Performance Profile January - March 2022

Contents

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 390,391 emergency presentations year to date. This is a -2.5% variance on emergency presentations result year to date 2021 and was below expected activity of 400,294.
- New Emergency Department attendances year to date are 323,376 this represents a -1.9% variance YTD against expected activity YTD.
- 95.3% of all patients were seen within 24 hours in EDs in March 2022 and 95.5% year to date.
- 87.8% of patients aged 75 years and over were seen within 24 hours in EDs in March 2022 and 88.6% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 11,262 elective inpatient discharges year to date February 2022 versus 7,158 for the corresponding period in 2021 that is an increase of 57.3%.

Emergency Inpatient Discharges

There were 66,641 emergency inpatient discharges year to date February 2022 versus 58,093 for the corresponding period in 2021, that is, an increase of 14.7%.

Day Case Discharges (including dialysis)

The number of day case procedures year to date February 2022 was 164,262 versus 130,765 for the same period in 2021, that is, an increase of 33,497 cases.

Delayed Transfer of Care

There were 600 Delayed Discharges in March 2022. The same month in 2021 was 371.

Inpatient, Day Case & Outpatient Waiting Lists

March 2022 compliance with waiting lists was as follows:

- Adult Inpatient < 12 months (target 98%), compliance 72.6%.
- Adult Day Case < 12 months (target 98%), compliance 81.8%.
- Children's Inpatient< 12 months (target 98%), compliance 65.2%.
- Children's Day Case < 12 months (target 98%), compliance 76.4%.
- Outpatients within 18 months (target 98%), compliance 76.4%.
- The total number of patients waiting for an inpatient or day case procedure at the end of March 2022 was 72,460. The total number of people waiting for inpatient and day case procedures is above by 1% (+732 patients) when the waiting list in March 2022 is compared with March 2021.
- Total number of people waiting for Outpatient appointment was 625,056 in March 2022, this has decreased from 628,756 (-3,700) in March 2021.

Colonoscopy/Gastrointestinal Service

- In March 2022 2022 45.1% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 235 new urgent patient breaches in March 2022.

Cancer Services

- 74.5% of prostate cancer referrals were seen within 20 working days year to date compared with 55.6% for the same period last year.
- 87.2% of lung cancer referrals were seen within 10 working days year to date compared with 92% for the same period last year.
- 60.3% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 72.2% for the same period last year.

Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 78.4%.
- 87.8% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.
- 72% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.
- 63.3% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.

- 77.4% of babies received their developmental screening checks within 12 months and 98.8% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- There were 8,158 residential places for people with a Disability in March 2022, which is 0.4% (30) less than the 8,188 profiled target.
- At the end of March 2022, 18 new emergency places were developed; while a further 409 intensive home support packages were put in place.

Older Persons Services

- Home Support hours delivered year to date was 5,054,757. The number of people, in receipt of home support services at the end of March 2022 was 52,224.
- 1,195 persons were in receipt of payment for transitional care in February 2022.
- The current wait time for NHSS funding approval in 2022 is 4 weeks.

Mental Health Services

- 100% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of March 2022, which is within the target: >95%.

Population, Health & Wellbeing Services

- Nationally year to date to December 2021, 56.1% of smokers are quit at 4 weeks ahead of the National target of 45%. (Q-1Q)
- 93.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to December 2021 while 90.4% of children aged 24 months received the MMR vaccine year to date to December 2021 against a target of 95%. (Q-1Q)

Corporate Updates

Capital – Allocation/Expenditure Analysis

2022 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2022	Cum Profile for Period Jan - Mar	Expenditure for Period Jan - Mar	Variance for Period Jan – Mar	Expenditure to Mar as % of Mar YTD Profile	Expenditure to Mar as % of Annual Profile	Variance to Mar as % of Mar YTD Profile
M02 - Buildings & Equipment -Non Covid19	607.500	93.330	52.534	40.796	56.29%	8.65%	43.71%
M04 - Buildings & Equipment - Covid19	50.000	26.930	14.575	12.355	54.12%	29.15%	45.88%
M02 - New Children's Hospital	352.000	53.050	37.495	15.555	70.68%	10.65%	29.32%
	1009.500	173.310	104.604	68.706	60.36%	10.36%	39.64%
M03 - Info Systems for Health Agencies	139.500	27.483	9.789	17.695	35.62%	7.02%	64.38%
	1149.000	200.793	114.392	86.401	56.97%	9.96%	43.03%
Asset Disposals	0.150	0.150	0.000	0.150	0.00%	0.00%	100.00%
Net	1149.150	200.943	114.392	86.551	56.93%	9.95%	43.07%

General Comment:
During the first quarter of 2022 the impact of the Coronavirus Pandemic continues to generate pressures on capital funding across all expenditure categories. However, this has decreased from € 20.640m in 2021 to € 14.575m in 2022. The total funding allocated has also decreased from € 130m in 2021 to € 50m in 2022.

CONSTRUCTION – M02 - Building & Equipment – Non Covid19
The variance on general construction projects for the three months to March 2022 is 43.71% (or € 40.796m) behind profile.
In the period to the end of March the total expenditure of € 52.534m represents 8.65% of the total annual profile for 2022.

CONSTRUCTION – M04 - Building & Equipment – Covid19
The variance on Covid19 construction projects for the three months to March 2022 is 45.88% (or € 12.355m) behind profile.
In the period to the end of March the total expenditure of € 14.575m represents 29.15% of the total annual profile for 2022.

