Performance Profile April - June 2022

Contents

Executive Summary....3
Corporate Updates....6
Quality and Patient Safety....14
COVID-19 Environment....17
Performance Overview....20
Community Healthcare....21
Community Healthcare Services National Scorecard/Heatmap....22
Primary Care Services....26
Mental Health Services....33
Disability Services....35
Older Person's Services....38
Population Health and Wellbeing....42
Community Healthcare Update....43
Acute Hospitals....52
Acute Hospitals National Scorecard/Heatmap....53
Acute Hospital Services....57
Cancer Services....63
Ambulance Turnaround....64
Pre-Hospital Emergency Care Services....65
Acute Hospital Services Update....66
National Services....73
National Services Update....75
National Screening Service....80
National Screening Service National Scorecard/Heatmap....81
National Screening Service Update....83
Finance....85
Human Resources....98
Appendices....110
Appendix 1: Report Design....111
Appendix 2: Data Coverage Issues....112
Appendix 3: Hospital Groups....117
Appendix 4: Community Health Organisations....118

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 811,831 emergency presentations year to date. This is a 0.9% variance on emergency presentations result year to date 2021 and was above expected activity of 804,955.
- New Emergency Department attendances year to date are 664,932 this represents a 0.3% variance YTD against expected activity YTD.
- 95.7% of all patients were seen within 24 hours in EDs in June 2022 and 95.8% year to date.
- 89.6% of patients aged 75 years and over were seen within 24 hours in EDs in June 2022 and 89.5% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 30,450 elective inpatient discharges year to date May 2022 versus 26,004 for the corresponding period in 2021 that is an increase of 17.1%.

Emergency Inpatient Discharges

There were 175,693 emergency inpatient discharges year to date May 2022 versus 164,422 for the corresponding period in 2021, that is, an increase of 6.9%.

Day Case Discharges (including dialysis)

The number of day case procedures year to date May 2022 was 443,263 versus 389,489 for the same period in 2021, that is, an increase of 53,774 cases.

Delayed Transfer of Care

There were 567 Delayed Discharges in June 2022. The same month in 2021 data is not available due to cyber-attack.

Inpatient, Day Case & Outpatient Waiting Lists

June 2022 compliance with waiting lists was as follows:

- Adult Inpatient < 12 months (target 98%), compliance 74.6%.
- Adult Day Case < 12 months (target 98%), compliance 84.2%.
- Children's Inpatient< 12 months (target 98%), compliance 67.2%.
- Children's Day Case < 12 months (target 98%), compliance 80.8%.
- Outpatients within 18 months (target 98%), compliance 78.9%.
- The total number of adult patients waiting for an inpatient or day case procedure at the end of June 2022 was 72,308. The total number of people waiting for inpatient and day case procedures on the waiting list in June 2022 cannot be compared with June 2021 as data is not available due to cyber-attack.
- Total number of people waiting for Outpatient appointment was 623,903 in June 2022 and cannot be compared with June 2021 as data is not available due to cyber-attack.

Colonoscopy/Gastrointestinal Service

- In June 2022 51.2% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 203 new urgent patient breaches in June 2022.

Cancer Services

- 77.2% of prostate cancer referrals were seen within 20 working days year to date compared with 59.4% for the same period last year.
- 89.7% of lung cancer referrals were seen within 10 working days year to date compared with 92% for the same period last year.
- 67.8% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 63.8% for the same period last year.

Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 78.3%.
- 87.4% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.

- 74% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.
- 65.7% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.
- 81.8% of babies received their developmental screening checks within 12 months and 98.5% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- There were 8,181 residential places for people with a Disability in June 2022, which is 0.1% (12) decrease than the 8,193 profiled target.
- At the end of June 2022, 47 new emergency places were developed; while a further 421 intensive home respite supports for emergency cases were put in place.

Older Persons Services

- Home Support hours delivered year to date was 10,568,906. The number of people, in receipt of home support services at the end of June 2022 was 56,033.
- 1,307 persons were in receipt of payment for transitional care in May 2022.
- The current wait time for NHSS funding approval in 2022 is 4 weeks.

Mental Health Services

- 98.8% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of June 2022, which is within the target: >95%.

Population, Health & Wellbeing Services

- Nationally year to date to March 2022, 47.5% of smokers are quit at 4 weeks ahead of the National target of 48%. (Q-1Q)
- 92.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to March 2022 while 89.7% of children aged 24 months received the MMR vaccine year to date to March 2022 against a target of 95%. (Q-1Q)

Corporate Updates

Capital – Allocation/Expenditure Analysis

2022 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2022	Cum Profile for Period Jan - Jun	Expenditure for Period Jan - Jun	Variance for Period Jan – Jun	Expenditure to Mar as % of Jun YTD Profile	Expenditure to Mar as % of Annual Profile	Variance to Mar as % of Jun YTD Profile
M02 - Buildings & Equipment -Non Covid19	607.500	192.960	130.303	62.657	67.53%	21.45%	32.47%
M04 - Buildings & Equipment - Covid19	50.000	50.000	55.364	(5.364)	110.73%	110.73%	-10.73%
M02 - New Children's Hospital	352.000	143.050	119.457	23.593	83.51%	33.94%	16.49%
	1009.500	386.010	305.124	80.886	79.05%	30.23%	20.95%
M03 - Info Systems for Health Agencies	139.500	47.792	20.544	27.248	42.99%	14.73%	57.01%
	1149.000	433.802	325.668	108.134	75.07%	28.34%	24.93%
Asset Disposals	0.193	0.193	0.000	0.193	0.00%	0.00%	100.00%
Net	1149.193	433.995	325.668	108.327	75.04%	28.34%	24.96%

General Comment:
During the second quarter of 2022 the impact of the Coronavirus Pandemic continued to generate pressures on construction capital funding. In the period to June this increased from € 51.365m in 2021 to € 55.364m in 2022. The total funding allocated has decreased from € 130m in 2021 to € 50m in 2022. However, there is Covid Contingency Funding available in 2022 of €100m where circumstances demand.

CONSTRUCTION – M02 - Building & Equipment – Non Covid19
The variance on general construction projects for the Six months to June 2022 is 32.47% (or € 62.657m) behind profile.
In the period to the end of June the total expenditure of € 130.303m represents 21.45% of the total annual profile for 2022.

CONSTRUCTION – M04 - Building & Equipment – Covid19
The variance on Covid19 construction projects for the six months to June 2022 is -10.73% (or € 5.364m) ahead of profile.
In the period to the end of June the total expenditure of € 55.364m represents 110.73% of the total annual profile for 2022.

CONSTRUCTION – M02 - (National Children's Hospital)
The variance on the National Children's Hospital project for the six months to June 2022 is 16.49% (or € 23.593m) behind profile.
In the period to the end of June the total expenditure of € 119.457m represents 33.94% of the total annual profile for 2022.

Information Systems for Health Agencies - M03
The variance on ICT projects for the six months to June 2022 is 57.01% (or € 27.248m) behind profile.
In the period to the end of June the total expenditure of € 20.544m represents 14.73% of the total annual profile for 2022.

Asset Disposals:

Income from sale of assets in the six months to June 2022 amounted to € 0.193m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2022	Q2 2022
Acute Hospitals(Hospital groups)	€ 156,805,267	€165,019,731
Community Healthcare	€ 146,492,500	€147,766,411
National Services	€ 1,141,877,271	€1,308,410,227
Total	€ 1,445,175,039	€1,621,196,369

Internal Audit

75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months													
	2021 as at 30th Sept 2021	2021 as at 31st Dec 2021	2021 as at 31st March 2022	2021 as at 30th Jun 2022	2018 as at 30th Sept 2021	2018 as at 31st Dec 2021	2018 as at 31st March 2022	2018 as at 30th June 2022	2019 as at 30th Sept 2021	2019 as at 31st Dec 2021	2019 as at 31st March 2022	2019 as at 30th June 2022	2020 as at 30th Sep 2021	2020 as at 31st Dec 2021	2020 as at 31st March 2022	2020 as at 30th Jun 2022	2021 as at 31st March 2022	2021 as at 30th Jun 2022
Total	**69%**	**73%**	**68%**	**59%**	**97%**	**98%**	**98%**	**99%**	**90%**	**93%**	**94%**	**94%**	**63%**	**63%**	**63%**	**73%**	**87%**	**84%**
CHO 1	55%	55%	76%	81%	98%	98%	100%	100%	79%	84%	85%	89%	47%	53%	53%	59%	55%	68%
CHO 2	N/A	N/A	27%	22%	100%	100%	100%	100%	97%	98%	98%	98%	50%	67%	67%	100%	N/A	N/A
CHO 3	N/A	0%	86%	77%	100%	100%	100%	100%	96%	96%	96%	96%	88%	94%	94%	94%	N/A	100%
CHO 4	50%	38%	59%	64%	100%	100%	100%	100%	80%	93%	93%	93%	82%	74%	74%	85%	50%	58%
CHO 5	75%	75%	30%	49%	98%	98%	98%	98%	100%	100%	100%	100%	N/A	17%	17%	25%	75%	75%
CHO 6	N/A	N/A	N/A	66%	98%	98%	98%	98%	95%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A
CHO 7	N/A	N/A	N/A	N/A	100%	100%	100%	100%	93%	93%	98%	98%	100%	91%	91%	93%	N/A	N/A
CHO 8	31%	74%	80%	47%	100%	100%	100%	100%	84%	85%	89%	89%	13%	25%	25%	67%	100%	74%
CHO 9	N/A	N/A	N/A	N/A	97%	100%	100%	100%	87%	87%	93%	93%	100%	47%	47%	67%	N/A	N/A
National Mental Health	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A
National Director Community Ops	98%	98%	96%	96%									20%	20%	20%	20%	100%	100%
Total Community Services	70%	75%	73%	64%	99%	100%	100%	100%	91%	93%	95%	95%	62%	61%	61%	74%	88%	80%
Dublin Midlands Hospital Group	100%	100%	47%	63%	100%	100%	100%	100%	100%	100%	100%	100%	88%	88%	88%	88%	100%	100%
Ireland East Hospital Group	100%	83%	100%	63%	67%	67%	67%	67%	100%	100%	100%	100%	56%	63%	63%	67%	100%	100%
National Children's Hospital Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	36%	59%	N/A	9%	100%	100%	100%	100%	89%	89%	89%	89%	0%	0%	0%	0%	66%	72%
Saolta Hospital Group	42%	83%	83%	60%	92%	92%	92%	97%	76%	100%	100%	100%	65%	74%	74%	82%	83%	92%

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months													
	2021 as at 30th Sept 2021	2021 as at 31st Dec 2021	2021 as at 31st March 2022	2021 as at 30th Jun 2022		2018 as at 30th Sept 2021	2018 as at 31st Dec 2021	2018 as at 31st March 2022	2018 as at 30th June 2022	2019 as at 30th Sept 2021	2019 as at 31st Dec 2021	2019 as at 31st March 2022	2019 as at 30th June 2022	2020 as at 30th Sep 2021	2020 as at 31st Dec 2021	2020 as at 31st March 2022	2020 as at 30th Jun 2022	2021 as at 31st March 2022	2021 as at 30th Jun 2022
South South West Hospital Group	95%	95%	56%	39%		90%	90%	93%	93%	55%	65%	65%	65%	61%	69%	69%	73%	95%	90%
University of Limerick Hospital Group	100%	93%	89%	40%		100%	100%	100%	100%	91%	96%	100%	100%	83%	94%	94%	100%	100%	93%
National Ambulance Service	N/A	N/A	N/A	86%		100%	100%	100%	100%	25%	25%	25%	25%	N/A	N/A	N/A	N/A	N/A	N/A
National Director Acute Ops	N/A	N/A	0%	4%										62%	62%	62%	62%	N/A	N/A
Total Acute	67%	80%	62%	46%		94%	94%	95%	96%	79%	88%	88%	88%	60%	66%	66%	70%	83%	88%
Chief Information Officer	N/A	N/A	33%	71%		86%	86%	86%	93%	95%	95%	95%	95%	67%	88%	88%	88%	N/A	N/A
Compliance / QAV / Gov & Risk	50%	30%	N/A	100%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Estates	N/A	N/A	N/A	0%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	N/A
Finance	N/A	N/A	0%	0%		100%	100%	100%	100%	94%	94%	94%	94%	N/A	N/A	N/A	N/A	N/A	N/A
HBS - Estates	N/A	0%	0%	N/A		98%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	0%
HBS - Finance	N/A	100%	100%	N/A		100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%
HBS - HR	0%	83%	80%	73%		100%	100%	100%	100%	100%	100%	100%	100%	N/A	0%	0%	0%	100%	83%
HBS - Procurement	N/A	60%	60%	N/A		90%	93%	93%	100%	100%	100%	100%	100%	89%	89%	89%	89%	N/A	60%
Health and Wellbeing	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Human Resources	74%	74%	N/A	33%		100%	100%	100%	100%	87%	87%	88%	88%	60%	41%	41%	41%	95%	100%
National Screening Service	N/A	N/A	N/A	N/A		89%	89%	89%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A
National Services	N/A	N/A	N/A	N/A										33%	33%	33%	44%	N/A	N/A
PCRS	100%	100%	75%	100%														100%	100%
Strategy & Research			0%	0%														N/A	N/A

Healthcare Audit

Healthcare Audit	In Progress	Issued
Healthcare Audits in progress/issued	40	44

Performance Achievement Q2 Report

Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of Performance Achievements undertaken across services.The report collated on 10th month following the end of each quarter. Percentage is weighted against the service HC as per previous month's census report. To note, previous quarterly reports up to and including Q4 2021 were weighted against the WTE in the previous month's census report

Acute data caveats

Two hospital Groups did not respond.

Community data caveats

All CHO areas responded.

Corporate data caveats

Nine Corporate Areas did not respond.

Service Delivery Area	HG Jun 2022	Total Completed Q1	Total Completed Q2	% completed to date 2022
Total Health Service	**154,217**	**2,325**	**3,492**	**4%**
National Ambulance Service	2,112	6	7	1%
Children's Health Ireland	4,580	0	0	0%
Dublin Midlands Hospital Group	13,395	54	764	6%
Ireland East Hospital Group	15,999	277	341	4%
RCSI Hospitals Group	12,103	0	0	0%
Saolta University Hospital Care	12,270	0	100	1%
South/South West Hospital Group	14,065	178	166	2%
University of Limerick Hospital Group	5,716	131	184	6%
other Acute Services	119	0	0	0%
Acute Services	**80,359**	**646**	**1,562**	**3%**
CHO 1	7,258	0	167	2%
CHO 2	6,878	316	198	7%
CHO 3	6,019	0	37	1%
CHO 4	10,996	93	109	2%
CHO 5	6,895	0	12	0%
CHO 6	4,185	348	144	12%

Service Delivery Area	HG Jun 2022	Total Completed Q1	Total Completed Q2	% completed to date 2022
CHO 7	8,338	52	125	2%
CHO 8	7,748	43	49	1%
CHO 9	8,271	281	192	6%
other Community Services	770	21	7	4%
Community Services	**67,358**	**1,154**	**1,040**	**3%**
Health & Wellbeing	718	0	40	6%
Corporate	4,341	525	850	32%
Health Business Services	1,441	0	0	0%
H&WB Corporate & National Services	**6,500**	**525**	**890**	**22%**

Quality and Patient Safety

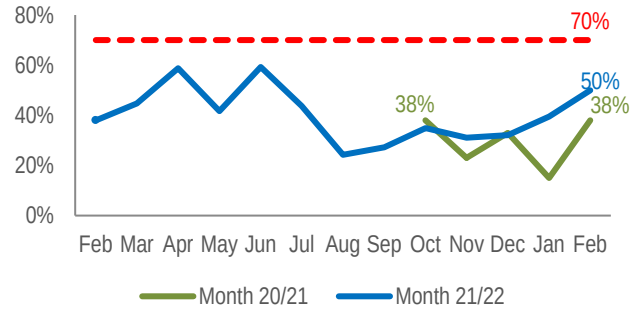
Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period12M/ 4Q	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring (included: Category 1, who was involved=service user)	**National**		M	**921**	**66**	**51**	**54**
	Acute Hospitals		M	537	37	28	33
	Community Healthcare		M	384	29	23	21
Serious Incidents Review completed within 125 calendar days*	**National**	**70%**	**M**	**40%**	**32%**	**39%**	**50%**
	Acute Hospitals	70%	M	**46%**	**41%**	**45%**	**55%**
	Community Healthcare	70%	M	**17%**	**0%**	**0%**	**20%**
% of reported incidents entered onto NIMS within 30 days of notification of the incident** (New KPI) (Reported as at April 2022)	**National**	**70%**	**Q**	**63%**	**61%**	**67%**	**79%**
	Acute Hospitals	70%	Q	**63%**	**61%**	**67%**	**79%**
	Community Healthcare	70%	Q	**64%**	**61%**	**68%**	**80%**
Extreme and major incidents as a % of all incidents reported as occurring	**National**	**<1%**	**Q**	**0.5%**	**0.6%**	**0.5%**	**0.5%**
	Acute Hospitals	<1%	Q	**0.6%**	**0.7%**	**0.5%**	**0.5%**
	Community Healthcare	<1%	Q	**0.5%**	**0.5%**	**0.4%**	**0.4%**

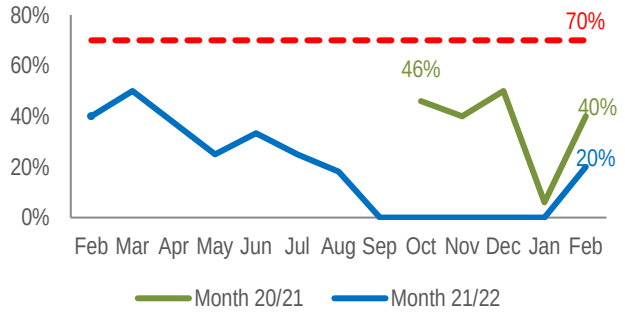
*Current - reflecting compliance February 2022.Current 12M rolling period reflecting compliance March 2021 - February 2022.

**Current-reflecting compliance Q1 2022. Current 4Q period reflecting compliance Q2 2021-Q1 2022 based on new calculation using date notified adjusted (2021 KPI used date of occurrence). Current (-1)/ (-2) reflects previous quarters.

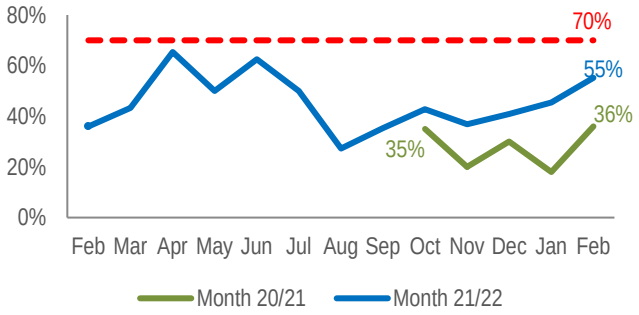
% of serious incidents requiring review completed within 125 days of notification of the incident. National



% of serious incidents requiring review completed within 125 days of notification of the incident. Community



% of serious incidents requiring review completed within 125 days of notification of the incident. Acute



Serious Reportable Events

Service Area	Total SRE occurrence (in-month) Jun 2022	May 2022	Apr 2022	Mar 2022	Feb 2022	Jan 2022	Dec 2021	Nov 2021	Oct 2021	Sep 2021	Aug 2021	Jul 2021
Acute Hospitals [inc. National Ambulance Service]	43	40	62	63	49	56	46	62	55	50	45	55
Community Services	11	14	8	17	11	14	16	15	12	15	22	20
Total*	**54**	**54**	**70**	**80**	**60**	**70**	**62**	**77**	**67**	**65**	**67**	**75**

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

54 SREs were reported as occurring in June 2022 and registered in NIMS up to 8th July. 21 SREs were reported as patient falls, 17 were reported as Stage 3 or 4 pressure ulcers and the remaining 16 SREs reported comprised 8 SRE categories.

COVID-19 Environment

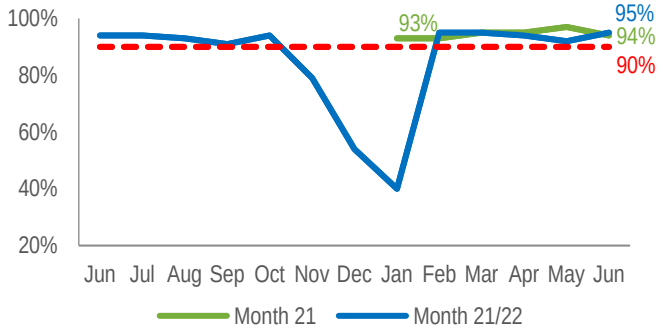
Testing, Tracing and Vaccination Programme

- The test and trace KPIs in June 2022 remain consistent since February 2022 and are all on target.
- KPI 1 remains below YTD target due to the large volume of referrals in December 21 and January 22.

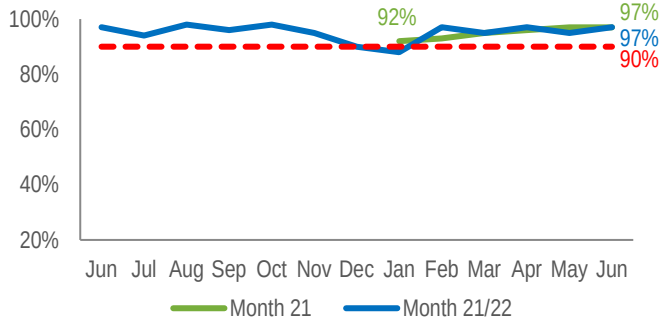
Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	M	●	**51%**	94%	-43%	94%	92%	95%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	90%	M	●	**92%**	95%	-3%	97%	95%	97%
Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	M	●	**96%**	95%	1%	97%	98%	97%
End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	M	●	**88%**	90%	-2%	98%	98%	99%
End to end referral to completion of contact tracing (Overall): Median completion performance	2 days	M	●	**1.1 days**	1.2 days	-0.1 days	1.1 days	1.1 days	1.1 days
Vaccination Programme (Booster) Cumulative Uptake: % Uptake for eligible Booster population (12+)*	75%	M	●	**76%**	N/A	N/A	73%	75%	76%

**This metric and target refer to the booster programme only*

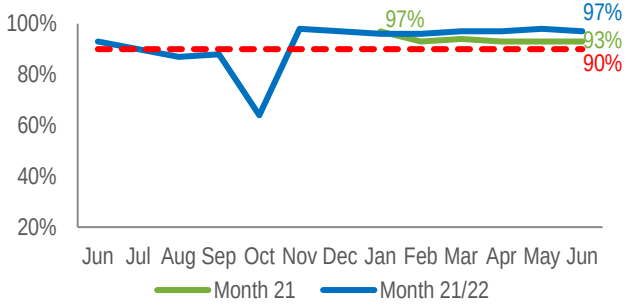
KPI 1 - Referral to appointment: % of referrals receiving appointments in 24 hrs



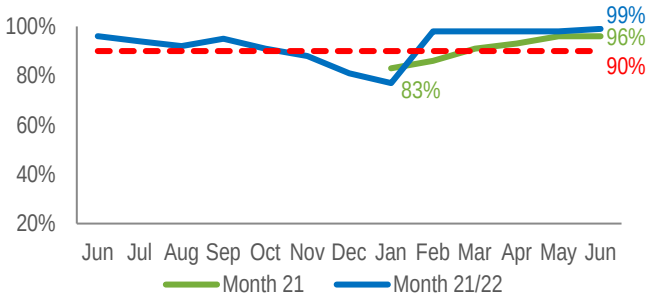
KPI 2 - Swab to communication of test result: % of test results communicated in 48 hrs following swab



KPI 3 - Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected



KPI 4 - End to end referral to completion of contact tracing (Overall): % completed within 3 days



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 and Safety	**Serious Incidents**																
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	17% [R]	-75.7%										0%	0%	20%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q1 2022 at 30.04.2022)	Q	70%	64% [A]	-8.6%										61%	68%	80%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.5% [G]	-50%										0.5%	0.4%	0.4%
	Service User Experience (Q1 2022 at 23.05.2022)																
	Complaints investigated within 30 working days	Q	75%	72% [A]			41% [R]	81% [G]	50% [R]		20% [R]	84% [G]	83% [G]	76% [G]			
	Child Health																
	Child development assessment 12 months	M-1M	95%	81.8% [R]	-13.8%	78.8% [R]	69.1% [R]	91.4% [G]	89.6% [A]	78.7% [R]	66.2% [R]	97.5% [G]	82.6% [R]	70.5% [R]	82.8%	83.7%	87.7%
	New borns visited within 72 Hours	Q	99%	98.5% [G]	-0.5%	99.3% [G]	98% [G]	100% [G]	99.9% [G]	99.3% [G]	98.6% [G]	97.3% [G]	96.3% [G]	98.7% [G]	97.4%	98%	99%
	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	30.1% [R]	-16.4%	24.7% [R]	22.9% [R]	25.1% [R]	33.2% [A]	33.4% [A]	48.3% [G]	27% [R]	27.5% [R]	41.4% [G]	33.3%	31.8%	30.1%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.7% [A]	-5.5%	86.4% [A]	92.6% [G]	90.4% [G]	93.5% [G]	89.8% [A]	89.8% [A]	88.4% [A]	89.3% [A]	87.5% [A]	90.1%	90.9%	89.7%
	CAMHs – Bed Days Used																
	% of Bed days used	M	>95%	98.8% [G]	4%	99.4% [G]	100% [G]	96.9% [G]	98.5% [G]	96.7% [G]	100% [G]	100% [G]	100% [G]	95.9% [G]	99.1%	97.5%	95.8%
	Disability Services																
	Congregated Settings	M	71	21 [R]	-70.4%	0 [R]	7 [G]	8 [R]	0 [R]	1 [R]	0 [R]	2 [G]	0 [G]	3 [R]	0	0	2

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Healthy Ireland																
	Smokers on cessation programme who were quit at four weeks	Q-1Q	48%	47.5% [G]	-1.1%										55%	52.7%	47.5%
Access and Integration	**Therapy Waiting Lists**																
	Physiotherapy access within 52 weeks	M	94%	78.3% [R]	-16.7%	91.1% [G]	75.2% [R]	72.9% [R]	85.4% [A]	54.2% [R]	95.2% [G]	98.6% [G]	76.5% [R]	92.2% [G]	78.2%	78.4%	78.3%
	Occupational Therapy access within 52 weeks	M	95%	74% [R]	-22.1%	69.9% [R]	67.4% [R]	92.7% [G]	78.1% [R]	53.5% [R]	95.2% [G]	85% [R]	83.9% [R]	66.6% [R]	73.1%	74.2%	74%
	SLT access within 52 weeks	M	100%	87.4% [R]	-12.6%	81.9% [R]	97.2% [G]	93% [A]	100% [G]	80.5% [R]	89.8% [R]	76.7% [R]	90.3% [A]	95.2% [G]	89.5%	89.4%	87.4%
	Podiatry treatment within 52 weeks	M	77%	58.8% [R]	-23.7%	50.8% [R]	67.8% [R]	78.8% [G]	56.1% [R]	48.3% [R]	87.1% [G]	No Service	32.2% [R]	82.7% [G]	50.2%	56.4%	58.8%
	Ophthalmology treatment within 52 weeks	M	64%	53.3% [R]	-16.6%	57.3% [R]	36.6% [R]	76.2% [G]	43% [R]	60.4% [A]	96% [G]	93.6% [G]	60.5% [A]	100% [G]	53.4%	51.8%	53.3%
	Audiology treatment within 52 weeks	M	75%	76.9% [G]	2.6%	87.7% [G]	73.1% [G]	72.7% [G]	82.3% [G]	58.8% [R]	95.2% [G]	88.5% [G]	61% [R]	98% [G]	74.5%	75%	76.9%
	Dietetics treatment within 52 weeks	M	80%	58.3% [R]	-27.1%	91.6% [G]	56.4% [R]	44.1% [R]	80.9% [G]	40.7% [R]	66.7% [R]	46% [R]	53.1% [R]	80.4% [G]	57.5%	58.6%	58.3%
	Psychology treatment within 52 weeks	M	81%	65.7% [R]	-18.8%	76.4% [A]	56.2% [R]	85% [G]	61% [R]	88.1% [G]	90.6% [G]	48.8% [R]	97.7% [G]	54% [R]	63.7%	65.6%	65.7%
	Nursing																
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	100.1% [G]	0.1%	99.6% [G]	106.9% [G]	108.7% [G]	95.6% [G]	100.8% [G]	92.4% [A]	103.5% [G]	101.5% [G]	98.2% [G]	99.8%	99.6%	100.1%
	Mental Health																
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	90.8% [G]	0.8%	100% [G]	100% [G]	100% [G]	64.1% [R]	75.4% [R]	100% [G]	82.1% [A]	97.1% [G]	100% [G]	94.2%	87.9%	90.2%
	% seen within 12 weeks by GAMHT	M	≥75%	71.2% [A]	-5.1%	87% [G]	86.5% [G]	66.2% [R]	68.6% [A]	76.9% [G]	76.4% [G]	70.2% [A]	61% [R]	50.7% [R]	72.5%	70.3%	71.1%
	% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	91% [G]	-4.2%	92.2% [G]	98.4% [G]	94.8% [G]	83.2% [R]	99.1% [G]	91.1% [G]	81.7% [R]	84.3% [R]	78.3% [R]	92.5%	89.6%	90.3%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Act Compliance**																
	Assessments completed within timelines	Q	100%	22.4% [R]	-77.6%	93.5% [A]	36.1% [R]	27.9% [R]	23.7% [R]	26% [R]	25% [R]	10% [R]	31.3% [R]	17% [R]	14.5%	20.6%	29%
	Disability Emergency Supports																
	No. of new emergency places provided to people with a disability	M	0	47 [G]											11	8	10
	No. of in home respite supports for emergency cases	M	402	421 [G]	4.7%										1	5	6
	Disability Respite Services																
	No. of day only respite sessions accessed by people with a disability	Q-1M	5,623	5,554 [G]	-1.2%	1,548 [G]	1,236 [G]	419 [R]	371 [G]	1,101 [G]	92 [R]	256 [R]	358 [G]	173 [R]	4,947	4,356	5,554
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,351	4,715 [R]	-11.9%	323 [R]	677 [R]	373 [R]	559 [R]	658 [G]	280 [R]	729 [G]	773 [G]	343 [R]	4,588	4,427	4,715
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	23,140	27,233 [G]	17.7%	1,576 [G]	7,541 [G]	2,836 [G]	2,772 [G]	1,849 [G]	1,735 [G]	3,574 [G]	3,731 [G]	1,619 [G]	26,277	25,330	27,233
	Home Support Hours																
	Number of hours provided	M	11,148,118	10,568,906 [A]	-5.2%	1,094,708 [G]	1,138,980 [A]	932,932 [G]	1,373,090 [R]	1,015,069 [R]	1,008,070 [G]	1,102,101 [R]	1,142,626 [G]	1,761,330 [G]	1,769,923	1,788,145	1,830,039
	No. of people in receipt of home support	M	55,190	56,033 [G]	1.5%	4,497 [G]	6,584 [G]	4,791 [G]	9,137 [G]	6,600 [G]	4,207 [G]	6,388 [A]	6,410 [G]	7,419 [G]	55,028	55,392	56,033
	Delayed Transfers of Care																
	Number of beds subject to Delayed Transfers of Care	M	≤350	567 [R]	62%										598	551	567
	Homeless																
	% of service users assessed within two weeks of admission	Q	85%	86.2% [G]	1.5%	90% [G]	94.8% [G]	92.9% [G]	68.1% [R]	76.7% [A]	100% [G]	99.7% [G]	98.4% [G]	99.5% [G]	79.4%	78.6%	86.2%

