



Performance Profile April - June 2023



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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 2023, 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 is well underway and again this year 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. 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 with a recent training trip to the rescEU HCID Medevac capacity in Norway.

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. Emergency Management organised and coordinated two Major Emergency Exercises, using the EMERGO training system. Both exercises were conducted in June for UL hospital group. These exercises focused on the development of response procedures. Members from the NAS SLT Control and tactical and operational staff took part.

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. Emergency Management organised and coordinated two Major Emergency Exercises, using the EMERGO training system. Both exercises were conducted in June for NAS. These exercises focused on the development of response procedures around the new NAS structure. Members from the NAS SLT Control and tactical and operational staff took part.

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.

Wexford General Hospital

EM continues to support the recovery and restoration process of Wexford General Hospital post fire on site and subsequent hospital evacuation. Reviews and debriefs of individual services / functions re: HSE organisational response are ongoing.

Pandemic Planning Group

EM is represented on the Pandemic Planning Group. EM and internal stakeholders are collaboratively working to create an operationally focused Pandemic Plan for the HSE. This plan will outline clear operational actions and coordinating instructions, for implementation at each stage of pandemic response.

OCR Phase II

EM continues to work on the development of BCM policy and guidance documents as part of the approved Phase II of OCR.

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

- Update the HSE Brexit Lead as appropriate. Brexit continues to pose a risk with the ongoing uncertainty with regard to the NI Protocol.
- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Ongoing engagement with HSE Brexit Steering Group and continued involvement with D/Health Brexit and UK Strategic Oversight Group meetings as HSE link person.
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLAs and MOUs
- 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.

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 mainstreaming of Interreg VA projects.
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.
- Lead Partner – In 2023 the HSE has received €2.7M Interreg VA funding at Q2 2023. The accumulated total received since the start of the Interreg VA Programme is €16.9m. A total of €9m has been paid to Project Partners. The iRecover Project finished Q1 2023.
- Non-Lead Partner Interreg VA Projects - HSE has a total of €1.179m at Q2 2023. The iSIMPATY Project finished in Q1 2023.
- Collaboration with Health Authorities on a cross border basis to develop cross border proposals for support by PEACEPLUS 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 Concept notes submitted to the PEACEPLUS Programme Pre-Application stage in February 2023. Full Business cases will be developed in Q3 2023. HSE reps will ensure alignment within future EU funding programmes with Sláintecare principles such as the new Health Regions.

- Discussions with D/Health on future PEACEPLUS programme
- Support CAWT Strategy Groups in progressing PEACEPLUS Priorities
- Ongoing work with CAWT Governance sub-group
- Other North South work including Centre for Cross Border Studies, Ulster University School of Medicine 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
- 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 engagement with D/Taoiseach and D/Health on Shared Island Fund
- 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.
- Ongoing collaboration with HSE Research & Evidence Division (EU4H LEAR) on HSE participation in EU4Health Programme

Cyber Attack

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

Blended Working

- Discussion with staff and implementation of HSE Blended working policy

Next Steps & Key Outcomes – 3rd 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.
- Ongoing engagement with HSE Brexit Steering Group as Chair.
- Prepare Brexit briefings and updates for A/Secretary General meetings as required
- As Brexit Workstream lead, prepare replies for PQs, 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 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 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 PEACEPLUS 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 - June	Expenditure for Period Jan - June	Variance for Period Jan - June	Expenditure to June as % of June YTD Profile	Expenditure to June as % of Annual Profile	Variance to Mar as % of June YTD Profile
M02 - Buildings & Equipment -Non Covid19	642.050	175.700	166.335	9.364	94.67%	25.91%	5.33%
M04 - Buildings & Equipment - Covid19	50.000	13.827	15.228	(1.401)	110.13%	30.46%	-10.13%
M02 - New Children's Hospital	324.950	141.353	75.888	65.465	53.69%	23.35%	46.31%
	1017.000	330.880	257.452	73.428	77.81%	25.31%	22.19%
M03 - Info Systems for Health Agencies	140.000	40.347	36.296	4.051	89.96%	25.93%	10.04%
	1157.000	371.227	293.748	77.479	79.13%	25.39%	20.87%
Asset Disposals	0.871	0.871	0.000	0.871	0.00%	0.00%	100.00%
Net	1157.871	372.098	293.748	78.350	78.94%	25.37%	21.06%

CONSTRUCTION – M02 - Building & Equipment – Non Covid19

The variance on general construction projects for the six months to June 2023 is 5.33% (or € 9.364m) behind profile.

In the period to the end of June the total expenditure of € 166.335m represents 25.91% of the total annual profile for 2023.

CONSTRUCTION – M04 - Building & Equipment – Covid19

The variance on Covid19 construction projects for the six months to June 2023 is -10.13% (or € 1.401m) ahead of profile.

In the period to the end of June the total expenditure of € 15.228m represents 30.46% of the total annual profile for 2023.

CONSTRUCTION – M02 - (National Children's Hospital) The variance on the National Children's Hospital project for the six months to June 2023 is 46.31% (or € 65.465m) behind profile.

In the period to the end of June the total expenditure of € 75.888m represents 23.35% of the total annual profile for 2023.

Information Systems for Health Agencies - M03

The variance on ICT projects for the six months to June 2023 is 10.04% (or € 4.051m) behind profile.

In the period to the end of June the total expenditure of € 36.296m represents 25.93% of the total annual profile for 2023.

Asset Disposals:

Income from sale of assets in the six months to June 2023 amounted to € 0.871m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2023	Q2 2023
Acute Hospitals(Hospital groups)	293,881,381	303,705,131
Community Healthcare	48,928,879	60,504,096
National Services	2,088,085,774	1,964,923,343
Total	2,430,896,034	2,329,132,570

Implementation of Internal Audit Recommendations* @ Q2 2023

	75% Implemented or superseded within 6 months			95% Implemented or superseded within 12 months		
	Closed	Total	YTD	Closed	Total	YTD
Overall Total	653	910	72%	494	590	84%
CHO 1	18	33	55%	55	57	96%
CHO 2	42	49	86%	41	49	84%
CHO 3	12	15	80%	4	8	50%
CHO 4	33	42	79%	22	38	58%
CHO 5	17	29	59%	64	76	84%
CHO 6	30	43	70%	19	19	100%
CHO 7	103	125	82%	53	58	91%
CHO 8	83	99	84%	6	11	55%
CHO 9	91	98	93%	39	40	98%
National Director Community Ops	28	29	97%	34	41	83%
Total Community Services	457	562	81%	337	397	85%
Dublin Midlands Hospital Group	11	40	28%	3	3	100%
Ireland East Hospital Group	19	42	45%	10	10	100%
RCSI Hospital Group	31	44	70%	0	0	N/A
Saolta Hospital Group	34	42	81%	29	42	69%
South South West Hospital Group	23	53	43%	12	20	60%
University of Limerick Hospital Group	18	20	90%	11	12	92%
National Ambulance Service	0	11	0%	14	17	82%
National Director Acute Ops	10	21	48%	9	14	64%
Total Acute	146	273	53%	88	118	75%
Chief Information Officer	0	0	N/A	8	8	100%
Chief Operations Officer	12	23	52%	0	1	0%
Compliance / QAV / Gov & Risk	3	3	100%	0	0	N/A
Estates	4	4	100%	0	0	N/A
Finance	0	0	N/A	14	17	82%
HBS - Finance	20	32	63%	2	2	100%
Human Resources	11	13	85%	5	5	100%

	75% Implemented or superseded within 6 months				95% Implemented or superseded within 12 months		
	Closed	Total	YTD		Closed	Total	YTD
Integrated Operations Planning	0	0	N/A		24	24	100%
PCRS	0	0	N/A		2	2	100%
Strategy & Research	0	0	N/A		14	16	88%
Total Corporate	50	75	67%		69	75	92%

*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 Q2 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 responded.

Community data caveats

All CHO areas responded.

Corporate data caveats

10+ Corporate / National Services did not respond.

Nursing & Midwifery PDP data caveats

Digital PDP completions reported via HSeLanD have not been included pending formal confirmation from the ONMSD and NMPDU that HSeLanD is able to deliver PDP reporting that is aligned with the reporting requirement for Performance Achievement.

Service Delivery Area	Headcount May 2023	Total completed Q1	Total completed Q2	% complete YTD 2023
Total Health Service	159,085	4,280	4,185	5.3%
National Ambulance Service	2,215	8	0	0.4%
Children's Health Ireland	4,734	338	109	9.4%
Dublin Midlands Hospital Group	14,009	2	562	4.0%
Ireland East Hospital Group	16,686	800	387	7.1%
RCSI Hospitals Group	12,533	196	77	2.2%
Saolta University Hospital Care	12,915	238	122	2.8%
South/South West Hospital Group	14,871	93	53	1.0%
University of Limerick Hospital Group	5,910	262	181	7.5%
other Acute Services	150	17	17	22.7%
Acute Services	84,023	1,954	1,508	4.1%

Service Delivery Area	Headcount May 2023	Total completed Q1	Total completed Q2	% complete YTD 2023
CHO 1	7,474	121	151	3.6%
CHO 2	6,993	25	19	0.6%
CHO 3	6,098	175	145	5.2%
CHO 4	11,024	327	609	8.5%
CHO 5	7,035	103	136	3.4%
CHO 6	4,200	128	188	7.5%
CHO 7	8,377	242	148	4.7%
CHO 8	7,910	76	48	1.6%
CHO 9	8,325	387	217	7.3%
other Community Services	811	0	19	2.3%
Community Services	68,247	1,584	1,680	4.8%
National & Central Services	6,815	742	997	25.5%
National Services & Central Functions	6,815	742	997	25.5%

Cross-Service Domains

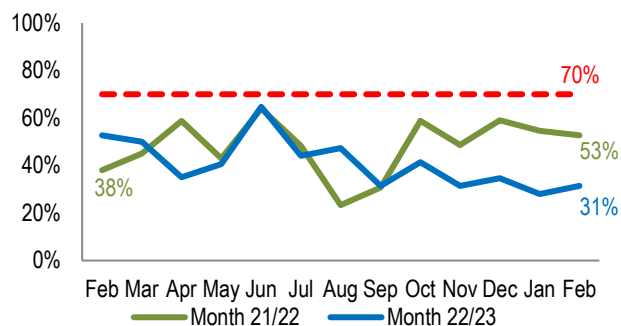
Quality and Safety

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	933	78	75	62
	Acute Hospital Services		M	562	52	40	28
	Community Services		M	371	26	35	34
% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	National	70%	M	● 39%	35%	28%	31%
	Acute Hospital Services	70%	M	● 42%	33%	30%	25%
	Community Services	70%	M	● 28%	43%	14%	57%
% of reported incidents entered onto NIMS within 30 days of notification of the incident* (at 30.04.23)	National	70%	Q	● 74%	71%	73%	81%
	Acute Hospital Services	70%	Q	● 75%	70%	74%	80%
	Community Services	70%	Q	● 74%	72%	72%	81%
Extreme and major incidents as a % of all incidents reported as occurring **	National	<1%	Q	● 0.54%	0.61%	0.53%	0.59%
	Acute Hospital Services	<1%	Q	● 0.62%	0.73%	0.61%	0.65%
	Community Services	<1%	Q	● 0.45%	0.48%	0.44%	0.52%

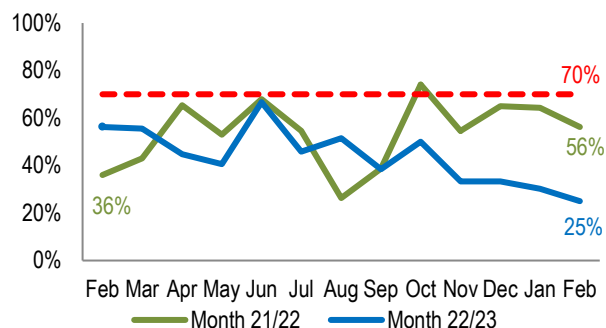
* Current - reflecting compliance for incidents notified in February 2023. Current 12M rolling period reflecting compliance March 2022 - February 2023.

** Current - reflecting compliance for incidents occurring in Q2 2023. Current 4Q rolling period reflecting compliance Q3 2022-Q2 2023

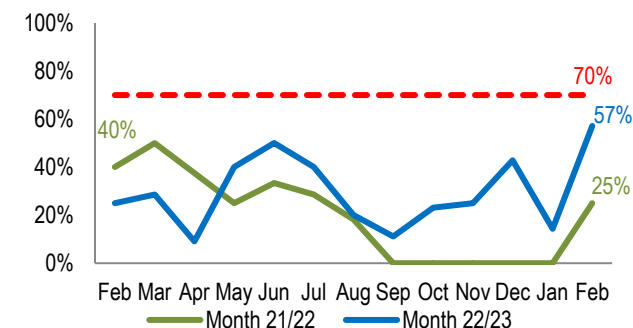
% of serious incidents requiring review completed within 125 days of notification of the incident - National



% 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) June 2023	May 2023	Apr 2023	Mar 2023	Feb 2023	Jan 2023	Dec 2022	Nov 2022	Oct 2022	Sep 2022	Aug 2022	Jul 2022
Acute Hospitals [inc. National Ambulance Service]	30	67	51	63	47	78	57	51	54	53	53	42
Community Services	14	14	12	17	20	16	31	18	17	10	17	20
Total*	44	81	63	80	67	94	88	69	71	63	70	62

*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.

44 SREs were reported as occurring in June 2023 and registered in NIMS up to 10th July 2023. 19 SREs were reported as patient falls, 21 were reported as Stage 3 or 4 pressure ulcers and the remaining 4 SREs reported comprised 3 SRE categories.

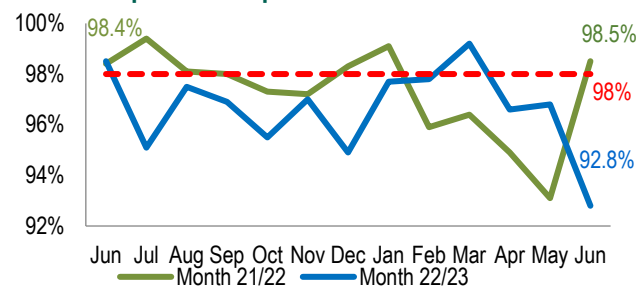
Your Service Your Say' Policy

Performance Area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current
% of complaints where an Action Plan is identified as necessary, is in place and progressing (Q1 2023 at 07.07.23)	National	65%	Q	● 90%			90%
	Acute Hospital Services	65%	Q	● 90%			90%
	Community Services	65%	Q	● 95%			95%

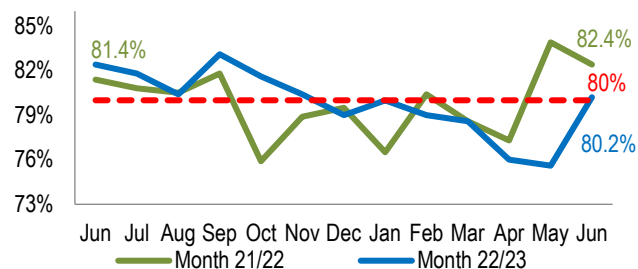
Palliative Care

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	● 96.9%	96.2%	+0.7%	96.6%	96.8%	92.8%	CHO3 & 5 (100%), CHO4 (97.3%), CHO1 (96.7%)	CHO2 (77.8%), CHO7 (83.7%), CHO6 (94.6%)
Access to specialist palliative care services in the community provided within 7 days	80%	M	● 78.2%	80%	-1.8%	76%	75.6%	80.2%	CHO9 (98.9%), CHO6 (92.3%), CHO2 (88.3%)	CHO4 (68.6%), CHO8 (72.1%), CHO3 (73.1%)
Number accessing specialist inpatient beds within seven days	2,000 YTD/ 4,000 FYT	M	● 2,166	1,905	+261	339	398	333	% Var CHO5 (38.4%), CHO9 (27%), CHO1 (24.1%)	% Var CHO7 (-5.4%), CHO4 (-1.3%)
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	● 3,845	3,696	+149	3,799	4,041	3,845	% Var CHO1 (33.6%), CHO4 (32.4%), CHO7 (19.9%)	% Var CHO5 (-13.2%), CHO3 (-2.3%)

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 96.9% 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 78.2% 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 June 2023 is 62 compared to the expected activity of 60 (PAC39).

* **Data return rate 100%.**

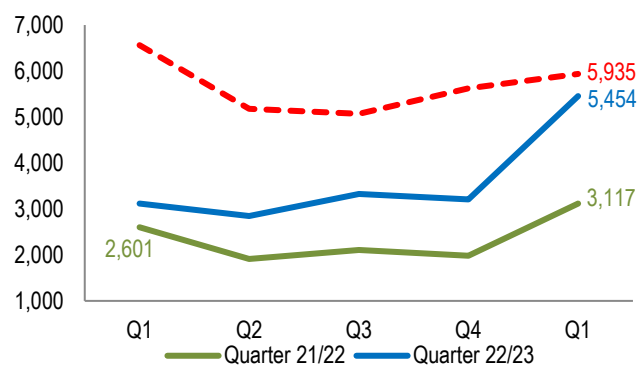
The number of children in the care of the Children's Nurse Co-Ordinators was 320 in June 2023. Compared to the expected activity of 320. (PAC37). * **Data return rate 100%.**

Enhancing Prevention and Early Intervention

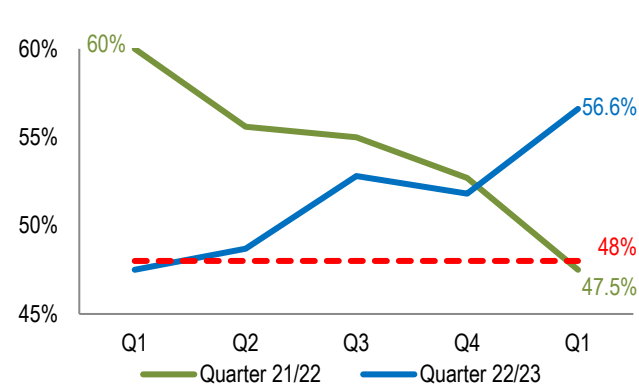
Health and Wellbeing

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	5,935 YTD/ 18,849 FYT	Q-1Q	● 5,454	3,117	+2,337	3,324	3,209	5,454	(%Var) DM HG (284.2%), IE HG (100.8%), SSW HG (49.4%)	(%Var) UL HG (-100%), SAOLTA HG (-72.6%), CHO6 (-61.7%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	● 56.6%	47.5%	+9.1%	52.8%	51.8%	56.6%		

Tobacco smokers – intensive cessation support



% of smokers quit at four weeks



Health and Wellbeing Update

MECC

Healthcare staff continue to complete the MECC Training Programme of 8 eLearning modules and the Enhancing Your Skills Workshop. Targets are under achieved nationally, due to pressures in the healthcare system. 1,674 staff completed the eLearning YTD June 2023, reaching 29% of the annual target (HWB94). The number of staff to complete the Enhancing Your Skills Workshop YTD June 2023 is 847, reaching 74% of the annual target (HWB95).

Under performance is due to reduced engagement by healthcare professionals across community and acute services due to additional pressures in the system. There is reduced support from managers to release staff for training and support MECC implementation within their service. Time pressures are frequently noted as a barrier to complete eLearning. The MECC national team are exploring opportunities to reduce the time of the eLearning modules in an attempt to reduce time barriers. Nine new posts to support MECC implementation were recruited and are actively engaging with services to implement MECC. There has been some staff turnover with these posts, which may also impact MECC outcomes.

A MECC implementation guide, published in November 2022, to support MECC implementation and provide clarity on roles and responsibilities within the process. A MECC Signposting Document was published in Q2 2023 to further support MECC implementation.

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 nine key recommendations to successfully roll-out the programme in Ireland. An implementation plan to address these recommendations will be developed in 2023. Amongst the nine recommendations is to ‘Have local MECC champions to model best practice and share experiences’. CHO DNCC, with the support of the National MECC team, organised a ‘Making Every Contact Count Champions Event’ in April 2023. This event has been promoted via communications channels in Q2 such as Health and Wellbeing Ezine and is due to be published in the next Health Matters publication. MECC Briefing paper was submitted to EMT in February 2023 with senior leadership endorsing their commitment to drive MECC Implementation across the

HSE. It was agreed to focus on a particular service and Maternity settings were identified. Engagement with NWIP to develop an action plan.

***Data return 100%**

Tobacco smokers – intensive cessation support

Nationally, 5,454 smokers received intensive cessation support from a cessation counsellor YTD to March 2023 (this metric is reported quarterly in arrears), which is just -8.1% below the target of 5,935 smokers (HWB27).

CHOs 1 and 3 have exceeded their targets. Underperformance is noted within CHOs 2 (-18.6%), 4 (-17.5%), 5 (-36.3%), 6 (-61.7%), 7 (-35.2%), 8 (-35.1%) & 9 (-37.6%) as well as within the RCSI (-10.3%), UL (-100%) and Saolta (-72.6%) Hospital Groups. UL & Saolta Hospital Groups continued to have staff vacancies for Q1.

The National Quitline continued to perform well in Q1 with (+48.8%) of annual target achieved in Q1.

***Data return 100%**

Online Cessation Support Services

4,386 (+26%) people received online cessation support services to the end of Q2 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 Q2 2023 as a result of our new media campaign ‘Take Back Control’, which launched in January across TV/Radio/Social.

***Data return 100%**

% of smokers quit at four weeks

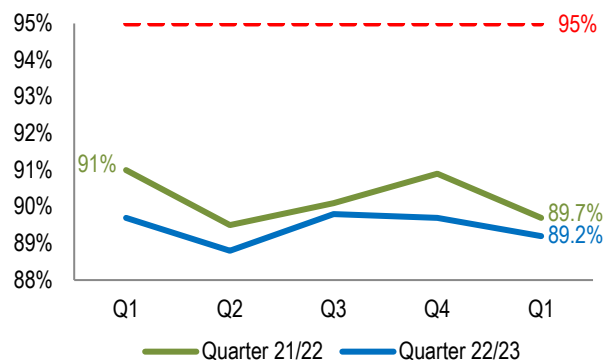
This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 56.6% of smokers remained quit at four weeks YTD March 2023, which is above target (+18% HWB26). This metric is a key quality metric and shows strong performance for the stop smoking service.

***Data return 100%**

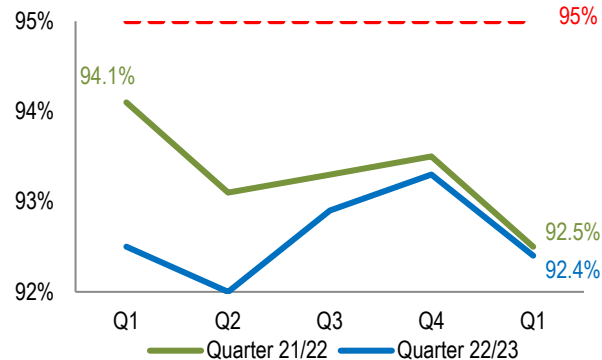
Public Health

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	●	89.2%	89.7%	-0.5%	89.8%	89.7%	89.2%	No CHO reached target	CHO1 (83.5%), CHO8 (85.4%), CHO9 (86.8%)
% of children aged 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	92.4%	92.5%	-0.1%	92.9%	93.3%	92.4%	CHO7 (96.6%)	CHO8 (89.8%), CHO6 (89.9%), CHO1 & CHO9 (90.3%)

% of children 24 months – (MMR) vaccine



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



Public Health Update

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 in 1 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 (Q1 2023) (this metric is reported quarterly in arrears), is 92.4% against a target of 95% (-2.7%) (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 (Q1 2024) (this metric is reported quarterly in arrears), is 89.2% against a target of 95% (-6.1%) (HWB8).

***Data return 100%**

COVID-19 Programme

Testing, Tracing and Vaccination Programme

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
COVID-19 Vaccination Programme – Uptake % uptake of booster doses for eligible adult population by approved cohorts:	75%	M	●	39%	N/A	N/A	1.5%	26%	39%
● * > 70 years									
● **Healthcare workers	>50%	M	●	N/A	N/A	N/A	N/A	N/A	N/A
● *Immunocompromised > 5 Years	>50%	M	●	30%	N/A	N/A	3.7%	23%	30%
● * > 50 years in Long Term Residential Care Facilities (LTRCFs)	75%	M	●	61%	N/A	N/A	5.8%	54%	61%

Note: Reporting will be in line with cohorts as approved by NIAC in the context of public health recommendations. While the performance of the Vaccination programme is measuring behind on targets, it continues to compare strongly against European counterparts (based on ECDC data) to include top in Europe for Primary vaccinations and third booster. All deliverables are on track and work continues to improve uptake for the recent spring and planned autumn programmes.

*Commencement of Spring Booster Campaign 2023 1st March to 18th June 2023.

**This key performance indicator will be reported from Autumn 2023 onwards.

Vaccination Programme Summary

Covid-19 vaccination for the over 70s has commenced in Spring 2023 as a six week programme to 1st June 2023 (Extended to 18th June). Reporting will cease on the previous booster.

COVID-19 vaccine uptake for priority Health Care Workers

Based on recent NIAC guidelines, HCWs will receive a Booster in autumn 2023.

In order to align with these recommendations the current reporting of KPI on Booster 2 will cease and this key performance indicator will be reported from Autumn 2023 onwards

COVID-19 vaccine uptake for immunocompromised >12 years

Covid-19 vaccination for the immunocompromised has commenced in Spring 2023. This cohort has been expanded to include > 5 years and will be reflected in the target population. Reporting will cease on the previous booster.

COVID-19 vaccine uptake for over 50s in Long Term Residential Care facilities (LTRCFs)

Reporting has ceased on the previous booster and commenced on the over 50s in Long Term Residential Care facilities (LTRCFs)

Note: The COVID- 19 Test and Trace Key Performance Indicators will be stepped down due to the implementation of changes in national testing strategy in March 2023 The Key Performance Indicators will be reactivated as required in a surge/emergency response scenario.

National Screening Service

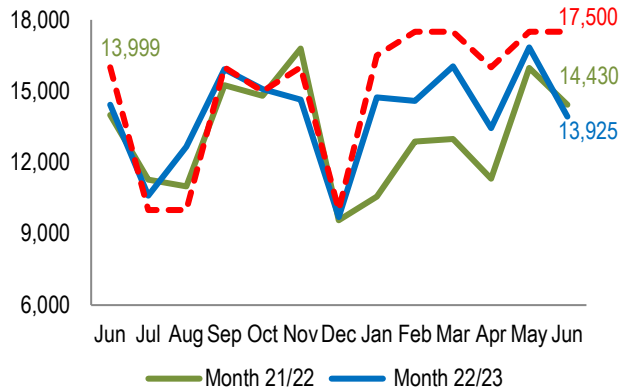
National Screening Service Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD		Current (-2)	Current (-1)	Current
Quality & Safety	BreastCheck								
	% BreastCheck screening uptake rate	Q-1Q	70%	74.4% [G]	6.3%		64.1%	66.2%	74.4%
Access and Integration	CervicalCheck								
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	132,000	127,163 [G]	-3.7%		18,335	20,683	17,709

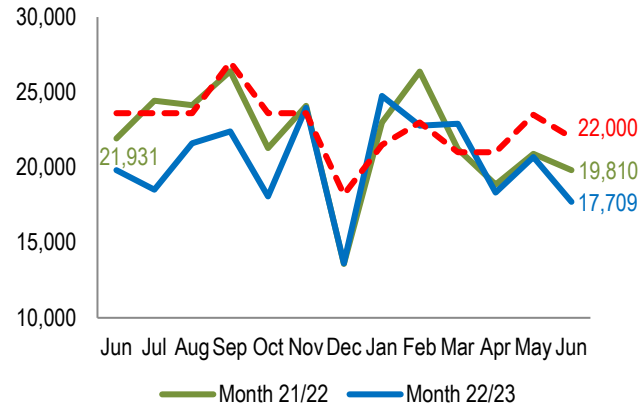
Note: Due to a 3 week process involved, the current month's provisional data and last month's actual data is available at the end of each month following the report period (29th/30th)

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	102,500 YTD/ 185,000 FYT	M	●	89,595	78,160	+11,435	13,447	16,841	13,925
BreastCheck - % screening uptake rate	70%	Q-1Q	●	74.4%	69%	+5.4%	64.1%	66.2%	74.4%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	132,000 YTD/ 264,000 FYT	M	●	127,163	130,189	-3,026	18,335	20,683	17,709
Cervical Check - % eligible women with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	73.7%	72.8%	+0.9%	73.3%	73.1%	73.7%
BowelScreen - number of clients who have completed a satisfactory FIT test	70,000 YTD/ 140,000 FYT	M	●	82,023	53,731	+28,292	13,846	16,150	11,011
BowelScreen - % uptake rate	45%	Q-1Q	●	49.4%	39.8%	+9.6%	50.6%	38.7%	49.4%
Diabetic RetinaScreen - number of clients screened with final grading result	50,500 YTD/ 110,000 FYT	M	●	56,929	52,593	+4,336	8,872	10,254	9,713
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	●	55.9%	58.7%	-2.8%	56.9%	52.7%	55.9%

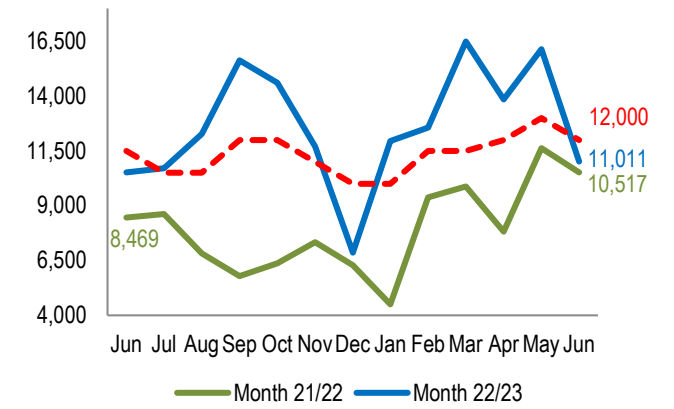
BreastCheck-number who had a mammogram



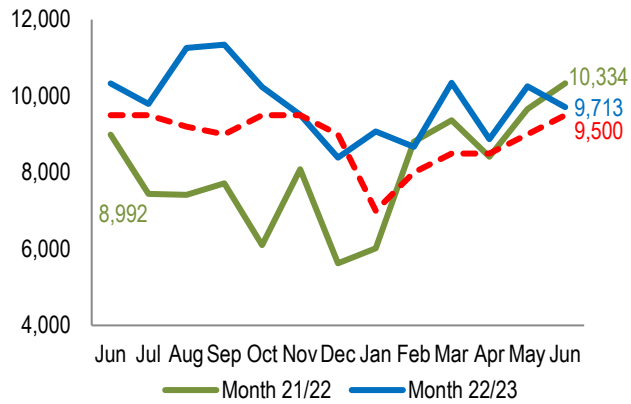
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period June 2023 was 13,925 against a target of 17,500 which is below the target by 3,575 (20.4%).
- The number of women who had a complete mammogram year to date (Jan-June 2023) was 89,595 against a target of 102,500 which is below the target by 12,905 (12.6%).
- Uptake in Q1 2023 was 74.4% (Target 70%).
- In Q1 2023 80.4% (Target 90%) of women were offered an assessment appointment within 2 weeks of notification of an abnormal mammogram result.

