 20 days.

### **Cancer Services**

#### **E-Referrals to Cancer Rapid Access Services**

NCCP report an increase in referrals for all Services, particularly Symptomatic Breast Services, this increase compounded by the existing backlogs, is having an impact on the performance against NSP KPIs at the breast cancer clinics.

Current indications are that breast, lung and prostate e-referrals are exceeding 2019 levels for July and August although potential knock-on effect of delayed referrals due to the cyber-attack is not quantifiable.

#### **Symptomatic Breast Cancer Clinics**

**Two of the nine Symptomatic Breast Cancer Sites were compliant with the target of 95% in September 2021:**

- Beaumont Hospital – 99.6%
- Letterkenny University Hospital – 95.5%

**Five hospitals were below the target:**

- Cork University Hospital – 51.3%
- Mater Misericordiae University Hospital – 22.7%
- Galway University Hospital – 19.7%
- St James's Hospital – 18.8%
- University Hospital Waterford – 15.9%

**Data was not available for the following hospitals:**

- St Vincent's University Hospital
- University Hospital Limerick

**Rapid Access Clinics for Lung Cancer Services****Six hospitals achieved were compliant with the 95% target in September 2021,**

- St Vincent's University Hospital – 100.0%
- Mater Misericordiae University Hospital – 100%
- Beaumont Hospital – 100.0%
- Galway University Hospital – 100.0%
- St James' Hospital – 98.5%
- University Hospital Waterford – 95.8%

**Two hospitals were below the target of 10 days:**

- University Hospital Limerick – 59.0%
- Cork University Hospital - 31.0%

**Rapid Access Clinic for Prostate Cancer Services****Four hospitals were compliant with 90% target in September 2021:**

- St James's Hospital – 100.0%
- Mater Misericordiae University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Waterford – 100.0%

**Four hospitals were below target of 20 days:**

- University Hospital Limerick – 82.5%
- St Vincent's University Hospital – 62.5%

- Galway University Hospital – 26.6%
- Cork University Hospital – 10.0%

Given the sustained capacity of 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.

**Radiotherapy**

The target is that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat target. In September 2021 compliance was as follows:

- Limerick –100.0%
- Galway – 84.7%
- St Luke's Network (SLRON) – 71.8%

Data was not available for Cork and Waterford

**Healthcare Associated Infections (HCAI)**

There were 39 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 58 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 77 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in March.

The HSE have an established governance structure and arrangements for Antimicrobial Resistance and Infection Control. This was first established in May 2018 in response to the Public Health Emergency on CPE. This was reviewed in late 2018 and from January 2019, the scope was extended to cover governance

across all antimicrobial resistance and infection control (including HCAs). This was further reviewed and updated in April 2020 to further expand and reflect the extent to which COVID-19 had come to dominate this area of work

## National Ambulance Service

### September data not available at time of writing

## Human Resources

### WTE Data for September

- The WTE for Acute Operations in September 2021 was 69,247, this was an increase of +16 WTE on August 2021. This represents an increase of 2,808 WTE YTD (+4.2%) and an increase of 3,391 compared to September 2020.
- The largest increase was seen in the Medical & Dental category (+150), of which 26 were consultants with 42 Registrars, 74 Senior House Officers (+76) / Interns (-2) and 9 other medical and dental staff. Management & Administrative grew by 35 and Health & Social Care Professionals increased by 48. General Support decreased by -48 and Patient & Client Care decreased by -46. Nursing & Midwifery experienced the most significant reduction (-123).
- Notably pre-registration nursing and midwifery interns fell by -191 WTE, attributable to the completion of the internship period, while the Staff Nurse / Staff Midwife group decreased by -90.
- Three out of the seven Hospital Groups are showing growth this month. Saolta increased by +47 WTE, ULHG increased by +33 WTE, followed by SSWHG (+1 WTE). Meanwhile RCSI showed the largest decrease over this period (-30 WTE), IEHG decreased by -22 WTE, CHI decreased by -13 WTE and DMHG reduced by -4 WTE.

### Absence Data for August

Note: Absence data is circulated 2 months in arrears

- The total absence rate for Acute Operations in August was 5.83%, a 0.83% increase from July; of this figure 1.24% was Covid related. This total absence rate for Acute Operations is marginally above the overall Health Service absence rate for August of 5.79%. Compared to August 2020, the total

absence rate for Acute Operations has increased by 0.93%. The absence rate for Acute Operations YTD is 5.7%.

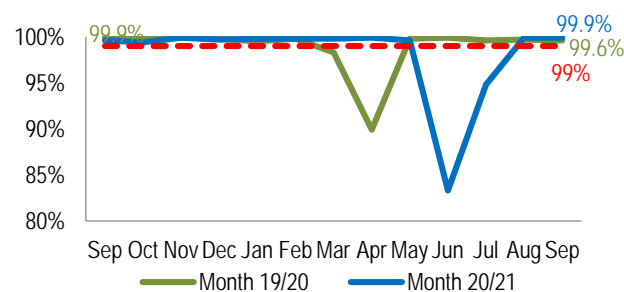
- At Staff Category level, Patient & Client Care reports the highest total absence rate in August at 8.73%, followed by General Support (7.43%), Nursing and Midwifery (6.71%), Management & Admin (5.37%), Health & Social Care (4.34%) and similar to July, Medical & Dental was the category with the lowest absence rate at 1.6%.
- Of the seven Hospital Groups, similar to July, ULHG had the highest rate of absence in August with 7.49% while SSWHG had the lowest with 5.22%. YTD ULHG has the highest absence rate at 7.5% while CHI has the lowest at 5.0%

# National Services

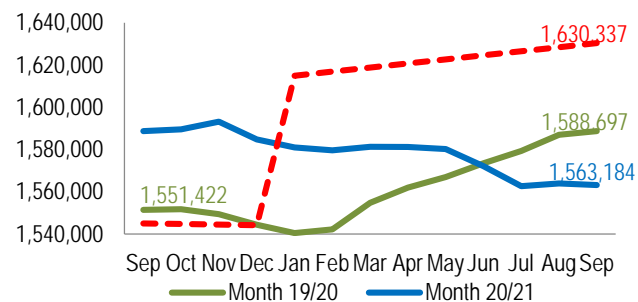
## National Services

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M		● 99.9%	99.6%	+0.3%	94.8%	99.9%	99.9%
Number of persons covered by Medical Cards	1,630,337 YTD/ 1,636,109 FYT	M		● 1,563,184	1,588,697	-25,513	1,562,625	1,563,946	1,563,184
Number of persons covered by GP Visit Cards	551,091 YTD/ 556,996 FYT	M		● 525,813	532,042	-6,229	521,151	523,926	525,813
Number of initial tobacco sales to minors test purchase inspections carried out	192 YTD/ 384 FYT	Q		● 0	55	-55	0	0	0
Number of official food control planned and planned surveillance inspections of food businesses	24,750 YTD/ 33,000 FYT	Q	● 17,250 YTD/ 18,000 FYT	14,686	15,828	-1,142	2,054	7,180	5,452

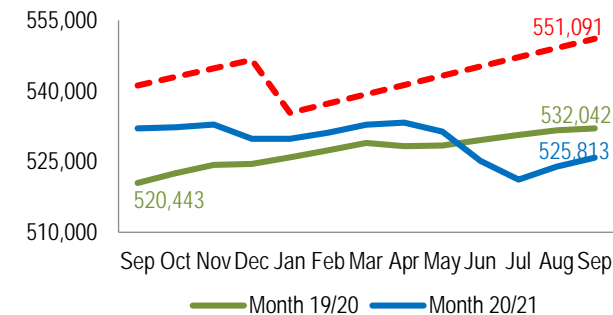
### Medical card turnaround within 15 days



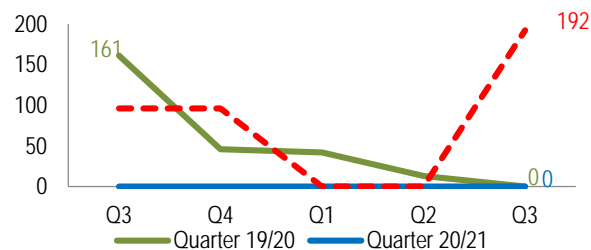
### Number of persons covered by Medical Card



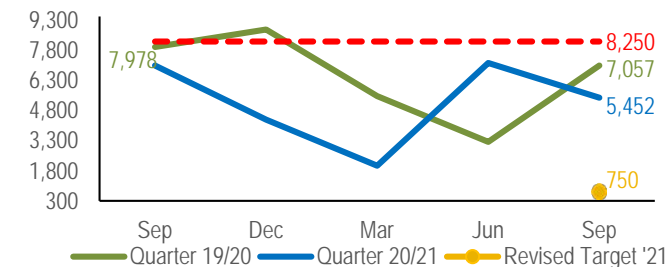
### Number of persons covered by GP Visit cards



### 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 30<sup>th</sup> September 2021 was 1,563,184, a decrease of 762 on the previous month. The total number of persons with eligibility for a GP visit card on 30<sup>th</sup> September 2021 was 525,813, an increase of 1,887 on the previous month. As at 30<sup>th</sup> September 2021, 2,088,997 or 41.7% of the population had medical card or GP visit card eligibility, an overall increase of 1,125 on the previous month. 99.9% of medical card applications were processed within 15 working days. (Population figures are updated and based on the CSO 2021 estimated figure of 5,011,500).

### Emergency Management

The HSE Emergency Management (EM) function assists HSE leaders and managers at all levels across the health service to plan, prepare for, respond to and recover from major emergencies. These actions generate resilience and assist in developing contingency around identified hazards that threaten disruption to the provision of Health Services. EM fulfils the HSE's statutory obligations as a Local Competent Authority for Seveso sites nationally and is a prescribed body under the Planning Act for any licensed crowd events.

- **HSE COVID-19 Response:** HSE EM continues to support the HSE's response and management of COVID-19 both strategically and operationally. The HSE National Crisis Management Team (NCMT) and the National Public Health Emergency Team (NPHET) continues to meet regularly. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs) and the Winter Action Teams (WAT) structures. Work continues with the Voluntary Emergency Services, the Civil Defence and the Defence Forces to coordinate external assistance to meet HSE requirements. EM supports the vaccination programme and progresses key EM requirements through the Centralised Vaccination Clinic (CVC) working group, the CVC Area Leads Forum and the Regional Vaccination Steering groups.
- **Regional Inter-agency Response:**
- EM partakes in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working

Groups (RWGs), which are meeting weekly/fortnightly. HSE EM continues to support senior management teams in briefings and planning response arrangements. EM are actively linking with other statutory agencies to coordinate the support required as part of the response, and are currently working with inter-agency partners on the planning effort for the establishment of pop-up and Satellite Centralised Vaccination Clinics. EM regions continue to complete prioritised components of the regional interagency work plans, subject to the constraints imposed by COVID-19.

- **SEVESO:** HSE legislative requirements as a Local Competent Authority have been met to date. Seveso planning continues across the EM regions, with the revision of external emergency plans and some Seveso exercises complete, whilst others are being scheduled.
- **HSE Severe Weather:** HSE Severe Weather planning, preparedness, response and recovery continues across all EM regions. Nationally, EM led on vertical and horizontal coordination of HSE planning for an anticipated weather events in accordance with HSE guidance. Regional EM staff led on the coordination of HSE Severe weather contingency planning with staff through the Area Crisis Management team forum. EM contributes to the plans and detail for the 'Be Winter Ready' booklet and launch scheduled for October.
- **Brexit:** EM continues to support the work of the nine work streams. Due diligence assessment continues to be undertaken of processes and procedures for key areas such as Emergency Transport of essential medicines and medical equipment. Monthly meetings/as required continue.
- **Covid-19 Excess Mortality:** The National Cross Government COVID-19 Mortality Group has been stood down. Monitoring of mortality rates continue and any emerging system pressures that arise in the acute or community setting assessed. National EM staff continue to work collaboratively with the Acute Hospital division, Public Health staff and our cross government and agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups remain in a state of preparedness.



- **Crowd Events:** Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act requirements.

**High Consequence Infectious Disease Planning** As part of its High Consequence Disease Planning remit, EM has completed the following:

1. The procurement of two specialised negative/positive pressure isolation PODs for transport of patients with a High Consequence infectious disease, either via road ambulance or via fixed or rotor wing air transport. These items are scheduled to be exercised by NAS.
  2. An interim Category A waste solution for management of VHF waste. Work continues on the VHF waste management protocol for the National Isolation Unit in the Mater Hospital.
- **Hospital Major Emergency Plans:** Pilot test of the Hospital Major Emergency Plan (HMEP) activation procedure as per the HMEP template with NEOC and Hospitals continues.
  - **Emergency Management training for NAS staff:** A working group with EM and NAS West membership continue to develop a work programme for the delivery of Emergency Management training to NAS staff.

### 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 and multi-country working. The unit fulfils the following roles:

- 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., North South Ministerial Council (NSMC), Special EU Programmes Body (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.

### Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Chair the HSE Steering Group meetings and engage on the HSE involvement with DoH Brexit Operations meetings.
- Update the HSE Brexit Lead on a weekly basis.
- 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
- Ongoing discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.

### Cross Border Work

- Ongoing work on new EU funded project (i-Simpathy) as requested by DoH. Including the project launch and on-going steering group meetings
- 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
- Reviewing progress of CAWT Strategy Groups in progressing PEACE PLUS Priorities during Q3
- Ongoing work with CAWT Governance sub-group
- Participation in the new EU funding programme EU4Health information webinars and engagement with DoH on this.
- Ongoing engagement with D/Taoiseach and DoH on Shared Island Fund

### Cyber Attack

- Following cyber-attack, reviewed all North South health service arrangements to ensure continuity.
- Ensured the Unit was fully compliant with all updated security measures following cyber-attack.
- Reviewed staff working arrangements following cyber-attack.
- Attending a series of meetings supporting DoH Dublin and HSE's OCIO with DoH Belfast to re-establish connection of @hse.ie emails to Trusts in NI

### Covid-19

- The Unit is adhering to all NPHET and Govt. advice on working from home as much as possible.
- 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.

### Next Steps & Key Outcomes – 4th Quarter 2021

- Continue to monitor the 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 guidance issued by DPER dated Sept 29th in respect of Guidance & FAQs for Public Service Employers during Covid-19 in relation to Working arrangements & Temporary assignments across the Public Service as well as HSE HR Circular 034/2021 dated 08/10/2021 in respect of updated guidance on working arrangements post Oct 22nd 2021.
- 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.
- Chair HSE Brexit Steering Group meetings
- Prepare Brexit briefings and updates for A/Secretary General meetings
- As Brexit Workstream lead, prepare replies for PQ's, media queries
- 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.

