



# Performance Profile January to March 2020

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Building a  
Better Health  
Service

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

# Executive Summary

## Executive Summary

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

### Emergency Care

- There were 319,343 emergency presentations year to date March 2020. This is a -14.4% percentage variance on emergency presentations for the corresponding period in 2019 and was below the target of 386,097.
- New Emergency Department attendances year to date are 264,305 this represents a -17.9% percentage variance YTD against expected activity YTD.
- 98.5% of all patients were seen within 24 hours in EDs in March and 96.1% year to date.
- 96.3% of patients aged 75 years and over were seen within 24 hours in EDs in March and 89.9% year to date.

### Inpatient Discharges

#### Elective Inpatient Discharges

There were 15,776 elective inpatient discharges year to date February 2020 versus 12,375 for the corresponding period in 2019, that is an increase of 27.5%. Elective inpatient discharges were 25.3% higher than the target of 12,586.

#### Emergency Inpatient Discharges

There were 71,224 emergency inpatient discharges year to date February 2020 versus 73,645 for the corresponding period in 2019, that is, a decrease of 3.3%. Emergency inpatient discharges were 4.8% lower than the target of 74,837.

#### Day Case Discharges (including dialysis)

The number of day case procedures year to date February 2020 was 186,468 versus 175,820 for the same period in 2019, that is, an increase of 10,648 cases.

The percentage variance of day case procedures undertaken year to date February 2020 was 1.4% above the target of 183,860 cases for this period.

### Delayed Transfer of Care

There were 235 Delayed Discharges in March 2020. The same month in 2019 was 626.

### Inpatient, Day Case & Outpatient Waiting Lists

March compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 85.8%.
- Adult Day Case < 15 months (target 95%), compliance 93.1%.
- Children's Inpatient, 15 months (target 95%), compliance 90.2%.
- Children's Day Case < 15 months (target 90%), compliance 85.3%.
- Outpatients < 52 weeks (target 80%), compliance 68.4%.
- The total number of patients waiting for an inpatient or day case procedure at the end of March 2020 was 77,748. The total number of people waiting for inpatient and day case procedures is up by 10.7% (7,529 patients) when the waiting list in March 20 is compared with March 19.
- The total number of people waiting more than 15 months was down by 222 (3%) when March 20 is compared with March 19.
- Total number of people waiting for Outpatient appointment was 562,693 in March 20, this has increased from 546,630 (+16,063) in March 19. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action in 2019.

### Routine/Urgent Colonoscopies

- In March 54% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 261 new urgent patient breaches in March.

### **Cancer Services**

- 46.8% of prostate cancer referrals were seen within 20 working days year to date compared with 78.5% for the same period last year.
- 80.3% of lung cancer referrals were seen within 10 working days year to date compared with 86.1% for the same period last year.
- 78.1% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 69.4% for the same period last year.

### **Primary Care Services**

- 87.6% of physiotherapy referrals, 96% of speech and language referrals and 71% of occupational therapy referrals accessed the services within 52 weeks. The number of psychology patients seen is 20.1% behind target.
- 91% of babies received their developmental screening checks within 10 months and 98.8% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

### **Disability Services**

- 1,652,030 PA hours were delivered. 12,549 more than the same period last year.
- 3,036,182 Home Support Hours were delivered. 140,614 hours less than the same period last year.

### **Older Persons Services**

- Home Support hours delivered year to date was 3,937,816. The number of people, in receipt of home support services at the end of March was 42,043
- 1,157 persons were in receipt of payment for transitional care.
- The current wait time for NHSS funding approval in 2020 is 4 weeks.

### **Mental Health Services**

- 97.6% of all Bed Days of Children were in CAMHS Units up to the end of March 2020 in line with the target of 95%.

### **Population, Health & Wellbeing Services**

- Nationally year to date to December 2019, 47.8% of smokers are QUIT at on one month ahead of the National target of 45%.
- 93.6% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to December 2019 while 91.2% of children aged 24 months received the MMR vaccine year to date to December 2019 against a target of 95%.

# Corporate Updates

## Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2020	Cum Profile for Period Jan - Mar 2020	Expenditure for Period Jan - Mar 2020	Variance for Period Jan - Mar 2020	Expenditure to Mar '20 as % of Mar '20 YTD Profile	Expenditure to Mar as % of 2020 Annual Profile	Variance to Mar '20 as % of Mar '20 YTD Profile
M02 - Buildings & Equipment	459.000	59.798	59.294	(0.504)	99.16%	12.92%	-0.84%
M02 - New Children's Hospital	315.000	40.976	22.942	(18.034)	55.99%	7.28%	-44.01%
	774.000	100.774	82.236	(18.538)	81.60%	10.62%	-18.40%
M03 - Info Systems for Health Agencies	95.000	18.000	13.671	(4.329)	75.95%	14.39%	-24.05%
	869.000	118.774	95.907	(22.867)	80.75%	11.04%	-19.25%
Asset Disposals	6.268	6.268	0.000	6.268	0.00%	0.00%	100.00%
Net	875.268	125.042	95.907	(29.134)	76.70%	10.96%	-23.30%

### CONSTRUCTION – M02 (1)

The variance on general construction projects for the three months to March 2020 is -0.84% (or € .504m) behind profile. In the period to the end of March the total expenditure of € 59.294m represents 12.92% of the total annual profile for 2020.

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

The variance on the New National Children's Hospital project for the three months to March 2020 is -44.01% (or € 18.034m) behind profile. In the period to the end of March the total expenditure of € 22.942m represents 7.28% of the total annual profile for 2020.

### ICT (M03)

The variance on ICT projects for the three months to March 2020 is -24.05% (or € 4.329m) behind profile. In the period to the end of March 2020 the total expenditure of € 13.671m represents 14.39% of the total annual profile for 2020.

### Asset Disposals

Income from sale of assets in the three months to March 2020 amounted to € 6.268m.

## Internal Audit

75% Implemented or superseded within 6 months							95% Implemented or Superseded within 12 months					
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2019 Position at 31st March 2020
<b>Total</b>	<b>62%</b>	<b>51%</b>	<b>87%</b>	<b>61%</b>	<b>76%</b>	<b>60%</b>	<b>92%</b>	<b>81%</b>	<b>89%</b>	<b>89%</b>	<b>94%</b>	<b>76%</b>
CHO 1	100%	100%	100%	100%	38%	41%	100%	84%	100%	100%	100%	100%
CHO 2	71%	88%	N/A	0%	N/A	0%	N/A	85%	90%	95%	100%	N/A
CHO 3	83%	71%	86%	40%	53%	60%	90%	90%	93%	90%	100%	29%
CHO 4	53%	44%	87%	0%	100%	25%	92%	97%	88%	88%	100%	N/A
CHO 5	25%	69%	88%	100%	50%	67%	100%	100%	100%	89%	100%	100%
CHO 6	49%	71%	89%	0%	93%	54%	N/A	26%	87%	87%	98%	N/A
CHO 7	78%	14%	100%	100%	100%	100%	100%	97%	98%	100%	100%	100%
CHO 8	69%	35%	98%	67%	80%	76%	0%	99%	93%	96%	99%	67%
CHO 9	81%	86%	94%	100%	100%	27%	100%	68%	81%	84%	94%	100%
National Mental Health	N/A	10%	76%	N/A	N/A	100%	N/A	N/A	N/A	77%	100%	N/A
National Primary Care	N/A	N/A	N/A	N/A	N/A	21%	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Community Services</b>	<b>69%</b>	<b>51%</b>	<b>90%</b>	<b>78%</b>	<b>76%</b>	<b>60%</b>	<b>95%</b>	<b>86%</b>	<b>92%</b>	<b>92%</b>	<b>99%</b>	<b>73%</b>
Dublin Midlands Hospital Group	N/A	37%	100%	67%	89%	N/A	72%	72%	72%	89%	89%	89%
Ireland East Hospital Group	67%	75%	50%	50%	50%	100%	25%	55%	77%	73%	67%	50%
National Children's Hospital Group	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	62%	50%	N/A	100%	100%	0%	N/A	65%	86%	86%	86%	100%
Saolta Hospital Group	76%	63%	64%	67%	62%	N/A	N/A	92%	95%	85%	85%	62%
South South West Hospital Group	4%	25%	75%	N/A	100%	0%	100%	100%	23%	48%	66%	N/A
University of Limerick Hospital Group	100%	83%	80%	80%	100%	N/A	100%	100%	100%	96%	96%	100%
National Ambulance Service	63%	0%	N/A	N/A	N/A	N/A	N/A	82%	96%	96%	100%	N/A
<b>Total Acute</b>	<b>61%</b>	<b>46%</b>	<b>82%</b>	<b>79%</b>	<b>88%</b>	<b>37%</b>	<b>76%</b>	<b>80%</b>	<b>82%</b>	<b>80%</b>	<b>84%</b>	<b>86%</b>
Chief Information Officer	16%	40%	70%	14%	58%	66%	100%	43%	80%	84%	86%	45%

75% Implemented or superseded within 6 months							95% Implemented or Superseded within 12 months					
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2019 Position at 31st March 2020
Compliance / QAV	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finance	35%	100%	N/A	80%	74%	N/A	N/A	0%	100%	100%	100%	74%
HBS - Estates	77%	76%	100%	100%	100%	N/A	N/A	100%	85%	86%	86%	100%
HBS - Finance	52%	100%	N/A	N/A	N/A	N/A	100%	85%	96%	96%	100%	N/A
HBS - HR	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
HBS - Procurement	20%	33%	33%	95%	95%	N/A	100%	77%	92%	90%	90%	95%
Health and Wellbeing	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	N/A
Human Resources	82%	N/A	N/A	17%	83%	84%	N/A	82%	88%	100%	100%	83%
National Screening Service	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	22%	22%	33%	N/A

## National Health and Safety Helpdesk

### No of calls received by the National Health and Safety Helpdesk

Q1 2020	No of Helpdesk Queries 2020	No of Helpdesk Queries 2019	% Increase from 2019
Jan	167	173	-3
Feb	137	292	-53
Mar	97	200	-52
Total	401	665	-40

Note: Figures for February and March are down due to manual handling training being organised directly by HSE managers.

### Procurement – expenditure (non-pay) under management

Due to COVID 19, this information was not available for review in the March performance report, and is subsequently available in the Quarter 2 Performance Profile.

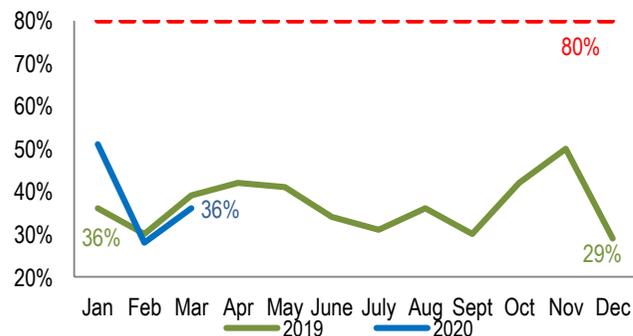
# Quality and Patient Safety

## Quality and Patient Safety

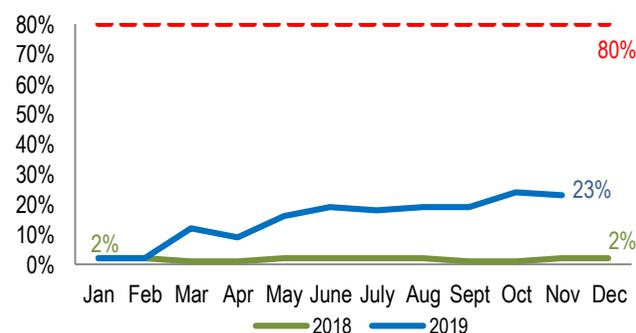
Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current	
Serious Incidents – Number of incidents reported as occurring	<b>National</b>			<b>185</b>	<b>81</b>	<b>54</b>	<b>50</b>	
	Acute Hospitals (incl NAS, NSS & NCCP)			100	41	31	28	
	Community Healthcare			85	40	23	22	
Serious Incidents – Incidents notified within 24 hours of occurrence	<b>National</b>	80%	M	●	<b>40%</b>	<b>51%</b>	<b>28%</b>	<b>36%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	39%	51%	23%	38%
	Community Healthcare	80%	M	●	42%	50%	35%	36%
Serious Incidents – Review completed within 125 calendar days*	<b>National</b>	80%	M	●	<b>23%</b>	<b>19%</b>	<b>24%</b>	<b>23%</b>
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	31%	25%	31%	31%
	Community Healthcare	80%	M	●	3%	4%	4%	3%

\* Current - reflecting compliance YTD November 2019 (-1 YTD October 2019), (-2 YTD September 2019)

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



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



### Serious Reportable Events

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

Service Area	Total SRE Occurrence
Acute Hospitals [inc. National Ambulance Service]	21
Community Services	11
<b>Total</b>	<b>32</b>

15 SREs reported as patient falls and 9 as Stage 3 or 4 pressure ulcers. The remaining 8 SREs reported comprised 5 SRE categories.

### Healthcare Audit

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

### Appeals Service

590 new notifications of appeal were received. 589 appeals were processed in the period 1st January - 31<sup>st</sup> March 2020:

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	304	293	79	32	38%
Medical / GP Visit Cards (Over 70's Scheme)	29	33	5	1	18%
16 to 25 Year Old Medical Card/GP Visit Card	92	88	31	11	48%
Nursing Home Support Scheme	141	152	12	29	27%
Blind Welfare Allowance	2	3	1	0	33%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
CSAR	13	8	0	0	0%
Home Care Package	0	0	0	0	0%
Home Help	0	0	0	0	0%
RSSMAC	7	10	2	1	30%
Other	2	2	0	0	0%
<b>Total</b>	<b>590</b>	<b>589</b>	<b>130</b>	<b>74</b>	<b>35%</b>

### Incident Reporting

Quarter 4 2019 - % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS

Service Area	% entered on NIMS within 30 days of occurrence
Acute Hospitals	60%
Community Services	57%
National Ambulance Service [NAS]	76%
<b>National</b>	<b>59%</b>

Quarter 4 2019 - Extreme and major incidents as a % of all incidents reported as occurring

Service Area	% entered on NIMS within 30 days of occurrence
<b>National</b>	<b>0.61%</b>

# Performance Overview

# Community Healthcare

## Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Incidents</b>																
	Review completed within 125 calendar days	M	80%	3% [R]	-96.3%										4%	4%	3%
	<b>Service User Experience (Q4)</b>																
	Complaints investigated within 30 working days	Q	75%	58.5% [R]	-22%	50% [R]	70.6% [A]	70.4% [A]	25% [R]	62.5% [R]	40% [R]	70.4% [A]	50% [R]	68.8% [A]			
	<b>Child Health</b>																
	Child screening 10 months <sup>1</sup>	M-1M	95%	91% [G]	-4.2%	89.7% [A]	77.3% [R]	87.8% [A]	93% [G]	86.6% [A]	91.5% [G]	91.4% [G]	96.6% [G]	96.3% [G]	90.5%	92%	89.4%
	New borns visited within 72 Hours	Q	99%	98.8% [G]	-0.2%		99.4% [G]		99.8% [G]	99.9% [G]		100% [G]	96.7% [G]		98.4%	98.8%	98.8%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91.2% [G]	-4%	88.9% [A]	93.5% [G]	91.8% [G]	92.1% [G]	91.2% [G]	87.9% [A]	90.4% [G]	92.3% [G]	90.5% [G]	91.2%	90.8%	94.2%
	<b>CAMHs – Bed Days Used</b>																
	Bed days used	M	95%	97.6% [G]	2.7%	100% [G]	100% [G]	86% [A]	96.9% [G]	97.9% [G]	100% [G]	100% [G]	100% [G]	99.4% [G]	97.8%	97.6%	97.4%
	<b>HIQA Inspection Compliance</b>																
	Disability Residential Services	Q-2Q	80%	89.6% [G]	12%										89.4%	89.5%	89.9%
	Older Persons Residential Services	Q-2Q	80%	77.9% [G]	-2.7%										68.4%	80.5%	83.1%
	<b>Chronic Disease Management</b>																
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	926	680 [R]	-26.6%	65 [R]	87 [R]	55 [R]	184 [G]	66 [R]	60 [R]	46 [R]	63 [R]	54 [R]	642	1,165	680	
<b>Healthy Ireland</b>																	
Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	47.8% [G]	6.2%										49%	45.7%	46.1%	

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

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Therapy Waiting Lists</b>																
SLT access within 52 weeks	M	100%	96% [G]	-4%	100% [G]	92% [A]	94.7% [A]		98.3% [G]	91.6% [A]	100% [G]	96.1% [G]		90.8%	90.6%	96%
Physiotherapy access within 52 weeks	M	94%	87.6% [A]	-6.8%	79.4% [R]	84% [R]	81.3% [R]		91.7% [G]	96.7% [G]	87.5% [A]	91.4% [G]		92.5%	91%	87.6%
Occupational Therapy access within 52 weeks	M	95%	71% [R]	-25.3%	94.5% [G]	80% [R]		77.5% [R]	64.8% [R]	72.9% [R]	65.4% [R]	72.3% [R]		70.4%	69.5%	71%
Psychology treatment within 52 weeks	M	81%	66.3% [R]	-18.1%	100% [G]	45% [R]	75% [A]	61.8% [R]	74.1% [A]	85.5% [G]	50.2% [R]	99.8% [G]		66.5%	65.2%	66.3%
<b>CAMHs – Access to First Appointment</b>																
First appointment within 12 months	M	95%	97.1% [G]	2.2%	90.5% [G]	100% [G]	98.9% [G]	94.1% [G]	98.7% [G]	94.6% [G]	100% [G]	98.2% [G]	96.5% [G]	97.8%	96.4%	97%
% of urgent referrals to CAMHS responded to within 3 working days	M	>80%	84.6% [G]	5.7%	100% [G]	53.8% [R]	100% [G]	88.9% [G]	79.3% [G]	100% [G]	88.7% [G]	96.2% [G]	100% [G]	86%	87.6%	78.5%
<b>Disability Act Compliance</b>																
Assessments completed within timelines	Q	100%	7.1% [R]	-92.9%	25% [R]	17.2% [R]	8.3% [R]	3% [R]	0% [R]	0% [R]	2.3% [R]	11% [R]	8.9% [R]	13.8%	8.8%	7.1%
Number of requests for assessment of need received for children	Q	1,496	1,669 [G]	11.6%	78 [G]	31 [R]	163 [G]	430 [G]	149 [G]	97 [G]	224 [A]	222 [G]	275 [R]	1,431	1,882	1,669
<b>Children's Disability Networks</b>																
% of networks established <sup>2</sup>	M	100%	0%		0%	0%	0%		0%	0%		0%	0%	0%	0%	0%
<b>Home Support Hours</b>																
Number of hours provided <sup>3</sup>	M	4,527,034	3,937,816 [R]	-13%	316,868 [R]	474,195 [A]	349,867 [A]	641,635 [G]	458,033 [A]	322,088 [A]	326,944 [R]	417,438 [A]	630,749 [R]	1,415,165	1,361,349	1,161,302
<b>Nursing Home Support Scheme (NHSS)</b>																
Number of persons funded under NHSS in long term residential care	M	24,060	23,704 [G]	-1.5%										23,573	23,548	23,704
<b>Delayed Transfers of Care</b>																
Number of beds subject to Delayed Transfers of Care	M	≤ 550	235 [G]	-57.3%										632	652	235

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

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

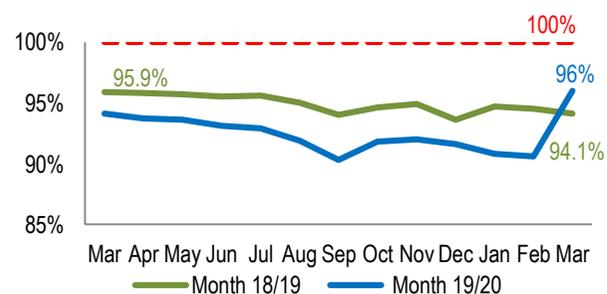
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Number of acute bed days lost through Delayed Transfers of Care	M	≤49,500	50,506 [G]	2%										18,752	18,372	13,382
<b>Financial Management – Expenditure variance from plan</b>																
Net expenditure (pay + non-pay - income)	M	<0.1%	1,538,887	0.05% [G]	2.09% [R]	1.26% [R]	2.51% [R]	0.63% [A]	0.97% [R]	2.82% [R]	1.14% [R]	0.42% [A]	1.25% [R]	-0.69%	-0.29%	0.05%
Gross expenditure (pay and non-pay)	M	<0.1%	1,671,240	0.17% [A]	1.70% [R]	0.73% [A]	2.60% [R]	0.69% [A]	0.83% [R]	2.37% [R]	0.82% [R]	0.53% [A]	0.94% [R]	-0.51%	-0.20%	0.17%
Non-pay expenditure	M	<0.1%	924,351	0.85% [R]	5.81% [R]	2.45% [R]	4.69% [R]	1.08% [R]	2.15% [R]	2.17% [R]	3.69% [R]	2.55% [R]	2.75% [R]	-0.26%	0.10%	0.85%
<b>Service Arrangements (06.04.20)</b>																
Monetary value signed	M	100%	20.75%	-79.25%										1.27%	7%	20.5%
<b>Procurement</b>																
Expenditure (non-pay) under management	Q-1Q	80%														
<b>Internal Audit</b>																
Recommendations implemented within 12 months (2019)	Q	95%	73% [R]	-23.2%												73%
<b>Funded Workforce Plan</b>																
Pay expenditure variance from plan	M	<0.1%	746,888	-0.65% [G]	0.06% [G]	-1.04% [G]	-0.45% [G]	0.30% [A]	-0.48% [G]	2.55% [R]	-1.04% [G]	-0.89% [G]	-0.35% [G]	-0.83%	-0.55%	-0.65%
<b>Attendance Management</b>																
% absence rates by staff category (overall)	M-1M	<3.5%	5.41% [R]	54.57%	5.85% [R]	4.56% [R]	6.21% [R]	4.36% [R]	5.95% [R]	5.15% [R]	6.02% [R]	6.67% [R]	5.21% [R]	5.45%	5.64%	5.15%
<b>European Working Time Directive (EWT) Compliance</b>																
<48 hour working week – Mental Health	M	95%	86.3% [A]	-9.2%	90% [A]		97.7% [G]	80% [R]	90.9% [G]	97.5% [G]	100% [G]	89.4% [A]	62.3% [R]	90.9%	90.1%	86.3%
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	+11.1%					100% [G]					100%		100%

## Primary Care Services

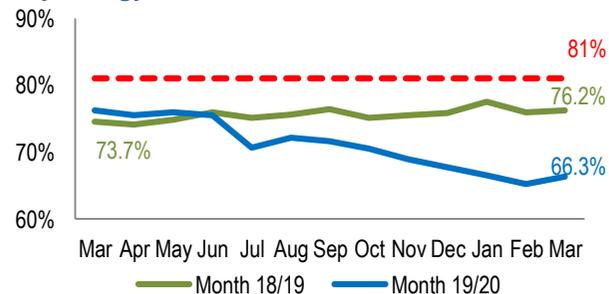
### Primary Care Therapies

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	● 96%	94.1%	+1.9%	90.8%	90.6%	96%	CHO1&CHO7 (100%), CHO5 (98.3%), CHO8 (96.1%)	CHO6 (91.6%), CHO2 (92%), CHO3 (94.7%)
Physiotherapy access within 52 weeks	94%	M	● 87.6%	94%	-6.4%	92.5%	91%	87.6%	CHO6 (96.7%), CHO5 (91.7%), CHO8 (91.4%)	CHO1 (79.4%), CHO3 (81.3%), CHO2 (84%)
Occupational Therapy access within 52 weeks	95%	M	● 71%	73.6%	-2.6%	70.4%	69.5%	71%	CHO1 (94.5%), CHO2 (80%), CHO4 (77.5%)	CHO5 (64.8%), CHO7 (65.4%), CHO8 (72.3%)
Psychology access within 52 weeks	81%	M	● 66.3%	76.2%	-9.9%	66.5%	65.2%	66.3%	CHO1 (100%), CHO8 (99.8%), CHO6 (85.5%)	CHO2 (45%), CHO7 (50.2%), CHO4 (61.8%)

