Performance Profile
January - March 2023

Contents

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

Corporate Updates

Emergency Management Update

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 service contingency around identified hazards that threaten disruption to the provision of Health Services. EM fulfils the HSEs 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. EM is working with the National Director of Test, Trace and Vaccinate providing input for the Covid-19 Emergency Plan. In particular EM are facilitating discussions across all state bodies through the GTF mechanisms. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs), and Interagency Working and Steering groups in coordinating support from other state agencies both locally and regionally.

Ukraine Humanitarian Response

EM is represented on the HSE National Ukrainian Health Response Planning and Coordination Group. Regionally it is working with the Area Crisis management Teams and Interagency Working and Steering groups, in coordinating support from other state agencies both locally and regionally.

Regional Inter-Agency Response

EM participates in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working Groups (RWGs). HSE EM continues to support senior management teams in briefings and planning response arrangements. EM is also engaged with the regional community forums, in provision of health advice for those providing accommodation for arrivals of Ukrainian displaced persons.

SEVESO

Work is ongoing in cooperation with the two other Principle Response Agencies to review external emergency plans for Seveso sites. In 2022, there are 18 sites to be reviewed and exercised in accordance with "Chemical Act (Control of Major Accident Hazards involving dangerous substances) Regulations 2015".

HSE Severe Weather

HSE Severe Weather planning, preparedness, response and recovery continues across all EM regions. Nationally, EM lead on vertical and horizontal coordination of HSE planning for anticipated weather events in accordance with HSE guidance. Regional EM staff lead on the coordination of HSE Severe weather contingency planning with staff through the Area Crisis Management team forum. Summer Ready booklet and leaflet finalised.

Brexit

EM continues to support the work of the Brexit group. Due diligence assessments continue to be undertaken of processes and procedures for key areas such as Emergency Transport of essential medicines and medical equipment. Monthly meetings continue to assess and monitor the situation.

COVID-19 Excess Mortality

Local 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 cross government and agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups continue to be situationally aware.

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. The event season has started and there is an increase in the number of events that would have occurred pre COVID 19. The regional offices are monitoring these events to ensure that there is no impact on health services locally.

High Consequence Infectious Disease (HCID) Planning

High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme in the form of a Steering Group, a Clinical Advisory Group and three work streams.

HCID remains activated as part of the HPSC Incident Management Team in response to the Monkeypox outbreak. Exercise Dearg (a multi-stakeholder) table-top exercise covering a number of HCID scenarios recently took place, with outputs informing operational planning. Planning also continues with International partners.

Hospital Major Emergency Plans

Work continues on 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 continues to progress a work programme for the delivery of EM training to NAS staff.

NEOC/Hospital Major Emergency Plan (HMEP): Activation Project

A draft NEOC /Hospital Activation Project Plan continues to be developed, some delays experienced. Engagement continues with a representative from OCIO to develop a practical guidance for managers in the event of another cyber-attack.

Mass Casualty Incident Framework

Work continues to progress the development of an integrated Mass Casualty Incident (MCI) Framework for the HSE. EM and Acute Operations are collaboratively working to establish a MCI steering group. A Memorandum has been submitted to the Executive Management Team which will establish a mandate for several cross services work streams.

Government Task Force (GTF) on Emergency Planning

EM continues to support the work of the GTF and updates are provided on key health related areas.

EU and North South Unit Update

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:

1. 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.
2. 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.
3. 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.
4. As Brexit Co-ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.

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 D/Health Brexit and UK Strategic Oversight Group meetings.
- Update the HSE Brexit Lead as appropriate. Brexit continues to pose a risk with the ongoing uncertainty with regard to the NI Protocol.
- Brexit & UK Strategic Oversight Group meetings with D/Health & 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 D/Health colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.

- On HSE Brexit behalf, engagement with Professional Regulations Unit D/Health on new legislation to rectify the anomaly that Brexit created which is preventing medical students from NI & GB Universities from applying for IE internships post-graduation.
- On HSE Brexit behalf, engagement with D/Health on divergence on recognition of qualifications, in the first instance, Pharmacists. Co-ordinated meeting in HSE to produce paper on the topic, including Assistant National Director, Cancer Control Programme; Assistant National Director of Recruitment, Reform and Resourcing and Chief Pharmacist, Acute Hospitals Drugs Management Programme, Acute Operations. Paper submitted to D/Health in Q3 2022.
- Further consideration of the establishment of a Brexit Business Unit within the EU North South Unit to manage more effectively Brexit workstreams.

Cross Border/EU Work

- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA and MOU meetings including North West Cancer Centre
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Discussions with D/Health on future Peace Plus programme
- Support CAWT Strategy Groups in progressing PEACE PLUS Priorities
- Ongoing work with CAWT Governance sub-group
- Other North South work including Centre for Cross Border Studies, NIGEMS etc. on behalf of the HSE
- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meetings and engagement with D/Health on this.
- Multiple engagement with relevant HSE services to create awareness of EU4Health open calls, joint actions & procurement opportunities available under the 2023 Work Programme and identify potential projects. Also, co-

ordination from a HSE perspective with multiple external stakeholders on the EU4Health programme such as D/Health and HRB.

- Ongoing engagement with D/Health on the development of the 2024 EU4Health Work Programme
- Ongoing engagement with D/Taoiseach and D/Health on Shared Island Fund
- Discussions with D/Health on mainstreaming of Interreg VA projects
- On behalf of D/Health, undertake a HSE-wide mapping exercise of Investment areas and possible all-island projects for support under Shared Island Fund. Specialist Services list of possible investment priorities for HSE. Substantial return of 43 possible investment priorities received from Community Operations, Chief Clinical Officer, Mental Health etc. Ongoing engagement with D/Health on consideration of investment priorities.
- EU4Health – Support successful EU4Health Projects approved under the 2021 & 2022 Work Programmes and continue to advise participant HSE Service Areas on EU Programme Management matters.
- Ongoing collaboration with HSE Research & Evidence Division (EU4H LEAR) on HSE participation in EU4Health Programme
- Collaboration with Health Authorities on a cross border basis to develop cross border proposals for support by Peace Plus programme 2022-2027 - €80m + in EU funding available for border counties. The Unit is currently supporting the CAWT Development Centre in reviewing the SEUPB feedback on nine Concept notes submitted to the Peace Plus Programme Pre-Application stage in February 2023. Full Business cases will be developed in Q2 2023. HSE's reps will ensure alignment within future EU funding programmes with Sláintecare principles such as RHAs.
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.
- Lead Partner – In 2023 the HSE has received €808k Interreg VA funding at Q1 2023. The accumulated total received since the start of the Interreg VA Programme is €15m. A total of €8.1m has been paid to Project Partners. The iRecover Project finished Q1 2023.
- Non-Lead Partner Interreg VA Projects - HSE has a total of €1.039m at Q1 2023. The iSIMPATHY Project finished in Q1 2023.

Cyber Attack

- Continue to ensure the Unit was fully compliant with all updated security measures following cyber-attack.

Covid-19 & Blended Working

- The EU North South Unit is adhering to all relevant Public Health Guidance with regard to COVID-19 and is advising staff accordingly.
- Discussion with staff and implementation of new Blended working policy

Next Steps & Key Outcomes – 1st Quarter 2023

- Fully implement the HSE's Blended working policy
- 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.
- Work with CAWT Management Board on Mainstreaming Planning of Interreg VA successful pilots
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA.
- 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 required
- 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 of the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the D/Health. 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 D/Health

- 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 D/Health, HRB and HSE on the EU4health funding programme
- Engagement with D/Taoiseach on Shared Island initiative. Support ongoing collaboration with D/Health and HSE colleagues in identifying appropriate strategic healthcare projects for consideration under Shared Island.
- Continue to work closely with HSE Comms/ Health Matters to promote the work of the Unit, as well as EU Funded Projects and Programmes
- Participation in CAWT Integrated Care Strategy Group
- Participation in North South eHealth Steering Group
- Participation in EU4health Liaison Group
- Participation in monthly meetings with D/Health International Unit on the strategy for overall North South health co-operation
- Ongoing engagement with D/Health and possibly D/Taoiseach on development of a cross border Specialist Services list.
- Outside of the health & Social Care element in Peace Plus, there are wider opportunities for the HSE in the Programme such as SMART Towns, Sustainable Energy & Strategic Planning. Engage with external stakeholders on possibilities.
- Continue to engage with D/Health & HRB supporting the development of projects under the 2023 EU4Health work programme & promote the positive impacts of approved projects supported under previous years' work programmes.
- Support line division in DoH on the development of the 2024 EU4Health Work Programme
- Ongoing monitoring of Brexit issues such as HR Recognition of Qualifications, and new legislation to allow NI and GB medical students to work in IE

- Lead Partner – Submission of Lead Partner Consolidated quarterly reports for the Acute, CoH Sync, iRecover and MACE projects.

Capital – Allocation/Expenditure Analysis (Capital expenditure vs expenditure profile)

	2023 Allocation / Expenditure Analysis - Capital						
	Total Allocation (Profile) for 2023	Cum Profile for Period Jan - Mar	Expenditure for Period Jan - Mar	Variance for Period Jan - Mar	Expenditure to Mar as % of Mar YTD Profile	Expenditure to Mar as % of Annual Profile	Variance to Mar as % of Mar YTD Profile
M02 - Buildings & Equipment -Non Covid19	642.050	63.241	68.859	(5.618)	108.88%	10.72%	-8.88%
M04 - Buildings & Equipment - Covid19	50.000	4.991	5.904	(0.913)	118.29%	11.81%	-18.29%
M02 - New Children's Hospital	324.950	41.753	23.485	18.268	56.25%	7.23%	43.75%
	1017.000	109.986	98.248	11.737	89.33%	9.66%	10.67%
M03 - Info Systems for Health Agencies	140.000	22.547	22.912	(0.365)	101.62%	16.37%	-1.62%
	1157.000	132.533	121.160	11.373	91.42%	10.47%	8.58%
Asset Disposals	0.401	0.401	0.000	0.400	0.00%	0.00%	100.00%
Net	**1157.400**	**132.934**	**121.160**	**11.773**	**91.14%**	**10.47%**	**8.86%**

CONSTRUCTION – M02 - Building & Equipment – Non Covid19

The variance on general construction projects for the three months to March 2023 is -8.88% (or € 5.618m) ahead of profile.

In the period to the end of March the total expenditure of € 68.859m represents 10.72% of the total annual profile for 2023.

CONSTRUCTION – M04 - Building & Equipment – Covid19

The variance on Covid19 construction projects for the three months to March 2023 is -18.29% (or € 0.913m) ahead of profile.

In the period to the end of March the total expenditure of € 5.904m represents 11.81% of the total annual profile for 2023.

CONSTRUCTION – M02 - (National Children's Hospital)

The variance on the National Children's Hospital project for the three months to March 2023 is 43.75% (or € 18.268m) behind profile.

In the period to the end of March the total expenditure of € 23.485m represents 7.23% of the total annual profile for 2023.

Information Systems for Health Agencies - M03

The variance on ICT projects for the three months to March 2023 is -1.62% (or € 0.365m) ahead of profile.

In the period to the end of March the total expenditure of € 22.912m represents 16.37% of the total annual profile for 2023.

Asset Disposals:

Income from sale of assets in the three months to March 2023 amounted to € 0.401m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2023
Acute Hospitals(Hospital groups)	293,881,381
Community Healthcare	48,928,879
National Services	2,088,085,774
Total	**2,430,896,034**

Implementation of Internal Audit Recommendations∗ @ Q1 2023

	75% Implemented or superseded within 6 months				95% Implemented or superseded within 12 months		
	Closed	Total	YTD		Closed	Total	YTD
Overall Total	**319**	**442**	**72%**		**229**	**250**	**92%**
CHO 1	6	14	43%		38	38	100%
CHO 2	3	5	60%		6	6	100%
CHO 3	7	8	88%		4	8	50%
CHO 4	9	17	53%		14	14	100%
CHO 5	4	7	57%		26	28	93%
CHO 6	23	26	88%		18	18	100%
CHO 7	7	10	70%		29	29	100%
CHO 8	79	89	89%		1	6	17%
CHO 9	61	67	91%		0	0	N/A
National Director Community Ops	21	21	100%		16	16	100%
Total Community Services	**220**	**264**	**83%**		**152**	**163**	**93%**
Dublin Midlands Hospital Group	4	11	36%		3	3	100%
Ireland East Hospital Group	7	24	29%		10	10	100%
RCSI Hospital Group	7	18	39%		0	0	N/A
Saolta Hospital Group	20	24	83%		11	13	85%
South South West Hospital Group	15	34	44%		0	0	N/A
University of Limerick Hospital Group	5	5	100%		1	1	100%
National Ambulance Service	0	5	0%		0	0	N/A
National Director Acute Ops	7	12	58%		8	13	62%
Total Acute	**65**	**133**	**49%**		**33**	**40**	**83%**

	75% Implemented or superseded within 6 months				95% Implemented or superseded within 12 months		
	Closed	**Total**	**YTD**		**Closed**	**Total**	**YTD**
Chief Information Officer	0	0	N/A		5	5	100%
Chief Operations Officer	12	23	52%		0	0	N/A
Compliance / QAV / Gov & Risk	0	0	N/A		0	0	N/A
Estates	4	4	100%		0	0	N/A
Finance	0	0	N/A		8	11	73%
HBS - Finance	7	7	100%		0	0	N/A
Human Resources	11	11	100%		5	5	100%
Integrated Operations Planning	0	0	N/A		24	24	100%
PCRS	0	0	N/A		2	2	100%
Strategy & Research	0	0	N/A		0	0	N/A
Total Corporate	**34**	**45**	**76%**		**44**	**47**	**94%**

∗The target is to have at least 75% of internal audit recommendations implemented within 6 months of the audit report, and 95% within 12 months.

The KPI results are calculated on a quarterly basis, with the reference periods being: 75% - recommendations issued in the quarter ended 6 months previously; 95% - recommendations issued in the quarter ended 12 months previously. The YTD result is the cumulative performance for the quarters YTD.

Performance Achievement Q1 Report 2023

Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of initial Performance Achievement meetings undertaken across services.

Report collated on 10th of the month following the end of each quarter.

Percentage is weighted against the service Headcount (HC) as per previous month's census report. To note, previous quarterly reports up to and including Q4 2021 were weighted against the WTE in the previous month's census report.

Acute data caveats

All Hospital Groups respond

Community data caveats

All CHO areas respond

Corporate data caveats

11 Corporate Areas did not respond in Q1 2023, of whom 3 Corporate Areas did not submit any returns in 2022.

Service Delivery Area	HC Feb 2023	Total completed Q1	% complete YTD 2023
Total Health Service	**157,924**	**4,619**	**2.9%**
National Ambulance Service	2,219	0	0.0%
Children's Health Ireland	4,608	340	7.4%
Dublin Midlands Hospital Group	13,910	19	0.1%
Ireland East Hospital Group	16,530	803	4.9%
RCSI Hospitals Group	12,508	378	3.0%
Saolta University Hospital Care	12,835	241	1.9%
South/South West Hospital Group	14,609	95	0.7%
University of Limerick Hospital Group	5,893	281	4.8%
other Acute Services	141	83	58.9%
Acute Services	**83,253**	**2,240**	**2.7%**

| Service Delivery Area	HC Feb 2023	Total completed Q1	% complete YTD 2023
CHO 1	7,464	121	1.6%
CHO 2	6,949	28	0.4%
CHO 3	6,090	179	2.9%
CHO 4	10,962	327	3.0%
CHO 5	6,948	103	1.5%
CHO 6	4,204	80	1.9%
CHO 7	8,362	215	2.6%
CHO 8	7,872	97	1.2%
CHO 9	8,338	390	4.7%
other Community Services	783	75	9.6%
Community Services	**67,972**	**1,615**	**2.4%**
Health & Wellbeing	731	0	0.0%
National & Central Services	5,559	764	13.7%
Health Business Services	409	0	0.0%
National Services & Central Functions	**6,699**	**755**	**11.3%**

Cross-Service Domains

Quality and Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period12M/ 4Q		Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring (included: Category 1, who was involved=service user)	**National**		**M**			**75**	**65**	**66**
	Acute Hospital Services		M			46	39	38
	Community Services		M			29	26	28
% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	**National**	**70%**	**M**	🔴	**47%**	**31%**	**45%**	**40%**
	Acute Hospital Services	70%	M	🔴	53%	38%	54%	46%
	Community Services	70%	M	🔴	23%	13%	25%	27%
% of reported incidents entered onto NIMS within 30 days of notification of the incident* (at 31.01 23)	**National**	**70%**	**Q**	🟢	**73%**	**73%**	**72%**	**78%**
	Acute Hospital Services	70%	Q	🟢	74%	74%	71%	79%
	Community Services	70%	Q	🟢	73%	73%	73%	77%
Extreme and major incidents as a % of all incidents reported as occurring **	**National**	**<1%**	**Q**	🟢	**0.51%**	**0.44%**	**0.60%**	**0.57%**
	Acute Hospital Services	<1%	Q	🟢	0.59%	0.48%	0.71%	0.65%
	Community Services	<1%	Q	🟢	0.43%	0.39%	0.48%	0.48%

Note: In the first row group the "885", "537", "348" values appear in the Current Period12M/4Q column.

*Current - reflecting compliance for incidents notified in November 2022.Current 12M rolling period reflecting compliance December 2021 - November 2022.

** Current - reflecting compliance for incidents occurring in Q1 2023. Current 4Q rolling period reflecting compliance Q2 2022-Q1 2023.
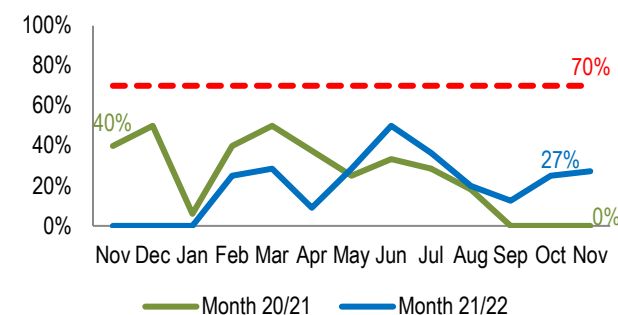
% of serious incidents requiring review completed within 125 days of notification of the incident - National
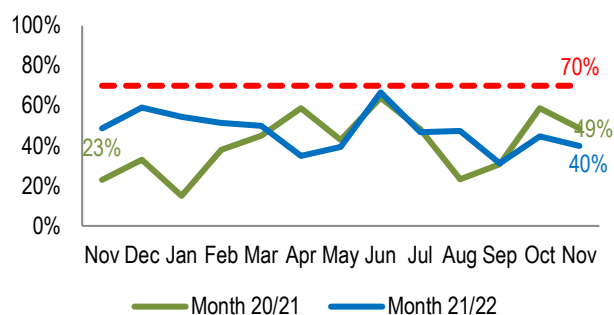
% of serious incidents requiring review completed within 125 days of notification of the incident – Acute
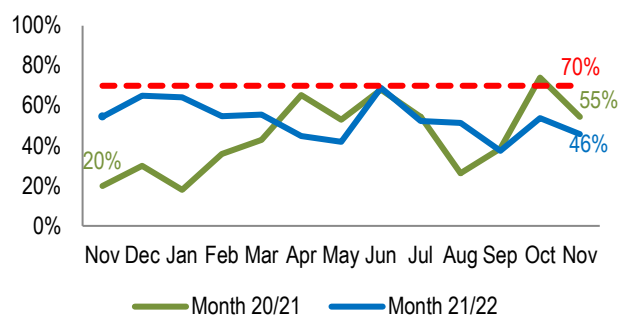
% of serious incidents requiring review completed within 125 days of notification of the incident - Community

Serious Reportable Events

| Service Area	Total SRE occurrence (in-month) Mar 2023	Feb 2023	Jan 2023	Dec 2022	Nov 2022	Oct 2022	Sep 2022	Aug 2022	Jul 2022	Jun 2022	May 2022	Apr 2022
Acute Hospitals [inc. National Ambulance Service]	**44**	**46**	**74**	**55**	**48**	**51**	**52**	**53**	**41**	**56**	**50**	**65**
Community Services	16	15	12	29	15	15	10	17	19	20	20	10
Total*	60	61	86	84	63	66	62	70	60	76	70	75

*Note: For previous 12 months values changed from time of last reporting. NIMS is a dynamic system and SRE details may be updated at any time.

60 SREs were reported as occurring in March 2023 and registered in NIMS up to 11th April 2023. 26 SREs were reported as patient falls, 18 were reported as Stage 3 or 4 pressure ulcers and the remaining 16 SREs reported comprised 7 SRE categories.
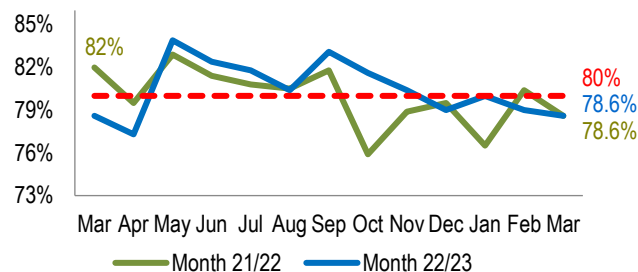
Palliative Care

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to specialist inpatient bed within 7 days	98%	M	●	**98.3%**	97.1%	1.2%	97.7%	97.8%	99.2%	CHO 1, 2, 3, 4, 5, 6 & 7 (100%)	CHO9 (95.5%)
Access to specialist palliative care services in the community provided within 7 days	80%	M	●	**79.2%**	78.5%	0.7%	80%	79%	78.6%	CHO9 (98.5%), CHO1 (87.5%), CHO2 (84.7%)	CHO3 (69%), CHO7 (69.4%), CHO6 (69.9%)
Number accessing specialist inpatient beds within seven days	1000 YTD/ 4,000FYT	M	●	**1,096**	915	181	387	313	396	% Var CHO9 (35.7%) CHO1 (27.2%), CHO5 (17.4%)	% Var CHO6 (-17.2%)
Number of patients who received specialist palliative care treatment in their normal place of residence in the month	3,484 YTD/ 3,484 FYT	M	●	**3,921**	3,357	564	3,828	3,628	3,921	% Var CHO4 (31.5%), CHO7 (28.8%), CHO1 (25.7%)	% Var CHO5 (-3%)

Access to palliative inpatient beds
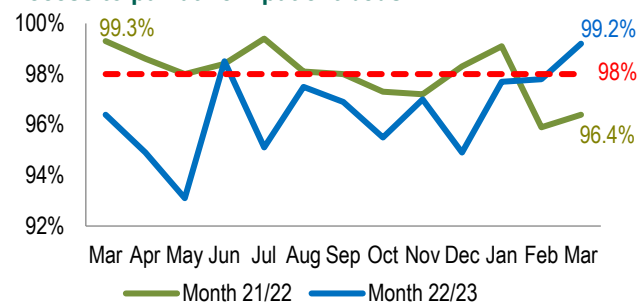
Access to palliative community services

Palliative Care Update

Access to Palliative Inpatient Beds

The national year to date position is 98.3% 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).
* Data return rate 100%

Access to Palliative Community Service

The national year to date position is 79.2% 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 100%

Children's Palliative Care

The number of children in the care of the specialist palliative care teams in March 2023 is 53 compared to the expected activity of 60 (PAC39).
* Data return rate 50%

The number of children in the care of the Children's Nurse Co-Ordinators was 265 in March 2023. Compared to the expected activity of 320. (PAC37).
*** Data return rate 90.6%**

Enhancing Prevention and Early Intervention

Health and Wellbeing

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of smokers who received intensive cessation support	22,436 YTD/ 22,436 FYT	Q-1Q	🔴	**12,496**	8,601	3,895	2,846	3,324	3,209	(%Var) DM HG (154%), Nat Quitline (44.1%), IE HG (38.7%)	(%Var) UL HG (-91.8%), CHO6 (-79.7%), CHO9 (-78.1%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	🟢	**50.3%**	56.1%	-5.8%	48.7%	52.8%	51.8%		

Tobacco smokers – intensive cessation support
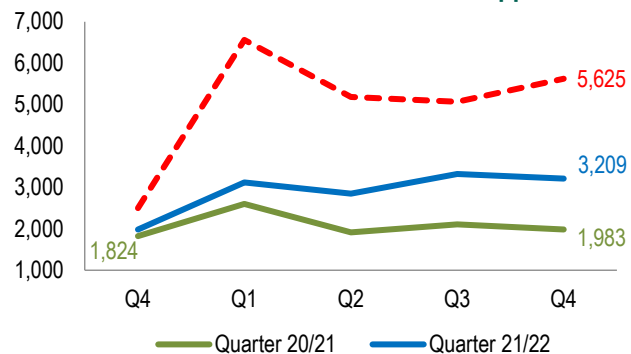
% of smokers quit at four weeks
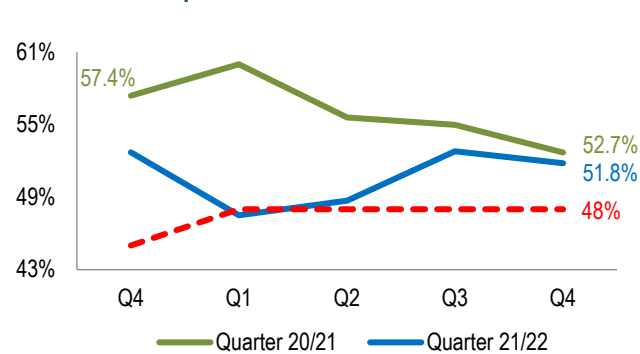
Health and Wellbeing Update

MECC

Healthcare staff continue to complete the 8 MECC eLearning modules. Due to Covid challenge the MECC KPI targets are under achieved nationally. 949 staff completed the eLearning YTD March 2023 (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD March 2023 is 370 (HWB95).

Under performance is due to reduced engagement by healthcare professionals across community and acute services due to additional pressures from COVID-19. There is reduced support from managers to release staff for training and support MECC implementation within their service. Nine new posts to support MECC implementation have been recruited and are actively engaging with services to implement MECC.

A MECC implementation guide has been revised to allow for ease in implementation and clarity on roles and responsibilities. The HRB Applied Partnership Award entitled "Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC" has produced a policy brief with key recommendations to successfully roll-out the programme in Ireland. An implementation plan to address these recommendations will be developed in 2023.
A MECC Briefing paper was submitted to EMT in February 2023 seeking senior leadership commitment to drive MECC Implementation across the HSE.
*Data return 100%

Tobacco smokers – intensive cessation support

Nationally, 12,496 smokers received intensive cessation support from a cessation counsellor YTD to December 2022 (this metric is reported quarterly in arrears), which is -44.3% below the target of 22,436 smokers (HWB27).

There continued to be an under-performance across all CHOs to varying degrees, in particular CHOs 5 to 9 as well as within the UL and Saolta Hospital Groups. The overall targets set for 2022 have more than tripled from 2021 to reflect the planned increased staffing as a result of ECC and Sláintecare funding. Delays in recruitment of stop smoking advisors, sourcing clinic spaces as well as the time

required to establish and embed referral pathways affected activity for periods Q1 to Q3 in particular, however, activity has increased over Q3 and in Q4. UL & Saolta hospital groups continued to have staff vacancies for Q4. The National Quitline performed well, and ahead of target.
*Data return 100%

Online Cessation Support Services

2,292 people received online cessation support services in Q1 2023 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on www.quit.ie. There was strong performance in online activity and traffic to www.quit.ie throughout Q1 2023 as a result of the launch of our new media campaign '*Take Back Control'* in January across TV/Radio/Social.
*Data return 100%

% 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, 50.3% of smokers remained quit at four weeks YTD December 2022, which is above target (48% HWB26). This metric is a key quality metric and shows strong performance for the stop smoking service
***Data return 100%**

Public Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children aged 24 months who have received (MMR) vaccine	95%	Q-1Q	🟡	**89.5%**	90.4%	-0.9%	88.8%	89.8%	89.7%	No CHO reached target	CHO1 (82.4 %), CHO8 (86.4%), CHO9 (89.1%)
% of children aged 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	🟢	**92.7%**	93.5%	-0.8%	92%	92.9%	93.3%	CHO2 & CHO4 (95.4%)	CHO1 (91%), CHO8 (91.5%), CHO5 (92.3%)

% of children 24 months – (MMR) vaccine
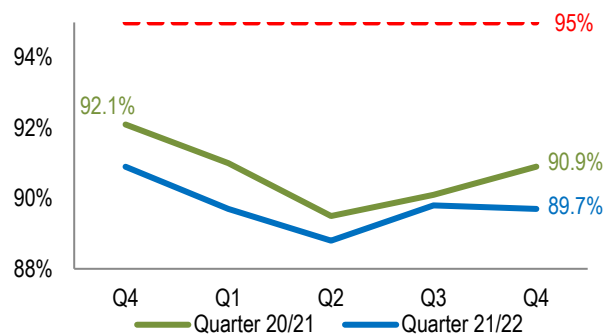
% of children 24 months – 3 doses of 6 in 1 vaccine
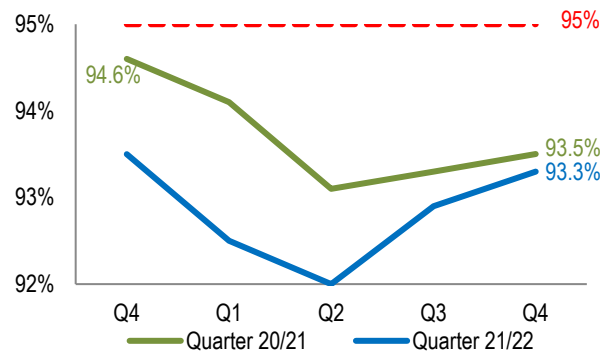
Public Health Update

Population Health Protection – Immunisation and 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 – (6 in1 Vaccine)

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q4 2022) (this metric is reported quarterly in arrears), is 92.7% against a target of 95% (-2.5%) (HWB4).
*Data return 100%

% of children aged 24 months who have received the Measles, Mumps, and Rubella (MMR)

Nationally, the uptake rate for the Measles, Mumps, Rubella (MMR) YTD (Q3 2022) (this metric is reported quarterly in arrears), is 89.5% against a target of 95% (-5.8%) (HWB8).
*Data return 100%

COVID-19 Programme

Testing, Tracing and Vaccination Programme

The Test and Trace KPIs in March 2023 remain consistent since February 2022.

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
*Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	M	🟢	97%	95%	2%	97%	97%	100%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	75%	M	🟢	92%	95%	-3%	92%	92%	92%
*Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	M	🟢	96%	97%	-1%	97%	95%	100%
*End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	M	🟢	96%	98%	-2%	95%	96%	96%
*End to end referral to completion of contact tracing (Overall): Median completion performance	2.0	M	🟢	1.1 days	1.2 days	0.1 days	1.1 days	1.1 days	1.1 days
Communication of detected result and assessment captured: % of detected cases successfully contacted and assessment captured within 24 operational hours of case being notified	90%	M	🟢	100%	-	-	100%	100%	100%
Swab to communication of test result: % of test results communicated in 24 hrs following receipt of swab in lab	90%	M	🟡	87%	-	-	81%	93%	93%
**COVID-19 Vaccination Programme – Uptake % uptake of booster doses for eligible adult population by approved cohorts: ● > 65 years (includes residents in residential care facilities)	**75%	M	🔴	51%	NA	NA	47%	48%	51%
● Healthcare workers	**>50%	M	🔴	27%	NA	NA	26%	27%	27%
● Immunocompromised > 12 Years	**>50%	M	🔴	17%	NA	NA	14%	15%	17%

*Key Performance Indicators will be phased out in 2023 as part of the transition to the new operating model.

