



Performance Profile April - June 2020

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Building a
Better Health
Service

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

Executive Summary

Executive Summary

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

Emergency Care

- There were 607,907 emergency presentations year to date June 2020. This is a -18.9% percentage variance on emergency presentations for the corresponding period in 2019 and was below expected activity of 776,763.
- New Emergency Department attendances year to date are 507,140 this represents a -21.3% percentage variance YTD against expected activity YTD.
- 99.1% of all patients were seen within 24 hours in EDs in June and 97.7% year to date.
- 98.3% of patients aged 75 years and over were seen within 24 hours in EDs in June and 94.5% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 26,214 elective inpatient discharges year to date May 2020 versus 36,505 for the corresponding period in 2019, that is a decrease of 28.2%. Elective inpatient discharges were 29% lower than the expected activity of 36,916.

Emergency Inpatient Discharges

There were 159,766 emergency inpatient discharges year to date May 2020 versus 186,302 for the corresponding period in 2019, that is, a decrease of 14.2%. Emergency inpatient discharges were 15.2% lower than the expected activity of 188,472.

Day Case Discharges (including dialysis)

The number of day case procedures year to date May 2020 was 353,975 versus 462,049 for the same period in 2019, that is, a decrease of 108,074 cases. The percentage variance of day case procedures undertaken year to date May 2020 was -26.7% below the expected activity of 482,688 cases for this period.

Delayed Transfer of Care

There were 420 Delayed Discharges in June 2020. The same month in 2019 was 599.

Inpatient, Day Case & Outpatient Waiting Lists

June compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 81.8%.
- Adult Day Case < 15 months (target 95%), compliance 90.7%.
- Children's Inpatient, 15 months (target 95%), compliance 86.2%.
- Children's Day Case < 15 months (target 90%), compliance 82.3%.
- Outpatients < 52 weeks (target 80%), compliance 62.4%.
- The total number of patients waiting for an inpatient or day case procedure at the end of June 2020 was 84,223. The total number of people waiting for inpatient and day case procedures is up by 20.9% (+14,552 patients) when the waiting list in June 20 is compared with June 19.
- The total number of people waiting more than 15 months was up by 3,234 (45.8%) when June 20 is compared with June 19.
- Total number of people waiting for Outpatient appointment was 584,399 in June 20, this has increased from 560,251 (+24,148) in June 19.

Routine/Urgent Colonoscopies

- In June 27.1% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 513 new urgent patient breaches in June.

Cancer Services

- 47.8% of prostate cancer referrals were seen within 20 working days year to date compared with 65.7% for the same period last year.
- 83.6% of lung cancer referrals were seen within 10 working days year to date compared with 87% for the same period last year.
- 79.1% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 67.5% for the same period last year.

Primary Care Services

- 83% of physiotherapy referrals, 86.2% of speech and language referrals, 63.5% of occupational therapy referrals and 58.7% of psychology referrals accessed the services within 52 weeks.
- 67% of babies received their developmental screening checks within 10 months and 97.8% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- 182,303 PA hours were delivered to the end of March 2020 against expected activity of 417,502
- 401,621 Home Support Hours were delivered against expected activity of 770,005

Older Persons Services

- Home Support hours delivered year to date was 8,369,634. The number of people, in receipt of home support services at the end of June was 51,331
- 600 persons were in receipt of payment for transitional care.
- The current wait time for NHSS funding approval in 2020 is 4 weeks.

Mental Health Services

- 98.1% of all Bed Days of Children were in CAMHS Units up to the end of June 2020 in line with the target of 95%.

Population, Health & Wellbeing Services

- Nationally year to date to March 2020, 46.7% of smokers are QUIT at 4 weeks ahead of the National target of 45%.
- 93.7% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to March 2020 while 91.4% of children aged 24 months received the MMR vaccine year to date to March 2020 against a target of 95%.

Corporate Updates

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2020	Cum Profile for Period Jan - June 2020	Expenditure for Period Jan - June 2020	Variance for Period Jan - June 2020	Expenditure to June '20 as % of June '20 YTD Profile	Expenditure to June as % of 2020 Annual Profile	Variance to June '20 as % of June '20 YTD Profile
M02 - Buildings & Equipment	459.000	159.798	198.967	39.169	124.51%	43.35%	24.51%
M02 - New Children's Hospital	315.000	115.976	57.631	(58.345)	49.69%	18.30%	-50.31%
	774.000	275.774	256.598	(19.176)	93.05%	33.15%	-6.95%
M03 - Info Systems for Health Agencies	95.000	37.000	30.911	(6.089)	83.54%	32.54%	-16.46%
	869.000	312.774	287.509	(25.265)	91.92%	33.09%	-8.08%
Asset Disposals	7.294	7.294	0.000	7.294	0.00%	0.00%	100.00%
Net	876.294	320.068	287.509	(32.559)	89.83%	32.81%	-10.17%

General Comment

During the second quarter of 2020 the impact of the Coronavirus Pandemic has given rise to significant variances across all expenditure categories. Furthermore due to the uncertainty of the situation going forward these inconsistencies are likely to remain.

CONSTRUCTION – M02(1)

The variance on general construction projects for the six months to June 2020 is 24.51% (or € 39.169m) ahead of profile. In the period to the end of June the total expenditure of € 198.967m represents 43.35% of the total annual profile for 2020.

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

The variance on the New National Children's Hospital project for the six months to June 2020 is -50.31% (or € 58.345m) behind profile. In the period to the end of June the total expenditure of € 57.631m represents 18.30% of the total annual profile for 2020.

ICT (M03)

The variance on ICT projects for the six months to June 2020 is -16.46% (or € 6.089m) behind profile. In the period to the end of June 2020 the total expenditure of € 30.911m represents 32.54% of the total annual profile for 2020.

Asset Disposals

Income from sale of assets in the six months to June 2020 amounted to € 7.294

Internal Audit

75% Implemented or superseded within 6 months								95% Implemented or Superseded within 12 months								
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020		2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020
Total	62%	51%	87%	61%	76%	60%	61%		92%	81%	89%	89%	94%	95%	76%	77%
CHO 1	100%	100%	100%	100%	38%	41%	51%		100%	84%	100%	100%	100%	98%	100%	38%
CHO 2	71%	88%	N/A	0%	N/A	0%	63%		N/A	85%	90%	95%	100%	100%	N/A	N/A
CHO 3	83%	71%	86%	40%	53%	60%	38%		90%	90%	93%	90%	100%	100%	29%	71%
CHO 4	53%	44%	87%	0%	100%	25%	54%		92%	97%	88%	88%	100%	100%	N/A	100%
CHO 5	25%	69%	88%	100%	50%	67%	91%		100%	100%	100%	89%	100%	96%	100%	60%
CHO 6	49%	71%	89%	0%	93%	54%	85%		N/A	26%	87%	87%	98%	98%	N/A	98%
CHO 7	78%	14%	100%	100%	100%	100%	0%		100%	97%	98%	100%	100%	100%	100%	100%
CHO 8	69%	35%	98%	67%	80%	76%	36%		0%	99%	93%	96%	99%	99%	67%	83%
CHO 9	81%	86%	94%	100%	100%	27%	47%		100%	68%	81%	84%	94%	93%	100%	100%
National Mental Health	N/A	10%	76%	N/A	N/A	100%	100%		N/A	N/A	N/A	77%	100%	100%	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A	N/A	21%	25%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Community Services	69%	51%	90%	78%	76%	60%	64%		95%	86%	92%	92%	99%	99%	73%	80%
Dublin Midlands Hospital Group	N/A	37%	100%	67%	89%	N/A	N/A		72%	72%	72%	89%	89%	100%	89%	89%
Ireland East Hospital Group	67%	75%	50%	50%	50%	100%	100%		25%	55%	77%	73%	67%	67%	50%	50%
National Children's Hospital Group	N/A	0%	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	62%	50%	N/A	100%	100%	0%	0%		N/A	65%	86%	86%	86%	90%	100%	100%

75% Implemented or superseded within 6 months								95% Implemented or Superseded within 12 months								
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020		2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020
Saolta Hospital Group	76%	63%	64%	67%	62%	N/A	67%		N/A	92%	95%	85%	85%	86%	62%	62%
South West Hospital Group	4%	25%	75%	N/A	100%	0%	24%		100%	100%	23%	48%	66%	67%	N/A	44%
University of Limerick Hospital Group	100%	83%	80%	80%	100%	N/A	23%		100%	100%	100%	96%	96%	100%	100%	100%
National Ambulance Service	63%	0%	N/A	N/A	N/A	N/A	0%		N/A	82%	96%	96%	100%	100%	N/A	N/A
Total Acute	61%	46%	82%	79%	88%	37%	41%		76%	80%	82%	80%	84%	87%	86%	79%
Chief Information Officer	16%	40%	70%	14%	58%	66%	86%		100%	43%	80%	84%	86%	86%	45%	51%
Compliance / QAV	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finance	35%	100%	N/A	80%	74%	N/A	89%		N/A	0%	100%	100%	100%	100%	74%	82%
HBS - Estates	77%	76%	100%	100%	100%	N/A	N/A		N/A	100%	85%	86%	86%	86%	100%	100%
HBS - Finance	52%	100%	N/A	N/A	N/A	N/A	N/A		100%	85%	96%	96%	100%	100%	N/A	N/A
HBS - HR	100%	N/A	N/A	N/A	N/A	N/A	0%		N/A	100%	100%	100%	100%	100%	N/A	N/A
HBS - Procurement	20%	33%	33%	95%	95%	N/A	0%		100%	77%	92%	90%	90%	90%	95%	95%
Health and Wellbeing	100%	100%	N/A	N/A	100%	100%	N/A		100%	100%	100%	100%	100%	100%	N/A	100%
Human Resources	82%	N/A	N/A	17%	83%	84%	80%		N/A	82%	88%	100%	100%	100%	83%	83%
National Screening Service	0%	0%	N/A	N/A	N/A	N/A	N/A		N/A	N/A	22%	22%	33%	33%	N/A	N/A

National Health and Safety Helpdesk

No of calls received by the National Health and Safety Helpdesk

Q2 2020	No of Helpdesk Queries 2020	No of Helpdesk Queries 2019	% Increase from 2019
April	68	163	-58
May	114	186	-39
June	129	158	-18
Total	311	507	-39

Procurement – expenditure (non-pay) under management

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

Notes:

- Much of the Sourcing Team have been deployed into Covid related duties over the past number of months and therefore activity has reduced.
- There has been over €1Billion expenditure in Covid related sourcing which is not reflected below

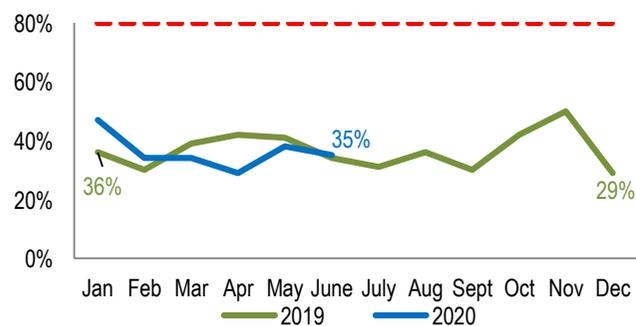
Quality and Patient Safety

Quality and Patient Safety

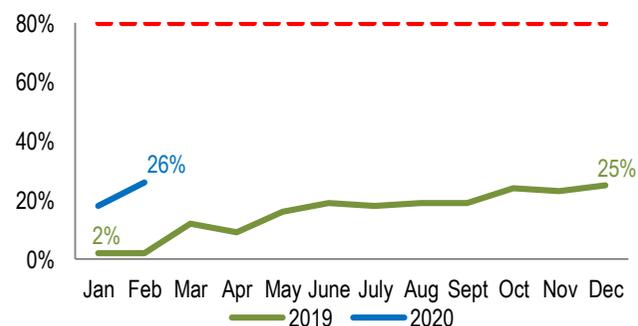
Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National			565	194	80	51
	Acute Hospitals (incl NAS, NSS & NCCP)			283	75	53	28
	Community Healthcare			282	119	27	23
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	35%	29%	38%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	40%	37%	56%
	Community Healthcare	80%	M	●	30%	24%	30%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	21%	25%	18%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	30%	33%	26%
	Community Healthcare	80%	M	●	3%	4%	0%

* Current - reflecting compliance Feb 2020 (-1 2019 Jan), (December 2019)

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



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



Serious Reportable Events

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

Service Area	Total SRE Occurrence
Acute Hospitals [inc. National Ambulance Service]	27
Community Services	6
Total	33

11 SREs were reported as patient falls, 7 stage 3 or 4 pressure ulcers and the remaining 15 SREs reported comprised 5 SRE categories.

Healthcare Audit

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

Appeals Service

991 new notifications of appeal were received. 1,024 appeals were processed in the period 1st January – 30th June 2020:

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	463	485	117	59	36%
Medical / GP Visit Cards (Over 70's Scheme)	49	57	11	2	23%
16 to 25 Year Old Medical Card/GP Visit Card	160	164	60	14	45%
Nursing Home Support Scheme	266	276	20	56	28%
Blind Welfare Allowance	3	4	1	0	25%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
CSAR	20	16	2	1	19%
Home Care Package	0	0	0	0	0%
Home Help	2	0	0	0	0%
RSSMAC	14	15	2	1	20%
Other	14	7	0	1	14%
Total	991	1,024	213	134	34%

Incident Reporting

Quarter 1 2020 - % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS

Service Area	% entered on NIMS within 30 days of occurrence
Acute Hospitals	55%
Community Services	60%
National Ambulance Service [NAS]	78%
National	57%

Quarter 1 2020 - Extreme and major incidents as a % of all incidents reported as occurring

Service Area	% entered on NIMS within 30 days of occurrence
National	0.6%

Complaints investigated within 30 days

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

Complaints	Q1 2020
% of complaints investigated within 30 working days of being acknowledged by the Complaints Officer	52%

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Quality & Safety	Serious Incidents																
	Review completed within 125 calendar days	M	80%	3% [R]	-96.3%										4%	0%	8%
	Service User Experience (Q1)																
	Complaints investigated within 30 working days	Q	75%	59% [R]	-21.3%	75% [G]	80% [G]	25% [R]	63% [R]	33% [R]	0% [R]	77% [G]	50% [R]	83% [G]			
	Child Health																
	Child screening 10 months ¹	M-1M	95%	67% [R]	-29.5%	80% [R]	61% [R]	63.3% [R]	60.6% [R]	55.4% [R]	86.6% [A]	52.1% [R]	77.4% [R]	75.2% [R]	76.7%	44.4%	25.5%
	New borns visited within 72 Hours	Q	99%	97.8% [G]	-1.2%	99.8% [G]	99.2% [G]		99.4% [G]	98.6% [G]	100% [G]	98.2% [G]	95.1% [G]	96% [G]	98.8%	98.3%	97.3%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91.4% [G]	-3.8%	91.2% [G]	91.8% [G]	93.2% [G]	92.3% [G]	92.1% [G]	90.6% [G]	90.1% [A]	92.1% [G]	90.1% [A]	90.8%	92.2%	91.4%
	CAMHs – Bed Days Used																
	Bed days used	M	95%	98.1% [G]	3.2%	100% [G]	100% [G]	92.9% [G]	94.6% [G]	96.7% [G]	100% [G]	100% [G]	99.9% [G]	99.6% [G]	97.9%	99.4%	98.5%
	HIQA Inspection Compliance																
	Disability Residential Services	Q-2Q	80%	89.6% [G]	12%										89.5%	89.9%	89.6%
Older Persons Residential Services	Q-2Q	80%	77% [G]	-3.8%										80.5%	83.1%	73.6%	
Chronic Disease Management																	
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	1,852	739 [R]	-60.1%	65 [R]	87 [R]	79 [R]	184 [R]	66 [R]	60 [R]	46 [R]	83 [R]	69 [R]	1,165	739	0	
Healthy Ireland																	
Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	46.7% [G]	3.9%										45.7%	46.1%	46.7%	
Therapy Waiting Lists																	
SLT access within 52 weeks	M	100%	86.2% [R]	-13.8%	84.8% [R]	95.2% [G]	88.3% [R]	98.4% [G]	93.3% [A]	84.8% [R]	73.6% [R]	94.8% [A]	78.6% [R]	89.6%	89%	86.2%	
Physiotherapy access within 52 weeks	M	94%	83% [R]	-11.6%	82.8% [R]	71.2% [R]	75.8% [R]	98.2% [G]	84.7% [A]	91.9% [G]	84.3% [R]	86.9% [A]	87.6% [A]	87.8%	86.7%	83%	
Occupational Therapy access within 52 weeks	M	95%	63.5% [R]	-33.2%	46.6% [R]	59.3% [R]	94.6% [G]	62.1% [R]	59.9% [R]	67.1% [R]	59.8% [R]	68.5% [R]	66.5% [R]	65.8%	65.4%	63.5%	

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

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Psychology treatment within 52 weeks	M	81%	58.7% [R]	-27.5%	82.6% [G]	38% [R]	58.9% [R]	52.8% [R]	65.2% [R]	92.2% [G]	45.4% [R]	97.7% [G]	45% [R]	62.4%	55.6%	58.7%
CAMHs – Access to First Appointment																
First appointment within 12 months	M	95%	96.3% [G]	1.3%	92% [G]	100% [G]	99.3% [G]	90.3% [G]	99% [G]	89.8% [A]	100% [G]	98.6% [G]	98% [G]	94.6%	96.4%	94.3%
% of urgent referrals to CAMHS responded to within 3 working days	M	>80%	86.2% [G]	7.7%	100% [G]	56% [R]	100% [G]	86.7% [G]	82.9% [G]	100% [G]	91.3% [G]	97.2% [G]	100% [G]	81.3%	90.5%	89.7%
Disability Act Compliance																
Assessments completed within timelines	Q	100%	9.1% [R]	-90.9%	16.9% [R]	13.9% [R]	5.1% [R]	6.9% [R]	9.5% [R]	6% [R]	4.3% [R]	8.6% [R]	13.8% [R]	8.8%	7.1%	11.3%
Number of requests for assessment of need received for children	Q	2,995	2,259 [R]	-24.6%	105 [G]	51 [R]	209 [A]	597 [R]	174 [G]	119 [R]	304 [R]	276 [R]	424 [R]	1,882	1,669	590
Children's Disability Networks																
% of networks established ²	M	100%	0%		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Home Support Hours																
Number of hours provided ³	M	9,208,454	8,369,634 [A]	-9.1%	790,051 [R]	957,400 [A]	687,335 [R]	1,338,330 [G]	897,272 [R]	664,763 [A]	935,215 [R]	826,035 [A]	1,273,233 [R]	1,361,320	1,399,844	1,442,931
Nursing Home Support Scheme (NHSS)																
Number of persons funded under NHSS in long term residential care	M	24,157	22,517 [A]	-6.8%										23,497	22,653	22,517
Delayed Transfers of Care																
Number of beds subject to Delayed Transfers of Care	M	≤ 550	420 [G]	-26.3%										298	417	420
Number of acute bed days lost through Delayed Transfers of Care	M	≤ 99,550	83,810 [G]	-15.8%										8,078	12,082	12,716
Financial Management – Expenditure variance from plan																
Net expenditure (pay + non-pay - income)	M	<0.1%	3,132,361	1.89% [R]	2.29% [R]	2.96% [R]	4.93% [R]	2.51% [R]	4.21% [R]	2.95% [R]	3.33% [R]	2.11% [R]	1.78% [R]	1.07%	1.68%	1.89%
Gross expenditure (pay and non-pay)	M	<0.1%	3,388,315	1.65% [R]	1.77% [R]	2.18% [R]	4.83% [R]	2.23% [R]	3.61% [R]	1.86% [R]	2.24% [R]	1.67% [R]	1.17% [R]	1.01%	1.50%	1.65%
Non-pay expenditure	M	<0.1%	1,891,588	2.85% [R]	6.02% [R]	4.58% [R]	7.12% [R]	3.09% [R]	4.57% [R]	1.80% [R]	5.73% [R]	4.01% [R]	3.43% [R]	2.01%	2.68%	2.85%
Service Arrangements (25.06.20)																
Monetary value signed	M	100%	31.24%	-68.76%										25.86%	27.40%	31.24%

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

³ No. of home support hours provided for testing of Statutory Home Support Scheme (230,000) will be included for reporting when the pilot commences.

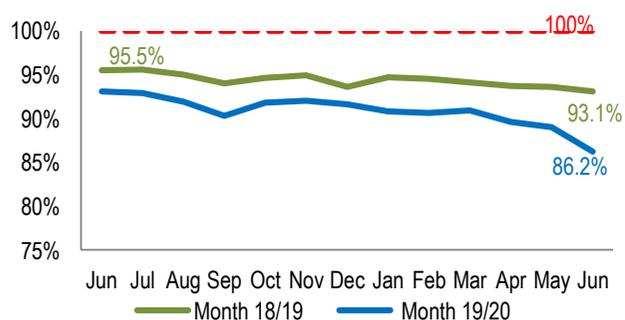
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Internal Audit																
Recommendations implemented within 12 months (2019)	Q	95%	80% [R]	-15.8%											73%	80%
Funded Workforce Plan																
Pay expenditure variance from plan	M	<0.1%	1,496,727	0.17% [A]	0.06% [G]	-0.35% [G]	1.42% [R]	1.35% [R]	2.64% [R]	1.91% [R]	-0.02% [G]	0.01% [G]	-0.48% [G]	-0.21%	0.06%	0.17%
Workforce																
Attendance Management																
% absence rates by staff category (overall)	M-1M	<3.5%	7.33% [R]	109.73%	7.64% [R]	5.69% [R]	7.30% [R]	6.00% [R]	6.88% [R]	7.39% [R]	9.61% [R]	8.49% [R]	7.54% [R]	8.11%	10.40%	7.26%
European Working Time Directive (EWT) Compliance																
<48 hour working week – Mental Health	M	95%	88.1% [A]	-7.3%	98% [G]	86.5% [A]		80.6% [R]	86.4% [A]	97.5% [G]	93.8% [G]	91.2% [G]	73.8% [R]	88.7%	88.5%	88.1%
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	11.1%	100% [G]						100% [G]				100%	100%

Primary Care Services

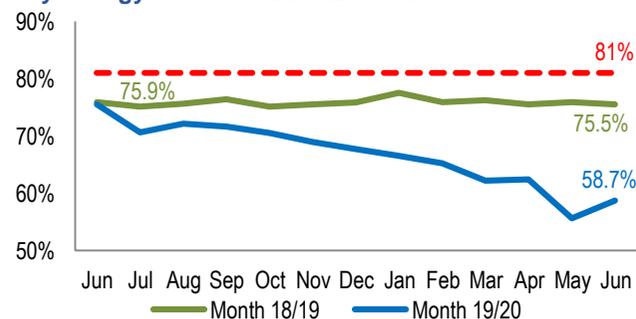
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	● 86.2%	93.1%	-6.9%	89.6%	89%	86.2%	CHO4 (98.4%), CHO2 (95.2%), CHO8 (94.8%)	CHO7 (73.6%), CHO9 (78.6%), CHO1&6 (84.8%)
Physiotherapy access within 52 weeks	94%	M	● 83%	93.8%	-10.8%	87.8%	86.7%	83%	CHO4 (98.2%), CHO6 (91.9%), CHO9 (87.6%)	CHO2 (71.2%), CHO3 (75.8%), CHO1 (82.8%)
Occupational Therapy access within 52 weeks	95%	M	● 63.5%	73.3%	-9.8%	65.8%	65.4%	63.5%	CHO3 (94.6%), CHO8 (68.5%), CHO 6 (67.1%)	CHO1 (46.6%), CHO2 (59.3%), CHO7 (59.8%)
Psychology access within 52 weeks	81%	M	● 58.7%	75.5%	-16.8%	62.4%	55.6%	58.7%	CHO8 (97.7%), CHO6 (92.2%), CHO1 (82.6%)	CHO2 (38%), CHO9 (45%), CHO7 (45.4%)

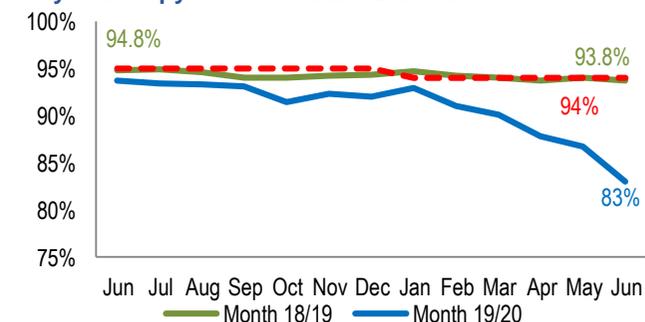
SLT Access within 52 weeks



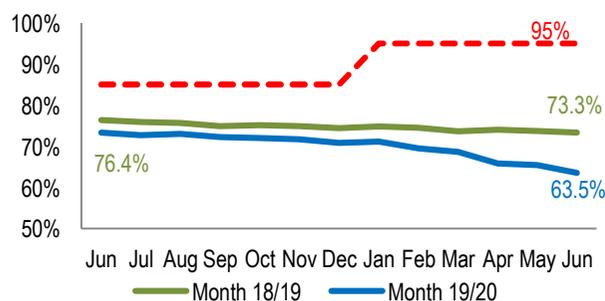
Psychology Access within 52 weeks



Physiotherapy Access within 52 weeks



Occupational Therapy access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	295,897	195,050	-34.1%	299,039	-103,989
Total number waiting	38,630	36,431	-5.7%	41,227	-4,796
% waiting < 12 weeks	79.0%	79.4%	0.5%	78.9%	0.5%
Number waiting > 52 weeks		6,225		2,614	
Occupational Therapy					
Number seen	196,465	144,261	-26.6%	193,088	-48,827
Total number waiting	32,526	31,877	-2.0%	32,888	-1,011
% waiting < 12 weeks	68.0%	68.7%	1.0%	67.3%	1.4%
Number waiting > 52 weeks		11,650		8,766	2,884
Speech & Language Therapy					
Number seen	148,343	78,049	-47.4%	144,788	-66,739
Total number waiting	15,358	16,199	5.5%	15,385	814
Number waiting > 52 weeks		2,229		1,059	1,170

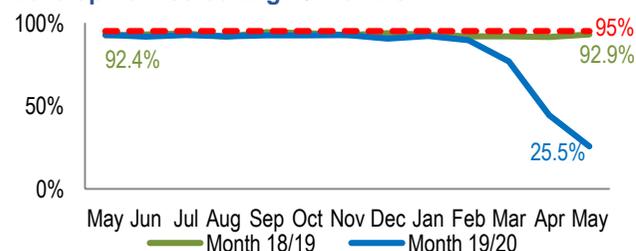
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	8,200	9,581	16.8%	8,275	1,306
Number waiting > 52 weeks		3,125		831	2,294
Psychology					
Number seen	25,171	19,723	-21.6%	23,724	-4,001
Total number waiting	8,836	9,757	10.4%	8,498	1,259
% waiting < 12 weeks	36%	10.9%	-69.6%	26.9%	-16.0%
Number waiting > 52 weeks		4,031		2,086	1,945
Podiatry					
Number seen	42,901	27,010	-37.0%	44,418	-17,408
Total number waiting	3,532	4,633	31.2%	3,900	733
% waiting < 12 weeks	33.0%	17.8%	-45.9%	41.8%	-24.0%
Number waiting > 52 weeks		1,645		843	802
Ophthalmology					
Number seen	52,166	26,458	-49.3%	51,534	-25,076
Total number waiting	17,510	17,425	-0.5%	17,044	381
% waiting < 12 weeks	27.0%	9.6%	-64.3%	27.1%	-17.5%
Number waiting > 52 weeks		6,519		5,690	829
Audiology					
Number seen	32,288	15,747	-51.2%	27,332	-11,585
Total number waiting	17,114	21,136	23.5%	17,621	3,515
% waiting < 12 weeks	41.0%	13.0%	-68.3%	36.2%	-23.2%
Number waiting > 52 weeks		5,761		2,373	3,388
Dietetics					
Number seen	34,013	31,047	-8.7%	34,889	-3,842
Total number waiting	16,498	14,093	-14.6%	17,360	-3,267
% waiting < 12 weeks	40.0%	17.2%	-56.9%	36.7%	-19.5%
Number waiting > 52 weeks		4,706		3,373	1,333

*SLT reports on both assessment and treatment waiting list

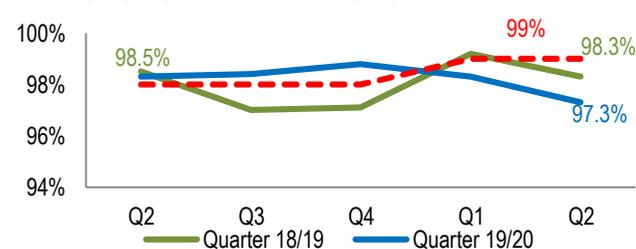
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 67%	92.2%	-25.2%	76.7%	44.4%	25.5%	CHO6 (73.7%), CHO1 (52.6%), CHO8 (26.7%)	CHO4 (11.8%), CHO 5 (12.2%), CHO7 (16.6%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 97.8%	98.7%	-0.9	98.8%	98.3%	97.3%	CHO6 (100%), CHO1 (99.7%), CHO2&4 (99%)	CHO8 (93.2%), CHO5 (97.5%), CHO7 (98.4%)

Development screening 10 months



New borns visited within 72 hours

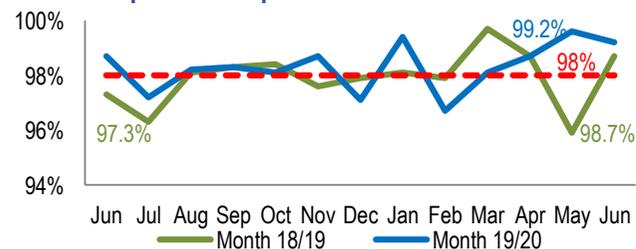


Note: Reporting has not commenced on NSP 2020 metric % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age.