- 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.
- In conjunction with HSE partners and the Management Board and Secretariat, 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.
- Participation in the University of Ulster's Graduate Entry Medical School Stakeholder Advisory Board
- Engagement with DoH, HRB and HSE on the EU4health funding programme
- Engagement with Department of the Taoiseach on Shared Island initiative
- Participation in CAWT Integrated Care Strategy Group
- Participation in North South ehealth Steering Group

Participation in EU4health Liaison Group

# National Screening Service

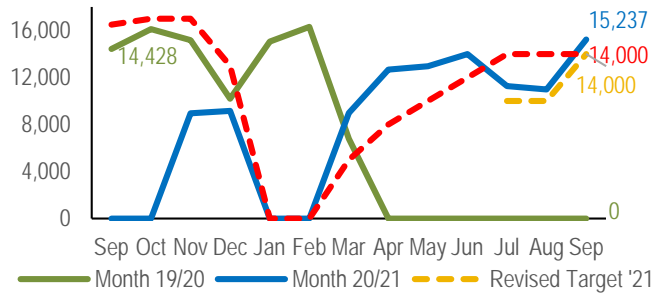
## National Screening Service National Scorecard/Heatmap Awaited

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Breastcheck</b>							
	% BreastCheck screening uptake rate	Q-1Q	70%	73.9% [G]	5.6%			
Access and Integration	<b>CervicalCheck</b>							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	M	216,000	259,517 [G]	20.1%	24,435	24,138	26,387

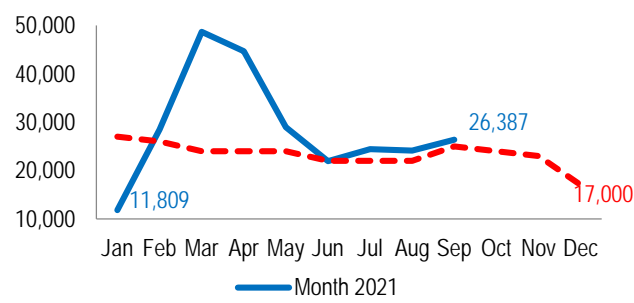
Note: Due to a 3 week process involved, the current months provisional data and last months actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq		Revised Target/Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	77,000 YTD/ 120,000 FYT	M	●	<b>67,000 YTD/ 110,000 FYT</b>	<b>86,111</b>	38,153	+47,958	11,275	10,992	15,237
BreastCheck - % screening uptake rate	70%	Q-1Q			● <b>73.9%</b>	56.5%	+17.4%	87.1%	52%	80.3%
CervicalCheck - No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	216,000 YTD/ 280,000 FYT	M			● <b>259,517</b>			24,435	24,138	26,387
Cervical Check - % of eligible women with at least one satisfactory CervicalCheck screening in a five year period (New KPI)	80%	Q-1Q			● <b>72.4%</b>				72%	72.9%
BowelScreen - number of people who completed a satisfactory FIT test	87,000 YTD/ 125,000 FYT	M	●	<b>63,000 YTD/ 87,500 FYT</b>	<b>71,539</b>	27,302	+44,237	8,629	6,822	5,785
Bowelscreen - % client uptake rate	45%	Q-1Q			● <b>54.7%</b>	36.7%	+18%	38.2%	64.4%	51.2%
Diabetic RetinaScreen - number of people screened	81,400 YTD/ 110,000 FYT	M	●	<b>67,350 YTD/ 90,000 FYT</b>	<b>73,543</b>	41,472	+32,071	7,444	7,413	7,718
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q			● <b>56.2%</b>	70%	-13.8%	80%	55%	57.6%

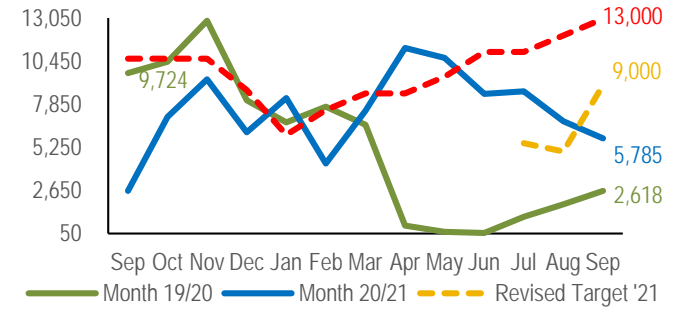
**BreastCheck-number who had a mammogram**



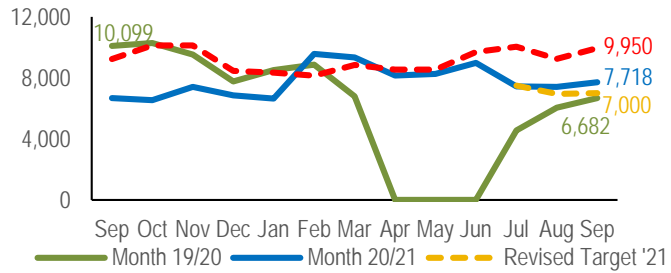
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period September 2021 was 15,237 which is above the target of 14,000 by 1,237 (8.8%).
- The number of women aged 65+ who had a complete mammogram in the period September 2021 was 3,173 which is below the target of 5,000 by 1,827 (36.5%).
- The number of women who had a complete mammogram year to date (January - September 2021) was 86,111 which is above the target of 67,000 by 19,111 (28.5%).
- Uptake during Q2 was 80.3% which is above the target of 70%
- In Q2 92.3% of women were offered an appointment for an assessment clinic within 2 weeks of notification of an abnormal mammographic result.
- From January to June 2021, 88.8% of women were offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer.

BreastCheck Screening has resumed from the 8<sup>th</sup> of March. There have been incidents of service users cancelling due to fears of COVID19. Assessment clinics have resumed and all areas have reduced capacity due to COVID19 infection control and social distancing. BreastCheck are monitoring surgical access and surgeries are being prioritised by the host hospitals.

BreastCheck screening capacity has returned to 90% of 2019 capacity levels. However there are surgeries being cancelled across the HSE. BreastCheck is monitoring this to ensure adequate theatre capacity for BreastCheck service users going forward.

### CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period September 2021 notified to report date was 26,387 which was above the target of 25,000 by 1,387 (5.5%).
- The number of unique women who had one or screening tests in a primary care setting year to date (January - September 2021) was 259,517 which is above the target of 216,000 by 43,517 (20.1%)
- The average turnaround time for screening results from laboratories was 1.30 weeks, within the target of 4 weeks.
- 5-year coverage for the period ending 30th June 2021 was 72.9%. This includes the extended upper age limit of 65 which has been implemented with the introduction of primary HPV screening.

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. Laboratories also continued to observe social distancing measures and has a knock on effort on their workload so women are receiving their results between 6-8 weeks after the screening test. This is an improvement from earlier in the summer when results were taken 8-10 weeks. The cyber attack on the HSE had a major impact on screening with all colposcopy clinics and Coombe lab ICT systems affected. The unavailability of Healthlink also affected electronic resulting from the labs but this has been fully resolved.

CervicalCheck is working closely with laboratories and colposcopy units to manage the increased numbers of women attending for their screening test in primary care. CervicalCheck continue to advise those seeking to book appointments that they not be able to do as soon as they receive their invite letter as it takes a couple of weeks to get an appointment with their GP.

## BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (September 2021) was 5,785 which is below the target of 9,000 by 3,215 (35.7%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (January - September 2021) was 71,539 which is above the target of 63,500 by 8,037 (12.7%).
- Uptake during Q2 was 51.2% which is above the target of 45%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was outside the  $\geq 90\%$  target at 82.7% within 20 working days in September. Eleven of the fourteen contracted colonoscopy centres which were offering colonoscopies in September met the expected KPI of 90% within 20 days.

## Post Cyber-Attack and Living with COVID-19

BowelScreen is closely monitoring colonoscopy capacity; invitations to participate are being issued based on available capacity

## Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period September 2021 was 7,718 which is below the target of 7,000 by 718 clients (10.3%).
- The number of diabetics screened with a final grading result year to date (January-September 2021) was 73,543 which is above the target of 67,350 by 6,193 (9.2%)
- Uptake during Q2 was 57.6% which is below the target of 68%
- During Q2 97.3% of clients were issued a results letter within 3 weeks.

The programme continues to invite participants for screening. The current model for screening is inviting 100% of the prospective cohort. There are a number of barriers impacting on the number of invitations: the implementation of physical distancing and infection control measures, although we find there continues to be a good attendance at all screening clinics this is supported by an increased level of patient engagement. The programme still has a number of challenges with patients referred to treatment clinics; currently treatment clinics are treating urgent and routine cases. The fallout from the cyber-attack has resulted in the CIMS not being updated with clinical information, thus the backlog of patient numbers are incorrect (they may be lower than the reported figures).



# Finance

## Introduction

The National Service Plan (NSP) for the HSE was published on 24th February 2021 detailing how it will spend the €20.623b, including €1.68b on COVID-19 in 2021. The financial allocation represents an increase of €3.5b or 21% on last year's NSP. This includes an additional €1.68b for COVID-19 costs. The remaining €1.8b represents an underlying increase of 10.6% in health spending compared to last year, which is well ahead of the average annual increase of 7.3% received across the years 2016-2020. A total of €1.1bn of this additional investment will deliver permanent and enduring improvements in healthcare arising from the Sláintecare reform programme.

The 2021 budget has afforded us an opportunity to reduce the level of on-going financial risk that was present in some of our services pre-COVID-19, most notably within acute hospital services, disability services and mental health services. It also gives us the means to provide improved services for people in Ireland and to progress important strategic reforms.

This year we are working to strengthen our general operational capacity in our community and hospital services, focusing on quality and patient safety, patient

## Financial Performance

**Table 1 – Net Expenditure by Division – YTD September 2021**

September 2021	YTD Actual Spend vrs YTD Budget						YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m		%	€m	€m
Acute Operations	6,623.0	5,210.3	4,908.6	301.6	●	6.1%	215.1	86.5
Community Services	7,136.6	5,146.7	5,136.0	10.7	●	0.2%	192.7	(182.0)
Other Operations/Services	2,130.2	1,362.8	1,674.2	(311.4)	●	-18.6%	(257.8)	(53.6)
Total Operational Service Areas	15,889.8	11,719.7	11,718.8	0.9	●	0.0%	150.1	(149.2)
Total Pensions & Demand Led Services	4,582.3	3,464.4	3,414.6	49.8	●	1.5%	143.5	(93.7)
<b>Overall Total</b>	<b>20,472.1</b>	<b>15,184.1</b>	<b>15,133.4</b>	<b>50.7</b>		<b>0.3%</b>	<b>293.6</b>	<b>(242.9)</b>

Detailed analysis of the divisional performances is provided in the relevant sections below.

and service user involvement, data and analytics, risk management, financial management, safeguarding, eHealth, and procurement compliance.

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 to deliver this change, by addressing waiting times, shifting care from hospital to community, and improving financial controls, whilst also operating within a COVID-19 environment for the foreseeable future.

COVID-19 has and continues to challenge the overall capacity and capability of the health service in a way that we have not experienced in living memory. The COVID-19 pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected. Not only have existing services been significantly impacted, but new services have had to be rapidly developed and deployed.

The HSE's financial position at the end of September 2021 shows a YTD deficit of €50.7m, with a significant element of this being driven by the direct impacts of the 3<sup>rd</sup> and 4<sup>th</sup> COVID-19 surges<sup>7</sup>, as reflected in the €293.6m adverse variance on COVID-19 related costs and (€242.9m) positive variance on core related costs. In summary terms, COVID-19 and the cost of responding to it, has been significantly higher than planned for and this has, to a large extent, caused and been offset by regrettable delays in our capacity to progress with developments to permanently strengthen the health service. These developments will continue to be progressed to the end of 2021 and into 2022 until fully delivered.

- Within this €50.7m deficit, acute operations have a YTD deficit of €301.6m, community services a deficit of €10.7m, pensions and demand led services a deficit of €49.8m and other operations are showing a surplus of (€311.4m) (mainly COVID-19 related).

- The COVID-19 deficit to the end of September of €293.6m, €215.1m is in acute operations, €192.7m in community services, €143.5m (of which PCRS is €140.5m) in Pensions & Demand Led Areas with offsetting surpluses in other operations/services of (€257.8m).
- The COVID-19 related surplus of (€257.8m) in other operational services is primarily in relation to held funding not yet distributed to services in relation to three specific expenditure items: Testing & Tracing Programme, COVID-19 supports and COVID-19 Vaccinations. Costs in relation to these three expenditure items have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. Included in the (€257.8m), there is a surplus of (€120.5m) in the Testing & Tracing Programme, a surplus of (€108.9m) in regional services relating to COVID-19 support funding, and a surplus in health and wellbeing of (€29.2m) relating to COVID-19 Vaccinations.

## Acute Operations

**Table 2 - Acute Operations September YTD**

September 2021 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
RCSI Hospital Group	921.6	748.3	679.8	68.6	10.1%	31.1	37.5
Dublin-Midlands Hospital Group	1,079.0	864.6	793.6	71.0	8.9%	38.0	33.0
Ireland East Hospital Group	1,187.5	979.8	882.0	97.8	11.1%	62.1	35.7
South-South West Hospital Group	1,014.7	853.9	755.5	98.4	13.0%	55.5	42.9
Saolta University Health Care Group	945.0	788.9	705.6	83.3	11.8%	47.8	35.5
University of Limerick Hospital Group	421.2	358.8	311.2	47.6	15.3%	28.6	19.1
Children's Health Ireland	381.0	303.3	279.5	23.7	8.5%	3.1	20.7
Regional & National Services	484.8	51.6	359.6	(308.0)	-85.6%	(170.5)	(137.5)
<b>Acute Hospital Care</b>	<b>6,434.7</b>	<b>4,949.3</b>	<b>4,766.8</b>	<b>182.5</b>	<b>3.8%</b>	<b>95.6</b>	<b>86.9</b>
National Ambulance Service	188.3	150.3	141.8	8.5	6.0%	8.9	(0.4)
Private Hospitals	-	110.7	0.0	110.7	0.0%	110.7	-
<b>Acute Operations Total</b>	<b>6,623.0</b>	<b>5,210.3</b>	<b>4,908.6</b>	<b>301.6</b>	<b>6.1%</b>	<b>215.1</b>	<b>86.5</b>

<sup>7</sup> 3<sup>rd</sup> wave confirmed on the 31<sup>st</sup> December 2020 and the 4<sup>th</sup> wave confirmed on the 4<sup>th</sup> June 2021.

Acute services include scheduled care (planned care), unscheduled care (unplanned/emergency care), diagnostic services, cancer services, trauma services and maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. These services are provided in response to population need and are consistent with wider health policies and objectives, including those of Sláintecare. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety initiatives are prioritised within allocated budgets, including the management of COVID-19 and other infections.

### Acute Hospital Care

- A YTD deficit of €301.6m, which includes a deficit of €182.5m on acute hospital care, a deficit of €8.5m on the national ambulance service (NAS) and a deficit of €110.7m in private hospitals.
- The YTD deficits on the NAS and private hospitals has been categorised as directly attributable to COVID-19 expenditure.
- Of the YTD deficit of €182.5m on acute hospital care, €95.6m deficit has been categorised as directly attributable to COVID-19 expenditure and €86.9m deficit as attributable to core expenditure.
- The €182.5m YTD deficit includes the Access to Care (ATC) budget, with €158.0m of the total annual budget of €210.0m profiled in YTD September.
- There was 2,771 additional wte's for YTD September in Acutes Operations overall, (September monthly only 19 wte's), which was mainly as a result of COVID-19.
- Deficit of €95.6m in COVID-19 arose due to increased activity and expenditure due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - Pay deficit of €131.5m, mainly comprised of a payroll deficit of €59.9m, an overtime deficit of €12.8m and an agency deficit of €44.8m.
    - Pay deficit of €59.9m due to secondments to areas such as vaccination and the recruitment of staff, in response to COVID-19.
    - Overtime deficit of €12.8m - Medical overtime is the main cost driver for overtime costs representing 79% of expenditure.
    - Agency deficit of €44.8m due to the backfilling of absent staff by agency/locum. In addition, some of the staffing of the additional beds may have been filled by agency staff, pending on-barding of permanent staff.
  - Non Pay deficits in the following areas: medical and surgical supplies deficit of €24.2m, maintenance deficit of €21.0m, cleaning & washing deficit of €15.7m, professional services deficit of €13.2m, drugs and medicine deficit of €8.7m and capitation payments deficit of €3.1m
  - Miscellaneous surplus of (€154.1m) due to Access to Care budget of €158.0m profiled YTD September. These surpluses are expected to reduce as activity increases through 2021, and as budget profiles are amended.
  - COVID-19 patients require significant CT scanning and other diagnostics which are driving clinical non-pay
- Deficit of €86.9m reported against core, however €93.7m of this deficit is in income which is attributed to COVID-19 factors.
  - Pay surplus of (€74.4m), mainly comprised of a payroll surplus of (€151.1m), and overtime deficit of €21.4m and an agency deficit of €18.6m.
    - A payroll surplus (basic pay) of (€151.1m) due to (i) recruitment delays in on-boarding staff with a consequential impact on agency and overtime – see below; and (ii) the re-profiling of €139m of budget associated with new developments which have yet to start - i.e. new beds, Alternative Pathways & Restart
    - An overtime deficit of €21.4m and an agency deficit of €18.6m. Both of these items are impacted by the need to backfill COVID-19 absences and to fill posts associated with the provision of new services (i.e. new beds, Alternative Pathways & Restart) pending on-boarding with permanent staff etc.
  - Non Pay deficits in the following areas: drugs and medicine deficit of €26.9m, cleaning & washing deficit of €7.9m, maintenance deficit of €6.2m, patient transport deficit of €4.8m and professional services deficit of €7.1m.
  - Bad & doubtful debts deficit of €21.9m due to bad debts has presented as a cost pressure for a number of years. Nevertheless, the charge this year has increased significantly. This is likely to be COVID-19 driven, given that patients are exempted from charges if they have a COVID-19 diagnosis during the hospital stay.

- Miscellaneous surplus of (€35.1m) due to development funds (largely beds, Alternative Care Pathways and Acute Hospital Service Restarts) profiled in YTD September. This is a timing issue and not an actual saving, and will balance out as the year progresses and costs matched to budgets.
  - The €93.7m YTD deficit on income is mainly attributable to maintenance charges of €115.8m owing to the reduction in hospital activity due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19. This loss of private income is attributed to COVID-19 factors.
- Hospital activity YTD is very mixed across the country, depending on the use of private hospitals safety net II, transfer of day cases to the private sector eg. chemotherapy
  - Emergency department attendances at many hospitals are back up to and/or exceeding 2019 levels. Some hospitals are being impacted by a demographic which means less vaccination and greater COVID-19 admissions, which in turn affects their capacity to deliver planned care.
  - Many of the initiatives introduced in acute settings under COVID-19 are considered to be permanent in nature

### Private Hospitals

In January 2021, a Service Level Agreement (SLA) with the private hospitals, referred to as Safety Net 2 (SN2), was finalised and signed by 18 private hospitals. This SLA is activated by 'surge events', and is predominantly utilised for the provision of unscheduled, urgent and time critical care to core activity patients. When a 'surge event' is triggered, a commencement notice is issued to the private hospitals - the first commencement notices were issued to the private hospitals on 22nd January 2021. Following this, the first surge event was due to end in mid-May 2021 following the issue of cessation notices. However, due to the cyber-attack, a separate Safety Net 3 (SN3) arrangement was negotiated. SN3 is essentially the same model as SN2 except that there is no 'retainer' provision for guaranteed capacity. Under SN2, to guarantee capacity, the HSE pays a retainer for beds – i.e., if beds aren't used, the private hospital is paid by the HSE for the unused beds. This clause is not applicable to SN3.