** Note: Reporting will be in line with cohorts as approved by NIAC in the context of public health recommendations. The January 2023 figures have been adjusted as a result of a data quality review

Referral to appointment: % of referrals receiving appointments in 24 hrs
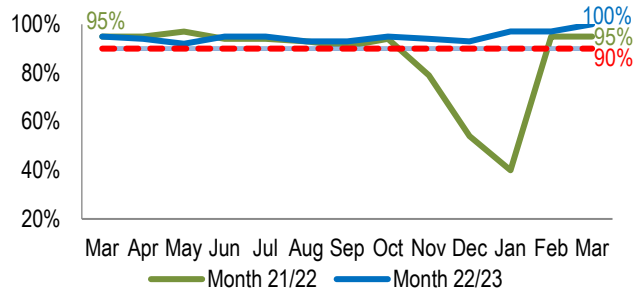
Legend: Month 21/22, Month 22/23

Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected

Legend: Month 21/22, Month 22/23

Communication of detected result and assessment captured: % of detected cases successfully contacted and assessment captured within 24 operational hours of case being notified

Legend: Month 22/23

Swab to communication of test result: % of test results communicated in 48 hrs following swab

Legend: Month 21/22, Month 22/23

End to end referral to completion of contact tracing (Overall): % completed within 3 days

Legend: Month 21/22, Month 22/23

Swab to communication of test result: % of test results communicated in 24 hrs following receipt of swab in lab

Legend: Month 22/23

National Screening Service

National Screening Service Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	**Breastcheck** % BreastCheck screening uptake rate	Q-1Q	70%	68.6% [G]	-2%	76%	64.1%	66.2%
Access and Integration	**CervicalCheck** No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	65,500	70,414 [G]	+7.5%	24,756	22,774	22,884

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

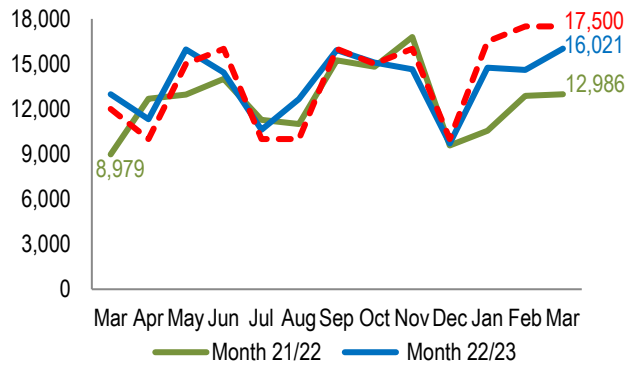| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who have had a complete mammogram	51,500 YTD/ 185,000 FYT	M	🔴 **45,358**	36,433	+8,925	14,741	14,596	16,021
BreastCheck - % screening uptake rate	70%	Q-1Q	🟢 **68.6%**	73.2%	-4.6%	76%	64.1%	66.2%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	65,500 YTD/ 264,000 FYT	M	🟢 **70,414**	70,597	-183	24,756	22,774	22,884
Cervical Check - % eligible women with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	🟡 **73%**	72.7%	+0.3%	72.9%	73.3%	73.1%
BowelScreen - number of clients who have completed a satisfactory FIT test	33,000 YTD/ 140,000 FYT	M	🟢 **41,016**	23,770	+17,246	11,956	12,567	16,493
BowelScreen - % uptake rate	45%	Q-1Q	🟢 **42.8%**	48.4%	-5.6%	41.8%	50.6%	38.7%
Diabetic RetinaScreen - number of clients screened with final grading result	23,500 YTD/ 110,000 FYT	M	🟢 **28,091**	24,190	+3,901	9,074	8,673	10,344
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	🔴 **55.5%**	57.3%	-1.8%	54.1%	56.9%	52.7%

BreastCheck-number who had a mammogram

17,500
16,021
12,986
8,979

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23

CervicalCheck-number screened

48,675
22,884
21,217
21,000

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23

BowelScreen-number screened

16,493
11,500
9,885
7,458

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23

RetinaScreen-number screened

10,344
9,365
9,341
8,500

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23
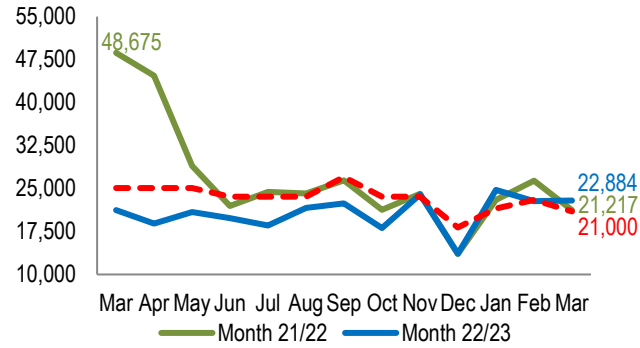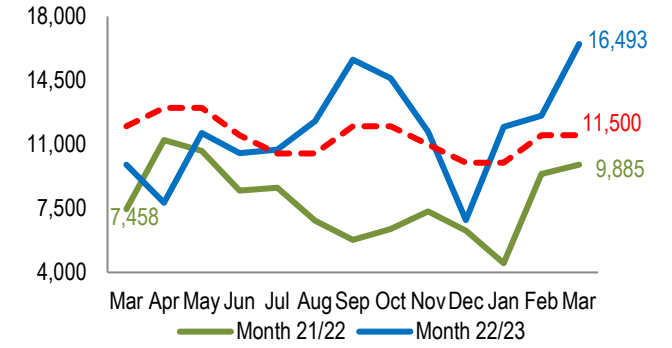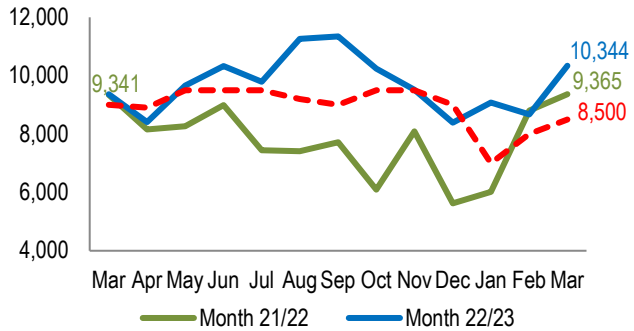
National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period March 2023 was 16,021 against a target of 17,500 which is below the target by 1,479 (8.5%).

- The number of women who had a complete mammogram year to date (Jan-Mar 2023) was 45,358 against a target of 51,500 which is below the target by 6,142 (11.9%).

- Uptake rate in Q4 2022 was 66.2%

- The % of women offered an assessment appointment within 2 weeks of screening was 80.8%

The invitations of Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment uptake following the Covid-19 pandemic. Initiatives have been implemented to invite 70 year old women who may have missed their final screen at 69 due to programme pauses and operational changes during the Covid-19 pandemic.

The shortage of Breast Radiology is continuing to impact recovery to delayed invitations to the BreastCheck programme. Overcoming delays to invitations for BreastCheck screening is dependent on meeting the critical challenge of staff recruitment and retention. This remains the case and is not likely to change in the immediate future.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period March 2023 notified to report date was 22,884 which is above the published target of 21,000 by 1,884 (9%).

- The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-Mar 2023) was 70,414 which is above the target of 65,500 by 4,914 (7.5%)

- Uptake rate at the end of Q4 2022 was 73.1%

- 91.9% of women were issued their test results within 4 weeks of screening in Q1 2023

The programme is now stable and is operating within standard performance measures. The majority of women are receiving their results within 4 weeks from screening test and in many cases as early as 2 weeks (depending on HPV detected or not).

CervicalCheck continues to promote screening uptake across multiple platforms and to target specific populations where uptake is lower.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (March 2023) was 16,493 which is above the target of 11,500 by 4,993 (43.4%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Mar 2023) was 41,016 which is above the target of 33,000 by 8,016 (24.3%).

- Uptake rate in Q4 2022 was 38.7%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the ≥90% target at 83% within 20 working days in March 2023. Eleven of the fifteen contracted colonoscopy centres which were offering colonoscopies in March 2023 met the expected KPI of 90% within 20 days.

BowelScreen monitors colonoscopy capacity; invitations to participate are issued based on maximising available capacity.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period March 2023 was 10,344 which is above the target of 8,500 by 1,844 clients (21.7%).

- The number of diabetics screened with a final grading result year to date (Jan-Mar 2023) was 28,091 which was above the target of 23,500 by 4,591 (19.5%).

- Uptake in Q4 2022 was 52.7%

The programme continues to invite participants for screening. Screening activity has reverted to business as usual, there is no longer a backlog and participants are being offered their appointments in the correct timelines.

Environmental Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of initial tobacco sales to minors test purchase inspections carried out	48 YTD/ 384 FYT	Q	●	31	0	+31	225	61	31
Number of official food control planned, and planned surveillance, inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	●	8,149	5,930	+2,219	8,185	7,585	8,149

Number of initial tobacco sales to minors
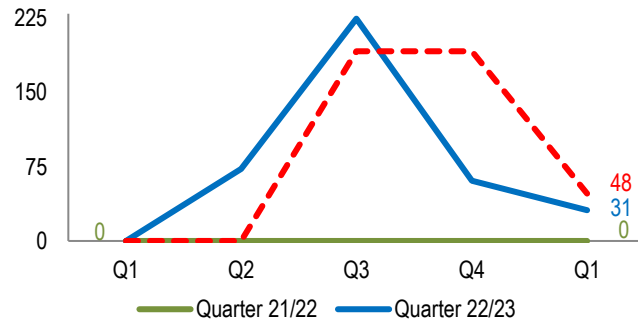
Number of inspections of food businesses
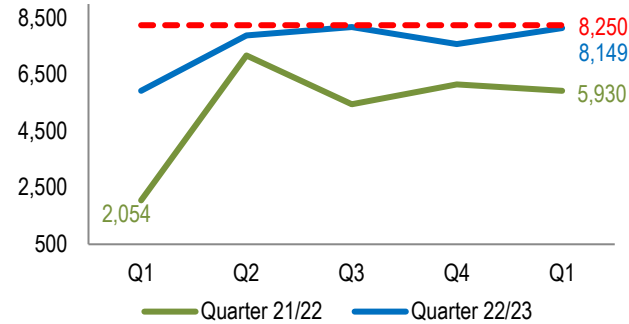
Environmental Health Update

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 8,149 Planned and Planned Surveillance Inspections were carried out by the end of Q1. This represents a 1% shortfall of the end of Q1 target.

Of those Planned and Planned Surveillance inspections that were carried out, 20% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q1. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. 97% of all complaints received by the EHS by the end of Q1 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q1, 587 drinking water samples were taken to assess compliance which is a 5% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE

10 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is 100% of the Q1 target.

30 Sunbed Premises received a planned inspection in Q1. This is a shortfall of 36% of the target for Q1.

5 Test Purchases and 1 Mystery Shopping to assess compliance with the Sunbeds Act were completed in Q1. These are normally carried out during the summer months when minors are available.

31 Test purchases of cigarettes were completed in Q1 which is a 35.4% shortfall of the quarterly target. These are normally carried out during the summer months when minors are available.

Community Services Scorecard/Heatmap

Community Services Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**																
	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	23% [R]	-67.1%										13%	25%	27%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 31.01.23)	Q	70%	73% [G]	4.3%										73%	73%	77%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.43% [G]	-57%										0.39%	0.48%	0.48%
	Service User Experience (Q4 2022 at 21.02.23)																
	Complaints investigated within 30 working days	Q	75%	79% [G]	5.3%		65% [R]	61% [R]	100% [G]	92% [G]	n/a	92% [G]	55% [R]	33% [R]			
	Child Health																
	Child development assessment within 12 months	M-1M	95%	87.3% [A]	-8.1%	81.5% [R]	81% [R]	88.2% [A]	96.1% [G]	83.3% [R]	66.6% [R]	91.7% [G]	96.7% [G]	86.4% [A]	85.4%	87%	87.7%
	% of infants visited within 72 Hours	Q	99%	98.7% [G]	-0.3%	97.8% [G]	97.8% [G]	99.9% [G]	101.4% [G]	99.5% [G]	98.3% [G]	98.7% [G]	95.9% [G]	99.1% [G]	98.7%	98.4%	98.7%
	% of infants breastfed exclusively at three month PHN visit	Q-1Q	36%	31.5% [R]	-12.5%	24.4% [R]	26.7% [R]	25% [R]	35.5% [G]	33.1% [A]	44.8% [G]	30% [R]	31% [R]	37.4% [G]	31.6%	31.5%	32.8%
	% of children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.5% [A]	-5.8%	85.5% [A]	92.5% [G]	89.1% [A]	93% [G]	89.6% [A]	90.1% [A]	90.1% [A]	87.3% [A]	87.9% [A]	88.8%	89.8%	89.7%
	CAMHs – Bed Days Used																
	% of bed days used	M	>95%	99.4% [G]	4.6%	100% [G]	100% [G]	100% [G]	99.2% [G]	96.1% [G]	100% [G]	100% [G]	100% [G]	98.7% [G]	99.4%	99.5%	99.2%
	Disability Services																
	Congregated Settings	M	16	13 [R]	-18.8%	5 [R]	0 [G]	4 [R]	0 [R]	0 [G]	0 [G]	4 [G]	0 [G]	0 [G]	3	3	7

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Healthy Ireland																
% of smokers on cessation programme who were quit at four weeks	Q-1Q	48%	50.3% [G]	4.8%										48.7%	52.8%	51.8%
Therapy Waiting Lists																
Physiotherapy access within 52 weeks	M	94%	80% [R]	-14.9%	92.7% [G]	77.3% [R]	81.2% [R]	90% [G]	56.8% [R]	96.8% [G]	94.7% [G]	75.2% [R]	84.5% [R]	79.5%	79.6%	80%
Occupational Therapy access within 52 weeks	M	95%	74.4% [R]	-21.6%	78% [R]	70.4% [R]	91.5% [G]	80.4% [R]	68.4% [R]	95.6% [G]	75.5% [R]	74.6% [R]	64.3% [R]	73.4%	74%	74.4%
SLT access within 52 weeks	M	100%	88.4% [R]	-11.6%	83% [R]	94.2% [A]	95.8% [G]	100% [G]	81.7% [R]	95.1% [G]	77.2% [R]	89.2% [R]	95% [G]	89.8%	89.1%	88.4%
Podiatry treatment within 52 weeks	M	77%	71% [A]	-7.8%	72.1% [A]	76.4% [G]	94.3% [G]	78.4% [G]	47.6% [R]	100% [G]	No Service	33.5% [R]	43% [R]	57%	55.6%	71%
Ophthalmology treatment within 52 weeks	M	64%	50.6% [R]	-20.9%	58% [A]	33% [R]	59% [A]	39.1% [R]	49.2% [R]	100% [G]	99.9% [G]	96.4% [G]	100% [G]	52.2%	53.1%	50.6%
Audiology treatment within 52 weeks	M	75%	76.9% [G]	2.6%	92.9% [G]	74.9% [G]	61.6% [R]	76.1% [G]	67.7% [A]	79.6% [G]	78.6% [G]	79.1% [G]	99.6% [G]	78.1%	77.6%	76.9%
Dietetics treatment within 52 weeks	M	80%	65.5% [R]	-18.1%	92.7% [G]	52.1% [R]	39% [R]	79.6% [G]	51.7% [R]	72.6% [A]	58.5% [R]	56.9% [R]	78.4% [G]	63.4%	63.5%	65.5%
Psychology treatment within 52 weeks	M	81%	63.9% [R]	-21.1%	65.5% [R]	53.3% [R]	93.8% [G]	50.2% [R]	85.5% [G]	88.3% [G]	42.9% [R]	92.6% [G]	65.9% [R]	64.4%	64%	63.9%
Nursing																
% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	96.4% [G]	-3.6%	90.6% [A]	97.6% [G]	106.5% [G]	92.6% [A]	96.8% [G]	88% [R]	95.9% [G]	99.8% [G]	98.3% [G]	99.6%	97.5%	96.4%
Mental Health																
% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	91.4% [G]	1.6%	100% [G]	100% [G]	100% [G]	69.6% [R]	88.2% [G]	100% [G]	100% [G]	100% [G]	65.9% [R]	91.5%	92.4%	90.5%
% seen within 12 weeks by GAMHT	M	≥75%	69.7% [A]	-7.1%	83.4% [G]	91.5% [G]	61.9% [R]	69% [A]	68.1% [A]	65.6% [R]	72.1% [G]	65.9% [R]	47.3% [R]	70%	69.4%	69.7%
% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	88.6% [A]	-6.7%	98.8% [G]	95.3% [G]	94.9% [G]	69% [R]	94.7% [G]	91.2% [G]	60.5% [R]	89.1% [A]	70.8% [R]	88.8%	87.7%	89.2%
Disability Act Compliance																
% of assessments completed within timelines	Q	100%	18.6 [R]	-81.4%	11.2% [R]	29.7% [R]	14.3% [R]	27.7% [R]	0% [R]	5.6% [R]	0% [R]	24.4% [R]	0% [R]	29.6%	29.8%	18.6%

Access and Integration

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Emergency Supports**																
	No. of new emergency places provided to people with a disability	M	11	32 [G]	191.8%										12	6	14
	No. of in home respite supports for emergency cases	M	436	420 [G]	-3.7%										420	0	0
	Disability Respite Services																
	No. of day only respite sessions accessed by people with a disability	Q-1M	22,474	28,369 [G]	26.2%	7,486 [G]	4,818 [G]	1,932 [R]	1,476 [G]	4,965 [G]	2,410 [G]	892 [R]	1,357 [G]	3,033 [G]	6,514	7,795	8,158
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,351	5,794 [G]	8.3%	379 [R]	708 [R]	468 [R]	680 [G]	751 [G]	331 [R]	807 [G]	728 [G]	942 [G]	5,500	6,091	5,794
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	92,552	131,057 [G]	41.6%	6,006 [G]	33,105 [G]	12,879 [G]	13,108 [G]	10,170 [G]	9,754 [G]	16,298 [G]	16,379 [G]	13,358 [G]	34,829	36,007	32,742
	Home Support Hours																
	Number of hours provided	M	5,840,992	5,203,494 [R]	-10.9%	588,492 [A]	541,018 [R]	461,818 [R]	645,234 [R]	496,635 [R]	462,288 [G]	564,702 [A]	619,033 [R]	824,273 [A]	1,750,158	1,684,512	1,768,824
	No. of people in receipt of home support	M	55,910	56,980 [G]	1.9%	4,768 [G]	6,358 [G]	4,916 [G]	9,400 [G]	6,706 [G]	4,280 [G]	6,568 [G]	6,989 [G]	6,995 [G]	56,272	56,781	56,980
	Delayed Transfers of Care																
	Number of beds subject to Delayed Transfers of Care	M	≤350	604 [R]	72.6%										579	596	604
	Homeless																
	% of service users assessed within two weeks of admission	Q	85%	86.6% [G]	1.9%	90.4% [G]	92.1% [G]	94.4% [G]	65.5% [R]	84.5% [G]	100% [G]	94.5% [G]	72.7% [R]	94.1% [G]	79.5%	87.8%	86.6%
	Substance Misuse																
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	87.9% [R]	-12.1%	100% [G]	100% [G]		71.4% [R]	100% [G]	100% [G]	63.4% [R]	100% [G]	95.3% [G]	94.7%	98.3%	63.5%

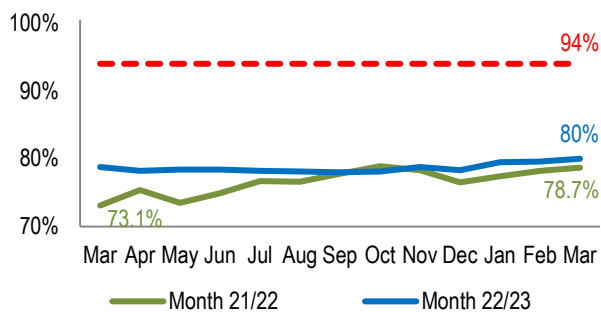|		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	97.2% [G]	-2.8%	99.1% [G]	94.2% [A]	100% [G]	90.5% [A]	99.8% [G]	99.7% [G]	100% [G]	88.4% [R]	92.5% [A]	97.5%	97.6%	98.2%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	1,967,875	0.08% [G]	12.66% [R]	6.85% [R]	5.07% [R]	7.67% [R]	9.36% [R]	6.28% [R]	3.23% [R]	12.25% [R]	5.31% [R]	-1.47%	-0.44%	0.08%
	Pay expenditure variance from plan	M	≤0.1%	946,486	0.01% [G]	8.39% [R]	3.33% [R]	-0.06% [G]	2.00% [R]	5.67% [R]	6.61% [R]	1.34% [R]	7.57% [R]	0.60% [A]	-0.83%	0.02%	0.01%
	Non-pay expenditure	M	≤0.1%	1,154,096	0.24% [A]	18.85% [R]	8.73% [R]	8.29% [R]	11.85% [R]	11.16% [R]	4.90% [R]	6.01% [R]	17.78% [R]	10.73% [R]	-2.28%	-1.10%	0.24%
	Gross expenditure (pay and non-pay)	M	≤0.1%	2,100,583	0.14% [A]	11.52% [R]	6.05% [R]	4.84% [R]	6.72% [R]	8.36% [R]	5.79% [R]	3.18% [R]	11.44% [R]	4.86% [R]	-1.63%	-0.60%	0.14%
	Service Arrangements (at 28.03.23)																
	%of monetary value signed	M	100%	7.78%	-92.22%										3.23%	5.27%	7.78%
	Internal Audit																
	% of recommendations implemented within 12 months	Q	95%	93% [G]	-2.1%												93%
Workforce	**Attendance Management**																
	% absence rates by staff category (non Covid)	M	≤4%	5.48% [R]	37%	7.28% [R]	4.02% [A]	6.06% [R]	4.92% [R]	6.79% [R]	4.81% [R]	5.32% [R]	5.93% [R]	4.85% [R]	5.99%	5.16%	5.28%
	% absence rates by staff category (Covid)	M	NA	0.67%		0.86%	0.43%	0.54%	0.61%	0.73%	0.76%	0.84%	0.82%	0.50%	0.95%	0.50%	0.56%

Enhancing Community Services
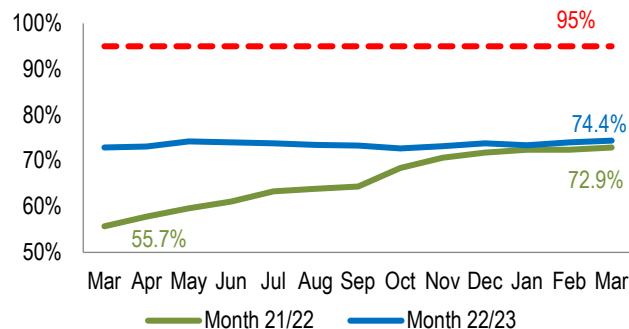
Primary Care Services

Primary Care Therapies

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Physiotherapy access within 52 weeks	94%	M	🔴	**80%**	78.7%	+1.3%	79.5%	79.6%	80%	CHO6 (96.8%), CHO7 (94.7%), CHO1 (92.7%)	CHO5 (56.8%), CHO8 (75.2%), CHO2 (77.3%)
Occupational Therapy access within 52 weeks	95%	M	🔴	**74.4%**	72.9%	+1.5%	73.4%	74%	74.4%	CHO6 (95.6%), CHO3 (91.5%), CHO4 (80.4%)	CHO9 (64.3%), CHO5 (68.4%), CHO2 (70.4%)
Speech and Language Therapy access within 52 weeks	100%	M	🔴	**88.4%**	87.4%	+1%	89.8%	89.1%	88.4%	CHO4 (100%), CHO3 (95.8%), CHO6 (95.1%)	CHO7 (77.2%), CHO5 (81.7%), CHO1 (83%)
Podiatry access within 52 weeks	77%	M	🟡	**71%**	47.2%	+23.8%	57%	55.6%	71%	CHO6 (100%), CHO3 (94.3%), CHO4 (78.4%)	CHO8 (33.5%), CHO9 (43%), CHO5 (47.6%)
Ophthalmology access within 52 weeks	64%	M	🔴	**50.6%**	53.9%	-3.3%	52.2%	53.1%	50.6%	CHO6 & 9 (100%), CHO7 (99.9%)	CHO2 (33%), CHO4 (39.1%), CHO5 (49.2%)
Audiology access within 52 weeks	75%	M	🟢	**76.9%**	72.4%	+4.5%	78.1%	77.6%	76.9%	CHO9 (99.6%), CHO1 (92.9%), CHO6 (79.6%)	CHO3 (61.6%), CHO5 (67.7%), CHO2 (74.9%)
Dietetics access within 52 weeks	80%	M	🔴	**65.5%**	57.8%	+7.7%	63.4%	63.5%	65.5%	CHO1 (92.7%), CHO4 (79.6%), CHO9 (78.4%)	CHO3 (39%), CHO5 (51.7%), CHO2 (52.1%)
Psychology access within 52 weeks	81%	M	🔴	**63.9%**	62.4%	+1.5%	64.4%	64%	63.9%	CHO3 (93.8%), CHO8 (92.6%), CHO6 (88.3%)	CHO7 (42.9%), CHO4 (50.2%), CHO2 (53.3%)

Physiotherapy Access within 52 weeks

94%

80%

78.7%

73.1%

Month 21/22 — Month 22/23

Occupational Therapy Access within 52 weeks

95%

74.4%

72.9%

55.7%

Month 21/22 — Month 22/23

SLT Access within 52 weeks

100%

88.4%

87.4%

71.3%

Month 21/22 — Month 22/23

Podiatry Access within 52 weeks

Month 21/22 — Month 22/23

Key values: 77% (target), 71%, 48%, 47.2%

Ophthalmology Access within 52 weeks

Month 21/22 — Month 22/23

Key values: 64% (target), 53.9%, 45.4%, 50.6%

Audiology Access within 52 weeks

Month 21/22 — Month 22/23

Key values: 76.9%, 75% (target), 72.4%, 58.7%

Dietetics Access within 52 weeks

Month 21/22 — Month 22/23

Key values: 80% (target), 65.5%, 56.6%, 57.8%

Psychology Access within 52 weeks

Month 21/22 — Month 22/23

Key values: 81% (target), 63.9%, 62.4%, 46.3%
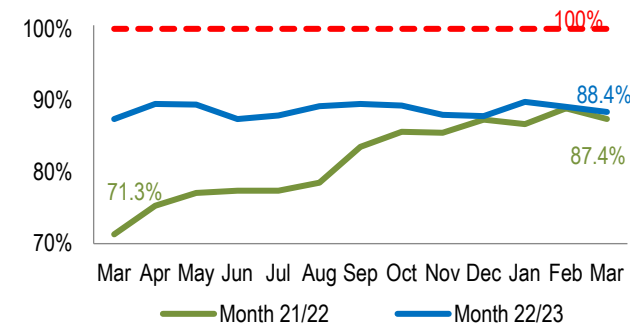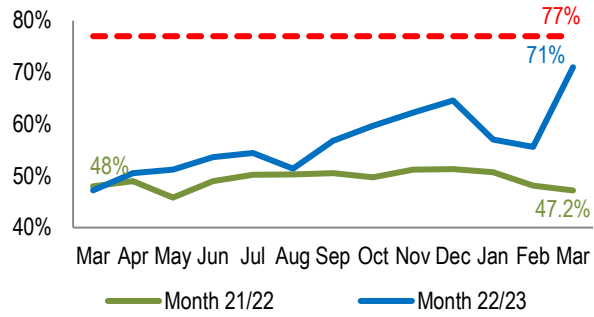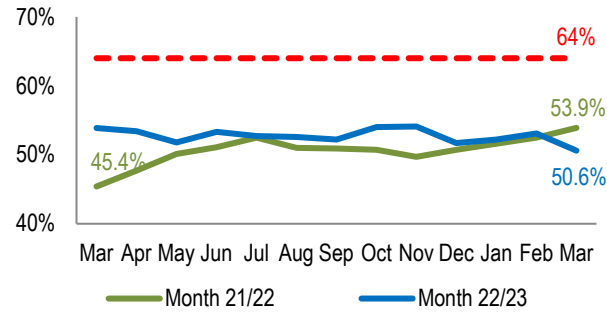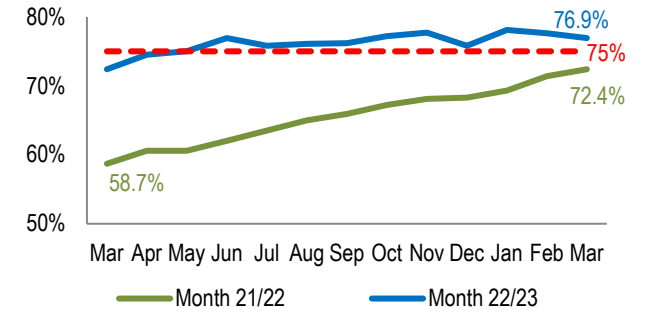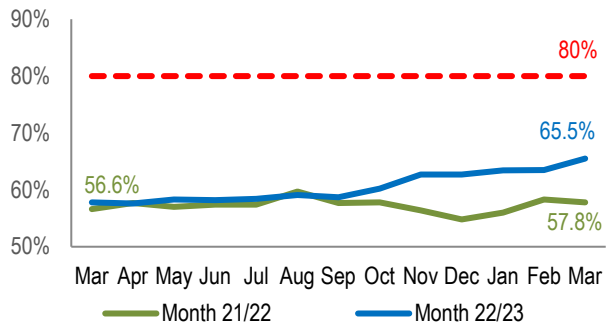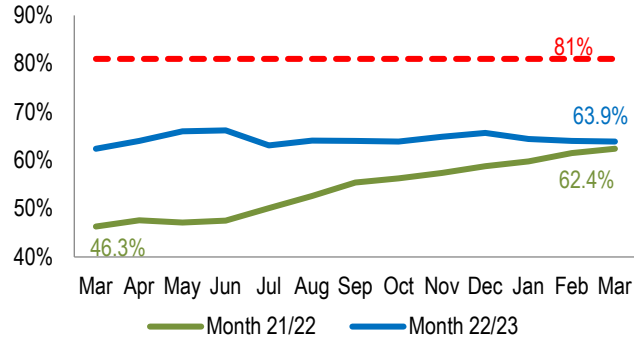
Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	146,901	132,673	-9.7%	112,351	20,322
Total number waiting	42,173	67,891	61%	60,146	7,745
% of new seen waiting < 12 weeks	81%	73.4%	-9.4%	75.9%	-2.5%
Number waiting > 52 weeks		13,567		12,839	728
Occupational Therapy					
Number seen	97,314	88,734	-8.8%	79,940	8,794
Total number waiting	34,093	37,298	9.4%	31,722	5,576
% of new seen waiting < 12 weeks	71%	63.4%	-10.7%	64.2%	-0.8%
Number waiting > 52 weeks		9,532		8,583	949
*Speech & Language Therapy					
Number seen	70,578	49,810	-29.4%	47,009	2,801
Total number waiting	17,645	19,249	9.1%	18,091	1,158
Number waiting > 52 weeks		2,228		2,281	-53