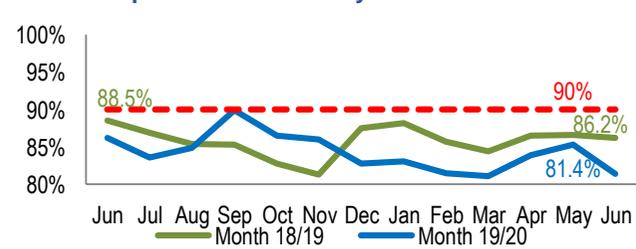
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.6%	98.2%	+0.4%	98.7%	99.6%	99.2%	CHO1, 2, 3, 4, 6, & 7 reached target	CHO9 (95.7%)
Access to palliative community services within 7 days	90%	M	● 82.7%	86.3%	-3.6%	83.9%	85.2%	81.4%	CHO1 (91.5%), CHO2 (89.3%), CHO9 (86.9%)	CHO8 (66.3%), CHO4 (69.4%), CHO5 (79%)
Number accessing inpatient beds	1,926	M	● 1,625	1,833	-208	222	245	263		
Treatment in normal place of residence	3,532	M	● 3,215	3,475	-260	2,854	3,096	3,215		

Access to palliative inpatient beds



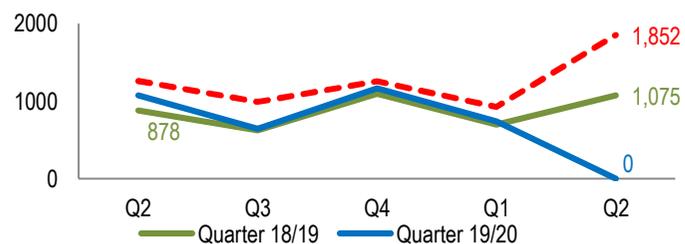
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	1,852	Q	739	1,773	-1,034	1,467	739	0		

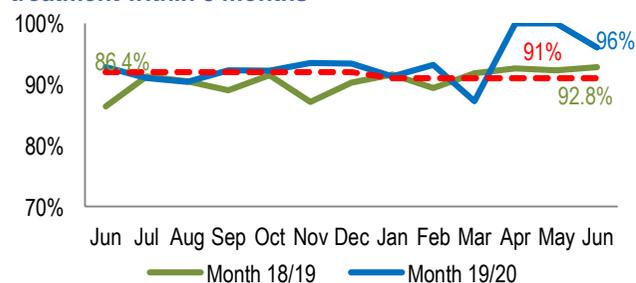
Number who have completed type 2 diabetes education programme



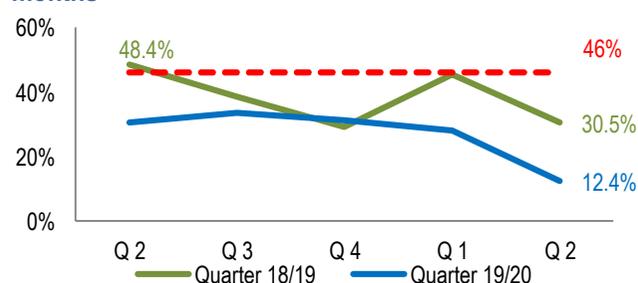
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	91%	M	92.3%	91.7%	+0.6%	100%	100%	96%	CHO4, CHO6 & CHO7 (100%)	CHO5 (42.1%)
Orthodontics - % seen for assessment within 6 months	46%	Q	12.4%	30.5%	-18.1%	31.2%	28%	12.4%		DML 15.5%
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	14.9%	7.6%	+7.3%	7.3%	11.3%	14.9%	West (6.6%)	South (23.3%), DNE (21.9%), DML (14%)

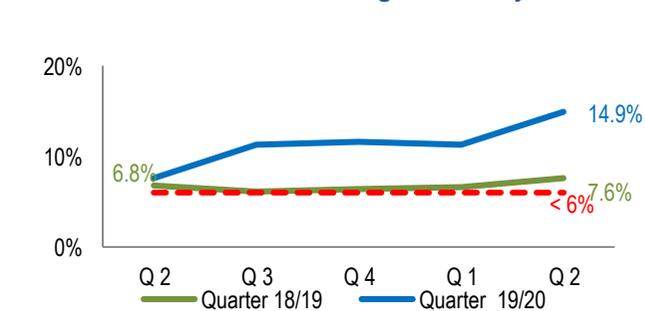
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



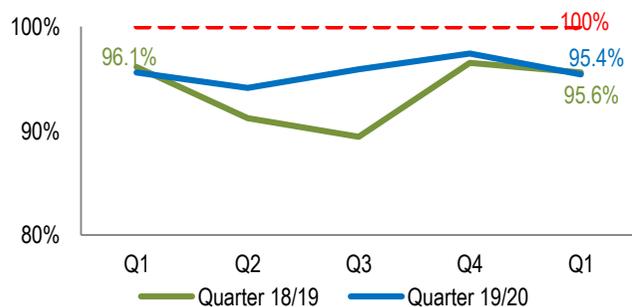
Orthodontics: treatment waiting list > four years



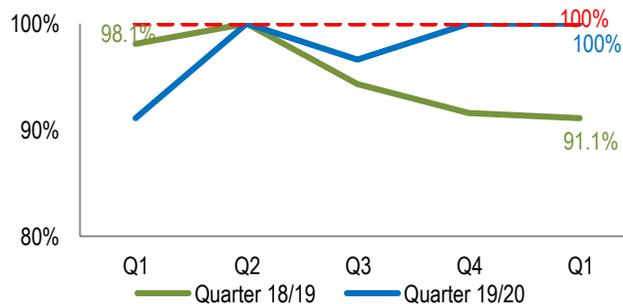
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	● 95.4%	95.6%	-0.2%	95.8%	96.8%	95.4%	CHO6 (100%), CHO7 (100%), CHO5 (99.7%)	CHO3 (74.5%), CHO8 (80%), CHO1 (90.4%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	● 100%	91.1%	+8.9%	97.1%	98.4%	100%	CHO1, 4, 5, 6 & 7 (reached target)	

Access to substance misuse treatment (> 18 years)



Access to substance misuse treatment (<18 years)

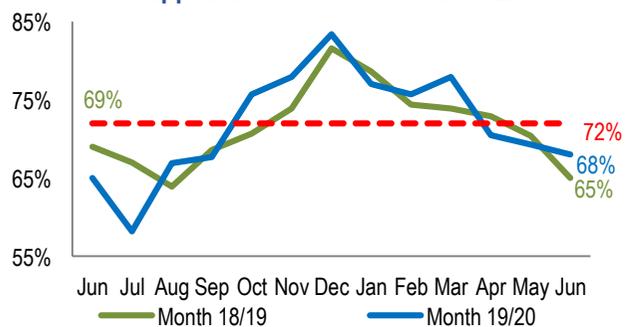


Mental Health Services

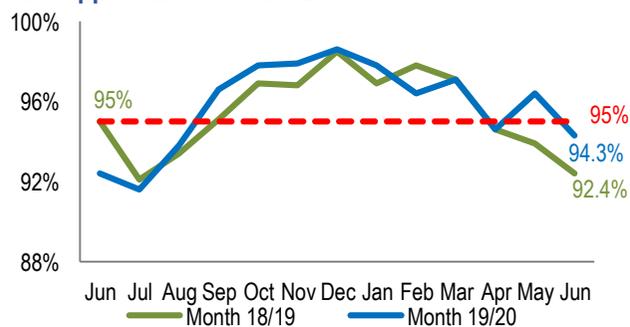
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	75%	M	● 91.7%	84.9%	+6.8%	83.3%	94.1%	94.3%		
CAMHs Bed Days Used	95%	M	● 98.1%	95.4%	+2.7%	97.9%	99.4%	98.5%	CHO1, 2, 3, 5, 6, 7, 8, & 9 reached target	CHO4 (81.2%)
CAMHs – first appointment within 12 months	95%	M	● 96.3%	95.5%	+0.8%	94.6%	96.4%	94.3%	CHO1, 2, 3, 5, 7, 8, & 9 reached target	CHO6 (76.4%), CHO4 (80.5%)
CAMHs waiting list	1,894	M	● 2,315	2,461	-146	2,469	2,277	2,315	CHO2 (55), CHO5 (129), CHO7 (129)	CHO6 (423), CHO4 (411), CHO8 (394)
CAMHs waiting list > 12 months	0	M	● 224	267	-43	248	228	224	CHO2 (0), CHO5 (0)	CHO4 (103), CHO1 (63), CHO8 (27)
No of referrals received	9,081YTD 18,128 FYT	M	● 7,412	10,348	-2,936	662	838	1,103		
Number of new seen	5,434YTD 10,833 FYT	M	● 4,648	5,917	-1,269	596	611	696		
% of urgent referrals to CAMHs Teams responded to within three working days	>80%	M	● 86.2%	70.3%	+15.9%	81.3%	90.5%	89.7%	CHO1, 3, 4, 5, 6, 7, 8, & 9 reached target	CHO2 (54.3%)

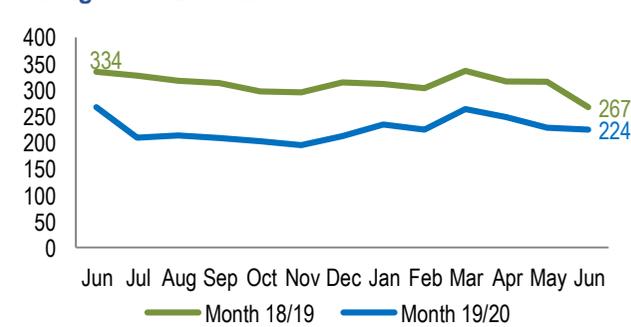
% offered an appointment and seen within 12 weeks



First appointment within 12 months



Waiting list > 12 months



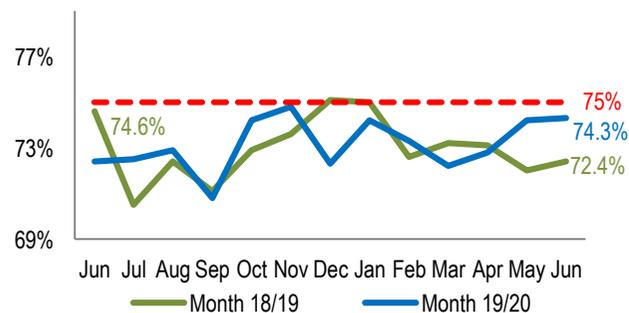
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	22,427YTD 44,801 FYT	M	●	18,154	21,944	-3,790	1,991	2,579	3,017		
Number of referrals seen	14,385YTD 28,716 FYT	M	●	11,299	13,357	-2,058	1,416	1,677	1,836		
% seen within 12 weeks	75%	M	●	73.6%	73.1%	0.5%	72.8%	74.2%	74.3%	CHO1, 2, 6 & 7 reached target	CHO9 (59.9%), CHO4 (68.8%), CHO8 (69.1%)

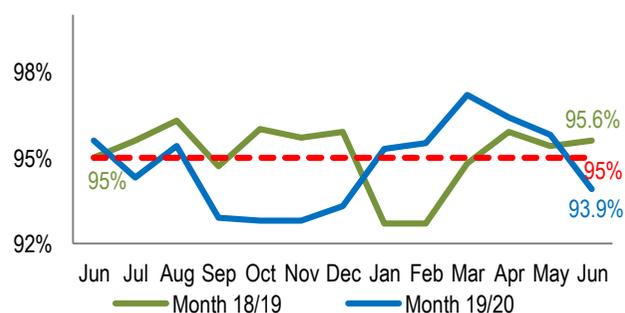
Psychiatry of Later Life

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	6,305YTD 12,593FYT	M	●	5,336	6,311	-975	538	774	1,076		
Number of referrals seen	4,454 YTD 8,896 FYT	M	●	3,546	4,614	-1,068	325	538	667		
% seen within 12 weeks	95%	M	●	95.5%	94.4%	+1.1%	96.4%	95.8%	93.9%	CHO2, 5, 6 & 8 reached target	CHO4 (80.3%), CHO1 (89%), CHO7 (92%)

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



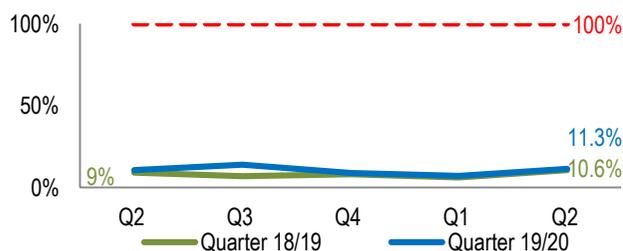
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



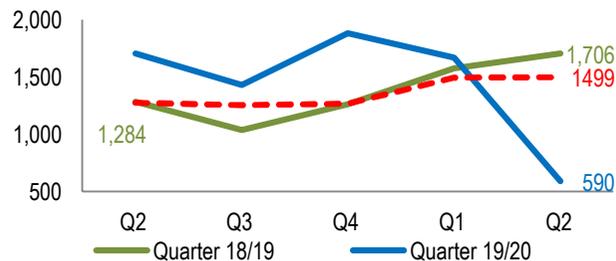
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	● 9.1%	8.5%	+0.6%	8.8%	7.1%	11.3%		(% Var): CHO3 (3.2%), CHO8 (5.8%), CHO7 (8%)
Number of requests for assessment of need received for Children	2,995 YTD/ 5,975 FYT	Q	● 2,259	3,283	-1,024	1,882	1,669	590	(% Var): CHO1 (101.9%), CHO5 (10.8%)	(% Var): CHO2 (-52.8%), CHO9 (-44.1%), CHO7 (-35.6%)
Congregated Settings	67 YTD/ 132 FYT	Q	● 52	59	-7	25	40	12	(% Var): CHO5 (366.7%), CHO7 (133.3%), CHO6 (75%)	(% Var): CHO3 (-100%), CHO2 (-75%), CHO4 (-71.4%)
% of Children's Disability Networks established ⁴	100%	M	0%	0%	0	0%	0%	0%		
Number of Children's Disability Networks established	96	M	0	0	0	0	0	0		

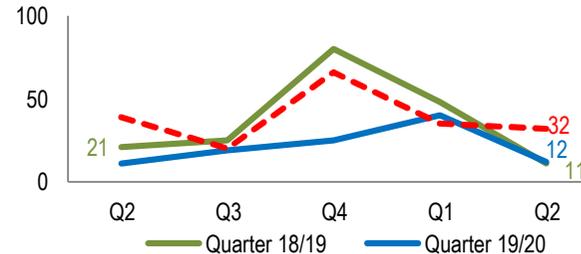
Disability Act Compliance



Assessment of Need Requests



Congregated Settings



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

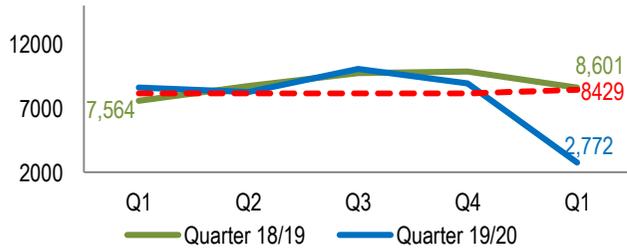
Performance area	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	64	28	● 59	42.5	+16.5	11	15	11
No. of in home respite supports for emergency cases (New KPI)	144	75	● 160			60	30	64
Total no. of new emergency places and in home respite supports	208	103	● 219			71	45	75
Number of residential places provided to people with a disability ⁵	8,358	8,358	● 8,185			8,181	8,187	8,185

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

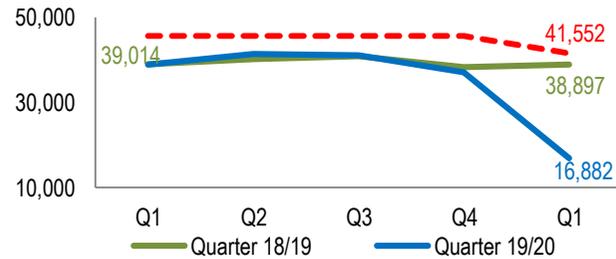
⁵ Residential data returned as quarterly for 2019 (listed as monthly in NSP), data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite Sessions	8,429 YTD/ 33,712 FYT	Q-1M	● 2,772	8,601	-5,829	10,058	8,937	2,772	(% Var): CHO8 (74.2%)	(% Var): CHO1 (-88%), CHO7 (-76.6%), CHO4 (-34.3%)
Respite – Number of overnights	41,552YTD/ 166,183 FYT	Q-1M	● 16,882	38,897	-22,015	41,064	37,102	16,882	(% Var): CHO8 (4.7%)	(% Var): CHO1 (-60.7%), CHO4 (-36.8%), CHO7 (-25%)
Home Support Hours	770,005YTD/ 3,080,000 FYT	Q-1M	● 401,621	779,962	-378,341	800,739	698,803	401,621	(% Var): CHO8 (16.1%), CHO3 (14.8%)	(% Var): CHO1 (-28.2%), CHO7 (-17.4%), CHO4 (-5%)
Personal Assistance Hours	417,502 YTD/ 1,670,000 FYT	Q-1M	● 182,303	406,588	-224,285	419,996	404,613	182,303	(% Var): CHO7 (32.9%), CHO8 (2.5%), CHO3 (1.6%)	(% Var): CHO1 (-61.5%), CHO4 (-33.7%),

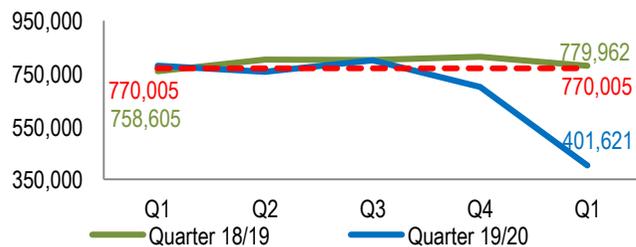
Respite Day Only



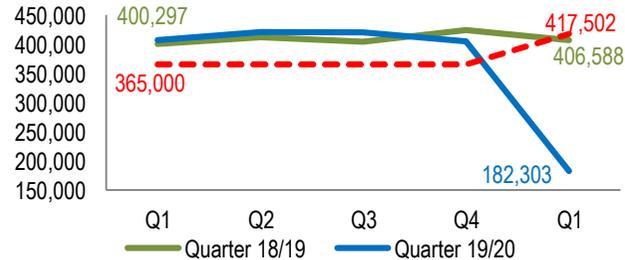
Respite Overnights



Home Support Hours



Personal Assistance Hours

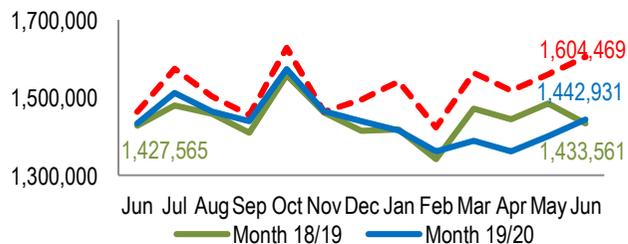


Older Person's Services

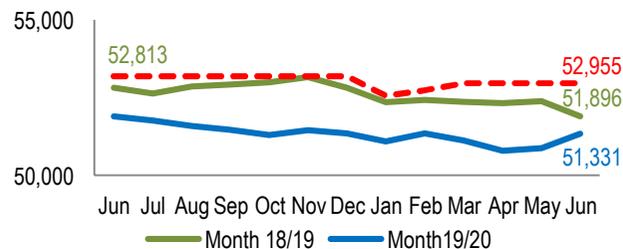
Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	9,208,454 YTD/ 18,670m FYT	M	●	8,369,634	8,593,817	-224,183	1,361,320	1,399,844	1,442,931	(%Var): No CHO achieved target	(%Var): CHO9 (-14.7%), CHO7 (-12.8%), CHO1 (-10.9%)
No. of people in receipt of Home Support	52,955 YTD/ 53,475 FYT	M	●	51,331	51,896	-565	50,789	50,870	51,331	(%Var): CHO7 (4.9%), CHO9 (1.2%)	(%Var): CHO8 (-8%), CHO5 (-7.4%), CHO6 (-6.3%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	151	233	-82	162	156	151		
No. of persons funded under NHSS in long term residential care	24,157 YTD/ 24,379 FYT	M	●	22,517	23,173	-656	23,497	22,653	22,517		
No. of NHSS beds in public long stay units	4,980 YTD/ 4,980 FYT	M	●	4,929	4,966	-37	4,933	4,929	4,929	(%Var): CHO7 (5%), CHO3 achieved target	(%Var): CHO9 (-3.6%), CHO1 (-3.1%), CHO6 (-2.7%)
No. of short stay beds in public units	1,848 YTD/ 1,720 FYT	M	●	1,684	1,943	-259	1,626	1,613	1,684	(%Var): CHO4 (14.7%), CHO8 (3.4%), CHO9 (1.3%)	(%Var): CHO1(-26.9%), CHO2 (-26.7%), CHO7 (-24.8%)
No. of beds subject to Delayed Transfers of Care	≤550	M	●	420	599	-179	298	417	420	Mallow (0), Mullingar, SIVUH (1)	SJH (67), Tallaght - Adults (36), MMUH (35)
No. of persons in receipt of payment for transitional care	1,160	M-1M	●	600	1,421	-821	1,391	325	600		

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

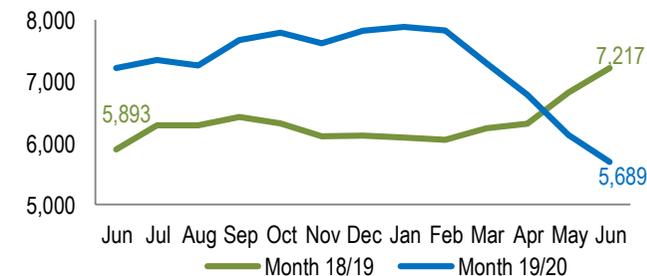
Number of Home Support Hours Provided



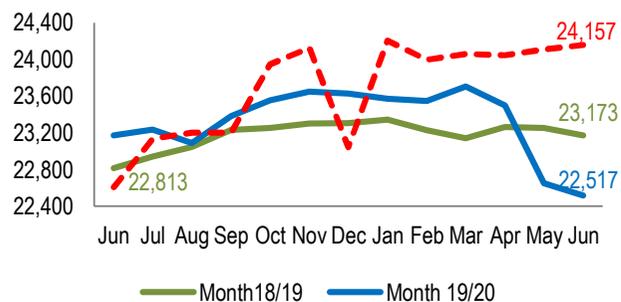
Number of people in receipt of Home Support



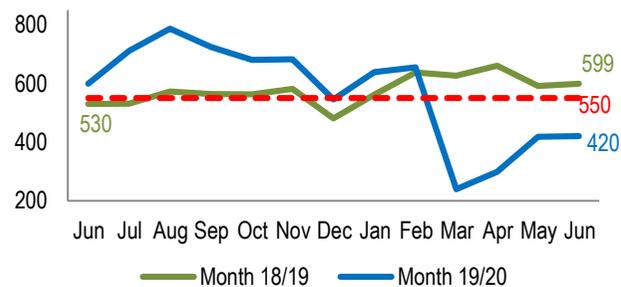
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfer of Care



Delayed Transfer of Care by Destination

	Over 65	Under 65	Total	Total %
Home	73	17	90	21.4%
Long Term Nursing Care	233	32	265	63.1%
Other	43	22	65	15.5%
Total	349	71	420	100%