- Expenditure on SN2 amounts to €110.7m for YTD September. This is an estimated cost. There are currently no funding streams / budget for SN2 or SN3.

## Community Operations

**Table 3 – Community Operations September YTD**

September 2021 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
<b>Primary Care Division Total</b>	<b>1,393.7</b>	<b>1,056.0</b>	<b>998.0</b>	<b>58.0</b>	<b>5.8%</b>	<b>140.6</b>	<b>(82.6)</b>
<b>Mental Health Division</b>	<b>1,099.5</b>	<b>805.3</b>	<b>810.1</b>	<b>(4.8)</b>	<b>-0.6%</b>	<b>7.6</b>	<b>(12.4)</b>
Older Persons Services	1,275.3	840.9	879.4	(38.5)	-4.4%	20.4	(59.0)
Nursing Home Support Scheme	1,087.3	762.9	800.9	(38.0)	-4.7%	1.5	(39.5)
<b>Older Persons Services Division Total</b>	<b>2,362.6</b>	<b>1,603.8</b>	<b>1,680.3</b>	<b>(76.6)</b>	<b>-4.6%</b>	<b>21.9</b>	<b>(98.5)</b>
<b>Disability Services</b>	<b>2,234.1</b>	<b>1,646.1</b>	<b>1,617.4</b>	<b>28.7</b>	<b>1.8%</b>	<b>18.3</b>	<b>10.4</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>18.8</b>	<b>11.7</b>	<b>12.1</b>	<b>(0.4)</b>	<b>-3.1%</b>	<b>1.7</b>	<b>(2.1)</b>
<b>Quality &amp; Patient Safety Community Division</b>	<b>9.9</b>	<b>5.0</b>	<b>4.6</b>	<b>0.4</b>	<b>9.1%</b>	<b>0.0</b>	<b>0.4</b>
<b>CHO HQs &amp; Community Services</b>	<b>18.0</b>	<b>18.7</b>	<b>13.5</b>	<b>5.3</b>	<b>39.0%</b>	<b>2.6</b>	<b>2.6</b>
<b>Community Total</b>	<b>7,136.6</b>	<b>5,146.7</b>	<b>5,136.0</b>	<b>10.7</b>	<b>0.2%</b>	<b>192.7</b>	<b>(182.0)</b>

Community services include primary care, social inclusion, older persons' and palliative care services, disability services, mental health services, and are provided for children and adults. Services are provided by GPs, public health nurses and Health Social Care Professions (HSCPs) through primary care teams and Community Healthcare Networks (CHNs). Community services are currently delivered across nine Community Healthcare Organisations (CHOs).

- Of the YTD deficit of €10.7m, €192.7m deficit has been categorised as directly attributable to COVID-19 expenditure and an offsetting surplus of (€182.0m) attributable to core expenditure.

## Primary care services

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. The opening of multiple primary care centres over recent years have placed additional pressure on the primary care operational cost base, however these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care. These centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres.

- A YTD deficit €58.0m of which €140.6m deficit has been categorised as directly attributable to Covid-19 expenditure and (€82.6m) surplus as attributable to core expenditure.
- Deficit of €140.6m in COVID-19 arose due to increased activity and expenditure due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - COVID-19 total deficit of €140.6m, comprised of deficit in COVID-19 costs €90.6m and a deficit in vaccinations of €49.8m.
  - Vaccinations deficit of €49.8m is largely driven by vaccine centres operating at full capacity. The vaccinations deficit is relating to costs that have been incurred in primary care, which has no allocated budget YTD, however it will be matched with centrally held funding in due course.
  - Pay deficit of €65.7m which is largely driven by additional hours' / agency costs to backfill staff / increased activity / sick leave etc. The pay deficits relate to the following: nursing of €22.5m, medical of €1.7m, support staff and paramedical of €32.9m and administration staff €8.5m. Of these deficits, €33.4m relate to vaccinations.
  - Grants to Outside agencies deficit of €18.4m in relation to payments for supports to Section 38/39 organisations of €7.6m and GP Co-operatives of €10.8m.
  - Professional services of €15.2m due to clinical and non-clinical professional service associated with vaccination centres and community support hubs including payments to GPs
  - Maintenance deficit of €14.5m due to set up costs and security costs associated with establishment of vaccination centres/community support hubs
- Surplus of (€82.6m) in core due to planned services not occurring as a result of the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to
  - Pay surplus of (€53.8m), mainly comprised of a payroll surplus of (€20.5m), agency deficit of €12.2m, and (€46.3m) surplus mainly related to Enhanced Community Care Funding (ECC).
    - The pay surplus of (€20.5m) across CHO areas are due to non-filling/delayed filling of posts
    - The agency deficit of €12.2m due to services being provided by agency staff due to vacant posts
    - The surplus of (€46.3m) related to ECC is due to slower than anticipated roll out of projects due to delays in recruitment, and the profiling of the budget YTD
  - Miscellaneous surplus of (€31.9m) which is mainly due to budget profiling on the Enhanced Community Care (ECC) funding. There has been slower than anticipated roll out of projects due to delays in recruitment, and also impacted by Covid-19 and the Cyber attack

- Capitation Payments surplus of (€9.0m) which is mainly due to Paediatric homecare packages which have a surplus of (€10.3m)
- Travel surplus of (€2.7m) due to travel restrictions
- Medical & surgical supplies deficit of €6.8m
- Paediatric Home Care Packages – September YTD Costs of €21.0m have been incurred in the CHO's. Funding for this service was centralised in 2019 and €41.0m is held centrally, which is allocated to each area to cover expenditure throughout the year. There has been a significant fall from planned number of cases being supported due to the COVID-19 pandemic. There are 555 cases in place YTD September, which represents an increase of 42 in the year.

## Mental Health Services

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHS, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds.

As a result of COVID-19, in line with public health advice on the provision of safe services, some community mental health services were reduced. There was extensive use of remote consultation tools such as Attend Anywhere to ensure continuity of services for mental health patients. Also, a number of non-essential day & other services reduced their capacity at the start of the COVID-19 pandemic, with some staff redeployed into Mental Health acute units to cover sick leave which allowed for the covering of essential rostered hours across these acute units.

Mental Health have a number of financial challenges, namely a high level of agency & overtime due to reduced ability to recruit staff into available posts, and an increasing level of high cost residential placements with external private providers. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients and capacity constraints within the public system.

- A YTD surplus of (€4.8m) of which €7.6m deficit has been categorised as directly attributable to COVID-19 expenditure and (€12.4m) surplus as attributable to core expenditure.
- Deficit of €7.6m in COVID-19 due to increased activity and expenditure due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - Pay deficit of €7.1m, mainly comprised of a payroll deficit of €2.9m and agency deficit of €4.2m.
    - Payroll deficit of €2.9m due to additional hours / overtime / increased part time hours / TOIL in Nursing/Medical/Support staff grades which were required due to increase infection control requirements and covering sick leave
    - Agency deficit of €4.2m which predominately relates to Nursing/Medical/Support agency requirements to fill gaps in rosters in acute units due to increased activity and sick leave. Also support staff agency is increasing due to agency household/laundry/cleaning additional requirements.
  - Cleaning & Washing deficit of €1.3m – due to increased cleaning costs due to deep cleaning requirements in MH residential units and the purchase of cleaning equipment.
  - Education and training of €0.7m – due to the student nurse's pandemic payment
  - Travel and Subsistence deficit of €0.5m – due to specific COVID-19 related T&S costs

- Surplus of (€12.4m) in core due to services not occurring as a result of the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - Pay surplus of (€1.9m), mainly comprised of a payroll surplus of (€11.9m) and agency deficit of €10.0m
    - Payroll surplus of (€11.9m), as mental health continues to experience gaps in recruiting and retaining staff with vacancies which are filled through agency and overtime mainly Medical, Nursing and Support staff
    - Agency deficit of €10.0m - a growing level of service is being provided by agency staff due to the shortages of qualified permanent HSE staff
  - Travel & subsistence surplus of (€3.5m) due to travel restrictions
  - Education & training surplus of (€3.2m) due to delayed training initiatives due to COVID-19 restrictions.
  - Capitation payments surplus of (€3.3m) due to the delayed phasing of a number of private placements whereby CHO's are expecting a number of these to commence in Q4 2021
  - Professional services surplus of (€2.7m) due to the funded E-Rostering project being delayed due to COVID-19 and also the transition project team for the new Forensics hospital in Portrane was stood down for part of 2021, due to building delays in 2021 due to COVID-19.
  - Miscellaneous surplus of (€2.1m) due to budget being held centrally. This is a timing issue and not an actual saving, and will balance out as the year progresses and costs matched to budgets.
- Surpluses will balance as the year progresses and services are restored to pre-COVID-19 levels.
- As part of NSP 2021, Mental Health received €15m once off COVID-19 funding to progress once off COVID-19 related developments such as short term COVID-19 related placements (€5.0m), COVID-19 related minor regulatory works (€7.0m), COVID-19 related digital developments (€2.0m) and NGO COVID-19 support (€1.0m)

## Older Persons services

Older persons services provide a wide range of services including home supports, community supports, intermediate care (both residential and in the home), as well as short stay and long stay care when remaining at home is no longer feasible (Nursing Homes Support Scheme, NHSS). This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

## Older Persons services

- A YTD surplus of (€38.5m) in Older Persons Services, of which €20.4m deficit has been categorised as directly attributable to COVID-19 expenditure and (€58.9m) surplus as attributable to core expenditure.
- Deficit of €20.4m in COVID-19 due to increased activity and expenditure due to the third 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to
  - Payroll deficit of €19.3m of which agency costs is €12.0m due to staff absences, redeployment, additional staff due to infection prevention and control procedures (IPC) and isolation beds.
  - Cleaning and washing deficit of €1.9m due to enhanced cleaning as a result of IPC, there is no budget with spend arising in all 9 CHO's.
  - Maintenance deficit of €1.3m due to general maintenance, security, porta cabins and electrical supplies etc. Some units may have had to construct additional entrance/exit, isolation facilities and use porta cabins for storage of PPE.
  - Grants to Outside agencies deficit of €1.1m due to grants to S.38/ S.39 relates to additional Covid-19 costs of staffing and IPC
  - Capitation payments surplus of (€2.9m) due to a surplus on COVID-19 transitional care beds as the length of stay and activity lower than expected.



- Surplus of (€58.9m) in core due to services not occurring as a result of the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to
  - (€64.0m) surplus in Home support, as a result of some services being suspended due to COVID-19 shielding and a slow increase in hours for the 5 million additional hours funded for 2021.
  - €51.0m deficit in Residential Care due to reduced bed numbers and actual cost of care in excess of paid rate. Units are operating at below 95% capacity; YTD September occupancy is 88%, resulting in reduced NHSS income. €51.0m deficit split between pay of €19.6m, non-pay of €5.7m and income of €25.7m
  - (€45.5m) surplus in Other, which is mainly due to the following:
    - Profiling of the development funding of €125m for additional 1,250 ICB beds. As at September 2021 the following beds have been delivered; 520 private beds, YTD Spend €26m, 288 public beds – mainly acute beds, additional 263 beds to come on stream; total 551.
    - Surpluses arising in transitional care beds of (€9.0m), complex cases of (€0.6m) and intensive homecare packages (IHCP) of (€1.4m) and intermediate care beds of approx. (35.0m).
    - These surpluses are expected to reduce as activity increases through 2021, and as budget profiles are amended.
  - Intensive homecare packages (IHCP) - approx. 150 clients; 128 active IHCP clients and 22 clients in complex intensive packages. Intensive homecare packages cover clients up to 56 hours per week and complex intensive packages cover clients in receipt of greater than 56 hours per week.

### NHSS (included in Older Persons above)

- Of the YTD of surplus (€38.0m) in NHSS, €1.5m deficit has been categorised as directly attributable to COVID-19 expenditure and (€39.5m) surplus as attributable to core expenditure.
- Deficit of €1.5m in COVID-19 due to capitation payments. NHSS TAPS (temporary assistance support scheme) had YTD spend of €43.5m against a budget of €42.0m, resulting in a YTD deficit of €1.5m YTD. Standard assistance is no longer available from end June 2021; Nursing Homes can now only apply for outbreak assistance.
- Surplus of (€39.5m) in core is due to patients not availing of the NHSS scheme which are currently 402 below the levels set in the NSP due to COVID-19, 715 starters below NSP levels and 313 leavers above NSP levels.

### Disability services

Disability services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistants, home support, multi-disciplinary and other community supports. The costs in Disability Services are primarily driven by the clients need and the complexity of each individual case presenting.

As a result of 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 (including new emergency residential placements) and Home Support/Personal Assistance services whilst curtailing or closing certain services such as day services, respite services, and certain clinical supports. 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.

- A YTD deficit of €28.7m of which €18.3m deficit has been categorised as directly attributable to COVID-19 expenditure and €10.4m deficit as attributable to core expenditure.
- Deficit of €18.3m in COVID-19 due to increased activity and expenditure due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - Pay deficit of €8.1m is largely driven by additional hours / agency costs to fill gaps in rosters / increased activity / sick leave etc. and also the cost incurred in increasing the capacity in day services resumption to normal levels of service
  - Capitation payments deficit of €2.8m in relation to costs of complex cases arising due to decanting individuals from acute settings, underlying clinical risk/challenges of the individual having been exacerbated by COVID-19, inability to support the individual's requirements in a community based setting due to COVID-19
  - Grants to outside agencies deficit of €5.2m in relation to payments to Section 38/39 organisations for a combination of pay and non-pay costs (similar to costs noted in bullets above)
- Deficit of €10.4m in core expenditure mainly due to:
  - Pay surplus of (€3.7m) due to unfilled posts and savings in pay resulting from COVID-19 service impacts
  - Grants to outside agencies deficit of €11.4m in relation to payments to Section 38/39 organisations for a combination of pay and non-pay costs.
  - Capitation payments deficit of €3.0m due to increased payments to support Section 38/39 organisations, including payments for residential placements
- 11 new emergency residential placements were put in place in September 2021 (including 3 COVID-19 related places), with a YTD total of 77 new places (including 23 COVID-19 related places).
- YTD expenditure on 77 new emergency residential placements of approximately €8.5m, with an estimated 2021 full year cost of €13.8m

## Chief Clinical Officer

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

September 2021 Chief Clinical Office	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Clinical Design & Innovation	9.0	3.7	6.1	(2.4)	-39.7%	0.2	(2.6)
Office of Nursing & Midwifery Services	34.7	21.1	24.6	(3.5)	-14.3%	0.1	(3.6)
Quality Assurance & Verification	4.4	2.7	3.3	(0.6)	-18.7%	0.0	(0.6)
Quality Improvement Division	8.4	5.3	6.1	(0.8)	-12.8%	-	(0.8)
National Health and Social Care Profession	2.2	1.0	1.6	(0.6)	-39.4%	-	(0.6)
National Doctors Training & Planning	19.7	15.5	13.7	1.8	13.5%	0.1	1.8
National Cancer Control Programme (NCCP)	17.8	4.9	4.8	0.1	2.6%	0.1	0.1
<b>Chief Clinical Office Total</b>	<b>96.1</b>	<b>54.2</b>	<b>60.2</b>	<b>(6.0)</b>	<b>-10.0%</b>	<b>0.4</b>	<b>(6.4)</b>

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, through the various divisions within the remit of the CCO, as per table 4 above.

NDTP has three key domains under its remit: medical education and training, medical workforce planning, and the consultant approval process. The combined objective of the three core functions of NDTP is to ensure that the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care.

The NCCP manages, organises and delivers cancer control on a whole population basis. Its aims are to reduce cancer incidence; treat cancer, to reduce cancer mortality and morbidity; and to improve the quality of life of people living with cancer. The NCCP oversees cancer prevention and early diagnosis, rapid access services, treatment of cancer including surgery, radiotherapy and systemic therapy. It has also commenced survivorship, psycho-oncology, and child, adolescent and young adult services, and enhanced community oncology support.

As a result of COVID-19, cancer services prioritised activity across the patient pathway in line with national clinical guidance. This ensures emergency, time critical and symptomatic services for cancer (diagnostics, surgery, chemotherapy, and radiotherapy) are delivered appropriately and that patients continued to be seen in a timely way.

- Clinical Design & Innovation has a YTD surplus of (€2.4m) primarily in core related expenditure, which mainly relates to:
  - Pay surplus of (€1.0m) due to recruitment delays in filling vacancies for profiled 2021 programmes
  - Grants to outside agencies surplus of (1.2m) due to the timing of payments of Section 38/39 organisations.
- Office of Nursing & Midwifery Services has a YTD surplus of (€3.5m) primarily in core related expenditure, which mainly relates to:
  - Pay surplus of (€1.6m) due to actual WTE numbers trending below budgeted level, with a surplus on nursing office pay of (1.3m) and post registration of (€0.3m)
  - Education and training surplus of (€1.7m) due to lower training activity as a result of lower WTE level and also COVID-19 impact (reduction) on training activities.
- National doctors training & planning (NDTP) has a YTD deficit of €1.8m primarily in core related expenditure, which mainly relates to:
  - Education and training deficit of €2.8m comprising of deficits on medical interns of €2.9m, educational supports of €0.4m and a surplus in GP CME training of (0.5m).

