



Performance Profile October – December 2021



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

Executive Summary

Executive Summary

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

Emergency Care

- There were 1,449,987 emergency presentations year to date. This is a 13.4% variance on emergency presentations result year to date 2020 and was above expected activity of 1,409,846.
- New Emergency Department attendances year to date are 1,198,356 this represents a 2.7% variance YTD against expected activity YTD (2.6% variance on revised targets YTD).
- 96.7% of all patients were seen within 24 hours in EDs in December 2021 and 97.4% year to date.
- 91.9% of patients aged 75 years and over were seen within 24 hours in EDs in December 2021 and 94.1% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 68,042 elective inpatient discharges year to date November 2021 versus 63,735 for the corresponding period in 2020 that is an increase of 6.8%.

Emergency Inpatient Discharges

There were 381,500 emergency inpatient discharges year to date November 2021 versus 362,667 for the corresponding period in 2020, that is, an increase of 5.2%.

Day Case Discharges (including dialysis)

The number of day case procedures year to date November 2021 was 929,734 versus 844,974 for the same period in 2020, that is, an increase of 84,760 cases.

Delayed Transfer of Care

There were 453 Delayed Discharges in December 2021. The same month in 2020 was 363.

Inpatient, Day Case & Outpatient Waiting Lists

December 2021 compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%) (revised targets 80%), compliance 77.5%.
- Adult Day Case < 15 months (target 95%) (revised targets 85%), compliance 85.9%.
- Children's Inpatient, 15 months (target 95%) (revised targets 85%), compliance 75.1%.
- Children's Day Case < 15 months (target 90%) (revised targets 85%), compliance 82.3%.
- Outpatients < 52 weeks (target 75%) (revised targets 65%), compliance 62.9%.
- The total number of patients waiting for an inpatient or day case procedure at the end of December 2021 was 75,463. The total number of people waiting for inpatient and day case procedures is above by 4.1% when the waiting list in December 2021 is compared with December 2020.
- Total number of people waiting for Outpatient appointment was 617,448 in December 2021, this has increased from 612,576 (+4,872) in December 2020.

Colonoscopy/Gastrointestinal Service

- In December 2021 48.3% of people were waiting less than 13 weeks for routine colonoscopy (target 65%) (revised targets 50%).
- There were 385 new urgent patient breaches in December 2021.

Cancer Services

- 66.4% of prostate cancer referrals were seen within 20 working days year to date compared with 52% for the same period last year.
- 89.6% of lung cancer referrals were seen within 10 working days year to date compared with 86.4% for the same period last year.
- 55.8% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 70.4% for the same period last year.

Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 76.5%.

- 87.2% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.
- 71.8% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.
- 58.5% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.
- 58.7% of babies received their developmental screening checks within 12 months and 98.2% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- There were 8,146 residential places for people with a Disability in December 2021, which is 0.2% (16) more than the 8,130 profiled target.
- At the end of December 2021, 91 new emergency places were developed; while a further 497 intensive home respite support were put in place.

Older Persons Services

- Home Support hours delivered year to date was 20,463,216. The number of people, in receipt of home support services at the end of December 2021 was 55,043.
- 1,050 persons were in receipt of payment for transitional care in November 2021.
- The current wait time for NHSS funding approval in 2021 is 4 weeks.

Mental Health Services

- 99.6% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of December 2021, which is above 95% target.

Population, Health & Wellbeing Services

- Nationally year to date to September 2021, 57.3% of smokers are quit at 4 weeks ahead of the National target of 45%. (Q-1Q)
- 93.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to September 2021 while 90.2% of children aged 24 months received the MMR vaccine year to date to September 2021 against a target of 95%. (Q-1Q)

Corporate Updates

Capital – Allocation/Expenditure Analysis

2021 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2021	Cum Profile for Period Jan - Dec	Expenditure for Period Jan - Dec	Variance for Period Jan - Dec	Expenditure to Dec as % of Dec YTD Profile	Expenditure to Dec as % of Annual Profile	Variance to Dec as % of Dec YTD Profile
M02 - Buildings & Equipment -Non Covid19	546.828	546.828	479.368	67.460	87.66%	87.66%	12.34%
M04 - Buildings & Equipment - Covid19	130.000	130.000	151.938	(21.938)	116.88%	116.88%	-16.88%
M02 - New Children's Hospital	198.000	198.000	302.511	(104.511)	152.78%	152.78%	-52.78%
	875.328	875.328	933.817	(58.489)	106.68%	106.68%	-6.68%
M03 - Info Systems for Health Agencies - Non Covid19	85.500	85.500	102.690	(17.190)	120.10%	120.10%	-20.10%
M04 - Info Systems for Health Agencies - Covid19	25.000	25.000	12.567	12.433	50.27%	50.27%	49.73%
	985.828	985.828	1049.073	(63.245)	106.42%	106.42%	-6.42%
Asset Disposals	2.556	2.556	0.000	2.556	0.00%	0.00%	100.00%
Net	988.384	988.384	1049.073	(60.689)	106.14%	106.14%	-6.14%

General Comment

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

CONSTRUCTION – M02 – Buildings & Equipment – Non Covid19

The variance on general construction projects for the year ended December 2021 is 12.34% (or €67.460m) behind profile. In the year to the end of December the total expenditure of €479.368m represents 87.66% of the total annual profile for 2021.

CONSTRUCTION – M04 – Buildings & Equipment – Covid19

The variance on Covid19 construction projects for the year ended December 2021 is -16.88% (or €21.938m) ahead of profile. In the year to the end of December the total expenditure of €151.938m represents 116.88% of the total annual profile for 2021.

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

The variance on the New National Children's Hospital project for the year ended December 2021 is -52.78% (or €104.511m) ahead of profile. In the year to the end of December the total expenditure of €302.511m represents 152.78% of the total annual profile for 2021.

Information Systems for Health Agencies - M03 – Non Covid19

The variance on ICT projects for the year ended December 2021 is -20.10% (or € 17.190m) ahead of profile.

In the year to the end of December the total expenditure of € 102.690m represents 120.10% of the total annual profile for 2021.

Information Systems for Health Agencies - M04 – Covid19

The variance on ICT Covid19 projects for the year ended December 2021 is 49.73% (or € 12.433m) behind profile.

In the year to the end of December the total expenditure of € 12.567m represents 50.27% of the total annual profile for 2021.

Asset Disposals:

Income from sale of assets in the year ended December 2021 amounted to € 2.556m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Acute Hospitals(Hospital groups)	€ 317,320,699	€ 212,729,574	€219,905,921	€263,772,728
Community Healthcare	€ 99,733,539	€ 165,921,591	€156,651,951	€156,572,705
National Services	€ 753,919,482	€ 538,013,048	€282,905,045	€985,203,313
Total	€ 1,170,973,719	€ 916,514,616	€659,462,918	€1,405,548,747

Internal Audit

75% Implemented or superseded within 6 months								95% Implemented or superseded within 12 months											
	2020 Position at 31st Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021	2021 Position at 31st Dec 2021		2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 30th Sept 2021	2018 Position at 31st Dec 2021	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2019 Position at 31st Dec 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2020 Position at 31st Dec 2021
Total	58%	70%	56%	59%	69%	73%		97%	97%	97%	98%	86%	88%	90%	93%	50%	53%	63%	63%
CHO 1	81%	77%	59%	59%	55%	55%		98%	98%	98%	98%	72%	72%	79%	84%	N/A	16%	47%	53%
CHO 2	N/A	50%	67%	100%	N/A	N/A		100%	100%	100%	100%	96%	97%	97%	98%	N/A	N/A	50%	67%
CHO 3	N/A	85%	85%	N/A	N/A	0%		100%	100%	100%	100%	88%	88%	96%	96%	N/A	N/A	88%	94%
CHO 4	N/A	79%	59%	55%	50%	38%		100%	100%	100%	100%	80%	80%	80%	93%	N/A	N/A	82%	74%
CHO 5	N/A	N/A	17%	17%	75%	75%		98%	98%	98%	98%	91%	100%	100%	100%	N/A	N/A	N/A	17%
CHO 6	N/A	N/A	N/A	N/A	N/A	N/A		98%	98%	98%	98%	95%	95%	95%	97%	N/A	N/A	N/A	N/A
CHO 7	100%	N/A	63%	80%	N/A	N/A		100%	100%	100%	100%	93%	93%	93%	93%	100%	100%	100%	91%
CHO 8	0%	100%	0%	45%	31%	74%		99%	99%	100%	100%	79%	82%	84%	85%	0%	13%	13%	25%
CHO 9	86%	N/A	30%	30%	N/A	N/A		93%	93%	97%	100%	83%	83%	87%	87%	100%	100%	100%	47%
National Mental Health	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
National Primary Care	100%	100%	100%	N/A	N/A	N/A		N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	100%	100%
National Director Community Ops	N/A	20%	20%	20%	98%	98%										N/A	N/A	20%	20%
Total Community Services	65%	78%	55%	54%	70%	75%		99%	99%	99%	100%	88%	90%	91%	93%	51%	45%	62%	61%
Dublin Midlands Hospital Group	86%	N/A	N/A	N/A	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	88%	88%	88%	88%
Ireland East Hospital Group	58%	N/A	100%	100%	100%	83%		67%	67%	67%	67%	100%	100%	100%	100%	56%	56%	56%	63%
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	0%	0%	0%	0%	36%	59%		100%	100%	100%	100%	82%	82%	89%	89%	0%	0%	0%	0%

75% Implemented or superseded within 6 months							95% Implemented or superseded within 12 months												
	2020 Position at 31st Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021	2021 Position at 31st Dec 2021		2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 30th Sept 2021	2018 Position at 31st Dec 2021	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2019 Position at 31st Dec 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2020 Position at 31st Dec 2021
Saolta Hospital Group	0%	11%	60%	71%	42%	83%		92%	92%	92%	92%	76%	76%	76%	100%	0%	63%	65%	74%
South South West Hospital Group	38%	25%	60%	100%	95%	95%		84%	90%	90%	90%	35%	55%	55%	65%	64%	82%	61%	69%
University of Limerick Hospital Group	88%	63%	77%	100%	100%	93%		100%	100%	100%	100%	70%	91%	91%	96%	75%	75%	83%	94%
National Ambulance Service	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	0%	0%	25%	25%	N/A	N/A	N/A	N/A
National Director Acute Ops	62%	N/A	N/A	N/A	N/A	N/A										62%	62%	62%	62%
Total Acute	49%	26%	57%	76%	67%	80%		93%	94%	94%	94%	69%	77%	79%	88%	53%	63%	60%	66%
Chief Information Officer	N/A	67%	65%	100%	N/A	N/A		86%	86%	86%	86%	89%	89%	95%	95%	N/A	N/A	67%	88%
Compliance / QAV	N/A	N/A	N/A	N/A	50%	30%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	75%	75%	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
Finance	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	90%	90%	94%	94%	N/A	N/A	N/A	N/A
HBS - Estates	N/A	N/A	N/A	N/A	N/A	0%		98%	98%	98%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
HBS - Finance	40%	100%	100%	100%	N/A	100%		100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%
HBS - HR	N/A	N/A	0%	0%	0%	83%		100%	100%	100%	100%	94%	100%	100%	100%	N/A	N/A	N/A	0%
HBS - Procurement	56%	100%	N/A	N/A	N/A	60%		90%	90%	90%	93%	95%	100%	100%	100%	50%	78%	89%	89%
Health and Wellbeing	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
Human Resources	31%	80%	42%	0%	74%	74%		100%	100%	100%	100%	87%	87%	87%	87%	0%	0%	60%	41%
National Screening Service	N/A	100%	100%	N/A	N/A	N/A		78%	78%	89%	89%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%

75% Implemented or superseded within 6 months							95% Implemented or superseded within 12 months												
	2020 Position at 31st Dec 2020	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2021 Position at 30th Sept 2021	2021 Position at 31st Dec 2021		2018 Position at 31st March 2021	2018 Position at 30th Jun 2021	2018 Position at 30th Sept 2021	2018 Position at 31st Dec 2021	2019 Position at 31st March 2021	2019 Position at 30th June 2021	2019 Position at 30th Sept 2021	2019 Position at 31st Dec 2021	2020 Position at 31st March 2021	2020 Position at 30th June 2021	2020 Position at 30th Sept 2021	2020 Position at 31st Dec 2021
National Services	0%	25%	25%	N/A	N/A	N/A										0%	100%	33%	33%
PCRS					100%	100%													

National Health and Safety Helpdesk

No of calls received by the National Health and Safety Helpdesk

Q4 2021 Metrics	No of Helpdesk Queries 2021	No of Helpdesk Queries 2020	% Increase from 2020
Oct	124	95	31
Nov	156	118	32
Dec	72	73	-1
Total	352	286	23

Performance Achievement Q4 Report

Service Delivery Area	WTE Dec 2021	Total Completed Q4	% completed to date 2021
Total Health Service	132,323	2,040	6%
National Ambulance Service	2,060	0	0%
Children's Health Ireland	3,974	0	0%
Dublin Midlands Hospital Group	11,707	25	10%
Ireland East Hospital Group	13,521	402	7%
RCSI Hospitals Group	10,606	0	0%
Saolta University Hospital Care	10,566	7	0%
South/South West Hospital Group	11,934	50	2%
University of Limerick Hospital Group	5,043	57	9%
other Acute Services	718	0	0%
Acute Services	7,129	541	4%
CHO 1	6,089	4	5%
CHO 2	5,819	350	14%
CHO 3	4,946	107	6%
CHO 4	8,856	79	2%
CHO 5	5,671	0	0%
CHO 6	3,561	426	56%
CHO 7	7,073	59	1%
CHO 8	6,449	0	0%
CHO 9	7,165	72	5%
other Community Services	740	58	39%
Community Services	56,370	1,155	8%
Health & Wellbeing	641	0	0%
Corporate	3,816	329	28%
Health Business Services	1,367	15	1%
H&WB Corporate & National Services	5,824	344	19%

Notes on Performance Achievement Report

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

Quality and Patient Safety

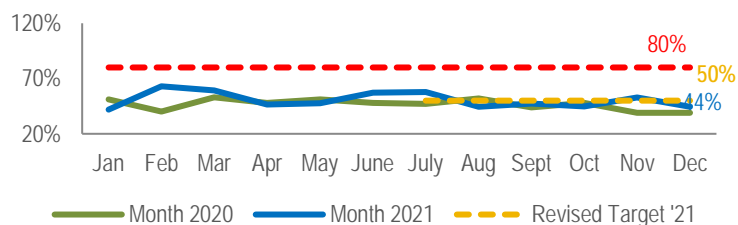
Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Revised Target/ Expected Activity		Current Period YTD	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National					1041	98	70	36
	Acute Hospitals (incl NAS, NSS & NCCP)					609	61	45	19
	Community Healthcare					432	37	25	17
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	50%	50%	45%	53%	44%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	50%	58%	54%	62%	79%
	Community Healthcare	80%	M	●	50%	40%	30%	36%	6%
Serious Incidents – Review completed within 125 calendar days*	National	70%	M	●	30%	26%	47%	32%	17%
	Acute Hospitals (incl NAS, NSS & NCCP)	70%	M	●	30%	32%	56%	43%	23%
	Community Healthcare	70%	M	●	30%	15%	14%	15%	13%
% of reported incidents entered onto NIMS within 30 days of occurrence**	National	90%	Q	●	60%	53%	64%	56%	43%
	Acute Hospitals (incl NAS, NSS & NCCP)	90%	Q	●	60%	52%	62%	51%	43%
	Community Healthcare	90%	Q	●	60%	53%	63%	59%	42%
	National Ambulance Service	90%	Q	●	60%	81%	90%	84%	69%
Extreme and major incidents as a % of all incidents reported as occurring	National	<1%	Q	●	<0.9%	0.70%	0.60%	0.60%	0.70%
	Acute Hospitals (incl NAS, NSS & NCCP)	<1%	Q	●	<0.9%	0.80%	0.60%	0.60%	0.80%
	Community Healthcare	<1%	Q	●	<0.9%	0.60%	0.50%	0.60%	0.60%

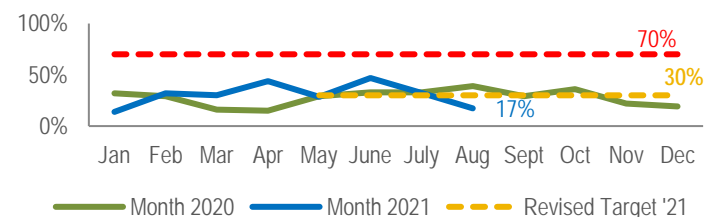
* Current - reflecting compliance August 2021, Current Period YTD reflecting compliance YTD August 2021

**Current - reflecting compliance YTD Q3 2021

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



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



Serious Reportable Events

Service Area	Total SRE Occurrence (in-month)	Current (-1)	Current (-2)
Acute Hospitals [inc. National Ambulance Service]	31	51	49
Community Services	6	11	11
Total	37	62 (49)	60 (35)

Note: For November 62 SREs registered, while only 49 were in the system in time for previous extract. October SREs currently 60, registered at time of reporting 35.

37 SREs were reported as occurring in December 2021 and registered in NIMS up to 8am 14th Dec. 13 SREs were reported as patient falls, 9 were reported as Stage 3 or 4 pressure ulcers and the remaining 15 SREs reported comprised 5 SRE categories.

Healthcare Audit

Healthcare Audit	In Progress	Completed
Healthcare Audits in progress/completed	28	14

Appeals Service

1,439 appeals were received YTD December 2021.

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical/GP Visit Card (General Scheme)	629	636	158	12%	37%
Medical/GP Visit Card (Over 70s Scheme)	83	82	25	1%	32%
16 to 25 Year Old Medical Card/GP Visit Card	258	255	89	7%	42%
Nursing Home Support Scheme	387	369	27	16%	24%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Blind Welfare Allowance	11	7	1	0%	14%
CSAR	33	32	5	0%	16%
Home Care Package	1	1	0	0%	0%
Home Help	1	0	0	0%	0%
RSSMAC	8	8	2	0%	25%
Other	28	28	5	0%	18%
Total	1,439	1,418	312	11%	33%

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

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

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality and Safety	Serious Incidents																		
	Review completed within 125 calendar days	M	70%	-80%	30%	15% [R]	-50%										14%	15%	13%
	% of serious incidents being notified within 24 hours of occurrence	M	80%	-62.5%	50%	40% [R]	-20%										30%	36%	6%
	% of reported incidents entered onto NIMS within 30 days of occurrence	Q	90%	-41.1%	60%	53% [R]	-11.7%										63%	59%	42%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	-40%	<0.9%	0.6% [G]	-33.3%										0.5%	0.6%	0.6%
	Service User Experience (Q3 at 26.01.22)																		
	Complaints investigated within 30 working days	Q	75%	-20%		60% [R]		61% [R]	71% [A]	80% [G]	60% [R]	NA	29% [R]	48% [R]	20% [R]	74% [A]			
	Child Health																		
	Child assessment 12 months	M-1M	95%	-38.2%	55%	58.7% [G]	6.7%	55.3% [G]	45.5% [R]	61.1% [G]	85.9% [G]	49.7% [A]	24.9% [R]	72.7% [G]	54.8% [G]	54% [G]	69.6%	74.8%	77.1%
	New borns visited within 72 Hours	Q	99%	-0.8%		98.2% [G]		100% [G]	99.1% [G]	98.9% [G]	99.8% [G]	98.6% [G]	96% [G]	100.1% [G]	94.9% [G]	98.5% [G]	98.3%	98.3%	97.3%
	% of babies breastfed exclusively at three month PHN visit	Q-1Q	32%	11.7%		35.7% [G]		51.4% [G]	31.2% [G]	36.5% [G]	37.9% [G]	36.2% [G]	36.2% [G]	41.8% [G]	26.2% [R]	39.6% [G]	36.2%	35.7%	35.4%

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity /Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	-5.1%		90.2% [A]		86.3% [A]	93.8% [G]	91.1% [G]	92.9% [G]	91.4% [G]	89.4% [A]	89.5% [A]	90.6% [G]	86.8% [A]	91%	89.5%	90.1%
	CAMHs – Bed Days Used																		
	% of Bed days used	M	95%	4.8%		99.6% [G]		99.8% [G]	100% [G]	100% [G]	99.2% [G]	97.6% [G]	100% [G]	100% [G]	99.8% [G]	99.1% [G]	99.5%	99.9%	100%
	Disability Services																		
	Congregated Settings	Q	144	-6.3%		135 [A]		44 [G]	8 [R]	13 [R]	10 [R]	4 [R]	24 [G]	5 [R]	18 [G]	9 [G]	27	30	43
	Healthy Ireland																		
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	27.2%		57.3% [G]											60%	55.6%	55%
	Therapy Waiting Lists																		
Access and Integration	Physiotherapy access within 52 weeks	M	94%	-18.6%	80%	76.5% [G]	-4.4%	88% [G]	68.7% [R]	69.2% [R]	90% [G]	56.4% [R]	91.5% [G]	95.4% [G]	72% [A]	92.1% [G]	78.9%	78.3%	76.5%
	Occupational Therapy access within 52 weeks	M	95%	-24.5%	60%	71.8% [G]	19.7%	56.9% [A]	56.8% [A]	90.6% [G]	78.9% [G]	58.8% [G]	86.2% [G]	82.2% [G]	79.9% [G]	67.8% [G]	68.4%	70.7%	71.8%
	SLT access within 52 weeks	M	100%	-12.8%	80%	87.2% [G]	9%	70.9% [R]	94% [G]	90.5% [G]	98.5% [G]	76.3% [G]	94.6% [G]	83% [G]	96.6% [G]	90% [G]	85.6%	85.5%	87.2%
	Podiatry treatment within 52 weeks	M	77%	-33.3%	55%	51.3% [A]	-6.7%	31.2% [R]	84.7% [G]	38.7% [R]	73.9% [G]	36% [R]			23.4% [R]	96.8% [G]	49.7%	51.2%	51.3%
	Ophthalmology treatment within 52 weeks	M	64%	-20.2%	55%	51.1% [A]	-7.1%	58.4% [G]	39.1% [R]	73.5% [G]	39.4% [R]	61.8% [G]	100% [G]	44.8% [R]	42.7% [R]	100% [G]	50.7%	49.7%	51.1%
	Audiology treatment within 52 weeks	M	75%	--9%	65%	68.3% [G]	5.1%	85.2% [G]	77.8% [G]	63.6% [G]	69.9% [G]	51.7% [R]		93% [G]	48.6% [R]	100% [G]	67.2%	68.1%	68.3%
	Dietetics treatment within 52 weeks	M	80%	-31.4%	65%	54.9% [R]	-15.5%	93.3% [G]	56.8% [R]	41.7% [R]	76.7% [G]	36.4% [R]	65.3% [G]	45.3% [R]	53.7% [R]	76.1% [G]	57.8%	56.4%	54.9%
	Psychology treatment within 52 weeks	M	81%	-27.8%	50%	58.5% [G]	17%	73.3% [G]	42.5% [R]	71.5% [G]	58.3% [G]	83.8% [G]	97.3% [G]	40.4% [R]	98.7% [G]	43.1% [R]	56.3%	57.4%	58.5%

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Nursing																		
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	0.8%		100.8% [G]		100% [G]	100.1% [G]	104.3% [G]	100.7% [G]	106.5% [G]	89.6% [R]	98.8% [G]	99.2% [G]	100.1% [G]	100.1%	99.8%	100.8%
	Mental Health																		
	% of urgent referrals to CAMHS responded to within 3 working days	M	>90%	4.1%		93.7% [G]		100% [G]	96.2% [G]	100% [G]	67.2% [R]	91.6% [G]	100% [G]	82.1% [A]	99.8% [G]		93%	90.9%	90.9%
	% seen within 12 weeks by GAMHT	M	75%	-0.3%		74.8% [G]		87% [G]	87.2% [G]	69.6% [A]	71.9% [G]	76.2% [G]	81.2% [G]	78.1% [G]	69% [A]	54.5% [R]	71.1%	71.5%	72.2%
	% seen within 12 weeks by POLL Mental Health Teams	M	95%	-1.7%		93.4% [G]		97% [G]	98.9% [G]	95% [G]	93.4% [G]	99% [G]	97.1% [G]	91.1% [G]	87.1% [A]	76.6% [R]	90.4%	92.3%	93.2%
	Disability Act Compliance																		
	Assessments completed within timelines	Q	100%	-85.3%		14.7% [R]		72.4% [R]	38.2% [R]	31.1% [R]	8.6% [R]	4% [R]	7.9% [R]	4% [R]	16.6% [R]	12.7% [R]	16.3%	14.3%	14.5%
	Number of requests for assessment of need received for children	Q	4,613	27.9%		5,899 [G]		440 [G]	167 [G]	478 [G]	734 [R]	271 [G]	323 [G]	1,224 [G]	875 [G]	1,387 [G]	1,911	1,270	1,506
	Children's Disability Networks																		
	No. of Children's Disability Networks established ¹	M	91	0%		91 [G]		7 [G]	9 [G]	7 [G]	14 [G]	12 [G]	7 [G]	11 [G]	12 [G]	12 [G]	0	6	0

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

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Disability Emergency Supports																		
	No. of new emergency places provided to people with a disability	M	44	106.8%		91 [G]											5	8	17
	No. of in home respite supports for emergency cases	M	358	38.8%		497 [G]											36	51	77
Access and Integration	Home Support Hours²																		
	Number of hours provided	M	23,670,000	-13.5%	21,895,805	20,463,216 [A]	-6.5%	2,007,795	2,331,668	1,714,615	2,827,151	1,908,419	1,915,971	2,310,477	2,115,276	3,331,843	1,774,007	1,788,958	1,790,580
	Home Support Hours provided for testing of Statutory Home Support Scheme	M	230,000	-99.7%		582 [R]													582
	No. of people in receipt of home support	M	55,675	-1.1%		55,043 [G]		4,338 [G]	6,706 [G]	4,591 [G]	9,070 [G]	6,222 [G]	4,516 [G]	6,172 [R]	5,953 [G]	7,475 [G]	54,986	55,121	55,043
	Delayed Transfers of Care																		
	Number of beds subject to Delayed Transfers of Care	M	≤480	-5.6%	≤371	453 [R]	22.1%										476	499	453
	Homeless																		
	% of service users assessed within two weeks of admission	Q	85%	-6.6%		79.4% [A]		92.9% [G]	85.8% [G]	92.1% [G]	61.3% [R]	78.3% [A]	94.1% [G]	94.5% [G]	93.8% [G]	70% [R]	83.7%	85.7%	79.4%
	Substance Misuse																		
	No. of substance misusers (<18 years) - treatment commenced within one week (finish out March 2022)	Q-1Q	2,838	-7.2%		2,633 (A)		432 (A)	142 (G)	61 (R)	293 (A)	881 (G)	130 (R)	341 (R)	159 (G)	194 (R)	685	940	1,008

² No. of home support hours provided for testing of Statutory Home Support Scheme - Due to the delay in the commencement the pilot is to continue into 2022 until June to deliver on the 230,000 hours.