The invitations of Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment uptake following the Covid-19 pandemic. The uptake figure above is unadjusted for the interim invitation process. An initiative has been implemented to invite 70 year old women who June have missed their final screen at 69 due to programme pauses and operational changes during the Covid-19 pandemic. This initiative is now complete.

The shortage of Breast Radiology is continuing to impact recovery to delayed invitations to the BreastCheck programme. BreastCheck management are trying to source potential locum cover from the North of Ireland in order to support Radiology. 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. This is an issue for Radiology across the HSE.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period June 2023 notified to report date was 17,709 which is below the published target of 22,000 by 4,291 (19.5%).

- The number of unique women who had one or screening tests in a primary care setting year to date (Jan-June 2023) was 127,163 which is below the target of 132,000 by 4,837 (3.7%).
- % of clients who were issued results within 4 weeks in Q2 was 91.5% (Target 90%).
- Programme coverage at the end of Mar 2023 was 73.7% (25 – 65 year olds)
- Programme coverage at the end of Mar 2023 was 78.7% (25 – 60 year olds)

The programme 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. A national radio campaign will be run in August to encourage women to check the register and book their test if it is overdue.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (June 2023) was 11,011 which is below the target of 12,000 by 989 (8.2%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-June 2023) was 82,023 which is above the target of 70,000 by 12,023 (17.2%).
- Uptake in Q1 2023 was 49.4% (Target 45%)

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the $\geq 90\%$ target at 66.3% within 20 working days in June 2023. Nine of the fifteen contracted colonoscopy centres which were offering colonoscopies in June 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

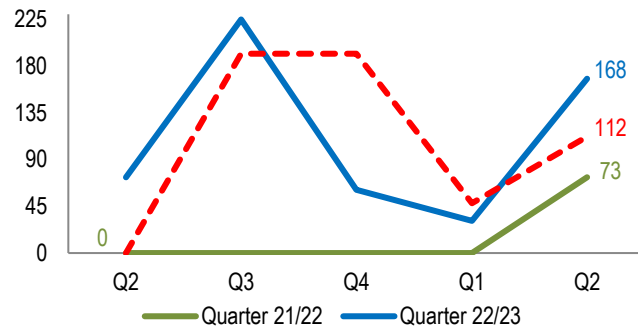
- The number of diabetics screened with a final grading result in the period June 2023 was 9,713 which is above the target of 9,500 by 213 clients (2.2%).
- The number of diabetics screened with a final grading result year to date (Jan-June 2023) was 56,929 which was above the target of 50,500 by 6,429 (12.7%).
- Uptake in Q1 2023 was 55.9% (Target 69%)
- Percentage of Clients who received results within 3 weeks in Q2 was 95.5% (90%)

The programme continues to invite participants for screening. The programme is introducing a systematic screening pathway for women with diabetes who become pregnant.

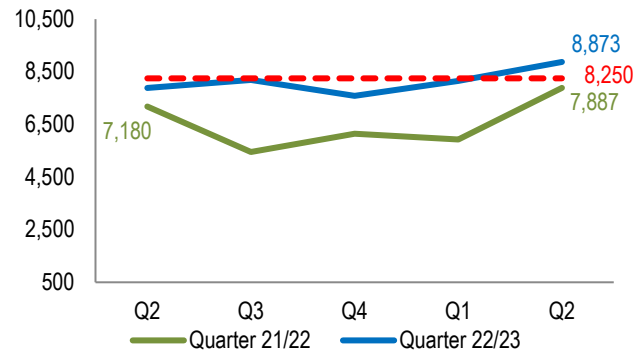
Environmental Health

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	160 YTD/ 384 FYT	Q	●	199	73	+126	61	31	168
Number of official food control planned, and planned surveillance, inspections of food businesses	16,500 YTD/ 33,000 FYT	Q	●	17,022	13,817	+3,205	7,585	8,149	8,873

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 17,022 Planned and Planned Surveillance Inspections were carried out by the end of Q2. This equates to 100% of the Q2 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 Q2. 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. 98% of all complaints received by the EHS by the end of Q2 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 Q2, 1,175 drinking water samples were taken to assess compliance which is a 4% 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

21 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is 100% of the Q2 target.

77 Sunbed Premises received a planned inspection in Q2. This equates to 100% of the target for Q2.

18 Test Purchase and 12 Mystery Shopping Inspections were completed up to the end of Q2 to assess compliance with the Sunbeds Act. This equates to 100% of the Test Purchase Inspections and 75% of the Mystery Shopping Inspections for this period. (Such test purchases normally carried out during the summer months when minors are available)

168 Test purchases of cigarettes were completed in Q2 which is 100% 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%	28% [R]	-60%											43%	14%	57%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 30.04.23)	Q	70%	74% [G]	5.7%											72%	72%	81%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.45% [G]	-55%											0.48%	0.44%	0.52%
	Service User Experience (Q1 2023 at 23.05.23)																	
	Complaints investigated within 30 working days	Q	75%	74% [G]	-1.3%		56% [R]	69% [A]	67% [R]			93% [G]	25% [R]	0% [R]				
	Child Health																	
	Child development assessment within 12 months	M-1M	95%	87% [A]	-8.4%	83.2% [R]	81.7% [R]	88.3% [A]	92.4% [G]	86% [A]	77.1% [R]	81.3% [R]	96% [G]	89.7% [A]	85.6%	86.6%	86.5%	
	% of infants visited within 72 Hours	Q	99%	98.6% [G]	-0.4%	99.3% [G]	98.2% [G]	98% [G]	99.3% [G]	99.8% [G]	98.3% [G]	99.3% [G]	96.1% [G]	99.3% [G]	98.4%	98.5%	98.7%	
	% of infants breastfed exclusively at three month PHN visit	Q-1Q	36%	31.6% [R]	-12.2%	25% [R]	24.8% [R]	26.6% [R]	41.2% [G]	30.1% [R]	42% [G]	34.6% [G]	30% [R]	31.9% [R]	31.5%	32.3%	31.6%	
	% of children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.2% [A]	-6.1%	83.5% [R]	92.9% [G]	89.5% [A]	91.3% [G]	90.5% [G]	88.6% [A]	92.8% [G]	85.4% [R]	86.8% [A]	89.8%	89.7%	89.2%	
	CAMHs – Bed Days Used																	
% of bed days used	M	>95%	98.9% [G]	4.1%	100% [G]	100% [G]	100% [G]	99.6% [G]	89.2% [A]	98.6% [G]	100% [G]	100% [G]	99.2% [G]	96.2%	99.3%	100%		
Disability Services																		
Congregated Settings	M	37	26 [R]	-29.7%	9 [R]	0 [R]	7 [R]	0 [R]	0 [G]	0 [R]	4 [G]	0 [R]	6 [G]	0	4	9		

		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%	56.6% [G]	18%										52.8%	51.8%	56.6%	
Access and Integration	Therapy Waiting Lists																	
	Physiotherapy access within 52 weeks	M	94%	78.7% [R]	-16.3%	91.5% [G]	75% [R]	77.8% [R]	90.7% [G]	57.8% [R]	98.2% [G]	94.1% [G]	74.4% [R]	83.4% [R]	79%	78%	78.7%	
	Occupational Therapy access within 52 weeks	M	95%	73.3% [R]	-22.8%	83.4% [R]	68.5% [R]	87% [A]	79.4% [R]	72.9% [R]	95.8% [G]	70.8% [R]	74.1% [R]	59.6% [R]	73.9%	73.1%	73.3%	
	SLT access within 52 weeks	M	100%	86.7% [R]	-13.3%	75.2% [R]	100% [G]	93.5% [A]	100% [G]	84.8% [R]	92.2% [A]	79.2% [R]	86.7% [R]	90.5% [A]	87.8%	87.9%	86.7%	
	Podiatry treatment within 52 weeks	M	77%	62.7% [R]	-18.5%	50.3% [R]	76.9% [G]	76% [G]	73.2% [G]	45.2% [R]	100% [G]	No Service	34.4% [R]	38.2% [R]	65.7%	53.3%	62.7%	
	Ophthalmology treatment within 52 weeks	M	64%	54.9% [R]	-14.2%	52% [R]	59.7% [A]	56.4% [R]	39.8% [R]	56.1% [R]	100% [G]	100% [G]	77.1% [G]	100% [G]	50.2%	51.3%	54.9%	
	Audiology treatment within 52 weeks	M	75%	76.9% [G]	2.5%	92.5% [G]	77% [G]	64.5% [R]	72.2% [G]	76.1% [G]	72.8% [G]	71.6% [G]	84.8% [G]	100% [G]	77.4%	77.8%	76.9%	
	Dietetics treatment within 52 weeks	M	80%	65.6% [R]	-18.1%	88% [G]	58.7% [R]	49.8% [R]	74.7% [A]	57.4% [R]	78.1% [G]	58.5% [R]	52.5% [R]	80.4% [G]	64.6%	65.7%	65.6%	
	Psychology treatment within 52 weeks	M	81%	64.9% [R]	-19.8%	61.7% [R]	51.9% [R]	92.1% [G]	45.8% [R]	85.4% [G]	84.9% [G]	38.3% [R]	88.5% [G]	66.3% [R]	64.2%	63.4%	64.9%	
	Nursing																	
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	96.3% [G]	-3.7%	92.4% [A]	98.2% [G]	106.4% [G]	90.9% [A]	95.5% [G]	97% [G]	93.4% [A]	99.5% [G]	98% [G]	96.6%	96.1%	96.3%	
	Mental Health																	
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	94.1% [G]	4.6%	100% [G]	100% [G]	100% [G]	81.6% [A]	89.1% [G]	100% [G]	100% [G]	100% [G]	73.7% [R]	96%	96.9%	99.3%	
% seen within 12 weeks by GAMHT	M	≥75%	69.1% [A]	-7.9%	83.7% [G]	89.3% [G]	62.8% [R]	67.8% [A]	69.7% [A]	65.2% [R]	70.1% [A]	65.3% [R]	48.7% [R]	69.7%	68.5%	68.3%		
% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	89.2% [A]	-6.1%	96.7% [G]	96.9% [G]	95.3% [G]	70.8% [R]	96.5% [G]	94% [G]	59.7% [R]	86.1% [A]	75% [R]	88.9%	91.3%	89%		
Disability Act Compliance																		
% of assessments completed within timelines	Q	100%	15.6% [R]	-84.4%	12.4% [R]	22.4% [R]	3.3% [R]	20.2% [R]	36.4% [R]	5% [R]	0% [R]	28.9% [R]	0% [R]	29.8%	18.6%	13.7%		

		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	
Access and Integration	Disability Emergency Supports																	
	No. of new emergency places provided to people with a disability	M	22	64 [G]	190.9%											11	11	10
	No. of in home respite supports for emergency cases	M	440	424 [G]	-3.6%											2	0	2
	Disability Respite Services																	
	No. of day only respite sessions accessed by people with a disability	Q-1M	6,118	8,853 [G]	44.7%	1,848 [G]	1,833 [G]	539 [G]	111 [R]	975 [R]	346 [G]	88 [R]	1,009 [G]	2,104 [G]		7,795	8,376	8,853
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,758	5,613 [G]	-2.5%	383 [R]	743 [R]	452 [R]	510 [R]	698 [G]	323 [R]	799 [G]	857 [G]	848 [G]		6,091	6,087	5,613
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	32,353	33,233 [G]	2.7%	1,605 [R]	7,952 [G]	3,580 [G]	2,782 [R]	2,526 [G]	2,597 [G]	4,653 [G]	3,709 [G]	3,829 [G]		36,007	35,257	33,233
	Home Support Hours																	
	Number of hours provided	M	11,828,272	10,548,049 [R]	-10.8%	1,199,639 [A]	1,084,637 [R]	936,623 [R]	1,316,772 [R]	951,046 [R]	919,299 [G]	1,170,897 [A]	1,255,007 [A]	1,714,130 [A]		1,729,775	1,812,242	1,825,043
	No. of people in receipt of home support	M	55,910	53,579 [G]	-4.2%	4,823 [G]	6,374 [G]	4,941 [G]	7,389 [R]	5,517 [R]	3,876 [G]	6,660 [G]	7,079 [G]	6,920 [A]		56,850	54,710	53,579
	Delayed Transfers of Care																	
	Number of beds subject to Delayed Transfers of Care	M	≤350	484 [R]	38.3%											575	496	484
Homeless																		
% of service users assessed within two weeks of admission	Q	85%	86.8% [G]	2.1%	93.6% [G]		98.9% [G]	80.6% [A]	83.1% [G]	87.5% [G]	83.6% [G]	100% [G]	98.6% [G]		87.8%	86.9%	86.8%	

		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
	Substance Misuse																
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	94.2% [A]	-5.8%	100% [G]	100% [G]		66.7% [R]	100% [G]	90.9% [A]	80% [R]	94.3% [A]	98.1% [G]	98.3%	63.5%	94.2%
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	95.4% [G]	-4.6%	96.5% [G]	100% [G]	86% [R]	92.6% [A]	99.7% [G]	100% [G]	100% [G]	85.3% [R]	61.5% [R]	97.6%	98.2%	95.4%
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	4,021,069	1.62% [R]	13.56% [R]	6.96% [R]	6.08% [R]	7.81% [R]	9.86% [R]	5.63% [R]	5.24% [R]	13.05% [R]	5.72% [R]	0.19%	1.56%	1.62%
	Pay expenditure variance from plan	M	≤0.1%	1,945,207	1.20% [R]	9.22% [R]	3.65% [R]	0.64% [A]	2.46% [R]	6.42% [R]	6.48% [R]	2.34% [R]	7.31% [R]	1.16% [R]	0.13%	0.90%	1.20%
	Non-pay expenditure	M	≤0.1%	2,346,304	2.06% [R]	19.73% [R]	8.59% [R]	9.51% [R]	12.17% [R]	12.55% [R]	3.48% [R]	8.63% [R]	20.93% [R]	11.07% [R]	0.27%	2.10%	2.06%
	Gross expenditure (pay and non-pay)	M	≤0.1%	4,291,512	1.67% [R]	12.37% [R]	6.15% [R]	5.84% [R]	7.15% [R]	9.14% [R]	5.02% [R]	4.83% [R]	12.45% [R]	5.36% [R]	0.21%	1.55%	1.67%
	Service Arrangements (at 23.06.23)																
	% of monetary value signed	M	100%	28.57%	-71.43%										14.22%	21.13%	28.57%
	Internal Audit																
	% of recommendations implemented within 12 months	Q	95%	85% [R]	-10.5%											93%	85%
Workforce	Attendance Management																
	% absence rates by staff category (non Covid)	M	≤4%	5.4%	35%	7.02%	3.94%	5.92%	5.17%	6.46%	4.54%	5.34%	5.82%	4.84%	5.28%	5.31%	5.39%
	% absence rates by staff category (Covid)	M	NA	0.55%		0.67%	0.34%	0.46%	0.51%	0.62%	0.57%	0.67%	0.69%	0.41%	0.49%	0.45%	0.33%

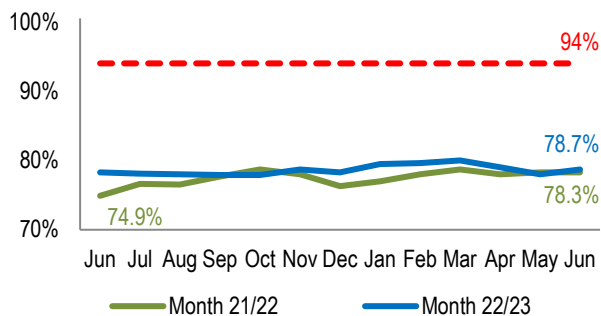
Enhancing Community Services

Primary Care Services

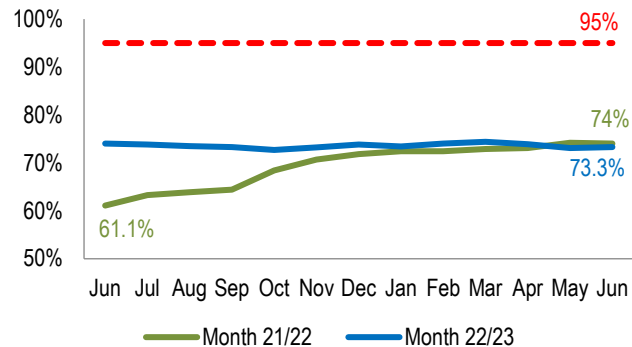
Primary Care Therapies

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	● 78.7%	78.3%	+0.4%	79%	78%	78.7%	CHO6 (98.2%), CHO7 (94.1%), CHO1 (91.5%)	CHO5 (57.8%), CHO8 (74.4%), CHO2 (75%)
Occupational Therapy access within 52 weeks	95%	M	● 73.3%	74%	-0.7%	73.9%	73.1%	73.3%	CHO6 (95.8%), CHO3 (87%), CHO1 (83.4%)	CHO9 (59.6%), CHO2 (68.5%), CHO7 (70.8%)
Speech and Language Therapy access within 52 weeks	100%	M	● 86.7%	87.4%	-0.7%	87.8%	87.9%	86.7%	CHO2 & 4 (100%), CHO3 (93.5%), CHO6 (92.2%)	CHO1 (75.2%), CHO7 (79.2%), CHO5 (84.8%)
Podiatry access within 52 weeks	77%	M	● 62.7%	53.6%	+9.1%	65.7%	53.3%	62.7%	CHO6 (100%), CHO2 (76.9%), CHO3 (76%)	CHO8 (34.4%), CHO9 (38.2%), CHO5 (45.2%)
Ophthalmology access within 52 weeks	64%	M	● 54.9%	53.3%	+1.6%	50.2%	51.3%	54.9%	CHO6, 7 & 9 (100%), CHO8 (77.1%), CHO2 (59.7%)	CHO4 (39.8%), CHO1 (52%), CHO5 (56.1%)
Audiology access within 52 weeks	75%	M	● 76.9%	76.9%	0%	77.4%	77.8%	76.9%	CHO9 (100%), CHO1 (92.5%), CHO8 (84.8%)	CHO3 (64.5%), CHO7 (71.6%), CHO4 (72.2%)
Dietetics access within 52 weeks	80%	M	● 65.6%	58.2%	+7.4%	64.6%	65.7%	65.6%	CHO1 (88%), CHO9 (80.4%), CHO6 (78.1%)	CHO3 (49.8%), CHO8 (52.5%), CHO5 (57.4%)
Psychology access within 52 weeks	81%	M	● 64.9%	66.2%	-1.3%	64.2%	63.4%	64.9%	CHO3 (92.1%), CHO8 (88.5%), CHO5 (85.4%)	CHO7 (38.3%), CHO4 (45.8%), CHO2 (51.9%)

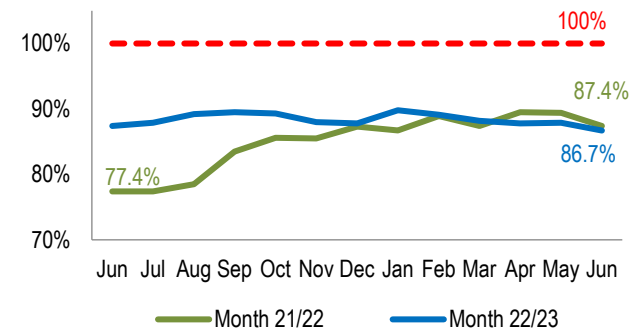
Physiotherapy Access within 52 weeks



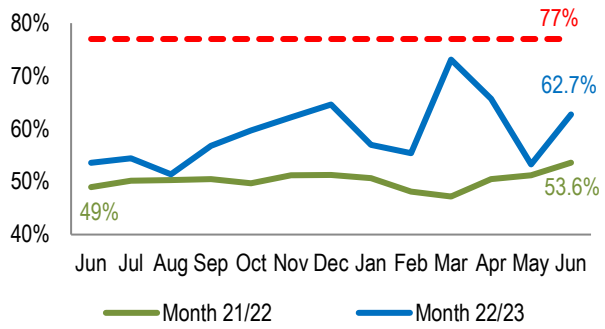
Occupational Therapy Access within 52 weeks



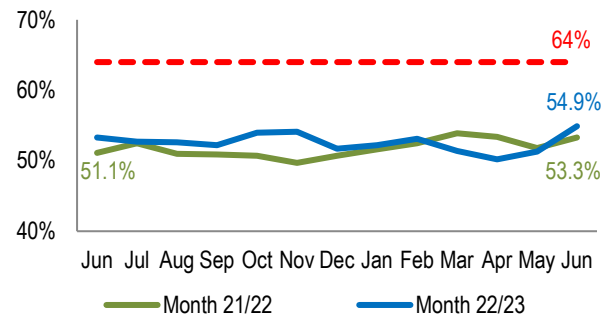
SLT Access within 52 weeks



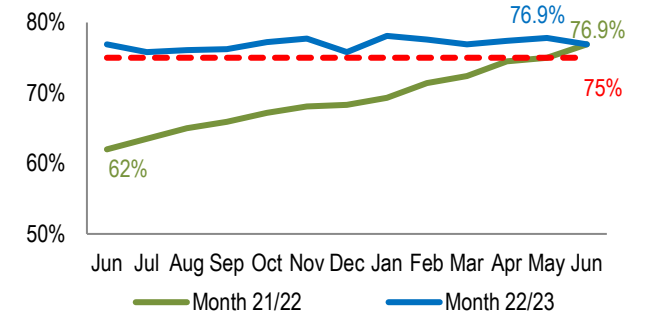
Podiatry Access within 52 weeks



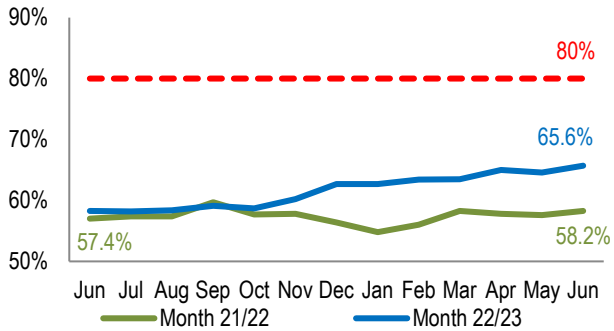
Ophthalmology Access within 52 weeks



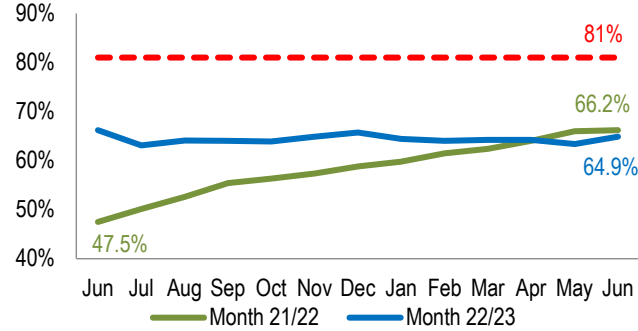
Audiology Access within 52 weeks



Dietetics Access within 52 weeks



Psychology Access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	293,802	264,505	-10%	234,514	29,991
Total number waiting	42,173	70,899	68.1%	62,893	8,006
% of new seen waiting < 12 weeks	81%	73.8%	-8.9%	76%	-2.2%
Number waiting > 52 weeks		15,095		13,624	1,471
Occupational Therapy					
Number seen	194,628	178,641	-8.2%	163,996	14,645
Total number waiting	34,093	39,965	17.2%	34,790	5,175
% of new seen waiting < 12 weeks	71%	64.8%	-8.7%	65%	-0.2%
Number waiting > 52 weeks		10,662		9,039	1,623
*Speech & Language Therapy					
Number seen	141,156	100,880	-28.5%	97,740	3,140
Total number waiting	17,645	18,865	6.9%	19,738	-873
Number waiting > 52 weeks		2,501		2,486	15

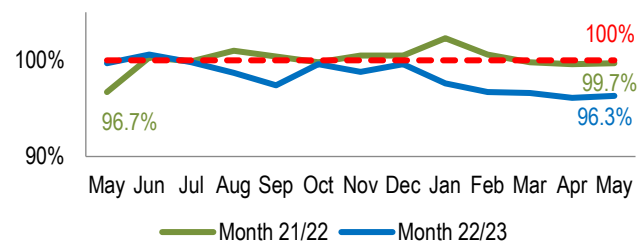
Treatment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	9,868	8,091	-18%	8,027	64
Number waiting > 52 weeks		1,709	0	1,832	-123
Podiatry					
Number seen	42,935	34,331	-20%	32,054	2,277
Total number waiting	4,619	9,347	102.4%	7,010	2,337
% waiting < 12 weeks	33%	21.9%	-33.7%	23.1%	-1.2%
Number waiting > 52 weeks		3,483		3,255	228
Ophthalmology					
Number seen	39,912	48,234	20.9%	39,186	9,048
Total number waiting	20,204	19,447	-3.7%	22,686	-3,239
% waiting < 12 weeks	19%	21.7%	14.1%	20.9%	0.8%
Number waiting > 52 weeks		8,764		10,584	-1,820
Audiology					
Number seen	27,108	28,345	4.6%	26,175	2,170
Total number waiting	18,810	23,273	23.7%	18,319	4,954
% waiting < 12 weeks	30%	26.4%	-12.1%	28.7%	-2.3%
Number waiting > 52 weeks		5,383		4,224	1,159
Dietetics					
Number seen	34,320	36,134	5.3%	30,517	5,617
Total number waiting	17,417	29,976	72.1%	31,951	-1,975
% waiting < 12 weeks	40%	24.8%	-38%	22.4%	2.4%
Number waiting > 52 weeks		10,324		13,344	-3,020
Psychology					
Number seen	24,900	22,499	-9.6%	23,217	-718
Total number waiting	10,532	16,459	56.3%	13,656	2,803
% waiting < 12 weeks	36%	18.7%	-48%	23.9%	-5.2%
Number waiting > 52 weeks		5,771		4,621	1,150

*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	● 96.3%	99.7%	-3.4%	96.6%	96.1%	96.3%	CHO3 (106.4%), CHO8 (99.5%), CHO2 (98.2%)	CHO4 (90.9%), CHO1 (92.4%), CHO7 (93.4%)