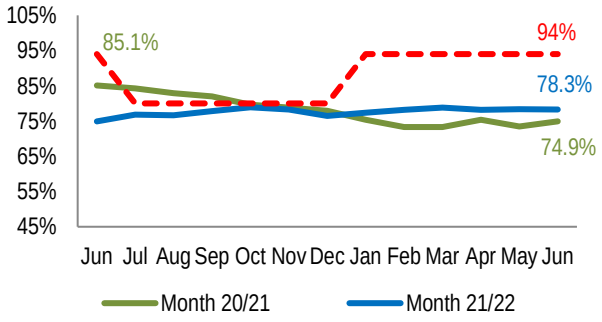
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Substance Misuse**																
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	65.2% [R]	-34.8%	100% [G]	100% [G]			100% [G]	100% [G]	23% [R]		100% [G]	94.3%	100%	65.2%
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	95.7% [G]	-4.3%	99.2% [G]	100% [G]	100% [G]	88.1% [R]	100% [G]	100% [G]	100% [G]	82.4% [R]	87.3% [R]	95.3%	96.7%	95.7%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	3,717,024	3.98% [R]	13.05% [R]	7.78% [R]	7.79% [R]	9.63% [R]	10.70% [R]	1.90% [R]	9.05% [R]	13.89% [R]	7.51% [R]	2.70%	3.09%	3.98%
	Pay expenditure variance from plan	M	≤0.1%	1,761,881	4.73% [R]	9.73% [R]	5.28% [R]	5.35% [R]	7.09% [R]	9.11% [R]	8.47% [R]	5.78% [R]	10.23% [R]	6.96% [R]	2.97%	2.41%	4.73%
	Non-pay expenditure	M	≤0.1%	2,203,695	2.60% [R]	16.04% [R]	6.28% [R]	7.97% [R]	9.72% [R]	10.77% [R]	-5.79% [G]	11.10% [R]	14.55% [R]	6.23% [R]	1.75%	2.06%	2.60%
	Gross expenditure (pay and non-pay)	M	≤0.1%	3,965,576	3.54% [R]	11.69% [R]	5.81% [R]	6.93% [R]	8.44% [R]	9.94% [R]	1.31% [R]	7.88% [R]	11.89% [R]	6.63% [R]	2.28%	2.65%	3.54%
	Service Arrangements (30.06.2022)																
	Monetary value signed	M	100%	40.13%	-59.87%										15.71%	27.65%	40.13%
	Internal Audit																
	Recommendations implemented within 12 months	Q	95%	80% [R]	-15.78%										74%	88%	80%
Workforce	**Attendance Management**																
	% absence rates by staff category (non Covid)	M	≤4%	5.06% [R]	26.50%	5.74% [R]	3.70% [G]	5.50% [R]	4.78% [R]	5.94% [R]	4.40% [A]	5.27% [R]	5.96% [R]	4.54% [R]	5.23%	4.94%	5.23%
	% absence rates by staff category (Covid)	M	NA	3.05%		3.62%	2.27%	3.36%	3.25%	3.46%	2.76%	3.12%	3.40%	2.38%	2.72%	1.09%	1.87%

Primary Care Services

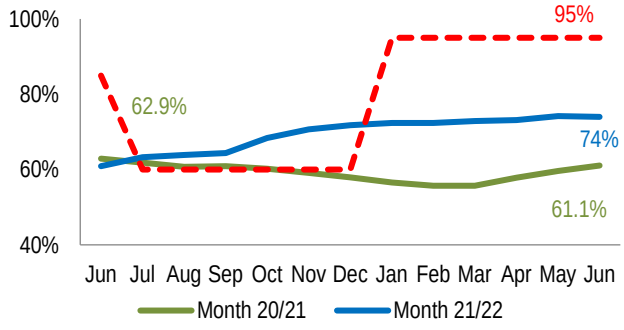
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Physiotherapy access within 52 weeks	94%	M	●	**78.3%**	74.9%	+3.4%	78.2%	78.4%	78.3%	CHO7 (98.6%), CHO6 (95.2%), CHO9 (92.2%)	CHO5 (54.2%), CHO3 (72.9%), CHO2 (75.2%)
Occupational Therapy access within 52 weeks	95%	M	●	**74%**	61.1%	+12.9%	73.1%	74.2%	74%	CHO6 (95.2%), CHO3 (92.7%), CHO7 (85%)	CHO5 (53.5%), CHO9 (66.6%), CHO2 (67.4%)
Speech and Language Therapy access within 52 weeks	100%	M	●	**87.4%**	77.4%	+10%	89.5%	89.4%	87.4%	CHO4 (100%), CHO2 (97.2%), CHO9 (95.2%)	CHO7 (76.7%), CHO5 (80.5%), CHO1 (81.9%)
Podiatry access within 52 weeks	77%	M	●	**58.8%**	49%	+9.8%	50.2%	56.4%	58.8%	CHO6 (87.1%), CHO9 (82.7%), CHO3 (78.8%)	CHO8 (32.2%), CHO5 (48.3%), CHO1 (50.8%)
Ophthalmology access within 52 weeks	64%	M	●	**53.3%**	51.1%	+2.2%	53.4%	51.8%	53.3%	CHO9 (100%), CHO6 (96%), CHO7 (93.6%)	CHO2 (36.6%), CHO4 (43%), CHO1 (57.3%)
Audiology access within 52 weeks	75%	M	●	**76.9%**	62%	+14.9%	74.5%	75%	76.9%	CHO9 (98%), CHO6 (95.2%), CHO7 (88.5%)	CHO5 (58.8%), CHO8 (61%), CHO3 (72.7%)
Dietetics access within 52 weeks	80%	M	●	**58.3%**	57.4%	+0.9%	57.5%	58.6%	58.3%	CHO1 (91.6%), CHO4 (80.9%), CHO9 (80.4%)	CHO5 (40.7%), CHO3 (44.1%), CHO7 (46%)
Psychology access within 52 weeks	81%	M	●	**65.7%**	47.5%	+18.2%	63.7%	65.6%	65.7%	CHO8 (97.7%), CHO6 (90.6%), CHO5 (88.1%)	CHO7 (48.8%), CHO9 (54%), CHO2 (56.2%)

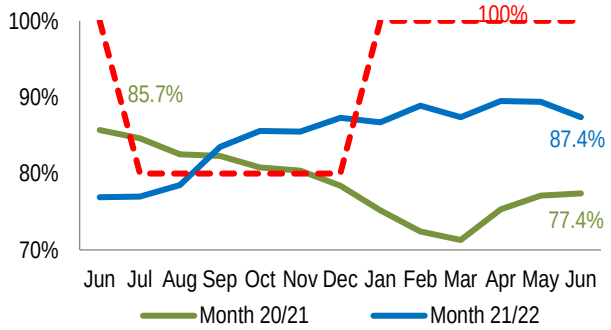
Physiotherapy Access within 52 weeks



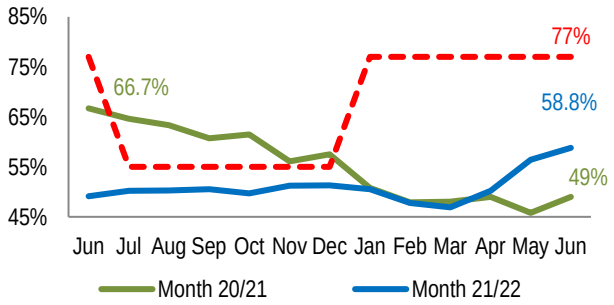
Occupational Therapy Access within 52 weeks



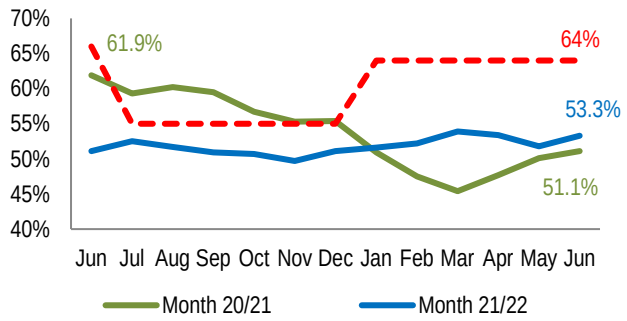
SLT Access within 52 weeks



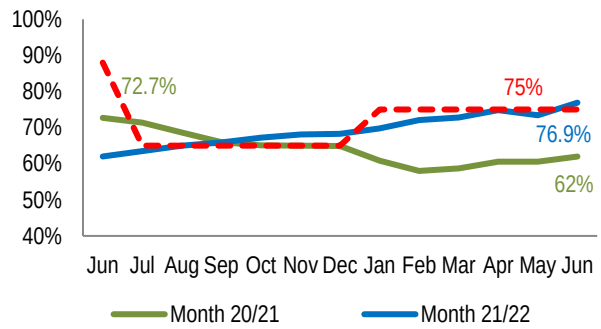
Podiatry Access within 52 weeks



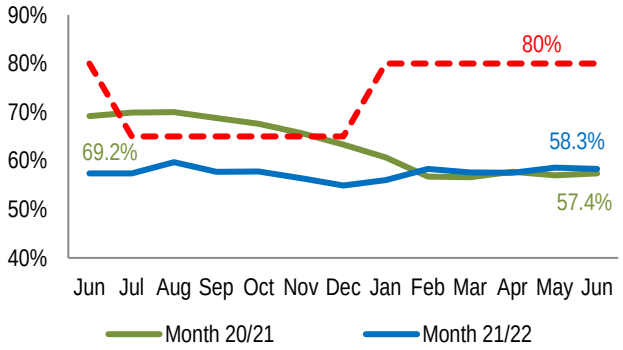
Ophthalmology Access within 52 weeks



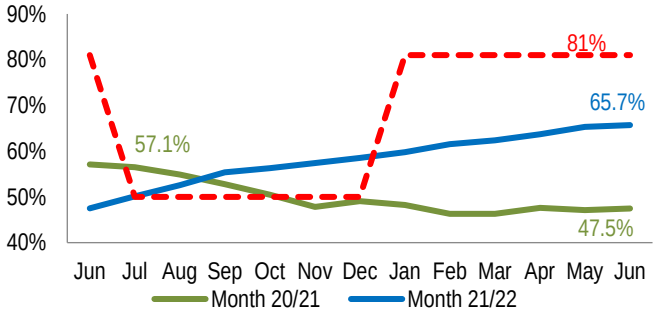
Audiology Access within 52 weeks



Dietetics Access within 52 weeks



Psychology Access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	295,897	231,269	-21.8%	207,014	24,255
Total number waiting	42,173	59,200	40.4%	47,356	11,844
% waiting < 12 weeks	81%	76%	-6.2%	78.5%	-2.5%
Number waiting > 52 weeks		12,913		11,895	1,018
Occupational Therapy					
Number seen	195,234	164,077	-16%	170,006	-5,929
Total number waiting	34,093	34,715	1.8%	35,334	-619
% waiting < 12 weeks	71%	65%	-8.5%	66.9%	-1.9%
Number waiting > 52 weeks		9,017		13,737	-4,720
***Speech & Language Therapy**					
Number seen	142,320	97,740	-31.3%	106,437	-8,697
Total number waiting	17,645	19,738	11.9%	21,707	-1,969
Number waiting > 52 weeks		2,486		4,915	-2,429

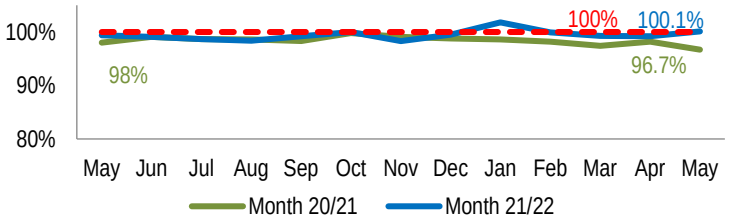
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
***Speech & Language Therapy**					
Total number waiting	9,868	8,295	-15.9%	10,945	-2,650
Number waiting > 52 weeks		1,852		4,440	-2,588
Psychology					
Number seen	25,169	22,881	-9.1%	24,324	-1,443
Total number waiting	10,532	13,264	25.9%	11,143	2,121
% waiting < 12 weeks	36%	23.6%	-34.3%	17.3%	6.3%
Number waiting > 52 weeks		4,543		5,850	-1,307
Podiatry					
Number seen	42,901	31,176	-27.3%	19,915	11,261
Total number waiting	4,619	6,043	30.8%	7,893	-1,850
% waiting < 12 weeks	33%	25.3%	-23.4%	12.6%	12.7%
Number waiting > 52 weeks		2,491		4,023	-1,532
Ophthalmology					
Number seen	33,630	39,186	16.5%	34,017	5,169
Total number waiting	20,204	22,686	12.3%	21,030	1,656
% waiting < 12 weeks	19%	20.9%	9.8%	18.9%	2.0%
Number waiting > 52 weeks		10,584		10,290	294
Audiology					
Number seen	24,498	26,175	6.8%	21,989	4,186
Total number waiting	18,810	18,319	-2.6%	18,452	-133
% waiting < 12 weeks	30%	28.7%	-4.2%	18.6%	10.1%
Number waiting > 52 weeks		4,224		7,005	-2,781
Dietetics					
Number seen	34,013	30,185	-11.3%	36,164	-5,979
Total number waiting	17,417	31,028	78.1%	20,088	10,940
% waiting < 12 weeks	40%	22.3%	-44.1%	24%	-1.7%
Number waiting > 52 weeks		12,931		8,550	4,381

**SLT reports on both assessment and treatment waiting list*

Nursing

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	●	**100.1%**	96.7%	+3.4%	99.8%	99.6%	100.1%	CHO3 (108.7%), CHO2 (106.9%), CHO7 (103.5%)	CHO6 (92.4%), CHO4 (95.6%), CHO9 (98.2%)

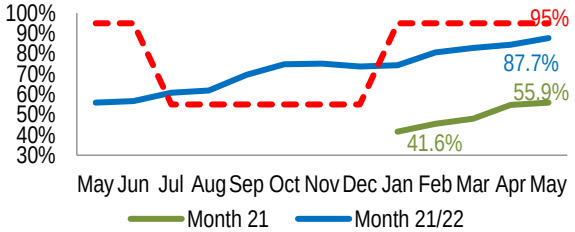
Nursing – access within 12 weeks



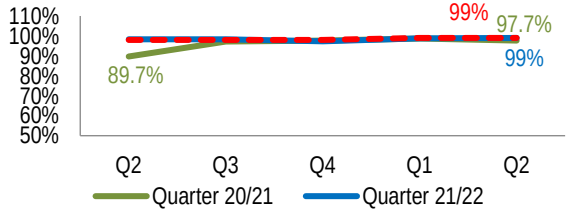
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	●	**81.8%**	49.1%	+32.7%	82.8%	83.7%	87.7%	CHO7 (108.8%),CHO3 (92.1%), CHO4 (90.4%)	CHO6 (60.6%), CHO2 (77.4%), CHO9 (80%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	●	**98.5%**	98%	+0.5%	97.4%	98%	99%	CHO3 (100%), CHO7 (99.9%), CHO1 (99.8%)	CHO8 (96.5%), CHO6 (98.4%), CHO9 (98.7%)
% of babies breastfed exclusively at three month PHN visit	36%	Q-1Q	●	**30.1%**	33.4%	-3.3%	33.3%	31.8%	30.1%	CHO6 (48.3%), CHO9 (41.4%), CHO5 (33.4%)	CHO2 (22.9%), CHO1 (24.7%), CHO3 (25.1%)

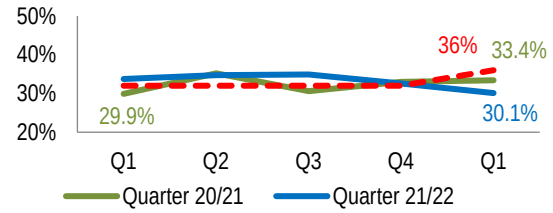
Developmental assessment 12 months



New borns visited within 72 hours



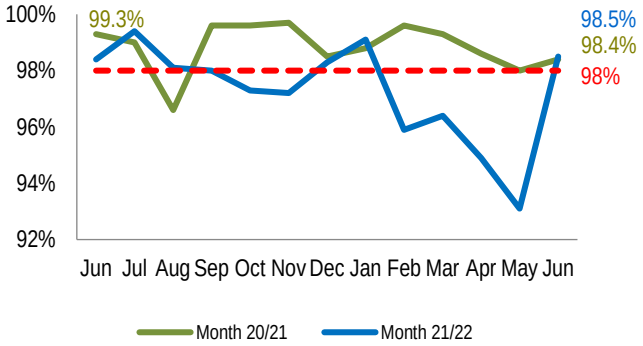
Babies breastfed exclusively at 3 month PHN visit



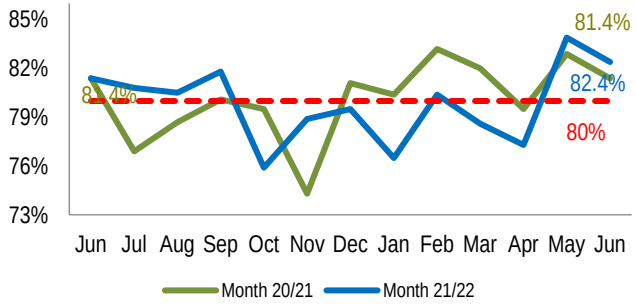
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M		**96.2%**	98.7%	-2.5%	94.9%	93.1%	98.5%	CHO1, 2, 3, 5, 6 (100%)	CHO9 (95.6%), CHO7 (95.8%),
Access to palliative community services within 7 days	80%	M		**80%**	81.5%	-1.5%	77.3%	83.9%	82.4%	CHO2 (98.4%), CHO9 (97.7%), CHO4 (87.7%)	CHO3 (64.2%), CHO7 (68.1%), CHO3 (75.7%)
Number accessing inpatient beds within seven days	1,887 YTD/ 3,814 FYT	M		**1,905**	1,638	267	319	350	321	CHO2 (26.2%) CHO3 (19.7%), CHO1 (12.8%)	CHO6 (-45.5%), CHO5 (-9.6%), CHO7 (-7.9%)
Treatment in normal place of residence	3,406 YTD/ 3,406 FYT	M		**3,696**	3,452	244	3,354	3,693	3,696	CHO2 (32.7%), CHO4 (29.6%), CHO7 (23.6%)	CHO5 (-16.5%), CHO6 (-10.5%) CHO8 (-0.3%)

Access to palliative inpatient beds



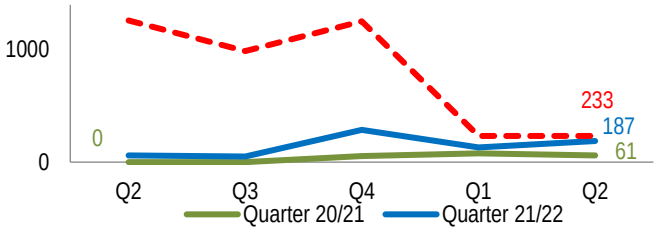
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	466 YTD/ 1,480 FYT	Q	●	**317**	139	+178	287	130	187	CHO8 (25.9%), CHO6 (23.8%), CHO3 (3.7%)	6 out of 9 CHOs did not reach target

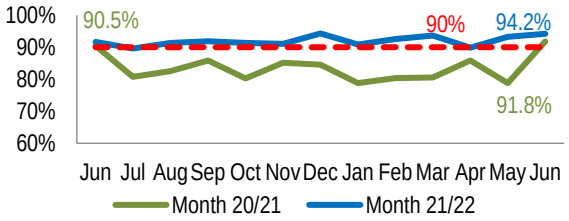
Number who have completed type 2 diabetes education programme



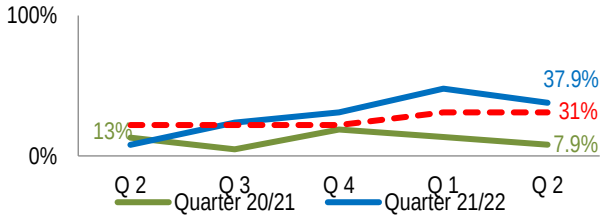
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 month	90%	M	●	**92.5%**	83%	+9.5%	89.9%	93.2%	94.2%	CHO7 (99.8%), CHO2 (99.8%), CHO9 (99.5%)	CHO8 (78.2%), CHO5 (83.8%), CHO1 (92.2%)
Orthodontics - % seen for assessment within 6 months	31%	Q	●	**37.9%**	7.9%	+30%	31%	47.9%	37.9%	West (52.3%), DNE (48.4%), South (18.2%)	
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	●	**21%**	22.2%	-1.2%	19.9%	16.3%	21%	West (4.9%)	DNE (29.3%), DML (29%), South (25.5%)

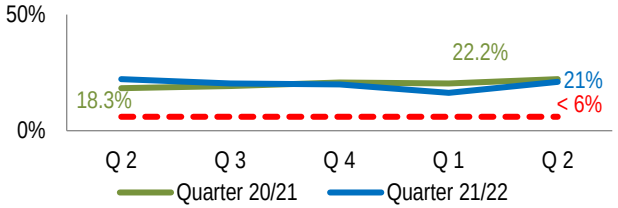
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



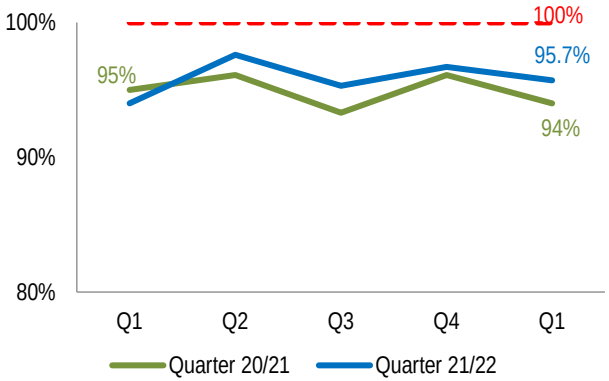
Orthodontics: treatment waiting list > four years



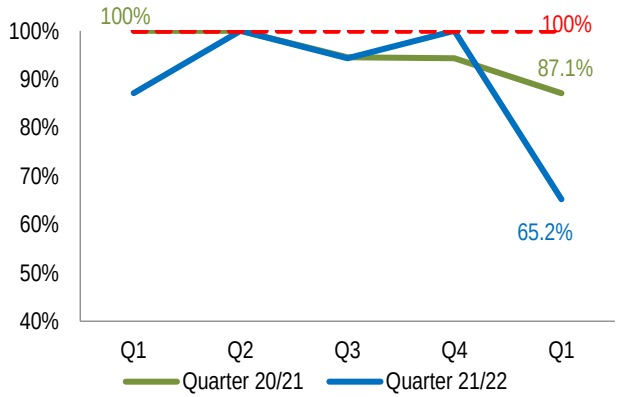
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	●	**95.7%**	94%	+1.7%	95.3%	96.7%	95.7%	CHO 2, 3, 5, 6 & 7 reached target	CHO8 (82.4%), CHO9 (87.3%), CHO4 (88.1%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	●	**65.2%**	87.1%	-21.9%	94.3%	100%	65.2%	CHO 1, 2, 5, 6 & 9 reached target	CHO7 (23%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	●	**86.2%**	84.4%	+1.8%	79.4%	78.6%	86.2%	CHO6 (100%), CHO7 (99.7%), CHO9 (99.5%)	CHO4 (68.1%), CHO5 (76.7%), CHO1 (90%)

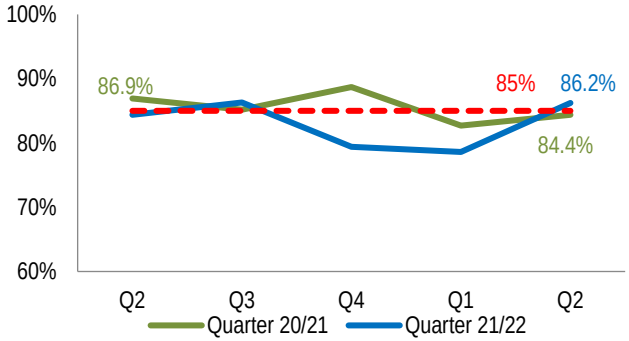
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks

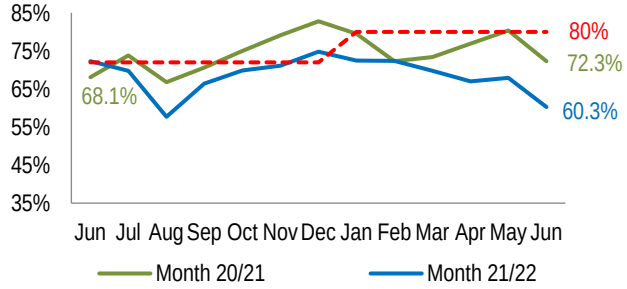


Mental Health Services

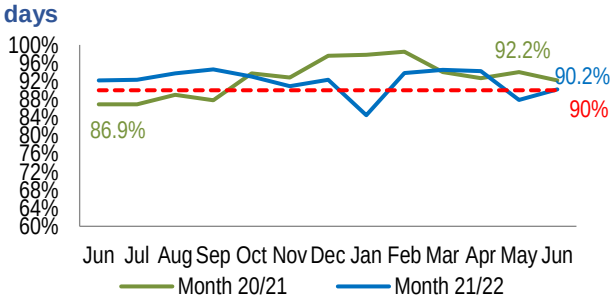
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Admission of Children to CAMHs	>85%	M	●	**92%**	92.9%	-0.9%	84.2%	87.5%	79.2%		
CAMHs Bed Days Used	>95%	M	●	**98.8%**	99.4%	-0.6%	99.1%	97.5%	95.8%	CHO1, 2, 4, 6, 7, & 8 reached target	CHO5 (84.8%), CHO9 (85.8%), CHO3 (91%)
CAMHs – first appointment within 12 months	≥95%	M	●	**96.5%**	94.9%	+1.6%	95.7%	96.9%	94.3%	CHO 1, 2, 5, 6 & 7 reached target	CHO4 (74.7%), CHO9 (88.4%), CHO8 (93.1%)
CAMHs waiting list	2,648	M	●	**4,175**	3,358	+817	4,069	4,295	4,175	CHO2 (218), CHO7 (312), CHO5 (346)	CHO4 (862), CHO8 (648), CHO6 (580)
CAMHs waiting list > 12 months	0	M	●	**540**	210	+330	425	508	540		CHO4 (198), CHO3 (112), CHO8 (80)
No of referrals received	9,149 YTD/ 18,271 FYT	M	●	**11,403**	11,773	-370	1,795	2,033	1,435		
Number of referrals seen	5,459 YTD/ 10,878 FYT	M	●	**5,396**	6,521	-1,125	855	1,035	776		
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	●	**90.8%**	94.6%	-3.8%	94.2%	87.9%	90.2%	CHO1, 2, 3, 5, 6 & 9 reached target	CHO7 (60%), CHO4 (73.9%), CHO8 (82.4%)

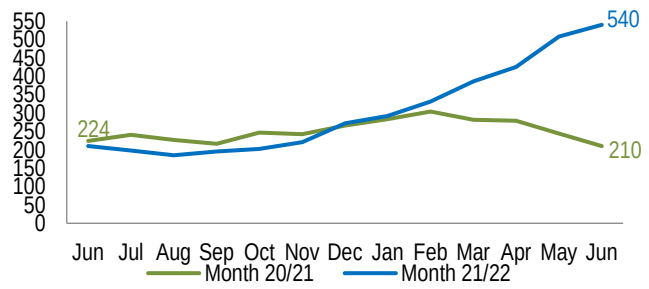
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



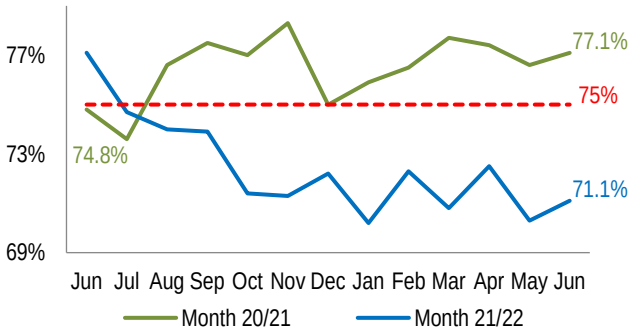
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	21,202YTD/ 42,361FYT	M	●	**22,966**	21,030	+1,936	3,756	4,150	3,513		
Number of referrals seen	13,131YTD/ 26,201FYT	M	●	**12,712**	12,870	-158	2,031	2,312	1,964		
% seen within 12 weeks	≥ 75%	M	●	**71.2%**	76.9%	-5.7%	72.5%	70.3%	71.1%	CHO1, 2 & 6 reached target	CHO9 (50.3%), CHO3 (63.2%), CHO8 (63.6%)