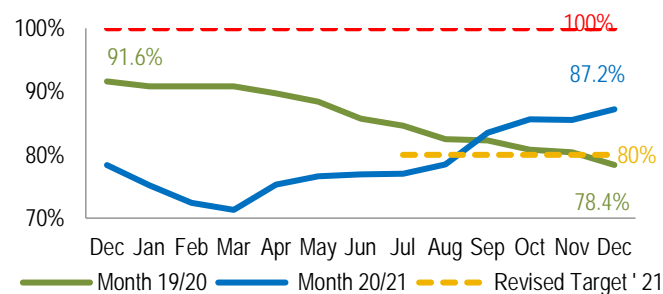
		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity / Target	National YTD	Revised % Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	-4.3%		95.7% [G]		97.1% [G]	96.6% [G]	64.9% [R]	92.7% [A]	99.8% [G]	100% [G]	100% [G]	84.6% [R]	94.2% [A]	94%	97.6%	95.3%
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan																		
	Net expenditure (pay + non-pay - income)	M	<0.1%	-3.75% [G]		7,007,820		3.53% [R]	3.77% [R]	3.95% [R]	0.95% [R]	1.94% [R]	0.24% [A]	-0.36% [G]	6.38% [R]	3.17 [R]	0.54%	0.21%	-3.75%
	Gross expenditure (pay and non-pay)	M	<0.1%	-3.57% [G]		7,514,188		2.18% [R]	2.29% [R]	3.42% [R]	0.16% [A]	1.50% [R]	0.09% [G]	0.04% [G]	4.97% [R]	3.92% [R]	0.21%	-0.07%	-3.57%
	Pay expenditure variance from plan	M	<0.1%	-4.64% [G]		3,264,965		0.60% [A]	0.79% [R]	1.08% [R]	-3.10% [G]	0.23% [A]	5.56% [R]	0.62% [A]	3.80% [R]	1.88% [R]	0.69%	0.61%	-4.64%
	Non-pay expenditure	M	<0.1%	-2.74% [G]		4,249,223		5.68% [R]	3.60% [R]	4.91% [R]	3.30% [R]	2.76% [R]	-5.09% [G]	-0.75% [G]	6.48% [R]	6.48% [R]	-0.16%	-0.59%	-2.74%
	Service Arrangements (04.01.22)																		
	Monetary value signed	M	100%	-13.36%		86.64%											74.62%	78.91%	86.64%
Workforce	Internal Audit																		
	Recommendations implemented within 12 months (2020)	Q	95%	-35.78%		61% [R]											45%	62%	61%
	Attendance Management																		
	% absence rates by staff category (non Covid)	M	<3.5%	35.71%		4.75% [R]		5.83% [R]	3.31% [G]	5.36% [R]	4.44% [R]	5.36% [R]	4.09% [R]	5.13% [R]	5.44% [R]	4.31% [R]	5.29%	5.51%	5.21%
	% absence rates by staff category (Covid)	M	NA			1.56%		1.99%	1.19%	1.39%	1.55%	1.78%	1.67%	1.62%	1.62%	1.36%	1.31%	2.27%	2.76%

Primary Care Services

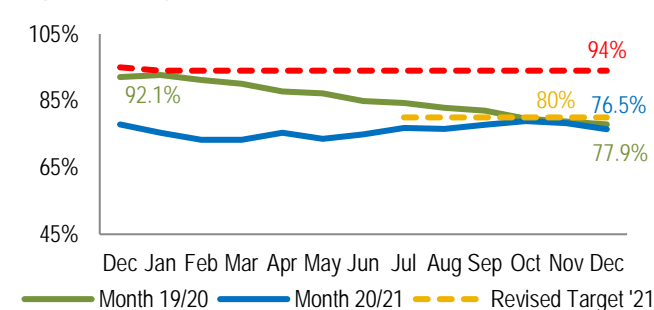
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Speech and Language Therapy access within 52 weeks	100%	M	● 80%	87.2%	78.4%	+8.8%	85.6%	85.5%	87.2%	CHO4 (98.5%), CHO8 (96.6%), CHO6 (94.6%)	CHO1 (70.9%), CHO5 (76.3%), CHO7 (83%)
Physiotherapy access within 52 weeks	94%	M	● 80%	76.5%	77.9%	-1.4%	78.9%	78.3%	76.5%	CHO7 (95.4%), CHO9 (92.1%), CHO6 (91.5%)	CHO5 (56.4%), CHO2 (68.7%), CHO3 (69.2%)
Occupational Therapy access within 52 weeks	95%	M	● 60%	71.8%	57.9%	+13.9%	68.4%	70.7%	71.8%	CHO3 (90.6%), CHO6 (86.2%), CHO7 (82.2%)	CHO2 (56.8%), CHO1 (56.9%), CHO5 (58.8%)
Podiatry access within 52 weeks	77%	M	● 55%	51.3%	57.5%	-6.2%	49.7%	51.2%	51.3%	CHO9 (96.8%), CHO2 (84.7%), CHO4 (73.9%)	CHO8 (23.4%), CHO1 (31.2%), CHO5 (36%)
Ophthalmology access within 52 weeks	64%	M	● 55%	51.1%	55.4%	-4.3%	50.7%	49.7%	51.1%	CHO6 (100%), CHO9 (100%), CHO3 (73.5%)	CHO2 (39.1%), CHO4 (39.4%), CHO8 (42.7%)
Audiology access within 52 weeks	75%	M	● 65%	68.3%	64.9%	+3.4%	67.2%	68.1%	68.3%	CHO9 (100%), CHO7 (93%), CHO1 (85.2%)	CHO8 (48.6%), CHO5 (51.7%), CHO3 (63.6%)
Dietetics access within 52 weeks	80%	M	● 65%	54.9%	63.3%	-8.4%	57.8%	56.4%	54.9%	CHO1 (93.3%), CHO4 (76.7%), CHO9 (76.1%)	CHO5 (36.4%), CHO3 (41.7%), CHO7 (45.3%)
Psychology access within 52 weeks	81%	M	● 50%	58.5%	49.1%	+9.4%	56.3%	57.4%	58.5%	CHO8 (98.7%), CHO6 (97.3%), CHO5 (83.8%)	CHO7 (40.4%), CHO2 (42.5%), CHO9 (43.1%)

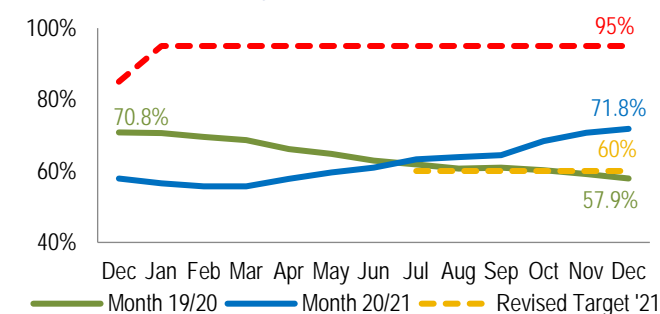
SLT Access within 52 weeks



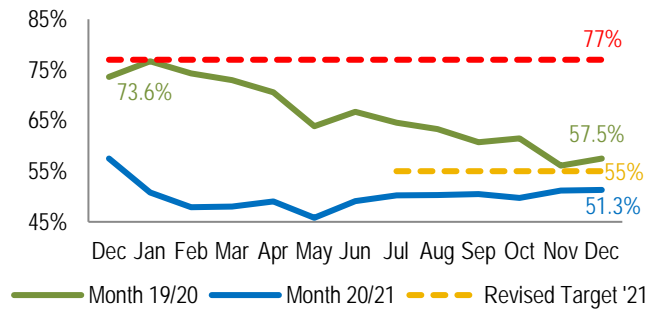
Physiotherapy Access within 52 weeks



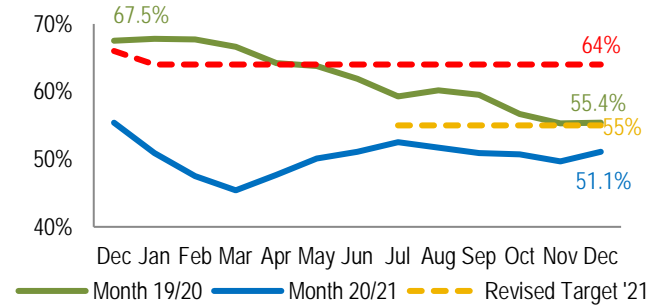
Occupational Therapy Access within 52 weeks



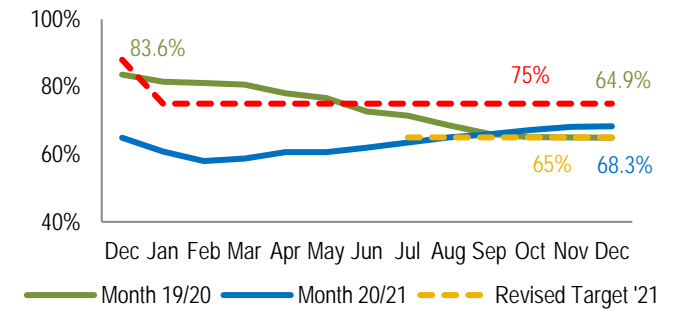
Podiatry Access within 52 weeks



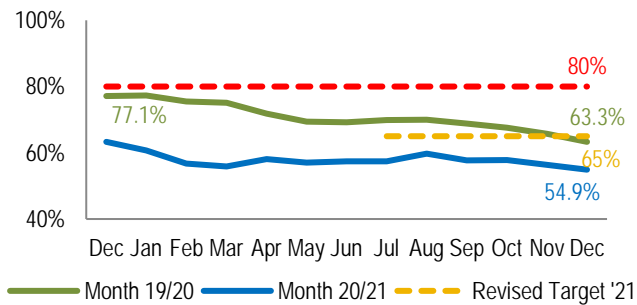
Ophthalmology Access within 52 weeks



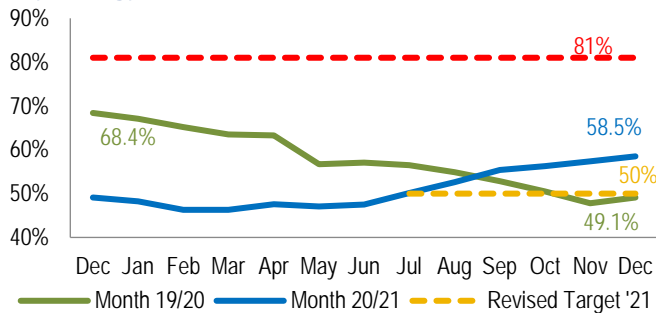
Audiology Access within 52 weeks



Dietetics Access within 52 weeks



Psychology Access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	% Var YTD	Revised Target/ Expected Activity	Current Period YTD	Revised % Var YTD	SPLY	SPLY change
Physiotherapy							
Number seen	587,604	-26.8%	413,089	429,888	4.1%	414,345	15,543
Total number waiting	42,173	27.3%		53,685		48,277	5,408
% waiting < 12 weeks	81%	-3%		78.6%		79.5%	-0.9%
Number waiting > 52 weeks				12,740		10,723	2,017
Occupational Therapy							
Number seen	389,256	-13.4%	330,071	337,246	2.2%	310,153	27,093
Total number waiting	34,093	-8.6%		31,165		36,335	-5,170
% waiting < 12 weeks	71%	-6.0%		66.7%		69.3%	-2.6%
Number waiting > 52 weeks				8,799		15,300	-6,501
*Speech & Language Therapy							
Number seen	282,312	-27.3%	197,181	205,214	4.1%	167,208	38,006
Total number waiting	17,645	-6.7%		16,454		23,180	-6,726
Number waiting > 52 weeks				2,100		5,012	-2,912

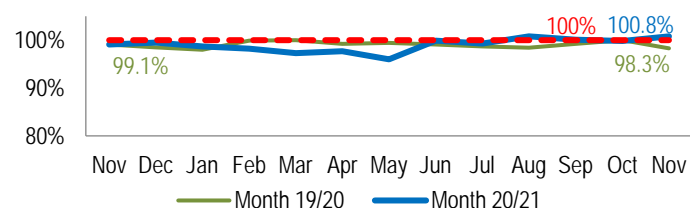
Treatment Waiting List	Target/ Expected Activity	% Var YTD	Revised Target/ Expected Activity	Current Period YTD	Revised % Var YTD	SPLY	SPLY change
*Speech & Language Therapy							
Total number waiting	9,868	-1.2%		9,746		11,433	-1,687
Number waiting > 52 weeks				2,771		4,989	-2,218
Psychology							
Number seen	49,757	-9.3%	50,204	45,120	-10.1%	41,800	3,320
Total number waiting	10,532	15.1%		12,119		11,519	600
% waiting < 12 weeks	36%	-45.7%	20%	19.5%	-2.5%	16.4%	3.1%
Number waiting > 52 weeks				5,035		5,866	-831
Podiatry							
Number seen	85,866	-47.9%	39,093	44,712	14.4%	47,985	-3,273
Total number waiting	4,619	67.4%		7,733		5,465	2,268
% waiting < 12 weeks	33%	-54.1%	20%	15.1%	-24.5%	16.6%	-1.5%
Number waiting > 52 weeks				3,764		2,321	1,443
Ophthalmology							
Number seen	46,980	49.2%	64,033	70,105	9.5%	61,238	8,867
Total number waiting	17,794	14.4%		20,361		19,326	1,035
% waiting < 12 weeks	19%	11.3%	20%	21.1%	5.5%	23.5%	-2.4%
Number waiting > 52 weeks				9,959		8,624	1,335
Audiology							
Number seen	31,259	51.1%	48,445	47,233	-2.5%	36,701	10,532
Total number waiting	19,351	-21.3%		15,235		20,810	-5,575
% waiting < 12 weeks	20%	26.6%		25.3%		18.1%	7.2%
Number waiting > 52 weeks				4,833		7,300	-2,467
Dietetics							
Number seen	68,640	-1.6%	51,006	67,566	32.5%	64,626	2,940
Total number waiting	17,417	57.9%		27,500		20,588	6,912
% waiting < 12 weeks	40%	-47%	25%	21.2%	-15.2%	25.3%	-4.1%
Number waiting > 52 weeks				12,406		7,559	4,847

*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	100.8%	98.3%	+2.5%	100.1%	99.8%	100.8%	CHO5 (106.5%), CHO3 (104.3%), CHO4 (100.7%)	CHO6 (89.6%), CHO7 (98.8%), CHO8 (99.2%)

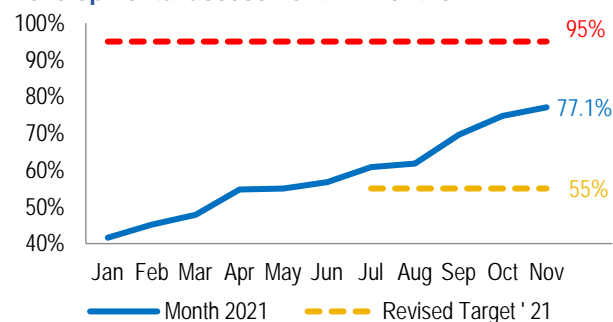
Nursing – access within 12 weeks



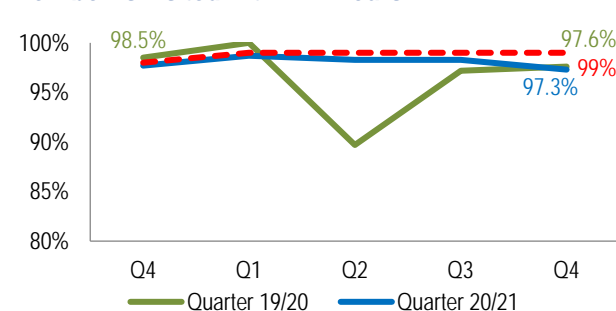
Child Health

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	55%	58.7%			69.6%	74.8%	77.1%	CHO4 (93.5%), CHO3 (90.6%), CHO1 (80.6%)	CHO9 (61.4%), CHO6 (62%), CHO5 (73.3%)
% of new-born babies visited by a PHN within 72 hours	99%	Q		98.2%	96.3%	+1.9%	98.3%	98.3%	97.3%	CHO4 (100.1%), CHO2 (98.9%), CHO3 (98.7%)	CHO8 (93.9%), CHO6 (94.7%), CHO7 (97.9%)

Developmental assessment 12 months



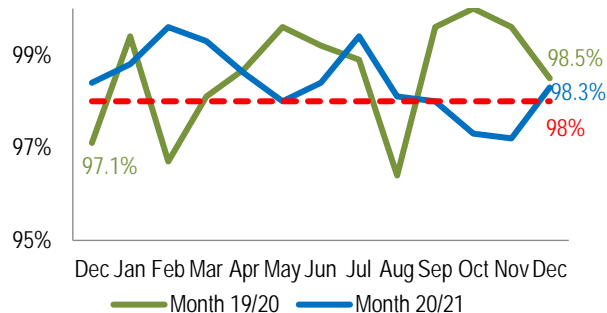
New borns visited within 72 hours



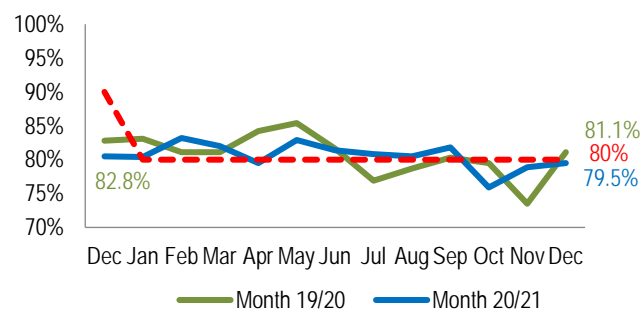
Palliative Care

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M		98.4%	98.7%	-0.3%	97.3%	97.2%	98.3%	CHO1, 2, 3, 5, 6 & 7 (100%)	
Access to palliative community services within 7 days	80%	M		80.6%	80.5%	+0.1%	75.9%	78.9%	79.5%	CHO2 (96.6%), CHO9 (96%), CHO3, CHO5 (81%)	CHO4 (61.7%), CHO 7 (62.5%), CHO1 (75%)
Number accessing inpatient beds within seven days	4,078 YTD/ 4,078 FYT	M	2,776 YTD/ 2,776 FYT	3,489	3,309	+180	286	315	339		
Treatment in normal place of residence	3,358 FYT	M		3,371	3,281	+90	3,353	3,399	3,371	CHO2 (37.5%), CHO8 (27.8%), CHO9 (14.8%)	CHO1 (-31.5%), CHO5 (-18.3%), CHO4 (-18%)

Access to palliative inpatient beds



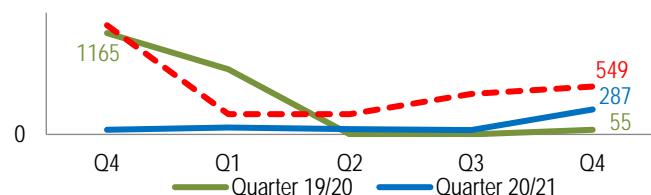
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	1,480 FYT	Q	● 476	805	-329	61	50	287	CHO2 (23.9%)	8 out of the 9 CHOs did not reach target

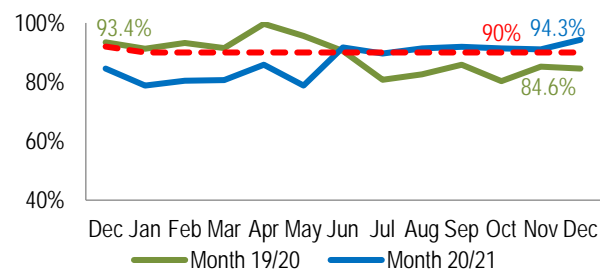
Number who have completed type 2 diabetes education programme



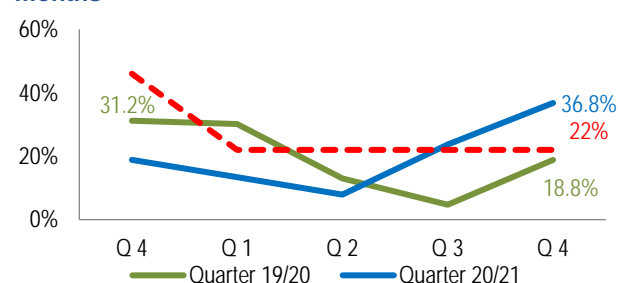
Oral Health and Orthodontics

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 months	90%	M	● 88%	88.6%	-0.6%	91.4%	91.1%	94.3%	CHO7 (100%), CHO9 (99.6%), CHO6 (98.9%)	CHO5 (76.3%), CHO1 (89.2%), CHO2 (92.6%)
Orthodontics - % seen for assessment within 6 months	22%	Q	● 36.8%	18.8%	+18%	7.9%	23.7%	36.8%	DML (71.1%)	West (31.1%), South (33.5%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 19.4%	20.7%	-1.3%	22.2%	20.3%	19.4%		DML (23.7%), South (23.7%), West (7.3%)

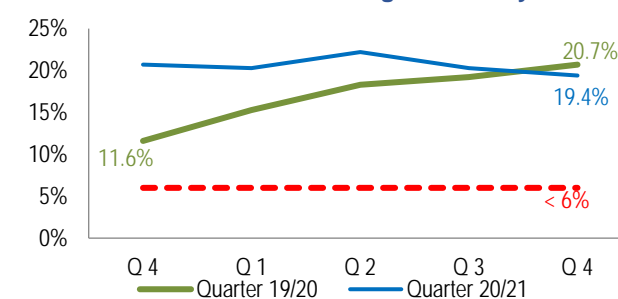
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



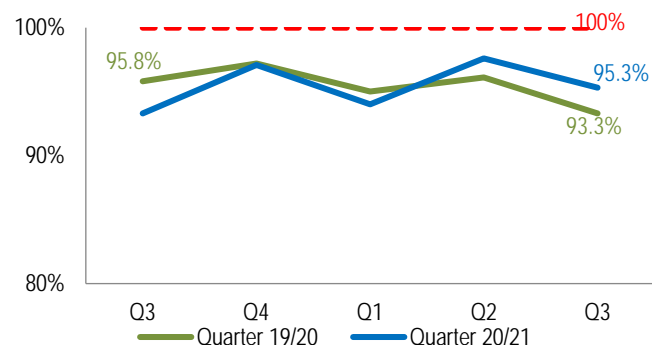
Orthodontics: treatment waiting list > four years



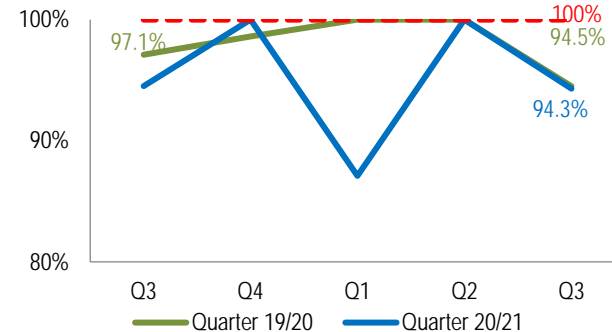
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	● 95.7%	94.8%	+0.9%	94%	97.6%	95.3%	CHO1, 6 & 7 reached target	CHO3 (51.6%), CHO9 (83.8%), CHO4 (89.6%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	● 95%	98.6%	-3.6%	87.1%	100%	94.3%	CHO1, 2, 3, 7 & 9 reached target	CHO5 (75%), CHO6 (92.3%), CHO8 (92.9%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	● 79.4%	88.7%	-9.3%	83.7%	85.7%	79.4%	CHO7 (94.5%), CHO6 (94.1%), CHO8 (93.8%)	CHO4 (61.3%), CHO9 (70%), CHO5 (78.3%)

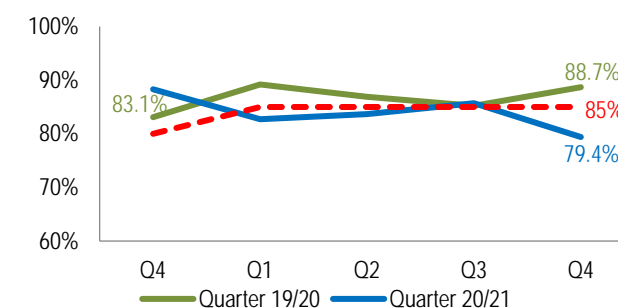
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks

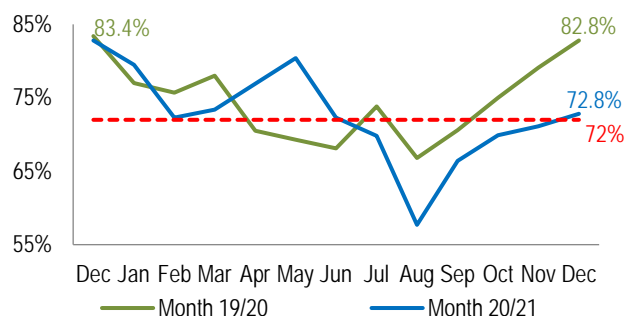


Mental Health Services

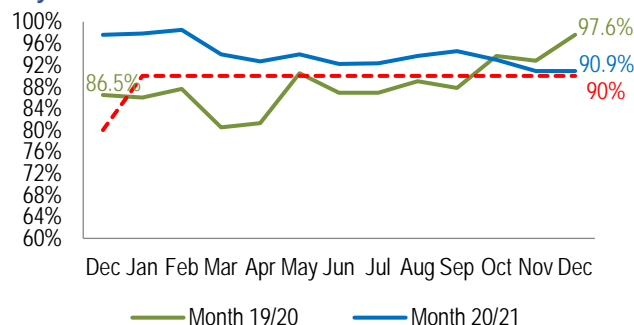
Child and Adolescent Community Mental Health Teams

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					92.5%	100%			
CAMHs Bed Days Used	95%	M	●	99.6%	98.8%	+0.8%	99.5%	99.9%	100%	All CHO's reached target	
CAMHs – first appointment within 12 months	95%	M	●	95.9%	95.7%	+0.2%	98.2%	97.6%	96.7%	CHO1, 2, 5, 6, 7 & 8 reached target	CHO3 (90%), CHO4 (90%)
CAMHs waiting list	2,308	M	●	2,973	2,755	+218	3,073	3,357	2,973	CHO2 (33), CHO7 (99), CHO5 (294)	CHO4 (702), CHO8 (599), CHO6 (510)
CAMHs waiting list > 12 months	0	M	●	249	266	-17	202	221	249	CHO2 (0), CHO7 (0)	CHO4 (105), CHO3 (91), CHO8 (28)
No of referrals received	14,895 YTD 14,895 FYT	M	●	22,613	17,436	+5,177	2,050	2,378	1,272		
Number of new seen	9,338 YTD 9,338 FYT	M	●	12,376	10,456	+1,920	1,075	1,166	657		
% of urgent referrals to CAMHs Teams responded to within three working days	>90%	M	●	93.7%	89.1%	+4.6%	93%	90.9%	90.9%	CHO1, 2, 3, 6, 7 & 8 reached target	CHO4 (47.8%), CHO5 (84.2%)

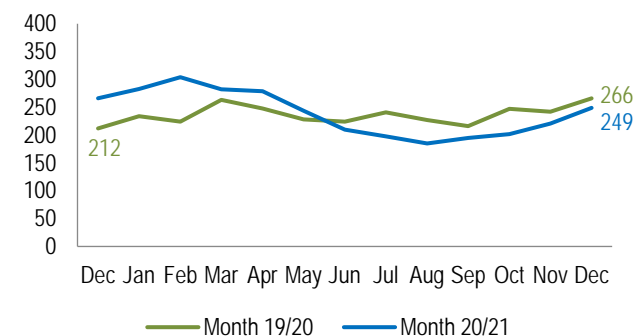
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



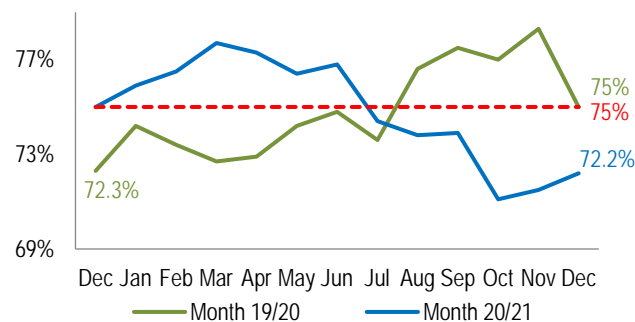
General Adult Mental Health

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	36,962 YTD 36,962 FYT	M	●	41,886	39,537	+2,349	3,536	3,745	2,771		
Number of referrals seen	23,042 YTD 23,042 FYT	M	●	25,202	23,883	+1,319	1,983	2,319	1,635		
% seen within 12 weeks	75%	M	●	74.8%	75.1%	-0.3%	71.1%	71.5%	72.2%	CHO1, 2, 5 & 6 reached target	CHO9 (59.2%), CHO8 (59.2%), CHO4 (70.3%)

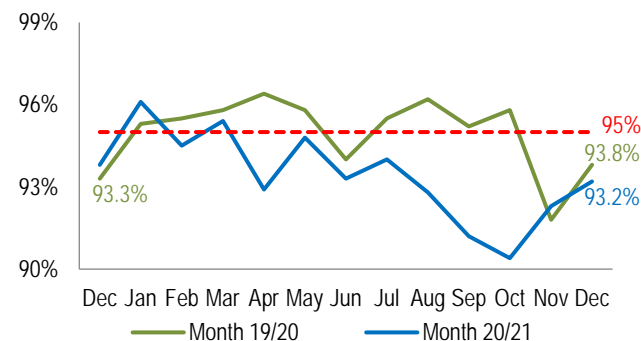
Psychiatry of Later Life

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	10,340 YTD 10,340 FYT	M	●	11,037	11,406	-369	906	954	718		
Number of referrals seen	7,388 YTD 7,388 FYT	M	●	7,623	7,643	-20	613	663	516		
% seen within 12 weeks	95%	M	●	93.4%	95%	-1.6%	90.4%	92.3%	93.2%	CHO1, 2, 3, & 5 reached target	CHO8 (83.3%), CHO9 (84%), CHO4 (85%)

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



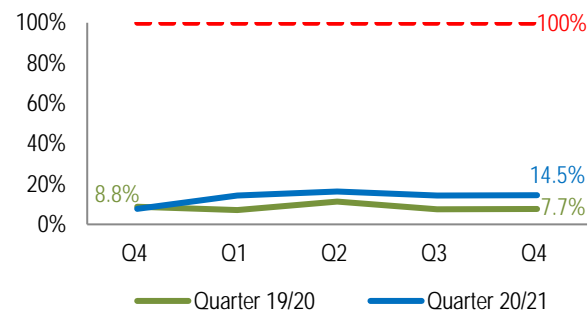
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



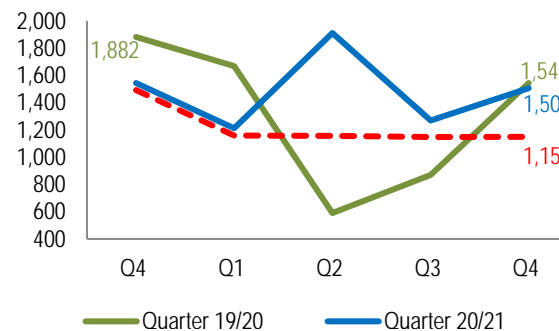
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Disability Act Compliance	100%	Q	● 14.7%	8.2%	+6.5%	16.3%	14.3%	14.5%	No CHO reached target	(% Var): CHO4 (4.1%), CHO6 (5.1%), CHO5 (8.8%)
Number of requests for assessment of need received for Children	4,613YTD/ 4,613 FYT	Q	● 5,899	4,674	+1,225	1,911	1,270	1,506	(% Var): CHO's 1, 2, 3, 6, 7, 8 & 9 reached target	(% Var): CHO4 (-30.3%), CHO5 (-0.7%)
Movement from Congregated Setting to community settings	144 YTD/ 144 FYT	Q	● 135	75	+60	27	30	43	(% Var): CHO's 1, 6, 8 & 9 reached target	(% Var): CHO7 (-64.3%), CHO4 (-54.5%), CHO5 (-50%)
% of Children's Disability Networks established ³	100%	M	● 100%	10.4%	+89.6%	93.4%	100%	100%	(% Var): All CHO's reached target	(% Var):
Number of Children's Disability Networks established ⁴	91 YTD/ 91FYT	M	● 91	10	+81	0	6	0	(% Var): All CHO's reached target	(% Var):

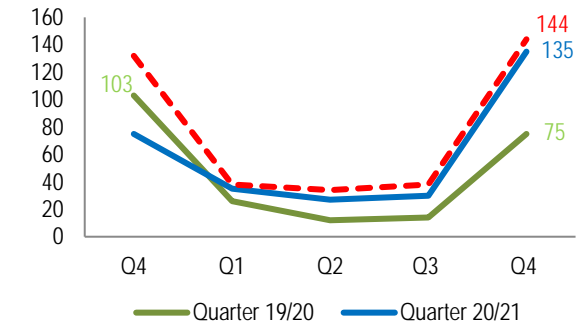
Disability Act Compliance



Assessment of Need Requests



Congregated Settings



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

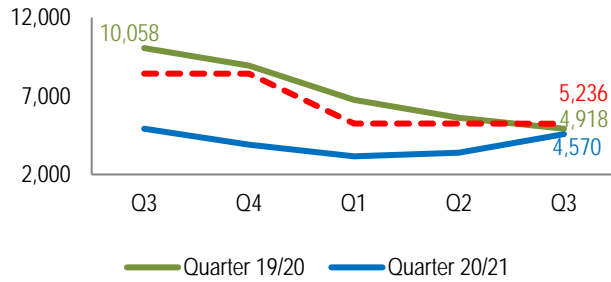
⁴ CHO 4 reduced full year target by 1, CHO 3 increased full year target by 1, over all national total remains 91.