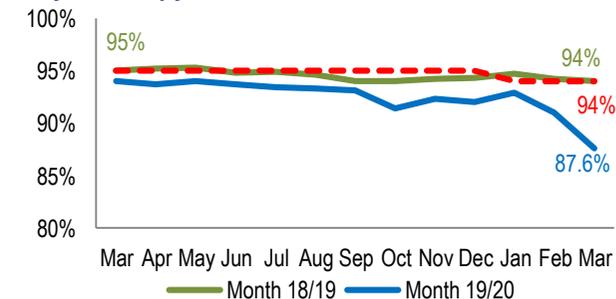
SLT Access within 52 weeks



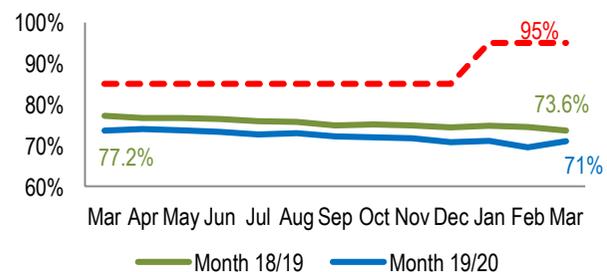
Psychology Access within 52 weeks



Physiotherapy Access within 52 weeks



Occupational Therapy access within 52 weeks



## Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>Physiotherapy</b>					
Number seen	147,764	<b>117,508</b>	-20.5%	150,985	-33,477
Total number waiting	38,630	<b>25,063</b>	-35.1%	37,978	-12,915
% waiting < 12 weeks	79.0%	<b>78.3%</b>	-0.9%	77.0%	1.3%
Number waiting > 52 weeks		<b>3,096</b>		2,290	806
<b>Occupational Therapy</b>					
Number seen	97,146	<b>77,429</b>	-20.3%	95,583	-18,154
Total number waiting	32,526	<b>22,591</b>	-30.5%	31,236	-8,645
% waiting < 12 weeks	68.0%	<b>67.3%</b>	-1.0%	66.6%	0.7%
Number waiting > 52 weeks		<b>6,552</b>		8,233	-1,681
<b>Speech &amp; Language Therapy</b>					
Number seen	74,179	<b>49,396</b>	-33.4%	72,666	-23,270
Total number waiting	15,358	<b>6,991</b>	-54.5%	16,126	-9,135
Number waiting > 52 weeks		<b>279</b>		956	-677

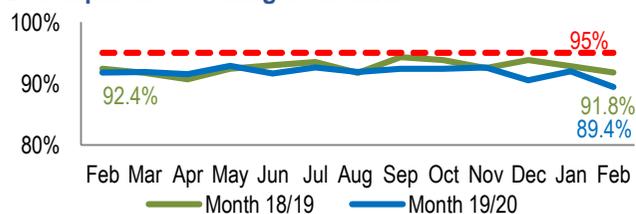
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	8,200	<b>4,138</b>	-49.5%	7,732	-3,594
Number waiting > 52 weeks		<b>1,203</b>		687	516
<b>Psychology</b>					
Number seen	12,661	<b>10,121</b>	-20.1%	12,247	-2,126
Total number waiting	8,836	<b>5,456</b>	-38.3%	8,820	-3,364
% waiting < 12 weeks	36%	<b>20.8%</b>	-42.2%	29.3%	-8.5%
Number waiting > 52 weeks		<b>1,838</b>		2,096	-258
<b>Podiatry</b>					
Number seen	21,625	<b>18,782</b>	-13.1%	23,092	-4,310
Total number waiting	3,532	<b>3,365</b>	-4.7%	3,621	-256
% waiting < 12 weeks	33.0%	<b>27.8%</b>	-15.7%	30.4%	-2.6%
Number waiting > 52 weeks		<b>1,009</b>		1,047	-38
<b>Ophthalmology</b>					
Number seen	26,270	<b>20,383</b>	-22.4%	26,632	-6,249
Total number waiting	17,510	<b>9,833</b>	-43.8%	17,850	-8,017
% waiting < 12 weeks	27.0%	<b>31.7%</b>	17.3%	28.6%	3.1%
Number waiting > 52 weeks		<b>3,369</b>		6,366	-2,997
<b>Audiology</b>					
Number seen	16,443	<b>11,729</b>	-28.7%	14,448	-2,719
Total number waiting	17,114	<b>14,773</b>	-13.7%	16,193	-1,420
% waiting < 12 weeks	41.0%	<b>29.6%</b>	-27.7%	38.1%	-8.5%
Number waiting > 52 weeks		<b>2,855</b>		2,084	771
<b>Dietetics</b>					
Number seen	16,848	<b>15,574</b>	-7.6%	17,053	-1,479
Total number waiting	16,498	<b>8,498</b>	-48.5%	14,963	-6,465
% waiting < 12 weeks	40%	<b>43.8%</b>	9.5%	40.6%	7.9%
Number waiting > 52 weeks		<b>1,569</b>		3,222	-1,653

\*SLT reports on both assessment and treatment waiting list

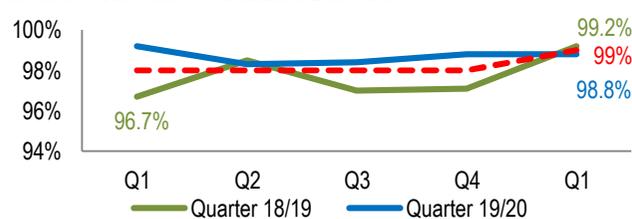
## Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 91%	92.3%	-1.3%	90.5%	92%	89.4%	CHO8 (96%), CHO4 (94.5%), CHO6 (93.6%)	CHO2 (71%), CHO7 (71.8%), CHO5 (80.2%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 98.8%	99.2%	-0.4%	98.4%	98.8%	98.8%	CHO7 (100%), CHO5 (99.9%), CHO4 (99.8%)	CHO8 (96.7%)

### Development screening 10 months



### New borns visited within 72 hours

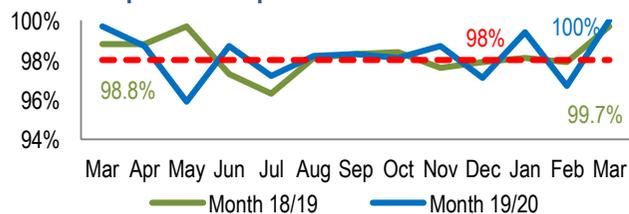


Note: Reporting has not commenced on NSP 2020 metric % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age.

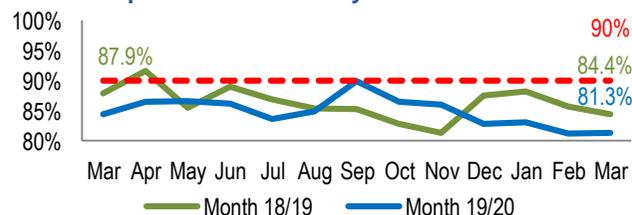
## Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.5%	98.6%	-0.1%	99.4%	96.7%	100%	CHO1, 2, 3, 4 reached target	
Access to palliative community services within 7 days	90%	M	● 82%	86.2%	-4.2%	83.1%	81.2%	81.3%	CHO1 (97%), CHO5 (87.3%), CHO3 (85.3%)	CHO4 (69.9%), CHO2 (75.8%), CHO8 (78.7%)
Number accessing inpatient beds	927	M	● 777	913	-136	345	289	143		
Treatment in normal place of residence	3,532	M	● 2,364	3,493	-1,129	3,683	3,424	2,364		

### Access to palliative inpatient beds



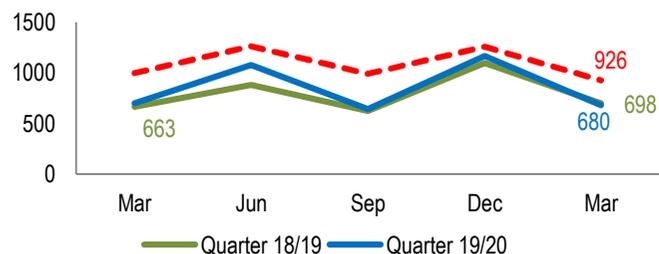
### Access to palliative community services



## Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	926	Q	680	698	-18	642	1,165	680	CHO4 (103), CHO6 (42), CHO7 (10)	CHO8 (0), CHO7 (10) CHO2&5 (14)

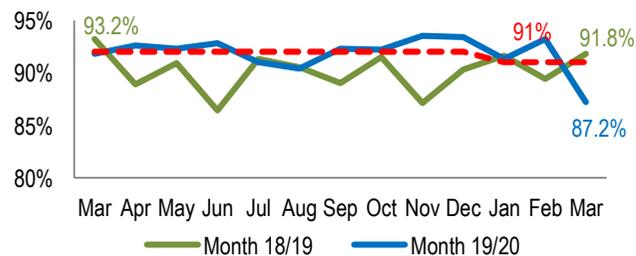
### Number who have completed type 2 diabetes education programme



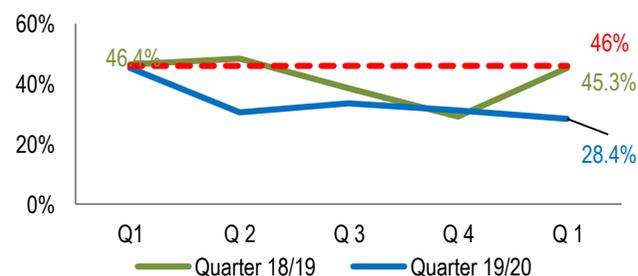
## Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	91%	M	91.8%	90.9%	+0.9%	91.3%	93.2%	87.2%	CHO4, CHO6 & CHO8 all reached 100%	CHO1 (78%), CHO2 (80%), CHO7 (85.9%)
Orthodontics - % seen for assessment within 6 months	46%	Q	28.4%	45.3%	-16.9%	33.5%	31.2%	28.4%		West (17.4%), DML (31.8%), South (37.6%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	9.2%	6.6%	+2.6%	11.3%	11.6%	9.2%		South (16.8%), DML (7.2%)

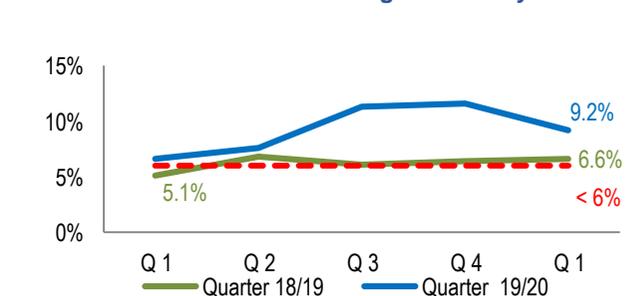
### Oral Health: % of new patients who commenced treatment within 3 months



### Orthodontics: % seen for assessment within 6 months



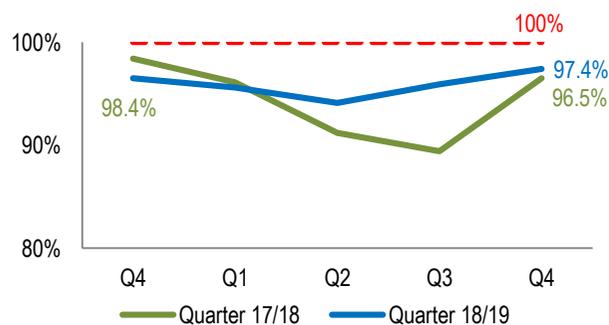
### Orthodontics: treatment waiting list > four years



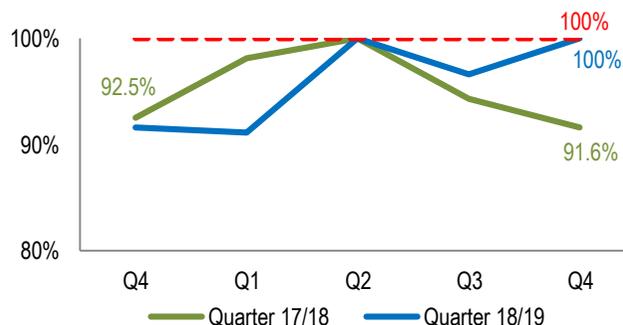
## Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	● 95.6%	93.2%	+2.4%	94.1%	95.9%	97.4%	CHO3 (100%), CHO7 (100%), CHO5 (99.3%)	CHO4 (90.3%), CHO6 (92%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	● 96.3%	96%	+0.3%	100%	96.6%	100%	CHO5, 6, & 7 reached target	

Access to substance misuse treatment (> 18 years)



Access to substance misuse treatment (<18 years)

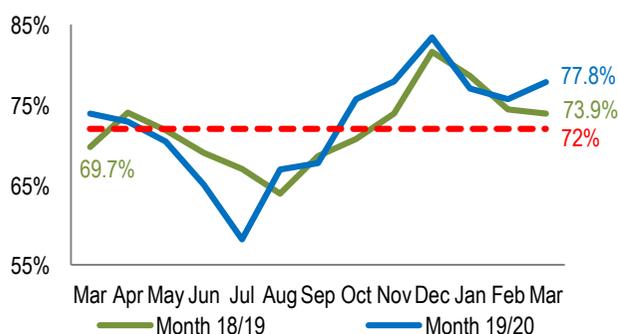


# Mental Health Services

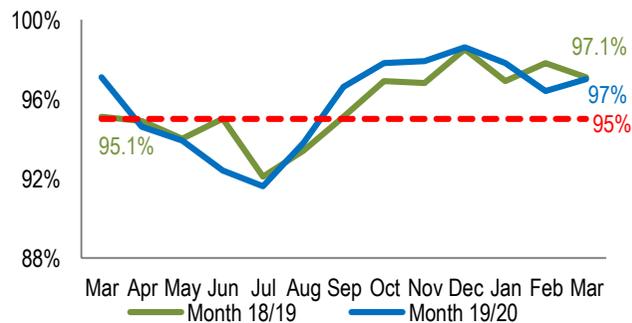
## Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	75%	M	● 93.3%	82.1%	+11.2%	92.6%	100%	88%		
CAMHs Bed Days Used	95%	M	● 97.6%	94.8%	+2.8%	97.8%	97.6%	97.4%	CHO1, 2, 4, 5, 6, 7, 8, 9 reached target	CHO3 (89.3%)
CAMHs – first appointment within 12 months	95%	M	● 97.1%	97.2%	-0.1%	97.8%	96.4%	97%	CHO1, 2, 3, 5, 7, 8, 9 reached target	CHO4 (94.5%), CHO6 (91.3%)
CAMHs waiting list	1,894	M	● 2,805	2,808	-3	2,327	2,610	2,805	CHO2 (73), CHO5 (174), CHO9 (193)	CHO4 (634), CHO6 (533), CHO8 (468)
CAMHs waiting list > 12 months	0	M	● 263	336	-73	234	224	263	CHO2 (0)	CHO4 (166), CHO1 (30), CHO6 (27)
No of referrals received	4,544YTD 18,128 FYT	M	● 4,783	5,694	-911	1,758	1,718	1,307		
Number of new seen	2,723 YTD 10,833 FYT	M	● 2,737	3,045	-308	1,007	991	739		
% of urgent referrals to CAMHs Teams responded to within three working days	>80%	M	● 84.6%	70.2%	+14.4%	86.0%	87.6%	78.5%	CHO1, 3, 4, 6, 7, 8, 9 reached target	CHO2 (50%), CHO5 (37.5%)

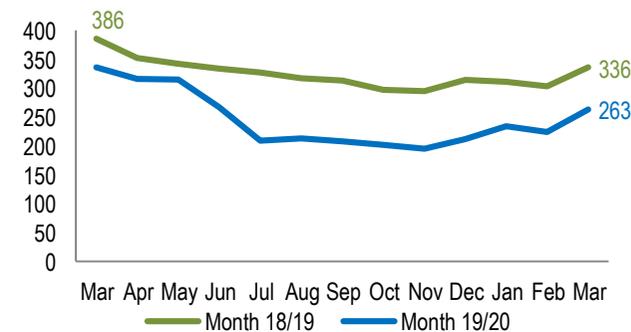
% offered an appointment and seen within 12 weeks



First appointment within 12 months



Waiting list > 12 months



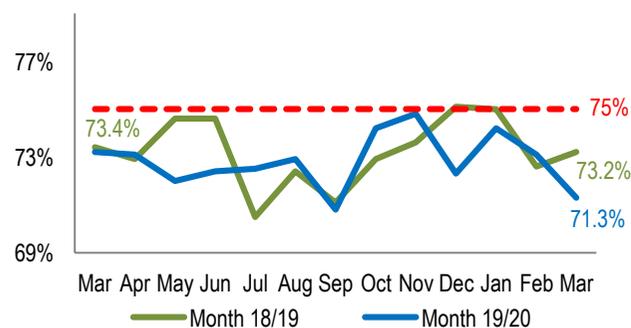
## General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	11,214YTD 44,801 FYT	M	●	10,358	11,129	-771	3,970	3,730	2,658		
Number of referrals seen	7,191YTD 28,716 FYT	M	●	6,196	6,832	-636	2,372	2,187	1,637		
% seen within 12 weeks	75%	M	●	73.1%	73.6%	-0.5%	74.2%	73.1%	71.3%	CHO1, 2 & 5 reached target	CHO9 (55.9%), CHO8 (62.6%), CHO3 (64.8%)

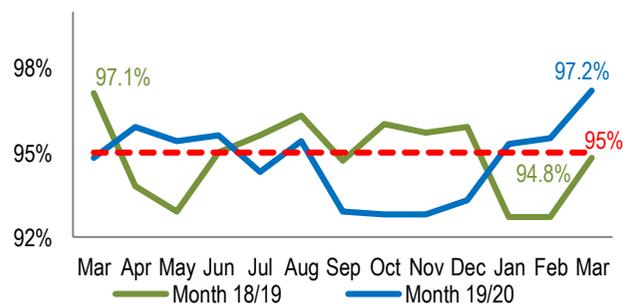
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	3,151YTD 12,593FYT	M	●	2,948	3,160	-212	1,169	1,024	755		
Number of referrals seen	2,228 YTD 8,896 FYT	M	●	2,016	2,413	-397	836	727	453		
% seen within 12 weeks	95%	M	●	95.8%	93.4%	+2.4%	95.3%	95.5%	97.2%	CHO1, 2, 3, 4, 5, 6, 8 & 9 reached target	CHO7 (86.5%)

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



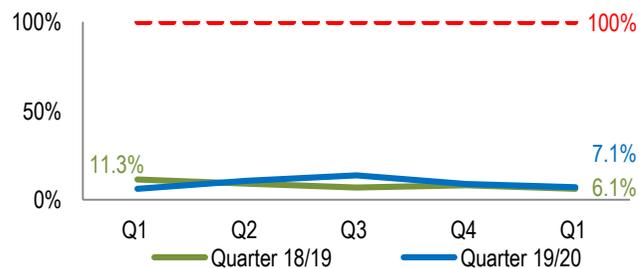
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



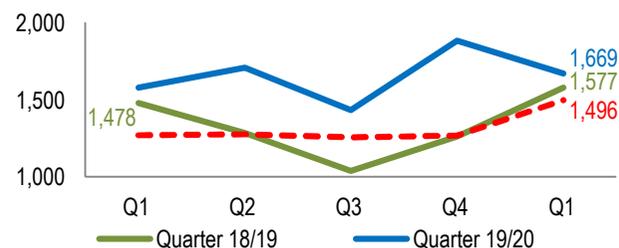
## Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	● 7.1%	6.1%	+1%	13.8%	8.8%	7.1%		(% Var): CHO5 (0%), CHO6 (0%), CHO7 (2.3%)
Number of requests for assessment of need received for Children	1,496 YTD/ 5,975 FYT	Q	● 1,669	1,577	+92	1,431	1,882	1,669	(% Var): CHO1 (200%), CHO5 (88.6%), CHO3 (43%)	(% Var): CHO2 (-42.6%), CHO9 (-27.4%), CHO7 (-5.1%)
Congregated Settings	35 YTD/ 132 FYT	Q								
% of Children's Disability Networks established <sup>4</sup>	100%	M	● 0%	0%	0	0%	0%	0%		
Number of Children's Disability Networks established	96	M	● 0	0	0	0	0	0		

### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings

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

Performance area	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	64	13	● 10	22	-12	2	1	7
No. of in home respite supports for emergency cases (New KPI) <sup>5</sup>	144	24	● 4					4
<b>Total no. of new emergency places and in home respite supports</b>	<b>208</b>	<b>37</b>	<b>● 14</b>			<b>2</b>	<b>1</b>	<b>11</b>
Number of residential places provided to people with a disability <sup>6</sup>	8,358	8,358	● 8,151			8,137	8,138	8,151

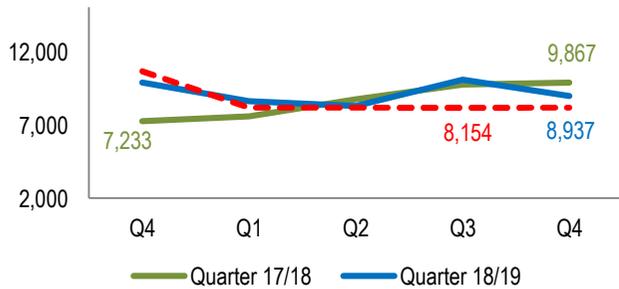
<sup>4</sup> CDN's not due to be established until second half of year, no targets profiled Jan to June.