CONSTRUCTION – M02 - (National Children's Hospital)
The variance on the National Children's Hospital project for the three months to March 2022 is 29.32% (or € 15.555m) behind profile.
In the period to the end of March the total expenditure of € 37.495m represents 10.65% of the total annual profile for 2022.

Information Systems for Health Agencies - M03
The variance on ICT projects for the three months to March 2022 is 64.38% (or € 17.695m) behind profile.
In the period to the end of March the total expenditure of € 9.789m represents 7.02% of the total annual profile for 2022.

Asset Disposals:

Income from sale of assets in the three months to March 2022 amounted to € 0.150m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2022
Acute Hospitals(Hospital groups)	€ 156,805,267
Community Healthcare	€ 146,492,500
National Services	€ 1,141,877,271
Total	€ 1,445,175,039

Internal Audit

	75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months												
	2020 as at 30th Sept 2021	2021 as at 30th Sept 2021	2021 as at 31st Dec 2021	2021 as at 31st March 2022		2018 as at 30th June 2021	2018 as at 30th Sept 2021	2018 as at 31st Dec 2021	2018 as at 31st March 2022	2019 as at 30th June 2021	2019 as at 30th Sept 2021	2019 as at 31st Dec 2021	2019 as at 31st March 2022	2020 as at 30th June 2021	2020 as at 30th Sep 2021	2020 as at 31st Dec 2021	2020 as at 31st March 2022	2021 as at 31st March 2022
Total	**59%**	**69%**	**73%**	**68%**		**97%**	**97%**	**98%**	**98%**	**88%**	**90%**	**93%**	**94%**	**53%**	**63%**	**63%**	**63%**	**87%**
CHO 1	59%	55%	55%	76%		98%	98%	98%	100%	72%	79%	84%	85%	16%	47%	53%	53%	55%
CHO 2	100%	N/A	N/A	27%		100%	100%	100%	100%	97%	97%	98%	98%	N/A	50%	67%	67%	N/A
CHO 3	N/A	N/A	0%	86%		100%	100%	100%	100%	88%	96%	96%	96%	N/A	88%	94%	94%	N/A
CHO 4	55%	50%	38%	59%		100%	100%	100%	100%	80%	80%	93%	93%	N/A	82%	74%	74%	50%
CHO 5	17%	75%	75%	30%		98%	98%	98%	98%	100%	100%	100%	100%	N/A	N/A	17%	17%	75%
CHO 6	N/A	N/A	N/A	N/A		98%	98%	98%	98%	95%	95%	97%	97%	N/A	N/A	N/A	N/A	N/A
CHO 7	80%	N/A	N/A	N/A		100%	100%	100%	100%	93%	93%	93%	98%	100%	100%	91%	91%	N/A
CHO 8	45%	31%	74%	80%		99%	100%	100%	100%	82%	84%	85%	89%	13%	13%	25%	25%	100%
CHO 9	30%	N/A	N/A	N/A		93%	97%	100%	100%	83%	87%	87%	93%	100%	100%	47%	47%	N/A
National Mental Health	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	N/A
National Director Community Ops	20%	98%	98%	96%										N/A	20%	20%	20%	100%
Total Community Services	54%	70%	75%	73%		99%	99%	100%	100%	90%	91%	93%	95%	45%	62%	61%	61%	88%
Dublin Midlands Hospital Group	N/A	100%	100%	47%		100%	100%	100%	100%	100%	100%	100%	100%	88%	88%	88%	88%	100%
Ireland East Hospital Group	100%	100%	83%	100%		67%	67%	67%	67%	100%	100%	100%	100%	56%	56%	63%	63%	100%
National Children's Hospital Group	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	0%	36%	59%	N/A		100%	100%	100%	100%	82%	89%	89%	89%	0%	0%	0%	0%	66%
Saolta Hospital Group	71%	42%	83%	83%		92%	92%	92%	92%	76%	76%	100%	100%	63%	65%	74%	74%	83%