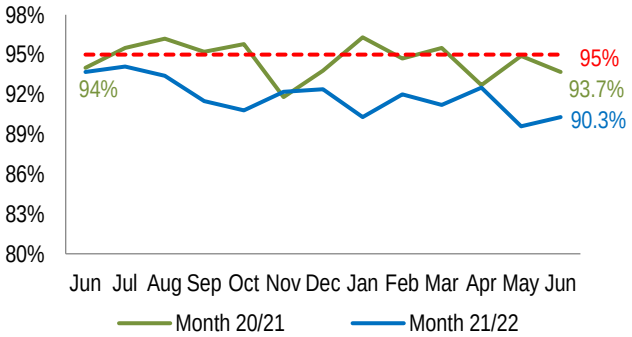
Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	5,773YTD/ 11,535FYT	M	●	**5,734**	5,956	-222	880	1,033	817		
Number of referrals seen	4,519YTD/ 9,025FYT	M	●	**3,822**	3,953	-131	599	697	523		
% seen within 12 weeks	≥ 95%	M	●	**91%**	94.6%	-3.6%	92.5%	89.6%	90.3%	CHO2, 3 & 5 reached target	CHO9 (70.5%), CHO4 (75%), CHO7 (88.9%)

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



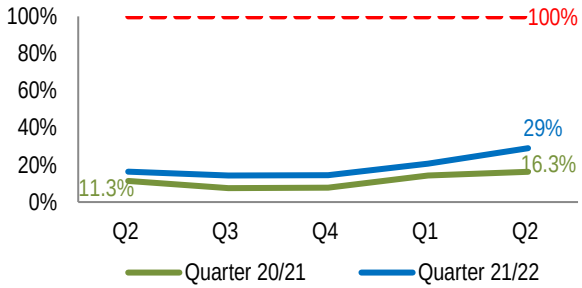
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



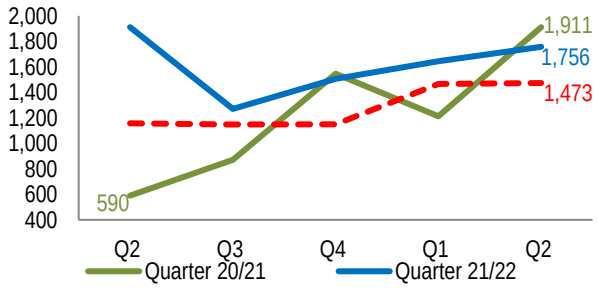
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Disability Act Compliance	100%	Q	●	**22.4%**	15%	+7.4%	14.5%	20.6%	29%	No CHO reached target.	(% Var): CHO2 (0%), CHO3 (0%), CHO7 (0%)
Number of requests for assessment of need received for Children	2,939 YTD/ 5,857 FYT	Q	●	**3,401**	3,123	+278	1,506	1,645	1,756	(% Var): CHO7 (60.1%), CHO6 (25.7%), CHO2 (18.3%)	(% Var): CHO4 (-20.6%), CHO1 (-7.4%)
Movement from Congregated Setting to community settings	71 YTD/ 143 FYT	M	●	**21**	62	-41	0	0	2	(% Var): CHO2 (40%)	(% Var): CHO1 (-100%), CHO4 (-100%), CHO6 (-100%)

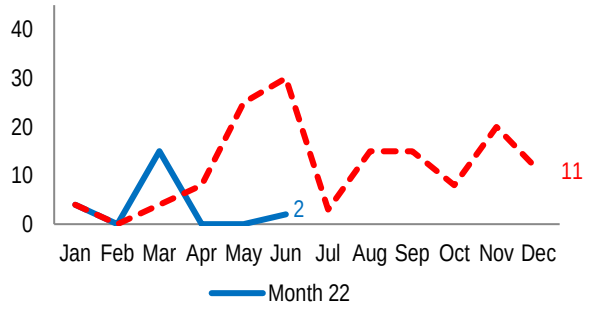
Disability Act Compliance



Assessment of Need Requests



Congregated Settings

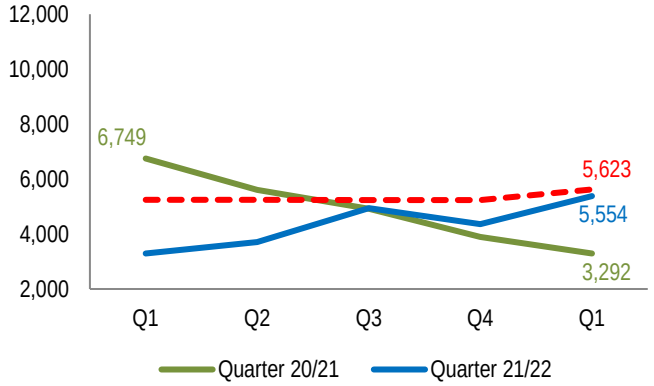


Residential and Emergency Places and Support Provided to People with a Disability

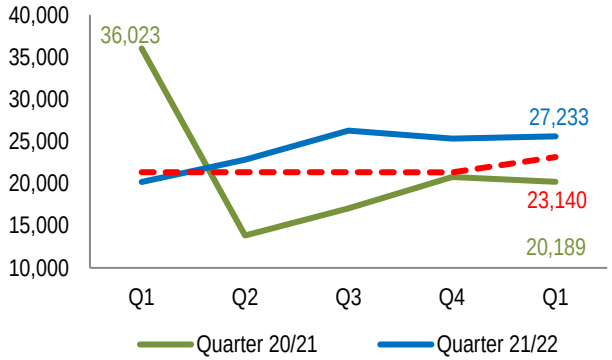
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	50	0	●	**47**	34	+13	11	8	10
Number of in home respite supports for emergency cases	M	422	402	●	**421**	210	+211	1	5	6
Number of residential places provided to people with a disability	M	8,228	8,193	●	**8,181**	8,119	+62	8,177	8,178	8,181

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Respite – Number of day only respite sessions	5,623 YTD/ 22,474 FYT	Q-1M	●	**5,554**	3,292	+2,262	4,947	4,356	5,554	(% Var): CHO5 (355%), CHO1 (82.8%), CHO9 (72.1%)	(% Var): CHO6 (-79%), CHO7 (-73.8%), CHO9 (-68.4%)
Respite – Number of overnights	23,140 YTD/ 92,552 FYT	Q-1M	●	**27,233**	20,189	+7,044	26,277	25,330	27,233	(% Var): All CHO's reached target.	(% Var):
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,351 YTD/ 5,351 FYT	Q-1M	●	**4,715**	3,826	+889	4,588	4,427	4,715	(% Var): CHO5 (60.9%), CHO8 (34.7%), CHO7 (3.8%)	(% Var): CHO9 (-38.3%) CHO2 (-36.4%), CHO3 (-30.3%)
Number of Home Support Hours delivered	780,006 YTD/ 3,120,000 FYT	Q-1M	●	**771,455**	756,539	+14,916	742,057	701,259	771,455	(% Var): CHO1 (44.8%), CHO3 (33%), CHO8 (15.4%)	(% Var): CHO7 (-34.7%), CHO9 (-20.3%), CHO5 (-15.5%)
Number of Personal Assistance Hours delivered	425,004 YTD/ 1,700,000 FYT	Q-1M	●	**403,017**	428,981	-25,964	417,079	412,396	403,017	(% Var): CHO5 (14.8%), CHO8 (2%)	(% Var): CHO1 (-31.2%), CHO7 (-30.2%), CHO6 (-27.7%)

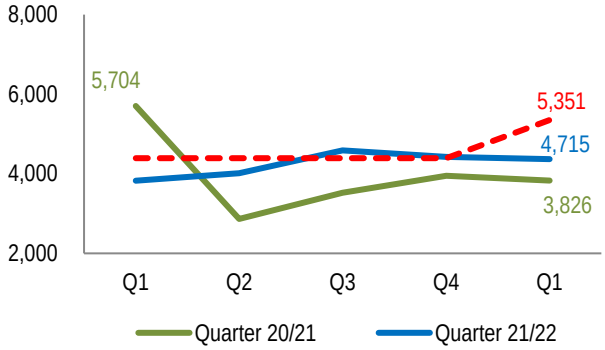
Respite Day Only



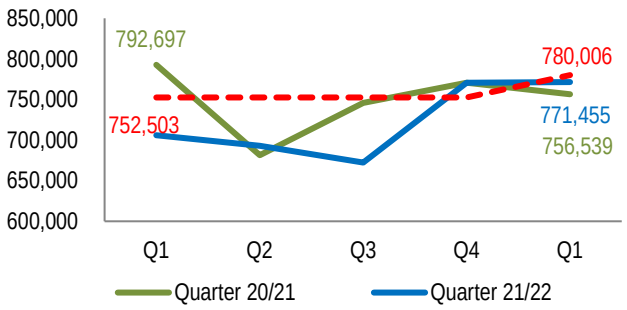
Respite Overnights



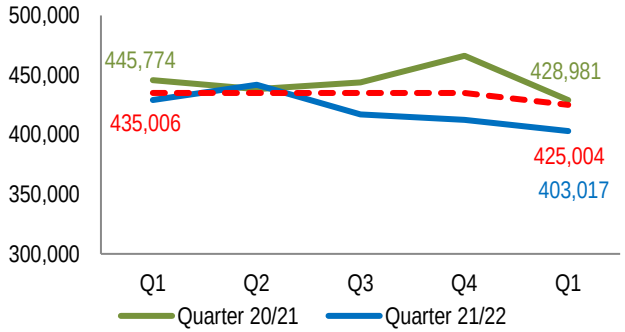
No. of people with a disability in receipt of respite services



Home Support Hours



Personal Assistance Hours

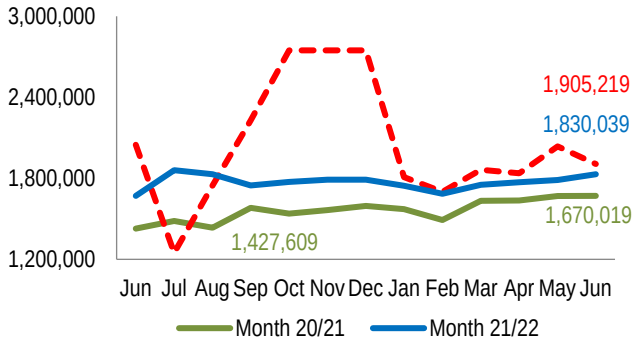


Older Person's Services

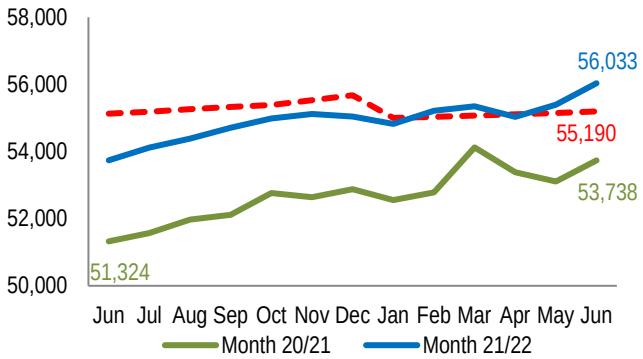
Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	11,148,118 YTD/ 23.67m FYT	M	🟡	**10,568,906**	9,671,609	+897,297	1,769,923	1,788,145	1,830,039	(%Var): CHO6 (2.2%), CHO8 (1.1%)	(%Var): CHO7 (-14.3%), CHO4 (-11.4%), CHO5 (-10.8%)
Home Support Hours provided for Testing of Statutory Home Support Scheme	170,400 YTD/ 170,400 FYT	M	🔴	**43,900**			7,675	8,740	9,803		
No. of people in receipt of Home Support	55,190 YTD/ 55,675 FYT	M	🟢	**56,033**	53,738	+2,295	55,028	55,392	56,033	(%Var): CHO8 (9.3%), CHO5 (6%), CHO1 (5%)	(%Var): CHO7 (-8.1%), CHO6 (-4.8%), CHO4 (-1%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	🔴	**92**	126	-34	100	94	92		
No. of persons funded under NHSS in long term residential care	22,342 YTD/ 22,412 FYT	M	🟢	**22,159**	21,986	+173	22,093	22,085	22,159		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	🟢	**4,488**	4,721	-233	4,592	4,618	4,488	(%Var): CHO9 (19.2%), CHO3 (8.9%), CHO8 (4%)	(%Var): CHO1 (-8.9%), CHO6 (-8.7%), CHO5 (-3.7%)
No. of short stay beds in public units	1,520 YTD/ 2,182 FYT	M	🟢	**1,453**	1,345	+108	1,507	1,515	1,453	(%Var): CHO5 (8.6%), CHO3 (5.6%), CHO9 (5.2%)	(%Var): CHO4 (-28.3%) CHO6 (-23.7%), CHO8 (-21.1%)
No. of beds subject to Delayed Transfers of Care[1]	≤350	M	🔴	**567**			598	551	567	Mallow, Mullingar (0), SIVUH, SLRON (1)	SJH (71), OLOL (47), Tallaght – Adults (44)
No. of persons in receipt of payment for transitional care	916	M-1M	🟢	**1,307**	1,029	+278	1,221	1,268	1,307		

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

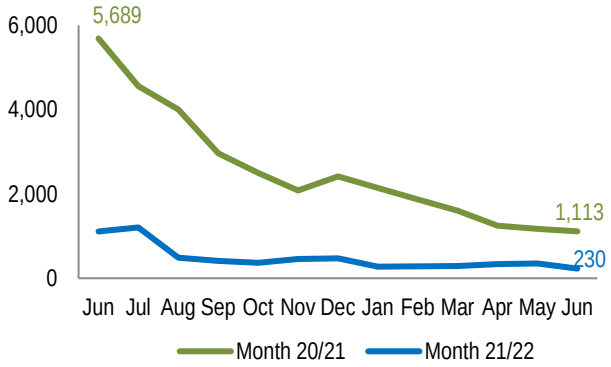
Number of Home Support Hours Provided



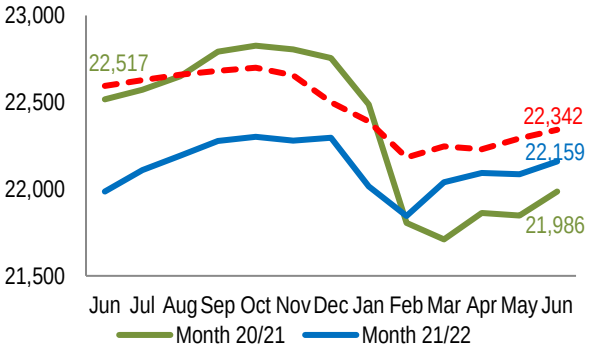
Number of people in receipt of Home Support



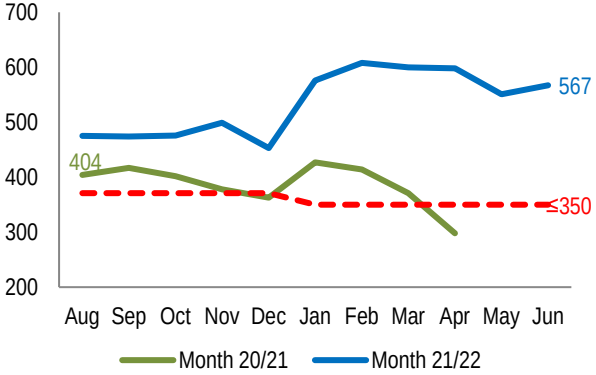
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care[2]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	87	14	101	17.8%
Residential Care	239	25	264	46.6%
Rehab	28	27	55	9.7%
Complex Needs	20	16	36	6.3%
Housing/Homeless	18	26	44	7.8%
Legal complexity	29	6	35	6.2%
Non compliance	7	3	10	1.8%
COVID-19	20	2	22	3.9%
Total	**448**	**119**	**567**	**100%**

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

NHSS Overview

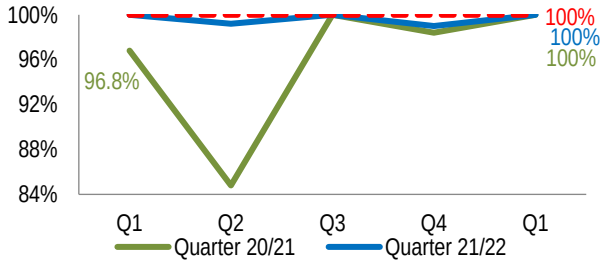
		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	5,049	4,508	+541	769	893	779	785	-6
	National placement list for funding approval	583	488	+95	575	639	583	488	+95
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	22,159	21,986	+173	22,093	22,085	22,159	21,986	+173
Private Units	No. of new patients entering scheme	3,395	2,916	+479	627	609	609	548	+61
	No. of patients Leaving NHSS	3,435	3,437	-2	564	619	536	422	+114
	Increase	-40	-521	+481	+63	-10	+73	+126	-53
Public Units	No. of new patients entering scheme	593	596	-3	98	123	116	118	-2
	No. of patients Leaving NHSS	692	844	-152	108	121	117	105	+12
	Net Increase	-99	-248	+149	-10	+2	-1	+13	-14

Disability and Older Persons' Services

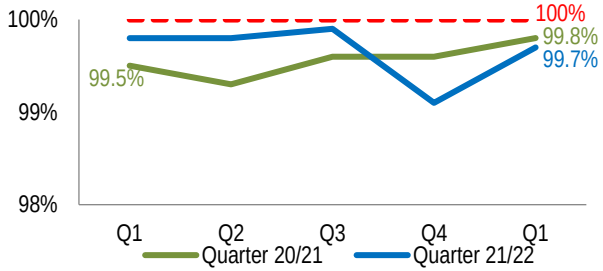
Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of initial assessments for adults aged 65 years and over	100%	Q-1M	●	**100%**	100%	0%	100%	99%	100%	All CHO's achieved target	
% of initial assessments for adults under 65 years	100%	Q-1M	●	**99.7%**	99.8%	-0.1%	99.9%	99.1%	99.7%	CHO1, 2,4,5 & 7 achieved target	CHO6 (98.6%), CHO3 (99.2%), CHO8 & 9 (99.6%)

% of initial assessments for adults aged 65 and over



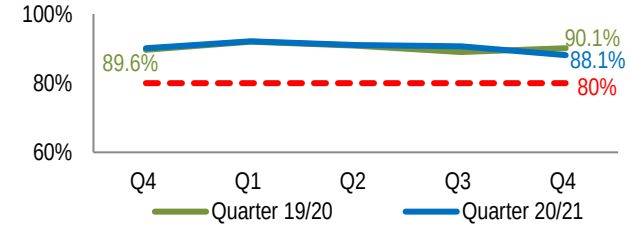
% of initial assessments for adults under 65



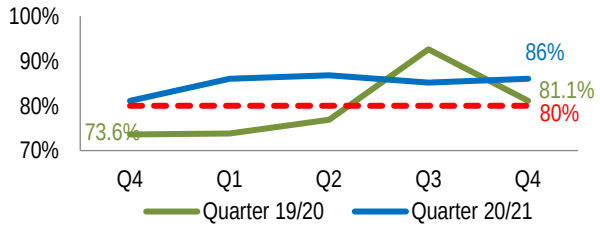
HIQA Inspections

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
HIQA Inspections (Disabilities)	80%	Q-2Q	●	**90.3%**	90.4%	-0.1%	91%	90.7%	88.1%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	**86%**	78.6%	+7.4%	86.8%	85.2%	86%		

HIQA Inspections – Disabilities



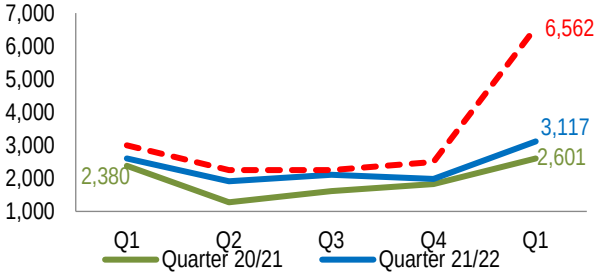
HIQA Inspections – Older Persons



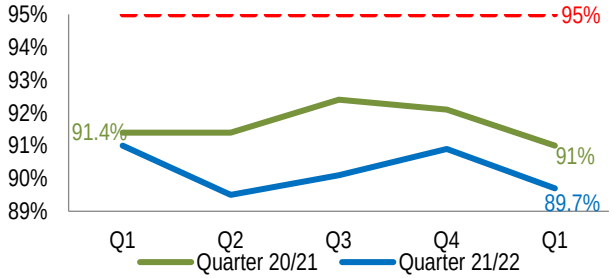
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	6,562 YTD/ 22,436 FYT	Q-1Q	●	**3,117**	2,601	+516	2,105	1,983	3,117	(%Var) DML (164.7%), Nat Quitline (75.3%), IE HG (50.2%)	(%Var) UL HG (-97.7%), CHO9 (-88.6%), CHO2 (-86.8%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	●	**47.5%**	60%	-12.5%	55%	52.7%	47.5%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	●	**89.7%**	91%	-1.3%	90.1%	90.9%	89.7%	No CHO reached target	CHO1 (86.4%), CHO9 (87.5%), CHO7 (88.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	**92.5%**	94.1%	-1.6%	93.3%	93.5%	92.5%	CHO4 (96%)	CHO5 (90.3%), CHO9 (91.2%), CHO6 & CHO7 (91.4%)

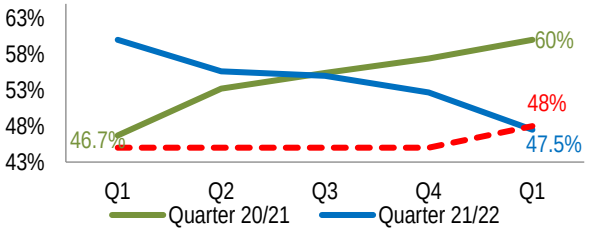
Tobacco smokers – intensive cessation support



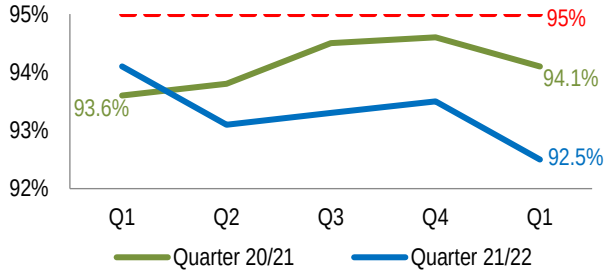
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Community Services are continuing to experience service constraints and challenges as the ongoing wave of COVID continues.
There are some staff absences related to Covid across services.

Recruitment remains a challenge in respect of attracting and retaining a range of health care professionals. The investment in healthcare staff over the past number of years has resulted in a range of new and promotional posts becoming available which has resulted in increased requirements for entry level staff who are critical in service delivery, this grade of staff continue to be difficult to recruit.

Overall the performance of community services has been stabilising however remains challenged in a number of service areas. COVID-19 continues to pose significant challenges for many service areas.

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

June data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the ongoing impact of Covid will impact on the ability to deliver on the annual national service plan KPIs. Examples of positive national performance against target are:

- CIT Referrals - In June 2022 there were 39,426 CIT referrals year to date which is 21.9% ahead of the expected year to date activity of 32,340.

- Ophthalmology – Number of patients seen +16.5% (39,186) above target 33,630
- Access to Palliative Inpatient Beds - The national year to date position is 96.2% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.
- Community Adult Mental Health Services – 88.5% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD June 2022 against a target of ≥90%.
- Child & Adolescent Mental Health Service – 90.8% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

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

Community based care is currently undergoing substantial reform in line with Slàintecare. This will involve a significant re-structuring in how services are currently delivered and will ensure care is provided in an equitable, efficient and integrated way through newly established Community Healthcare Networks. As we develop these networks and teams, we will naturally build the capacity of the primary care sector, recruiting around 2,000 additional frontline staff across a range of disciplines including nurses, occupational therapists, speech and language therapists, physiotherapists and other healthcare professionals.

The HSE's Capital Plan also includes substantial investment in the construction of new Primary Care Centres which will be key to providing integrated, easy to access care that is embedded in our communities. This significant restructuring and investment will ensure sustained and meaningful reductions to waiting lists into the future.

Waiting List Initiatives

It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, competing with private or small practice organisations when attempting to recruit, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services. The Project Group established of national clinical leads and operational community leaders to oversee work has put in place arrangements for a number of initiatives

that are both clinically high priority as well as being operationally achievable within current constraints.

Performance progress for initiatives underway:

- Cumulative to the end of June, 1081 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list
- Cumulative to the end of June, 1915 children waiting for primary care child psychology waiting for over a year have been removed from the list
- An initiative that commenced in May seeks to provide support to people waiting for Counselling in Primary Care Services has seen 408 people removed from the waiting list in its first two months

Other schemes approved or in implementation planning include CAMHS in some CHO areas, audiology and disability assessments of need.

These removals may not be immediately visible in any national KPI corresponding waiting list figures (where collected for the particular patient cohort which they are not in all instances) for a variety of reasons including the time delay with national KPI data sets, the relative small numbers of removals as a result of these initiatives when compared with the size of the overall waiting list, demand for community services is growing and new people join the list or move into long-waiting time bands regularly and our information systems are not sufficiently sophisticated or sensitive. Of note here are parallel actions in the DOH waiting list plan to improve community services information systems including the implementation of the Integrated Community Case Management System (ICCMS) will be integral to supporting medium to long term management of waiting lists.

Serious Incidents

There were 21 Category 1 incidents reported by date of incident in June 2022 across the 9 Community Healthcare Organisations.

The % of Category 1 reviews for incidents notified in February 2022 (5 incidents notified) completed within 125 days of notification was 20%. The twelve month rolling % for this KPI is 17%.

The Extreme/Major incident as a % of all incidents was 0.4% for Quarter 2, 2022 which achieves the target of <1%. The 12 month rolling % for this KPI is 0.5%.

Primary Care

Primary Care Services have been impacted by the Covid wave in Q1 with staff absence impacting on performance. Additionally Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 96.1% return rate for data across Primary Care Services.

Of note the number of patients seen is the number of unique individuals seen in a month i.e. if Patient A is seen once in a month that is recorded at one patient seen and if Patient B is seen three times in a month that is also recorded as one patient seen.

As referred to above one of the factors impacting on numbers of patients seen is the complexity of patients seen. Many of these patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for months or longer.

Community Intervention Teams (CIT)

At end of June 2022, there were 39,426 CIT referrals year to date which is 21.9% ahead of the expected year to date activity of 32,340 (PC122).
**** Data return rate 100%.***

Child Health Developmental Assessment 12 Months

The national performance at May YTD (Data one month in arrears) is 81.8% compared to a target of 95% (PC153).

The underlying performance of this metric continues to improve with monthly performance in May of 87.7% compared to a monthly performance of 83.7% in April.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2022 due to a combination of factors including;

- Reduced Covid related staff illness (assuming a reduction in Covid across the year)
- Less DNAs / cancellations from clients due to reduced impact of Covid
- Measures being taken to address non-return of data

Performance will continue to be monitored in 2022 with relevant CHOs including in the monthly engagement meetings.

**** Data return rate 96.9%***

KPI No.	Performance Activity / KPI	Reporting Frequency	Target/ EA YTD	Activity YTD	Mar	Apr	May	Jun
Child Health								
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.5% (Q1-Q2 2022)	98%			99%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	66.3%% (Q1-2022)	66.3%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	42.5% (Q1-2022)	42.5%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	39.8% (Q1-2022)	39.8%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	30.1% (Q1-2022)	30.1%			
PC153	% 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	M-1M	95%	81.8% (YTD May 2022)	82.8%	83.7%	87.7%	

Oral Health

Year to date nationally 92.5% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). The wait list initiative for Primary Care Orthodontics Grade 4 Waiting over 4 years is now underway for 2022.

****Data return rate 100%***

Physiotherapy Access within 52 weeks

The national position at the end of June 2022 is 78.3% compared to the target of 94% (PC100G). The number of clients waiting longer than 52 weeks has decreased by -2.4% from 13,236 in May to 12,913 in June (PC100E).

**** Data return rate 90.6%***

Occupational Therapy (OT) Access within 52 weeks

The national position in June 2022 is 74% compared to the target of 95% (PC101G). The number of clients waiting longer than 52 weeks increased by +8.5% from 8,312 in May to 9,017 in June (PC101E).

**** Data return rate 100%***

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in June 2022 is at 87.4% compared to the target of 100% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has increased by +20.7% from 2,059 in May to 2,486 in June (PC116C).

****Data return rate 100%***

Podiatry Access within 52 weeks

The national position in June 2022 is 58.8% compared to the target of 77% (PC104G). The number of clients waiting longer than 52 weeks has remained same with 0% change from 2,491 in May to 2,491 in June (PC104E).

****Data return rate 100%***

Ophthalmology Access within 52 weeks

The national June 2022 position is 53.3% compared to the target of 64% (PC107G). The number of clients waiting longer than 52 weeks has increased by +0.4% from 10,543 in May to 10,584 in June (PC107E).

****Data return rate 100%***

Audiology Access within 52 weeks

The national position in June 2022 is 76.9% compared to the target of 75% (PC108G). The number of clients waiting longer than 52 weeks has decreased by -5.3% from 4,460 in May to 4,224 in June (PC108E).

Data return rate 95%

Dietetics Access within 52 weeks

The national position in June 2022 is 58.3% compared to the target of 80% (PC109G). The number of clients waiting longer than 52 weeks has increased by +0.9% from 12,813 in May to 12,931 in June (PC109E).

Data return rate 96.9%

Psychology Access within 52 weeks

The national position in June 2022 is 65.7% compared to the target of 81% (PC103G). The number of clients waiting longer than 52 weeks has decreased by -2.3% from 4,650 in May to 4,543 in June (PC103E).

Data return rate 93.7%

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 Jun 2022 *(please note data return rates referred to above)*			
Discipline	**Target YTD (NSP 2022)**	**Actual YTD**	**Actual vs. Target* YTD**
Physiotherapy (PC125)	295,897	231,269	-21.8%
Occupational Therapy (PC124)	195,234	164,077	-16%
SLT (PC126)	142,320	97,740	-31.3%
Podiatry (PC127)	42,901	31,176	-27.3%
Ophthalmology (PC128)	33,630	39,186	+16.5%
Audiology (PC129)	24,498	26,175	+6.8%
Dietetics (PC130)	34,013	30,185	-11.3%
Psychology (PC131)	25,169	22,881	-9.1%

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to 2021. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of May was 10,801 and is -0.4% below the expected activity level of 10,849(SI1)

**** Data return rate 100%***

Homeless Service

1,198 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2022 against a target of 1,100 (SI52A)

**** Data return rate 100%***

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 96.2% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).