<sup>5</sup> In home respite is a new KPI for 2020 & has no target for Jan & Feb

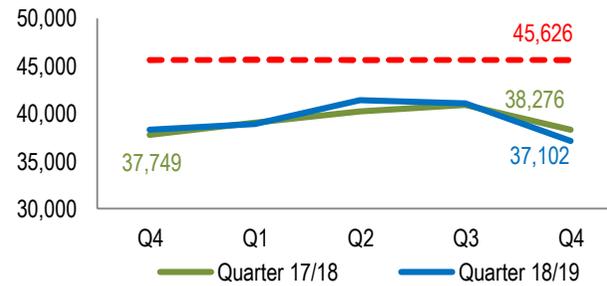
<sup>6</sup> Residential data returned as quarterly for 2019 (listed as monthly in NSP), data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers	
Respite – Number of day only respite Sessions	32,622 YTD/ 32,622 FYT	Q-1M	●	<b>35,861</b>	35,876	-15	8,265	10,058	8,937	(% Var): CHO5 (115%), CHO1 (39.9%), CHO4 (29.7%)	(% Var): CHO7 (-58%)
Respite – Number of overnights	182,506 YTD/ 182,506 FYT	Q-1M	●	<b>158,441</b>	158,368	+73	41,379	41,064	37,102	(% Var): CHO6 (2.7%)	(% Var): CHO1 (-48.4%), CHO9 (-24.3%), CHO4 (-15.1%)
Home Support Hours	3,080,000YTD/ 3,080,000 FYT	Q-1M	●	<b>3,036,182</b>	3,176,796	-140,614	756,677	800,739	698,803	(% Var): CHO3 (17.4%), CHO4 (11.9%), CHO6, 8 (6.9%)	(% Var): CHO7 (-14.5%), CHO5 (-8.7%), CHO9 (-8.1%)
Personal Assistance Hours	1,630,000 YTD/ 1,630,000 FYT	Q-1M	●	<b>1,652,030</b>	1,639,481	+12,549	420,834	419,996	404,613	(% Var): CHO7 (48%), CHO2 (4%), CHO3 (3.2%)	(% Var): CHO5 (-9.2%), CHO9 (-3.7%), CHO6 (-2.9%)

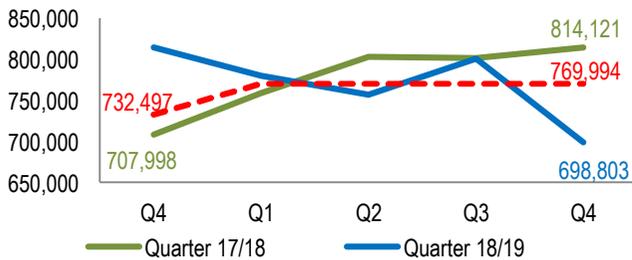
### Respite Day Only



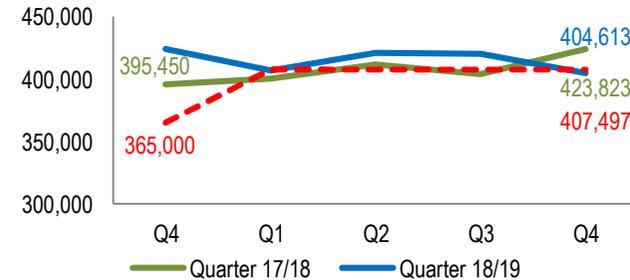
### Respite Overnights



### Home Support Hours



### Personal Assistance Hours

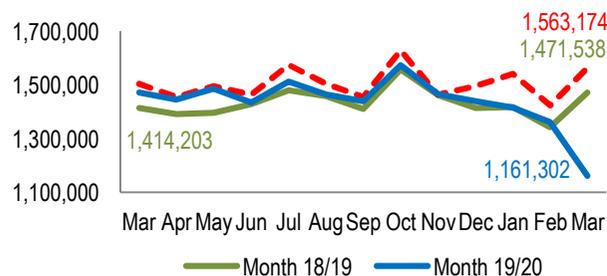


## Older Person's Services

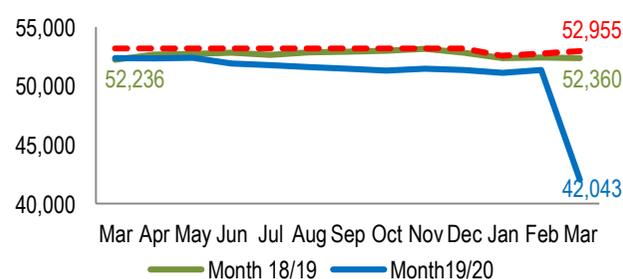
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	4,527,034 YTD/ 18,670m FYT	M	● 3,937,816	4,230,979	-293,163	1,415,165	1,361,349	1,161,302	(%Var): No CHO achieved target	(%Var):CHO7 (-38.3%), CHO1 (-28%), CHO9 (-14.6%)
No. of people in receipt of Home Support	52,955 YTD/ 53,475 FYT	M	● 42,043	52,360	-10,317	51,090	51,342	42,043	(%Var):No CHO achieved target	(%Var):CHO1 (-62.1%), CHO8 (-9.4%), CHO6 (-7.2%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	● 132	244	-112	173	166	132		
No. of persons funded under NHSS in long term residential care	24,060 YTD/ 24,379 FYT	M	● 23,704	23,143	+561	23,573	23,548	23,704		
No. of NHSS beds in public long stay units	4,980 YTD/ 4,980 FYT	M	● 4,968	4,971	-3	4,953	4,949	4,968	(%Var):CHO7 (5.3%), CHO9 (1%), CHO3 & 4 achieved target	(%Var):CHO2 (-4.6%), CHO6 (-2.7%), CHO1 (-1%)
No. of short stay beds in public units	1,863 YTD/ 1,720 FYT	M	● 1,823	1,948	-125	1,864	1,829	1,823	(%Var):CHO4 (3.6%), CHO5 (1.2%), CHO3, 6, 8 & 9 achieved target	(%Var): CHO1 (-11.5%), CHO2 (-4.9%), CHO7 (-2.5%)
No. of beds subject to Delayed Transfers of Care	≤550	M	● 236	626	-390	632	652	236	LUH, PUH, Sligo, Ennis, Nenagh & St John's (0), Portlaoise, Mullingar & UHL (1)	SJH (46), OLOL (19), Tallaght - Adults (18)
No. of persons in receipt of payment for transitional care	1,160	M-1M	● 1,157	1,276	-119	978	1,126	1,157		

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

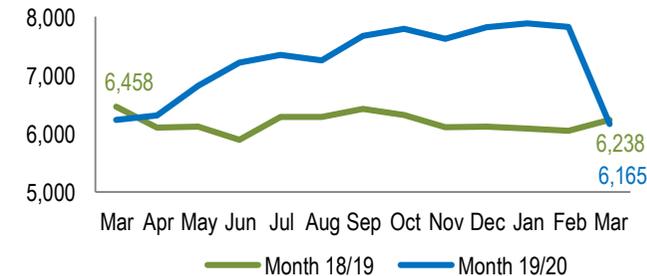
**Number of Home Support Hours Provided**



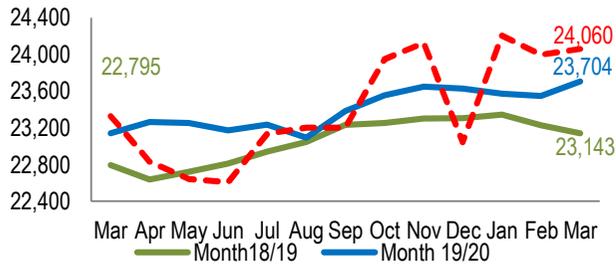
**Number of people in receipt of Home Support**



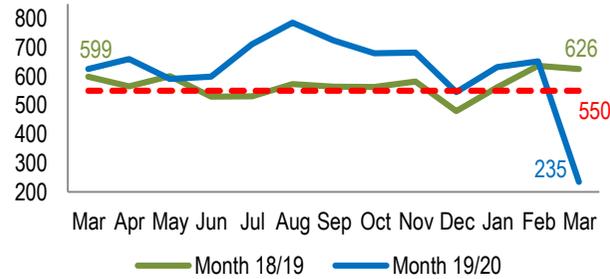
**Number waiting on funding for Home Support**



### Number of persons funded under NHSS in long term residential care



### Delayed Transfer of Care



### Delayed Transfer of Care by Destination

	Over 65	Under 65	Total	Total %
Home	30	13	43	18.3%
Long Term Nursing Care	134	15	149	63.4%
Other	29	14	43	18.3%
<b>Total</b>	<b>193</b>	<b>42</b>	<b>235</b>	<b>100%</b>

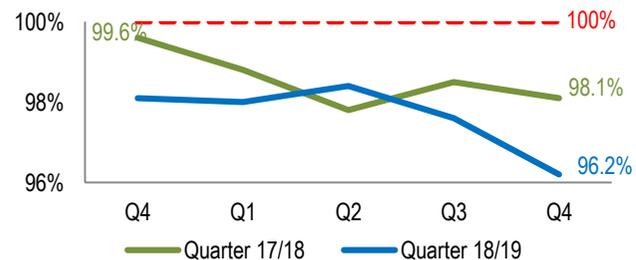
### NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	3,113	2,839	+274	1,075	1,056	982	867	+115
	National placement list for funding approval	395	800	-405	569	596	395	800	-405
	Waiting time for funding approval	4 weeks	4-5 weeks	-0-1 week	4 weeks	4 weeks	4 weeks	4-5 weeks	-0-1 week
	Total no. people funded under NHSS in LTRC	23,704	23,143	+561	23,573	23,548	23,704	23,143	+561
Private Units	No. of new patients entering scheme	2,051	1,622	+429	626	629	796	484	+312
	No. of patients Leaving NHSS	1,999	1,724	+275	681	669	649	536	+113
	Increase	+52	-102	+154	-55	-40	+147	-52	+199
Public Units	No. of new patients entering scheme	506	431	+75	176	165	165	125	+40
	No. of patients Leaving NHSS	483	491	-8	177	150	156	158	-2
	Net Increase	+23	-60	+83	-1	+15	+9	-33	+42

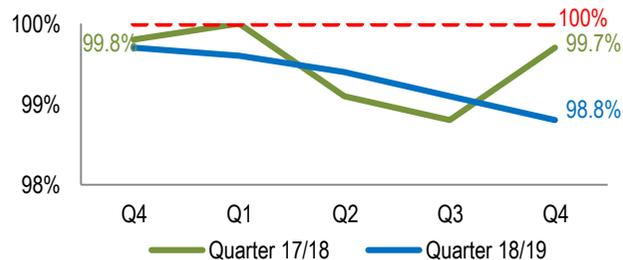
## Disability and Older Persons' Services Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	● 96.2%	98.1%	-1.9%	98.4%	97.6%	96.2%	CHO1,2, 6, 7 and 8 achieved target	CHO4 (90%), CHO9 (91.7%), CHO3 (93.3%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	● 98.8%	99.7%	-0.9%	99.4%	99.1%	98.8%	CHO2 achieved target	CHO7 (95.2%), CHO5 (97.3%), CHO9 (98.8%)

% of prelim screenings for adults aged 65 and over



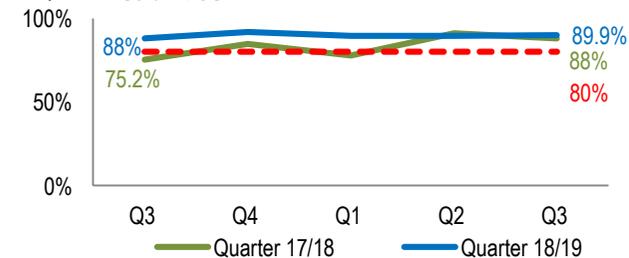
% of prelim screenings for adults under 65



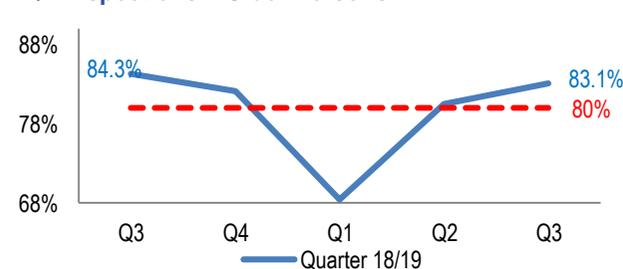
## HIQA Inspections

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	● 89.6%	87.4%	+2.2%	89.4%	89.5%	89.9%		
HIQA Inspections (Older Persons)	80%	Q-2Q	● 77.9%	84.6%	-6.7%	68.4%	80.5%	83.1%		

HIQA – Disabilities



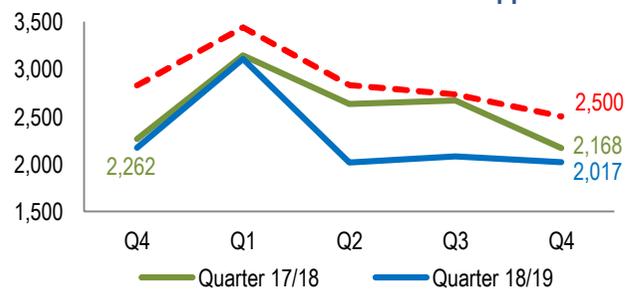
HIQA Inspections – Older Persons



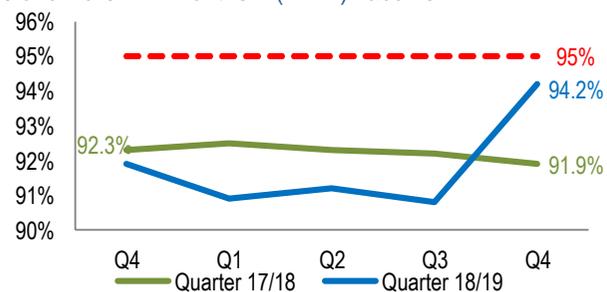
## Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers who have received intensive cessation support	11,500 YTD/ 11,500 FYT	Q-1Q	● <b>9,215</b>	10,608	-1,393	2,015	2,078	2,017	(% Var): CHO4 (116.3%), CHO9 (54.6%), CHO1 (36.6%)	(% Var): UL HG (-78.8%), SAOLTA HG (-74.1%), CHO6 (-46.1%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● <b>47.8%</b>	48.2%	-0.4%	49%	45.7%	46.1%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● <b>91.2%</b>	92.2%	-1%	91.2%	90.8%	94.2%	CHO8 (95.9%)	CHO (93.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● <b>93.6%</b>	94.3%	-0.7%	93.6%	93.2%	96.2%	CHO8 (96.5%) CHO4 (96%)	

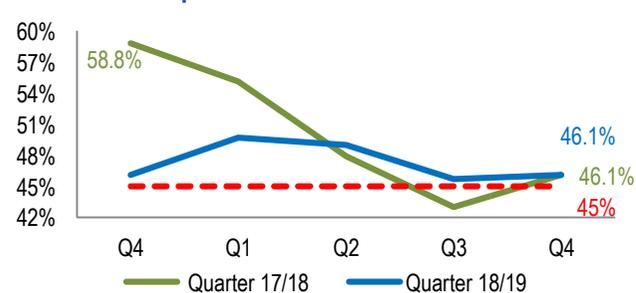
**Tobacco smokers – intensive cessation support**



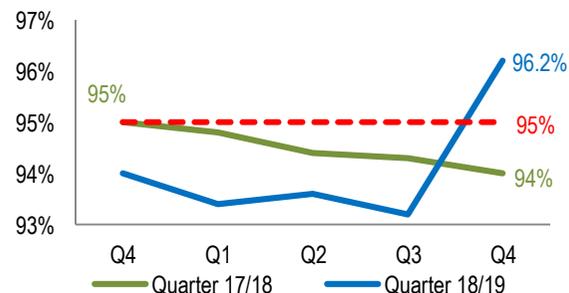
**% of children 24 months – (MMR) vaccine**



**% of smokers quit at four weeks**



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



## Community Healthcare Update

### Primary Care Services

#### Community Intervention Teams (CIT)

There were **13,842** CIT referrals to March which is 21.9% ahead of the expected activity for the year **YTD** of 15,144. **11,358** Eight of the 9 Community Healthcare Organisations (CHOs) are ahead of target at March 2020. CHO 3 with activity of **1,220** is 38% below the target of **1,962** and this is being addressed by the Head of Service in CHO 3.

#### Child Health Developmental Screening 10 Months

The national performance at March 2020 is 91% compared to a target of 95.0%. The prior year outturn was 92.1%. Five of the nine CHOs are green on the National Scorecard and are within a range of 91.5% to 96.6%.

Performance in CHO3 is red on the National Scorecard with performance in 2020 at 87.8% compared to the target of 95%. CHO 3 is unique in that the screening is currently undertaken exclusively by the doctors and performance is affected as one doctor retired and the national recruitment campaign for a replacement was unsuccessful. CHO 3 has noted that the progression of the Nurse Led Developmental check will assist the CHO to meet the metric target.

CHO 2 is red at **77.3%** which represents a drop in performance. The main issue is in Roscommon with performance of 36.7%. CHO 2 prepared an Action Plan to address performance in Roscommon which includes a re-distribution of the Senior Medical Officers across the county and focus on children in the 7-9 months age category. CHO has noted staff vacancies as a challenge to achieving target.

#### Speech and Language Therapy (SLT) Access within 52 weeks

The national position at March 2020 is green at 96% compared to the target of 100%. The prior year outturn was **91.6%**. At the end of March 2020 there are **1,203** clients awaiting treatment for longer than 52 weeks. The number of clients waiting for initial assessment for longer than 52 weeks was 279 in March.

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

- Due to Covid return rate for data 53%
- CHO 7 YTD performance is 100% **green** compared to the prior month YTD performance of 72.1% Performance in CHO7 is affected by the Therapies in School project which is being demonstrated in CHO7 and which has been extended for a 2<sup>nd</sup> year commencing August 2019. It's estimated that 75% of the staff recruited to date for this project are from CHO7 mainly from Primary Care. The CHO7 posts are being filled by agency where possible but significant staffing issues remain.

#### Physiotherapy Access within 52 weeks

The national position at March 2020 YTD is **amber** at **87.6%** compared to the target of 94%. The prior month YTD performance was 91%. The number of clients waiting longer than 52 weeks was **2,345** in March. **Three** CHOs are green on the national scorecard with performance within a range of 91.7% to 96.7%. CHO 1 and 2 are in red March at 79.4 % and 84%.CHO 3 is red at 81.3% in March. Data return rate 44%

#### Occupational Therapy (OT) Access within 52 weeks

The national March YTD position is 71% (red) compared to the target of 95%. The number of clients waiting longer than 52 weeks was 5,743 YTD in March. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 - The CHO reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care. In addition, referrals to Occupational Therapy for CHO 1 in full year 2019 are 14.0% higher than the prior year. CHO 1 prepared an action plan to address performance including local actions and identifying additional resources needed for Social Care for paediatric services including admin resources and OT Assistants.
- CHO 2 prepared an action plan to address performance which includes staff moving between bases to prioritise long waiters and efficiency measures to minimise time spent on administration.
- CHO 4 prepared an action plan to address performance in Cork which focused on reducing the paediatric waiting list by 1,100 by the end of 2019. The action plan assumed no increase in paediatric referrals compared to prior year however actual paediatric referrals increased by 577 (26.7%) year

on year. The increased paediatric referrals in 2019 reduced the impact of the waiting list initiative and the actual paediatric waiting list only reduced by 248 at the end of 2019 compared to end of 2018.

- CHO 5 prepared an action plan to address performance including;
  - Each OT in Primary Care is undertaking to dedicate 1 day per month to P3 (long waiting) clients.
  - Roll out adult outpatient clinics in all networks and provide dedicated 'long waiters' clinics to address the needs of the population in more timely manner and sustain reduction in waiting lists.
- CHO 6 has advised staffing vacancies are driving the drop in performance.
- CHO 8 prepared an action plan which is dependent on additional OT resources.

#### Psychology Access within 52 weeks

The national March YTD position is 66.3% (red) compared to the target of 81%. Three of the 9 CHOs are green on the national scorecard with performance in a range from 88.5% to 100%. CHOs 2, 4, & 7 are red on the Heatmap. CHO 2 has prepared an Action Plan to address performance which includes local measures such as cross cover and utilising Assistant Psychologists in group work programmes. CHO 4 has noted significant challenges including recruitment and retention of Psychologists and Assistant Psychologists CHO 7 is red on the Heatmap and an action plan for Psychology is being developed.

#### Numbers of Patients Seen

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

Number of Patients Seen YTD March 2020			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	147,764	117,508	-20.5%
Occupational Therapy	97,146	77,429	-20.3%
SLT	74,179	49,396	-33.4%
Podiatry	21,625	18,782	-13.1%
Ophthalmology	26,270	20,383	-22.4%
Audiology	16,443	11,729	-28.7%
Dietetics	16,848	15,574	-7.6%
Psychology	12,661	10,121	-20.1%

## Palliative Care

### Access to Palliative Inpatient Beds

In March 2020, the YTD position is 98.5% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days.) Performance in March was 100% for access within 7 days to specialist palliative care inpatient beds.

### Access to Palliative Community Services

In March 2020, the YTD position is 82% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) compared to performance of 85.9% at December 2019 YTD. In March 2020, 1 CHO's performed above the target. Five CHO's (CHO 2, 3, 4, 5, & 7) did not reach the target.

### Children's Palliative Care.

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in March 2020 has increased by 30 children on the same period last year (38 in March 2019 vs 68 in March 2020). The number of children in the care of the Children's Nurse Co-Ordinators was 305 in March 2020 has increased by 20 children on March 2019 (285 march 2019 vs 305 in March 2020)

## Mental Health Services

### Finance

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

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

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

#### Adult mental health services KPIs

- 73.1% of patients were offered an appointment and seen within 12 weeks in general adult mental health in 2020 (where the target is 75%). Outliers are CHOs 3, 8 and 9. This will be discussed on engagement calls in April where action plans can be reviewed as the data was unavailable for engagement calls in March.
- 95.8% of people in Psychiatry of Old Age services were offered an appointment and seen within 12 weeks in 2020 (where the target is 95%).

#### Additional comments:

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This has been exacerbated by the derogation process. CHOs are reporting that the extension of the derogation from 3 to 6 months should impact positively on this. Concerns expressed that the current financial constraints mean that essential services e.g. inpatient are maintained but strategic developments and preventative interventions in the community cannot be progressed and so there are more people whose needs escalate so that they need inpatient services. This may be an unintended consequence which is in direct contrast to the strategic direction of both VfC

and Slaintecare. There are particular concerns around losses of HSCP posts which have not been traditionally supported by agency and so are not available for savings through agency conversion

- Recent MHC publications on seclusion and restraint and also on care planning were discussed on all engagement calls.

#### CAMHS Inpatient Units

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

Admissions of children to child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient unit's activity YTD continues above target (75%) at 93.3%.

Activity YTD at end of March 2020 for percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units is above target at 97.6%.

#### CAMHS Admission to Adult Units

The number of children admitted to adult mental health units has reduced during 2020. Latest available data to the end of March 2020 indicates a running total of 5 child admissions to adult units. This is compared to a total of 49 child admissions to adult units in 2019. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise length of stay.

#### Community CAMHS

Uncertainty about our ability to recruit and delays in recruitment are impacting significantly on services where waiting lists are now developing where they haven't existed before. One CHO (2) have no children waiting longer than 12 months to be seen by CAMHS. CHO1 have 30 CHO3 (9), CHO4 (166) CHO5

(1), CHO6 (27), CHO 7 (15), CHO 8 (12) and CHO9 have 3 children waiting longer than 12 months to be seen by CAMHS.

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

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

Nationally 2,805 children are on the waiting list for community mental health services in March 2020.

Latest data available from March 2020 indicate that YTD **82.5%** of referrals accepted by child and adolescent teams nationally were offered an appointment within 12 weeks on target. 97.1% of young people referred were seen within 12 months in community CAMHS services YTD March 2020.

Nationally 84.6% of urgent referrals to CAMHS were responded to within three working days, above the 80% target. This variance is largely driven by one area CHO2 and is due to the inputting of data as opposed to not responding to urgent referrals. This situation is being currently rectified by CHO2 and figures will update in Quarter 3.

## Disability Services

### Financial Challenges in Vol Org Disability Services

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

### Progressing Disability Services (0-18 Teams)

- The appointment of CDNMs commenced in Q1 2020 with the formal appointment of existing CDNMs through the ring fencing process. Final details regarding the job offer process were agreed with HBS Recruit. The issuing of job offers was impacted by the COVID-19 pandemic but is to proceed in Q2. This will support the reconfiguration of children's disability services into Children's Disability Network Teams.
- 100 new therapy grade posts sanctioned as part of NSP 2019 have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 97 of these posts were in place at 31/3/2020. The remaining posts in CHO3 are in recruitment.
- The following key issues remain.
  - **Limited and in some cases, lack of Admin support** is compromising team effectiveness and efficiency with clinicians' time spent on administration duties. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.
  - **Lack of Capital Funding:** preventing colocation of therapists to deliver an interdisciplinary, child and family centred service is significantly reducing optimum team performance and outcomes for children with disabilities and their families. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.

### Disability Act Compliance

The total number of applications 'overdue for completion' rose again during Quarter 1, 2020. This is due in part to the increase in the number of applications for assessment of need received in 2020 (1,669) compared with 1,577 applications in same period in 2019 – a 5.8% increase and an 11.6% increase on the target of 1,496

### PA/Home Support Hours/Respite Services

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

In this context, the level of activity will be significantly reduced in Quarter one and Quarter two. However, reporting in some KPI metrics since the onset of the pandemic has been inconsistent across all caregroups and CHO Areas, with only 56.2% of the overall templates for Disability Services returned. In Q1 returns were very low for PA/Home Support/Respite Services – about 50% of LHO Areas, which doesn't constitute a valid dataset. We will endeavour to improve the level of returns for Quarter Two reporting.

### Congregated Settings

A total of 40 people transitioned from congregated settings to homes in the Community in Q1 2020. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, the population in congregated settings at the year-end was 50% lower than those identified in the original report with less than 2,000 people remaining in congregated settings.

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

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

### Emergency Places

In accordance with NSP 2020, Disability Services committed to developing 64 new emergency residential placements and 144 intensive transitional support packages for children and young people with complex / high support needs focusing on families experiencing substantial levels of support need, but who do not require a high cost long term placement. In Quarter 1, a total of **10** new emergency places were developed across the 9 CHOs at a cost of €4.4 million. A further 6 intensive home support packages were put in place at a cost of €287,163.

### Older Person's Services

#### Delayed Discharges

- The end of March Delayed Transfer of Care (DTC) figure is **235**.
- The HSE was allocated an additional €26m of funding in October 2019 to manage increased demand for services through Winter 2019/2020. Of the €26m, €13m was allocated to NHSS to maintain awaiting funding period at 4-weeks to 31<sup>st</sup> December, €4.2m allocated to Transitional Care to increase the number of approvals to 250 per week and €2m allocated to Home Support (510 Home Support Packages (HSPs) for hospital egress and 600 HSPs assigned to the Community Home Support Waiting List). An additional 580 HSPs have been funded to commence over Q1 2020 with a further 510 HSPs funded to be phased in over Q4 2020. 650 HSPs have been allocated under WI during the period Jan – March 2020.
- At end of March 2020 the DTC's, there were 43 people waiting for discharge home.
- Transitional Care Funding criteria was extended to facilitate earlier discharge of patients from Acute Hospitals as part of Covid Planning. (Details below)

#### Home Support

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

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

To the end of March, it was expected that the Home Support Service would deliver 4,527,034 hours. The data reported indicates that 3,937,816 hours were provided, a variance of -13% with **42,043** people in receipt of home support and 132 people in receipt of an Intensive Home Care Package. There was an 18.8% non-return rate in the March reporting cycle, therefore data for the period is under-reported.