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

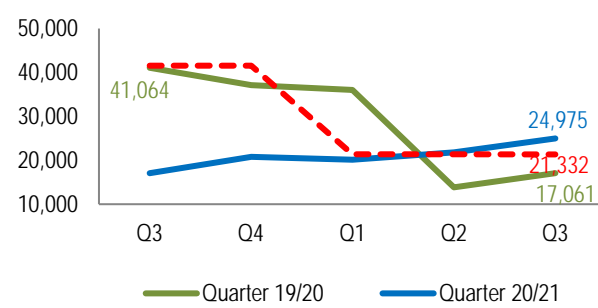
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	44	44	● 91	86	+5	5	8	17
No. of in home respite supports for emergency cases	M	358	358	● 497	857	-360	36	51	77
Number of residential places provided to people with a disability	M	8,130	8,130	● 8,146	8,139	+7	8,097	8,141	8,146

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	15,722 YTD/ 20,958 FYT	Q-1M	● 11,120	17,278	-6,158	3,157	3,393	4,570	(% Var): CHO6 (25.2%)	(% Var): CHO9 (-85.4%), CHO1 (-58.3%), CHO7 (-33%)
Respite – Number of overnights	64,010 YTD/ 85,336 FYT	Q-1M	● 66,894	66,925	-31	20,147	21,772	24,975	(% Var): CHO1 (39.1%), CHO2 (24.4%), CHO4 (12.9%)	(% Var): CHO9 (-48.5%), CHO5 (-24.3%), CHO6 (-9.4%)
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	4,392 YTD/ 4,392FYT	Q-1M	● 4,234	3,523	+711	3,851	3,852	4,234	(% Var): CHO7 (29.8%), CHO2 (13.8%), CHO1 (12%)	(% Var): CHO9 (-59%), CHO6 (-24.9%), CHO5 (-21.6%)
Home Support Hours	2,257,503 YTD/ 3,010,000 FYT	Q-1M	● 2,071,465	2,219,931	-148,466	706,137	692,991	672,337	(% Var): CHO4 (15.2%), CHO3 (9%), CHO1 (5.6%)	(% Var): CHO9 (-34.7%), CHO5 (-34%), CHO6 (-13.1%)
Personal Assistance Hours	1,305,004 YTD/1,740,000 FYT	Q-1M	● 1,191,768	1,328,039	-136,271	421,544	424,250	345,973	(% Var): CHO4 (7.3%), CHO2 (6.7%), CHO3 (1.9%)	(% Var): CHO9 (-35.5%), CHO5 (-28.9%), CHO6 (-13.7%)

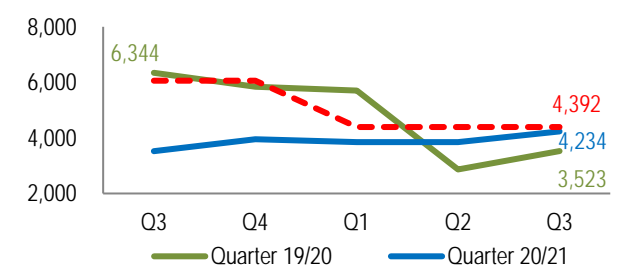
Respite Day Only



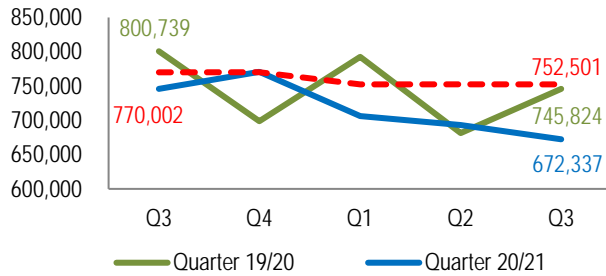
Respite Overnights



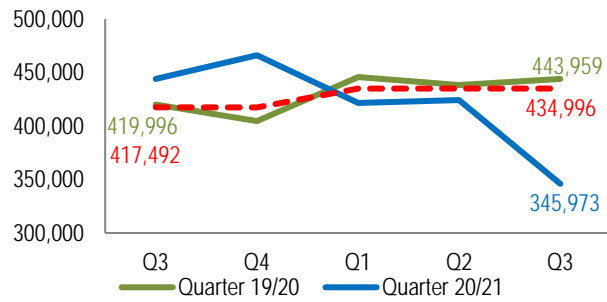
No. of people with a disability in receipt of respite services



Home Support Hours



Personal Assistance Hours

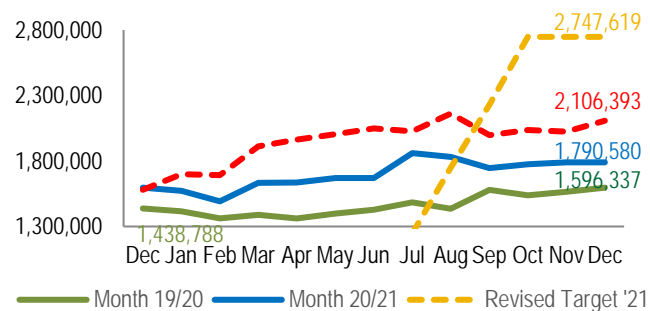


Older Person's Services

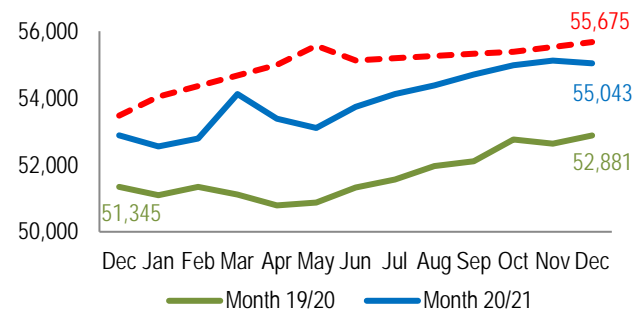
Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)	
Home Support Hours	23.67m YTD/ 23.67m FYT	M	●	21,895,805 YTD/ 21,895,805 FYT	20,463,216	17,554,181	+2,909,035	1,774,007	1,788,958	1,790,580			
Home Support Hours provided for testing of Statutory Home Support Scheme	230,000 YTD/ 230,000 FYT	M			●	582				582			
No. of people in receipt of Home Support	55,675 YTD/ 55,675 FYT	M			●	55,043	52,881	+2,162	54,986	55,121	55,043	(%Var): CHO2 (4.5%). CHO9 (2.5%), CHO6 (1.8%)	(%Var): CHO7 (-13.3%), CHO4 (-2.3%), CHO5 (-0.9%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M			●	115	149	-34	114	114	115		
No. of persons funded under NHSS in long term residential care	22,500 YTD/ 22,500 FYT	M			●	22,296	22,755	-459	22,301	22,279	22,296		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M			●	4,670	4,816	-146	4,653	4,681	4,670	(%Var): CHO9 (16.9%), CHO3 (14.2%), CHO2 (13.2%)	(%Var): CHO1 (-8.9%), CHO5 (-3.3%), CHO7 (-0.3%)
No. of short stay beds in public units	2,209 YTD/ 2,209 FYT	M			●	1,477	1,303	+174	1,420	1,455	1,477	(%Var): CHO6 (12.7%)	(%Var): CHO8 (-64.4%), CHO4 (-58.4%), CHO7 (-45.7%)
No. of beds subject to Delayed Transfers of Care	≤480	M	●	≤371		453	363	+90	476	499	453	3 hospitals have (0), 3 hospitals have (1)	Tallaght Adults(51), OLOL (49), SJH, (49), SVUH (32)
No. of persons in receipt of payment for transitional care	831	M- 1M			●	1,050	911	+139	1,062	1,107	1,050		

No. of home support hours provided for testing of Statutory Home Support Scheme - Due to the delay in commencement, the pilot is to continue into 2022 until June to deliver on the 230,000 hours.

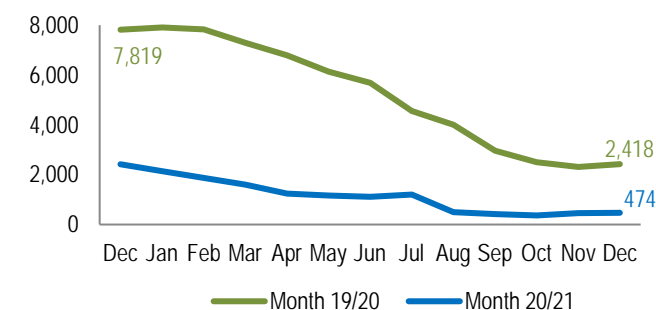
Number of Home Support Hours Provided



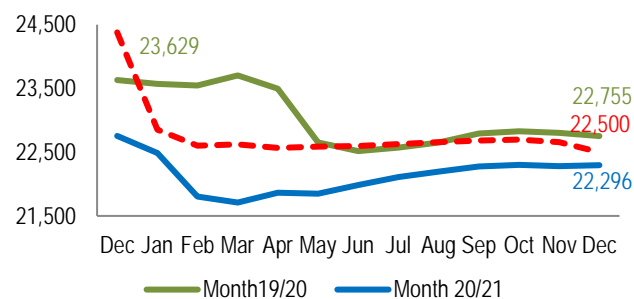
Number of people in receipt of Home Support



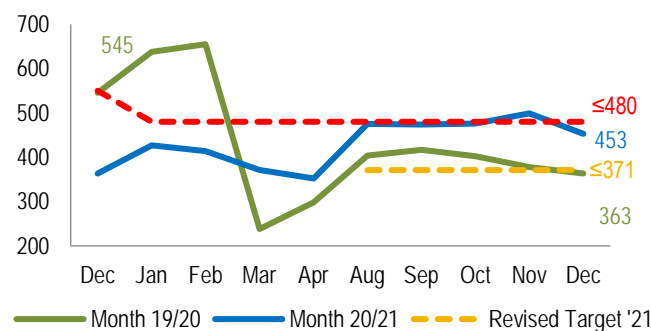
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care⁵



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	78	14	92	20.3%
Residential Care	169	27	196	43.3%
Rehab	21	19	40	8.8%
Complex Needs	28	12	40	8.8%
Housing/Homeless	9	18	27	6.0%
Legal complexity	26	10	36	7.9%
Non compliance	14	1	15	3.3%
COVID-19	7	0	7	1.5%
Total	352	101	453	100%

⁵ DTOC data not available for May – July due to cyber-attack

NHSS Overview

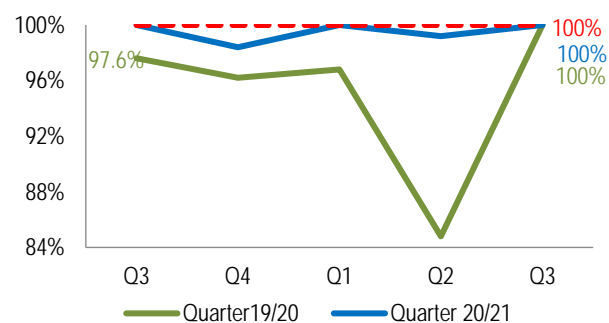
		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	9,038	8,975	+63	790	697	692	572	+120
	National placement list for funding approval	614	164	+450	591	596	614	164	+450
	Waiting time for funding approval	4 weeks	2 weeks	+2 weeks	4 weeks	4 weeks	4 weeks	2 weeks	+2 weeks
	Total no. people funded under NHSS in LTRC	22,296	22,755	-459	22,301	22,279	22,296	22,755	-459
Private Units	No. of new patients entering scheme	6,246	6,594	-348	535	565	555	548	+7
	No. of patients Leaving NHSS	6,434	7,086	-652	520	565	553	564	-11
	Increase	-188	-492	+304	+15	0	+2	-16	+18
Public Units	No. of new patients entering scheme	1,274	1,317	-43	97	118	159	100	+59
	No. of patients Leaving NHSS	1,545	1,699	-154	89	140	144	134	+10
	Net Increase	-271	-382	+111	+8	-22	+15	-34	+49

Disability and Older Persons' Services

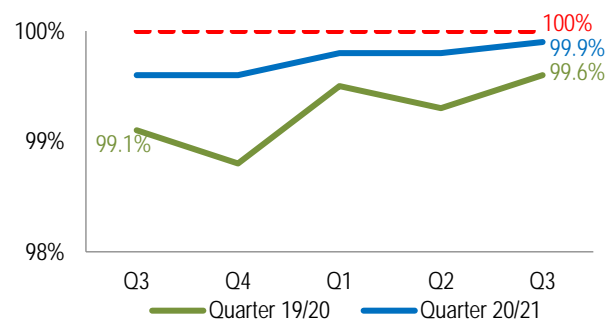
Safeguarding

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%	99.2%	100%	All CHO's achieved target	
% of initial assessments for adults under 65 years	100%	Q-1M	●	99.9%	99.6%	+0.3%	99.8%	99.8%	99.9%	CHO1, 2,3,4,6,7 & 8 achieved target	CHO5 (99.3%), CHO9 (99.4%)

% of initial assessments for adults aged 65 and over



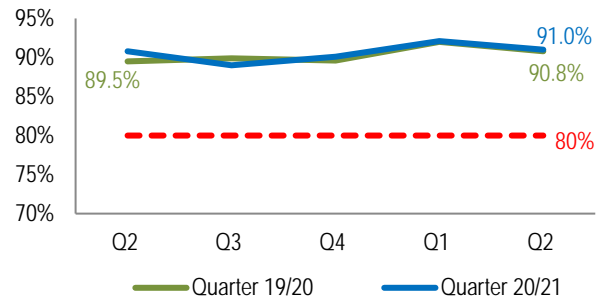
% of initial assessments for adults under 65



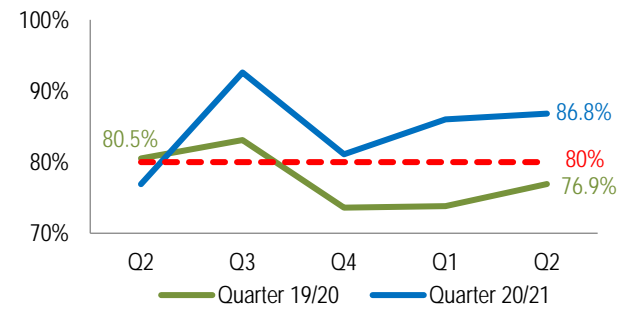
HIQA Inspections

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	●	91.4%	91.7%	-0.3%	90.1%	92.1%	91%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	86.3%	74.5%	+11.8%	81.1%	86%	86.8%		

HIQA – Disabilities



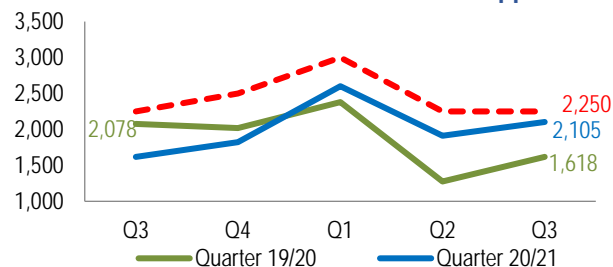
HIQA Inspections – Older Persons



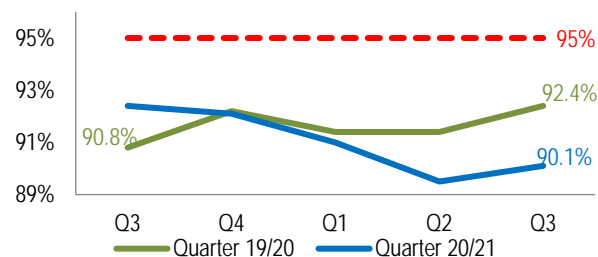
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	7,500 YTD/ 10,000 FYT	Q-1Q	● 6,618	5,274	+1,344	2,601	1,912	2,105	(%Var) CHO5 (56.8%), IE HG (42%), CHO1 (34.2%)	(%Var) UL HG (-78.9%), RCSI (-70.8%), SAOLTA HG (-62.7%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 57.3%	50.9%	+6.4%	60%	55.6%	55%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 90.2%	91.7%	-1.5%	91%	89.5%	90.1%	No CHO reached target	CHO1 (86.3%), CHO9 (86.8%), CHO6 (89.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.5%	94%	-0.5%	94.1%	93.1%	93.3%	CHO2 (96.2%), CHO4 (95.3%)	CHO9 (90.8%), CHO6 (91.5%), CHO1 (91.8%)

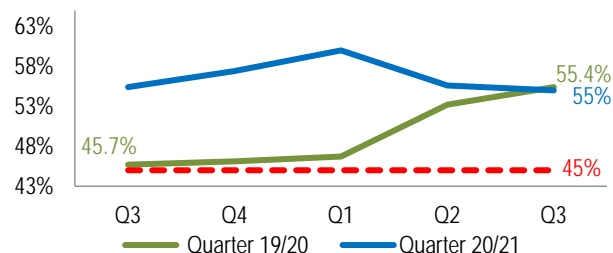
Tobacco smokers – intensive cessation support



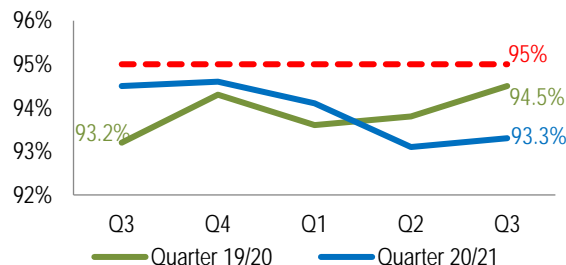
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Notwithstanding the very challenging year in 2021 overall the performance of community services has been largely positive. At the time of writing (22nd Jan 2022) it appears that the Omicron wave has peaked but it is still presenting challenges across services with significant Covid staff absences being reported across the system. There has been a downward trend in staff absence over the previous week but staffing absence remains a challenge for services.

The positive performance of Community Services has been in the face of very significant challenges in 2021, the emergence of the Delta variant in the earlier part of the year followed by the emergence of Omicron in December have impacted service delivery. This is in addition to the Cyber Attack which had major adverse impacts for the onset in May until the end of summer and into the autumn.

Despite these challenges December has seen strong performance with some services delivering ahead of National Service Plan targets for 2021, the following are examples of positive performance nationally:

- At end of December 2021, there were 71,128 CIT referrals year to date which is 18.7% ahead of the expected year to date activity of 59,919.
- Physiotherapy Access within 52 weeks - The national position at the end of December 2021 is 76.5% compared to the revised target of 80% (PC100G). The number of clients waiting longer than 52 weeks has increased by +7.1% from 11,890 in November to 12,740 in December
- Access to Palliative Inpatient Beds - The national year to date position is 98.4% 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 - 90.4% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD December 2021 against a target of 90%.

- Psychiatry of Old Age - 96% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD December 2021 against a target of 98%

As can be seen below many of the 'therapy' services are exceeding targets for the numbers of patients seen. An example here is physiotherapy which is operation 4.1% beyond target and Ophthalmology which is 9.5% ahead of target on the numbers of patients seen.

However, challenges remain in respect of waitlists and for example notwithstanding the good performance in Physiotherapy in exceeding targets for access there has been an increase in the number of clients waiting longer than 52 weeks which has increased by 7.1% from 11,890 in November to 12,740 in December (PC100E).

Another example of wait list challenges is Dietetics where the number of clients waiting longer than 52 weeks has increased by 4.5% from 11,872 in November to 12,406 in December (PC109E).

Waitlist Initiative

The number of people waiting for services and the length of time that they are waiting has increased as a result of re-prioritising services during the two years of the COVID pandemic and this has also been exacerbated by the Cyber-attack in 2021.

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

In addition to this, there are competing priorities for the HSE workforce in restoring and delivering services in a safe model of care.

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

- A. Patients waiting for orthodontic treatment for more than 4 years and
- B. Children waiting for primary care psychology for more than 12 months.

Allocations of 5.5 and 4 million respectively have been made to these initiatives in 2021 and these will be the priority actions in 2022 subject to approval from the Operational Team overseeing the process.

In addition to these initiatives, a number of others are in the design phase which we plan to implement, subject to approval, later in 2022.

Primary Care

Primary Care Services have been the most impacted by the requirement to set up and continue to support Covid Specific Services including the vaccination / booster programme. This has inevitably impacted the delivery of Primary Care services but as has been shown there has been some very strong performance in primary care.

While there had been a significant return of staff from Covid services to 'core duties' further redeployment was required across December and January to deliver services and to 'fill the gaps' caused by staff absence as a result of Omicron. It is important to note that staff are required to deliver services in a clinically safe, socially distant manner with a consequent impact on their ability to meet targets. Other challenges include reduced capacity, maintaining Covid 19 services, the impact of the vaccination / booster programme and increased demand and waitlists because of the pandemic.

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 93.8% return rate for data across Primary Care Services. This return rate is likely related to staff absence because of Covid.

Work is ongoing to ensure a 100% data return but there is a pressing need for investment in ICT systems in community services that will allow data to be captured once at source and for reports to be generated automatically.

Community Intervention Teams (CIT)

At end of December 2021, there were 71,128 CIT referrals year to date which is 18.7% ahead of the expected year to date activity of 59,919 (PC122).

*** Data return rate 95%.**

Child Health Developmental Assessment 12 Months

The national performance at November 2021 YTD (Data one month in arrears) is 58.7% compared to a revised target of 55% (PC153). Again, it should be noted that services are being delivered in a Covid environment and there are requirements to provide services in a safe environment for both children and staff.

*** Data return rate 90.6%**

Oral Health

Year to date nationally 88% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A).

***Data return rate 100%**

Physiotherapy Access within 52 weeks

The national position at the end of December 2021 is 76.5% compared to the revised target of 80% (PC100G). The number of clients waiting longer than 52 weeks has increased by 7.1% from 11,890 in November to 12,740 in December (PC100E). The improvement is likely related to returns from redeployment.

*** Data return rate 96.9%**

Occupational Therapy (OT) Access within 52 weeks

The national position in December 2021 is 71.8% compared to the revised target of 60% (PC101G). The number of clients waiting longer than 52 weeks decreased by -9% from 9,670 in November to 8,799 in December (PC101E).

*** Data return rate 100%**

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in December 2021 is at 87.2% compared to the revised target of 80% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has decreased by -18.6% from 2,580 in November to 2,100 in December (PC116C).

***Data return rate 90.6%**

Podiatry Access within 52 weeks

The national position in December 2021 is 51.3% compared to the revised target of 55% (PC104G). The number of clients waiting longer than 52 weeks has increased by 1.3% from 3,714 in November to 3,764 in December (PC104E).

***Data return rate 100%**

Ophthalmology Access within 52 weeks

The national December 2021 position is 51.1% compared to the revised target of 55% (PC107G). The number of clients waiting longer than 52 weeks has decreased by -12.8% from 11,424 in November to 9,959 in December (PC107E).

***Data return rate 95.5%**

Audiology Access within 52 weeks

The national position in December 2021 is 68.3% compared to the revised target of 65% (PC108G). The number of clients waiting longer than 52 weeks has decreased by -7.7% from 5,236 in November to 4,833 in December (PC108E).

***Data return rate 96.9%**

Psychology Access within 52 weeks

The national position in December 2021 is 58.5% compared to the revised target of 50% (PC103G). The number of clients waiting longer than 52 weeks has decreased by -2.8% from 5,182 in November to 5,035 in December (PC103E). Work is on-going with Mental Health Services to look at how best to provide digital online cognitive behavioural therapy services and other digital interventions to enhance service provision in this area. The wait list initiative should reduce the CAMHS wait list in 2022 subject of funding.

***Data return rate 100%**

Dietetics Access within 52 weeks

The national position in December 2021 is 54.9% compared to the revised target of 65% (PC109G). The number of clients waiting longer than 52 weeks has increased by 4.5% from 11,872 in November to 12,406 in December (PC109E).

***Data return rate 96.9%**

Numbers of Patients Seen

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

Number of Patients Seen YTD December 2021 (please note data return rates referred to above)			
Discipline	Target YTD (NSP 2021)	Actual YTD	Actual vs. Target* YTD
Physiotherapy (PC125)	413,089	429,888	+4.1%
Occupational Therapy (PC124)	330,071	337,246	+2.2%
SLT (PC126)	197,181	205,214	+4.1%
Podiatry (PC127)	39,093	44,712	+14.4%
Ophthalmology (PC128)	64,033	70,105	+9.5%
Audiology (PC129)	48,445	47,233	-2.5%
Psychology (PC131)	50,204	45,120	-10.1%
Dietetics (PC130)	51,006	67,566	+32.5%

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

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 98.4% 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 80.6% 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 December 2021 is 51 compared to the expected activity of 46 (PAC39).

*** Data return rate 50%.**

The number of children in the care of the Children's Nurse Co-Ordinators was 327 in December 2021. Compared to the expected activity of 310. (PAC37).

*** Data return rate 100%.**

Mental Health

CAMHS Inpatient Units

Nationally there were 361 children admitted to CAMHS inpatient units at the end of December 2021 (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.

92.9% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in November 2021 YTD which is above the target (85%) (MH5).

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

The number of children admitted to adult mental health units has reduced during 2021. The latest available data is the end of November 2021 that indicates there were 25 child admissions to adult units in the year to date. This is compared to 27 child admissions to adult units in 2020. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).

*** Data return rate 0%**

Community CAMHS

Nationally there was a decrease of 384 children on the waiting list for community mental health services, from 3,357 in November to 2,973 in December 2021 (MH50). There are 249 children waiting longer than 12 months in December 2021. CHO2 and CHO7 have no children waiting longer than 12 months to be seen.

CHO1 have (8), CHO3 (91) CHO4 (105), CHO5 (13), CHO6 (4), CHO8 (28) and CHO9 (Non return) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of December 2021, 75.4% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% (MH6). However, 95.9% of new or re-referred cases were seen within 12 months in community CAMHS services YTD December 2021 (MH72).

Nationally, 93.7% of urgent referrals to CAMHS were responded to within three working days, above the 90% target. (MH73).

*** Data return rate 75%**

Note: CAMHS Waitlist: In line with the recent announcement of the national waiting list initiative under the Sláintecare implementation programme work has commenced in addressing CAMHS waiting lists. Meetings with Heads of Service and ECD's in each CHO areas are in the process of being organised, with the specific purpose of agreeing action plans to address their respective CAMHS waiting lists that exceed 12 months. This initiative is contingent on funding from the Wait List Initiative / Access to Care Fund.

Community Adult Mental Health Services

90.4% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD December 2021 against a target of 90% (MH1). CHOs, 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed. However, Covid-related contingencies make this more challenging to address. 18.4% of people referred to general adult services did not attend (DNA) their appointments.

*** Data return rate 93.3%**

96% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD December 2021 against a target of 98% (MH3).

*** Data return rate 93.7%**

Disability Services

Children's Disability Networks

A significant milestone in the reform of Children's Services in line with Progressing Children's Disability Services has now been achieved in 2021 with the reconfiguring of all 91 Children's Disability Networks (CDNs). This reconfiguration ensures that children with complex needs as a result of their disability, and their families, have access to a team close to their home, regardless of their diagnosis, where they live or go to school, and in line with Sláintecare.