Treatment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	9,868	8,236	-16.5%	8,292	-56
Number waiting > 52 weeks		1,818		1,848	-30
Podiatry					
Number seen	21,469	16,703	-22.2%	15,100	1,603
Total number waiting	4,619	8,364	81.1%	7,277	1,087
% waiting < 12 weeks	33%	23.3%	-29.5%	17.2%	6.1%
Number waiting > 52 weeks		2,427		3,845	-1,418
Ophthalmology					
Number seen	19,956	22,935	14.9%	18,694	4,241
Total number waiting	20,204	22,238	10.1%	20,437	1,801
% waiting < 12 weeks	19%	20%	5.2%	20.1%	-0.1%
Number waiting > 52 weeks		10,982		9,425	1,557
Audiology					
Number seen	13,554	13,766	1.6%	12,494	1,272
Total number waiting	18,810	22,002	17%	17,055	4,947
% waiting < 12 weeks	30%	27.3%	-8.8%	26.4%	0.9%
Number waiting > 52 weeks		5,073		4,704	369
Dietetics					
Number seen	17,160	18,387	7.2%	14,755	3,632
Total number waiting	17,417	28,980	66.4%	30,215	-1,235
% waiting < 12 weeks	40%	25.7%	-35.9%	22.4%	3.3%
Number waiting > 52 weeks		9,997		12,740	-2,743
Psychology					
Number seen	12,450	10,662	-14.4%	11,685	-1,023
Total number waiting	10,532	17,583	66.9%	12,433	5,150
% waiting < 12 weeks	36%	19.5%	-45.7%	22.5%	-3.0%
Number waiting > 52 weeks		6,345		4,681	1,664

*SLT reports on both assessment and treatment waiting list

Nursing

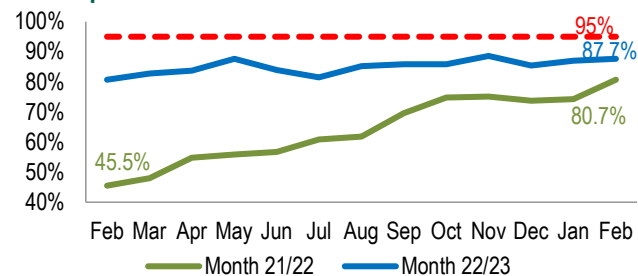| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	🟢	**96.4%**	100.6%	-4.2%	99.6%	97.5%	96.4%	CHO3 (106.5%), CHO8 (99.8%), CHO9 (98.3%)	CHO6 (88%), CHO1 (90.6%), CHO4 (92.6%)

Nursing – access within 12 weeks
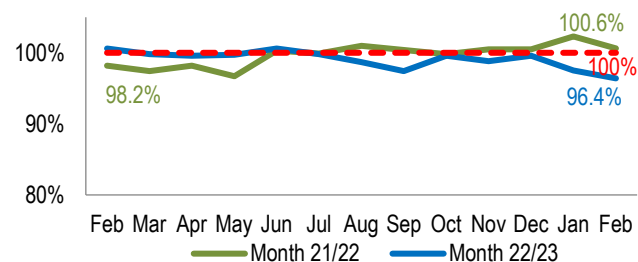
Child Health

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental assessment within 12 months	95%	M-1M	🟡	**87.3%**	77.4%	+9.9%	85.4%	87%	87.7%	CHO4 (97.8%), CHO8 (96.7%), CHO9 (92.1%)	CHO6 (68%), CHO1 (78.9%), CHO7 (81.2%)
% of infants visited by a PHN within 72 hours of discharge	99%	Q	🟢	**98.7%**	97.6%	+1.1%	98.7%	98.4%	98.7%	CHO4 (101.4%), CHO3 (99.9%), CHO5 (99.5%)	CHO8 (95.9%), CHO2 & 1 (97.8%)
% of infants breastfed exclusively at three month PHN visit	36%	Q-1Q	🔴	**31.5%**	33.2%	-1.7%	31.6%	31.5%	32.8%	CHO6 (43.1%), CHO4 (39.7%), CHO5 (34%)	CHO1 (22.5%), CHO3 (25%), CHO7 (31.4%)

Developmental assessment within 12 months

% of Infants visited by a PHN within 72 hours of discharge

% of Infants breastfed exclusively at 3 month PHN visit
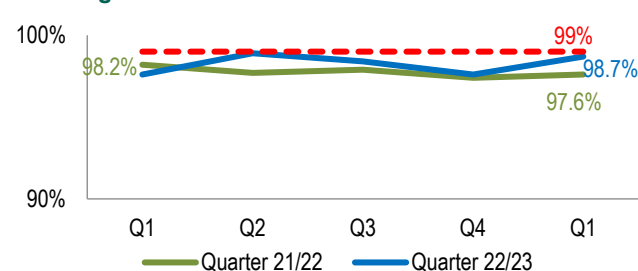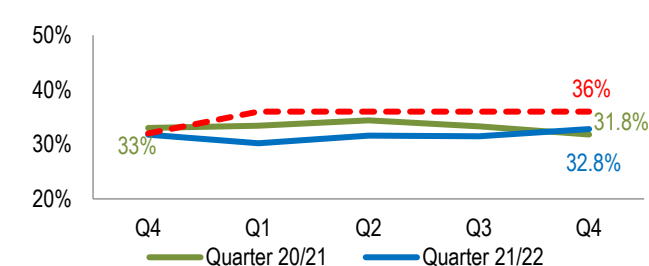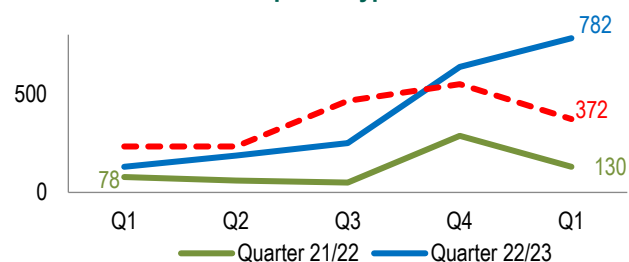
Dietetics and Chronic Disease Management

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	372 YTD/ 1,480 FYT	Q	🟢 **782**	130	+652	250	637	782	CHO2 (469%), CHO6 (224.2%), CHO3 (178.6%)	CHO1 (-82.2%), CHO4 (-53.3%), CHO7 (-38.5%)

Number who have completed type 2 diabetes education programme

Oral health and Orthodontics

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 month	94%	M	🟢 **94.3%**	92.4%	+1.9%	95.3%	93.8%	93.8%	CHO6 & 7 (100%), CHO9 (99.8%)	CHO8 (77%), CHO2 (80.8%), CHO5 (82.2%)
Orthodontics - % seen for assessment within 6 months	45%	Q	🔴 **40.4%**	47.9%	-7.5%	49.9%	45.1%	40.4%	West (95.7%), DNE (76.3%), South (33%)	DML (24.2%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	🔴 **22.5%**	16.3%	+6.2%	20.2%	19.1%	22.5%	West (7.2%)	South (31.4%), DNE (20.8%), DML (19.9%)

Oral Health: % of new patients who commenced treatment within 3 months
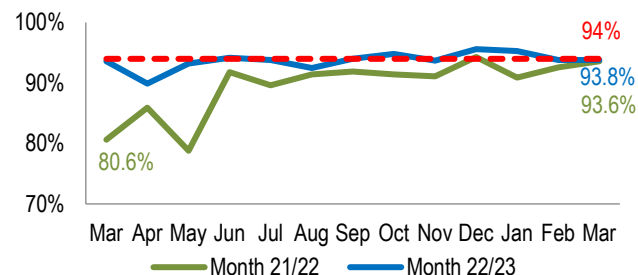
Orthodontics: % seen for assessment within 6 months
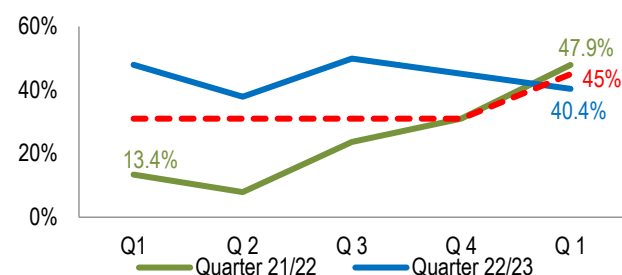
Orthodontics: treatment waiting list > four years
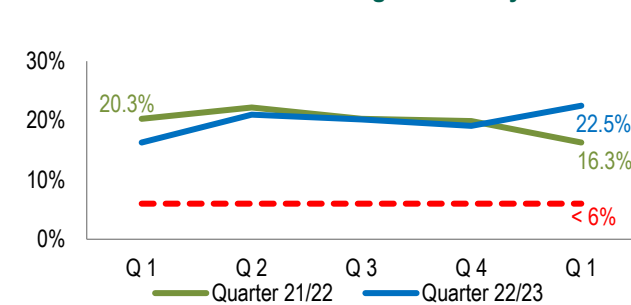
Social Inclusion

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	🟢	**97.2%**	96%	+1.2%	97.5%	97.6%	98.2%	CHO2, 3, 5, 6 & 7 (100%)	CHO8 (90%), CHO 9 (91.9%), CHO4 (93.8%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	🔴	**87.9%**	96.4%	-8.5%	94.7%	98.3%	63.5%	CHO1, 2, 4, 5 & 6 (100%)	CHO7 (36.2%), CHO9 (93.8%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	🟢	**86.6%**	78.6%	+8%	79.5%	87.8%	86.6%	CHO6 (100%), CHO7 (94.5%), CHO3 (94.4%)	CHO4 (65.5%), CHO8 (72.7%), CHO5 (84.5%)

% access to substance misuse treatment (>18 years)
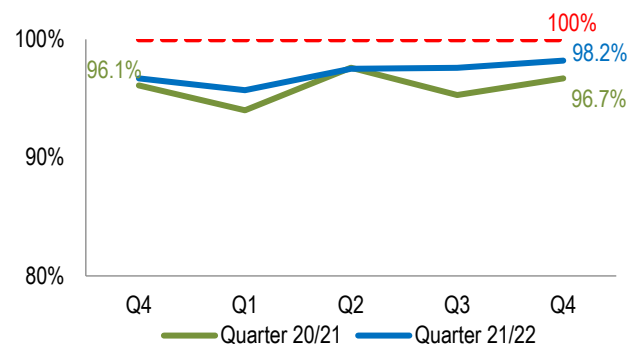
% access to substance misuse treatment (>18 years)

% Homeless health needs assessed within two weeks
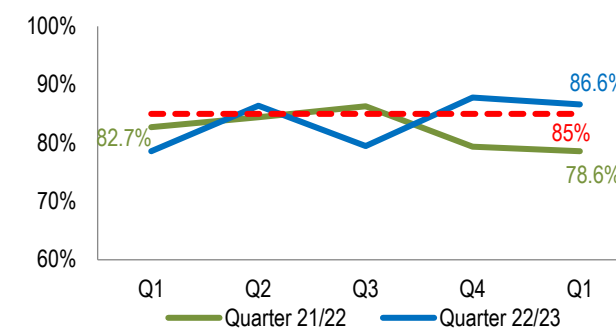
Older Persons' Services

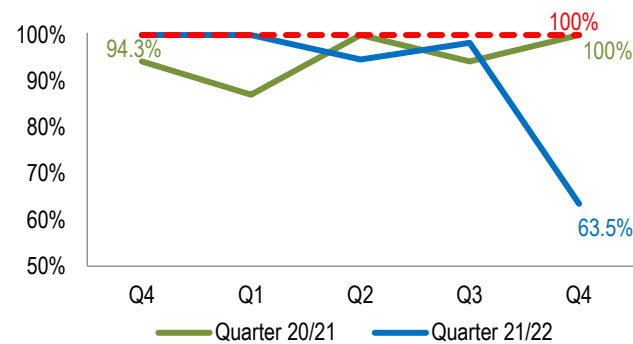| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	5,840,992 YTD/ 23.9m FYT	M	🔴	5,203,494	4,950,411	+253,083	1,750,158	1,684,512	1,768,824	(%Var): CHO6 (1.9%)	(%Var): CHO2 (-16.6%), CHO4 (-15.3%), CHO5 (-14.3%)
No. of people in receipt of Home Support	55,910 YTD/ 55,910 FYT	M	🟢	56,980	54,750	+2,230	56,272	56,781	56,980	(%Var): CHO6 (10%), CHO4 (9.6%), CHO8 (3.8%)	(%Var): CHO9 (-4.4%), CHO2 (-2.2%), CHO5 (-1.5%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	🔴	79	101	-22	78	80	79		
No. of persons funded under NHSS in long term residential care	22,587 YTD/ 22,712 FYT	M	🟢	22,326	22,040	+286	22,456	22,149	22,326		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	🟢	4,463	4,614	-151	4,448	4,453	4,463	(%Var): CHO9 (17.9%), CHO3 (9.2%), CHO8 (2.3%)	(%Var): CHO6 (-8.7%), CHO2 (-8.3%), CHO5 (-6.4%)
No. of short stay beds in public units	1,624 YTD/ 2,182 FYT	M	🟢	1,709	1,534	+175	1,739	1,715	1,709	(%Var): CHO4 (18.4%), CHO3 (18.2%), CHO2 (13.1%)	(%Var): CHO8 (-18.2%), CHO6 (-2.3%), CHO1 (-0.7%)
No. of beds subject to Delayed Transfers of Care[1]	≤350	M	🔴	604	600	+4	579	596	604	SLRON, Mullingar, Mallow (0)	CUH (69), SJH (66), MMUH (57)
No. of persons in receipt of payment for transitional care	916	M-1M	🟢	1,662	1,195	+467	1,214	1,475	1,662		

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[1] DTOC data not available for May-July 2021 due to cyber attack

Number of Home Support Hours Provided

- Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
- 1,634,261
- 2,003,435
- 1,768,824
- 1,667,484
- Month 21/22 Month 22/23
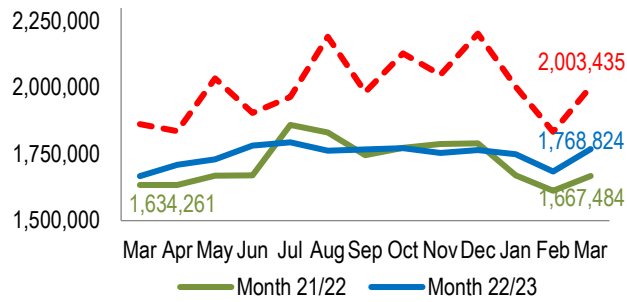
Number of people in receipt of Home Support

- Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
- 54,122
- 56,980
- 55,910
- 54,750
- Month 21/22 Month 22/23
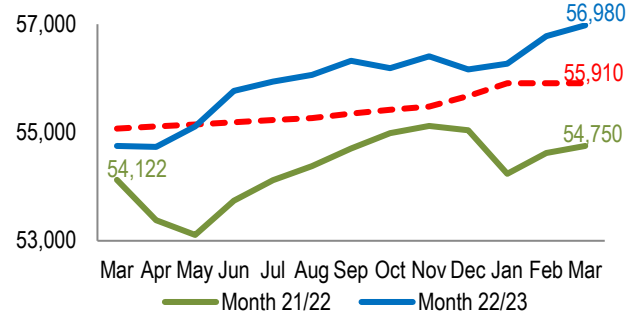
Number waiting on funding for Home Support

- Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
- 1,601
- 37
- 7
- Month 21/22 Month 22/23
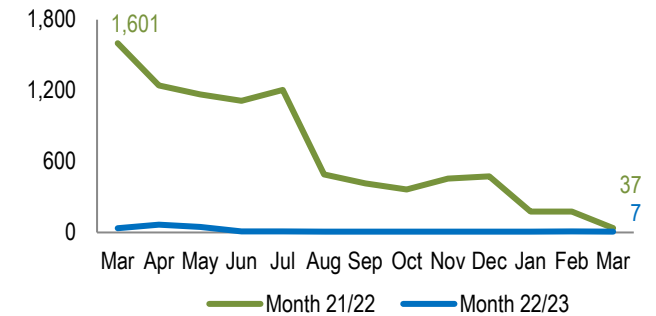
Number of persons funded under NHSS in long term residential care

- Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
- 21,710
- 22,587
- 22,326
- 22,040
- Month 21/22 Month 22/23

Delayed Transfers of Care[2]

- Mar Apr May June July Aug Sep Oct Nov Dec Jan Feb Mar
- 371
- ≤350
- 604
- 600
- Month 21/22 Month 22/23

Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	69	22	91	15.1%
Residential Care	239	27	266	44%
Rehab	60	31	91	15.1%
Complex Needs	21	18	39	6.5%
Housing/Homeless	26	21	47	7.8%
Legal complexity	34	7	41	6.8%
Non compliance	13	3	16	2.6%
COVID-19	13	0	13	2.2%
Total	**475**	**129**	**604**	**100%**

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[2] DTOC data not available for May-July 2021 due to cyber attack

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY	SPLY Change
	No. of new applicants	3,232	2,608	+624	1,094	1,001	1,137	875	+262
	National placement list for funding approval	800	623	+177	589	681	800	623	+177
	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	22,326	22,040	+286	22,456	22,149	22,326	22,040	+286
Private Units	No. of new patients entering scheme	1,706	1,550	+156	520	541	645	677	-32
	No. of patients Leaving NHSS	2,109	1,716	+393	811	788	510	500	+10
	Increase	-403	-166	-237	-291	-247	+135	-177	-42
Public Units	No. of new patients entering scheme	407	256	+151	153	109	145	119	+26
	No. of patients Leaving NHSS	447	346	+101	175	169	103	101	+2
	Net Increase	-40	-90	+50	-22	-60	+42	+18	+24

Mental Health Services

Mental Health Services
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	11,691YTD/ 46,774FYT	M	🟢	12,548	11,550	+998	4,160	3,947	4,441		
Number of referrals seen	7,381YTD/ 29,482FYT	M	🟠	6,839	6,403	+436	2,180	2,162	2,497		
% seen within 12 weeks	≥ 75%	M	🟠	69.7%	71.1%	-1.4%	70%	69.4%	69.7%	CHO1 & 2 reached target	CHO9 (45.2%), CHO3 (63.3%), CHO8 (64.9%)

Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	3,061YTD/ 12,238FYT	M	🟢	3,254	3,004	+250	1,057	1,078	1,119		
Number of referrals seen	2,475YTD/ 9,883FYT	M	🔴	2,038	2,003	+35	706	636	696		
% seen within 12 weeks	≥ 95%	M	🟠	88.6%	91.2%	-2.6%	88.8%	87.7%	89.2%	CHO1 & 3 reached target	CHO4 (61.3%), CHO9 (67.2%), CHO7 (69.8%)

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

Psychiatry of Later Life: % offered an appointment and seen within 12 weeks
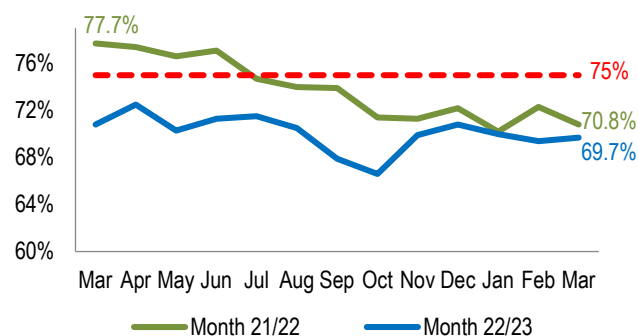
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	>85%	M	🟢	94.7%	100%	-5.3%	93.8%	94.1%	95.8%		
CAMHs Bed Days Used	>95%	M	🟢	99.4%	100%	-0.6%	99.4%	99.5%	99.2%	CHO 1, 2, 3, 4, 6, 7, 8 & 9 reached target	CHO5 (89.9%)
% seen within 12 weeks	≥ 78%	M	🔴	60.4%	70.7%	-10.3%	65.1%	60.2%	56.8%	CHO2 & 3 reached target	CHO5 (29.8%), CHO4 (51%), CHO6 (55.6%)
CAMHs –% seen within 12 months	≥95%	M	🟢	93.3%	97.1%	-3.8%	92.1%	94.6%	93.4%	CHO2, 3, 7, 8 & 9 reached target	CHO4 (83.2%), CHO1 (87.5%), CHO5 (90%)
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	🟢	91.4%	91.3%	+0.1%	91.5%	92.4%	90.5%	CHO1, 2, 3, 5, 6, 7 & 8 reached target	CHO9 (48.6%), CHO4 (72.7%)
CAMHs waiting list	4,211	M	🟠	4,490	4,138	+352	4,414	4,434	4,490	CHO9 (251), CHO5 (264), CHO2 (312)	CHO4 (882), CHO6 (766), CHO8 (745)
CAMHs waiting list > 12 months	0	M	🔴	752	386	+366	642	682	752	CHO9 (0)	CHO4 (341), CHO3 (109), CHO8 (93)
No of referrals received	5,306YTD/ 21,224FYT	M	🟢	6,450	5,917	+533	2,057	1,973	2,420		
Number of referrals seen	3,164YTD/ 12,635 FYT	M	🟢	3,228	2,718	+510	1,017	974	1,237		

% offered and appointment and seen within 12 weeks
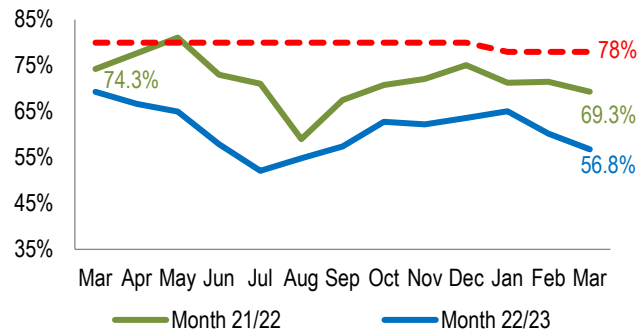
% of urgent referrals responded to within 3 working days

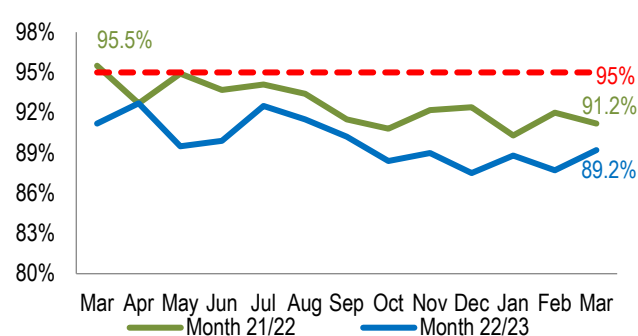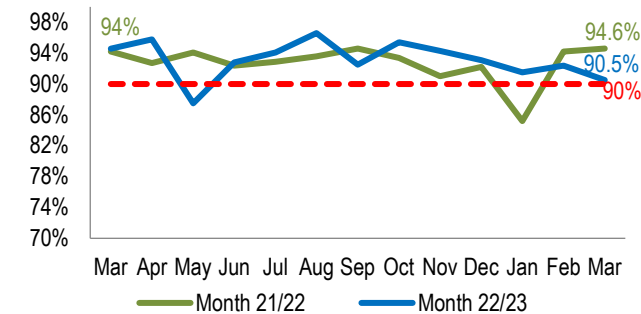### Waiting List > 12 months
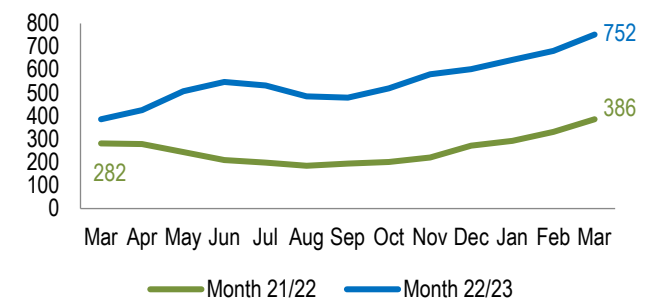
Disability Services

Disability Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Movement from Congregated Setting to community settings	16 YTD/ 73 FYT	M	🔴	**13**	19	-6	3	3	7	(% Var):	(% Var): CHO4 (-100%), CHO3 (-42.9%), CHO1 (-28.6%)
Disability Act Compliance	100%	Q	🔴	**18.6%**	20.6%	-2%	29.6%	29.8%	18.6%	(% Var): No CHO reached target	(% Var): CHO5 (0%), CHO7 (0%), CHO9 (0%)
Number of requests for assessment of need received for Children	1,640 YTD/ 6,555 FYT	Q	🟢	**2,034**	1,645	+389	1,515	1,839	2,034	(% Var): CHO6 (72.2%), CHO2 (69.6%), CHO8 (61%)	(% Var): CHO3 (-42.7%)

Congregated Settings
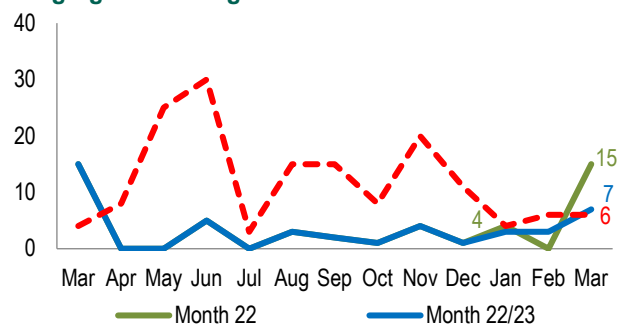
Disability Act Compliance

Assessment of Need Requests
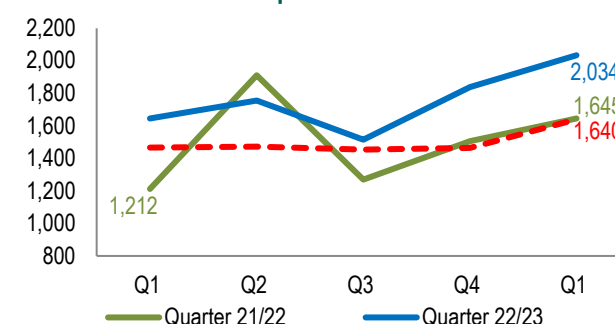
Residential and Emergency Places and Support Provided to People with a Disability

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	43	11	🟢	**32**	13	+19	12	6	14
Number of in home respite supports for emergency cases	M	447	436	🟢	**420**	409	+11	420	0	0
Number of residential places for people with a disability (including new planned places)	M	8,305	8,305	🟢	**8,330**	8,158	+172	8,283	8,291	8,330

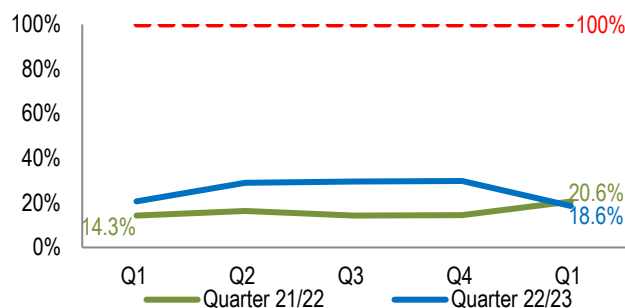| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite sessions	22,474 YTD/ 22,474 FYT	Q-1M	●	**28,369**	16,306	+12,063	6,514	7,795	8,158	(% Var): CHO5 (412.9%), CHO1 (120.8%), CHO8 (64.1%)	(% Var): CHO7 (-77.1%), CHO3 (-48.2%), CHO4 (-1.7%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,351 YTD/ 5,351 FYT	Q-1M	●	**5,794**	4,427	+1,367	5,500	6,091	5,794	(% Var): CHO5 (83.6%), CHO9 (69.4%), CHO8 (26.8%)	(% Var): CHO2 (-33.5%), CHO6 (-15.3%), CHO1 (-14.1%)
Respite – Number of overnights	92,552 YTD/ 92,552 FYT	Q-1M	●	**131,057**	94,606	+36,451	34,829	36,007	32,742	All CHO's reached target	
Number of Home Support Hours delivered	3.12m YTD/ 3.12m FYT	Q-1M	●	**3,369,146**	2,949,806	+419,340	792,277	937,116	855,122	(% Var): CHO3 (92.6%), CHO1 (47%), CHO2 (18.6%)	(% Var): CHO7 (-19.2%), CHO5 (-10.7%), CHO6 (-0.7%)
Number of Personal Assistance Hours delivered	1.7m YTD/ 1.7m FYT	Q-1M	●	**1,746,136**	1,700,309	+45,827	426,058	487,582	414,576	(% Var): CHO6 (131.8%), CHO9 (48.1%), CHO5 (26.3%)	(% Var): CHO1 (-39.8%), CHO7 (-30.2%), CHO4 (-13.9%)

Respite: Day Only
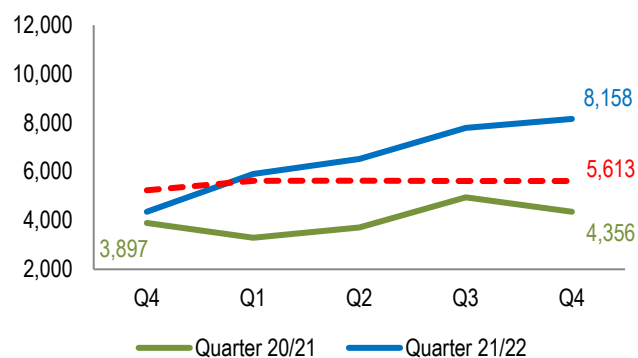
Number of people with a disability in receipt of respite services
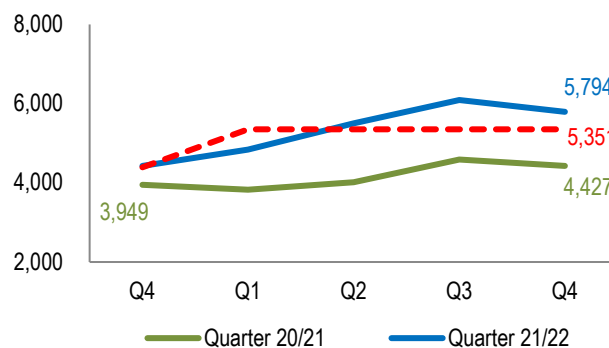
Respite: Overnights
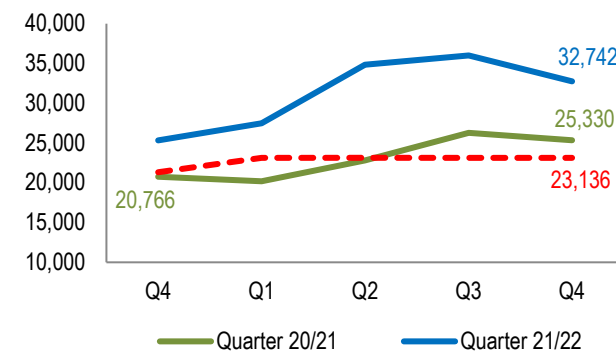
Home Support Hours
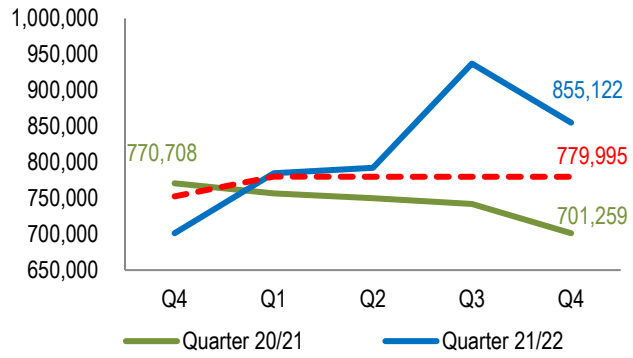
Personal Assistance Hours
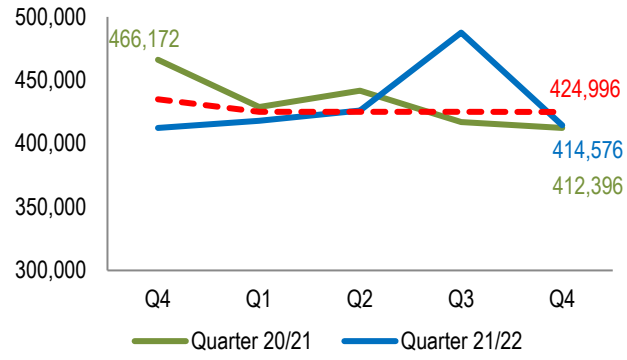
Community Services Update

Community Services Update

Overall the performance of community services in March have remained similar to that in February however remains challenged in a number of service areas

Recruitment remains a challenge in respect of attracting and retaining a range of health care professionals. The investment in healthcare staff over the past number of years has resulted in a range of new and promotional posts becoming available which has resulted in increased requirements for entry level staff who are critical in service delivery, this grade of staff continue to be difficult to recruit. It should be noted that many staff still have accrued delayed annual leave for their work in earlier waves of Covid.