The spread of Covid-19 has posed significant challenges for the ongoing provision of Home Support Services. A reassessment of the operation of Home Support Services nationally, was undertaken to ensure that the assessed needs of those clients with the highest priority continued to be met. A prioritisation process for home support was set out which looked at delivering a service based on priority need across 4 priority categories. This review of prioritisation commenced in late March with a view to temporarily ceasing or reducing service to a number of clients with lower priority needs with the support of family members and/or alternative forms of volunteer-provided local supports. The areas Crisis Management Teams (ACMTs) continued to work with approved home support service providers to maintain essential support services where required.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the

growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists for the end of March indicates that 6,165 people were waiting for home support funding, (preliminary data), however as there was 18.8% non-return rate in the March reporting cycle, waiting list data for the period is under-reported. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

## Population Health and Wellbeing

### Number who have completed type 2 diabetes education programme

The HSE delivers two national structured patient education programmes for diabetes; the X-PERT Programme and the DESMOND Programme. Both programmes have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self-manage their diabetes.

- 1) X-PERT is a 15-hour group structured patient education programme delivered by 1 Community Dietician educator over a six-week period commencing in February. A patient must complete a minimum of 4 X-PERT sessions (out of 6 sessions) over the six-week period for the attendance to be reflected in this metric.
- 2) DESMOND is a 6 hour structured programme jointly facilitated by 2 educators (i.e. a Community Dietician and/ or a Diabetes Nurse Specialist). A patient must complete all sessions (i.e. 2 out of 2 sessions) for the activity to be reflected in this metric.

YTD **680** people have completed an SPE programme for type 2 diabetes which is -610 people (-14.6%) below target (4,190). In the month of December, 220 people completed a structured patient education programme for type 2 diabetes which is 152 people or 40.8% below target (372). Performance varies across the CHOs. The best performer is CHO 9. They are exceeding their target by (+90%). In contrast, the performance outliers are CHO 2 (-46.8%), CHO 1 (-35.5%) and CHO 8 (-27.4%). Underperformance can be attributed to the following issues; (1) local community dietician capacity constraints within Primary Care; (2) the requirement to prioritise nutrition support services in Primary Care community dietetic services and (3) poor course uptake and attendance in some CHO areas.

At national level a number of initiatives were progressed to understand, promote and increase participant recruitment to these programmes. Locally, patients were sent reminders and phoned to understand the reason for non-attendance. A new programme adapted for better impact is also being introduced. The relevant CHOs also prioritised the allocation of dietetic Clinical Nurse Specialist resources where possible within their service based upon clinical need and the requirement to deliver a breakeven financial position by year end.

#### [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. Performance for this metric is reported quarterly in arrears i.e. Q4 2019 performance is reported in Q1 2020.

Nationally, 9,215 smokers received face to face or telephone intensive cessation support from a cessation counsellor in 2019, which is 20% below the 2019 target of 11,500. smokers. Four of the nine CHOs are achieving or exceeding their targets YTD with the best performers being CHO4 (+116.3%); CHO9 (54.6%); CHO1 (+36.6%) and CHO8 (+13.7%). In contrast, the performance outliers are UL Hospital Group (-78.8%), Saolta Hospital Group (-74.1%), CHO 6 (-46.1%) and CHO 7 (-40.1%). CHO 5 currently have no intensive cessation support service. The Tobacco Free Ireland (TFI) programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support. National adverts are being aired to increase awareness of the QUIT services available.

#### [% 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 4 weeks. Seven out of 10 smokers want to quit and four out of 10 make an attempt to quit every year. Behavioural support is proven to double a smoker's chance of quitting successfully and is a cost effective intervention. 47.8% of smokers on cessation programmes were quit at four

weeks which is 6.2% ahead of target (45%) during the reporting period (performance is reported quarterly in arrears i.e. Q4 2019 performance is reported in Q1 2020).

#### [Population Health Protection - Vaccinations](#)

The World Health Organisation (WHO) has listed vaccine hesitancy among a number of global health threats. The WHO said that vaccination currently prevents up to three million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved. The Minister for Health launched the Vaccine Alliance aimed at boosting the uptake of childhood vaccines and reducing vaccine hesitancy. It will include 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 are engaging with Community Healthcare Operations to support them to maximise the uptake of all publicly funded immunisation programmes through (1) the provision of advice regarding best practice and standardised delivery of immunisation programmes and (2) the development of national communication campaigns designed to promote immunisation uptake rates and provide accurate and trusted information to the public, healthcare professionals and staff, including working with the Vaccine Alliance. This approach is similar to the successful approach taken to increase the uptake of HPV vaccine in girls over recent years.

#### [% of children 24 months – \(MMR Vaccine\) & % of children 24 months – \(3 doses of 6 in 1 vaccine\)](#)

The MMR vaccine protects children against Measles, Mumps and Rubella (also called German measles). The vaccine works by stimulating the immune system to build up protection against these diseases. Measles, Mumps and Rubella have become less common since the vaccine was introduced. However, outbreaks can still occur if not enough children have been vaccinated. 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 this reporting period. These data gaps will be addressed in the YTD June Performance Profile.

# Acute Hospitals

## Acute Hospitals National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
<b>Serious Incidents</b>														
Review completed within 125 calendar days	M	80%	31% [R]	-61.3%								25%	31%	31%
<b>Service User Experience (Q4)</b>														
Complaints investigated within 30 working days	Q	75%	77.8% [G]	3.7%	66.6% [R]	90% [G]	91.4% [G]	76.6% [G]	64.8% [R]	37.9% [R]	41.7% [R]			
<b>HCAI Rates</b>														
Staph. Aureus (per 10,000 bed days)	M	<0.9												
C Difficile (per 10,000 bed days)	M	<2												
% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q													
<b>Surgery</b>														
Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.1% [R]	-10.4%		78.3% [A]	92.7% [G]	74.3% [R]	83.4% [G]	65% [R]	69.8% [R]	75.2%	76.7%	75.1%
Surgical re-admissions within 30 days of discharge	M-1M	≤2%	1.8% [G]	-10%		2.9% [R]	1.5% [G]	1.8% [G]	1.8% [G]	1.8% [G]	1% [G]	1.6%	1.8%	1.7%
Laparoscopic Cholecystectomy day case rate	M-1M	60%	45.1% [R]	-24.8%		57.1% [G]	49.2% [R]	42.2% [R]	31.1% [R]	52.3% [R]	6.7% [R]	44%	44.3%	45.5%
Procedure conducted on day of admission (DOSAs) (site specific targets)	M-1M	82%	80.1% [G]	-2.3%		65.5% [R]	88.9% [G]	73.6% [G]	71.7% [G]	81.1% [G]	93.9% [G]	74.5%	78.7%	81.7%
<b>Medical</b>														
Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.5% [G]	3.6%		11.8% [A]	12.1% [A]	10.6% [G]	11.9% [A]	11.5% [G]	10.2% [G]	10.5%	11.5%	10.8%
<b>Ambulance Turnaround</b>														
Ambulance turnaround < 30 minutes	M	80%	36.5% [R]	-54.3%	77.2%	45.4%	36.0%	46.8%	23.7%	21.6%	50.4%	36.6%	37.1%	35.9%
% of ambulance turnaround delays escalated – 30 minutes	M	80%	75.9% [R]	-5.1%								67.8%	80.3%	80.3%
<b>Urgent colonoscopy</b>														
Number waiting > 4 weeks (zero tolerance)	M	0	330 [R]		0 [G]	73 [R]	43 [R]	6 [R]	134 [R]	29 [R]	45 [R]	2	0	328

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
<b>Access &amp; Integration</b>	<b>Routine Colonoscopy</b>														
	Waiting < 13 weeks for routine colonoscopy or OGD	M	65%	54% [R]	-16.9%	36.7% [R]	37.6% [R]	58.9% [A]	87% [G]	48.5% [R]	68.7% [G]	41.2% [R]	49%	47.6%	54%
	<b>Emergency Department Patient Experience Time</b>														
	ED within 24 hours (Zero Tolerance)	M	97%	96.1% [R]	-0.9%	99.8% [G]	95.7% [R]	96.3% [R]	96% [R]	97.9% [G]	93.4% [R]	93.8% [R]	95.3%	95.1%	98.5%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	89.9% [R]	-9.2%		92.4% [R]	91.9% [R]	89.2% [R]	94.2% [R]	83.3% [R]	82.3% [R]	87.7%	87.5%	96.3%
	ED within 6 hours	M	65%	64.2% [G]	-1.2%	89.7% [G]	55% [R]	69.5% [G]	54.2% [R]	67.8% [G]	61.2% [A]	54.1% [R]	61.7%	61.2%	71.3%
	<b>Waiting times</b>														
	Adult waiting <15 months (inpatient)	M	85%	85.8% [G]	0.9%		82.2% [G]	88.7% [G]	96.7% [G]	76.6% [A]	86.8% [G]	93.9% [G]	85.5%	85.2%	85.8%
	Adult waiting <15 months (day case)	M	95%	93.1% [G]	-2%		88.9% [A]	95.5% [G]	99.7% [G]	91.2% [G]	89.2% [A]	97.5% [G]	92.5%	92.4%	93.1%
	Children waiting <15 months (inpatient)	M	95%	90.2% [A]	-5.1%	87.9% [A]	100% [G]	89.7% [A]	98.8% [G]	91.9% [G]	98.3% [G]	97.3% [G]	90.5%	90.9%	90.2%
	Children waiting <15 months (day case)	M	90%	85.3% [A]	-5.2%	80.9% [R]	100% [G]	93.7% [G]	99.3% [G]	90.3% [G]	95.4% [G]	91.9% [G]	84%	84.1%	85.3%
	Outpatient < 52 weeks	M	80%	68.4% [R]	-14.5%	62.6% [R]	67.5% [R]	71% [R]	88.5% [G]	67.4% [R]	63.6% [R]	56.9% [R]	68.9%	69%	68.4%
	<b>Delayed Transfers of Care</b>														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤550	235 [G]	-57.3%	5	79	50	38	20	42	1	632	652	235
	Number of acute bed days lost through Delayed Transfers of Care (site specific targets)	M	≤49,500	50,506 [G]	2%	578	12,679	11,413	11,990	5,079	7,238	1,529	18,752	18,372	13,382
	<b>Cancer</b>														
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	73.7% [R]	-22.4%		32.3% [R]	95.6% [G]	99.7% [G]	75.6% [R]	59.6% [R]	60.9% [R]	77%	69%	75.7%
Urgent Breast Cancer within 2 weeks	M	95%	78.1% [R]	-17.8%		18% [R]	96.1% [G]	99.7% [G]	88.2% [A]	67.1% [R]	79% [R]	83.5%	73.3%	76.1%	
Non-urgent breast within 12 weeks	M	95%	67.9% [R]	-28.6%		36.9% [R]	90.6% [G]	100% [G]	67.6% [R]	49.8% [R]	13.1% [R]	72.3%	64.7%	62.6%	

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
	Lung Cancer within 10 working days	M	95%	80.3% [R]	-15.5%		96.4% [G]	92.4% [G]	100% [G]	90.4% [G]	69.2% [R]	30.4% [R]	81.4%	70%	94.3%	
	Prostate Cancer within 20 working days	M	90%	46.8% [R]	-48%		10.1% [R]	96.4% [G]	100% [G]	16.8% [R]	29.5% [R]	30.4% [R]	40%	47.7%	56.2%	
	Radiotherapy treatment within 15 working days	M	90%	84.8% [A]	-5.8%		85.3% [A]			86.7% [G]	75.5% [R]	96.8% [G]	86.4%	84.3%	83.4%	
	<b>Ambulance Response Times</b>															
	ECHO within 18 minutes, 59 seconds	M	80%	80.7% [G]	0.9%								81%	83.0%	78.2%	
	Delta within 18 minutes, 59 seconds	M	70%	52% [R]	-25.7%								55.1%	55.2%	46.2%	
Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>															
	Net expenditure (pay + non-pay - income)	M	<0.1%	1,546,076	5.17% [R]	3.51% [R]	4.38% [R]	4.45% [R]	6.53% [R]	4.26% [R]	4.69% [R]	10.55% [R]	3.07%	3.10%	5.17%	
	Gross expenditure (pay and non-pay)	M	<0.1%	1,754,629	4.19% [R]	2.94% [R]	2.53% [R]	4.41% [R]	4.97% [R]	3.94% [R]	3.32% [R]	8.85% [R]	3.11%	3.32%	4.19%	
	Non-pay expenditure	M	<0.1%	551,019	10.25% [R]	4.47% [R]	5.83% [R]	8.37% [R]	13.44% [R]	11.65% [R]	10.32% [R]	23.67% [R]	6.11%	7.33%	10.25%	
	<b>Service Arrangements (06.04.20)</b>															
	Monetary value signed	M	100%	7.88%	-92.12%									0%	0%	7.88%
	<b>Procurement</b>															
Expenditure (non-pay) under management	Q-1Q	80%														
Internal Audit	Recommendations implemented within 12 months (2019)	Q	95%	86% [A]	-9.5%											86%
	<b>Funded Workforce Plan</b>															
	Pay expenditure variance from plan	M	<0.1%	1,203,610	1.64% [R]	2.39% [R]	0.92% [R]	2.71% [R]	1.85% [R]	0.59% [A]	0.42% [A]	2.37% [R]	1.78%	1.68%	1.64%	
Workforce	<b>Attendance Management</b>															
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.63% [R]	32.29%	4.60% [R]	4.54% [R]	4.19% [R]	4.29% [R]	4.71% [R]	4.66% [R]	6.91% [R]	4.79%	4.82%	4.43%	
	<b>European Working Time Directive (EWTD) Compliance</b>															
< 48 hour working week	M	95%	85.1% [R]	-10.4%	83% [R]	74.8% [R]	77.8% [R]	83% [R]	93.3% [G]	89.7% [A]	64.3% [R]	85.4%	84.8%	85.1%		

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

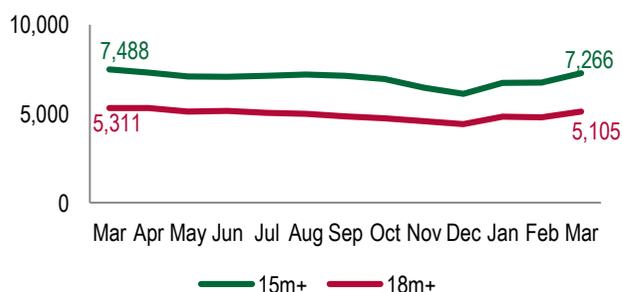
Activity Area	Expected Activity YTD	Result YTD Mar 2020	% Var YTD	Result YTD Mar 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	386,097	319,343	-17.3%	372,851	-14.4%	119,174	112,155	88,014
New ED Attendances	321,837	264,305	-17.9%	312,428	-15.4%	98,190	92,749	73,366
OPD Attendances	809,133	782,334	-3.3%	817,149	-4.3%	299,536	273,890	208,908

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Feb 2020	% Var YTD	Result YTD Feb 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	105,379	102,737	-2.5%	103,686	-0.9%	53,477	52,933	49,804
Inpatient weight units	101,998	100,950	-1%	101,962	-1%	56,031	52,810	48,140
Day case (includes dialysis)	183,860	186,468	1.4%	175,820	6.1%	82,872	96,252	90,216
Day case weight units (includes dialysis)	171,493	178,381	4%	172,522	3.4%	78,669	91,929	86,452
IP & DC Discharges	289,239	289,205	0%	279,506	3.5%	136,349	149,185	140,020
% IP	36.4%	35.5%		37.1%	-4.2%	39.2%	35.5%	35.6%
% DC	63.6%	64.5%		62.9%	2.5%	60.8%	64.5%	64.4%
Emergency IP discharges	74,837	71,224	-4.8%	73,645	-3.3%	38,000	37,046	34,178
Elective IP discharges	12,586	15,776	25.3%	12,375	27.5%	6,749	7,295	8,481
Maternity IP discharges	17,956	15,737	-12.4%	17,666	-10.9%	8,728	8,592	7,145
Inpatient discharges >75 years	20,763	21,177	2%	20,397	3.8%	11,506	11,163	10,014
Day case discharges >75 years	33,247	34,407	3.5%	31,652	8.7%	15,689	17,838	16,569

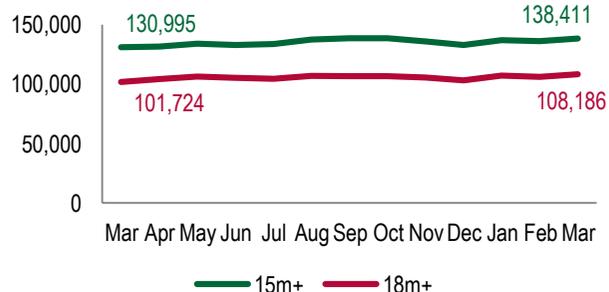
## Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	85%	M	●	<b>85.8%</b>	83.8%	+2%	85.5%	85.2%	85.8%	28 out of 38 hospitals reached target	PUH (66.7%), GUH (69.9%), Tullamore (74.3%)
Day case adult waiting list within 15 months	95%	M	●	<b>93.1%</b>	92.1%	+1%	92.5%	92.4%	93.1%	29 out of 41 hospitals reached target	MUH (83.2%), UHW (84.3%), Tallaght - Adults (87.2%)
Inpatient children waiting list within 15 months	95%	M	●	<b>90.2%</b>	89%	+1.2%	90.5%	90.9%	90.2%	13 out of 19 hospitals reached target	RVEEH (83.3%), Mullingar (85.2%), CHI (87.9%)
Day case children waiting list within 15 months	90%	M	●	<b>85.3%</b>	83.4%	+1.9%	84%	84.1%	85.3%	24 out of 29 hospitals reached target	CHI (80.9%), Ennis (85.7%), GUH (87.6%)
Outpatient waiting list within 52 weeks	80%	M	●	<b>68.4%</b>	69.6%	-1.2%	68.9%	69%	68.4%	15 out of 43 hospitals reached target	Croom (48.1%), RVEEH (51.5%), MUH (54.9%)

### Inpatient & Day Case Waiting List



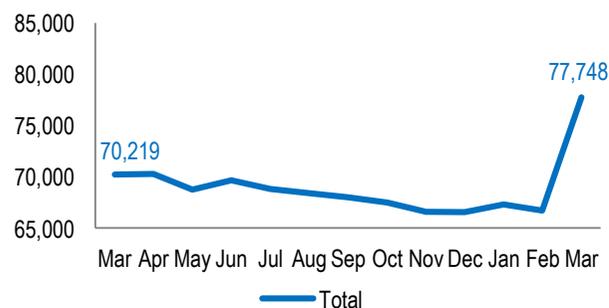
### Outpatient Waiting List



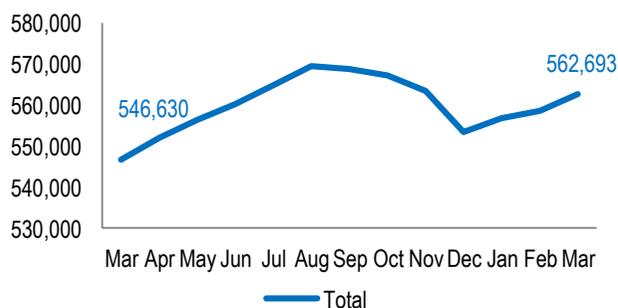
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	19,807	18,487	+1,320	3,879	2,820
Adult DC	50,124	45,629	+4,495	5,278	3,447
Adult IPDC	<b>69,931</b>	<b>64,116</b>	<b>+5,815</b>	<b>9,157</b>	<b>6,267</b>
Child IP	3,093	2,365	+728	475	303
Child DC	4,724	3,738	+986	951	696
Child IPDC	<b>7,817</b>	<b>6,103</b>	<b>+1,714</b>	<b>1,426</b>	<b>999</b>
OPD	562,693	546,630	+16,063	178,019	138,411

### Inpatient & Day Case Waiting



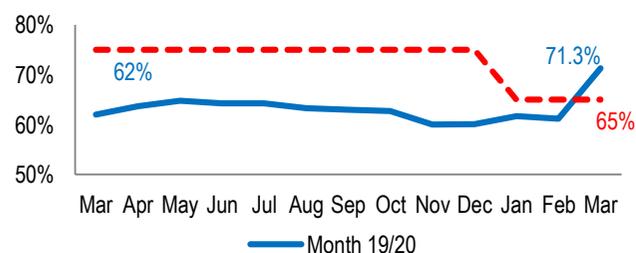
### Outpatient Waiting List Total



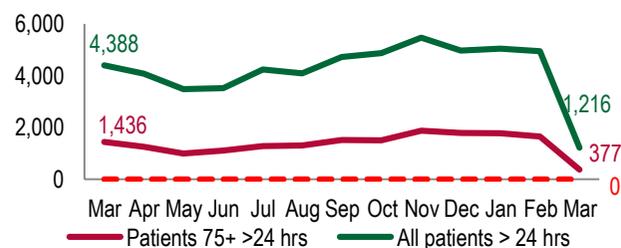
## ED Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	65%	M	●	<b>64.2%</b>	62.1%	+2.1%	61.7%	61.2%	71.3%	19 out of 28 hospitals achieved target	Tallaght - Adults (53%), Naas (55.5%), UHK (56.7%)
% in ED < 24 hours	97%	M	●	<b>96.1%</b>	96.1%	+0%	95.3%	95.1%	98.5%	25 out of 28 hospitals achieved target	UHK (94.3%), MUH (95.9%), SVUH (96.9%)
% 75 years within 24 hours	99%	M	●	<b>89.9%</b>	89.5%	+0.4%	87.7%	87.5%	96.3%	11 out of 27 hospitals achieved target	UHK (87.7%), CUH (90.6%), Tullamore (93%)

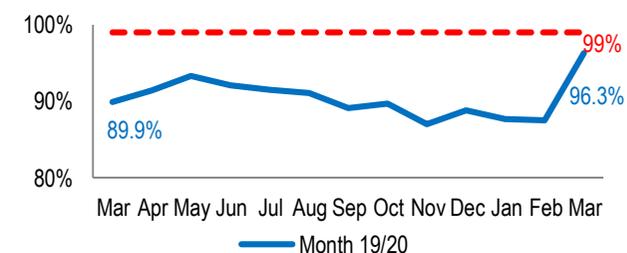
### % patients admitted or discharged within 6 hours



### ED over 24 hours



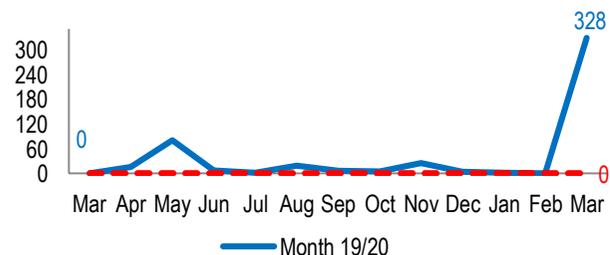
### % 75 years old or older admitted or discharged



## Colonoscopy

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	●	<b>330</b>	45	+285	2	0	328	20 out of 37 hospitals achieved target	LUH (90), Naas (67), St Johns, UHW, GUH (23)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		<b>86</b>	102	-16	14	25	49	5 out of 14 hospitals have 0	MMUH (13), Wexford (11), LUH (8)
Routine Colonoscopy and OGD <13 weeks	65%	M	●	<b>54%</b>	50.7%	+3.3%	49%	47.6%	54%	15 out of 37 hospitals achieved target	Tallaght - Adults (25.7%), UHL (28.7%), LUH (31.9%)

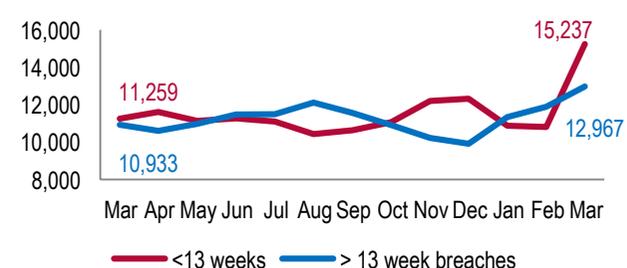
### Urgent Colonoscopy - number of people waiting



### BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	246	250	235
Number scheduled over 20 working days	14	19	49

### Number on waiting list for GI Scopes



## HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.9	M		1.0		0.8				
Rate of new cases of C Difficile infection	<2	M		2.4		2.4				
% of hospitals implementing the requirements for screening with CPE Guidelines		Q								

Note: A significant impact on Infection Prevention & Control staff workload due to COVID-19, leading to a lower response rate from providers, therefore a national and hospital group information is not reported (Feb-20 and March-20).