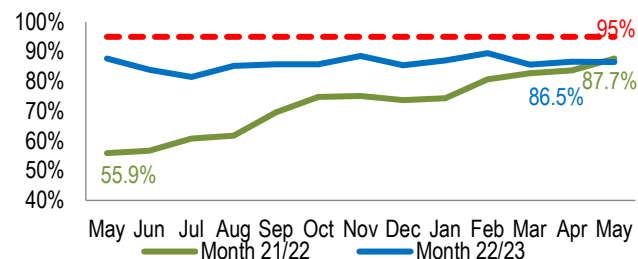
Nursing – access within 12 weeks



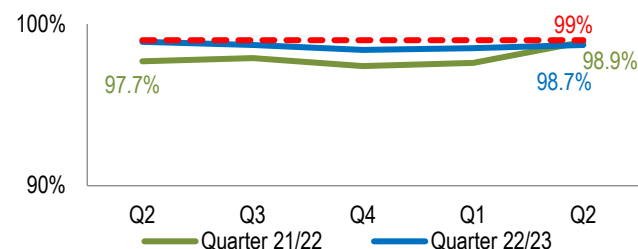
Child Health

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%	81.8%	+5.2%	85.6%	86.6%	86.5%	CHO8 (95.3%), CHO9 (89.3%), CHO4 (87.7%)	CHO7 (81.6%), CHO6 (81.8%), CHO1 (83.3%)
% of infants visited by a PHN within 72 hours of discharge	99%	Q	● 98.6%	98.3%	+0.3%	98.4%	98.5%	98.7%	CHO5 (100%), CHO1 & 9 (99.5%), CHO7 (99.4%)	CHO8 (96.3%), CHO3 & 6 (98.3%), CHO2 (98.6%)
% of infants breastfed exclusively at three month PHN visit	36%	Q-1Q	● 31.6%	30.2%	+1.4%	31.5%	32.3%	31.6%	CHO6 (42%), CHO4 (41.2%), CHO7 (34.6%)	CHO2 (24.8%), CHO1 (25%), CHO3 (26.6%)

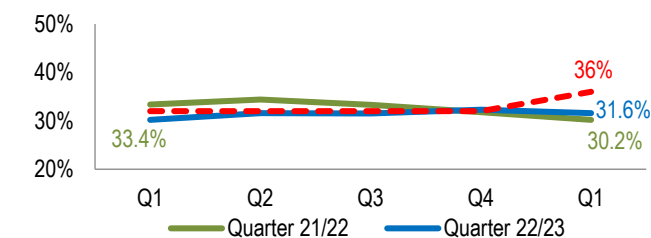
Developmental assessment within 12 months



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



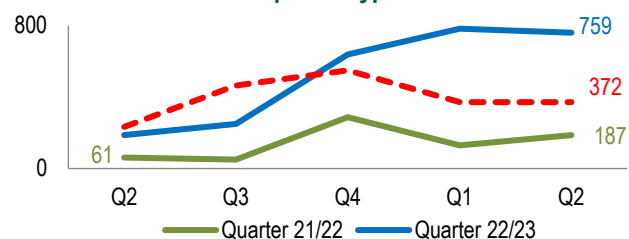
% of Infants breastfed exclusively at 3 month PHN visit



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	744 YTD/ 1,480 FYT	Q	● 1,541	317	+1,224	637	782	759	CHO2 (384.5%), CHO3 (236.9%), CHO9 (157.1%)	CHO1 (-54.4%), CHO7 (-42.3%), CHO4 (-24.4%)

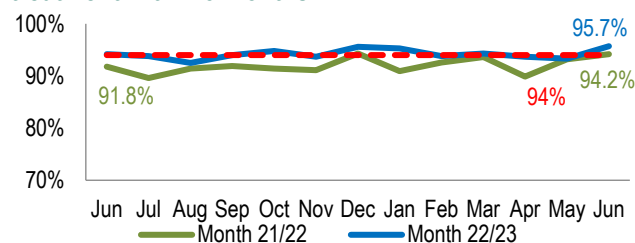
Number who have completed type 2 diabetes education programme



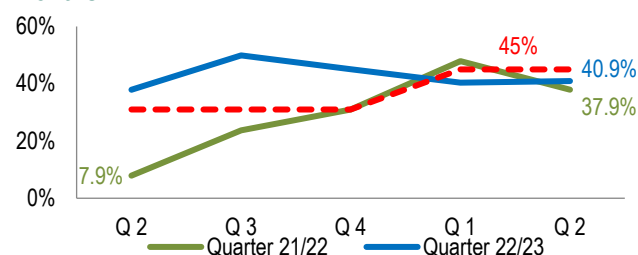
Oral health and Orthodontics

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%	92.5%	+1.8%	93.7%	93.3%	95.7%	CHO3, 6 & 7 (100%), CHO9 (99.9%), CHO4 (97.3%)	CHO5 (78.2%), CHO8 (89%), CHO2 (91.9%)
Orthodontics - % seen for assessment within 6 months	45%	Q	● 40.9%	37.9%	+3%	45.1%	40.4%	40.9%	DNE (97.1%), West (95.1%), South (29.1%)	DML (23.8%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 24.4%	21%	-3.4%	19.1%	22.5%	24.4%	DML (9.2%)	South (34.1%), DNE (29.8%), West (11%)

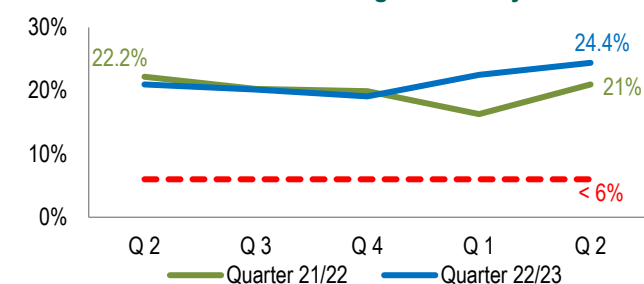
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



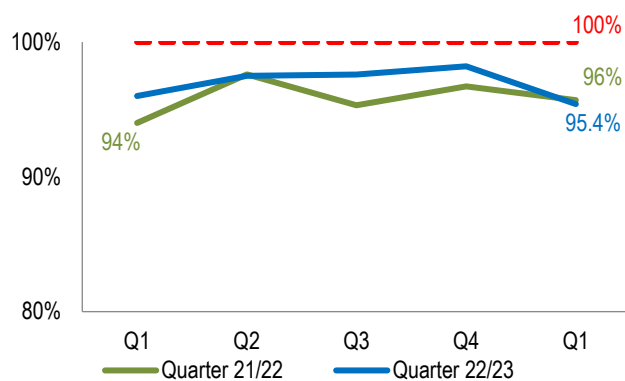
Orthodontics: treatment waiting list > four years



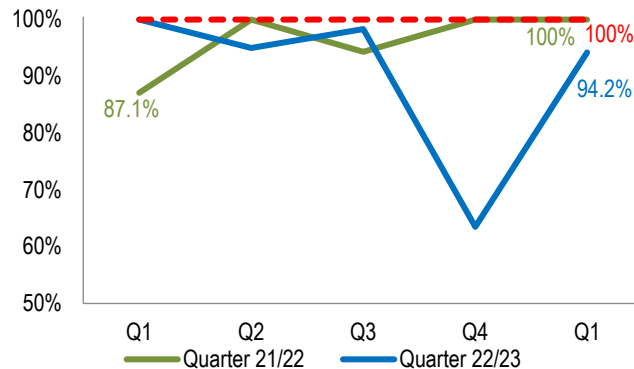
Social Inclusion

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	● 95.4%	95.7%	-0.3%	97.6%	98.2%	95.4%	CHO2, 6 & 7 (100%)	CHO9 (61.5%), CHO8 (85.3%), CHO3 (86%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	● 94.2%	100.0%	-5.8%	98.3%	63.5%	94.2%	CHO1, 2 & 5 (100%)	CHO4 (66.7%), CHO7 (80%), CHO8 (94.3%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	● 86.8%	86.4%	+0.4%	87.8%	86.9%	86.8%	CHO8 (100%), CHO3 (98.9%), CHO9 (98.6%)	CHO4 (80.6%), CHO5 (83.1%), CHO7 (83.6%)

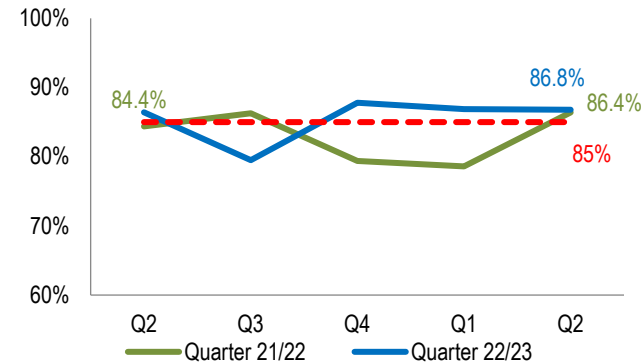
% access to substance misuse treatment (>18 years)



% access to substance misuse treatment (>18 years)



% Homeless health needs assessed within two weeks

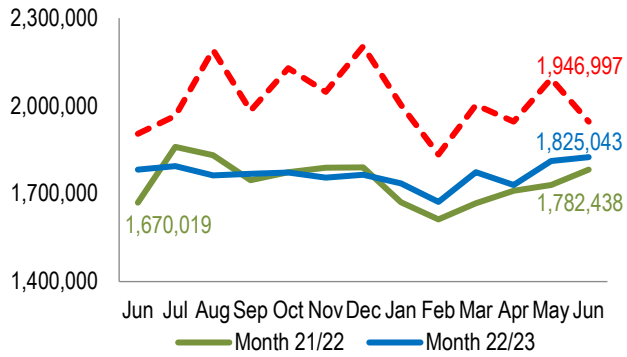


Older Persons' Services

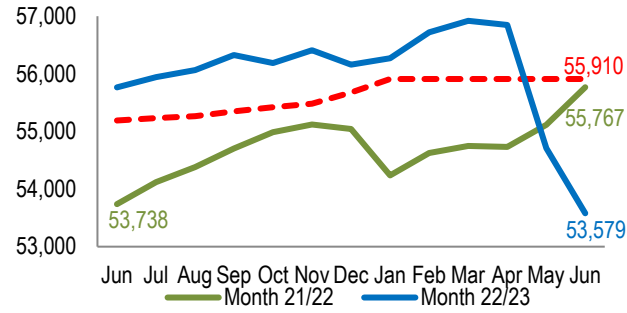
Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	11,828,272 YTD/ 23.9m FYT	M	●	10,548,049	10,173,775	+374,274	1,729,775	1,812,242	1,825,043	(%Var): CHO6 (0.8%)	(%Var): CHO5 & CHO4 (-18.4%), CHO2 (-16.8%), CHO3 (-12.4%)
No. of people in receipt of Home Support	55,910 YTD/ 55,910 FYT	M	●	53,579	55,767	-2,188	56,850	54,710	53,579	(%Var): CHO8 (5.2%), CHO1 (4.8%), CHO7 (1.4%)	(%Var): CHO5 (-18.9%), CHO4 (-13.8%), CHO9 (-5.4%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	77	92	-15	80	78	77		
No. of persons funded under NHSS in long term residential care	22,684 YTD/ 22,712 FYT	M	●	22,772	22,159	+613	22,434	22,630	22,772		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	●	4,466	4,488	-22	4,490	4,461	4,466	(%Var): CHO9 (17.9%), CHO3 (9.9%), CHO8 (2.7%)	(%Var): CHO6 (-14.8%), CHO2 (-6%), CHO7 (-3%)
No. of short stay beds in public units	1,729 YTD/ 2,182 FYT	M	●	1,712	1,453	+259	1,714	1,712	1,712	(%Var): CHO3 (14.7%), CHO4 (5.5%), CHO2 (5.2%)	(%Var): CHO6 (-7.6%), CHO7 & CHO8 (-6.7%), CHO9 (-4.8%)
No. of beds subject to Delayed Transfers of Care ¹	≤350	M	●	484	567	-83	575	496	484	3 out of 39 Hospitals have 0	SJH (60),CUH (43), SVUH (39)
No. of persons in receipt of payment for transitional care	916	M-1M	●	1,685	1,307	+378	1,740	1,711	1,685		

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

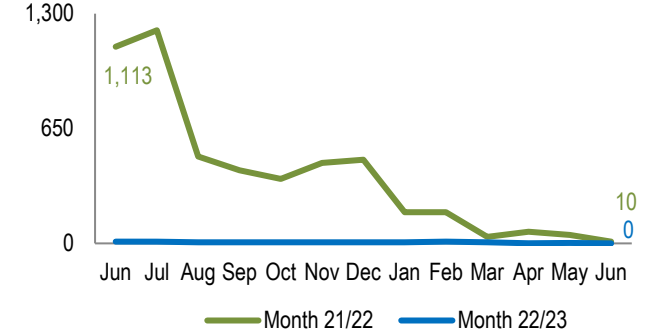
Number of Home Support Hours Provided



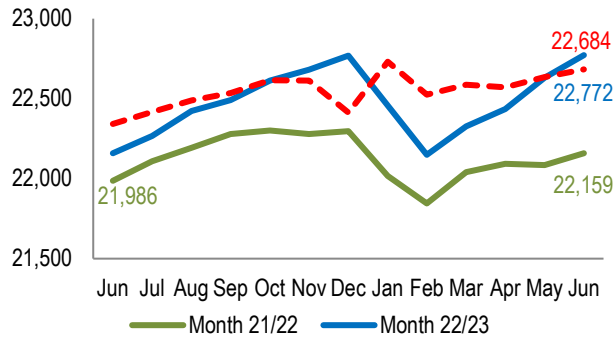
Number of people in receipt of Home Support



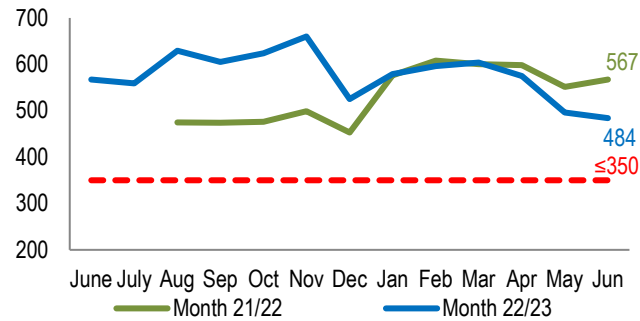
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care²



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	54	20	74	15.3%
Residential Care	207	16	223	46.1%
Rehab	21	25	46	9.5%
Complex Needs	18	18	36	7.4%
Housing/Homeless	14	22	36	7.4%
Legal complexity	39	6	45	9.3%
Non compliance	15	3	18	3.7%
COVID-19	6	0	6	1.2%
Total	374	110	484	100%

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	5,670	5,049	+621	819	883	736	779	-43
	National placement list for funding approval	627	583	+44	719	702	627	583	+44
	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	22,772	22,159	+613	22,434	22,630	22,772	22,159	+613
Private Units	No. of new patients entering scheme	3,790	3,395	+395	681	726	677	609	+68
	No. of patients Leaving NHSS	3,811	3,435	+376	586	568	548	536	+12
	Increase	-21	-40	+19	+95	+158	+129	+73	+56
Public Units	No. of new patients entering scheme	790	593	+197	122	139	122	116	+6
	No. of patients Leaving NHSS	766	692	+74	109	101	109	117	-8
	Net Increase	+24	-99	+123	+13	+38	+13	-1	+14

Mental Health Services

Mental Health Services

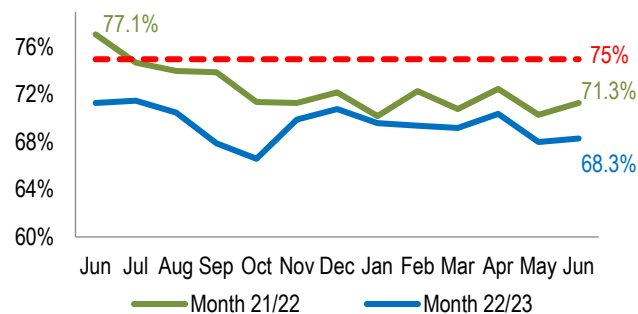
General Adult Mental Health

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	23,424YTD/ 46,774FYT	M	●	24,822	23,347	+1,475	3,821	4,369	3,907		
Number of referrals seen	14,772YTD/ 29,482FYT	M	●	13,629	12,898	+731	2,051	2,488	2,150		
% seen within 12 weeks	≥ 75%	M	●	69.1%	71.2%	-2.1%	69.7%	68.5%	68.3%	CHO1 & 2 reached target	CHO9 (49.2%), CHO6 (61.8%), CHO8 (62.6%)

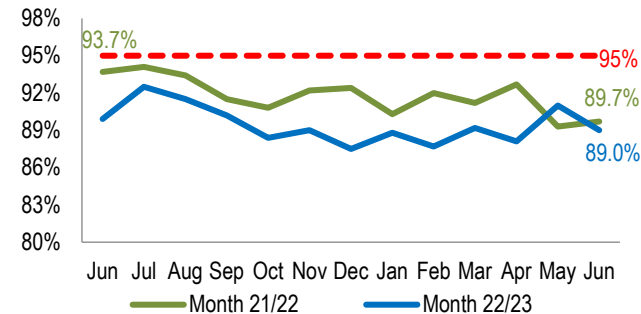
Psychiatry of Later Life

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	6,129YTD/ 12,238FYT	M	●	6,295	5,903	+392	960	1,040	1,041		
Number of referrals seen	4,950YTD/ 9,883FYT	M	●	3,947	3,920	+27	595	695	619		
% seen within 12 weeks	≥ 95%	M	●	89.2%	90.8%	-1.6%	88.9%	91.3%	89%	CHO2, 3, & 5 reached target	CHO7 (67.9%), CHO4 (70%), CHO9 (80.7%)

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



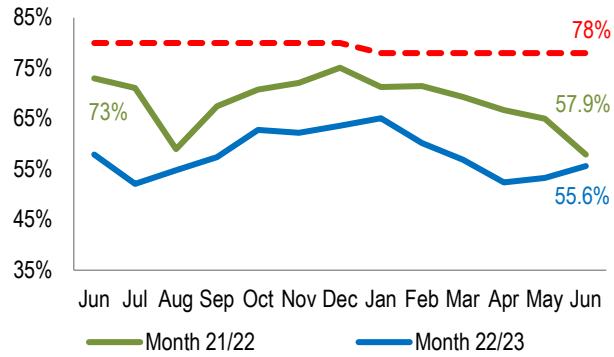
Psychiatry of Later Life: % offered an appointment and seen within 12 weeks



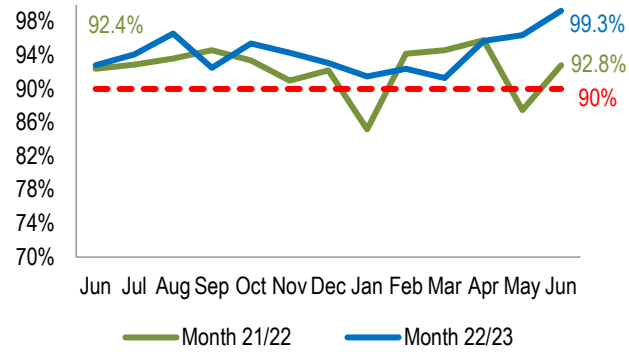
Child and Adolescent Community Mental Health Teams

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	● 95.1%	91.3%	+3.8%	85.7%	100%	100%		
CAMHs Bed Days Used	>95%	M	● 98.9%	98.8%	+0.1%	96.2%	99.3%	100%	CHO1, 2, 3, 4, 5, 6, 7, 8 & 9 reached target	
% seen within 12 weeks	≥78%	M	● 57.3%	67%	-9.7%	53.7%	53.4%	55.6%	CHO3 (87.5%), CHO7 (67.3%), CHO2 (61.9%)	CHO4 (38.5%), CHO9 (40%), CHO1 (46.9%)
CAMHs –% seen within 12 months	≥95%	M	● 91.8%	96.5%	-4.7%	89.7%	89.6%	92%	CHO1, 3, 7 & 9 reached target	CHO4 (72.5%), CHO6 (89%), CHO8 (89.9%)
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	● 94.1%	91.4%	+2.7%	96%	96.9%	99.3%	CHO1, 2, 3, 4, 5, 6, 7, 8 & 9 reached target	
CAMHs waiting list	4,211	M	● 4,361	4,294	+67	4,572	4,656	4,361	CHO9 (190), CHO2 (288), CHO5 (302)	CHO4 (976), CHO6 (745), CHO8 (656)
CAMHs waiting list > 12 months	0	M	● 700	547	+153	748	738	700	CHO9 (0)	CHO4 (365), CHO8 (85), CHO3 (80)
No of referrals received	10,636 YTD/ 21,224 FYT	M	● 12,209	11,323	+886	1,830	2,231	1,679		
Number of referrals seen	6,335 YTD/ 12,635 FYT	M	● 6,451	5,417	+1,034	1,035	1,313	866		

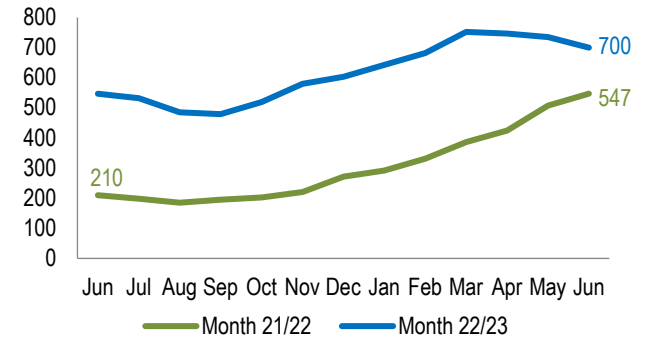
% offered and appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting List > 12 months

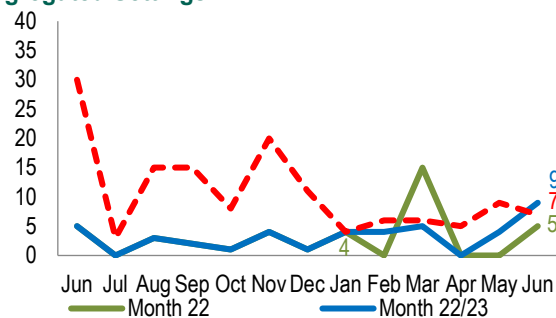


Disability Services

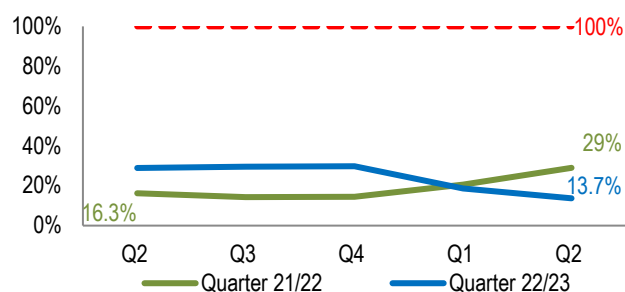
Disability Services

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	37 YTD/ 73 FYT	M	● 26	24	+2	0	4	9	(% Var): CHO7 (300%)	(% Var): CHO2 (-100%), CHO4 (-100%), CHO6 (-100%), CHO8 (-100%)
Disability Act Compliance	100%	Q	● 15.6%	22.4%	-6.8%	29.8%	18.6%	13.7%	(% Var): No CHO reached target	(% Var): CHO3 (0%), CHO7 (0%), CHO9 (0%)
Number of requests for assessment of need received for Children	3,285 YTD/ 6,555 FYT	Q	● 4,258	3,401	+857	1,839	2,034	2,224	(% Var): CHO6 (107.8%), CHO2 (78.3%), CHO8 (75.1%)	(% Var): CHO3 (-44.6%)

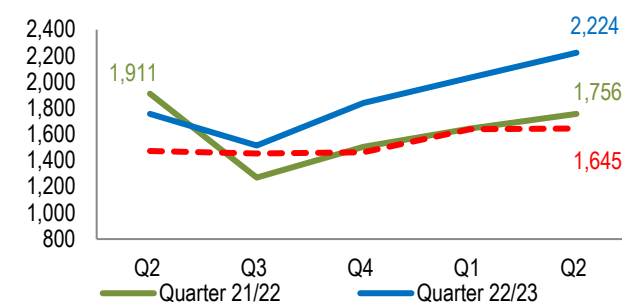
Congregated Settings



Disability Act Compliance



Assessment of Need Requests

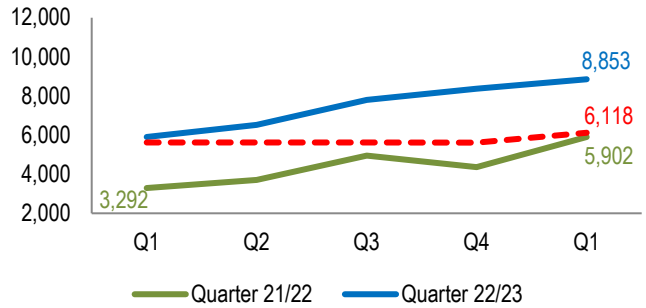


Residential and Emergency Places and Support Provided to People with a Disability

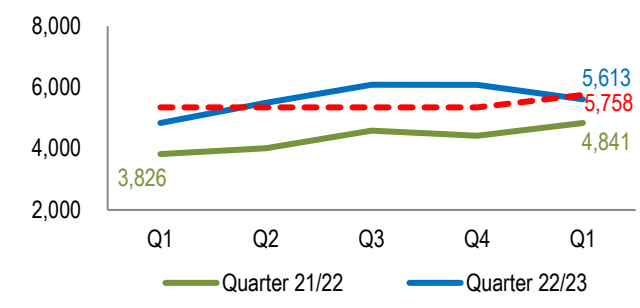
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	43	22	● 64	41	+23	11	11	10
Number of in home respite supports for emergency cases	M	447	440	● 424	421	+3	2	0	2
Number of residential places for people with a disability (including new planned places)	M	8,305	8,305	● 8,314	8,181	+133	8,296	8,306	8,314

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	6,118 YTD/ 24,444 FYT	Q-1M	●	8,853	5,902	+2,951	7,795	8,376	8,853	(% Var): CHO9 (1075.4%), CHO8 (186.6%), CHO2 (45.7%)	(% Var): CHO4 (-76.8%), CHO7 (-67.8%), CHO5 (-16.5%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,758 YTD/ 5,758 FYT	Q-1M	●	5,613	4,841	+772	6,091	6,087	5,613	(% Var): CHO5 (51.7%), CHO9 (42.8%), CHO8 (37.1%)	(% Var): CHO2 (-32.6%), CHO4 (-31.3%), CHO6 (-24.7%)
Respite – Number of overnights	32,353 YTD/ 129,396 FYT	Q-1M	●	33,233	27,479	+5,754	36,007	35,257	33,233	(% Var): CHO6 (22.3%), CHO7 (13.9%), CHO9 (10.2%)	(% Var): CHO4 (-20.3%), CHO1 (-11.5%), CHO2 (-1.6%)
Number of Home Support Hours delivered	780,006 YTD/ 3.12m FYT	Q-1M	●	730,876	784,631	-53,755	937,116	929,633	730,876	(% Var): CHO3 (139.8%), CHO2 (18.1%), CHO1 (12.7%)	(% Var): CHO9 (-54.6%), CHO4 (-30.4%), CHO8 (-20.3%)
Number of Personal Assistance Hours delivered	442,504 YTD/ 1.77m FYT	Q-1M	●	432,279	417,920	+14,359	487,582	422,209	432,279	(% Var): CHO6 (61.7%), CHO9 (29%), CHO5 (16.8%)	(% Var): CHO1 (-46.6%), CHO7 (-40.2%), CHO4 (-34.7%)

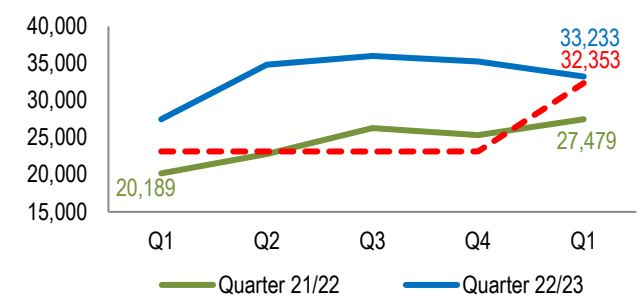
Respite: Day Only



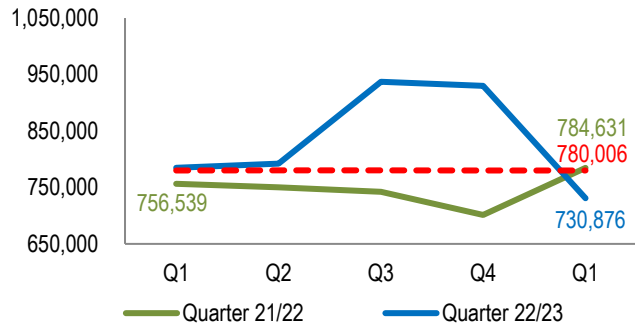
Number of people with a disability in receipt of respite services



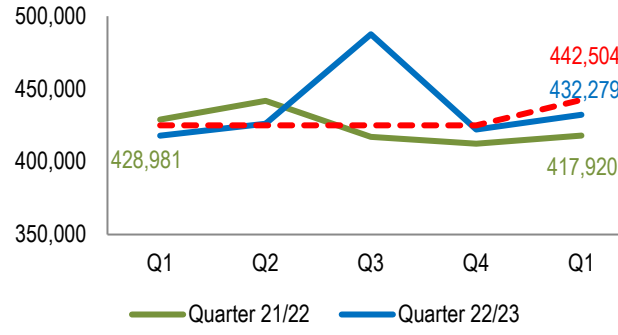
Respite: Overnights



Home Support Hours



Personal Assistance Hours



Community Services Update

Community Services Update

Overall the performance of community services in June have remained similar to that in May.