An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from the Ukraine however the logistical and organisational challenges are significant with particular need for GP services.

Community based care is currently undergoing substantial reform in line with Sláintecare. This will involve a significant re-structuring in how services are currently delivered and will ensure care is provided in an equitable, efficient and integrated way through newly established Community Healthcare Networks. As we develop these networks and teams, we will build the capacity of the primary care sector, recruiting around 2,000 additional frontline staff across a range of disciplines including nurses, occupational therapists, speech and language therapists, physiotherapists and other healthcare professionals. This is dependent on the availability of these staff in a competitive international market for healthcare workers. The HSE's Capital Plan also includes substantial investment in the construction of new Primary Care Centres which will be key to providing integrated, easy to access care that is embedded in our communities. This significant restructuring and investment will ensure sustained and meaningful reductions to waiting lists into the future.

March data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2023.
Examples of positive national performance against target are:

- CIT Referrals - In March 2023 there were 22,603 CIT referrals year to date which is 11.1% ahead of the expected year to date target of 20,343

- Ophthalmology – Number of patients seen +14.9% (2,979) above target 19,956

- Access to Palliative Inpatient Beds - The national year to date position is 98.3% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.

- Community Adult Mental Health Services – 87.1% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2023 against a target of ≥90%.

- Child & Adolescent Mental Health Service – 91.4% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

However, as set out in the report, there are also performance challenges including in a number primary care therapy services.

Waiting List Initiatives
It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services where appropriate. The Project Group of national clinical leads and operational community leaders to oversee this work has put in place arrangements for a number of initiatives that are both clinically high priority as well as being operationally achievable within current constraints.

Waiting List Initiatives in Community Services in 2022 (Orthodontics, Primary Care Child Psychology, CAMHS and Counselling in Primary Care) sought to balance clinical priority and need with operational achievability. The end of 2022, data

shows that 8,144 people were removed from waiting lists through these initiatives with approximately 6,300 of these people being children and young people under the age of 18.

The Waiting List Action for 2023 was published on 7th March 2023 and associated once-off funding of €22,714,33 for 2023 was confirmed for Community Services. Whilst approval of the 2023 Plan was awaited, some continuation of 2022 initiatives took place. From January to March 2023, year to date, a total of 2,045 additional people have been removed from the following waiting lists as a result of this investment:

- 475 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list to the end of March
- 761 children waiting for primary care child psychology waiting for over a year have been removed from the list to the end of March
- 627 adults have been removed from the counselling in primary care wait list to the end of March
- 182 children and young people have been removed from the CAMHS waiting lists to the end of March

Of note here are related actions also set out in the DOH Waiting List Action Plan to implement the Integrated Community Case Management System (ICCMS) which will be integral to supporting medium to long term improvements in the management of waiting lists.

The ICCMS Programme is on track with DGOU approval to proceed to procurement with Procurement Requirements in final stages of development with clinical and operational colleagues from across all care groups and all areas of the country for review by the Peer Review Group prior to publication.

Serious Incidents

There were 28 Category 1 incidents reported by date of incident in March 2023 across the 9 Community Healthcare Organisations.
The % of Category 1 reviews for incidents notified in November 2022 (11 incidents notified) completed within 125 days of notification was 27%. The twelve month rolling % for this KPI is 23%.

Extreme and Major incidents as a % of all incidents was 0.5% for Quarter 1, 2023, achieving the target of < 1%. The 12 month rolling % for this KPI is 0.4%, also achieving the target. All 9 CHOs and National Social Care have achieved compliance in this KPI over the 12 month rolling period.

Primary Care

Primary Care Services have been impacted by Covid waves with staff absence impacting on performance. Additionally, Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets. 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 96.3% return rate for data across Primary Care Services in March.

One of the factors impacting on numbers of patients seen is the complexity of cases presenting.
Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for a prolonged period of time. Another significant factor impacting access performance is the increase in numbers of referrals across all therapy services which will also impact on numbers waiting. This increase in the number of referrals may result in longer waiting times as patients are clinically prioritised.

The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At March 2023 the total number of patients seen is 13.3% ahead of the same period in 2022.

Performance is discussed in the individual monthly engagements between the national Head of Operations for Primary Care with the CHO Heads of Service Primary Care. An increasing focus for these discussions are measures for increased productivity in terms of numbers seen per WTE relative to national averages for each service.

Community Intervention Teams (CIT)

At end of March 2023, there were 22,603 CIT referrals year to date which is 11.1% ahead of the expected year to date activity of 20,343 (PC122).
*** Data return rate 100%.**

Child Health Developmental Assessment 12 Months

The national performance at February YTD (Data one month in arrears) is 87.3% compared to a target of 95% (PC153). Performance in February of 87.7% compared to a monthly performance of 87% in January.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2023, in most areas, due to a combination of factors including;

- Reduced Covid related staff illness (assuming a reduction in Covid across the year)

- Less DNAs / cancellations from clients due to reduced impact of Covid

- Measures being taken to address non-return of data

- Overall reduction in backlogs

Performance will continue to be monitored in 2023 with relevant CHOs including in the monthly engagement meetings. It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses in some areas especially some parts of Dublin and Galway. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.
*** Data return rate 90.6%**

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Dec	Jan	Feb
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.7% (Q1 2023)	98.4%		
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	61.7% (Q4 022)	60.4%		
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	42.8% (Q4 2022)	42.7%		
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	39.5% (Q4 2022)	39.8%		
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	31.5% (Q4 2022)	32.8%		
PC153	% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M-1M	95%	87.3% (YTD Feb 2023)	85.4%	87%	87.7%

Oral Health

Year to date nationally 94.3% of new Oral Health patients commenced treatment within three months of their scheduled oral health assessment, compared to the target of 94% (PC34A). This is ahead of target and is also higher than the same period in 2022.

The publication of the Waiting List Action Plan 2023 (7th March 2023) confirmed funding to continue the wait list initiative for Primary Care Orthodontics Grade 4 for people waiting over 4 years. The later confirmation of funding resulted in some challenges in securing capacity for the first three months in which to offer services to this cohort of patients. Where progress was able to be made, continued from 2022, a total of 707 children and young people have been removed from the waiting list at the end of March.
*Data return rate 100%

Physiotherapy Access within 52 weeks

The national position at the end of March 2023 is 80% compared to the target of 94% (PC100G). The number of clients waiting longer than 52 weeks has increased by + 1.0% from 13,427 in February to 13,567 in March (PC100E).

The number of new patients seen for first time assessment at the end of March 2023 is 38,299 which is 16.1% ahead of same period last year position of 33,000 (PC15)
CHOs 1, 2, 3, 4 and 6 are above target or within 5% of achieving target for access. CHO5 and 8 are within 5% to 10% of achieving target and CHOs 7 and 9 are more than 10% away from achieving target.

Numbers of referrals YTD (Mar) is 51,318 which represents an increase of 14,775 (40.4%) in expected activity (36,543).
Referrals are 13.4% ahead of the same period last year (45,262) with increases recorded in 8 of the 9 CHOs. (PC14)
* Data return rate 100%

Occupational Therapy (OT) Access within 52 weeks

The national position in March 2023 is 74.4% compared to the target of 95% (PC101G). The number of people waiting longer than 52 weeks decreased by - 1.9% from 9,712 in February to 9,532 in March (PC101E).

The number of new patients seen for first time assessment at the end of March 2023 is 23,197 which is 8.8% ahead of same period last year position of 21,321 (PC20). CHOs 1, 3, 4 and 9 are above target or within 5% of achieving target for access. CHO6 and 7 are within 5% to 10% of achieving target and CHOs 2, 5 and 8 are over 10% away from achieving target for access.

Numbers of referrals YTD (Mar) is 25,015 which represents an increase of 5,581 (28.7%) in expected activity (19,434).

Referrals are 15.8% ahead of the same period last year (21,597) with increases in recorded CHOs 1, 3, 4,5,6,7 and 8. (PC19)
* Data return rate 100%

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in March 2023 is at 88.4% compared to the target of 100% (PC116B). The number of people waiting for an initial assessment for longer than 52 weeks has increased by +8.9% from 2,045 in February to 2,228 in March (PC116C).

The number of new patients seen for first time assessment at the end of March 2023 is 8,620 which is 19.9% ahead of same period last year position of 7,188 (PC115). CHOs 2, 5 and 6 are above target and CHOs 1, 3, 4, 7, 8 and 9 are more than 10% away from achieving target.

Numbers of referrals YTD (Mar) is 11,020 which represents an increase of 2,710 (32.6%) in expected activity (8,310).

Referrals are 12.4% ahead of the same period last year (9,801) with increases in recorded CHOs 2, 4, 5, 6, 7, 8, and 9. (PC113)
*Data return rate 96.9%

Podiatry Access within 52 weeks

The national position in March 2023 is 71% compared to the target of 77% (PC104G). The number of clients waiting longer than 52 weeks has decreased by -37.3% from 3,871 in February to 2,427 in March (PC104E).

The number of new patients seen for first time assessment at the end of March 2023 is 2,073 which is 2.5% ahead of same period last year position of 2,022 (PC47). CHOs 1, 3, 6 and 9 are above target or within 5% of achieving target for access. CHOs 2, 4, 5 and 8 are over 10% away from achieving target for access.

Numbers of referrals YTD (Mar) is 3,316 which represents an increase of 1,744 (110.9%) in expected activity (1,572).
Referrals are 24.9% ahead of the same period last year (2,655) with increases in recorded all CHOs except CHO 6 (PC45)

NB: no Podiatry service recorded in CHO 7
*Data return rate 100%

Ophthalmology Access within 52 weeks

The national March 2023 position is 50.6% compared to the target of 64% (PC107G). The number of people waiting longer than 52 weeks has decreased by -1.3% from 11,128 in February to 10,982 in March (PC107E).

The number of new patients seen for first time assessment at the end of March 2023 is 5,785 which is 15.2% ahead of same period last year position of 5,021 (PC54). CHOs 4, 5, 6, 7 and 8 are above target and CHOs 1, 2, 3 and 9 are over 10% of achieving target.

Numbers of referrals YTD (Mar) is 7,251 which represents an increase of 1,149 (18.8%) in expected activity (6,102).

Referrals are 19.8% ahead of the same period last year (6,052) with increases in recorded CHOs 1, 2, 4, 7, 8 and 9. (PC52)
*Data return rate 91.3%

Audiology Access within 52 weeks

The national position in March 2023 is 76.9% compared to the target of 75% (PC108G). The number of people waiting longer than 52 weeks has increased by +10.6% from 4,585 in February to 5,073 in March (PC108E).

The number of new patients seen for first time assessment at the end of March 2023 is 3,876 which is 9.9% ahead of same period last year position of 3,526 (PC61). CHOs 1, 2, 5, 7, 8, 9 are above target. CHO3 is within 5% to 10% of achieving target and CHOs 4 and 6 are over 10% from achieving target.

Numbers of referrals YTD (Mar) is 5,567 which represents an increase of 341 (6.5%) in expected activity (5,226).

Referrals are 23.2% ahead of the same period last year (4,518) with increases in recorded in CHOs 1, 4, 7, 8 and 9. (PC59)
*Data return rate 100%

Dietetics Access within 52 weeks

The national position in March 2023 is 65.5% compared to the target of 80% (PC109G). The number of people waiting longer than 52 weeks has decreased by -11.0% from 11,236 in February to 9,997 in March (PC109E).

The number of new patients seen for first time assessment at the end of March 2023 is 6,828 which is 55% ahead of same period last year position of 4,406 (PC68). CHOs 1, 2, 3, 5, 7 and 9 are above target. CHO4 is within 5% to 10% of achieving target and CHOs 6 and 8 are over 10% of achieving target.

Numbers of referrals YTD (Mar) is 10,517 which represents an increase of 3,386 (47.5%) in expected activity (7,131).

Referrals are 12.4% ahead of the same period last year (9,360) with increases in recorded CHOs 1, 2, 4,5,6,7 and 9. (PC66)
*Data return rate 96.9%

Psychology Access within 52 weeks

The national position in March 2023 is 63.9% compared to the target of 81% (PC103G). The number of people waiting longer than 52 weeks has increased by + 3.9% from 6,107 in February to 6,345 in March (PC103E). 761 children and young people have been removed from the waiting list from January to March 2023 as a result of the WLAP waiting list initiatives referred to earlier in this commentary.

The number of new patients seen for first time at the end of March 2023 is 3,010 which is 16.6% ahead of same period last year position of 2,581 (PC40). CHOs 3, 5 and 9 are above target. CHO4 is within 5% to 10% of achieving target. CHOs 1,2,6,7 and 8 are over 10% of achieving target.

Numbers of referrals YTD (Mar) is 4,594 which represents an increase of 1,963 (74.6%) in expected activity (2,631).

Referrals are 13.6% ahead of the same period last year (4,044) with increases in recorded CHOs 1, 3, 4, 5, 8 and 9 (PC38)
*Data return rate 100%

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 March 2023 *(please note data return rates referred to above)*				
Discipline	**Target YTD (NSP 2023)**	**Actual YTD**	**Actual vs. Target* YTD**	**Actual vs. SPLY YTD**
Physiotherapy (PC125)	146,901	132,673	-9.7%	+18.1%
Occupational Therapy (PC124)	97,314	88,734	-8.8%	+11.0%
SLT (PC126)	70,578	49,810	-29.4%	+6.0%
Podiatry (PC127)	21,469	16,703	-22.2%	+10.6%
Ophthalmology (PC128)	19,956	22,935	+14.9%	+22.7%
Audiology (PC129)	13,554	13,766	+1.6%	+10.2%
Dietetics (PC130)	17,160	18,387	+7.2%	+24.6%
Psychology (PC131)	12,450	10,662	-14.4%	-8.8%

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to 2022. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of February was 10,670 and is -1.1% below the expected activity level of 10,784(SI1)
* Data return rate 100%

Homeless Service

As of March 2023, 1,218 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission. This is 10.7% above the target of 1,100 (SI52A)
* Data return rate 95.7%

Mental Health

CAMHS Inpatient Units

Nationally there were 54 children admitted to CAMHS inpatient units at the end of March 2023 (MH37). Close weekly monitoring at the national level of the activity and waitlist for inpatient 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.

94.7% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2023 YTD which is above the target (>85%) (MH5).
99.4% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2023, which is above >95% target (MH57).

The number of children admitted to adult mental health units at the end of March 2023 indicates there was three child admissions. This is compared to 0 child admissions to adult units in same period last year. 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).
* Data return rate 100%

Community CAMHS

Nationally there was an increase of 56 children on the waiting list for community mental health services, from 4,434 in February to 4,490 in March 2023 (MH50). There are 752 children waiting longer than 12 months in March 2023.
CHO1 have (34), CHO2 (57), CHO3 (109) CHO4 (341), CHO5 (38), CHO6 (45), CHO7 (35), CHO8 (93) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of March, 60.4% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of ≥78% (MH7).

However, 93.3% of new or re-referred cases were seen within 12 months in community CAMHS services YTD March 2023 (MH72).

Nationally, 91.4% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
* Data return rate 100%

Note: CAMHS Waitlist: CAMHS waiting list initiatives in six CHO areas commenced over 2022, commencing in May and June which removed an additional 722 children from the waiting list to the end of December 2022. Whilst awaiting publication of the 2023 WLAP, which was published on 7th March, some continuation was possible into 2023 and as a result 182 children and young people were removed from the list as a result of the initiatives to the end of March 2023.

Community Adult Mental Health Services
87.1% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2023 against a target of ≥90% (MH1). CHOs 3, 6, 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. 21.9% of people referred to general adult services did not attend (DNA) their appointments.
* Data return rate 95.7%

91.1% of referred patients in Psychiatry of Later Life services were offered an appointment within 12 weeks YTD March 2023 against a target of ≥98% (MH3).
* Data return rate 96.1%

Inpatient Adult Mental Health Services
At the end of 2022, the number of admissions to acute adult services was 11,240, which is -0.7% below target (11,314) and -2.6% below same period last year position of 11,539
* Data return rate 100%

Disability Services
Residential Places
There were 8,330 residential places for people with a disability in March 2023, which +0.3% ahead of target YTD (DIS108). A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is 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. In addition, "in-year" capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.
Data return 100%.

Emergency Residential Places and Intensive Support Packages
In accordance with NSP 2023, Disability Services committed to developing 43 new emergency residential placements and 447 in home respite supports for emergency cases; this includes 420 packages put in place in 2022 which have been maintained in 2023, plus 27 additional in-home respite packages to children and young adults outlined in NSP 2023. At end of March 2023, 32 new emergency residential places were developed (DIS102).

RT Places
There were 1,986 people (all disabilities) in receipt of Rehabilitative Training in March 2023, which is -13.3% (304) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic but also due to changing needs. The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which is progressing in 2023.
Data return rate 100%

Congregated Settings
The HSE continues to support individuals currently residing in congregated settings, to move into more appropriate community and residential settings. At the end of March there were 13 transitions against a target of 16 for this period; the

target for the year is to facilitate the movement of 73 people from congregated to community settings in 2023. (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. The original 2012 report identified over 4,000 people living in 72 congregated settings. With the incremental progress made since 2012 to support people to transition to homes in the community, there are now less than 1,600 people remaining in the tracked congregated settings identified in the original report.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, the ongoing challenges recruiting staff across a range of disciplines and grades, 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
A High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement, Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format. As a result, activity for the first quarter of 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 5,304 (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).

The requirement to provide diagnostic assessments under the terms of the Act for children whose assessments were completed based on the Preliminary Team Assessment format will further impact on compliance in the coming months. These additional assessments for children whose status has already been recorded as "complete" must be progressed in parallel with new applications for AON.

The HSE's National Clinical Programme for People with Disability (NCPPD) has led the process of developing Interim Clinical Guidance to replace the element of the Standard Operating Procedure which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This guidance has been reviewed by the HSE's and Department of Health's legal advisors and feedback provided. It has also been agreed with staff representative bodies. It is now being finalised by NCPPD and a date for circulation will be agreed following this.

NCPPD has also committed to establishing a Task Group on Assessment of Need to address other issues related to the Assessment of Need process that are not addressed in the Interim Clinical Guidance. This group will include representatives from all the key stakeholders and particularly those with lived experience, and will meet monthly over the next 12 months.

The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. In Quarter 1, 2023, 19% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations.

The first quarter of 2023 has seen a further increase in the number of applications for assessment of need received (2,034 for the quarter) which is up 24% on the profiled target the period (DIS1).

The number of applications for Assessment of Need under the Act has risen steadily since its implementation in June 2007. The non-commencement of the Education for Persons with Special Education Needs (EPSEN) Act (2004) is a significant contributory factor. When originally implemented it was envisaged that the Assessment of Need would apply to children aged less than five years. Following a High Court ruling in 2009 eligibility was expanded to include all persons born on or after June 1st 2002. This has also contributed to the rise in applications. A new commencement order (S.I. No. 3 of 2022) subsequently confirmed that Part 2 of the Disability Act applies to persons born on or after 1st June 2002.

The provision of diagnostic ASD assessments through the Assessment of Need process is the most significant factor in waiting lists for children's disability services. Approximately €11m has been allocated to address waiting lists and this funding has facilitated CHOs to procure small numbers of diagnostic ASD assessments through the private sector. In parallel, a large scale international procurement process is being progressed.

Older Persons
Home Support

Since 2018 activity data for Home Support for Older People is 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 2023 provides for the rollover of 2021 target levels of service into 2023, inclusive of the additional 5m hours funded under the Winter Plan and the 230,000 hours associated with the Home Support Pilot. For 2023, 23.9m hours are to be delivered to 55,910 people with an additional 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people by year-end 2023 (total target of 24.26m hours /56,145 clients).

At the end of March (YTD), it was expected that the Home Support Service would deliver 5,840,992 hours (target). The data reported indicates that 5,203,494 hours were provided, a variance of -10.9% (OP53) on target and an increase of +5.1% on the same period last year (SPLY) activity.

56,980 people were in receipt of home support (OP54) (point in time) as at end March, 1,070 more people than targeted for. 79 people were in receipt of an Intensive Home Care Package (OP4).

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. Each person on the waiting list has been assessed by the Home Support Service. In the context of increasing demand, priority is given to those being discharged from acute hospitals who are in a position to return home with supports and to those in the community with acute needs. Funding approval is expedited across the system to ensure minimum waiting times.

The CHO waiting list at end of March indicates that 7 people were assessed and waiting for funding for home support (OP55) (Preliminary data). In addition, 6,432 people were recorded as waiting on care staff, 3,524 (54.8%) of whom were waiting on a new service to be provided, with 2,908 (45.2%) others, currently in receipt of Home Support, waiting on care staff to deliver an additional service.

While there may be delays between the approval of funding and the availability of carers to commence delivery of home support hours in certain regions, significant work is underway to address these challenges. The HSE advertises on an ongoing basis for Health Care Support Assistants (HCSAs) and recruits as many suitable candidates where possible. The Strategic Workforce Advisory Group on Home Carers & Nursing Home Healthcare Assistants set out a number of recommendations in their October 2022 published report through which the current workforce crisis in Healthcare Assistants (and home support staff) could be addressed at a cross governmental level. Further discussions are to be held with DoH on the phased implementation of the recommendations assigned to the HSE for delivery and the associated funding implications.

The Home Support Reform and Statutory Scheme Programme was established in May 2022 to progress planning within the HSE for the establishment of the Home Support Statutory Scheme (HSSS) and reform of Home Support Services. The Programme developed an implementation roadmap for the reform of the Home Support Service. The key HSE Home Support reform priorities identified for 2023 relate to Stage 1 and Stage 2 of the reform implementation roadmap which centre on planning for future regulation of Home Support Providers and Home Support Services Scheme, developing a future Home Support Service operating model and progressing the development and implementation of a Home Support Service Client Management and e-rostering system, (HSS-CMeRS) and the National Nursing Home Support Scheme and Statutory Home Support Scheme Information Systems.

* Data return rate 100%

NHSS

In March 2023 the Nursing Homes Support Scheme funded 22,326 long term public and private residential places, and when adjusted for clients not in payment, there were 23,458 places supported under the scheme. The number of people funded under the scheme is below the profile for March by 261.

There is an increase of 286 in the number of people supported under the scheme when compared to the same period last year. This is a 1.3% increase in activity year on year.

The number on the placement list at the end of March 2023 is 800 (March 2022 – 623). This is an increase of 177 (28.4%) on the same period last year.

A total of 1,913 people were approved for funding under the scheme in the first three months of 2023 compared to 1,830 people approved for the same period last year. This is an increase of 83 approvals or 4.5% year on year.

In the first three months of 2023, 3,232 applications were received and 2,113 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 307 or 17.0% in the number of starters supported under the scheme when compared to 2022. 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 2023.
* Data return rate 100%

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 2023.

In February 2023, 916 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 528. Of these, 532 approvals were for NHSS applicants and 384 were for convalescence care. Ongoing pressures on acute hospitals and a high sustained

DTOC level during the month resulted in an ongoing increased demand on TCB during the month.
* Data return rate 100%

Acute Care Scorecard/Heatmap

Acute Care Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**														
	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	53% [R]	-24.3%								38%	54%	46%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 31.01.23)	Q	70%	74% [G]	5.7%								74%	71%	79%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.59% [G]	-41%								0.48%	0.71%	0.65%
	Service User Experience (Q4 2022 at 21.02.23)														
	Complaints investigated within 30 working days	Q	75%	74% [G]	-1.3%	70% [A]	87% [G]	81% [G]	74% [G]	65% [R]	59% [R]	45% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	<0.8	0.8 [G]	-5.7%	1.4 [R]	0.7 [G]	0.8 [G]	0.6 [G]	0.7 [G]	0.6 [G]	1.2 [R]	0.6	0.9	0.8
	C Difficile (per 10,000 bed days)	M	<2	2.1 [G]	3.9%	1.7 [G]	1.9 [G]	2.0 [G]	2.3 [R]	2.1 [A]	1.6 [G]	3.5 [R]	2.3	1.9	2.2
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	85.4% [R]	-14.6%	100% [G]	85.7% [R]	83.3% [R]	100% [G]	83.3% [R]	70% [R]	100% [G]	79.2%	89.6%	85.4%
	Surgery														
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	73.5% [R]	-13.5%		75.2% [R]	88.4% [G]	71.2% [R]	78.2% [A]	71.4% [R]	59.7% [R]	74%	71%	72.5%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.5% [G]	-24.7%		2.5% [R]	1.1% [G]	1.2% [G]	1.5% [G]	1.3% [G]	2.3% [R]	1.4%	1.6%	1.4%
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	79.9% [G]	-3.1%		60.8% [R]	93% [G]	82.7% [G]	63% [R]	87.1% [G]	64% [R]	78%	81.2%	78.6%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Quality and Safety	**Medical**															
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.8% [A]	6.1%		11.8% [A]	11.6% [G]	10.2% [G]	12.4% [R]	11.7% [A]	13.5% [R]		12.1%	11.8%	11.8%
	Urgent colonoscopy															
	Number waiting > 4 weeks (zero tolerance)	M	0	287 [R]		0 [G]	6 [R]	3 [R]	0 [G]	205 [R]	17 [R]	56 [R]		167	96	24
Access and Integration	**Routine Colonoscopy**															
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	60.5% [A]	-7%	30.3% [R]	45.4% [R]	56.8% [R]	77.6% [G]	64.4% [G]	66.4% [G]	66% [G]		56.1%	58.3%	60.5%
	Emergency Department Patient Experience Time															
	ED within 24 hours (Zero Tolerance)	M	97%	94.9% [R]	-2.1%	98.1% [G]	92.3% [R]	95% [R]	95.8% [R]	95.7% [R]	94.5% [R]	92.9% [R]		94.9%	95.2%	94.7%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	88.2% [R]	-10.9%		88.6% [R]	88.9% [R]	89.8% [R]	90% [R]	86.2% [R]	79.6% [R]		87.8%	89.2%	87.7%
	ED within 6 hours	M	70%	56% [R]	-20%	71.7% [G]	48.6% [R]	63.3% [A]	48.6% [R]	51.9% [R]	56.4% [R]	53.1% [R]		57.5%	56.1%	54.6%
	75 years or older within 6 hours	M	95%	35% [R]	-63.2%		31.3% [R]	48.1% [R]	25.3% [R]	30.7% [R]	32.9% [R]	34% [R]		34.8%	35.7%	34.5%
	Waiting times															
	Adult waiting < 9 months (inpatient) New KPI	M	90%	66.9% [R]	-25.6%		58.7% [R]	74% [R]	75.8% [R]	50.7% [R]	71.5% [R]	94.1% [G]		69%	68%	66.9%
	Adult waiting < 9 months (day case) New KPI	M	90%	78% [R]	-13.3%		78.2% [R]	81% [A]	86.6% [G]	70.7% [R]	74.1% [R]	91.7% [G]		79.2%	78.3%	78%
	Children waiting <9 months (inpatient) New KPI	M	90%	61.1% [R]	-32.1%	54..9% [R]	81.7% [A]	69.2% [R]	85.4% [A]	82.5% [A]	87.9% [G]	98.1% [G]		62.6%	61.8%	61.1%
	Children waiting < 9 months (day case) New KPI	M	90%	75.8% [R]	-15.7%	73.3% [R]	96.6% [G]	89.2% [G]	90.6% [G]	65.2% [R]	83.9% [A]	93.2% [G]		75.5%	75.3%	75.8%
	Outpatient waiting < 15 months New KPI	M	90%	80.9% [R]	-10.1%	79.9% [R]	80.6% [R]	82.1% [A]	98.9% [G]	72.5% [R]	77.6% [R]	81.9% [A]		79.1%	79.6%	80.9%
	Delayed Transfers of Care															
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	604 [R]	72.6%	6	127	157	66	78	150	20		579	596	604

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Access and Integration	**Cancer**														
	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	85% [R]	-10.6%		86.5% [A]	93.9% [G]	99.9% [G]	74.5% [R]	69.3% [R]	90.7% [G]	83.1%	89.2%	83.2%
	Urgent Breast Cancer within 2 weeks	M	95%	84.5% [R]	-11%		81.9% [R]	92.7% [G]	100% [G]	68.8% [R]	71.1% [R]	99.1% [G]	81.3%	89.8%	83.4%
	Non-urgent breast within 12 weeks	M	95%	68% [R]	-28.4%		95% [G]	50.3% [R]	99.7% [G]	50.2% [R]	61.1% [R]	99.1% [G]	62.6%	68.3%	72.6%
	Lung Cancer within 10 working days	M	95%	85.9% [A]	-9.6%		99.2% [G]	96.5% [G]	98.6% [G]	82.9% [R]	70.4% [R]	64.3% [R]	89.1%	90.1%	78.4%
	Prostate Cancer within 20 working days	M	90%	86.4% [G]	-4%		98.6% [G]	99.1% [G]	100% [G]	94.4% [G]	62.5% [R]	77.6% [R}	87.6%	84.9%	86.4%
	Radiotherapy treatment within 15 working days	M	90%	62.9% [R]	-30.1%		46% [R]			74.3% [R]	76.3% [R]	98.9% [G]	62.6%	62%	64%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	75%	75.1% [G]	0.1%								75.8%	74.1%	75.2%
	Delta within 18 minutes, 59 seconds	M	45%	44.9% [G]	-0.2%								46.3%	46.6%	42.1%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**														
	Net expenditure (pay + non-pay - income)	M	≤0.1%	2,045,719		15.91% [R]	14.09% [R]	15.94% [R]	16.00% [R]	15.92% [R]	16.02% [R]	20.76% [R]	17.59% [R]	16.22%	17.14%	15.91%
	Pay expenditure variance from plan	M	≤0.1%	1,525,329		6.83% [R]	6.53% [R]	7.74% [R]	7.03% [R]	7.32% [R]	9.55% [R]	8.91% [R]	9.61% [R]	7.70%	8.17%	6.83%
	Non-pay expenditure	M	≤0.1%	751,576		28.97% [R]	33.04% [R]	20.46% [R]	29.74% [R]	28.03% [R]	21.33% [R]	41.37% [R]	22.14% [R]	25.26%	28.71%	28.97%
	Gross expenditure (pay and non-pay)	M	≤0.1%	2,276,905		13.25% [R]	13.10% [R]	11.78% [R]	13.50% [R]	13.00% [R]	13.12% [R]	18.26% [R]	13.48% [R]	12.75%	14.10%	13.25%
	Service Arrangements (at 28.03.23)														
	% of monetary value signed	M	100%	0%	-100%								0%	0%	0%
	Internal Audit														
	% of recommendations implemented within 12 months	Q	95%	83% [R]	-12.6%										83%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Workforce	**Attendance Management**															
	% absence rates by staff category (Non Covid)	M	≤4%	4.91% [R]	22.75%	4.14% [A]	5.11% [R]	4.34% [R]	5.02% [R]	5.11% [R]	4.51% [R]	6.45% [R]		5.31%	4.61%	4.78%
	% absence rates by staff category (Covid)	M	NA	0.57%		0.67%	0.77%	0.48%	0.53%	0.60%	0.44%	0.67%		0.74%	0.43%	0.54%

Acute Care

Acute Hospital Services

Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	410,930	400,107	-2.6%	392,406	2%	127,780	127,212	145,115
New ED Attendances	333,106	322,995	-3%	323,927	-0.3%	103,400	102,706	116,889
OPD Attendances	850,780	906,605	6.6%	822,245	10.3%	300,537	282,822	323,246