**** Data return rate 100%***

Access to Palliative Community Service

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

**** Data return rate 100%***

Children's Palliative Care

The number of children in the care of the specialist palliative care teams in April 2022 is 43 compared to the expected activity of 46 (PAC39).

**** Data return rate 0%. (No data returned since April)***

The number of children in the care of the Children's Nurse Co-Ordinators was 261 in June 2022. Compared to the expected activity of 310. (PAC37).

**** Data return rate 83.9%.***

Mental Health

CAMHS Inpatient Units

Nationally there were 126 children admitted to CAMHS inpatient units at the end of June 2022 (MH37). Close weekly monitoring at the national level of the activity and waitlist for inpatient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

92% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2022 YTD which is above the target (>85%) (MH5).
98.8% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2022, which is above >95% target (MH57).

The number of children admitted to adult mental health units at the end of June 2022 indicates there were 11 child admissions. This is compared to 13 child admissions to adult units in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).
**** Data return rate 100%***

Community CAMHS

Nationally there was a decrease of 120 children on the waiting list for community mental health services, from 4,295 in May to 4,175 in June 2022 (MH50). There are 540 children waiting longer than 12 months in June 2022.
**It should be noted that there are data quality issues in relation to the CHO 7 returns which are currently being addressed*

CHO1 have (38), CHO2 (1), CHO3 (112) CHO4 (198), CHO5 (25), CHO6 (6), CHO7 (22), CHO8 (80) and CHO9 (58) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of June, 72.6% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of ≥80% (MH6).
However, 96.5% of new or re-referred cases were seen within 12 months in community CAMHS services YTD June 2022 (MH72).

Nationally, 90.8% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
** Data return rate 95.9%*

Note: CAMHS Waitlist: Phase 1 of a CAMHS waiting list initiative has been approved and will go live imminently. Phase 2 for 3 CHOs has also been recently approved. This initiative is contingent on funding from the Wait List Initiative / Access to Care Fund.

Community Adult Mental Health Services

88.5% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD June 2022 against a target of ≥90% (MH1). CHOs 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed. However, Covid-related contingencies make this more challenging to address. 21.1% of people referred to general adult services did not attend (DNA) their appointments.
**** Data return rate 92.3%***

94% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD June 2022 against a target of ≥98% (MH3).
**** Data return rate 84.4%***

Disability Services

Residential Places

There were 8,181 residential places for people with a disability in June 2022, which is -0.1% less than the target for the year to date (DIS108). A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively

implementing a policy that will have a bed reduction impact. In addition, "in-year" capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.

Data return 100%.

Emergency Residential Places and Intensive Support Packages

In accordance with NSP 2022, Disability Services committed to developing 50 new emergency residential placements and 422 in home respite supports for emergency cases; this includes 402 packages put in place in 2021 which have been maintained in 2022, plus 10 new supported living packages and 10 new intensive support packages outlined in NSP 2022. At end of June 2022, 47 new emergency residential places were developed (DIS102) together with 13 new intensive support packages and 6 new supported living packages.

RT Places

There were 2,072 people (all disabilities) in receipt of Rehabilitative Training in June 2022, which is -9.5% (218) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic but also due to changing needs. The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which will progress in 2022.

**** Data return rate 100%***

Congregated Settings

A total of 21 people transitioned from congregated settings to homes in the Community in 2022 to date (DIS55) against a target of 143 for the year. This is below the target for the first half of the year due to the ongoing challenges recruiting staff across a range of disciplines and grades and operating in a competitive housing market.

However, Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. The original 2012 report identified over 4,000 people living in 72 congregated settings. With the incremental progress made since 2012 to support people to transition to homes in the community, there are now less than 1,600 people remaining in the tracked congregated settings identified in the original report.

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

**** Data return rate 100%***

Disability Act Compliance

A High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement, Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format. As a result, activity for the second quarter of 2022 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 2,447 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations).

The requirement to provide diagnostic assessments under the terms of the Act for children who applied for their AONs between January 2020 and December 2021 will further impact on compliance in the coming months.

The second quarter of 2022 has seen a further increase in the number of applications for assessment of need received (3,401) which is up 15.7% on the profiled target of 2,939 for the period.

Older Persons

Home Support

Since 2018 activity data for Home Support for Older People is now reflected in terms of total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency in relation to activity against targets.

NSP 2022 provides for the rollover of 2021 target levels of service into 2022, inclusive of the additional 5m hours funded under the Winter Plan to 23.67m hours to be delivered to 55,675 people and for 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people

by year-end (total target of 24.26m hours/55,910 clients). This allocation comprehends 230,000 hours relating to the Home Support Pilot Scheme which commenced in 2021.

The Winter Plan for 2021/2022 has been framed in the context of increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in the context of a pandemic. The Home Support initiatives included in the Winter Plan provides for an additional 5m home support hours to be delivered by end of 2022 that will provide valuable support to the system. In order to ensure timely discharges from acute settings for older people, a discharge to assess approach will be utilised.

One of the key enablers of the home support scheme is the implementation of the InterRAI tool in Ireland. In 2022, implementation of InterRAI will continue across Ireland. Key to this will be:

(1) The recruitment and training of 128 InterRAI assessor resources who will work in the community; and

(2) The development of operational policies/procedures to deliver the operationalisation of the assessment through to service provision process (across community and acute settings). Successful implementation of these processes is a key dependency to the establishment of the statutory home support scheme.

On the 1st November the Home Support Pilot commenced in four CHN pilot sites within CHOs 2, 4, 7 and 8. The data collection and assessment period for the pilot has been extended to run until the end of August 2022 and involves the use of a standard assessment tool for each participant (InterRAI). All new applicants for home support within the pilot site will be asked to participate as well as a percentage of review clients. The pilot will be evaluated by an independent body and the outcome of the evaluation phase due by year end. The findings of the pilot will inform the development of a reformed model of support as well as the development of a statutory scheme for home support. Recruitment and training issues at the outset of the Pilot have been addressed and activity has accelerated with 43,900 hours delivered June YTD and it is expected that this trajectory will continue.

At the end of June (YTD), it was expected that the Home Support Service would deliver 11,148,118 hours (target). The data reported indicates that 10,568,906 hours were provided, a variance of -5.2% (OP53) on target and hours provided up +9.3% on same period last year (SPLY). Current projections from the CHOs would indicate delivery of 22.2m hours by year end.

56,033 people are in receipt of home support (OP54) (point in time) as at end June. 92 people are in receipt of an Intensive Home Care Package (OP4) (preliminary data)

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. The CHO waiting lists at end of June indicates that 230 people were assessed and waiting for funding for home support (OP55) (Preliminary data) and an additional 5,240 people assessed and waiting on care staff to commence a new or increased service (OP59)

All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

In light of the ongoing capacity challenges, the HSE is committed to working closely with the Department of Health through the work of the cross departmental Strategic Workforce Advisory Group to examine and make recommendations on issues of recruitment, retention, skills development, pay and conditions, and sustainable employment of home support workers into the future.

**** Data return rate 100%***

NHSS

In June 2022 the Nursing Homes Support Scheme funded 22,159 long term public and private residential places, and when adjusted for clients not in payment, there were 23,133 places supported under the scheme. The number of people funded under the scheme is below the profile for June by 183.

There is an increase of 173 in the number of people supported under the scheme when compared to the same period last year. This is a 0.8% increase in activity year on year.

The number on the placement list at the end of June 2022 is 583 (June 2021 – 488). This is an increase of 95 (19.5%) on the same period last year.

A total of 3,938 people were approved for funding under the scheme in the first six months of 2022 compared to 3,407 people approved for the same period last year. This is an increase of 531 approvals or 15.6% year on year.

In the first six months of 2022, 5,049 applications were received and 3,988 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 476 or 13.6% in the number of starters supported under the scheme when compared to 2021. 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 2022.

**** Data return rate 100%***

Transitional Care Funding

Transitional Care Funding, which is in place to assist Acute Hospitals with the discharge of patients who are finalising their Nursing Home Support Application or in need of a period of convalescence care before returning home, has continued to be in demand in 2022.

May YTD 2022, 3,884 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 3,118 YTD. Of a total of 854 approvals for the month of May 510 approvals were for NHSS applicants and 344 were for convalescence care. Pressures on acute hospitals and an increase in DTOCs during the month resulted in increased demand on TCB during the month.

**** Data return rate 100%***

Population Health and Wellbeing

MECC

Healthcare staff continue to complete the 6 MECC eLearning modules. Due to Covid challenge the MECC KPI targets are under achieved. 1,152 staff completed the eLearning YTD June 2022 (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD June 2022 is 293 (HWB95).

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

MECC implementation guidance is being revised to allow for ease in implementation and clarity on roles and responsibilities. There is on-going participation in the HRB Applied Partnership Award entitled “Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC” to develop new an approach to successfully roll-out the programme in Ireland.

Tobacco smokers – intensive cessation support

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

Nationally, 3,117 smokers received intensive cessation support from a cessation counselor YTD March 2022 (this metric is reported quarterly one quarter in arrears), which is -52.5% below the target of 6,562 smokers (HWB27).

There is underperformance across all CHOs to varying degrees as well as within RCSI, SAOLTA and UL HGs. The overall targets set for 2022 have more than tripled from 2021 to reflect the planned increased staffing as a result of ECC and Slàintecare funding.

Delays in recruitment of stop smoking advisors has meant that less than half of the planned number of new services and posts were operational during the reporting period.

In addition some posts were recruited and subsequent maternity leaves have left gaps as well as staff leaving posts shortly after recruitment and training. Saolta and UL hospital group also both had staff vacancies

Online Cessation Support Services

3,810 (+9.5%) people received online cessation support services during Q2 2022 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on www.quit.ie. There was strong performance in online activity and traffic to www.quit.ie throughout 2021. The temporary pausing of face to face stop smoking services due to COVID-19 has contributed to this uplift in seeking support through digital channels.

% of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 47.5% of smokers remained quit at four weeks YTD March 2022, which is below the target of 48% (HWB26). This metric is key quality metric and shows strong performance for the stop smoking service.

Population Health Protection – Immunisation and Vaccinations

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

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

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

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

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q1 2022) (this metric is reported quarterly one quarter in arrears), is 92.5% against a target of 95% (-2.7%) (HWB4).

Data return 100%

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 and Safety	**Serious Incidents**														
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	46% [R]	-34.3%								41%	45%	55%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q1 2022 at 30.04. 2022)	Q	70%	62.7% [R]	-10.4%								61%	67%	79%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%								0.7%	0.5%	0.5%
	Service User Experience (Q1 2022 at 23.05.2022)														
	Complaints investigated within 30 working days	Q	75%	74% [A]		71% [A]	87% [G]	87% [G]	77% [G]	77% [G]	42% [R]	27% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	<0.8	1.0 [R]	23.3%	1.0 [R]	1.1 [R]	1.1 [R]	1.2 [R]	0.8 [G]	0.8 [G]	1.0 [R]	0.9	0.9	1.2
	C Difficile (per 10,000 bed days)	M	<2	2.1 [G]	3.4%	2.0 [G]	1.7 [G]	2.4 [R]	1.8 [G]	2.2 [A]	2.1 [G]	2.0 [G]	2.1	2.0	2.2
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	95.8% [G]	-4.2%	100% [G]	85.7% [R]	91.7% [A]	100% [G]	100% [G]	100% [G]	100% [G]	91.7%	89.6%	95.8%
	Surgery														
	Hip fracture surgery within 48 hours of initial assessment)	Q-1Q	85%	76.4% [R]	-10.1%		78.8% [A]	85.9% [G]	72.8% [R]	88% [G]	71.1% [R]	66.7% [R]	70.7%	76.5%	76.4%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.6% [G]	-20%		2.4% [G]	1.3% [G]	1.7% [G]	1.4% [G]	1.6% [G]	2.4% [R]	1.4%	1.4%	1.4%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	76.4% [A]	-7.3%		55.6% [R]	92.1% [G]	80.3% [G]	59.2% [R]	79.3% [G]	70.9% [R]	78%	78.6%	77.7%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11% [G]	-0.9%		10.1% [G]	11.1% [G]	10.4% [G]	11.2% [G]	11.7% [A]	11.7% [A]	9.9%	9.9%	10.6%
	Ambulance Turnaround														
	Ambulance turnaround < 30 minutes	M	80%	21.6% [R]	-73%	61% [R]	29.2% [R]	21.3% [R]	32% [R]	8.4% [R]	10.5% [R]	25.3% [R]	21.4%	22.3%	20.7%
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	1,229 [R]		0 [G]	19 [R]	26 [R]	16 [R]	766 [R]	143 [R]	259 [R]	214	173	203
Access and Integration	**Routine Colonoscopy**														
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	51.2% [R]	-21.2%	29.9% [R]	45.4% [R]	45% [R]	64.8% [G]	43.4% [R]	65% [G]	57.1% [R]	45.4%	47.1%	51.2%
	Emergency Department Patient Experience Time														
	ED within 24 hours (Zero Tolerance)	M	97%	95.8% [R]	-1.2%	99.5% [G]	93.9% [R]	96.1% [R]	97.9% [G]	96% [R]	94.2% [R]	92.1% [R]	96.1%	96.5%	95.7%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	89.5% [R]	-9.6%		89.4% [R]	90.7% [R]	95.2% [R]	90.7% [R]	85.1% [R]	79.1% [R]	90.3%	91.5%	89.6%
	ED within 6 hours	M	70%	58% [R]	-17.2%	80.3% [G]	47.6% [R]	66.5% [A]	49.9% [R]	56.1% [R]	54.8% [R]	51.7% [R]	58.7%	59.1%	57.7%
	75 years or older within 6 hours	M	95%	36.3% [R]	-61.8%		28.5% [R]	49.1% [R]	26.1% [R]	37.2% [R]	31.4% [R]	39.2% [R]	36.3%	37.9%	36.9%
	Waiting times														
	Adult waiting <12 months (inpatient)	M	98%	74.6% [R]	-23.9%		62.4% [R]	82.4% [R]	85.8% [R]	60.8% [R]	79.1% [R]	93.2% [G]	72.5%	73.6%	74.6%
	Adult waiting <12 months (day case)	M	98%	84.2% [R]	-14.1%		79.6% [R]	87.8% [R]	96.4% [G]	77.3% [R]	81.5% [R]	93.3% [G]	82%	83%	84.2%
	Children waiting <12 months (inpatient)	M	98%	67.2% [R]	-31.4%	59.4% [R]	100% [G]	90.5% [A]	74.4% [R]	79.8% [R]	97.4% [G]	100% [G]	64%	64.3%	67.2%
	Children waiting <12 months (day case)	M	98%	80.8% [R]	-17.5%	78.1% [R]	100% [G]	94.3% [G]	100% [G]	79.4% [R]	87.5% [R]	89.8% [A]	76.4%	78.4%	80.8%
	Outpatient waiting < 18 months	M	98%	78.9% [R]	-19.5%	75.8% [R]	80.6% [R]	81.9% [R]	99% [G]	72.8% [R]	77% [R]	66.8% [R]	77%	77.8%	78.9%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Access and Integration	**Delayed Transfers of Care**														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	567 [R]	62%	5	144	144	74	56	106	38	598	551	567
	Cancer														
	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	71.7% [R]	-24.5%		99% [G]	73.5% [R]	99.9% [G]	52% [R]	50.4% [R]	81.4% [R]	71.2%	80.3%	79.5%
	Urgent Breast Cancer within 2 weeks	M	95%	67.8% [R]	-28.6%		99.2% [G]	66.8% [R]	99.9% [G]	44.9% [R	45.3% [R]	83.2% [R]	66.4%	79%	75.9%
	Non-urgent breast within 12 weeks	M	95%	47.2% [R]	-50.4%		83.8% [R]	45.7% [R]	99.4% [G]	19.1% [R	11.2% [R]	8.6% [R]	40.1%	39.9%	48.1%
	Lung Cancer within 10 working days	M	95%	89.7% [A]	-5.5%		99.3% [G]	98% [G[	99.3% [G]	87.2% [A]	84% [R]	70.8% [R]	91%	90.8%	92.6%
	Prostate Cancer within 20 working days	M	90%	77.2% [R]	-14.2%		97.5% [G]	98.2% [G]	100% [G]	65.5% [R]	51.8% [R]	85.4% [A]	79.2%	77.6%	86.3%
	Radiotherapy treatment within 15 working days	M	90%	73.3% [R]	-18.5%		68.5% [R]			76.4% [R]	71.9% [R]	94.7% [G]	73.3%	73.1%	70.2%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	72.6% [A]	-9.2%								75.1%	74.9%	71.0%
	Delta within 18 minutes, 59 seconds	M	50%	41.7% [R]	-16.6%								43.0%	43.0%	38.6%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**														
	Net expenditure (pay + non-pay - income)	M	≤0.1%	3,743,488	10.77% [R]	11.69% [R]	14.65% [R]	16.44% [R]	16.53% [R]	16.83% [R]	16.40% [R]	14.98% [R]	9.95%	10.68%	10.77%
	Pay expenditure variance from plan	M	≤0.1%	2,781,701	6.75% [R]	5.67% [R]	10.26% [R]	10.21% [R]	8.95% [R]	10.96% [R]	8.46% [R]	8.01% [R]	5.77%	6.56%	6.75%
	Non-pay expenditure	M	≤0.1%	1,385,226	10.58% [R]	26.82% [R]	11.52% [R]	17.17% [R]	19.91% [R]	18.77% [R]	22.84% [R]	18.32% [R]	10.10%	11.16%	10.58%
	Gross expenditure (pay and non-pay)	M	≤0.1%	4,166,927	7.99% [R]	11.03% [R]	10.68% [R]	12.25% [R]	12.05% [R]	13.38% [R]	12.73% [R]	11.10% [R]	7.17%	8.05%	7.99%
	Service Arrangements (30.06.2022)														
	Monetary value signed	M	100%	0%	-100%								0%	0%	0%

		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
	Internal Audit														
	Recommendations implemented within 12 months	Q	95%	88% [A]	-7.36%								70%	83%	88%
Workforce	**Attendance Management**														
	% absence rates by staff category (Non Covid)	M	≤4%	4.68% [R]	17.00%	4.64% [R]	4.27% [A]	3.94% [G]	4.67% [R]	4.71% [R]	4.81% [R]	6.52% [R]	4.87%	4.75%	4.99%
	% absence rates by staff category (Covid)	M	NA	3.34%		3.10%	3.06%	3.89%	3.55%	3.23%	3.08%	3.46%	2.50%	1.02%	2.02%

Acute Hospital Services

Overview of Key Acute Hospital Activity

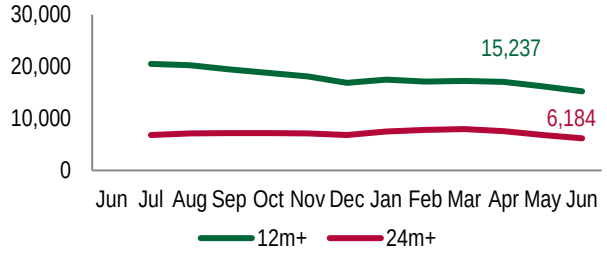
Activity Area	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	804,955	811,831	0.9%	660,588	22.9%	135,275	148,592	137,577
New ED Attendances	663,208	664,932	0.3%	548,609	21.2%	109,928	120,232	111,666
OPD Attendances	1,691,456	1,683,467	-0.5%	1,561,426	7.8%	265,117	302,753	290,319

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	266,792	244,448	-8.4%	231,879	5.4%	50,730	48,923	51,742
Inpatient weight units	267,904	242,745	-9.4%	236,969	2.4%	51,056	48,816	48,534
Day case (includes dialysis)	488,742	443,263	-9.3%	389,489	13.8%	93,184	88,236	94,945
Day case weight units (includes dialysis)	462,893	425,419	-8.1%	375,050	13.4%	90,678	83,729	87,420
IP & DC Discharges	755,534	687,711	-9.0%	621,368	10.7%	143,914	137,159	146,687
% IP	35.3%	35.5%	0.7%	37.3%	-4.7%	35.3%	35.7%	35.3%
% DC	64.7%	64.5%	-0.4%	62.7%	2.8%	64.7%	64.3%	64.7%
Emergency IP discharges	190,381	175,693	-7.7%	164,422	6.9%	36,540	35,309	37,276
Elective IP discharges	34,930	30,450	-12.8%	26,004	17.1%	6,468	6,164	7,055
Maternity IP discharges	41,481	38,305	-7.6%	41,453	-7.6%	7,722	7,450	7,411
Inpatient discharges >75 years	55,631	52,571	-5.5%	47,160	11.5%	11,160	10,667	11,130
Day case discharges >75 years	93,137	89,898	-3.5%	74,655	20.4%	18,860	17,729	19,202

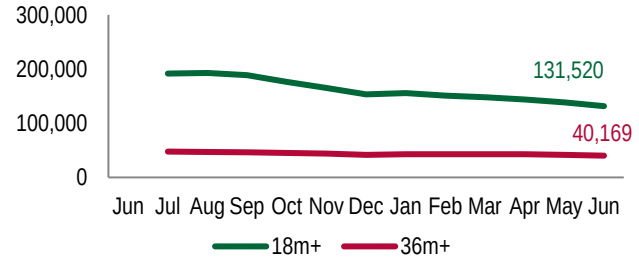
Inpatient, Day case and Outpatient Waiting Lists[3]

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 12 months	98%	M		**74.6%**			72.5%	73.6%	74.6%	10 out of 38 hospitals reached target	SJH (50.9%), GUH (55.5%), LUH (59.8%)
Day case adult waiting list within 12 months	98%	M		**84.2%**			82%	83%	84.2%	10 out of 42 hospitals reached target	LUH (69.3%), SJH (70.6%), GUH (76%)
Inpatient children waiting list within 12 months	98%	M		**67.2%**			64%	64.3%	67.2%	12 out of 21 hospitals reached target	LUH (30.8%), Beaumont (52.2%), CHI (59.4%)
Day case children waiting list within 12 months	98%	M		**80.8%**			76.4%	78.4%	80.8%	13 out of 26 hospitals reached target	MUH (71.4%), GUH (73.7%), LUH (76%)
Outpatient waiting list within 18 months	98%	M		**78.9%**			77%	77.8%	78.9%	9 out of 44 hospitals reached target	RVEEH (63.6%), UHL (63.8%), Navan (67.9%)

Inpatient & Day Case Waiting List



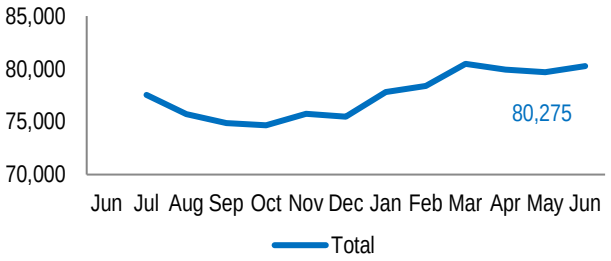
Outpatient Waiting List



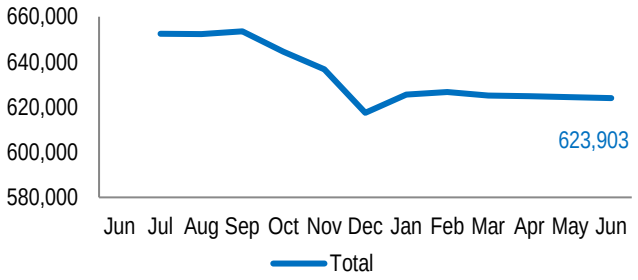
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>18 Mths
Adult IP	18,592			4,727	3,276
Adult DC	53,716			8,474	5,149
Adult IPDC	**72,308**			**13,201**	**8,425**
Child IP	3,743			1,227	707
Child DC	4,224			809	449
Child IPDC	**7,967**			**2,036**	**1,156**
OPD	**623,903**			**195,280**	**131,520**

Inpatient & Day Case Waiting



Outpatient Waiting List Total

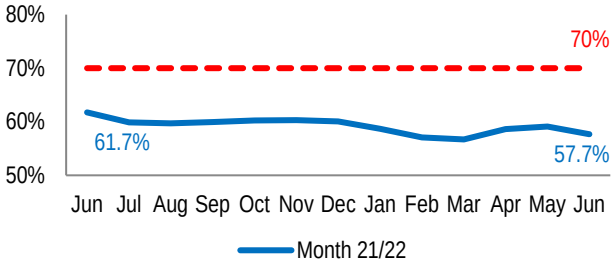


[3] Waiting List data not available for June 2021 due to cyber attack

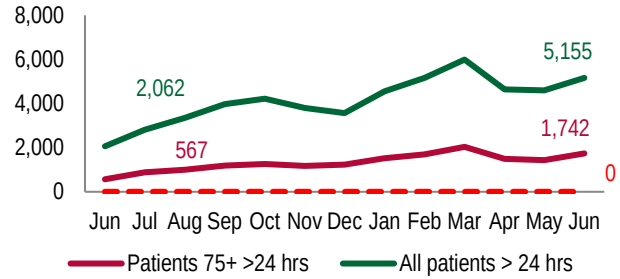
ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% admitted or discharged within 6 hours	70%	M	●	**58%**	65.9%	-7.9%	58.7%	59.1%	57.7%	5 out of 28 hospitals	Tallaght – Adults (32%), Beaumont (36.7%), Naas (37.1%)
% 75 years or older admitted or discharged within 6 hours	95%	M	●	**36.3%**	46.4%	-10.1%	36.3%	37.9%	36.9%	St Michaels (80.5%), SLK (72.7%), Navan (59.7%)	Tallaght – Adults (20.6%), Mercy (21.1%), MUH (23.8%)
% in ED admitted or discharged within 24 hours	97%	M	●	**95.8%**	98.1%	-2.3%	96.1%	96.5%	95.7%	17 out of 28 hospitals	Tallaght – Adults (88.7%), CUH (88.8%), Mercy (89.9%)
% 75 years admitted or discharged within 24 hours	99%	M	●	**89.5%**	96%	-6.5%	90.3%	91.5%	89.6%	4 out of 27 hospitals	CUH (72%), Mercy (73.7%), UHL (78.3%)

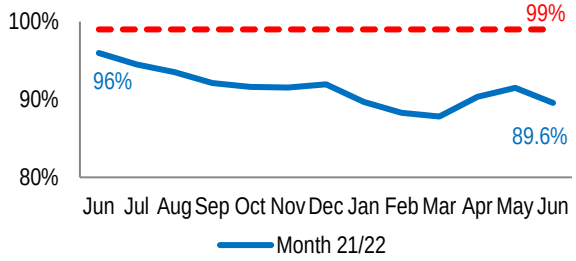
% patients admitted or discharged within 6 hours



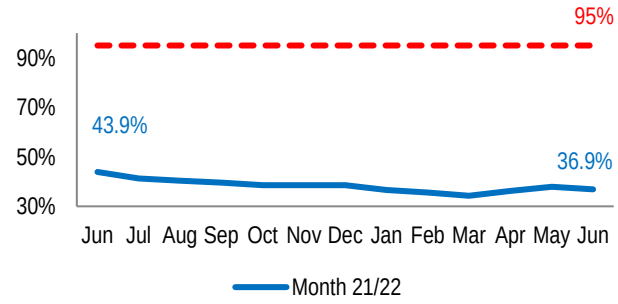
Number in ED waiting over 24 hours



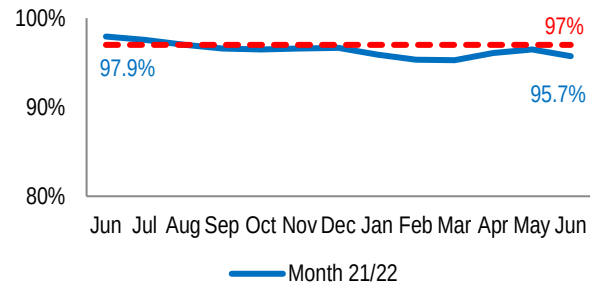
% 75 years old or older admitted or discharged within 24 hours



% 75 years admitted or discharged within 6 hours



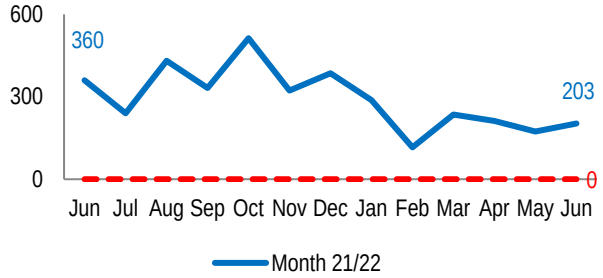
% in ED admitted or discharged within 24 hours



Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	●	**1,229**	1,709	-480	214	173	203	23 out of 38 hospitals	MUH (113), Mallow (18), Ennis (16)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**103**	77	+26	7	15	33	7 out of 14 hospitals	SUH (16), Wexford (9), UHK, Louth, MMUH (2)
Colonoscopy and OGD <13 weeks	65%	M	●	**51.2%**			45.4%	47.1%	51.2%	12 out of 37 hospitals	Wexford (18.7%), MMUH (20.3%), CHI (29.9%)
% of people waiting <12 months for an elective procedure GI scope	100%	M	●	**92%**			87%	89.3%	92%	9 out of 37 hospitals	MMUH (70.2%), MUH (71.4%), Wexford (75.2%)

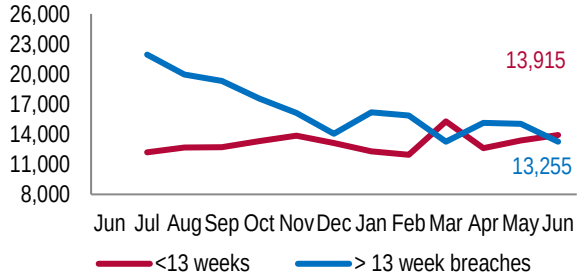
Urgent Colonoscopy –no. of new people waiting



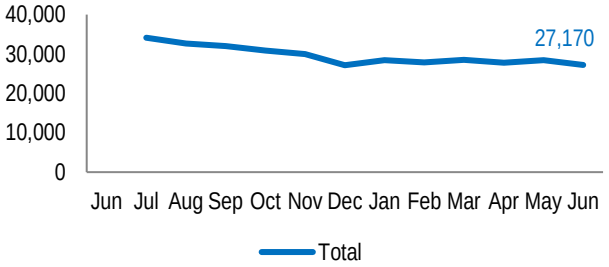
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	230	284	262
Number scheduled over 20 working days	7	15	33

No. on waiting list for Colonoscopy and OGD[4]



Total No. on waiting list for Colonoscopy and OGD

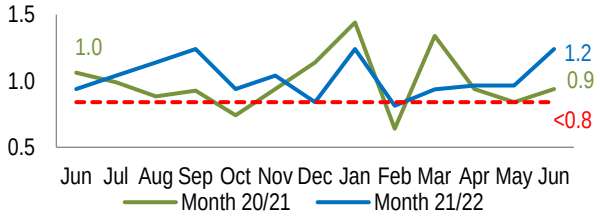


[4] Waiting List data not available for June 2021 due to cyber attack

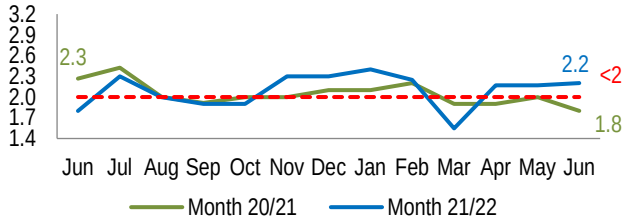
HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Rate of new cases of Staph. Aureus infection	<0.8	M		**1.0**	1.0	0.0	0.9	0.9	1.2	26 out of 47 hospitals achieved target	RUH (6.0), St. Michael's (5.5), Tullamore (3.5)
Rate of new cases of C Difficile infection	<2	M		**2.1**	1.9	+0.2	2.1	2.0	2.2	31 out of 47 hospitals achieved target	RUH (12.0), TUH (6.9), MMUH (4.8), Naas (4.8)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q		**95.8%**	87.5%	+8.3%	91.7%	89.6%	95.8%	46 out of 48 hospitals achieved target	1 hospital didn't achieve the target.1 hospital didn't submit data.