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 and those from other countries seeking international protection. It should be noted that staff are keen to support people from the Ukraine and those seeking international protection, 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. Much of the increased staffing resource in community services has been directed to the ECC programme and therefore may not necessarily be reflected in some of the activity measures outlined in this report. 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.

Another crucial reform for Community Services is the Integrated Community Case Management System (ICCMS) which will provide Community Services staff with real-time, electronic access to comprehensive, up-to date and relevant patient health information facilitating service delivery across all community services nationally and improving patient / service user care and staff experience in line with Sláintecare. Benefits of the programme include improved patient safety and outcomes, real-time decision clinical decision making, service user empowerment, enhanced staff working experience, efficient work practices and significant improvements to data and reporting. The ICCMS Programme has now commenced the public procurement process and all Programme timelines are currently on track.

June data suggests that some services are delivering ahead of National Service Plan targets for 2023.

Examples of positive national performance against target are:

- CIT Referrals - In June 2023 there were 46,379 CIT referrals year to date which is +14% ahead of the expected year to date target of 40,686.
- Ophthalmology – Number of patients seen 48,234 (+20.9%) above target 39,912.
- Access to Palliative Inpatient Beds - The national year to date position is 96.9% 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 – 87.3% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD June 2023 against a target of ≥90%.
- Child & Adolescent Mental Health Service – 94.1% 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.

The Waiting List Action for 2023 was published on 7th March 2023 and associated once-off funding of € 22,714,133 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 June 2023, year to date, a total of 4,562 additional people have been removed from the following waiting lists as a result of this investment:

- 1,231 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list to the end of June
- 1,501 children waiting for primary care child psychology waiting for over a year have been removed from the list to the end of June
- 1,434 adults have been removed from the counselling in primary care wait list to the end of June
- 396 children and young people have been removed from the CAMHS waiting lists to the end of June

A number of initiatives in primary care therapies are due to commence in July 2023

Serious Incidents

There were 34 Category 1 incidents reported by date of incident in June 2023 across the 9 Community Healthcare Organisations.

The % of Category 1 reviews for incidents notified in February 2023 (7 incidents notified) completed within 125 days of notification was 57%. The twelve month rolling % for this KPI is 28%.

The target of <1% in relation to the KPI *The extreme and major incidents as reported as a % of all incidents reported as occurring* was achieved. The 12 month rolling % for this KPI is 0.5%. This target has been achieved in the last four quarters.

Primary Care

Primary Care Services have been impacted by Covid waves over previous years 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.

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 June result in longer waiting times as patients are clinically prioritised.

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 98.5% return rate for data across Primary Care Services in June.

The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At June 2023 the total number of patients seen is +10.2% 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 June 2023, there were 46,379 CIT referrals year to date which is +14% ahead of the expected year to date activity of 40,686 (PC122).

* **Data return rate 100%.**

Child Health Developmental Assessment 12 Months

The national performance at May YTD (Data one month in arrears) is 87% compared to a target of 95% (PC153). Performance in May of 86.5% compared to a monthly performance of 86.6% in April.

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

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.

Performance will continue to be monitored in 2023 with relevant CHOs including in the monthly engagement meetings

* **Data return rate 100%**

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Mar	Apr	May	June
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.6% (Q2 2023)	98.5%			98.7%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	61.1% (Q1 2023)	61.1%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	42.1% (Q1 2023)	42.1%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	40.3% (Q1 2023)	40.3%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	31.6% (Q1 2023)	31.6%			
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% (YTD May 2023)	85.6%	86.6%	86.5%	

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 May 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 1,231 children and young people have been removed from the waiting list at the end of June as a result of this 2023 funded initiative.

***Data return rate 100%**

Orthodontics

Nationally 1,545 of Orthodontic patients were seen for assessment within six months of their scheduled oral health assessment, 82.8% to the target of 845 (PC24A). This is 79.4% ahead of the same period in 2022(861).

***Data return rate 100%**

Paediatric Home Care Packages

At end of June 2023, there were 345 Paediatric Home Care Packages delivered year to date which is -41.8% below of the expected year to date activity of 593 (PC147).

*** Data return rate 100%.**

Physiotherapy

78.7% are waiting for assessment ≤ 52 weeks at the end of June 2023, compared to the target of 94% (PC100G).

The number of Physiotherapy patients on waiting list for assessment ≤ 52 weeks will require an additional 10,841 people to be seen to reach the target of 94%

The number of people waiting longer than 52 weeks has decreased by -2.8% from 15,522 in May to 15,095 in June (PC100E).

Physiotherapy submissions have been approved for three CHOs in 2023 under the Primary Care Therapies waiting list initiatives (WLAP). These initiatives are approved to commence from July to December 2023.

Numbers of referrals to date is 102,665 which represents an increase of +40.5% in expected activity (73,086) and +9.2% ahead of the same period last year (94,058) (PC14)

The number of new patients seen for first time assessment at the end of June 2023 is 76,159 which is +9% ahead of same period last year position of 69,887 (PC15) CHOs 7 and 9 are more than 10% away from achieving this year's target for access.

*** Data return rate 96.9%**

Occupational Therapy (OT)

73.3% are waiting for assessment ≤ 52 weeks at the end of June 2023, compared to the target of 95% (PC101G).

The number of Occupational Therapy patients on waiting list for assessment ≤ 52 weeks will require an additional 8,664 people to be seen to reach the target of 95%

The number of people waiting longer than 52 weeks increased by +3.6% from 10,290 in May to 10,662 in June (PC101E).

Occupational Therapy submissions has been approved for five CHOs in 2023 under the Primary Care Therapies waiting list initiatives (WLAP). These initiatives are approved to commence from July to December 2023.

Numbers of referrals to date is 49,527 which represents an increase of +27.4% in expected activity (38,868) and +10.7% ahead of the same period last year (44,758) (PC19)

The number of new patients seen for first time assessment at the end of June 2023 is 45,616 which is +7.1% ahead of same period last year position of 42,587 (PC20) CHOs 2, 5, 7 and 8 are over 10% away from achieving this year's target for access.

*** Data return rate 100%**

Speech and Language Therapy (SLT)

86.7% are waiting for assessment ≤ 52 weeks at the end of June 2023, compared to the target of 100% (PC116B).

The number of Speech & Language Therapy patients on waiting list for assessment ≤ 52 weeks will require an additional 2,501 people to be seen to reach the target of 100%

The number of people waiting for an initial assessment for longer than 52 weeks has increased by +3.8% from 2,409 in May to 2,501 in June (PC116C).

In 2023 performance for SLT continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored and CHOs are required to submit performance improvement plans where necessary. A new performance tool has been developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for the 12 months to May 2023 was provided to each CHO and discussed in

the recent CHO engagements. Note that therapy numbers seen in 2023 year to date are +10.2% higher than the same period last year but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has also increased at the same rate as numbers seen compared to 2022.

Numbers of referrals to date is 21,290 which represents an increase of +28.1% in expected activity (16,620) and +7.1% ahead of the same period last year (19,881) (PC113)

The number of new patients seen for first time assessment at the end of June 2023 is 16,708 which is +11.6% ahead of same period last year position of 14,968 (PC115)

CHOs 1, 3, 4, 7, 8 and 9 are more than 10% away from achieving this year's target for access

***Data return rate 96.9%**

Podiatry

62.7% are waiting for treatment ≤ 52 weeks at the end of June 2023, compared to the target of 77% (PC104G).

The number of Podiatry patients on waiting list for treatment ≤ 52 weeks will require an additional 1,333 people to be seen to reach the target of 77%

The number of clients waiting longer than 52 weeks has decreased by -30.8% from 5,036 in May to 3,483 in June (PC104E).

It is noted that the majority of the recently establish integrated care programmes data has not been included to date in BIU reporting for podiatry. Engagement with ECC and BIU has commenced.

In 2023 performance for Podiatry continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored and CHOs are required to submit performance improvement plans where necessary. A new performance tool has been developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for the 12 months to May 2023 was provided to each CHO and discussed in the recent CHO engagements. Note that therapy numbers seen in 2023 year to

date are +10.2% higher than the same period last year but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has also increased at the same rate as numbers seen compared to 2022.

Numbers of referrals to date is 7,161 which represents an increase of +127.8% in expected activity (3,144) and 28.2% ahead of the same period last year (5,585) (PC45)

The number of new patients seen for first time assessment at the end of June 2023 is 4,293 which is +1.4% ahead of same period last year position of 4,235 (PC47) CHOs 2, 4, 5 and 8 are over 10% away from achieving this year's target for access NB: no Podiatry service recorded in CHO 7.

***Data return rate 100%**

Ophthalmology

54.9% are waiting for treatment ≤ 52 weeks at the end of June 2023, compared to the target of 64% (PC107G).

The number of Ophthalmology patients on waiting list for treatment ≤ 52 weeks will require an additional 1,763 people to be seen to reach the target of 64%

The number of people waiting longer than 52 weeks has decreased by -22% from 11,240 in May to 8,764 in June (PC107E).

Numbers of referrals to date is 14,109 which represents an increase of +15.6% in expected activity (12,204) and +8.2 % ahead of the same period last year (13,044) (PC52)

The number of new patients seen for first time assessment at the end of June 2023 is 13,625 which is +29.3% ahead of same period last year position of 10,539 (PC54)

CHOs 2, 3 and 9 are over 10% of achieving this year's target for access.

***Data return rate 95.7%**

Audiology

76.9% are waiting for treatment ≤ 52 weeks at the end of June 2023, compared to the target of 75% (PC108G).

Numbers of referrals to date is 11,347 which represents an increase of +8.6% in expected activity (10,452) and +17.6% ahead of the same period last year (9,645) (PC59)

The number of new patients seen for first time assessment at the end of June 2023 is 7,772 which is +10.2% ahead of same period last year position of 7,051(PC61) CHOs 4 and 6 are over 10% from achieving this year's target for access

In 2023 performance for Audiology continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored and CHOs are required to submit performance improvement plans where necessary. A new performance tool has been developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for the 12 months to May 2023 was provided to each CHO and discussed in the recent CHO engagements. Note that therapy numbers seen in 2023 year to date are +10.2% higher than the same period last year but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has also increased at the same rate as numbers seen compared to 2022.

***Data return rate 100%**

Dietetics

65.6% are waiting for treatment ≤ 52 weeks at the end of June 2023, compared to the target of 80% (PC109G).

The number of Dietetic patients on waiting list for treatment ≤ 52 weeks will require an additional 4,329 people to be seen to reach the target of 80%

The number of people waiting longer than 52 weeks has increased by +6.6% from 9,682 in May to 10,324 in June (PC109E).

In 2023 performance for Dietetics continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored and CHOs are required to submit performance improvement plans where necessary. A new performance tool has been developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for the 12 months to May 2023 was provided to each CHO and discussed in

the recent CHO engagements. Note that therapy numbers seen in 2023 year to date are +10.2% higher than the same period last year but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has also increased at the same rate as numbers seen compared to 2022.

Numbers of referrals to date is 21,079 which represents an increase of +47.8% in expected activity (14,262) and +7.2% ahead of the same period last year (19,664) (PC66)

The number of new patients seen for first time assessment at the end of June 2023 is 13,762 which is +41.1% ahead of same period last year position of 9,754 (PC68) CHOs 4, 6 and 8 are over 10% of achieving this year's target for access

***Data return rate 100%**

Psychology

64.9% are waiting for treatment ≤ 52 weeks at the end of June 2023, compared to the target of 81% (PC103G).

The number of Psychology patients on waiting list for treatment ≤ 52 weeks will require an additional 2,644 people to be seen to reach the target of 81%

The number of people waiting longer than 52 weeks has decreased by -17.4% from 6,985 in May to 5,771 in June (PC103E).

1,501 children and young people have been removed from the waiting list from January to June 2023 as a result of the WLAP waiting list initiatives referred to earlier in this commentary.

Numbers of referrals to date is 9,259 which represents an increase of +76% in expected activity (5,262) and +8.3% ahead of the same period last year (8,547) (PC38)

The number of new patients seen for first time at the end of June 2023 is 7,202 which is +39.1% ahead of same period last year position of 5,177 (PC40) CHOs 1,2,4,6 and 7 are over 10% of achieving this year's target for access

***Data return rate 96.9%**

Numbers of Patients Seen

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

Number of Patients Seen YTD June 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)	293,802	264,505	-10%	+12.8%
Occupational Therapy (PC124)	194,628	178,641	-8.2%	+8.9%
SLT (PC126)	141,156	100,880	-28.5%	+3.2%
Podiatry (PC127)	42,935	34,331	-20%	+7.1%
Ophthalmology (PC128)	39,912	48,234	+20.9%	+23.1%
Audiology (PC129)	27,108	28,345	+4.6%	+8.3%
Dietetics (PC130)	34,320	36,134	+5.3%	+18.4%
Psychology (PC131)	24,900	22,499	-9.6%	-3.1%

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 May was 10,585 and is -1.8% below the expected activity level of 10,784(SI1)

* **Data return rate 100%**

Needle Exchange

The number of unique individuals attending the Pharmacy Needle Exchange Programme at the end of March 2023 (data quarterly in arrears) was 1,461 which represents a decrease of -2.6% in expected activity (1,500) and -7.9% behind the same period last year position of 1,586.

* **Data return rate 100%.**

Mental Health

CAMHS Inpatient Units

Nationally there were 98 children admitted to CAMHS inpatient units at the end of June 2023, compared with 126 in same period last year (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.

95.1% 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).

98.9% 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 June 2023 indicates there was 5 child admissions. This is compared to 12 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 a decrease of 295 children on the waiting list for community mental health services, from 4,656 in May to 4,361 in June 2023 (MH50). There are 700 children waiting longer than 12 months in June 2023.

CHO1 have (9), CHO2 (38), CHO3 (80) CHO4 (365), CHO5 (38), CHO6 (36), CHO7 (49), CHO8 (85) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

The CAMHS waiting list will require an additional 1,545 people to be seen to reach the pre pandemic wait list levels of 2,816 (March 2020)

CAMHS Waitlist

Waiting list initiatives being delivered within the 2023 WLAP are underway in 6 CHO areas with 396 children and young people being removed from the list as a result of the initiatives to the end of June 2023.

As of the end of June, 57.3% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of $\geq 78\%$ (MH7).

However, 91.8% of new or re-referred cases were seen within 12 months in community CAMHS services YTD June 2023 (MH72).

Nationally, 94.1% of urgent referrals to CAMHS were responded to within three working days, above the $\geq 90\%$ target. (MH73).

*** Data return rate 98.7%**

Community Adult Mental Health Services

87.3% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD June 2023 against a target of $\geq 90\%$ (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. 22.7% of people referred to general adult services did not attend (DNA) their appointments.

*** Data return rate 97.4%**

91.5% of referred patients in Psychiatry of Later Life services were offered an appointment within 12 weeks YTD June 2023 against a target of $\geq 98\%$ (MH3).

*** Data return rate 90.6%**

The data is collected by teams based on a 'count' of service users in the time periods referred to above. The data sets are disconnected from each other and no person-specified connections can be made between data sets. This is very important to keep in mind when analysing and drawing conclusions from the monthly data.

Inpatient Adult Mental Health Services

At the end of Q1 2023, the number of admissions to acute adult services was 2,791, which is -2.6% below target (2,866) and -1.4% below same period last year position of 2,832

*** Data return rate 100%**

Disability Services

Residential Places

There were 8,314 residential places for people with a disability in June 2023, which is slightly above 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 June 2023, 64 new emergency residential places were developed (DIS102) and 424 in home respite supports for emergency cases were delivered (DIS109).

RT Places

There were 1,996 people (all disabilities) in receipt of Rehabilitative Training in June 2023, which is -14.1% (324) less than the 2,290 profiled target (DIS14). 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 June there were 26 transitions against a target of 37 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 second quarter of 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 6,259 (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 (NCPD) 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 NCPD and will be completed and launched in July 2023.

NCPD 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. At end of Quarter 2, 2023, 15.6% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations (DIS3).

The second quarter of 2023 has seen a further increase in the number of applications for assessment of need received (4,258 to date) which is up 29.6% on the profiled target for 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 it is intended that this funding will be utilised to procure diagnostic ASD assessments from the private sector. In parallel, a large scale international procurement process is being progressed.

To address the challenges in outsourcing AON, National Disability Services is working with HSE Procurement to develop a tender process and Service Specification for the delivery of Assessment of Need from private providers. A successful procurement process will facilitate the CDNTs to focus on the provision of intervention for children on their caseloads. This is at an advanced stage and will be concluded towards the end of July.

The HSE is also committed to the development of six Regional Hubs to undertake AON Assessments and is working across the CHO Areas to have these in place by 1st August this year.

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 June (YTD), it was expected that the Home Support Service would deliver 11,828,272 hours (target). The data reported indicates that 10,548,049 hours were provided, a variance of -10.8% (OP53) on target and an increase of +3.7% on the same period last year (SPLY) activity.

53,579 people were in receipt of home support (OP54) (point in time) as at end June. The reduction in reported client activity in June on previous reporting periods stems, in the main, from the outcome of a review and validation exercise of client numbers undertaken in CHO5. The validation exercise identified an overstatement of circa 1,295 clients and this correction was progressed with the June returns. 77 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 June indicates that no person assessed for Home Support was waiting on funding (OP55) (Preliminary data). 6,020 people were recorded as waiting on care staff, 3,075 (51.1%) of whom were waiting on a new service to be provided, with 2,945 (48.9%) others, currently in receipt of Home Support, waiting on care staff to deliver an additional service.

Significant work is underway to address the challenges associated with capacity issues and carer availability. 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. A cross departmental Strategic Workforce Implementation

Group (SWIG) has been established with membership comprising the owners and supporters of the Advisory Group's Recommendations. The HSE, as an owner of a number of Recommendations, is represented on the SWIG. The inaugural meeting was held on the 26th of June with work underway on drafting an Implementation Plan for review by the Group.

The Home Support Reform and Statutory Scheme Programme was established in June 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

June 2023 the Nursing Homes Support Scheme funded 22,772 long term public and private residential places, and when adjusted for clients not in payment, there were 24,000 places supported under the scheme. The number of people funded under the scheme is above the profile for June by 88.

There is an increase of 613 in the number of people supported under the scheme when compared to the same period last year. This is a 2.8% increase in activity year on year.

The number on the placement list at the end of June 2023 is 627 (June 2022 – 583). This is an increase of 44 (7.5%) on the same period last year.

A total of 4,486 people were approved for funding under the scheme in the first six months of 2023 compared to 3,938 people approved for the same period last year. This is an increase of 548 approvals or 13.9% year on year.

In the first six months of 2023, 5,670 applications were received and 4,580 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 592 or 14.8% 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.

May YTD 2023, 4,904 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) versus a target of 3,118. Of the 921 approvals in May, 478 were for NHSS applicants and 443 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%	42% [R]	-40%								33%	30%	25%	
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 30.04.23)	Q	70%	75% [G]	7.1%								70%	74%	80%	
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.62% [G]	-38%								0.73%	0.61%	0.66%	
	Service User Experience (Q1 2023 at 23.05.23)															
	Complaints investigated within 30 working days	Q	75%	65%	-13.3%	64%	69%	78%	81%	31%	48%	47%				
	HCAI Rates															
	Staph. Aureus (per 10,000 bed days)	M	<0.8	0.8 [G]	-0.9%	0.9 [R]	1.0 [R]	0.8 [G]	0.6 [G]	0.7 [G]	0.7 [G]	1.1 [R]	0.8	0.8	0.9	
	C Difficile (per 10,000 bed days)	M	<2	2.1 [A]	5.4%	1.1 [G]	2.0 [G]	2.0 [G]	2.5 [R]	2.0 [G]	1.8 [G]	3.6 [R]	2.0	2.0	2.3	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	91.7% [A]	-8.3%	100% [G]	85.7% [R]	91.7% [A]	100% [G]	66.7% [R]	100% [G]	100% [G]	89.6%	85.4%	91.7%	
	Surgery															
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.7% [A]	-9.8%		74.5% [R]	80.6% [A]	80% [A]	79.6% [A]	72.2% [R]	72.6% [R]	71%	72.5%	76.7%	
Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.6% [G]	-22%		2.6% [R]	1.1% [G]	1.4% [G]	1.6% [G]	1.4% [G]	2.2% [R]	1.5%	1.5%	1.5%		
Procedure conducted on day of admission (DOSa) (site specific targets)	M-1M	82.4%	79.4% [G]	-3.6%		66.1% [R]	91.6% [G]	80.5% [G]	64.9% [R]	86.9% [G]	66% [R]	81.4%	76.9%	76.6%		

		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%	11.7% [A]	5.5%		11.7% [A]	10.9% [G]	10.4% [G]	12.5% [R]	12.1% [A]	13.5% [R]	11.6%	11.4%	11.8%	
Quality and Safety	Urgent colonoscopy															
	Number waiting > 4 weeks (zero tolerance)	M	0	835 [R]		0 [G]	26 [R]	302 [R]	0 [G]	432 [R]	19 [R]	56 [R]	137	203	208	
Access and Integration	Routine Colonoscopy															
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	60.7% [A]	-6.6%	32.4% [R]	45.6% [R]	54.6% [R]	78.2% [G]	69.6% [G]	68% [G]	66.5% [G]	61%	61.1%	60.7%	
	Emergency Department Patient Experience Time															
	ED within 24 hours (Zero Tolerance)	M	97%	95.4% [R]	-1.7%	98.5% [G]	92.8% [R]	95.7% [R]	96.9% [R]	95.6% [R]	95.1% [R]	93.1% [R]	95.3%	95.5%	96.8%	
	75 years or older within 24 hours (Zero Tolerance)	M	99%	89.5% [R]	-9.6%		89.2% [R]	90.3% [R]	92.7% [R]	90.1% [R]	88.1% [R]	80.4% [R]	89.5%	89.6%	93%	
	ED within 6 hours	M	70%	56.5% [R]	-19.3%	75.3% [G]	49.5% [R]	64.3% [A]	50.1% [R]	49.8% [R]	56.4% [R]	54.9% [R]	55.5%	57.5%	58.1%	
	75 years or older within 6 hours	M	95%	35.6% [R]	-62.5%		32.5% [R]	49.4% [R]	28.3% [R]	28.3% [R]	34% [R]	35% [R]	34.7%	36.4%	37.8%	
	Waiting times															
	Adult waiting < 9 months (inpatient) New KPI	M	90%	67.8% [R]	-24.7%		62.2% [R]	73.1% [R]	73.8% [R]	52.4% [R]	72.3% [R]	93.8% [G]	66.4%	66.3%	67.8%	
	Adult waiting < 9 months (day case) New KPI	M	90%	77.2% [R]	-14.3%		76.9% [R]	78.8% [R]	85.9% [G]	70.7% [R]	75.1% [R]	86.5% [G]	77.8%	77.3%	77.2%	
Children waiting <9 months (inpatient) New KPI	M	90%	62.6% [R]	-30.4%	54.4% [R]	100% [G]	67.4% [R]	88.9% [G]	86.1% [G]	91.3% [G]	97.2% [G]	60.1%	60.4%	62.6%		
Children waiting < 9 months (day case) New KPI	M	90%	76.2% [R]	-15.4%	73.4% [R]	100% [G]	92% [G]	95.2% [G]	62.5% [R]	84.4% [A]	94.7% [G]	76.4%	76.7%	76.2%		
Outpatient waiting < 15 months New KPI	M	90%	82.9% [A]	-7.9%	80.6% [R]	82.8% [A]	83.7% [A]	98.9% [G]	75.9% [R]	79.1% [R]	87.2% [G]	81.7%	82%	82.9%		
Access and Integration	Delayed Transfers of Care															
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	484 [R]	38.3%	9	113	129	27	71	113	22	575	496	484	

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
Cancer	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	82.6% [R]	-13.1%		79.3% [R]	94.8% [G]	99.8% [G]	67% [R]	70.2% [R]	88.7% [A]	84.1%	81%	75.5%	
	Urgent Breast Cancer within 2 weeks	M	95%	82.6% [R]	-13.1%		72% [R]	94.4% [G]	99.9% [G]	60.9% [R]	75.1% [R]	96.9% [G]	87.1%	81.8%	72.9%	
	Non-urgent breast within 12 weeks	M	95%	69% [R]	-27.3%		96.9% [G]	51.8% [R]	99.8% [G]	56.8% [R]	58.7% [R]	99.5% [G]	72%	67.5%	71.5%	
	Lung Cancer within 10 working days	M	95%	81.8% [R]	-13.9%		99.2% [G]	98.1% [G]	99.3% [G]	69.3% [R]	61.6% [R]	60.9% [R]	72.5%	79.4%	80.4%	
	Prostate Cancer within 20 working days	M	90%	83.5% [A]	-7.2%		97.4% [G]	93.4% [G]	99% [G]	93.5% [G]	59.4% [R]	78.2% [R]	80.9%	78.7%	82.9%	
	Radiotherapy treatment within 15 working days	M	90%	63.1% [R]	-29.8%		47.6% [R]			73.3% [R]	80% [R]	97.8% [G]	62.3%	66.5%	61.3%	
	Ambulance Response Times															
	ECHO within 18 minutes, 59 seconds	M	75%	73.7% [G]	-1.7%									74.3%	73.1%	68.5%
	Delta within 18 minutes, 59 seconds	M	45%	44.4% [G]	-1.4%									43.6%	43.7%	44.3%
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan															
	Net expenditure (pay + non-pay - income)	M	≤0.1%	4,203,142	17.18% [R]	13.53% [R]	17.47% [R]	16.15% [R]	16.51% [R]	18.57% [R]	21.92% [R]	20.08% [R]	16.57%	16.75%	17.18%	
	Pay expenditure variance from plan	M	≤0.1%	3,107,346	6.97% [R]	5.86% [R]	7.33% [R]	6.50% [R]	7.46% [R]	10.41% [R]	8.65% [R]	10.39% [R]	7.14%	6.71%	6.97%	
	Non-pay expenditure	M	≤0.1%	1,565,809	31.85% [R]	32.18% [R]	26.78% [R]	31.10% [R]	29.07% [R]	24.50% [R]	43.36% [R]	27.76% [R]	30.43%	31.37%	31.85%	
	Gross expenditure (pay and non-pay)	M	≤0.1%	4,673,155	14.19% [R]	12.38% [R]	13.46% [R]	13.45% [R]	13.40% [R]	14.68% [R]	18.69% [R]	15.85% [R]	13.88%	13.85%	14.19%	
	Service Arrangements (at 23.06.23)															
% of monetary value signed	M	100%	0%	-100%									0%	0%	0%	
Internal Audit																
% of recommendations implemented within 12 months	Q	95%	75% [R]	-21.1%										83%	75%	

		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%	4.82%	20.5%	3.97%	4.93%	4.39%	4.74%	4.97%	4.56%	6.38%	4.67%	4.73%	4.78%	
	% absence rates by staff category (Covid)	M	NA	0.50%		0.72%	0.66%	0.42%	0.43%	0.54%	0.38%	0.63%	0.49%	0.47%	0.34%	

Acute Care

Acute Hospital Services

Overview of Key Acute Hospital Activity

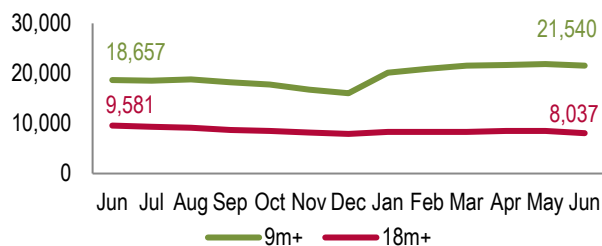
Activity Area	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	826,425	834,361	1%	815,880	2.3%	137,062	153,212	142,987
New ED Attendances	669,909	668,131	-0.3%	666,004	0.3%	110,039	121,325	113,474
OPD Attendances	1,687,839	1,811,382	7.3%	1,680,115	7.8%	269,256	327,120	307,525