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months												
	2020 as at 30th Sept 2021	2021 as at 30th Sept 2021	2021 as at 31st Dec 2021	2021 as at 31st March 2022		2018 as at 30th June 2021	2018 as at 30th Sept 2021	2018 as at 31st Dec 2021	2018 as at 31st March 2022	2019 as at 30th June 2021	2019 as at 30th Sept 2021	2019 as at 31st Dec 2021	2019 as at 31st March 2022	2020 as at 30th June 2021	2020 as at 30th Sep 2021	2020 as at 31st Dec 2021	2020 as at 31st March 2022	2021 as at 31st March 2022
South South West Hospital Group	100%	95%	95%	56%		90%	90%	90%	93%	55%	55%	65%	65%	82%	61%	69%	69%	95%
University of Limerick Hospital Group	100%	100%	93%	89%		100%	100%	100%	100%	91%	91%	96%	100%	75%	83%	94%	94%	100%
National Ambulance Service	N/A	N/A	N/A	N/A		100%	100%	100%	100%	0%	25%	25%	25%	N/A	N/A	N/A	N/A	N/A
National Director Acute Ops	N/A	N/A	N/A	0%										62%	62%	62%	62%	N/A
Total Acute	76%	67%	80%	62%		94%	94%	94%	95%	77%	79%	88%	88%	63%	60%	66%	66%	83%
Chief Information Officer	100%	N/A	N/A	33%		86%	86%	86%	86%	89%	95%	95%	95%	N/A	67%	88%	88%	N/A
Compliance / QAV / Gov & Risk	N/A	50%	30%	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
Estates	75%	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Finance	N/A	N/A	N/A	0%		100%	100%	100%	100%	90%	94%	94%	94%	N/A	N/A	N/A	N/A	N/A
HBS - Estates	N/A	N/A	0%	0%		98%	98%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A
HBS - Finance	100%	N/A	100%	100%		100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
HBS - HR	0%	0%	83%	80%		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	0%	0%	100%
HBS - Procurement	N/A	N/A	60%	60%		90%	90%	93%	93%	100%	100%	100%	100%	78%	89%	89%	89%	N/A
Health and Wellbeing	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A
Human Resources	0%	74%	74%	N/A		100%	100%	100%	100%	87%	87%	87%	88%	0%	60%	41%	41%	95%
National Screening Service	N/A	N/A	N/A	N/A		78%	89%	89%	89%	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
National Services	N/A	N/A	N/A	N/A										100%	33%	33%	33%	N/A
PCRS		100%	100%	75%														100%
Strategy & Research				0%														N/A

Healthcare Audit

Healthcare Audit	In Progress	Issued
Healthcare Audits in progress/Issued	27	16

Performance Achievement Q1 Report

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

Acute data caveats

1 Hospital Group did not respond. 2 hospital Groups made a nil return

Community data caveats

3 CHO Areas did not respond

Corporate data caveats

10 Corporate Areas did not respond

Service Delivery Area	WC Mar 2022	Total Completed Q1	Total Completed Q2	Total Completed Q3	Total Completed Q4	% completed to date 2022
Total Health Service	**153,282**	**2,325**				**2%**
National Ambulance Service	2,131	6				0%
Children's Health Ireland	4,568	0				0%
Dublin Midlands Hospital Group	13,230	54				0%
Ireland East Hospital Group	15,865	277				2%
RCSI Hospitals Group	12,064	0				0%
Saolta University Hospital Care	12,294	0				0%
South/South West Hospital Group	13,845	178				1%
University of Limerick Hospital Group	5,712	131				2%
other Acute Services	116	0				0%
Acute Services	**79,825**	**646**				**1%**
CHO 1	7,163	0				0%
CHO 2	6,794	316				5%
CHO 3	5,982	0				0%
CHO 4	10,984	93				1%
CHO 5	6,821	0				0%
CHO 6	4,127	348				8%

Service Delivery Area	WC Mar 2022	Total Completed Q1	Total Completed Q2	Total Completed Q3	Total Completed Q4	% completed to date 2022
CHO 7	8,345	52				1%
CHO 8	7,776	43				1%
CHO 9	8,323	281				3%
other Community Services	781	21				3%
Community Services	**67,096**	**1,154**				**2%**
Health & Wellbeing	719	0				0%
Corporate	4,206	525				12%
Health Business Services	1,436	0				0%
H&WB Corporate & National Services	**6,361**	**525**				**8%**

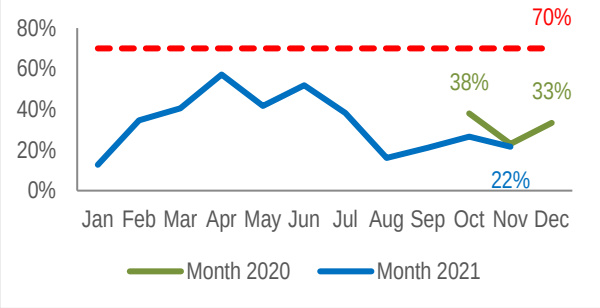
Quality and Patient Safety

Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period12M/ 4Q		Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring (included: Category 1, who was involved=service user)	**National**		**M**		**907**	**72**	**60**	**58**
	Acute Hospitals (incl NAS, NSS & NCCP)		M		514	40	37	28
	Community Healthcare		M		393	32	23	30
% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident* (new KPI)	**National**	70%	**M**	🔴	**29%**	**21%**	**27%**	**22%**
	Acute Hospitals (incl NAS, NSS & NCCP)	70%	M	🔴	34%	34%	35%	29%
	Community Healthcare	70%	M	🔴	17%	0%	0%	0%
% of reported incidents entered onto NIMS within 30 days of notification of the incident** (New KPI)	**National**	**70%**	**Q**	🔴	**62%**	**41%**	**62%**	**72%**
	Acute Hospitals (incl NAS, NSS & NCCP)	70%	Q	🟢	62%	39%	62%	71%
	Community Healthcare	70%	Q	🟡	63%	43%	63%	74%
Extreme and major incidents as a % of all incidents reported as occurring	**National**	<1%	**Q**	🟢	**0.6%**	**0.6%**	**0.6%**	**0.5%**
	Acute Hospitals (incl NAS, NSS & NCCP)	<1%	Q	🟢	0.6%	0.6%	0.7%	0.5%
	Community Healthcare	<1%	Q	🟢	0.5%	0.6%	0.5%	0.5%

*Current - reflecting compliance November 2021.Current 12M rolling period reflecting compliance December 2020 - November 2021 based on new calculation using date notified adjusted (2021 KPI used date of occurrence).
**Current-reflecting compliance Q4 2021. Current 4Q period reflecting compliance Q1-Q4 2021 based on new calculation using date notified adjusted (2021 KPI used date of occurrence). Current (-1)/ (-2) reflects previous quarters.