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

Residential Places

There were 8,146 residential places for people with a disability in December 2021, which is 0.2% (16) more than the 8,130 profiled target (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 2021, Disability Services committed to developing 44 new emergency residential placements and 358 intensive transitional support packages

for children and young people with complex/high support needs focusing on families experiencing substantial levels of support need, but who do not require a high cost long-term placement. At end of December 2021, 91 new emergency residential places were developed (DIS102); while a further 497 intensive support packages were put in place (DIS109); this includes 437 new packages and 60 packages approved in 2020 against additional Q4 funding, which have been maintained in 2021.

*** Data return 100%.**

RT Places

There were 2,125 people (all disabilities) in receipt of Rehabilitative Training in December 2021, which is -7.2% (165) 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%**

Day Places

There were 17,734 adults with disabilities receiving adult disability day services in December 2021. This figure includes almost 1,400 young people that left school and Rehabilitative Training Programmes during 2021 that required a HSE funded day service. The figure also includes 4,600 service users that are also in receipt of residential services. Day services experienced disruption during the year due to COVID-19 but all services were meant to return to full capacity by October 22nd. There was some further limited disruption due to Omicron.

Congregated Settings

A total of 135 people transitioned from congregated settings to homes in the Community in 2021 (DIS55) against a target of 144 for the year. 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

Activity for the year indicates that there has been significant progress in the number of Assessment of Need reports completed during the year, 8,353 by year end. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 1,793 (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 increase in activity in 2021 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement. The total number of overdue AONs has reduced by 63% since this additional funding was allocated.

Older Persons

Home Support

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

NSP 2021 provides for 23.9 million home support hours to be delivered to 55,675 people and for 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people by year-end (total target of 24.26m hours). This allocation comprehends an additional 5 million hours funded under the Winter Plan 2020/2021 and 230,000 hours relating to the Home Support Pilot Scheme which is to commence in 2021.

The Winter Plan for 2020/2021 has been framed in the context of increasing demand for unscheduled care, the need to support service continuity and

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

One of the key enablers of the home support scheme is the implementation of the InterRAI tool in Ireland. In 2021, the full implementation of InterRAI will commence across Ireland. Key to this will be:

- (1) The recruitment and training of 128 InterRAI assessor resources who will work in the community; and
- (2) The development of operational policies/procedures to deliver the operationalisation of the assessment through to service provision process (across community and acute settings). Successful implementation of these processes is a key dependency to the establishment of the statutory home support scheme.

On the 1st November the Home Support Pilot commenced in four pilot sites within CHOs 2, 4, 7 and 8. This pilot will run to the end of June 2022 and involves the use of a standard assessment tool for each participants (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 evaluation will continue six months post pilot completion. 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.

At the end of December (YTD), it was expected that the Home Support Service would deliver 21,895,805 hours (revised target). The data reported indicates that 20,463,216 hours were provided, a variance of -6.5% (OP53) on target and hours provided up +16.6% on SPLY. 55,043 people are in receipt of home support (OP54) (point in time) as at end December. 115 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 December indicates that 474 people were assessed and waiting for funding for home support (OP55) (Preliminary data) and an additional 5,322 people assessed and waiting on care staff to commence a new or increased service (preliminary data).

In light of the ongoing capacity challenges, the HSE is committed to working closely with the Department of Health through the establishment of its 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.

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

*** Data return rate 100%**

NHSS

In December 2021 the Nursing Homes Support Scheme funded 22,296 long term public and private residential places, and when adjusted for clients not in payment, there were 23,335 places supported under the scheme. The number of people funded under the scheme is below the profile for December by 204.

There is a decrease of 459 in the number of people supported under the scheme when compared to the same period last year. This is a 2% decrease in activity year on year.

The number on the placement list at the end of December 2021 is 614 (Dec 2020 – 164). This is an increase of 450 (274.4%) on the same period last year.

A total of 7,489 people were approved for funding under the scheme in the first twelve months of 2021 compared to 8018 people approved for the same period last year. This is a decrease of 529 approvals or 6.60% year on year.

In the first twelve months of 2021 9,038 applications were received and 7,520 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 391 or 4.9% in the number of starters supported under the scheme when compared to 2020. The scheme took on new

clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2021.

*** 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 2021.

In November 2021, 696 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46), 424 approvals were for NHSS applicants and 272 were for convalescence care.

*** Data return rate 100%**

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to that of pre-COVID 19. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of November was 10,849 and is 3.5% over the expected activity level of 10,485 (SI1)

*** Data return rate 100%**

Homeless Service

1,195 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2021 against a target of 1168 (SI52)

*** Data return rate 100%**

Population Health and Wellbeing

MECC

MECC eLearning has been available throughout 2021 with improved access and minimal navigation issues for online participants. The Covid challenge and the cyber-attack on HSE systems has resulted in the MECC KPI targets being under achieved. 1,178 staff completed the eLearning YTD December 2021 compared to YTD target of 3,946. (HWB94). The number of staff to complete the face to face/virtual module of Making Every Contact Count training YTD December 2021 is 174

compared to YTD target of 790 (HWB95). The reason for underperformance is due to reduced engagement by healthcare professionals across Community services due to additional pressures from COVID-19. Many Health Promotion & Improvement staff were redeployed to the Covid-19 response which impacted on MECC implementation support including reduced promotion, co-ordination efforts and delivery of face-to-face/virtual MECC workshops. The MECC programme provided a Training of Trainers event in Q3 which upskilled 17 new trainers thereby increasing the trainer pool. This will lead to an increase in capacity to deliver the training.

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

Tobacco smokers – intensive cessation support

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

Nationally, 6,618 smokers received intensive cessation support from a cessation counselor YTD September 2021, which is -11.8% below the target of 7,500 smokers (HWB27).

Underperformance can be attributed to vacancies in some services and the cancellation of smoking cessation clinics due to staff redeployed during the COVID-19 pandemic. Additionally, as a result of the cyber-attack in May 2021, there may have been a perception among the public that services were 'unavailable' for a time in Q2.

Market research on the Quit campaign found that 1 in 4 people who smoke are going to try to quit for 28 days having seen the campaign. Over one in three people who smoke said they intend to use the HSE Quit, an increase of 14% on 2019.

Campaign will be live through the month of January 2022, as smokers are encouraged to quit smoking for 28 days.

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

Online Cessation Support Services

6,420 (-8.3%) people received online cessation support services during Q4 2021 (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 2020. The temporary pausing of face to face stop smoking services due to COVID-19 has contributed to this uplift in seeking support through digital channels.

% of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 57.3% of smokers remained quit at four weeks YTD September 2021, which is above the target of 45% (HWB26).

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 – (6in1 Vaccine)

The 6 in 1 vaccine protects children against six diseases: Diphtheria, Hepatitis B, Haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death. Due to the prioritised response to the Covid-19 pandemic, immunisation uptake data was incomplete for the Q3 reporting period (i.e. this metric is reported quarterly in arrears).

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q3 2021) is 93.5% against a target of 95% (-1.6%) (HWB4).

***Data return 100%**

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

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

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	Serious Incidents																
	Review completed within 125 calendar days	M	70%	-20%	30%	32% [G]	6.7%								56%	43%	23%
	% of serious incidents being notified within 24 hours of occurrence	M	80%	-32.5%	50%	58% [G]	16%								54%	62%	79%
	% of reported incidents entered onto NIMS within 30 days of occurrence	Q	90%	-42.2%	60%	52% [R]	-13.3%								62%	51%	43%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	-20%	<0.9%	0.8% [G]	-11.1%								0.6%	0.6%	0.8%
	Service User Experience (Q3 at 26.01.22)																
	Complaints investigated within 30 working days	Q	75%	-5.3%		71% [A]		74% [A]	79% [G]	83% [G]	83% [G]	61% [R]	50% [R]	30% [R]			
	HCAI Rates																
	Staph. Aureus (per 10,000 bed days)	M	<0.8	2.1%		0.8 [G]		0.0 [G]	1.1 [R]	0.9 [R]	0.8 [G]	0.8 [G]	1.1 [R]	0.0 [G]	0.9	1.0	0.8
	C Difficile (per 10,000 bed days)	M	<2	12.7%		2.3 [R]		1.0 [G]	3.6 [R]	1.4 [G]	1.6 [G]	2.5 [R]	2.2 [A]	3.7 [R]	1.9	2.3	2.3
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	-8.3%		91.7% [A]		100% [G]	85.7% [R]	81.8% [R]	100% [G]	83.3% [R]	100% [G]	100% [G]	87.5%	93.8%	91.7%
	Surgery																
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	-10.7%		75.9% [R]			76.3% [R]	91.1% [G]	74.5% [R]	80.7% [A]	67.7% [R]	72.4% [R]	81.1%	74.8%	71.2%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	-5%		1.9% [G]			2.8% [R]	1.4% [G]	1.8% [G]	1.8% [G]	1.9% [R]	2.2% [R]	1.6%	1.6%	1.5%
	Procedure conducted on day of admission (DOSa) (site specific targets)	M-1M	82.4%	-8.5%		75.4% [A]			55.9% [R]	89.8% [G]	77.4% [G]	57.6% [R]	77.4% [A]	75.3% [R]	79.4%	75.8%	79.3%

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Medical																
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	2.7%		11.4% [G]			10.6% [G]	11.5% [G]	10.6% [G]	11.4% [G]	12.2% [A]	12.3% [R]	10.3%	10.3%	10.4%
	Ambulance Turnaround																
	Ambulance turnaround < 30 minutes	M	80%	-65.6%		27.5% [R]		68.9% [R]	35.8% [R]	26.9% [R]	38.7% [R]	12% [R]	16% [R]	35.4% [R]	23.6%	24.2%	23.4%
	% of ambulance turnaround delays escalated – 30 minutes	M	85%	-14.5%		72.7% [R]									66.4%	69.2%	62.1%
Access and Integration	Urgent colonoscopy																
	Number waiting > 4 weeks (zero tolerance)	M	0			3,933 [R]		0 [G]	8 [R]	118 [R]	30 [R]	2,966 [R]	250 [R]	561 [R]	513	323	385
	Colonoscopy and OGD																
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	-28.9%	50%	48.3% [R]	-7.6%	40.2% [R]	44.4% [R]	41.7% [R]	93.3% [G]	38% [R]	64.4% [G]	30.1% [R]	43.1%	46.2%	48.3%
	Emergency Department Patient Experience Time																
	ED within 24 hours (Zero Tolerance)	M	97%	0.4%		97.4% [G]		99.5% [G]	96% [R]	98.4% [G]	99.2% [G]	97.6% [G]	95.8% [R]	93.8% [R]	96.4%	96.6%	96.7%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	-4.9%		94.1% [R]			93% [R]	96.8% [R]	98.2% [R]	95.4% [R]	89.7% [R]	84.2% [R]	91.3%	91.5%	91.9%
	ED within 6 hours	M	70%	-10.2%		62.8% [R]		89.4% [G]	52% [R]	71.3% [G]	54% [R]	61.9% [R]	59.9% [R]	62.5% [R]	60.2%	60.3%	60%
	75 years or older within 6 hours	M	95%	-55%		42.7% [R]			33.4% [R]	56.3% [R]	30.6% [R]	45.4% [R]	36.4% [R]	49.1% [R]	38.3%	38.5%	38.6%
	Waiting times																
	Adult waiting <15 months (inpatient)	M	85%	-8.8%	80%	77.5% [G]	-3.1%		68.8% [R]	83.7% [G]	99.8% [G]	62.3% [R]	78.4% [G]	83.9% [G]	74.6%	75.7%	77.5%
	Adult waiting <15 months (day case)	M	95%	-9.6%	85%	85.9% [G]	1.1%		84.8% [G]	89.2% [G]	100% [G]	80.5% [A]	83.1% [G]	81.5% [G]	83.2%	84.5%	85.9%
	Children waiting <15 months (inpatient)	M	95%	-21%	85%	75.1% [R]	-11.6%	72.1% [R]	100% [G]	89.6% [G]	100% [G]	77.6% [A]	92.6% [G]	64% [R]	71.9%	73.8%	75.1%
	Children waiting <15 months (day case)	M	90%	-8.6%	85%	82.3% [G]	-3.2%	80.9% [G]	98.1% [G]	89.7% [G]	95.1% [G]	77.2% [A]	90% [G]	83.6% [G]	77.7%	79.7%	82.3%
	Outpatient < 52 weeks	M	75%	-16.2%	65%	62.9% [G]	-3.2%	57.3% [R]	63.3% [G]	67.9% [G]	92.5% [G]	56.8% [R]	58.8% [A]	49.7% [R]	61.4%	62.0%	62.9%

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Delayed Transfers of Care⁶																
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤480	-5.6%	≤371	453 [R]	22.1%	4	121	105	76	41	78	21	476	499	453
	Cancer																
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	-36%		60.8% [R]			49.1% [R]	59.5% [R]	99.6% [G]	47.4% [R]	57.1% [R]	71% [R]	57.9%	57.2%	65.7%
	Urgent Breast Cancer within 2 weeks	M	95%	-41.3%		55.8% [R]			37.8% [R]	51.6% [R]	99.7% [G]	44.8% [R]	54.1% [R]	71.5% [R]	52%	49.9%	58.9%
	Non-urgent breast within 12 weeks	M	95%	-56.4%		41.4% [R]			50.3% [R]	38.1% [R]	97% [G]	20.6% [R]	16.8% [R]	15.7% [R]	39.9%	45.6%	47.8%
	Lung Cancer within 10 working days	M	95%	-5.7%		89.6% [A]			97.5% [G]	99.6% [G]	98.1% [G]	96.4% [G]	83.1% [R]	69% [R]	87.8%	90.5%	87%
	Prostate Cancer within 20 working days	M	90%	-26.2%		66.4% [R]			81.3% [A]	87.8% [G]	100% [G]	28.1% [R]	55.6% [R]	71.6% [R]	68.6%	70%	82.1%
	Radiotherapy treatment within 15 working days	M	90%	-16.2%		75.4% [R]			70.1% [R]			81.8% [A]	72.7% [R]	99.8% [G]	76.6%	75.4%	77.3%
	Ambulance Response Times																
Finance, Governance & Compliance	ECHO within 18 minutes, 59 seconds	M	80%	-6.7%		74.6% [A]									71.0%	70.6%	72.3%
	Delta within 18 minutes, 59 seconds	M	70%	-37.1%		44.0% [R]									40.5%	39.5%	37.1%
	Financial Management – Expenditure variance from plan																
	Net expenditure (pay + non-pay - income)	M	<0.1%	-0.10% [G]		7,055,534		0.06% [G]	-0.03% [G]	0.00% [G]	-0.12% [G]	-0.03% [G]	-0.18% [G]	-0.10% [G]	7.60%	6.15%	-0.10%
	Gross expenditure (pay and non-pay)	M	<0.1%	-0.07% [G]		7,865,887		0.24% [A]	0.02% [G]	0.02% [G]	-0.16% [G]	0.08% [G]	-0.11% [G]	-0.59% [G]	4.78%	3.73%	-0.07%
	Pay expenditure variance from plan	M	<0.1%	-0.15 [G]		5,197,720		0.08% [G]	1.00% [R]	0.18% [A]	1.24% [R]	0.04% [G]	-0.84% [G]	-0.74% [G]	2.50%	1.50%	-0.15%
	Non-pay expenditure	M	<0.1%	0.09% [G]		2,668,168		0.63% [A]	-1.80% [G]	-0.34% [G]	-3.16% [G]	0.15% [A]	1.32% [R]	-0.28% [G]	9.67%	8.47%	0.09%

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

		Reporting Frequency	Expected Activity / Target	% Var YTD	Revised Expected Activity	National YTD	Revised % Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Service Arrangements (04.01.22)																
	Monetary value signed	M	100%	-16.27%		83.73%									38.75%	64.86%	83.73%
	Internal Audit																
	Recommendations implemented within 12 months (2020)	Q	95%	-30.52%		66% [R]									63%	60%	66%
Workforce	Attendance Management																
	% absence rates by staff category (Non Covid)	M	<3.5%	24.28%		4.35% [R]		4.20% [R]	4.16% [R]	3.89% [A]	4.25% [R]	4.23% [R]	4.40% [R]	5.93% [R]	5.06%	5.32%	4.85%
	% absence rates by staff category (Covid)	M	NA			1.81%		1.54%	1.79%	2.01%	2.27%	1.78%	1.30%	2.02%	1.67%	2.47%	3.27%

Acute Hospital Services

Overview of Key Acute Hospital Activity

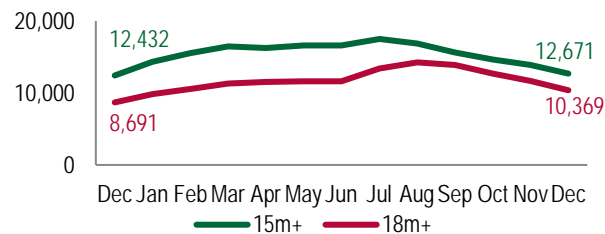
Activity Area	Expected Activity YTD	% Var YTD	Revised Expected Activity YTD	Result YTD 2021	Revised % Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,409,846	2.8%		1,449,987		1,278,170	13.4%	139,675	129,073	123,223
New ED Attendances	1,166,404	2.7%	1,168,414	1,198,356	2.6%	1,063,727	12.7%	115,427	104,949	102,955
OPD Attendances	3,165,163	2.5%	3,235,143	3,243,277	0.3%	3,007,047	7.9%	277,824	312,975	228,644

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Revised Expected Activity YTD	Result YTD 2021	Revised % Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges		541,781	541,864	0%	516,296	5%	52,234	52,037	51,104
Inpatient weight units			533,005		533,479	-0.1%	50,659	49,424	48,033
Day case (includes dialysis)		931,679	929,734	-0.2%	844,974	10%	94,162	87,659	96,822
Day case weight units (includes dialysis)			895,877		810,571	10.5%	91,818	81,236	88,218
IP & DC Discharges		1,473,461	1,471,598	-0.1%	1,361,270	8.1%	146,396	139,696	147,926
% IP			36.8%		37.9%	-2.9%	35.7%	37.3%	34.5%
% DC			63.2%		62.1%	1.8%	64.3%	62.7%	65.5%
Emergency IP discharges		383,643	381,500	-0.6%	362,667	5.2%	36,446	36,346	35,966
Elective IP discharges		74,866	68,042	-9.1%	63,735	6.8%	7,273	6,907	6,918
Maternity IP discharges		83,270	92,322	10.9%	89,894	2.7%	8,515	8,784	8,220
Inpatient discharges >75 years			110,599		105,504	4.8%	10,778	10,144	10,119
Day case discharges >75 years			180,442		158,122	14.1%	18,506	17,143	18,921

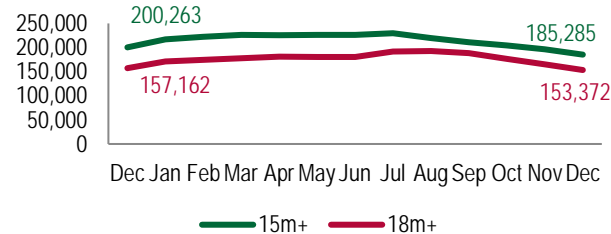
Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq	Revised Target/ Expected Activity YTD		Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 15 months	85%	M	●	80%		77.5%	76.9%	0.6%	74.6%	75.7%	77.5%	20 out of 36 hospitals reached target	RUH (33.3%), GUH (57.8%), SJH (62.5%)
Day case adult waiting list within 15 months	95%	M	●	85%		85.9%	85.4%	0.5%	83.2%	84.5%	85.9%	29 out of 42 hospitals reached target	Nenagh 70.6%, LUH 70.7%, St John's (72.8%)
Inpatient children waiting list within 15 months	95%	M	●	85%		75.1%	79.6%	-4.5%	71.9%	73.8%	75.1%	10 out of 18 hospitals reached target	LUH (33.3%), Croom (33.3%), CUH (66.7%), Mercy (66.7%) UHL (68.2%)
Day case children waiting list within 15 months	90%	M	●	85%		82.3%	81.4%	0.9%	77.7%	79.7%	82.3%	19 out of 26 hospitals reached target	Croom (50%), LUH (61.4%), RVEEH (72.7%)
Outpatient waiting list within 52 weeks	75%	M	●	65%		62.9%	57.8%	+5.1%	61.4%	62.0%	62.9%	22 out of 42 hospitals reached target	RVEEH (43%), UHL (47.1%), Ennis (50.3%)

Inpatient & Day Case Waiting List



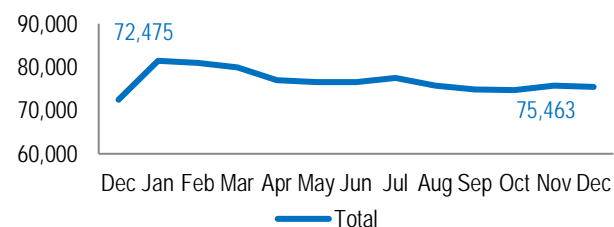
Outpatient Waiting List



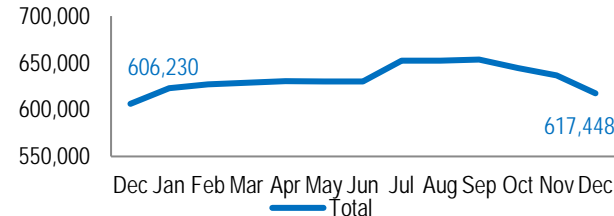
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	17,383	17,614	-231	4,863	3,911
Adult DC	50,136	47,713	2,423	9,832	7,087
Adult IPDC	67,519	65,327	2,192	14,695	10,998
Child IP	3,670	3,429	241	1,191	915
Child DC	4,274	4,087	187	1,012	758
Child IPDC	7,944	7,516	428	2,203	1,673
OPD	617,448	612,576	4,872	229,254	185,285

Inpatient & Day Case Waiting



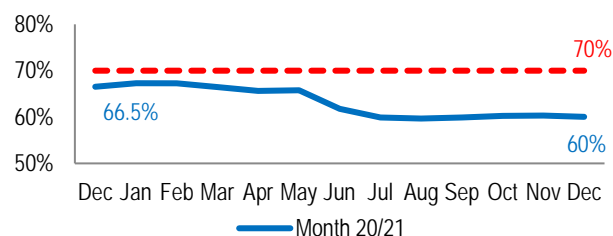
Outpatient Waiting List Total



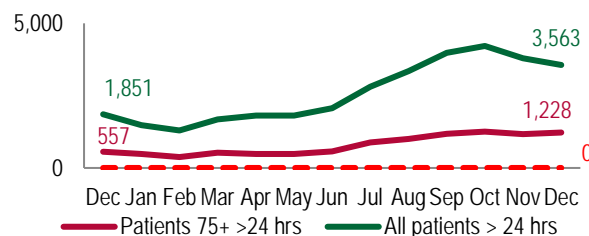
ED Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% within 6 hours	70%	M	●	62.8%	69.3%	-6.5%	60.2%	60.3%	60%	5 out of 28 hospitals achieved target	Tallaght – Adults (33.6%), Naas (37%), Beaumont (40.4%)
75 years or older within 6 hours	95%	M	●	42.7%	50.5%	-7.8%	38.3%	38.5%	38.6%	St Michaels (83.9%), SLK (71.3%), Navan (53.3%)	Tallaght – Adults (19.3%), Naas (20.4%), UHK (23.3%)
% in ED within 24 hours	97%	M	●	97.4%	98%	-0.6%	96.4%	96.6%	96.7%	16 out of 28 hospitals achieved target	Naas (85.9%), Mercy, Tallaght – Adults (89.1%)
% 75 years within 24 hours	99%	M	●	94.1%	95.3%	-1.2%	91.3%	91.5%	91.9%	6 out of 27 hospitals achieved target	Naas (67.6%), Mercy (68.9%), Tallaght – Adults (75.3%)

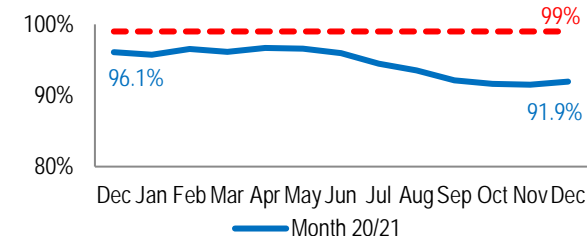
% patients admitted or discharged within 6 hours



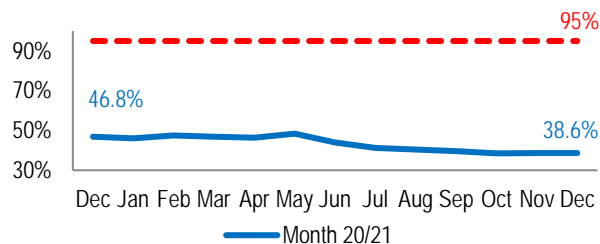
ED over 24 hours



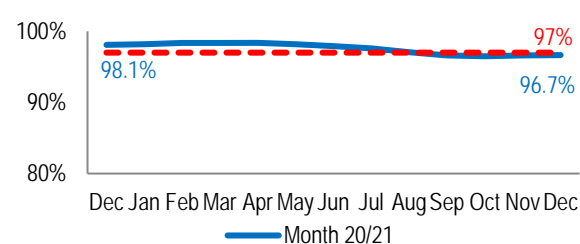
% 75 years within 24 hours



% 75 years within 6 hours



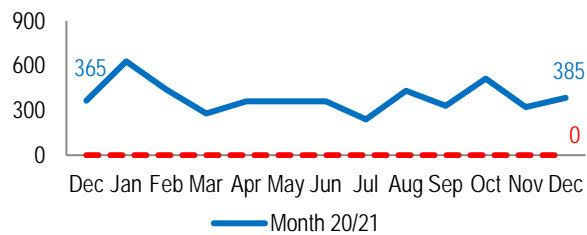
% in ED within 24 hours



Colonoscopy / Gastrointestinal Service

Performance area	Target/Expected Activity	Freq	Revised Target/Expected Activity	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		● 3,933	6,475	-2,542	513	323	385	25 out of 38 hospitals achieved target	LUH (250), MUH (64), UHL (26)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		● 262	212	+50	35	44	38	6 out of 14 hospitals achieved target	Wexford (17), RGH (8), Ennis (4)
Colonoscopy and OGD <13 weeks	65%	M	50%	● 48.3%	39.2%	+9.1%	43.1%	46.2%	48.3%	20 out of 37 hospitals achieved target	MMUH (20.3%), MUH (20.6%), Nenagh (21.9%)

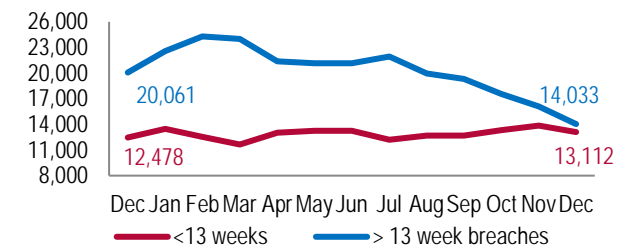
Urgent Colonoscopy –no. of new people waiting



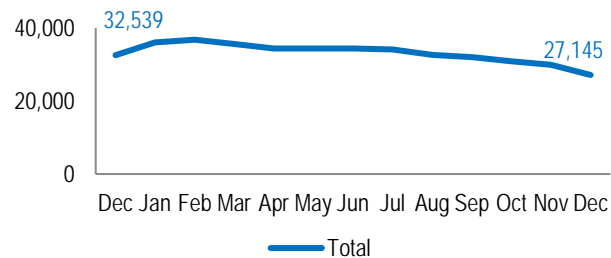
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	198	203	262
Number scheduled over 20 working days	35	44	38

No. on waiting list for Colonoscopy and OGD



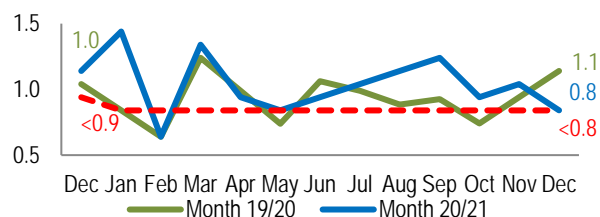
Total No. on waiting list for Colonoscopy and OGD



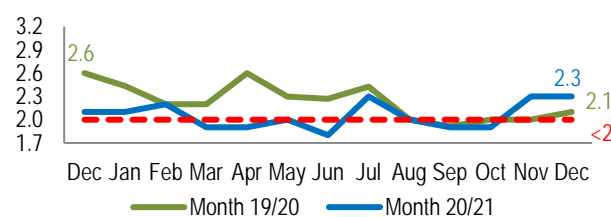
HCAI Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Rate of new cases of Staph. Aureus infection	<0.8	M	0.8	0.9	-0.1	0.9	1.0	0.8	35 out of 47 hospitals achieved target	Bantry (6.9), St. Michael's (5.4), TUH (3.4)
Rate of new cases of C Difficile infection	<2	M	2.3	2.2	+0.1	1.9	2.3	2.3	30 out of 47 hospitals achieved target	RUH (7.1), Naas (7.0), Nenagh (7.0)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	91.7%	83%	+8.7%	87.5%	93.8%	91.7%	44 out of 48 hospitals achieved target	1 hospital didn't achieve the target. 3 hospitals didn't submit data.