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	265,886	265,600	-0.1%	244,383	8.7%	56,102	51,462	55,886
Inpatient weight units	267,204	264,271	-1.1%	253,863	4.1%	56,231	50,045	54,459
Day case (includes dialysis)	468,847	491,197	4.8%	443,706	10.7%	105,338	90,768	106,656
Day case weight units (includes dialysis)	458,125	484,743	5.8%	439,684	10.2%	105,522	88,643	102,847
IP & DC Discharges	734,733	756,797	3%	688,089	10%	161,440	142,230	162,542
% IP	36.2%	35.1%	-3%	35.5%	-1.2%	34.8%	36.2%	34.4%
% DC	63.8%	64.9%	1.7%	64.5%	0.7%	65.2%	63.8%	65.6%
Emergency IP discharges	192,414	190,319	-1.1%	175,032	8.7%	39,953	36,470	39,820
Elective IP discharges	34,136	35,490	4%	29,413	20.7%	7,873	7,162	7,996
Maternity IP discharges	39,336	39,791	1.2%	39,938	-0.4%	8,276	7,830	8,070
Inpatient discharges >75 years	57,585	59,294	3%	52,622	12.7%	12,635	11,382	12,590
Day case discharges >75 years	95,072	97,984	3.1%	90,110	8.7%	20,794	18,110	21,108

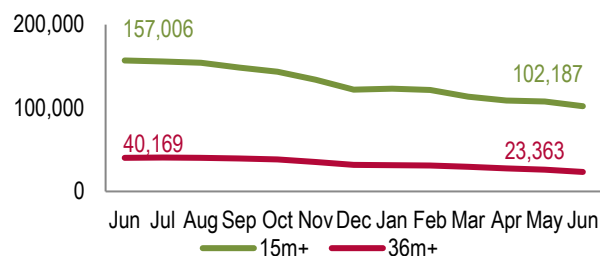
Inpatient, Day case and Outpatient Waiting Lists

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	● 67.8%	66.7%	+1.1%	66.4%	66.3%	67.8%	16 out of 38 hospitals reached target	SLK (42.1%), GUH (48.3%), SJH (48.7%)
Day case adult waiting list within 9 months (New KPI)	90%	M	● 77.2%	77.5%	-0.3%	77.8%	77.3%	77.2%	19 out of 42 hospitals reached target	Bantry (64.7%), CUH (65%), GUH (65.1%)
Inpatient children waiting list within 9 months (New KPI)	90%	M	● 62.6%	56.4%	+6.2%	60.1%	60.4%	62.6%	7 out of 17 hospitals reached target	PUH (0%), LUH (50%), CHI (54.4%)
Day case children waiting list within -9 months (New KPI)	90%	M	● 76.2%	73%	+3.2%	76.4%	76.7%	76.2%	15 out of 27 hospitals reached target	Beaumont (40%), GUH (56.7%), LUH (57.4%)
Outpatient waiting list within 15 months (New KPI)	90%	M	● 82.9%	74.8%	+8.1%	81.7%	82%	82.9%	21 out of 44 hospitals reached target	St Columcilles (58.4%), RVEEH (70.5%), Tallaght – Adults (71.1%)

Inpatient & Day Case Waiting List



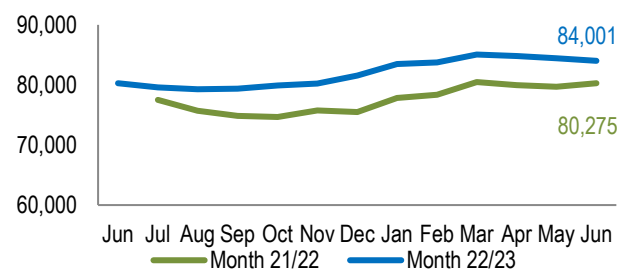
Outpatient Waiting List



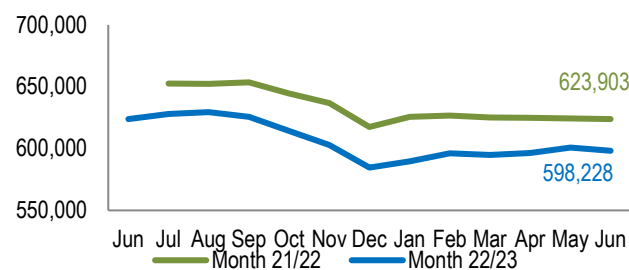
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>9 Mths	>15 Mths
Adult IP	18,480	18,592	-112	5,957	3,414
Adult DC	55,716	53,716	2,000	12,718	5,725
Adult IPDC	74,196	72,308	1,888	18,675	9,139
Child IP	3,892	3,743	149	1,455	816
Child DC	5,913	4,224	1,689	1,410	615
Child IPDC	9,805	7,967	1,838	2,865	1,431
OPD	598,228	621,908	-23,680	194,272	102,187

Total No. on Inpatient & Day Case Waiting List³



Total No. on Outpatient Waiting List³

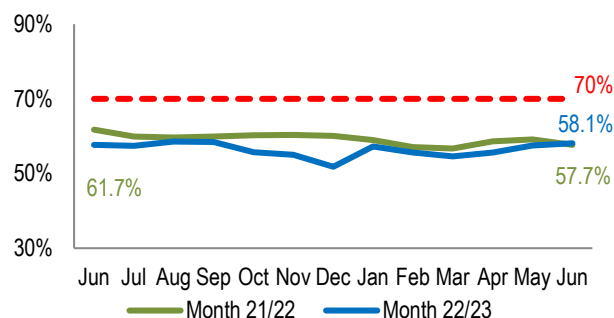


³ Waiting list data not available May to July 21 due to cyber-attack

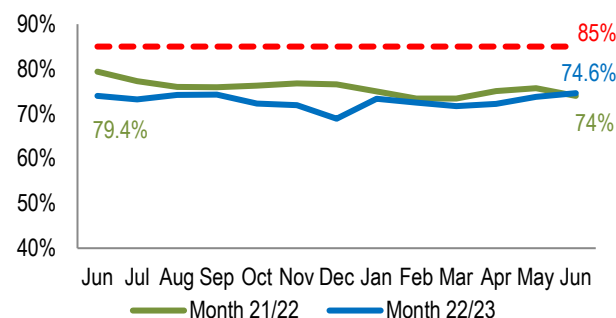
ED Performance

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	● 56.5%	58.3%	-1.8%	55.5%	57.5%	58.1%	6 out of 28 hospitals	SUH (34.3%), Naas (35.1%), Beaumont (37.1%)
% 75 years+ admitted or discharged within 6 hours	95%	M	● 35.6%	36.5%	-0.9%	34.7%	36.4%	37.8%	Wexford (94.8%), St Michaels (87.4%), SLK (58.9%)	Naas (21.1%), SUH (21.6%), Beaumont (24.5%)
% admitted or discharged within 9 hours	85%	M	● 73.1%	74.5%	-1.4%	72.2%	73.8%	74.6%	7 out of 28	Naas (49.9%), Tallaght – Adults (51.5%), SUH (54.7%)
% 75 years+ admitted or discharged within 9 hours	99%	M	● 53.3%	53.5%	-0.2%	52.4%	54.1%	56.7%	St Michaels (98.4%), Wexford (96.9%), Navan (81%)	Naas (34%), SUH (39.6%), Tallaght – Adults (40.4%)
% in ED admitted or discharged within 24 hours	97%	M	● 95.4%	96%	-0.6%	95.3%	95.5%	96.8%	18 out of 28 hospitals	Tallaght – Adults (89.5%), Naas (91.2%), SUH (91.4%)
% 75 years+ admitted or discharged within 24 hours	99%	M	● 89.5%	90%	-0.5%	89.5%	89.6%	93%	7 out of 27 hospitals	Tallaght – Adults (82.4%), SUH (82.5%), Naas (83.9%)

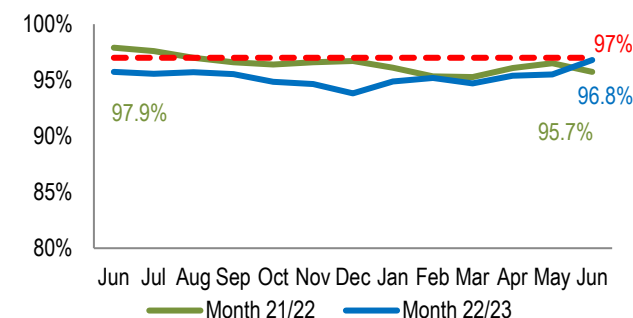
% admitted or discharged within 6 hours



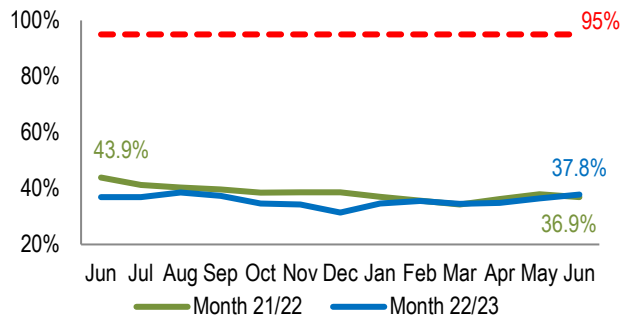
% admitted or discharged within 9 hours



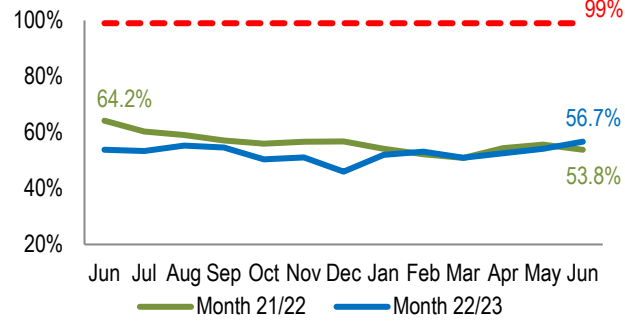
% in ED admitted or discharged within 24 hours



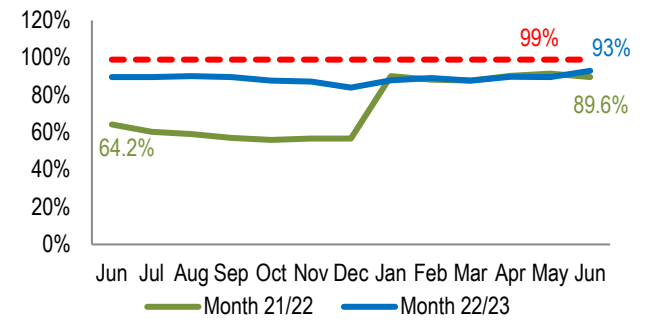
% 75 years+ admitted or discharged within 6 hours



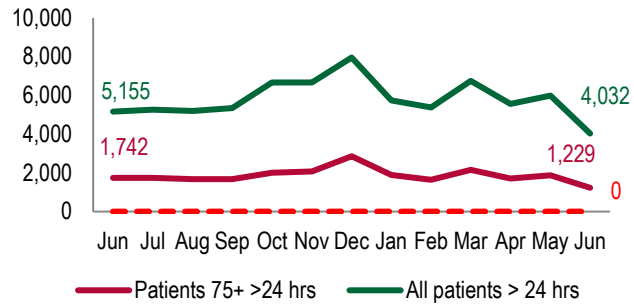
% 75years+ admitted or discharged within 9 hours



% 75 years+ admitted or discharged within 24 hours



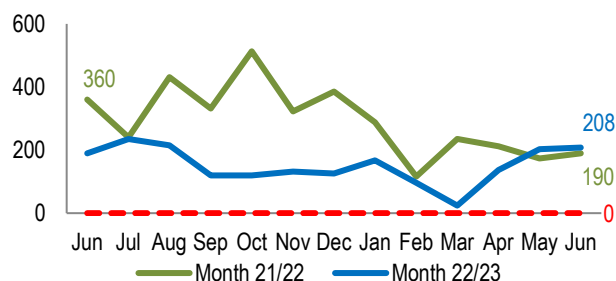
Number in ED waiting over 24 hours



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	●	835	1,229	-394	137	203	208	30 out of 38 have 0	MMUH (128), Roscommon (28), GUH (17)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		482	109	+373	67	114	116	6 out of 15 hospitals	SVUH (35), MMUH (25), UHW (21)
Colonoscopy and OGD <13 weeks	65%	M	●	60.7%	51.2%	+9.5%	61%	61.1%	60.7%	21 out of 37 hospitals	St. Michaels (31.7%), CHI (32.4%), Portlaoise (35.6%)
% of people waiting < 9 months for an elective procedure GI scope New KPI	95%	M	●	94.6%	85.9%	+8.7%	94.9%	95.5%	94.6%	29 out of 37 hospitals	CHI, Portlaoise (73.6%), St. Michaels (81.2%)

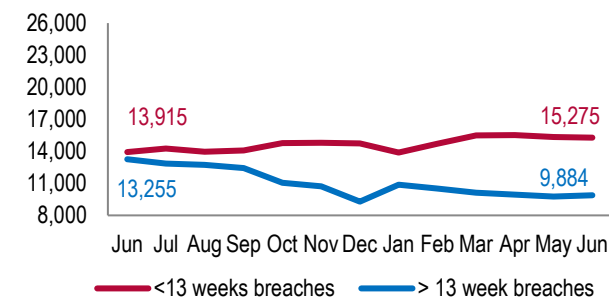
Urgent Colonoscopy – No. of new people waiting



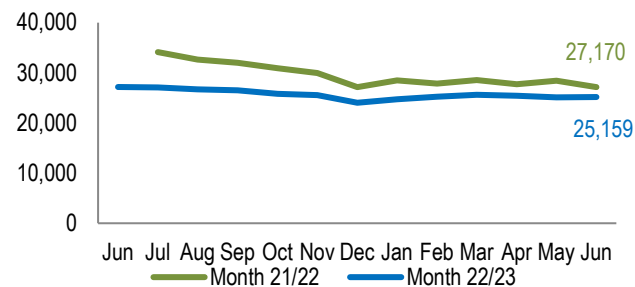
BowelScreen: Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	322	421	346
Number scheduled over 20 working days	67	114	116

No. on waiting list for Colonoscopy and OGD



Total No. on waiting list for Colonoscopy and OGD⁴

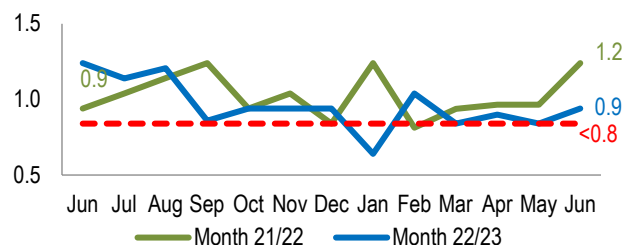


⁴ Waiting list data not available May to July 21 due to cyber-attack

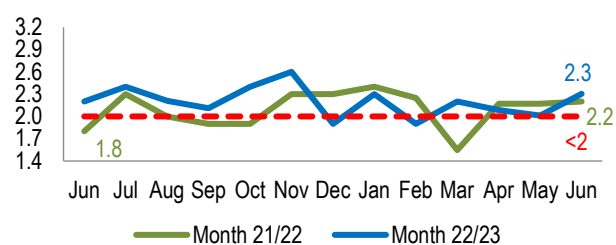
HCAI Performance

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	0.8	0.8	0.9	33 out of 46 hospitals	Mallow (12.4), Naas (4.7), SLK, CWIUH (2.7)
Rate of new cases of C Difficile infection	<2	M	● 2.1	2.1	0.0	2.0	2.0	2.3	26 out of 46 hospitals	Ennis (10.1), Navan (8.0), Cappagh (7.6)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	● 91.7%	95.8%	-4.2%	89.6%	85.4%	91.7%	44 out of 48 hospitals achieved target	1 hospital didn't achieve the target. 3 hospitals didn't submit data.

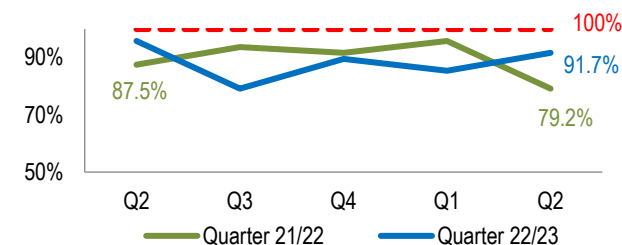
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



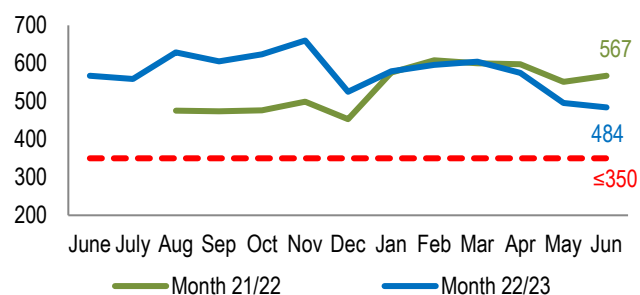
Requirements for screening with CPE Guidelines



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	● 484	567	-83	575	496	484	3 out of 39 Hospitals have 0	SJH (60), CUH (43), SVUH (39)

Delayed Transfers of Care



Delayed Transfers of Care by Category

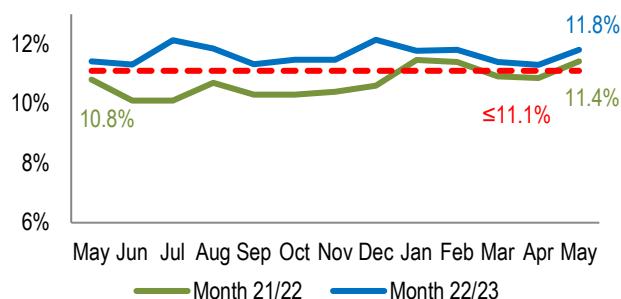
	Over 65	Under 65	Total	Total %
Home	54	20	74	15.3%
Residential Care	207	16	223	46.1%
Rehab	21	25	46	9.5%
Complex Needs	18	18	36	7.4%
Housing/Homeless	14	22	36	7.4%

	Over 65	Under 65	Total	Total %
Legal complexity	39	6	45	9.3%
Non compliance	15	3	18	3.7%
COVID-19	6	0	6	1.2%
Total	374	110	484	100%

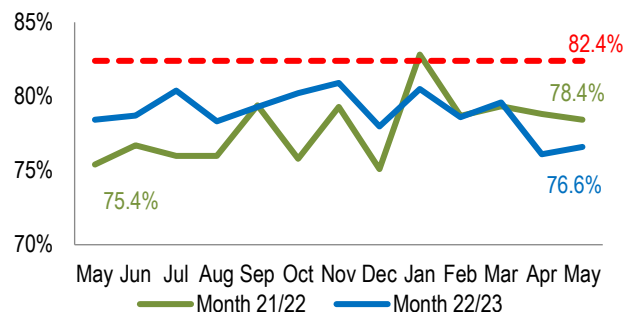
Surgery and Medical Performance

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	● 11.7%	11.2%	+0.5%	11.6%	11.4%	11.8%	17 out of 34 hospitals	Ennis (21.8%), Tullamore (16%), Nenagh (15.7%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	● 79.4%	79.4%	0%	81.4%	76.9%	76.6%	25 out of 34 hospitals	Croom (32.3%), SJH (40.4%), Mullingar (66.7%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 50%	47.2%	+2.8%	47.3%	45.2%	51%	17 out of 32 hospitals	SVUH, UHL, MUH, TUH, Mullingar (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.6%	1.7%	-0.1%	1.5%	1.5%	1.5%	32 out of 40 hospitals	Bantry (0.5%), SIVUH (0.9%), Croom (1.3%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 76.7%	76.6%	+0.1%	71%	72.5%	76.7%	3 out of 16 hospitals achieved target	Sligo (52.4%), UHW (66%), Tullamore (68%)

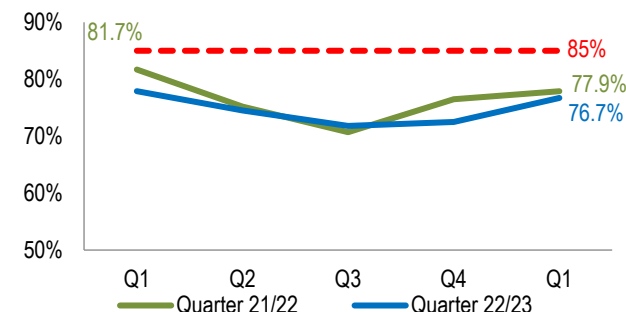
Emergency re-admissions within 30 days



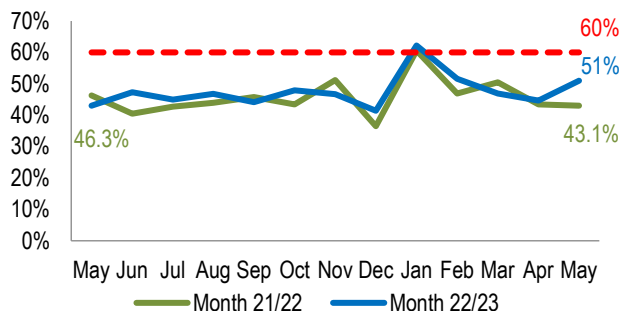
Procedure conducted on day of admissions



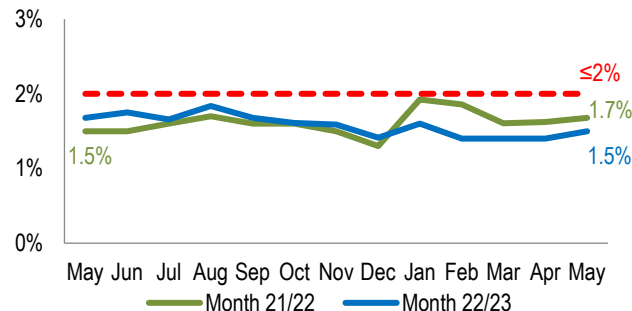
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



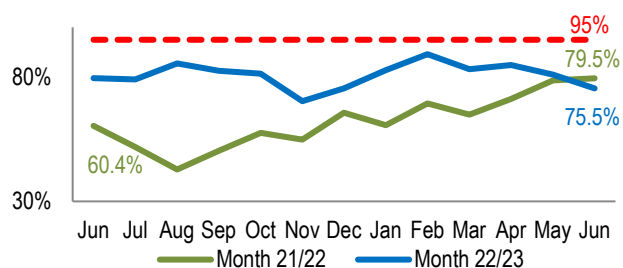
Surgical re-admissions within 30 days



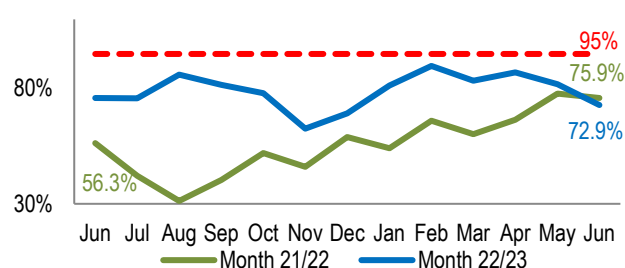
Cancer Services

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	●	82.6%	71.8%	+10.8%	84.1%	81%	75.5%	Beaumont, LUH (100%), UHW (98.4%)	GUH (41.1%), CUH (50.6%), SJH (57.7%)
Urgent breast cancer within 2 weeks	95%	M	●	82.6%	67.8%	+14.6%	87.1%	81.8%	72.9%	4 out of 9 hospitals reached the target	GUH (18.4%), SJH (40.6%), CUH (54.3%)
Non-urgent breast within 12 weeks	95%	M	●	69%	47.2%	+21.8%	72%	67.5%	71.5%	6 out of 9 hospitals reached the target	SVUH (10.4%), GUH (42.1%), CUH (55.3%)
Lung Cancer within 10 working days	95%	M	●	81.8%	89.8%	-8%	72.5%	79.4%	80.4%	4 out of 8 hospitals reached the target	UHL (52.3%), GUH (60.8%), CUH (67.4%)
Prostate cancer within 20 working days	90%	M	●	83.5%	77.3%	+6.2%	80.9%	78.7%	82.9%	5 out of 8 hospitals reached the target	CUH (25.4%), SVUH (71.1%), UHL (73.3%)
Radiotherapy within 15 working days	90%	M	●	63.1%	73.4%	-10.3%	62.3%	66.5%	61.3%	UHW (91.1%), Altnagelvin (90%)	SLRON (48.6%), GUH (78.1%), UHL (88.5%)

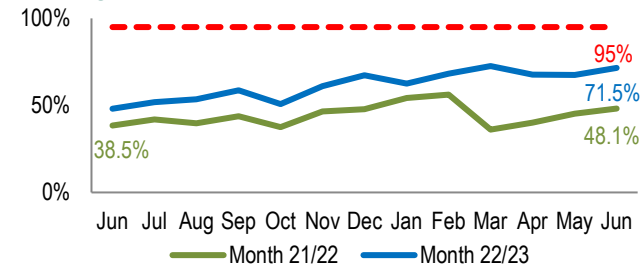
Rapid Access within recommended timeframe



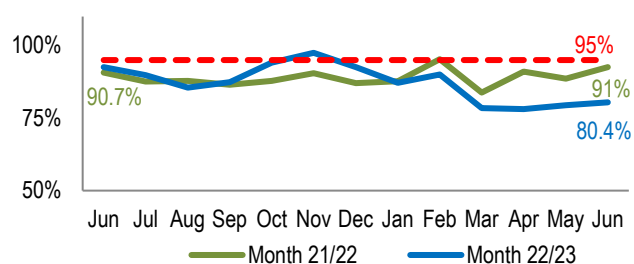
Breast Cancer within 2 weeks



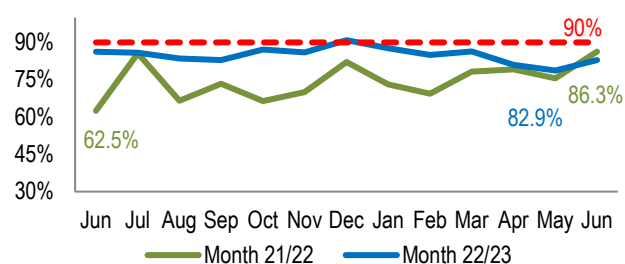
Non-urgent breast within 12 weeks



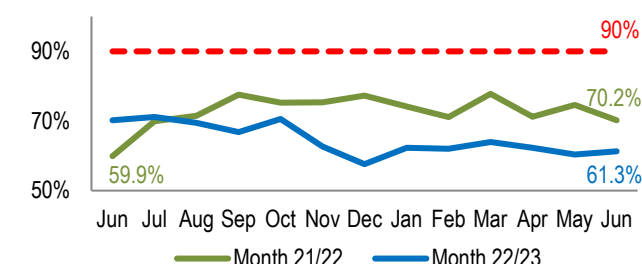
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



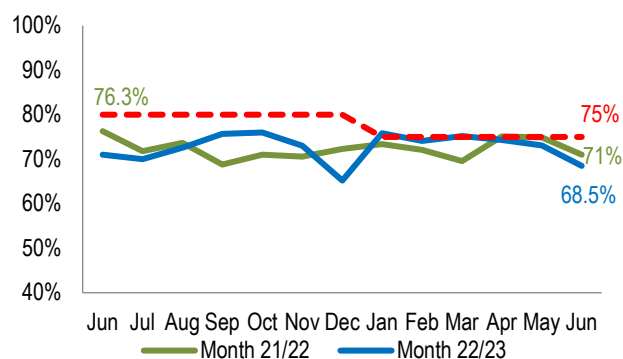
Radiotherapy within 15 working days



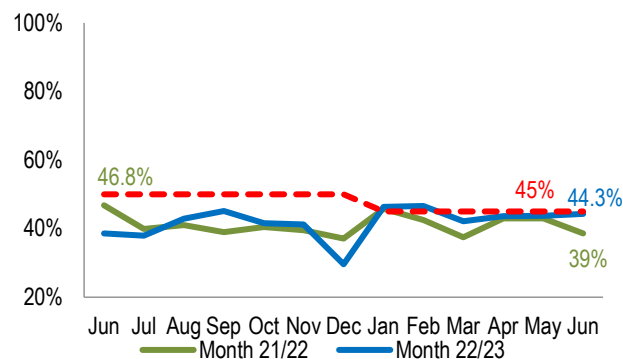
National Ambulance Service

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	● 73.7%	72.6%	1.1%	74.3%	73.1%	68.5%		North Leinster (72.4%), West (68.8%), South (63.7%)
Response Times – DELTA	45%	M	● 44.4%	41.7%	2.7%	43.6%	43.7%	44.3%	West (48.4%), North Leinster (46.3%)	South (37.2%)
Return of spontaneous circulation (ROSC)	40%	Q	● 38.7%	42.5%	-3.8%	31.9%	38.8%	38.6%		

Response Times – ECHO



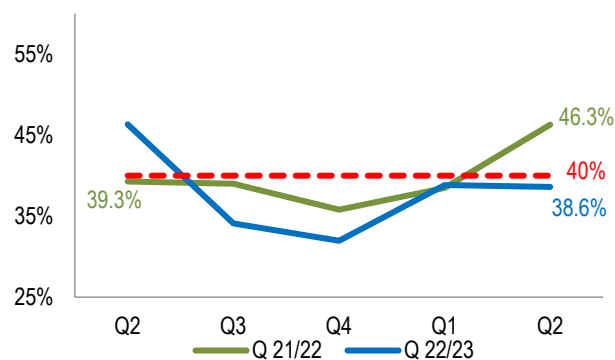
Response Times – DELTA



Call Volumes (arrived at scene) (Excludes those stood down en route)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	3,390	3,000	-11.5%	3,276	-276
DELTA	81,090	74,638	-8.0%	76,023	-1,385

ROSC



Acute Care Update

Emergency Care

All Emergency Presentations: The total number of Emergency presentations (including Local injury units) for June 2023 was **142,987** and is 3.93% higher compared to the same period 2022 (137,577 June 2022).