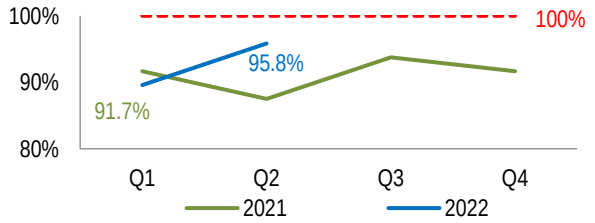
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



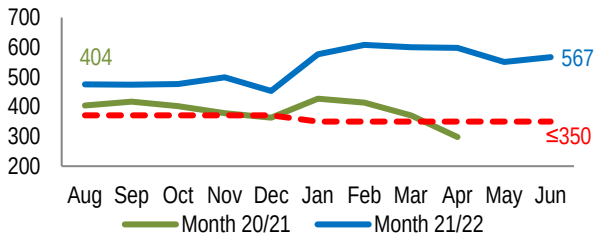
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤350	M		**567**			598	551	567	Mallow, Mullingar (0), SIVUH, SLRON (1)	SJH (71), OLOL (47), Tallaght – Adults (44)

Delayed Transfers of Care[5]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	87	14	101	17.8%
Residential Care	239	25	264	46.6%
Rehab	28	27	55	9.7%
Complex Needs	20	16	36	6.3%
Housing/Homeless	18	26	44	7.8%
Legal complexity	29	6	35	6.2%

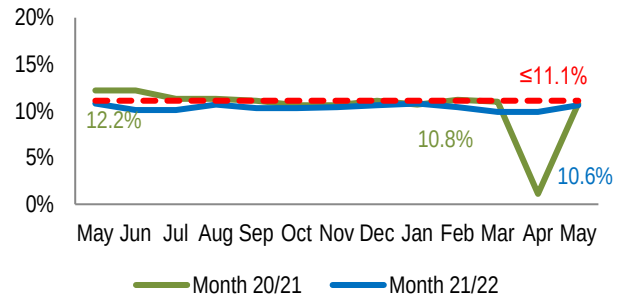
	Over 65	Under 65	Total	Total %
Non compliance	7	3	10	1.8%
COVID-19	20	2	22	3.9%
Total	**448**	**119**	**567**	**100%**

[5] DTOC data not available for May – July 2021 due to cyber attack

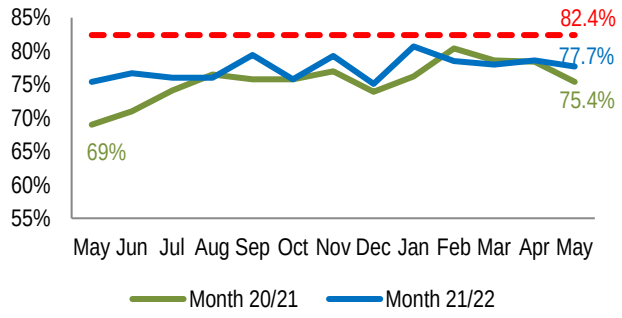
Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	**11%**	11.5%	-0.5%	9.9%	9.9%	10.6%	21 out of 34 hospitals achieved target	Ennis (16%), Bantry (14.8%), MMUH (14.1%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	**76.4%**	78.2%	-1.8%	78%	78.6%	77.7%	16 out of 34 hospitals achieved target	TUH (25%), Croom (33.9%), SJH (23.4%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	**49%**	43.3%	+5.7%	53.8%	46.9%	48.5%	15 out of 29 hospitals achieved target	6 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	**1.6%**	1.9%	-0.3%	1.4%	1.4%	1.4%	29 out of 38 hospitals achieved target	Croom (1.5%), SIVUH (0.4%), OLOL (3.7%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	**76.4%**	81.7%	-5.3%	70.7%	76.5%	76.4%	6 out of 16 hospitals achieved target	Tullamore (66.2%), UHL (66.7%), CUH (68.4%)

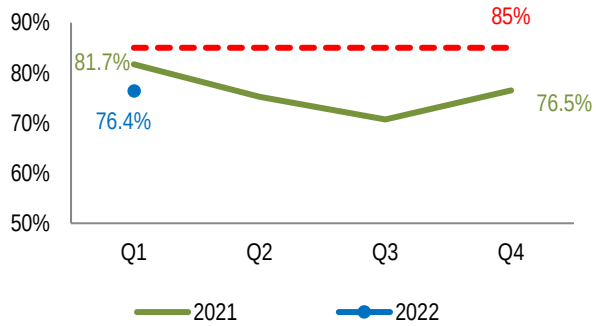
Emergency re-admissions within 30 days



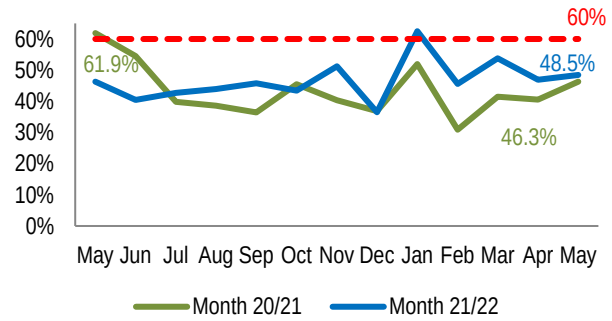
Procedure conducted on day of admissions



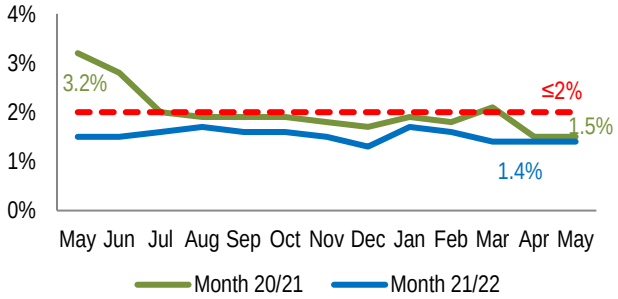
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



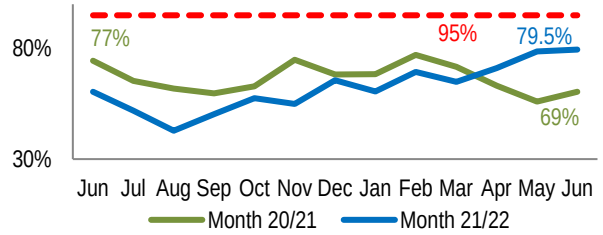
Surgical re-admissions within 30 days



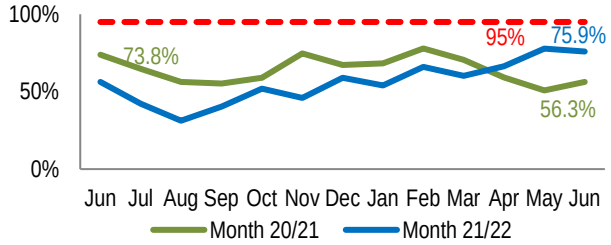
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	95%	M	●	**71.7%**	66.3%	+5.4%	71.2%	80.3%	79.5%	SVUH, Beaumont (100%), MMUH (99.4%), UHW (98.6%), SJH (98%)	CUH (27.6%), UHL (58.2%), GUH (58.7%)
Urgent breast cancer within 2 weeks	95%	M	●	**67.8%**	63.8%	+4%	66.4%	79%	75.9%	SVUH, Beaumont (100%), MMUH (99.2%), UHW (98.6%)	CUH (26.7%), UHL (41.7%), GUH (42.9%)
Non-urgent breast within 12 weeks	95%	M	●	**47.2%**	42.1%	+5.1%	40.1%	39.9%	48.1%	Beaumont (100%), MMUH (97.6%), SJH (95.7%)	UHW (7.9%), LUH (11.8%), CUH (13%)
Lung Cancer within 10 working days	95%	M	●	**89.7%**	92%	-2.3%	91%	90.8%	92.6%	6 hospitals reached target	CHU (69.2%), UHL (77.2%)
Prostate cancer within 20 working days	90%	M	●	**77.2%**	59.4%	+17.8%	79.2%	77.6%	86.3%	7 hospitals reached target	CUH (7.1%)
Radiotherapy within 15 working days	90%	M	●	**73.3%**	75.5%	-2.2%	73.3%	73.1%	70.2%	UHL (100%), UHW (88.6%)	CUH (57.9%), SLRON (66.3%), GUH (68.3%)

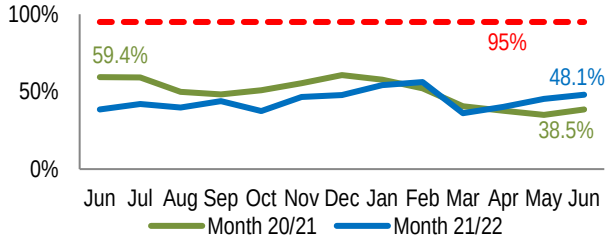
Rapid Access within recommended timeframe



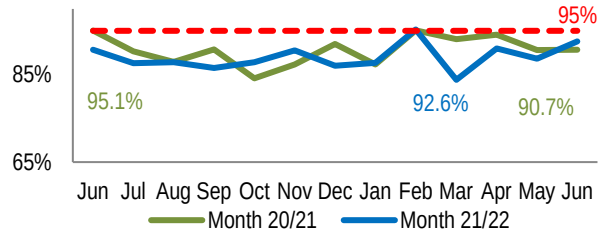
Breast Cancer within 2 weeks



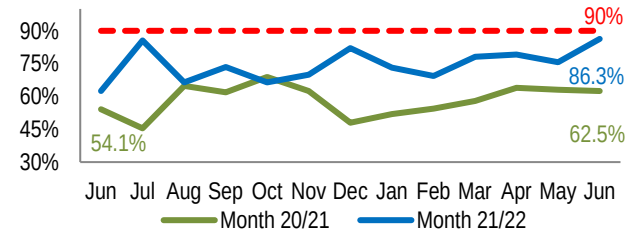
Non-urgent breast within 12 weeks



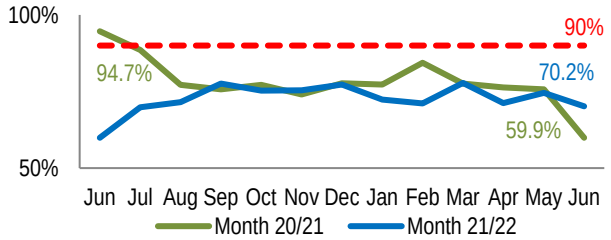
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



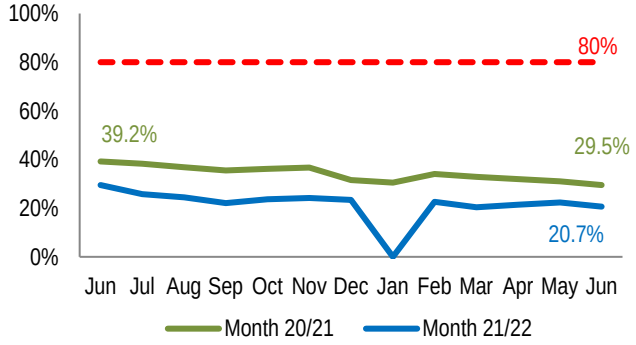
Radiotherapy within 15 working days



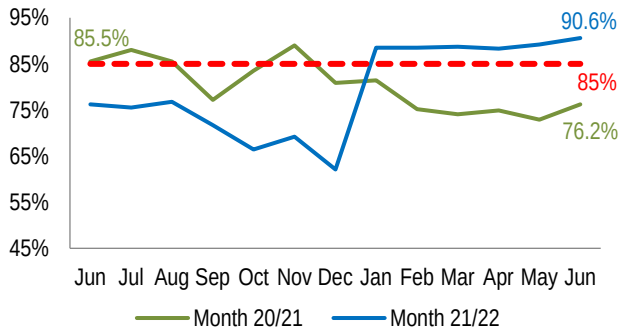
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	●	**21.6%**	31.6%	-10%	21.4%	22.3%	20.7%	Rotunda (68%), CHI (67.5%), NMH (52.8%)	CUH (3.9%), Mercy (5.5%), SUH (5.7%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	●	**89%**	75.8%	13.2%	88.3%	89.2%	90.6%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	**92.5%**	96.4%	-3.9%	92.5%	93.5%	93.7%		

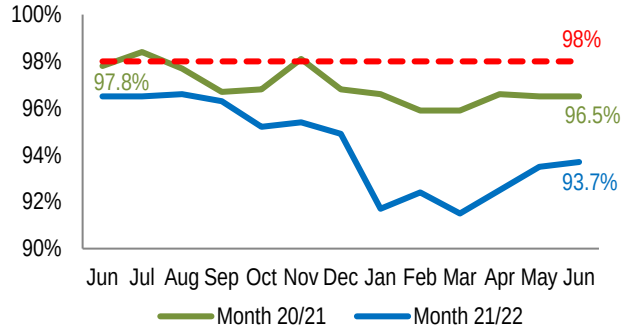
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



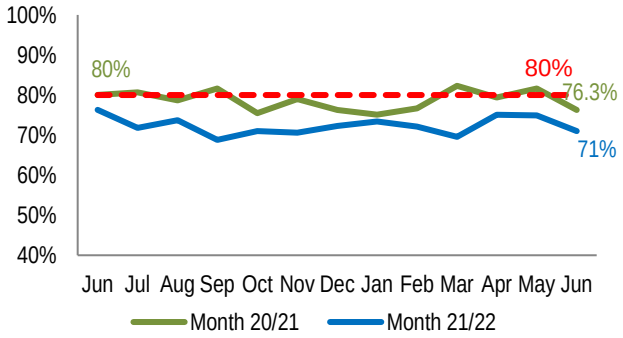
Delays Escalated - within 60 minutes



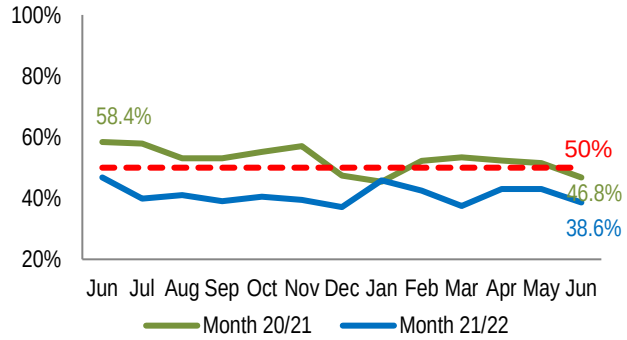
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Response Times – ECHO	80%	M		**72.6%**	78.5%	-5.9%	75.1%	74.9%	71%	North Leinster (80.9%)	South (55.9%), West (64.9%), Dublin Fire Brigade (74.8%)
Response Times – DELTA	50%	M		**41.7%**	50.2%	-8.5%	43%	43.0%	38.6%		Dublin Fire Brigade (30.2%), South(32.7%), North Leister (42.3%), West (46.7%)
Return of spontaneous circulation (ROSC)	40%	Q		**42.5%**	38.1%	4.4%	35.8%	38.5%	46.3%		

Response Times – ECHO



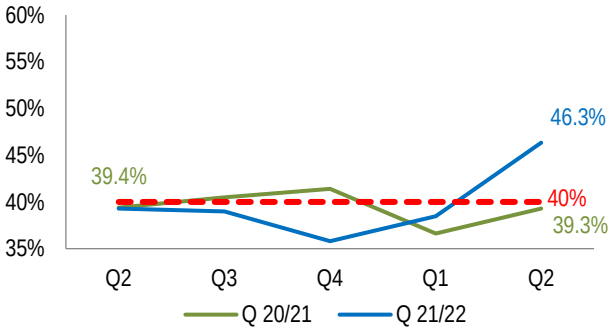
Response Times – DELTA



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

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	2,700	3,276	21.3%	2,681	595
DELTA	60,000	76,023	26.7%	54,638	21,385

Return of spontaneous circulation (ROSC)



Acute Hospital Services Update

Emergency Presentations

Year to date ED attendances are higher than 2019, 2020 and 2021. It is not possible to make a direct comparison with June 2021 due to the Cyber-Attack's impact on reporting by a number of hospitals.

- **All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for June 2022 was 137,577 and was 15.8% higher than pre-COVID levels in June 2019 (118,813).
- **Emergency Department attendances: The total number of ED** attendances for June 2022 was 121,271 and was 14.9% higher than pre-COVID levels in June 2019 (105,520).
- **Emergency Department admissions** for the month of June 2022, the total number of admissions was 30,182 which was 9.7% higher than June 2019 (27,517)

Patient Experience Time PET): 95.7% of all patients attending ED were seen within 24 hours in June 2022 which is below the NSP target of 97%. This compares with 97.9% in June 2021 (of the hospitals who were in a position to make a data return following the cyber-attack) and is lower than 96.7% in June 2019.

ED Patient Experience Time less than 24 hours for patients aged 75+ was 89.6% in June 2022, this is below the NSP target of 99.0%. This compares with 96.0% in June 2021 and is lower than June 2019 which was at 92.1%.

Delayed Transfers of Care (DTOC)

- There was 567 Delayed Transfers of Care at the end of June 2022 which is a decrease of 5.3% from the number of DTOCs in June 2019 (599). The number of DTOCs in June 2021 is not available.
- The 567 reported in June 2022 included 101 patients waiting to go home and 264 waiting on long term residential care. The DTOC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End June 2022
Home	101
Residential Care	264
Rehab	55
Complex Needs	36
Housing/Homeless	44
Legal complexity	35
Non compliance	10
COVID-19	22
Total	**567**

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

Please note May 2021 activity data may have been impacted by the cyber-attack on 13 May 2021, therefore comparisons with last year's activity should be treated with caution

Activity year to date has been significantly impacted by the surge in COVID cases (OMICRON). The number of hospitalised cases increased from January 2022 and hit a peak of 1,624 cases on 28 March 2022.

Inpatient Discharges

- There were 51,742 inpatient discharges in May 2022 which is an increase of 6.3% on the same period in 2021 and a decrease of 7.8% on Pre-COVID May 2019

Day Case Discharges (including dialysis)

- There were 94,945 Day Case discharges in May 2022 which is 22.9% higher than the number of discharges in May 2021. The number of patients seen in May 2022 is a decrease of 4.0% when compared with Pre-COVID May 2019.

Elective Inpatient Discharges*

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

- There were 6,859 elective inpatient discharges in May 2022 which is an 8.4% increase when compared with the same period in 2021 and a 16.6% decrease when compared with Pre-COVID May 2019.

- Following the Cyber-attack in May 2021, an agreement was made with the private hospitals (Safety Net Agreement). This arrangement with the private hospitals has offset the loss of elective work in the public system particularly in relation to elective work. Services at private hospitals for patient care were accessed in response to the loss of service associated with the Cyber-attack. This has included access to chemotherapy and radiotherapy services for urgent cases.

- The Safety Net arrangement with the private system was renewed in January 2022 and is currently active. The Safety Net arrangement facilitates access to services from the private system while addressing the backlogs associated with the Cyber-attack. Additionally, access to private diagnostics companies is provided to support the reduction in and the loss of radiology on acute sites.

Emergency Inpatient Discharges

- There were 37,276 emergency inpatient discharges in May 2022 which is a 7.8% increase on May 2021 and a decrease of 3.6% on Pre COVID May 2019.

Maternity Inpatient Discharges

- There were 7,411 maternity patient discharges in May 2022 which is an increase of 7.8% on May 2021 and a decrease of 3.6% on May 2019.

Outpatient Department Attendances

- The number of new and return outpatient attendances was 290,319 in June 2022 which was 12.9% higher than the corresponding period in 2019. A full dataset is not available for May 2021 due to the Cyber-Attack.
- YTD June 2022 (1,683,467) is 0.5% lower than the target of 1,691,456. A significant contributory factor to this decrease is attributed to the impact of the increase of COVID cases in the community, and the number of staff absences caused by COVID related leave.

Virtual Clinics

- Virtual engagement has become a key element of delivering outpatient care in a COVID environment with 36,188 patients being seen in June 2022 as reported by the BIU.

Elective Access

Context

The Acute Hospital system continued to be significantly impacted by Omicron. Staffing continued to be negatively affected and this had direct impact on scheduled care. In some instances staff were re-deployed to cover unscheduled care areas due to staff shortages. Ongoing ED pressures have also impacted access for scheduled care during this period

In addition to the beds that were occupied by patients with COVID, there was significant number of patients whose discharge is delayed and this impacted upon delivery of elective workload at a number of sites. Of the 567 patients whose discharge was delayed in May, 47.1% were waiting to be discharged to residential care. The COVID outbreaks in Nursing Homes since January has contributed to this delay

2022 Waiting List Action Plan

The 2022 Waiting List Action Plan has been finalised and was launched in February. This plan sets ambitious but achievable targets for waiting lists with a renewed focus on wait time as well as volume (Table 2).

Table 2

	OPD	IPDC	Scopes
Opening Waiting list as at 01/01/2022	617,448	75,463	27,145
Target for 31/12/2022	487,697	75,248	24,802
Change	-129,751	-215	-2,343
	-21%	0%	-9%

Source: 2022 Waiting List Action Plan

The Waiting List Action Plan focuses on four key areas:

- Delivering additional activity within the private and public systems
- Reforming Scheduled care by taking measures to resolve underlying barriers to the timely delivery of care
- Enabling Scheduled Care Reform
- Addressing Community Care Access and Waiting Lists.

The Minister of Health, in launching, identified a number of key caveats:

- That there are no major further surge events arising from COVID
- That there is no increase in referrals beyond planned levels as a result of the sustained impact of COVID

The DoH and HSE have established a robust framework to enable effective intervention where there is underperformance or unexpected events.

Waiting times June 2022

The National Service Plan (NSP 2022) waiting time targets are shown in Table 3 alongside the performance at the end of June 2022.

Table 3

WAITING LIST	NSP Target 2022	Compliance with target in June-22
Adult Inpatients	98% within 12 months	74.6%
Adult Day Case	98% within 12 months	84.2%
Children's Inpatient	98% within 12 months	67.2%
Children's Day Case	98% within 12 months	80.8%
Colonoscopy/OGD	65% within 13 weeks	51.2%
Colonoscopy/OGD	100% within 12 months	92.0%
Outpatient	98% within 18 months	78.9%

Source: HSE MDR June 2022

Numbers waiting June 2022

Inpatient and Day Case Waiting Lists

At the end of June 2022, the number of people waiting for an inpatient or day case appointment (IPDC) was 80,275 which represents an increase of 585 (-0.7%) on the previous month, May 2022. The number waiting at the end of June 2022 was 15.2% higher than the numbers waiting at the end of pre COVID June 2019. Data for June 2021 is not available due to the cyber-attack. June 2022 is higher than May 2021 by 4.9%.

The number waiting over 6 months peaked in August 2020 at 45,193. It has reduced by 14,387 (31.8%) to 30,806 at the end of June 2022.

Colonoscopy/OGD Waiting lists

The impact of COVID 19 has been significant in terms of the requirement to curtail routine elective work particularly during periods of surge. Unit closures/reductions in service, staff redeployment and leave because of COVID are further straining services.

At the end of June 2022, the number of people on the Colonoscopy/OGD waiting list was 27,170. This is a decrease of 4.3% on the number waiting at the end of the previous month May 2022. June 2022 is higher than pre- COVID June 2019 by 19.4%. June 2021 data is not available due to the cyber-attack. June 2022 is lower than May 2021 by 21.0%.

The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 9,128 (57.4%) to 6,764 at end of June 2022

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

- Increase the volume of referrals triaged by nurses to ensure patients are directed to the most appropriate intervention, or not added to the waiting list where clinically indicated.
- Use stool tests taken by patients at home (FIT tests), rather than a colonoscopy in order to diagnose certain diseases, discharge patients or safely defer patients to a later date.
- Use more capsule endoscopies (PillCam) as an alternative to colonoscopies.

- Publish de-anonymised (to hospital level, not individual clinician level) NQAIS Endoscopy data to further strengthen quality improvement and clinical governance in GI endoscopy.
- Delivery increased activity in public and private units to recover lost activity in 2020.
- Continue to support endoscopy units to achieve external accreditation.
- Harness NTPF support for clinical validation as well as funding additional day case scopes in the public and private sector.
- Support increased capital investment in endoscopy units

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was 623,903 at the end of June 2022 which is a decrease of 0.09% (541) since May 2022. The number waiting at the end of June 2022 shows an increase of 11.2% when compared with pre-COVID May 2019. June 2021 data is not available due to the cyber-attack. June 2022 is lower than May 2021 by 1.0%.

The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 85,417 (20.8%) to 326,035 at the end of June 2022.

The figures for June 2022 are inclusive of the numbers waiting for an appointment at the National Maternity Hospital, Holles St.

Waiting List Validation

As of the end of June 2022 the total number of patients validated in Acute Hospitals, for OPD and IPDC including scopes is 244,992. Of this total 46,870 (circa 19.1%) patients have been removed from the waiting list. Outpatient removals are 42,928 and IPDC including Scopes removals are 3,942 year to date.

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In June 2022, 263 invitations were issued of which 97.35% were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

Six of the nine Symptomatic Breast Cancer Sites were compliant with the target that 95% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals in June 2022:

- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- Mater Misericordiae University Hospital – 99.2%
- University Hospital Waterford – 98.6%
- St James's Hospital – 97.6%
- Letterkenny University Hospital – 95.8%

Three hospitals were below target of 10 days

- Galway University Hospital – 42.9%
- University Hospital Limerick – 41.7%
- Cork University Hospital – 26.7%

While it is acknowledged that hospitals faced extraordinary challenges during 2021, given the priority afforded to timely access to cancer care, improvement plans in relation to Cork University Hospital, Mater Misericordiae University Hospital, St James's Hospital and Galway University Hospital were sought and have been received. They are currently under review by Acute Operations and NCCP. Meetings will be scheduled with these hospitals and Group CEOs to ensure that there are plans to deliver sustained improvements.

Rapid Access Clinics for Lung Cancer Services

Six of the eight hospitals were compliant with the target that 95% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres in June 2022:

- Mater Misericordiae University Hospital – 100.0%
- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- St James' Hospital – 98.2%

- University Hospital Waterford – 97.1%
- Galway University Hospital – 95.1%

Two hospitals were below the target of 10 days:

- University Hospital Limerick – 77.2%
- Cork University Hospital – 69.2%

Rapid Access Clinic for Prostate Cancer Services

Seven of the eight hospitals were compliant with the target that 90% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres target in June 2022:

- St James' Hospital – 100.0%
- Mater Misericordiae University Hospital – 100.0%
- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Waterford – 100.0%
- University Hospital Limerick – 94.0%
- Galway University Hospital – 91.1%

One hospital was below target of 20 days:

- Cork University Hospital – 7.1%

The sustained improvements across most hospital sites in terms of rapid access for prostate cancer is acknowledged. NCCP and Acute Operations continue to oversee the performance across hospitals in this area. Improvement Plans have been sought from Galway UH and Cork UH and these are the subject of review by NCCP and Acute Operations. Meetings are being scheduled with these sites and the relevant Group CEOs in the coming weeks to ensure that there are plans in place to deliver sustained improvements.

Radiotherapy

The target is that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat target. In June 2022 compliance was as follows:

- Mid-Western Radiation Oncology Centre Limerick – 100.0%
- UPMC Waterford - 88.6%
- Galway University Hospital – 68.3%
- St Luke's Network (SLRON) – 66.3%
- Cork University Hospital – 57.9%

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

- A series of escalation meetings were held during 2018 and an improvement plan was agreed with the Group and SJH.
- Compliance with targets improved for a limited period, however following continued deterioration in performance during 2019, further escalation meetings were convened. St James's Hospital management attended the NPOG meeting in November 2019 and arising from that meeting, an action plan was agreed. The service remained non-compliant in 2020
- Following the appointment of General Physician to service in the latter half of 2020, an improvement in performance in early 2021 was noted.
- Following a period of sustained non-compliance from Quarter 2 2021, the Group was requested to provide, and they submitted an improvement plan. Following implementation of this plan, compliance with NSP targets has improved for a sustained period in 2022.
- In line with Performance and Accountability Framework it has been agreed to de-escalate this matter to Level 1.