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



Serious Reportable Events

Service Area	Total SRE occurrence (in-month) Mar 2022	Feb 2022	Jan 2022	Dec 2021	Nov 2021	Oct 2021	Sep 2021	Aug 2021	Jul 2021	Jun 2021	May 2021	Apr 2021
Acute Hospitals [inc. National Ambulance Service]	39	37	45	44	60	53	45	46	55	41	40	44
Community Services	9	9	12	15	14	14	14	22	19	21	22	16
Total*	**48**	**46**	**57**	**59**	**74**	**67**	**59**	**68**	**74**	**62**	**62**	**60**

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

48 SREs were reported as occurring in March 2022 and registered in NIMS up to 8th April. 22 SREs were reported as patient falls, 14 were reported as Stage 3 or 4 pressure ulcers and the remaining 10 SREs reported comprised 5 SRE categories.

COVID-19 Environment

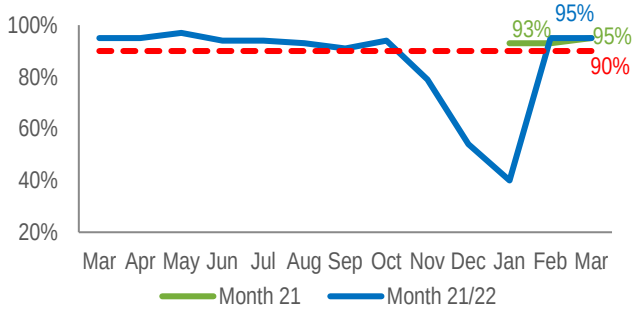
Testing, Tracing and Vaccination Programme

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

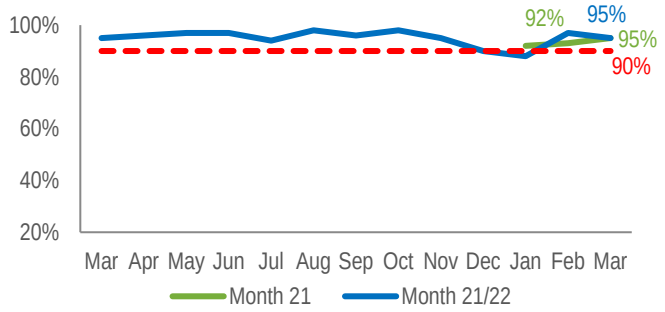
Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	M	●	**48%**	94%	-46%	40%	95%	95%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	90%	M	●	**91%**	93%	-2%	88%	97%	95%
Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	M	●	**96%**	96%	0%	96%	96%	97%
End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	M	●	**87%**	85%	2%	77%	98%	98%
End to end referral to completion of contact tracing (Overall): Median completion performance	2 days	M	●	**1.2 days**	1.4 days	-0.2 days	2 days	1.0 days	1.2 days
Vaccination Programme (Booster) Cumulative Uptake: % Uptake for eligible Booster population (12+)*	75%	M	●	**73%**	N/A	N/A	70%	72%	73%

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

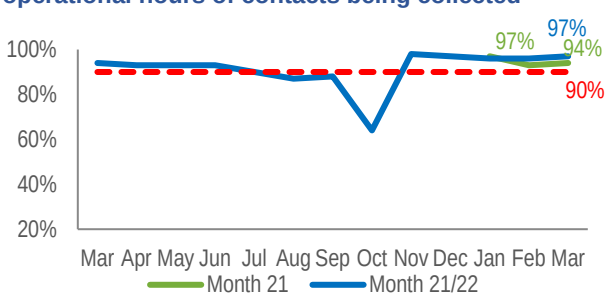
KPI 1 - Referral to appointment: % of referrals receiving appointments in 24 hrs



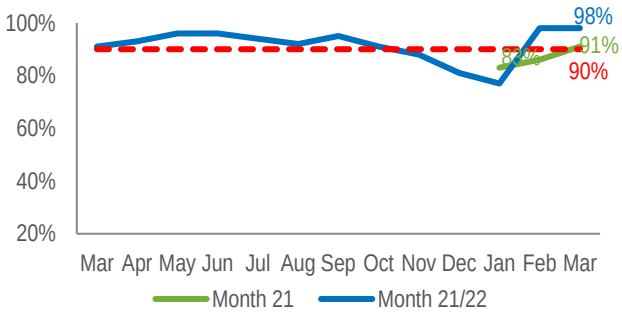
KPI 2 - Swab to communication of test result: % of test results communicated in 48 hrs following swab