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	4,914	5,284	-370	598	500	703	673	+30
	National placement list for funding approval	522	984	-462	573	458	522	984	-462
	Waiting time for funding approval	4 weeks	5.5 weeks	-1.5 weeks	4 weeks	4 weeks	4 weeks	5.5 weeks	-1.5 weeks
	Total no. people funded under NHSS in LTRC	22,517	23,173	-656	23,497	22,653	22,517	23,173	-656
Private Units	No. of new patients entering scheme	3,409	3,239	+170	493	356	509	494	+15
	No. of patients Leaving NHSS	4,281	3,318	+963	648	1,029	605	523	+82
	Increase	-872	-79	-793	-155	-673	-96	-29	-67
Public Units	No. of new patients entering scheme	772	858	-86	101	76	89	108	-19
	No. of patients Leaving NHSS	1,012	911	+101	153	247	129	158	-29
	Net Increase	-240	-53	-187	-52	-171	-40	-50	+10

Disability and Older Persons' Services Safeguarding

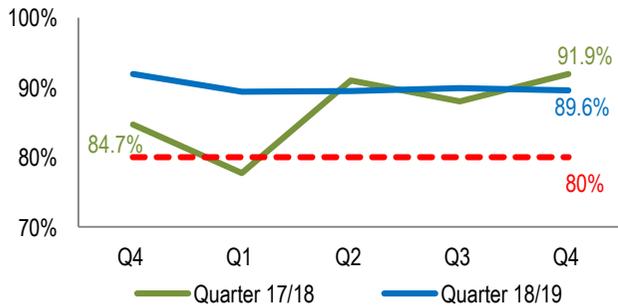
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M		98%		97.6%	96.2%			
% of preliminary screenings for adults under 65 years	100%	Q-1M		99.6%		99.1%	98.8%			

No return for Q1

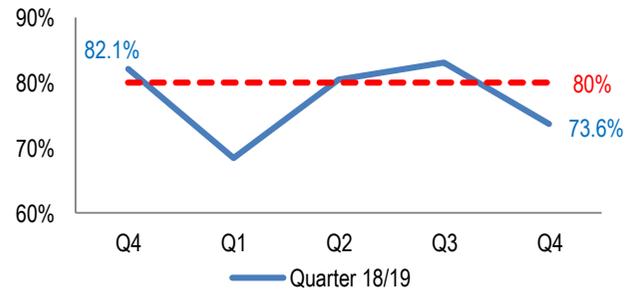
HIQA Inspections

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	●	89.6%	88.9%	+0.7%	89.5%	89.9%	89.6%	
HIQA Inspections (Older Persons)	80%	Q-2Q	●	77%	84%	-7%	80.5%	83.1%	73.6%	

HIQA – Disabilities



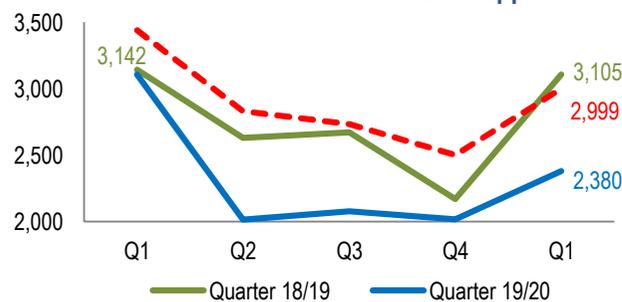
HIQA Inspections – Older Persons



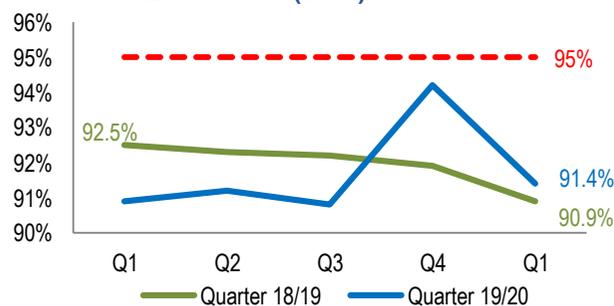
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers who have received intensive cessation support	2,999 YTD/ 10,000 FYT	Q-1Q	● 2,380	3,105	-725	2,078	2,017	2,380	(% Var): IE HG (28.1%), CHO1 (25.2%), National Quitline (24.3%)	(% Var): CHO3 (-90%) UL HG (-84.2%), CHO6 (-70.5%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 46.7%	49.7%	-3%	45.7%	46.1%	46.7%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 91.4%	90.9%	+0.5%	90.8%	92.2%	91.4%	No CHO reached target	CHO7 & CHO9 (90.1%) CHO6 (90.6%) CHO1 (91.2%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.7%	93.4%	-0.3%	93.2%	94.3%	93.7%	CHO4 (95.2%)	CHO5 (91.8%) CHO6 (91.9%) CHO7 (92.9%)

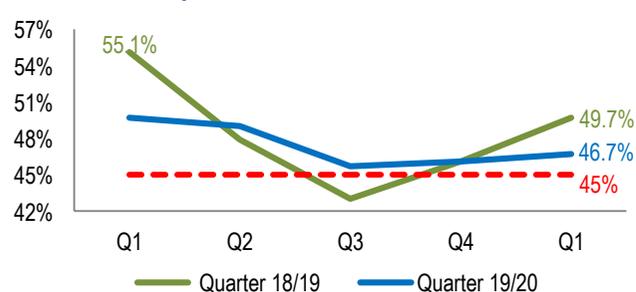
Tobacco smokers – intensive cessation support



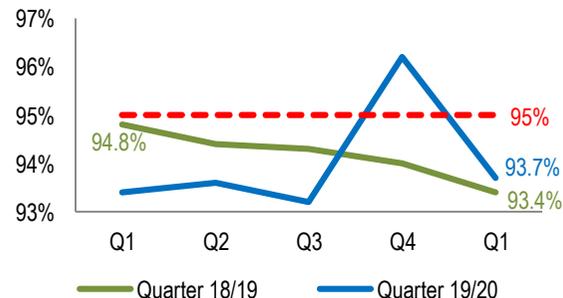
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Primary Care Services

Community Intervention Teams (CIT)

There were 29,014 CIT referrals to June which is 27.7% ahead of the expected activity for the year of 22,716. Eight of the 9 Community Healthcare Organisations (CHOs) are ahead of target at June 2020. CHO 3 with activity of 3,666 is 6.6% below the target of 3,924 and this is being addressed by the Head of Service in CHO 3.

Child Health Developmental Screening 10 Months

The national performance at June 2020 is 67% compared to a target of 95.0%. The same period last year was 92.2%. None of the nine CHOs are green on the National Scorecard and performance is within a range of from 52.1% to 86.6%.

Note that due to Covid all non-essential clinical work was suspended in mid-March 2020 including all routine child developmental checks. The child immunisation programme was prioritised in the recommencement of services and this work has been progressed in recent weeks. A date for the resumption of developmental checks has not been set but the preparatory work in terms of infrastructure readiness to ensure a clean and safe environment is underway. Covid will impact on the ability to achieve full year target.

Speech and Language Therapy (SLT) Access within 52 weeks

The national position at June 2020 is red at 86.2% compared to the target of 100%. The same period last year outturn was 93.1% The number of clients waiting for initial assessment for longer than 52 weeks has increase by 28% from 1,747 in May to 2,229 in June.

Comments on specific CHO Areas performance at June 2020 re SLT Access within 52 weeks;

- Due to Covid return rate for data is 87.5%
- Covid will impact on the ability to achieve full year target. In light of Covid services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc. This is the case across all our therapy services.

Physiotherapy Access within 52 weeks

The national position at June 2020 YTD is red at 83% compared to the target of 94%. The prior month YTD performance was 86.7%. The number of clients waiting longer than 52 weeks has increased by 17% from 5,301 in May to 6,225 in June. Two CHOs are green on the national scorecard with performance within a range of 91.9% to 98.2%. Three CHO's are in amber in June within a range of 84.7% to 87.6%. Four CHO's are in red at June within a range of 71.2% to 84.3%. Covid will impact on the ability to achieve full year target.

Occupational Therapy (OT) Access within 52 weeks

The national June YTD position is 63.5% (red) compared to the target of 95%. One CHO is green on the Heatmap with performance of 94.6%. Eight CHOs are red on the Heatmap with performance in a range from 46.6% to 68.5%. The number of clients waiting longer than 52 weeks increased from May 10,897 and June 11,650 Covid will impact on the ability to achieve full year target. * Data return rate 90.6%

Psychology Access within 52 weeks

The national June YTD position is 58.7% (red) compared to the target of 81%. Three of the 9 CHOs are green on the national scorecard with performance in a range from 82.6% to 97.7%. CHOs 2, 3, 4, 5, 7 & 9 are red on the Heatmap. The number of clients waiting longer than 52 weeks has decreased by 18% from 4,907 in May to 4,031 in June. Covid will impact on the ability to achieve full year target. *Data return rate 90.6%

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 2020			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	295,897	195,050	-34.1%
Occupational Therapy	196,465	144,261	-26.6%
SLT	148,343	78,049	-47.4%
Podiatry	42,901	27,010	-37.0%
Ophthalmology	52,166	26,458	-49.3%
Audiology	32,288	15,747	-51.2%
Dietetics	34,013	31,047	-8.7%
Psychology	25,171	19,723	-21.6%

Palliative Care

Access to Palliative Inpatient Beds

In June 2020, the YTD position is 98.6% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Seven CHO's surpassed the target of 98% with all admissions within 7 days during the current month. Performance in June was 99.2% for access within 7 days to specialist palliative care inpatient beds.

Access to Palliative Community Services

In June 2020, the YTD position is 82.7% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) compared to performance of 86.3% in same period last year. In June 2020, 1 CHO performed above the target. Eight CHO's (CHO 2, 3, 4, 5, 6, 7, 8 & 9) did not reach the target.

Children's Palliative Care

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in June 2020 has increased by 3 children on the same period last year (44 in June 2019 vs 47 in June 2020). The number of

children in the care of the Children's Nurse Co-Ordinators was 289 in June 2020 has decreased by 10 children on June 2019 (299 June 2019 vs 289 in June 2020)

Mental Health

Finance

Engagements with each of the CHOs have taken place to review the position relating to the year-end agreed deficit/ surplus position to ensure finance remained on track for a breakeven position. The preliminary figures show that Mental Health overall has come in at year end with a slight surplus of €200k. The engagement call also provided an opportunity to discuss planned savings measures in each of the CHOs. These were not completed until after the calls. Finally, developments for 2020 were discussed in the context of the need to balance new developments against the necessity to deliver a break even position at the end of 2020. The specific development posts that can be progressed in each CHO were discussed in order to ensure a shared understanding. There is now an agreed position with each of the CHOs. The impact of this on clinical programs and service improvement initiatives has been noted.

The availability of minor capital is a significant issue in all of the CHOs and this relates to challenges in regulatory compliance. There are also some CHOs where major capital is needed to meet regulatory conditions e.g. CHO4. This is being addressed both locally and nationally where HoS, COs and the AND for MH Ops and QPS are working together.

Payroll surpluses in mental health relate to the CHO's inability to recruit staff, this payroll surplus is predominately relating to Nursing (mainly approved centres) along with Medical (mainly community teams where the clinical lead post is essential for the team to function). Deficits in agency & overtime are arising from the agency premium paid as a result of filling replacement post vacancies with agency & overtime. While every effort is being made to reduce agency & overtime, there is a reality that staff are choosing to work this way in a sector where there is full employment. Non pay deficits are being driven mainly by unavoidable capitation payments.

Adult mental health services KPIs

- 73.6% of patients were offered an appointment and seen within 12 weeks in general adult mental health in 2020 (where the target is 75%). Outliers are CHOs 4, 8 and 9. This will be discussed on engagement calls in July where action plans can be reviewed.
- 95.5% of people in Psychiatry of Old Age services were offered an appointment and seen within 12 weeks in 2020 (where the target is 95%).

Additional comments:

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This has been exacerbated by the derogation process. CHOs are reporting that the extension of the derogation from 3 to 6 months should impact positively on this. Concerns expressed that the current financial constraints mean that essential services e.g. inpatient are maintained but strategic developments and preventative interventions in the community cannot be progressed and so there are more people whose needs escalate so that they need inpatient services. This may be an unintended consequence which is in direct contrast to the strategic direction of both VfC and Sláintecare. There are particular concerns around losses of HSCP posts which have not been traditionally supported by agency and so are not available for savings through agency conversion
- Recent MHC publications on seclusion and restraint and also on care planning were discussed on all engagement calls.

CAMHS Inpatient Units

Nationally there were 144 children admitted to CAMHS in-patient units at the end of June 2020. Close weekly monitoring at national level of the activity and wait list for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

Admissions of children to child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient unit's activity YTD continues above target (75%) at 91.7%.

Activity YTD at end of June 2020 for percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units is above 95% target at 98.1%.

CAMHS Admission to Adult Units

The number of children admitted to adult mental health units has reduced during 2020. Latest available data to the end of June 2020 indicates a running total of 13 child admissions to adult units. This is compared to a total of 50 child admissions to adult units in 2019. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise length of stay.

Community CAMHS

Uncertainty about our ability to recruit and delays in recruitment are impacting significantly on services where waiting lists are now developing where they haven't existed before. CHO 2 & CHO 5 have no children waiting longer than 12 months to be seen by CAMHS. CHO1 have 63, CHO3 (15), CHO4 (103), CHO6 (6), CHO 7 (7), CHO 8 (27) and CHO9 have 3 children waiting longer than 12 months to be seen by CAMHS.

New initiatives to address this and sustain improvement into the future are currently being examined within CHOs as follows;

- CHO4 – Waiting list challenges continue particularly for two teams where there has been no consultant in place for extended periods. On-going service improvement initiatives continue including activity targets aligned to resources with management oversight, resources to reduce dependence on medical staff where there are vacancies, electronic diary management and monitoring of all clinical contacts per WTE.

Nationally there was an increase of 58 children on the waiting list for community mental health services continues from 2,257 in May to 2,315 in June 2020. However, there is an overall reduction of 125 children on the waiting list for community mental health services for the same period last year.

Latest data available from June 2020 indicate that YTD 78.6% of referrals accepted by child and adolescent teams nationally were offered an appointment within 12 weeks on target. 96.3% of young people referred were seen within 12 months in community CAMHS services YTD June 2020.

Nationally 86.2% of urgent referrals to CAMHS were responded to within three working days, above the 80% target. This variance is largely driven by one area CHO2 and is due to the inputting of data as opposed to not responding to urgent referrals. This situation is being currently rectified by CHO2 and figures will be updated in Quarter 3.

Disabilities

Financial Challenges in Vol Org Disability Services

The current voluntary sector provider base can be characterised as systemically challenged in terms of financial sustainability, and many are struggling in the context of attaining and sustaining appropriate levels of governance and leadership capacity. Consequently, a significant number of existing providers continue to present a risk in terms of service continuity without medium to long-term statutory intervention/ reform.

This has been highlighted in previous NPOG reports and been reported to the relevant line division in the Dept of Health.

Progressing Disability Services (0-18 Teams)

- The appointment of CDNMs commenced in Q1 2020 with the formal appointment of existing CDNMs through the ring fencing process. Final details regarding the job offer process were agreed with HBS Recruit. The issuing of job offers was impacted by the COVID-19 pandemic. However, the job offer process commenced in Q2 and candidates are now at the contracting stage. A small number of posts may not be filled from the existing panels. Engagement with HBS Recruit is on-going to progress a new competition for outstanding vacancies. The appointment of CDNMs will support the reconfiguration of children's disability services into Children's Disability Network Teams.
- 100 new therapy grade posts sanctioned as part of NSP 2019 have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community

Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 97 of these posts were in place at 30/6/2020.

- The following key issues remain.
 - **Limited and in some cases, lack of Admin support** is compromising team effectiveness and efficiency with clinicians' time spent on administration duties. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.
 - **Lack of Capital Funding:** preventing collocation of therapists to deliver an interdisciplinary, child and family centred service is significantly reducing optimum team performance and outcomes for children with disabilities and their families. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.

Disability Act Compliance

The total number of applications 'overdue for completion' rose again during Quarter 2, 2020. The increase in Q2 is mainly due to the lack of assessments completed due to the Covid pandemic - However, there were fewer than expected new applications for assessment of need due to the COVID-19 pandemic.

PA/Home Support Hours/Respite Services

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

In this context, the level of activity will be significantly reduced in Quarter one and Quarter two. However, reporting in some KPI metrics since the onset of the pandemic has been inconsistent across all care groups and CHO Areas, with only 56.2% of the overall templates for Disability Services returned. In Q1

returns were very low for PA/Home Support/Respite Services – about 50% of LHO Areas, which doesn't constitute a valid dataset. We will endeavour to improve the level of returns for Quarter Two reporting.

Throughout the pandemic, staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

Congregated Settings

A total of 52 people transitioned from congregated settings to homes in the Community in Q2 2020. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, the population in congregated settings at the year-end was 50% lower than those identified in the original report with less than 2,000 people remaining in congregated settings.

The target for de-congregation for 2020 was set at 132. However, preliminary indications are that many transitions targeted cannot be progressed without additional on-going revenue funding. Services & CHO's are indicating that all of these are achievable within the year, if sufficient revenue funding is found.

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

Emergency Places

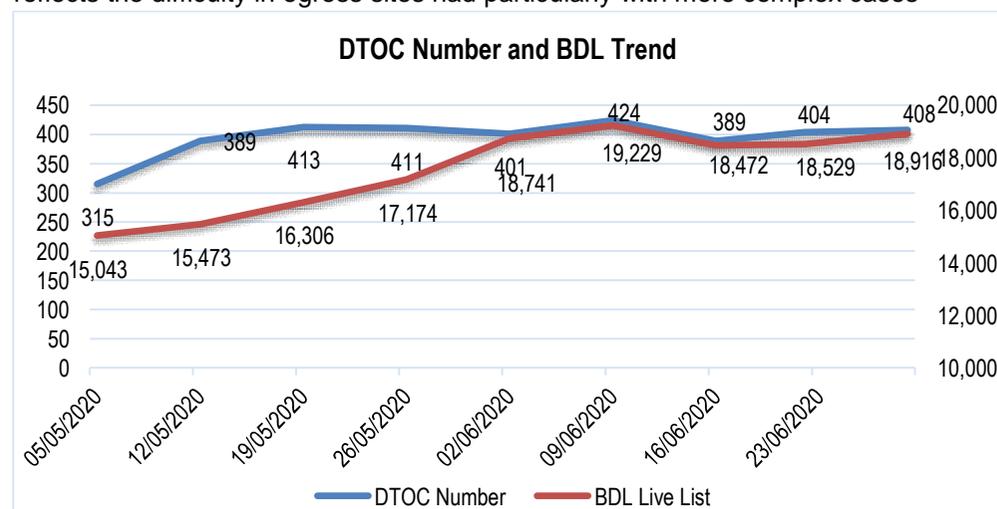
In accordance with NSP 2020, Disability Services committed to developing 64 new emergency residential placements and 144 intensive transitional support packages for children and young people with complex / high support needs focusing on families experiencing substantial levels of support need, but who do not require a high cost long term placement. At end of Quarter 2, a total of 59 new emergency places were developed across the 9 CHOs at a cost of €12.6

million. A further 160 intensive home support packages were put in place at a cost of €4.7m.

Older Persons

Delayed Discharges

The number of Delayed Transfers of Care (DTC) within acute Hospitals remained steady throughout June with a daily range between 401 and 424 patients delayed in acute beds. Bed Days Lost (BDL) as a result of these DTCs rose by the end of June to 18,916 compared to 18,741 at the end of May. This reflects the difficulty in egress sites had particularly with more complex cases



NHSS

- In June 2020, the Nursing Homes Support Scheme funded 22,517 public and private long term residential places. When adjusted for clients not in payment, there were 23,580 places supported under the scheme. The number of people funded under the scheme is below the NSP profile for June of 24,157.
- There is a decrease of 656 in the number of people supported under the Scheme when compared to the same period last year. This is a 2.8% decrease in activity year on year.

- The number on the placement list awaiting funding at the end of June 2020 is 522 (June 2019 - 984) and the Awaiting Funding period is four weeks, as per NSP 2020. This is a decrease of 462 (47%) on the same period last year.
- A total of 4,154 people were approved for funding under the Scheme in the first six months of 2020 compared to 3,913 people approved for the same period last year. This is an increase of 241 approvals, or 6.16% period on period.

In Q2 of 2020, 4,914 applications were received and 4,181 clients went into care and were funded under the Scheme in public and private nursing homes. This is an increase of 84 or 2.05% in the number of starters supported under the scheme when compared to Q2, 2019. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2020

Home Support

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

NSP 2020 provides for 18.9m home support hours to be delivered to 53,700 people (by year end) inclusive of 770,000 hours/2,210 home support packages funded under the Winter Initiative 2019/2020, and 230,000 hours relating to the Home Support Pilot Scheme to commence Q2 2020 plus Intensive Home Care Packages delivered to approximately 235 people with approximately 360,000 hours delivered in the full year. The additional hours over the level provided in 2019 (17.9m hours) relates to additional activity funded during 2019 to support service pressures during the winter months, additional hours being phased in over Q1 and Q4 2020 plus 230,000 hours relating to the pilot Home Support Scheme scheduled to commence in Q2. As at end March 2020, 2,034 additional home support packages have been allocated under Winter Plan 2019/2020

(1,272 for hospital egress and 762 from the community Home Support Waiting List).

To the end of June, it was expected that the Home Support Service would deliver 9,208,454 hours. The data reported indicates that 8,369,634 hours were provided, a variance of -9.1% with 51,331 people in receipt of home support and 151 people in receipt of an Intensive Home Care Package. There was a full data return in the June reporting cycle.

The CHOs are currently in the process of restoring home support services to those who had their service temporarily suspended during the height of the pandemic. In April 2020, the number of clients who had their service temporarily suspended was 11,313. This figure has reduced to 5,229 as of 24th June 2020, with 5,123 of those relating to services which were suspended voluntarily.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists for the end of June indicates that 5,689 people were waiting for home support funding, (preliminary data). All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

Population Health & Wellbeing

MECC

MECC eLearning has been available throughout the Q1, Q2 with improved access and minimal navigation issues for online participants. 578 staff completed the eLearning in Q1 & Q2 despite the Covid challenge. Face to face workshops were cancelled from 10th March. The MECC programme is exploring other options of delivering the skills workshop e.g. an online platform, Communication to the wider system to promote eLearning commencing week of July 20th. Commencement of the HRB Applied Partnership Award entitled Implementation of Making Every Contact Count (MECC): Developing a

collaborative strategy to optimise and scale-up MECC is delayed from March to September 2020.

[Tobacco smokers – intensive cessation support](#)

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

Nationally, 2,380 smokers received intensive cessation support from a cessation counsellor in Q1 2020, which is -20.6% below the quarterly target of 2,999 smokers. Three out of the nine CHOs achieved or exceeded their target YTD with the best performers being CHO1 (+25.2%), CHO 8 (+3.6%) and CHO 5 (+2.2%). In contrast, the performance outliers are CHO 3 (-90%), UL Hospital Group (-84.2%), CHO 6 (-70.5%), CHO 2 (-70.4%) and Saolta Hospital Group (-67.9%). Underperformance can be attributed to vacancies in some services. Additionally, the new campaign (QUIT for 28 days) including TV adverts was paused due to the Covid-19 pandemic. Prior to this, the QUIT campaign was working very effectively in motivating quit attempts. The Tobacco Free Ireland (TFI) programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support.

[% of smokers quit at four weeks](#)

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly in arrears (i.e. Q1 2020 is reported in Q2 2020). Nationally, 46.7% of smokers remained quit at four weeks YTD March 2020 which is above the target of 45%.

[Population Health Protection - Vaccinations](#)

The World Health Organisation (WHO) has listed vaccine hesitancy among a number of global health threats. The WHO said that vaccination currently prevents up to three million deaths a year, and a further 1.5 million could be

avoided if global coverage of vaccinations improved. The Vaccine Alliance established by the DoH is aimed at boosting the uptake of childhood vaccines and reducing vaccine hesitancy. This alliance is comprised of healthcare professionals, policymakers, patient advocates, students and representatives from groups most affected by vaccine hesitancy.

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

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

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

The 6 in 1 vaccine protects children against six diseases: diphtheria, hepatitis B, haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death. Due to the prioritised response to the Covid-19 pandemic, immunisation uptake data was incomplete for the Q4 reporting period (i.e. this metric is reported quarterly in arrears). These data gaps have now been addressed.

Nationally, the uptake rate for the 6-in-1 vaccine YTD March is 93.7% against a target of 95% (-1.4%). CHO 4 is exceeding the target (95.2%) and all other CHOs are within 4% of target.

% of children aged 24 months who have received the MMR vaccine – (MMR Vaccine)

The MMR vaccine protects children against Measles, Mumps and Rubella (also called German measles). The vaccine works by stimulating the immune system to build up protection against these diseases. Measles, Mumps and Rubella have become less common since the vaccine was introduced. However, outbreaks can still occur if not enough children have been vaccinated. Due to the prioritised response to the Covid-19 pandemic, immunisation uptake data was incomplete for the Q4 reporting period (i.e. this metric is reported quarterly in arrears). These data gaps have now been addressed.

Nationally, the uptake rate for the MMR vaccine for YTD March is 91.4% against a target of 95% (-3.8%). No CHO reached the target of 95%. CHO 3 achieved the highest uptake rate at 93.2%. All other CHOs are within 5% of target.