Emergency Department attendances: The total number of ED attendances for June 2023 was **123,864** and is a 2.14% increase compared to the same period 2022 (121,271 June 2022).

Patient Experience Time (PET): **96.8%** of all patients attending ED were seen within 24 hours in June 2023 which is below the NSP target of 97%. This compares with **95.70%** in June 2022.

ED Patient Experience Time less than 24 hours for patients aged 75+: was **93.00%** in June 2023, this is below the NSP target of 99.0%. This compares with **89.58%** in June 2022.

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

Inpatient Discharges

There were **55,886** inpatient discharges in May 2023 which is an increase of **8.01%** on the same period in May 2022 (**51,742**).

Day Case Discharges (including dialysis)

There were **106,656** Day Case discharges in May 2023 which is an increase of **12.33%** when compared to the same period May 2022 (**94,945**).

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 **7,996** elective inpatient discharges in May 2023 which is a **14.42%** increase when compared with the same period in May 2022 (**6,859**).

Emergency Inpatient Discharges

- There were **39,820** emergency inpatient discharges in May 2023 which is a **6.82%** increase on May 2022 (**37,276**).

Maternity Inpatient Discharges

- There were **8,070** maternity patient discharges in May 2023 which is an increase of **8.89%** on May 2022 (**7,411**).

Outpatient Department Attendances

The number of new and return outpatient attendances was **307,525** in June 2023 which was **5.92%** higher than the corresponding period in June 2022 (**290,319**).

Delayed Transfers of Care (DTC)

There was 484 Delayed Transfers of Care at the end of June 2023 which is a -14.64% decrease from the number of DTCs in June 2022 (**567**).

Elective Access

2023 Waiting List Action Plan

The 2023 Waiting List Action Plan sets out the ongoing priorities to continue to address waiting lists this year and build on the progress that has been made over the past 18 months. It is an ambitious plan targeting significant additional activity to reduce waiting lists in line with Sláintecare reforms and the Government has allocated €443 million to the plan this year. The plan forms a part of an ongoing multi-annual approach to reduce waiting with a range of approaches including, additional activity funded by both once off and recurrent funding, chronological scheduling, capacity and demand analysis to support optimisation of resource utilisation, NTPF commissioning, HSE/NTPF validation. Activity and funding in this context is being targeted at longest waiting patient's to support overall wait time reductions.

Inpatient and Day Case Waiting Lists

At the end of June 2023, the number of people waiting for an inpatient or day case appointment (IPDC) was **84,001** which represents a decrease of **448 (-0.53%)** on the previous month (May 2023) (**84,449**).

Colonoscopy/OGD Waiting lists

At the end of June 2023, the number of people on the Colonoscopy/OGD waiting list was **25,159**. This is an increase of **37 (0.15%)** on the number waiting at the end of the previous month May 2023 (**25,122**).

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was **598,228** at the end of June 2023 which is a decrease of **2,660 (0.44%)** since May 2023 (**600,888**).

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In June 2023, **344** invitations were issued of which **200 (58.14%)** were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

Four 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 June 2023:

- Beaumont Hospital – **100%**
- University Hospital Waterford – **100%**
- Letterkenny University Hospital – **100%**
- University Hospital Limerick – **97.8%**

Five hospitals were below target of 2 weeks

- Mater Misericordiae University Hospital – **94.7%**
- St Vincent's University Hospital – **91.2%**
- Cork University Hospital – **54.3%**
- St James's Hospital – **40.6%**
- Galway University Hospital – **18.4%**

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 June 2023:

- Mater Misericordiae University Hospital – **100%**
- Beaumont Hospital – **100%**
- St Vincent's University Hospital – **98.1%**
- St James' Hospital – **97%**

Four hospitals were below the target of 10 days:

- University Hospital Waterford – **90.0%**
- Cork University Hospital – **67.4%**
- Galway University Hospital – **60.8%**
- University Hospital Limerick – **52.3%**

Rapid Access Clinic for Prostate Cancer Services

Five 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 June 2023:

- St James' Hospital – **100%**
- Mater Misericordiae University Hospital – **100%**
- University Hospital Waterford – **100%**
- Beaumont Hospital – **100%**
- Galway University Hospital – **96.3%**

Three hospitals were below the target of 20 days:

- University Hospital Limerick – **73.3%**
- St Vincent's University Hospital – **71.1%**
- Cork University Hospital – **25.4%**

Radiotherapy

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

- UPMC Waterford – **91.1%**
- Cork University Hospital – No data returned (Final MDR)
- Galway University Hospital – **78.1%**
- St Luke's Network (SLRON) – **48.6%**
- Mid-Western Radiation Oncology Centre Limerick – **88.5%**

National Ambulance Service

Note: the below figure includes Dublin Fire Brigade data

Activity volume for AS1 and AS2 calls received this month has increased by 329 (32,490*) calls compared to the same month last year (June 2022 – 32,161)

PURPLE (ECHO- life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 75% in 18 minutes and 59 seconds was below target at 70% this month, down 3% compared to last month i.e. May 2023. PURPLE (ECHO) calls increased by 7% (36) compared to the same month last year (June 2022)

RED (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, same as last month i.e. May 2023. RED (DELTA) calls decreased by 0.7% (94) compared to the same month last year (June 2022)

86% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 92% in the May 2023 down 6%

18% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 21% of vehicles being released within 30 minutes or less last year (June 2022)

72% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 66% of vehicles being released within 60 minutes or less last year (June 2022).

Human Resources

WTE Data for June

The WTE for Acute Operations (which includes the Hospital Groups, National Ambulance Services and Other Acute Services) in June 2023 was 76,371, this represents an increase of +392 WTE since May 2023. It represents an increase of +2,316 YTD. The headcount in Acute Operations for June 2023 was 84,578.

Five of the six staff categories are showing growth this month. The greatest increase was seen in Nursing & Midwifery (+129 WTE), followed by Management & Admin (+118 WTE), General Support (+107 WTE), Patient & Client Care (+58 WTE) and Medical & Dental (+4 WTE). Health & Social Care Professionals decreased by -25 WTE.

All seven Hospital Groups are showing growth this month. The largest WTE increase was reported in Saolta this month (+112 WTE), followed by SSWHG (+92 WTE), IEHG (+77 WTE), ULHG (+33 WTE), RCSI HG (+31 WTE), DMHG (+24 WTE) and CHI (+18 WTE). NAS increased by +5 WTE and Other Acute Services did not change this month.

Absence data for May

In Acute Services the total absence rate is 5.3% of which 0.5% (9.2% of the total) is COVID-19 related. Acute Services overall are showing an increase of 0.04% on last month.

Within Acute Services the highest absence rates are reported in ULHG at 6.9%, of which 0.6% is COVID -19 related and National Ambulance Service at 6.4% of which 0.4% is COVID-19 related. CHI have the lowest total absence rate at 4.5%, of which 0.9% is Covid-19 related and Other Acute Services report a total absence rate of 2.7% of which 0.2% is COVID-19 related.

Patient & Client Care was the staff category with the highest total absence rate at 7.4% while Medical & Dental had the lowest total absence rate at 1.2%. Patient & Client Care reported the highest Covid-19 related absence at 0.7% while Medical & Dental had the lowest Covid-19 related absence, at 0.1%.

Data Sources

Acute BIU Final MDR

National Ambulance Service

National Human Resources

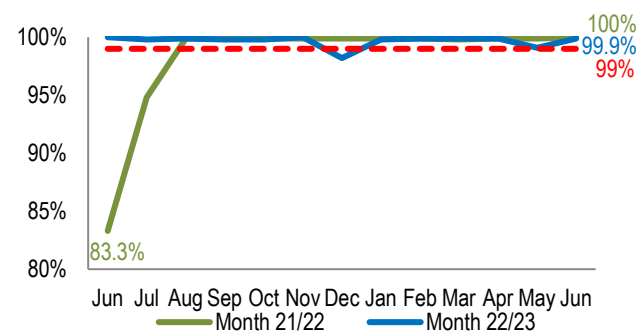
National BowelScreen Programme

Primary Care Reimbursement Scheme

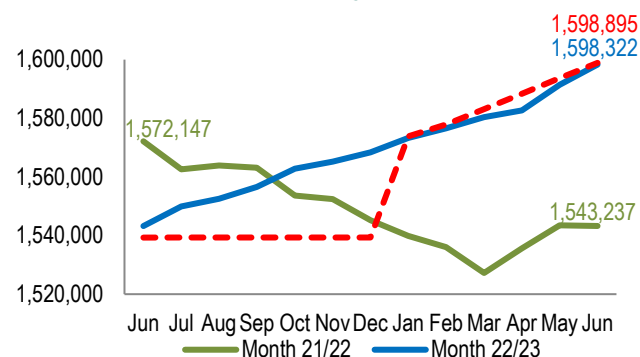
Primary Care Reimbursement Scheme

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%	100%	-0.1%	99.9%	99.1%	99.9%
Number of persons covered by Medical Cards	1,598,895 YTD/ 1,630,367 FYT	M	●	1,598,322	1,543,237	+55,085	1,582,700	1,591,373	1,598,322
Number of persons covered by GP Visit Cards	800,063 YTD/ 1,069,391 FYT	M	●	547,535	530,424	+17,111	542,698	545,970	547,535

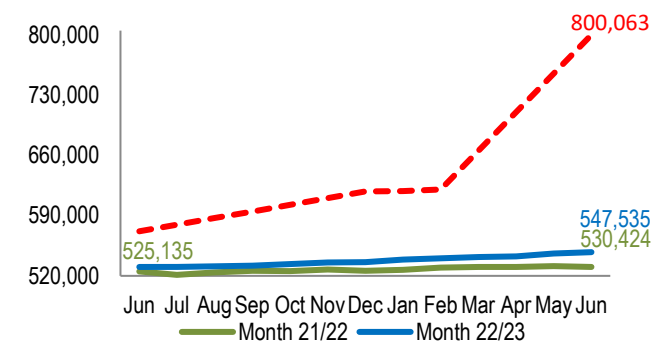
Medical card turnaround within 15 days



Number of persons covered by Medical Card



Number of persons covered by GP Visit cards



Primary Care Reimbursement Scheme Update

The number of people who held Medical Card eligibility on 30th June 2023 was 1,598,322, an increase of 6,949 on the previous month. The total number with eligibility for a GP Visit Card on 30th June 2023 was 547,535, an increase of 1,565 on the previous month. As at 30th June 2023, 2,145,857 or 41.7% of the population had Medical Card or GP Visit Card eligibility, an overall increase of 8,514 on the previous month. (Population figures are based on the CSO 2022 census figure of 5,149,139).

Negotiations with the IMO have concluded and the new eligibility criteria for GPVCs for 7&8 year olds and those on median incomes will be introduced on a phased basis from August 2023 through to November 2023, with registration for 6&7 year olds commencing on 11th August 2023.

Finance

Introduction

The finance data provided is provisional and subject to final review.

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 June 2023

Table 1 – Net Expenditure by Division – YTD June 2023

June 2023	YTD Actual Spend vs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Core related variance	COVID-19 Related Variance
	€m	€m	€m	€m	%	€m	€m
Acute Operations	7,474.6	4,203.1	3,587.1	616.1	17.2 %	505.2	110.9
Community Services	8,093.9	4,021.1	3,957.0	64.1	1.6 %	11.5	52.6
Other Operations/Services	1,612.7	548.0	739.6	(191.6)	(25.9%)	(88.2)	(103.4)
Total Operational Service Areas	17,181.2	8,772.2	8,283.7	488.5	5.9 %	428.5	60.0
Total Pensions & Demand Led Services	5,089.1	2,683.3	2,515.6	167.7	6.7 %	172.0	(4.4)
Overall Total	22,270.3	11,455.5	10,799.3	656.2	6.1%	600.5	55.7

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

I. The HSE's financial position at the end of June 2023 shows a **year to date deficit of €656.2m** or 6.1%.

Of the €656.2m deficit, the following represent the constituent elements:

- A deficit of €55.7m is driven by the impact of COVID-19, consisting of
 - Vaccinations is reporting a 2022 surplus of (€35.1m)
 - Testing & Tracing is reporting a surplus of (€11.2m)
 - While the remainder of the COVID-19 programmes have a deficit of €102.0m
- A deficit of €600.5m relating to core activity includes:
 - a net deficit of €505.2m in Acute Operations,
 - a deficit of €11.5m in Community
 - a surplus of (€88.2m) in Other Operations / Support Services
 - a deficit of €172.0m in Pensions and Demand Led Areas

Acute Operations

Table 2 – Acute Operations – June YTD

June 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	1,049.0	604.1	518.5	85.6	16.5 %		67.8	17.8
Dublin-Midlands Hospital Group	1,246.9	715.7	609.2	106.5	17.5 %		89.1	17.3
Ireland East Hospital Group	1,458.8	834.6	718.6	116.1	16.2 %		99.0	17.1
South-South West Hospital Group	1,207.8	726.4	595.8	130.6	21.9 %		110.3	20.3
Saolta University Health Care Group	1,087.5	637.3	537.5	99.8	18.6 %		81.0	18.8
University of Limerick Hospital Group	493.1	294.9	245.6	49.3	20.1 %		44.1	5.2
Children's Health Ireland	446.1	251.6	221.6	30.0	13.5 %		26.5	3.5
Regional & National Services	242.1	8.7	33.9	(25.2)	(74.3%)		(26.8)	1.6
Acutes Held/DOH Funds	22.2	-	-	-	-		-	-
Acute Hospital Care	7,253.5	4,073.3	3,480.7	592.6	17.0 %		491.0	101.6
National Ambulance Service	219.5	121.4	105.7	15.7	14.9 %		14.2	1.5
Private Hospitals	-	0.4	-	0.4	-		-	0.4
Access to Care	1.5	8.0	0.7	7.3	1,112.2 %		-	7.3
Acute Operations Total	7,474.6	4,203.1	3,587.1	616.1	17.2%		505.2	110.9

Acute Operations incl. the National Ambulance Service, Private Hospitals and Access to Care has expenditure to date of €4.203bn against a budget of €3.587bn, leading to a deficit of €616.1m or 17.2%, of which a deficit of €110.9m has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €505.2m attributable to core service expenditure. The National Ambulance Service (NAS) has a year to date deficit of €15.7m, Private Hospital (Safety Net Agreement) has a year to date deficit of €0.4m and Access to Care has a deficit of €7.3m. The performance by hospital group is illustrated in table 2 above.

Pay deficit is primarily driven by Agency and Overtime due to challenges in recruiting front line staff and agency is required to ensure safe staffing levels and provide specialising. The backfill of HRA hours, FEMPI unwinding as well as agency staff entitlement to equivalence with national pay awards are also contributing to the deficit.

Non pay inflation continues to significantly contribute to the non pay deficit. Clinical deficits are highest in in Medical and Surgical supplies, Drugs and Laboratory. Drugs analysis indicates this is primarily a demographic issue as IPHA Agreement holds drug prices relatively stable, but price increases in immunoglobulins are also impacting. Non clinical deficits are across Office Expenses and Professional Services which include relocation packages for international recruitment campaigns of clinical staff.

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 – June YTD

June 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	1,264.6	647.2	610.8	36.4	6.0 %	(2.7)	39.2
Social Inclusion	210.4	101.2	104.4	(3.2)	(3.1%)	(5.6)	2.4
Palliative Care	135.2	64.4	67.0	(2.6)	(3.8%)	(2.9)	0.4
Primary Care Division Total	1,610.3	812.8	782.2	30.7	3.9 %	(11.3)	41.9
Mental Health Division	1,267.1	631.6	618.0	13.5	2.2 %	9.2	4.3
Older Persons Services	1,378.3	688.6	681.6	6.9	1.0 %	(4.8)	11.8
Nursing Home Support Scheme	1,122.2	532.5	540.2	(7.7)	(1.4%)	(11.0)	3.3
Older Persons Services Division Total	2,500.6	1,221.0	1,221.8	(0.8)	(0.1%)	(15.8)	15.0
Health & Wellbeing Community Division	37.1	19.4	18.4	1.0	5.5 %	0.2	0.8
Quality & Patient Safety Community Division	26.0	12.2	11.2	1.0	8.8 %	1.0	0.0
CHO HQs & Community Services	36.7	22.8	18.1	4.6	25.5 %	4.0	0.6
Community Total excluding Disability	5,477.7	2,719.8	2,669.7	50.0	1.9 %	(12.7)	62.8
Disability Services	2,616.2	1,301.3	1,287.3	14.0	1.1 %	24.2	(10.2)
Community Total including Disability	8,093.9	4,021.1	3,957.0	64.1	1.6 %	11.5	52.6

Community Operations has year to date expenditure of €4.021bn against a budget of €3.957bn, leading to a deficit of €64.1m or 1.6%, of which a €52.6m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €11.5m 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 €812.8m against a budget of €782.2m leading to a deficit of €30.7m or 3.9%, of which a deficit of €41.9m has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€11.3m) 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 €631.6m against a budget of €618.0m leading to a deficit of €13.5m or 2.2%, of which a deficit of €4.3m has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €9.2m 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 €1.221bn against a budget of €1.222bn leading to a surplus of (€0.8m) or (0.1%), of which a deficit of €15.0m has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€15.8m) 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 €1.301bn against a budget of €1.287bn, leading to a year to date deficit of €14.0m or 1.1%, of which a surplus of (€10.2m) has been categorised as being directly attributable to COVID-19 expenditure and an offsetting deficit of €24.2m 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 – June YTD

June 2023 Other Operations/Services	YTD Actual Spend vs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Core Related Variance	COVID-19 Related Variance
	€m	€m	€m	€m	%	€m	€m
Chief Clinical Office	592.1	150.8	245.0	(94.1)	(38.4%)	(40.7)	(53.5)
Health & Wellbeing Division	11.0	5.5	5.4	0.1	2.2%	0.1	-
Operational Performance & Integration	77.6	54.8	37.7	17.1	45.5%	17.1	0.1
Testing & Tracing	69.6	23.4	34.5	(11.2)	(32.3%)	-	(11.2)
Support Services	862.4	313.5	417.1	(103.6)	(24.8%)	(64.7)	(38.9)
Overall Total	1,612.7	548.0	739.6	(191.6)	(25.9%)	(88.2)	(103.4)

Other Operational Services has a year to date expenditure of €548.0m against a budget of €739.6m, leading to a surplus of (€191.6m) or (25.9%), of which a surplus of (€103.4m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€88.2m) attributable to core service expenditure.

Chief Clinical Office

Chief Clinical Office has a year to date expenditure of €150.8m against a budget of €245.0m, leading to a surplus of (€94.1m) or (38.4%), of which a surplus of (€53.5m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€40.7m) 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 Services

Health and Wellbeing Services has a year to date expenditure of €5.5m against a budget of €5.4m, leading to a deficit of €0.1m or 2.2%, 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.

Operational Performance and Integration

Operational Performance and Integration has a year to date expenditure of €54.8m against a budget of €37.7m, leading to a deficit of €17.1m or 45.5%, of which a deficit of €0.1m has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €17.1m 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.

Testing and Tracing

Testing and Tracing has a year to date expenditure of €23.4m against a budget of €34.5m, leading to a surplus of (€11.2m) or (32.3%), 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 €313.5m against a budget of €417.1m, leading to a surplus of (€103.6m) or (24.8%), of which a surplus of (€38.9m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€64.7m) 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.

Pensions and Demand Led Services

Table 5 – Pension and Demand Led Services – June YTD

June 2023 Pensions & Demand Led Services	YTD Variance						
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Attributable to Core Expenditure	Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%	€m	€m
Pensions	685.9	379.2	338.5	40.7	12.0 %	40.7	-
State Claims Agency	435.0	275.2	217.5	57.7	26.5 %	57.7	-
Primary Care Reimbursement Service	3,641.3	1,827.4	1,797.2	30.2	1.7 %	36.5	(6.4)
Demand Led Local Schemes	275.5	168.6	137.0	31.6	23.1 %	29.6	2.0
Treatment Abroad and Cross Border Directive	40.8	28.4	20.4	8.0	39.4 %	8.0	-
EHIC (European Health Insurance Card)	10.6	4.5	5.0	(0.5)	(9.2%)	(0.5)	-
Pensions & Demand Led Services Total	5,089.1	2,683.3	2,515.6	167.7	6.7 %	172.0	(4.4)

Pensions and Demand Led Services has year to date expenditure of €2.683bn against a budget of €2.516bn, leading to a deficit of €167.7m or 6.7%, of which a surplus of (€4.4m) has been categorised as being directly attributable to COVID-19 expenditure and an offsetting deficit of €172.0m 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.

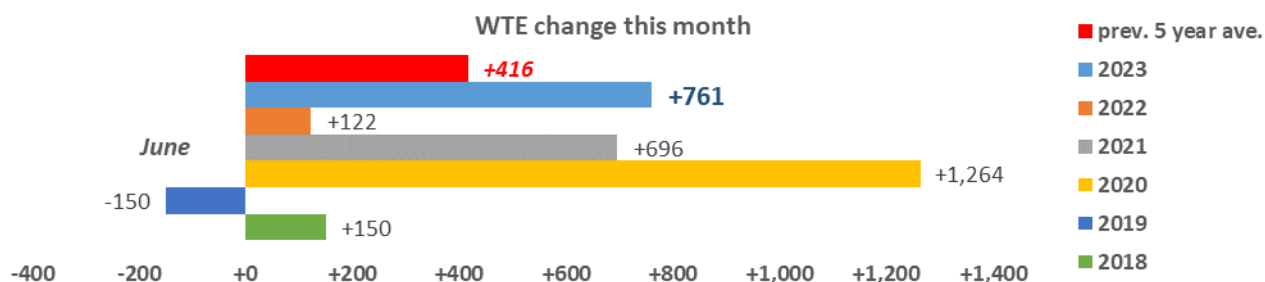
In conjunction with this the uncertainty in relation to the war in Ukraine, inflationary pressures and labour market forces is anticipated to result in significant financial pressure on our available 2023 existing level of services funding and COVID-19 funding. However the HSE is fully aware of, and 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 June 2023, show there were **141,397 WTE** (equating to 160,089 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

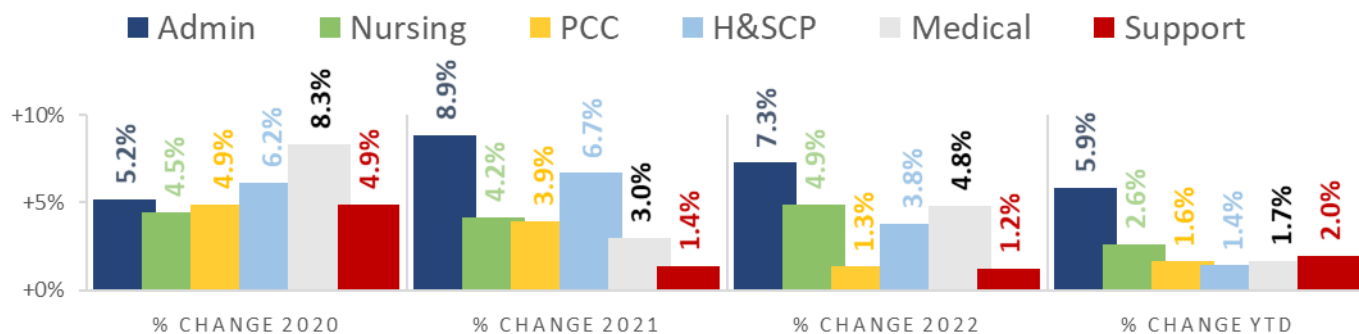
Year-to-date employment levels continue to show strong growth at **+3,652 WTE**. The change this month is **+761 WTE** (with Headcount growth reporting an increase of +1,004).



The overall increase since December 2019 now stands at **+21,584** (+18.0%). The staff category reporting the greatest WTE increase is Nursing & Midwifery at **+6,557 WTE** (+17.2%), with Staff Nurses & Midwives reporting the greatest staff group WTE increase at **+3,380 WTE** (+13.2%). The staff category with the greatest percentage increase is Management & Administrative at **+30%** (+5,659 WTE).

Key findings by Staff Category & Staff Group: June 2023

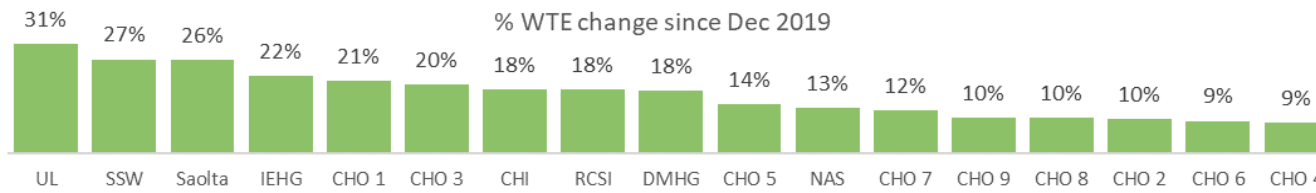
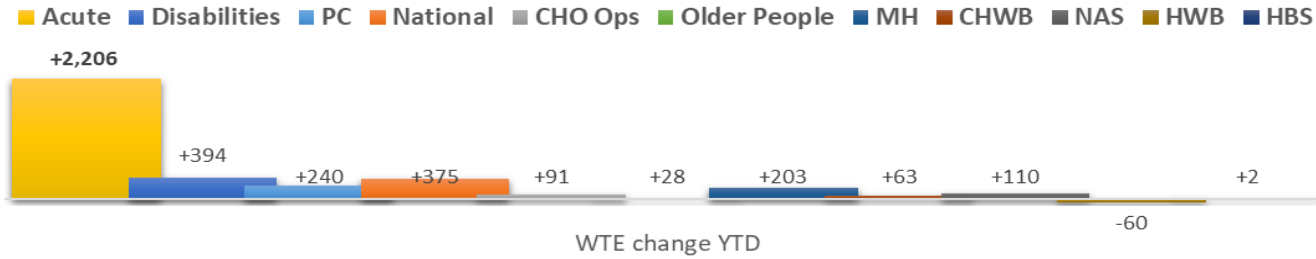
- All staff categories are reporting an increase this month.
- Patient & Client Care** are reporting the largest increase of **+268 WTE**. Health Care Assistants (**+172 WTE**) followed by Home Help (**+68 WTE**) and Care, other (**+28 WTE**). Ambulance Staff are reporting a decrease of (**-1 WTE**).
- Management & Administrative** are reporting the second largest increase at **+229 WTE**. The greatest increase is reported in Administrative/ Supervisory (V to VII) **+111 WTE** followed by Clerical (III & IV) **+104 WTE**. Management (Grade VIII & above) is **+14 WTE**.
- Nursing & Midwifery** are reporting an increase of **+101 WTE**. The largest increase is in Nurse/ Midwife Specialist & AN/MP **+97 WTE** followed by Staff Nurse/ Staff Midwife **+44 WTE** and Nurse/ Midwife Manager **+38 WTE**.
The largest decrease of **-74 WTE** is reported in Nursing/ Midwifery Student followed by Public Health Nurse **-8 WTE**.
- General Support** are reporting an increase of **+90 WTE** with Support **+91 WTE** while Maintenance/Technical are reporting a decrease of **-1 WTE**.
- Health & Social Care Professionals** are also reporting an increase of **+65 WTE**. The Social Care staff group are reporting an increase of **+21 WTE** followed by Therapy Professions **+17 WTE**. The largest decrease of **-10 WTE** is reported in Health Science/ Diagnostics, mainly attributing to Radiographers.
- Medical & Dental** are reporting an increase of **+8 WTE**. The Consultants staff group are reporting the largest increase of **+8 WTE** followed by SHO/ Interns **+3 WTE**. Medical/ Dental, other are reporting a decrease of **-4 WTE**.