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



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



Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**																
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	17% [R]	-75.7%										0%	0%	0%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q4 2021)	Q	70%	63% [A]	-10%										43%	63%	74%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.5% [G]	-50%										0.6%	0.5%	0.4%
	Service User Experience (Q4 2021 at 21.04.22)																
	Complaints investigated within 30 working days	Q	75%	64% [R]		46% [R]	56% [R]	67% [R]	83% [G]	NA	43% [R]	66% [R]	65% [R]	89% [G]			
	Child Health																
	Child development assessment 12 months	M-1M	95%	77.4% [R]	-18.5%	74% [R]	56.7% [R]	90.6% [G]	88.7% [A]	72.1% [R]	67.4% [R]	93.4% [G]	78.7% [R]	64% [R]	73.7%	74.3%	80.7%
	New borns visited within 72 Hours	Q	99%	98.8% [G]	-0.2%		98.3% [G]	100% [G]	100.3% [G]	99.1% [G]	98.4% [G]	99.9% [G]	96.2% [G]	98.7% [G]	98.4%	97.8%	98.8%
	% of babies breastfed exclusively at three month PHN visit	Q-1Q	32%	34% [G]	6.2%	35.5% [G]	31.3% [G]	32% [G]	37.5% [G]	33.7% [G]	35.6% [G]	36.7% [G]	25.7% [R]	38.8% [G]	34.7%	34.9%	32.6%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	90.4% [G]	-4.9%	86.6% [A]	94.1% [G]	91.2% [G]	92.8% [G}	91.4% [G]	89.9% [A]	89.2% [A]	90.7% [G]	87.7% [A]	89.5%	90.1%	90.9%
	CAMHs – Bed Days Used																
	% of Bed days used	M	>95%	100% [G]	5.3%	100% [G]	100% [G]	100% [G]	100% [G]	100% [G]	100% [G]	100% [G]	100% [G]	100% [G]	100%	100%	100%
	Disability Services																
	Congregated Settings	M	8	19 [G]	137.5%	0 [G]	7 [G]	8 [G]	0 [G]	1 [G]	0 [G]	2 [G]	0 [G]	1 [G]	4	0	15

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Healthy Ireland																
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	56.1% [G]	24.8%										55.6%	55%	52.7%
Access and Integration	**Therapy Waiting Lists**																
	Physiotherapy access within 52 weeks	M	94%	78.4% [R]	-16.6%	91.5% [G]	72.9% [R]	70.4% [R]	87.5% [A]	58.2% [R]	93.7% [G]	95.1% [G]	75% [R]	93.8% [G]	77.2%	78%	78.4%
	Occupational Therapy access within 52 weeks	M	95%	72% [R]	-24.2%	63.9% [R]	58.1% [R]	94.1% [G]	79.2% [R]	58.5% [R]	90.6% [G]	81.2% [R]	81.7% [R]	64.6% [R]	72.4%	72.4%	72%
	SLT access within 52 weeks	M	100%	87.8% [R]	-12.2%	82.2% [R]	97.2% [G]	91.9% [A]	100% [G]	77% [R]	96.7% [G]	84.1% [R]	84.4% [R]	91.9% [A]	86.7%	88.9%	87.8%
	Podiatry treatment within 52 weeks	M	77%	46.8% [R]	-39.2%	36.2% [R]	69.3% [A]	40.6% [R]	59.4% [R]	46.8% [R]	25.5% [R]	No Service	28.4% [R]	95.2% [G]	50.5%	47.8%	46.8%
	Ophthalmology treatment within 52 weeks	M	64%	53.9% [R]	-15.8%	55.9% [R]	40.5% [R]	80.7% [G]	44.8% [R]	61.8% [G]	100% [G]	71.4% [G]	52.5% [R]	100% [G]	51.6%	52.5%	53.9%
	Audiology treatment within 52 weeks	M	75%	70.5% [A]	-6%	88.7% [G]	72.3% [G]	67.1% [R]	76.5% [G]	54.4% [R]	No Service		54.4% [R]	100% [G]	69.8%	72.1%	70.5%
	Dietetics treatment within 52 weeks	M	80%	57.8% [R]	-27.8%	90.6% [G]	54.2% [R]	42% [R]	82.6% [G]	39.5% [R]	66.9% [R]	45.7% [R]	53% [R]	82.6% [G]	56%	58.3%	57.8%
	Psychology treatment within 52 weeks	M	81%	63.3% [R]	-21.8%	77.7% [G]	45.9% [R]	82.3% [G]	58.9% [R]	84.6% [G]	96.8% [G]	42.9% [R]	98.4% [G]	48% [R]	59.8%	61.5%	63.3%
	Nursing																
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	99.9% [G]	-0.1%	100.5% [G]	104.3% [G]	104.9% [G]	100.5% [G]	100.2% [G]	92.5% [A]	95.7% [G]	100.6% [G]	98.8% [G]	100.5%	101.8%	99.9%
	Mental Health																
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	90.9% [G]	1%	100% [G]	100% [G]	100% [G]	60.5% [R]	71.3% [R]	100% [G]	93.2% [G]	98.3% [G]	100% [G]	84.5%	94.1%	94.4%
	% seen within 12 weeks by GAMHT	M	≥75%	71.2% [A]	-5.1%	87% [G]	83.8% [G]	67.9% [A]	67.8% [A]	80.1% [G]	78.3% [G]	71.7% [G]	60% [R]	51.1% [R]	70.2%	72.3%	70.9%
	% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	91.6% [G]	-3.5%	91.2% [G]	100% [G]	97% [G]	87.5% [A]	98.8% [G]	91.4% [G]	81.3% [R]	82.1% [R]	83.2% [R]	90.4%	92.3%	92.3%
	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	20.6% [R]	-79.4%	93.5% [A]	40.6% [R]	29.6% [R]	23.8% [R]	26.1% [R]	21.2% [R]	11.5% [R]	20.7% [R]	13.3% [R]	14.3%	14.5%	20.6%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Emergency Supports**																
	No. of new emergency places provided to people with a disability	M	0	18 [G]											7	4	7
	No. of in home respite supports for emergency cases	M	402	409 [G]	1.7%										402	2	5
	Disability Respite Services																
	No. of day only respite sessions accessed by people with a disability	Q-1M	20,958	16,306 [R]	-22.2%	1,083 [R]	4,550 [A]	1,830 [R]	1,467 [G]	3,912 [A]	744 [G]	711 [R]	1,591 [R]	418 [R]	3,711	4,947	4,356
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	4,392	4,427 [G]	0.8%	313 [G]	644 [G]	349 [G]	588 [G]	557 [G]	352 [A]	654 [G]	804 [A]	166 [R]	4,012	4,588	4,427
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	85,336	94,606 [G]	10.9%	5,399 [G]	27,703 [G]	8,975 [G]	10,649 [G]	6,948 [G]	7,199 [G]	10,263 [G]	13,211 [G]	4,259 [R]	22,810	26,277	25,330
	Home Support Hours																
	Number of hours provided	M	5,370,782	5,054,757 [A]	-5.9%	539,221 [G]	562,478 [A]	457,116 [G]	653,209 [A]	370,670 [R]	505,142 [G]	546,989 [A]	559,484 [G]	860,448 [A]	1,714,233	1,673,231	1,667,293
	No. of people in receipt of home support	M	55,072	52,224 [A]	-5.2%	4,436 [G]	6,587 [G]	4,667 [G]	9,098 [G]	3,030 [R]	4,636 [G]	6,220 [R]	6,050 [G]	7,500 [G]	54,825	55,213	52,224
	Delayed Transfers of Care																
	Number of beds subject to Delayed Transfers of Care	M	≤350	600 [R]	71.4%										576	608	600
	Homeless																
	% of service users assessed within two weeks of admission	Q	85%	78.6% [A]	-7.6%	94.6% [G]	94.9% [G]	96.5% [G]	65% [R]	42.6% [R]	96.8% [G]	97.4% [G]	93.5% [G]	64.4% [R]	86.3%	79.4%	78.6%
	Substance Misuse																
	No. of substance misusers (<18 years) - treatment commenced within one week (finish out March 2022)	Q-1Q	312	214 [R]	-31.4%	21 [R]	32 [G]		0 [G]	25 [R]	23 [G]	57 [G]	13 [R]	42 [R]	60	66	61
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	96.4% [G]	-3.6%	84% [R]	100% [G]			92.6% [A]	95.8% [G]	100% [G]	92.9% [A]	100% [G]	100%	94.3%	100%