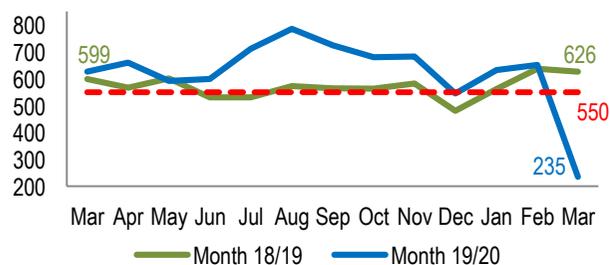
### Rate of Staph. Aureus bloodstream infections

### Rate of new cases of C Difficile associated diarrhoea

## Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤550	M	●	235	626	-391	632	652	235	LUH, PUH, Sligo, Ennis, Nenagh & St John's (0), Portlaoise, Mullingar & UHL (1)

### Delayed Transfers of Care



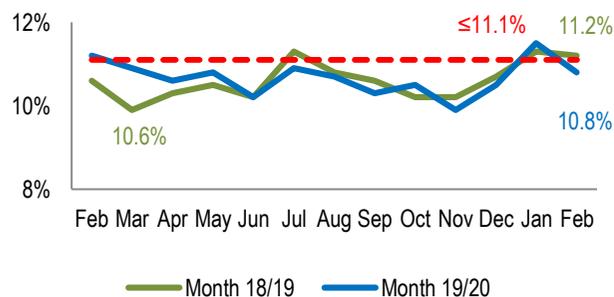
### Delayed Transfers of Care by Destination

	Over 65	Under 65	Total	Total %
Home	30	13	43	18.3%
Long Term Nursing Care	134	15	149	63.4%
Other	29	14	43	18.3%
<b>Total</b>	<b>193</b>	<b>42</b>	<b>235</b>	<b>100%</b>

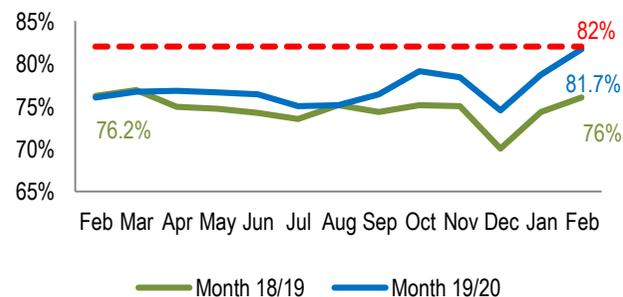
## Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.5%	11.3%	+0.2%	10.5%	11.5%	10.8%	19 out of 34 hospitals achieved target	Columcille's (16.2%), Ennis (16%), UHK (13.2%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	● 80.1%	74.3%	+5.8%	74.5%	78.7%	81.7%	23 out of 35 hospitals achieved target	UHK (67.7%), LUH (68.5%), CUH (61.6%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 45.1%	51.2%	-6.1%	44%	44.3%	45.5%	16 out of 34 hospitals achieved target	7 Hospitals that had cases at 0%
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.8%	2.1%	-0.3%	1.6%	1.8%	1.7%	26 out of 38 hospitals achieved target	SLK (4.9%), Mullingar (4.4%), Portlaoise (4.3%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 76.1%			75.2%	76.7%	75.1%	5 out of 16 hospitals achieved target	OLOL (57.4%), UHW (64.6%), CUH (66%)

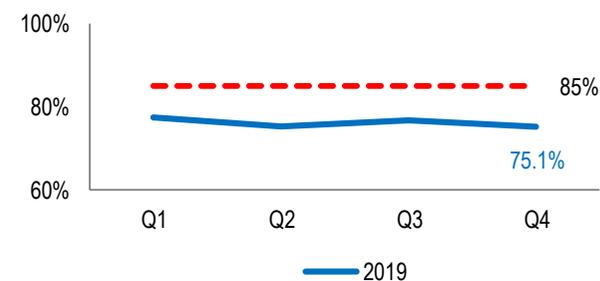
### Emergency re-admissions within 30 days



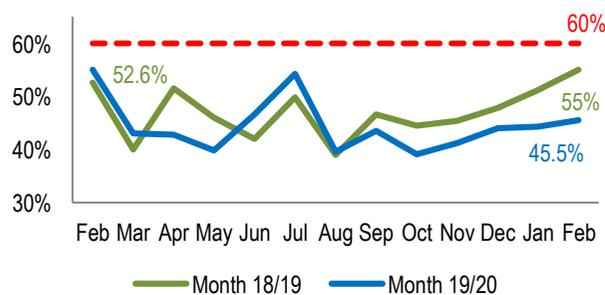
### Procedure conducted on day of admissions



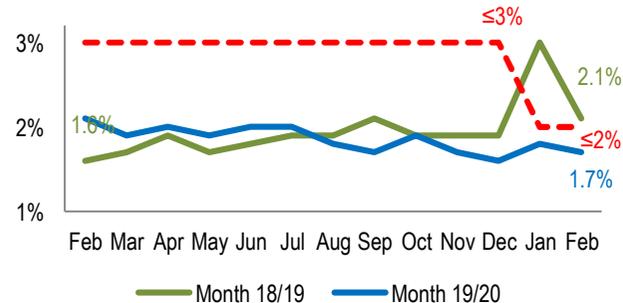
### Hip fracture surgery within 48 hours



### Laparoscopic Cholecystectomy day case rate



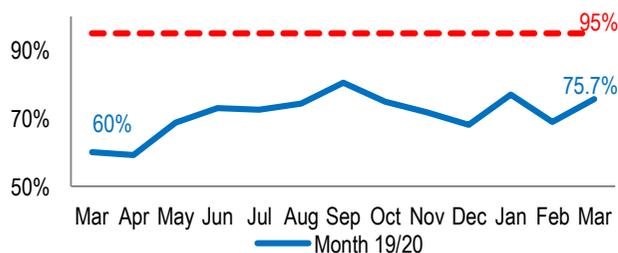
### Surgical re-admissions within 30 days



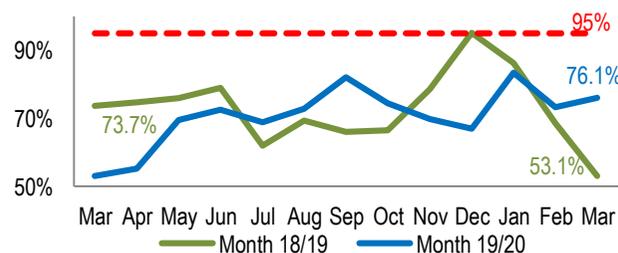
## Cancer Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	●	<b>73.7%</b>	72.6%	+1.1%	77%	69%	75.7%	SVUH, Beaumont, LUH (100%), MMUH (96.8%)	SJH (32.2%), UHW (50.6%) CUH (55.8%)
Urgent breast cancer within 2 weeks	95%	M	●	<b>78.1%</b>	69.4%	+8.7%	83.5%	73.3%	76.1%	MMUH, Beaumont, LUH (100%)	SJH (15.8%), UHW (49%), GUH (90.9%) SVUH, CUH & outstanding
Non-urgent breast within 12 weeks	95%	M	●	<b>67.9%</b>	66.5%	+1.4%	72.3%	64.7%	62.6%	Beaumont (100%), MMUH (97.4%)	UHL (7.9%), UHW (16%), SJH (34.6%), LUH (35.6%) SVUH, CUH outstanding
Lung Cancer within 10 working days	95%	M	●	<b>80.3%</b>	86.1%	-5.8%	81.4%	70%	94.3%	SVUH, Beaumont, UHW (100%), SJH (98%)	CUH (72%), GUH (89.2%), UHL outstanding
Prostate cancer within 20 working days	90%	M	●	<b>46.8%</b>	78.5%	-31.7%	40%	47.7%	56.2%	SVUH, Beaumont (100%)	SJH (7.7%), GUH (25.7%), CUH (33.3%)
Radiotherapy within 15 working days	90%	M	●	<b>84.8%</b>	87.1%	-2.3%	86.4%	84.3%	83.4%	UHL (95.4%)	CUH (72.5%), Altnagelvin (77.8%), SLRON (83.2%), UHW outstanding.

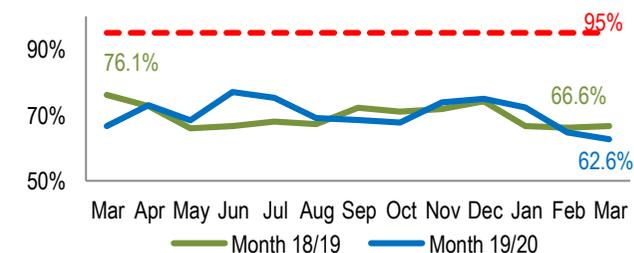
Rapid Access within recommended timeframe



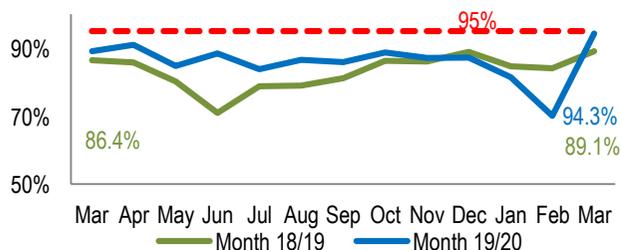
Breast Cancer within 2 weeks



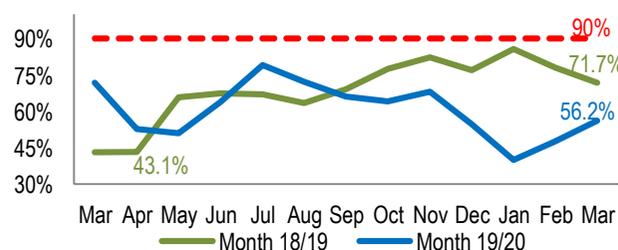
Non-urgent breast within 12 weeks



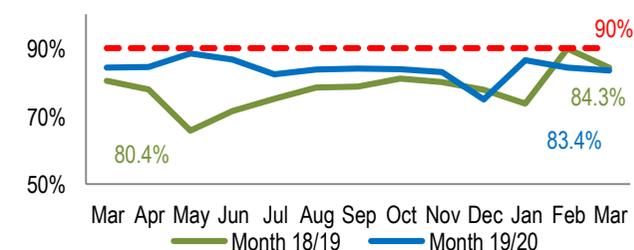
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



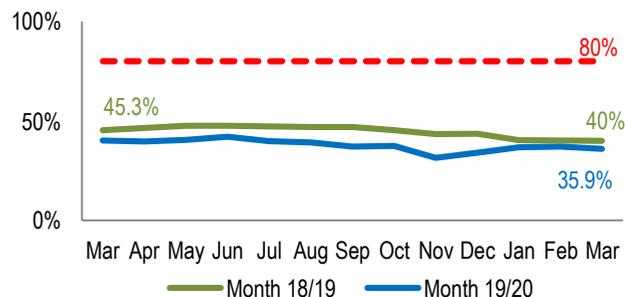
Radiotherapy within 15 working days



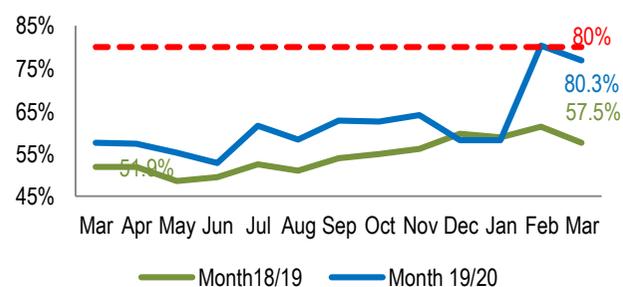
## Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of ambulances that have a time interval $\leq$ 30 minutes	80%	M	●	<b>36.5%</b>	40.1%	-3.6%	36.6%	37.1%	35.9%	Target was not reached	UHK (12.2%), GUH (17%), GUH (18.1%)
Ambulance Turnaround % delays escalated within 30 minutes	80%	M	●	<b>75.9%</b>	59.2%	+16.7%	67.8%	80.3%	80.3%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	<b>96.9%</b>	98.5%	-1.6%	97.0%	97.6%	95.8%		

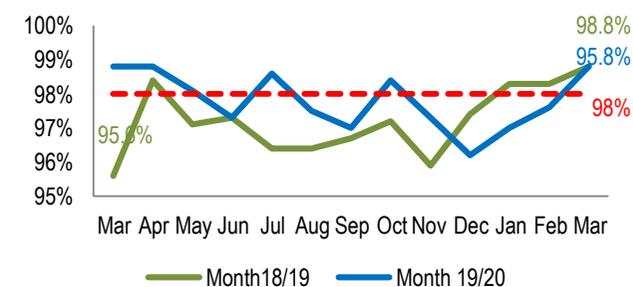
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



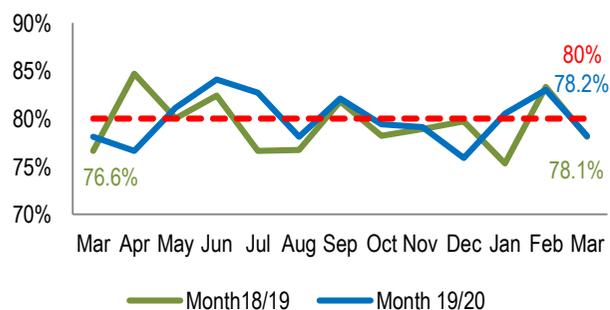
Delays Escalated - within 60 minutes



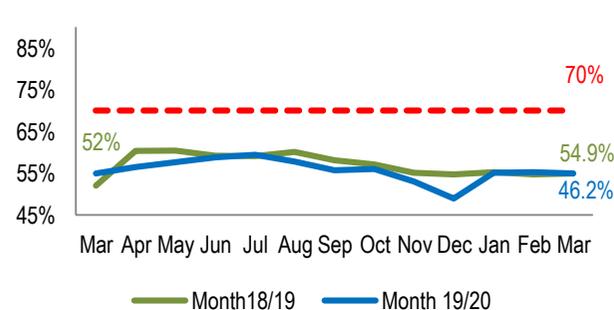
## Pre-Hospital Emergency Care Services

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	80%	M	●	80.7%	78.9%	1.8%	81%	83%	78.2%	Dublin Fire Brigade (80%), North Leinster (88%)	South (69%) West (68.9%)
Response Times – DELTA	70%	M	●	52%	55%	-3%	55.0%	55.2%	46.2%		Dublin Fire Brigade (45.4%), North Leinster (60.1%), South (54.4%), West (58%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	●	42.4%	43.4%	-1.0%	47.7%	45%	38.8%		

### Response Times – ECHO



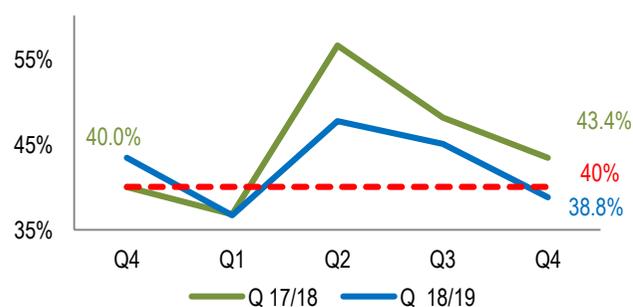
### Response Times – DELTA



### Call Volumes (arrived at scene)

	Target/Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	1,233	1,335	8.3%	1,221	114
DELTA	32,499	33,114	1.9%	32,415	-699

### ROSC



## Acute Hospital Services Update

### Emergency Department (ED) Performance

- As a result of COVID 19, there was a marked reduction in our ED attendances in March compared with the same period in 2019
- There were 319,343 emergency presentations year to date March 2020. This is a decrease of 14.4% decrease on emergency presentations for the corresponding period in 2019 and behind the target of 386,097 by 17.3%.
- New Emergency Department Attendances year to date March 2020 are 17.9% (57,532) behind target and a reduction of 15.4% % (48,123) when compared with the same period last year March 2019.
- 24 of the Emergency Departments excluding Children's Health Ireland reported ED PET less than 24 hours compliance greater than 97%.
- ED PET less than 24 hours for patients aged 75+ was 96.3% in March.
- NTPF is supporting up to 200 additional acute and sub-acute beds to support winter pressures
- The number of patients awaiting admission (TrolleyGAR) in March was 2,611, which was a decrease of 74.0% on Feb 2020 (10,038) and a decrease of 72.9% on the same period last year (9,645).

### Delayed Transfers of Care (DTC)

There were 235 Delayed Transfer of Care at the end of March 2020. This represented a significant reduction from February (652) as a result of targeted actions by the community in response to the challenges of managing patient flow safely during a pandemic. This included 43 Delayed Discharges waiting to go home, 149 waiting on long term nursing care and 43 complex patients that require bespoke care provision.

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

#### Day Case Discharges (including dialysis)

The number of day case procedures year to date February 2020 was 186,468 versus 175,820 for the same period in 2019 that is, an increase of 10,468 (6.1%) cases. The number of day case procedures undertaken in February 2020 was 1.4% ahead the target of 183,860 cases for this period.

### Inpatient Discharges

The number of inpatient discharges was 102,737 year to date February 2020 versus 103,686 for the corresponding period in 2019, that is, a decrease of 949 (0.9%) cases. Inpatient discharges year to date February 2020 were 2.5% lower than the target of 105,379.

### Elective Inpatient Discharges

There were 15,776 elective inpatient discharges year to date February 2020 versus 12,375 for the corresponding period in 2019, that is, an increase of 27.5%. Elective inpatient discharges were 25.3% higher than the target of 12,586.

### Emergency Inpatient Discharges

There were 71,224 emergency inpatient discharges year to date February 2020 versus 73,645 for the corresponding period in 2019, that is, a decrease of 3.3%. Emergency inpatient discharges year to date February 2020 were 4.8% lower than the target of 74,837. The HPO is examining the effect of the increase in delayed transfers of care on emergency discharges. The numbers treated and discharged from ED is also being reviewed in this context.

### Maternity Inpatient Discharges

There were 15,737 maternity inpatient discharges year to date February 2020 and 17,666 for the corresponding period in 2019 which is a decrease of 1,929 (-10.9%). Maternity inpatient discharges were 12.4% less than the target 17,956.

### Out Patient Department Attendances

- The number of new and return outpatient attendances was 782,334 year to date March 2020 versus 817,149 for the corresponding period in 2019 that is a decrease of 4.3%
- New and return outpatient attendances year to date were 3.3% lower than the target of 809,133.

## Waiting Lists

### Inpatient/Day Case Waiting Lists

Improving access for patients is a key priority for the HSE however in light of COVID-19, the number of people waiting for an inpatient or day case appointment has increased by 10.7% (7,529 patients) from March 2019 to 77,748 in March 2020. A key issue for 2020 is the impact of COVID-19 and the likelihood of a sustained adverse impact on waiting lists over the coming months due to the occupancy and safe distance requirements.

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

### Waiting times

- Adult Inpatients Waiting List Compliance was 85.8% (ahead of target of 85%)
- Adult Day Waiting List Compliance was 93.1% which was marginally below target of 95%)
- Childrens Inpatient Waiting List Compliance was 90.2% below target of 95%
- Children's Day Case Waiting List Compliance was 85.3% below target of 90%.

### Volume of patients waiting

- The total number of patients waiting for an inpatient or day case procedure at the end of March 2020 was 77,748, an increase of 11,043 patients (16.6%) since end of February 2020.
- The total number of people waiting more than 15 months was down by 222 (3.0%) when March 20 is compared with March 19.

### Outpatient Waiting Lists

#### Wait time target

The National Service Plan 2020 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 68.4% in March 2020. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action. In March 2020, 45.2% of

people waiting for an Outpatient appointment (254,466) were waiting less than 6 months and 58.2% waiting less than 9 months.

### Volume of patients waiting

Total number of people waiting for an Outpatient appointment was in 562,693 in March 2020, which is an increase of 16,063 (2.9%) on the number waiting at the end of March 2019, and an increase of 4,139 (0.7%) since end of February 2020.

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

The NPHET decision on 27 March to curtail all non –urgent activity has resulted in deferral of a number of cases and this will impact on the total number of patients waiting.

For 2020, HSE is developing targeted initiatives in five specialties mainly focused on increased community supports that will reduce reliance on requirement to access acute services. These are Dermatology, Ophthalmology, Otolaryngology (ENT), Orthopaedics and Urology. At the end of March 2020, patients waiting for appointments for these specialities accounted for 43.4% of all Outpatient Waiting List.

### BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. Invitations for BowelScreen were paused on Wednesday 18 March 2020 due to due to COVID and patient safety considerations.

The compliance rate in March was 79.06%. Seven of the thirteen sites were compliant with the target.

## Cancer Services

### Symptomatic Breast Cancer Clinics

**Three of the nine Symptomatic Breast Cancer Sites were compliant in March:**

- Mater Misericordiae University Hospital - 100%
- Beaumont Hospital – 100%
- Letterkenny University Hospital – 100%

**Two of the hospitals were marginally below target:**

- Limerick University Hospital 94.2%
- Galway University Hospital at 90.9%

**Two hospitals were below the target:**

- University Hospital Waterford – 49.0%
- St James's Hospital – 15.8%

Data from St Vincent's University Hospital and Cork University Hospital was outstanding

### Rapid Access Clinics for Lung Cancer Services

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

**Five hospitals achieved compliance with the target of 95%:**

- St James's Hospital – 98.0%
- Mater Misericordiae University Hospital – 97.6%
- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Waterford – 100%

**Two hospitals were below the target:**

- Galway University Hospitals – 89.2%
- Cork University Hospital – 72%

Data for March 2020 was unavailable for Rapid Access Clinics for Lung Cancer at University Hospital Limerick.

### Rapid Access Clinic for Prostate Cancer Services

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

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

**Two hospitals delivered 100% compliance:**

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

**One hospital was marginally below the target**

- Mater Misericordiae University Hospital - 83.8%

**Five hospitals were below target:**

- Galway University Hospitals – 25.7%
- Cork University Hospital – 33.3%
- University Hospital Waterford – 37.8%
- University Hospital Limerick – 41.7%
- St James's Hospital – 7.7%

It was agreed at NPOG that given the scale of non-compliance across the majority of sites, there is a need for a wider review of capacity and capability to meet prostate cancer needs.

### Radiotherapy

One of the five radiotherapy centres complied with the NSP 2020 target that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat. The Mid-Western Radiation Oncology Centre, Limerick,

complied with the target in March 2020 and Galway University Hospitals was marginally below target at 89.3%

### Performance and Accountability Framework

A number of areas were escalated under the Performance and Accountability Framework and were subject to review by NPOG

#### St James's Hospital Symptomatic Breast Cancer Services

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

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

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

#### Healthcare Associated Infections (HCAI)

A significant impact on Infection Prevention & Control staff workload due to COVID-19, has led to a lower response rate from providers, therefore a national and hospital group information is not reported for March 2020.

### National Ambulance Service

Activity volume for AS1<sup>7</sup> and AS2<sup>8</sup> calls received this month has increased by 5,156 calls (18%) compared to the same month last year (March 2019)

- The daily average call rate for AS1 and AS2 calls received this month was 1,086. (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 78% this month. This is a decrease of 5% compared to last month i.e. February 2020
- ECHO calls increased by 12% (48) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was below target at 46% this month. This shows a decrease of 9% compared to last month, February 2020.
- Nationally there was a 17% (2,026) increase in DELTA call activity compared to the same month last year.
- 88% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Continuous monitoring of Emergency Departments' turnaround times is displaying a negative in relation to releasing ambulances, and a downward trajectory is noted. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
  - 36% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 40% of vehicles being released within 30 minutes or less last year (March 2019).
  - 83% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60

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<sup>7</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>8</sup> AS2 - Urgent calls received from a general practitioner or other medical sources

minutes or less, compared to 85% of vehicles being released within 60 minutes or less last year (March 2019).