Healthcare Associated Infections (HCAI)

The National Service Plan 2022 target is that the rate of new cases of hospital acquired *staphylococcus aureus (S.Aureus)* bloodstream infection is less than 8 per 10,000 beds used. In June 2022 the rate was 1.2, an increase from 0.9 in May

2022. There were 37 cases of hospital acquired *S. Aureus* bloodstream infections in June 2022.

The National Service Plan 2021 target is that the rate of new cases of hospital associated *Clostridium Difficile* infection is less than 2 per 10,000 beds used. The rate of *Clostridium Difficile* in hospitals in June 2022 was 2.2, an increase since May 2022 (rate of 2.0). 66 cases of *Clostridium Difficile* infection were reported by hospitals in June 2022.

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 64 new cases of *Carbapenemase Producing Enterobacteriaceae* (CPE) reported by hospitals in June 2022.

The HSE have an established governance structure and arrangements for Antimicrobial Resistance and Infection Control. This was reviewed and updated in April 2020 to further expand and reflect the extent to which COVID-19 had come to dominate this area of work.

National Ambulance Service

- Activity volume for AS1[6] and AS2[7] calls received this month has increased by 1,414 (32,161) calls (+5%) compared to the same month last year (June 2021 – 30,747)

- The daily average call rate for AS1 and AS2 calls received this month was 1,072 (30 days this month)

- ECHO calls increased by 17% (79) compared to the same month last year (June 2021)

- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 39% this month. -4% compared to last month i.e. May 2022

- Nationally there was a 17% (1,852) increase in DELTA call activity compared to the same month last year

- 84% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 85% in the previous month

- Ambulance Turnaround times at Emergency Departments' disimproved by 1% (30mins) and 3% (60mins) in June compared to May 2022. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery

    - 21% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 30% of vehicles being released within 30 minutes or less last year (June 2021)
    - 66% 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 81% of vehicles being released within 60 minutes or less last year (June 2021).

Human Resources

WTE Data for June 2022

The WTE for Acute Operations in June 2022 was 71,583, this was an increase of +14 WTE on May 2022, and represents an increase of 1,453 WTE since December 2021. The headcount in Acute Operations for June 2022 is 80,359.

[6] AS1 – 112/ 999 emergency and urgent calls
[7] AS2 - Urgent calls received from a general practitioner or other medical sources

Four of the six staff categories are showing growth this month. The greatest increase was seen in the General Support (+73 WTE) followed by Patient & Client Care (+33 WTE), Management & Admin (+25 WTE) and Nursing & Midwifery (+12 WTE). Conversely, Medical & Dental reduced by -29 WTE while Health & Social Care experienced a significant reduction of -99 WTE.

Four of the seven Hospital Groups are showing growth this month. The largest WTE increase is reported in SSWHG (+24 WTE), followed by ULHG (+12 WTE), DMHG (+4 WTE) and IEHG (+2 WTE). Meanwhile CHI reduced by -11 WTE, RCSIHG decreased by -9 WTE and Saolta reduced by -1 WTE.

Absence data for June

For Acute Services the absence rate is 7% of which 2% (28.8% of the total) is COVID-19 related.

General Support was the staff category with the highest total rate of absence at 9.33% while Medical & Dental had the lowest at 1.88%. Nursing and Midwifery reported the highest Covid-19 related absence, at 2.48% while Medical & Dental had the lowest COVID-19 related absence, at 0.65%.

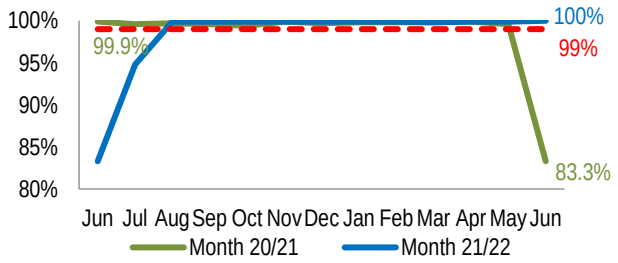
Of the Hospital Groups, ULHG had the highest total absence rate at 8.72% (of which 2.30% is COVID-19 related), while IEHG HG had the lowest total absence rate at 6.12% (of which 1.73% is COVID-19 related).

National Services

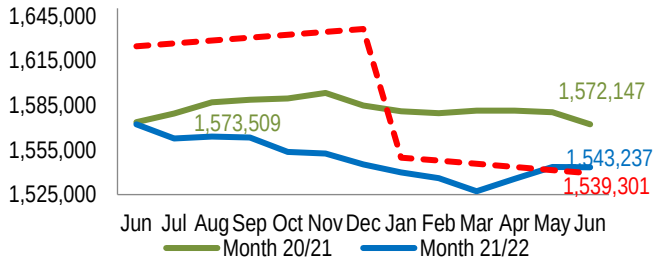
National Services

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%**	83.3%	+16.7%	99.9%	99.9%	100.0%
Number of persons covered by Medical Cards	1,539,301 YTD/ 1,539,348 FYT	M	●	**1,543,237**	1,572,147	-28,910	1,535,626	1,543,431	1,543,237
Number of persons covered by GP Visit Cards	571,794 YTD/ 617,960 FYT	M	●	**530,424**	525,135	+5,289	530,425	531,308	530,424
Number of initial tobacco sales to minors test purchase inspections carried out	0 YTD/ 384 FYT	Q		**73**	0	+73	0	0	73
Number of official food control planned, and planned surveillance inspections of food businesses	16,500 YTD/ 33,000 FYT	Q	●	**13,817**	9,234	+4,583	6,151	5,930	7,887

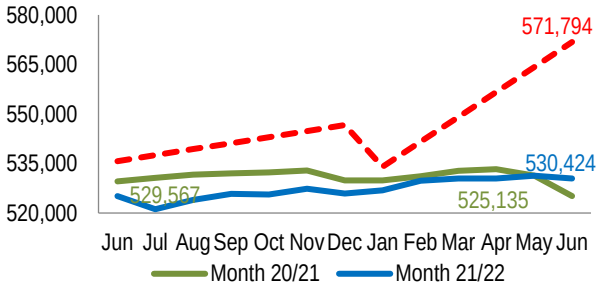
Medical card turnaround within 15 days



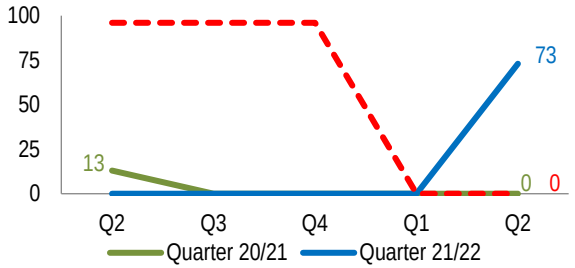
Number of persons covered by Medical Card



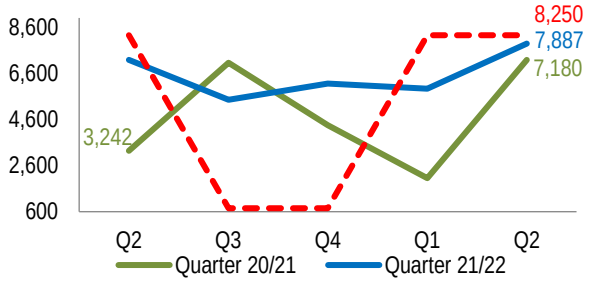
Number of persons covered by GP Visit cards



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 2022 was 1,543,237, a decrease of 194 on the previous month. The total number of persons with eligibility for a GP visit card on 30th June 2022 was 530,424, a decrease of 884 on the previous month. As at 30th June 2022, 2,073,661 or 40.5% of the population had medical card or GP visit card eligibility, an overall decrease of 1,078 on the previous month. (Population figures are based on the new CSO 2022 census figure of 5,123,536).

Compared to NSP projected figures to the end of June 2022, actual medical card eligibility figures are higher by approximately 10,000, largely due to new cards issued to those coming from Ukraine, while GP visit card eligibility figures are lower by approximately 40,000 than initially modelled. The expected uplift for all those aged 6 & 7 to gain free GP services is now expected to occur over the second half of the year. (Up to 80,000 additional cardholders were initially estimated over the course of the full year). The percentage of the population who have GMS eligibility is now just over 40% following the publication of new CSO population figures for 2022.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 13,817 Planned and Planned Surveillance Inspections were carried out by the end of Q2 2022. This represents a 16% shortfall of expected activity year to date.

Of those Planned and Planned Surveillance inspections that were carried out, 19% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q2. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. 97% of all complaints received by the EHS by the end of Q2 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q2, 1,144 drinking water samples were taken to assess compliance which is a 7% 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.

23 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed to the end of Q2 which is 15% ahead of expected activity year to date.

Sunbed establishments are inspected by the EHS to assess compliance with the Public Health (Sunbed) Act 2014. 87 Sunbed Premises received a planned inspection by the end of Q2. This is a shortfall of 28% of expected activity year to date

9 Test Purchases of Sunbed Premises were carried out in Q2. These are normally carried out during the summer months when minors are available.

10 Mystery Shopping inspections of Sunbed Premises were completed by the end of Q2. This represents a shortfall of 38% against the expected activity of 16 year to date.

99 Test purchases of cigarettes sales to minors were completed in Q2 of which 73 of these were an initial test purchase inspection of the premises. These inspections are normally carried out during the summer months when minors are available.

Emergency Management

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

HSE COVID-19 Response

HSE EM continues to support the HSE's response and management of COVID-19 both strategically and operationally. EM is working with the National Director of Test, Trace and Vaccinate providing input for the Covid-19 Emergency Plan. In particular EM are facilitating discussions across all state bodies through the GTF mechanisms. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs), and Interagency Working and Steering groups in coordinating support from other state agencies both locally and regionally.

Ukraine Humanitarian Response

EM is supporting the Ukrainian Humanitarian Oversight group, a strategic level group chaired by the CEO. EM is also represented on the HSE National Ukrainian Health Response Planning and Coordination Group. Regionally it is working with the Area Crisis management Teams and Interagency Working and Steering groups, in coordinating support from other state agencies both locally and regionally.

Regional Inter-Agency Response

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

SEVESO

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

HSE Severe Weather

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

Brexit

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

COVID-19 Excess Mortality

Local monitoring of mortality rates continue and any emerging system pressures that arise in the acute or community setting assessed. National EM staff continue to work collaboratively with the Acute Hospital division, Public Health staff and cross government and agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups continue to be situationally aware.

Crowd Events

Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act requirements. The event season has started and there is an increase in the number of events that would have occurred pre COVID 19. The regional offices are monitoring these events to ensure that there is no impact on health services locally.

High Consequence Infectious Disease (HCID) Planning

High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme in the form of a Steering Group, a Clinical Advisory Group and three work streams. HCID remains activated as part of the HPSC Incident Management Team in response to the Monkeypox outbreak.

Hospital Major Emergency Plans

Work continues on pilot test of the Hospital Major Emergency Plan (HMEP) activation procedure as per the HMEP template with NEOC and Hospitals continues.

Emergency Management training for NAS staff

A working group with EM and NAS West membership continues to progress a work programme for the delivery of EM training to NAS staff.

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

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

Mass Casualty Incident Framework

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

Government Task Force (GTF) on Emergency Planning

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

EU and North South Unit

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

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

Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Chair the HSE Steering Group meetings and engage on the HSE involvement with DoH Brexit Operations meetings.
- Update the HSE Brexit Lead as appropriate.
- Brexit Operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.

- Ongoing work on mapping of the list of SLA's and MOU's
- Ongoing discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.

Cross Border Work

- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA and MOU meetings including NWCC
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Discussions with DoH on future Peace Plus programme
- Support CAWT Strategy Groups in progressing PEACE PLUS Priorities
- Ongoing work with CAWT Governance sub-group
- Other North South work including Centre for Cross Border Studies, NIGEMS etc. on behalf of the HSE
- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meeting and engagement with DoH on this.
- Engagement with relevant HSE services to create awareness of open calls and joint actions and identify potential projects
- Ongoing engagement with D/Taoiseach and DoH on Shared Island Fund
- Discussions with DoH on mainstreaming of Interreg VA project

Cyber Attack

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

Covid-19

- The Unit is adhering to all up to date Public Health Guidance and from January 24th 2022 is facilitating a Phased return to Physical attendance in the workplace in line with service requirements of the Unit.'
- 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.
- Adherence with the Transitional Protocol: Good Practice Guidance for Continuing to Prevent the Spread of COVID-19 to ensure all necessary policies and procedures are fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.

Next Steps & Key Outcomes – 3rd Quarter 2022

- Adhere to the Transitional Protocol: Good Practice Guidance for Continuing to Prevent the Spread of COVID-19 and put in place all necessary policies and procedures to ensure the workplace is fully compliant with guidance issued by DPER dated 3rd February 2022 in respect of Guidance & FAQs for Public Service Employers during Covid-19 in relation to Working arrangements & Temporary assignments across the Public Service as well as the HSE HR Circular 018/2022 - Guidance and FAQs for Public Service Employers during COVID-19 in relation to working arrangements and temporary assignments across the Public Service dated 27 May 2022
- 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.
- Work with CAWT Management Board on Mainstreaming Planning of Interreg VA successful pilots
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.

- Chair HSE Brexit Steering Group meetings
- Prepare Brexit briefings and updates for A/Secretary General meetings as required
- As Brexit Workstream lead, prepare replies for PQ's, media queries
- Ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- In conjunction with HSE partners and the Management Board and Secretariat, work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.
- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Graduate Entry Medical School Stakeholder Advisory Board
- Engagement with DoH, HRB and HSE on the EU4health funding programme
- Engagement with Department of the Taoiseach on Shared Island initiative. Support ongoing collaboration with DoH and HSE colleagues in identifying appropriate strategic healthcare projects for consideration under Shared Island.
- Continue to work closely with HSE Comms/ Health Matters to promote the work of the Unit, as well as EU Funded Projects and Programmes
- Participation in CAWT Integrated Care Strategy Group
- Participation in North South eHealth Steering Group
- Participation in EU4health Liaison Group
- Participation in CAWT Acute Strategy Group
- Participation in monthly meetings with DoH International Unit on the strategy for overall North South health co-operation.

National Screening Service

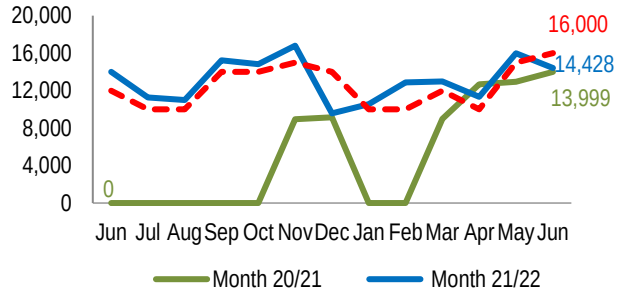
National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	**Breastcheck**							
	% BreastCheck screening uptake rate	Q-1Q	70%	83.2% [G]	18.8%	81.3%	58.4%	83.2%
Access and Integration	**CervicalCheck**							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	155,400	130,178 [R]	-16.2%	18,871	20,911	19,799

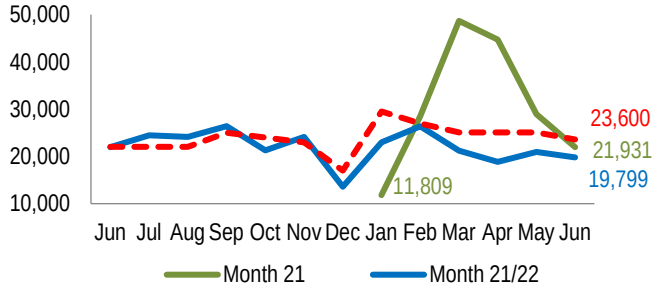
Note: Due to a 3 week process involved, the current month's provisional data and last month's actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	73,000 YTD/ 150,000 FYT	M	●	**78,158**	48,608	+29,550	11,322	15,975	14,428
BreastCheck - % screening uptake rate	70%	Q-1Q	●	**83.2%**	52%	+31.2%	81.3%	58.4%	83.2%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	155,400 YTD/ 295,000 FYT	M	●	**130,178**	184,557	-54,379	18,871	20,911	19,799
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period (New KPI)	80%	Q-1Q	●	**72.8%**	72%	+0.8%	72.8%	73%	72.8%
BowelScreen - number of clients who completed a satisfactory FIT test	74,000 YTD/ 140,000 FYT	M	●	**53,731**	50,303	+3,428	7,817	11,627	10,517
Bowelscreen - % client uptake rate	42% YTD/ 45% FYT	Q-1Q	●	**39.8%**	64.4%	-24.6%	44.5%	41.7%	39.8%
Diabetic RetinaScreen - number of clients screened	55,300 YTD/ 111,000 FYT	M	●	**52,594**	50,968	+1,626	8,410	9,659	10,335
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	●	**58.7%**	55%	+3.7%	52.6%	64.4%	58.7%

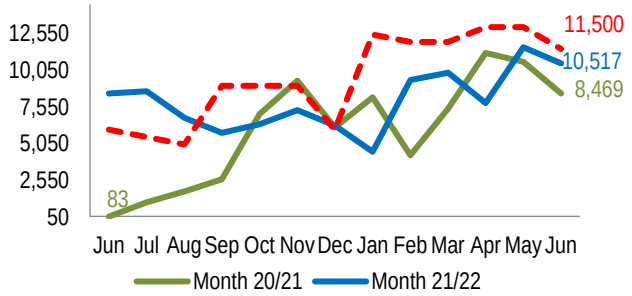
BreastCheck-number who had a mammogram



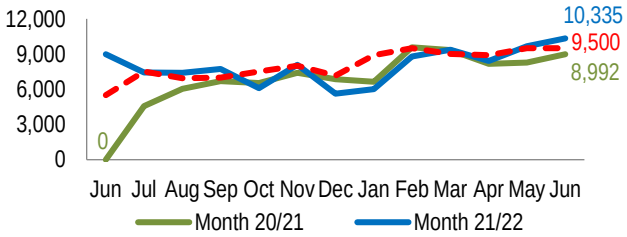
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period June 2022 was 14,428 against a target of 16,000 which is below the target by 1,572 (9.8%).

- The number of women who had a complete mammogram year to date (Jan-Jun 2022) was 78,158 against a target of 73,000 which is above the target by 5,158 (7.1%).

- Uptake in Q1 2022 was 83.2% (Target 70%)

- In Q1 2022, 90.2% (Target 90%) of women were offered an assessment appointment within 2 weeks of notification of an abnormal mammogram result.

COVID staff ill health impacting service delivery and numbers of women screened. This COVID surge has impacted service user attendance in this month also.

The Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment up take during the pandemic.

The shortage of Radiology Consultants within BreastCheck is affecting the programme's ability to recover from the impacts of COVID-19 to the BreastCheck service. Recruitment is underway, however this is unlikely to change in the short-term.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period June 2022 notified to report date was 19,799 which was below the published target of 23,600 by 3,801 (16.1%).

- The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-Jun 2022) was 130,178 which is below the target of 155,400 by 25,222 (16.2%).

- A predictive modelling exercise is completed annually to estimate the number of women due to attend for screening based on previous attendance. Predictive modelling for 2022 was challenging following the introduction of a new screening model, COVID-19, the high uptake in 2021 and the legacy out-of-cycle screening tests in 2018. The programme forecast was reviewed in May based on improved data modelling. It became clear that the activity forecast had been overestimated.. The updated forecast for 2022 shows that the screening uptake is within 6% of predicted activity for year to date.

- % of clients who were issued results within 4 weeks in Q2 was 96.6% (Target 90%).

- Programme coverage at the end of Mar 2022 was 72.8% (25 – 65 year olds)

- Programme coverage at the end of Mar 2022 was 78.1% (25 – 60 year olds)

The programme is now stable and is operating within standard performance measures having recovered from the implications of the pandemic restrictions and 2021 cyber-attack. The vast majority of women are receiving their results within 4 weeks from screening test and in many cases as early as 2 weeks (depending on HPV detected or not).

The cytology screening lab at the Coombe Hospital remain unable to accept screening samples at the moment so all samples are being processed by Quest. It is not expected that the Coombe lab will be in a position to resume testing in the short-term.

CervicalCheck continues to advise those seeking to book appointments, that they may not be able to do as soon as they receive their invite letter, as it may take a couple of weeks to get an appointment with their GP. CervicalCheck continues to promote screening uptake across multiple platforms and to target specific populations where uptake is lower.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (June 2022) was 10,517 which is below the target of 11,500 by 983 (8.5%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Jun 2022) was 53,731 which is below the target of 74,000 by 20,269 (27.4%).

- Uptake in Q1 2022 was 39.8% (Target 42%)

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was inside the ≥90% target at 92.2% within 20 working days in June 2022. Eleven of the fifeen contracted colonoscopy centres which were offering colonoscopies in June 2022 met the expected KPI of 90% within 20 days.

Living with COVID–19

BowelScreen continues to closely monitor colonoscopy capacity; invitations to participate are issued based on maximising available capacity.

MLSA Industrial Action

Medical Laboratory Scientist Association (MLSA) industrial action took place on 18th & 24th May with the impact of colonoscopy cancellations extending well into June. In particular this has resulted in a build-up of surveillance patients within the system. This coupled with January's COVID wave has impacted on Q1 & Q2 capacity; staffing shortages are also being reported from participating endoscopy units with anticipated heightening of shortages during the summer months. All of which continues to have an impact on the available capacity as we return to pre COVID activity levels.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period June 2022 was 10,335 which is above the target of 9,500 by 835 clients (8.8%).

- The number of diabetics screened with a final grading result year to date (Jan-Jun 2022) was 52,594 which was below the target of 55,300 by 2,706 (4.9%).

- Uptake in Q1 2022 was 58.7% (Target 69%)

- Percentage of Clients who received results within 3 weeks in Q2 was 98.2% (Target 90%)

The programme continues to invite participants for screening. There are a number of barriers impacting on the screening of clients i.e. the physical distancing measures present the most significant barriers and impact on the throughput to screening. There will be a number of Saturday clinics over the coming months to support the backlog of patients awaiting a screening appointment.

The programme continues to have a number of challenges with patients referred to treatment clinics; however, the majority of treatment clinics are treating higher numbers of urgent and routine cases. All the urgent referrals are being seen within the KPI timeline. The backlog is continuing to reduce.

Finance

Introduction

Over the last two years, we have had to adapt our entire health system to serve the needs of patients falling ill; many seriously ill, from COVID-19, and we had to find a way to safeguard core services, for people in need of both emergency and urgent planned care. Not only have existing services been significantly impacted, but new services have had to be rapidly developed and deployed. COVID-19 has materially and perhaps permanently changed the way that the HSE provides healthcare. We will continue to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care.

In 2022, as we move from pandemic management towards living with COVID-19 as one of many endemic diseases, it will be essential that we continue with a measured and proportionate response.

The National Service Plan (NSP) was published on 01 March 2022 outlining the health and social care services that will be provided within the 2022 allocated revenue budget of €20.683bn, which focuses on the delivery and improvement of healthcare services while continuing to manage within a COVID-19 environment.

€697.0m of this funding has been provided on a once off basis to fund COVID-19 responses:

- €497m to cover COVID-19 responses, including but not limited to, vaccination, testing and tracing, personal protective equipment (PPE) and Hospital and Community COVID-19 Responses.
- €200m to cover acute and community scheduled care access (waiting lists and waiting times) including use of public and private hospitals.

There has been a significant level of important COVID-19 responses which have been put in place across our Hospital and Community Services, based on public health and infection prevention and control guidance, which are significant in operational scale and cost.

Overall Finance Performance YTD June 2022

Table 1 Net Expenditure by Division – YTD June 2022

June 2022		YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Acute Operations	6,991.0	3,743.5	3,379.4	364.1	10.8%		186.2	177.9
Community Services	7,407.3	3,717.0	3,574.8	142.2	4.0%		151.5	(9.4)
Other Operations/Services	1,385.2	815.2	786.2	29.0	3.7%		113.5	(84.5)
Total Operational Service Areas	15,783.5	8,275.7	7,740.4	535.3	6.9%		451.3	84.0
Total Pensions & Demand Led Services	4,753.0	2,475.9	2,344.3	131.6	5.6%		66.1	65.4
Overall Total	**20,536.5**	**10,751.6**	**10,084.7**	**666.9**	**6.6%**		**517.4**	**149.5**

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

- In December 2021, Omicron, a fifth variant of concern which is significantly more contagious than the Delta variant was identified, which led to another surge in cases. Therefore, the first few months of this year, have been dominated by COVID-19 activity and expenditure, and its impact on staffing levels and services. Hospital admissions relating to COVID-19 peaked at 1,624 acute admissions on 28th March, in addition to exceptionally high infection rates circulating in the community. However, since April, COVID-19 has started to recede and the acute admissions have been declining and the infection rates have started to stabilise.

- The HSE's financial position at the end of June 2022 shows an overall YTD deficit of €666.9m, with a significant element of this being driven by the direct impacts of the 5th COVID-19 surge[8], as reflected in the deficit of €517.4m on COVID-19 related costs and a deficit of €149.5m on core related services. As the year progresses, it is also expected that our core (non COVID-19) activities will naturally increase and the impact of "delayed" care will also increase demand for core services.

- **COVID-19**: YTD costs of €1,043.4 against a budget of €526.0m leading to an adverse variance of €517.4m. Included in the COVID-19 costs of €1,043.4m, are the following:
    - **Testing & Tracing Programme costs of €314.5m.**
    - **COVID-19 Vaccination costs of €164.7m.**
    - **Private Hospitals costs of €85.8m.**
    - **Hospital and Community COVID-19 Responses of €478.4m:** These costs relate to the cost of public health measures put in place across hospital and community services as a COVID-19 response, based on public health and public health and infection prevention and control guidance.

[8] 5th wave confirmed on the 19th December 2021.

Acute Operations

Table 2 – Acute Operations June YTD

June 2022 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
RCSI Hospital Group	952.1	547.0	469.4	77.6	16.5%		37.2	40.4
Dublin-Midlands Hospital Group	1,120.0	619.9	540.7	79.2	14.6%		36.9	42.3
Ireland East Hospital Group	1,286.9	735.6	631.8	103.8	16.4%		56.2	47.7
South-South West Hospital Group	1,071.3	609.9	523.9	85.9	16.4%		44.3	41.6
Saolta University Health Care Group	978.1	560.9	480.1	80.8	16.8%		30.3	50.6
University of Limerick Hospital Group	438.3	245.1	213.1	31.9	15.0%		12.7	19.2
Children's Health Ireland	397.0	219.9	196.9	23.0	11.7%		6.0	17.0
Regional & National Services	352.7	19.9	133.9	(114.0)	-85.1%		(35.8)	(78.2)
Acute Hospital Care	**6,596.5**	**3,558.1**	**3,189.8**	**368.3**	**11.5%**		**187.7**	**180.6**
National Ambulance Service	202.6	99.5	97.6	1.9	1.9%		4.5	(2.7)
Private Hospitals	-	85.8	-	85.8			85.8	-
Access to Care	191.9	-	91.9	(91.9)	-100.0%		(91.9)	-
Acute Operations Total	**6,991.0**	**3,743.5**	**3,379.4**	**364.1**	**10.8%**		**186.2**	**177.9**

Acute operations incl. the National Ambulance Service, Private Hospitals & Access to Care has expenditure to date of €3,743.5m against a budget of €3,379.4m, leading to a deficit of €364.1m or 10.8%, of which €186.2m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €177.9m attributable to core service expenditure. The national ambulance service (NAS) has a year to date deficit of €1.9m, Private Hospitals has a year to date deficit of €85.8m and Access to Care has a surplus of (€91.9m). The performance by hospital group is illustrated in table 2 above.

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

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

The interruption to normal healthcare activity as a result of the 5th wave of COVID-19 resulted in reduced activity levels in the acute system. Scheduled care services have been particularly impacted resulting in longer waiting times and larger waiting lists. Hospital admissions relating to COVID-19 peaked at 1,624 acute admissions on 28th March. The impact of 'delayed care' is going to cause significant demand on the health system over the coming months.

Operational service pressures as a result of COVID-19 drove increased clinical non-pay costs, particularly drugs and laboratory costs. Other non-pay cost pressures included cleaning and maintenance, which are related to increased infection control and compliance requirements. Non-pay inflation is emerging as a cost driver across a range of non-pay categories, primarily energy costs. From an income perspective, and due to the impact of the pandemic on patient numbers, there has been a material reduction in receipts from private billing, as normal activity levels reduced in order to clear treatment pathways for COVID-19 patients.

During 2021, Service Level Agreements (SLA's) were signed with 18 private hospitals. These SLA's are activated by 'surge events', ensuring the continued provision of unscheduled, urgent and time critical care to core activity patients. Safety Net 4 (SN4), which is currently in place is to treat urgent unscheduled care in addition to addressing waiting lists over 12 months.

Community Operations

Table 3 – Community Operations June YTD

June 2022 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
Primary Care Division Total	1,494.9	771.6	708.2	63.4	9.0%		83.1	(19.7)
Mental Health Division	1,169.2	571.7	565.3	6.5	1.1%		7.9	(1.5)
Older Persons Services	1,272.9	624.5	610.0	14.5	2.4%		11.0	3.5
Nursing Home Support Scheme	1,048.8	508.9	503.5	5.4	1.1%		23.4	(17.9)
Older Persons Services Division Total	2,321.8	1,133.4	1,113.5	19.9	1.8%		34.4	(14.5)
Disability Services	2,344.0	1,202.1	1,152.0	50.0	4.3%		24.1	25.9
Health & Wellbeing Community Division	31.3	13.4	14.8	(1.4)	-9.6%		0.9	(2.3)
Quality & Patient Safety Community Division	19.7	8.1	8.1	0.0	0.2%		0.1	(0.1)
CHO HQs & Community Services	26.4	16.7	13.0	3.8	29.0%		1.0	2.7
Community Total	**7,407.3**	**3,717.0**	**3,574.8**	**142.2**	**4.0%**		**151.5**	**(9.4)**

Community services has year to date expenditure of €3,717.0m against a budget of €3,574.8m, leading to a deficit of €142.2m or 4.0%, of which a €151.5m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€9.4m) attributable to core service expenditure. The performance by care area is illustrated in table 3 above.

Community healthcare spans primary care services, social inclusion services, older persons' and palliative care services, disability services and mental health services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by GPs, public health nurses and HSCPs through primary care teams and CHNs. Community healthcare services are currently delivered through nine CHOs and are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. These services are delivered to people in local communities as close as possible to their homes.