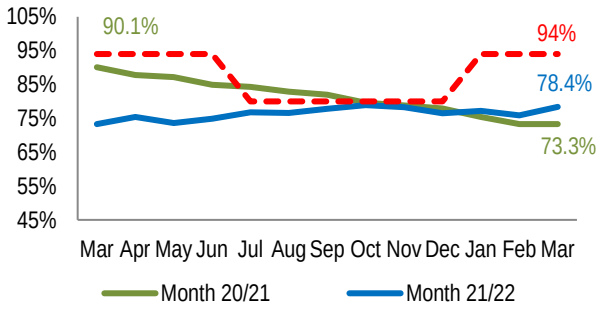
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	96% [G]	-4%	96.9% [G]	97.5% [G]		94% [A]	99.7% [G]	100% [G]	97.2% [G]	85% [R]	93.2% [A]	97.6%	95.3%	96.7%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	1,795,759	2.14% [R]	12.19% [R]	6.53% [R]	7.22% [R]	7.41% [R]	9.52% [R]	0.01% [G]	7.94% [R]	13.64% [R]	5.73% [R]	1.40%	0.48%	2.14%
	Pay expenditure variance from plan	M	≤0.1%	846,331	3.12% [R]	8.49% [R]	1.97% [R]	3.85% [R]	4.64% [R]	6.79% [R]	6.49% [R]	3.69% [R]	11.21% [R]	5.60% [R]	1.78%	2.91%	3.12%
	Non-pay expenditure	M	≤0.1%	1,071,610	0.72% [A]	14.83% [R]	7.11% [R]	8.16% [R]	8.37% [R]	10.76% [R]	-8.01% [G]	11.13% [R]	11.74% [R]	4.30% [R]	0.04%	-2.05%	0.72%
	Gross expenditure (pay and non-pay)	M	≤0.1%	1,917,942	1.76% [R]	10.46% [R]	4.66% [R]	6.44% [R]	6.55% [R]	8.76% [R]	-0.71% [G]	6.62% [R]	11.44% [R]	5.02% [R]	0.81%	0.08%	1.76%
	Service Arrangements																
	Monetary value signed	M	100%	8.48%	-91.52%										1.24%	5.03%	8.48%
	Internal Audit																
	Recommendations implemented within 12 months (2021)	Q	95%	88% [A]	-7.36%										61%	61%	88%
Workforce	**Attendance Management**																
	% absence rates by staff category (non Covid)	M	≤4%	4.99% [R]	24.75%	5.46% [R]	3.72% [R]	5.33% [R]	5.04% [R]	5.85% [R]	4.24% [R]	5.18% [R]	5.89% [R]	4.43% [R]	4.75%	4.83%	5.39%
	% absence rates by staff category (Covid)	M	NA	4.22%		5.44%	3.20%	4.71%	4.06%	4.73%	3.88%	4.21%	4.66%	3.44%	4.25%	2.30%	3.73%