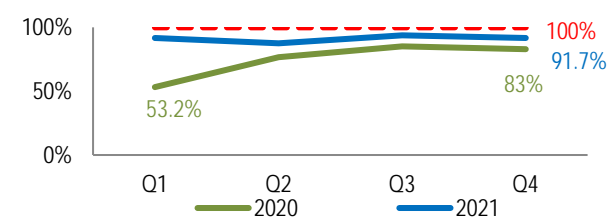
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



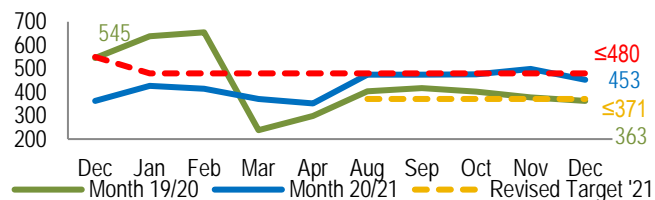
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/Expected Activity	Freq	Revised Target/Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤480	M	≤371	453	363	+90	476	499	453	3 hospitals have (0), 3 hospital has (1)	Tallaght Adults (51), OLOL (49), SJH (49), SVUH (32)

Delayed Transfers of Care⁷



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	78	14	92	20.3%
Residential Care	169	27	196	43.3%
Rehab	21	19	40	8.8%
Complex Needs	28	12	40	8.8%

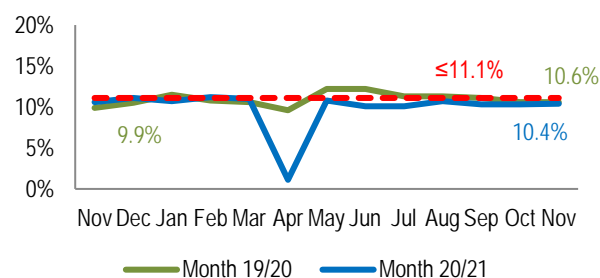
	Over 65	Under 65	Total	Total %
Housing/Homeless	9	18	27	6.0%
Legal complexity	26	10	36	7.9%
Non compliance	14	1	15	3.3%
COVID-19	7	0	7	1.5%
Total	352	101	453	100%

⁷ DTOC data not available for May – July due to cyber attack

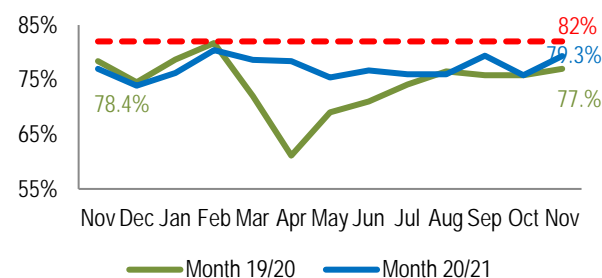
Surgery and Medical Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.4%	11.7%	-0.3%	10.3%	10.3%	10.4%	22 out of 34 hospitals achieved target	Ennis (17.8%), Wexford (15.4%), TUH (15%)
Procedure conducted on day of admission (DOS)	82.4%	M-1M	● 75.4%	73.8%	+1.6%	79.4%	75.8%	79.3%	17 out of 32 hospitals achieved target	Navan (0%), TUH (20%), Croom (28.1%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 43.8%	43.6%	+0.2%	45.8%	43.4%	51.2%	12 out of 25 hospitals achieved target	5 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.9%	2.1%	-0.2%	1.6%	1.6%	1.5%	29 out of 38 hospitals achieved target	Croom (0.9%), SIVUH (0.7%), Portlaoise (4.9%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 75.9%	75%	+0.9%	81.1%	74.8%	71.2%	2 out of 16 hospitals achieved target	CUH (57.9%), Connolly (58.1%), UHW (60.6%)

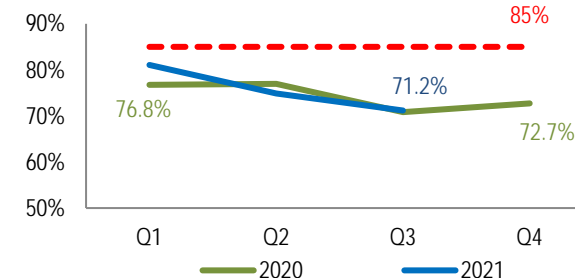
Emergency re-admissions within 30 days



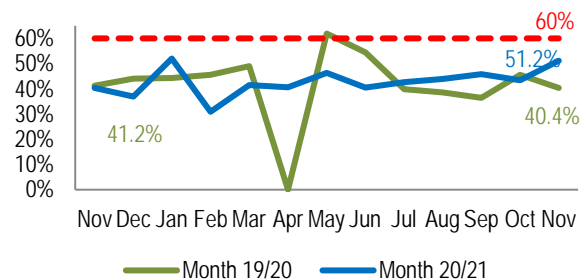
Procedure conducted on day of admissions



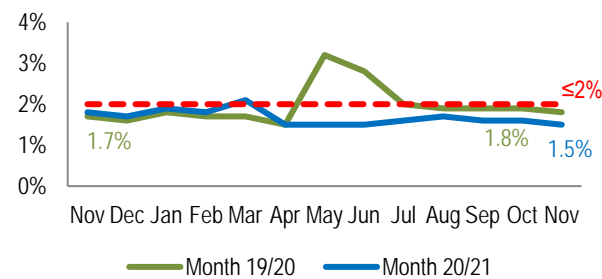
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



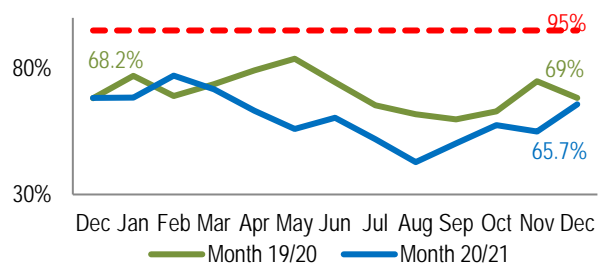
Surgical re-admissions within 30 days



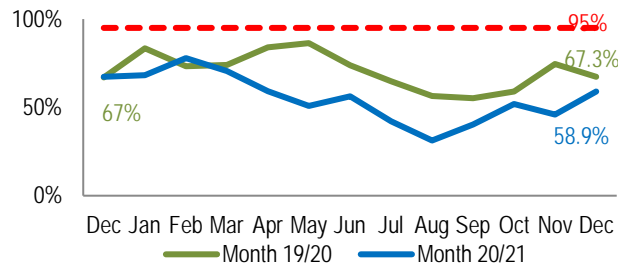
Cancer Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	●	60.8%	70.3%	-9.5%	57.9%	57.2%	65.7%	LUH (100%),Beaumont (99.6%), UHW (98.4%)	CUH (20.1%), GUH (41.1%), SVUH (41.9%)
Urgent breast cancer within 2 weeks	95%	M	●	55.8%	70.4%	-14.6%	52%	49.9%	58.9%	Beaumont, LUH (100%), UHW (97.5%), UHL (96.7%)	CUH (14.5%), SVUH (22.4%), MMUH (24.7%)
Non-urgent breast within 12 weeks	95%	M	●	41.4%	57%	-15.6%	39.9%	45.6%	47.8%	Beaumont, MMUH (100%)	UHW (1.3%), GUH (11.3%), LUH (14.3%)
Lung Cancer within 10 working days	95%	M	●	89.6%	86.4%	+3.2%	87.8%	90.5%	87%	6 hospitals reached target	UHL (62.3%), CUH (65.5%)
Prostate cancer within 20 working days	90%	M	●	66.4%	52%	+14.4%	68.6%	70%	82.1%	MMUH, Beaumont, UHW (100%), SVUH (97.1%)	CUH (13%), GUH (73.4%), SJH (78.6%),
Radiotherapy within 15 working days	90%	M	●	75.4%	82.2%	-6.8%	76.6%	75.4%	77.3%	UHL (100%)	SLRON (71.7%), GUH (77%), UHW (86.8%)

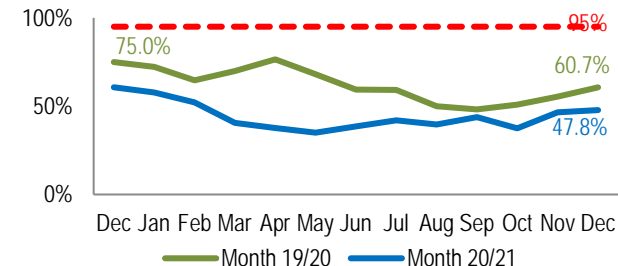
Rapid Access within recommended timeframe



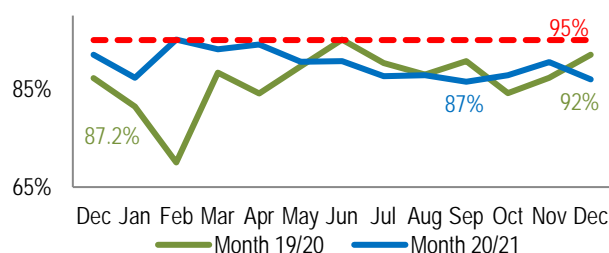
Breast Cancer within 2 weeks



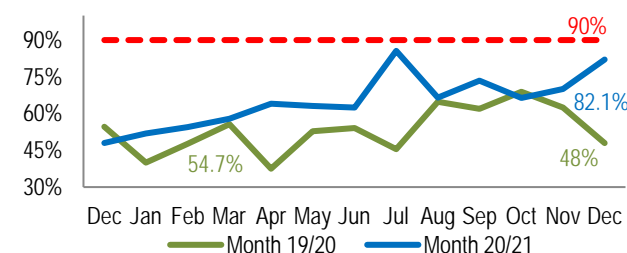
Non-urgent breast within 12 weeks



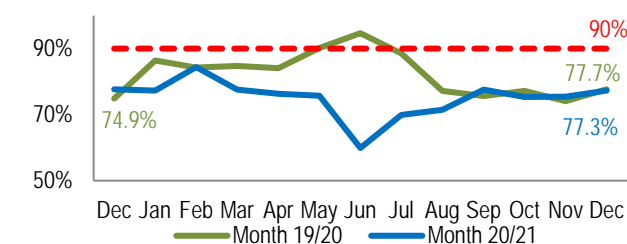
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



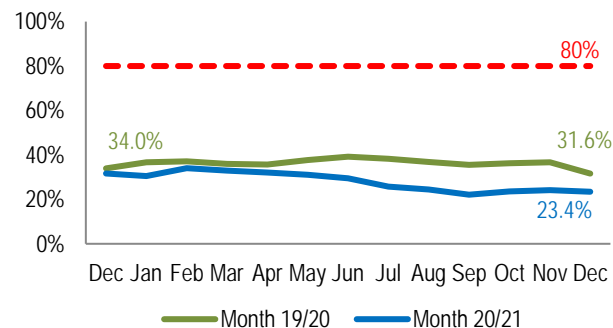
Radiotherapy within 15 working days



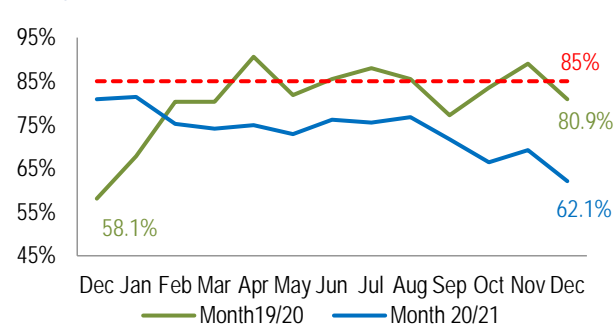
Ambulance Turnaround

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	●	27.5%	36.4%	-8.9%	23.6%	24.2%	23.4%	Rotunda (77.8%), CHI (67.9%), NMH (59.4%)	CUH (5%), Mercy (6.2%), SUH (6.5%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	●	72.7%	82.2%	-9.5%	66.4%	69.2%	62.1%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	95.9%	97.2%	-1.3%	95.2%	95.4%	94.9%		

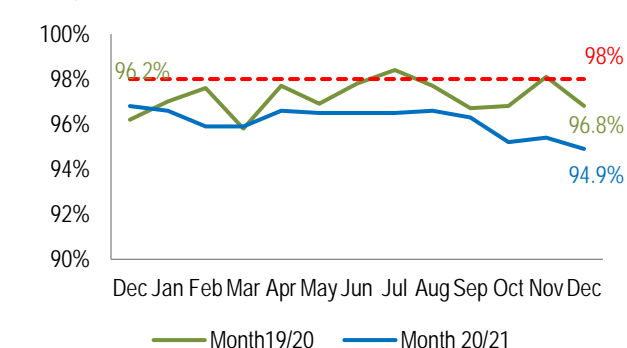
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



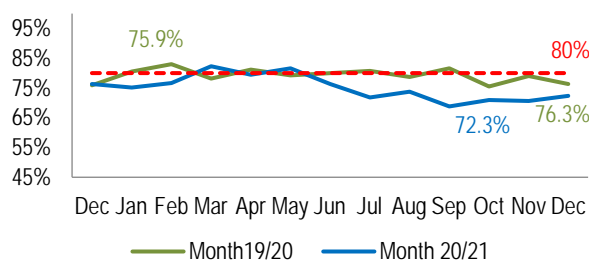
Delays Escalated - within 60 minutes



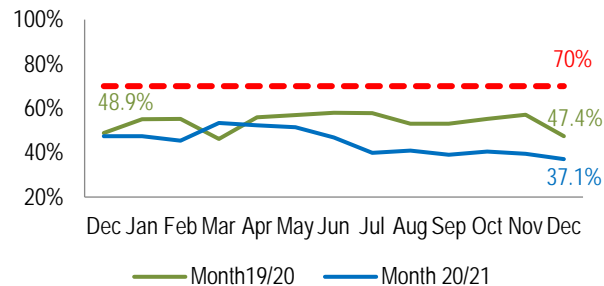
Pre-Hospital Emergency Care Services

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	● 74.6%	79.5%	-4.9%	71.0%	70.6%	72.3%		Dublin Fire Brigade (77.5%), North Leinster (74.2%), South (65.5%), West (71.4%)
Response Times – DELTA	70%	M	● 44.0%	54.0%	-10.0%	40.5%	39.5%	37.1%		Dublin Fire Brigade (24.0%), North Leinster (43.0%), South (34.9%), West (43.1%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	● 38.4%	42.4%	-4.0%	36.6%	39.3%	39.0%		

Response Times – ECHO



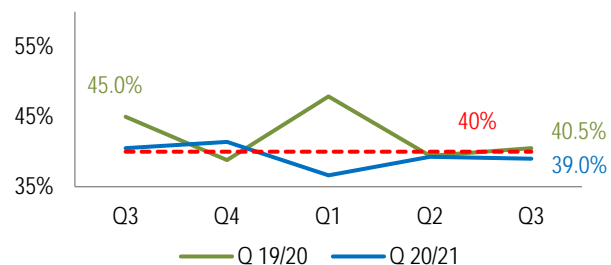
Response Times – DELTA



Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	4,940	5,857	18.6%	5,088	769
DELTA	125,000	126,828	1.5%	110,050	16778

Return of spontaneous circulation (ROSC)



Acute Hospital Services Update

Context

This report provides a commentary of hospital performance for Year to date November/ December and makes a comparison with equivalent reporting periods in 2019/2020

There are two important factors to note when considering the analysis of performance in 2021

Impact of the third surge on activity in Quarter 1. As a result of the surge, elective activity was severely curtailed to ensure that our hospitals had adequate capacity to treat COVID and other urgent time-dependent care. We also saw a significant reduction in emergency activity. As a result, comparisons with Quarter 1 2020 / 2019 are difficult.

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

Emergency Department Attendances

- **Emergency Department attendances:** The total number of ED attendances for 2021 was up 146,553 (13%) compared with 2020 but lower than 2019 by 5%. For the month of December, the total number of attendances was 15% higher than 2020 (14,405) but 5 % lower than 2019.
- **Emergency Presentations.** The number of emergency presentations in December 2021 has increased by 16% compared with the same period in 2020 but remains lower than 4.5% (5745) compared with 2019
- **Emergency YTD :** For the full year 2021 have increased by 13.4% (171,817) compared with 2020 but are lower than 2019 by 3.7%
- There are a number of factors contributing to the increase in ED attendances since 2020. These include:
 - the impact on GPs of their participation in vaccination programmes,

- Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase. Similar trends have been observed in other jurisdictions during the Pandemic.

- **Patient Experience Time:** 96.7% of all patients attending ED were seen within 24 hours in December 2021 which is marginally below the NSP target of 97%. This compares with 98.1% in December 2020 and is an improvement on 95.8% in December 2019.
- ED Patient Experience Time less than 24 hours for patients aged 75+ was 91.9% in December 2021, this is below the NSP target of 99.0%. This compares with 96.1% in December 2020 and is an improvement on December 2019 which was at 88.8%.

Delayed Transfers of Care (DTOC)

- There was 453 Delayed Transfers of Care at the end of December 2021 which is an increase of 24.8% on the same month last year (363); but a decrease of (16.9%) from the number of DTOCs in December 2019 (545).
- The 453 reported in December 2021 included 92 patients waiting to go home and 196 waiting on long term residential care. The DTOC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End December 2021
Home	92
Residential Care	196
Rehab	40
Complex Needs	40
Housing/Homeless	27
Legal complexity	36
Non compliance	15
COVID-19	7
Total	453

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

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

Inpatient Discharges

- There were 51,104 inpatient discharges in November 2021 which is an increase of 11.7% on the same period in 2020 and an increase of 1.3% in 2019.
- There were 541,864 inpatient discharges year to date November 2021 and 516,296 for the corresponding period in 2020 which is an increase of 5.0%. Activity YTD November 2021 is lower than the same period in 2019 by 6.9%.

Day Case Discharges (including dialysis)

- There were 96,822 Day Case discharges in November 2021 which is an increase of 11.7% when compared with November 2020 and an increase of 1.3% versus 2019.
- There were 929,734 day case discharges year to date November 2021. This compares with 844,974 for the corresponding period in 2020 which is an increase of 10.0%. When YTD November 2021 is compared with YTD November 2019, the activity is down by 9.1%.

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 November. This issue is currently being addressed by the HPO.

- There were 6,682 elective inpatient discharges in November 2021 which is a 1.3% decrease when compared with the same period in 2020 and a 14.3% decrease when compared with November 2019.
- There were 66,846 elective inpatient discharges year to date November 2021 and 62,786 for the corresponding period in 2020 which is an increase of 6.5%. YTD November 2021 was down 17.7% on the same period in 2019.

- The impact of the Cyber-attack in May 2021 on elective activity was significant as hospitals were unable to schedule patients in May and June 2021, due to the lack of access to patient electronic data and diagnostic images.
- Following the Cyber-attack, an agreement was made with the private hospitals (Safety Net 3 Agreement (SN3)). This arrangement with the private hospitals has offset the loss of elective work in the public system particularly in relation to elective work. Services at private hospitals for patient care were accessed in response to the loss of service associated with the Cyber-attack. This has included access to chemotherapy and radiotherapy services for urgent cases. The SN3 arrangement facilitates access to services from the private system while addressing the backlogs associated with the Cyber-attack. Additionally, access to private diagnostics companies is provided to support the reduction in and the loss of radiology on acute sites.

Emergency Inpatient Discharges

- There were 35,966 emergency inpatient discharges in November 2021 which is a 11.4% increase on November 2020 and a decrease of 1.2% on November 2019.
- There were 381,500 emergency inpatient discharges year to date November 2021 and 362,667 for the corresponding period in 2020 which is an increase of 5.2%. Year to date November 2021 activity is lower than 2019 by 4.8%.

Maternity Inpatient Discharges

- There were 8,220 maternity patient discharges in November 2021 which is an increase of 3.3% on November 2020 and a decrease of 8.0% on 2019. There were 92,322 maternity inpatient discharges year to date November 2021 and 89,894 for the corresponding period in 2020 which is an increase of 2.7% and a decrease of 6.7% when compared with year to date November 2019.

Outpatient Department Attendances

- The number of new and return outpatient attendances was 228,644 in December 2021 versus 244,775 for the corresponding period in 2020, this is a decrease of 6.6% and a decrease of 2.4% when compared with the same period in 2019. This decrease follows a recovery in November when the number of attendances in November 2021 exceeded those in November 2019 by 7.7%

- The downturn in December 2021 versus November relates to the curtailment of elective activity in the latter part of December which was a response to the surge in COVID (OMICRON).

Virtual Clinics

- Although outpatient waiting list numbers were broadly maintained in February, March and April, the waiting lists have shown dis-improvement on foot of the impact of COVID and additional disruption that was caused from an operational perspective on foot of the cyber-attack, ability to maintain high levels of activity through virtual patient engagement was also impacted.
- Virtual patients engagement has become a key element of delivering outpatient care in a COVID environment with numbers of patients being seen December YTD 2021 reported by the BIU at 627,295.

Elective Access

In 2021 there have been significant challenges for the delivery of scheduled care in terms of numbers waiting and the wait times. The effects of the third COVID surge were worse than expected, and particularly impacted negatively on elective activity during the period January to March; in April there was evidence of recovery, however the Cyber-attack in May caused further detrimental effects on activity which also necessitated the use of private hospitals for time-dependent care rather than elective surgery.

In September 2021, the HSE mounted a recovery plan aimed at delivering improvements to the number of patients waiting at year end.

Waiting times December 2021

The Revised National Service Plan (NSP) waiting time targets are shown in Table 1 alongside the performance at the end of December 2021.

Table 2

WAITING LIST	NSP Target 2021 (Revised)	Compliance with target in Dec-21
Adult Inpatients	80% within 15 months	77.5%
Adult Day Case	85% within 15 months	85.9%
Children's Inpatient	85% within 15 months	75.1%
Children's Day Case	85% within 15 months	82.3%
Colonoscopy/OGD	50% within 13 weeks	48.3%
Outpatient	65% within 12 months	62.9%

Inpatient Day Case: The number waiting over 6 months peaked in August 2020 at 45,193. It has since reduced by 16,532 (36.6%) to 28,661 at the end of December 2021 and is at its lowest point since March 2020.

Colonoscopy/OGD: The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 5,400 (53.5%) to 8,503 at end of December 2021 and is at its lowest point since May 2020.

Outpatient: The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 69,720 (16.9%) to 341,732 at the end of December 2021 and is at its lowest point since May 2020.

Access to Care

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

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

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

Table 2 below sets out the end year targets based on volume and shows the HSE end of year performance versus those targets. The HSE exceeded the targets in relation to Colonoscopy/OGD and Outpatients waiting lists. The ongoing

challenges in relation to COVID surge and the associated requirement to curtail all elective work in public hospitals during December 2021 had an impact on our ability to deliver on the IPDC targets to year end. As a result, the HSE relied heavily upon significant outsourcing to private hospitals to support the delivery of these targets. The HSE is also working closely with NTPF in this regard. The IPDC waiting list fell by 5,993 from the peak in January 2021 but did not achieve the target of 69,822.

Given the sustained pressures on our hospitals during December arising from the OMICRON variant, the stabilisation of waiting lists was a positive result.

Table 3

WAITING LIST	Target	Actual	Actual Dec-21 vs Dec-21 target	
	Dec-21	Dec-21		
Inpatient Day Case	69,822	75,463	5,641	8.1%
Colonoscopy/OGD	33,128	27,145	-5,983	-18.1%
Outpatient	621,081	617,448	-3,633	-0.6%

Inpatient and Day Case Waiting Lists

In December 2021, the number of people waiting for an inpatient or day case appointment (IPDC) was 75,463 which represents a decrease of 277 (0.4%) on November 2021. The number waiting in December 2021 was 13.4% higher than the numbers waiting in December 2019 and higher than the number waiting at the end of December 2020 by 4.1%

The increase in waiting lists compared to previous years is directly as a result of elective services being restricted to urgent and time-critical patient access during 2021 in response to the Pandemic. The effects of the Cyber-attack were also significant as the priority was to deliver time dependent work in both public and private sectors during June and July 2021. There was a sustained improvement in waiting lists between August and October 2021: in response to the restoration of elective work and the extended use of the private sector the number waiting fell to 74,662. To put this into context, there were 77,537 people were waiting at the end

of July 2021; at the end of October the number was 74,662. The requirement to curtail activity during December had an adverse effect on the trajectory however the waiting lists still showed a small reduction during December 2021.

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. This was evident again in Q1 2021 with the third surge when elective activity levels were curtailed once more, and the volume of scopes carried out was reduced. Notwithstanding these challenges, there was a significant and sustained decrease in the numbers waiting and the end of year target was exceeded by 5,983 (18.1%)

At the end of December 2021, the number of people on the Colonoscopy/OGD waiting list was 27,145. This is a decrease of 9.4% on the number waiting at the end of November 2021 (29,960) and 26.3% lower than the peak of 36,820 in February 2021

The number waiting at the end of December 2021 shows a decrease of 16.6% from December 2020 (32,539), and an increase of 22.0% when compared with December 2019 (22,244).

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 617,448 at the end of December 2021 which is a decrease of 3.0% (19,247) since November 2021. The Access to Care Target for end of year was exceeded by 3,600 patients. This was a significant achievement having regard to the challenges faced by hospitals in Quarter 4, 2021 arising from the COVID surge and associated curtailment of scheduled activity.

The number waiting at the end of December 2021 shows an increase of 1.9% compared with December 2020 (606,230), and an increase of 11.6% when compared with December 2019 (553,434).

In 2021, there was a significant reduction in scheduled outpatient activity associated with COVID-19 surge periods in Quarter 1 and Quarter 4. The Cyber-attack also had an impact as it was not possible to schedule patients or access electronic patient data and diagnostic scans during the period. Outpatient activity recovered during the period August 2021 to November 2021 and it was broadly aligned with 2019 levels. The use of virtual clinics continued in 2021 and it mitigated some of the losses associated with cancellation of scheduled appointments.

Citywest

The Citywest Convention centre has a total area of 16,499 sq. m (177,000 sq. ft.) This is spread over three floors, with the main convention space on the ground floor. There are six plenary rooms and a number of breakout rooms are also

available, most of which are equipped with high-specification audio-visual facilities and offering natural light.

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

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

From the 1st September 2020 until 31st December 2021 a total of **25,372** patients were seen in scheduled care clinics at Citywest. Active initiatives included:

- Food Challenges – Day Case procedures- CHI (cleared a 3 year waiting list)
- Glaucoma Testing – Ireland East Hospital Group,
- Mass immunisation for children of school going age - HPV /Tdap,
- Orthopaedic OPD – Children's Health Ireland,
- Orthopaedic Long Waiters OPD – TUH – Dublin Midland Hospital Group
- Rheumatology Virtual Clinic – Dublin Midlands Hospital Group,
- Cardiac Rehab – Dublin Midlands Hospital Group
- Coombe Obstetrics Clinic, Neurology Virtual OPD – Dublin Midlands Hospital Group.
- Ophthalmology Clinics- Children Health Ireland
- Epistaxis- Children's Health Ireland
- Connected Health – Rehab Programme- National

Final Activity Scheduled Care Citywest

In January 2022 we will begin the decommissioning of the space used for scheduled care clinics and vacate the ground floor. The Covid 19 Vaccination and Booster Programme will relocate in Early February 2022 to another space at the Citywest Venue.

The Connect Health Programme is currently looking at other venues.

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In December 2021, 193 invitations were issued of which 80.21% were scheduled within the target time of 20 days.

Cancer Services

E-Referrals to Cancer Rapid Access Services

NCCP reported an increase in referrals for all Services in Quarter 3, particularly Symptomatic Breast Services. This increase compounded by the existing backlogs, is having an impact on the performance against NSP KPIs at the Breast Cancer Clinics however the seasonal reduction in e-referrals observed in December is in line with usual expectations.

Symptomatic Breast Cancer Clinics

Four of the nine Symptomatic Breast Cancer Sites were compliant with the target of 95% in December 2021:

- Beaumont Hospital – 100.0%
- Letterkenny University Hospital – 100.0%
- University Hospital Waterford – 97.5%
- University Hospital Limerick – 96.7%

Five hospitals were below the target:

- St James's Hospital – 82.2%
- Mater Misericordiae University Hospital – 24.7%
- St Vincent's University Hospital – 22.4%
- Galway University Hospital – 16.9%
- Cork University Hospital – 14.5%

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 over the coming weeks with these hospitals and Group CEOs to ensure that there are plans to deliver sustained improvements.

Rapid Access Clinics for Lung Cancer Services

Six hospitals achieved were compliant with the 95% target in December 2021:

- Mater Misericordiae University Hospital – 100%
- St Vincent's University Hospital – 100.0%
- University Hospital Waterford – 100.0%
- St James' Hospital – 98.1%
- Beaumont Hospital – 96.0%
- Galway University Hospital – 95.0%

Two hospitals were below the target of 10 days:

- Cork University Hospital – 65.5%
- University Hospital Limerick – 62.3%

Rapid Access Clinic for Prostate Cancer Services

Four hospitals were compliant with 90% target in December 2021:

- Mater Misericordiae University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Waterford – 100.0%
- St Vincent's University Hospital – 97.1%

Four hospitals were below target of 20 days:

- University Hospital Limerick – 82.9%
- St James's Hospital – 78.6%
- Galway University Hospital – 73.4%
- Cork University Hospital – 13.0%

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 December 2021 compliance was as follows:

- Limerick – 100.0%
- UPMC Waterford – 86.8%
- Galway – 77.0%
- St Luke's Network (SLRON) – 71.7%

Data was not available for Cork

Performance and Accountability Framework

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

St James's Hospital Symptomatic Breast Cancer Services

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

A series of escalation meetings were held during 2018 and an improvement plan was agreed with the Group and SJH. As a result, the compliance with the targets improved for a limited period. Following continued deterioration in performance during 2019, further escalation meetings were convened and it culminated in St James Hospital CEO attending the NPOG meeting in November 2019 to agree a sustainable plan. Arising from that meeting, an action plan was agreed. It included the appointment of a breast physician which has contributed to an improved performance since December 2020. In terms of supporting a sustained improvement, the hospital has undertaken a further detailed review of the performance in conjunction with relevant clinical leads. A number of key actions and interventions were agreed arising from the review and an improvement plan was agreed with the Group, Acute Operations and the NCCP which included an improvement trajectory to deliver full compliance.