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	103,189	102,314	-0.8%	92,942	10.1%	53,041	52,527	49,787
Inpatient weight units	102,464	98,784	-3.6%	96,026	2.9%	55,042	52,017	46,767
Day case (includes dialysis)	178,588	185,514	3.9%	167,010	11.1%	86,288	96,088	89,426
Day case weight units (includes dialysis)	173,965	179,971	3.5%	165,001	9.1%	84,530	93,271	86,700
IP & DC Discharges	281,777	287,828	-2.1%	259,952	10.7%	139,329	148,615	139,213
% IP	36.6%	35.5%	-2.9%	35.8%	-0.6%	38.1%	35.3%	35.8%
% DC	63.4%	64.5%	1.7%	64.2%	0.3%	61.9%	64.7%	64.2%
Emergency IP discharges	76,018	74,170	-2.4%	66,230	12%	38,753	38,501	35,669
Elective IP discharges	11,536	12,848	11.4%	10,550	21.8%	5,943	5,913	6,935
Maternity IP discharges	15,635	15,296	-2.2%	16,162	-5.4%	8,345	8,113	7,183
Inpatient discharges >75 years	22,205	22,741	2.4%	19,620	15.9%	11,765	11,823	10,918
Day case discharges >75 years	36,075	37,488	3.9%	34,173	9.7%	17,426	19,592	17,896

Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 9 months (New KPI)	90%	M	●	**66.9%**	64.9%	+2%	69%	68%	66.9%	13 out of 37 hospitals reached target	GUH (46%), SJH (46.1%), Waterford (54.1%)
Day case adult waiting list within 9 months (New KPI)	90%	M	●	**78%**	75.5%	+2.5%	79.2%	78.3%	78%	17 out of 42 hospitals reached target	GUH (65.3%), CUH (66.2%), Bantry (68.5%)
Inpatient children waiting list within 9 months (New KPI)	90%	M	●	**61.1%**	54.4%	+6.7%	62.6%	61.8%	61.1%	7 out of 18 hospitals reached target	LUH (33.3%), MUH (50%), CHI (54.9%)
Day case children waiting list within 9 months (New KPI)	90%	M	●	**75.8%**	70.1%	+5.7%	75.5%	75.3%	75.8%	15 out of 28 hospitals reached target	Beaumont (40%), Portlaoise (50%), LUH (55.1%)
Outpatient waiting list within 15 months (New KPI)	90%	M	●	**80.9%**	71.1%	+9.8%	79.1%	79.6%	80.9%	20 out of 44 hospitals reached target	St Columcilles (58.3%), GUH (68%), Tallaght - Adults (68.6%)

Inpatient & Day Case Waiting List
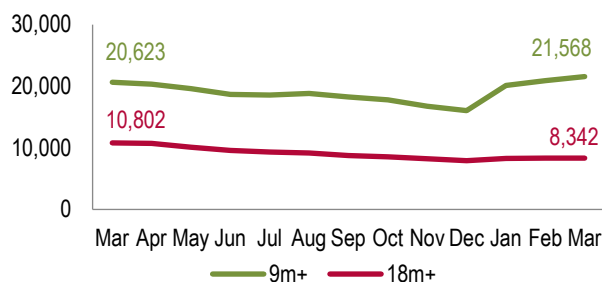
Outpatient Waiting List
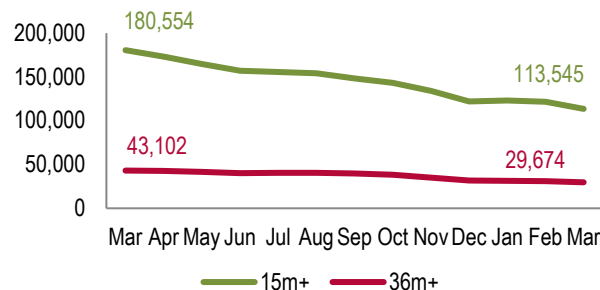
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>9 Mths	>15 Mths
Adult IP	19,149	18,893	256	6,329	3,591
Adult DC	56,859	53,567	3,292	12,503	5,727
Adult IPDC	**76,008**	**72,460**	**3,548**	**18,832**	**9,318**
Child IP	3,718	3,682	36	1,447	878
Child DC	5,333	4,334	999	1,289	592
Child IPDC	**9,051**	**8,016**	**1,035**	**2,736**	**1,470**
OPD	594,858	625,056	-30,198	205,207	113,545

Total No. on Inpatient & Day Case Waiting List[3]
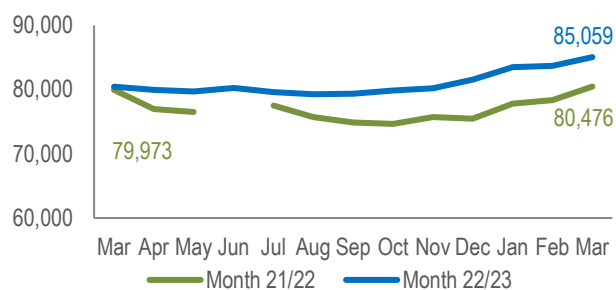
Total No. on Outpatient Waiting List[3]
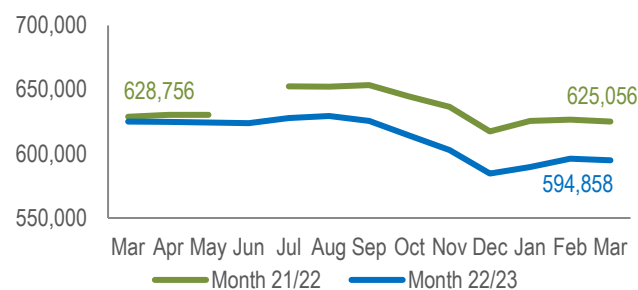
[3] Waiting list data not available May to July 21 due to cyber-attack

ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% admitted or discharged within 6 hours	70%	M	🔴	**56%**	57.7%	-1.7%	57.5%	56.1%	54.6%	4 out of 28 hospitals	Naas (33.3%), Tallaght – Adults (33.7%), Beaumont (35.6%)
% 75 years+ admitted or discharged within 6 hours	95%	M	🔴	**35%**	35.7%	-0.7%	34.8%	35.7%	34.5%	Wexford (84.8%), St Michaels (82.1%), SLK (60.9%)	LUH (19.6%), Naas (21.3%), GUH (22.6%)
% admitted or discharged within 9 hours	85%	M	🔴	**72.6%**	73.9%	-1.3%	73.6%	72.8%	71.7%	5 out of 28	Naas (48.3%), Tallaght – Adults (48.6%), Beaumont (55.6%)
% 75 years+ admitted or discharged within 9 hours	99%	M	🔴	**52.1%**	52.4%	-0.3%	52%	53.3%	51%	St Michaels (96.6%), Wexford (87%), SLK (78.8%)	Naas (30.8%), LUH (34.3%), Tallaght – Adults (36.2%)
% in ED admitted or discharged within 24 hours	97%	M	🔴	**94.9%**	95.6%	-0.7%	94.9%	95.2%	94.7%	14 out of 28 hospitals	Tallaght – Adults (85.9%), Naas (86.5%), SVUH (88.2%)
% 75 years+ admitted or discharged within 24 hours	99%	M	🔴	**88.2%**	89%	-0.8%	87.8%	89.2%	87.7%	6 out of 27 hospitals	UHL (74%), Tallaght – Adults (74.2%), GUH (74.6%)

% admitted or discharged within 6 hours
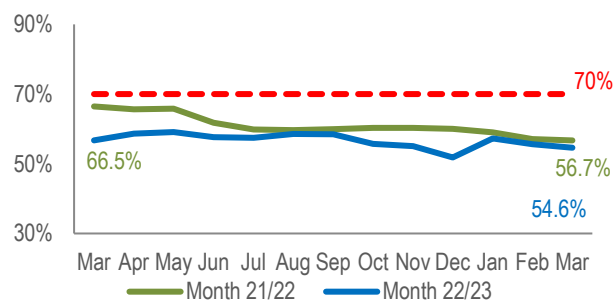
% admitted or discharged within 9 hours

% in ED admitted or discharged within 24 hours
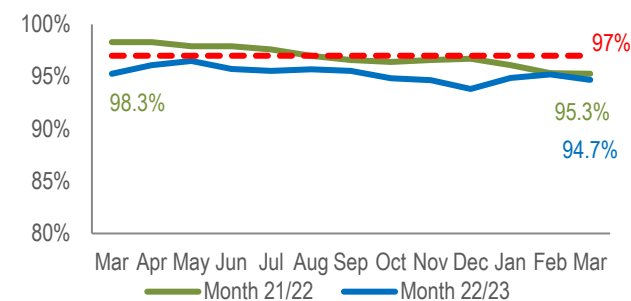
% 75 years+ admitted or discharged within 6 hours
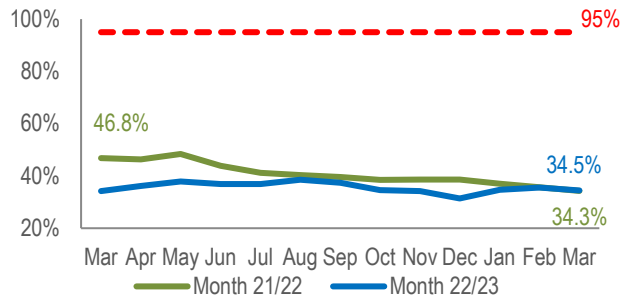
95%
46.8%
34.5%
34.3%

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23

% 75 years+ admitted or discharged within 9 hours

99%
67.7%
51%
50.9%

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23

% 75 years+ admitted or discharged within 24 hours

99%
67.7%
87.8%
87.7%

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 21/22 — Month 22/23
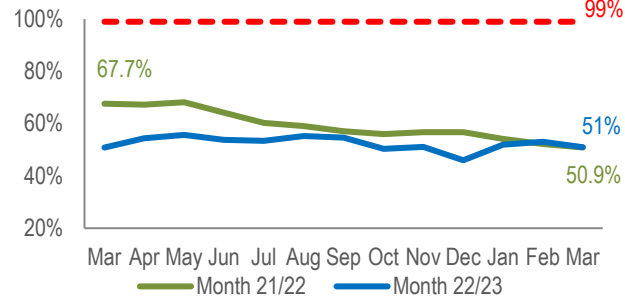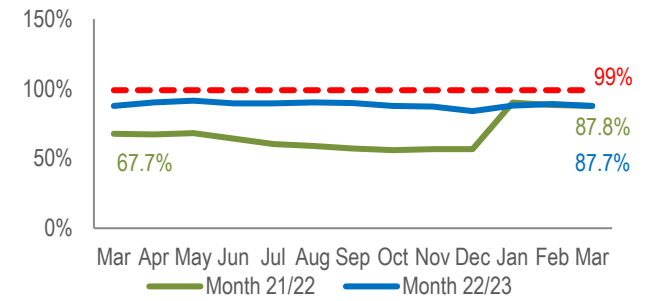
Number in ED waiting over 24 hours

5,992
6,750
2,036
2,153
0

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Patients 75+ >24 hrs — All patients > 24 hrs
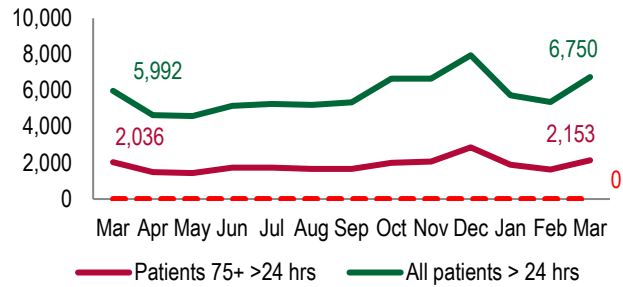
Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	🔴	**287**	639	-352	167	96	24	31 out of 38 have 0	GUH (8), LUH (5), MUH (4)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**170**	48	+122	52	55	55	9 out of 15 hospitals	SVUH (23), UHW (13), Wexford (12)
Colonoscopy and OGD <13 weeks	65%	M	🟡	**60.5%**	45.1%	+15.4%	56.1%	58.3%	60.5%	20 out of 37 hospitals	CHI (30.3%), MMUH (33.8%), St. Michaels (34.8%)
% of people waiting < 9 months for an elective procedure GI scope New KPI	95%	M	🟢	**94.2%**	80.4%	+13.8%	93.8%	94%	94.2%	27 out of 37 hospitals	CHI (79.2%), Portlaoise (81.3%), Tullamore (81.5%)

Urgent Colonoscopy – No. of new people waiting

Month 21/22 — Month 22/23
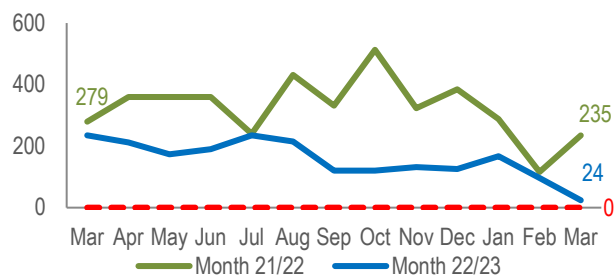
BowelScreen: Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	356	318	393
Number scheduled over 20 working days	52	55	55

No. on waiting list for Colonoscopy and OGD

<13 weeks breaches — > 13 week breaches
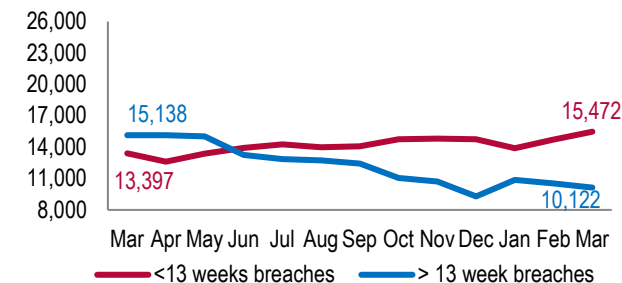
Total No. on waiting list for Colonoscopy and OGD[4]


Month 21/22 — Month 22/23

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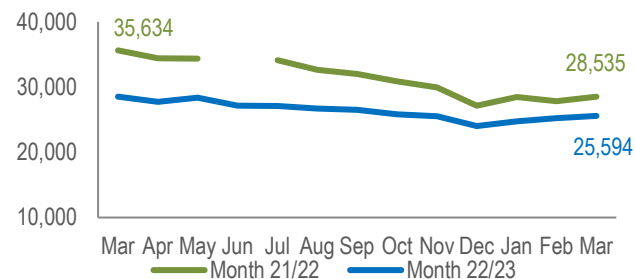
[4] Waiting list data not available May to July 21 due to cyber-attack
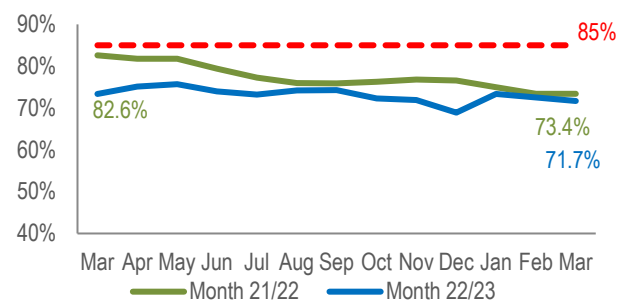
HCAI Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.8	M	🟢	**0.8**	1.0	-0.2	0.6	0.9	0.8	32 out of 45 hospitals	Wexford (3.6), MMUH (3.1), PUH (2.3)
Rate of new cases of C Difficile infection	<2	M	🟢	**2.1**	2.0	+0.1	2.3	1.9	2.2	32 out of 45 hospitals	St. John's (7.7), Tullamore (7.4), UHL (6.1)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	🔴	**85.4%**	95.8%	-10.4%	79.2%	89.6%	85.4%	41 out of 48 hospitals	2 hospitals didn't achieve the target. 5 hospitals didn't submit data

Rate of Staph. Aureus bloodstream infections
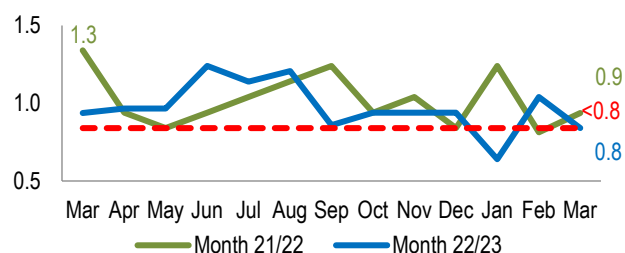
Rate of new cases of C Difficile associated diarrhoea

Requirements for screening with CPE Guidelines
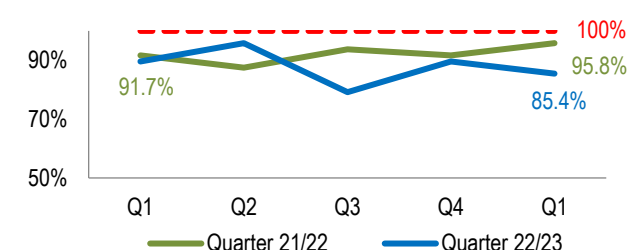
Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤350	M	🔴	**604**	600	+4	579	596	604	SLRON, Mullingar, Mallow (0)	CUH (69), SJH (66), MMUH (57)

Delayed Transfers of Care[5]
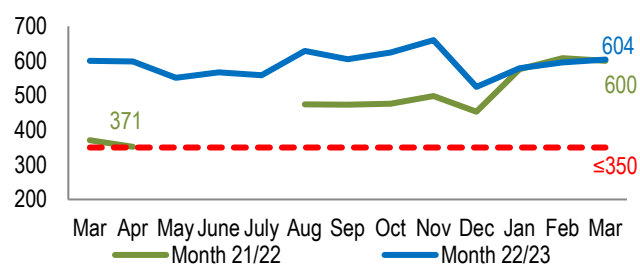
Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	69	22	91	15.1%
Residential Care	239	27	266	44.%
Rehab	60	31	91	15.1%
Complex Needs	21	18	39	6.5%
Housing/Homeless	26	21	47	7.8%
Legal complexity	34	7	41	6.8%
Non compliance	13	3	16	2.6%

	Over 65	Under 65	Total	Total %
COVID-19	13	0	13	2.2%
Total	**475**	**129**	**604**	**100%**

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[5] Waiting list data not available May to July 21 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	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	🟡	**11.8%**	11.4%	+0.4%	12.1%	11.8%	11.8%	18 out of 34 hospitals	Ennis (22.5%), Nenagh (18%), Columcilles (17.4%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	🟢	**79.9%**	80.4%	-0.5%	78%	81.2%	78.6%	24 out of 34 hospitals	Croom (29.5%), SJH (42%), TUH (66.7%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	🟡	**55.6%**	51.2%	+4.4%	41.4%	61%	51.6%	15 out of 31 hospitals	4 Hospitals 0%
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	🟢	**1.5%**	1.9%	-0.4%	1.4%	1.6%	1.4%	30 out of 40 hospitals	Croom (0.9%), Portlaoise (8.4%), SIVUH (0.7%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	🔴	**73.5%**	76.1%	-2.6%	74 %	71%	72.5%	SVUH (100%), Tallaght – Adults (88.5%), SUH (81.6%)	Tullamore (49.2%), UHL (53.4%), Beaumont (65%)

Emergency re-admissions within 30 days
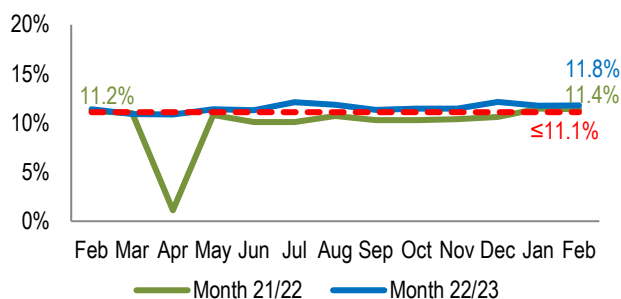
Procedure conducted on day of admissions
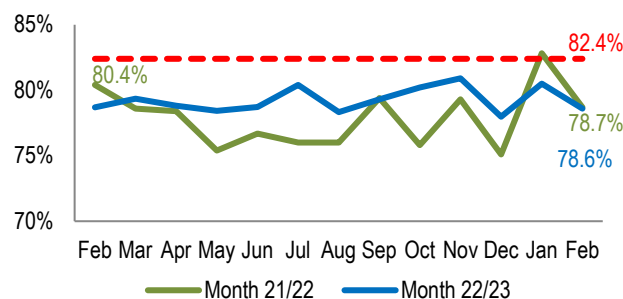
Hip fracture surgery within 48 hours
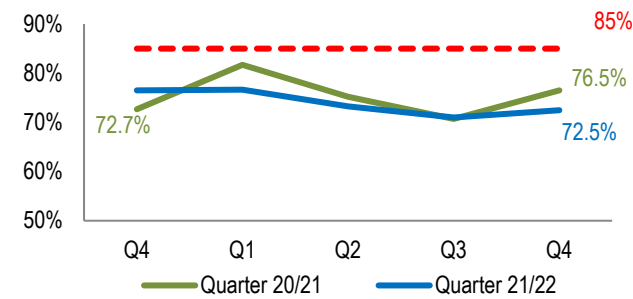
Laparoscopic Cholecystectomy day case rate
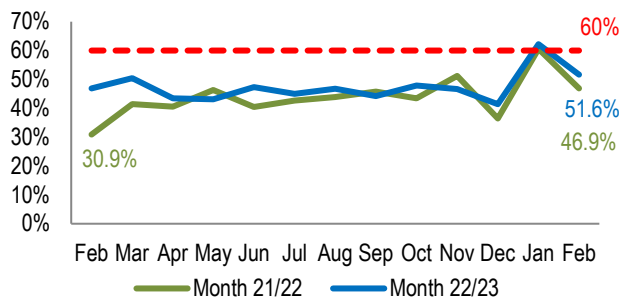
Surgical re-admissions within 30 days
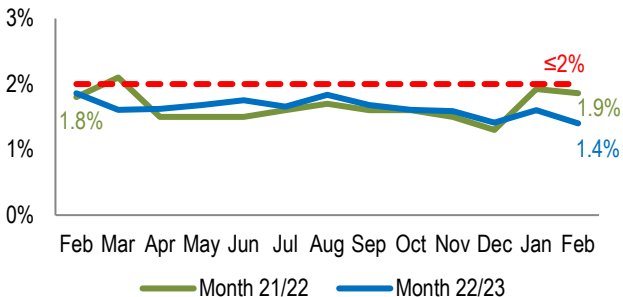
Cancer Services

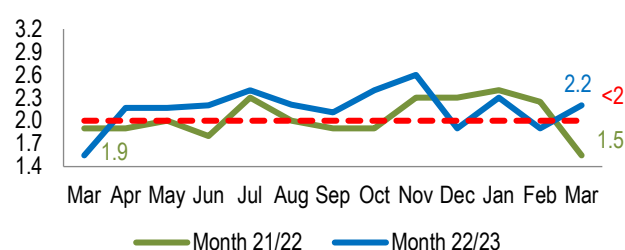| Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	95%	M	●	**85%**	66.4%	+18.6%	83.1%	89.2%	83.2%	Beaumont (100%), MMUH (99.5%), SJH (98.7%)	CUH (57.2%), LUH (59.5%), GUH (65.1%)
Urgent breast cancer within 2 weeks	95%	M	●	**84.5%**	61.8%	+22.7%	81.3%	89.8%	83.4%	5 out of 9 hospitals reached the target	GUH (57.6%), LUH (59.5%), SVUH (64.2%)
Non-urgent breast within 12 weeks	95%	M	●	**68%**	52.3%	+15.7%	62.6%	68.3%	72.6%	6 out of 9 hospitals reached the target	SVUH (12.2%), CUH (21.5%), GUH (61.5%)
Lung Cancer within 10 working days	95%	M	🟡	**85.9%**	87.7%	-1.8%	89.1%	90.1%	78.4%	4 out of 8 hospitals reached the target	UHL (46.9%), UHW (53.8%), GUH (54.8%)
Prostate cancer within 20 working days	90%	M	🟢	**86.4%**	73.9%	+12.5%	87.6%	84.9%	86.4%	6 out of 8 hospitals reached the target	CUH (6.8%), UHL (80.3%)
Radiotherapy within 15 working days	90%	M	●	**62.9%**	74.7%	-11.8%	62.6%	62%	64%	UHL (98.6%), UHW (83.7%)	SLRON (47.9%), GUH (69.4%), CUH (78.8%)

Rapid Access within recommended timeframe
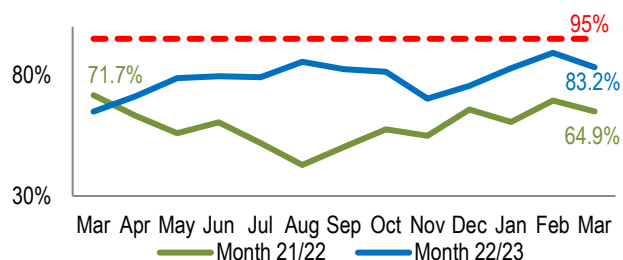
Breast Cancer within 2 weeks
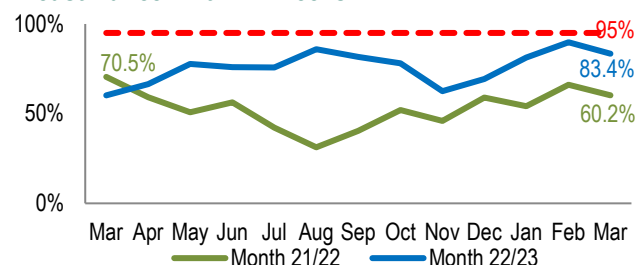
Non-urgent breast within 12 weeks
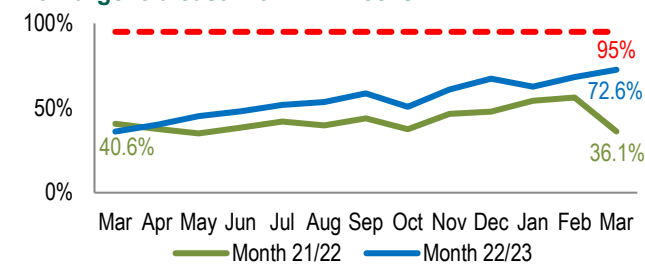
Lung Cancer within 10 working days
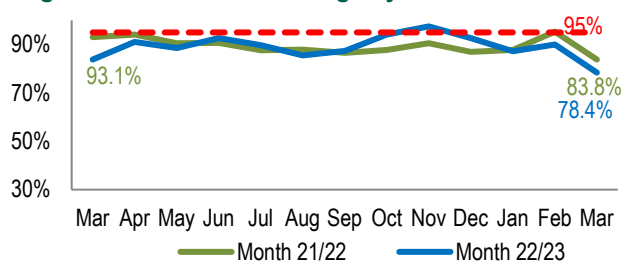
Prostate Cancer within 20 working days
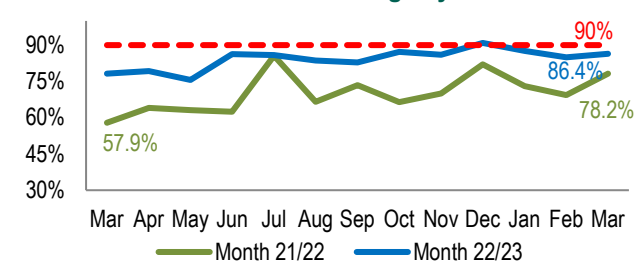
Radiotherapy within 15 working days
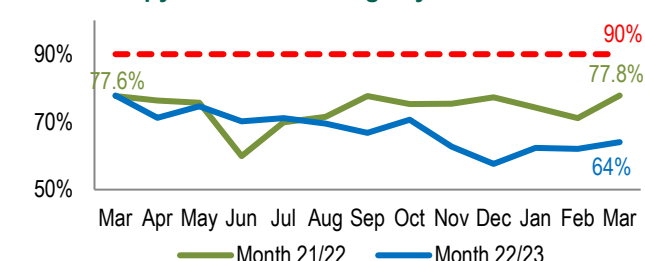
National Ambulance Service

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	75%	M	●	**75.1%**	71.7%	3.4%	75.8%	74.1%	75.2%	Dublin Fire Brigade (82.4%), North Leinster (75.4%)	West (69.4%), South (72.6%)
Response Times – DELTA	45%	M	●	**44.9%**	41.8%	3.1%	46.3%	46.6%	42.1%	West (46.9%), North Leinster (45.8%)	Dublin Fire Brigade (32.4%), South (40.9%)
Return of spontaneous circulation (ROSC)	40%	Q	●	**38.8%**	38.5%	0.3%	34.1%	32%	38.8%		

Response Times – ECHO
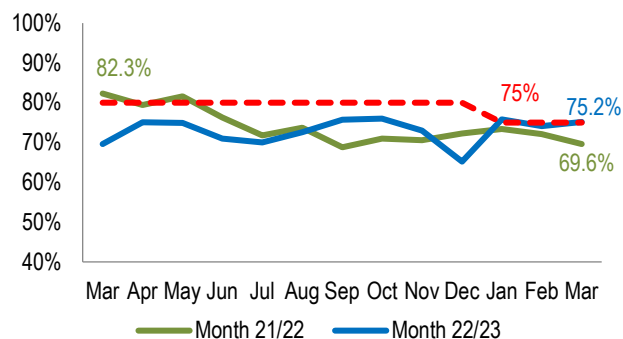
Response Times – DELTA
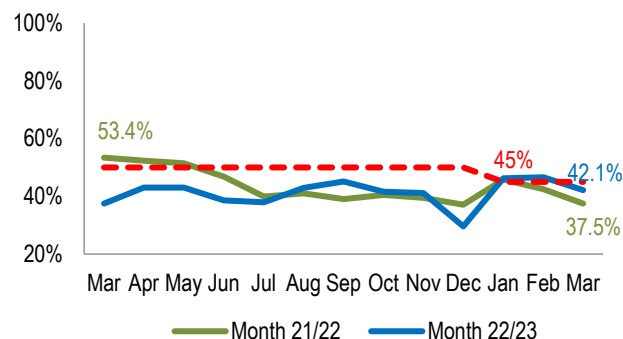
Call Volumes (arrived at scene) (Excludes those stood down en route)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	1,695	1,622	-4.3%	1,701	-79
DELTA	40,545	38,191	-5.8%	37,769	422

Return of spontaneous circulation (ROSC)
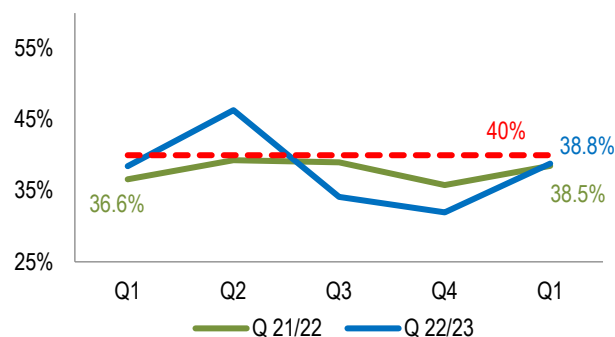
Acute Care Update

Emergency Presentations

ED attendances **March 2023, 131,285** increased by 2.7% when compared with the same period in 2022 (127,840 March 2022)

- **All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for March 2023 was **145,115** and 1.83% higher compared to the same period 2022 (142,495 Mar 2022)
- **Emergency Department attendances:** The total number of ED attendances for March 2023 was **126,909** and -0.17% lower compared to the same period 2022 (127,127 Mar 2022).

Patient Experience Time (PET): 94.7% of all patients attending ED were seen within 24 hours in March 2023 which is below the NSP target of 97%. This compares with 95.3% in March 2022.