Primary Care Services

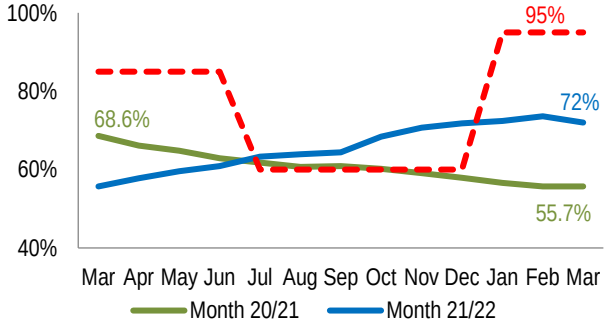
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Physiotherapy access within 52 weeks	94%	M	●	**78.4%**	73.3%	+5.1%	77.2%	78%	78.4%	CHO7 (95.1%), CHO9 (93.8%), CHO6 (93.7%)	CHO5 (58.2%), CHO3 (70.4%), CHO2 (72.9%)
Occupational Therapy access within 52 weeks	95%	M	●	**72%**	55.7%	+16.3%	72.4%	72.4%	72%	CHO3 (94.1%), CHO6 (90.6%), CHO8 (81.7%)	CHO2 (58.1%), CHO5 (58.5%), CHO9 (63.9%)
Speech and Language Therapy access within 52 weeks	100%	M	●	**87.8%**	71.3%	+16.5%	86.7%	88.9%	87.8%	CHO4 (100%), CHO2 (97.2%), CHO6 (96.7%)	CHO1 (82.2%), CHO7 (84.1%), CHO8 (84.4%)
Podiatry access within 52 weeks	77%	M	●	**46.8%**	48%	-1.2%	50.5%	47.8%	46.8%	CHO9 (95.2%), CHO2 (69.3%), CHO4 (59.4%)	CHO6 (25.5%), CHO8 (28.4%), CHO1 (36.2%)
Ophthalmology access within 52 weeks	64%	M	●	**53.9%**	45.4%	+8.5%	51.6%	52.5%	53.9%	CHO6 (100%), CHO9 (100%), CHO3 (80.7%)	CHO2 (40.5%), CHO4 (44.8%), CHO8 (52.5%)
Audiology access within 52 weeks	75%	M	●	**70.5%**	58.7%	+11.8%	69.8%	72.1%	70.5%	CHO9 (100%), CHO1 (88.7%), CHO4 (76.5%)	CHO5 (54.4%), CHO8 (54.4%), CHO3 (67.1%)
Dietetics access within 52 weeks	80%	M	●	**57.8%**	56.6%	+1.2%	56%	58.3%	57.8%	CHO1 (90.6%), CHO4 (82.6%), CHO9 (82.6%)	CHO5 (39.5%), CHO3 (42%), CHO7 (45.7%)
Psychology access within 52 weeks	81%	M	●	**63.3%**	46.3%	+17%	59.8%	61.5%	63.3%	CHO8 (98.4%), CHO6 (96.8%), CHO5 (84.6%)	CHO7 (42.9%), CHO2 (45.9%), CHO9 (48%)

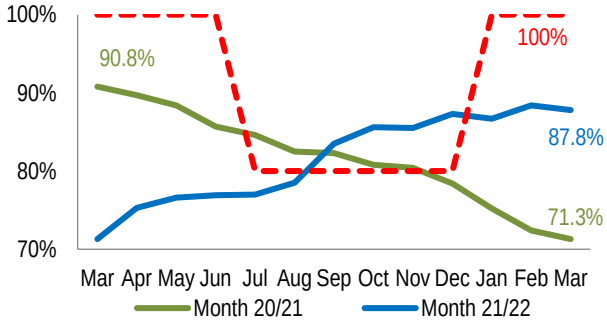
Physiotherapy Access within 52 weeks



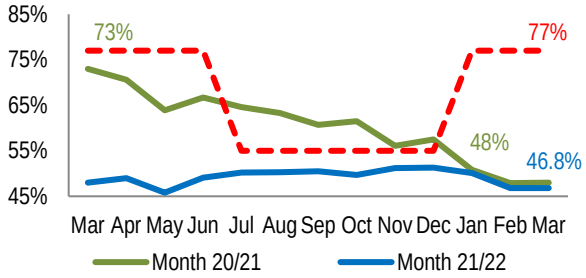
Occupational Therapy Access within 52 weeks