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
Quality & Safety	Serious Incidents															
	Review completed within 125 calendar days	M	80%	30% [R]	-62.5%								33%	26%	35%	
	Service User Experience (Q1)															
	Complaints investigated within 30 working days	Q	75%	48% [R]	-36%	6% [R]	36% [R]	63% [R]	80% [R]	49% [R]	31% [R]	29% [R]				
	HCAI Rates															
	Staph. Aureus (per 10,000 bed days)	M	<0.9	1.0 [R]	13.4%	1.3 [R]	1.1 [R]	1.2 [R]	1.2 [R]	0.9 [G]	0.2 [G]	1.8 [R]	0.9	0.7	1.0	
	C Difficile (per 10,000 bed days)	M	<2	2.3 [R]	13.4%	1.3 [G]	3.0 [R]	2.3 [R]	2.9 [R]	1.6 [G]	2.3 [R]	0.9 [G]	2.6	2.3	2.3	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	76.6% [R]	-23.4%	0.0% [R]	100% [G]	63.6% [R]	100% [G]	50% [R]	50% [R]	100% [G]	74.5%	53.2%	76.6%	
	Surgery															
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.8% [A]	-9.7%		75.6% [R]	91.1% [G]	74.4% [R]	87.1% [G]	70% [R]	64% [R]	76.7%	75.1%	76.8%	
	Surgical re-admissions within 30 days of discharge	M-1M	≤2%	1.9% [G]	-5%		2.9% [R]	1.5% [G]	2.1% [G]	1.9% [G]	1.8% [G]	1.6% [G]	1.7%	1.5%	3.2%	
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	46.6% [R]	-22.3%		59.3% [G]	50.6% [R]	41.9% [R]	35% [R]	53.4% [R]	5.7% [R]	49%	0%	61.9%	
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82%	74.1% [A]	-9.6%		59.7% [R]	87% [G]	68.2% [R]	60.6% [R]	75% [A]	89.8% [G]	72%	61.1%	69%	
	Medical															
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.5% [G]	3.6%		11.5% [G]	11.8% [A]	10.5% [G]	11.9% [A]	11.3% [G]	11.1% [G]	10.6%	9.6%	12.2%	
	Ambulance Turnaround															
Ambulance turnaround < 30 minutes	M	80%	37% [R]	-53.7%	58.8%	46.8%	36.7%	47.1%	22.5%	25.1%	45.8%	35.6%	37.6%	39.2%		
% of ambulance turnaround delays escalated – 30 minutes	M	80%	80.5% [G]	-0.6%								90.6%	81.8%	85.5%		
Urgent colonoscopy																
Number waiting > 4 weeks (zero tolerance)	M	0	3,317 [R]		2 [A]	492 [R]	585 [R]	582 [R]	816 [R]	471 [R]	369 [R]	1,408	1,066	513		

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
Access & Integration	Routine Colonoscopy															
	Waiting < 13 weeks for routine colonoscopy or OGD	M	65%	27.1% [R]	-58.3%	14.1% [R]	20.9% [R]	25.1% [R]	37.8% [R]	27.4% [R]	35.9% [R]	19.9% [R]	47.5%	35.5%	27.1%	
	Emergency Department Patient Experience Time															
	ED within 24 hours (Zero Tolerance)	M	97%	97.7% [G]	0.7%	99.9% [G]	97.4% [G]	97.8% [G]	97.9% [G]	98.9% [G]	96.2% [R]	96% [R]	99.8%	99.6%	99.1%	
	75 years or older within 24 hours (Zero Tolerance)	M	99%	94.5% [R]	-4.5%		95.6% [R]	95.5% [R]	94.3% [R]	97.1% [R]	90.9% [R]	90.3% [R]	99.7%	99.4%	98.3%	
	ED within 6 hours	M	65%	69.9% [G]	7.5%	90.6% [G]	61.2% [A]	73.8% [G]	59.1% [A]	76.3% [G]	67.5% [G]	69.2% [G]	80%	75.9%	73.4%	
	Waiting times															
	Adult waiting <15 months (inpatient)	M	85%	81.8% [G]	-3.8%			77.1% [A]	86.3% [G]	89.1% [G]	73.1% [R]	81.9% [G]	88.7% [G]	85.1%	83.6%	81.8%
	Adult waiting <15 months (day case)	M	95%	90.7% [G]	-4.5%			87.6% [A]	93.6% [G]	97.3% [G]	88.2% [A]	86.9% [A]	92.7% [G]	92.8%	91.9%	90.7%
	Children waiting <15 months (inpatient)	M	95%	86.2% [A]	-9.3%	82.7% [R]	100% [G]	88.6% [A]	100% [G]	89.8% [A]	97% [G]	92.7% [G]	89.4%	87.3%	86.2%	
	Children waiting <15 months (day case)	M	90%	82.3% [A]	-8.6%	78.1% [R]	98.1% [G]	91.3% [G]	100% [G]	88.4% [G]	93.2% [G]	88.1% [G]	85.1%	83.8%	82.3%	
	Outpatient < 52 weeks	M	80%	62.4% [R]	-22%	55.2% [R]	61.3% [R]	65.3% [R]	82.2% [G]	61.8% [R]	57.8% [R]	51.7% [R]	65.8%	63.9%	62.4%	
	Delayed Transfers of Care⁶															
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤550	420 [G]	-23.6%	3	137	103	54	26	63	25	298	417	420	
	Number of acute bed days lost through Delayed Transfers of Care (site specific targets)	M	≤99,550	83,719 [G]	-15.9%	909	22,352	17,401	18,359	7,692	13,376	2,568	8,048	12,051	12,716	
	Cancer															
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	75.9% [R]	-20.1%			41.5% [R]	88.5% [A]	99.8% [G]	81.7% [R]	65.2% [R]	71.1% [R]	79.2%	83.8%	74.7%
	Urgent Breast Cancer within 2 weeks	M	95%	79.1% [R]	-16.7%			30.2% [R]	88.1% [A]	99.7% [G]	92.5% [G]	70.5% [R]	82.2% [R]	84%	86.4%	73.8%
	Non-urgent breast within 12 weeks	M	95%	67.4% [R]	-29%			30.6% [R]	91.8% [G]	98.6% [G]	62.4% [R]	56.4% [R]	10.8% [R]	76.5%	68.2%	59.4%
Lung Cancer within 10 working days	M	95%	83.6% [R]	-12%			97.6% [G]	95.3% [G]	100% [G]	83.9% [R]	77.4% [R]	54.4% [R]	84.1%	89.6%	95.9%	

⁶ Delayed Transfers of Care: Please note the National Rehabilitation Hospital is included in the National total but not reported at group level within the heat map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
	Prostate Cancer within 20 working days	M	90%	47.8% [R]	-46.9%		23.5% [R]	83% [A]	100% [G]	18.1% [R]	29.6% [R]	25% [R]	37.5%	52.3%	58.1%	
	Radiotherapy treatment within 15 working days	M	90%	86.9% [G]	-3.4%		86.2% [G]			89.6% [G]	80.9% [R]	97.8% [G]	84.1%	90.2%	94.7%	
	Ambulance Response Times															
	ECHO within 18 minutes, 59 seconds	M	80%	80.4% [G]	0.5%									81.2%	79.2%	80.0%
	Delta within 18 minutes, 59 seconds	M	70%	54.1% [R]	-22.7%									56.0%	56.9%	58.4%
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan															
	Net expenditure (pay + non-pay - income)	M	<0.1%	3,124,861	8.43% [R]	3.92% [R]	8.57% [R]	7.68% [R]	8.51% [R]	6.23% [R]	8.63% [R]	16.69% [R]	7.32%	8.13%	8.43%	
	Gross expenditure (pay and non-pay)	M	<0.1%	3,470,662	4.91% [R]	2.14% [R]	3.61% [R]	5.15% [R]	4.77% [R]	3.38% [R]	4.57% [R]	10.83% [R]	4.98%	4.82%	4.91%	
	Non-pay expenditure	M	<0.1%	1,083,661	8.59% [R]	5.71% [R]	5.68% [R]	5.11% [R]	8.31% [R]	5.92% [R]	9.70% [R]	21.97% [R]	10.93%	9.09%	8.59%	
	Service Arrangements (25.06.20)															
	Monetary value signed	M	100%	35.40%	-64.60%									7.88%	7.77%	35.40%
	Internal Audit															
Recommendations implemented within 12 months (2019)	Q	95%	79% [A]	-8.1%										86%	79%	
Workforce	Funded Workforce Plan															
	Pay expenditure variance from plan	M	<0.1%	2,387,001	3.32% [R]	0.82% [R]	2.58% [R]	5.17% [R]	3.41% [R]	2.24% [R]	2.39% [R]	5.83% [R]	2.44%	2.98%	3.32%	
	Attendance Management															
	% absence rates by staff category (overall)	M-1M	≤3.5%	7.05% [R]	101.73%	6.44% [R]	7.47% [R]	6.62% [R]	7.47% [R]	6.46% [R]	6.29% [R]	9.36% [R]	7.98%	11.03%	6.68%	
	European Working Time Directive (EWTD) Compliance															
	< 48 hour working week	M	95%	88.8% [A]	-6.5%	85.5% [A]	88.6% [A]	84% [R]	89.2% [A]	92.6% [G]	92.4% [G]	85.7% [A]	86.8%	89.1%	88.8%	

Acute Hospital Services

Overview of Key Acute Hospital Activity

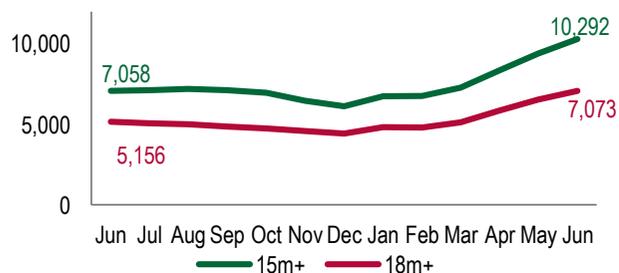
Activity Area	Expected Activity YTD	Result YTD June 2020	% Var YTD	Result YTD June 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	776,763	607,907	-21.7%	749,776	-18.9%	77,113	101,570	109,881
New ED Attendances	644,275	507,140	-21.3%	625,160	-18.9%	65,672	85,964	91,198
OPD Attendances	1,648,059	1,378,115	-16.4%	1,666,671	-17.3%	169,407	193,242	232,206

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD May 2020	% Var YTD	Result YTD May 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	270,055	224,969	-16.7%	267,235	-15.8%	45,193	35,002	42,289
Inpatient weight units	266,400	233,990	-12.2%	266,599	-12.2%	53,911	35,239	40,009
Day case (includes dialysis)	482,688	353,975	-26.7%	462,049	-23.4%	69,971	44,923	52,176
Day case weight units (includes dialysis)	451,588	332,004	-26.5%	454,187	-26.9%	65,291	38,174	45,787
IP & DC Discharges	752,743	578,944	-23.1%	729,284	-20.6%	115,164	79,925	94,465
% IP	35.9%	38.9%		36.6%	6%	39.2%	43.8%	44.8%
% DC	64.1%	61.1%		63.4%	-3.5%	60.8%	56.2%	55.2%
Emergency IP discharges	188,472	159,766	-15.2%	186,302	-14.2%	31,530	25,704	31,691
Elective IP discharges	36,916	26,214	-29%	36,505	-28.2%	5,828	2,230	3,595
Maternity IP discharges	44,667	38,989	-12.7%	44,428	-12.2%	7,835	7,068	7,003
Inpatient discharges >75 years	53,606	46,557	-13.1%	52,876	-12%	9,781	6,921	8,740
Day case discharges >75 years	87,510	65,854	-24.7%	83,382	-21.0%	12,610	8,439	10,286

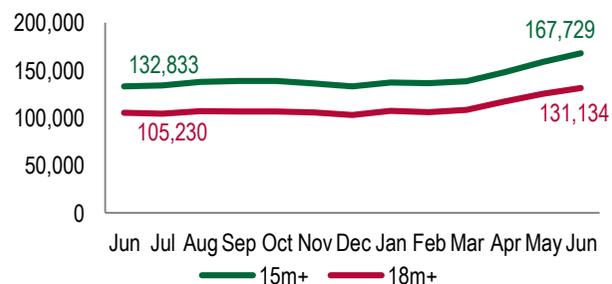
Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	85%	M	●	81.8%	84.5%	-2.7%	85.1%	83.6%	81.8%	26 out of 39 hospitals reached target	PUH (61.8%), CUH (64.6%), GUH (66.3%)
Day case adult waiting list within 15 months	95%	M	●	90.7%	92.5%	-1.8%	92.8%	91.9%	90.7%	21 out of 41 hospitals reached target	MUH (79.9%), UHW (81.1%), SJH (85.9%)
Inpatient children waiting list within 15 months	95%	M	●	86.2%	90.1%	-3.9%	89.4%	87.3%	86.2%	10 out of 20 hospitals reached target	CHI (82.7%), GUH (86.9%), Mullingar (87.9%)
Day case children waiting list within 15 months	90%	M	●	82.3%	83.9%	-1.6%	85.1%	83.8%	82.3%	23 out of 29 hospitals reached target	CHI (78.1%), UHL (84.8%), GUH (86.8%)
Outpatient waiting list within 52 weeks	80%	M	●	62.4%	68.9%	-6.5%	65.8%	63.9%	62.4%	7 out of 43 hospitals reached target	Croom (42.1%), RVEEH (46.7%), UHW (49.8%)

Inpatient & Day Case Waiting List



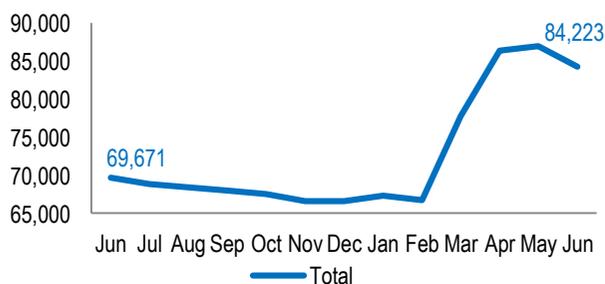
Outpatient Waiting List



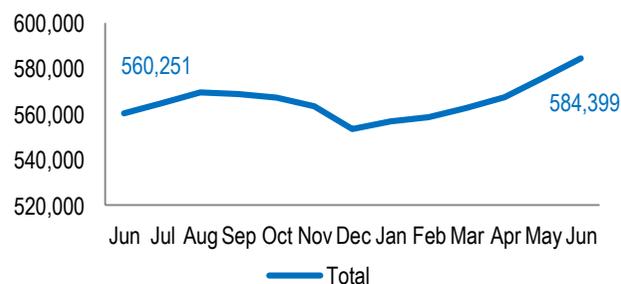
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	20,547	18,036	2,511	5,294	3,748
Adult DC	54,900	45,147	9,753	8,238	5,133
Adult IPDC	75,447	63,183	12,264	13,532	8,881
Child IP	3,556	2,467	1,089	719	489
Child DC	5,220	4,021	1,199	1310	922
Child IPDC	8,776	6,488	2,288	2,029	1,411
OPD	584,399	560,251	24,148	219,712	167,729

Inpatient & Day Case Waiting



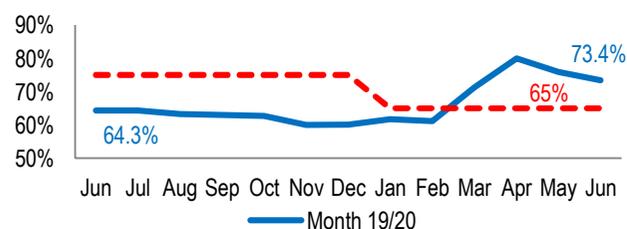
Outpatient Waiting List Total



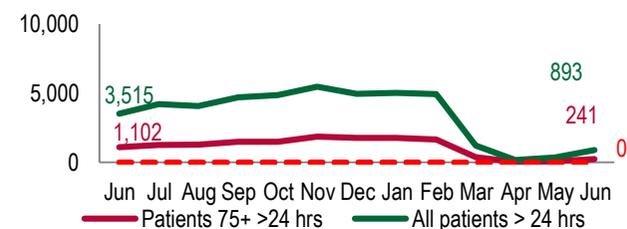
ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	65%	M	● 69.9%	63.2%	+6.7%	80%	75.9%	73.4%	21 out of 28 hospitals achieved target	Beaumont (48.8%), Tallaght – Adults (52.3%), Connolly (58.9%)
% in ED < 24 hours	97%	M	● 97.7%	96.4%	+1.3%	99.8%	99.6%	99.1%	26 out of 28 hospitals achieved target	Mullingar (96.5%), Mercy (96.6%)
% 75 years within 24 hours	99%	M	● 94.5%	90.9%	+3.6%	99.7%	99.4%	98.3%	18 out of 27 hospitals achieved target	CUH (91.1%), UHL (94.6%), Mullingar (94.9%),

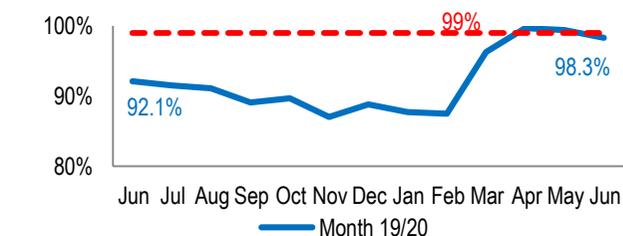
% patients admitted or discharged within 6 hours



ED over 24 hours



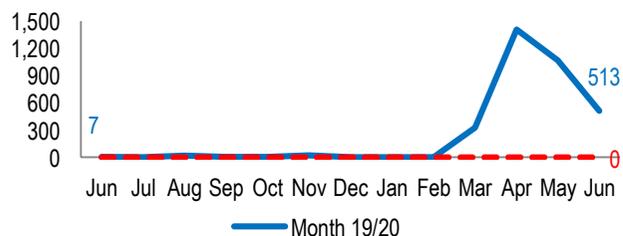
% 75 years old or older admitted or discharged



Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	● 3,317	148	+3,169	1,408	1,066	513	13 out of 38 hospitals achieved target	LUH (81), GUH (76), St Columcille's (42)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M	113	163	-50	39	1	4	6 out of 7 hospitals have 0	SJH (1)
Routine Colonoscopy and OGD <13 weeks	65%	M	● 27.1%	49.6%	-22.5%	47.5%	35.5%	27.1%	0 out of 37 hospitals achieved target	Mullingar (9.7%), MUH (13.9%), CHI (14.1%)

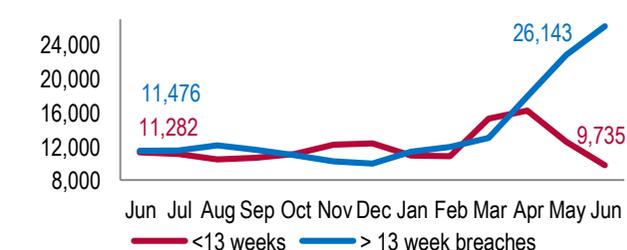
Urgent Colonoscopy - number of new people waiting



BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	81	48	27
Number scheduled over 20 working days	39	1	4

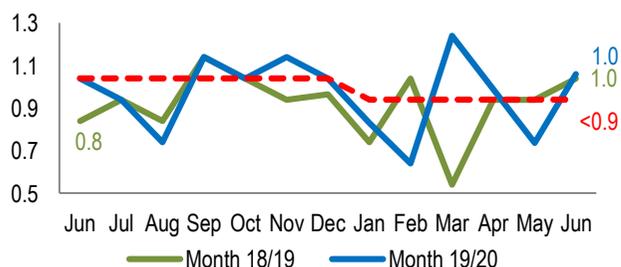
Number on waiting list for GI Scores



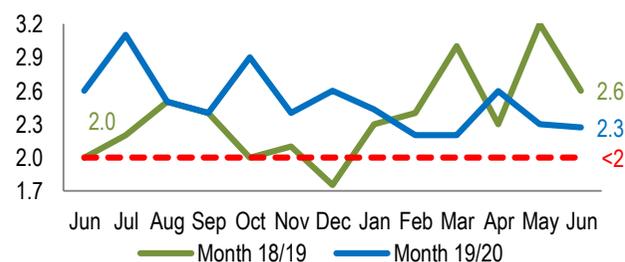
HCAI Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.9	M	●	1.0	1.0	0.0	0.9	0.7	1.0	34 out of 47 hospitals achieved target	Navan (4.9), Naas (4.5), UHL (2.8)
Rate of new cases of C Difficile infection	<2	M	●	2.3	2.6	-0.3	2.6	2.3	2.3	30 out of 47 hospitals achieved target	RUH (8.2), Mercy (5.9), MMUH (5.8)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	76.6%	70.2%	+6.4%	74.5%	53.2%	76.6%	36 out of 47 hospitals achieved target	5 hospitals did not achieve the target.

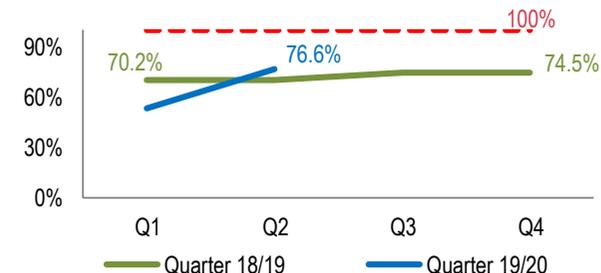
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



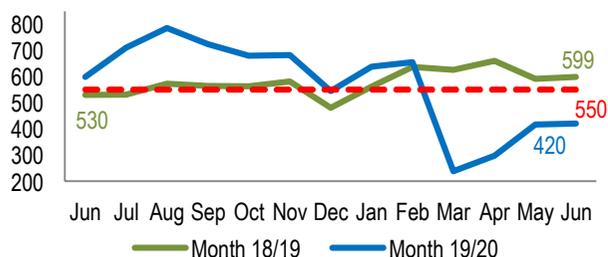
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤550	M	●	420	599	-179	298	417	420	Mallow (0), Mullingar, SIVUH (1)	SJH (67), Tallaght - Adults (36), MMUH (35)

Delayed Transfers of Care



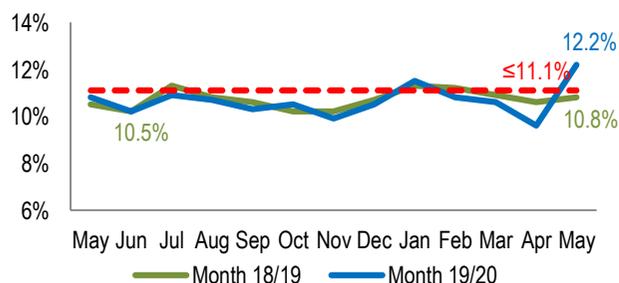
Delayed Transfers of Care by Destination

	Over 65	Under 65	Total	Total %
Home	73	17	90	21.4%
Long Term Nursing Care	233	32	265	63.1%
Other	43	22	65	15.5%
Total	349	71	420	100%

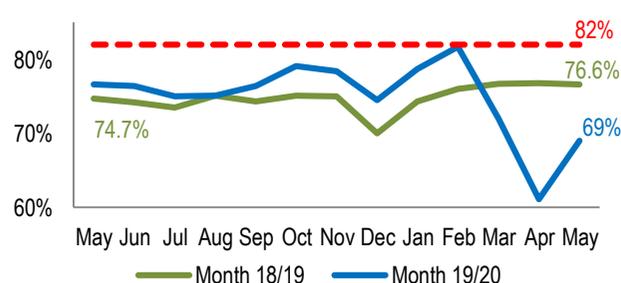
Surgery and Medical Performance

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	●	11.5%	11.7%	-0.2%	10.6%	9.6%	12.2%	15 out of 34 hospitals achieved target	Columcille's (19.4%), Ennis (18.6%), Sth Tipperary (17.4%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	●	74.1%	75.5%	-1.4%	72%	61.1%	69%	6 out of 31 hospitals achieved target	SVUH, LUH (8.3%), SJH (12.5%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	●	46.6%	44.5%	+2.1%	49%	0%	61.9%	5 out of 10 hospitals achieved target	Beaumont, CUH, PUH, St. Michael's (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	●	1.9%	2.1%	-0.2%	1.7%	1.5%	3.2%	14 out of 38 hospitals achieved target	Naas (8.4%), Portlaoise (6.7%), Tallaght-Adults (6.1%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	●	76.8%	77.4%	-0.6%	76.7%	75.1%	76.8%	4 out of 16 hospitals achieved target	OLOL, UHW (63.8%), UHL (64%)

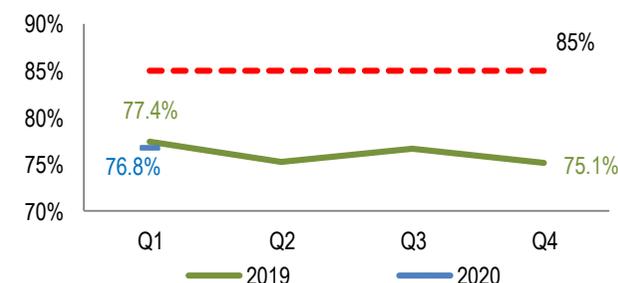
Emergency re-admissions within 30 days



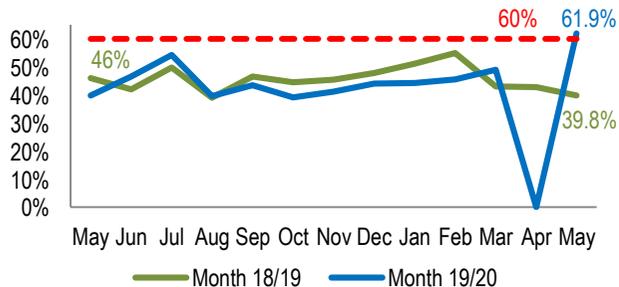
Procedure conducted on day of admissions



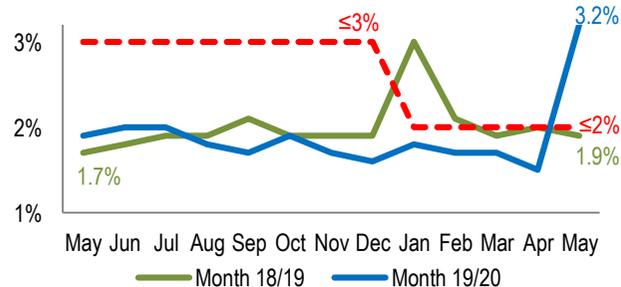
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



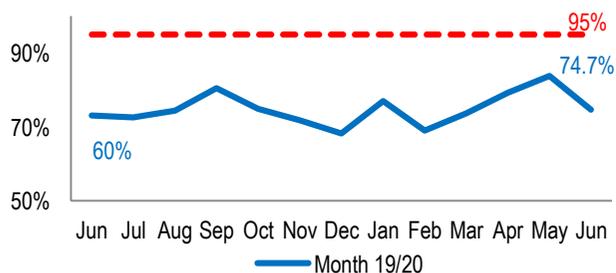
Surgical re-admissions within 30 days



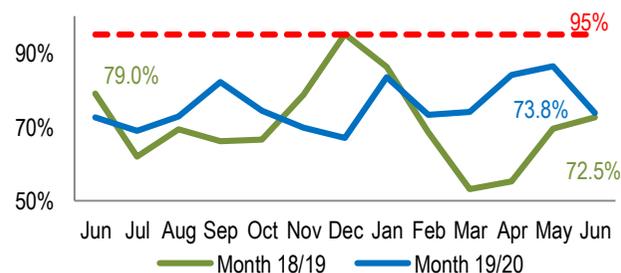
Cancer Services

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	● 75.9%	69.7%	+6.2%	79.2%	83.8%	74.7%	Beaumont & LUH (100%), SVUH (97.3%)	CUH (38.1%), SJH (39.9%), MMUH (53.6%)
Urgent breast cancer within 2 weeks	95%	M	● 79.1%	67.5%	+11.6%	84%	86.4%	73.8%	Beaumont, LUH & UHL (100%), GUH (95.4%)	SJH (22.8%), CUH (39.5%), MMUH (43.9%)
Non-urgent breast within 12 weeks	95%	M	● 67.4%	69.8%	-1.4%	76.5%	68.2%	59.4%	MMUH (100%)	UHW (0%), UHL (5%), SJH (20.1%)
Lung Cancer within 10 working days	95%	M	● 83.6%	87%	-3.4%	84.1%	89.6%	95.9%	SJH, MMUH, SVUH & Beaumont (100%)	UHL (87%), CUH (94.1%), GUH outstanding
Prostate cancer within 20 working days	90%	M	● 47.8%	65.7%	-17.9%	37.5%	52.3%	58.1%	SJH, SVUH & Beaumont (100%)	CUH (10.9%), GUH (11.5%), UHW (15.4%), UHL outstanding
Radiotherapy within 15 working days	90%	M	● 86.9%	29%	+57.9%	84.1%	90.2%	94.7%	UHL (100%), UHW (96.6%), GUH (94.9%)	Altnagelvin (81.8%), CUH outstanding