## National Screening Service

**Table 5- National Screening Service September YTD**

September 2021 National Screening Service	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
National Screening Service	93.5	63.8	62.3	1.5	2.4%	0.0	1.4

The NSS delivers four national population-based screening programmes to prevent cancer in the population (BreastCheck, CervicalCheck, Bowelscreen), and for detecting sight-threatening retinopathy in people with diabetes (Diabetic RetinaScreen). These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

- National Screening Service has a YTD deficit of €1.5m primarily in core related expenditure, which mainly relates to:
  - Pay surplus of (€1.0m) due to vacancies in medical staff.
  - Non-pay deficit of €2.5m relates to programmes that have restarted and are eliminating their backlog, mainly in cervical screening and breast check.

## Health and Wellbeing

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

September 2021 Health & Wellbeing	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Health Protection Surveillance Service	5.6	5.7	4.0	1.7	41.9%	1.7	(0.0)
Health Protection Vaccines	196.8	140.9	181.6	(40.7)	-22.4%	(36.6)	(4.1)
Public Health	32.6	25.6	23.8	1.7	7.3%	5.4	(3.7)
Health Promotion	7.7	4.8	5.8	(1.0)	-17.5%	0.0	(1.0)
Research & Evidence	10.1	8.2	7.5	0.7	9.3%	0.2	0.5
Health & Wellbeing - (Regional)	9.5	7.4	7.1	0.3	4.9%	0.0	0.3
Crisis Pregnancy Agency	7.1	4.5	5.1	(0.7)	-13.2%	(0.0)	(0.7)
Health & Wellbeing Nat Dir Off	2.3	1.2	1.4	(0.1)	-9.8%	0.0	(0.1)
<b>Health &amp; Wellbeing Total</b>	<b>271.7</b>	<b>198.3</b>	<b>236.3</b>	<b>(38.0)</b>	<b>-16.1%</b>	<b>(29.2)</b>	<b>(8.8)</b>

H&W support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, early intervention, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within H&W 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.

Our public health teams play a major role in responding to the COVID-19 pandemic. Public health teams work closely with the wider health system to mitigate and limit the spread of the virus using evidence-based strategies, guidance, disease surveillance and health intelligence developed nationally. Public health also support end-to-end COVID-19 testing and contact tracing designed and delivered to specifically protect the health of people living in Ireland.

- Health Promotion Vaccines has a YTD surplus of (€40.7m), of which (€36.7m) surplus has been categorised as directly attributable to COVID-19 expenditure and (€4.0m) surplus as attributable to core expenditure.
- Surplus of (€36.7m) in COVID-19 mainly due to which is mainly due to the timing of budget distribution relating to the COVID-19 vaccine programme. This budget relates to costs that have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. This is only a timing issue rather than an actual saving. To date, there has been €5.3m of COVID-19 expenditure relating to the commencement of the Flu vaccine programme for the over 65 and children aged 2 to 17 years. The Flu vaccine programme is part of the Winter plan and forms part of the COVID-19 response.
- Surplus of (€4.0m) in core expenditure mainly due to the delays in the school's programme resulting from COVID-19. The programmes have resumed now through different channels.

## National Services (Excl PCRS)

Table 7 – National Services September YTD

September 2021 National Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Environmental Health	57.4	40.2	40.8	(0.6)	-1.5%	0.2	(0.8)
Emergency Management	1.8	1.4	1.4	0.1	5.3%	0.2	(0.1)
EU & North South Unit	0.8	0.5	0.5	(0.0)	-1.0%	-	(0.0)
<b>National Services Total</b>	<b>60.0</b>	<b>42.1</b>	<b>42.7</b>	<b>(0.5)</b>	<b>-1.3%</b>	<b>0.4</b>	<b>(0.9)</b>

**The Environmental Health Service (EHS)** 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, tobacco control, sunbed regulation, alcohol control and fluoridation of public water supplies. Notwithstanding the impact of COVID-19, a key focus for the service is to ensure the provision of our statutory obligations in relation to environmental health. The EHS is playing a key role to protect the health of the population in the context of COVID-19, in addition to augmenting its core service to respond to anticipated Brexit demands.

- EHS has a YTD surplus of (€0.6m) which mainly relates to:
  - Pay surplus of (€2.2m) arising due to staff vacancies
  - Non pay deficit of €0.4m due to office expenses for facilities in the ports
  - Income deficit of €1.2m which relates to a historic income target. Prior to Irish Water being in existence, EHS 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 EHS.

**Emergency management (EM)** 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.

**The EU and North South Unit** works on behalf of the HSE to promote health co-operation with providers on both a north south and east west basis to ensure better health outcomes. The unit co-ordinates with others to ensure the delivery of a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services and co-operation on new initiatives. The EU and North South Unit support services to identify and fund appropriate projects. This is in conjunction with the cross-border health and social care partnership, Co-operation and Working Together (CAWT). Brexit and COVID-19 pose new challenges in relation to healthcare delivery and co-operation. In this context all efforts have been made to ensure the continuation of all cross-border services, to the greatest extent possible.

## Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The National Testing and Tracing service pathway comprises referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management), and is capable of delivering and responding to the challenges of service requirements and demands.

- YTD surplus of (€120.5m). This surplus is primarily due to budget distribution relating to the COVID-19 Testing & Tracing programme.
- The Testing programme is also supported by acute & community services across the HSE with an additional expenditure being incurred in service setting such as testing centres and hospital laboratory testing, PCRS for GP consultations and Primary Care for the swabbing centres in the CHOs. These costs will be matched with the centrally held funding in due course, with budget transfers made to the areas/divisions.
- Therefore, as of the 30th September 2021 the centralised reported costs of T&T were €486.3m which was an overspend of €152.4m against the YTD budget. The main reason for this variance was due to an overspend on laboratory testing due in part to higher test numbers as well as a higher than budgeted cost per test.

## Vaccinations

The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies providing the vaccines directly to patients on an age profile basis as determined by NIAC and NPHE. The programme has a full year budget allocation of €200m, the initial sanction for the programme was €200m which was notified by government decision of 23rd February 2021. The HSE applied to the DOH for additional sanction of €278m on 27th September 2021 to facilitate the continuation of the programme with additional cohorts being offered the vaccine. The programme is well underway with high levels of uptake in the relevant age cohorts.

- YTD expenditure on the COVID-19 vaccine rollout programme has been €363.1m, which includes costs in relation to the vaccines, mass centre centralised costs, GP fees and communication.

## Support Services

Table 8 – Support Services September YTD

September 2021 Support Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Health Business Services	593.3	437.1	444.4	(7.2)	-1.6%	(9.4)	2.1
Finance	67.4	33.2	42.3	(9.0)	-21.4%	0.4	(9.5)
Human Resources	62.7	55.2	44.6	10.7	23.9%	10.3	0.3
Board of the HSE & Office of the CEO	3.9	2.8	3.1	(0.3)	-9.4%	-	(0.3)
Strategic Transformation Office	9.7	6.6	4.1	2.4	58.6%	-	2.4
Legal Services	17.4	12.7	12.3	0.4	3.0%	1.7	(1.4)
Office of the COO & Office of the CSO	10.8	18.7	8.0	10.8	135.0%	7.5	3.3
Compliance	1.4	0.6	0.9	(0.4)	-39.4%	-	(0.4)
Communications	43.4	35.0	35.6	(0.6)	-1.8%	(0.4)	(0.2)
Audit	6.4	3.8	4.8	(1.0)	-21.0%	0.0	(1.0)
Health Repayment Scheme	0.5	0.0	0.4	(0.4)	-98.4%	-	(0.4)
Chief Information Officer	107.5	107.2	83.5	23.8	28.5%	15.5	8.3
Regional Services	273.1	0.7	177.6	(176.8)	-99.6%	(134.4)	(42.4)
<b>Support Services Total</b>	<b>1,197.4</b>	<b>713.6</b>	<b>861.4</b>	<b>(147.8)</b>	<b>-17.2%</b>	<b>(108.8)</b>	<b>(39.0)</b>

➤ **Health Business Services** has a YTD surplus of (€7.2m), primarily in COVID-19 related expenditure, which mainly relates to:

- Estates deficit of €31.6m due deficits on the vaccine rollout programme of €16.4m and Estates-COVID-19 costs of €15.2m. Included in the €15.2m deficit, there is a deficit on Citywest facility costs of €8.7m.
- During 2021, Citywest has been used as a vaccination centre, a testing centre, self-isolation facilities and a National Cyber Security Centre was set up there after the Cyber-attack. Acute initiatives used the field hospital/step down set up to administer out-patient services across circa. 15 different schemes including, but not limited to: Orthopaedic, Speech & Language, Rheumatology, Obstetrics, Neurology, Cardiac Rehab, Ophthalmology and mass immunisations for children/school going age eg. HPV /Tdap.
- Procurement surplus of (40.0m), which is mainly due to PPE and laboratory supplies budget profiled versus expenditure to date. This is a timing issue and not an actual saving, and will balance out as the year progresses and costs matched to budgets.

- **Finance** has a YTD surplus of (€9.0m), primarily in core related expenditure, which mainly relates to:
  - New developments and centrally held budgets profiled YTD September. This is a timing issue and not an actual saving. These surpluses are expected to reduce as costs matched to budgets.
- **Human Resources** has a YTD deficit of €10.7m, primarily in COVID-19 related expenditure, which mainly relates to:
  - Pay deficit of €7.9m in relation to Nurse on Call deficit of €9.1m.
  - Non Pay deficit of €2.8m, related to professional services in relation to the “winter plan” and the “centre review” projects.
  - Human Resources Division encompasses the following subdivisions: HR Shared Services, Workplace Health & Wellbeing, Corporate Employee Relations Services (CERS), Leadership Education and Talent Development, & National Director Functions plus some other small areas.
  - The HR divisions engage and support managers and staff – eg. recruitment, employee relations, workforce planning, education, training and development of staff. Currently, at the end of September 2021, there were 130,636 WTE directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.
- **Office of the COO and Office of the CSO** has a YTD deficit of €10.8m, of which €7.5m deficit has been categorised as directly attributable to COVID-19 expenditure and €3.3m deficit as attributable to core expenditure.
- Deficit of €7.5m in COVID-19 mainly relates to:
  - Professional services deficit of €6.8m due to professional fees for the following projects: One Government Project of €2.8m, HSE Integrated National Operations Hub (COVID-19 response) of €1.4m and supports to procurement, clinical, testing, contact tracing, ICT of €0.8m.
- Deficit of €3.3m in core mainly relates to:
  - Professional services deficit of €5.3m due to professional fees for the following projects: Scheduled Care Transformation Programme of €2.9m, Post Incident Review - Cyber Attack of €1.2m and Data Protection Policy of €0.4m.
  - Offsetting surpluses across other non-pay cost headings
- **Office of the Chief Information Officer** has a YTD deficit of €23.8m, of which €15.5m deficit has been categorised as directly attributable to COVID-19 expenditure and €8.3m deficit as attributable to core expenditure.
- Deficit of €15.5m in COVID-19 mainly relates to:
  - €9.4m of the COVID-19 deficit arises on the vaccine roll-out, with the main drivers being software charges and contract costs.
- Deficit of €8.3m in core mainly relates to:
  - Pay surplus of (€7.3m), mainly due to the timing of recruitment. E-Health recruitment targets have been further impacted by the ransomware attack.
  - Non Pay deficit of €15.4m, due to spend on applications support and maintenance due to the cyber-attack.
- The OoCIO manages all voice, video and data communications technologies and provides one central management point for all purchases of hardware, software, telecommunications, ICT developments and advisory services.
- The Office of the Chief Information Officer (OoCIO) is the office responsible for the delivery of technology to support and improve healthcare in Ireland.
- **Regional Services** has a YTD surplus of (€176.8m), primarily related to COVID-19 held funding not yet distributed, which is relating to costs that have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. This is only a timing issue rather than an actual saving.



## Demand Led Scheme

**Table 9 – Demand Led Services Areas September YTD**

September 2021 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Pensions	592.0	462.6	439.3	23.3	5.3%	-	23.3
State Claims Agency	410.0	314.5	307.5	7.0	2.3%	-	7.0
Primary Care Reimbursement Service	3,269.3	2,436.3	2,434.5	1.8	0.1%	140.5	(138.7)
Demand Led Local Schemes	271.9	211.7	203.6	8.1	4.0%	3.0	5.1
Treatment Abroad and Cross Border Directive	28.6	33.0	22.7	10.3	45.2%	-	10.3
EHIC (European Health Insurance Card)	10.5	6.3	7.0	(0.7)	-9.8%	-	(0.7)
<b>Pensions &amp; Demand Led Services Total</b>	<b>4,582.3</b>	<b>3,464.4</b>	<b>3,414.6</b>	<b>49.8</b>	<b>1.5%</b>	<b>143.5</b>	<b>(93.7)</b>

Expenditure in demand led areas such as Pensions, State Claims Agency, Primary Care Reimbursement Service and Treatment Abroad and Cross Border Directive is driven primarily by eligibility, legislation, policy, demographic and economic factors. Accordingly, it is not amenable to normal management controls in terms of seeking to limit costs to a specific budget limit given the statutory and policy basis for the various schemes. 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.

### Pensions

Pensions provided within the HSE and HSE-funded agencies (section 38) cannot readily be controlled in terms of financial performance and can be difficult to predict across the workforce given the lack of fully integrated systems and the variables involved in individual staff members' decisions as to when to retire. The HSE will continue to comply with the strict public sector wide requirement to ring-fence public pension related funding and costs and keep them separate from mainstream service costs. Pension costs and income are monitored carefully and reported on regularly.

As part of NSP2021 an additional €20.0m has been assigned to pensions.

- Pensions overall has a YTD deficit of €23.2m
  - Pension result shows a deficit of €22.8m due to an increase in accruals for outstanding lump sums (quarterly review)
  - Additional Superannuation Contribution (ASC) (previously known as Pension Levy) YTD result shows a deficit of €0.5m.
  - Neither of these should be extrapolated to determine a possible year end result
  - We have one budget/funds to cover the 4 key aspects of Pensions (Pension payments, Lump sums, Superannuation Income & ASC).
  - We move funds between all 4 as we progress through the year (and also between Statutory & Voluntary).

- Pension expenditure is volatile in nature but generally in an upward direction as we approach the end of the year. Costs naturally increase and income drops as the year progresses (due to loss of SA contributors).
- 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.
- The Cyber-attack has also impacted the processing of retirements. Lump sums though are up considerably on the numbers from 2020.
- Covid-19 delayed some retirements in 2020 and may do so again in 2021 as people volunteer to help in the effort to address the pandemic. It also accelerated some other retirements as people became exhausted from their efforts fighting the pandemic.
- Covid-19 also brings some increased pension related income from temporary workers where they pay Superannuation & ASC contributions. This is where we may have rehired some former staff.

### **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 had an allocated 2021 budget for this reimbursement of €410m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

- State Claims Agency has a YTD deficit of €7.0m, however there has been delays during the year in the number of cases processed by the courts services as a result of COVID-19.

### **Primary Care Reimbursement Service (PCRS)**

The 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, pharmacists and optometrists / ophthalmologists for the free services 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. PCRS also makes payments to suppliers and manufacturers of high tech drugs and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the NCCP and the National Hepatitis C Treatment Programme. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications. The schemes are operated by PCRS on the basis of legislation and/or government policy and direction provided by the DoH.

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.

- PCRS has a YTD deficit of €1.8m, of which €140.5m deficit has been categorised as directly attributable to COVID-19 expenditure and (€138.7m) surplus as attributable to core expenditure.
- Deficit of €140.5m in COVID-19, mainly due to Covid-19 Vaccination Programme of €73.3m, GP fees and allowances of €53.7m, GMS pharmacy drugs of €7.7m and GMS Pharmacy Fees of €4.3m. The impact of the COVID-19 has been counteracted by reduction in other services resulting from the emergency.

- Significant COVID-19 related costs have occurred with effect from mid-March 2020. The reported year to date costs include costs in respect of the GP support package of €63.6m (2020:122.2m) (primarily for respiratory clinics, COVID-19 telephone consultations, Non COVID-19 remote telephone consultation, increased out of hours), card eligibility extension costs, vaccinations 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 was due to expire in the months of March to August 2020 - the impact on expenditure will continue until the end of August 2021.
- The 2021 YTD spend of €73.3m (2020: - €nil) on COVID-19 Vaccination Programme is one of the key drivers in YoY spend variances. The spend of €73.3m relates to the costs of delivering over 2.4 million doses of COVID-19 vaccine through the G.Ps and Community Pharmacists.
- Surplus of (€138.7m) in core expenditure, mainly due to surpluses in GP fees and allowances of (€40.8m), High Tech arrangement general drugs/medicines (€19.7m), GMS pharmacy fees of (€18.8m), High Tech arrangement community drugs/medicines (€15.5m), Dental Treatment / Prescription Services of (€12.2m) and NDMS Hep C programme of (€7.9m).
- NDMS (National Drugs Management Scheme) arrangements spend has increased by approx. €30.0m year on year, primarily due to the approval of additional new drugs in 2021 in addition to full forecasted effect of 2018-2020 newly approved drugs ramping up to their Yr.2 – Yr.4 costs in oncology. The year on year number of patients dispensed to continue to rise in all key areas of spend.
- High Tech drug spend increased by approx. €20.0m year on year, due to new drugs in addition to full year effect of previous year's newly approved drugs. In addition, year on year number of patients dispensed to 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. Rheumatology (which includes gastroenterology and dermatology as they use the same drugs) has a YOY G gross increase of €32.3m and patient numbers has gone up by 12.7% on September 2020 levels.
- Drug payment scheme increase of €8.3m year on year, which is primarily due to the decrease in the threshold from €124 to €114 on 1st November 2020 and also the decrease in the number of persons eligible for a medical card.