Following a period of sustained non-compliance with the NSP targets in 2021, the Group was requested to provide an improvement plan. The plan was received in December and is now under review by Acute Operations and the NCCP.

It has been agreed that the hospital will remain in Level 3 escalation. It was also agreed, cognisant of the PAF2020, the organisational performance improvement plans in place and timelines required to deliver on planned improvements that a pause on Performance Notices in place at St James's Hospital, be recommended to the Hospital Group. The National Director continues to follow up directly with services and keep NPOG apprised of implementation of each performance improvement plan.

Healthcare Associated Infections (HCAI)

The National Service Plan 2021 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 December 2021 the rate was 0.8, a reduction since November (rate of 1.0). There were 25 cases of hospital acquired *S. Aureus* bloodstream infections in December 2021.

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 December 2021 was 2.3 (the same rate as November) and 69 cases of *Clostridium Difficile* infection reported by hospitals in December.

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 63 new cases of *Carbapenemase Producing Enterobacteriaceae* (CPE) reported by hospitals in December 2021.

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 AS1⁸ and AS2⁹ calls received this month has increased by 1,363 (33,511) calls (>4%) compared to the same month last year (December 2020 - 32,148).
- The daily average call rate for AS11 and AS22 calls received this month was 1,081 (31 days this month).
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 72% this month. This was 1% improvement compared to last month i.e. November 2021.
- ECHO calls increased by 25% (133) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 70% in 18 minutes and 59 seconds was below target at 37% this month which was down 3% when compared to last month, i.e. November 2021.
- Nationally there was a 27% (3,156) increase in DELTA call activity compared to the same month last year.
- 82% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 81% in the previous month.
- Ambulance Turnaround times at Emergency Departments' dis-improved in December, demonstrating a continuation of the downward trajectory seen to date. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.

- 23% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 32% of vehicles being released within 30 minutes or less last year (December 2020)
- 71% 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 83% of vehicles being released within 60 minutes or less last year (December 2020).

Human Resources

WTE Data for December

The WTE for Acute Operations in December 2021 was 70,129, this was an increase of +510 WTE on November 2021 and an increase of +3,690 WTE YTD (+5.6%). This represents an increase of 7,592 (12.1%) since December 2019. The headcount in Acute Operations for December 2021 is 78,370.

All staff categories are showing growth this month. The largest increase was seen in the Nursing & Midwifery category (+160). Management & Admin showed the second highest growth (+116) followed by Health & Social Care Professionals with +89. Patient & Client Care increased by +69, General Support grew by +53 and Medical & Dental increased by +22.

All seven Hospital Groups are showing growth this month. Saolta showed the largest increase with an additional 143 WTE, DMHG increased by +100 WTE, followed by RCSI (+95 WTE), ULHG (+70 WTE), SSWHG (+58 WTE), CHI (+33 WTE) and IEHG increased by +11 WTE.

Absence Data for December

The total absence rate for Acute Operations in December is 8.1%; of this figure 3.3% (40.3% of the total) is COVID-19 related. This total absence rate for Acute

⁸ AS1 – 112/ 999 emergency and urgent calls

⁹ AS2 - Urgent calls received from a general practitioner or other medical sources

Operations is marginally above the overall Health Service absence rate for December of 7.9%.

At Staff Category level, Patient & Client Care reports the highest total absence rate in December at 10.44%. This was followed by General Support at 10.00%, Nursing & Midwifery at 9.4%, Management & Admin at 7.72%, Health & Social Care at 7.55% and Medical & Dental remained the category with the lowest absence rate at 2.36%.

IEHG had the highest total absence rate in December with 9% (of which 5.02% was Covid related) while SSWHG had the lowest with 7.04% (of which 2.06 % was Covid related).

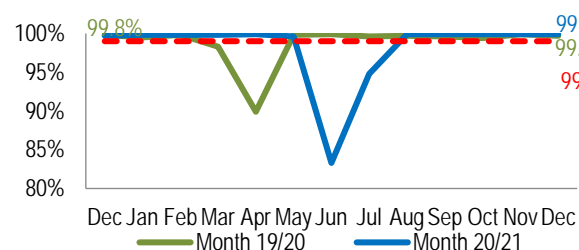
Headcount of staff within Acute Operations on Covid related absence stood at 2,196 for the 2 week period from 4th to 17th December; this number had increased significantly to 4,719 for the 2 week period from 18th to 31st December.

National Services

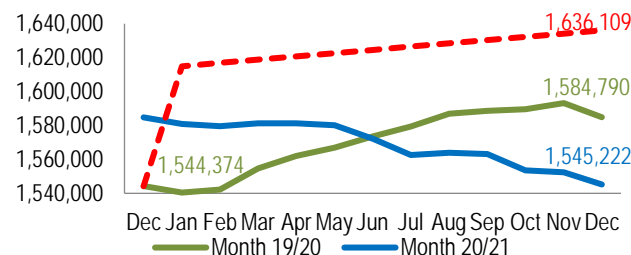
National Services

Performance area	Target/ Expected Activity	Freq	Revised Target/Expected Activity		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M			99.9%	99.7%	+0.2%	99.9%	99.9%	99.9%
Number of persons covered by Medical Cards	1,636,109YTD/ 1,636,109FYT	M			1,545,222	1,584,790	-39,568	1,553,605	1,552,470	1,545,222
Number of persons covered by GP Visit Cards	556,996YTD/ 556,996 FYT	M			525,918	529,842	-3,924	525,619	527,348	525,918
Number of initial tobacco sales to minors test purchase inspections carried out	384YTD/ 384FYT	Q			0	55	-55	0	0	0
Number of official food control planned, and planned surveillance inspections of food businesses	33,000YTD/ 33,000FYT	Q		18,000YTD/ 18,000FYT	20,837	20,182	+655	7,180	5,452	6,151

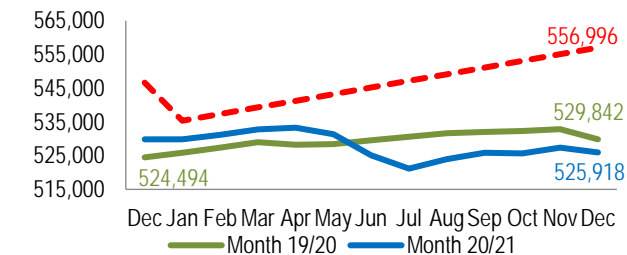
Medical card turnaround within 15 days



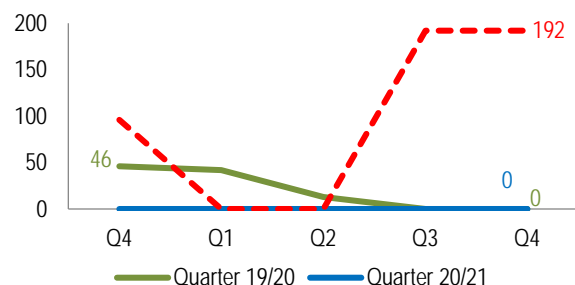
Number of persons covered by Medical Card



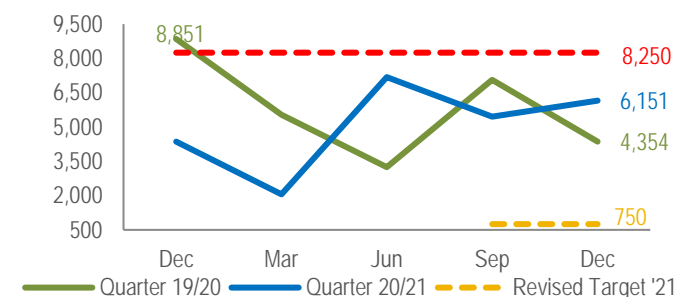
Number of persons covered by GP Visit cards



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 31st December 2021 was 1,545,222, a decrease of 7,248 on the previous month. Overall, eligibility numbers for Medical Cards declined by 39,568 in 2021. The total number of persons with eligibility for a GP Visit Card on 31st December 2021 was 525,918, a decrease of 1,430 on the previous month. Overall, eligibility numbers for GP Visit Cards declined by 3,924 in 2021. As at 31st December 2021, 2,071,140 or 41.3% of the population had Medical Card or GP Visit Card eligibility, an overall decrease of 8,678 on the previous month. (Population figures are based on the CSO 2021 estimated figure of 5,011,500). Overall, eligibility numbers declined by 43,492 in 2021.

An average of 200 more new GP Visit Cards were issued each month in 2021 compared to 2020 but there were 1,440 less new Medical Cards issued each month on average in 2021 compared to 2020. Also, significantly more Medical Cards were not eligible for renewal in 2021 following assessments which took place as they reached their expiry dates or on the basis of data driven targeted assessments. What is evident from the reduction in 2021 is that the effects on unemployment arising from Covid-19 didn't materialise to the extent predicted in 2020 due to the measures taken by government to extend access to PUP and Employment Wage Subsidy Scheme throughout 2021.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 20,837 Planned and Planned Surveillance Inspections were carried out by the end of Q4. This represents a 37% shortfall at the end of Q4 target against the original KPI. However compared against the agreed revised KPI (18,000), this level of activity is 15.8% ahead of target.

While the EHS is operating business as usual targets have been impacted by business closures (particularly of the hospitality sector) due to ongoing government restrictions. Additional impact on targets owing to support of HSA COVID19 Return To Work Safely protocol assessments, Indoor Dining Compliance Checks and

temporary reassignment of some resource to supporting Public Health in complex contact tracing and surveillance in early 2021

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

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. As this work could be completed remotely, 99% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q4. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 97% of all complaints received by the EHS by the end of Q4 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 Q4, 2,281 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

47 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is a 100% achievement at end of Q4. (Target is 40 Inspections)

Sunbed Inspections and Mystery Shopping activities to assess compliance with the Sunbeds Act could not be completed in Q1 or Q2 as these premises remained closed under Level 5 restrictions until 10th May. Activity resumed thereafter, and continued in Q4 with an achievement of 84% of annual target for Mystery Shopping and 71% of annual target for Sunbed inspections

Sunbed and Tobacco Test purchase was suspended for all of 2021.

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. The HSE National Crisis Management Team (NCMT) and the National Public Health Emergency Team (NPHET) continues to meet regularly. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs) and the Winter Action Teams (WAT) structures. Work is being scaled down with the Voluntary Emergency Services, the Civil Defence and the Defence Forces to meet HSE priority areas. EM continues to support the vaccination programme through the Centralised Vaccination Clinic (CVC) working group, the CVC Area Leads Forum, the Regional Vaccination Steering groups and the National Vaccine Supply Chain.
- **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), which are meeting weekly/fortnightly. HSE EM continues to support senior management teams in briefings and planning response arrangements. EM are actively linking with other statutory agencies to coordinate the support required as part of a response, and are currently working with inter-agency partners on the planning effort for the establishment of pop-up and Satellite Centralised Vaccination Clinics, as required across the country. EM regions continue to complete prioritised components of the regional interagency work plans, subject to the constraints imposed by COVID-19.

- **SEVESO:** HSE legislative requirements as a Local Competent Authority have been met for 2021. All relevant Seveso sites across the EM regions have revised external emergency plans and Seveso exercises have been completed.
- **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 led on the coordination of HSE Severe weather contingency planning with staff through the Area Crisis Management team forum. The Be Summer Ready campaign commenced and EM are contributing and updating the detail for the booklet. The HSE have been asked to take the lead in developing the leaflet
- **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 be scheduled to assess and monitor the situation.
- **Covid-19 Excess Mortality:** The National Cross Government COVID-19 Mortality Group has been stood down. Monitoring of mortality rates continue and any emerging system pressures that arise in the acute or community setting assessed. National EM staff continue to work collaboratively with the Acute Hospital division, Public Health staff and our cross government and

agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups remain in a state of preparedness.

- **Crowd Events:** Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act requirements.
- **High Consequence Infectious Disease Planning** High Consequence Infectious Disease Planning continues between Emergency Management and the Health Threats Preparedness programme in the form of a Steering Group, three work streams and a Clinical Advisory Group. The specialised negative/positive pressure isolation PODs for transport of patients with a High Consequence infectious disease were exercised in December with learning points incorporated into HCID planning. Protocol for VHF waste solution reviewed and updated. Site visit conducted.
- **Hospital Major Emergency Plans:** Pilot test of the Hospital Major Emergency Plan (HMEP) activation procedure as per the HMEP template with NEOC and Hospitals continues.
- **Emergency Management training for NAS staff:** A working group with EM and NAS West membership continue to develop a work programme for the delivery of Emergency Management training to NAS staff.
- **NEOC/Hospital Major Emergency Plan (HMEP): Activation Project:** Work is underway on a draft NEOC/Hospital Activation Project Plan, some delays were experienced as a result of the Cyber Attack. At the request of Area 2 CMT, EM West Saolta University Hospital Group and Community Healthcare West are engaging with a representative from OCIO to develop a practical guidance for managers in the event of another cyber-attack.
- **Mass Casualty Incident Framework:** Work was paused on the the development of an integrated Mass Casualty Incident (MCI) Framework during COVID. In order to respond effectively to an MCI incident and to plan for clinical and service continuity, the HSE needs to develop and implement a MCI Framework. To that end, EM and Acute Operations who jointly chair the MCI

Steering group have recommenced planning and are preparing a Memorandum for the Executive Management Team seeking a mandate to progress a number of cross services workstreams.

- **Government Task Force (GTF) on Emergency Planning:** At the GTF, EM provided an update on Covid-19 and the impact on the Health Service. An overview of the implementation plan to rollout a surge booster vaccination program was also presented.

EU & North South Unit

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

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

Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.

- Chair the HSE Steering Group meetings and engage on the HSE involvement with DoH Brexit Operations meetings.
- Update the HSE Brexit Lead on a weekly basis.
- Brexit Operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's
- Ongoing discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.

Cross Border Work

- Ongoing work on the EU funded project (i-Simpathy) as requested by DoH, including steering group meetings
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Discussions with DoH on future Peace Plus programme
- Input to submission to the Peace Plus public consultation
- Reviewing progress of CAWT Strategy Groups in progressing PEACE PLUS Priorities during Q4
- Ongoing work with CAWT Governance sub-group
- Participation in the new EU funding programme EU4Health information webinars and engagement with DoH on this.
- Ongoing engagement with D/Taoiseach and DoH on Shared Island Fund

Cyber Attack

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

Covid-19

- The Unit is adhering to all NPHET and Govt. advice on working from home as much as possible.
- Staff who were reassigned to work on Covid are now back and the Unit is operating on a "business as usual" basis, with the proviso that staff may be available for reassignment in the event of a surge in numbers.
- Liaison with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.

Next Steps & Key Outcomes – 1st Quarter 2022

- Continue to monitor the situation regarding the need for redeployment of EU North South Unit staff to Covid-19 work in the event of a surge.
- Continue to liaise with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with guidance issued by DPER dated Sept 29th in respect of Guidance & FAQs for Public Service Employers during Covid-19 in relation to Working arrangements & Temporary assignments across the Public Service as well as HSE HR Circular 040/2021 dated 26th November 2021 in respect of updated guidance on working arrangements.
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA during the Covid-19 pandemic.

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

National Screening Service

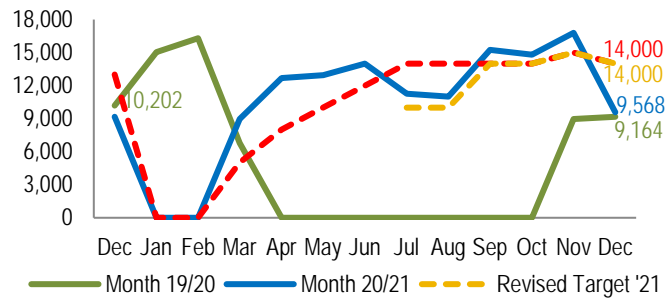
National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	Breastcheck							
	% BreastCheck screening uptake rate	Q-1Q	70%	77.1% [G]	10.2%	52%	80.3%	81.3%
Access and Integration	CervicalCheck							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	M	280,000	318,486 [G]	13.7%	21,287	24,093	13,577

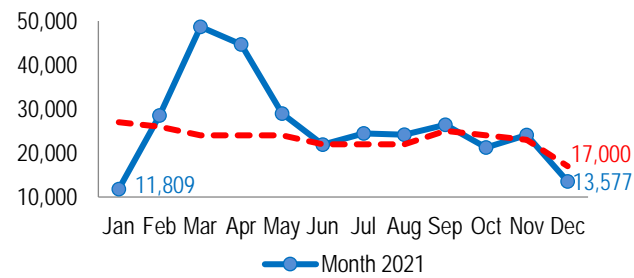
Note: Due to a 3 week process involved, the current months provisional data and last months actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq		Revised Target/Expected Activity	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	120,000YTD/ 120,000FYT	M	●	110,000 YTD/ 110,000 FYT	127,288	56,270	+71,018	14,807	16,793	9,568
BreastCheck - % screening uptake rate	70%	Q-1Q			77.1%	58.6%	+18.5%	52%	80.3%	81.3%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	280,000YTD/ 280,000FYT	M			318,486			21,287	24,093	13,577
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period (New KPI)	80%	Q-1Q			72.6%			72%	72.9%	72.8%
BowelScreen - number of people who completed a satisfactory FIT test	125,000YTD/ 125,000FYT	M	●	87,500 YTD/ 87,500 FYT	91,529	49,889	+41,640	6,374	7,331	6,285
Bowelscreen - % client uptake rate	45%	Q-1Q			51%	43.5%	+7.5%	64.4%	51.2%	44.5%
Diabetic RetinaScreen - number of people screened	110,000YTD/ 110,000 FYT	M	●	90,000 YTD/ 90,000 FYT	93,356	62,281	+31,075	6,098	8,090	5,625
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q			55.1%	55.1%	0%	55%	57.6%	52.6%

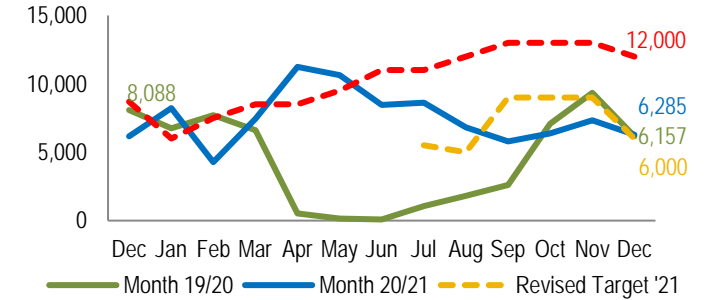
BreastCheck-number who had a mammogram



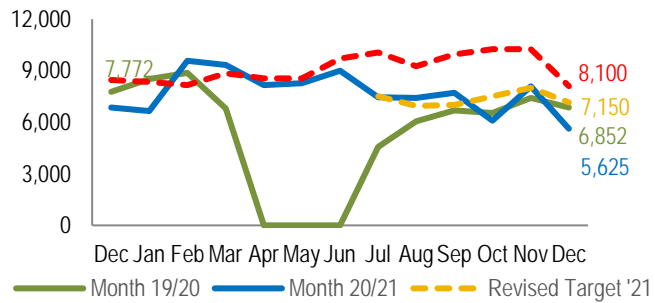
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period December 2021 was 9,568 which is below the target of 14,000 by 4,432 (31.7%).
- The number of women aged 65+ who had a complete mammogram in the period December 2021 was 2,038 which is below the target of 4,000 by 1,962 (49.1%).
- The number of women who had a complete mammogram year to date (January-December 2021) was 127,288 which is above the target of 110,000 by 17,288 (15.7%).
- Uptake during Q3 was 81.3% which is above the target of 70%
- In Q3 84.3% of women were offered an appointment for an assessment clinic within 2 weeks of notification of an abnormal mammographic result.

BreastCheck Screening has resumed from the 8th of March. As the COVID-19 numbers in the community rise this is impacting BreastCheck service delivery. Assessment clinics are progressing with social distancing and all COVID-19 infection control in place for the moment. BreastCheck are monitoring surgical access as the numbers in hospital rise. Two of our host hospitals are now at surge capacity and we will find access more challenging. This will impact our capacity which had almost returned to pre COVID19 levels. There are surgeries being cancelled across the HSE. BreastCheck is monitoring this to ensure adequate theatre capacity for BreastCheck service users going forward. With the numbers continuing to rise this will not be sustainable. Staffing levels due to COVID are being impacted due to close contact issues and COVID infection issues. The service delivery has been severely affected once again by the pandemic.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period December 2021 notified to report date was 13,577 which was below the target of 17,000 by 3,423 (20.1%).

- The number of unique women who had one or more screening tests in a primary care setting year to date (January-December 2021) was 318,486 which is above the target of 280,000 by 38,486 (13.7 %)
- The average turnaround time for screening results from laboratories was 1.29 weeks, within the target of 4 weeks.
- 5-year coverage for the period ending 30th September 2021 was 72.8%. This includes the extended upper age limit of 65 which has been implemented with the introduction of primary HPV screening.

The COVID-19 era involves a change in how we provide care, as social distancing has a huge knock on effect on how many patients can be seen within GP practices and in colposcopy units. Laboratories also continued to observe social distancing measures but the number of women attending for the screening test has returned to normal levels therefore women are receiving their results 4 weeks after the screening test. This is an improvement from earlier in the summer when results were taken 6-8 weeks. The cyber attack on the HSE in May 2021 had a major impact on screening with all colposcopy clinics with two units still not in a position to send colposcopy data to the programme electronically. The cyber-attack on the Coombe hospital in December affected the resulting timelines for samples mid-processing but this is being resolved. All GPs have received printed reports as the link with Healthlink remains down. GPs have been asked by CervicalCheck to inform women of their results whilst we resolve the issues with the Coombe. The Coombe are not in a position to accept screening samples at the moment so all samples are being processed by Quest.

CervicalCheck continue to advise those seeking to book appointments that they not be able to do as soon as they receive their invite letter as it takes a couple of weeks to get an appointment with their GP.

CervicalCheck is working closely with laboratories and colposcopy units to manage the increased numbers of women attending for their screening test in primary care.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (December 2021) was 6,285 which is above the target of 6,000 by 285 (4.8%).
- The number of men and women who have completed a satisfactory BowelScreen FIT (Jan-December 2021) was 91,529 which is above the target of 87,500 by 4,029 (4.6%).
- Uptake during Q3 was 44.5% which is below the target of 45%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was outside the $\geq 90\%$ target at 84.9% within 20 working days in December. Eight of the fourteen contracted colonoscopy centres which were offering colonoscopies in December met the expected KPI of 90% within 20 days. However, the overall year to date waiting times for a colonoscopy for those that have a FIT positive test was recorded as slightly below the $\geq 90\%$ target at 89.8%.

Living with COVID-19

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

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period December 2021 was 5,625 which is below the target of 7,150 by 1,525 clients (21.3%).
- The number of diabetics screened with a final grading result year to date (Jan-December 2021) was 93,356 which is above the target of 90,000 by 3,356 (3.7%).
- Uptake during Q3 was 52.6% which is below the target of 68%
- During Q4 94.9% of clients were issued a results letter within 3 weeks.

The programme continues to invite participants for screening. The current model for screening is inviting 100% of the prospective cohort. There are a number of barriers impacting on the number of invitations: the implementation of physical distancing and infection control measures, although we find there continues to be a good attendance at all screening clinics this is supported by an increased level of patient engagement. The programme still has a number of challenges with patients referred to treatment clinics; currently treatment clinics are treating urgent and routine cases. The programme is supporting all treatment clinics updating clinical information, thus the backlog of patient numbers are incorrect (they maybe lower than the reported figures).

Finance

Introduction

In 2021, COVID-19 continued to challenge the overall capacity and capability of the health service. The pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected in the delivery and improvement of healthcare services, while continuing to manage within a COVID-19 environment. COVID-19 has materially and perhaps permanently changed the way that the HSE provides healthcare. In 2021, we continued to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care.

Over the last two years, we 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. During the course of the last year, we also had to staff, equip, and maintain supplies of vaccination on a mass scale, and continue a major testing and tracing operation.

The HSE received revenue and capital funding from the DoH in 2021 of €21.6bn reflecting the need to ensure that the HSE's COVID-19 strategy was appropriately funded whilst ensuring the delivery of ongoing health services in a continuing COVID-19 environment.

€1.6bn of this funding was provided on a once off basis to fund in particular the following key areas and initiatives which are fundamental to the HSE's COVID-19 response.

- Roll out of Vaccination programme
- Testing and Tracing Initiative
- Community and Hospital Response including:
 - GP COVID-19 related services
 - Temporary Assistance Payment Scheme for private nursing homes (TAPS)
 - Commissioning of private hospital capacity

- Procurement of Personal Protective Equipment (PPE) and associated logistics costs
- Winter planning in the context of the pandemic

The cyberattack on 14 May 2021, had a hugely detrimental effect on our healthcare system, on the delivery and access to timely healthcare services in 2021, which was already dealing with the unprecedented impact of the pandemic. This criminal act resulted in widespread disruption across all services and this continued for a number of weeks. 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.

Overall Finance Performance 2021

The HSE's financial position at the end of December 2021 shows an overall YTD deficit of €173.3m, with a significant element of this being driven by the direct impacts of the 3rd and 4th COVID-19 surges¹⁰, as reflected in the deficit of €784.1m on COVID-19 related costs and surplus of (€610.8m) on core related services.

¹⁰ 3rd wave confirmed on the 31st December 2020 and the 4th wave confirmed on the 4th June 2021.

Table 1 – Net Expenditure by Division – YTD December 2021

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

December 2021	YTD Actual Spend vrs YTD Budget						YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Acute Operations	7,062.9	7,055.5	7,062.9	(7.3)	●	-0.1%	(5.3)	(2.0)
Community Services	7,280.9	7,007.8	7,280.9	(273.1)	●	-3.8%	179.9	(453.0)
Other Operations/Services	1,669.1	2,018.7	1,669.1	349.6	●	20.9%	443.5	(94.0)
Total Operational Service Areas	16,012.9	16,082.0	16,012.9	69.1	●	0.4%	618.1	(549.0)
Total Pensions & Demand Led Services	4,629.7	4,734.0	4,629.7	104.2	●	2.3%	166.0	(61.8)
Overall Total	20,642.6	20,816.0	20,642.6	173.3		0.8%	784.1	(610.8)

Note 1: The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2021 for the HSE's directly provided services. The deficit of €173.3m in table 1 can be related to the 2021 final AFS figure of €195m as follows; €173.3m + €6.0m s.38 voluntary surplus + €15.7m Balance Sheet Adjs = €195.0m HSE AFS deficit.

- Within this deficit of €173.3m, acute operations have a YTD surplus of (€7.3m), community services a surplus of (€273.1m), pensions and demand led services a deficit of €104.2m and other operations/services are showing a deficit of €349.6m (mainly COVID-19 related).
- The COVID-19 deficit of €784.1m to the end of December comprises a surplus of (€5.3m) in acute operations, deficit of €179.9m in community services, deficit of €166.0m (of which PCRS has a deficit of €161.9m) in Pensions & Demand Led Areas and a deficit of €443.5m in other operations/services.
- The COVID-19 related deficit of €443.5m in other operations/services comprises of: a deficit of €278.0m in the Testing & Tracing Programme, a surplus of (€9.5m) in regional services relating to COVID-19 support funding, and a deficit of €110.2m in health and wellbeing mainly relating to the COVID-19 Vaccination Programme.

Acute Operations

Table 2 - Acute Operations December YTD

December 2021 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
RCSI Hospital Group	1,007.3	1,006.1	1,007.3	(1.2)	-0.1%	0.4	(1.6)
Dublin-Midlands Hospital Group	1,183.0	1,182.7	1,183.0	(0.3)	0.0%	(0.1)	(0.2)
Ireland East Hospital Group	1,329.3	1,329.3	1,329.3	(0.0)	0.0%	1.1	(1.1)
South-South West Hospital Group	1,158.1	1,156.0	1,158.1	(2.1)	-0.2%	0.1	(2.2)
Saolta University Health Care Group	1,064.7	1,064.3	1,064.7	(0.4)	0.0%	0.0	(0.4)
University of Limerick Hospital Group	485.8	485.3	485.8	(0.5)	-0.1%	1.1	(1.6)
Children's Health Ireland	411.0	411.2	411.0	0.2	0.1%	0.4	(0.2)
Regional & National Services	70.9	67.0	70.9	(3.9)	-5.5%	(8.3)	4.4
Acute Hospital Care	6,710.0	6,701.9	6,710.0	(8.2)	-0.1%	(5.3)	(2.8)
National Ambulance Service	201.9	202.7	201.9	0.8	0.4%	(0.0)	0.8
Private Hospitals	-	151.0	-	151.0		151.0	-
Access to Care	150.9	-	150.9	(150.9)	-100.0%	(150.9)	-
Acute Operations Total	7,062.9	7,055.5	7,062.9	(7.3)	-0.1%	(5.3)	(2.0)

Acute operations incl. Ambulance Services, Private Hospitals & Access to Care has full year expenditure of €7,055.5m against a budget of €7,062.9m, leading to a year-end surplus of (€7.3m) or (0.1%), of which (€5.3m) surplus has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€2.0m) attributable to core service expenditure. The national ambulance service (NAS) has a year-end deficit of €0.8m. 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 pandemic resulted in significantly reduced activity levels in the acute system in 2021. Scheduled care services have been particularly impacted by COVID-19 and the cyberattack resulting in longer waiting times and larger waiting lists. However, significant developments in critical care capacity in 2021, included 66 critical care beds that were planned and funded, bringing the total to 321 beds across the service, as well as resources for rapid response teams, nurse educator roles and enhancement of critical care retrieval services.