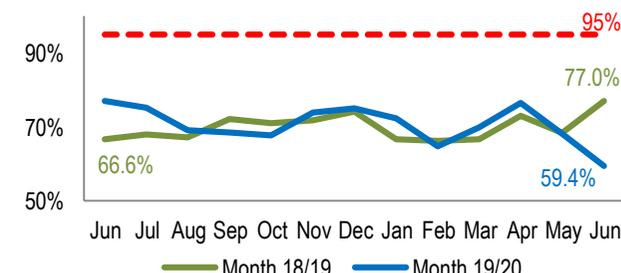
Rapid Access within recommended timeframe



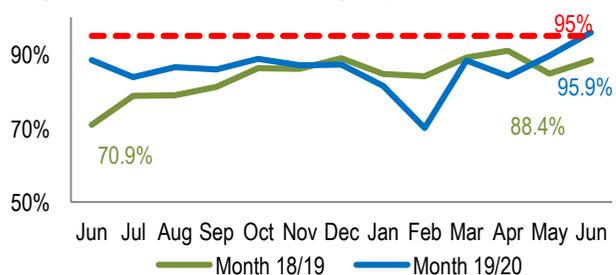
Breast Cancer within 2 weeks



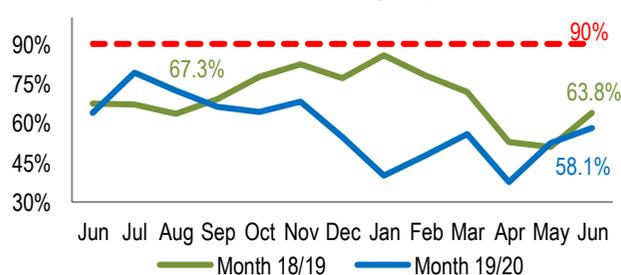
Non-urgent breast within 12 weeks



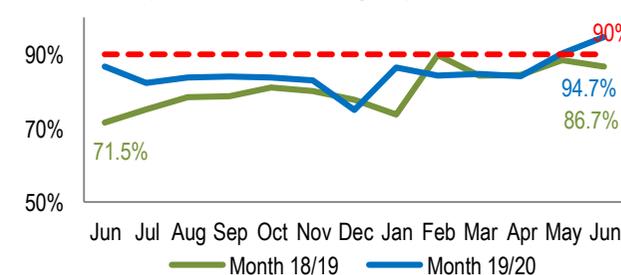
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



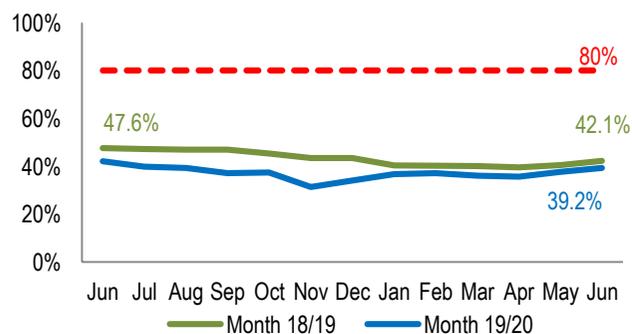
Radiotherapy within 15 working days



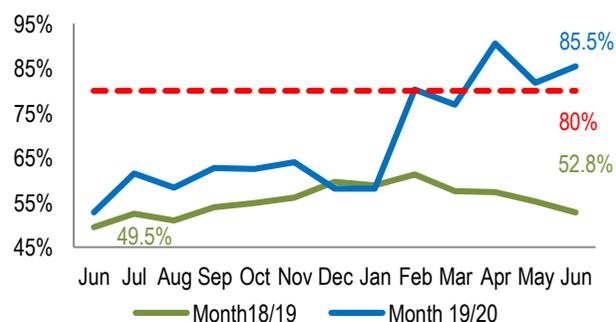
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of ambulances that have a time interval \leq 30 minutes	80%	M	●	37%	40.4%	-3.4%	35.6%	37.6%	39.2%	Rotunda (96.6%)	SUH (14%), CUH (19%), UHK (21.3%)
Ambulance Turnaround % delays escalated within 30 minutes	80%	M	●	80.5%	57.2%	+23.3%	90.6%	81.8%	85.5%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	97.1%	98.3%	-1.2%	97.7%	96.9%	97.8%		

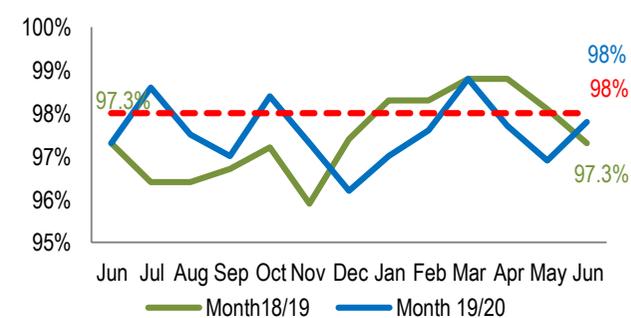
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



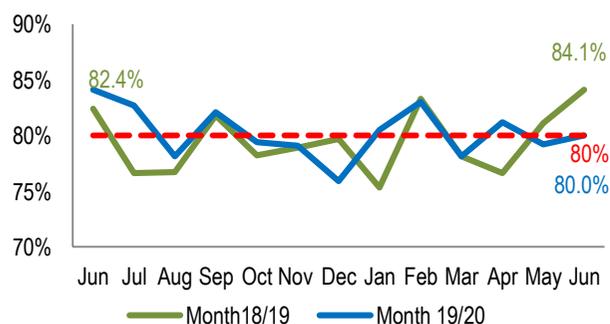
Delays Escalated - within 60 minutes



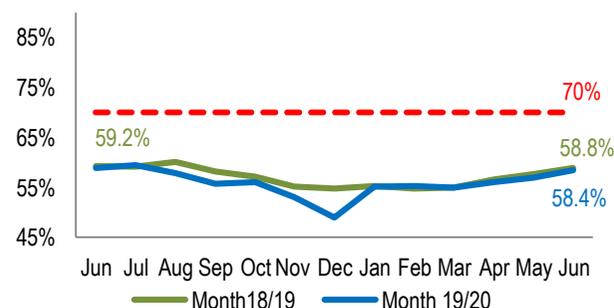
Pre-Hospital Emergency Care Services

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	80%	M	80.4%	79.7%	0.7%	81.2%	79.2%	80.0%	Dublin Fire Brigade (80.6%), North Leinster (86.3%)	South (71.9%), West (74.5%)
Response Times – DELTA	70%	M	54.1%	56.3%	-2.2%	56.0%	56.9%	58.4%		Dublin Fire Brigade (44.1%), North Leinster (62.5%), South (54.8%), West (58.9%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	47.9%	36.8%	11.1%	45.0%	38.8%	47.9%		

Response Times – ECHO



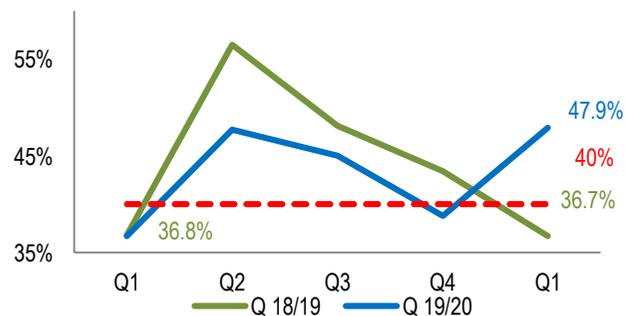
Response Times – DELTA



Call Volumes (arrived at scene)

	Target/Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	2,466	2,582	4.7%	2,442	140
DELTA	64,998	56,857	-12.5%	64,521	-7,664

ROSC



Acute Hospital Services Update

Emergency Department (ED) Performance

- There were 607,907 emergency presentations year to date June 2020. This is a decrease of 18.9% on emergency presentations for the corresponding period in 2019 and behind the target of 776,763 by 21.7%. There were 109,881 emergency presentations in June 2020 which was a decrease 7.5% (8,932) on the same month last year.
- The number of admissions from ED year to date June 2020 was 152,306 which was a decrease of 13.8% on the same period in 2019. There were 27,000 admissions in June 2020 which was down 1.9% on June 2019.
- New Emergency Department Attendances year to date June 2020 are 21.3% (137,135) behind target and a reduction of 18.9% (118,020) when compared with the same period last year June 2019. There were 91,198 new ED attendances in the month of June 2020 which was 8.1%
- As a result of COVID 19, there was a marked reduction in our ED attendances in March, April and May compared with the same period in 2019
- 26 of the Emergency Departments reported ED PET less than 24 hours compliance greater than the target of 97%.
- ED PET less than 24 hours for patients aged 75+ was 98.3% in June.
- NTPF were supporting up to 200 additional and or upgraded from day case acute and sub-acute beds to support winter pressures. This support has continued throughout 2020 with funding committed to the 31 December 2020

At the end of June 2020 there were 359 vacant acute beds compared to 979 at end of May, reflecting the increases in activity across all sites and a subsequent increase in the number of admissions following increased attendances to an emergency department.

Delayed Transfers of Care (DTC)

There were 420 Delayed Transfer of Care at the end of June 2020 which is an increase of 0.7% from May and a decrease of 29.9% on the same month last

year. This included 90 Delayed Discharges waiting to go home, 265 waiting on long term nursing care and 65 patients that require bespoke care provision.

There was a marked reduction in the number of delayed transfers of care in March (238) and April (298) as part of the HSE overall preparedness for COVID.

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

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

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

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

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

Day Case Discharges (including dialysis)

The number of day case procedures year to date May 2020 was 353,975 versus 462,049 for the same period in 2019 that is, a decrease of 108,074 (23.4%) cases. The number of day case procedures undertaken in May 2020 was 26.7% behind the target of 482,688 cases for this period.

Inpatient Discharges

The number of inpatient discharges was 224,969 year to date May 2020 versus 267,235 for the corresponding period in 2019, that is, a decrease of 42,266 (15.8%) cases. Inpatient discharges year to date May 2020 were 16.7% lower than the target of 270,055.

Elective Inpatient Discharges

There were 26,214 elective inpatient discharges year to date May 2020 versus 36,505 for the corresponding period in 2019, that is, a decrease of 28.2%. Elective inpatient discharges were 29.0% lower than the target of 36,916.

Emergency Inpatient Discharges

There were 159,766 emergency inpatient discharges year to date May 2020 versus 186,302 for the corresponding period in 2019, that is, a decrease of 14.2%. Emergency inpatient discharges year to date May 2020 were 15.2% lower than the target of 188,472. The significant reduction in ED attendances is directly linked to the pandemic.

Maternity Inpatient Discharges

There were 38,989 maternity inpatient discharges year to date May 2020 and 44,428 for the corresponding period in 2019 which is a decrease of 5,439 (12.2%). Maternity inpatient discharges were 12.7% less than the target 44,667.

Out Patient Department Attendances

- The number of new and return outpatient attendances was 1,378,115) year to date June 2020 versus 1,666,671 for the corresponding period in 2019 , that is a decrease of 18.0%.
- New and return outpatient attendances year to date were 17.1% lower than the target of 1,648,059.
- The number of Out Patient Department attendances in June was 232,206 which is a decrease of 14.3% when compared with the corresponding period in 2019.
- The number of virtual attendances in June was 80,278.
- The overall total of virtual consultations in acute services since the onset of COVID to; 288,647 this was a response to the restrictions on activity for safety

reasons and allowed us to maintain 50% of the patient throughput for the month.

Private Hospital Activity in June 2020

The following activity took place across the private hospitals

- Inpatient Cases: 3,882 in June; total of 13,289 since April 2020
- Day case: 20,001 in June; total of 54,509 since April 2020
- Outpatients: 24,862 in June; total of 52,248 since April 2020
- Diagnostics: 39,104 in June ;total of 85,934 April 2020

Waiting Lists

Inpatient/Day Case Waiting Lists

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

As a result of this guidance and the services being re-established, the last week in May saw a slight reduction in IPDC waiting lists for the first time in a number of weeks. Some patients received their treatment in private facilities as part of the arrangement between the HSE and private Hospitals. The arrangement with the private hospitals remained operational to the end of June with further cases being undertaken during June 2020 as set out above.

- The number of people waiting for an inpatient or day case appointment increased by 20.9% (14,552 patients) between June 2019 to 84,223 to June 2020.
- The number waiting at the end of June 2020 shows a reduction of 2,723 compared with May 2020, a reduction of 3.1%

A key issue for remainder of 2020 is the on-going impact of COVID-19 and the likelihood of a sustained adverse impact on waiting lists over the coming months due to the occupancy and safe distance requirements

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

Waiting times

- Adult Inpatients Waiting List Compliance was 81.8%, below target of 85%
- Adult Day Waiting List Compliance was 90.7%, below target of 95%
- Children's Inpatient Waiting List Compliance was 86.2%, below target of 95%
- Children's Day Case Waiting List Compliance was 82.3%, below target of 90%.

Outpatient Waiting Lists

Wait time target

The National Service Plan 2020 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 62.4% in June 2020. In June 2020, 36.3% of people waiting for an Outpatient appointment (212,350) were waiting less than 6 months and 51% waiting less than 9 months.

Volume of patients waiting

Total number of people waiting for an Outpatient appointment was in 584,399 in June 2020 which is an increase of 24,148 (4.3%) on June 2019.

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

As a result of the impact of COVID up until May 2020 only emergency or time dependent face to face outpatient activity was taking place. However, there has been a considerable increase in "virtual" outpatient activity. Acute Operations

have taken on an extensive piece of work with the office of the NCAGL, Clinical Programmes, Hospital Groups and the OCIO to roll out of enabling technologies to support, maintain and expand virtual outpatient consultations.

- In June a total of 79,586 virtual outpatient consultations took place bringing the overall total of virtual consultations in acute services since the onset of COVID to 283,096.
- June has also seen a notable increase in face to face OPD activity aligned with the resumption of services overall outpatient consultations for June was 225,097.

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

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. Invitations for BowelScreen were paused on Wednesday 18 March 2020 due to Covid-19. Services are due to resume in September/October.

Cancer Services

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

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

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

[Symptomatic Breast Cancer Clinics](#)

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

Six of the nine Symptomatic Breast Cancer Sites were compliant in June:

- Letterkenny University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Limerick – 100%
- St Vincent's Hospital - 96.6%
- Galway University Hospital – 95.4%
- University Hospital Waterford – 95.5%

Three hospitals were below the target:

- St James's Hospital – 22.8%
- Mater Misericordiae University Hospital - 43.9%
- Cork University Hospital – 39.5%

[Rapid Access Clinics for Lung Cancer Services](#)

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

Four hospitals achieved 100% compliance with the target of 95%:

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

Two hospitals were marginally below the target:

- University Hospital Waterford – 94.4%

- Cork University Hospital – 94.1%

Galway University Hospital data was not returned in time for inclusion for MDR however, NCCP data shows 91% compliance

One hospital was below the target:

- University Hospital Limerick – 87.0%

[Rapid Access Clinic for Prostate Cancer Services](#)

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

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

Three hospitals delivered 100% compliance:

- Beaumont Hospital - 100%
- St James's Hospital – 100.0%
- St Vincent's University Hospital – 100.0%

Four hospitals were below target:

- Mater Hospital – 81%
- Cork University Hospital – 10.9%
- Galway University Hospitals 11.5%
- University Hospital Waterford – 15.4%
- University Hospital Limerick – 0%

[Radiotherapy](#)

Four of the five radiotherapy centres complied with the NSP 2019 target that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat: St. Luke's Radiation Oncology Network, Galway, UPMC Whitfield Waterford and The Mid-Western Radiation Oncology Centre, Limerick, complied with the target in June 2020.

Data for Cork was not available

Performance and Accountability Framework

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

St James's Hospital Symptomatic Breast Cancer Services

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

The Hospital implemented an agreed improvement plan and reported full compliance with the access target for urgent Breast referrals in Quarter 4 2018. However, performance deteriorated in the early part of 2019 and remains below target. Arising from escalation at NPOG, it was agreed that National Cancer Control Programme and Acute Operations would convene escalation meetings with St James's Hospital and the Dublin Midlands Hospital Group to agree an improvement plan and trajectory. The first of these meetings was held in July 2019.

Following these meetings, the Hospital and the Group were required to attend NPOG meeting of 01st October 2019 to agree a sustainable improvement plan and trajectory. This was submitted to NPOG. The hospital Group performance notice also remains in place. The hospital's end of year report to NPOG confirms that it is implementing the agreed measures to deliver full compliance. A key measure is the appointment of a Breast Physician to support triage and assessment and this is underway.

At the NPOG meeting in October ,2019 the hospital's continued poor performance in relation to prostate services was also the subject of discussion and it was required to submit a plan for sustained improvement in conjunction with NCCP. The question of further escalation measures will be examined by NPOG having regard to the NCCP position on the plan and the challenges arising from COVID. A meeting has been scheduled with NCCP to review the

specific actions undertaken and determine what further measures are required to support sustained improvement.

Healthcare Associated Infections (HCAI)

There were 27 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 60 cases of Clostridium Difficile infection reported by hospitals in June.

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

There were 52 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in June. In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHE). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

National Ambulance Service

- Activity volume for AS1⁷ and AS2⁸ calls received this month has decreased by 314 calls (1%) compared to the same month last year (June 2019).
- The daily average call rate for AS1 and AS2 calls received this month was 923. (30 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was on target at 80% this month. This is an increase of 1% compared to last month i.e. May 2020.

⁷ AS1 – 112/ 999 emergency and urgent calls

⁸AS2 - Urgent calls received from a general practitioner or other medical sources

- ECHO calls increased by 1% (4) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was below target at 58% this month. This shows an increase of 1% compared to last month, May 2020.
- Nationally there was a 16% (1,911) decrease in DELTA call activity compared to the same month last year.
- 89% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Continuous monitoring of Emergency Departments' turnaround times is displaying a negative in relation to releasing ambulances, and a downward trajectory is noted. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
 - 39% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 42% of vehicles being released within 30 minutes or less last year (June 2019).
 - 89% 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 88% of vehicles being released within 60 minutes or less last year (June 2019).

Human Resources

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

The revised limit as of January 2020 for Acute Hospitals based on an affordability assessment at the start of the year, including ambulance services is 61,513. This limit excludes these WTEs associated with new developments in 2019. Based on the June WTE Report, Acute Hospitals including Ambulance Services reported 66,235 WTEs. The growth reflects the opening of additional capacity

in response to COVID, retention of medical interns and assignment of nursing students to clinical roles and the impact of absenteeism linked to COVID.

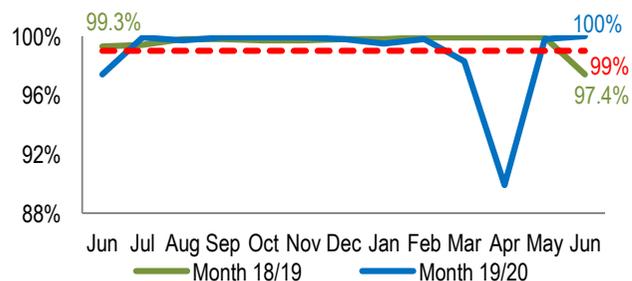
Hospital Groups were requested to implement interim controls to manage WTE and pay expenditure levels. This includes the management of any risk associated with the additional controls including the re-prioritisation of existing staff resource as necessary.

National Services

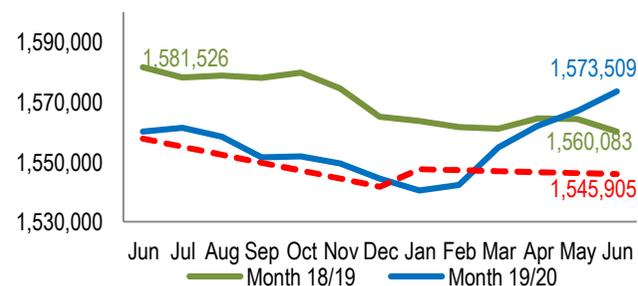
National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	100%	97.4%	+2.6%	89.9%	99.8%	100%
Number of persons covered by Medical Cards	1,545,905 YTD/ 1,544,172 FYT	M	●	1,573,509	1,560,083	+13,426	1,561,949	1,566,941	1,573,509
Number of persons covered by GP Visit Cards	535,718 YTD/ 546,604 FYT	M	●	529,567	513,678	+15,889	528,258	528,406	529,567
Number of initial tobacco sales to minors test purchase inspections carried out	192 YTD/ 384 FYT	Q	●	55	184	-129	46	42	13
Number of official food control planned, and planned surveillance inspections of food businesses	16,500 YTD/ 33,000 FYT	Q	●	8,771	14,279	-5,508	8,851	5,529	3,242

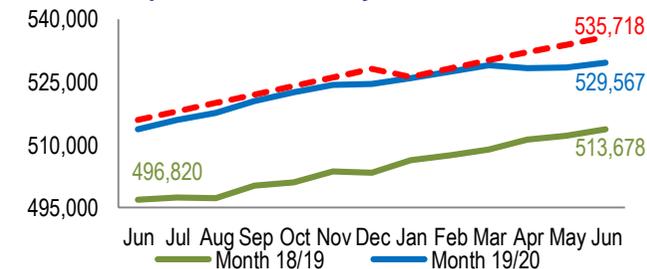
Medical card turnaround within 15 days



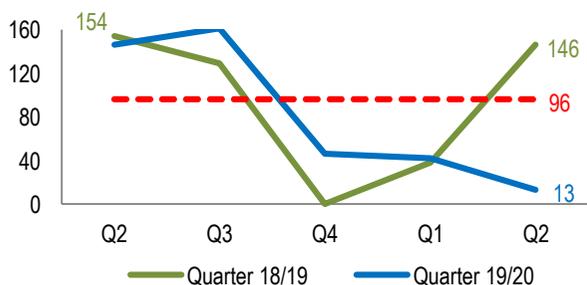
Number of persons covered by Medical Card



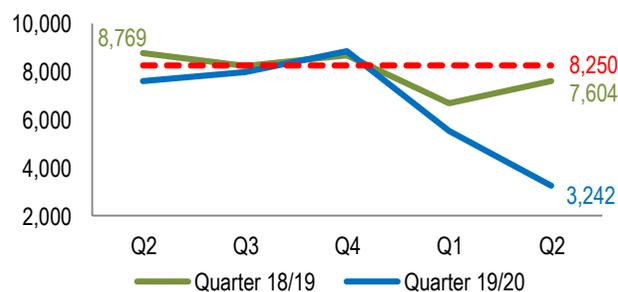
Number of persons covered by GP Visit cards



Number of initial tobacco sales to minors



Number of inspections of food businesses



National Services Update

PCRS

The number of people who held medical card eligibility on 30th June 2020 was 1,573,509, an increase of 6,568 on the previous month. The total number of persons with eligibility for a GP visit card on 30th June 2020 was 529,567, an increase of 1,161 on the previous month. As at 30th June 2020, 2,103,076 or 42.7% of the population had medical card or GP visit card eligibility, an overall increase of 7,729 on the previous month.

Medical card eligibility numbers increased again in June, bringing the overall increase since the start of the year to almost 30,000. GP visit card eligibility numbers are up approximately 5,000 since the start of the year.

Emergency Management

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

Covid-19 Response

HSE Emergency Management have been fully engaged in the response to the emergency of COVID 19 as a global pandemic since January. The national office has supported senior leadership and the CEO through the National Crisis Management Team. HSE EM is also a member of the National Public Health Emergency Team. The coordination of all interagency operational matters at a national level is managed by HSE EM, including the interactions with the Defence Forces where HSE EM have a nominated Liaison Officer available to work with them. With the reduction in cases of COVID-19 HSE EM have been resuming some normal business while monitoring the epidemiological outlook as provided by Health Protection and Surveillance Centre in order to identify early signs of any resurgence in COVID-19.

[Interim Report on National Crisis Management Team \(COVID-19\)](#)

In June HSE EM started to compile an Interim report on the work of the National Crisis Management Team on behalf of the CEO. All functions represented on the NCMT contributed to the report which reviews the challenges they faced from

January, how they responded to those challenges and what learnings they propose to incorporate into future practice.

Regional Response

At a regional level HSE EM continues to work as part of the area crisis management teams. Part of their role is to participate in the interagency structures such as the Regional Steering groups and Regional Working Groups and linking with other non HSE organisations to coordinate the support required as part of the response. The regional offices are endeavouring to resume some areas of business as usual such as the review and exercising of Upper Tier Seveso sites in line with service delivery plan.

2020 Service Delivery Plan

HSE EM is reviewing its 2020 Service Delivery plan to identify the priorities for the remainder of the year and examine what can be delivered alongside a continued focus on COVID 19. Work has commenced on the HSE EM contribution to the 2021 National Service Plan and the 2021 service delivery plan will follow in due course.

EU & North South Unit

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

- Assist the HSE in responding to the challenge of Covid-19 while continuing to ensure delivery of priorities of the unit.
- As Brexit Co-ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure HSE preparedness for same.
- As both a project Partner and Lead Partner ensure successful implementation of the various projects under the EU Interreg VA programme with partners in NI & Scotland.

- Continue to develop practical solutions to common health challenges and develop new ways to improve health and social care services for the wellbeing of people on the island, where appropriate.
- Positively engage Government Depts., NSMC, SEUPB and other relevant Agencies on future of EU Structural funds available for health & social care services along the border, especially in the context of the Covid-19 pandemic.

Covid-19

- Staff who were reassigned to work on Covid are now back and the Unit is operating on a “business as usual” basis, with the proviso that staff may be available for reassignment in the event of a surge in numbers.
- Liaison with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.
- Weekly link with local frontline services offering support such as Manorhamilton HBS Recruit, CHO 1 Head Office Ballyshannon and Chief Officer, Sligo University Hospital HR Department and Occupational Health, Sligo.

Brexit

1. Dealing with on-going Brexit-related PQ’s, FOI’s, press queries etc. as HSE’s project Co-ordinator, with HSE Brexit Lead.
2. Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
3. Circulation and ongoing updating of Risk register for Brexit co-ordination.
4. Ongoing work on mapping of the list of SLA’s and MOU’s
5. DoH Brexit Action Plan returned for North South Unit.