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.

### **Demand Led Local Schemes**

The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures.

- YTD deficit of €8.1m, of which €5.1m has been categorised as being directly attributable to COVID-19 expenditure and €3.0m attributable to core service expenditure.
- Deficit of €3.0m in COVID-19 expenditure, mainly due to home therapy for immunodeficient patients, treatments now being provided in the home which would previously have been delivered in a hospital setting.
- Deficit of €5.1m in core expenditure, mainly due deficits in Hardship Medicine of €10.7m, Long Term illness of €4.0m and High Tech of €2.7m, with an offsetting surplus in Drug Refunds of (€13.0m).

### **Treatment Abroad Scheme and Cross Border Healthcare (TAS/CBD)**

The treatment abroad scheme provides for the referral of patients to another EU/EEA country or Switzerland for a treatment that is not available in Ireland, and is specific to very specialised treatments. The cross border directive 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. These schemes relate to the provision of clinically urgent care and treatment abroad. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

Access to the Treatment Abroad Scheme (TAS) for patients following the UK exit from the EU (Brexit) remains unchanged. The provisions of EU Regulation 883/2004 were mirrored in the Trade & Co-Operation Agreement concluded by the UK and the EU on 24th Dec 2020.

- YTD deficit of €10.2m, of which €10.4m has is attributable the Treatment Abroad Scheme and (0.2m) is attributable to the Cross Border Directive.
- Treatment Abroad Scheme (TAS) has a YTD deficit of €10.4m, which is mainly driven by:
  - The 2021 Full year budget was reduced by €29.2m
  - Due to COVID-19 travel restrictions, the number of visits undertaken by patients decreased in 2021 compared to previous years
  - However, there has been an increase in the number of patients accessing a high technology treatment CART-T which is particularly expensive. YTD September 2021, TAS funded 27 CART-T therapies at a cost of €5.6m.
  - Patients continue to access other high cost treatments e.g. Paediatric organ transplant, neonatal Extracorporeal membrane oxygenation (ECMO), Inpatient Eating disorder treatment, with CART-T, Bone Marrow Transplants/Stem Cell being the main cost drivers
- Cross Border Directive (CBD) has a YTD surplus of (0.2m), which is mainly driven by:
  - Due to COVID-19 travel restrictions and quarantine rules, the numbers of people who used the scheme and hence sought reimbursement was restricted, hence reimbursements decreased.
  - There has also been a reduction in ophthalmology and orthodontic claims but a significant increase in bariatric surgery reimbursement, which have a higher reimbursement value.
  - As the restrictions lift the use of the scheme will grow due to the increased waiting lists in Ireland
  - These figures include patients referred under the new Northern Ireland Planned Healthcare Scheme (NIPHS), the guidelines for which were provided to the HSE in April 2021. Northern Ireland is the destination of choice for patients. Without confirmation of the scheme until April 2021, there was minimal activity for the Jan-March period, as patients were unable to confirm reimbursement.

### **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 difficult to predict expenditure accurately.

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.

As a result of COVID-19, less international travel has taken place than was initially anticipated which is resulting in surpluses in the EHIC scheme.

- YTD surplus of (€0.7m). E125's and E127's received in YTD September from participating member states were higher than budgeted numbers by €0.4m. As a demand led cost this is open to significant variances month on month. There are minor offsetting surpluses across other cost headings of (€0.3m). Also, EHIC income received Sept YTD exceeded budgeted amounts by (€0.8m), however as a demand led revenue item, this is subject to significant variances month on month.

### **Conclusion**

The HSE is an organisation undergoing significant change as well as facing a significant challenge in terms of its response to the current COVID-19 pandemic. There are long-standing challenges in our services, some of which have been further impacted due to COVID-19. Ongoing improvements in efficiency and effectiveness are a normal part of any system and it is assumed that this is the case across the health system, albeit recognising the likely ongoing impact on capacity and capability for same due to the last year of responding to the ongoing pandemic.

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 to deliver this change, by addressing waiting times, shifting care from hospital to community, and improving financial

controls, whilst also operating within a COVID-19 environment for the foreseeable future.

The Corporate Plan was developed in 2020, setting out the key actions the HSE will take over the next three years to improve our health service and the health and wellbeing of people living in Ireland. The vision is for a healthier Ireland, with the right care, at the right time and in the right place. The approach taken is to prioritise a small number of large service transformations, which allow us to focus our efforts and resources to make demonstrable improvements to health service performance and delivery over the next three years. These transformations are consistent with Sláintecare, our 10-year vision to transform Ireland's health and social care services. In addition to these transformations, we will continue to make progress in many other key areas of service delivery, such as women's health and maternity care, which require our focus and commitment to improvement and are important to our patients and service users. We will also seek to accelerate the digitisation

of our health service to improve access, support process improvements, and drive value for money.

With the availability now of effective vaccines, we must continue to be mindful of, and to mitigate, the risk that COVID-19 poses to 'normal' healthcare activities. The on-going COVID-19 pandemic continues to bring uncertainty and complexity to the planning and delivery of services in 2021. Services have been reconfigured in response to the COVID-19 crisis and it is as yet unclear in some areas what the effect of COVID-19 will be on the overall capacity levels of HSE services going forward. The financial and service impact of the delta variant and the full impact of the 4<sup>th</sup> surge is still uncertain and is a key consideration for the remainder of 2021. This overall complexity will impact financial planning and reporting on financial performance for the remainder of 2021. The cyber-attack on the 14th May also had a profound impact on the delivery of services across the HSE and coupled with COVID-19 has put further pressure on our efforts to deliver new service developments.

# Human Resources

## Health Sector Workforce

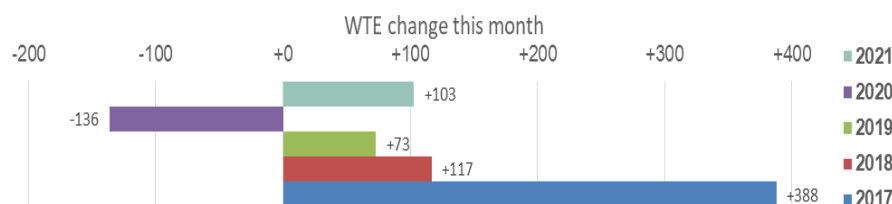
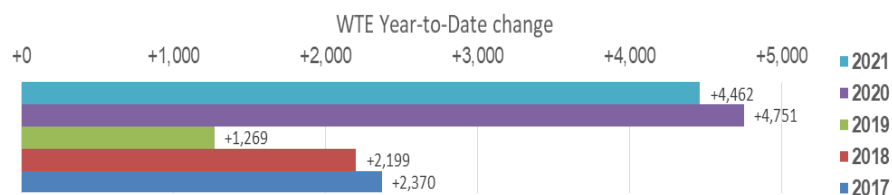
### Health Sector Workforce: September 2021

#### Headlines

Employment levels at the end of September 2021, show there were 130,636 WTE (equating to 150,115 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change this month is **+103 WTE** and **+4,462 WTE year-to-date**. The employment increase this month is consistent with recent years (the five year average is +109 WTE). This is the largest year-to September increase since the establishment of the HSE with the exception of 2020 (+4,751).
- The figures this month are likely impacted by the seasonal factors (lags due to set-up of pre-registration nursing & midwifery interns as staff nurses/ midwives and impacted by decreased hours by our workforce in areas such as Vaccination/ COVID-19 centres).

Of note growth in headcount numbers have increased by an additional **+379** (five year average +159) for September signalling the potential lagtime in this months data. In the absence of the significant current increased recruitment drive by the HSE, the impact would likely have been much greater given the current outturn for September and illustrates the unpredictability of the workforce shifts in the pandemic environment.



- This latest employment figure represents a **9.0% (+10,819 WTE)** increase over December 2019 (this figure *excludes* non-direct HSE employees *such as* externally contracted Contact Management Programme contact tracers and vaccination staff).
- Excluding Pre-registration Nursing & Midwifery interns* (majority of whom are on-boarded in January/ February each year) YTD growth is +3,988 (+3.2%) or **+10,455 (+8.7%)** increase over December 2019.

#### Key findings by Staff Category & Staff Group

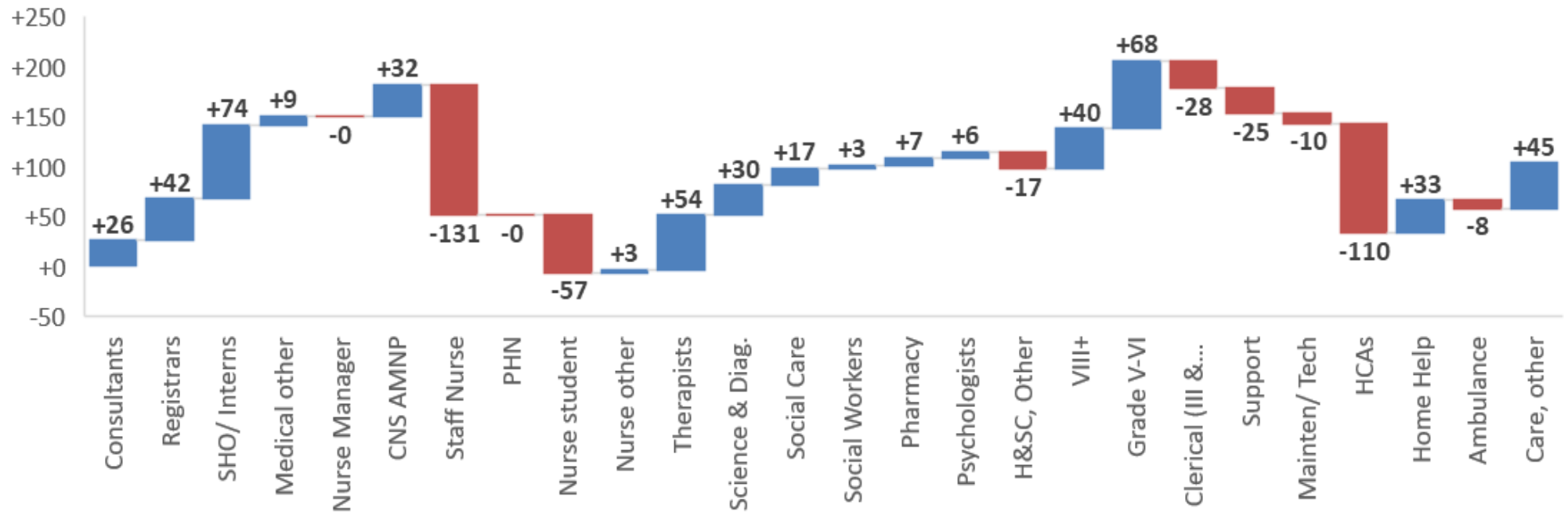
- The largest increase was in Medical & Dental (+150 WTE) of which 26 were consultants with 42 Registrars, 74 Senior House Officers (+76) / Interns (-2) and 9 other medical and dental staff.
- The second largest increase was in Health & Social Care Professionals +101 WTE with +54 Therapists (predominantly OT) and +30 Health Science/ Diagnostics (predominantly Radiographers); With the exception of H&SC other (-17), largely attributable to a -29 WTE fall in Vaccinators.
- Management & Administrative* also increased at **+81 WTE**; spread across Administrative/ Supervisory (V to VII) at **+68 WTE** and Management (VIII & above) at **+40 WTE**, whereas, Clerical (III & IV) fell **-28 WTE**.
- The largest decrease was in *Nursing & Midwifery* **-154 WTE** with the largest staff group impact in Staff Nurse/ Staff Midwife (**-131 WTE**). Conversely Nurse/ Midwife Manager and Public Health Nurses remained static overall (+0 WTE) and CNS/ ANP (+32 WTE). Notably pre-registration nursing and midwifery interns fell by -263 WTE, attributable to the completion of the internship period.
- Patient & Client Care fell overall **-40 WTE**; distributed as follows -110 WTE Health Care Assistants and -8 Ambulance staff. However, increases were seen in Home Help (+33 WTE) and Care other (+45 WTE, of which 35 were disability services workshop instructors).
- General Support also fell this month by **-35 WTE**
- Further details are shown in the charts & tables below.

## By Staff Group: September 2021

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Aug 2021	WTE Sep 2021	WTE change since Aug 2021	% change since Aug 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>130,533</b>	<b>130,636</b>	<b>+103</b>	<b>+0.079%</b>	<b>+4,462</b>	<b>+3.54%</b>	<b>+10,819</b>	<b>+9.03%</b>
<b>Medical &amp; Dental</b>	<b>10,857</b>	<b>11,762</b>	<b>11,866</b>	<b>12,017</b>	<b>+150</b>	<b>+1.27%</b>	<b>+255</b>	<b>+2.17%</b>	<b>+1,159</b>	<b>+10.68%</b>
Consultants	3,250	3,458	3,534	<b>3,560</b>	+26	+0.73%	+102	+2.94%	+310	+9.53%
Registrars	3,679	3,876	4,058	<b>4,100</b>	+42	+1.02%	+224	+5.77%	+420	+11.42%
SHO/ Interns	3,116	3,594	3,486	<b>3,560</b>	+74	+2.12%	-35	-0.97%	+443	+14.23%
Medical/ Dental, other	812	833	788	<b>798</b>	+9	+1.17%	-35	-4.26%	-14	-1.74%
<b>Nursing &amp; Midwifery</b>	<b>38,205</b>	<b>39,917</b>	<b>41,136</b>	<b>40,983</b>	<b>-154</b>	<b>-0.37%</b>	<b>+1,066</b>	<b>+2.67%</b>	<b>+2,778</b>	<b>+7.27%</b>
Nurse/ Midwife Manager	7,984	8,344	8,695	<b>8,694</b>	-0	+0.00%	+350	+4.20%	+710	+8.90%
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,396	<b>2,427</b>	+32	+1.32%	+129	+5.60%	+431	+21.59%
Staff Nurse/ Staff Midwife	25,693	26,763	27,203	<b>27,072</b>	-131	-0.48%	+309	+1.16%	+1,379	+5.37%
Public Health Nurse	1,537	1,557	1,527	<b>1,527</b>	-0	+0.00%	-30	-1.92%	-10	-0.64%
Nursing/ Midwifery Student	644	592	980	<b>922</b>	-57	-5.83%	+331	+55.90%	+278	+43.22%
Nursing/ Midwifery other	350	362	336	<b>339</b>	+3	+0.84%	-23	-6.39%	-11	-3.14%
<b>Health &amp; Social Care Professionals</b>	<b>16,774</b>	<b>17,807</b>	<b>18,513</b>	<b>18,614</b>	<b>+101</b>	<b>+0.54%</b>	<b>+807</b>	<b>+4.53%</b>	<b>+1,840</b>	<b>+10.97%</b>
Therapy Professions	5,234	5,565	5,717	<b>5,771</b>	+54	+0.95%	+206	+3.70%	+537	+10.26%
Health Science/ Diagnostics	4,500	4,731	4,864	<b>4,894</b>	+30	+0.62%	+164	+3.46%	+394	+8.75%
Social Care	2,710	2,909	3,033	<b>3,050</b>	+17	+0.55%	+141	+4.86%	+340	+12.55%
Social Workers	1,165	1,238	1,261	<b>1,265</b>	+3	+0.25%	+26	+2.11%	+100	+8.57%
Psychologists	1,004	1,066	1,073	<b>1,079</b>	+6	+0.56%	+13	+1.19%	+75	+7.46%
Pharmacy	1,038	1,164	1,243	<b>1,250</b>	+7	+0.56%	+86	+7.40%	+212	+20.42%
H&SC, Other	1,123	1,134	1,323	<b>1,306</b>	-17	-1.29%	+171	+15.09%	+183	+16.30%
<b>Management &amp; Administrative</b>	<b>18,846</b>	<b>19,829</b>	<b>21,118</b>	<b>21,198</b>	<b>+81</b>	<b>+0.38%</b>	<b>+1,370</b>	<b>+6.91%</b>	<b>+2,352</b>	<b>+12.48%</b>
Management (VIII & above)	1,842	1,969	2,080	<b>2,121</b>	+40	+1.95%	+152	+7.70%	+279	+15.15%
Administrative/ Supervisory (V to VII)	5,199	5,821	6,362	<b>6,430</b>	+68	+1.07%	+609	+10.47%	+1,231	+23.68%
Clerical (III & IV)	11,805	12,038	12,675	<b>12,647</b>	-28	-0.22%	+609	+5.06%	+842	+7.13%
<b>General Support</b>	<b>9,416</b>	<b>9,876</b>	<b>10,094</b>	<b>10,059</b>	<b>-35</b>	<b>-0.35%</b>	<b>+183</b>	<b>+1.86%</b>	<b>+643</b>	<b>+6.82%</b>
Support	8,234	8,676	8,895	<b>8,870</b>	-25	-0.28%	+194	+2.24%	+636	+7.72%
Maintenance/ Technical	1,182	1,200	1,198	<b>1,189</b>	-10	-0.81%	-11	-0.92%	+6	+0.55%
<b>Patient &amp; Client Care</b>	<b>25,719</b>	<b>26,985</b>	<b>27,806</b>	<b>27,766</b>	<b>-40</b>	<b>-0.14%</b>	<b>+781</b>	<b>+2.89%</b>	<b>+2,047</b>	<b>+7.96%</b>
Health Care Assistants	17,396	18,554	19,276	<b>19,166</b>	-110	-0.57%	+612	+3.30%	+1,770	+10.18%
Home Help	3,569	3,543	3,493	<b>3,526</b>	+33	+0.94%	-17	-0.48%	-43	-1.20%
Ambulance Staff	1,828	1,877	1,917	<b>1,909</b>	-8	-0.41%	+32	+1.72%	+82	+4.47%
Care, other	2,926	3,011	3,119	<b>3,164</b>	+45	+1.44%	+154	+5.10%	+238	+8.14%