There is a noticeable decline in the ability to turn around ambulances from hospitals within both the 30 and 60 minutes. This is being closely monitored and reported on and is having a negative impact on response times nationally.

#### **Review of ambulance turnaround times**

- Review in Letterkenny arising from the coroner recommendations
- Review with SSW, Acute Operations and Ambulance Service of ambulance response times in SSW hospitals.

#### **Human Resources**

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

The revised limit as of January 2020 for Acute Hospitals based on an affordability assessment at the start of the year, including ambulance services is 61,513. This limit excludes these WTEs associated with new developments in 2019. Based on the March WTE Report, Acute Hospitals including Ambulance Services reported 62,682 WTEs.

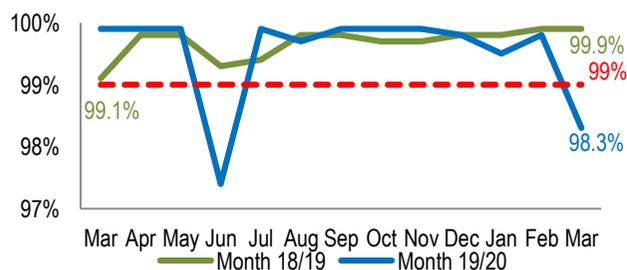
Hospital Groups were requested to implement interim controls to manage WTE and pay expenditure levels. This includes the management of any risk associated with the additional controls including the re-prioritisation of existing staff resource as necessary.

# National Services

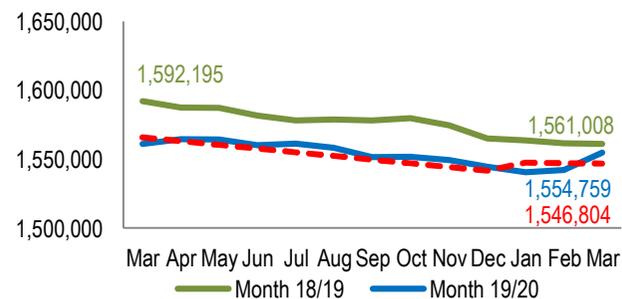
## National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	98.3%	99.9%	-1.6%	99.5%	99.8%	98.3%
Number of persons covered by Medical Cards	1,546,804 YTD/ 1,544,172 FYT	M	●	1,554,759	1,561,008	-6,249	1,540,448	1,542,199	1,554,759
Number of persons covered by GP Visit Cards	530,149 YTD/ 546,604 FYT	M	●	528,949	508,859	+20,090	525,891	527,389	528,949
Number of initial tobacco sales to minors test purchase inspections carried out	96 YTD/ 384 FYT	Q	●	42	38	+4	161	46	42
Number of official food control planned, and planned surveillance inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	●	5,529	6,675	-1,146	7,978	8,851	5,529

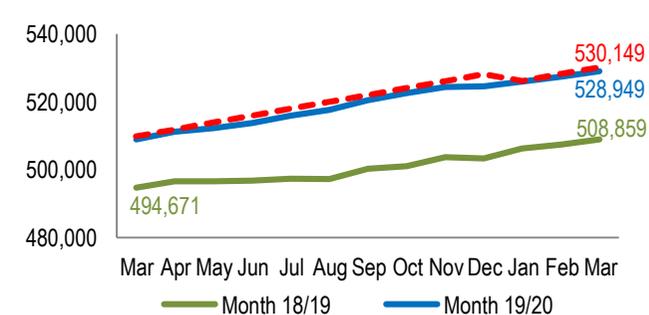
### Medical card turnaround within 15 days



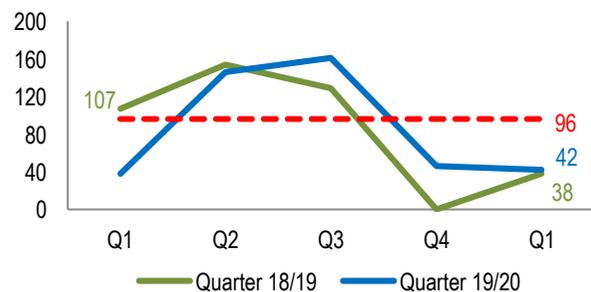
### Number of persons covered by Medical Card



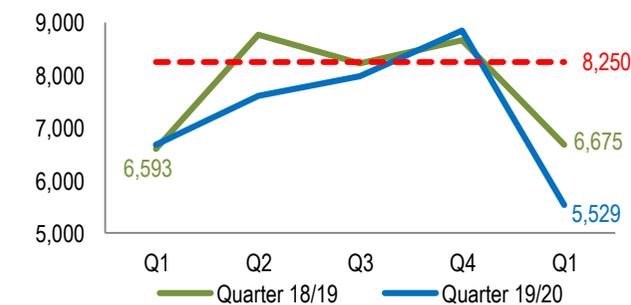
### Number of persons covered by GP Visit cards



### Number of initial tobacco sales to minors



### Number of inspections of food businesses



## National Services Update

### PCRS

During the month of March 2020, 98.3% of medical card applications were processed within 15 working days. The number of people who held medical card eligibility on 31st March 2020 was 1,554,759, an increase of 12,560 on the previous month. The total number of persons with eligibility for a GP visit card on 31st March 2020 was 528,949, an increase of 1,560 on the previous month. As at 31st March 2020, 2,083,708 or 42.3% of the population had medical card or GP visit card eligibility, an overall increase of 14,120 on the previous month. (Population figures are based on the CSO 2019 estimated figure of 4,921,500).

Due to measures taken to deal with the Covid-19 emergency, reviews have been suspended and cards with an expiry date at the end of March have had their eligibility extended. This has resulted in upward of 10,000 medical cards not being removed, the majority of which would relate to those of working age and their families.

### Emergency Management

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

- **Covid-19 Response** HSE Emergency Management have been fully engaged in the response to the emergency of Covid-19 as a global pandemic since January. The national office has supported senior leadership and the CEO through the National Crisis Management Team and also as a member of the Integrated National Operations Hub (INOH). HSE EM is also a member of the National Public Health Emergency Team. The coordination of all interagency operational matters at a national level is managed by HSE EM, including the interactions with the Defence Forces where HSE EM have a nominated Liaison Officer available to work with them. There are a range of other work streams underway at national level including Mass Fatality Planning, liaison with commercial companies offering to support HSE, and support to procurement.

- At a regional level HSE EM work as part of the area crisis management teams. Part of their role is to participate in the interagency structures such as the Regional Steering groups and Regional Working Groups and linking with other non HSE organisations to coordinate the support required as part of the response.
- All other work of HSE EM has been paused at this time with the full focus of the function being to support the response to Covid-19.

### EU & North South Unit

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

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

### Covid-19

- Review of all staff resources of the EU & North South Unit. Reassignment where appropriate to Covid-19 tasks on a full or part-time basis (2WTE Contact tracing Occupational Health Sligo, 1WTE Community Radiography CHO1 and if and when support for SUH).

- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.
- Weekly link with local frontline services offering support such as Manorhamilton HBS Recruit, CHO 1 Head Office Ballyshannon and Chief Officer, Sligo University Hospital HR Department and Occupational Health, Sligo.

#### Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and ongoing 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
- DoH Brexit Action Plan returned for North South Unit.
- Attended Brexit meeting with Sec. General in DoH as requested
- Attended meeting in DoH Belfast with DoH Dublin regarding Common Travel Area future arrangements
- Attended HSE Brexit Briefing for Suppliers
- For HSE DPO, co-ordinated HSE GDPR SCC compliance list

#### Cross Border Work

- Commenced work on new EU funded project (i-Simpathy) as requested by DoH.
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as HSE is Interreg VA Lead Partner.

- As directed by DoH and DPER, continued internal HSE consultation with CHO1, CHO8, and the RCSI and Saolta Hospital Groups on possible blue-sky ideas for future rounds of EU funding.
- Ongoing work with external CAWT Governance Consultants Board Excellence.
- Input to submission to the Peace Plus public consultation

#### Next Steps & Key Outcomes – 2<sup>nd</sup> Quarter 2020

- Continue to support staff redeployment of EU North South Unit staff to Covid-19 work where appropriate.
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA during the Covid-19 pandemic.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- As part of Brexit preparations, ensure GDPR SCC compliance list is complete as requested by HSE DPO.

Finalise HSE's blue-sky thinking list of ideas in preparation for overlapping this list with NI blue-sky thinking, in preparation for NI and Scotland engagement to decide collectively on Peace Plus health ideas.

## Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 5529 Planned and Planned Surveillance Inspections were carried out by the end of Q1. This represents a 33% shortfall of the quarterly target, which is directly resultant from government restrictions from the 13/3/20 which closed of the majority of food premises

Notwithstanding this, of those Planned and Planned Surveillance inspections that were carried out, 21.2% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 42 initial tobacco sales to minors test purchase inspections were completed by end of Q1 which is 56.3% below the quarterly target of 96 Test Purchase Inspections. Activity in this area was suspended from the 13/3/20 due to responding to COVID-19 and government restrictions on the opening of the certain target premises

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

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 93.9% of all complaints received by the EHS by the end of Q1 were risk assessed within 1 working day which is slightly behind target of

95%. Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q1, 530 drinking water samples were taken to assess compliance which is a 13.8% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE, but more significantly due to suspension of the activity due to COVID-19 restrictions in place from the 13/3/20.

29 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is -51.7% of the Q1 target of 60

No Mystery Shopper Inspections or Sunbed Test Purchases to Sunbed Establishments were completed in Q1, however this is a biannual target.

7 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 -30% shortfall of the Q1 target of 10. Activity in this area was suspended on the 13/3/20 government restrictions on the opening of the certain target premises.

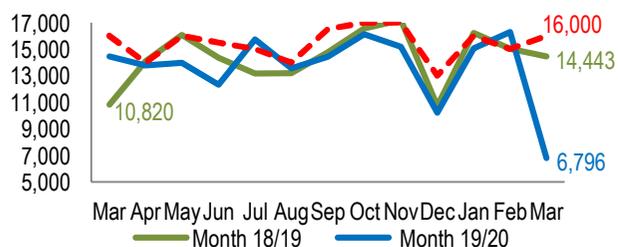
NOTE; Efforts will continue by EHS to achieve agreed Q2 targets however significant challenges are presented across targets given the continuing COVID-19 situation, the resulting in the closure of certain premises in line with Government restrictions and the temporary reassignment of EHS staff to critical COVID-19 activities

# National Screening Service

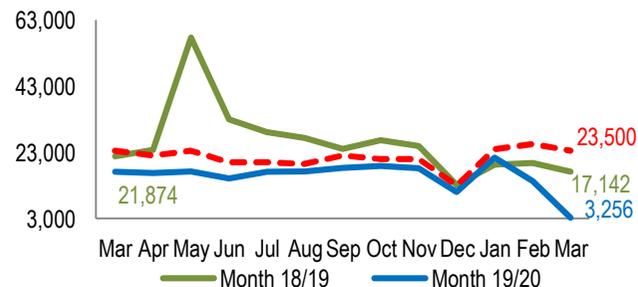
## National Screening Service

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	47,000 YTD/ 185,000 FYT	M	●	<b>38,153</b>	45,694	-7,541	15,054	16,303	6,796
BreastCheck - % screening uptake rate	70%	Q-1Q	●	<b>70.6%</b>	72.8%	-2.2%	69.3%	75.9%	65.3%
CervicalCheck - number of eligible women who had screening	73,000 YTD/ 255,000 FYT	M	●	<b>38,998</b>	56,250	-17,252	21,423	14,319	3,256
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	<b>79.1%</b>	79.3%	-0.2%	79.1%	78.9%	79.1%
BowelScreen - number of people who completed a satisfactory FIT test	32,400 YTD/ 125,000 FYT	M	●	<b>21,063</b>	24,507	-3,444	6,748	7,703	6,612
Bowelscreen - % client uptake rate	45%YTD/ 45% FYT	Q-1Q	●	<b>42%</b>	39.9%	+2.1%	44.5%	40.9%	40.6%
Diabetic RetinaScreen - number of people screened	25,682 YTD/ 110,000 FYT	M	●	<b>24,182</b>	25,081	-899	8,517	8,873	6,792
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	<b>65.5%</b>	61.8%	+3.7%	66.5%	70.5%	62.3%

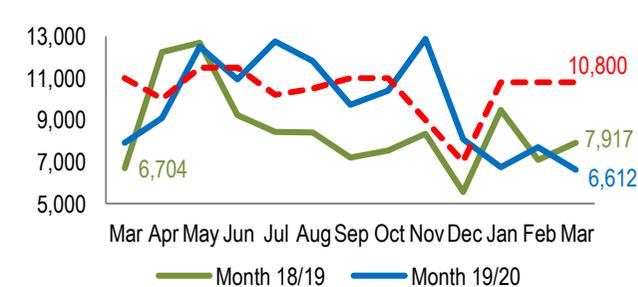
**BreastCheck-number who had a mammogram**



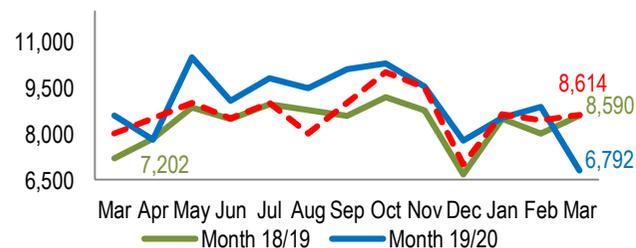
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period March 2020 was 6,796 which is behind the target of 16,000 by 9,204 (57.5%).
- The number of women aged 65+ who had a complete mammogram in the period March 2020 was 1,553 which is behind the target of 3,800 by 2,247 (59.1%).
- The number of women who had a complete mammogram year to date (Jan to Mar 2020) was 38,153 which is behind the target of 47,000 by 8,847 (18.8%).

Uptake for Q4 2019 was 65.3% which is below the target of 70%.

Waiting times for surgery for the second half of 2019 at 89.6% were below the target of 95% offered admission for surgery within 3 weeks of diagnosis of breast cancer.

Recruitment of additional staff to support the age extension to women aged 65+ remains a key priority for the programme during 2020.

The proportion of women waiting > 24 months for an invitation for breast screening has increased since January with approx 26.6% of eligible women aged 50-69 having been invited for breast screening within 24 months. This is expected at the beginning of the year as from 1st January 69 year old women were included in the cohort for the first time. Efforts to reduce this over the course of the year include the hiring of additional radiography and radiology staff with a plan to hire locums pending permanent appointments. This however may not be possible due to the lack of suitable candidates for Consultant Radiology posts currently are no candidates applying for the available posts. There is a similar issue with available radiographers. So a solution is complex and not at all straightforward and will impact numbers screened and the backlog in BreastCheck.

While the rate of recall for assessment following mammographic screening for subsequent women remains stable at 3.4% the rate for initial women is high and outside target (11.3% versus target of <7%).

### COVID - 19

BreastCheck paused screening on the 13<sup>th</sup> March. It has not yet been quantified how long it will take to get screening back up and running. Social distancing will impact service delivery. PPE will be required for the safety of women and staff. The situation is being monitored.

### CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period March 2020 notified to report date was 3,526 which was behind the target of 23,500 by 19,974 (85.0%).
- The number of women who had one or more smear tests in a primary care setting year to date (Jan to Mar 2020) was 38,998 which is behind the target of 73,000 by 34,002 (46.6%).
- The average turnaround time for screening results from laboratories was 3.43 weeks, within the target of 6 weeks.

Five-year coverage to the end of Dec 2019 was 79.1% which is an increase of 0.2% on the previous quarter.

The numbers screened are those notified by report date, the average wait for test result in March was 3.4 weeks. The increase in the number of women screened in 2018 had an impact on waiting times in colposcopy where the service remains under pressure. At the end of February 2020 81% of women high grade outcomes were being offered an appointment within 4 weeks against a target of 90%.

The programme made a technical transition to HPV primary screening on March 30<sup>th</sup>. Prior to March 30<sup>th</sup> and as part of the HPV project, correspondence has been sent to sample takers in the community, colposcopy clinics, gynaecological clinics and other key stakeholders to outline the transition plan and actions to be taken between now and 30<sup>th</sup> of March. Sample takers in the community were requested to slow down screening tests in March to allow the laboratories time to

process samples taken in the cytology programme. The programme has also slowed down invite letters for a period of time. 8 regional information sessions for sample takers have been completed with excellent attendance (1,100 people). An e-learning module and instructional videos are now available for all sample takers. An extensive media campaign and communications plan have been developed and will commence in March and will run for a number of months.

Due to COVID 19 and government restrictions sample takers have been instructed not to take samples during the period under review. This pause is for community testing (GPs and clinics) and not for patients already referred to or in the process of being managed within the colposcopy system. These patients will continue to be cared for as hospital resources allow. All samples taken in colposcopy units are being HPV tested first, and only if positive will they be examined by cytology. Colposcopy services are at reduced levels with all units concentrating on individuals with high grade or clinically indicated referrals. When the programme resumes, all screening samples taken will be tested for HPV in the first instance and then tested for cytology if required (if HPV is found).

### **BowelScreen**

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (March 2020) was 6,612 which is behind the target of 10,800 by 4,188 (38.8%).
- The number of clients who have completed a satisfactory BowelScreen FIT test year to date (Jan-Mar 2020) was 21,063 which is behind the target of 32,400 by 11,337 clients (35.0%).

Uptake for Q4 2019 was 40.6% which is behind the target of 45%.

Due to a surge and demand toward the end of Round 3, the number of invitations was controlled to meet the capacity availability within the units in January and March 2020. Year to date numbers of colonoscopies performed is in line with expected numbers.

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was outside the ≥90% target at 80.1% within 20 working days in

March. Seven (twelve in February) of the thirteen contracted colonoscopy centres met the expected KPI of 90% within 20 days.

### **COVID - 19**

The programme implemented a full pause on issue of invitations, FIT kits and reminders since March 18th 2020 with scheduled reviews of this action in line with government guidance. The small numbers of BowelScreen home test kits in the system continue to be returned and are being analysed.

### **Diabetic RetinaScreen**

- Due to COVID -19 pandemic the Diabetic RetinaScreen programme paused screening from the 18<sup>th</sup> March 2020, in line with the HSE's measures to stop the spread of the virus.
- All clients who received an invitation prior to 18<sup>th</sup> March have received a communication advising them their appointment was cancelled.
- It is likely this pause will create a backlog for those awaiting a screening appointment.
- The number of diabetics screened with a final grading result in the period March 2020 was 6,792 which is below the target of 8,614 by 1,822 clients (21.2%).
- The number of diabetics screened with a final grading result year to date (Jan-Mar 2020) was 24,182 which is below the target of 25,682 by 1,500 clients (5.8%).

Uptake for Q4 2019 was 62.3% which is behind the target of 68%

CUH; the programme is working closely with the hospital to ensure plans are put in place in order that patients are seen within agreed referral timeframes. For example; a private provider is seeing the NDED referrals, patients in excess of one year on the CUH waiting list had the option to be rescreened. CUH management have given patients waiting in excess of one year with Diabetic Retinopathy an option to attend an external provider for their first treatment

visit. CUH have commenced discharging suitable patients to the digital surveillance screening pathway.

MMUH is working to reduce its backlog, the NDED cohort of patients continues to be outsourced to a private provider and requires ongoing management and monitoring. MMUH are in the process of identifying suitable patients to move to digital surveillance screening pathway, which will also support their backlog.

Sligo University hospital backlog will increase over the next couple of months due to the following: there will be a loss of two (2) clinical resources, one to Maternity leave and one is moving to a new position. Therefore Sligo will only have one clinician available to treat all patients, in addition the clinician will be based in Sligo, thus there will be no clinician in Letterkenny.

The Digital Surveillance screening pathway has commenced and is currently being rolled out nationally.

The Digital Surveillance screening pathway has commenced and is currently being rolled out nationally.

# Finance

## Introduction

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

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

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

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

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

Acute hospitals, disability services and older persons public long term care services were flagged in NSP2020 as areas of significant financial challenge that required significant cost reduction and containment measures. In addition, it is anticipated that PCRS and pensions will experience substantial financial pressures in 2020.

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

## Financial Performance

The HSE's final financial position for March 2020, prepared on an income and expenditure basis (I&E), shows net expenditure of €4.350 billion against the available budget reported of €4.248 billion. This gives rise to an I/E deficit of €102.1m which represents 2.4% of the total available budget. Of this €107.6m, or the equivalent of 3.4% of the total available budget, is in respect of greater than expected expenditure on operational service areas, with deficits in acute hospital care of €73.6m, disability services of €11.5m, support services of €34.9m and the national ambulance service of €2.3m, being offset by positive variances in other areas. At this early stage in the year our working assumption is that positive variances are largely due to timing and phasing issues and are therefore likely to be temporary in nature.

There is also a surplus of (€5.5m) in pensions and demand led areas, which includes surpluses expected to be temporary on pensions and state claims agency (SCA) of (€18.7m) and (€13.9m) respectively, and a €30.3m deficit on PCRS which is expected to continue and is likely to grow further. Treatment abroad scheme/cross border directive and the European Health Insurance Card have surpluses of (€9.5m) and (€6.0m) respectively.

The March month end is the first view of the initial financial effect of the Covid-19 planned responses on the overall financial outlook. Within the total PR YTD deficit to the end of March of €102.1m, €69.3m has been categorised by service areas as directly attributable to Covid-19 expenditure, with support services-procurement expenditure of €38.1m and PCRS of €14.6m being the main drivers of this spend. However, not all of the Covid-19 expenditure was directly captured in the first month of reporting and work is on-going, particularly to identify expenditure within the voluntary sector where upscaling expenditure would have taken place as part of the overall planned response.

Fuller detail by Division is illustrated in table 1 below and within the accompanying narrative.