6. Attended meeting in DoH Belfast with DoH Dublin regarding Common Travel Area future arrangements
7. Attended HSE Brexit Briefing for Suppliers
8. For HSE DPO, co-ordinated HSE GDPR SCC compliance list

Cross Border Work

- Ongoing work on new EU funded project (i-Simpathy) as requested by DoH.
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- As directed by DoH and DPER, continued internal HSE consultation with CHO1, CHO8, and the RCSI and Saolta Hospital Groups on possible blue-sky ideas for future rounds of EU funding.
- Ongoing work with external CAWT Governance Consultants Board Excellence.
- Input to submission to the Peace Plus public consultation

Next Steps & Key Outcomes – 3rd Quarter 2020

- Continue to monitor situation regarding the need for redeployment of EU North South Unit staff to Covid-19 work in the event of a surge.
- Continue to liaise with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.

- Ongoing review and support for cross border and all-island projects not funded by Interreg VA during the Covid-19 pandemic.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- As part of Brexit preparations, ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- The Unit, in conjunction with HSE partners, will work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.
- Continue work on new EU funded project (i-Simpathy).

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 8771 Planned and Planned Surveillance Inspections were carried out by the end of Q2. This represents a 47% shortfall of the half yearly target, which is directly resultant from government restrictions from the 13/3/20 which closed of the majority of food premises

Notwithstanding this, of those Planned and Planned Surveillance inspections that were carried out, 18% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 55 initial tobacco sales to minors test purchase inspections were completed by end of Q2 which is 71% below the half yearly target of 192 Test Purchase Inspections. Activity in this area was suspended from the 13/3/20 due to responding to COVID-19 and government restrictions on the opening of the certain target premises

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments, the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. As this work could be completed remotely, 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of 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. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 95% of all complaints received by the EHS by the end of 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, 724 drinking water samples were taken to assess compliance which is a 41% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline

and not fluoridating which is outside of the control of the HSE, but more significantly due to suspension of the activity due to COVID-19 restrictions in place from the 13/3/20.

31 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is a 74% shortfall of the YTD Target of 120

8 Sunbed Test Purchases were completed by end of Q2 which is 50% of YTD Target. No Mystery Shopper Inspections to Sunbed Establishments were completed by end of Q2, however this is a biannual target. Activity was suspended on 13/03/20

8 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is a -60% shortfall of the YTD target of 20. Activity in this area was suspended on the 13/3/20 government restrictions on the opening of the certain target premises.

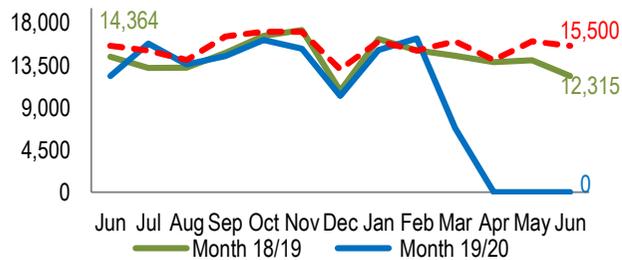
NOTE: Efforts will continue by EHS to achieve agreed Q3 targets, however significant challenges are presented across targets given the continuing COVID-19 situation.

National Screening Service

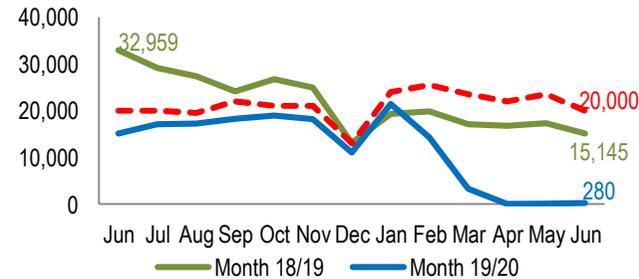
National Screening Service

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	92,500 YTD/ 185,000 FYT	M	●	38,153	85,731	-47,578	0	0	0
BreastCheck - % screening uptake rate	70%	Q-1Q	●	58.6%	72.2%	-13.6%	75.9%	65.3%	58.6%
CervicalCheck - number of eligible women who had screening	138,500 YTD/ 255,000 FYT	M	●	39,387	105,440	-66,053	1	101	280
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	78.5%	79.1%	-0.6%	78.9%	79.1%	78.5%
BowelScreen - number of people who completed a satisfactory FIT test	64,900 YTD/ 125,000 FYT	M	●	21,821	57,052	-35,231	526	149	83
Bowelscreen - % client uptake rate	42%YTD/ 45% FYT	Q-1Q	●	36.7%	42.1%	-5.4%	40.9%	40.6%	36.7%
Diabetic RetinaScreen - number of people screened	53,876 YTD/ 110,000 FYT	M	●	24,182	52,431	-28,249	0	0	0
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	70%	62.6%	+7.4%	70.5%	62.3%	70%

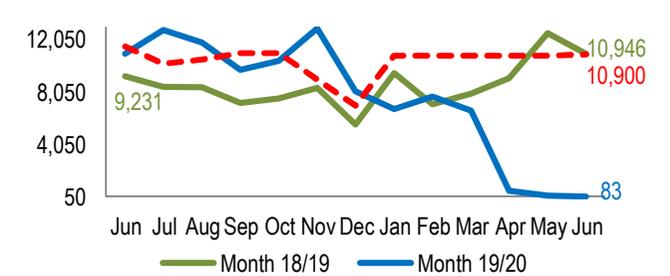
BreastCheck-number who had a mammogram



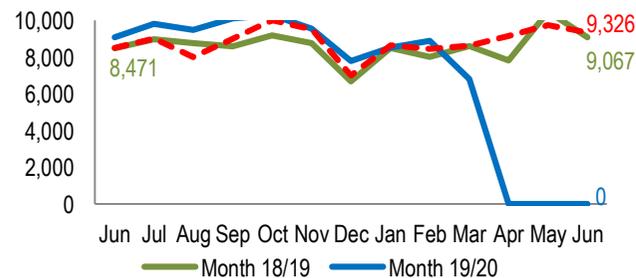
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period June 2020 was 0 against a target of 15,500.
- The number of women aged 65+ who had a complete mammogram in the period June 2020 was 0 against a target of 3,700
- The number of women who had a complete mammogram year to date (Jan-Jun 2020) was 38,153 which is behind the target of 92,500 by 38,847 (58.8%).
- Uptake for the first quarter of 2020 was 58.6% against a target of 70%. Reduced uptake is due to clients being invited in March but unable to attend due to Covid closure.

COVID-19

BreastCheck paused screening on the 13th March. It has not yet been quantified how long it will take to get screening back up and running. Social distancing will impact service delivery. PPE will be required for the safety of women and staff. The situation is being monitored. Upgrade of mobile vans will be required to deliver the programme safely; approx. 70% of women are screened at mobile unit. Plans to restart the programme are being discussed in line with infection control policies.

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period June 2020 was 280 against a target of 20,000.
- The number of women who had one or more smear tests in a primary care setting year to date (Jan-Jun 2020) was 39,387 which is behind the target of 138,500 by 99,113 (71.6%).
- The average turnaround time for screening results from laboratories was 1.14 weeks, well inside the target of 6 weeks.
- Programme coverage to the end of March 2020 was 78.5% against a target of 80%

CervicalCheck made a technical transition to HPV screening on March 30th. However due to COVID 19 the programme also paused all activity in the primary care setting on this day. This pause was for community testing (GPs and clinics) and not for patients already referred to or in the process of being managed within the colposcopy system. Those patients continued to be cared for as hospital resources allowed. The colposcopy services prioritised their work in line with clinical need (high grades and clinical indication referrals) and staffing availability.

With the approval of the DoH and HSE, CervicalCheck began a phased and incremental approach to the recommencement of screening on Monday 6th July, commencing with invitations and reminders people who were overdue a non-routine repeat screening.

Priority participants are defined by the programme as follows:

- People who are due an early screening test (one-year recall)
- People who need a repeat test because their last sample could not be tested (three-month recall)
- People who this year have become eligible for their first cervical screening test.

In order to ensure that the restart is managed in a controlled and safe manner, CervicalCheck is closely monitoring screening uptake and activity across all stages of the screening pathway: Primary Care, laboratories and Colposcopy. This will inform the SMT's decision-making on proceeding to call the next cohort for screening (people who are overdue routine screening, starting with women who have been waiting the longest).

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (June 2020) was 83 against a target of 10,900.
- The number of clients who have completed a satisfactory BowelScreen FIT test year to date (Jan-Jun 2020) was 21,821 which is behind the target of 64,900 by 43,079 clients (66.4%).
- Uptake was 36.7% in the first quarter of 2020

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was within the $\geq 90\%$ target at 80.8% within 20 working days in June. Six of the eight contracted colonoscopy centres which were offering colonoscopies in June met the expected KPI of 90% within 20 days. However this needs to be considered within the context of the Covid – 19 pandemic wherein very few colonoscopies were being scheduled due to current restrictions.

COVID - 19

The programme implemented a full pause on issue of invitations, FIT kits and reminders in March 2020 with scheduled reviews of this action in line with government guidance. A small number of BowelScreen home test kits in the system continue to be returned and are being analysed. Eight of the thirteen BowelScreen units, where they deem it safe etc. to proceed, are conducting colonoscopies albeit at severely reduced capacity levels. BowelScreen is working with endoscopy units planning for colonoscopy recommencement to ensure that patients within the system will be re-engaged to their referred units in an equitable way.

The programme anticipates that we will recommence invitations on a phased basis in September/October.

Diabetic RetinaScreen

- Due to the COVID-19 pandemic the Diabetic RetinaScreen programme paused screening from the 18th March 2020, in line with the HSE's measures to stop the spread of the virus.
- All clients who received an invitation prior to 18th March have received a communication advising them their appointment was cancelled
- The number of diabetics screened with a final grading result in the period June 2020 was 0 against a target of 9,326.
- The number of diabetics screened with a final grading result year to date (Jan-Jun 2020) was 24,182 which is below the target of 53,876 by 29,694 clients (55.1%).
- Uptake for the first quarter of 2020 was 70%

Due to the ongoing pause in the DRS Programme approx. 10,634 clients due to be screened will not receive a screening appointment in June 2020.

Approximately 4% of all patients screened are referred for Treatment for Diabetic Retinopathy, with just 1% of these being urgent referrals (estimated annually as approx. 250 patients nationally). The urgent patients are continuing to receive treatment during the pause.

The programme recommenced screening in July 2020 on a phased approach nationally. The initial feedback from service users was very positive and of those that were contacted by phone to attend an appointment approx. 48% attended. The model for recommencing screening is inviting 50% of the backlog cohort and 50% of the prospective cohort.

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

Finance

Introduction

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

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

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

Delivering on these priorities will require a significantly enhanced focus on financial management, and better controls on the management of agency, overtime and overall staffing levels and pay costs within affordable limits. In 2019, a core assumption in the financial management process with service providers during the year was that any excess costs incurred above budgets would have to be dealt with by the relevant community health organisation (CHO), hospital group or section 38 voluntary organisations. Therefore, all senior managers were requested to tighten financial and staffing controls. This has been supported by a series of additional interim controls around agency, overtime and staffing. In 2020, a similar level of focus on financial management with the same core assumption, including control of pay costs to ensure planned affordable growth in healthcare staff, will be maintained and where necessary strengthened.

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

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

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

Financial Performance

The HSE's final financial position for June 2020, prepared on an income and expenditure basis (I&E) prior to the inclusion of the first surplus, shows net expenditure of €9.618bn against the available budget reported of €8.419bn. This gives rise to an I/E deficit of €1.199bn which represents 14.2% of the total available budget. Of this deficit €1,236.8m, or the equivalent of 19.7% of the total available budget, is in respect of greater than expected expenditure on operational service areas, with the main year to date (YTD) deficit being in acute hospital care of €237.6m, private hospitals of €294.3m, the national ambulance service of €5.3m, primary care €12.7m, older persons €10.9m, disability services of €24.4m and support services of €651.7m.

Separately, pensions and other demand led areas are showing an overall surplus of (€37.7m) / (1.8%). This includes surpluses on pensions and State Claims Agency (SCA) of (€7.8m) and (€28.9m) respectively and a €11.4m deficit on PCRS which is expected to continue and is likely to grow further. Treatment Abroad Scheme (TAS)/ Cross Boarder Directive (CBD) and European Health Insurance Card (EHIC) has a surplus of (€11.2m) and (€3.7m) respectively. Demand led local schemes have a deficit of €2.4m.

The June month end is the fourth view of the financial effect of the Covid-19 planned responses on the overall financial outlook. Within the total PR YTD deficit to the end of June of €1.199bn, €1.292bn has been categorised by service areas as directly attributable to Covid-19 expenditure, with acute hospital care of €137.7m, private hospitals of €294.3m, primary care of €25.8m, mental health of €9.2m, older person of €43.9m, disability of €12.6m, support services of €659.9m (HBS-procurement €623.6m, HBS-estates €12.7m, CIO €13.2m, communications €5.1m, legal services €1.0m, human resources €1.9m) and PCRS expenditure of €93.7m substantially representing the remaining spend.

Of the total HBS Covid-19 related expenditure €623.6m is due to the procurement of medical supplies and equipment and €12.7m in HBS-estates is in relation to self-isolation facilities. A further €10.7m is in CIO primarily relating to the purchase of new IT hardware.

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

Table 1a - Summary Financial Performance

June 2020	Approved Allocation	YTD Actual Spend vrs YTD Budget				YTD Variance		YTD Variance Incl 1st Charge
		YTD Actual	YTD Budget	YTD Variance	YTD Variance	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure	
		€m	€m	€m	€m	%	€m	
Acute Hospital Care	5,627.0	3,034.9	2,797.2	237.6	8.5%	137.7	99.9	256.1
National Ambulance Service	174.4	90.0	84.7	5.3	6.2%	4.5	0.8	6.1
Acute Operations	5,801.3	3,124.9	2,881.9	242.9	8.4%	142.2	100.7	262.3
Private Hospitals		294.3		294.3		294.3	-	294.3
Primary Care Division Total (Note 1)	1,171.6	584.6	571.9	12.7	2.2%	25.8	(13.1)	5.7
Mental Health Division	1,026.0	520.7	514.1	6.6	1.3%	9.2	(2.6)	7.0
Older Persons Services	906.9	470.9	448.3	22.6	5.0%	29.7	(7.1)	19.9
Nursing Home Support Scheme	1,063.0	510.8	522.4	(11.7)	-2.2%	14.2	(25.9)	(13.9)
Older Persons Services Division	1,969.9	981.7	970.7	10.9	1.1%	43.9	(33.0)	6.0
Disability Services Division	2,017.4	1,025.9	1,001.5	24.4	2.4%	12.6	11.8	26.8
Health & Wellbeing Community	13.2	5.6	6.2	(0.6)	-9.6%	0.1	(0.7)	(0.6)
CHO HQs & Community Services	19.4	13.9	9.8	4.1	41.9%	3.6	0.5	5.1
Community Total	6,217.6	3,132.4	3,074.2	58.1	1.9%	95.3	(37.2)	50.0
Chief Clinical Office	99.9	38.6	43.7	(5.2)	-11.8%	0.2	(5.4)	(5.1)
National Screening Service	85.8	29.5	35.8	(6.3)	-17.5%	0.2	(6.5)	(5.8)
Health & Wellbeing Division	113.4	48.0	48.0	(0.0)	-0.1%	4.2	(4.3)	(4.9)
National Services	51.8	25.1	23.9	1.2	5.0%	0.4	0.8	0.8
Support Services	350.2	811.1	159.4	651.7	408.9%	659.9	(8.2)	630.9
Other Operations/Services	701.2	952.2	310.8	641.4	206.4%	665.0	(23.5)	616.0
Total Operational Service Areas	12,720.1	7,503.8	6,267.0	1,236.8	19.7%	1,196.8	40.0	1,222.6
Pensions	574.0	270.8	278.6	(7.8)	-2.8%	-	(7.8)	(6.0)
State Claims Agency	400.0	171.1	200.0	(28.9)	-14.4%	-	(28.9)	(28.0)
Primary Care Reimbursement Service (Note 1)	2,932.5	1,518.1	1,506.7	11.4	0.8%	93.7	(82.3)	4.8
Demand Led Local Schemes (Note 1)	266.9	135.5	133.1	2.4	1.8%	2.2	0.2	6.0
Treatment Abroad and Cross Border Directive	58.0	17.8	29.0	(11.2)	-38.6%	-	(11.2)	(18.3)
EHIC (European Health Insurance Card)	16.2	1.6	5.3	(3.7)	-69.6%	-	(3.7)	(5.8)
Total Pensions & Demand Led Services	4,247.5	2,114.8	2,152.6	(37.7)	-1.8%	95.9	(133.6)	(47.4)
Winter Plan	-	-	-	-		-	-	(4.6)
Overall Total	16,967.6	9,618.6	8,419.6	1,199.0	14.2%	1,292.6	(93.6)	1,170.7

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

Table 1b - Summary Financial Performance June YTD Analysed

June 2020	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Acute Hospital Care	41.0	96.9	(0.1)	137.7	34.0	(15.0)	80.9	99.9	74.9	81.9	80.8	237.6
National Ambulance Service	1.6	2.9	0.0	4.5	0.0	1.0	(0.3)	0.8	1.7	3.9	(0.3)	5.3
Acute Operations	42.6	99.7	(0.1)	142.2	34.0	(14.0)	80.7	100.7	76.6	85.8	80.5	242.9
Private Hospitals	0.0	294.3	0.0	294.3	0.0	0.0	0.0	0.0	0.0	294.3	0.0	294.3
Primary Care Division Total (Note 1)	3.9	21.8	0.2	25.8	(10.6)	(3.2)	0.6	(13.1)	(6.7)	18.6	0.8	12.7
Mental Health Division	4.0	5.2	0.0	9.2	1.1	(4.4)	0.6	(2.6)	5.2	0.8	0.6	6.6
Older Persons Services	8.1	20.9	0.7	29.7	(1.4)	(8.6)	2.9	(7.1)	6.7	12.3	3.6	22.6
Nursing Home Support Scheme	0.0	14.2	0.0	14.2	0.0	(21.2)	(4.7)	(25.9)	0.0	(7.0)	(4.7)	(11.7)
Older Persons Services Division	8.1	35.1	0.7	43.9	(1.4)	(29.8)	(1.8)	(33.0)	6.7	5.3	(1.1)	10.9
Disability Services Division	2.3	10.3	(0.0)	12.6	(7.8)	16.6	3.0	11.8	(5.5)	26.9	3.0	24.4
Health & Wellbeing Community	0.1	0.0	0.0	0.1	(0.3)	(0.3)	(0.1)	(0.7)	(0.2)	(0.2)	(0.1)	(0.6)
CHO HQs & Community Services	2.7	0.9	0.0	3.6	0.5	0.1	(0.1)	0.5	3.1	1.1	(0.1)	4.1
Community Total	21.0	73.4	0.9	95.3	(18.6)	(20.9)	2.3	(37.2)	2.5	52.4	3.2	58.1
Chief Clinical Office	0.1	0.1	0.0	0.2	(3.1)	(2.2)	(0.1)	(5.4)	(3.0)	(2.1)	(0.1)	(5.2)
National Screening Service	0.0	0.2	0.0	0.2	(0.8)	(5.7)	(0.0)	(6.5)	(0.8)	(5.5)	(0.0)	(6.3)
Health & Wellbeing Division	3.9	0.4	0.0	4.2	(0.5)	(3.7)	(0.2)	(4.3)	3.4	(3.3)	(0.2)	(0.0)
National Services	0.3	0.0	(0.0)	0.4	0.6	0.1	0.0	0.8	1.0	0.2	0.0	1.2
Support Services	4.6	655.6	(0.3)	659.9	(0.3)	(6.9)	(1.0)	(8.2)	4.3	648.7	(1.3)	651.7
Other Operations/Services	8.9	656.4	(0.3)	665.0	(4.0)	(18.3)	(1.2)	(23.5)	4.9	638.1	(1.6)	641.4
Total Operational Service Areas	72.6	1,123.7	0.4	1,196.8	11.4	(53.2)	81.7	40.0	84.0	1,070.6	82.2	1,236.8
Pensions	0.0	0.0	0.0	0.0	(2.6)	0.1	(5.2)	(7.8)	(2.6)	0.1	(5.2)	(7.8)
State Claims Agency	0.0	0.0	0.0	0.0	0.0	(28.9)	0.0	(28.9)	0.0	(28.9)	0.0	(28.9)
Primary Care Reimbursement Service (Note 1)	0.9	92.7	0.0	93.7	(2.9)	(79.3)	(0.1)	(82.3)	(2.0)	13.5	(0.1)	11.4
Demand Led Local Schemes (Note 1)	0.1	2.1	0.0	2.2	0.7	(0.3)	(0.2)	0.2	0.7	1.9	(0.2)	2.4
Treatment Abroad and Cross Border Directive	0.0	0.0	0.0	0.0	0.2	(11.4)	(0.0)	(11.2)	0.2	(11.4)	(0.0)	(11.2)
EHIC (European Health Insurance Card)	0.0	0.0	0.0	0.0	(0.0)	(1.7)	(1.9)	(3.7)	(0.0)	(1.7)	(1.9)	(3.7)
Total Pensions & Demand Led Services	1.0	94.9	0.0	95.9	(4.7)	(121.4)	(7.5)	(133.6)	(3.7)	(26.6)	(7.5)	(37.7)
Overall Total	73.6	1,218.6	0.4	1,292.6	6.7	(174.6)	74.3	(93.6)	80.3	1,044.0	74.7	1,199.0

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

June 2020 Financial Performance & 2019 First Surplus

In addition to the financial performance on June 2020 service delivery YTD, the impact of the 2019 first surplus / deficits is required to be incorporated.

2019 First surplus:	(€56.8m)
Pro rata allocation to June 2020	(€28.3m)

The inclusion of the pro rata value of the first surplus reduces the overall June YTD variance from €1,199.0m to €1,170.7m as shown in the last column in Table 1a above. The first surplus of (€56.8m) is primarily in operational service areas (€28.4m) and pensions and demand led areas (€19.3m). It should be noted that within the total operational service areas there is a first charge of €38.8m relating to Acute Operations and a first surplus of (€16.2m) and (€50.9m) relating to Community and Other Operations / services respectively. Within the Pensions and Demand Led Areas there are first surpluses for PCRS (€13.1m), TAS/CBH (€14m), EHIC (€4.2m) and a first charge of €7.1m for demand led local schemes.

Note re 1st surplus/deficit: In line with the Health Act 2014 (as amended), provision must be made in the subsequent financial year for the statutory part of any end of year surplus or deficit. The statutory first surplus incoming from 2019 will allow a level of discretion to the HSE to address demand for or fund additional services for the next financial year. It will be the decision of the Executive Management Team (EMT) in conjunction with the DoH on how the surplus will be used to fund additional services or meet demand in 2020. The first surpluses may be reassigned to cover first deficits that occurred in 2019.

It should be noted that for the remainder of the report that all of the figures contained in the tables and narrative do not include the first surplus / deficit of (€56.8m) but do include expenditure on Covid-19 related actions.

Acute Operations

Table 2a - Acute Operations June YTD

June 2020 Acute Operations	YTD Actual Spend vrs YTD Budget					YTD Variance		
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
RCSI Hospital Group	860.8	467.8	431.1	36.7	8.5%	12.3	11.5	13.0
Dublin-Midlands Hospital Group	1,007.0	551.4	507.9	43.5	8.6%	10.3	11.3	21.9
Ireland East Hospital Group	1,099.4	595.5	553.1	42.5	7.7%	22.9	9.9	9.7
South-South West Hospital Group	949.5	518.7	477.6	41.2	8.6%	9.4	16.3	15.4
Saolta University Health Care Group	881.2	468.2	440.7	27.4	6.2%	7.6	9.0	10.8
University of Limerick Hospital Group	376.5	220.1	188.6	31.5	16.7%	8.8	14.9	7.7
Children's Health Ireland	359.7	186.7	179.7	7.0	3.9%	1.1	3.0	2.9
Regional & National Services	92.8	26.4	18.6	7.8	41.9%	2.5	6.0	(0.7)
Total excluding National Ambulance Service	5,627.0	3,034.9	2,797.2	237.6	8.5%	74.9	81.9	80.8
National Ambulance Service	174.4	90.0	84.7	5.3	6.2%	1.7	3.9	(0.3)
Acute Operations Total	5,801.3	3,124.9	2,881.9	242.9	8.4%	76.6	85.8	80.5

Table 2b - Acute Operations June YTD Analysed

June 2020 Acute Operations	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
RCSI Hospital Group	8.1	10.2	(0.0)	18.3	4.1	1.3	13.0	18.4	12.3	11.5	13.0	36.7
Dublin-Midlands Hospital Group	8.8	23.9	-	32.6	1.6	(12.5)	21.9	10.9	10.3	11.3	21.9	43.5
Ireland East Hospital Group	10.5	18.9	-	29.4	12.4	(9.0)	9.7	13.1	22.9	9.9	9.7	42.5
South-South West Hospital Group	5.3	15.6	(0.0)	21.0	4.1	0.7	15.4	20.2	9.4	16.3	15.4	41.2
Saolta University Health Care Group	6.4	13.1	-	19.5	1.2	(4.1)	10.8	7.9	7.6	9.0	10.8	27.4
University of Limerick Hospital Group	0.8	8.2	(0.1)	8.8	8.1	6.7	7.8	22.6	8.8	14.9	7.7	31.5
Children's Health Ireland	1.0	3.3	-	4.3	0.2	(0.4)	2.9	2.8	1.1	3.0	2.9	7.0
Regional & National Services	0.1	3.6	-	3.7	2.3	2.4	(0.7)	4.1	2.5	6.0	(0.7)	7.8
Acute Hospital Care	41.0	96.9	(0.1)	137.7	34.0	(15.0)	80.9	99.9	74.9	81.9	80.8	237.6
National Ambulance Service	1.6	2.9	-	4.5	0.0	1.0	(0.3)	0.8	1.7	3.9	(0.3)	5.3
Acute Operations Total	42.6	99.7	(0.1)	142.2	34.0	(14.0)	80.7	100.7	76.6	85.8	80.5	242.9

Acute operations has a YTD expenditure of €3.124bn against a budget of €2.881bn leading to a deficit of €242.9m or 8.4% as set out in Table 2a above. Acute operations include a deficit of €237.6m on acute hospital care and a deficit of €5.3m on the national ambulance service. Within the total YTD deficit of €242.9m, €142.2m has been categorised as being directly attributable to Covid-19 expenditure as set out in Table 2b above. Of this €142.2m Covid-19 related deficit, €42.6m relates to pay and €99.7m relates to non-pay.

In addition to the directly attributable Covid-19 expenditure of €137.7m, acute hospital care has identified an additional €93.7m as being indirectly attributable to Covid-19. These primarily relate to a loss of income of €81.9m, €11.8m relating to indirect Covid-19 costs, comprising of pay costs of €5.7m and non pay costs of €6.1m. Therefore, the total Covid-19 YTD deficit is €231.4m.