### WTE Change this month



### Operations key findings this month

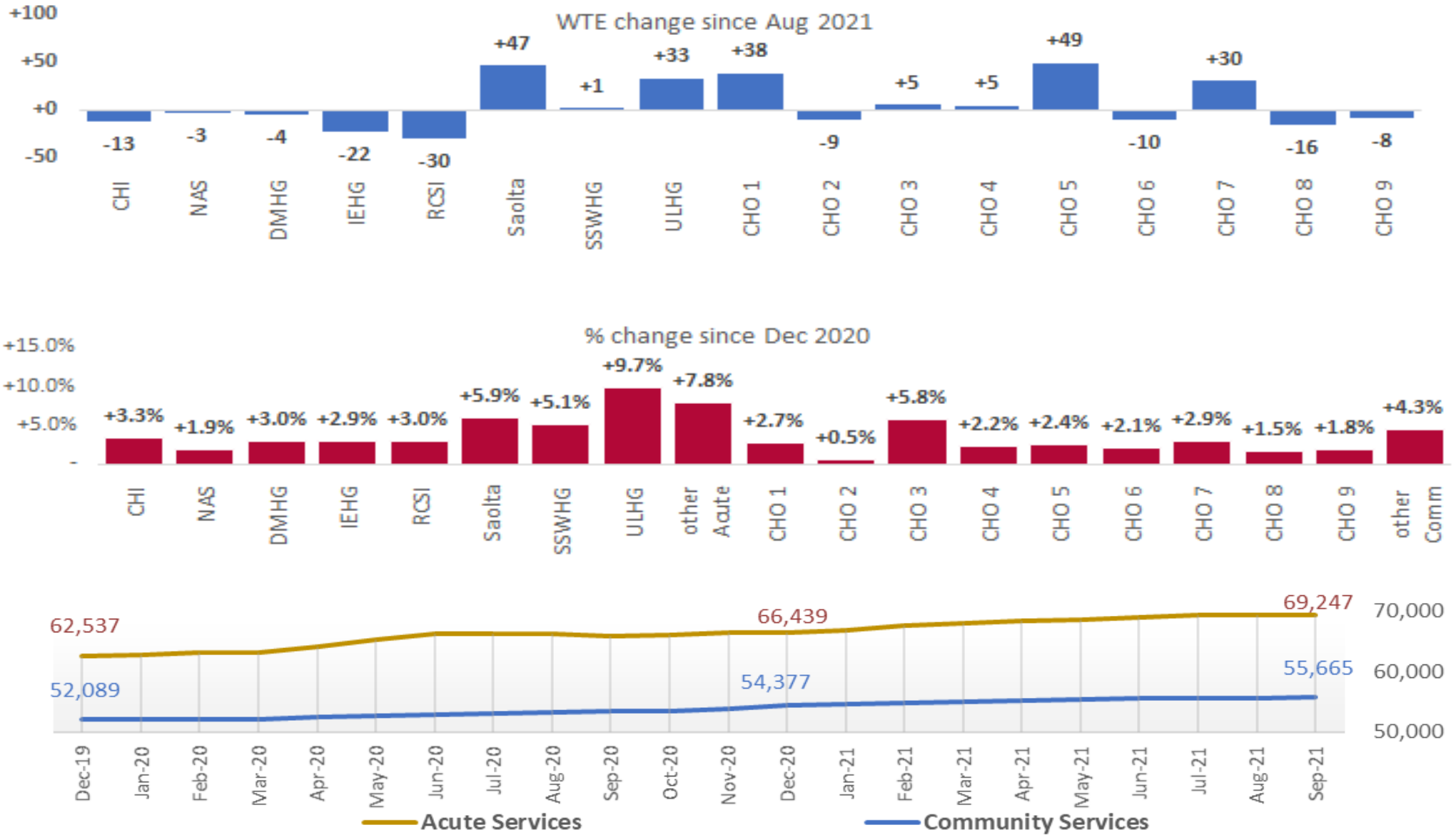
- Overall this period **Acute Services** is showing an increase of **+16 WTE** and **2,808 WTE YTD**.
- **Community Services** are showing an increase of **+79 WTE**, with **+1,289 WTE YTD**. On one hand Mental Health (-20 WTE) and CH&WB (-1 WTE) fell this month with Disabilities (+67 WTE), Primary Care (+20 WTE) and Older People (+14WTE) all showing growth.

Of note in Community Services is the impact of a +50 WTE increase in H&SCPs.

Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disability	Older People	Comm Services	H&WB, Corp. & National
Sep-21	130,636	+103	-3	+19	+16	-1	-20	+20	+67	+14	+79	+8
Aug-21	130,533	-2	-7	+51	+44	-1	-47	-73	+15	+42	-64	+19
Jul-21	130,536	+371	-5	+247	+243	+7	-42	+95	+9	+34	+103	+26
Jun-21	130,164	+696	+2	+526	+527	+3	-17	+79	+116	-53	+129	+40
May-21	129,468	+469	-4	+117	+113	+3	+17	+100	+93	+72	+285	+70
Apr-21	128,999	+717	-2	+429	+426	-1	+15	+55	+75	+67	+210	+80
Mar-21	128,283	+522	+10	+313	+322	+3	+22	+61	+56	+10	+151	+49
Feb-21	127,760	+1,071	+55	+800	+854	+7	+82	+137	+2	-52	+177	+40
Jan-21	126,689	+515	-8	+270	+262	+3	+65	+159	+37	-44	+220	+33
Dec-20	126,174	+666	-3	+125	+123	-4	+18	+374	+71	+87	+547	-3
Nov-20	125,508	+848	+11	+353	+364	+6	+18	+248	+182	-15	+440	+44
Oct-20	124,660	+92	+37	+59	+96	+5	-27	+101	+67	-167	-21	+17
Sep-20	124,568	-136	+1	-324	-323	+6	+38	+18	+125	-34	+153	+33
Aug-20	124,705	+215	-3	+19	+16	+3	+37	-15	+81	+71	+176	+22
Jul-20	124,490	+138	-13	-58	-71	-4	-52	+110	+37	+123	+214	-4
Jun-20	124,352	+1,264	-6	+999	+994	+1	+76	+35	+82	+72	+266	+4
May-20	123,088	+1,385	+15	+1,162	+1,177	+23	+32	+30	+42	+60	+187	+21
Apr-20	121,702	+1,234	+10	+892	+903	+0	+70	+109	-10	+103	+271	+60
Mar-20	120,469	+193	-9	+158	+149	-16	+3	+7	-17	+23	-0	+44
Feb-20	120,276	+331	+21	+215	+236	+3	+65	-12	+22	-2	+76	+19
2021 YTD		+4,462	+37	+2,771	+2,808	+24	+76	+632	+468	+89	+1,289	+366
1 Year		+6,068	+82	+3,308	+3,391	+31	+86	+1,355	+789	-6	+2,255	+423

- CHO 5 (+49 WTE), Saolta (+47 WTE), CHO 1 (+38) show the largest increases over this period.
- RCSI (-30 WTE), IEHG (-22 WTE) and CHO 8(-16 WTE) are all showing the larger decreases over the period.

The following charts show the WTE change in the latest month and since percentage change since December 2020 by Hospital Group & CHO:



The following charts & tables illustrate the major trends & movements since Dec 2019 across Acute and Community Services.

## By Service Delivery Area: September 2021

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Aug 2021	WTE Sep 2021	WTE change since Aug 2021	% change since Aug 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>130,533</b>	<b>130,636</b>	<b>+103</b>	<b>+0.079%</b>	<b>+4,462</b>	<b>+3.54%</b>	<b>+10,819</b>	<b>+9.03%</b>
National Ambulance Service	1,933	1,990	2,030	<b>2,027</b>	-3	-0.13%	+37	+1.88%	+94	+4.87%
Children's Health Ireland	3,602	3,762	3,897	<b>3,885</b>	-13	-0.32%	+123	+3.26%	+282	+7.84%
Dublin Midlands Hospital Group	10,819	11,288	11,626	<b>11,621</b>	-4	-0.04%	+334	+2.96%	+803	+7.42%
Ireland East Hospital Group	12,045	12,923	13,319	<b>13,297</b>	-22	-0.16%	+374	+2.89%	+1,252	+10.40%
RCSI Hospitals Group	9,663	10,197	10,530	<b>10,500</b>	-30	-0.29%	+303	+2.97%	+837	+8.66%
Saolta University Hospital Care	9,253	9,829	10,357	<b>10,404</b>	+47	+0.45%	+575	+5.85%	+1,151	+12.43%
South/South West Hospital Group	10,527	11,288	11,862	<b>11,863</b>	+1	+0.01%	+575	+5.10%	+1,336	+12.69%
University of Limerick Hospital Group	4,146	4,506	4,909	<b>4,943</b>	+33	+0.68%	+436	+9.68%	+796	+19.20%
other Acute Services	548	655	700	<b>707</b>	+7	+0.94%	+51	+7.84%	+158	+28.89%
<b>Acute Services</b>	<b>62,537</b>	<b>66,439</b>	<b>69,231</b>	<b>69,247</b>	<b>+16</b>	<b>+0.02%</b>	<b>+2,808</b>	<b>+4.23%</b>	<b>+6,710</b>	<b>+10.73%</b>
CHO 1	5,468	5,755	5,870	<b>5,908</b>	+38	+0.65%	+153	+2.66%	+440	+8.04%
CHO 2	5,545	5,690	5,726	<b>5,717</b>	-9	-0.16%	+27	+0.47%	+172	+3.10%
CHO 3	4,357	4,610	4,870	<b>4,875</b>	+5	+0.11%	+265	+5.76%	+518	+11.90%
CHO 4	8,189	8,602	8,784	<b>8,789</b>	+5	+0.05%	+187	+2.18%	+600	+7.33%
CHO 5	5,282	5,477	5,560	<b>5,609</b>	+49	+0.89%	+133	+2.42%	+328	+6.20%
CHO 6	3,378	3,465	3,548	<b>3,539</b>	-10	-0.27%	+73	+2.11%	+160	+4.75%
CHO 7	6,515	6,783	6,949	<b>6,979</b>	+30	+0.44%	+196	+2.89%	+464	+7.13%
CHO 8	6,135	6,337	6,450	<b>6,434</b>	-16	-0.25%	+97	+1.54%	+299	+4.87%
CHO 9	6,582	6,950	7,085	<b>7,076</b>	-8	-0.12%	+127	+1.82%	+494	+7.50%
other Community Services	638	709	745	<b>740</b>	-5	-0.66%	+31	+4.33%	+102	+15.93%
<b>Community Services</b>	<b>52,089</b>	<b>54,377</b>	<b>55,586</b>	<b>55,665</b>	<b>+79</b>	<b>+0.14%</b>	<b>+1,289</b>	<b>+2.37%</b>	<b>+3,577</b>	<b>+6.87%</b>
Health & Wellbeing	<b>574</b>	<b>511</b>	<b>621</b>	<b>627</b>	<b>+6</b>	<b>+0.96%</b>	<b>+116</b>	<b>+22.63%</b>	<b>+54</b>	<b>+9.35%</b>
Corporate	<b>3,035</b>	<b>3,216</b>	<b>3,722</b>	<b>3,739</b>	<b>+18</b>	<b>+0.47%</b>	<b>+524</b>	<b>+16.28%</b>	<b>+704</b>	<b>+23.20%</b>
Health Business Services	<b>1,583</b>	<b>1,631</b>	<b>1,373</b>	<b>1,358</b>	<b>-16</b>	<b>-1.14%</b>	<b>-274</b>	<b>-16.78%</b>	<b>-225</b>	<b>-14.23%</b>
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,191</b>	<b>5,358</b>	<b>5,716</b>	<b>5,724</b>	<b>+8</b>	<b>+0.14%</b>	<b>+366</b>	<b>+6.82%</b>	<b>+533</b>	<b>+10.26%</b>

## By Division/ Care Group: September 2021

Division/ Care Group	WTE Dec 2019	WTE Dec 2020	WTE Aug 2021	WTE Sep 2021	WTE chance since Aug 2021	% chance since Aug 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>130,533</b>	<b>130,636</b>	<b>+103</b>	<b>+0.079%</b>	<b>+4,462</b>	<b>+3.54%</b>	<b>+10,819</b>	<b>+9.03%</b>
Ambulance Services	1,933	1,990	2,030	<b>2,027</b>	-3	-0.13%	+37	+1.88%	+94	+4.87%
Acute Hospital Services	60,604	64,449	67,201	<b>67,220</b>	+19	+0.03%	+2,771	+4.30%	+6,616	+10.92%
<b>Acute Services</b>	<b>62,537</b>	<b>66,439</b>	<b>69,231</b>	<b>69,247</b>	<b>+16</b>	<b>+0.02%</b>	<b>+2,808</b>	<b>+4.23%</b>	<b>+6,710</b>	<b>+10.73%</b>
Community Health & Wellbeing		144	168	<b>167</b>	-1	-0.64%	+24	+16.39%	+167	-100.00%
Mental Health	9,954	10,301	10,397	<b>10,377</b>	-20	-0.19%	+76	+0.73%	+423	+4.25%
Primary Care	10,599	11,572	12,185	<b>12,205</b>	+20	+0.16%	+632	+5.46%	+1,605	+15.15%
Disabilities	18,303	18,944	19,346	<b>19,413</b>	+67	+0.34%	+468	+2.47%	+1,110	+6.07%
Older People	13,233	13,415	13,490	<b>13,504</b>	+14	+0.10%	+89	+0.66%	+271	+2.05%
<b>Community Services</b>	<b>52,089</b>	<b>54,377</b>	<b>55,586</b>	<b>55,665</b>	<b>+79</b>	<b>+0.14%</b>	<b>+1,289</b>	<b>+2.37%</b>	<b>+3,577</b>	<b>+6.87%</b>
Health & Well-being	574	511	621	<b>627</b>	+6	+0.96%	+116	+22.63%	+54	+9.35%
Corporate Functions	3,035	3,216	3,722	<b>3,739</b>	+18	+0.47%	+524	+16.28%	+704	+23.20%
Health Business Service	1,583	1,631	1,373	<b>1,358</b>	-16	-1.14%	-274	-16.78%	-225	-14.23%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,191</b>	<b>5,358</b>	<b>5,716</b>	<b>5,724</b>	<b>+8</b>	<b>+0.14%</b>	<b>+366</b>	<b>+6.82%</b>	<b>+533</b>	<b>+10.26%</b>

## Health Service Absence Rates: September 2021

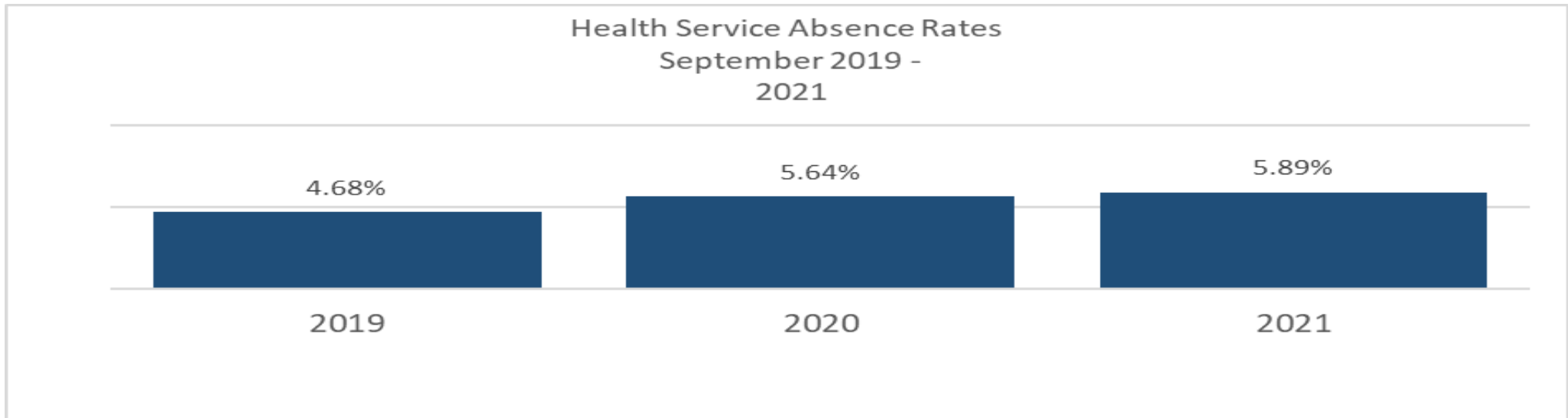
This report provides the overview of the reported National Health Sector Absence Rates for September 2021.