Key findings Operations: June 2023

- Overall in this period **Acute Services** is reporting an increase of **+392 WTE** followed by **Community Services +283 WTE** and **National Services & Central Functions +86 WTE**.
- At Care Group level, Acute Hospital Services reported **+387 WTE** followed by Disabilities **+152 WTE**, National & Central Services **+93 WTE**, Older People **+83 WTE**, Primary Care **+56 WTE**, Community Health & Wellbeing **+8 WTE** and Ambulance Services **+5 WTE**. CHO Operations are reporting a decrease of **-1 WTE**, followed by Health Business Service **-3 WTE**, Health & Well-being **-4 WTE** and Mental Health **-16 WTE**.
- The **largest** WTE increase this month is reported in Saolta University Hospital at **+112 WTE** followed by South/ South West Hospital Group at **+92 WTE**. In Community Services CHO 8 (**+67 WTE**) and CHO 7 (**+65 WTE**) are reporting the largest increases. CHO 9 is reporting a decrease at **-29 WTE** with all Hospital Groups reporting an increase.

Date	WTE	WTE change	NAS	Acute	Acute Services	CHWB	MH	PC	Disabilities	Older People	CHO Ops	Community Services	National & Central
2023 YTD		+3,652	+110	+2,206	+2,316	+63	+203	+240	+394	+28	+91	+1,019	+317
Jun-23	141,397	+761	+5	+387	+392	+8	-16	+56	+152	+83	-1	+283	+86
May-23	140,636	+133	+5	+123	+128	-22	+32	-74	+53	-77	+44	-43	+48
Apr-23	140,503	+666	+26	+370	+396	-13	+52	+104	+102	-28	+14	+232	+38
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



Further details are shown in the charts & tables below:

By Service Delivery Area: June 2023

Service / HG & CHO	WTE Dec 2022	WTE May 2023	WTE Jun 2023	WTE change since May 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Jun 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Jun 2023	No. Jun 2023
Total Health Service	137,745	140,636	141,397	+761	+6,357	+6,149	+5,422	+3,652	+21,584	+2.7%	+18.0%	160,089
National Ambulance Service	2,067	2,172	2,177	+5	+57	+70	+7	+110	+244	+5.3%	+12.6%	2,235
Children's Health Ireland	4,108	4,232	4,250	+18	+160	+212	+134	+142	+648	+3.5%	+18.0%	4,791
Dublin Midlands Hospitals	12,326	12,691	12,716	+24	+469	+419	+619	+389	+1,897	+3.2%	+17.5%	14,079
Ireland East Hospitals	14,889	15,150	15,227	+77	+976	+651	+760	+338	+2,724	+2.3%	+21.8%	16,797
RCSI Hospitals Group	11,267	11,369	11,400	+31	+534	+409	+660	+133	+1,737	+1.2%	+18.0%	12,530
Saolta University Hospital Care	11,327	11,580	11,692	+112	+576	+737	+761	+365	+2,439	+3.2%	+26.4%	13,003
South/South West Hospitals	12,723	13,235	13,327	+92	+761	+646	+789	+604	+2,800	+4.8%	+26.6%	15,026
University of Limerick Hospitals	5,222	5,402	5,435	+33	+360	+537	+179	+213	+1,289	+4.1%	+31.1%	5,965
other Acute Services	127	146	145	-0	+10	+10	+16	+19	+54	+14.8%	+59.4%	152
Acute Services	74,055	75,979	76,371	+392	+3,902	+3,690	+3,925	+2,316	+13,832	+3.1%	+22.1%	84,578
CHO 1	6,398	6,565	6,591	+26	+287	+334	+309	+194	+1,123	+3.0%	+20.5%	7,521
CHO 2	5,972	6,039	6,084	+45	+145	+129	+153	+112	+539	+1.9%	+9.7%	7,043
CHO 3	5,069	5,197	5,207	+10	+253	+337	+123	+138	+851	+2.7%	+19.5%	6,121
CHO 4	8,961	8,849	8,893	+45	+413	+255	+104	-67	+705	-0.8%	+8.6%	11,008
CHO 5	5,805	6,011	6,011	+0	+195	+194	+134	+206	+735	+3.6%	+13.9%	7,079
CHO 6	3,620	3,643	3,684	+41	+87	+96	+59	+64	+306	+1.8%	+9.1%	4,248
CHO 7	7,215	7,244	7,309	+65	+268	+290	+142	+94	+794	+1.3%	+12.2%	8,438
CHO 8	6,514	6,672	6,740	+67	+202	+112	+65	+226	+605	+3.5%	+9.9%	7,965
CHO 9	7,230	7,273	7,243	-29	+367	+216	+65	+13	+661	+0.2%	+10.0%	8,319
other Community Services	740	766	779	+13	+71	+31	-1	+39	+138	+5.3%	+21.6%	830
Community Services	57,523	58,259	58,542	+283	+2,288	+1,993	+1,153	+1,019	+6,457	+1.8%	+12.4%	68,572
National Services & Central Functions	6,168	6,399	6,485	+86	+167	+465	+344	+317	+1,295	+5.1%	+25.0%	6,939

By Care Group: June 2023

Care Group	WTE Dec 2022	WTE May 2023	WTE Jun 2023	WTE change since May 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Jun 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Jun 2023	No. Jun 2023
Total Health Service	137,745	140,636	141,397	+761	+6,357	+6,149	+5,422	+3,652	+21,584	+2.7%	+18.0%	160,089
Ambulance Services	2,067	2,172	2,177	+5	+57	+70	+7	+110	+244	+5.3%	+12.6%	2,235
Acute Hospital Services	71,988	73,806	74,194	+387	+3,845	+3,620	+3,918	+2,206	+13,588	+3.1%	+22.4%	82,343
Acute Services	74,055	75,979	76,371	+392	+3,902	+3,690	+3,925	+2,316	+13,832	+3.1%	+22.1%	84,578
Community Health & Wellbeing	322	376	384	+8	+144	+37	+141	+63	+384	+19.5%	-100.0%	470
Mental Health	10,453	10,672	10,656	-16	+347	+61	+91	+203	+689	+1.9%	+6.9%	11,738
Disabilities	19,903	20,145	20,297	+152	+642	+678	+281	+394	+2,025	+2.0%	+11.1%	23,969
Older People	13,947	13,892	13,975	+83	+182	+208	+325	+28	+736	+0.2%	+5.6%	16,863
Primary Care	12,064	12,249	12,305	+56	+973	+1,009	-518	+240	+1,699	+2.0%	+16.0%	14,556
CHO Operations	833	925	924	-1	+0	+0	+833	+91	+924	+11.0%	-100.0%	976
Community Services	57,523	58,259	58,542	+283	+2,288	+1,993	+1,153	+1,019	+6,457	+1.8%	+12.4%	68,572
National Services & Central Functions	6,168	6,399	6,485	+86	+167	+465	+344	+317	+1,295	+5.1%	+24.9%	6,939

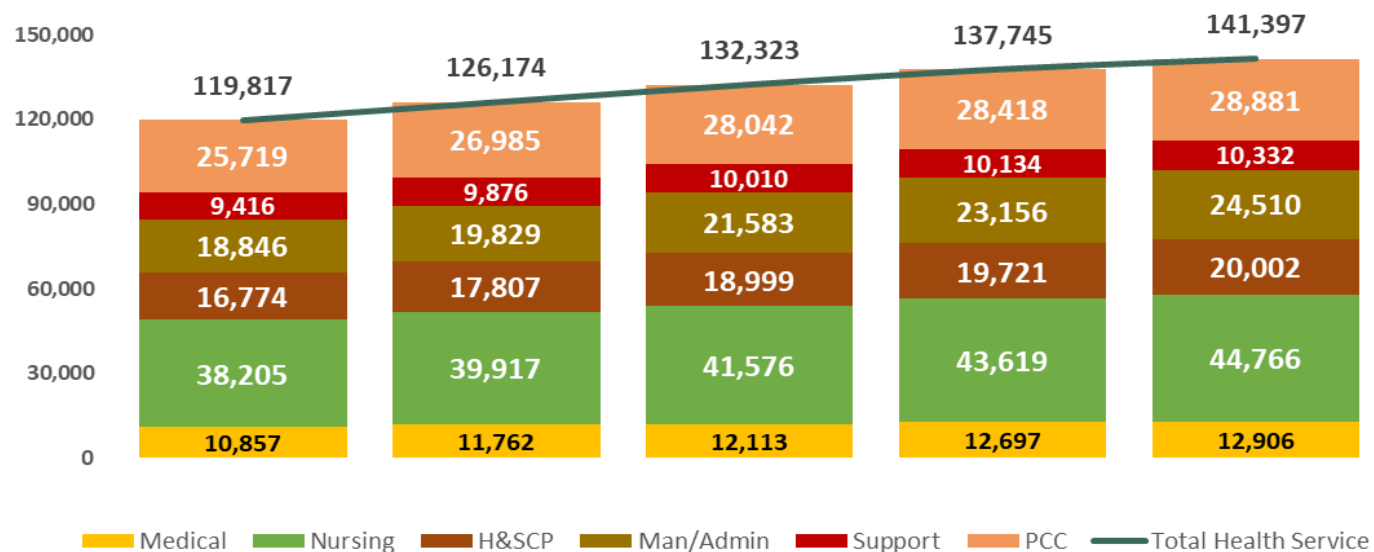
By Administration: June 2023

HSE /S38	WTE Dec 2022	WTE May 2023	WTE Jun 2023	WTE change since May 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Jun 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Jun 2023	No. Jun 2023
Total Health Service	137,745	140,636	141,397	+761	+6,357	+6,149	+5,422	+3,652	+21,584	+2.7%	+18.0%	160,089
Health Service Executive	89,227	91,432	91,898	+467	+4,287	+4,316	+3,719	+2,672	+15,000	+3.0%	+19.5%	103,664
Section 38 Hospitals	30,874	31,498	31,627	+129	+1,547	+1,230	+1,409	+753	+4,937	+2.4%	+18.5%	35,086
Section 38 Voluntary Agencies	17,645	17,707	17,872	+165	+523	+603	+294	+227	+1,647	+1.3%	+10.2%	21,339

By Staff Group: June 2023

Staff Category /Group	WTE Dec 2022	WTE May 2023	WTE Jun 2023	WTE change since May 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Jun 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Jun 2023	No. Jun 2023
Total Health Service	137,745	140,636	141,397	+761	+6,357	+6,149	+5,422	+3,652	+21,584	+2.7%	+18.0%	160,089
Medical & Dental	12,697	12,898	12,906	+8	+904	+352	+584	+209	+2,049	+1.7%	+18.9%	13,782
Consultants	3,869	3,981	3,988	+8	+208	+150	+261	+119	+738	+3.1%	+22.7%	4,318
Registrars	4,353	4,389	4,390	+1	+196	+229	+249	+37	+709	+0.9%	+19.3%	4,520
SHO/ Interns	3,661	3,735	3,738	+3	+478	-8	+75	+77	+623	+2.1%	+20.0%	3,809
Medical/ Dental, other	813	794	790	-4	+21	-19	-0	-23	-21	-2.9%	-2.5%	1,135
Nursing & Midwifery	43,619	44,665	44,766	+101	+1,712	+1,660	+2,042	+1,148	+6,557	+2.6%	+17.2%	50,837
Nurse/ Midwife Manager	9,345	9,550	9,588	+38	+360	+508	+493	+243	+1,602	+2.6%	+20.1%	10,396
Nurse/ Midwife Specialist & AN/MP	2,974	3,247	3,343	+97	+302	+183	+493	+369	+1,350	+12.4%	+67.7%	3,667
Staff Nurse/ Staff Midwife	28,757	29,023	29,067	+44	+1,070	+1,087	+908	+309	+3,380	+1.1%	+13.2%	32,882
Public Health Nurse	1,504	1,463	1,455	-8	+20	-34	-19	-49	-84	-3.2%	-5.5%	1,752
Nursing/ Midwifery Student	712	1,044	970	-74	-52	-65	+185	+258	+316	+36.3%	+48.4%	1,753
Nursing/ Midwifery other	327	339	343	+5	+12	-18	-17	+16	-7	+5.0%	-1.9%	387
Health & Social Care Prof	19,721	19,937	20,002	+65	+1,033	+1,192	+723	+280	+3,233	+1.4%	+19.3%	22,714
<i>Dietitians</i>	756	777	783	+6	+63	+58	+60	+27	+208	+3.5%	+36.2%	905
<i>Occupational Therapists</i>	1,945	1,967	1,976	+10	+103	+138	+105	+31	+379	+1.6%	+23.7%	2,215
<i>Orthoptists</i>	40	40	39	-1	+3	+2	-0	-1	+4	-1.9%	+11.3%	50
<i>Physiotherapists</i>	2,227	2,255	2,266	+11	+107	+133	+136	+39	+415	+1.8%	+22.4%	2,581
<i>Podiatrists & Chiropodists</i>	121	131	129	-2	+8	+15	+26	+8	+58	+6.7%	+80.4%	148
<i>Speech & Language Therapists</i>	1,231	1,243	1,237	-6	+47	+36	+45	+6	+134	+0.5%	+12.2%	1,421
Therapy Professions	6,320	6,413	6,430	+17	+331	+382	+373	+111	+1,198	+1.8%	+22.9%	7,320
Health Science/ Diagnostics	5,052	5,053	5,043	-10	+230	+188	+134	-9	+546	-0.2%	+12.2%	5,618
Social Care	3,171	3,153	3,174	+21	+199	+219	+43	+3	+464	+0.1%	+17.1%	3,714
Pharmacy	1,323	1,343	1,353	+9	+126	+128	+31	+30	+315	+2.3%	+30.4%	1,527
Psychologists	1,120	1,166	1,171	+6	+62	+29	+25	+51	+167	+4.6%	+16.7%	1,317
Social Workers	1,430	1,472	1,478	+6	+74	+58	+134	+48	+312	+3.3%	+26.8%	1,647
H&SC, Other	1,306	1,337	1,352	+15	+12	+189	-17	+46	+230	+3.5%	+20.5%	1,571

Staff Category /Group	WTE Dec 2022	WTE May 2023	WTE Jun 2023	WTE change since May 2023	WTE change 2020	WTE change 2021	WTE change 2022	WTE change 2023 (YTD)	WTE change Dec 2019 to Jun 2023	% WTE change 2023 (YTD)	% WTE change Dec 2019 to Jun 2023	No. Jun 2023
Management & Administrative	23,156	24,281	24,510	+229	+982	+1,754	+1,574	+1,354	+5,659	+5.9%	+30.0%	26,885
Management (VIII & above)	2,446	2,570	2,584	+14	+128	+246	+230	+138	+739	+5.6%	+40.0%	2,651
Administrative/ Supervisory (V to VII)	7,737	8,260	8,371	+111	+622	+884	+1,031	+635	+3,166	+8.2%	+60.8%	8,859
Clerical (III & IV)	12,974	13,451	13,555	+104	+233	+623	+312	+581	+1,754	+4.5%	+14.9%	15,375
General Support	10,134	10,241	10,332	+90	+459	+135	+123	+198	+1,027	+2.0%	+11.0%	11,767
Support	8,913	9,004	9,095	+91	+442	+137	+100	+182	+964	+2.1%	+11.9%	10,492
Maintenance/ Technical	1,221	1,237	1,236	-1	+17	-3	+24	+16	+63	+1.3%	+5.4%	1,275
Patient & Client Care	28,418	28,613	28,881	+268	+1,266	+1,057	+376	+463	+3,059	+1.6%	+11.8%	34,104
Health Care Assistants	19,309	19,584	19,756	+172	+1,157	+772	-17	+447	+2,248	+2.3%	+12.8%	22,662
Home Help	3,782	3,622	3,690	+68	-26	+2	+236	-92	+125	-2.4%	+3.5%	5,324
Ambulance Staff	1,932	1,999	1,998	-1	+49	+59	-4	+66	+170	+3.4%	+9.3%	2,049
Care, other	3,395	3,409	3,437	+28	+85	+224	+161	+42	+516	+1.2%	+17.7%	4,069



Health Sector Absence Rates

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

The reported absence rate for June 2023 stands at **5.32%**.⁵

- This month's absence rate is showing a decrease of **0.04%** when compared with the **previous month** (including COVID-19).
- **Excluding COVID-19 absence**, this month's absence rate is **4.99%** which is **0.08%** higher than the rate reported last month. This month's data is consistent with the rate reported in 2022, but is higher than the rates reported in previous years that of the i.e. 4.9% (2022) 4.2% (2021), 4% (2020) and 4.5% (2019).
- **Including COVID-19 absence**⁶, this month's absence rate is showing a decrease of **1.59%** when compared to the same month in 2022. Notably COVID-19 absence rate has decreased marginally this month at 0.33% compared with 0.45% last month.

When compared with the National Service Plan KPI target of **≤4%** excluding COVID-19, this month's absence rate of **5%** is **1%** above this target.

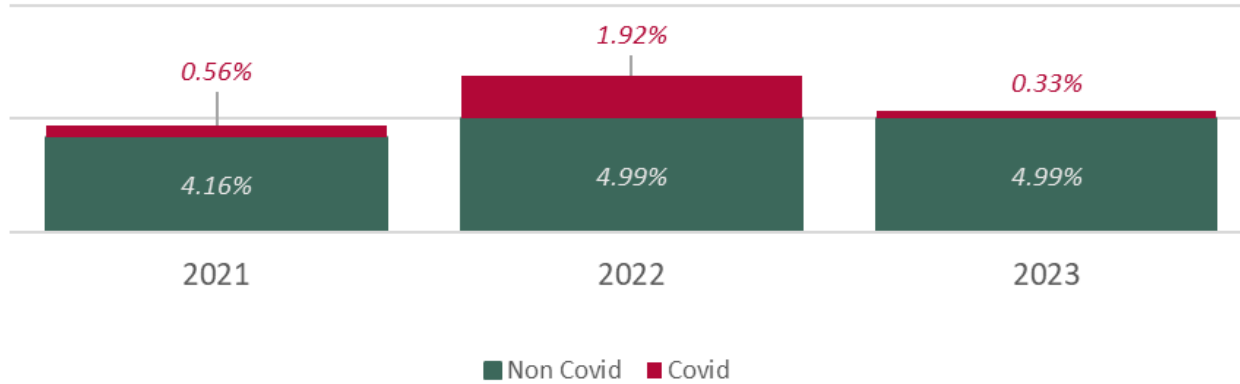
These figures are reflected in the attached National Absence Report.

Year/ month	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	KPI Target
2023 Year To Date	4.42%	0.59%	5.01%	0.51%	5.52%	≤4%
Change in Month	+0.10%	-0.01%	+0.08%	-0.12%	-0.04%	
June 2023	4.45%	0.54%	4.99%	0.33%	5.32%	
May 2023	4.36%	0.55%	4.91%	0.45%	5.36%	
June 2022	4.38%	0.62%	4.99%	1.92%	6.91%	
Full Year 2022	4.40%	0.61%	5.01%	2.09%	7.10%	

⁵ All agencies with the exception of The Coombe Hospital and The Mater Misericordiae University Hospital provided a national absence return for June.

⁶ COVID-19 SLWP applies for the duration of the HSE recommended 'stay at home period' following a positive COVID-19 test result (whatever duration is in place at the time of the absence). The maximum limit for SLWP is currently 5 calendar days to reflect the latest public health advice as of 18 April 2023. Any periods of COVID-19 related illness which extend beyond the HSE guidance to 'stay at home', (currently five calendar days) following a positive COVID-19 test, will be treated as ordinary sick leave as set out in HR Circular 013 2023. 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
June 2021 - 2023



Latest monthly figures (June 2023)

Health Service Absence Rate - by Staff Category: Jun 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	4.45%	0.54%	●	4.99%	0.33%	5.32%	-0.04%	93.80%	6.19%
Medical & Dental	1.27%	0.17%	●	1.44%	0.11%	1.55%	0.08%	92.82%	7.07%
Nursing & Midwifery	4.92%	0.72%	●	5.64%	0.40%	6.04%	-0.16%	93.39%	6.61%
Health & Social Care Professionals	3.53%	0.35%	●	3.88%	0.26%	4.14%	-0.19%	93.70%	6.30%
Management & Administrative	3.78%	0.31%	●	4.10%	0.20%	4.30%	0.04%	95.34%	4.63%
General Support	5.89%	0.58%	●	6.48%	0.36%	6.84%	0.18%	94.68%	5.32%
Patient & Client Care	5.84%	0.70%	●	6.54%	0.46%	7.00%	-0.09%	93.44%	6.55%

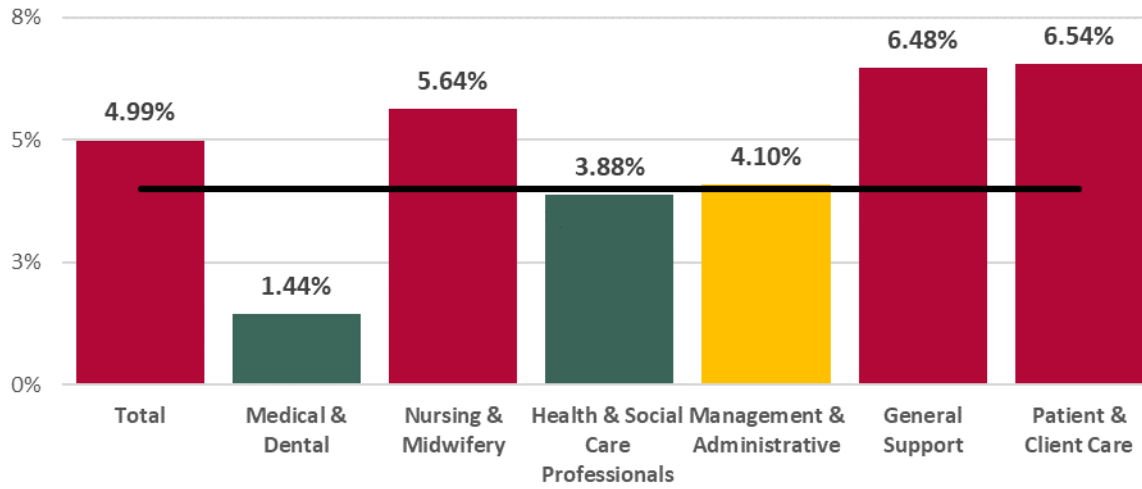
*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

June 2023	Covid-19 absence			% Non Covid-19 absence			Total absence rate		
Health Service Absence Rate - by Staff Category: Jun 2023	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22
Total	0.33%	0.45%	1.92%	4.99%	4.91%	4.99%	5.32%	5.36%	6.91%
Medical & Dental	0.11%	0.17%	0.71%	1.44%	1.30%	1.42%	1.55%	1.47%	2.12%
Nursing & Midwifery	0.40%	0.55%	2.35%	5.64%	5.64%	5.67%	6.04%	6.20%	8.02%
Health & Social Care Professionals	0.26%	0.36%	1.92%	3.88%	3.98%	3.79%	4.14%	4.33%	5.71%
Management & Administrative	0.20%	0.30%	1.56%	4.10%	3.95%	4.01%	4.30%	4.25%	5.57%
General Support	0.36%	0.48%	2.04%	6.48%	6.19%	6.69%	6.84%	6.66%	8.72%
Patient & Client Care	0.46%	0.60%	2.00%	6.54%	6.50%	6.52%	7.00%	7.09%	8.52%

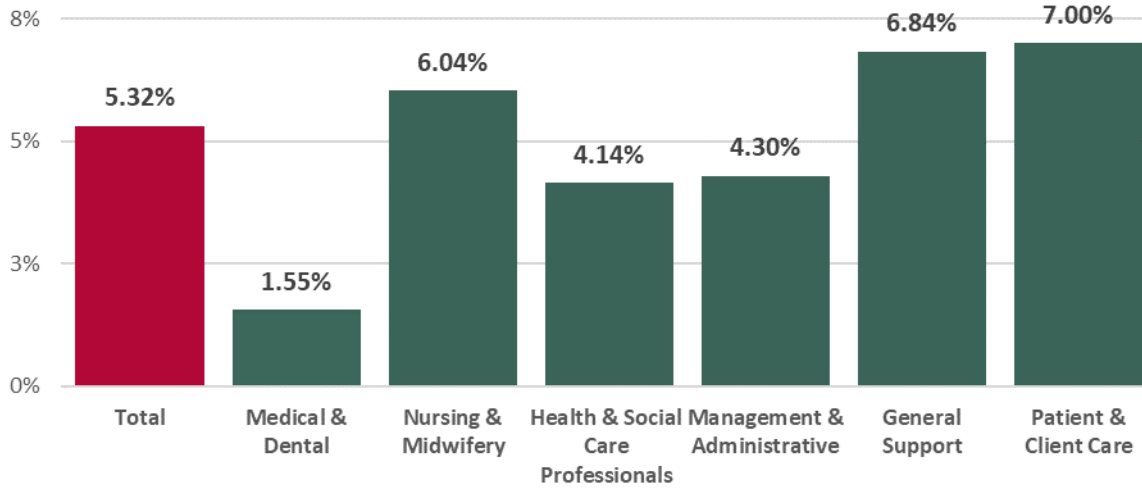
Key findings by Staff Category

- **Patient & Client Care** reports the **highest** total absence rates at **7%** with 0.46% related to COVID-19 absence (6.55%). This is a **decrease of 0.09%** when compared to last month and a **decrease of 1.52%** when compared to last year.
- **General Support** reports a total absence rate of **6.84%** with 0.36% related to COVID-19 absence (5.32%). This is an **increase of 0.18%** when compared to last month and a **decrease of 1.88%** compared to last year
- **Nursing & Midwifery** reports a total absence rate of **6.04%** with 0.4% related to COVID-19 absence (6.61%). This is a **decrease of 0.16%** when compared to last month and a **decrease of 1.98%** compared to last year
- **Health & Social Care Professionals** reports a total absence rate of **4.14%** with 0.26% related to COVID-19 absence (6.3%). This is a **decrease of 0.19%** when compared to last month and a **decrease of 1.57%** compared to last year
- **Management & Administrative** reports a total absence rate of **4.3%** with 0.2% related to COVID-19 absence (4.63%). This is an **increase of 0.04%** when compared to last month and a **decrease of 1.27%** compared to last year
- **Medical and Dental** is reporting the **lowest** total absence rate at **1.55%** in June, with 0.11% related to COVID-19 (7.07%) This is an **increase of 0.08%** when compared to last month and a **decrease of 0.57%** compared to last year
- Based on the KPI, **two** staff categories are reporting **within the target**, with **four** categories **above the target**. Details as follows:

Non Covid Absence by Staff Category



Total absence rate by Staff Category



Key findings Operations:

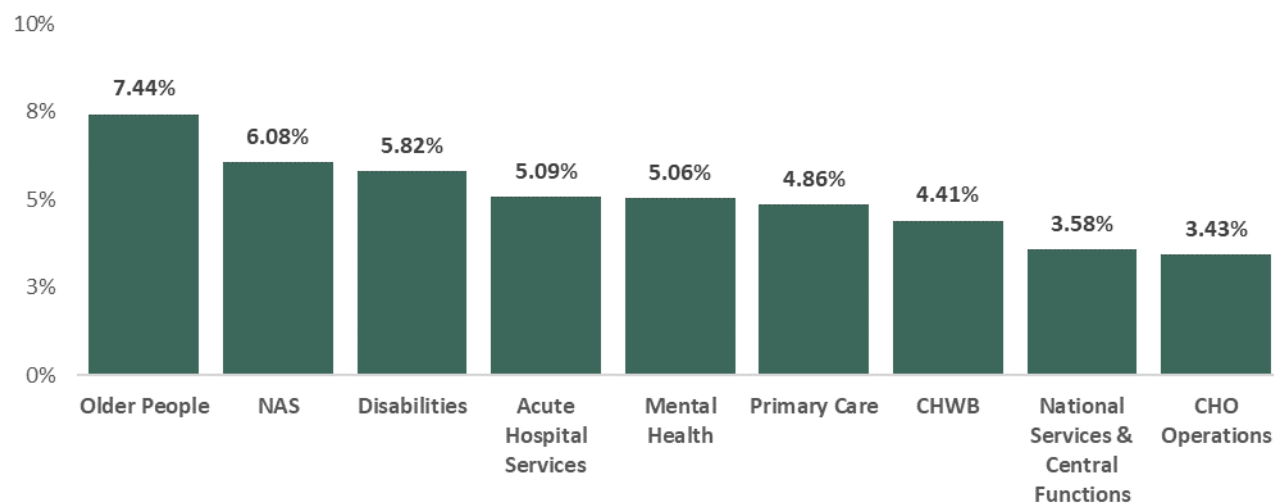
June 2023 absence rate stands at **5.32%** of which **4.45%** is certified, **0.54%** Self-Certified with **0.33%** (or 6.19% of all absence) relating to **COVID-19**.