**Table 1 - Summary Financial Performance**

March 2020	YTD Actual Spend vrs YTD Budget					YTD Variance	
	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
	€m	€m	€m	€m	%	€m	€m
Acute Hospital Care	5,615.5	1,503.0	1,429.3	73.6	5.2%	8.5	65.2
National Ambulance Service	173.3	43.1	40.8	2.3	5.8%	0.6	1.7
<b>Acute Operations</b>	<b>5,788.8</b>	<b>1,546.1</b>	<b>1,470.1</b>	<b>76.0</b>	<b>5.2%</b>	<b>9.1</b>	<b>66.9</b>
Primary Care Division Total (Note 1)	1,165.9	281.5	282.8	(1.2)	-0.4%	2.1	(3.4)
Mental Health Division	1,023.2	261.3	262.9	(1.6)	-0.6%	0.8	(2.4)
Older Persons Services	907.9	225.6	224.6	1.1	0.5%	2.4	(1.4)
Nursing Home Support Scheme	1,063.0	251.1	260.2	(9.2)	-3.5%	-	(9.2)
Older Persons Services Division	1,970.9	476.7	484.8	(8.1)	-1.7%	2.4	(10.6)
Disability Services Division	2,002.8	511.3	499.8	11.5	2.3%	0.7	10.8
Health & Wellbeing Community	12.0	2.9	2.9	(0.0)	-0.2%	0.0	(0.0)
Regional Services	19.2	5.1	4.9	0.3	5.7%	0.1	0.2
<b>Community Total</b>	<b>6,194.0</b>	<b>1,538.9</b>	<b>1,538.1</b>	<b>0.8</b>	<b>0.1%</b>	<b>6.2</b>	<b>(5.4)</b>
Chief Clinical Office	97.9	17.7	21.7	(4.0)	-18.5%	0.0	(4.0)
National Screening Service	86.2	18.0	18.7	(0.7)	-3.7%	0.0	(0.7)
Health & Wellbeing Division	115.3	24.8	25.3	(0.5)	-2.0%	0.1	(0.6)
National Services	46.8	12.6	11.5	1.1	9.3%	-	1.1
Support Services	358.8	116.0	81.0	35.0	43.2%	38.8	(3.8)
<b>Other Operations/Services</b>	<b>705.0</b>	<b>189.1</b>	<b>158.3</b>	<b>30.8</b>	<b>19.5%</b>	<b>38.9</b>	<b>(8.1)</b>
<b>Total Operational Service Areas</b>	<b>12,687.8</b>	<b>3,274.1</b>	<b>3,166.5</b>	<b>107.6</b>	<b>3.4%</b>	<b>54.2</b>	<b>53.4</b>
Pensions	572.1	128.3	146.9	(18.7)	-12.7%	-	(18.7)
State Claims Agency	400.0	86.1	100.0	(13.9)	-13.9%	-	(13.9)
Primary Care Reimbursement Service (Note 1)	2,932.5	779.9	749.5	30.3	4.0%	14.6	15.7
Demand Led Local Schemes (Note 1)	266.9	69.0	66.5	2.4	3.7%	0.7	1.8
Treatment Abroad and Cross Border Healthcare	58.0	11.7	14.5	(2.8)	-19.3%	-	(2.8)
EHIC (European Health Insurance Card)	16.2	1.1	4.0	(2.9)	-72.6%	-	(2.9)
<b>Total Pensions &amp; Demand Led Areas</b>	<b>4,245.6</b>	<b>1,076.0</b>	<b>1,081.5</b>	<b>(5.5)</b>	<b>-0.5%</b>	<b>15.3</b>	<b>(20.8)</b>
<b>Overall Total</b>	<b>16,933.5</b>	<b>4,350.1</b>	<b>4,248.0</b>	<b>102.1</b>	<b>2.4%</b>	<b>69.5</b>	<b>32.6</b>

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

## Acute Operations

Table 2 - Acute Operations

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	YTD Variance		
						Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
RCSI Hospital Group	859.7	234.8	220.4	14.4	6.5%	3.4	9.2	1.8
Dublin-Midlands Hospital Group	1,005.3	270.2	258.9	11.3	4.4%	1.9	5.8	3.6
Ireland East Hospital Group	1,097.1	295.2	282.7	12.6	4.5%	6.2	8.2	(1.7)
South-South West Hospital Group	946.3	256.2	244.7	11.5	4.7%	0.9	8.7	1.9
Saolta University Health Care Group	878.2	233.3	223.8	9.5	4.3%	1.0	8.8	(0.3)
University of Limerick Hospital Group	375.5	106.4	96.2	10.2	10.6%	1.8	8.1	0.2
Children's Health Ireland	358.9	96.1	92.8	3.3	3.5%	1.7	1.2	0.4
Regional & National Services	94.5	10.8	9.9	0.9	9.5%	1.0	0.3	(0.4)
<b>Total excluding National Ambulance Service</b>	<b>5,615.5</b>	<b>1,503.0</b>	<b>1,429.3</b>	<b>73.6</b>	<b>5.2%</b>	<b>18.0</b>	<b>50.2</b>	<b>5.5</b>
National Ambulance Service	173.3	43.1	40.8	2.3	5.8%	1.4	1.1	(0.1)
<b>Acute Operations Total</b>	<b>5,788.8</b>	<b>1,546.1</b>	<b>1,470.1</b>	<b>76.0</b>	<b>5.2%</b>	<b>19.4</b>	<b>51.2</b>	<b>5.4</b>

Acute Operations has year to date expenditure of €1,546.1m against a budget of €1,470.1m, leading to a year to date deficit of €76.0m or 5.2%. The performance by hospital group is illustrated in Table 2 above.

Acute operations include a deficit of €73.6m on acute hospital care and a deficit of €2.3m on the national ambulance service. Of the total YTD deficit of €73.6m, €8.5m has been categorised as being directly attributable to Covid-19 expenditure. Of this €8.5m Covid-19 related expenditure, €0.5m relates to pay and €8.0m relates to non-pay.

In addition to the directly attributable Covid-19 expenditure of €8.5m, acute hospital care have identified an additional €27.5m as being indirectly attributable to Covid-19 which primarily relates to a loss of income of €12.0m and €15.5m relating to indirect Covid-19 costs, which are both under assessment. Therefore, the total Covid-19 YTD deficit is €36.0m.

Of the total YTD €73.6m deficit (including Covid-19), €18.0m relates to pay, €50.1m relates to non-pay and €5.5m relates to income. The €50.1m non-pay deficit is comprised of overspends in clinical costs of €27.8m and non-clinical costs of €22.3m. The deficit in clinical costs of €27.8m is driven mainly by medical/surgical supplies €13.8m, laboratory €5.5m, drugs & medicines €6.1m & other medical equipment €4.2m. The deficit in non-clinical costs of €22.3m is driven mainly by maintenance €3.7m, cleaning €3.5m, bad debts of €5.0m, office expenses €2.7m and heat power & light €2.1m.

€5.0m of the non-pay deficit relates to bad debts on private income, a significant portion of which relates to the on-going actions of insurers.

The YTD income deficit of €5.5m is mainly attributable to maintenance charges, and also includes a deficit on reimbursable drugs of €1.5m which offsets a related surplus on reimbursable drugs in non-pay.

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

### Community Operations

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

The health & wellbeing community division now also forms part of community operations. The health & wellbeing operating model was developed to underpin

the transition of health promotion & improvement staff and services from national to CHOs and was approved by the HSE Executive Management Team in December 2019. Consequently the relevant budget and WTEs have transferred from Strategic Planning & Transformation to CHOs.

CS has year to date expenditure of €1,538.9m against a budget of €1,538.1m, leading to an YTD deficit of €0.8m or 0.1%. Of the total YTD deficit of €0.8m, €6.1m has been categorised by service areas as being directly attributable to Covid-19 expenditure. Of this €6.1m deficit, €0.7m relates to pay and €5.4m relates to non-pay. However, it should be noted that this deficit is offset by underlying YTD surpluses of (€5.3m) on non Covid-19 related expenditure. The performance by care area is illustrated in Table 3 below.

**Table 3 - Community Operations**

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Primary Care	910.7	220.4	220.4	(0.1)	0.0%	(3.0)	3.3	(0.4)
Social Inclusion	166.0	40.0	40.7	(0.7)	-1.7%	(0.2)	0.3	(0.8)
Palliative Care	89.2	21.1	21.6	(0.5)	-2.3%	(0.3)	(0.5)	0.3
<b>Primary Care Division</b>	<b>1,165.9</b>	<b>281.5</b>	<b>282.8</b>	<b>(1.2)</b>	<b>-0.4%</b>	<b>(3.5)</b>	<b>3.1</b>	<b>(0.9)</b>
Mental Health Division	1,023.2	261.3	262.9	(1.6)	-0.6%	(0.8)	(0.9)	0.1
Older Persons Services	907.9	225.6	224.6	1.1	0.5%	(0.5)	1.6	(0.0)
Nursing Home Support Scheme	1,063.0	251.1	260.2	(9.2)	-3.5%		(6.7)	(2.5)
<b>Older Persons Services Division</b>	<b>1,970.9</b>	<b>476.7</b>	<b>484.8</b>	<b>(8.1)</b>	<b>-1.7%</b>	<b>(0.5)</b>	<b>(5.1)</b>	<b>(2.5)</b>
<b>Disability Services</b>	<b>2,002.8</b>	<b>511.3</b>	<b>499.8</b>	<b>11.5</b>	<b>2.3%</b>	<b>(0.1)</b>	<b>10.4</b>	<b>1.2</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>12.0</b>	<b>2.9</b>	<b>2.9</b>	<b>(0.0)</b>	<b>-0.2%</b>	<b>(0.2)</b>	<b>0.3</b>	<b>(0.0)</b>
<b>CHO HQs &amp; Community Services</b>	<b>19.2</b>	<b>5.1</b>	<b>4.9</b>	<b>0.3</b>	<b>5.7%</b>	<b>0.2</b>	<b>0.1</b>	<b>(0.1)</b>
<b>Community Total</b>	<b>6,194.0</b>	<b>1,538.9</b>	<b>1,538.1</b>	<b>0.8</b>	<b>0.1%</b>	<b>(4.9)</b>	<b>7.8</b>	<b>(2.1)</b>

The key challenges in each of the service areas for 2020 are as follows;

Within **primary care services**, the key challenges for 2020 will be around the provision of support for complex paediatric discharges, primary care leases and virus reference laboratory services.

Within **mental health services**, the key challenges for 2020 will be around managing the level of growth in agency, overtime and emergency residential placements beyond funded levels while also managing service risk.

Managing the year on year growth in demand for community-based social services is one of the key challenges for **older person's services** in 2020.

Within **disability services** the service and financial risk will primarily relate to residential places and emergency cases.

**Primary care services** are showing a YTD surplus of (€1.2m). Of the total YTD surplus of (€1.2m), €2.1m has been categorised by service areas as being directly attributable to Covid-19 expenditure. Of this €2.1m deficit, €0.1m relates to pay and €2.0m relates to non-pay. This deficit is offset by a YTD surplus of (€3.3m) for non Covid-19 related expenditure. Of this (€3.3m) surplus, there is a surplus in pay of (€3.5m) due to the delayed recruitment of vacant positions.

**Mental health services** are showing a YTD surplus of (€1.6m). Of the total YTD surplus of (€1.6m), €0.9m has been categorised as being directly attributable to Covid-19 expenditure. Of this €0.9m deficit, €0.3m relates to pay and €0.6m relates to non-pay expenditure. This deficit is offset by a YTD surplus of (€2.5m) for non Covid-19 related expenditure. Of this (€2.5m) surplus, (€1.0m) relates to pay, (€1.5m) relates to non-pay and has occurred due to mental health services not occurring due to Covid-19. A large number of non-essential day & other services were closed at the start of the Covid-19 pandemic, with the associated staff predominately redeployed into Mental Health acute units to cover the increased activity and sick leave which allowed for the covering of essential rostered hours across these acute units.

**Older persons** are showing a YTD deficit of €1.1m. Of the total YTD deficit of €1.1m, €2.5m has been categorised as being directly attributable to Covid-19 expenditure. Of this €2.5m deficit, €0.3m relates to pay and €2.2m relates to non-pay, mainly relating to transitional care beds. This deficit is offset in part by a YTD surplus of (€1.4m) for non Covid-19 related expenditure. Of this (€1.4m) surplus, there is a surplus of (€5.3m) relating to home support packages and a deficit of €3.9m in residential care. The surplus in home support packages of (€5.3m) will decrease as the year progresses and activity increases. The deficit in residential care of €3.9m is driven by the following: the cost of care in public units running at greater than the planned levels, unfunded beds, some remote units are having difficulties in filling beds due to a lack of demand for these areas.

**NHSS** are showing a YTD surplus (€9.1m). Of this surplus of (€9.1m), (€6.7m) relates to non-pay and (€2.4m) relates to income. The (€9.1m) surplus is driven by the following: the numbers supported are below NSP levels, client contribution is ahead of NSP levels by €4 per bed per week and the NHSS gross cost of a private bed per week is €4 below NSP levels.

**Disability services** are showing a YTD deficit of €11.5m. Of the total YTD deficit of €11.5m, €0.7m has been categorised as being directly attributable to Covid-19 expenditure. Of this deficit of €0.7m, €0.1m relates to pay and €0.6m relates to non-pay. In addition, there is an YTD deficit of €10.8m for non Covid-19 related expenditure. Of this deficit of €10.8m, (€0.2m) relates to pay, €9.8m relates to non-pay and €1.2m relates to income. The main drivers of this YTD deficit are €3.5m due to not meeting efficiency targets, €0.8m emergency placements, €0.5m in home support services and €0.3m in residential respite.

## Chief Clinical Office

**Table 4 - Chief Clinical Office (CCO)**

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Clinical Design & Innovation	10.9	1.0	1.6	(0.6)	-36.9%	(0.4)	(0.2)	(0.0)
Office of Nursing & Midwifery Services	36.5	5.3	9.0	(3.7)	-41.1%	(1.0)	(2.6)	(0.1)
Quality Assurance & Verification	6.1	1.3	1.5	(0.2)	-13.3%	(0.1)	(0.1)	-
Quality Improvement Division	9.7	2.3	2.4	(0.1)	-4.9%	0.0	(0.1)	(0.0)
National Health and Social Care Profession	1.9	0.3	0.5	(0.2)	-43.1%	(0.1)	(0.2)	-
National Doctors Training & Planning	27.6	6.1	5.4	0.7	13.3%	(0.1)	0.8	-
National Cancer Control Programme (NCCP)	5.2	1.4	1.3	0.1	6.9%	0.1	0.0	(0.0)
<b>Chief Clinical Office Total</b>	<b>97.9</b>	<b>17.7</b>	<b>21.7</b>	<b>(4.0)</b>	<b>-18.5%</b>	<b>(1.6)</b>	<b>(2.3)</b>	<b>(0.1)</b>

The CCO has year to date expenditure of €17.7m against a budget of €21.7m, leading to a year to date surplus of (€4.0m) or (18.5%). The performance by area is illustrated in Table 4 above

Clinical design & innovation has a YTD surplus of (€0.6m) primarily due to vacant posts not being filled and delays in receipt of programme invoices. The office of nursing & midwifery services has a YTD surplus of (€3.7m) relating to the non-commencement of CPD nurse training. National doctors training & planning is reporting a YTD deficit of €0.7m, primarily in non-pay due to costs for the first 6 months posted in Q1 (prepayment due to be posted). The performance by chief clinical officer is illustrated in table 4 above.

## National Screening Service

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

**Table 5 - National Screening Service**

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
National Screening Service	86.2	18.0	18.7	(0.7)	-3.7%	(0.3)	(0.4)	(0.0)

The NSS has year to date expenditure of €18.0m against a budget of €18.7m, leading to a year to date surplus of (€0.7m) or (3.7%). The performance for NSS is illustrated in Table 5 above.

Of the total YTD surplus of (€0.7m), (€0.3m) relates to pay and (€0.4m) relates to non-pay. The pay surplus of (€0.3m) is arising due to vacancies. The non-pay surplus of (€0.4m) relates to surpluses in professional services, office and medical & surgical supplies offsetting a deficit in labs in relation to CervicalCheck of €0.4m.

## Health & Wellbeing

**Table 6 - Health and Wellbeing**

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Health Protection Surveillance Service	5.9	1.1	1.2	(0.1)	-5.7%	(0.1)	(0.0)	0.0
Health Protection Vaccines	52.8	11.5	11.8	(0.3)	-2.6%	(0.0)	(0.3)	(0.0)
Public Health	20.6	4.7	4.9	(0.2)	-3.1%	(0.0)	0.0	(0.1)
Health Promotion	5.6	1.0	0.8	0.2	31.9%	0.1	0.2	-
Research & Evidence	8.6	1.9	2.1	(0.2)	-8.4%	(0.1)	(0.0)	(0.0)
Health & Wellbeing - (Regional)	8.8	2.3	2.2	0.1	4.4%	0.1	0.0	(0.0)
Crisis Pregnancy Agency	8.7	1.8	1.9	(0.1)	-4.0%	0.0	(0.1)	-
Health & Wellbeing Nat Dir Off	4.2	0.4	0.5	(0.1)	-11.5%	0.0	(0.1)	(0.0)
<b>Health &amp; Wellbeing Total</b>	<b>115.3</b>	<b>24.8</b>	<b>25.3</b>	<b>(0.5)</b>	<b>-2.0%</b>	<b>(0.1)</b>	<b>(0.3)</b>	<b>(0.1)</b>

Health and Wellbeing (H&W) support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within H&W support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population. The performance by health and wellbeing is illustrated in table 6 above.

H&W division has year to date expenditure of €24.8m against a budget of €25.3m, leading to a year to date surplus of (€0.5m) or (2.0%). Within this YTD

surplus of (€0.5m), €0.1m expenditure has been categorised as being directly attributable to Covid-19.

Within the total YTD surplus of (€0.5m), there is surplus of (€0.3m) in health protection vaccines (consumption less than projected), a surplus of (€0.2m) in public health, a deficit in health promotion of €0.2m which is relating to payment of grants to outside agencies for which no prepayments were processed due to staff secondments to Covid-19 work (this is being reviewed), and (€0.2m) in research & evidence. These variances are being driven by timing in specific service areas and delays in filling vacancies. The performance by area is illustrated in Table 6 above.

## National Services (Excl. PCRS)

<b>Table 7 - National Services</b>	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Environmental Health	44.9	11.9	11.1	0.9	7.8%	0.3	0.3	0.3
Emergency Management	1.6	0.5	0.4	0.1	19.0%	0.0	0.0	0.1
EU & North South Unit	0.3	0.2	0.1	0.1	202.6%	0.3	0.2	(0.3)
<b>National Services Total</b>	<b>46.8</b>	<b>12.6</b>	<b>11.5</b>	<b>1.1</b>	<b>9.3%</b>	<b>0.6</b>	<b>0.4</b>	<b>0.1</b>

The national services division has YTD expenditure of €12.6m against a budget of €11.5m, leading to a year to date deficit of €1.1m or 9.3%. The deficit is manifesting principally in environmental health services (EHS), with a deficit of €0.9m. This €0.9m deficit in EHS primarily relates to Brexit. The EU & North South Unit is now a part of national services, having previously been reported as part of human resources. The performance by area is illustrated in Table 7 above

National Services include:

- **Environmental Health:** The environmental health service plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water.

- **Emergency Management:** The emergency management function assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.
- **EU and North South Unit:** The EU and north south unit works on behalf of the HSE to promote health co-operation with providers both north and south, ensuring better outcomes for people living in border areas, and covering a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services, and co-operation on new initiatives.

## Support Services

**Table 8 - Support Services**

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Health Business Services	141.5	72.5	34.4	38.1	110.9%	(1.0)	39.1	(0.0)
Finance	58.2	10.1	10.8	(0.7)	-6.7%	(0.1)	(0.6)	(0.0)
Human Resources	43.4	10.5	10.0	0.5	4.9%	0.0	0.5	(0.1)
Board of the HSE & Office of the CEO	3.9	0.7	0.7	0.0	5.1%	0.0	0.0	-
Health System Reform	10.4	1.7	2.1	(0.3)	-16.2%	(0.1)	(0.3)	-
Legal Services	17.3	3.2	4.3	(1.2)	-27.1%	(0.0)	(1.2)	0.0
Office of the COO & Office of the CSO	8.6	1.3	2.1	(0.8)	-37.3%	0.2	(1.0)	(0.0)
Compliance	1.3	0.2	0.3	(0.1)	-42.6%	(0.0)	(0.1)	-
Communications	10.7	2.2	1.8	0.4	19.8%	(0.0)	1.3	(0.9)
Audit	4.4	0.9	1.1	(0.2)	-21.6%	0.0	(0.3)	-
Health Repayment Scheme	0.5	0.0	0.1	(0.1)	-71.9%	(0.0)	(0.1)	-
Chief Information Officer	50.8	12.2	12.7	(0.5)	-3.8%	(0.2)	(0.3)	(0.0)
Regional Services	7.7	0.4	0.5	(0.0)	-9.3%	0.1	(0.2)	(0.0)
<b>Support Services Total</b>	<b>358.8</b>	<b>116.0</b>	<b>81.0</b>	<b>35.0</b>	<b>43.2%</b>	<b>(1.1)</b>	<b>37.0</b>	<b>(1.0)</b>

Support Services (SS) has YTD expenditure of €116.0m against a budget of €81.0m, leading to a year to date deficit of €35.0m or 43.2%. Of the total YTD deficit of €35.0m, €38.8m has been categorised as being directly attributable to non Covid-19 expenditure, which is primarily related to non-pay. This deficit is offset by a YTD surplus of (€3.8m) for non Covid-19 related expenditure.

The YTD deficit of €35.0m includes a deficit of €38.1m in health business services (primarily in relation to the procurement of medical supplies and equipment relating to Covid-19), €0.5m in human resources and €0.4m in communications. The performance by support service area is illustrated in Table 8 above.

## Demand Led Areas

Table 9 - Demand Led Areas

	Approved Allocation	YTD Actual	YTD Budget	YTD Var	YTD Var	Pay	Non Pay	Income
	€m	€m	€m	€m	%	€m	€m	€m
Pensions	572.1	128.3	146.9	(18.7)	-12.7%	(7.1)	0.0	(11.6)
State Claims Agency	400.0	86.1	100.0	(13.9)	-13.9%	-	(13.9)	-
Primary Care Reimbursement Service	2,932.5	779.9	749.5	30.3	4.0%	(1.1)	18.0	13.4
Demand Led Local Schemes	266.9	69.0	66.5	2.4	3.7%	0.4	2.1	(0.0)
Treatment Abroad and Cross Border Healthcare	58.0	11.7	14.5	(2.8)	-19.3%	0.1	(2.9)	(0.0)
EHIC (European Health Insurance Card)	16.2	1.1	4.0	(2.9)	-72.6%	(0.0)	(1.9)	(1.0)
<b>Pensions &amp; Demand Led Areas Total</b>	<b>4,245.6</b>	<b>1,076.0</b>	<b>1,081.5</b>	<b>(5.5)</b>	<b>-0.5%</b>	<b>(7.8)</b>	<b>1.5</b>	<b>0.8</b>

Expenditure in demand led areas such as pensions, state claims agency, primary care reimbursement service and treatment abroad scheme/cross border directive is driven primarily by eligibility, legislation, policy, demographic and economic factors. Accordingly, it is not amendable to normal management controls in terms of seeking to limit costs to a specific budget limit. In some cases it can also be difficult to predict with accuracy in any given year and can vary from plan depending on a number of factors outside of the HSE's direct control.

Offsetting the above SS deficits there are surpluses of (€0.7m) in finance, (€1.2m) in legal services), (€0.8m) in the office of the COO and CSO, along with other minor surpluses amounting to (€1.1m) in other SS divisions.

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

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

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

Pensions & demand led areas have year to date expenditure of €1,076.0m against a budget of €1,081.5m, leading to a year to date surplus of (€5.5m) or (0.5%). Within this there are deficits in PCRS of €30.3m, demand led local

schemes €2.4m which are offset by surpluses in pensions (€18.7m), SCA (€13.9m), TAS/CBD (€2.8m), and EHIC (€2.9m). The performance by demand led services areas is illustrated in table 9 above.

### Pensions

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

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

Pensions have year to date expenditure of €128.3m against a budget of €146.9m, leading to a year to date surplus of (€18.7m) or (12.7%). This surplus of (€18.7m) is comprised of a deficit in Additional Superannuation Contribution (ASC) of €0.7m and a surplus in pensions of (€19.4m). Net pension sums payable in March YTD are out of line with budget profile. This is likely to have occurred due to the lower numbers retiring or amounts of pensions/lump sums being lower than the expected monthly average. This will most likely correct itself as the year progresses.

The profiling of pension budget is a difficult exercise and while additional pension cost budget has been profiled in Feb/March linked to costs of consultant settlements there was no adjustment to budget income arising from Superannuation or ASC. The actual income shows a spike from both superannuation & ASC income in Feb & March directly linked to consultant settlements as outstanding amounts are paid to consultants currently on the payroll of the HSE or Section 38 agencies. This income spike is in the order of €10m. The normal direction of net expenditure for pension throughout the year is increased costs and lower income so we expect this surplus to be eliminated over time. Budget is transferrable between Pensions and ASC and thus the result should be seen as net figure.

### State Claims Agency (SCA)

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

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

SCA has year to date expenditure of €86.1m against a budget of €100.0m, leading to a year to date surplus of (€13.9m) or (13.9%). Part of this surplus is due to the closure of the court services due to Covid-19 and is therefore likely to be temporary in nature as the year progresses.

### Primary Care Reimbursement Service (PCRS)

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

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

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

The PCRS has year to date expenditure of €779.9m against a budget of €749.5m, leading to a year to date deficit of €30.3m or 4.0%. This variance is illustrated by scheme in the accompanying management data report.

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

Of the total YTD deficit of €30.3m, €31.1m has been categorised as being directly attributable to Covid-19 expenditure. The impact of this amount has been counteracted by reduction in other services resulting from the emergency. The reported Covid-19 costs include cost in respect of the GP support package (accounting for €14.6m of Covid-19 costs), March eligibility extension costs, an element of increased demand on drugs and direct administrative costs. The costs will increase as the year progresses due to the extension of MC/GPVC eligibility for existing cohort whose eligibility were due to expire in March, the award of medical cards due to change in economic environment, costs in relation to the Covid-19 contact centre and staff redeployments.