ED Patient Experience Time less than 24 hours for patients aged 75+: was **87.7%** in March 2023, this is below the NSP target of 99.0%. This compares with 87.8% in March 2022.

Delayed Transfers of Care (DTOC)

There was **604** Delayed Transfers of Care at the end of March 2023 which is a 0.66% increase from the number of DTOCs in March 2022 (600).

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

Inpatient Discharges

There were **49,787** inpatient discharges in February 2023 which is an increase of 7.26% on the same period in February 2022 (46,414).

Day Case Discharges (including dialysis)

There were **89,426** Day Case discharges in February 2023 which is an increase of 5.14% when compared to the same period February 2022 (85,051).

Elective Inpatient Discharges*

Note: The following data excludes activity at the three Dublin Maternity Hospitals as its inclusion would cause the data to be overstated in the month of March. This issue is currently being addressed by the HPO

- There were **6,801** elective inpatient discharges in February 2023 which is an 8.83% increase when compared with the same period in February 2022 (6,249).

Emergency Inpatient Discharges

- There were **35,669** emergency inpatient discharges in February 2023 which is a 7.79% increase on February 2022 (33,091).

Maternity Inpatient Discharges

- There were **7,183** maternity patient discharges in February 2023 which is an increase of 3.6% on February 2022 (6,934).

Outpatient Department Attendances

The number of new and return outpatient attendances was **323,246** in March 2023 which was 10.53% higher than the corresponding period in March 2022 (292,449).

Elective Access

2023 Waiting List Action Plan

Year end	Outpatient	Inpatient/ day case	GI Scope	Total	Total variance compared to previous year	Total % variance compared to previous year
2021	617,448	75,463	27,145	720,056	+8,542	+1.2%
2022	584,626	81,568	24,029	690,223	-29,833	-4.1%
2023 projections	520,516	79,677	21,047	621,241	-68,982	-10%

Breakdown of people on waiting lists from 2021 to 2022, and projected decreases based on full delivery of the 2023 Waiting List Action Plan

Inpatient and Day Case Waiting Lists

At the end of March 2023, the number of people waiting for an inpatient or day case appointment (IPDC) was **85,059** which represents an increase of 1,336 (1.60%) on the previous month (February 2023) (83,723).

Colonoscopy/OGD Waiting lists

At the end of February 2023, the number of people on the Colonoscopy/OGD waiting list was **25,594**. This is an increase of 360 (1.42%) on the number waiting at the end of the previous month February 2023 (25,234).

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was **594,858** at the end of March 2023 which is a decrease of 1,241 (0.20%) since February 2023 (596,099).

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In February 2023, 390 invitations were issued of which 316 (81%) were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

Five of the nine Symptomatic Breast Cancer Sites were compliant with the target that 95% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals in March 2023:

- Beaumont Hospital – 100%
- University Hospital Waterford – 100%
- Mater Misericordiae University Hospital – 99.3%
- University Hospital Limerick – 98.1%
- St James's Hospital – 98.5%

Four hospitals were below target of 2 weeks

- St Vincent's University Hospital – 64.2%
- Galway University Hospital – 57.6%
- Cork University Hospital – 64.6%
- Letterkenny University Hospital – 59.5%

Rapid Access Clinics for Lung Cancer Services

Four of the eight hospitals were compliant with the target that 95% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres in March 2023:

- St James' Hospital – 100%
- Mater Misericordiae University Hospital – 100%
- Beaumont Hospital – 100%
- St Vincent's University Hospital – 100%

Four hospitals were below the target of 10 days:

- Galway University Hospital – 54.8%
- University Hospital Waterford – 53.8%
- Cork University Hospital – 63.6%
- University Hospital Limerick – 46.9%

Rapid Access Clinic for Prostate Cancer Services

Six of the eight hospitals were compliant with the target that 90% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres target in March 2023:

- Mater Misericordiae University Hospital – 100%
- University Hospital Waterford – 100%
- Beaumont Hospital – 100%
- Galway University Hospital – 98.7%
- St James' Hospital – 98.1%
- St Vincent's University Hospital – 95%

Two hospitals were below the target of 20 days:

- University Hospital Limerick – 80.3%
- Cork University Hospital – 6.8%

Radiotherapy

The target is that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat target. In March 2023 compliance was as follows:

- Mid-Western Radiation Oncology Centre Limerick – 98.6%
- UPMC Waterford – 83.7%
- Galway University Hospital – 69.4%
- Cork University Hospital – 78.8%
- St Luke's Network (SLRON) – 47.9%

National Ambulance Service

- Activity volume for AS1 and AS2 calls received this month has decreased by 374 (33,245) calls (-1%) compared to the same month last year (March 2022 – 33,619)
- The daily average call rate for AS1 and AS2 calls received this month was 1,072 (31 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 75% in 18 minutes and 59 seconds was on target at 75% this month. +1% compared to last month i.e. February 2023
- ECHO calls decreased by -15% (96) compared to the same month last year (March 2022)
- DELTA (Delta-life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 45% in 18 minutes and 59 seconds was below target at 42% this month. -5% compared to last month i.e. February 2023
- Nationally there was a -0.8% (125) decrease in DELTA call activity compared to the same month last year
- 90% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 89% in the previous month, +1%

Human Resources

WTE Data for March

The WTE for Acute Operations in March 2023 was 75,454, this was an increase of +500 WTE on February 2023. It represents an increase of +1,400 YTD and +4,249 compared to March 2022. The headcount in Acute Operations for March 2023 was 83,767.

Five of the six staff categories are showing growth this month. The greatest increase was seen in Medical & Dental (+125 WTE), followed by Nursing & Midwifery (+113 WTE), Management & Admin (+111 WTE), Patient & Client Care (+108 WTE) and Health & Social Care Professionals (+46 WTE). Meanwhile the General Support category reduced by -4 WTE.

All seven Hospital Groups are showing growth this month. The largest WTE increase was reported in SSWHG (+167 WTE), followed by Saolta (+135 WTE), IEHG (+75 WTE), DMHG (+64 WTE), RCSIHG (+41 WTE), CHI (+26 WTE) and ULHG (+2 WTE).

Absence data for March

For Acute Services the absence rate is 5.32% of which 0.54% (10.06% of the total) is Covid-19 related. Acute Services are showing an increase of 0.30% on last month.

Patient & Client Care was the staff category with the highest total absence rate at 7.59% while Medical & Dental had the lowest total absence rate at 1.36%. Patient & Client Care reported the highest Covid-19 related absence at 0.79% while Medical & Dental had the lowest Covid-19 related absence, at 0.14%.

At Hospital Group level, University of Limerick Hospital Group is reporting the highest total absence rate at 7.07%, of which 0.70% is Covid-19 related. SSWHG have the lowest total absence rate at 4.18%, of which 0.29% is Covid-19 related

Primary Care Reimbursement Scheme

Primary Care Reimbursement Scheme

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	🟢 **99.9%**	99.8%	0.1%	99.8%	99.9%	99.9%
Number of persons covered by Medical Cards	1,583,159YTD/ 1,630,367 FYT	M	🟢 **1,580,405**	1,527,235	+53,170	1,573,283	1,576,574	1,580,405
Number of persons covered by GP Visit Cards	665,399 YTD/ 1,069,391 FYT	M	🔴 **541,720**	530,506	+11,214	539,061	540,480	541,720

Medical card turnaround within 15 days
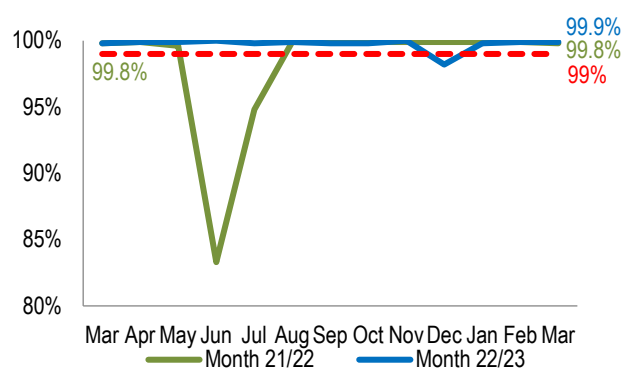
Number of persons covered by Medical Card
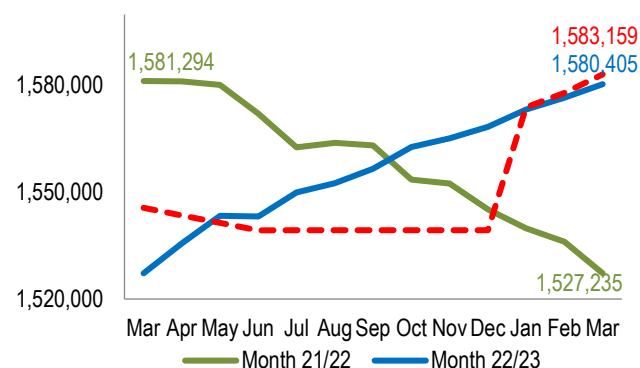
Number of persons covered by GP Visit cards
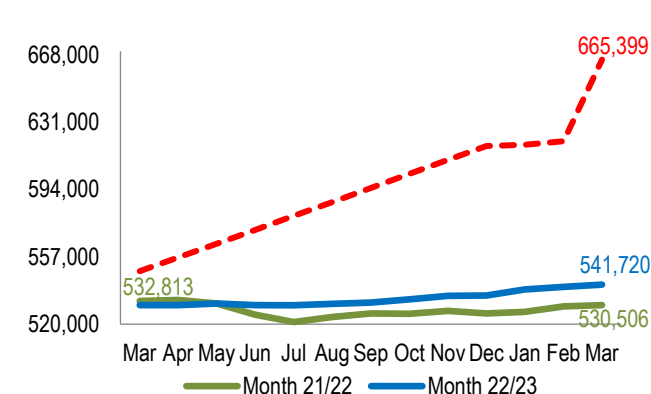
Primary Care Reimbursement Scheme Update

During the month of March 2023, 99.9% of medical card applications were processed within 15 working days. The number of people who held Medical Card eligibility on 31st March 2023 was 1,580,405, an increase of 3,831 on the previous month. The total number of persons with eligibility for a GP Visit Card on 31st March 2023 was 541,720, an increase of 1,240 on the previous month. As at 31st March 2023, 2,122,125 or 41.4% of the population had Medical Card or GP Visit Card eligibility, an overall increase of 5,071 on the previous month. (Population figures are based on the CSO 2022 census figure of 5,123,536).

Finance

Introduction

The National Service Plan (NSP) 2023 has been adopted by the HSE Board, approved by the Minister for Health and was published on the 29th of March 2023. The NSP, along with the Revised Estimates Volume (REV), provides for a revenue funding allocation of €22.270bn, which includes a COVID-19 once off allocation of €612.5m. It also provided for a 2023 Capital allocation of €1,162.5m.

The uncertainty faced, not just by the Health Service, in relation to COVID-19, the war in Ukraine, inflationary pressures and labour market forces have contributed to a significant financial and operational challenge in 2023. The NSP calls out a number of financial risks and issues of up to 10.2% (or €2.2bn) that may arise in 2023, across 4 categories.

- Category I Financial Issues (i.e. financial pressures where there is a significant degree of certainty as to the outlook for the year) - this category includes non-pay inflation, pay awards/HRA, private maintenance income, home support and Winter Flu vaccine.

- Category II Financial Risks (i.e. financial pressures where there is a greater degree of uncertainty) - this category comprises risks across community operations, acute operations and clinical services.

- Category III Financial Risks - this category comprises Pensions, PCRS and other demand-led. Expenditure in these areas is generally not amenable to normal budgetary control measures given the statutory and policy basis for the various schemes. As such, these costs will be reported and monitored.

- Category IV Other Issues & Risks – the HSE's intention is to substantially address these issues via the re-prioritisation of existing and new service developments.

An operational and financial framework for the management and monitoring of these risks and issues has been constructed which builds upon our already existing control environment, including our Performance and Accountability Framework, National Financial Regulations and Financial Framework 2022.

The NSP also explicitly states:

- DoH have indicated that in their view the HSE figures overstate the level of financial issue / risk.

- However, the DoH and HSE are fully aligned on the need for any mitigation measures related to addressing financial issues or risks NOT to impact negatively on planned service capacity, planned service activity or planned service access.

Mitigation initiatives and any other 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, including for 2023. However, it is appropriate to recognise the likely ongoing impact on capacity and capability for same due to the last three years of responding to the pandemic. The NSP also references that any improvements in efficiency and effectiveness are more likely to be consumed in mitigating the well evidenced unmet need and ongoing requirements to improve the safety and quality of services, rather than yielding significant net cash releasing savings.

Overall Financial Performance: YTD March 2023

Table 1 - Net Expenditure by Division– YTD March 2023

| March 2023 | Approved Allocation | YTD Actual Spend vrs YTD Budget | | | | | YTD Variance Analysed As: | |
| | | YTD Actual | YTD Budget | YTD Variance | YTD Variance | | Core related variance | COVID-19 Related Variance |
	€m	€m	€m	€m	%		€m	€m
Acute Operations	7,448.7	2,045.7	1,765.0	280.7	15.9 %		212.8	67.9
Community Services	8,096.7	1,967.9	1,966.4	1.5	0.1 %		(31.5)	33.1
Other Operations/Services	1,635.2	275.1	370.1	(95.0)	(25.7%)		(40.0)	(55.1)
Total Operational Service Areas	17,180.5	4,288.6	4,101.4	187.2	4.6 %		141.3	45.9
Total Pensions & Demand Led Services	5,089.5	1,218.4	1,227.5	(9.1)	(0.7%)		(6.0)	(3.1)
Overall Total	**22,270.0**	**5,507.1**	**5,328.9**	**178.1**	**3.3%**		**135.3**	**42.8**

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

I.   The HSE's financial position at the end of March 2023 shows a **year to date deficit of €178.1m** or 3.3%.

Of the €178.1m deficit, the following represent the constituent elements:
➢ A deficit of €42.8m is driven by the impact of COVID-19, consisting of
  o Vaccinations is reporting a 2022 surplus of (€20.9m)
  o Testing & Tracing is reporting a surplus of (€2.2m)
  o While the remainder of the COVID-19 programmes have a deficit of €66.0m
➢ A deficit of €135.3m relating to core activity includes:
  o a net deficit of €212.8m in Acute Operations,
  o a surplus of (€31.5m) in Community
  o a surplus of (€40.0m) in Other Operations / Support Services
  o a surplus of (€6.0m) in Pensions and Demand Led Areas

Acute Operations

Table 2 – Acute Operations –March YTD

March 2023 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Core Expenditure	Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
RCSI Hospital Group	1,044.5	297.2	256.4	40.8	15.9 %		27.2	13.6
Dublin-Midlands Hospital Group	1,231.1	346.4	298.8	47.6	15.9 %		38.3	9.3
Ireland East Hospital Group	1,442.2	407.9	351.6	56.3	16.0 %		41.2	15.1
South-South West Hospital Group	1,198.3	354.5	293.6	60.9	20.8 %		47.7	13.3
Saolta University Health Care Group	1,077.1	307.3	264.9	42.4	16.0 %		32.3	10.2
University of Limerick Hospital Group	487.4	142.3	121.0	21.3	17.6 %		18.6	2.7
Children's Health Ireland	442.2	124.4	109.0	15.4	14.1 %		14.6	0.8
Regional & National Services	272.8	4.8	16.9	(12.1)	(71.6%)		(14.9)	2.8
Acutes Held/DOH Funds	22.2	-	-	-	-		-	-
Acute Hospital Care	**7,217.8**	**1,984.8**	**1,712.2**	**272.6**	**15.9 %**		**204.9**	**67.7**
National Ambulance Service	219.7	59.7	50.3	9.4	18.8 %		7.9	1.5
Private Hospitals	-	0.6	-	0.6	-		-	0.6
Access to Care	11.1	0.6	2.5	(1.9)	(77.0%)		-	(1.9)
Acute Operations Total	**7,448.7**	**2,045.7**	**1,765.0**	**280.7**	**15.9%**		**212.8**	**67.9**

Acute Operations incl. the National Ambulance Service, Private Hospitals and Access to Care has expenditure to date of €2,045.7m against a budget of €1,765.0m, leading to a deficit of €280.7m or 15.9%, of which €67.9m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €212.8m attributable to core service expenditure. The National Ambulance Service (NAS) has a year to date deficit of €9.4m, Private Hospital (Safety Net Agreement) has a year to date deficit of €0.6m and Access to Care has a surplus of (€1.9m). The performance by hospital group is illustrated in table 2 above.

Pay deficit is primarily driven by Agency due to challenges in recruiting front line staff and agency is required to ensure safe staffing levels and provide specialling as well as the backfill of HRA hours.

Non pay clinical deficits are in Medical and Surgical supplies and Drugs. Drugs analysis indicates this is primarily a demographic issue as IPHA Agreement holds drug prices relatively stable. Non clinical deficits are across Office Expenses and Professional Services which include relocation packages for international recruitment campaigns of clinical staff.

Since the HSE National Crisis Management Team (NCMT) was stood up on 22nd December, additional unfunded costs relating to the ED / Winter Surge in respect of the use of private hospitals as well as premium pay measures for sites with 24 hour ED services are impacting.

The Health (Miscellaneous Provisions) (No.2) Act 2022, removes the acute public in-patient charge of €80 per day, including day-case charges, for children under 16 years of age in all public hospitals. This measure came into effect from 21 September 2022 and was followed by the abolition of all inpatient and day cases hospital charges effective from 17 April 2023.

Acute hospital services aim to improve the health of the population by providing health services ranging from self-management support, brief intervention and early diagnosis to specialist tertiary services. These services are provided for adults and children within six hospital groups, Children's Health Ireland and the National Ambulance Service (NAS). The six hospital groups provide the structure to deliver an integrated hospital network of acute care to the population in each geographic area. Children's Health Ireland provides paediatric services in the greater Dublin area and incorporates the National Paediatric Hospital Development Board which is responsible for overseeing the building of the new children's hospital.

Community Operations

Table 3 – Community Operations – March YTD

March 2023 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Core Expenditure	Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
Primary Care	1,268.7	316.9	306.0	10.9	3.5 %		(8.4)	19.3
Social Inclusion	209.9	49.7	52.0	(2.3)	(4.5%)		(4.3)	1.9
Palliative Care	134.3	31.6	33.1	(1.4)	(4.3%)		(1.7)	0.2
Primary Care Division Total	**1,612.9**	**398.2**	**391.1**	**7.1**	**1.8 %**		**(14.3)**	**21.4**
Mental Health Division	**1,267.1**	**310.6**	**306.3**	**4.2**	**1.4 %**		**1.1**	**3.1**
Older Persons Services	1,384.5	334.2	340.6	(6.4)	(1.9%)		(15.2)	8.8
Nursing Home Support Scheme	1,122.2	263.2	265.2	(1.9)	(0.7%)		(3.8)	1.9
Older Persons Services Division Total	**2,506.8**	**597.4**	**605.8**	**(8.3)**	**(1.4%)**		**(19.0)**	**10.6**
Health & Wellbeing Community Division	**36.1**	**9.3**	**8.7**	**0.6**	**6.6 %**		**0.2**	**0.4**
Quality & Patient Safety Community Division	**23.2**	**5.3**	**4.9**	**0.4**	**7.2 %**		**0.4**	**0.0**
CHO HQs & Community Services	**32.7**	**9.9**	**8.1**	**1.8**	**22.4 %**		**1.5**	**0.4**
Community Total excluding Disability	**5,478.8**	**1,330.6**	**1,325.0**	**5.7**	**0.4 %**		**(30.2)**	**35.9**
Disability Services	2,617.9	637.2	641.4	(4.2)	(0.6%)		(1.3)	(2.8)
Community Total including Disability	**8,096.7**	**1,967.9**	**1,966.4**	**1.5**	**0.1 %**		**(31.5)**	**33.1**

Community Operations has year to date expenditure of €1,967.9m against a budget of €1,966.4m, leading to a deficit of €1.5m or (0.1%), of which a €33.1m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€31.5m) attributable to core service expenditure. The performance by care area is illustrated in table 3 above.

Community healthcare spans Primary Care Services, Social Inclusion Services, Older Persons' and Palliative Care Services ,Disability Services and Mental Health Services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by GPs, Public Health Nurses, a wide range of therapy staff and HSCPs through primary care teams and CHNs. Community healthcare services are currently delivered through nine CHOs and are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. These services are delivered to people in local communities as close as possible to their homes.

Primary Care Services

Core operational services within Primary Care, Social Inclusion and Palliative Care (excluding Demand Led Local Schemes) has year to date expenditure of €398.2m against a budget of €391.1m leading to a deficit of €7.1m or (1.8%), of which €21.4m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€14.3m) attributable to core service expenditure.

A core surplus is related to the pace of recruitment, shortage of clinical resources and the filling of some new ECC posts from within the existing cohort of staff. Adverse variances across non pay expenditure, which are currently offset by these temporary pay surpluses will pose challenges as recruitment of vacant posts progresses. Ukrainian support costs are included in the overall figures above.

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. Developed as part of implementing Sláintecare, the Enhanced Community Care (ECC) Programme aims to ensure all HSE primary and community care services work in an integrated way to meet population health needs across Ireland, to reduce dependence on hospital services and provide access to consultant-led specialist services in the community.

Mental Health Services

Mental Health (MH) has year to date expenditure of €310.6m against a budget of €306.3m leading to a deficit of €4.2m or 1.4%, of which a deficit of €3.1m has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €1.1m attributable to core service expenditure.

The main areas driving COVID-19 non-pay expenditure variances in Mental Health are infection control and COVID-19 placements, while within pay, the deficits relate to agency and overtime as Mental Health continues to experience gaps in staffing which are filled through agency and overtime.

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.

Older Persons Services

Older Persons Services, including NHSS, has year to date expenditure of €597.4m against a budget of €605.8m leading to a surplus of (€8.3m) or (1.4%), of which a deficit of €10.6m has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€19.0m) attributable to core service expenditure. Expenditure on agency staff as well as Transitional Care Beds continue to give rise to COVID-19 costs.

Older Persons Services provide a wide range of services including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible (Nursing Homes Support Scheme). These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers. 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.

Disability Services

Disability Services has year to date expenditure of €637.2m against a budget of €641.4m, leading to a year to date surplus of (€4.2m) or (0.6%), of which a surplus of (€2.8m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€1.3 m) attributable to core service expenditure.

Disability Services are delivered through HSE services, section 38 / section 39 and not-for-profit providers. Disability Services are provided to those with physical, sensory, intellectual disability and autism in residential, home support and personal assistance services, clinical / allied therapies, neuro-rehabilitation services, respite, day and rehabilitative training. The cost in Disability Services is primarily driven by the clients need and the complexity of each individual case presenting.

Following a Government decision, and subject to the relevant legislative changes, responsibility for policy, functions and funding relating to specialist community-based disability services has transferred to the Minister for Children, Equality, Disability, Integration and Youth (MCEDIY) in 2023.

Other Operational Services

Table 4 – Other Operational Services – March YTD

March 2023 Other Operations/Services	Approved Allocation	YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
		YTD Actual	YTD Budget	YTD Variance	YTD Variance		Core related variance	Covid-19 Related Variance
	€m	€m	€m	€m	%		€m	€m
Chief Clinical Office	607.6	73.5	126.7	(53.2)	(42.0%)		(21.0)	(32.2)
Health & Wellbeing Division	11.0	2.7	2.6	0.1	3.6 %		0.1	-
Operational Performance & Integration	77.6	29.4	18.7	10.7	57.5 %		10.7	0.0
Testing & Tracing	69.6	14.9	17.2	(2.2)	(13.0%)		-	(2.2)
Support Services	869.4	154.5	205.0	(50.4)	(24.6%)		(29.7)	(20.7)
Overall Total	**1,635.2**	**275.1**	**370.1**	**(95.0)**	**(25.7%)**		**(40.0)**	**(55.1)**

Other Operational Services has a year to date expenditure of €275.1m against a budget of €370.1m, leading to a surplus of (€95.0m) or (25.7%), of which a surplus of (€55.1m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€40.0m) attributable to core service expenditure.

Chief Clinical Office

Chief Clinical Office has a year to date expenditure of €73.5m against a budget of €126.7m, leading to a surplus of (€53.2m) or (42.0%), of which a surplus of (€32.2m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€21.0m) attributable to core service expenditure.

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, by supporting and further initiating programmes of work across the following 3 key pillar areas:

- Strengthen clinical leadership and expertise,
- Develop and nurture collaboration with patients and service users,
- Improve and assure safety and improve the patient and service user experience.

Health & Wellbeing

Health and Wellbeing Services has a year to date expenditure of €2.7m against a budget of €2.6m, leading to a deficit of €0.1m or 3.6%, all of which has been categorised as being directly attributable to core service expenditure.

Health and Wellbeing Services support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

Our public health teams played a major role in responding to the COVID-19 pandemic. Public health teams worked 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 supported end-to-

end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's Testing and Tracing programme.

Testing and Tracing

Test and Tracing has a year to date expenditure of €14.9m against a budget of €17.2m, leading to a surplus of (€2.2m) or (13.0%), all of which has been categorised as being directly attributable to COVID-19 expenditure.

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 Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing and the core components of the service include referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management). The Testing and Tracing function is also supported by acute and community services, including testing centres and hospital laboratory testing, GP consultations in PCRS and swabbing centres in the Primary Care CHOs. As the COVID-19 pandemic moves to endemic status, Test and Trace is transitioning to a new operating model, in line with public health guidance. The future model will monitor levels of infections of COVID-19 through enhanced surveillance systems and the introduction of a clinical pathway for testing based on clinical need.

Support Services

Support Services has a year to date expenditure of €154.5m against a budget of €205.0m, leading to a surplus of (€50.4m) or (24.6%), of which a surplus of (€20.7m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€29.7m) attributable to core service expenditure.

The bulk of these costs giving rise to the spend represents essential supports provided by the national functions to support direct service provision.

Operational Performance and Integration

Operational Performance and Integration has a year to date expenditure of €29.4m against a budget of €18.7m, leading to a deficit of €10.7m or 57.5%, all of which has been categorised as being directly attributable to core service expenditure.

The Operational Performance and Integration teams drive integration across Integrated Operations, supporting and enhancing service delivery and performance, and generating actionable insights to enable data-driven decision making.

Pensions and Demand Led Services

Table 5 – Pensions and Demand Led Services – March YTD

March 2023 Pensions and Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance Attributable to Core Expenditure	YTD Variance Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
Pensions	685.8	156.8	169.3	(12.5)	(7.4%)		(12.5)	-
State Claims Agency	435.0	70.8	108.8	(38.0)	(34.9%)		(38.0)	-
Primary Care Reimbursement Service	3,641.7	891.4	868.5	22.9	2.6 %		27.0	(4.1)
Demand Led Local Schemes	275.5	80.9	68.2	12.7	18.6 %		11.7	1.0
Treatment Abroad and Cross Border Directive	40.8	14.1	10.2	3.9	38.5 %		3.9	-
EHIC (European Health Insurance Card)	10.6	4.4	2.6	1.8	70.3 %		1.8	-
Pensions & Demand Led Services Total	**5,089.5**	**1,218.4**	**1,227.5**	**(9.1)**	**(0.7%)**		**(6.0)**	**(3.1)**

Pensions and Demand Led Services has year to date expenditure of €1,218.4m against a budget of €1,227.5m, leading to a surplus of (€9.1m) or (0.7%), of which a surplus of (€3.1m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€6.0m) attributable to core service expenditure. The performance by area is illustrated in table 5 above.

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.

Conclusion

COVID-19 has materially changed the way that the HSE provides healthcare as we adapted and redefined service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care. On 5 May 2023 the World Health Organisation (WHO) ended the global emergency status for COVID-19 advising that it should now be managed along with other infectious diseases.

In conjunction with this the uncertainty in relation to the war in Ukraine, inflationary pressures and labour market forces is anticipated to result in significant financial pressure on our available 2023 existing level of services funding and COVID-19 funding. However the HSE is fully aware of, and committed to, its obligation to managing its resources to protect and promote the health and well-being of people in Ireland and we are committed to working closely with the Department of Health and the Department of Public Expenditure and Reform throughout 2023 to monitor progress and problem-solve as challenges arise, under the oversight of our Board.

Human Resources

Health Sector Workforce

Employment levels at the end of March 2023, show there were **139,838 WTE** (equating to 158,582 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

Of note the publication of the March 2023 census has been severely delayed due an issue with the census data on the SAP/HR payroll system resulting from the implementation of the pay award.

- Year-to-date employment levels continue to show strong growth at **+2,092 WTE**

- The change this month is **+651 WTE**, and is ahead of the 5 year average for this month. Headcount growth is reporting an increase of **+658**.
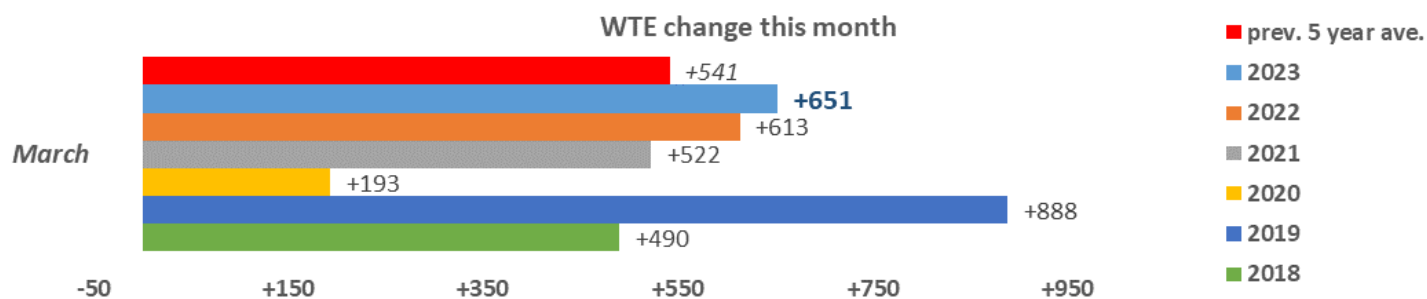
- The overall increase since December 2019 now stands at **+20,020 (+16.7%)**. The staff category reporting the greatest WTE increase is Nursing & Midwifery at **+6,281 WTE**, with *Staff Nurses & Midwives* reporting the greatest staff group WTE increase at **+3,197 WTE**. The staff category with the greatest percentage increase is Management & Administrative **+5,051 WTE (+26.8%).**

Key findings by Staff Category & Staff Group this Month

- *Management & Administrative* are reporting the largest increase of **+224 WTE** with Administrative/ Supervisory (V to VII) **+108 WTE** and Clerical (III & IV) **+85 WTE** followed by Management (VIII & above) staff group **+31 WTE**.

- *Medical & Dental* staff category reported the second largest increase of **+144 WTE**. The largest increase is reported in Consultants **+69 WTE** followed by SHO/Interns **+66 WTE**.

- *Health & Social Care Professionals* are reporting an increase of **+130 WTE**. The Therapy Professions staff group are reporting the largest increase of **+59 WTE** followed by Social Workers **+17 WTE.**

- *Nursing & Midwifery* staff category are reporting an increase **+80 WTE**. Nurse/Midwife Manager reported the largest increase **+88 WTE** followed by Nurse/ Midwife Specialist & AN/MP increase of **+83.** Nursing/Midwifery Student reported the largest decrease of **-40 WTE** while Staff Nurse/Midwife reported a decrease of **-39 WTE** and Public Health Nurse reported a decrease of **-11 WTE.**

- *Patient & Client Care* are reporting an increase of **+77 WTE** with Health Care Assistants reporting an increase of **+58 WTE** and Home Helps reporting an increase of **+19 WTE**. Ambulance Staff are reporting a decrease of **-9 WTE**.