- In **Acute Services** the absence rate is **5.12%** of which 0.34% (6.69% of the total) is COVID-19 related. Within Acute Services the **highest absence** rates are reported in **ULHG** at **6.46%**, of which 0.5% is COVID -19 related and **National Ambulance Service** at 6.08% of which 0.35% is COVI-19 related. Acute Services overall are showing a **decrease of 0.08%** on last month.
- **Community Services** stands at **5.72%** of which 0.33% (5.78% of the total) is also COVID-19 related. Within Community Services, **Older People** is reporting the **highest absence rate** at 7.44%. Notably Older People are reporting the highest COVID-19 related absence at 0.61%. Community Services overall are showing a **decrease of 0.04%** on last month.
- **National Services & Central Functions** rate is **3.58%** of which 0.11% (2.98% of the total) is COVID-19 related. National Services % Central Functions overall are showing a **decrease of 0.03%** on last month.

Health Service Absence Rate - by Care Group: Jun 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	4.45%	0.54%	●	4.99%	0.33%	5.32%	-0.04%	93.80%	6.19%
Ambulance Services	5.01%	0.72%	●	5.73%	0.35%	6.08%	-0.30%	94.30%	5.70%
Acute Hospital Services	4.16%	0.58%	●	4.75%	0.34%	5.09%	-0.08%	93.25%	6.73%
Acute Services	4.19%	0.59%	●	4.78%	0.34%	5.12%	-0.08%	93.29%	6.69%
Community Health & Wellbeing	4.00%	0.37%	●	4.37%	0.04%	4.41%	0.00%	99.08%	0.92%
Mental Health	4.30%	0.49%	●	4.79%	0.27%	5.06%	0.07%	94.70%	5.30%
Primary Care	4.35%	0.29%	●	4.64%	0.22%	4.86%	-0.08%	95.50%	4.50%
Disabilities	4.96%	0.56%	●	5.52%	0.30%	5.82%	-0.05%	94.83%	5.17%
Older People	6.19%	0.64%	●	6.83%	0.61%	7.44%	-0.16%	91.82%	8.18%
CHO Operations	3.05%	0.21%	●	3.26%	0.17%	3.43%	0.08%	95.00%	5.00%
Community Services	4.89%	0.50%	●	5.39%	0.33%	5.72%	-0.04%	94.22%	5.78%
National Services & Central Functions	3.27%	0.21%	●	3.48%	0.11%	3.58%	-0.03%	97.02%	2.98%

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

Total Absence rate by Care Group



Health Service Absence Rate - Type of Admin by Staff Category: Jun 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	4.45%	0.54%	●	4.99%	0.33%	5.32%	-0.04%	93.80%	6.19%
National Ambulance Service	5.01%	0.72%	●	5.73%	0.35%	6.08%	-0.30%	94.30%	5.70%
Children's Health Ireland	3.35%	0.39%	●	3.74%	0.78%	4.52%	0.02%	82.72%	17.28%
Dublin Midlands Hospital Group	4.29%	0.64%	●	4.92%	0.39%	5.31%	-0.05%	92.73%	7.27%
Ireland East Hospital Group	4.16%	0.50%	●	4.66%	0.24%	4.89%	0.24%	95.18%	4.82%
RCSI Hospitals Group	3.87%	0.51%	●	4.38%	0.26%	4.65%	-0.16%	94.20%	5.66%
Saolta University Hospital Care Group	4.15%	0.77%	●	4.92%	0.37%	5.29%	-0.37%	92.98%	7.02%
South/South West Hospital Group	4.11%	0.59%	●	4.70%	0.24%	4.95%	-0.07%	95.05%	4.95%
University of Limerick Hospital Group	5.41%	0.55%	●	5.95%	0.50%	6.46%	-0.45%	92.19%	7.81%
Other Acute Services	2.99%	0.15%	●	3.13%	0.00%	3.13%	0.43%	100.00%	0.00%
Acute Services	4.19%	0.59%	●	4.78%	0.34%	5.12%	-0.08%	93.29%	6.69%

Health Service Absence Rate - Type of Admin by Staff Category: Jun 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	6.24%	0.50%	●	6.75%	0.35%	7.10%	-0.05%	95.06%	4.94%
CHO 2	3.79%	0.22%	●	4.01%	0.21%	4.23%	0.30%	94.93%	5.07%
CHO 3	5.11%	0.43%	●	5.54%	0.29%	5.83%	-0.41%	95.03%	4.97%
CHO 4	4.87%	0.56%	●	5.44%	0.39%	5.83%	0.04%	93.30%	6.70%
CHO 5	5.72%	0.56%	●	6.29%	0.42%	6.70%	0.06%	93.78%	6.22%
CHO 6	3.60%	0.71%	●	4.30%	0.29%	4.60%	-0.08%	93.66%	6.34%
CHO 7	4.79%	0.53%	●	5.31%	0.38%	5.69%	-0.32%	93.35%	6.65%
CHO 8	5.48%	0.44%	●	5.92%	0.39%	6.31%	-0.07%	93.83%	6.17%
CHO 9	4.51%	0.51%	●	5.03%	0.25%	5.28%	0.07%	95.29%	4.71%
Other Community Services	3.37%	0.74%	●	4.11%	0.23%	4.35%	-0.47%	94.60%	5.40%
Community Services	4.89%	0.50%	●	5.39%	0.33%	5.72%	-0.04%	94.22%	5.78%
National Services & Central Functions	3.27%	0.21%	●	3.48%	0.11%	3.58%	-0.03%	97.02%	2.98%

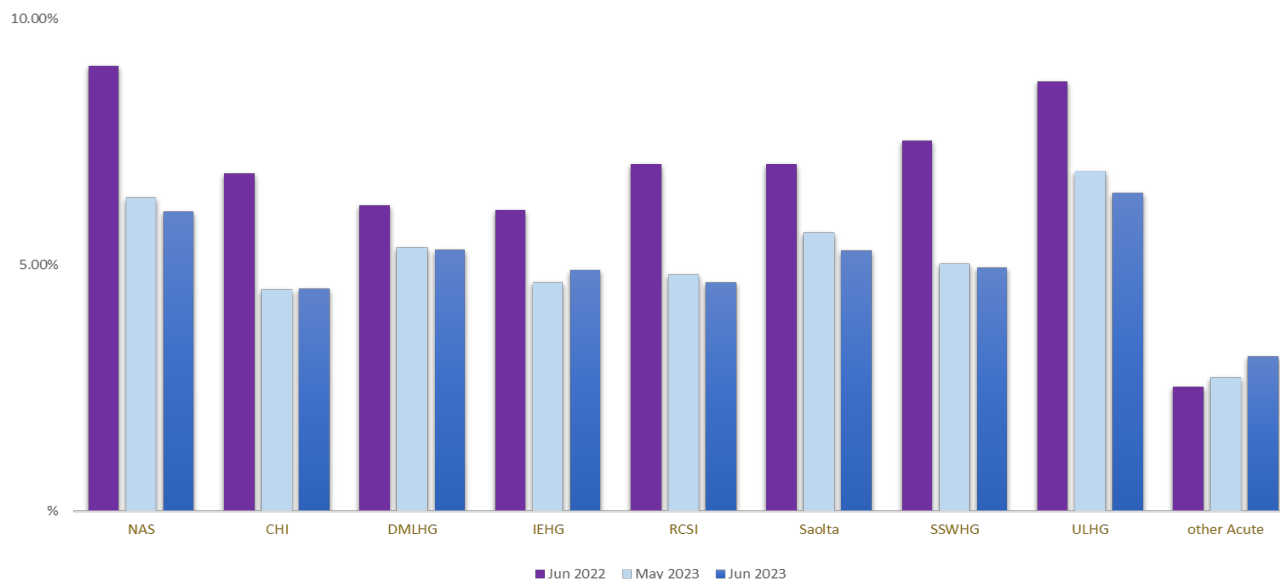
*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

- At Hospital Group level, University of Limerick Hospital Group is reporting the highest absence rate at 6.46%. Children's Health Ireland have the lowest absence rate reported at 4.52%
- At CHO level, CHO 1 is reporting the highest absence rate within at 7.1%. CHO 2 have the lowest absence rate reported at 4.23%.

Acute Services Absence Rate Breakdown: June 2023

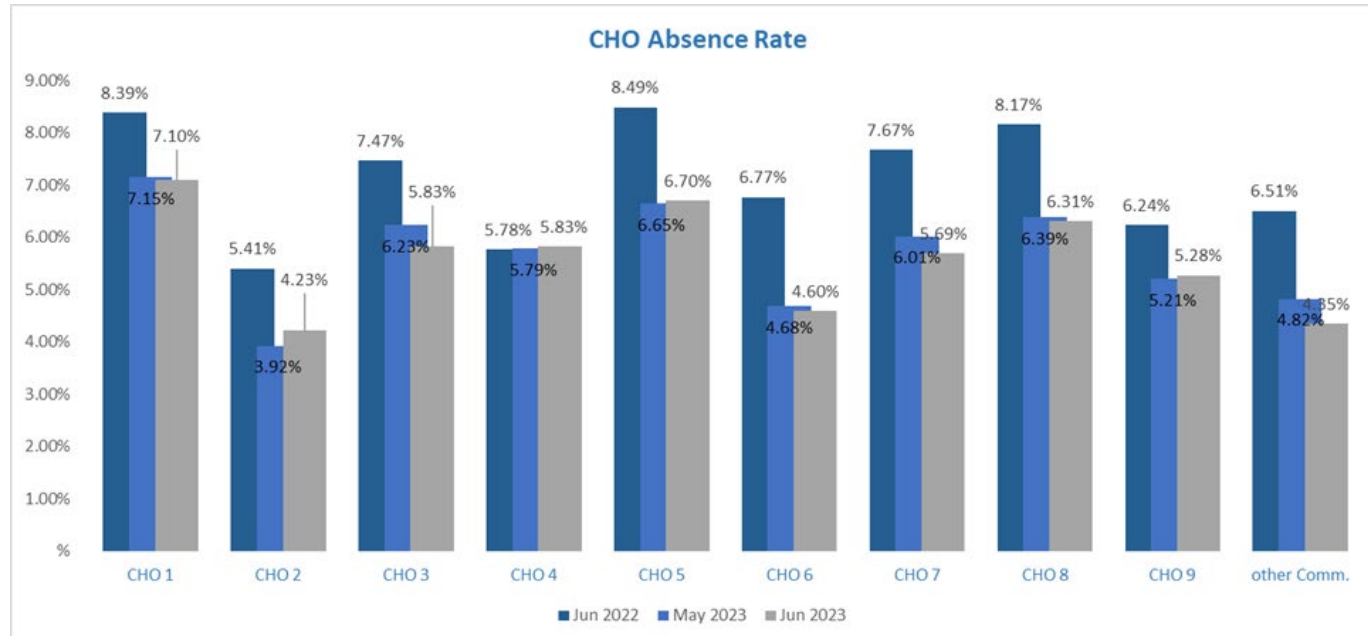
Acute Services	Covid			Non Covid			Total Absence		
	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22
Total	0.33%	0.45%	1.92%	4.99%	4.91%	4.99%	5.32%	5.36%	6.91%
Ambulance	0.35%	0.43%	1.71%	5.73%	5.94%	7.34%	6.08%	6.38%	9.05%
Children's Health Ireland	0.78%	0.88%	2.25%	3.74%	3.62%	4.61%	4.52%	4.50%	6.86%
Dublin Midlands Hospital Group	0.39%	0.63%	1.93%	4.92%	4.73%	4.29%	5.31%	5.36%	6.21%
Ireland East Hospital Group	0.24%	0.35%	1.73%	4.66%	4.30%	4.39%	4.89%	4.65%	6.12%
RCSI Hospitals Group	0.26%	0.34%	2.03%	4.38%	4.47%	5.02%	4.65%	4.81%	7.05%
Saolta University Hospital Care Group	0.37%	0.56%	2.09%	4.92%	5.10%	4.96%	5.29%	5.66%	7.05%
South/South West Hospital Group	0.24%	0.38%	2.25%	4.70%	4.64%	5.27%	4.95%	5.02%	7.53%
University of Limerick Hospital Group	0.50%	0.56%	2.30%	5.95%	6.36%	6.42%	6.46%	6.91%	8.72%
Other Acute Services	0.00%	0.18%	0.45%	3.13%	2.53%	2.07%	3.13%	2.71%	2.52%

Hospital Group Absence Rate



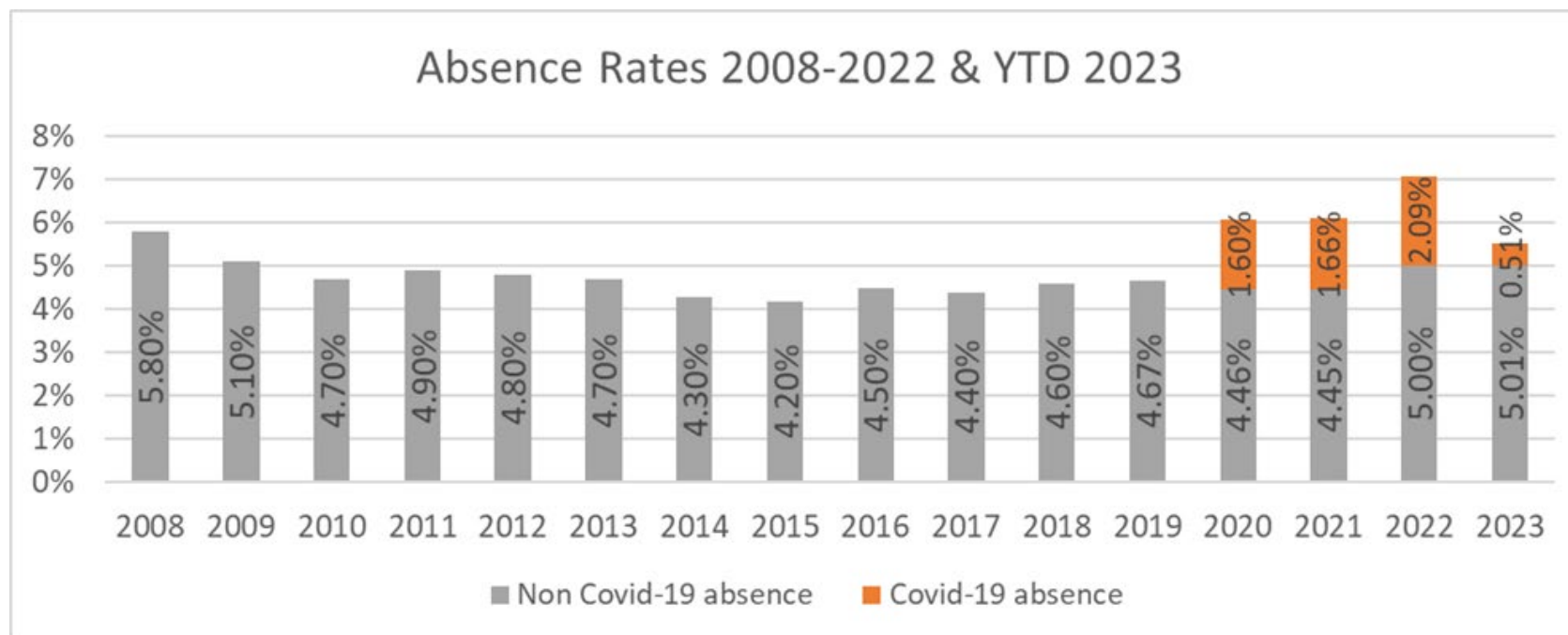
Community Services Absence Rate Breakdown: June 2023

Community Services	Covid			Non Covid			Total Absence		
	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22	Jun-23	May-23	Jun-22
Total	0.33%	0.45%	1.92%	4.99%	4.91%	4.99%	5.32%	5.36%	6.91%
CHO 1	0.35%	0.53%	2.13%	6.75%	6.62%	6.26%	7.10%	7.15%	8.39%
CHO 2	0.21%	0.21%	1.67%	4.01%	3.71%	3.74%	4.23%	3.92%	5.41%
CHO 3	0.29%	0.45%	1.87%	5.54%	5.78%	5.60%	5.83%	6.23%	7.47%
CHO 4	0.39%	0.44%	1.36%	5.44%	5.35%	4.42%	5.83%	5.79%	5.78%
CHO 5	0.42%	0.54%	2.29%	6.29%	6.11%	6.20%	6.70%	6.65%	8.49%
CHO 6	0.29%	0.42%	1.68%	4.30%	4.26%	5.09%	4.60%	4.68%	6.77%
CHO 7	0.38%	0.50%	2.24%	5.31%	5.52%	5.43%	5.69%	6.01%	7.67%
CHO 8	0.39%	0.65%	2.06%	5.92%	5.74%	6.11%	6.31%	6.39%	8.17%
CHO 9	0.25%	0.35%	1.59%	5.03%	4.86%	4.65%	5.28%	5.21%	6.24%
other Comm.	0.23%	0.34%	1.70%	4.11%	4.49%	4.80%	4.35%	4.82%	6.51%

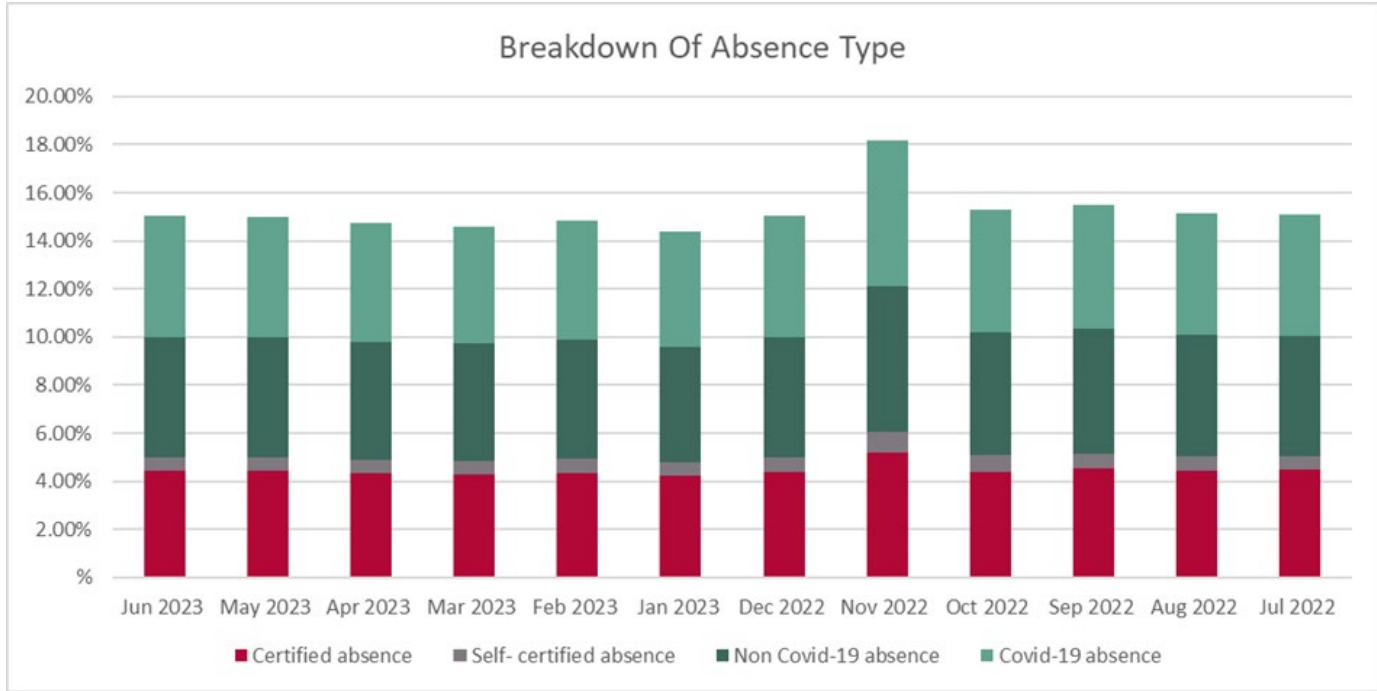


Year-to-date & trends 2008 – 2023

The year to date 2023 figure of **5.52%** has also been impacted by COVID-19 related absence with **0.51%** of the 2023 absence rate (or 9.2% 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 **1.6%** below the previous annual rate. However, this as noted above, is impacted by COVID-19 related absence accounting for **0.51%** 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%** 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 the same as what is reported in 2022, however with both years reporting higher than that reported in 2021 and 2020. Notably, 10 years prior to the outbreak of COVID-19, staff absence rate was running at an average of **4.5%**.



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	96.4%	81.7%
Mental Health Services	98.5%	91.3%
Other Agencies	100%	89.2%

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



- 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
Service User Experience	Complaints investigated within 30 working days	CHO 1 CHO 5 CHO 6
Service User Experience	Complaints investigated within 30 working days	DMG St James DMG The Coombe IEHG HSE St Columcille's Hospital IEHG National Orthopaedic Hospital Cappagh Saolta HSE Sligo University Hospital
Quality and Safety	% of complaints where an Action Plan is identified as necessary, is in place and progressing	CHO 1 CHO 3 CHO 5 CHO 6
Quality and Safety	% of complaints where an Action Plan is identified as necessary, is in place and progressing	RSCI Rotunda DMG St James DMG The Coombe IEHG Nat Maternity Hospital IEHG HSE St Columcille's Hospital IEHG Royal Victoria Eye & Ear Hospital IEHG National Orthopaedic Hospital Cappagh IEHG St. Michael's Hospital, Dun Laoghaire IEHG St. Vincent's University Hospital SSWHG Cork University Maternity Hospital Saolta HSE Sligo University Hospital Saolta Mayo University Hospital Saolta Portiuncula University Hospital ULHG St John's Hospital Children's Hospital Group
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

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 (Jun) CHO2 (Galway)
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	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Jun) CHO4 (South Lee)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks No of Psychology patients seen	Non Return (Jun) CHO4 (South Lee)
Primary Care	Speech and 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 (Jun) CHO2 (Galway)
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)
Primary Care	Child Health Quarterly % of infants visited by a PHN within 72 hours of discharge from maternity services	Non Return (Jun) CHO6 (Dun Laoghaire)
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 (Sep) CHO5 (Wexford) Non Return CHO6 (Mar,Jun,Sep, Dec) (Dublin South East) Non Return (Mar) CHO6 (Wicklow)
Social Inclusion	Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment (days)	Non Return (2022) CHOs 1-9 Non Return (April, May) CHOs 1-9
Social Inclusion	Opioid Substitution Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced (days)	Non Return (2022) CHOs 1-9 Non Return (April, May) CHOs 1-9

Service Area	KPI Title	Data Coverage Issues
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 CH02(Galway and Mayo)
Social Inclusion	Homeless Services % of homeless service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	Non Return Q1 CH02(Galway and Mayo)
Mental Health CAMHS	CAMHs waiting list	CHO 9 Linn Dara Blanchardstown
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 9 Linn Dara Blanchardstown
Mental Health CAMHS	No of referrals received	CHO 9 Linn Dara Blanchardstown
Mental Health CAMHS	Number of new seen	CHO 9 Linn Dara Blanchardstown
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 9 Linn Dara Blanchardstown
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 9 Linn Dara Blanchardstown
Mental Health General Adult	Number of referrals received	CHO 4 Kanturk CHO 5 South Kilkenny CHO 9 Finglas Team 1
Mental Health General Adult	Number of referrals seen	CHO 4 Kanturk CHO 5 South Kilkenny CHO 9 Finglas Team 1
Mental Health General Adult	% seen within 12 weeks	CHO 4 Kanturk CHO 5 South Kilkenny CHO 9 Finglas Team 1
Psychiatry of Later Life	Number of referrals received	CHO 2 East Galway CHO 4 North Lee CHO 4 West Cork
Psychiatry of Later Life	Number of referrals seen	CHO 2 East Galway CHO 4 North Lee CHO 4 West Cork
Psychiatry of Later Life	% seen within 12 weeks	CHO 2 East Galway CHO 4 North Lee CHO 4 West Cork
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.

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Letterkenny March 2023, Tallaght April 2023 and Portlaoise June 2023
NAS	<p>NAS3 - Total no. of AS1 and AS2 (emergency ambulance) calls</p> <p>NAS6 - Number of clinical status 1 ECHO Calls activated</p> <p>NAS7 - Number of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)</p> <p>NAS10 - Total number of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less</p> <p>NAS11 - % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less</p> <p>NAS12 - Number of clinical status 1 DELTA calls - activated</p> <p>NAS13 - Number of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)</p> <p>NAS16 - Total number of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less</p> <p>NAS17 - % of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less</p>	<p>In recent years, HSE ambulance performance reporting for the Dublin area has also included data shared by Dublin City Council (DCC) in relation to their ambulance service. The HSE has not had any mechanism to validate DCC data which is collected on a separate Computer Aided Dispatch system.</p> <p>A Ministerial Task and Finish Group established in 2022 by the Ministers for Health and Housing, Local Government and Heritage to consider the Ambulance Service Delivery Model in Dublin held a series of meetings between February 2023 and June 2023. The Group have confirmed and agreed that the ambulance service delivered by DCC is a statutory service as provided for in Section 25 of the Fire Services Act 1981 and is not subject to any form of service agreement with the HSE. Consequently, the HSE has no governance or oversight over, or accountability or reporting responsibility for ambulance services delivered by DCC. In this context, HSE ambulance reporting in the Dublin area no longer includes the data shared by DCC.</p>
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	CUH outstanding Jun 23
Acute Hospitals	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection	MUH data is outstanding for May-23, Jun-23. Bed days used outstanding for CUMH at the time reports were circulated for sign off by AMRIC
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	MUH data is outstanding for May-23, Jun-23. Bed days used outstanding for CUMH at the time reports were circulated for sign off by AMRIC
Acute Hospitals	No. of new cases of CPE	MUH data is outstanding for May-23, Jun-23.
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	MUH data is outstanding for Mar-23, May-23, Jun-23. Bed days used outstanding for CUMH at the time reports were circulated for sign off by AMRIC
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	MRHP, MUH and PUH data outstanding for Q2 2023
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	MRHP, MUH and PUH data outstanding for Q2 2023

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Children's Health Ireland	Children's Health Ireland	CHI	Saolta University Health Care Group	Galway University Hospitals	GUH
				Letterkenny University Hospital	LUH
				Mayo University Hospital	MUH
				Portiuncula University Hospital	PUH
				Roscommon University Hospital	RUH
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWIUH	South/South West Hospital Group	Sligo University Hospital	SUH
	MRH Portlaoise	Portlaoise		Bantry General Hospital	Bantry
	MRH Tullamore	Tullamore		Cork University Hospital	CUH
	Naas General Hospital	Naas		Cork University Maternity Hospital	CUMH
	St. James's Hospital	SJH		Kilcreene Regional Orthopaedic Hospital	KROH
	St. Luke's Radiation Oncology Network	SLRON		Mallow General Hospital	Mallow
	Tallaght University Hospital	Tallaght - Adults		Mercy University Hospital	Mercy
Ireland East Hospital Group	Mater Misericordiae University Hospital	MMUH	University of Limerick Hospital Group	South Infirmity Victoria University Hospital	SIVUH
	MRH Mullingar	Mullingar		Tipperary University Hospital	TUH
	National Maternity Hospital	NMH		University Hospital Kerry	UHK
	National Orthopaedic Hospital Cappagh	Cappagh		University Hospital Waterford	UHW
	National Rehabilitation Hospital	NRH		Croom Orthopaedic Hospital	Croom
	Our Lady's Hospital Navan	Navan		Ennis Hospital	Ennis
	Royal Victoria Eye and Ear Hospital	RVEEH		Nenagh Hospital	Nenagh
	St. Columcille's Hospital	Columcille's		St. John's Hospital Limerick	St. John's
	St. Luke's General Hospital Kilkenny	SLK		University Hospital Limerick	UHL
	St. Michael's Hospital	St. Michael's		University Maternity Hospital Limerick	LUMH
	St. Vincent's University Hospital	SVUH			
	Wexford General Hospital	Wexford			
	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 2	Community Healthcare West	CHO 7	Dublin South, Kildare and West Wicklow Community Healthcare
	Galway		Dublin South City
	Mayo		Dublin South West
	Roscommon		Dublin West
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
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		