Of the total YTD €237.6m deficit (including Covid-19), €74.9m relates to pay, €81.9m relates to non-pay and €80.8m relates to income. The €74.9m pay deficit is due to the recruitment of 4,128 additional WTEs for YTD June. This wte increase is comprised of increases in the following staff categories; nursing - 1,197 wtes, medical- 1,160 wtes, support - 1,064 wtes, paramedical - 494 wtes and administration - 213 wtes. This extra recruitment has occurred mainly due to Covid-19.

The €81.9m non-pay deficit is comprised of overspends in clinical costs of €20.3m and non-clinical costs of €61.6m. Of the total clinical costs YTD deficit of €20.3m, €54.2m has been categorised as being directly attributable to Covid-19 expenditure. The €54.2m Covid-19 deficit consists mainly of deficits on medical surgical supplies €21.4m, other medical equipment €14.6m, laboratory €7.3m and supplies and contract other medical equipment €5.2m. The YTD deficit in clinical costs of €20.3m is driven mainly by other medical equipment €16.2m, laboratory €6.5m, supplies and contract other medical equipment €4.2m. This deficit of €20.3m is offset in part by a surplus of (€4.4m) in drugs expenditure due mainly to lower activity.

Within the total non-clinical costs YTD deficit of €61.6m, €42.7m has been categorised as being directly attributable to Covid-19 expenditure. The deficit in non-clinical costs of €61.6m is driven mainly by bedding and clothing €14.6m,

maintenance €11.1m, cleaning and washing €8.4m, bad debts €10.0m, computer €4.4m and office expenses €3.2m. €10.0m of the non-pay deficit relates to bad debts on private income, a significant portion of which relates to the on-going actions of health insurers.

There is a YTD income deficit of €80.8m against budget. This consists mainly of deficits on maintenance charges of €70.8m, other income of €5.2m and in-patient charges of €3.4m. Covid-19 has impacted the normal income stream.

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

Private Hospitals

In March 2020, Government approved a proposal from the DoH to allow for a formal partnership with private hospitals which would make their facilities and capacity available to meet the challenges of the Covid-19 pandemic. This put 2,000 beds, approximately 8,000 staff and a range of clinical facilities at the disposal of the public health service. This partnership commenced on 30th March 2020 and concluded on the 30th June 2020. In accordance with the Heads of Terms (HOT) governing the partnership, the private hospitals (PHs) submitted cost estimates totalling €294.3m for June. Negotiations are currently underway between the HSE and private hospital providers for the provision of capacity after the expiration of the existing arrangement. The performance by private hospitals is illustrated in table 3 below.

Table 3 – Private Hospitals June YTD

Private Hospitals	Approved Allocation	YTD Actual Spend vrs YTD Budget				YTD Variance		
		YTD Actual	YTD Budget	YTD Variance	YTD Variance	Pay	Non Pay	Income
		€m	€m	€m	%	€m	€m	€m
Blackrock Clinic		28.0		28.0		-	28.0	-
Galway Clinic		20.2		20.2		-	20.2	-
Hermitage Clinic		17.8		17.8		-	17.8	-
Aut Even Hospital		4.9		4.9		-	4.9	-
UPMC Whitfield		10.1		10.1		-	10.1	-
UPMC Kildare.		1.9		1.9		-	1.9	-
Beacon Hospital		34.0		34.0		-	34.0	-
Kingsbridge Hospital		1.0		1.0		-	1.0	-
St Francis Private hospital		1.4		1.4		-	1.4	-
St Vincent's Private Hospital		31.1		31.1		-	31.1	-
Sports Surgery Clinic		8.9		8.9		-	8.9	-
Mater Private Hospital Dublin		48.4		48.4		-	48.4	-
Mater Private Hospital Cork		9.7		9.7		-	9.7	-
Bon Secours Cork		36.9		36.9		-	36.9	-
Bon Secours Dublin		15.5		15.5		-	15.5	-
Bon Secours Galway		10.4		10.4		-	10.4	-
Bon Secours Tralee		10.0		10.0		-	10.0	-
Bon Secours Limerick		4.2		4.2		-	4.2	-
VFM Healthcare		-		-		-	-	-
Private Hospitals Total		294.3		294.3		-	294.3	-

Community Operations

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

CS has YTD expenditure of €3,132.4m against a YTD budget of €3,074.2m leading to a deficit of €58.1m. This represents a YTD deficit of (1.9%).

Table 4a - Community Operations June YTD

June 2020 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Primary Care Total	912.6	454.2	444.1	10.0	2.3%	(5.7)	14.8	0.9
Social Inclusion Total	167.2	83.4	82.2	1.2	1.5%	(1.2)	3.7	(1.3)
Palliative Care Total	91.9	47.1	45.6	1.5	3.2%	0.2	0.1	1.2
Primary Care Division Total (Note 1)	1,171.6	584.6	571.9	12.7	2.2%	(6.7)	18.6	0.8
Mental Health Division - Total	1,026.0	520.7	514.1	6.6	1.3%	5.2	0.8	0.6
Older Persons Services Total	906.9	470.9	448.3	22.6	5.0%	6.7	12.3	3.6
Nursing Home Support Scheme Total	1,063.0	510.8	522.4	(11.7)	-2.2%		(7.0)	(4.7)
Older Persons Services Division - Total	1,969.9	981.7	970.7	10.9	1.1%	6.7	5.3	(1.1)
Disability Services - Total	2,017.4	1,025.9	1,001.5	24.4	2.4%	(5.5)	26.9	3.0
Health & Wellbeing Community Division	13.2	5.6	6.2	(0.6)	-9.6%	(0.2)	(0.2)	(0.1)
CHO HQs & Community Services - Total	19.4	13.9	9.8	4.1	41.9%	3.1	1.1	(0.1)
Community Total	6,217.6	3,132.4	3,074.2	58.1	1.9%	2.5	52.4	3.2

Table 4b - Community Operations June YTD analysed

June 2020 Community	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Primary Care Total	3.3	19.0	0.2	22.5	(9.0)	(4.2)	0.7	(12.5)	(5.7)	14.8	0.9	10.0
Social Inclusion Total	0.3	2.4	-	2.6	(1.5)	1.3	(1.3)	(1.4)	(1.2)	3.7	(1.3)	1.2
Palliative Care Total	0.3	0.4	-	0.7	(0.1)	(0.3)	1.2	0.7	0.2	0.1	1.2	1.5
Primary Care Division Total (Note 1)	3.9	21.8	0.2	25.8	(10.6)	(3.2)	0.6	(13.1)	(6.7)	18.6	0.8	12.7
Mental Health Division - Total	4.0	5.2	-	9.2	1.1	(4.4)	0.6	(2.6)	5.2	0.8	0.6	6.6
Older Persons Services Total	8.1	20.9	0.7	29.7	(1.4)	(8.6)	2.9	(7.1)	6.7	12.3	3.6	22.6
Nursing Home Support Scheme Total	-	14.2	-	14.2	-	(21.2)	(4.7)	(25.9)	-	(7.0)	(4.7)	(11.7)
Older Persons Services Division - Total	8.1	35.1	0.7	43.9	(1.4)	(29.8)	(1.8)	(33.0)	6.7	5.3	(1.1)	10.9
Disability Services - Total	2.3	10.3	(0.0)	12.6	(7.8)	16.6	3.0	11.8	(5.5)	26.9	3.0	24.4
Health & Wellbeing Community Division	0.1	0.0	-	0.1	(0.3)	(0.3)	(0.1)	(0.7)	(0.2)	(0.2)	(0.1)	(0.6)
CHO HQs & Community Services - Total	2.7	0.9	-	3.6	0.5	0.1	(0.1)	0.5	3.1	1.1	(0.1)	4.1
Community Total	21.0	73.4	0.9	95.3	(18.6)	(20.9)	2.3	(37.2)	2.5	52.4	3.2	58.1

The YTD deficit in CS is reflective of the specific additional Covid-19 related expenditure that would not have been budgeted for at the start of the year. However, it should be noted that these specific Covid-19 deficits are offset in part by decreases in non Covid-19 related expenditure within CS. This is due to the fact that people are not using some services as anticipated due to concerns in relation to Covid-19. The performance by community operations is illustrated in table 4a and 4b above.

Primary care services are showing a YTD deficit of €12.7m. Within the total YTD deficit of €12.7m, €25.8m has been categorised by service areas as being directly attributable to Covid-19 expenditure. Of this €25.8m deficit, €3.9m relates to pay and €21.8m relates to non-pay. The main drivers of the non-pay €21.8m deficit relate to grants to outside agencies €5.9m, laboratory €3.9m, professional services €3.5m, maintenance €1.9m, medical surgical supplies €1.6m. The deficit is offset by a YTD surplus of (€13.1m) for non Covid-19 related expenditure. (€11.0m) of this non Covid-19 surplus is in pay due to the delayed recruitment of vacant positions. These services may be fully utilised as the Covid-19 restrictions are lifted.

Mental health services are showing a YTD deficit of €6.6m. Within the total YTD deficit of €6.6m, €9.2m has been categorised as being directly attributable to Covid-19 expenditure. Of this €9.2m deficit, €4.0m relates to pay and €5.2m relates to non-pay expenditure. This deficit is offset in part by a YTD surplus of (€2.6m) for non Covid-19 related expenditure. Of this (€2.6m) surplus, €1.1m deficit relates to pay, (€4.4m) relates to non-pay and has occurred due to mental health services not occurring due to Covid-19.

The main drivers of the non Covid-19 related surplus relate to (€2.0m) in placement start dates being pushed back several months, (€0.8m) in training not taking place due to Covid-19 restrictions, (€2.0m) in travel due to Covid-19 travel restrictions.

Older persons are showing a YTD deficit of €10.9m. Within the total YTD deficit of €10.9m, €43.9m has been categorised as being directly attributable to Covid-19 expenditure. Of this deficit of €43.9m, €8.1m relates to pay, €20.9m relates to non-pay, €14.2m relates to NHSS and €0.7m relates to Income. This deficit is

offset in part by a YTD surplus of (€33.0m) for non Covid-19 related expenditure. The main items driving this surplus are, (€11.8m) in home support packages, (€3.3m) in transitional care beds, (€25.9m) in NHSS and a deficit of €10.1m in residential care. The Covid-19 TAPS (Temporary Assistance Payment Scheme) for nursing home has a deficit of €14.2m. This scheme is to support private and voluntary nursing homes who incurred additional costs due to Covid-19.

Disability services are showing a YTD deficit of €24.4m. Within the total YTD deficit of €24.4m, €12.6m has been categorised as being directly attributable to Covid-19 expenditure. Of this deficit of €12.6m, €2.3m relates to pay and €10.3m relates to non-pay, mainly related to emergency egress from hospitals for vulnerable patients during the Covid-19 pandemic. It should be noted that there is an additional YTD deficit of €11.8 for non Covid-19 related expenditure. Of this deficit of €11.8m, a YTD surplus of (€7.8m) relates to pay, €16.6m YTD deficit relates to non-pay and €3.0 YTD deficit relates to income. The main drivers of this €11.8m YTD deficit are, €8.5m of a deficit due to not meeting planned efficiency targets. The €1.1m in new non Covid-19 residential placements and €1.3m in home support packages (will be partially offset by funding to be received in Sep 2020).

Chief Clinical Officer

Table 5a - Chief Clinical Officer June YTD

June 2020 Chief Clinical Office	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Clinical Design & Innovation	10.3	2.6	3.2	(0.7)	-20.7%	(0.7)	0.1	(0.0)
Office of Nursing & Midwifery Services	36.5	13.1	17.0	(3.9)	-22.8%	(2.0)	(1.8)	(0.1)
Quality Assurance & Verification	6.1	2.5	3.0	(0.5)	-17.1%	(0.2)	(0.3)	-
Quality Improvement Division	9.5	4.6	4.7	(0.0)	-0.5%	0.1	(0.1)	(0.0)
National Health and Social Care Profession	1.8	0.8	0.9	(0.1)	-10.2%	(0.1)	(0.0)	-
National Doctors Training & Planning	26.9	12.3	12.1	0.2	1.3%	(0.2)	0.4	(0.0)
National Cancer Control Programme (NCCP)	8.7	2.6	2.8	(0.2)	-5.8%	0.1	(0.3)	(0.0)
Chief Clinical Office Total	99.9	38.6	43.7	(5.2)	-11.8%	(3.0)	(2.1)	(0.1)

Table 5b - Chief Clinical Officer June YTD analysed

June 2020 Chief Clinical Office	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Clinical Design & Innovation	0.0	0.0	-	0.0	(0.7)	0.0	(0.0)	(0.7)	(0.7)	0.1	(0.0)	(0.7)
Office of Nursing & Midwifery Services	0.0	0.0	-	0.0	(2.0)	(1.8)	(0.1)	(3.9)	(2.0)	(1.8)	(0.1)	(3.9)
Quality Assurance & Verification	0.0	-	-	0.0	(0.2)	(0.3)	-	(0.5)	(0.2)	(0.3)	-	(0.5)
Quality Improvement Division	0.1	0.0	-	0.1	(0.0)	(0.1)	(0.0)	(0.1)	0.1	(0.1)	(0.0)	(0.0)
National Health and Social Care Profession	-	-	-	-	(0.1)	(0.0)	-	(0.1)	(0.1)	(0.0)	-	(0.1)
National Doctors Training & Planning	0.0	0.0	-	0.0	(0.2)	0.4	(0.0)	0.1	(0.2)	0.4	(0.0)	0.2
National Cancer Control Programme (NCCP)	-	-	-	-	0.1	(0.3)	(0.0)	(0.2)	0.1	(0.3)	(0.0)	(0.2)
Chief Clinical Office Total	0.1	0.1	-	0.2	(3.1)	(2.2)	(0.1)	(5.4)	(3.0)	(2.1)	(0.1)	(5.2)

The Chief Clinical Officer (CCO) has YTD expenditure of €38.6m against a YTD budget of €43.7m leading to a surplus of (€5.2m) or (11.8%) as shown in Table 5a above. Within this YTD surplus of (€5.2m), €0.2m expenditure has been categorised as being directly attributable to Covid-19.

Within the CCO clinical design & innovation has a YTD surplus of (€0.7m) primarily due to vacant posts not being filled. The office of nursing & midwifery

services has a YTD surplus of (€3.9m) relating to vacant posts and the non-commencement of CPD nurse training. National doctors training & planning is reporting a YTD deficit of €0.2m, primarily in non-pay due to an IT upgrade. The National Cancer Control Programme (NCCP) has a YTD surplus of (€0.2m) due to payments to cancer support organisations not occurring in 2020. The performance by chief clinical officer is illustrated in table 5a and 5b above.

National Screening Service

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

Table 6a - National Screening Service (NSS) June YTD

June 2020 National Screening Service	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
National Screening Service	85.8	29.5	35.8	(6.3)	-17.5%	(0.8)	(5.5)	(0.0)

Table 6b - National Screening Service (NSS) June YTD analysed

June 2020 National Screening Service	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
National Screening Service	0.0	0.2	-	0.2	(0.8)	(5.7)	(0.0)	(6.5)	(0.8)	(5.5)	(0.0)	(6.3)

The NSS has YTD expenditure of €29.5m against a YTD budget of €35.8m leading to a surplus of (€6.3m). Within the total YTD surplus of (€6.3m), (€0.8m) relates to pay, (€5.5m) relates to non-pay. The pay surplus of (€0.8m) is arising due to staff vacancies. The non-pay surplus of (€5.5m) relates to screening programmes that are suspended due to Covid-19. Plans are being put in place to re-commence the programmes as soon as possible. The performance by national screening service is illustrated in table 6a and 6b above.

Health & Wellbeing

Table 7a - Health and Wellbeing June YTD

June 2020 Health & Wellbeing	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Health Protection Surveillance Service	5.9	2.6	2.4	0.2	10.2%	0.3	(0.1)	0.1
Health Protection Vaccines	53.4	18.6	21.1	(2.5)	-11.9%	0.1	(2.6)	(0.0)
Public Health	20.2	12.6	9.7	3.0	31.0%	3.1	0.2	(0.3)
Health Promotion	7.4	2.3	2.8	(0.5)	-18.9%	(0.0)	(0.5)	0.0
Research & Evidence	9.2	4.1	4.3	(0.2)	-4.8%	(0.1)	(0.1)	(0.0)
Health & Wellbeing - (Regional)	9.3	4.6	4.4	0.2	4.2%	0.0	0.0	0.1
Crisis Pregnancy Agency	5.9	2.3	2.5	(0.2)	-6.9%	(0.0)	(0.1)	-
Health & Wellbeing Nat Dir Off	2.2	0.9	0.9	(0.1)	-6.5%	0.1	(0.1)	(0.1)
Health & Wellbeing Total	113.4	48.0	48.0	(0.0)	-0.1%	3.4	(3.3)	(0.2)

Table 7b - Health and Wellbeing June YTD analysed

June 2020 Health & Wellbeing	YTD Variance attributable to Covid-19			
	Pay	Non Pay	Income	Total
	€m	€m	€m	€m
Health Protection Surveillance Service	0.5	0.1	-	0.6
Health Protection Vaccines	0.1	0.0	-	0.1
Public Health	3.2	0.2	-	3.4
Health Promotion	0.0	-	-	0.0
Research & Evidence	0.1	0.0	-	0.1
Health & Wellbeing - (Regional)	-	0.0	-	0.0
Crisis Pregnancy Agency	0.0	-	-	0.0
Health & Wellbeing Nat Dir Off	-	0.0	-	0.0
Health & Wellbeing Total	3.9	0.4	-	4.2

H&WB support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within H&WB support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population. The performance by health and wellbeing is illustrated in table 7a and 7b above.

The H&WB division has a YTD expenditure of €48.0m against a budget of €48.0m leading to a breakeven position. Within this YTD breakeven position,

YTD Variance attributable to Non Covid-19			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
(0.2)	(0.2)	0.1	(0.3)
(0.0)	(2.6)	(0.0)	(2.6)
(0.1)	(0.0)	(0.3)	(0.4)
(0.0)	(0.5)	0.0	(0.6)
(0.2)	(0.1)	(0.0)	(0.3)
0.0	(0.0)	0.1	0.2
(0.1)	(0.1)	-	(0.2)
0.1	(0.1)	(0.1)	(0.1)
(0.5)	(3.7)	(0.2)	(4.3)

YTD Variance Total			
Pay	Non Pay	Income	Total
€m	€m	€m	€m
0.3	(0.1)	0.1	0.2
0.1	(2.6)	(0.0)	(2.5)
3.1	0.2	(0.3)	3.0
(0.0)	(0.5)	0.0	(0.5)
(0.1)	(0.1)	(0.0)	(0.2)
0.0	0.0	0.1	0.2
(0.0)	(0.1)	-	(0.2)
0.1	(0.1)	(0.1)	(0.1)
3.4	(3.3)	(0.2)	(0.0)

€4.5m expenditure has been categorised as being directly attributable to Covid-19.

Within the H&WB division, there is a deficit in public health of €3.0m which relates to Covid-19 costs. Of this deficit of €3.0m, €3.0m relates to pay and is due to increased recruitment and overtime in dealing with the Covid-19 pandemic. There is a deficit of €0.2m in health protection surveillance service, a deficit in health & wellbeing - (regional) of €0.2m. There are surpluses of (€2.5m) in health protection vaccines (due to suspension of school immunisation programmes), (€0.5m) in health promotion, (€0.2m) in research & evidence, (€0.2m) in crisis pregnancy agency, (€0.1m) in health & wellbeing national directors office.

National Services (Excl. PCRS)

Table 8a - National Services June YTD

June 2020 National Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
	€m	€m	€m	€m	%	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Environmental Health	49.4	23.8	22.7	1.1	4.8%	0.4	(0.0)	0.7
Emergency Management	1.7	0.9	0.9	0.1	9.2%	(0.0)	0.0	0.1
EU & North South Unit	0.6	0.3	0.3	0.0	11.3%	0.6	0.2	(0.8)
National Services Total	51.8	25.1	23.9	1.2	5.0%	1.0	0.2	0.0

Table 8b - National Services June YTD analysed

June 2020 National Services	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Environmental Health	0.3	0.0	(0.0)	0.4	0.1	(0.1)	0.7	0.7	0.4	(0.0)	0.7	1.1
Emergency Management	-	0.0	-	0.0	(0.0)	0.0	0.1	0.1	(0.0)	0.0	0.1	0.1
EU & North South Unit	-	-	-	-	0.6	0.2	(0.8)	0.0	0.6	0.2	(0.8)	0.0
National Services Total	0.3	0.0	(0.0)	0.4	0.6	0.1	0.0	0.8	1.0	0.2	0.0	1.2

The national services division has a YTD expenditure of €25.1m against a budget of €23.9m leading to a deficit of €1.2m or 5.0%. The €1.1m deficit in environmental health relates to overtime payments in dealing with the Covid-19 pandemic. The EU & north south unit is now part of national services, having previously been reported as part of human resources. The performance by national services is illustrated in table 8a and 8b above.

National Services include:

- **Environmental Health:** The environmental health service plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies and control of drinking and bathing water quality.
- **Emergency Management:** The emergency management function assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.

- **EU and North South Unit:** The EU and north south unit works on behalf of the HSE to promote health co-operation with providers both north and south of the border, ensuring better outcomes for people living in border areas, and covering a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services, and co-operation on new initiatives.

Support Services.

Table 9a - Support Services June YTD

June 2020 Support Services	Approved Allocation €m	YTD Actual €m	YTD Budget €m	YTD Variance €m	YTD Variance %	YTD Variance		
						Pay €m	Non Pay €m	Income €m
Health Business Services	142.6	703.0	66.6	636.4	954.9%	(0.9)	637.4	(0.2)
Finance	53.2	20.1	21.8	(1.7)	-7.7%	0.1	(1.6)	(0.2)
Human Resources	43.2	20.6	19.0	1.6	8.6%	2.1	(0.3)	(0.1)
Board of the HSE & Office of the CEO	3.9	1.3	1.7	(0.4)	-22.5%	(0.0)	(0.4)	(0.0)
Health System Reform	9.9	3.0	4.1	(1.2)	-28.6%	(0.1)	(1.1)	-
Legal Services	17.3	8.9	8.7	0.2	2.3%	(0.0)	0.2	0.1
Office of the COO & Office of the CSO	8.3	3.8	4.1	(0.3)	-6.9%	0.5	(0.8)	(0.0)
Compliance	1.3	0.4	0.7	(0.3)	-41.9%	(0.0)	(0.2)	-
Communications	11.2	9.0	3.9	5.1	129.8%	1.8	4.2	(0.9)
Audit	4.4	1.8	2.2	(0.4)	-18.2%	(0.0)	(0.4)	-
Health Repayment Scheme	0.5	0.1	0.2	(0.2)	-78.3%	(0.0)	(0.2)	-
Chief Information Officer	50.9	37.1	25.3	11.8	46.4%	1.0	10.7	0.0
Regional Services	3.5	2.1	1.0	1.1	112.1%	0.0	1.1	(0.0)
Support Services Total	350.2	811.1	159.4	651.7	408.9%	4.3	648.7	(1.3)

Table 9b - Support Services June YTD analysed

June 2020 Support Services	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Health Business Services	0.2	636.3	(0.0)	636.5	(1.1)	1.1	(0.2)	(0.1)	(0.9)	637.4	(0.2)	636.4
Finance	0.0	0.1	(0.3)	(0.2)	0.1	(1.7)	0.1	(1.5)	0.1	(1.6)	(0.2)	(1.7)
Human Resources	1.6	0.3	-	1.9	0.4	(0.6)	(0.1)	(0.3)	2.1	(0.3)	(0.1)	1.6
Board of the HSE & Office of the CEO	-	-	-	-	(0.0)	(0.4)	(0.0)	(0.4)	(0.0)	(0.4)	(0.0)	(0.4)
Health System Reform	-	-	-	-	(0.1)	(1.1)	-	(1.2)	(0.1)	(1.1)	-	(1.2)
Legal Services	-	1.0	-	1.0	(0.0)	(0.8)	0.1	(0.8)	(0.0)	0.2	0.1	0.2
Office of the COO & Office of the CSO	-	1.0	-	1.0	0.5	(1.8)	(0.0)	(1.3)	0.5	(0.8)	(0.0)	(0.3)
Compliance	-	-	-	-	(0.0)	(0.2)	-	(0.3)	(0.0)	(0.2)	-	(0.3)
Communications	1.8	3.3	-	5.1	(0.1)	0.9	(0.9)	(0.0)	1.8	4.2	(0.9)	5.1
Audit	0.0	0.0	-	0.0	(0.1)	(0.4)	-	(0.5)	(0.0)	(0.4)	-	(0.4)
Health Repayment Scheme	-	-	-	-	(0.0)	(0.2)	-	(0.2)	(0.0)	(0.2)	-	(0.2)
Chief Information Officer	0.9	12.3	-	13.2	0.1	(1.6)	0.0	(1.5)	1.0	10.7	0.0	11.8
Regional Services	-	1.2	-	1.2	0.0	(0.1)	(0.0)	(0.1)	0.0	1.1	(0.0)	1.1
Support Services Total	4.6	655.6	(0.3)	659.9	(0.3)	(6.9)	(1.0)	(8.2)	4.3	648.7	(1.3)	651.7

The June results for support services (SS) shows net expenditure of €811.1m against the available budget reported at €159.4m. This gives rise to a YTD deficit of €651.7m or 408.9%. The performance by support service area is illustrated in table 9a and 9b above.

- The YTD deficit of €651.7m includes a deficit of €636.4m in health business services (inclusive of €636.5m Covid-19 expenditure). The deficit in HBS is comprised mainly of €624.5m in HBS-Procurement in relation to medical supplies and equipment (PPE) and €12.7m is in HBS-Estates in relation to self – isolation facilities.
- €11.8m deficit in chief information officer (inclusive of €13.2m Covid-19 expenditure mainly in relation to the purchase of new hardware),
- €5.1m deficit in communications (inclusive of €5.1m Covid-19 expenditure) of which €1.8m is in relation to staffing a call centre and €2.4m is in relation to advertising and awareness campaigns that took place related to Covid-19.

- €1.6m deficit in human resources which relates to the hiring of agency nurses in response to Covid-19.

Offsetting the above SS deficits there are surpluses of (€0.3m) in the office of the COO and CSO, (€1.7m) in finance, and (€1.2m) in health system reform and other minor surplus amounting to (€1.3m) in other SS divisions.