Operational service pressures as a result of COVID-19 drove increased clinical non pay costs, particularly investment in additional medical and laboratory equipment. Other non-pay cost pressures included PPE and cleaning, which are related to increased infection control and compliance requirements. Also, the infrastructural changes required to re-organise care pathways – which were necessitated by COVID-19 - led to increased maintenance costs in particular. From an income perspective, and as a result of the pandemic, there was a material reduction in receipts from private maintenance charges 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 were activated by 'surge events' and also the cyberattack, ensuring the continued provision of unscheduled, urgent and time critical care to core activity patients.

Community Operations

Table 3 – Community Operations December YTD

December 2021 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
						€m	€m
Primary Care Division Total	1,504.2	1,449.9	1,504.2	(54.2)	-3.6%	131.5	(185.7)
Mental Health Division	1,115.3	1,095.6	1,115.3	(19.7)	-1.8%	7.7	(27.5)
Older Persons Services	1,271.4	1,124.9	1,271.4	(146.5)	-11.5%	3.3	(149.9)
Nursing Home Support Scheme	1,086.8	1,013.6	1,086.8	(73.1)	-6.7%	6.1	(79.2)
Older Persons Services Division Total	2,358.2	2,138.5	2,358.2	(219.6)	-9.3%	9.4	(229.1)
Disability Services	2,248.2	2,272.0	2,248.2	23.7	1.1%	26.8	(3.1)
Health & Wellbeing Community Division	20.9	18.6	20.9	(2.3)	-11.1%	1.2	(3.5)
Quality & Patient Safety Community Division	11.0	7.9	11.0	(3.1)	-28.2%	0.0	(3.1)
CHO HQs & Community Services	23.2	25.4	23.2	2.2	9.4%	3.2	(1.0)
Community Total	7,280.9	7,007.8	7,280.9	(273.1)	-3.8%	179.9	(453.0)

Community services has year-end expenditure of €7,007.8m against a budget of €7,280.9m, leading to a year-end surplus of (€273.1m) or (3.8%), of which a €179.9m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€453.0m) 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-end expenditure of €1,449.9m against a budget of €1,504.2m leading to a year-end surplus of (€54.2m) or (3.6%), of which €131.5m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting (€185.7m) 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 care centres over recent years 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. Nine new primary care centres became operational in 2021, bringing the total number of primary care centres in operation to 147. While clinic-based therapies were suspended at the outset of the pandemic, innovative approaches (such as Attend Anywhere) were established to provide therapies virtually, where possible.

Mental Health Services

Mental Health (MH) has year-end expenditure of €1,095.6m against a budget of €1,115.3m leading to a year end surplus of (€19.7m) or (1.8%), of which €7.7m deficit has been categorised as being directly attributable to COVID-19 expenditure and (€27.5m) 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. As a result of COVID-19 some community mental health services were reduced. The reduction in services was in line with public health advice on the provision of safe services. There was extensive use of remote consultation tools such as Attend Anywhere to ensure continuity of services for mental health patients.

Older Persons Services

Older person's services, including NHSS, has year-end expenditure of €2,138.5m against a budget of €2,358.2m leading to a year-end surplus of (€219.6m) or (9.3%), of which €9.4m deficit has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€229.1m) 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. In responding to COVID-19, services like transitional care, emergency residential respite services, home support and home respite and carer support continued but were reduced due to capacity constraints. Despite reduced activity over 20.5 million home support hours were delivered in 2021. Also, adaptations to service delivery continued into 2021 such as increasing Meals on Wheels, phone line support and outreach through social distancing compliant visitations.

Disability Services

Disability Services has year-end expenditure of €2,272.0m against a budget of €2,248.2m, leading to a year-end deficit of €23.7m or 1.1%, of which €26.8m deficit has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€3.1m) 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. In responding to COVID-19, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential (including new emergency residential placements) and Home Support/PA services and tele-/online supports for service users and families whilst curtailing or closing certain services such as day services, respite services, and certain clinical supports.

Other Operational Services

Table 4 – Other Operational Services December YTD

December 2021	YTD Actual Spend vrs YTD Budget						YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Chief Clinical Office	85.6	87.6	85.6	2.0	●	2.4%	0.4	1.7
National Screening Service	88.1	88.8	88.1	0.8	●	0.9%	0.1	0.7
Health & Wellbeing Division	203.7	300.8	203.7	97.0	●	47.6%	110.2	(13.1)
National Services	60.5	56.2	60.5	(4.3)	●	-7.1%	0.4	(4.7)
Testing & Tracing	308.6	586.5	308.6	278.0	●	90.1%	278.0	-
Support Services	922.7	898.8	922.7	(23.9)	●	-2.6%	54.6	(78.5)
Other Operations/Services	1,669.1	2,018.7	1,669.1	349.6		20.9%	443.5	(94.0)

Other Operational services has year-end expenditure of €2,018.7m against a budget of €1,669.1m, leading to a year-end deficit of €349.6m or 20.9%, of which a €443.5m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€94.0m) 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), 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. During the COVID-19 crisis period, cancer services prioritised activity across the patient pathway in line with national clinical guidance. This ensured emergency, time critical and symptomatic services for cancer (diagnostics, surgery, chemotherapy and radiotherapy) were delivered appropriately and that patients continued to be seen in a timely way.

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 aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

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 played a major role in responding to the COVID-19 pandemic. Public health teams worked closely with the wider health system to mitigate and limit the spread of the virus using evidence-based strategies, guidance, disease surveillance and health intelligence developed nationally. Public health also supported end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's testing and tracing programme.

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). By the end of October 2021, more than 90% of the eligible population had been fully vaccinated, with significant impacts in terms of reduced incidence of the disease, hospitalisations, and mortality. In addition, the success of the Vaccination Programme is a cornerstone in supporting the reopening of society and easing of restrictions. The programme is 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.

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. Over the past 18 months, testing and tracing capacity has been significantly increased. 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.

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 December YTD

December 2021	YTD Actual Spend vrs YTD Budget						YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Pensions	592.1	623.8	592.1	31.8	●	5.4%	-	31.8
State Claims Agency	410.0	465.1	410.0	55.1	●	13.4%	-	55.1
Primary Care Reimbursement Service	3,316.7	3,312.0	3,316.7	(4.7)	●	-0.1%	161.9	(166.5)
Demand Led Local Schemes	271.9	284.2	271.9	12.3	●	4.5%	4.1	8.2
Treatment Abroad and Cross Border Directive	28.6	43.5	28.6	14.9	●	52.1%	-	14.9
EHIC (European Health Insurance Card)	10.5	5.3	10.5	(5.3)	●	-50.1%	-	(5.3)
Total Pensions & Demand Led Services Total	4,629.7	4,734.0	4,629.7	104.2		2.3%	166.0	(61.8)

Pensions and Demand Led Services has year-end expenditure of €4,734.7m against a budget of €4,629.7m, leading to a year-end deficit of €104.2m or 2.3%, of which a €166.0m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€61.8m) 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 had an allocated 2021 budget for this reimbursement of €410m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

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

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

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.

In 2022, we will be taking forward a range of programmes and initiatives central to Sláintecare. 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. 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.

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 €697m. 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 €130m and once off COVID-19 funding of €50m. The focus in the coming year 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.

Consequentially this will also bring additional complexity to financial planning and financial management for 2022. The National Service Plan¹¹ notes that “It follows

that it is not practical to provide the usual level of assurance around the extent and affordability of likely 2022 activity, particularly in respect of acute hospital services, albeit every practical effort will be made to manage and mitigate the various financial issues and risks.

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.

¹¹ National Service Plan 2022, Section 6, Financial Management Framework 2022

Human Resources

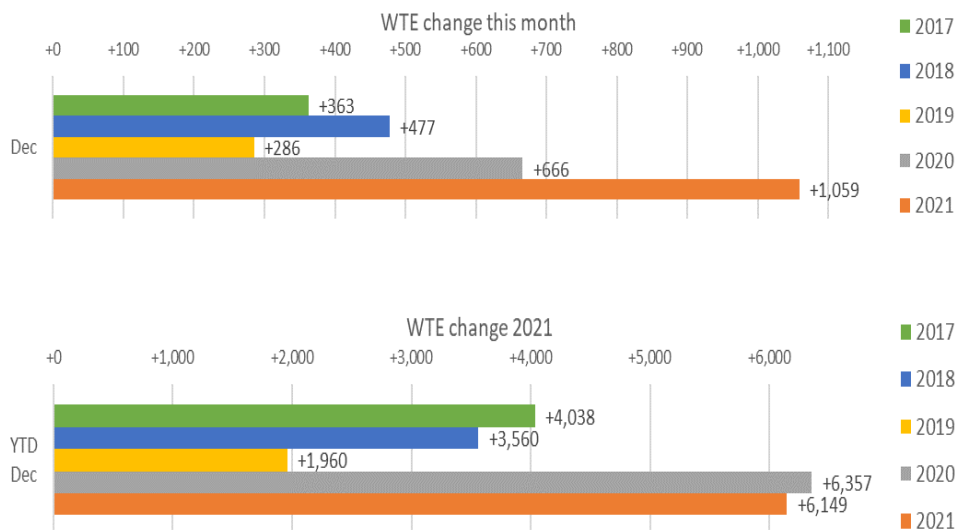
Health Sector Workforce

Health Sector Workforce: December 2021

Headlines

Employment levels at the end of December 2021, show there were 132,323 WTE (equating to 150,903 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change is **+1,059 WTE this month** and **+6,149 WTE year-to-date**. The employment increase this month shows significantly strong growth in comparison to recent years (the five-year average is +570 WTE).



- The latest employment figure represents a **10.4% (+12,506 WTE)** increase over December 2019. This figure however, **excludes** non-direct HSE employees *such as* externally contracted Contact Management Programme contact tracers and vaccination staff that add an additional minimum +2,200 staff.
- Overall since December 2019, the staff category with the greatest WTE increase is Nursing and Midwifery at **+3,372 WTE**, with the grade group

Nurses and Midwives also reporting the greatest WTE increase at **+2,157 WTE** followed by Health Care Assistants at **+1,930 WTE**. All staff categories over the period have shown significant growth within each category ranging from 13%-14% in H&SCPs and Management and Administration to 8%-10% across Nursing and Midwifery, Medical and Dental and Patient and Client Care. The lowest percentage growth was seen in General Support at +6.3%.

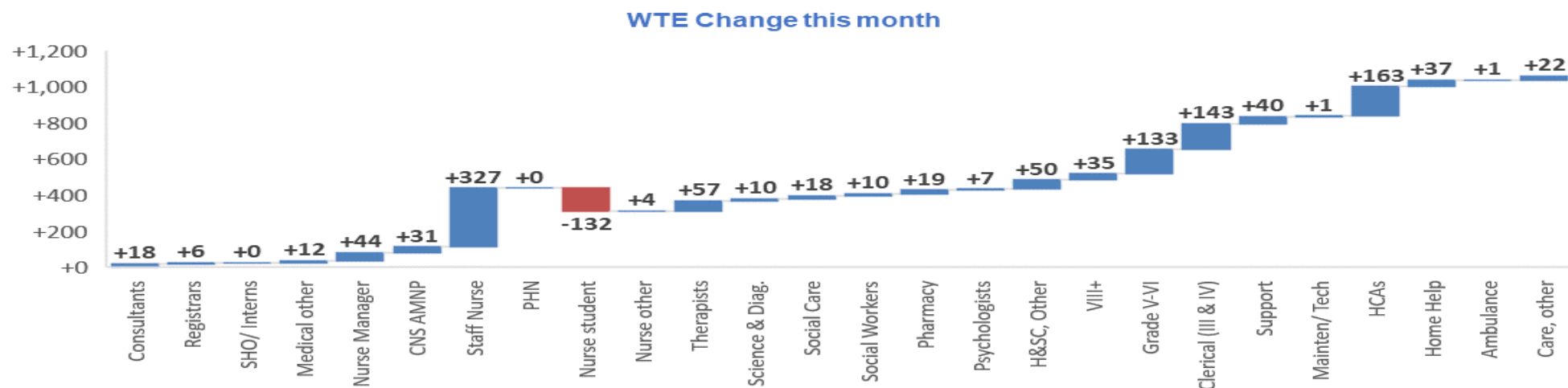
- Acute Services shows the largest WTE increase since December 2019 at **+7,592 WTE** with Community Operations up by **+4,282 WTE** followed by H&WB Corporate and National up by **+632 WTE**.

Key findings by Staff Category & Staff Group

- The largest increase was in **Management & Administrative** (+311 WTE) including +143 WTE Clerical (III & IV), +133 WTE Administrative/Supervisory (V to VII) and +35 WTE Management (VIII & above)
- Patient & Client Care** showed the second highest growth with a **+223 WTE** increase. Health Care Assistants +163 WTE, Home Help +37 WTE, Care Other +22 WTE and Ambulance Staff +1 WTE.
- Nursing & Midwifery** also increased by **+274 WTE** overall; including +327 WTE Staff Nurse/Staff Midwife (driven by the registration of new graduates), +44 WTE Nurse/Midwife Manager, +31 WTE Nurse/Midwife Specialists & AN/MP and +4 WTE Nursing/ Midwifery other.
- Health & Social Care Professionals** increased by **+172 WTE** overall. There was a +57 WTE increase in Therapy Professions, +50 WTE H&SC other, +19 WTE in Pharmacy, +18 WTE Social Care, +10 WTE Health Science/Diagnostics, +10 WTE Social Workers and +7 WTE Psychologists .
- General Support** increased by **+42 WTE**; distributed as follows, +40 WTE Support (portering & catering) and +1 WTE Maintenance/Technical.
- Medical & Dental** increased by **+37 WTE**; distributed as follows, +18 WTE Consultants, +12 WTE Medical/Dental, other, +6 WTE Registrars and SHO/Intern WTE remained the same from the previous month.
- Further details are shown in the charts & tables below:

By Staff Group: December 2021

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE change since Nov 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	126,174	131,265	+132,323	+1,059	+6,149	+4.9%	+12,506	+10.4%
Medical & Dental	10,857	11,762	12,076	+12,113	+37	+352	+3.0%	+1,256	+11.6%
Consultants	3,250	3,458	3,590	+3,608	+18	+150	+4.3%	+358	+11.0%
Registrars	3,679	3,876	4,098	+4,104	+6	+229	+5.9%	+425	+11.6%
SHO/ Interns	3,116	3,594	3,586	+3,587	+0	-8	-0.2%	+470	+15.1%
Medical/ Dental, other	812	833	802	+814	+12	-19	-2.3%	+2	+0.3%
Nursing & Midwifery	38,205	39,917	41,302	+41,576	+274	+1,660	+4.2%	+3,372	+8.8%
Nurse/ Midwife Manager	7,984	8,344	8,809	+8,852	+44	+508	+6.1%	+868	+10.9%
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,450	+2,481	+31	+183	+8.0%	+485	+24.3%
Staff Nurse/ Staff Midwife	25,693	26,763	27,522	+27,850	+327	+1,087	+4.1%	+2,157	+8.4%
Public Health Nurse	1,537	1,557	1,523	+1,523	+0	-34	-2.2%	-14	-0.9%
Pre-registration Nurse/ Midwife Intern	138	28	143	+124	-19	+96	+339.9%	-14	-10.5%
Pre-registration Nurse Intern (COVID-19)	-	230	2	+1	-1	-229	-99.4%	+1	-100.0%
Post-registration Nurse/ Midwife Student	293	258	283	+277	-6	+19	+7.4%	-16	-5.6%
Nursing/ Midwifery awaiting registration	213	76	231	+124	-107	+49	+64.2%	-88	-41.5%
Nursing/ Midwifery Student	644	592	658	+526	-132	-65	-11.0%	-118	-18.3%
Nursing/ Midwifery other	350	362	340	+344	+4	-18	-5.0%	-6	-1.7%
Health & Social Care Professionals	16,774	17,807	18,827	+18,999	+172	+1,192	+6.7%	+2,225	+13.3%
Therapy Professions	5,234	5,565	5,890	+5,947	+57	+382	+6.9%	+713	+13.6%
Health Science/ Diagnostics	4,500	4,731	4,908	+4,918	+10	+188	+4.0%	+418	+9.3%
Social Care	2,710	2,909	3,109	+3,127	+18	+219	+7.5%	+417	+15.4%
Social Workers	1,165	1,238	1,286	+1,296	+10	+58	+4.6%	+131	+11.3%
Psychologists	1,004	1,066	1,088	+1,095	+7	+29	+2.7%	+91	+9.1%
Pharmacy	1,038	1,164	1,272	+1,292	+19	+128	+11.0%	+254	+24.5%
H&SC, Other	1,123	1,134	1,273	+1,324	+50	+189	+16.7%	+201	+17.9%
Management & Administrative	18,846	19,829	21,271	+21,583	+311	+1,754	+8.9%	+2,736	+14.5%
Management (VIII & above)	1,842	1,969	2,181	+2,216	+35	+246	+12.5%	+374	+20.3%
Administrative/ Supervisory (V to VII)	5,199	5,821	6,572	+6,705	+133	+884	+15.2%	+1,506	+29.0%
Clerical (III & IV)	11,805	12,038	12,518	+12,661	+143	+623	+5.2%	+856	+7.3%
General Support	9,416	9,876	9,969	+10,010	+42	+135	+1.4%	+594	+6.3%
Support	8,234	8,676	8,773	+8,813	+40	+137	+1.6%	+579	+7.0%
Maintenance/ Technical	1,182	1,200	1,196	+1,197	+1	-3	-0.2%	+15	+1.3%
Patient & Client Care	25,719	26,985	27,819	+28,042	+223	+1,057	+3.9%	+2,323	+9.0%
Health Care Assistants	17,396	18,554	19,162	+19,325	+163	+772	+4.2%	+1,930	+11.1%
Home Help	3,569	3,543	3,509	+3,546	+37	+2	+0.1%	-23	-0.7%
Ambulance Staff	1,828	1,877	1,934	+1,936	+1	+59	+3.1%	+108	+5.9%
Care, other	2,926	3,011	3,214	+3,235	+22	+225	+7.5%	+309	+10.6%

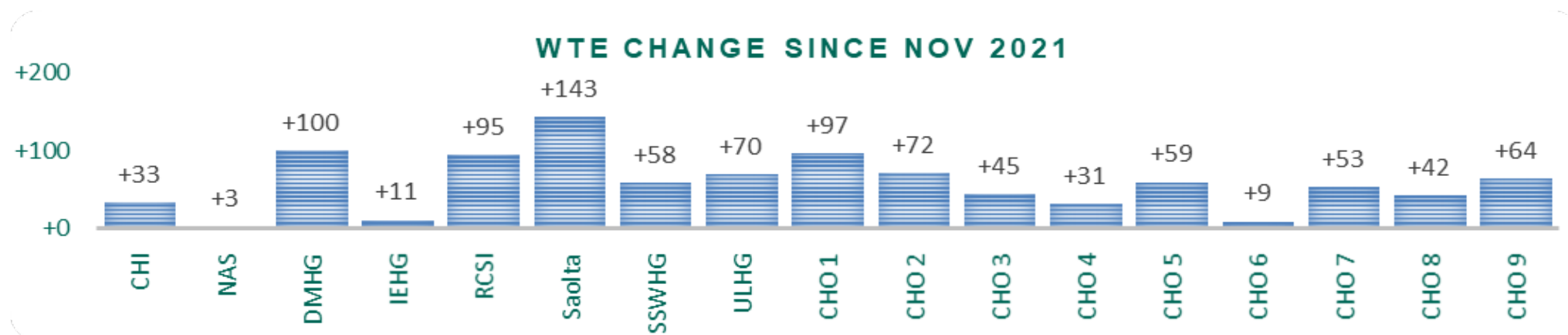


Operations key findings this month

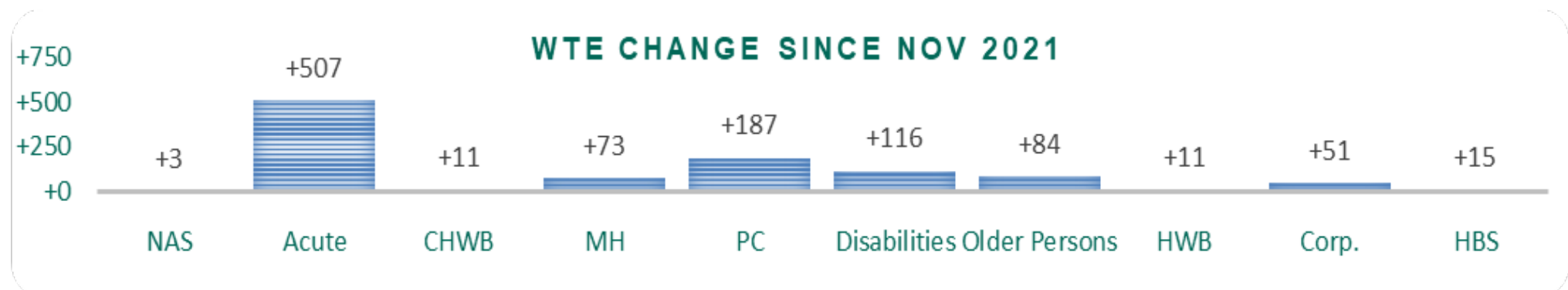
- Overall, this period **Acute Services** is showing an increase of **+510 WTE** and **+3,690 WTE YTD**.
- Community Services** are showing an increase of **+471 WTE**, with **+1,993 WTE YTD**.

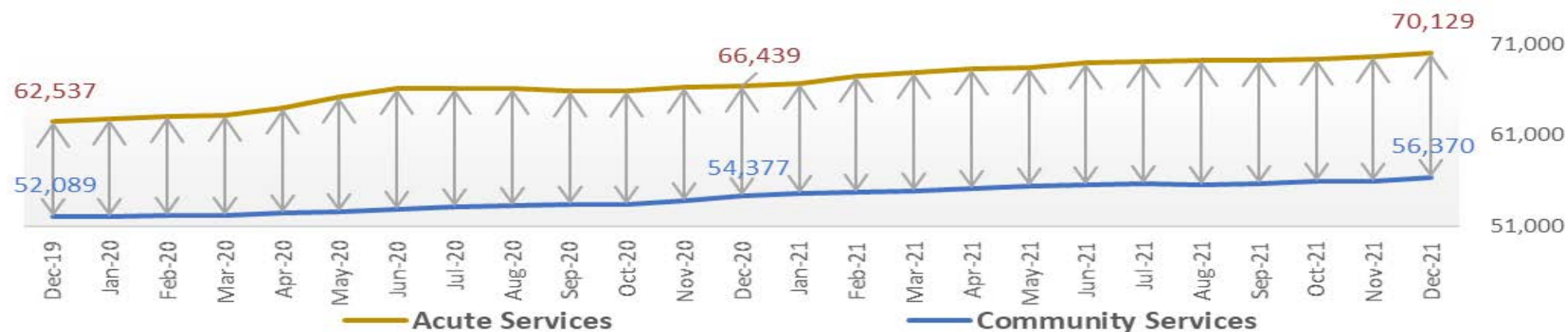
Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disability	Older People	Comm Services	H&WB, Corp. & National
Dec-21	+132,323	+1,059	+3	+507	+510	+11	+73	+187	+116	+84	+471	+77
Nov-21	+131,265	+138	-19	+226	+206	-4	-63	+7	+57	-23	-25	-43
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
Jun-21	+130,164	+696	+2	+526	+527	+3	-17	+79	+116	-53	+129	+40
May-21	+129,468	+469	-4	+117	+113	+3	+17	+100	+93	+72	+285	+70
Apr-21	+128,999	+717	-2	+429	+426	-1	+15	+55	+75	+67	+210	+80
Mar-21	+128,283	+522	+10	+313	+322	+3	+22	+61	+56	+10	+151	+49
Feb-21	+127,760	+1,071	+55	+800	+854	+7	+82	+137	+2	-52	+177	+40
Jan-21	+126,689	+515	-8	+270	+262	+3	+65	+159	+37	-44	+220	+33
1 Year		+6,149	+70	+3,620	+3,690	+37	+61	+1,009	+678	+208	+1,993	+465

- Saolta University Hospital Care (+143 WTE), Dublin Midlands Hospital Group (+100 WTE) and University of Limerick Hospital Group (+70 WTE) show the largest increases over this period in Acute with CHOs 1 (+97 WTE), 2 (+72 WTE) and 9 (+64 WTE) showing the largest increases in Community.
- There were no Hospital Groups or Community Hospital Organisations that showed a WTE decrease this month.



All care groups also showed increases this month with the greatest increase (+507 WTE) in acute hospital services. However, each community services care group, led by primary care, also showed increases.





By Service Delivery Area: December 2021

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE change since Nov 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	126,174	131,265	132,323	+1,059	+6,149	+4.9%	+12,506	+10.4%
National Ambulance Service	1,933	1,990	2,057	2,060	+3	+70	+3.5%	+127	+6.6%
Children's Health Ireland	3,602	3,762	3,941	3,974	+33	+212	+5.6%	+371	+10.3%
Dublin Midlands Hospital Group	10,819	11,288	11,607	11,707	+100	+419	+3.7%	+889	+8.2%
Ireland East Hospital Group	12,045	12,923	13,510	13,521	+11	+598	+4.6%	+1,476	+12.3%
RCSI Hospitals Group	9,663	10,197	10,511	10,606	+95	+409	+4.0%	+943	+9.8%
Saolta University Hospital Care	9,253	9,829	10,422	10,566	+143	+737	+7.5%	+1,312	+14.2%
South/South West Hospital Group	10,527	11,288	11,876	11,934	+58	+646	+5.7%	+1,407	+13.4%
University of Limerick Hospital Group	4,146	4,506	4,974	5,043	+70	+537	+11.9%	+897	+21.6%
other Acute Services	548	655	721	718	-3	+63	+9.6%	+170	+31.0%
Acute Services	62,537	66,439	69,620	70,129	+510	+3,690	+5.6%	+7,592	+12.1%
CHO 1	5,468	5,755	5,992	6,089	+97	+334	+5.8%	+621	+11.4%
CHO 2	5,545	5,690	5,748	5,819	+72	+129	+2.3%	+274	+5.0%
CHO 3	4,357	4,610	4,902	4,946	+45	+337	+7.3%	+590	+13.5%
CHO 4	8,189	8,602	8,825	8,856	+31	+255	+3.0%	+667	+8.2%
CHO 5	5,282	5,477	5,612	5,671	+59	+194	+3.6%	+389	+7.4%

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE change since Nov 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
CHO 6	3,378	3,465	3,552	3,561	+9	+96	+2.8%	+183	+5.4%
CHO 7	6,515	6,783	7,020	7,073	+53	+290	+4.3%	+559	+8.6%
CHO 8	6,135	6,337	6,407	6,449	+42	+112	+1.8%	+314	+5.1%
CHO 9	6,582	6,950	7,101	7,165	+64	+216	+3.1%	+583	+8.9%
other Community Services	638	709	741	740	+0	+31	+4.4%	+102	+16.0%
Community Services	52,089	54,377	55,899	56,370	+471	+1,993	+3.7%	+4,282	+8.2%
Health & Wellbeing	574	511	629	641	+11	+129	+25.2%	+67	+11.7%
Corporate	3,035	3,216	3,765	3,816	+51	+601	+18.7%	+782	+25.8%
Health Business Services	1,583	1,631	1,351	1,367	+15	-265	-16.2%	-216	-13.7%
H&WB Corporate & National Services	5,191	5,358	5,746	5,824	+77	+465	+8.7%	+632	+12.2%

By Division/ Care Group: December 2021

Division/ Care Group	WTE Dec 2019	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE chance since Nov 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
Total Health Service	119,817	126,174	131,265	132,323	+1,059	+6,149	+4.9%	+12,506	+10.4%
Ambulance Services	1,933	1,990	2,057	2,060	+3	+70	+3.5%	+127	+6.6%
Acute Hospital Services	60,604	64,449	67,562	68,069	+507	+3,620	+5.6%	+7,465	+12.3%
Acute Services	62,537	66,439	69,620	70,129	+510	+3,690	+5.6%	+7,592	+12.1%
Community Health & Wellbeing	-	144	170	181	+11	+37	+25.9%	+181	
Mental Health	9,954	10,301	10,289	10,362	+73	+61	+0.6%	+408	+4.1%
Primary Care	10,599	11,572	12,395	12,582	+187	+1,009	+8.7%	+1,982	+18.7%
Disabilities	18,303	18,944	19,507	19,623	+116	+678	+3.6%	+1,320	+7.2%
Older People	13,233	13,415	13,538	13,623	+84	+208	+1.6%	+390	+3.0%
Community Services	52,089	54,377	55,899	56,370	+471	+1,993	+3.7%	+4,282	+8.2%
Health & Well-being	574	511	629	641	+11	+129	+25.2%	+67	+11.7%
Corporate Functions	3,035	3,216	3,765	3,816	+51	+601	+18.7%	+782	+25.8%

Division/ Care Group	WTE Dec 2019	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE chance since Nov 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
Health Business Service	1,583	1,631	1,351	1,367	+15	-265	-16.2%	-216	-13.7%
H&WB Corporate & National Services	5,191	5,358	5,746	5,824	+77	+465	+8.7%	+632	+12.2%

Health Service Absence Rates: December 2021

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

The reported absence rate for December 2021 stands at **7.9%**. This compares to **5.9%** reported for the same month in 2020, however these figures notably include COVID-19 related absence for both periods. Excluding COVID-19 the current months absence rate is **4.9%** compared to **4.25%** in 2020.