- *General Support* are reporting a decrease of **-3 WTE.** Support are reporting an increase of **+9 WTE.** Maintenance/Technical are reporting a decrease of **-12 WTE.**

Legend: ■ WTE change YTD ■ WTE change since Feb 2023

Category	WTE change YTD	WTE change since Feb 2023
Nursing	+867	+80
Admin	+741	+224
H&SCP	+229	+130
Medical	+108	+144
PCC	+87	+77
Support	+60	
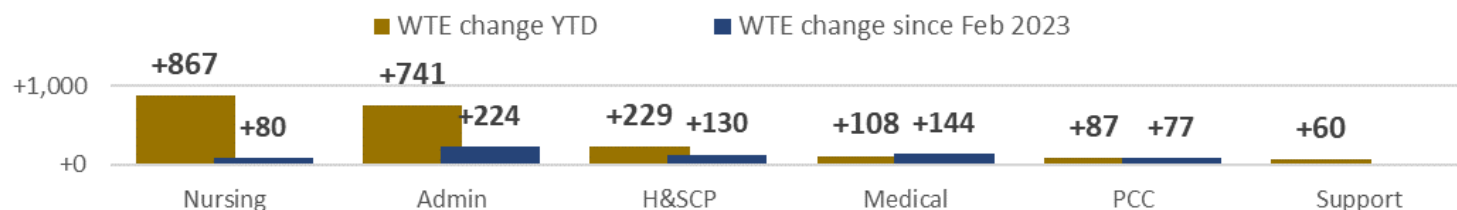
- Overall in this period **Acute Services** is reporting an increase of **+500 WTE**, with **Community Services** reporting an increase of **+114 WTE** and **National Services & Central Functions** reporting an increase of **+38 WTE.**

- At Care Group level, Acute Hospital Services reported **+508 WTE** followed by Primary Care **+100 WTE**, Mental Health **+49 WTE**, National & Central Services **+38 WTE**, Community Health & Wellbeing **+19 WTE,** CHO Operations **+3 WTE** and Health & Well-being **+3 WTE**. Older People are reporting a decrease of **-48 WTE**, Disabilities **-9 WTE**, Ambulance Services **-8 WTE** and Health Business Services **–4 WTE**. Notably the decrease of -48 WTE in Older persons is primarily due to the Rehab Unit in St. Finbarr's Hospital transitioning out of Older People services and over to CUH governance under Acute Hospitals and change is reflected in the March census.

Date	*WTE*	WTE change	NAS	Acute Hospitals	Acute Services	CHWB	Mental Health	Primary Care	Disabilities	Older People	Comm Ops	Community Services	National & Central
Mar-23	**139,838**	**+651**	**-8**	**+508**	**+500**	**+19**	**+49**	**+100**	**-9**	**-48**	**+3**	**+114**	**+38**
Feb-23	139,186	+853	+24	+530	+555	+57	+12	+16	+108	+75	+15	+282	+16
Jan-23	138,334	+588	+58	+287	+345	+13	+74	+38	-12	+23	+16	+152	+92
Dec-22	137,745	+525	-14	+462	+448	+16	+1	-7	+58	-8	+5	+66	+11
Nov-22	137,220	+1,128	+2	+771	+772	+6	+55	-43	+118	+56	+96	+289	+67
Oct-22	136,092	+848	+47	+347	+394	+15	-2	-33	+70	+120	+206	+376	+78
Sep-22	135,245	+250	+11	+185	+196	+10	+6	+52	-45	+10	+29	+62	-8
Aug-22	134,994	-300	-9	+58	+49	+1	-2	-304	-45	+20	+12	-318	-30
Jul-22	135,294	+461	+2	+612	+614	-6	-64	-213	+36	+40	+22	-184	+32
Jun-22	134,833	+122	-9	+22	+14	+4	-25	-26	+85	+7	+11	+57	+52
May-22	134,711	+138	+5	+161	+165	+12	-23	-11	-29	-15	+19	-47	+20
Apr-22	134,573	+472	-10	+209	+199	+60	+5	-195	+1	+102	+271	+243	+30
Mar-22	134,101	+613	+2	+389	+391	-21	+20	-41	+53	+1	+163	+173	+48
2023 YTD		**+2,092**	**+74**	**+1,325**	**+1,400**	**+89**	**+134**	**+154**	**+87**	**+49**	**+33**	**+547**	**+145**

WTE change YTD — **WTE change since Feb 2023**

	Acute	Disabilities	PC	National	CHO Ops	Older People	MH	CHWB	NAS	HWB	HBS
YTD	+1,325	+87	+154	+140	+33	+49	+134	+89	+74	+1	+4
Since Feb 2023	+508	-9	+100	+39	+3	-48	+49	+19	-8	+3	-4
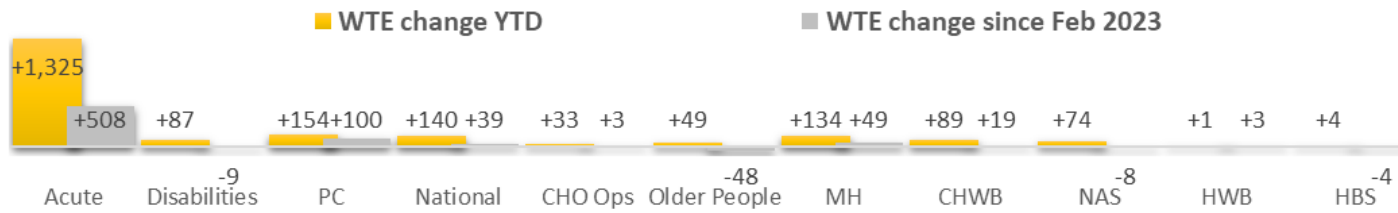
- The **largest** WTE increase this month is reported in South/South West Hospitals Group at **+167 WTE** followed by Saolta University Hospital Care at **+135 WTE**. In Community Services CHO 1 (**+62 WTE**) and CHO 3 (**+39 WTE**) are reporting the largest increases. As noted above however, a substantial proportion of the increase in South/ South West Hospitals Group is attributable to the movement of Rehab Unit in St. Finbarr's to CUH governance in Acute Hospitals. Likewise CHO4, is showing the largest decrease this month again largely attributable to the movement of St Finbarr's Rehab Unit.

% WTE change since Dec 2019

UL	Saolta	SSW	IEHG	CHO 1	CHO 3	RCSI	DMHG	CHI	CHO 5	CHO 7	NAS	CHO 9	CHO 4	CHO 2	CHO 8	CHO 6
30%	25%	24%	20%	20%	19%	18%	16%	15%	12%	11%	11%	10%	9%	8%	8%	8%
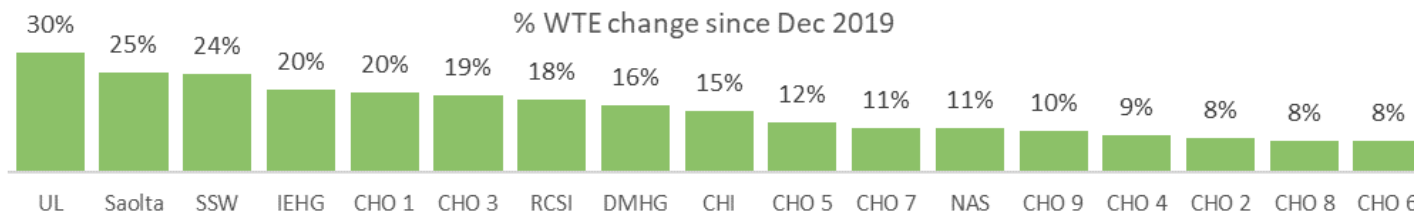
Further details are shown in the charts & tables below:

By Care Group: March 2023

Care Group	WTE Dec 2022	WTE Feb 2023	WTE Mar 2023	WTE change since Feb 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Mar 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Mar 2023
Total Health Service	**137,745**	**139,186**	**139,838**	**+651**	**+6,357**	**+6,149**	**+5,422**	**+2,092**	**+20,020**	**+1.5%**	**+16.7%**
Ambulance Services	2,067	2,149	**2,141**	-8	+57	+70	+7	+74	+208	+3.6%	+10.8%
Acute Hospital Services	71,988	72,806	**73,313**	+508	+3,845	+3,620	+3,918	+1,325	+12,709	+1.8%	+21.0%
Acute Services	**74,055**	**74,955**	**75,454**	**+500**	**+3,902**	**+3,690**	**+3,925**	**+1,400**	**+12,917**	**+1.9%**	**+20.7%**
Community Health & Wellbeing	322	392	**411**	+19	+144	+37	+141	+89	+411		
Mental Health	10,453	10,539	**10,588**	+49	+347	+61	+91	+134	+634	+1.3%	+6.4%
Disabilities	19,903	19,999	**19,990**	-9	+642	+678	+281	+87	+1,687	+0.4%	+9.2%
Older People	13,947	14,045	**13,997**	-48	+182	+208	+325	+49	+764	+0.4%	+5.8%
Primary Care	12,064	12,118	**12,219**	+100	+973	+1,009	-518	+154	+1,619	+1.3%	+15.3%
CHO Operations	833	864	**866**	+3	+0	+0	+833	+33	+866		
Community Services	**57,523**	**57,956**	**58,070**	**+114**	**+2,288**	**+1,993**	**+1,153**	**+547**	**+5,982**	**+1.0%**	**+11.5%**
Health Business Service	390	397	**393**	-4	+14	-263	-15	+4	-260	+0.9%	-39.8%
Health & Well-being	676	675	**677**	+3	-62	+129	+35	+1	+104	+0.2%	+18.1%
National & Central Services	5,102	5,203	**5,242**	+39	+215	+599	+324	+140	+1,278	+2.8%	+32.3%
National Services & Central Functions	**6,168**	**6,275**	**6,313**	**+38**	**+167**	**+465**	**+344**	**+145**	**+1,122**	**+2.4%**	**+21.6%**

By Service Delivery Area: March 2023

| Service / HG & CHO	WTE Dec 2022	WTE Feb 2023	WTE Mar 2023	WTE change since Feb 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Mar 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Mar 2023
Total Health Service	**137,745**	**139,186**	**139,838**	**+651**	**+6,357**	**+6,149**	**+5,422**	**+2,092**	**+20,020**	**+1.5%**	**+16.7%**
National Ambulance Service	2,067	2,149	**2,141**	-8	+57	+70	+7	+74	+208	+3.6%	+10.8%
Children's Health Ireland	4,108	4,119	**4,144**	+26	+160	+212	+134	+36	+542	+0.9%	+15.0%
Dublin Midlands Hospital Group	12,326	12,532	**12,596**	+64	+469	+419	+619	+269	+1,777	+2.2%	+16.4%
Ireland East Hospital Group	14,889	14,968	**15,044**	+75	+976	+651	+760	+155	+2,542	+1.0%	+20.3%
RCSI Hospitals Group	11,267	11,356	**11,397**	+41	+534	+409	+660	+130	+1,734	+1.2%	+17.9%
Saolta University Hospital Care	11,327	11,412	**11,547**	+135	+576	+737	+761	+220	+2,294	+2.0%	+24.8%
South/South West Hospital Group	12,723	12,914	**13,081**	+167	+761	+646	+789	+359	+2,554	+2.8%	+24.3%
University of Limerick Hospital Group	5,222	5,368	**5,370**	+2	+360	+537	+179	+148	+1,224	+2.8%	+29.5%
other Acute Services	127	137	**135**	-2	+10	+10	+16	+8	+43	+6.3%	+47.5%
Acute Services	**74,055**	**74,955**	**75,454**	**+500**	**+3,902**	**+3,690**	**+3,925**	**+1,400**	**+12,917**	**+1.9%**	**+20.7%**
CHO 1	6,398	6,487	**6,549**	+62	+287	+334	+309	+151	+1,081	+2.4%	+19.8%
CHO 2	5,972	6,000	**6,008**	+8	+145	+129	+153	+36	+464	+0.6%	+8.4%
CHO 3	5,069	5,143	**5,182**	+39	+253	+337	+123	+113	+825	+2.2%	+18.9%
CHO 4	8,961	8,993	**8,930**	-63	+413	+255	+104	-31	+741	-0.3%	+9.1%
CHO 5	5,805	5,898	**5,931**	+33	+195	+194	+134	+126	+649	+2.2%	+12.3%
CHO 6	3,620	3,637	**3,635**	-2	+87	+96	+59	+15	+257	+0.4%	+7.6%
CHO 7	7,215	7,223	**7,218**	-5	+268	+290	+142	+3	+703	+0.0%	+10.8%
CHO 8	6,514	6,579	**6,615**	+35	+202	+112	+65	+101	+480	+1.6%	+7.8%
CHO 9	7,230	7,258	**7,260**	+2	+367	+216	+65	+30	+678	+0.4%	+10.3%
other Community Services	740	738	**743**	+4	+71	+31	-1	+3	+105	+0.4%	+16.4%
Community Services	**57,523**	**57,956**	**58,070**	**+114**	**+2,288**	**+1,993**	**+1,153**	**+547**	**+5,982**	**+1.0%**	**+11.5%**
Health Business Services	390	397	**393**	-4	+14	-263	-15	+4	-260	+0.9%	-39.8%
Health & Wellbeing	676	675	**677**	+3	-62	+129	+35	+1	+104	+0.2%	+18.1%
National & Central Services	5,102	5,203	**5,242**	+39	+215	+599	+324	+140	+1,278	+2.8%	+32.3%
National Services & Central Functions	**6,168**	**6,275**	**6,313**	**+38**	**+167**	**+465**	**+344**	**+145**	**+1,122**	**+2.4%**	**+21.6%**

By Staff Group: March 2023

Staff Category /Group	WTE Dec 2022	WTE Feb 2023	WTE Mar 2023	WTE change since Feb 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Mar 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Mar 2023
Total Health Service	**137,745**	**139,186**	**139,838**	**+651**	**+6,357**	**+6,149**	**+5,422**	**+2,092**	**+20,020**	**+1.5%**	**+16.7%**
Medical & Dental	**12,697**	**12,662**	**12,806**	**+144**	**+904**	**+352**	**+584**	**+108**	**+1,948**	**+0.9%**	**+17.9%**
Consultants	3,869	3,864	**3,932**	+69	+208	+150	+261	+63	+682	+1.6%	+21.0%
Registrars	4,353	4,375	**4,383**	+7	+196	+229	+249	+30	+703	+0.7%	+19.1%
SHO/ Interns	3,661	3,623	**3,689**	+66	+478	-8	+75	+28	+573	+0.8%	+18.4%
Medical/ Dental, other	813	800	**802**	+2	+21	-19	-0	-12	-10	-1.5%	-1.3%
Nursing & Midwifery	**43,619**	**44,405**	**44,486**	**+80**	**+1,712**	**+1,660**	**+2,042**	**+867**	**+6,281**	**+2.0%**	**+16.4%**
Nurse/ Midwife Manager	9,345	9,461	**9,549**	+88	+360	+508	+493	+204	+1,565	+2.2%	+19.6%
Nurse/ Midwife Specialist & AN/MP	2,974	3,099	**3,182**	+83	+302	+183	+493	+208	+1,185	+7.0%	+59.4%
Staff Nurse/ Staff Midwife	28,757	28,929	**28,890**	-39	+1,070	+1,087	+908	+132	+3,197	+0.5%	+12.4%
Public Health Nurse	1,504	1,486	**1,474**	-12	+20	-34	-19	-29	-63	-2.0%	-4.1%
Nursing/ Midwifery Student	712	1,102	**1,061**	-40	-52	-65	+185	+350	+417	+49.2%	+64.8%
Nursing/ Midwifery other	327	328	**329**	+1	+12	-18	-17	+2	-21	+0.7%	-5.9%
Health & Social Care Prof	**19,721**	**19,821**	**19,951**	**+130**	**+1,033**	**+1,192**	**+723**	**+229**	**+3,177**	**+1.2%**	**+18.9%**
Dietitians	*756*	*761*	***774***	*+13*	*+63*	*+58*	*+60*	*+18*	*+200*	*+2.4%*	*+34.8%*
Occupational Therapists	*1,945*	*1,967*	***1,972***	*+5*	*+103*	*+138*	*+105*	*+27*	*+372*	*+1.4%*	*+23.3%*
Orthoptists	*40*	*41*	***41***	*+0*	*+3*	*+2*	*-0*	*+1*	*+6*	*+3.7%*	*+17.7%*
Physiotherapists	*2,227*	*2,233*	***2,261***	*+28*	*+107*	*+133*	*+136*	*+34*	*+410*	*+1.5%*	*+22.1%*
Podiatrists & Chiropodists	*121*	*126*	***130***	*+4*	*+8*	*+15*	*+26*	*+9*	*+58*	*+7.5%*	*+81.7%*
Speech & Language Therapists	*1,231*	*1,242*	***1,250***	*+8*	*+47*	*+36*	*+45*	*+19*	*+148*	*+1.5%*	*+13.4%*
Therapy Professions	6,320	6,370	**6,429**	+59	+331	+382	+373	+109	+1,194	+1.7%	+22.8%
Health Science/ Diagnostics	5,052	5,048	**5,054**	+7	+230	+188	+134	+3	+554	+0.1%	+12.3%
Social Care	3,171	3,138	**3,148**	+10	+199	+219	+43	-23	+437	-0.7%	+16.1%
Pharmacy	1,323	1,330	**1,344**	+15	+126	+128	+31	+22	+306	+1.6%	+29.5%
Psychologists	1,120	1,146	**1,161**	+15	+62	+29	+25	+40	+157	+3.6%	+15.6%
Social Workers	1,430	1,445	**1,461**	+17	+74	+58	+134	+31	+297	+2.2%	+25.5%
H&SC, Other	1,306	1,345	**1,354**	+8	+12	+189	-17	+48	+231	+3.6%	+20.6%

Staff Category /Group	WTE Dec 2022	WTE Feb 2023	WTE Mar 2023	WTE change since Feb 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Mar 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Mar 2023
Management & Administrative	**23,156**	**23,673**	**23,897**	**+224**	**+982**	**+1,754**	**+1,574**	**+741**	**+5,051**	**+3.2%**	**+26.8%**
Management (VIII & above)	2,446	2,491	**2,523**	+31	+128	+246	+230	+76	+681	+3.1%	+37.0%
Administrative/ Supervisory (V to VII)	7,737	8,008	**8,116**	+108	+622	+884	+1,031	+379	+2,917	+4.9%	+56.1%
Clerical (III & IV)	12,974	13,174	**13,259**	+85	+233	+623	+312	+285	+1,454	+2.2%	+12.3%
General Support	**10,134**	**10,197**	**10,194**	**-3**	**+459**	**+135**	**+123**	**+60**	**+777**	**+0.6%**	**+8.3%**
Support	8,913	8,948	**8,957**	+9	+442	+137	+100	+44	+723	+0.5%	+8.8%
Maintenance/ Technical	1,221	1,249	**1,236**	-12	+17	-3	+24	+16	+54	+1.3%	+4.6%
Patient & Client Care	**28,418**	**28,428**	**28,505**	**+77**	**+1,266**	**+1,057**	**+376**	**+87**	**+2,786**	**+0.3%**	**+10.8%**
Health Care Assistants	19,309	19,297	**19,355**	+58	+1,157	+772	-17	+46	+1,959	+0.2%	+11.3%
Home Help	3,782	3,736	**3,756**	+19	-26	+2	+236	-26	+187	-0.7%	+5.2%
Ambulance Staff	1,932	1,997	**1,987**	-9	+49	+59	-4	+56	+160	+2.9%	+8.7%
Care, other	3,395	3,398	**3,407**	+9	+85	+224	+161	+11	+481	+0.3%	+16.5%

WTE CHANGE SINCE DEC 2019
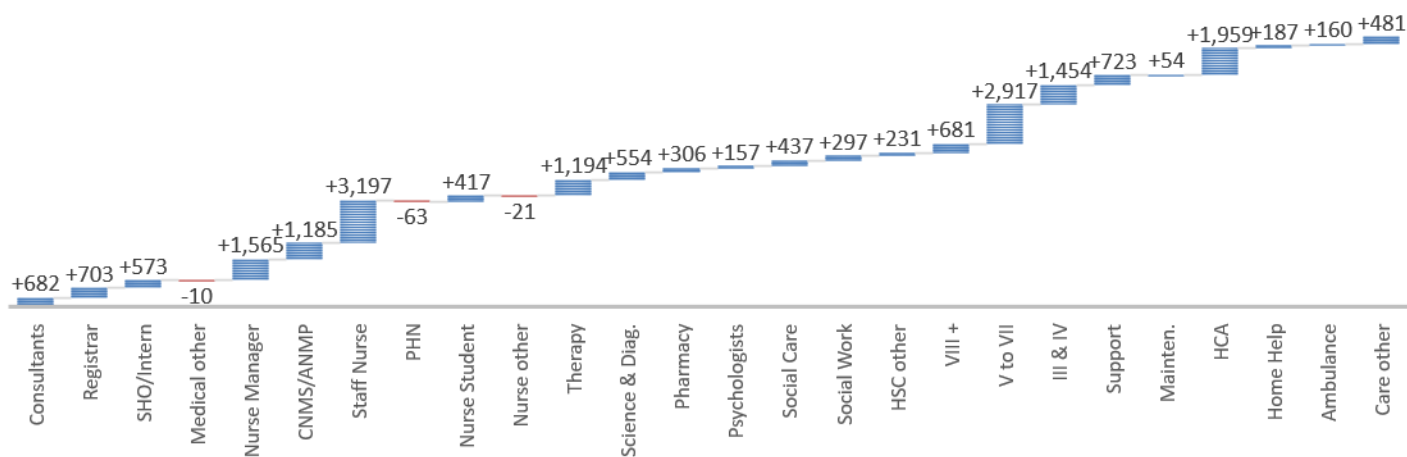
Health Sector Absence Rates: March 2023

This report provides the overview of the reported National Health Sector Absence Rates for March 2023.

The reported absence rate for March 2023 stands at **5.47%.**[6]

- This months' absence rate is showing an increase of **0.22%** when compared with the **previous month** (including COVID-19).
- **Excluding COVID-19 absence**, this months' absence rate is **4.9%** which is **0.14%** higher than the rate reported last month. This months' data is consistent with the rate reported in 2022, and that of the last 3 out of 4 years i.e. 4.9% (2022) 3.9% (2021), 4.9% (2020) and 4.4% (2019).
- **Including COVID-19 absence**[7], this month's absence rate is showing a decrease of **4.2%** when compared to the same month in 2022. Notably COVID-19 absence rate has increased marginally this month at 0.53% compared with 0.45% last month.

When compared with the National Service Plan KPI target of **≤4%** excluding COVID-19, this months' absence rate of **4.9%** is **0.9%** above this target.

These figures are reflected in the attached National Absence Report.

Year/ month	Certified absence	Self- certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	KPI Target
2023 Year To Date	**4.46%**	**0.63%**	**5.09%**	**0.60%**	**5.69%**	
Change in Month	+0.09%	+0.04%	+0.14%	+0.09%	**+0.22%**	
March 2023	4.31%	0.63%	4.94%	0.53%	**5.47%**	≤4%
February 2023	4.21%	0.58%	4.80%	0.45%	**5.24%**	
March 2022	4.34%	0.59%	4.93%	4.75%	**9.68%**	
Full Year 2022	4.40%	0.61%	5.01%	2.09%	**7.10%**	

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[6] All agencies with the exception of Portiuncula Hospital and HSE data for the South provided a full national absence return for March. HSE data for the South and Portiuncula provided partial returns for March.

[7] COVID-19 SLWP will only apply when an employee is required to self-isolate and is displaying symptoms of COVID-19 and is either awaiting a test result or had a positive PCR test / or a positive antigen test which has been registered on the HSE portal. Medical or HSE advice should be followed. In order to avail of SLWP evidence is required in the form of a PCR test result or antigen test result registered on the HSE portal. While public health advice, as set out on the HSE website, no longer requires testing for certain groups, individuals can still access the HSE portal to register antigen test results. SLWP does not apply in any other scenarios as set out in HR Circular 18/2022. A temporary scheme of paid leave for eligible public health service employees who ceased to be entitled to SLWP from 1st July 2022, and are currently unfit for work due to post Covid-19 infection. The eligibility criteria and conditions governing this temporary scheme are set out in HR 022/2022.

Health Service Absence Rates
February 2021 - 2023

2021: Non Covid 3.85%, Covid 1.05%
2022: Non Covid 4.93%, Covid 4.75%
2023: Non Covid 4.94%, Covid 0.53%
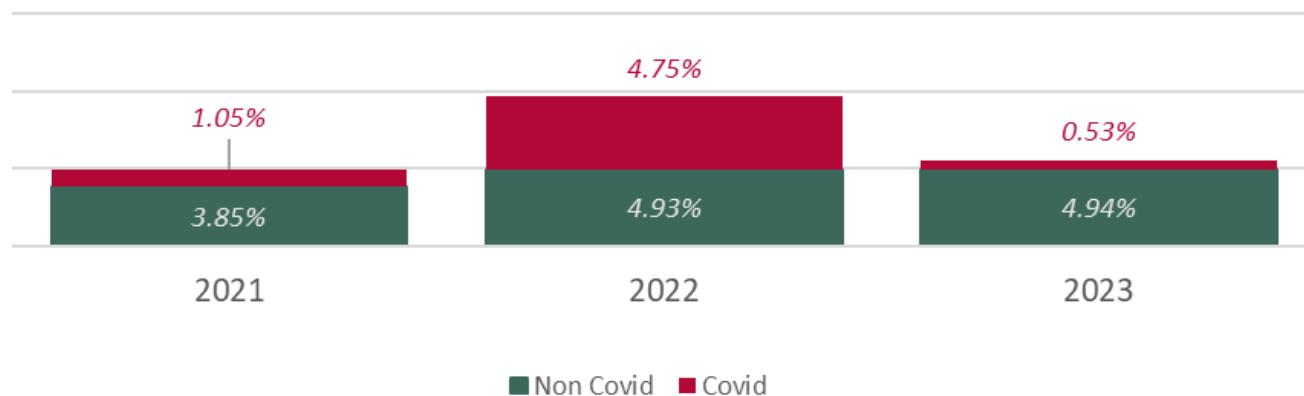
■ Non Covid ■ Covid

Latest monthly figures (March 2023)

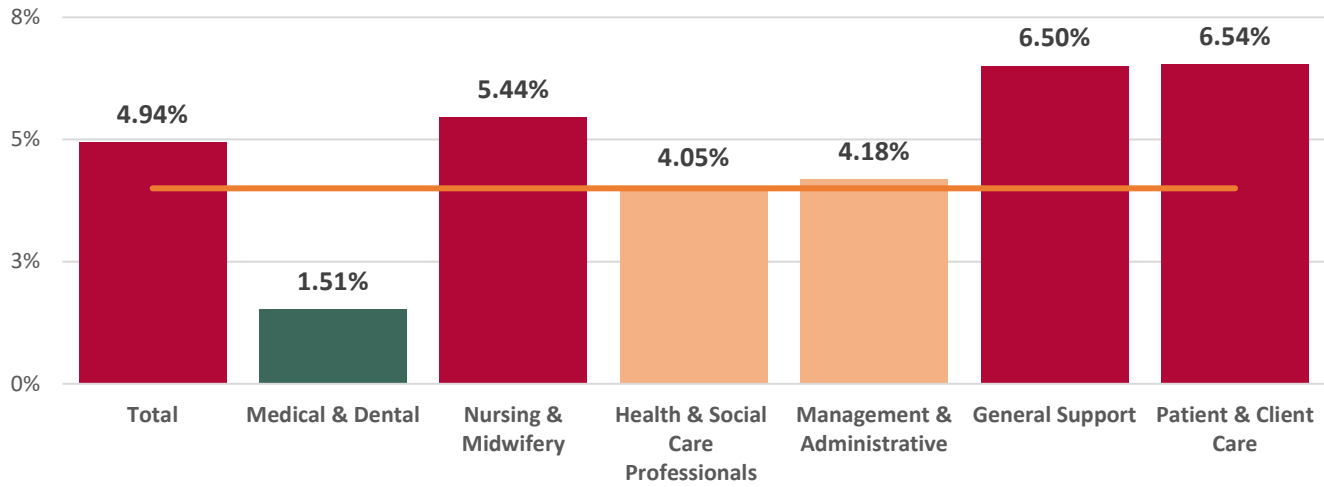| Health Service Absence Rate - by Staff Category: Mar 2023	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last Month	% Non Covid-19 absence	% Covid-19 absence
Total	**4.31%**	**0.63%**	🔴	**4.94%**	**0.53%**	**5.47%**	**0.22%**	**90.26%**	**9.74%**
Medical & Dental	1.32%	0.20%	🟢	1.51%	0.16%	1.67%	0.27%	90.66%	9.34%
Nursing & Midwifery	4.58%	0.86%	🔴	5.44%	0.63%	6.07%	0.08%	89.63%	10.37%
Health & Social Care Professionals	3.60%	0.45%	🟡	4.05%	0.45%	4.49%	0.44%	90.08%	9.92%
Management & Administrative	3.77%	0.41%	🟡	4.18%	0.39%	4.57%	0.14%	91.45%	8.55%
General Support	5.87%	0.63%	🔴	6.50%	0.62%	7.12%	0.34%	91.36%	8.64%
Patient & Client Care	5.78%	0.76%	🔴	6.54%	0.72%	7.26%	0.47%	90.10%	9.90%

*Non Covid-19 RAG Rating: Red ● >4.2% Amber ●>4 - ≤4.2 Green ●≤4

Health Service Absence Rate - by Staff Category: Mar 2023	Covid-19 absence			% Non Covid-19 absence			Total absence rate		
	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22
Total	**0.53%**	**0.45%**	**4.75%**	**4.94%**	**4.80%**	**4.93%**	**5.47%**	**5.24%**	**9.68%**
Medical & Dental	0.16%	0.13%	2.12%	1.51%	1.27%	1.34%	1.67%	1.41%	3.45%
Nursing & Midwifery	0.63%	0.54%	5.95%	5.44%	5.45%	5.75%	6.07%	5.99%	11.70%
Health & Social Care Professionals	0.45%	0.40%	4.73%	4.05%	3.65%	3.87%	4.49%	4.05%	8.60%
Management & Administrative	0.39%	0.31%	3.80%	4.18%	4.12%	4.15%	4.57%	4.43%	7.95%
General Support	0.62%	0.49%	4.36%	6.50%	6.30%	5.90%	7.12%	6.78%	10.26%
Patient & Client Care	0.72%	0.57%	5.02%	6.54%	6.22%	6.33%	7.26%	6.79%	11.35%

Key findings by Staff Category

- All staff categories are reporting an increase in COVID-19 rates this month, albeit marginal.
- *Patient & Client Care* reports the **highest** total absence rates at **7.26%** with 0.72% related to COVID-19 absence (9.90%). This is **an increase of 0.47%** when compared to last month and **a decrease of 4.09%** when compared to last year.
- *General Support* reports a total absence rates of **7.12%** with 0.62% related to COVID-19 absence (8.64%). This is **an increase of 0.34%** when compared to last month and **a decrease of 3.14%** compared to last year
- *Nursing & Midwifery* reports a total absence rate of **6.07%** with 0.63% related to COVID-19 absence (9.34%). This is **an increase of 0.08%** when compared to last month and **a decrease of 5.63%** compared to last year
- *Management & Administrative* reports a total absence rate of **4.57%** with 0.39% related to COVID-19 absence (8.55%). This is **an increase of 0.14%** when compared to last month and **a decrease of 3.38%** compared to last year
- *Health & Social Care Professionals* reports a total absence rate of **4.49%** with 0.45% related to COVID-19 absence (9.92%). This is **an increase of 0.44%** when compared to last month and **a decrease of 4.11%** compared to last year
- *Medical and Dental* is reporting the **lowest** total absence rate at **1.67%** in March, with 0.16% related to COVID-19 (9.34%) This is **an increase of 0.27%** when compared to last month and **a decrease of 1.78%** compared to last year.
- Based on the KPI, **three** staff categories are reporting **within the target,** with **three** categories **above the target**. Details as follows:

Non Covid Absence by Staff Category

Category	Value
Total	4.94%
Medical & Dental	1.51%
Nursing & Midwifery	5.44%
Health & Social Care Professionals	4.05%
Management & Administrative	4.18%
General Support	6.50%
Patient & Client Care	6.54%

Total absence rate by Staff Category

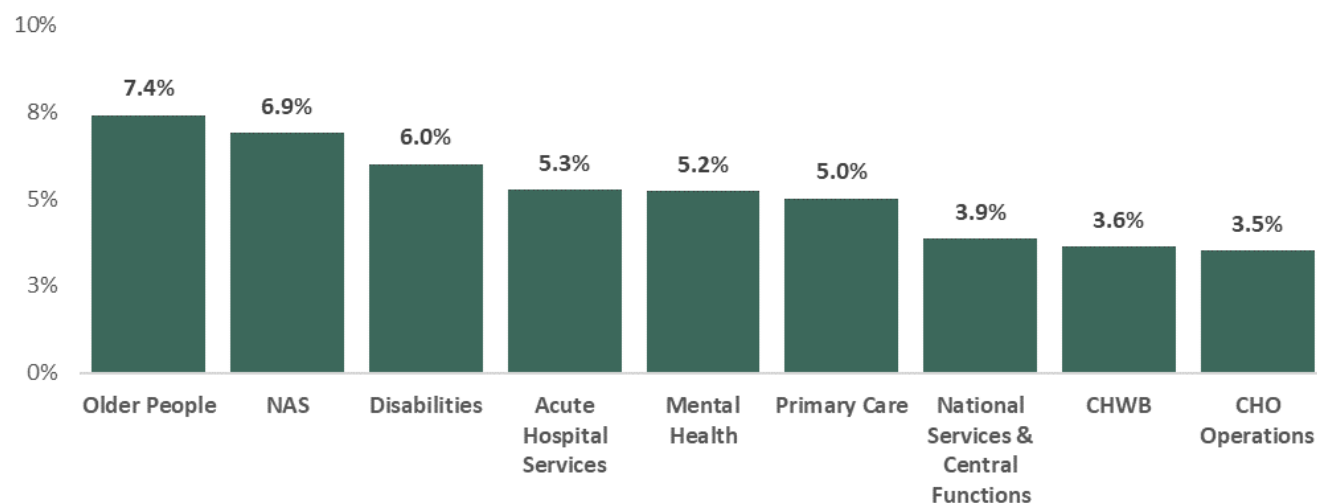| Category	Value
Total	5.47%
Medical & Dental	1.67%
Nursing & Midwifery	6.07%
Health & Social Care Professionals	4.49%
Management & Administrative	4.57%
General Support	7.12%
Patient & Client Care	7.26%
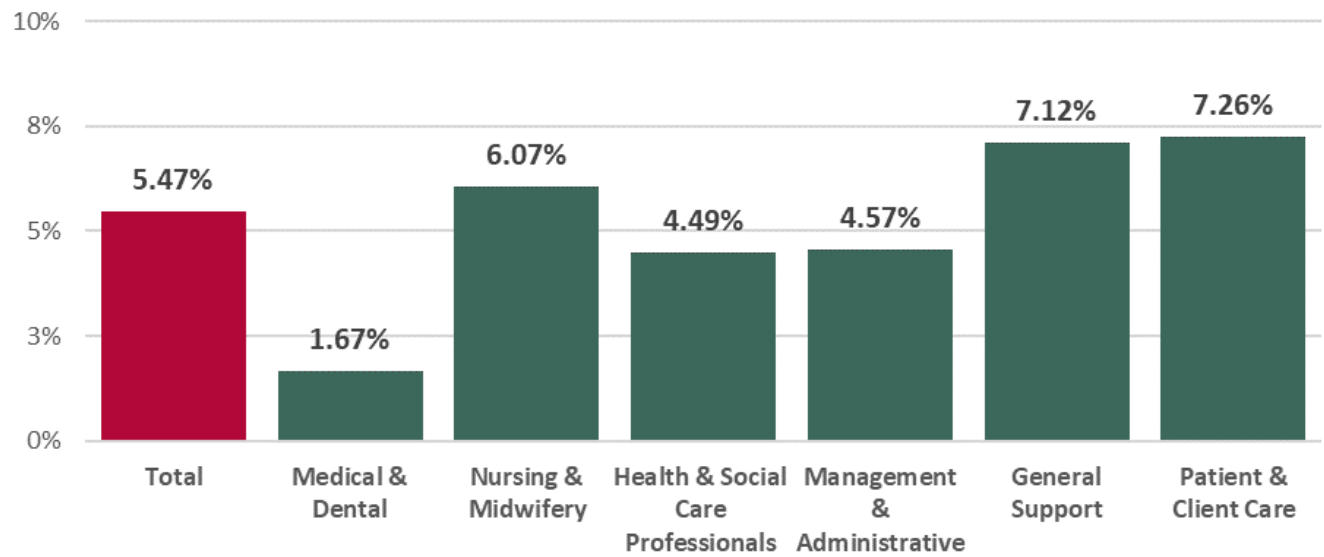
Key findings Operations:

March 2023 absence rate stands at 5.47% of which 4.31% is certified, 0.63% Self-Certified with **0.53%** (or 9.74% of all absence) relating to **COVID-19.**

- For *Acute Services* the absence rate is **5.32%** of which 0.54% *(10.06% of the total)* is COVID-19 related. Within Acute Services the **highest absence** rate is reported in **Ambulance Services** at 6.89%, of which 0.58% is COVID -19 related. Acute Services overall are showing an **increase of 0.28%** on last month.
- *Community Services* stands at **5.85%** of which 0.56% *(9.64% of the total)* is also COVID-19 related. Within Community Services, **Older People** is reporting the **highest absence rate** at 7.41%. Notably Older People are reporting the highest COVID-19 related absence at 0.85%. Community Services overall are showing an **increase of 0.18%** on last month.
- *National Services & Central Functions* rate is **3.86%** of which 0.22% *(5.7% of the total)* is COVID-19 related. This care group is showing an increase of 0.12% on last month

Health Service Absence Rate - by Care Group: Mar 2023	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last Month	% Non Covid-19 absence	% Covid-19 absence
Total	**4.31%**	**0.63%**	🔴	**4.94%**	**0.53%**	**5.47%**	**0.22%**	**90.26%**	**9.74%**
Ambulance Services	5.66%	0.66%	🔴	6.31%	0.58%	6.89%	-0.35%	91.58%	8.42%
Acute Hospital Services	3.99%	0.74%	🔴	4.74%	0.53%	5.27%	0.30%	89.87%	10.13%
Acute Services	**4.04%**	**0.74%**	🔴	**4.78%**	**0.54%**	**5.32%**	**0.28%**	**89.94%**	**10.06%**
Community Health & Wellbeing	3.27%	0.31%	🟢	3.58%	0.05%	3.63%	-1.30%	98.64%	1.36%
Mental Health	4.29%	0.47%	🔴	4.76%	0.47%	5.23%	0.12%	91.07%	8.93%
Primary Care	4.22%	0.35%	🔴	4.57%	0.46%	5.02%	-0.18%	90.91%	9.09%
Disabilities	4.87%	0.58%	🔴	5.45%	0.55%	6.00%	0.64%	90.78%	9.22%
Older People	5.95%	0.62%	🔴	6.57%	0.85%	7.41%	-0.18%	88.58%	11.42%
CHO Operations	2.87%	0.28%	🟢	3.15%	0.37%	3.52%	-0.26%	89.41%	10.59%
Community Services	**4.77%**	**0.51%**	🔴	**5.28%**	**0.56%**	**5.85%**	**0.18%**	**90.36%**	**9.64%**
National Services & Central Functions	**3.32%**	**0.32%**	🟢	**3.64%**	**0.22%**	**3.86%**	**0.12%**	**94.30%**	**5.70%**

Non Covid-19 RAG Rating: Red 🔴 >4.2% Amber 🟡 >4 - ≤4.2 Green 🟢 ≤4

Total Absence rate by Care Group

Care Group	Rate
Older People	7.4%
NAS	6.9%
Disabilities	6.0%
Acute Hospital Services	5.3%
Mental Health	5.2%
Primary Care	5.0%
National Services & Central Functions	3.9%
CHWB	3.6%
CHO Operations	3.5%

Health Service Absence Rate - Type of Admin by Staff Category: Mar 2023	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	**4.31%**	**0.63%**	🔴	**4.94%**	**0.53%**	**5.47%**	**0.22%**	**90.26%**	**9.74%**
National Ambulance Service	5.66%	0.66%	🔴	6.31%	0.58%	6.89%	-0.35%	91.58%	8.42%
Children's Health Ireland	3.69%	0.55%	🔴	4.24%	0.67%	4.91%	0.76%	86.35%	13.65%
Dublin Midlands Hospital Group	4.25%	0.98%	🔴	5.23%	0.76%	5.98%	0.58%	87.34%	12.66%
Ireland East Hospital Group	3.66%	0.54%	🔴	4.21%	0.46%	4.66%	0.29%	90.20%	9.80%
RCSI Hospitals Group	4.25%	0.68%	🔴	4.93%	0.59%	5.51%	0.28%	89.38%	10.62%
Saolta University Hospital Care Group	4.12%	1.17%	🔴	5.29%	0.53%	5.82%	0.77%	90.84%	9.16%
South/South West Hospital Group	3.36%	0.52%	🟢	3.89%	0.29%	4.18%	-0.50%	93.02%	6.98%
University of Limerick Hospital Group	5.59%	0.77%	🔴	6.37%	0.70%	7.07%	0.58%	90.06%	9.94%
Other Acute Services	1.44%	0.07%	🟢	1.51%	0.18%	1.69%	0.74%	89.51%	10.49%
Acute Services	**4.04%**	**0.74%**	🔴	**4.78%**	**0.54%**	**5.32%**	**0.28%**	**89.94%**	**10.06%**

Health Service Absence Rate - Type of Admin by Staff Category: Mar 2023	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
CHO 1	6.41%	0.50%	🔴	6.91%	0.69%	7.60%	0.12%	90.94%	9.06%
CHO 2	3.54%	0.18%	🟢	3.72%	0.32%	4.04%	-0.09%	92.15%	7.85%
CHO 3	5.32%	0.50%	🔴	5.82%	0.38%	6.20%	0.15%	93.88%	6.12%
CHO 4	3.76%	0.50%	🔴	4.26%	0.39%	4.65%	-0.79%	91.58%	8.42%
CHO 5	5.93%	0.61%	🔴	6.54%	0.59%	7.13%	0.06%	91.66%	8.34%
CHO 6	4.17%	0.60%	🔴	4.77%	0.74%	5.51%	0.69%	86.56%	13.44%
CHO 7	4.93%	0.58%	🔴	5.50%	0.79%	6.30%	0.67%	87.40%	12.60%
CHO 8	5.31%	0.53%	🔴	5.84%	0.71%	6.55%	0.48%	89.12%	10.88%
CHO 9	4.44%	0.53%	🔴	4.97%	0.49%	5.46%	0.51%	91.01%	8.99%
Other Community Services	3.32%	0.80%	🟡	4.12%	0.72%	4.84%	1.20%	85.08%	14.92%
Community Services	**4.77%**	**0.51%**	🔴	**5.28%**	**0.56%**	**5.85%**	**0.18%**	**90.36%**	**9.64%**
National Services & Central Functions	**3.32%**	**0.32%**	🟢	**3.64%**	**0.22%**	**3.86%**	**0.12%**	**94.30%**	**5.70%**

*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

- At Hospital Group level, University of Limerick Hospital Group is reporting the highest absence rate at 7.07%. South/South West Hospital Group have the lowest absence rate reported at 4.18% (Ref. note 2 earlier).
- At CHO level, CHO 1 is reporting the highest absence rate within at 7.6%. CHO 2 have the lowest absence rate reported at 4.04%.

Acute Services Absence Rate Breakdown: March 2023

Acute Services	Covid			Non Covid			Total Absence		
	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22
Total	**0.53%**	**0.45%**	**4.75%**	**4.94%**	**4.81%**	**4.93%**	**5.47%**	**5.25%**	**9.68%**
Ambulance	0.58%	0.42%	3.94%	6.31%	6.82%	5.33%	6.89%	7.24%	9.27%
Children's Health Ireland	0.67%	0.54%	4.13%	4.24%	3.62%	4.87%	4.91%	4.15%	8.99%
Dublin Midlands Hospital Group	0.76%	0.64%	4.68%	5.23%	4.76%	4.53%	5.98%	5.41%	9.21%
Ireland East Hospital Group	0.46%	0.36%	6.51%	4.21%	4.01%	3.80%	4.66%	4.38%	10.31%
RCSI Hospitals Group	0.59%	0.39%	4.87%	4.93%	4.85%	4.44%	5.51%	5.24%	9.31%
Saolta University Hospital Care Group	0.53%	0.41%	5.12%	5.29%	4.76%	4.88%	5.82%	5.17%	10.01%
South/South West Hospital Group	0.29%	0.28%	5.00%	3.89%	4.40%	5.08%	4.18%	4.67%	10.08%
University of Limerick Hospital Group	0.70%	0.51%	4.59%	6.37%	5.98%	7.16%	7.07%	6.49%	11.75%
Other Acute Services	0.18%	0.00%	1.32%	1.51%	0.95%	2.64%	1.69%	0.95%	3.96%

Hospital Group Absence Rate
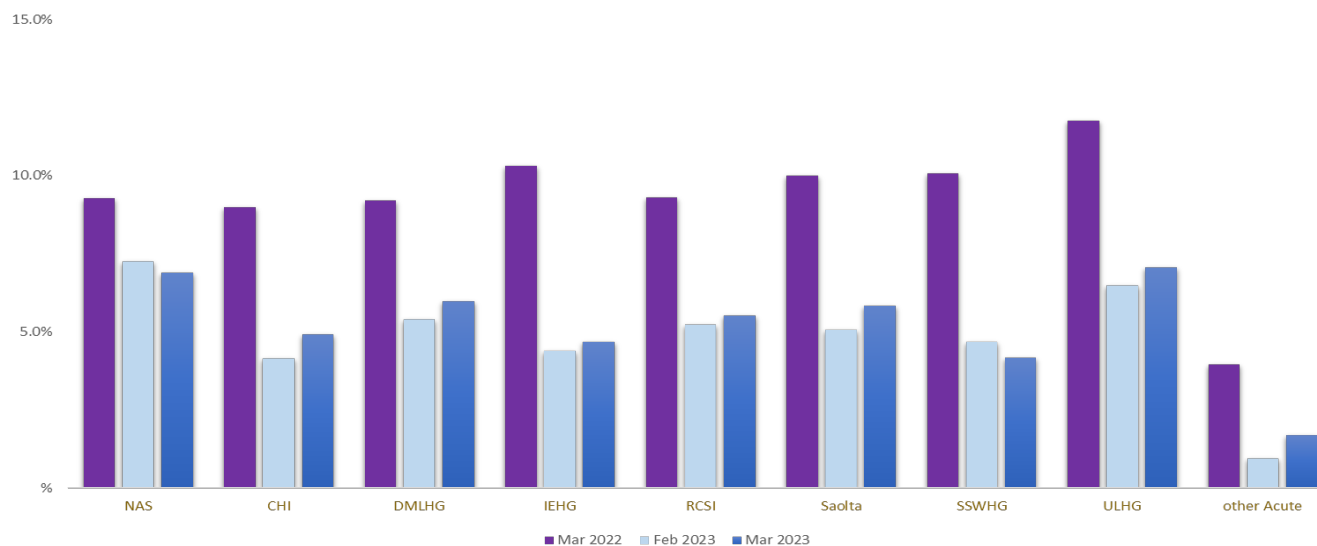
Community Services Absence Rate Breakdown: March 2023

| Community Services	Covid			Non Covid			Total Absence		
	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22	Mar-23	Feb-23	Mar-22
Total	**0.53%**	**0.45%**	**4.75%**	**4.94%**	**4.81%**	**4.93%**	**5.47%**	**5.25%**	**9.68%**
CHO 1	0.69%	0.51%	5.84%	6.91%	6.97%	5.96%	7.60%	7.48%	11.80%
CHO 2	0.32%	0.32%	3.28%	3.72%	3.81%	3.70%	4.04%	4.13%	6.98%
CHO 3	0.38%	0.49%	4.73%	5.82%	5.56%	5.36%	6.20%	6.05%	10.09%
CHO 4	0.39%	0.43%	3.82%	4.26%	5.02%	5.41%	4.65%	5.45%	9.22%
CHO 5	0.59%	0.57%	5.29%	6.54%	6.49%	6.35%	7.13%	7.07%	11.65%
CHO 6	0.74%	0.55%	4.49%	4.77%	4.27%	4.64%	5.51%	4.82%	9.13%
CHO 7	0.79%	0.70%	4.72%	5.50%	4.92%	5.74%	6.30%	5.63%	10.46%
CHO 8	0.71%	0.56%	4.93%	5.84%	5.51%	6.52%	6.55%	6.07%	11.46%
CHO 9	0.49%	0.39%	3.73%	4.97%	4.55%	4.86%	5.46%	4.95%	8.60%
other Comm.	0.72%	0.40%	3.76%	4.12%	3.24%	4.11%	4.84%	3.65%	7.87%
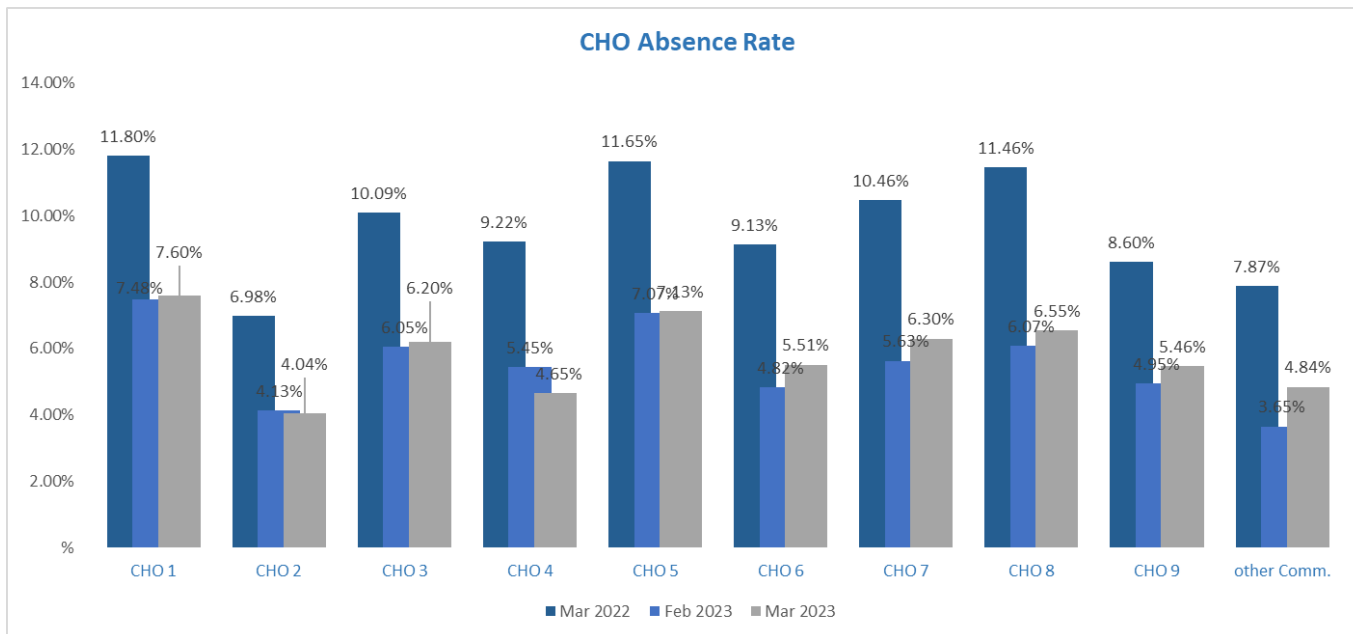
CHO Absence Rate

Year-to-date & trends 2008 – 2023

The year to date 2023 figure of **5.69%** has also been impacted by COVID-19 related absence with **0.6%** of the 2023 absence rate (or 10.5% of all 2023 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021, 2022 & 2023.
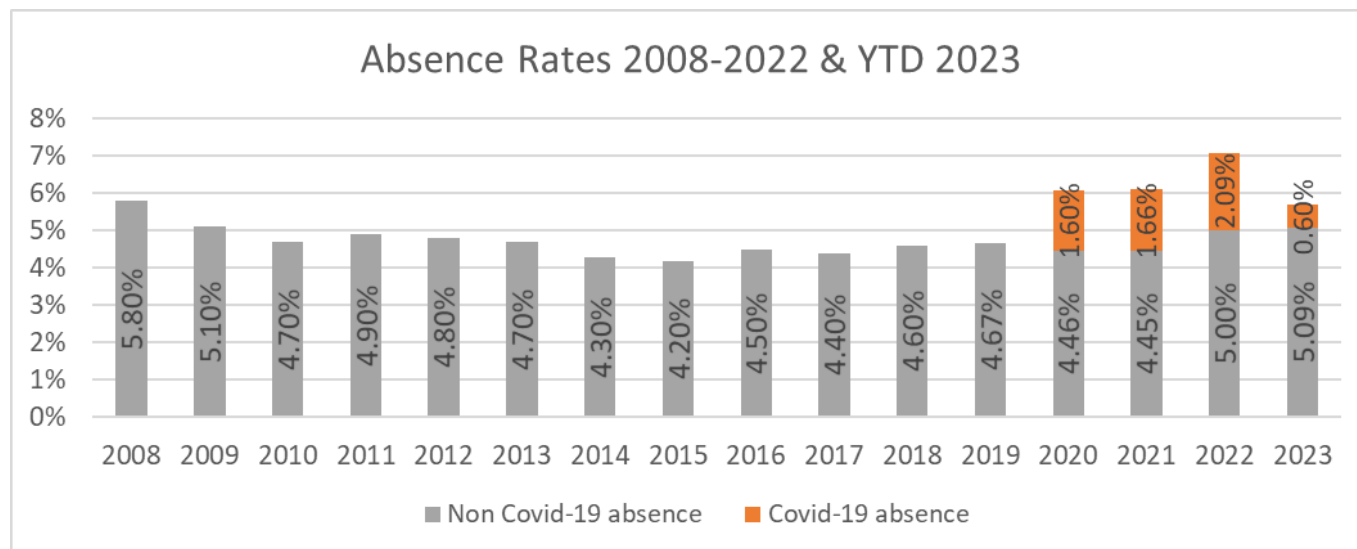
- When compared with previous years, the 2023 Year to Date figure is running at **1.4%** below the previous annual rate. However, this as noted above, is impacted by COVID-19 related absence accounting for **0.6%** of absence so far in 2023. This is notably lower than previous years where COVID-19 absence accounted for **2.1%** in 2022 **1.7%** in 2021 and **1.6%** in 2020. On a like for like basis, *excluding* COVID-19 absence impact, the absence rate is **5.1%** in 2023 5% in 2022, 4.4% in 2021 and 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2023 is higher than that reported in 2022, 2021 and also 2020. Notably, 10 years prior to the outbreak of COVID-19, staff absence rate was running at an average of **4.5%.**

Breakdown Of Absence Type

Legend: Certified absence, Self-certified absence, Non Covid-19 absence, Covid-19 absence
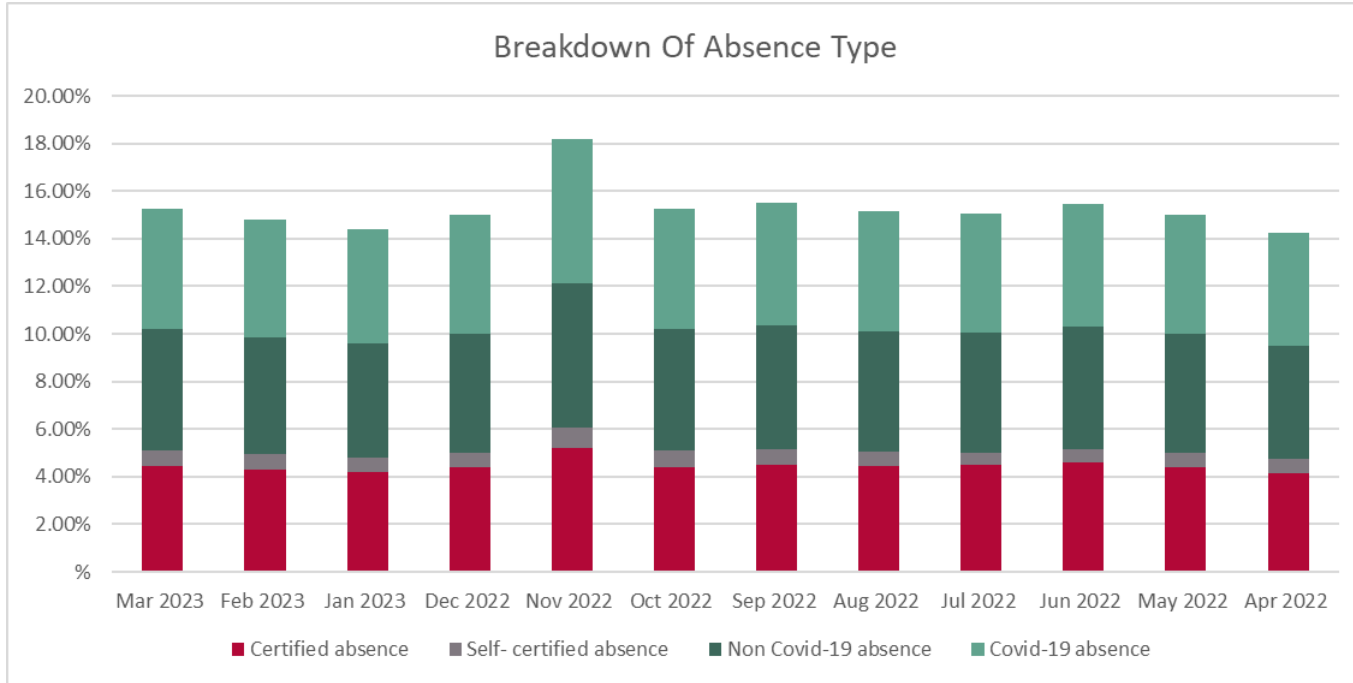
Notes: Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. The HSE sets absence rates as a key result area (KRA) with the objective of reducing the impact & cost of absence and commits to a national target level

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98.7%	86.6%
Mental Health Services	97.9%	90.3%
Other Agencies	97%	91.7%

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 [R]	0.9 [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
Workforce Absence RAG Rating			
Red ●	> 4.2% of target		
Amber ●	> 4% ≤ 4.2% of target		
Green ●	≤ 4% 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 22/23	———
Month 21/22	———

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
Quality and Safety	Complaints investigated within 30 days	Data Gaps: HSE CHO Area 1 DMG St James IEHG HSE St Columcille's Hospital IEHG St Vincents IEHG National Orthopaedic Hospital Cappagh Saolta HSE Mayo University Hospital Saolta HSE Roscommon University Hospital Saolta HSE Portiuncula University Hospital Saolta HSE Sligo University Hospital CHI at Tallaght
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO8
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 (Mar) CHO1 (Donegal)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), Non Return (Jan, Feb) CHO1 (Sligo/Leitrim)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Wicklow), CHO7 (Dublin South City, Kildare West Wicklow, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North)
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 Dietetics patients seen	Non Return (Mar) CHO7 (Dublin West)

Service Area	KPI Title	Data Coverage Issues
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 West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Mar) CHO5 (Waterford) Non Return (Mar) CHO8 (Louth)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Jun, Jul, Aug 2022) CHO6 (Dublin South East) Non Return (Feb) CHO1 (Sligo Leitrim) Non Return (Feb) CHO7 (Dublin West)
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)
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 (Feb, Mar, Apr, May, Jun, Jul 2022) CHO1 (Cavan Monaghan) Non Return (Feb) CHO1 (Sligo Leitrim) Non Return (Feb) CHO7 (Dublin South West & Kildare West Wicklow)
Primary Care	Child Health Quarterly % of infants visited by a PHN within 72 hours of discharge from maternity services	Non Return (Mar) CHO1 (Cavan Monaghan) Non Return (Mar) CHO1 (Sligo Leitrim) Non Return (Mar) CHO 7 (Kildare West Wicklow)
Primary Care	Child Health Quarterly -1 Quarter % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return (Dec) CHO1 (Sligo Leitrim) Non Return (Dec) CHO4 (Kerry) Non Return (Sep) CHO5 (Wexford) Non Return CHO6 (Mar, Jun, Sep, Dec) (Dublin South East) Non Return (Mar) CHO6 (Wicklow)
Social Inclusion	Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q3 & Q4 CHO8 (Louth, Meath)
Social Inclusion	Substance Misuse % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q3 & Q4 CHO8 (Louth, Meath)
Social Inclusion	Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Non Return Q1 CHO8 (Louth)
Mental Health CAMHS	CAMHs waiting list	CHO 5 South Tipperary
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 5 South Tipperary
Mental Health CAMHS	No of referrals received	CHO 5 South Tipperary

Service Area	KPI Title	Data Coverage Issues
Mental Health CAMHS	Number of new seen	CHO 5 South Tipperary
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 5 South Tipperary
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 5 South Tipperary
Mental Health General Adult	Number of referrals received	CHO 4 City North West (Dec, Jan, Mar) CHO 5 Carlow North CHO 5 Kilkenny North (Feb, Mar) CHO 5 Kilkenny West CHO 7 Camac
Mental Health General Adult	Number of referrals seen	CHO 4 City North West (Dec, Jan, Mar) CHO 5 Carlow North CHO 5 Kilkenny North (Feb, Mar) CHO 5 Kilkenny West CHO 7 Camac
Mental Health General Adult	% seen within 12 weeks	CHO 4 City North West (Dec, Jan, Mar) CHO 5 Carlow North CHO 5 Kilkenny North (Feb, Mar) CHO 5 Kilkenny West CHO 7 Camac
Psychiatry of Later Life	Number of referrals received	CHO 4 West Cork POA (Team Suspended no Consultant Psychiatrist)
Psychiatry of Later Life	Number of referrals seen	CHO 4 West Cork POA (Team Suspended no Consultant Psychiatrist)
Psychiatry of Later Life	% seen within 12 weeks	CHO 4 West Cork POA (Team Suspended no Consultant Psychiatrist)
Disability Services	Number of in home respite supports for emergency cases	420 in home respite packages put in place for 2022 have been maintained in 2023 and included in January figures.
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 outstanding Feb & Mar 23
Acute Hospitals	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection	CUH and CUMH data is outstanding for Mar-23
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	CUH and CUMH data is outstanding for Mar-23
Acute Hospitals	No. of new cases of CPE	CUH and CUMH data is outstanding for Mar-23
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	CUH, CUMH and MUH data is outstanding for Mar-23

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	The following Hospitals data is outstanding for Q1 2023, MRH Portlaoise, Mayo University Hospital, Bantry General Hospital, Cork University Hospital, Cork Maternity Hospital
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	The following Hospitals data is outstanding for Q1 2023, MRH Portlaoise, Mayo University Hospital, Bantry General Hospital, Cork University Hospital, Cork Maternity Hospital

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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