Of the Covid-19 deficit of €31.1m, €14.6m has been due to GP fees and allowances, €7.0m pharmacy drugs / medicines, €4.4m high tech arrangement, €4.2m community demand led schemes high tech arrangement.

There is an YTD surplus of (€0.8m) for non Covid-19 related expenditure. Of this surplus of (€0.8m), (€6.8m) surplus has been due to GP fees and allowances, €10.6m deficit pharmacy fees, (€12.1m) surplus pharmacy drugs / medicines, €4.0m deficit high tech arrangement, €10.2m deficit community demand led schemes high tech arrangement and (€5.8m) surplus long term illness scheme.

High Tech drug spend is increasing each year, due to 2019 new drugs in addition to full year effect of 2018 and 2017 newly approved drugs. In addition year on year number of patients dispensed to continues to rise across most condition types and for all drug types. The demand is primarily across the following conditions: cancer, cystic fibrosis and rheumatology.

#### [Treatment Abroad Scheme and Cross Border Directive \(TAS/CBD\)](#)

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. As with other demand-led services it is exceptionally difficult to predict with accuracy the expenditure and activity patterns of these schemes.

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

Treatment abroad scheme and cross border directive has year to date expenditure of €11.7m against a budget of €14.5m, leading to a year to date surplus of (€2.8m) or (19.3%).

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

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

#### [European Health Insurance Card \(EHIC\)](#)

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

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

EHIC has year to date expenditure of €1.1m against a budget of €4.0m leading to a year to date surplus of (€2.9m) or (72.6%). The YTD surplus of (€2.9m) is made up of a surplus of (€0.9m) on Income, a surplus of (€0.5m) on the E125 scheme and a surplus of (€1.5m) on the E127 scheme.

Income is received when a European citizen avails of medical services provided by the HSE. The surplus of (€0.9m) on income is due to income received which is ahead of the YTD budget profile with large receipts from France and Netherlands.

The E125 scheme is for European citizens who are on short term visits to another member state. This scheme has a (€0.5m) surplus at the end of March. It is anticipated that the E125 scheme will be in a surplus position at year end with Covid-19 impacting travel within the EU.

The E127 scheme is availed of by European citizens who reside on a long term basis in another member state. In addition, the E127 scheme is generating a surplus of (€1.5m) as costs have not been processed on this scheme by other eligible countries. However, it is anticipated that the costs will be processed later in the year thereby significantly reducing this YTD surplus.

# Human Resources

## Health Sector Workforce

At the end of March 2020 Health Services employment levels stand at 120,469 whole-time equivalents (WTE).

### Overall headlines this month

- When compared with the February 2020 figure (120,276 WTE), the change this month shows an increase of +193 WTE. Due to reported industrial action (as noted further below) giving rise to a temporary reduction of -50 WTE in Support this month, when adjusted for, would result in a monthly increase of +243 WTE. Comparisons with the same period last year is challenging due to the impact of the Nursing and Midwifery industrial action (+888 WTE), when compared with 2018 at +490 WTE. The year to date position shows an increase of +651 WTE.
- The impact of Covid-19 recruitment is not reflected in this month's employment data, mainly due to the timing of recruitment commencement and the reflection of same in reported WTE levels. It is likely however that this will be reflected in April employment data.

### Overarching key findings this month

- Five of the six staff categories are showing growth this month, the largest of which is General Support (+149 WTE). The increase in this staff category however is due to a review of SAP mappings in University Hospital Limerick, also showing a corresponding decrease in the Patient & Client Care Staff category (-159 WTE). General Support has also been impacted by an Industrial relations issue in University Hospital Waterford (-50 WTE).
- Of the remaining staff categories showing growth; Health & Social Care Professionals is +55 WTE, Management & Administrative +72 WTE, Nursing & Midwifery +44 WTE and Medical/Dental + 31 WTE.
- This month's growth is seen mainly across the HSE +89 WTE (+0.1%) and Section 38 Hospitals +115 WTE (+0.4%), while the Section 38 Voluntary Agencies -12 WTE (-0.1%) are showing a decrease.
- At a divisional level, all services are showing increases this month. Acute Services are showing an increase at +138 WTE, Community Services +11 WTE along with H&WB, Corporate & National Services at +44 WTE.
- This month's figures includes data rolled forward from February for two agencies Brothers of Charity Galway and Brothers of Charity Roscommon at time of publication.

### Operations key findings this month

- Overall, this month, **Acute Services** is showing an increase of **+138 WTE**. Five of the six staff categories are showing increases this month. General Support is the largest (**+146 WTE**), largely owing to a review of SAP mappings in University Hospital Limerick as mentioned above. Nursing & Midwifery is **+34 WTE**, Management & Administrative **+23 WTE**, Health & Social Care Professionals **+40 WTE** (largely owing to increases seen in Pharmacy & Health Science Diagnostics), and Medical Dental **+42 WTE**. Patient & Client Care is showing a decrease primarily related to the review of SAP mappings in University Hospital Limerick (**-146 WTE**).
- This month's increase in WTEs is distributed across four Hospital Groups and CHI with the largest increase in the Ireland East Hospital Group (**+63 WTE**).
- The change within **Community Services** this month is an increase of **+11 WTE**.
- Four of the six staff categories are showing increases this month. Management/Admin is showing the largest (**+20 WTE**) mainly attributable to Grade V-VII staff group. Health & Social Care Professionals (**+10 WTE**, largely owing to an increase in Social Care staff group **+10 WTE**) along with General Support (**+2 WTE**) are also showing increases this month. Medical/Dental (**-7 WTE**) and Patient & Client Care (**-23 WTE**) are both showing decreases.

- Six of the nine CHOs are showing increases this month, with CHO 1 showing the largest increase (**+16 WTE**). CHO 2 is showing the largest decrease at **-33 WTE**.
- At Division level, Community Health & Wellbeing (**-16 WTE**) and Disabilities (**-6 WTE**) are showing an decrease this month, while Primary Care (**+7 WTE**), Mental Health (**+3 WTE**) and Older People (**+23 WTE**) are all showing an increases this month.

Division/ Care Group	WTE Dec 2019	WTE Feb 2020	WTE Mar 2020	WTE change since Feb 2020	% change since Feb 2020	WTE change since Dec 2019	% change since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>120,276</b>	<b>120,469</b>	<b>+193</b>	<b>+0.2%</b>	<b>+651</b>	<b>+0.5%</b>
Acute Hospital Services	60,147	60,595	60,742	+147	+0.2%	+595	+1.0%
Ambulance Services	1,933	1,948	1,939	-9	-0.5%	+6	+0.3%
<b>Acute Services</b>	<b>62,080</b>	<b>62,544</b>	<b>62,682</b>	<b>+138</b>	<b>+0.2%</b>	<b>+602</b>	<b>+1.0%</b>
Community Health & Wellbeing	-	123	107	-16	-13.1%	+107	-100.0%
Mental Health	9,954	10,088	10,091	+3		+137	+1.4%
Primary Care	10,599	10,555	10,562	+7	+0.1%	-38	-0.4%
Disabilities	18,760	18,755	18,748	-6		-12	-0.1%
Older People	13,233	13,092	13,115	+23	+0.2%	-118	-0.9%
Social Care	16,428	16,321	16,349	+28	+0.2%	-79	-0.5%
<b>Community Services</b>	<b>52,546</b>	<b>52,612</b>	<b>52,623</b>	<b>+11</b>		<b>+77</b>	<b>+0.1%</b>
Health & Well-being	574	455	478	+24	+5.2%	-95	-16.6%
Corporate	3,035	3,091	3,107	+17	+0.5%	+73	+2.4%
Health Business Service	1,583	1,575	1,579	+4	+0.2%	-4	-0.3%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,191</b>	<b>5,121</b>	<b>5,164</b>	<b>+44</b>	<b>+0.9%</b>	<b>-27</b>	<b>-0.5%</b>

## Absence Rates

	Benchmark / Target	February 2019	Full Year 2019	January 2020	February 2020	% Medically Certified (February 2020)
Rates	3.5%	4.8%	4.7%	5.2%	4.8%	88.69%

### Latest monthly figures February 2020

- February 2020 absence rate stands at 4.8%. This rate is, similar when compared with the equivalent month in 2019 (4.8%), and lower than the previous month (January 2020 at 5.2 %).
- Over the past four years February rates were as follows: 4.9% (2016), 4.4% (2017), 5.0% (2018), 4.8% (2019).
- Of note February figures are exclusive of COVID-19 related absence as the requirement for collection of this absence commenced in March, and therefore next month's report will reflect this new absence type.

### Annual Rate for 2019 and Trend Analysis from 2008

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

### Annual rates are as follows:

- The 2019 full year rate is 4.7%, which is largely consistent with that of the figure at 4.6%. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, demographic of employees, and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.
- The latest NHS England absence rate for September 2019 was 4.25%, while the latest available full year rate for NHS England is 2017 annual rate was 4.6% and comparable to this level, notwithstanding some variances in reporting. NHS Scotland reported an absence rate for 2017/2018 of 5.39%, up from 5.20% in the previous year and marking the fourth consecutive annual increase. While in NHS Wales, the latest figure is June 2019 was 5.1%. As with our international counterparts, sickness absence shows wide seasonal variation throughout the year with the rate lower in summer and higher in winter.
- Health service absence rates are detailed in the attached report.

*Notes: **Absence Rate** is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. Methodology has been updated in-line with instruction laid out by the Department of Public Expenditure & Reform (DPER) to show absence rates based on % lost hours (previously lost WTE) with effect from 1st January 2017. Some previously published figures are restated.*

*The HSE's **National Service Plan 2019** sets absence rates as a key result area (KRA) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies.*

### European Working Time Directive (EWTD)<sup>9</sup>

	<b>% Compliance with 24 hour shift</b>	<b>% Compliance with 48 hour working week</b>
Acute Hospitals	95.3%	85.1%
Mental Health Services	98.3%	86.3%
Other Agencies	100%	100%

<sup>9</sup> EWTD Data: due to COVID 19 outbreak data returns are incomplete, therefore results do not reflect full data submissions

# Appendices

## Appendix 1: Report Design

The Performance Profile provides an update on key performance areas for Community Healthcare, Acute Hospitals, National Services and National Screening Services in addition to Quality & Patient Safety, Finance and Human Resources. It will be published quarterly together with the Management Data Report for each performance cycle. An update on year to date (YTD) performance is provided on the heat map for each metric on the National Scorecard. The service area updates provide an update on performance in graph and table format for the metrics on the National Scorecard and also for other key metrics taken from the National Service Plan (NSP).

### Heat Maps:

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



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

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

### Performance Table:

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

### Graphs:

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

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

### Service Commentary:

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

## Appendix 2: Data Coverage Issues

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

Service Area	Metric Name	Data Coverage Issue
Primary Care	Speech and Language Therapy % on waiting list for assessment within ≤ 52 weeks % on waiting list for assessment within ≤ 52 weeks No of Speech and Language patients seen	Non Return (Mar) CHO1 (Donegal, Sligo/Leitrim) Non Return (Mar) CHO3 (Limerick, North Tipp/East Limerick) Non Return (Mar) CHO4 (North Lee, South Lee, North Cork, West Cork, Kerry) Non Return (Mar) CHO6 (Dun Laoghaire) Non Return (Mar) CHO7 (Dublin South City, Dublin South West, Dublin West) Non Return (Mar) CHO8 (Meath) Non Return (Mar) CHO9 (Dublin North West, Dublin North Central) Non Return (Feb Mar) CHO9 (Dublin North)
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 (Mar) CHO1 (Donegal, Sligo/Leitrim) Non Return (Mar) CHO3 (Clare) Non Return (Mar) CHO4 (North Lee, South Lee, North Cork, West Cork, Kerry) Non Return (Mar) CHO8 (Meath Louth) Non Return (Jan, Feb, Mar) CHO8 (Longford/Westmeath) Non Return (Mar) CHO9 (Dublin North West., Dublin North Central, Dublin North)
Primary Care	Occupational Health % of new Occupational Health patients seen for assessment within 12 weeks % of Occupational Health patients on waiting list for assessment ≤ 52 weeks No of Occupational Health patients seen	Non Return (Jan, Feb, Mar) - CHO1 (Sligo/Leitrim) Non Return (Mar) - CHO1 (Cavan/Monaghan) Non Return (Mar) CHO2 (Mayo) Non Return (Mar) CHO 3 (Limerick, North Tipp/East Limerick, Clare) Non Return (Mar) CHO4 (North Lee, North Cork) Non Return (Mar) CHO8 (Louth) Non Return (Mar) CHO9 (Dublin North West., Dublin North Central, Dublin North)

Service Area	Metric Name	Data Coverage Issue
Primary Care	<p>Audiology</p> <p>% of Audiology patients on the waiting list for treatment &lt; 12 weeks.</p> <p>% of Audiology patients on the waiting list for treatment &lt; 52 weeks.</p> <p>No of Audiology patients seen</p>	<p>Non Return (Mar) CHO7 (Dublin South West)</p> <p>Non Return (Jan, Feb, Mar) - CHO8 (Laoise/Offaly)</p> <p>Non Return (Mar) CHO8 (Louth, Laois/Offaly, Longford/Westmeath)</p> <p>Non Return (Mar) CHO9 (Dublin North Central)</p>
Primary Care	<p>Dietetics</p> <p>% of patients on dietetic waiting list who are waiting ≤ 12 weeks</p> <p>% of patients on dietetic waiting list who are waiting ≤ 52 weeks</p> <p>No. of Dietetics patients seen</p>	<p>Non Return (Mar) CHO1 (Donegal,Sligo/Leitrim, Cavan/Monaghan)</p> <p>Non Return (Mar) CHO3 (Limerick, North Tipp/East Limerick)</p> <p>Non Return (Mar) CHO7 (Dublin South West, Kildare/West Wicklow)</p> <p>Non Return (Mar) CHO8 (Laois/Offaly, Longford/Westmeath)</p> <p>Non Return (Mar) CHO9 (Dublin North West., Dublin North Central, Dublin North)</p>
Primary Care	<p>Ophthalmology</p> <p>% of Ophthalmology patients on the waiting list for treatment &lt; 12 weeks.</p> <p>% of Ophthalmology patients on the waiting list for treatment &lt; 52 weeks.</p> <p>No of Ophthalmology patients seen</p>	<p>Non Return (Mar) CHO1 (Cavan/Monaghan)</p> <p>Non Return (Mar) CHO2 (Galway, Roscommon)</p> <p>Non Return (Mar) CHO3 (Limerick, North Tipp/East Limerick, Clare)</p> <p>Non Return (Mar) CHO5 (Waterford)</p> <p>Non Return (Mar) CHO7 (Kildare/West Wicklow)</p> <p>Non Return (Mar) CHO9 (Dubin North Central)</p>
Primary Care	<p>Oral Health</p> <p>% of new patients who commenced treatment within three months of scheduled oral health assessment</p>	<p>Non Return (Mar) CHO1 (Sligo/Leitrim)</p> <p>Non Return (Mar) CHO3 (Limerick, North Tipp/East Limerick)</p> <p>Non Return (Mar) CHO4 (North Lee, South Lee, North Cork, West Cork)</p> <p>Non Return (Mar) CHO7 (Dublin South City, Dublin West)</p> <p>Non Return (Mar) CHO8 (Meach, Laois/Offaly, Longford/Westmeath)</p> <p>Non Return (Feb) - CHO9 (North Dublin)</p> <p>Non Return (Mar) CHO9 (Dublin North West., Dublin North Central, Dublin North)</p>

Service Area	Metric Name	Data Coverage Issue
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return (2019) – CHO7 (Dublin West) Non Return (Mar) CHO1 (Cavan/Monaghan) Non Return (Jan, Feb, Mar) - CHO2 (Galway) Non Return (Mar) CHO4 (Kerry) Non Return (Mar) CHO6 (Dun Laoghaire, Dublin South East, Wicklow) Non Return (Jan, Feb, Mar) - CHO7 (Dublin West) Non Return (Mar) - CHO7 (Dublin South West, Kildare/West Wicklow) Non Return (Feb Mar) - CHO9 (Dublin North Central & Dublin North) Non Return (Feb Mar) - CHO9 (Dublin North West)
Primary Care	Podiatry % of podiatry clients (patients) on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	Non Return (Mar) CHO2 (Galway) Non Return (Mar) CHO5 (Carlow/Kilkenny) Non Return (Mar) CHO8 (Louth) Non Return (Feb, Mar) CHO9 (North Dublin)
Primary Care	Psychology % of Psychology patients on waiting list for treatment ≤ to 52 weeks % of Psychology patients on waiting list for treatment ≤ to 12 weeks No of Psychology patients seen	Non Return (Mar) CHO1 (Donegal, Cavan/Monaghan) Non Return (Mar) CHO2 (Mayo) Non Return (Mar) CHO3 (Limerick, Clare) Non Return (Mar) CHO5 (Carlow/Kilkenny) Non Return (Mar) - CHO7 (Dublin South City, Dublin South West, Kildare/West Wicklow) Non Return (Mar) CHO8 (Laois/Offaly, Longford/Westmeath) Non Return (Mar) CHO9 (Dublin North West., Dublin North Central, Dublin North)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return (2019) - CHO7 (Dublin West) Non Return (Mar) - CHO1 (Donegal) Non Return (Mar) - CHO2 (Galway) Non Return (Mar) CHO3 (Limerick, North Tipp/East Limerick, Clare) Non Return (Mar) CHO5 (Carlow/Kilkenny, South Tipperary) Non Return (Mar) CHO7 (Dublin South West, Dublin West, Kildare/West Wicklow)

Service Area	Metric Name	Data Coverage Issue
		Non Return (Mar) CHO8 (Louth) Non Return (Jan, Feb) - CHO9 (Dublin North) Non Return (Feb) - CHO9 (Dublin North West Dublin Central)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return (Q1) CHO1 (Donegal, Sligo/Leitrim, Cavan/Monaghan) Non Return (Q1) CHO2 (Galway) Non Return (Q!) CHO3 (Limerick, North Tipp/East Limerick, Clare) Non Return (Q1) CHO5 (Carlow/Kilkenny) Non Return (Q1) CHO6 (Dun Laoghaire, Dublin South East, Wicklow) Non Return (Q1) CHO7 (Dublin South West, Dublin West) Non Return (Q1) CHO9 (Dublin North West, Dublin North Central, Dublin North)
Primary Care	Community Intervention Teams	Non Return (Mar) CIT Clarre, CIT Limerick, CIT Louth, CIT North Tipp, CIT
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 (Q1) Midlands Non Return (Q1) DNE Non Return (Q1) South Non Return (Q1) North West Non Return (Q1) Mid West
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019 – CHO1 (Donegal) Non Return (Jan, Feb, Mar) - CHO1 (Donegal)
Palliative Care	Access to specialist palliative care services in the community provided within seven days (normal place of residence)	Non Return (Mar) - CHO6 (Dun Laoghaire, Dublin South East, Wicklow), CHO7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO8 (Louth), CHO9 (Dublin North West, Dublin North Central, Dublin North)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return (Q4 2019) - CHO1 (Donegal, Sligo/Leitrim, Cavan/Monaghan), CHO2 (Galway, Mayo, Roscommon), Non Return (Q1, Q2, Q3 & Q4 2019) - CHO8 (Louth & Meath) Non Return (Q4 2019) - CHO9 (Dublin North Central)

Service Area	Metric Name	Data Coverage Issue
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return (Q4 2019) - CHO1 (Donegal, Sligo/Leitrim, Cavan/Monaghan), CHO2 (Galway, Mayo, Roscommon), Non Return (Q1, Q2, Q3 & Q4 2019) - CHO8 (Louth & Meath) Non Return (Q4 2019) - CHO9 (Dublin North Central)
Mental Health CAMHS	CAMHS waiting list	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health CAMHS	CAMHS waiting list > 12 months	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health CAMHS	No of referrals received	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health CAMHS	Number of new seen	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health CAMHS	CAMHS – first appointment within 12 months	Non Returns: CHO2 Mayo North CHO5 South Tipperary Team 2
Mental Health General Adult	Number of referrals received	Non returns: CHO1 Monaghan CHO2 Ballinasloe/Portumna CHO2 Roscommon/Boyle CHO7 Camac CHO7 Drimnagh CHO7 Owendoher CHO7 Clondalkin CHO9 North Strand
Mental Health General Adult	Number of referrals seen	Non returns: CHO1 Monaghan CHO2 Ballinasloe/Portumna

Service Area	Metric Name	Data Coverage Issue
		CHO2 Roscommon/Boyle CHO7 Camac CHO7 Drimnagh CHO7 Owendoher CHO7 Clondalkin CHO9 North Strand
Mental Health General Adult	% seen within 12 weeks	Non returns: CHO1 Monaghan CHO2 Ballinasloe/Portumna CHO2 Roscommon/Boyle CHO7 Camac CHO7 Drimnagh CHO7 Owendoher CHO7 Clondalkin CHO9 North Strand
Mental Health Psychiatry of Later Life	Number of referrals received	Non Returns: CHO2 Mayo CHO8 Louth CHO9 Mater
Mental Health-Psychiatry of Later Life	Number of referrals seen	Non Returns: CHO2 Mayo CHO8 Louth CHO9 Mater
Mental Health-Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	Non Returns: CHO2 Mayo CHO8 Louth CHO9 Mater
Disabilities	Number and percentage of Children's Disability Networks established.	CDN's not due to be established until the second half of the year, no targets profiled for Jan to June. Mar : CHO 4 & CHO 7 Non Return

Service Area	Metric Name	Data Coverage Issue
Disabilities	No. of residential places for people with a disability	Data returned as quarterly for 2019 (listed as monthly in NSP) - data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.
Disabilities	No. of new emergency places provided to people with a Disability	Jan : CHO 7 Non Return Feb : CHO 4 & CHO 7 Non Return
Disabilities	No of in home respite supports for emergency cases	New KPI for 2020, no targets profiled for Jan or Feb. Jan : CHO 7 Non Return Feb: CHO 4 & CHO 7 Non Return
Disabilities	Total number of new emergency places and in home respite supports	New KPI for 2020 (DIS 102 + DIS 109) Jan : CHO 7 Non Return Feb: CHO 4 & CHO 7 Non Return
Disabilities	Facilitate the movement of people from congregated to community settings	Qtr 1: Full Non Return
Older Persons	Home Support No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))  No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only  Number of clients assessed and waiting for funding for the provision of Home Support	Non return March CHO1 (Cavan/Monaghan, Sligo Leitrim) CHO7 (All LHO's)
Older Persons	Intensive Home Care Packages Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	Non return March CHO1 (Cavan/Monaghan, Sligo Leitrim) CHO7 (All LHO's)
Population Health & Wellbeing	Tobacco No. of smokers who are receiving online cessation support services	Non return March National
Population Health & Wellbeing	Immunisation & Vaccines % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae	Non Return March (Q-1Q Dec 2019) CHO1 (All LHO's), CHO2 (All LHO's), CHO3 (All, LHOs), CHO5 (All LHO's), CHO6 (All LHO's), CHO7 (All LHO's), CHO8 (Louth,

Service Area	Metric Name	Data Coverage Issue
	type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)  % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Meath), CHO9 (All LHO's)
Population Health & Wellbeing	MECC No. of frontline Staff to complete the e-Learning Making Every Contact Count training in brief intervention  No. of frontline Staff to complete the face to face Making Every Contact Count Training in brief intervention	Complete Non Return March (Q-1Q Dec 2019)
Acute	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	UHK & Mayo closed for March. Portlaoise, Naas, Tallaght- Adults, CUH, Mallow, Ennis, Nenagh
Acute	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	SVUH, CUH outstanding for Mar 20
Acute	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (%)	SVUH, CUH outstanding for Mar 20
Acute	% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer	UHL outstanding for Mar 20
Acute	% 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)	UHW outstanding Mar 20
Acute	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	A significant impact on Infection Prevention & Control staff workload due to COVID-19, leading to a lower response rate from providers, therefore a national and hospital group information is not reported (Feb-20 and Mar-20)
Acute	Rate of new cases of hospital associated C. difficile infection	
Acute	No. of new cases of CPE	
Acute	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	A significant impact on Infection Prevention & Control staff workload due to COVID-19, leading to a lower response rate from providers. This information is not currently available for Quarter 1 2020.
Acute	% of acute hospitals implementing the national policy on restricted antimicrobial agents	

## Appendix 3: Hospital Groups

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

## Appendix 4: Community Health Organisations

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