Primary Care Services

Core operational services within primary care, social inclusion and palliative care (excluding demand led local schemes) has year to date expenditure of €771.6m against a budget of €708.2m leading to a deficit of €63.4m or 9.0%, of which €83.1m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting (€19.7m) attributable to core service expenditure.

Primary care delivers care and supports to people across the continuum of their lives, close to home, through a community-based approach and incorporates general practice and GP out of hours' services, in addition to a wide range of diagnostic, treatment and support services including dental, audiology, ophthalmology, child psychology and therapy services.

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. The opening of multiple primary cares centres over recent years, with 147 centres now in operation, have placed additional pressure on the primary care operational cost base. These facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care. These centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres.

Mental Health Services

Mental Health (MH) has year to date expenditure of €571.7m against a budget of €565.3m leading to a deficit of €6.5m or 1.1%, of which €7.9m deficit has been categorised as being directly attributable to COVID-19 expenditure and (€1.5m) surplus attributable to core service expenditure.

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

Mental Health have a number of financial challenges, namely an increasing level of high cost residential placements for patients whose needs cannot currently be met within the existing statutory services necessitating placements with voluntary or private providers in Ireland or areas of specialist expertise in the UK. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients and capacity constraints within the public system.

Older Persons Services

Older person's services, including NHSS, has year to date expenditure of €1,133.4m against a budget of €1,113.5m leading to a deficit of €19.9m or 1.8%, of which €34.4m deficit has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€14.5m) attributable to core service expenditure.

Older person's services provide a wide range of services including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible (Nursing Homes Support Scheme). These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers. This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

Disability Services

Disability Services has year-end expenditure of €1,202.1m against a budget of €1,152.0m, leading to a year to date deficit of €50.0m or 4.3%, of which €24.1m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €25.9m attributable to core service expenditure.

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

Other Operational Services

Table 4 – Other Operational Services – June YTD

June 2022		YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Chief Clinical Office	122.3	38.7	41.9	(3.2)	-7.7%		0.0	(3.3)
National Screening Service	101.9	40.7	41.8	(1.1)	-2.7%		0.0	(1.1)
Health & Wellbeing Division	245.1	114.5	163.3	(48.8)	-29.9%		(46.5)	(2.3)
National Services	61.3	27.6	28.7	(1.0)	-3.7%		0.0	(1.1)
Testing & Tracing	157.4	236.6	157.4	79.2	50.3%		79.2	-
Support Services	697.3	357.1	353.1	4.0	1.1%		80.8	(76.7)
Other Operations/Services	**1,385.2**	**815.2**	**786.2**	**29.0**	**3.7%**		**113.5**	**(84.5)**

Other Operational services has year to date expenditure of €815.2m against a budget of €786.2m, leading to a deficit of €29.0m or 3.7%, of which a €113.5m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€84.5m) attributable to core service expenditure. The performance by area is illustrated in table 4 above.

Chief Clinical Officer

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

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

These areas are managed across a number of divisions within the remit of the CCO including: clinical design and innovation (CDI), office of nursing & midwifery services (ONMSD), quality assurance & verification (QAV), quality improvement division (QID), national health and social care profession, national doctors training & planning (NDTP), national women & infants programme and the national cancer control programme (NCCP).

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

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

National Screening Service

National Screening Service (NSS) delivers four national population-based screening programmes to prevent cancer in the population (BreastCheck, CervicalCheck, Bowelscreen), and for detecting sight-threatening retinopathy in people with diabetes (Diabetic RetinaScreen). These programmes, working with patient, advocacy and wider stakeholder groups, aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Health and Wellbeing Services & Public Health

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

Our public health teams continue to play a major role in responding to the COVID-19. Public health supports end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting, which are delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This is undertaken in partnership with the HSE's testing and tracing programme.

Covid-19 Vaccination Programme

A key component of Ireland's national response to the COVID-19 pandemic has been the roll-out of a national vaccination programme, with key involvement from the National Immunisation Office and Health Protection Surveillance Centre. The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines and the core components of the service include establishment of vaccination locations, development of a new ICT infrastructure, development of effective partnership arrangements with GPs and pharmacists and the expansion of our trained vaccinator workforce. The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies providing the vaccines directly to patients on an age profile basis as determined by NIAC (National Immunisation Advisory Committee) and NPHET (National Public Health Emergency Team).

The success of the vaccination programme is evident in terms of reduced incidence of the disease, hospitalisations, and mortality. The programme is also working to ensure flexibility and preparedness for future COVID-19 vaccination programmes to adapt to NIAC recommendations (perhaps annually if needed) as well as general pandemic responsiveness.

In the year to date June 2022, the vaccination programme was delivered to complete the primary dose programme to 1.6m people (booster/primary doses) and to deliver the primary dose for children (aged 5-11 years old) which commenced in late December 2021 when approved by NIAC. By end of June 2022, over 95% of adults had completed a primary vaccination course. The COVID-19 Vaccination programme now continues to administer second booster doses to the relevant cohorts, as recommended by NIAC. From July, the 15 retained vaccination centres along with participating pharmacies nationally will continue to provide vaccination capacity for those choosing to take up their primary vaccine dose or their first or second booster.

National Services

National Services include the environmental health service, emergency management and the EU and North South unit.

Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing and the core components of the service include referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management). The Testing and Tracing function is also supported by acute & community services, including testing centres and hospital laboratory testing, GP consultations in PCRS and swabbing centres in the Primary Care CHOs.

Accurate and large-scale testing, coupled with a robust contact tracing system, has played a central role in the management of the COVID-19 pandemic. The continued leveraging of technology, such as online portals, will allow testing and tracing to continue to efficiently co-ordinate testing operations as needed in 2022.

Revised public health guidance was announced on 28th February which significantly reduced the PCR testing and antigen testing programmes that were in operation for January and February. Since March, community testing scaled back and the testing numbers have reduced, however, testing of the acute hospital workforce and patient cohort continues to be a driver of testing volumes. Over the coming months, Test and Trace will continue to transition from the mass testing model to a surveillance-led model with a GP clinical pathway, with testing centres being moved from mass sites to predominantly HSE sites.

Support Services

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

Pensions and Demand Led Services

Table 5 – Pensions and Demand Led Services June YTD

June 2022 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
Pensions	616.5	342.1	309.6	32.5	10.5%		-	32.5
State Claims Agency	435.0	230.8	217.5	13.3	6.1%		-	13.3
Primary Care Reimbursement Service	3,388.7	1,724.3	1,661.7	62.6	3.8%		64.0	(1.4)
Demand Led Local Schemes	273.6	151.5	135.9	15.6	11.5%		2.1	13.5
Treatment Abroad and Cross Border Directive	28.6	21.8	14.3	7.5	52.7%		(0.0)	7.5
EHIC (European Health Insurance Card)	10.6	5.2	5.3	(0.0)	-0.4%		-	(0.0)
Pensions & Demand Led Services Total	**4,753.0**	**2,475.9**	**2,344.3**	**131.6**	**5.6%**		**66.1**	**65.4**

Pensions and Demand Led Services has year to date expenditure of €2,475.9m against a budget of €2,344.3m, leading to a deficit of €131.6m or 5.6%, of which a €66.1m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €65.4m attributable to core service expenditure. The performance by area is illustrated in table 5 above.

Expenditure in demand led areas such as Pensions, State Claims Agency, Primary Care Reimbursement Service and Treatment Abroad and Cross Border Directive is driven primarily by eligibility, legislation, policy, demographic and economic factors. Accordingly, it is not amenable to normal management controls in terms of seeking to limit costs to a specific budget limit given the statutory and policy basis for the various schemes. In some cases, it can also be difficult to predict with accuracy in any given year and can vary from plan depending on a number of factors outside of the health services direct control.

Pensions

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

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 2022 budget for this reimbursement of €435m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

Primary Care Reimbursement Scheme

The Primary Care Reimbursement Service (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 and direction provided by the DoH. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications.

In response to the COVID-19 pandemic, significant COVID-19 related costs have occurred in PCRS, including costs in respect of the GP support package (primarily for respiratory clinics, COVID-19 telephone consultations, Non COVID-19 remote telephone consultation, increased out of hours), card eligibility extension costs and delivering vaccinations through GPs and community pharmacists.

Demand Led Local Schemes

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

Treatment Abroad & Cross Border Healthcare

The treatment abroad scheme provides for the referral of patients to another EU/EEA country or Switzerland for a treatment that is not available in Ireland. The cross border directive entitles persons ordinarily resident in Ireland who have an appropriate referral for public healthcare to opt to avail of that healthcare in another EU/EEA country or Switzerland. These schemes relate to the provision of clinically urgent care and treatment abroad. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

European Health Insurance Card (EHIC)

The EHIC is used for instances where you are travelling to another EU State. If you fall ill or injured during such a trip your EHIC will cover any necessary care you might need. Again, due to the demand led nature of these schemes it is difficult to predict expenditure accurately.

Conclusion

The National Service Plan (NSP) was published on 01 March 2022 outlining the health and social care services that will be provided within the 2022 allocated budget of €20.683bn, which focuses on the delivery and improvement of healthcare services while continuing to manage within a COVID-19 environment. This represents an increase of core funding of €1.037bn and once off COVID-19 funding of €697.0m. A total of €1.4bn of core new measures funding has been included in the 2022 budget, of which €1.1bn was made available in 2021 and an additional €0.3bn in 2022, which will provide increased capacity in the health system and will support the delivery of Sláintecare.

The total capital budget for 2022 is €1.045bn, which includes core funding of €130.0m and once off COVID-19 funding of €50.0m. The focus for 2022 is not just on new builds but on upgrading existing infrastructure to bring our estate up to modern standards. From an ICT perspective we will significantly enhance our e-Health capability, consolidating the digital enhancements we have made during the pandemic to support GPs to communicate more effectively with hospitals and the community in relation to patient care. Robust cyber security is also a top priority, and we will significantly upgrade our foundational infrastructure and cyber technology to safeguard our systems to the greatest extent possible against future attacks.

In 2022, we will be taking forward a range of programmes and initiatives central to Sláintecare. The Sláintecare Report 2017 also included a commitment to HSE regionalisation. During 2022, working with the DoH, the HSE will work to design and develop the specification of RHAs, including completion of a comprehensive implementation plan, clarity on corporate and clinical governance, and commencement of the transition phase to the new arrangements.

We will focus on addressing waiting lists and waiting list times in both the acute services and in the community, women's health and driving improvements in mental health and disability services, reduce our dependence on the current hospital-centric model of care, and focus on reforms of home support and residential care in older persons' services.

While COVID-19 remains a major challenge for our staff, patients, service users and vulnerable groups we will continue to work across the organisation to maximise the delivery of high-quality health and social care services as we transition from a pandemic to an endemic scenario. Simultaneously, we will continue to deliver reforms and improvements to support the permanent strengthening of the health services, based on the recommendations of the Sláintecare report.

As we enter the third financial year to be impacted by COVID-19, the ongoing uncertainty has contributed to a significant level of complexity and challenge in terms of managing ongoing financial issues and risks, which we will continue to address in so far as practicable during 2022. These financial issues and risks are identified in the Financial Management Framework chapter of the NSP2022.

Notwithstanding, the HSE is fully aware of, and committed to, its obligation to managing its resources to protect and promote the health and well-being of people in Ireland.

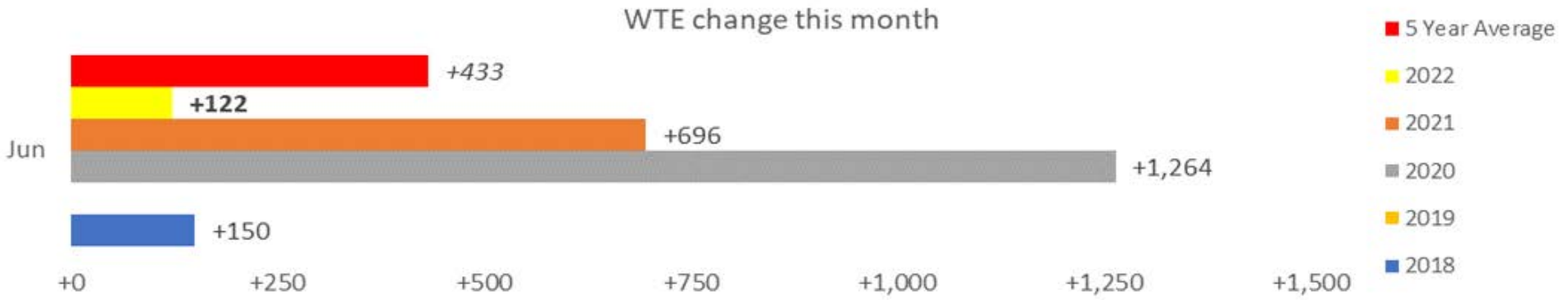
Human Resources

Health Sector Workforce

Headlines

Employment levels at the end of June 2022, show there were 134,833 WTE (equating to 154,217 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change is ***+122 WTE*** *this month* (headcount +639), with YTD employment levels continuing to show strong growth at +2,510 WTE.



- The overall increase since December 2019 now stands at **+ 15,016 WTE** (+12.5%).The staff category with the greatest WTE increase is Nursing & Midwifery at **+4,340 WTE**, with biggest group *Staff Nurses & Midwives* also reporting the greatest WTE increase at **+2,166 WTE**. The staff category with the greatest percentage increase is Management & Administrative +18.0% (+3,398 WTE).

Resourcing Strategy June: 2022

Under the HSE resourcing strategy, the HSE has set a minimum net additional staff target of 5,500 WTE for 2022. This month's increase of **+122 WTE** shows a performance lag variance of **-795 WTE** at June (up from **-465 WTE** at the end of last month). While there are a number of factors contributing to this lower than expected growth, as noted in last month's commentary, there are two key considerations for this month's reported growth as follows:

- The impact of the industrial action by medical scientists, that has contributed to a reduction of **-62 WTE**. This however is **not a true reduction** in WTE, but rather a temporary one, and therefore, to more accurately reflect growth, is an adjusted WTE growth of **+184 WTE**.
- Further, while WTE growth is +122 WTE (+184 WTE adjusted growth) there is a substantial increase noted in headcount of **+639**. This is usually attributable to new starters commencing later in the month, and therefore the WTE value is impacted by the hours worked in that month (ie less than 1 WTE) and versus a full headcount report. This, ***depending on July outturn***, may signal a potentially positive outturn for next month's growth, beyond the projected target for July.

Key findings by Staff Category & Staff Group

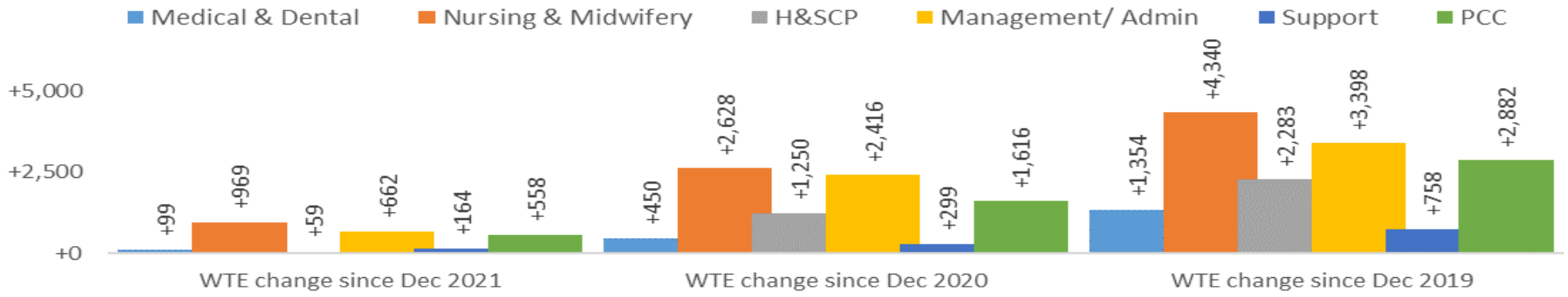
- Patient & Client Care are reporting the largest increase at **+147 WTE** with the Health Care Assistant staff group up by **+88 WTE** followed by Care, other **+44 WTE** and Home Help **+22 WTE**.
- General Support are reporting the second highest increase of **+76 WTE**. Support **+76 WTE**.
- Management/ Admin staffing are reporting an increase of **+22 WTE.** Administrative/ Supervisory (V to VII) **+53 WTE**. Management (VIII & above) reporting **+17 WTE** with Clerical (III & IV) staff group decreasing by **-48 WTE.**
- Nursing & Midwifery are reporting a decrease of **-23 WTE**. The Nurse/ Midwife Specialist & AN/MP staff group are reporting the largest increase in this category **+18 WTE** with Nurse/ Midwife Manager reporting **+16 WTE** followed by Staff Nurse/ Staff Midwife which are reporting **+3 WTE**. The Nursing/ Midwifery Student is reporting the highest decrease of **-50 WTE**. This is largely attributable to Nursing/ Midwifery awaiting registration reporting a decrease of **-25 WTE** and Post-registration Nurse/Midwife Student **-25 WTE**
- Medical/ Dental staff category also reported a decrease of -25 WTE. Medical/ Dental, other however increased by **+7 WTE**. Consultants have decreased by **-1 WTE** followed by SHO/Interns **-11 WTE** and Registrars **-20 WTE.**
- The Health & Social Care Professionals staff category also reported a decrease of **-73 WTE.** This however is impacted by the reduction in medical scientist due to industrial action as noted above, with a reported reduction in the Health Science/Diagnostic staff group of **-77 WTE**, of which -62 WTE are Medical Scientist. The Social Care staff group are reporting an increase of **+20 WTE** followed by H&SC Other staff group **+3 WTE**. There are also small decreases seen in the Pharmacy, Psychologist, Social Workers and Therapy Professions staff groups.
- Of further note, these figures however, exclude non-direct Covid related employees such as externally contracted Contact Management Programme contact tracers and vaccination staff.

Further details are shown in the charts & tables below:

By Staff Group: June 2022

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE May 2022	WTE Jun 2022	WTE change since May 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Total Health Service	**119,817**	**126,174**	**132,323**	**134,711**	**134,833**	**+122**	**+2,510**	**+8,659**	**+15,016**	***+12.5%***
Medical & Dental	**10,857**	**11,762**	**12,113**	**12,237**	**12,212**	**-25**	**+99**	**+450**	**+1,354**	***+12.5%***
Consultants	3,250	3,458	3,608	3,671	**3,670**	**-1**	+62	+212	+420	*+12.9%*
Registrars	3,679	3,876	4,104	4,171	**4,151**	**-20**	+47	+275	+472	*+12.8%*
SHO/ Interns	3,116	3,594	3,587	3,592	**3,581**	**-11**	-6	-14	+465	*+14.9%*
Medical/ Dental, other	812	833	814	803	**810**	**+7**	-4	-24	-2	*-0.3%*
Nursing & Midwifery	**38,205**	**39,917**	**41,576**	**42,568**	**42,545**	**-23**	**+969**	**+2,628**	**+4,340**	***+11.4%***
Nurse/ Midwife Manager	7,984	8,344	8,852	9,063	**9,079**	**+16**	+227	+735	+1,095	*+13.7%*
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,481	2,647	**2,665**	**+18**	+184	+366	+669	*+33.5%*
Staff Nurse/ Staff Midwife	25,693	26,763	27,850	27,856	**27,859**	**+3**	+9	+1,096	+2,166	*+8.4%*
Public Health Nurse	1,537	1,557	1,523	1,481	**1,472**	**-9**	-51	-85	-65	*-4.2%*

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE May 2022	WTE Jun 2022	WTE change since May 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Nursing/ Midwifery Student	644	592	526	1,200	**1,150**	**-50**	+623	+558	+505	*+78.5%*
Nursing/ Midwifery other	350	362	344	322	**320**	**-1**	-24	-42	-30	*-8.5%*
Health & Social Care Professionals	**16,774**	**17,807**	**18,999**	**19,131**	**19,057**	**-73**	**+59**	**+1,250**	**+2,283**	***+13.6%***
Therapy Professions	5,234	5,565	5,947	6,114	**6,108**	**-6**	+162	+543	+874	*+16.7%*
Health Science/ Diagnostics	4,500	4,731	4,918	4,919	**4,841**	**-77**	-77	+111	+341	*+7.6%*
Social Care	2,710	2,909	3,127	3,084	**3,103**	**+20**	-24	+195	+393	*+14.5%*
Social Workers	1,165	1,238	1,296	1,338	**1,333**	**-5**	+37	+95	+168	*+14.5%*
Psychologists	1,004	1,066	1,095	1,110	**1,105**	**-5**	+10	+39	+101	*+10.1%*
Pharmacy	1,038	1,164	1,292	1,300	**1,297**	**-3**	+6	+134	+259	*+25.0%*
H&SC, Other	1,123	1,134	1,324	1,265	**1,268**	**+3**	-55	+134	+146	*+13.0%*
Management & Administrative	**18,846**	**19,829**	**21,583**	**22,222**	**22,244**	**+22**	**+662**	**+2,416**	**+3,398**	***+18.0%***
Management (VIII & above)	1,842	1,969	2,216	2,353	**2,369**	**+17**	+153	+400	+527	*+28.6%*
Administrative/ Supervisory (V to VII)	5,199	5,821	6,705	7,135	**7,188**	**+53**	+483	+1,367	+1,989	*+38.3%*
Clerical (III & IV)	11,805	12,038	12,661	12,735	**12,687**	**-48**	+26	+649	+882	*+7.5%*
General Support	**9,416**	**9,876**	**10,010**	**10,099**	**10,174**	**+76**	**+164**	**+299**	**+758**	***+8.1%***
Support	8,234	8,676	8,813	8,918	**8,994**	**+76**	+181	+318	+760	*+9.2%*
Maintenance/ Technical	1,182	1,200	1,197	1,180	**1,180**	**-0**	-17	-20	-2	*-0.2%*
Patient & Client Care	**25,719**	**26,985**	**28,042**	**28,453**	**28,600**	**+147**	**+558**	**+1,616**	**+2,882**	***+11.2%***
Health Care Assistants	17,396	18,554	19,326	19,574	**19,661**	**+88**	+335	+1,108	+2,265	*+13.0%*
Home Help	3,569	3,543	3,546	3,628	**3,650**	**+22**	+105	+107	+81	*+2.3%*
Ambulance Staff	1,828	1,877	1,936	1,907	**1,900**	**-7**	-35	+23	+72	*+4.0%*
Care, other	2,925	3,011	3,234	3,345	**3,388**	**+44**	+154	+378	+463	*+15.8%*

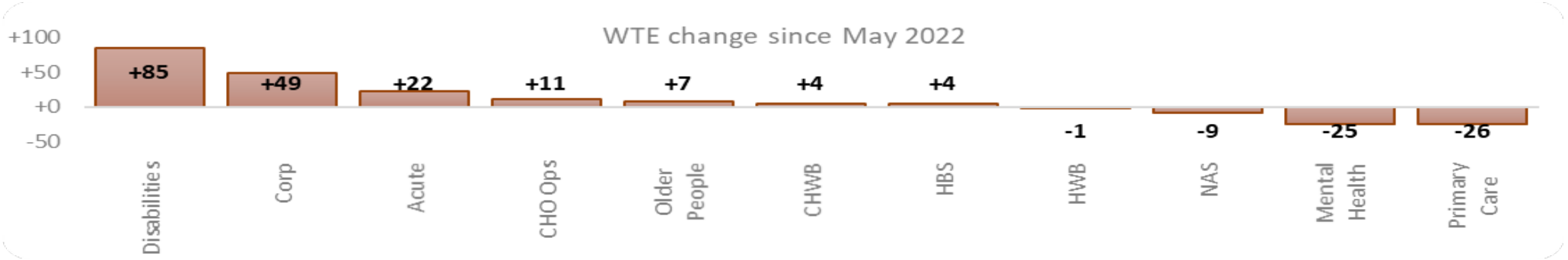


Key findings Operations:

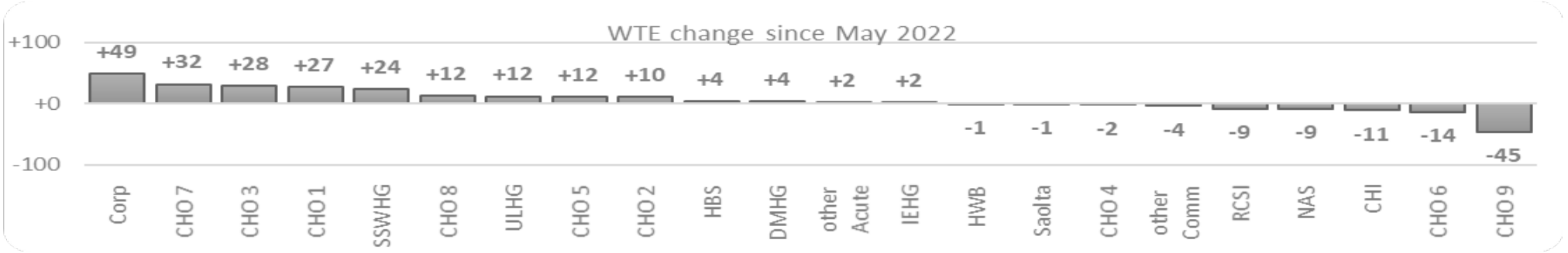
- Overall in this period **Acute Services** is showing an increase of **+14 WTE**, **Community Services** are showing an increase of **+ 57 WTE** and **Health & Well-being, Corporate & National** are showing an increase of **+52 WTE.**

At Care Group level, Disabilities were up **+85 WTE** followed by Corporate at **+49 WTE**. Acute Hospital **+22 WTE**, Community Operations **+11 WTE**, Older People **+7 WTE**, Community Health & Wellbeing **+4 WTE** and Health Business Service **+4 WTE**. Primary Care **(-26 WTE)** Mental Health **(-25 WTE)** and Ambulance Services **(-9 WTE)** are all reporting decreases this month.

Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disabilities	Older People	Comm Ops	Community Services	H&WB, Corp. & Nat Services
Jun-22	**134,833**	**+122**	**-9**	**+22**	***+14***	**+4**	**-25**	**-26**	**+85**	**+7**	**+11**	**+57**	**+52**
May-22	**134,711**	**+138**	+5	+161	***+165***	+12	-23	-11	-29	-15	+19	**-47**	**+20**
Apr-22	**134,573**	**+472**	-10	+209	***+199***	+60	+5	-195	+1	+102	+271	**+243**	**+30**
Mar-22	**134,101**	**+613**	+2	+389	***+391***	-21	+20	-41	+53	+1	+163	**+173**	**+48**
Feb-22	**133,488**	**+519**	-9	+414	***+405***	+31	+83	+95	-61	-48		**+100**	**+15**
Jan-22	**132,969**	**+645**	-11	+290	***+279***	+11	+38	+208	+39	+39		**+336**	**+30**
Dec-21	**132,323**	**+1,059**	+3	+507	***+510***	+11	+73	+187	+116	+84		**+471**	**+77**
Nov-21	**131,265**	**+138**	-19	+226	***+206***	-4	-63	+7	+57	-23		**-25**	**-43**
Oct-21	**131,126**	**+490**	+50	+117	***+166***	+6	-25	+183	+37	+58		**+258**	**+65**
Sep-21	**130,636**	**+103**	-3	+19	***+16***	-1	-20	+20	+67	+14		**+79**	**+8**
Aug-21	**130,533**	**-2**	-7	+51	***+44***	-1	-47	-73	+15	+42		**-64**	**+19**
Jul-21	**130,536**	**+371**	-5	+247	***+243***	+7	-42	+95	+9	+34		**+103**	**+26**
2022 YTD		***+2,510***	***-32***	***+1,485***	***+1,453***	***+97***	***+98***	***+30***	***+88***	***+86***	***+463***	***+862***	***+195***



- The **largest** WTE increase this month is reported in Corporate **+49 WTE**, followed by CHO 7 **+32 WTE** and CHO 3 **+28 WTE**. The largest decreases are reported by CHO's 9, CHO 6 and CHI.



Finally, further staffing details are published *here*.