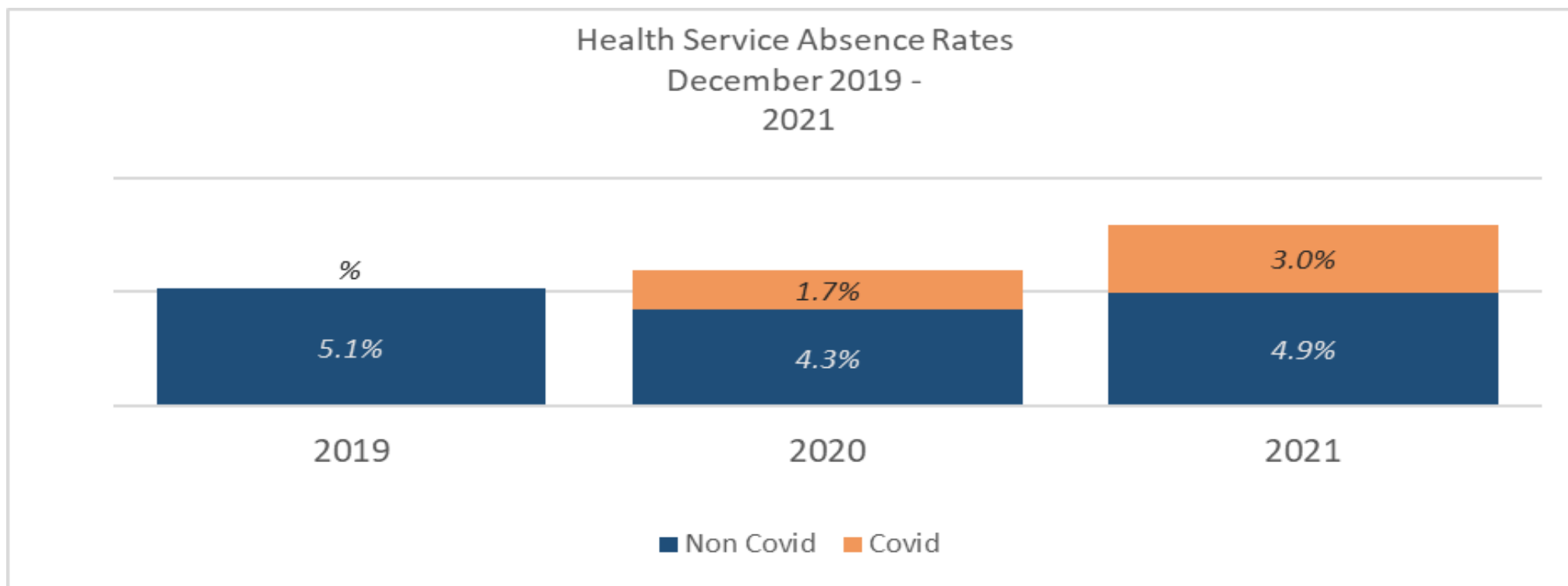
This months' absence rate is higher than that reported for the previous month, reported at **7.7%** (including COVID-19). Notwithstanding the fact that the overall absence rate continues to be impacted by COVID-19 related absence, excluding COVID-19 absence, this months' absence rate is **4.9%** which is **0.4%** lower than the rate reported last month. It is important to note that this month's data, is occurring at a time of increased COVID-19 case reports.

These figures are reflected in the attached National Absence Report.

Benchmark Target	Nov-21	Certified Absence December 2021	Self-Certified Absence December 2021	COVID-19 December 2021	Dec-21	Full Year 2020	Year to date 2021
3.5%	7.7%	4.38%	0.55%	2.98%	7.9%	6.1%	6.1%

Note:

- COVID-19 will only apply when an employee is advised to self-isolate **and** is displaying symptoms of COVID-19, or had a positive test. Public health advice now allows for self-referral when someone has Covid-19 symptoms, SLWP will apply in certain circumstances as set out in HR Circular 038/2021.
- All agencies with the exception of St John's Hospital Limerick provided a national absence return for December. Due to a cyber-attack, the Coombe Hospital provided a partial return with the following categories missing: Medical & Dental, Nursing & Midwifery and General Support



Latest monthly figures (December 2021)

December 2021 absence rate stands at 7.9% of which 4.4% is certified, 0.6% Self-Certified with **3%** (or 37.7% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the December 2021 absence rate of 4.9% is higher than the same period last year however is lower than 2019. Based on 2019 data, this months' data is showing a 0.2% decrease i.e. 5.1% (2019), 4.8% (2018) and 4.8% (2017).
- For **Acute Services** the absence rate is 8.1% of which 3.3% (40.3% of the total) is COVID-19 related. **Community Services** stands at 8.0% of which 2.8% (34.7% of the total) is also COVID-19 related. **Health & Wellbeing, Corporate & National Services** rate is 4.6% of which 1.3% (28.5% of the total) is COVID-19 related. Details are as follows:

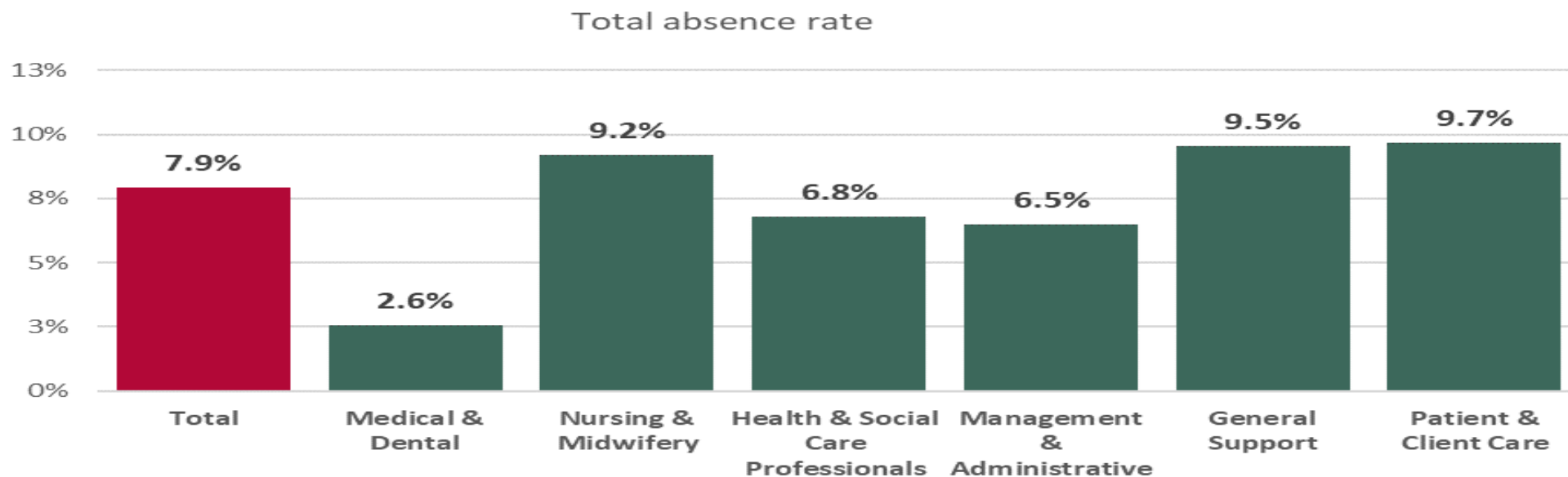
December 2021

Health Service Absence Rate - by Care Group: Dec 2021	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%	4.9%	3.0%	7.9%	62.3%	37.7%
Ambulance Services	6.8%	0.7%	7.5%	2.5%	10.0%	74.8%	25.2%
Acute Hospital Services	4.1%	0.6%	4.8%	3.3%	8.1%	59.0%	41.0%
Acute Services	4.2%	0.6%	4.9%	3.3%	8.1%	59.7%	40.3%
Community Health & Wellbeing	2.3%	0.1%	2.4%	1.6%	4.0%	60.3%	39.7%
Mental Health	4.3%	0.4%	4.8%	2.9%	7.7%	62.1%	37.9%
Primary Care	4.4%	0.3%	4.7%	2.1%	6.8%	68.8%	31.2%
Disabilities	4.6%	0.7%	5.3%	2.8%	8.1%	65.7%	34.3%
Older People	5.6%	0.6%	6.1%	3.4%	9.5%	64.6%	35.4%
Community Services	4.7%	0.5%	5.2%	2.8%	8.0%	65.3%	34.7%
Health & Wellbeing	3.5%	0.2%	3.7%	1.3%	5.0%	73.9%	26.1%
Corporate	3.3%	0.2%	3.5%	1.4%	4.9%	72.1%	27.9%
Health Business Services	1.7%	0.2%	1.9%	1.1%	3.0%	64.2%	35.8%
HWB, Corporate & National	3.1%	0.2%	3.3%	1.3%	4.6%	71.5%	28.5%

- At **Staff Category** Patient & Client Care reports the **highest** total absence rate at 9.7% followed by General Support (9.5 %) and Nursing and Midwifery (9.2 %). Notably, these increases are impacted by COVID-19, with 35.2% of all absence related to COVID-19 in General Support, 39% in Nursing and Midwifery and 33.7% in Patient & Client Care. Medical and Dental reported the **lowest** absence rate at 2.6% in December, however reported the highest COVID-19 related absence, at 51.4%. Details as follows:

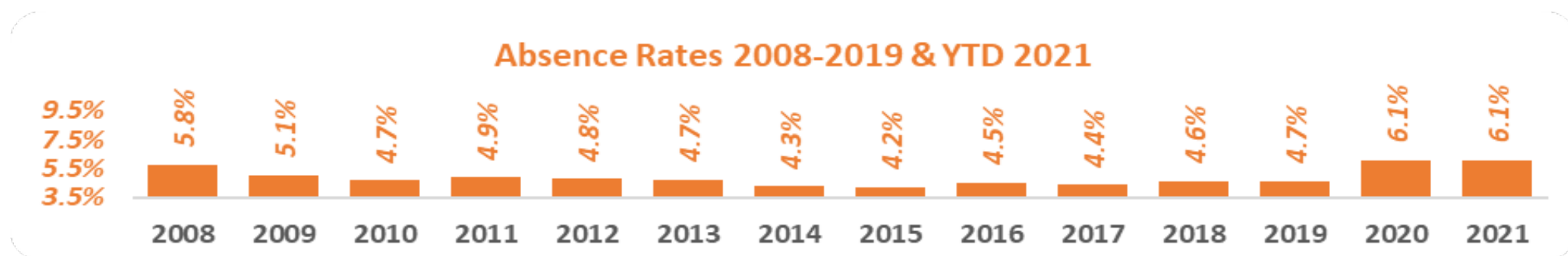
December 2021

Health Service Absence Rate - by Staff Category: Decv 2021	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%	4.9%	3.0%	7.9%	62.3%	37.7%
Medical & Dental	1.1%	0.1%	1.2%	1.3%	2.6%	48.6%	51.4%
Nursing & Midwifery	4.8%	0.8%	5.6%	3.6%	9.2%	61.0%	39.0%
Health & Social Care Professionals	3.5%	0.3%	3.9%	2.9%	6.8%	56.9%	43.1%
Management & Administrative	3.9%	0.3%	4.3%	2.2%	6.5%	65.5%	34.5%
General Support	5.7%	0.5%	6.2%	3.4%	9.5%	64.8%	35.2%
Patient & Client Care	5.7%	0.7%	6.4%	3.3%	9.7%	66.3%	33.7%



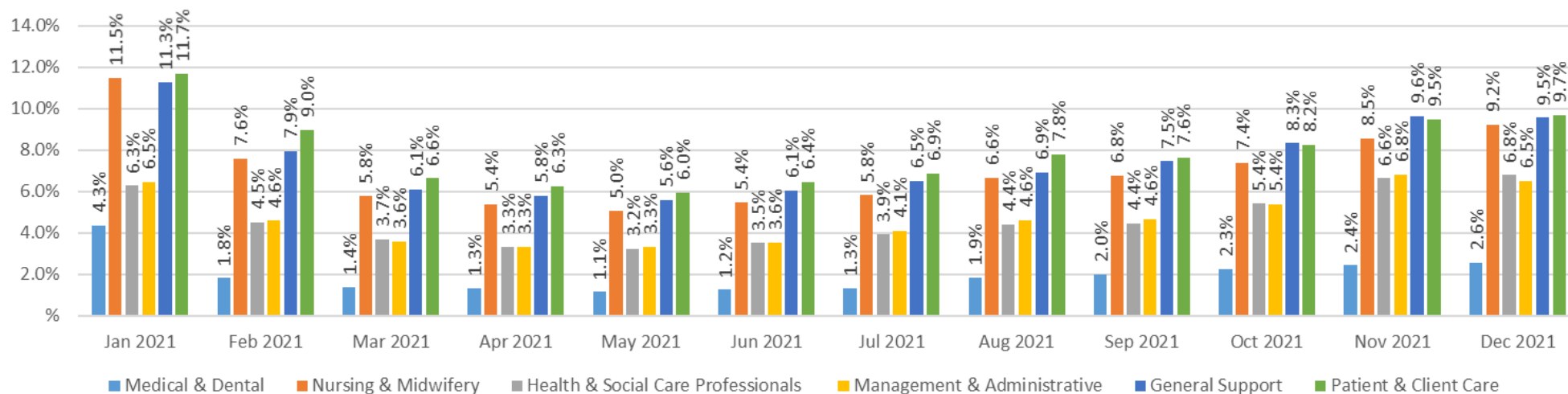
Year-to-date & trends 2008 – 2021

The year to date 2021 figure of 6.1% has also been significantly impacted by COVID-19 related absence with 1.7% of the 2021 absence rate (or 27.2% of all 2021 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 both in 2020 and 2021.

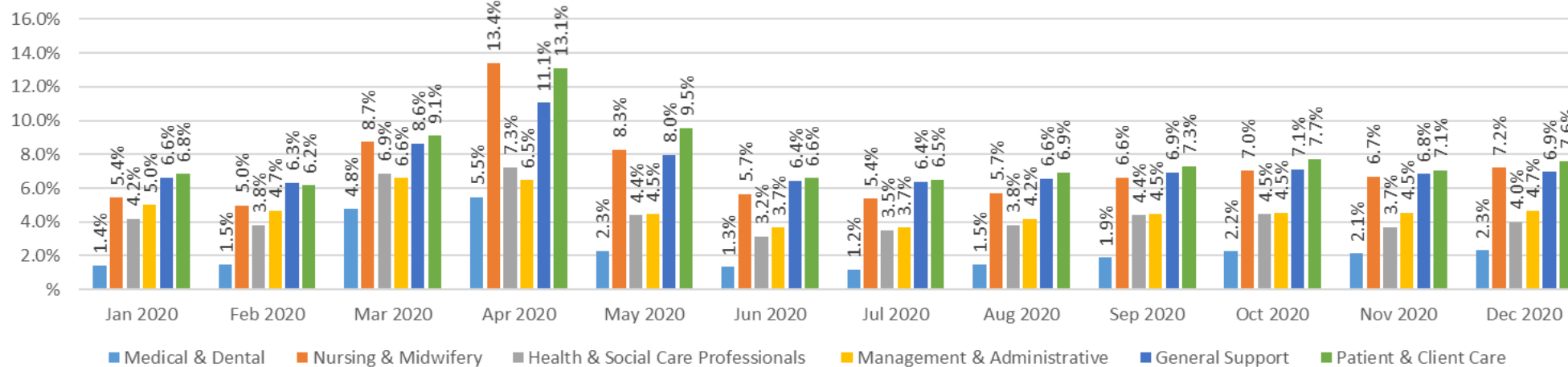


- When compared with previous years, the 2021 Year to Date figure appears higher with the exception of 2020. However, this as noted above, is impacted by COVID-19 related absence, accounting for 1.7% of all absence in 2021. On a like for like basis, **excluding** COVID-19 absence impact, the absence rate is 4.5% in 2021 and 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2021 is the same as that reported in 2020.

YTD Total Absence Rate by Staff Category



2020 Total Absence Rate by Staff Category



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	97.6%	83.9%
Mental Health Services	100%	96.3%
Other Agencies	84.6%	92.3%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1	0.9
[R]	[G]

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

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

Performance Table:

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

Graphs:

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

Graph Layout:	
Target	-----
Month 20/21	—————
Month 19/20	—————

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
Primary Care	Occupational Therapy % of new Occupational Therapy patients seen for assessment within 12 weeks % of Occupational Therapy patients on waiting list for assessment ≤ 52 weeks No of Occupational Therapy patients seen	Non Return (May, Jun) CHO2 (Roscommon) Non Return (May, Jun, Jul) CHO8 (Louth)
Primary Care	Speech & Language Therapy % of speech and language therapy patients on waiting list for assessment ≤ 52 weeks % of speech and language therapy patients on waiting list for treatment ≤ 52 weeks No of speech and language therapy patients seen	Non Return (Dec) CHO1 (Donegal, Sligo Leitrim) Non Return (Dec) CHO8 (Laois Offaly) Non Return (May, Jun, Jul) CHO8 (Louth, Meath)
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (May, Jun) CHO1 (Donegal) Non Return (Dec) CHO5 (South Tipperary)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ 12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East, Wicklow), CHO7 (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, Dublin South East, Wicklow), CHO7 (Dublin South City, Dublin West), CHO8 (Meath), CHO9 (Dublin North West, Dublin North) Non Return (Dec) CHO2 (Galway, Roscommon)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 52 weeks % of dietetic patients on waiting list for treatment ≤ 12 weeks No. of Dietetic patients seen	Non Return (May, Jun, Jul) CHO2 (Galway) Non Return (Apr, May, Jun, Jul, Aug) CHO7 (Dublin West) Non Return (Dec) CHO7 (Dublin South City)
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 CHO4 (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 (Dec) CHO2 (Roscommon)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Aug, Sep, Oct, Nov) CHO1 (Cavan/Monaghan) Non Return (Nov) CHO1 (Sligo Leitrim) Non Return (Jan, May, Jun) CHO5 (South Tipperary) Non Return (Apr, May) CHO6 (Dun Laoghaire) Non Return (Nov) CHO7 (Dublin West) Non Return (Apr, May, Jun, Jul, Aug, Sep, Oct, Nov) CHO7 (Kildare West Wicklow)

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) Non return (May, Jun) CHO4 (West Cork) Non return (May, Jun, Jul, Aug, Sep, Oct) CHO8 (Louth) Non return (May, Jun, Jul, Aug, Sep, Oct, Nov) CHO8 (Meath)
Primary Care	Orthodontics % of Orthodontic patients seen for assessment within 6 months No of Orthodontic patients seen for assessment within 6 months % of Orthodontics patients (grade 4 and 5) on the treatment waiting list longer than 4 years (%)	Non Return Q4 (DML - Former South West (St James's)) Non Return Q4 (DNE) Non Return Q1, Q2 & Q4 (West) - North West
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov) CHO1 (Cavan Monaghan) Non Return (Feb, Mar, Apr, May) CHO1 (Donegal) Non Return (Jan, Feb, Nov) CHO2 (Galway) Non Return (Jan) CHO5 (Carlow Kilkenny) Non Return (May) CHO6 (Wicklow) Non Return (Apr, May, Jun) CHO7 (Kildare West Wicklow)
Primary Care	Child Health Quarterly % of new born babies visited by a PHN within 72 hours of discharge from maternity services	Non Return CHO1 (Q1, Q2, Q3, Q4) (Cavan Monaghan, Non Return CHO1 (Q1, Q4) (Donegal) Non Return CHO2 (Q4) (Galway) Non Return CHO3 (Q4) (Clare) Non Return CHO4 (Q4) (Kerry) Non Return CHO6 (Q1, Q2, Q3) (Dun Laoghaire) Non Return CHO7 (Q4) (Dublin West) Non Return CHO7 (Q2, Q3, Q4) (Kildare West Wicklow)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q1, Q2 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q1, Q2 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Social Inclusion	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Non Return Q2, Q3 CHO8 (Louth)
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
Palliative Care	Access to specialist palliative care services in the community provided within seven days (normal place of residence)	Non Return CHO 5 (Sep, Oct, Nov) (Carlow/Kilkenny)
Palliative Care	% of patients triaged within one working day of referral (Community)	Non Return CHO 5 (Sep, Oct, Nov) (Carlow/Kilkenny)
Palliative Care	No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Non Return CHO 5 (Sep, Oct, Nov) (Carlow/Kilkenny)
Mental Health General Adult	Number of referrals received	CHO2 GR4 Tuam-Loughrea (Dec) Non Return CHO2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug, Oct) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep, Oct) Non Return CHO3 Limerick Sector B (Dec) Non Return CHO3 Nenagh (Dec) Non Return CHO5 Carlow North (May, Dec) Non Return CHO5 Kilkenny North (June) Non Return CHO7 Camac (Dec) Non Return CHO7 Owendoher (Nov, Dec) Non Return CHO9 Ballymun (Nov, Dec) Non Return CHO9 Blanchardstown East Team 2 (Dec) Non Return CHO9 Cabra (Dec) Non Return CHO9 Hampton Balbriggan (Nov) Non Return
Mental Health General Adult	Number of referrals seen	CHO2 GR4 Tuam-Loughrea (Dec) Non Return CHO2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug, Oct) Non Return CHO3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep, Oct) Non Return CHO3 Limerick Sector B (Dec) Non Return CHO3 Nenagh (Dec) Non Return CHO5 Carlow North (May, Dec) Non Return CHO5 Kilkenny North (June) Non Return CHO7 Camac (Dec) Non Return CHO7 Owendoher (Nov, Dec) Non Return CHO9 Ballymun (Nov, Dec) Non Return CHO9 Blanchardstown East Team 2 (Dec) Non Return CHO9 Cabra (Dec) Non Return CHO9 Hampton Balbriggan (Nov) Non Return
Mental Health General Adult	% seen within 12 weeks	CHO2 GR4 Tuam-Loughrea (Dec) Non Return CHO2 GR5 Ballinasloe-Portumna (April, May, Jun, Jul, Aug, Oct) Non Return CHO3 Limerick Sector A (Feb, Mar, April, May, Jun, Jul, Aug, Sep, Oct) Non Return CHO3 Limerick Sector B (Dec) Non Return CHO3 Nenagh (Dec) Non Return CHO5 Carlow North (May, Dec) Non Return CHO5 Kilkenny North (June) Non Return CHO7 Camac (Dec) Non Return CHO7 Owendoher (Nov, Dec) Non Return CHO9 Ballymun (Nov, Dec) Non Return CHO9 Blanchardstown East Team 2 (Dec) Non Return CHO9 Cabra (Dec) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO9 Hampton Balbriggan (Nov) Non Return
Psychiatry of Later Life	Number of referrals received	CHO1 Cavan Monaghan (May) Non Return CHO3 Psychiatry Old Age Co. Clare (Dec) Non Return CHO5 Carlow Kilkenny (May) Non Return CHO6 Dunlaoghaire January to Dec FULL YEAR NON RETURN CHO7 Dublin South City POA (Aug) Non Return
Psychiatry of Later Life	Number of referrals seen	CHO1 Cavan Monaghan (May) Non Return CHO3 Psychiatry Old Age Co. Clare (Dec) Non Return CHO5 Carlow Kilkenny (May) Non Return CHO6 Dunlaoghaire January to Dec FULL YEAR NON RETURN CHO7 Dublin South City POA (Aug) Non Return
Psychiatry of Later Life	% seen within 12 weeks	CHO1 Cavan Monaghan (May) Non Return CHO3 Psychiatry Old Age Co. Clare (Dec) Non Return CHO5 Carlow Kilkenny (May) Non Return CHO6 Dunlaoghaire January to Dec FULL YEAR NON RETURN CHO7 Dublin South City POA (Aug) Non Return
Mental Health CAMHS	CAMHs waiting list	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return CHO2 Roscommon/East Galway (Dec) Non Return CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return CHO2 Roscommon/East Galway (Dec) Non Return CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	No of referrals received	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return CHO2 Roscommon/East Galway (Dec) Non Return CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	Number of new seen	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return CHO2 Roscommon/East Galway (Dec) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return CHO2 Roscommon/East Galway (Dec) Non Return CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO1 Donegal South Team (Sep) CHO2 West Galway (Dec) Non Return

Service Area	KPI Title	Data Coverage Issues
		CHO2 Roscommon/East Galway (Dec) Non Return CHO4 North Lee East (May, Jun, Jul, Aug, Sep) Non Return CHO7 Linn Dara Ballyfermot/St. James' (Dec) Non Return CHO7 Linn Dara Clondalkin (Dec) Non Return CHO7 Linn Dara Community Eating Disorder Service (Dec) Non Return CHO7 Linn Dara East Kildare/West Wicklow (Dec) Non Return CHO7 Linn Dara Lucan (Dec) Non Return CHO7 Linn Dara North Kildare (Celbridge) (Dec) Non Return CHO7 Linn Dara South Kildare (Athy) (Dec) Non Return CHO7 Linn Dara West Kildare(Dec) Non Return CHO9 Balbriggan (Dec) Non Return CHO9 Ballymun (Dec) Non Return CHO9 Blanchardstown (Dec) Non Return CHO9 Castleknock (Dec) Non Return CHO9 Darndale (Dec) Non Return CHO9 North East City (Dec) Non Return CHO9 North Inner City (Dec) Non Return CHO9 Swords (Dec) Non Return
Mental Health CAMHS	Admission of Children to CAMHS	Data not returned from all CHOs
Disability Services	Number of Children's Disability Networks established	NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata.
Disability Services	Number of Children's Disability Networks established	At the start of the year CHO 4 had a full year target of 15 and reached the target in January 21. In September they reduced their total number of networks by 1 to 14. The January figure was amended to 14 (in month figures left as 31 as this was correct at time of reporting). CHO 3 had a full year target of 6, in September they increased their total number of networks by 1 to 7. The overall national total remains as 91. The September in month figure displays activity of 1 which is the increase for CHO 3 but overall the activity year to date remains at 85 for September. Targets not amended on TD/QV as this will conflict with previous months Performance Reports. Full year targets left as original targets, changed ytd targets to show amendments.
Population Health & Wellbeing	HWB8 - % of children 24 months who have received (MMR) vaccine HWB4 - % of children 24 months who have received three doses of the 6 in 1 vaccine	Data is incomplete in some areas due to delay in data input
Acute Hospitals	Emergency Department Patient Experience Time	The following hospitals have data outstanding due to the HSE cyber-attack: CHI at Crumlin 13th May - 23rd July, 28th July to date. Connolly Hospital 13th May - 30th June. Naas General Hospital 15th May - 14th July

Service Area	KPI Title	Data Coverage Issues
		This will impact the YTD position nationally, as well as the Hospital and Hospital Group.
Acute Hospitals	New ED attendances	CHI at Crumlin May, June. CHI Temple Street April-July. Naas May, June.
Acute Hospitals	Return ED attendances	CHI at Crumlin May, June. CHI Temple Street April-July. Naas May, June.
Acute Hospitals	% of ED patients who leave before completion of treatment	CHI at Crumlin May, June. CHI at Temple St April-July. Naas May, June. Mayo November.
Acute Hospitals	No. of new and return outpatient attendances	CHI at Temple St May, June, July. Coombe Dec
Acute Hospitals	No. of new outpatient attendances	CHI at Temple St May, June, July. Coombe Dec
Acute Hospitals	Inpatient, Day case and outpatient waiting lists	June data unavailable from NTPF.
Acute Hospitals	No. of new people waiting > four weeks for access to an urgent colonoscopy	The YTD is consisting of January to November, excluding May and June. This is due to the impact on reporting since the HSE cyber-attack (May - June data unavailable)
Acute Hospitals	No. of beds subject to delayed transfers of care	Data for May-July 2021 is unavailable due to the HSE cyber-attack
Acute Hospitals	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	HCAI data not returned: April: UH Kerry May: South Infirmary Victoria University Hospital, UH Kerry November: Royal Victoria Eye and Ear Hospital Bed days information outstanding December Coombe Women and Infants University Hospital
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	as above
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	as above
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	The following hospitals have data outstanding during Q4 2021 Coombe Women and Infants University Hospital Mater Misericordiae University Hospital Sligo University Hospital
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	as above
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 Nov & Dec 21, CUH Dec 21

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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