The reported absence rate for September 2021 stands at **5.9%**. This is a marginal increase on the previous month, reported at **5.8%**. Notwithstanding the fact that the overall absence rate continues to be impacted by COVID-19 related absence, this month's impact is consistent with that reported in August 2021, at **5.8%**. Excluding COVID-19 absence, this month's absence rate is **4.8%** which is **0.1%** higher than the rate reported last month. The same reported month in 2020 was 5.6% including COVID-19.

These figures are reflected in the attached National Absence Report.

Benchmark Target	Aug-21	Certified Absence September 2021	Self-Certified Absence September 2021	COVID-19 September 2021	September-21	Full Year 2020	Year to date 2021
3.5%	5.8%	4.3%	0.5%	1.1%	5.9%	6.1%	5.7%

Note: COVID-19 will only apply when an employee is advised to self-isolate **and** is displaying symptoms of COVID-19, or had a positive test. All agencies with the exception of the Mater Hospital provided a national absence return for September.



### Latest monthly figures (September 2021)

September 2021 absence rate stands at 5.9% of which 4.3% is certified, 0.5% Self-Certified with **1.1%** (or 18.4% of all absence) relating to **COVID-19**.

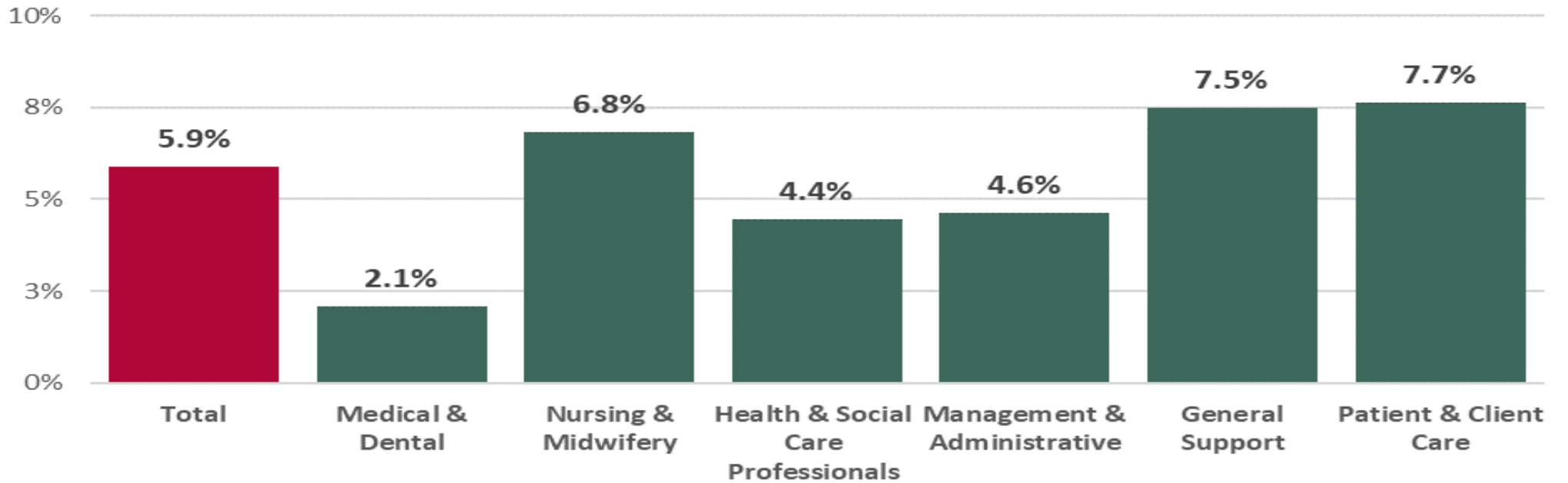
- **Excluding** COVID-19 related absence, the September 2021 absence rate of 4.8% is marginally higher than in previous years'. This *excludes* September 2020, due to the outbreak of COVID-19 in September 2020, and the lag-time in reporting absence excluding COVID-19. Based on 2019 data, this months' data is showing a 0.1% increase i.e. 4.4% (2017), 4.5% (2018) 4.7% (2019).
- For **Acute Services** the absence rate is 6% of which 1.2% (19.8% of the total) is COVID-19 related. **Community Services** stands at 6.1% of which 1% (17.1% of the total) is also COVID-19 related. **Health & Wellbeing, Corporate & National Services** rate is 3.6% of which 0.4% (12.5% of the total) is COVID-19 related. Details are as follows:

Health Service Absence Rate - by Care Group: Sep 2021	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>4.3%</b>	<b>0.5%</b>	<b>4.8%</b>	<b>1.1%</b>	<b>5.9%</b>	<b>81.6%</b>	<b>18.4%</b>
Ambulance Services	6.2%	0.6%	6.9%	1.4%	8.2%	83.6%	16.4%
Acute Hospital Services	4.1%	0.6%	4.7%	1.2%	5.9%	80.0%	20.0%
<b>Acute Services</b>	<b>4.2%</b>	<b>0.6%</b>	<b>4.8%</b>	<b>1.2%</b>	<b>6.0%</b>	<b>80.2%</b>	<b>19.8%</b>
Community Health & Wellbeing	2.8%	0.1%	2.9%	1.3%	4.2%	69.7%	30.3%
Mental Health	4.1%	0.4%	4.5%	1.0%	5.5%	81.5%	18.5%
Primary Care	4.1%	0.3%	4.4%	0.7%	5.2%	86.0%	14.0%
Disabilities	4.6%	0.5%	5.1%	1.0%	6.1%	84.1%	15.9%
Older People	5.7%	0.5%	6.2%	1.6%	7.8%	79.9%	20.1%
<b>Community Services</b>	<b>4.6%</b>	<b>0.4%</b>	<b>5.0%</b>	<b>1.0%</b>	<b>6.1%</b>	<b>82.9%</b>	<b>17.1%</b>
Health & Wellbeing	3.7%	0.2%	3.9%	0.7%	4.6%	85.6%	14.4%
Corporate	3.0%	0.2%	3.2%	0.4%	3.6%	88.1%	11.9%
Health Business Services	2.3%	0.2%	2.5%	0.4%	2.9%	85.9%	14.1%
<b>HWB, Corporate &amp; National</b>	<b>2.9%</b>	<b>0.2%</b>	<b>3.1%</b>	<b>0.4%</b>	<b>3.6%</b>	<b>87.5%</b>	<b>12.5%</b>

- At **Staff Category** Patient & Client Care reports the **highest** total absence rate at 7.7% followed by General Support (7.5 %) and Nursing and Midwifery (6.8 %). Notably, these increases are impacted by COVID-19, with 19.4% of all absence related to COVID-19 in in General Support, 18.7% in Nursing and Midwifery and 17% in Patient & Client Care. Medical and Dental reported the **lowest** absence rate at 2.1% in September, however reported the highest COVID-19 related absence, at 25.5%. Details as follows:

Health Service Absence Rate - by Staff Category: Sep 2021	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>4.3%</b>	<b>0.5%</b>	<b>4.8%</b>	<b>1.1%</b>	<b>5.9%</b>	<b>81.6%</b>	<b>18.4%</b>
Medical & Dental	1.4%	0.2%	1.6%	0.5%	2.1%	74.5%	25.5%
Nursing & Midwifery	4.8%	0.8%	5.6%	1.3%	6.8%	81.3%	18.7%
Health & Social Care Professionals	3.2%	0.4%	3.6%	0.9%	4.4%	80.1%	19.9%
Management & Administrative	3.6%	0.3%	3.9%	0.8%	4.6%	83.7%	16.3%
General Support	5.5%	0.5%	6.0%	1.5%	7.5%	80.6%	19.4%
Patient & Client Care	5.7%	0.6%	6.4%	1.3%	7.7%	83.0%	17.0%

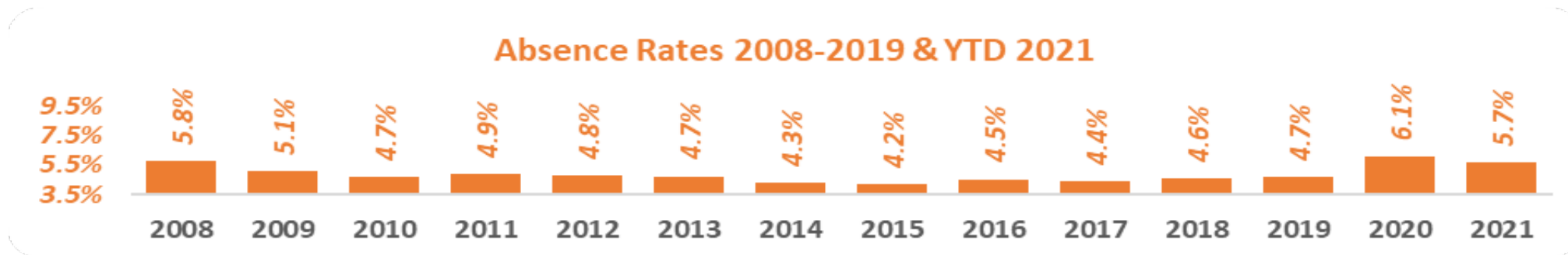
Total absence rate



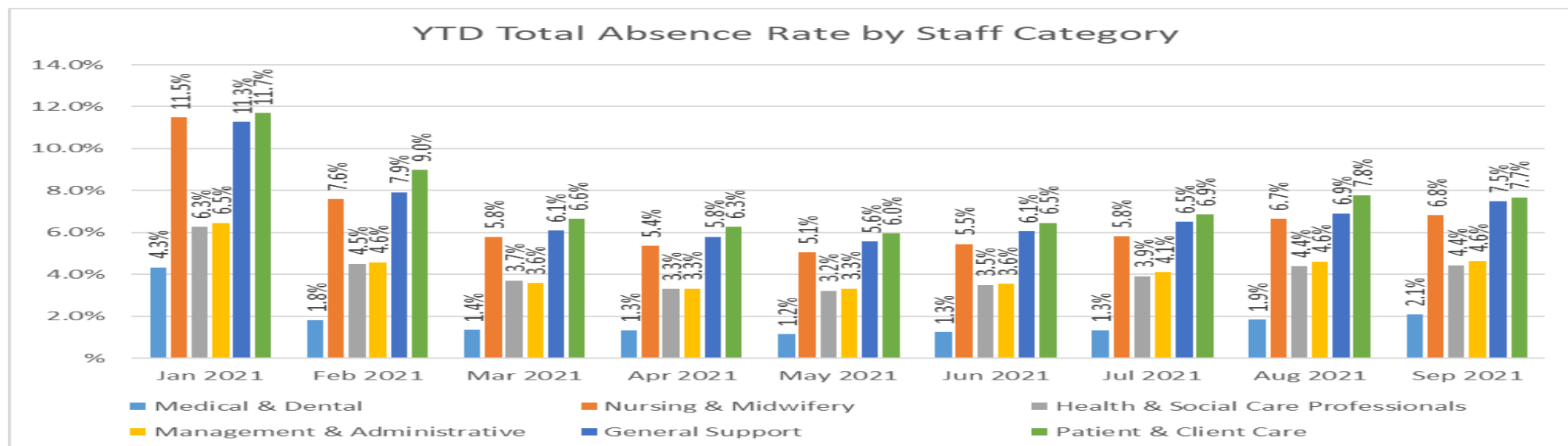


## Year-to-date & trends 2008 – 2021

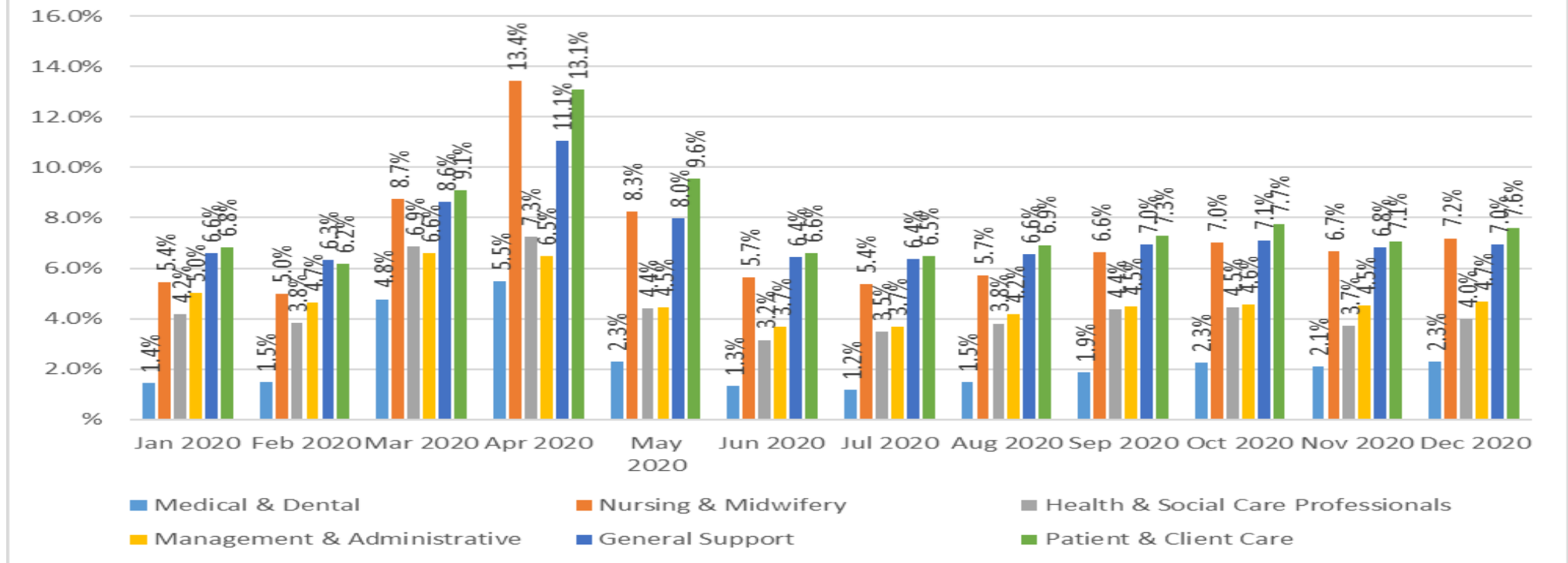
The year to date 2021 figure of 5.7% has also been significantly impacted by COVID-19 related absence with 1.5% of the 2021 absence rate (or 25.7% of all 2021 absence) already accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence both in 2020 and 2021.



When compared with previous years, the 2021 Year to Date figure appears higher with the exception of 2020 and 2008. However, this as noted above, is impacted by COVID-19 related absence, accounting for 1.5% of all absence in 2021. On a like for like basis, **excluding** COVID-19 absence impact, the comparison is 4.2% in 2021 compared to 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2021 is lower than that reported in 2020.