By Service Delivery Area: June 2022

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE May 2022	WTE Jun 2022	WTE change since May 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Total Health Service	**119,817**	**126,174**	**132,323**	**134,711**	**134,833**	**+122**	**+2,510**	**+8,659**	**+15,016**	***+12.5%***
National Ambulance Service	1,933	1,990	2,060	2,037	**2,028**	**-9**	-32	+39	+95	*+4.9%*
Children's Health Ireland	3,602	3,762	3,974	4,043	**4,032**	**-11**	+59	+270	+430	*+11.9%*
Dublin Midlands Hospital Group	10,819	11,288	11,707	11,931	**11,935**	**+4**	+227	+647	+1,116	*+10.3%*
Ireland East Hospital Group	12,502	13,478	14,129	14,365	**14,367**	**+2**	+239	+889	+1,865	*+14.9%*
RCSI Hospitals Group	9,663	10,197	10,606	10,879	**10,871**	**-9**	+265	+673	+1,208	*+12.5%*
Saolta University Hospital Care	9,253	9,829	10,566	10,832	**10,831**	**-1**	+265	+1,002	+1,578	*+17.1%*
South/South West Hospital Group	10,527	11,288	11,934	12,215	**12,239**	**+24**	+305	+951	+1,711	*+16.3%*
University of Limerick Hospital Group	4,146	4,506	5,043	5,154	**5,166**	**+12**	+123	+659	+1,020	*+24.6%*
other Acute Services	91	101	111	112	**114**	**+2**	+3	+13	+23	*+24.9%*
Acute Services	**62,537**	**66,439**	**70,129**	**71,569**	**71,583**	**+14**	**+1,453**	**+5,144**	**+9,045**	***+14.5%***
CHO 1	5,468	5,755	6,089	6,292	**6,319**	**+27**	+230	+564	+851	*+15.6%*
CHO 2	5,545	5,690	5,819	5,877	**5,888**	**+10**	+69	+198	+343	*+6.2%*
CHO 3	4,357	4,610	4,946	5,102	**5,130**	**+28**	+184	+521	+773	*+17.8%*

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE May 2022	WTE Jun 2022	WTE change since May 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
CHO 4	8,189	8,602	8,856	8,963	**8,961**	**-2**	+105	+359	+772	*+9.4%*
CHO 5	5,282	5,477	5,671	5,809	**5,821**	**+12**	+150	+344	+539	*+10.2%*
CHO 6	3,378	3,465	3,561	3,603	**3,589**	**-14**	+28	+124	+211	*+6.3%*
CHO 7	6,515	6,783	7,073	7,104	**7,136**	**+32**	+63	+353	+621	*+9.5%*
CHO 8	6,135	6,337	6,449	6,474	**6,486**	**+12**	+37	+150	+351	*+5.7%*
CHO 9	6,582	6,950	7,165	7,219	**7,174**	**-45**	+9	+224	+592	*+9.0%*
other Community Services	638	709	740	732	**728**	**-4**	-13	+19	+90	*+14.0%*
Community Services	**52,089**	**54,377**	**56,370**	**57,175**	**57,232**	**+57**	**+862**	**+2,855**	**+5,143**	***+9.9%***
H&WB Corporate & National Services	**5,191**	**5,358**	**5,824**	**5,967**	**6,019**	**+52**	**+195**	**+660**	**+827**	***+15.9%***

By Care Group: June 2022

Care Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE May 2022	WTE Jun 2022	WTE change since May 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Total Health Service	**119,817**	**126,174**	**132,323**	**134,711**	**134,833**	**+122**	**+2,510**	**+8,659**	**+15,016**	***+12.5%***
Ambulance Services	1,933	1,990	2,060	2,037	**2,028**	**-9**	-32	+39	+95	*+4.9%*
Acute Hospital Services	60,604	64,449	68,069	69,532	**69,554**	**+22**	+1,485	+5,105	+8,950	*+14.8%*
Acute Services	**62,537**	**66,439**	**70,129**	**71,569**	**71,583**	**+14**	**+1,453**	**+5,144**	**+9,045**	***+14.5%***
Community Health & Wellbeing	-	144	181	274	**278**	**+4**	+97	+134	+278	
Mental Health	9,954	10,301	10,362	10,485	**10,460**	**-25**	+98	+159	+506	*+5.1%*
Primary Care	10,599	11,572	12,582	12,637	**12,611**	**-26**	+30	+1,039	+2,012	*+19.0%*
Disabilities	18,303	18,944	19,623	19,625	**19,710**	**+85**	+88	+766	+1,408	*+7.7%*
Older People	13,233	13,415	13,623	13,702	**13,709**	**+7**	+86	+294	+476	*+3.6%*
CHO Operations	-	-	-	452	**463**	**+11**	+463	+463	+463	
Community Services	**52,089**	**54,377**	**56,370**	**57,175**	**57,232**	**+57**	**+862**	**+2,855**	**+5,143**	***+9.9%***
Health & Well-being	574	511	641	653	**652**	**-1**	+12	+141	+79	*+13.7%*
Corporate Functions	3,035	3,216	3,816	3,945	**3,994**	**+49**	+178	+779	+960	*+31.6%*
Health Business Service	1,583	1,631	1,367	1,368	**1,372**	**+4**	+5	-259	-211	*-13.3%*
H&WB Corporate & National Services	**5,191**	**5,358**	**5,824**	**5,967**	**6,019**	**+52**	**+195**	**+660**	**+827**	***+15.9%***

Health Sector Absence Rates: June 2022

This report provides the overview of the reported National Health Sector Absence Rates for June 2022.

The reported absence rate for June 2022 stands at **6.9%.** This compares to **4.7%** reported for the same month in 2021, however these figures notably include COVID-19 related absence for both periods. Excluding COVID-19 the current months absence rate is **5%** compared to **4.2%** in 2021. Therefore overall, this month's rate is showing an increase on the same period in 2021.

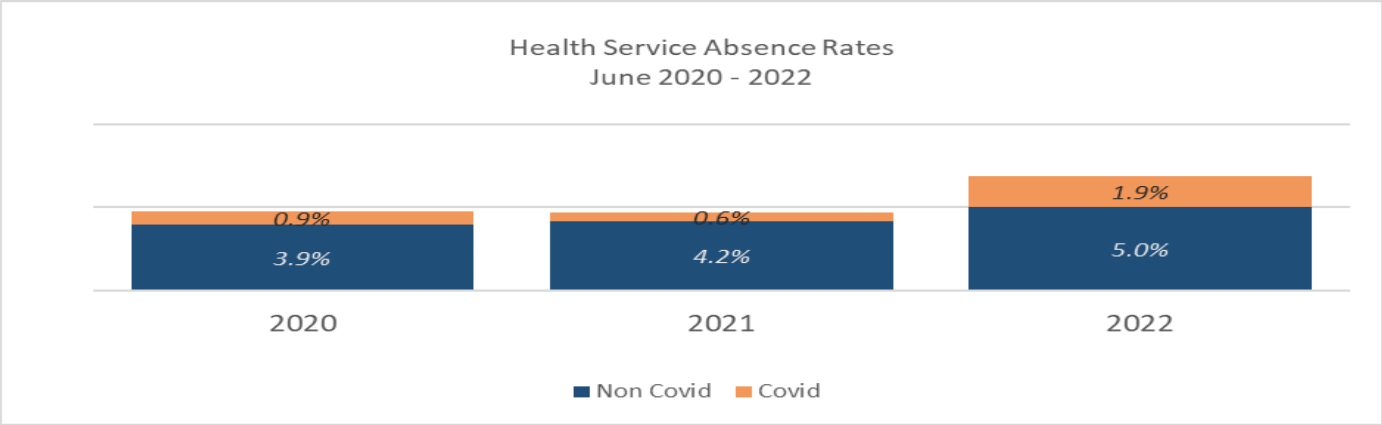
This months' absence rate is slightly higher than that reported for the **previous month,** reported at **5.8%** (including COVID-19). Notwithstanding the fact that the overall absence rate continues to be impacted by COVID-19 related absence, excluding COVID-19 absence, this months' absence rate is **5%** which is **0.3%** higher than the rate reported last month.

Of note the absence target rate for 2022 is now ≤4% as approved in the National Service Plan 2022, excluding COVID-19. Excluding Covid-19 this months' absence rate of 5% is marginally above the new target.

These figures are reflected in the attached National Absence Report.

Benchmark Target	May-22	Certified Absence Jun 2022	Self-Certified Absence Jun 2022	COVID-19 Jun 2022	Jun-22	Full Year 2021	Year to date 2022
4%	5.8%	4.4%	0.6%	1.9%	6.9%	6.1%	7.9%

Note: COVID-19 SLWP will only apply when an employee is required to self-isolate and is displaying symptoms of COVID-19 and is either awaiting a test result or had a positive PCR test / or a positive antigen test which has been registered on the HSE portal. Medical or HSE advice should be followed. In order to avail of SLWP evidence is required in the form of a PCR test result or antigen test result registered on the HSE portal. While public health advice, as set out on the HSE website, no longer requires testing for certain groups, individuals can still access the HSE portal to register antigen test results. SLWP does not apply in any other scenarios as set out in HR Circular 18/2022. All agencies with the exception of CHI Temple St, St Vincents University Hospital & Library Services Letterkenny provided a national absence return for June.



Latest monthly figures (June 2022)

June 2022 absence rate stands at 6.9% of which 4.4% is certified, 0.6% Self-Certified with **1.9%** (or 27.6% of all absence) relating to **COVID-19.**

- ***Excluding*** COVID-19 related absence, the June 2022 absence rate of 5% is higher than the same period last year. Based on 2021 data, this months' data is showing a 0.8% increase i.e. 4.2% (2021) 4% (2020), 4.5% (2019) and 4.2% (2018).
- For ***Acute Services*** the absence rate is 7% of which 2% *(28.8% of the total)* is COVID-19 related. ***Community Services*** stands at 7.1% of which 1.9% (*26.3% of the total)* is also COVID-19 related. ***Health & Wellbeing, Corporate & National Services*** rate is 4.1% of which 1.1% *(26% of the total)* is COVID-19 related. Details are as follows:

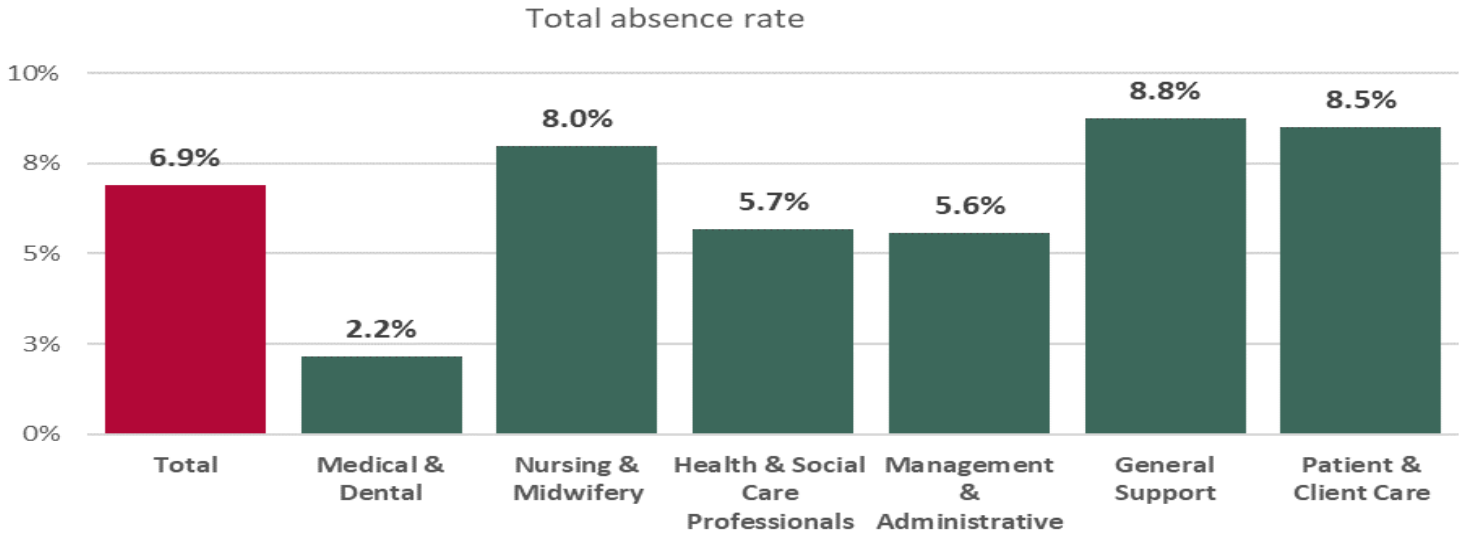
Health Service Absence Rate - by Care Group: June 2022	*Certified absence*	*Self- certified absence*	*Non Covid-19 absence*		*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.4%**	**0.6%**	🔴	**5.0%**	**1.9%**	**6.9%**	**72.4%**	**27.6%**
Ambulance Services	6.6%	0.8%	🔴	7.3%	1.7%	9.0%	81.2%	18.8%
Acute Hospital Services	4.2%	0.7%	🔴	4.9%	2.0%	6.9%	70.7%	29.3%
Acute Services	**4.3%**	**0.7%**	🔴	**5.0%**	**2.0%**	**7.0%**	**71.2%**	**28.8%**
Community Health & Wellbeing	4.8%	0.2%	🔴	5.0%	2.2%	7.2%	69.7%	30.3%
Mental Health	4.5%	0.5%	🔴	5.0%	1.8%	6.8%	73.5%	26.5%
Primary Care	3.9%	0.3%	🟡	4.2%	1.9%	6.1%	69.4%	30.6%
Disabilities	4.7%	0.6%	🔴	5.4%	1.8%	7.1%	75.3%	24.7%
Older People	5.8%	0.6%	🔴	6.5%	2.2%	8.6%	74.7%	25.3%
CHO Operations	3.5%	0.2%	🟢	3.8%	0.9%	4.6%	81.5%	18.5%
Community Services	**4.7%**	**0.5%**	🔴	**5.2%**	**1.9%**	**7.1%**	**73.7%**	**26.3%**
Health & Wellbeing	3.0%	0.4%	🟢	3.4%	1.5%	4.9%	69.4%	30.6%
Corporate	2.4%	0.2%	🟢	2.7%	1.0%	3.7%	72.9%	27.1%
Health Business Services	4.2%	0.3%	🟡	4.5%	1.1%	5.6%	80.3%	19.7%
HWB, Corporate & National	**2.8%**	**0.3%**	🟢	**3.0%**	**1.1%**	**4.1%**	**74.0%**	**26.0%**

**Non Covid-19 RAG Rating : Red • ≥ 4.5%, Amber • ≥ 4.2% < 4.5%, Green • < 4.2%*

- At ***Staff Category*** General Support reports the **highest** total absence rate at 8.8% followed by Patient & Client Care (8.5%) and Nursing & Midwifery (8%). Notably, these absence rates are impacted by COVID-19, with 23.3 % of all absence related to COVID-19 in General Support, 23.5% in Patient & Client Care and 29.1% in Nursing and Midwifery. Medical and Dental reported the **lowest** absence rate at 2.2% in June, however reported the second highest COVID-19 related absence, at 33.4%. Further, based on the new KPI, three staff categories are reporting within the target, with three categories above. Details as follows:

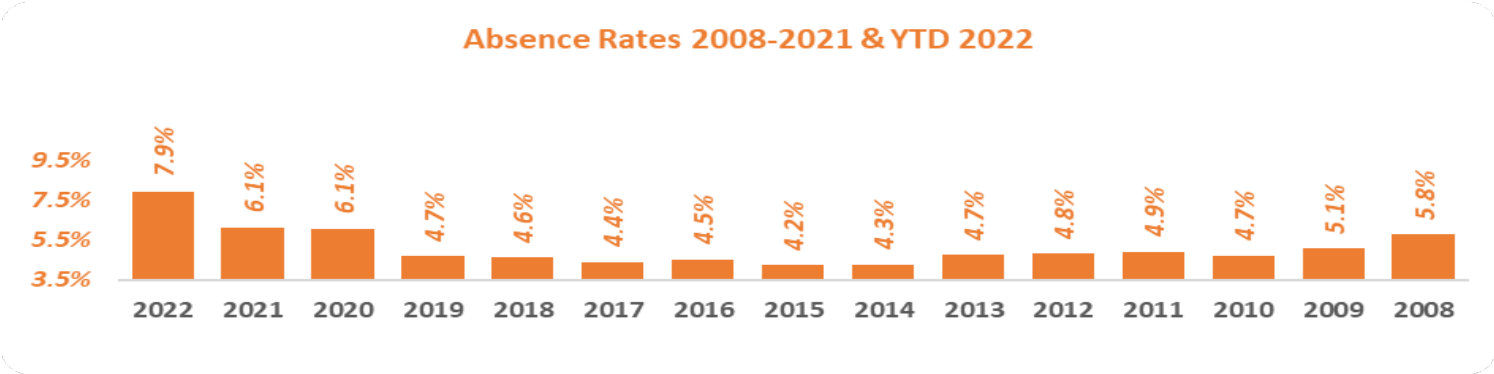
Health Service Absence Rate - by Staff Category: June 2022	*Certified absence*	*Self- certified absence*	*Non Covid-19 absence*		*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.4%**	**0.6%**	●	**5.0%**	**1.9%**	**6.9%**	**72.4%**	**27.6%**
Medical & Dental	1.3%	0.2%	●	1.4%	0.7%	2.2%	66.6%	33.4%
Nursing & Midwifery	4.8%	0.9%	●	5.7%	2.3%	8.0%	70.9%	29.1%
Health & Social Care Professionals	3.4%	0.4%	●	3.8%	1.9%	5.7%	66.5%	33.5%
Management & Administrative	3.6%	0.4%	●	4.0%	1.6%	5.6%	71.9%	28.1%
General Support	6.1%	0.6%	●	6.7%	2.0%	8.8%	76.7%	23.3%
Patient & Client Care	5.8%	0.8%	●	6.5%	2.0%	8.5%	76.5%	23.5%

**Non Covid-19 RAG Rating : Red • ≥ 4.5%, Amber • ≥ 4.2% < 4.5%, Green • < 4.2%*

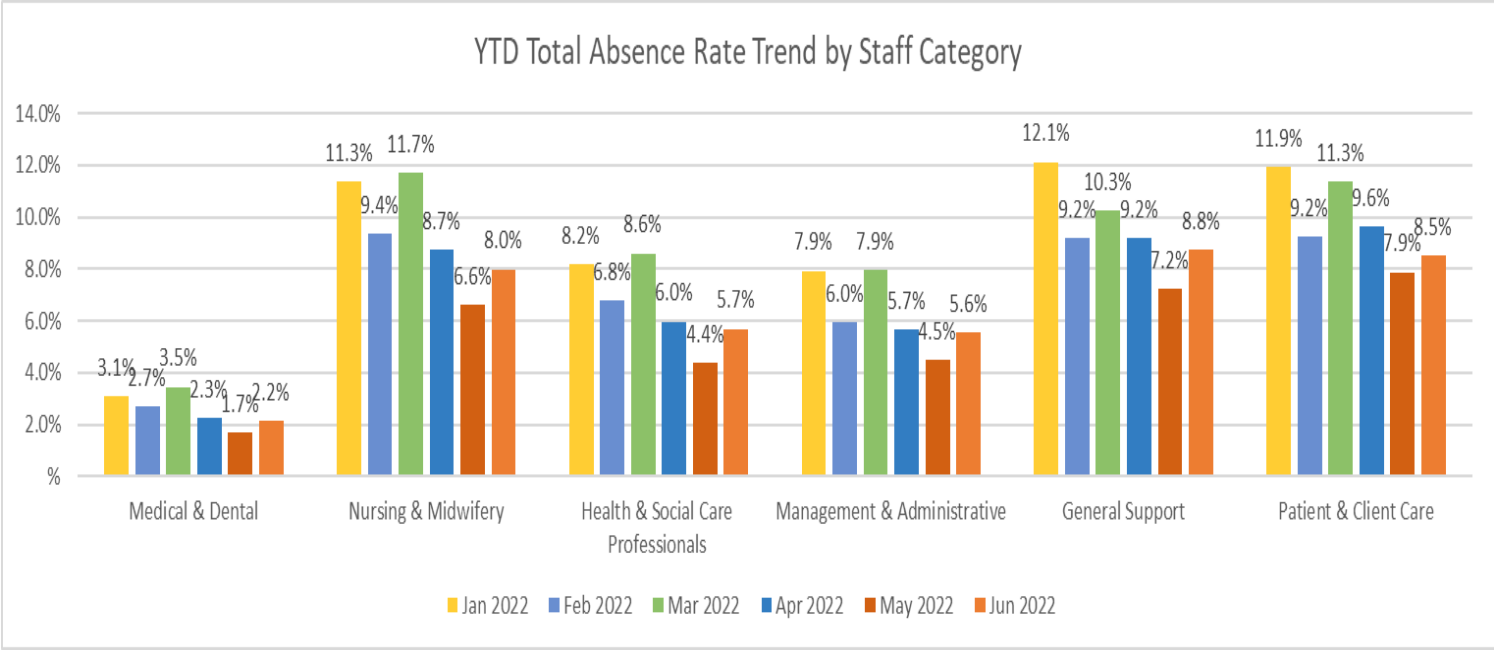


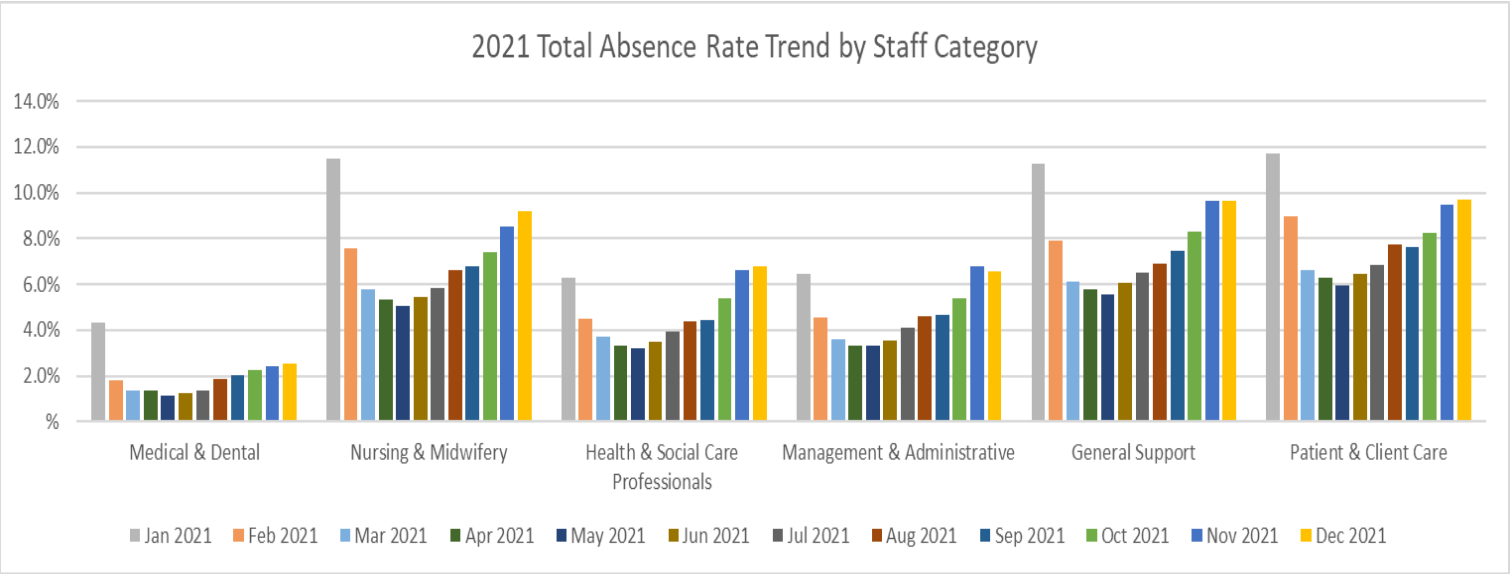
Year-to-date & trends 2008 – 2022

The year to date 2022 figure of 7.9% has also been significantly impacted by COVID-19 related absence with 3.1% of the 2022 absence rate (or 39.8% of all 2022 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021 & 2022.



When compared with previous years, the 2022 Year to Date figure appears higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 3.1% of all absence in 2022 so far. On a like for like basis, ***excluding*** COVID-19 absence impact, the absence rate is 4.8% in 2022, 4.4% in 2021 and 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2022 is marginally higher than that reported in 2021 and also 2020.





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

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98.2%	85.4%
Mental Health Services	98.4%	93.2%
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 [R]	0.9 [G]

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

Performance RAG Rating	**Finance RAG Rating**
Red • > 10% of target	Red • ≥ 0.75% of target
Amber • > 5% ≤ 10% of target	Amber • ≥ 0.10% <0.75% of target
Green • ≤ 5% of target	Green • < 0.10% of target
Workforce Absence RAG Rating	
Red • ≥ 4.5% of target	
Amber • ≥ 4.2% <4.5% of target	
Green • < 4.2% 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 21/22	
Month 20/21	

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
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) CHO5 (South Tipperary) Non Return (Jun) CHO7 (Kildare West Wicklow)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 12 weeks % of dietetic patients on waiting list for treatment ≤ 52 weeks No. of Dietetics patients seen	Non Return (May, Jun) CHO7 (Dublin West)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO9 (Dublin North West, Dublin North Central)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Wicklow), CHO7 (Dublin South City, Kildare West Wicklow, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North) Non Return (Jun) CHO2 (Mayo)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks % of Ophthalmology patients on the waiting list for treatment < 52 weeks No of Ophthalmology patients seen	No Service CHO 4 (South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin South West, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Mar, Apr) CHO2 (Roscommon)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks No of Psychology patients seen	Non Return (Jun) CHO7 (Dublin South City) Non Return (Jun) CHO8 (Louth)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Feb, Apr, May) CHO2 (Galway), Non Return (Mar) CHO5 (Waterford), Non Return (May) CHO7 (Dublin West)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire)
Primary Care	Child Health (M1M) % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Feb, Mar, Apr, May) CHO1 (Cavan, Monaghan) Non Return (Mar) CHO5 (Waterford)
Primary Care	Child Health (Q) % new born babies visited by a PHN within 72 hours of discharge from maternity services	Non Return (Mar, Jun) CHO1 (Cavan Monaghan) Non Return (Jun) CHO2 (Galway), Non Return (Jun) CHO6 (Dublin South East, Wicklow)
Primary Care	Child Health (Q1Q) % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return CHO1 (Q1) (Cavan Monaghan) Non Return CHO6 (Q1) (Dublin South East, Wicklow)
Social Inclusion	Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q1 CHO8 (Louth & Meath)
Social Inclusion	Substance Misuse % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q1 CHO8 (Louth & Meath)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO8
Mental Health CAMHS	CAMHs waiting list	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)

Service Area	KPI Title	Data Coverage Issues
Mental Health CAMHS	No of referrals received	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)
Mental Health CAMHS	Number of new seen	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 2 North Galway CHO 7 Linn Dara East Kildare/West Wicklow CHO 7 Linn Dara North Kildare (Celbridge)
Mental Health General Adult	Number of referrals received	CHO 2 Castlebar CHO 5 Waterford West CHO 7 Ballyfermot CHO 7 Camac CHO 7 Clondalkin CHO 7 Crumlin CHO 7 Drimnagh CHO 7 Owendoher CHO 7 Tallaght
Mental Health General Adult	Number of referrals seen	CHO 2 Castlebar CHO 5 Waterford West CHO 7 Ballyfermot CHO 7 Camac CHO 7 Clondalkin CHO 7 Crumlin CHO 7 Drimnagh CHO 7 Owendoher CHO 7 Tallaght

Service Area	KPI Title	Data Coverage Issues
Mental Health General Adult	% seen within 12 weeks	CHO 2 Castlebar CHO 5 Waterford West CHO 7 Ballyfermot CHO 7 Camac CHO 7 Clondalkin CHO 7 Crumlin CHO 7 Drimnagh CHO 7 Owendoher CHO 7 Tallaght
Psychiatry of Later Life	Number of referrals received	CHO 3 Clare (May) CHO 5 Waterford CHO 5 Waterford Wexford POA CHO 7 Dublin South City POA CHO 7 Dublin South West POA CHO 8 Louth POA (May & Jun)
Psychiatry of Later Life	Number of referrals seen	CHO 3 Clare (May) CHO 5 Waterford CHO 5 Waterford Wexford POA CHO 7 Dublin South City POA CHO 7 Dublin South West POA CHO 8 Louth POA (May & Jun)
Psychiatry of Later Life	% seen within 12 weeks	CHO 3 Clare (May) CHO 5 Waterford CHO 5 Waterford Wexford POA CHO 7 Dublin South City POA CHO 7 Dublin South West POA CHO 8 Louth POA (May & Jun)
Disability Services	Facilitate the movement of people from congregated settings to community settings	Reporting frequency changed from quarterly to monthly for 2022.
Disability Services	Number of in home respite supports for emergency cases	The full year target of 422 is comprised of 402 packages from 2021 that are being funded in 2022 and 20 new packages for 2022 (10 new supported living & 10 new intensive support packages)

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	Emergency Department Patient Experience Time	The following hospitals have data outstanding due to the HSE cyber-attack during 2021: CHI at Crumlin 13th May - 23rd July, 28th July to date. Connolly Hospital 13th May - 30th June 2021. Naas General Hospital 15th May - 14th July 2021 This will impact the SPLY position nationally, as well as the Hospital and Hospital Group.
Acute Hospitals	ED attendances (Total, New and Return)	CHI at Crumlin May, June. CHI Temple Street April-July. Naas May, June 2021
Acute Hospitals	Inpatient, Day case and outpatient waiting lists	June 2021 data unavailable from NTPF.
Acute Hospitals	No. of beds subject to delayed transfers of care	Data for May-July 2021 is unavailable due to the HSE cyber-attack, therefore unable to provide a comparison against SPLY
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Altnagelvin Jun 22.
Acute Hospitals	No. of new cases of CPE	Mercy University Hospital data is outstanding for Jun-22
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	Mercy University Hospital data is outstanding for Jun-22
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	St. James's Hospital Q2 2022 data is outstanding
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	St. James's Hospital Q2 2022 data is outstanding

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting
Childrens Health Ireland	Children's Health Ireland	CHI
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWIUH
	MRH Portlaoise	Portlaoise
	MRH Tullamore	Tullamore
	Naas General Hospital	Naas
	St. James's Hospital	SJH
	St. Luke's Radiation Oncology Network	SLRON
	Tallaght University Hospital	Tallaght - Adults
Ireland East Hospital Group	Mater Misericordiae University Hospital	MMUH
	MRH Mullingar	Mullingar
	National Maternity Hospital	NMH
	National Orthopaedic Hospital Cappagh	Cappagh
	National Rehabilitation Hospital	NRH
	Our Lady's Hospital Navan	Navan
	Royal Victoria Eye and Ear Hospital	RVEEH
	St. Columcille's Hospital	Columcille's
	St. Luke's General Hospital Kilkenny	SLK
	St. Michael's Hospital	St. Michael's
	St. Vincent's University Hospital	SVUH
	Wexford General Hospital	Wexford
RCSI Hospitals Group	Beaumont Hospital	Beaumont
	Cavan General Hospital	Cavan
	Connolly Hospital	Connolly
	Louth County Hospital	Louth
	Monaghan Hospital	Monaghan
	Our Lady of Lourdes Hospital	OLOL
	Rotunda Hospital	Rotunda

	Hospital	Short Name for Reporting
Saolta University Health Care Group	Galway University Hospitals	GUH
	Letterkenny University Hospital	LUH
	Mayo University Hospital	MUH
	Portiuncula University Hospital	PUH
	Roscommon University Hospital	RUH
	Sligo University Hospital	SUH
South/South West Hospital Group	Bantry General Hospital	Bantry
	Cork University Hospital	CUH
	Cork University Maternity Hospital	CUMH
	Kilcreene Regional Orthopaedic Hospital	KROH
	Mallow General Hospital	Mallow
	Mercy University Hospital	Mercy
	South Infirmary Victoria University Hospital	SIVUH
	Tipperary University Hospital	TUH
	University Hospital Kerry	UHK
	University Hospital Waterford	UHW
University of Limerick Hospital Group	Croom Orthopaedic Hospital	Croom
	Ennis Hospital	Ennis
	Nenagh Hospital	Nenagh
	St. John's Hospital Limerick	St. John's
	University Hospital Limerick	UHL
	University Maternity Hospital Limerick	LUMH

Appendix 4: Community Health Organisations

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