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

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

Demand Led Services

Table 10a - Demand Led Services Areas June YTD

June 2020 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Pensions	574.0	270.8	278.6	(7.8)	-2.8%	(2.6)	0.1	(5.2)
State Claims Agency	400.0	171.1	200.0	(28.9)	-14.4%	-	(28.9)	-
Primary Care Reimbursement Service	2,932.5	1,518.1	1,506.7	11.4	0.8%	(2.0)	13.5	(0.1)
Demand Led Local Schemes	266.9	135.5	133.1	2.4	1.8%	0.7	1.9	(0.2)
Treatment Abroad and Cross Border Directive	58.0	17.8	29.0	(11.2)	-38.6%	0.2	(11.4)	(0.0)
EHIC (European Health Insurance Card)	16.2	1.6	5.3	(3.7)	-69.6%	(0.0)	(1.7)	(1.9)
Pensions & Demand Led Services Total	4,247.5	2,114.8	2,152.6	(37.7)	-1.8%	(3.7)	(26.6)	(7.5)

Table 10b - Demand Led Services Areas June YTD analysed

June 2020 Pensions & Demand Led Services	YTD Variance attributable to Covid-19				YTD Variance attributable to Non Covid-19				YTD Variance Total			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Pensions	-	-	-	-	(2.6)	0.1	(5.2)	(7.8)	(2.6)	0.1	(5.2)	(7.8)
State Claims Agency	-	-	-	-	-	(28.9)	-	(28.9)	-	(28.9)	-	(28.9)
Primary Care Reimbursement Service	0.9	92.7	-	93.7	(2.9)	(79.3)	(0.1)	(82.3)	(2.0)	13.5	(0.1)	11.4
Demand Led Local Schemes	0.1	2.1	-	2.2	0.7	(0.3)	(0.2)	0.2	0.7	1.9	(0.2)	2.4
Treatment Abroad and Cross Border Directive	-	-	-	-	0.2	(11.4)	(0.0)	(11.2)	0.2	(11.4)	(0.0)	(11.2)
EHIC (European Health Insurance Card)	-	-	-	-	(0.0)	(1.7)	(1.9)	(3.7)	(0.0)	(1.7)	(1.9)	(3.7)
Pensions & Demand Led Services Total	1.0	94.9	-	95.9	(4.7)	(121.4)	(7.5)	(133.6)	(3.7)	(26.6)	(7.5)	(37.7)

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

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

The June results for demand led services areas show net expenditure of €2,114.8m against the available budget reported at €2,152.6m. This gives rise to YTD surplus of (€37.7m) or (1.8%). Within this there are deficits in PCRS €11.4m, demand led local schemes €2.4m, which are offset by surpluses in pensions (€7.8m), SCA (€28.9m), TAS/CBD (€11.2m), and EHIC (€3.7m). The performance by the demand led services areas is illustrated in table 10a and 10b above.

Pensions

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

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

Pensions have expenditure of €270.8m against a profiled budget of €278.6m leading to a YTD surplus of (€7.8m). This surplus of (€7.8m) is comprised of a surplus in Additional Superannuation Contribution (ASC) of (€1.7m) and a surplus in pensions of (€6.0m). The normal direction for pension throughout the year is increased costs and lower income so we expect this surplus to be eliminated over time. Transition to the Single Public Service Pension Scheme (SPSPS) retirements will see a reduction in the cost of pensions but this will occur gradually over a number of years.

State Claims Agency (SCA)

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

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

SCA have expenditure of €171.1m against a profiled budget of €200.0m leading to a YTD surplus of (€28.9m). This surplus is due to the slowdown of the legal process due to the closure of the court services as a result of Covid-19 and is therefore likely to be temporary in nature.

Primary Care Reimbursement Service (PCRS)

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

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

As part of NSP2020, the PCRS has an allocated 2020 budget of €2,951m.

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

The PCRS has year to date expenditure of €1,518.1m against a budget of €1,506.7m, leading to a year to date deficit of €11.4m or 0.8%. This variance is illustrated by scheme in the accompanying management data report.

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

Within the total YTD deficit of €11.4m, €93.7m has been categorised as being directly attributable to Covid-19 expenditure. The impact of this amount has been counteracted by reduction in other services resulting from the emergency. The reported Covid-19 costs include cost in respect of the GP support package (accounting for €72.0m of Covid-19 costs), June eligibility extension costs, an element of increased demand on drugs and direct administrative costs. The costs will increase as the year progresses due to the extension of MC/GPVC eligibility for existing cohort whose eligibility expired in March, the award of medical cards due to change in economic environment, costs in relation to the Covid-19 contact centre and staff redeployments.

Within the Covid-19 deficit of €93.7m, €72.0m has been due to GP fees and allowances, €3.1m general medical services (GMS) pharmacy fees, €7.7m GMS pharmacy drugs, €4.5m GMS high tech arrangement, €4.2m community demand led schemes high tech arrangement.

There is an YTD surplus of (€82.3m) for non Covid-19 related expenditure. Of this surplus of (€82.3m), (€13.8m) surplus has been due to GP fees and allowances, (€7.4m) surplus pharmacy fees, (€13.2m) surplus pharmacy drugs / medicines, (€5.6m) surplus high tech arrangement, €1.3m deficit community demand led schemes high tech arrangement and (€5.8m) surplus long term illness scheme.

High Tech drug spend is increasing each year, due to 2019 new drugs in addition to full year effect of 2018 and 2017 newly approved drugs. In addition year on year number of patients dispensed to continues to rise across most condition

types and for all drug types. The demand is primarily across the following conditions: cancer, cystic fibrosis and rheumatology.

Treatment Abroad and Cross Border Healthcare

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

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

TAS and CBD has a year to date expenditure of €17.8m against a profiled budget of €29.0m leading to a YTD surplus of (€11.2m) or (38.6%). This surplus is due YTD activity being lower than anticipated.

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

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

European Health Insurance Card

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

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

EHIC has expenditure of €1.6m against a profiled budget of €5.3m leading to a YTD surplus of (€3.7m).

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

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

Human Resources

Health Sector Workforce

At the end of June 2020 Health Services employment levels stand at **124,352** whole-time equivalents (WTE).

Overall headlines this month

- When compared with the **May 2020 figure (123,088 WTE)**, the change this month shows an **increase of +1,264 WTE**. The Year to Date change is +4,535 however 3,883 of this increase relates to the Q2 change, coinciding with the health service workforce expansion to COVID-19;
- This month's increase in WTE continues to reflect the impact of numerous initiatives designed to expand the workforce in our response to the COVID-19 public health emergency. In the main these include;
 - Maximising undergraduate/ graduate workforces for example: offer of HCA temporary contract/ contract change for student nurses and midwives (Years 1 to 3 and 4th Year nursing and midwifery interns) in addition to recruitment of graduating medical scientists and interns;
 - Workforce expansion via increased hours;
 - Increase in NCHD workforce;
 - Direct recruitment though local and national recruitment.
- At a high level this month's change is above that normally seen for June, with the 5-year average change for the same period at +96 WTE. This however, is expected, given the required workforce expansion response to meet the challenges of COVID-19.

Overarching key findings this month

- All six staff categories are showing growth this month, the largest of which is Medical & Dental (**+593 WTE**). Within this category, the SHO/Interns staff group has increased by **+604 WTE**.
- Patient & Client Care has increased by **+384 WTE**. This is the second largest staff category increase this month predominately due to Health Care Assistants +453 WTE, the majority of which are related to COVID-19 student nurse HCA initiative.

- In other staff categories Nursing & Midwifery has increased by **+113 WTE**. Of note, the Pre-registration Nurse/Midwife Intern grade group has decreased by -41 WTE this month and relates to the movement of Pre-registration Nurse/Midwife Interns (reported at 50% of WTE value) to the new temporary Student Nurse/Midwife Intern HCA COVID-19 grades +153 WTE (reported at 100% of WTE value). Staff Nurse/Staff Midwife have increased by +57 WTE. Health & Social Care Professionals increased by **+102 WTE** (primarily in Therapy Professions, Social Care and Pharmacy). Further increases are also seen in General Support (**+41 WTE**) and Management & Administrative (**+31 WTE**).
- This month's growth is mainly seen in the HSE **+952 WTE (+1.2%)**, Section 38 Hospitals **+239 WTE (+0.9%)** and within Section 38 Voluntary Agencies **+73 WTE (+0.5%)**.
- At a divisional level, all services are showing increases this month with the exception of H&WB **-2 WTE**. Acute Services are showing an increase at **+994 WTE**, Community Services **+266 WTE** along with Corporate & National Services at **+7 WTE**.

Operations key findings this month

- Overall this month, **Acute Services** is showing an increase of **+994 WTE** with a year to date growth of **+3,697 WTE (+5.9%)**.
- All six staff categories are showing increases this month of which Medical & Dental is the largest (**+591 WTE**), related to +599 WTE growth in SHO/Interns. Patient & Client Care is the second highest increase at **+251 WTE** largely owing to an increase in HCA's +257 WTE largely related to the student nurse COVID-19 HCA initiative (Years 1-3). Nursing & Midwifery is also showing an increase at **+46 WTE**, predominantly related to movement of Pre-registration Nurse/Midwife intern (reported at 50% of WTE value) movement to Nurse/Midwife intern grade group (reported at 100% of WTE value). Health & Social Care Professionals is showing an increase of **+53 WTE** mainly due to increases seen in Pharmacy **+16 WTE**, Health Science Diagnostics **+12 WTE**, Therapy Professions **+24 WTE**, while General Support is **+43 WTE**. The smallest increase is in Management and Administration (+10 WTE).

- This month's increase in WTEs is distributed across all six Hospital Groups (CHI is showing a decrease) with the largest increase seen in the South/South West Hospital Group **(+268 WTE)**.
- The change within **Community Services** this month is an increase of **+266 WTE**.
- Five of the six staff categories are showing increases this month.
- Patient & Client Care is showing the largest growth **(+133 WTE)**. This is attributable to increases in Health Care Assistants **+196 WTE** predominantly owing to COVID-19 student nurse HCA initiative (years 1-3). Home helps are showing a decrease -60 WTE. Nursing & Midwifery is showing **(+64 WTE)** and is mainly attributable to Staff Nurse/ Staff Midwife **+55 WTE** and Nurse Midwife Manager **+23 WTE**. Health & Social Care Professionals is also showing an increase of **+56 WTE**, largely owing to an increase in Social Care (+30 WTE) and Therapy Professions +16 WTE. Medical & Dental **(+6 WTE)** and Management & Administration **(+7 WTE)** are also showing increases with General Support showing a decrease of -1 WTE.
- Eight of the nine CHOs are showing increases this month, with CHO 3 showing the largest increase **(+97 WTE)** while CHO 4 is showing the largest decrease at **-38 WTE**.
- At Division level, **all** are showing increases this month, with Disabilities showing the largest increase **(+82 WTE)**.

By Division/ Care Group: June 2020

Division/ Care Group	WTE Dec 2019	WTE May 2020	WTE Jun 2020	WTE change since May 2020	% change since May 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	23,088	124,352	+1,264	+1.0%	+4,535	+3.8%
Ambulance Services	1,933	1,965	1,959	-6	-0.3%	+26	+1.4%
Acute Hospital Services	60,604	63,276	64,275	+999	+1.6%	+3,671	+6.1%
Acute Services	62,537	65,241	66,235	+994	+1.5%	+3,697	+5.9%
Community Health & Wellbeing	-	130	131	+1	+0.9%	+131	-100.0%
Mental Health	9,954	10,193	10,269	+76	+0.7%	+315	+3.2%
Primary Care	10,599	10,701	10,736	+35	+0.3%	+137	+1.3%
<i>Disabilities</i>	<i>18,303</i>	<i>18,300</i>	<i>18,382</i>	<i>+82</i>	<i>+0.4%</i>	<i>+79</i>	<i>+0.4%</i>
<i>Older People</i>	<i>13,233</i>	<i>13,277</i>	<i>13,350</i>	<i>+72</i>	<i>+0.5%</i>	<i>+117</i>	<i>+0.9%</i>
Social Care	31,507	31,412	31,565	+153	+0.5%	+58	+0.2%
Community Services	52,089	52,601	52,867	+266	+0.5%	+779	+1.5%
Health & Well-being	574	492	490	-2	-0.4%	-84	-14.6%
Corporate	3,035	3,161	3,163	+2	+0.0%	+128	+4.2%
Health Business Service	1,583	1,593	1,598	+5	+0.3%	+15	+0.9%
H&WB Corporate & National Services	5,191	5,246	5,250	+4	+0.1%	+58	+1.1%

Absence Rates

The reported absence rate for May stands at 6.8%. This is a significant decrease on the April absence rate of 10.4%. Notably, May absence rates are significantly impacted by COVID-19 related absence, with May 2020 being the third month of recorded COVID-19 absence. This is reflected in the attached National Absence Report.

	Benchmark/ Target	Apr- 20	Certified Absence May 2020	Self- Certified May 2020	COVID- 19 May 2020	May- 20	Full Year 2019	Year to date 2020
Rate	<3.5%	10.4%	4.1%	0.3%	2.4%	6.8%	4.7%	7.0%

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

Latest monthly figures (May 2020)

May 2020 absence rate stands at 6.8% of which 4.1% is certified, 0.3% Self-Certified with **2.4%** (or 35.9% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the May absence rate of 4.4%, while marginally higher, is comparable to the same month in previous years i.e. 4.1% (2016), 4.2% (2017), 4.2% (2018) and 4.4% (2019).
- For **Acute Services** the absence rate is 6.7% of which 2.5% (37.2% of the total) is COVID-19 related. **Community Services** stands at 7.3% of which 2.6% (35.5% of the total) is COVID-19 related. **Health & Wellbeing, Corporate & National Services'** rate is 3.1% of which 0.4% (12.1% of the total) is COVID-19 related. Details as follows:

Health Service Absence Rate - by Division

May 2020	Certified absence	Self- certified absence	COVID- 19 absence	Total absence rate	Certi- fied	Self- certified	COVID- 19
Total	4.1%	0.3%	2.4%	6.8%	60.0%	4.1%	35.9%
Ambulance Services	6.6%	0.5%	1.9%	9.0%	73.8%	5.4%	20.9%
Acute Hospital Services	3.8%	0.3%	2.5%	6.6%	57.2%	4.9%	37.9%
Acute Services	3.9%	0.3%	2.5%	6.7%	57.9%	4.9%	37.2%
Community Health & Wellbeing	3.8%	0.0%	0.0%	3.8%	99.0%	1.0%	0.0%
Mental Health	3.5%	0.2%	2.5%	6.2%	56.9%	3.4%	39.7%
Primary Care	3.7%	0.1%	1.1%	4.9%	76.1%	2.4%	21.5%
Disabilities	4.5%	0.2%	2.5%	7.2%	62.1%	3.4%	34.5%
Older People	6.1%	0.3%	4.4%	10.8%	56.4%	3.0%	40.6%
Community Services	4.5%	0.2%	2.6%	7.3%	61.4%	3.1%	35.5%
Health & Wellbeing	3.4%	0.2%	0.8%	4.4%	77.0%	4.8%	18.2%
Corporate	2.7%	0.1%	0.3%	3.1%	89.0%	2.6%	8.5%
Health Business Services	1.9%	0.0%	0.9%	2.8%	67.2%	1.7%	31.1%
HWB, Corporate & National	2.7%	0.1%	0.4%	3.1%	85.2%	2.7%	12.1%

- At **Staff Category** Patient & Client Care reports the highest absence rate at 9.4% followed by Nursing & Midwifery reporting an absence rate of 8.3%. Notably, these increases are impacted by COVID-19, with 35.1% of all absence in Patient & Client Care, and 40.7% of all absence in Nursing related to COVID-19. Medical and Dental reported the lowest absent rate at 2.3%, with 55.4% COVID-19 related. Details as follows:

Health Service Absence Rate - by Staff Category

May 2020	Certified absence	Self-certified absence	COVID-19 absence	Total absence rate	Certified	Self-certified	COVID-19
Total	4.1%	0.3%	2.4%	6.8%	60.0%	4.1%	35.9%
Medical & Dental	0.9%	0.1%	1.3%	2.3%	41.4%	3.3%	55.4%
Nursing & Midwifery	4.5%	0.4%	3.4%	8.3%	54.5%	4.8%	40.7%
Health & Social Care Professionals	2.8%	0.1%	1.5%	4.4%	62.9%	3.1%	34.1%
Management & Administrative	3.3%	0.1%	1.0%	4.5%	74.1%	3.2%	22.6%
General Support	5.5%	0.3%	2.2%	8.0%	69.2%	3.6%	27.2%
Patient & Client Care	5.7%	0.4%	3.4%	9.5%	60.2%	3.9%	35.1%

Year-to-date & trends 2008 – 2019

The year to date 2020 figure of 7.0% has also been significantly impacted by COVID-19 related absence with 2.2% of the 2020 absence rate (or 32% of all 2020 absence) already accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020.

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%	4.6%	4.7%	7%

- The 2019 full year rate is 4.7%, which is broadly consistent with the 2020 year-to-date rate **excluding** COVID-19 at 4.8%.
- It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally (excluding COVID-19). Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, demographic of employees, and diversity of the organisation needs to be

recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.

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

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

European Working Time Directive (EWTd)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98%	88.8%
Mental Health Services	98.1%	88.1%
Other Agencies	100%	100%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1	0.9
[R]	[G]

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

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

Performance Table:

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

Graphs:

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

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

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

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

Service Area	Metric Name	Data Coverage Issue
		Non Return (Jun) CHO8 (Louth, Meath) Non Return (Mar) CHO8 (Longford/Westmeath) Non Return (Mar, Apr, May) CHO9 (North Dublin) Non Return (Jun) CHO9 (Dublin North Central, Dublin North West)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks. % of Ophthalmology patients on the waiting list for treatment < 52 weeks. No of Ophthalmology patients seen	Non Return (Jun) CHO2 (Roscommon) Non Return (Mar) CHO5 (Waterford) Non Return (Jan, Feb, May, Jun) CHO8 (Meath)
Primary Care	Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment	Non Return (Jun) CHO2 (Mayo) Non Return (Mar, Apr, May, Jun) CHO3 (Clare, Limerick, North Tipp/East Limerick) Non Return (Mar, Apr, May, Jun) CHO4 (North Lee, South Lee, North Cork, West Cork) Non Return (Apr) CHO5 (South Tipperary, Carlow/Kilkenny) Non Return (Mar, Apr) CHO8 (Laois/Offaly, Longford/Westmeath) Non Return (Mar, Apr, May, Jun) CHO9 (Dublin North West., Dublin North Central)
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return (2019) – CHO7 (Dublin West) Non Return (Jan) CHO2 (Galway) Non Return (Mar, Apr, May) CHO5 (Carlow/Kilkenny, South Tipp) Non Return (Feb, Mar, Apr, May) CHO6 (Dublin South East, Wicklow) Non Return (Feb) CHO6 (Dun Laoghaire) Non Return (Jan, Feb, Mar, Apr, May) CHO7 (Dublin West) Non Return (Jan) CHO9 (Dublin North, Dublin North Central)
Primary Care	Podiatry % of podiatry clients (patients) on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	Non Return (May) CHO3 (Clare, Limerick) Non Return (Apr, May, Jun) CHO5 (South Tip) Non Return (Jan, Mar), CHO5 (Carlow/Kilkenny) Non Return (Feb, Mar, Apr, May, Jun) CHO9 (North Dublin)

Service Area	Metric Name	Data Coverage Issue
Primary Care	Psychology % of Psychology patients on waiting list for treatment ≤ to 52 weeks % of Psychology patients on waiting list for treatment ≤ to 12 weeks No of Psychology patients seen	Non Return (Jun) CHO1 (Sligo Leitrim) Non Return (Jan, Mar, Apr, May, Jun) CHO2 (Mayo) Non Return (Mar) CHO5 (Carlow/Kilkenny) Non Return (Mar, Apr, May) CHO8 (Longford/Westmeath) Non Return (Jun) CHO9 (Dublin North West)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return (2019) - CHO7 (Dublin West) Non Return (Apr) CHO1 (Cavan/Monaghan) Non Return (Feb) CHO1 (Donegal) Non Return (Feb, Mar, Apr, May) - CHO2 (Galway) Non Return (Apr) CHO3 (Limerick, North Tipp/East Limerick) Non Return (Feb, Mar, Apr, May) CHO5 (Carlow/Kilkenny) Non Return (Feb) CHO5 (South Tipperary) Non Return (Mar, Apr, May) CHO6 (Dublin South East) Non Return (Apr, May) - CHO9 (Dublin North)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return (Q1, Q2) CHO1 (Donegal, Cavan/Monaghan) Non Return (Q1, Q2) CHO2 (Galway) Non Return (Q1, Q2) CHO3 (Limerick, North Tipp/East Limerick, Clare) Non Return (Q1, Q2) CHO5 (Carlow/Kilkenny) Non Return (Q1, Q2) CHO6 (Dublin South East, Wicklow) Non Return (Q1, Q2) CHO9 (Dublin North West, Dublin North Central) Non Return (Q2) CHO9 (North Dublin)
Primary Care	Consumption of Antibiotics Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Non Return (Q1) National
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019 – CHO1 (Donegal) Non Return (Jan, Feb, Mar, Apr, May, Jun) - CHO1 (Donegal)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return (Q1 2020) - CHO2 (Galway, Mayo, Roscommon), CHO8 (Louth & Meath), CHO9 (Dublin North Central)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return (Q1 2020) - CHO2 (Galway, Mayo, Roscommon), CHO8 (Louth & Meath), CHO9 (Dublin North Central)

Service Area	Metric Name	Data Coverage Issue
		Central)
Mental Health General Adult	Number of referrals received	Non returns: CHO2 Ballinasloe/Portumna CHO2 Roscommon/Boyle CHO5 Kilkenny North CHO7 Drimnagh CHO7 Owendoher
Mental Health General Adult	Number of referrals seen	Non returns: CHO2 Ballinasloe/Portumna CHO2 Roscommon/Boyle CHO5 Kilkenny North CHO7 Drimnagh CHO7 Owendoher
Mental Health General Adult	% seen within 12 weeks	Non returns: CHO2 Ballinasloe/Portumna CHO2 Roscommon/Boyle CHO5 Kilkenny North CHO7 Drimnagh CHO7 Owendoher
Mental Health CAMHS	CAMHs waiting list	Non returns: CHO5 Wexford North
Mental Health CAMHS	CAMHs waiting list > 12 months	Non returns: CHO5 Wexford North
Mental Health CAMHS	No of referrals received	Non returns: CHO5 Wexford North
Mental Health CAMHS	Number of new seen	Non returns: CHO5 Wexford North
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non returns: CHO5 Wexford North
Mental Health CAMHS	CAMHs – first appointment within 12 months	Non returns: CHO5 Wexford North
Mental Health Psychiatry of Later Life	Number of referrals received	Non Returns CHO7 Dublin South City

Service Area	Metric Name	Data Coverage Issue
Mental Health Psychiatry of Later Life	Number of referrals seen	Non Returns CHO7 Dublin South City
Mental Health Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	Non Returns CHO7 Dublin South City
Disabilities	Number and percentage of Children's Disability Networks established.	CDN's not due to be established until the second half of the year, no targets profiled for Jan to June
Disabilities	No. of residential places for people with a disability	Data returned as quarterly for 2019 (listed as monthly in NSP) -data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.
Disabilities	No of in home respite supports for emergency cases	New KPI for 2020, no targets profiled for Jan or Feb.
Disabilities	Total number of new emergency places and in home respite supports	New KPI for 2020 (DIS 102 + DIS 109)
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	UHK closed in February 2020. Wexford closed in March/April/May. Portlaoise, Tallaght Adults, Cavan, Connolly, Drogheda, Mayo & Portlinculla closed in March. Naas outstanding April 2020. CUH outstanding Feb-June 2020. UL outstanding April - June 2020. Mater closed in May 2020.
Acute Hospitals	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	Please refer to list below for Breast, Lung and Prostate outstanding hospitals
Acute Hospitals	% 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	GUH outstanding for Jun 20
Acute Hospitals	% 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	UHL outstanding June 20
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	CUH May and Jun 20
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	During Q1 2020, 17/49 hospitals data was outstanding. This was due to pressures on Infection Prevention & Control staff due to COVID. In Q2 there are 3 Hospitals outstanding CHI at Crumlin, Letterkenny University Hospital and Mercy University Hospital.

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Childrens Health Ireland	Children's Health Ireland	CHI	Saolta University Health Care Group	Galway University Hospitals	GUH
				Letterkenny University Hospital	LUH
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWIUH		Mayo University Hospital	MUH
	Midland Regional Hospital Portlaoise	Portlaoise		Portiuncula University Hospital	PUH
	Midland Regional Hospital Tullamore	Tullamore		Roscommon University Hospital	RUH
	Naas General Hospital	Naas		Sligo University Hospital	SUH
	St. James's Hospital	SJH		South/South West Hospital Group	Bantry General Hospital
	St. Luke's Radiation Oncology Network	SLRON	Cork University Hospital		CUH
Tallaght University Hospital	Tallaght - Adults	Cork University Maternity Hospital	CUMH		
Ireland East Hospital Group	National Orthopaedic Hospital Cappagh	Cappagh	Kilcreene Regional Orthopaedic Hospital		Kilcreene
	Mater Misericordiae University Hospital	MMUH	Mallow General Hospital		Mallow
	Midland Regional Hospital Mullingar	Mullingar	Mercy University Hospital	Mercy	
	National Maternity Hospital	NMH	South Infirmary Victoria University Hospital	SIVUH	
	Our Lady's Hospital Navan	Navan	South Tipperary General Hospital	Sth Tipperary	
	Royal Victoria Eye and Ear Hospital	RVEEH	University Hospital Kerry	UHK	
	St Luke's General Hospital Kilkenny	SLK	University Hospital Waterford	UHW	
	St. Columcille's Hospital	Columcille's	University of Limerick Hospital Group	Croom Orthopaedic Hospital	Croom
	St. Michael's Hospital	St. Michael's		Ennis Hospital	Ennis
	St. Vincent's University Hospital	SVUH		Nenagh Hospital	Nenagh
Wexford General Hospital	Wexford	St. John's Hospital Limerick		St. John's	
		University Hospital Limerick		UHL	
RCSI Hospitals Group	Beaumont Hospital	Beaumont	University Maternity Hospital Limerick	LUMH	
	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	Dublin South, Kildare and West Wicklow Community Healthcare	
	Sligo	Dublin South City	
CHO 2	Community Healthcare West	CHO 7	Dublin South West
	Galway		Dublin West
	Mayo		Kildare
	Roscommon		West Wicklow
CHO 3	Mid West Community Healthcare	CHO 8	Midlands Louth Meath Community Healthcare
	Clare		Laois
	Limerick		Offaly
	North Tipperary		Longford
CHO 4	Cork Kerry Community Healthcare		Westmeath
	Cork		Louth
	Kerry		Meath
CHO 5	South East Community Healthcare		CHO 9
	Carlow	Dublin North Central	
	Kilkenny	Dublin North West	
	South Tipperary	Dublin North City	
	Waterford		
	Wexford		