## 2020 Total Absence Rate by Staff Category



- 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

## European Working Time Directive (EWTB)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98.0%	84.4%
Mental Health Services	98.6%	90.2%
Other Agencies	100%	96.8%

# 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 20/21	—————
Month 19/20	—————

### 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	KPI Title	Data Coverage Issues
System Wide	Complaints investigated within 30 working days	Data gaps HG: Data unavailable at time of this Q2 report: Midland Regional Hospital Mullingar Royal Victoria Eye & Ear Hospital South Infirmary Victoria University Hospital Roscommon University Hospital Portiuncula University Hospital Sligo University Hospital CHI at Crumlin Incomplete data available for Mayo University Hospital and University Hospital Kerry at the time of this report Factors affecting availability are staffing issues and/or backlog created by system disruption.
Primary Care	Occupational Therapy % of new Occupational Therapy patients seen for assessment within 12 weeks % of Occupational Therapy patients on waiting list for assessment ≤ 52 weeks No of Occupational Therapy patients seen	Non Return (May, Jun, Jul, Aug, Sep) CHO2 (Roscommon) Non Return (May, Jun, Jul, Aug, Sep) CHO8 (Louth)
Primary Care	Speech & Language Therapy % of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks % of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks No of speech and language therapy patients seen	Non Return (Sep), CHO1 (Cavan/Monaghan) Non Return (May, Jun, Jul) CHO8 (Louth) Non Return (May, Jun, Jul, Aug) 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 (May, Jun) CHO1 (Donegal) Non Return (Sep) CHO7 (Dublin West) Non Return (May, Jun, Jul) CHO8 (Louth)
Primary Care	Podiatry % of podiatry 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	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East, Wicklow), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO9 (Dublin North West, Dublin North Central) Non Return (Sept) CHO4 (West Cork)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks.	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Dublin South East, Wicklow), CHO7 (Dublin South

Service Area	KPI Title	Data Coverage Issues
	% of Audiology patients on the waiting list for treatment < 52 weeks. No of Audiology patients seen	City, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North) Non Return (Sep) CHO 7 (Dublin South West, Kildare West Wicklow)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 52 weeks % of dietetic patients on waiting list for treatment ≤ 12 weeks No. of Dietetic patients seen	Non Return (May, Jun, Jul, Aug, Sep) CHO2 (Galway) Non Return (Apr, May, Jun, Jul, Aug, Sep) CHO7 (Dublin 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	No Service CHO 4 (South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin South West, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath) CHO9 (Dublin North, Dublin North West) Non Return (May, Jun, Jul, Aug, Sep) CHO1 (Cavan Monaghan) Non Return (May, Jun, Jul, Sep) CHO8 (Louth)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Aug) CHO1 (Cavan/Monaghan) Non Return (Mar, Apr, May, Jun, Jul, Aug) CHO1 (Donegal) Non Return (Jan, May, Jun) CHO5 (South Tipperary) Non Return (Apr, May, Jun, Jul, Aug) CHO6 (Dun Laoghaire) Non Return (Apr, May, Jun, Jul, Aug) CHO7 (Kildare West Wicklow) Non Return (Apr, May, Jun, Jul, Aug) CHO8 (Laois Offaly)
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire) Non return (May, Jun) CHO4 (West Cork) Non return (May, Jun, Jul, Aug, Sep) CHO8 (Louth, Meath)
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) CHO1 (Cavan Monaghan) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) CHO1 (Donegal) Non Return (Jan, Feb) CHO2 (Galway) Non Return (Jan) CHO5 (Carlow Kilkenny) Non Return (May) CHO6 (Wicklow) Non Return (Sep) CHO6 (Dun Laoghaire) Non Return (Apr, May, Jun, Jul, Aug) CHO7 (Kildare West Wicklow) Non Return (Apr, May, Jun, Jul, Aug) CHO8 (Laois Offaly)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Non Return CHO1 (Q1, Q2, Q3) (Cavan Monaghan, Donegal) Non Return CHO6 (Q1, Q2, Q3) (Dun Laoghaire) Non Return CHO7 (Q2, Q3) (Kildare West Wicklow) Non Return CHO8 (Q2, Q3) (Laois Offaly)

Service Area	KPI Title	Data Coverage Issues
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q1, Q2 CHO1 (Donegal) Non Return Q1, Q2 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q1, Q2 CHO1 (Donegal) Non Return Q1, Q2 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019/2020 – CHO1 (Donegal) Non Return 2021 (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) - CHO1 (Donegal) Non Return (Sep) CHO 2 (Galway, Mayo) Non Return (May, Jun, Jul, Aug, Sept) CHO 7 (Kildare/West Wicklow)  No Service in CHO5 CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	Non Return for 2019/2020 – CHO1 (Donegal) Non Return 2021 (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) - CHO1 (Donegal) Non Return (Sep) CHO 2 (Galway, Mayo) Non Return (May, Jun, Jul, Aug, Sept) CHO 7 (Kildare/West Wicklow)  No Service in CHO5 CHO8
Palliative Care	Access to specialist palliative care services in the community provided within seven days (normal place of residence)	Non Return CHO 2 (Sep) (Galway, Mayo) Non Return CHO 5 (Sep) (Carlow/Kilkenny) Non Return CHO 6 (May, Jun, Jul, Aug, Sep) (Wicklow)
Palliative Care	% of patients triaged within one working day of referral (Community)	Non Return CHO 2 (Sep) (Galway, Mayo) Non Return CHO 5 (Sep) (Carlow/Kilkenny) Non Return CHO 6 (May, Jun, Jul, Aug, Sep) (Wicklow)
Palliative Care	No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Non Return CHO 2 (Sep) (Galway, Mayo) Non Return CHO 5 (Sep) (Carlow/Kilkenny) Non Return CHO 6 (May, Jun, Jul, Aug, Sep) (Wicklow)
Mental Health General Adult	Number of referrals received	CHO 2 GR4 Tuam-Loughrea September CHO 2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug) Non Return CHO 3 Clare South (May) Non Return CHO 3 Clare West (May, Jun) Non Return

Service Area	KPI Title	Data Coverage Issues
		<p>CHO 3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 3 Limerick Sector B (May) Non Return</p> <p>CHO 3 Limerick Sector C (May) Non Return</p> <p>CHO 3 Limerick Sector D (May, Jun, Jul, Aug) Non Return</p> <p>CHO 3 Nenagh (Mar, Jul) Non Return</p> <p>CHO 4 Bishopstown/Ballincollig (May, Jun) Non Return</p> <p>CHO 4 City South East (May, Jun) Non Return</p> <p>CHO 4 City South West (May, Jun) Non Return</p> <p>CHO 4 Douglas/Carrigaline (May, Jun) Non Return</p> <p>CHO 4 Tralee (Feb) Non Return</p> <p>CHO 4 Carlow North (May)</p> <p>CHO 5 Kilkenny East (Jul) Non Return</p> <p>CHO 5 Kilkenny North (Jun) Non Return</p> <p>CHO 5 Kilkenny West (Jun, Aug) Non Return</p> <p>CHO 5 South Kilkenny (Jan, April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 5 South Tipperary (Jan) Non Return</p> <p>CHO 5 Wexford North (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 5 Wexford South (April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 6 Glenmalure A (April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 7 Ballyfermot (May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 8 North Louth (May, Jun, Jul) Non Return</p> <p>CHO 8 South Louth (May, Jun, Jul) Non Return</p> <p>CHO 8 South Louth East Meath (May, Jun, Jul) Non Return</p> <p>CHO 9 Blanchardstown East Team 2 (Jun, Jul, Aug, Sep) Non Return</p>
Mental Health General Adult	Number of referrals seen	<p>Number of referrals received CHO 2 GR4 Tuam-Loughrea September</p> <p>CHO 2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug) Non Return</p> <p>CHO 3 Clare South (May) Non Return</p> <p>CHO 3 Clare West (May, Jun) Non Return</p> <p>CHO 3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return</p> <p>CHO 3 Limerick Sector B (May) Non Return</p>



Service Area	KPI Title	Data Coverage Issues
		CHO 3 Limerick Sector C (May) Non Return CHO 3 Limerick Sector D (May, Jun, Jul, Aug) Non Return CHO 3 Nenagh (Mar, Jul) Non Return CHO 4 Bishopstown/Ballincollig (May, Jun) Non Return CHO 4 City South East (May, Jun) Non Return CHO 4 City South West (May, Jun) Non Return CHO 4 Douglas/Carrigaline (May, Jun) Non Return CHO 4 Tralee (Feb) Non Return CHO 4 Carlow North (May) CHO 5 Kilkenny East (Jul) Non Return CHO 5 Kilkenny North (Jun) Non Return CHO 5 Kilkenny West (Jun, Aug) Non Return CHO 5 South Kilkenny (Jan, April, May, Jun, Jul, Aug, Sep) Non Return CHO 5 South Tipperary (Jan) Non Return CHO 5 Wexford North (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return CHO 5 Wexford South (April, May, Jun, Jul, Aug, Sep) Non Return CHO 6 Glenmalure A (April, May, Jun, Jul, Aug, Sep) Non Return CHO 7 Ballyfermot (May, Jun, Jul, Aug, Sep) Non Return CHO 8 North Louth (May, Jun, Jul) Non Return CHO 8 South Louth (May, Jun, Jul) Non Return CHO 8 South Louth East Meath (May, Jun, Jul) Non Return CHO 9 Blanchardstown East Team 2 (Jun, Jul, Aug, Sep) Non Return
Mental Health General Adult	% seen within 12 weeks	Number of referrals received CHO 2 GR4 Tuam-Loughrea September CHO 2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug) Non Return CHO 3 Clare South (May) Non Return CHO 3 Clare West (May, Jun) Non Return CHO 3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return CHO 3 Limerick Sector B (May) Non Return CHO 3 Limerick Sector C (May) Non Return CHO 3 Limerick Sector D (May, Jun, Jul, Aug) Non Return CHO 3 Nenagh (Mar, Jul) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO 4 Bishopstown/Ballincollig (May, Jun) Non Return CHO 4 City South East (May, Jun) Non Return CHO 4 City South West (May, Jun) Non Return CHO 4 Douglas/Carrigaline (May, Jun) Non Return CHO 4 Tralee (Feb) Non Return CHO 4 Carlow North (May) CHO 5 Kilkenny East (Jul) Non Return CHO 5 Kilkenny North (Jun) Non Return CHO 5 Kilkenny West (Jun, Aug) Non Return CHO 5 South Kilkenny (Jan, April, May, Jun, Jul, Aug, Sep) Non Return CHO 5 South Tipperary (Jan) Non Return CHO 5 Wexford North (Feb, Mar, April, May, Jun, Jul, Aug, Sep) Non Return CHO 5 Wexford South (April, May, Jun, Jul, Aug, Sep) Non Return CHO 6 Glenmalure A (April, May, Jun, Jul, Aug, Sep) Non Return CHO 7 Ballyfermot (May, Jun, Jul, Aug, Sep) Non Return CHO 8 North Louth (May, Jun, Jul) Non Return CHO 8 South Louth (May, Jun, Jul) Non Return CHO 8 South Louth East Meath (May, Jun, Jul) Non Return CHO 9 Blanchardstown East Team 2 (Jun, Jul, Aug, Sep) Non Return
Psychiatry of Later Life	Number of referrals received	CHO 1 Cavan Monaghan (May) Non Return CHO 1 Donegal (Sep) Non Return CHO 2 Roscommon/North Galway POLL (Sep) Non Return CHO 4 Old Age South Lee (Jun) Non return CHO 5 Carlow Kilkenny (May, Jun, Jul) Non Return CHO 5 Dun Laoghaire (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) Non Return YTD CHO 7 Dublin South City POA (Apr, May, Jun, Jul, Aug, Sep) Non Return CHO 8 Louth-Meath POA (May, Jun, Jul, Aug) Non Return CHO 8 Meath (May, Jun, Jul, Aug, Sep)
Psychiatry of Later Life	Number of referrals seen	CHO 1 Cavan Monaghan (May) Non Return CHO 1 Donegal (Sep) Non Return CHO 2 Roscommon/North Galway POLL (Sep) Non Return CHO 4 Old Age South Lee (Jun) Non return

Service Area	KPI Title	Data Coverage Issues
		CHO 5 Carlow Kilkenny (May, Jun, Jul) Non Return CHO 5 Dun Laoghaire (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) Non Return YTD CHO 7 Dublin South City POA (Apr, May, Jun, Jul, Aug, Sep) Non Return CHO 8 Louth-Meath POA (May, Jun, Jul, Aug) Non Return CHO 8 Meath (May, Jun, Jul, Aug, Sep)
Psychiatry of Later Life	% seen within 12 weeks	CHO 1 Cavan Monaghan (May) Non Return CHO 1 Donegal (Sep) Non Return CHO 2 Roscommon/North Galway POLL (Sep) Non Return CHO 4 Old Age South Lee (Jun) Non return CHO 5 Carlow Kilkenny (May, Jun, Jul) Non Return CHO 5 Dun Laoghaire (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep) Non Return YTD CHO 7 Dublin South City POA (Apr, May, Jun, Jul, Aug, Sep) Non Return CHO 8 Louth-Meath POA (May, Jun, Jul, Aug) Non Return CHO 8 Meath (May, Jun, Jul, Aug, Sep)
Mental Health CAMHS	CAMHs waiting list	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return
Mental Health CAMHS	No of referrals received	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return
Mental Health CAMHS	Number of new seen	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 1 Donegal South Team (Sep) CHO 4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO 8 Offaly (Sep) Non Return

Service Area	KPI Title	Data Coverage Issues
Mental Health CAMHS	% 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 MH57	CHO 5 CHO 5 made a return but all entries were 0 resulting in a blank return
Disability Services	Number of Children's Disability Networks established	NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata.
Disability Services	Number of Children's Disability Networks established	At the start of the year CHO 4 had a full year target of 15 and reached the target in January 21. In September they reduced their total number of networks by 1 to 14. The January figure was amended to 14. CHO 3 had a full year target of 6, in September they increased their total number of networks by 1 to 7. The overall national total remains as 91. The September in month figure displays activity of 1 which is the increase for CHO 3 but overall the activity year to date remains at 85. Targets not amended on TD/QV as this will conflict with previous months Performance Reports. Full year targets left as original targets, changed ytd targets to show amendments.
Older Persons	<b>Home Support</b> No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs)) No of people in receipt of Home Support (excluding provision from Intensive Home Care Packages (IHCPs))- each person counted once only Number of clients assessed and waiting for funding for the provision of Home Support	Non Return September CHO8 (Laois/Offaly)
Older Persons	<b>Intensive Home Care Packages</b> Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	Non Return September CHO8 (Laois/Offaly)
Population Health & Wellbeing	<b>Immunisation &amp; Vaccines</b> % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)  % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Return Q1 & Q2 - CHO3 (all LHOs) (Q-1Q)
Acute Hospitals	A3, A4, A5, A6, A7, A12, A13, A14, A103, A104, A132, A133 and A134 Targets have not been agreed	Targets for Inpatient Discharges, Day Cases and Levels are not yet available so cannot be included in respective reports at this time.
Acute Hospitals	Emergency Department Patient Experience Time	PUH data outstanding for August, September
Acute Hospitals	New ED attendances	The following hospitals have data outstanding CHI at Crumlin May, June, CHI at Temple St, April, May, June, July, Naas General Hospital May, June. Portluc University Hospital May, June

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	Return ED attendances	The following hospitals have data outstanding CHI at Crumlin May, June, CHI at Temple St, April, May, June, July, Naas General Hospital May, June. Portiuncula University Hospital May, June
Acute Hospitals	Injury unit attendances	CHI May, June, St Colmcille's May - September
Acute Hospitals	Other emergency presentations	Portiuncula University Hospital May, June
Acute Hospitals	% of ED patients who leave before completion of treatment	The following hospitals have data outstanding CHI at Crumlin May, June, CHI at Temple St, April, May, June, July, Naas General Hospital May, June. Portiuncula University Hospital May, June. MRH Tullamore April - September. St. James's Hospital September
Acute Hospitals	Total no. of births	The following hospitals have data outstanding: UH Kerry September.
Acute Hospitals	No. of new and return outpatient attendances	CHI at Temple St, May, June, July, St. Luke's Radiation Oncology Network June. Portiuncula University Hospital May - June
Acute Hospitals	No. of new outpatient attendances	CHI at Temple St, May, June, July, St. Luke's Radiation Oncology Network June. Portiuncula University Hospital May - June
Acute Hospitals	New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	CHI at Temple St, May, June, July, St. Luke's Radiation Oncology Network June. Portiuncula University Hospital May - June
Acute Hospitals	Inpatient, Day case and outpatient waiting lists	June data unavailable from NTPF.
Acute Hospitals	No. of new people waiting > four weeks for access to an urgent colonoscopy	The YTD is consisting of January to April, plus July, August. This is due to the impact on reporting since the HSE cyber-attack (May - June data unavailable)
Acute Hospitals	Number of beds subject to Delayed Transfers of Care	DTOC data not available for May – July due to cyber attack
Acute Hospitals	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	HCAI data is outstanding for April from Kilcreene Regional Orthopaedic Hospital, UH Kerry. In May South Infirmary Victoria University Hospital, UH Kerry. There is also outstanding bed days information that will impact May - July
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	as above
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	as above
Acute Hospitals	Rate of medication incidents as reported to NIMS per 1,000 beds	The data is currently unavailable for April & May and an update will be provided in due course.
Acute Hospitals	Combined Cancers, Breast, Lung, Prostate & Radiotherapy	See individual KPI outstanding below
Acute Hospitals	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	SVUH, UHL outstanding Sept 21.
Acute Hospitals	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	SVUH, UHL outstanding Sept 21.
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)	Altnagelvin, CUH, UPMC Whitfield outstanding Sept 21

## Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Children's 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	Bantry
	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	National Rehabilitation Hospital	NRH	
	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>	
CHO 2	<b>Community Healthcare West</b>	CHO 7	Dublin South City
	Galway		Dublin South West
	Mayo		Dublin West
	Roscommon		Kildare
CHO 3	<b>Mid West Community Healthcare</b>	CHO 8	West Wicklow
	Clare		<b>Midlands Louth Meath Community Healthcare</b>
	Limerick		Laois
North Tipperary	Offaly		
CHO 4	<b>Cork Kerry Community Healthcare</b>		Longford
	Cork		Westmeath
	Kerry	Louth	
CHO 5	<b>South East Community Healthcare</b>	CHO 9	Meath
	Carlow		<b>Dublin North City and County Community Healthcare</b>
	Kilkenny		Dublin North Central
	South Tipperary	Dublin North West	
	Waterford	Dublin North City	
Wexford			