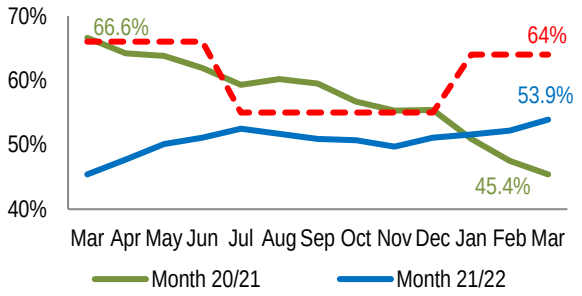
SLT Access within 52 weeks



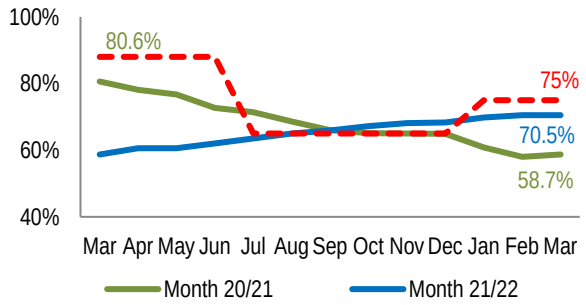
Podiatry Access within 52 weeks



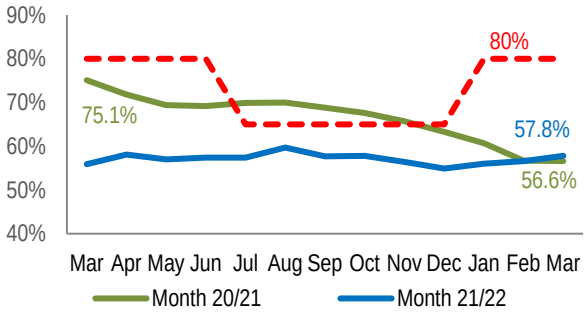
Ophthalmology Access within 52 weeks



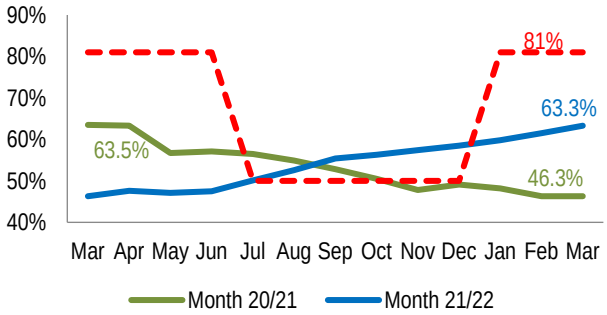
Audiology Access within 52 weeks



Dietetics Access within 52 weeks



Psychology Access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	147,764	110,829	-25.0%	99,442	11,387
Total number waiting	42,173	58,881	39.6%	48,905	9,976
% waiting < 12 weeks	81%	76.1%	-6.1%	77.2%	-1.1%
Number waiting > 52 weeks		12,835		13,133	-298
Occupational Therapy					
Number seen	97,506	78,405	-19.6%	85,396	-6,991
Total number waiting	34,093	30,598	-10.3%	37,818	-7,220
% waiting < 12 weeks	71%	64.1%	-9.8%	65.9%	-1.8%
Number waiting > 52 weeks		8,557		16,758	-8,201
***Speech & Language Therapy**					
Number seen	71,223	46,797	-34.3%	53,684	-6,887
Total number waiting	17,645	17,454	-1.1%	21,880	-4,426
Number waiting > 52 weeks		2,134		6,273	-4,139

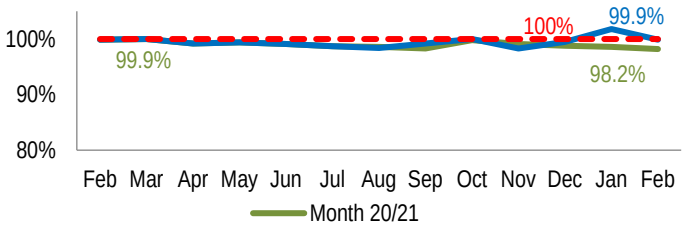
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
***Speech & Language Therapy**					
Total number waiting	9,868	8,269	-16.2%	10,910	-2,641
Number waiting > 52 weeks		1,746		5,157	-3,411
Psychology					
Number seen	12,664	11,464	-9.5%	12,483	-1,019
Total number waiting	10,532	11,573	9.9%	10,814	759
% waiting < 12 weeks	36%	22.5%	-37.6%	16.1%	6.4%
Number waiting > 52 weeks		4,246		5,807	-1,561
Podiatry					
Number seen	21,625	14,841	-31.4%	8,549	6,292
Total number waiting	4,619	7,236	56.7%	6,799	437
% waiting < 12 weeks	33%	16.8%	-49.0%	14.8%	2.0%
Number waiting > 52 weeks		3,846		3,533	313
Ophthalmology					
Number seen	16,815	18,695	11.2%	16,044	2,651
Total number waiting	20,204	20,437	1.2%	19,811	626
% waiting < 12 weeks	19%	20.1%	5.6%	14.3%	5.8%
Number waiting > 52 weeks		9,425		10,813	-1,388
Audiology					
Number seen	12,249	12,030	-1.8%	11,502	528
Total number waiting	18,810	15,779	-16.1%	19,386	-3,607
% waiting < 12 weeks	30%	26.1%	-13.0%	17.7%	8.4%
Number waiting > 52 weeks		4,658		8,008	-3,350
Dietetics					
Number seen	16,848	14,636	-13.1%	18,859	-4,223
Total number waiting	17,417	28,517	63.7%	21,243	7,274
% waiting < 12 weeks	40%	22.5%	-43.8%	23.0%	-0.5%
Number waiting > 52 weeks		12,042		9,219	2,823

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

Nursing

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	●	**99.9%**	98.2%	+1.7%	100.5%	101.8%	99.9%	CHO3 (104.9%), CHO2 (104.3%), CHO8 (100.6%)	CHO6 (92.5%), CHO7 (95.7%), CHO9 (98.8%)

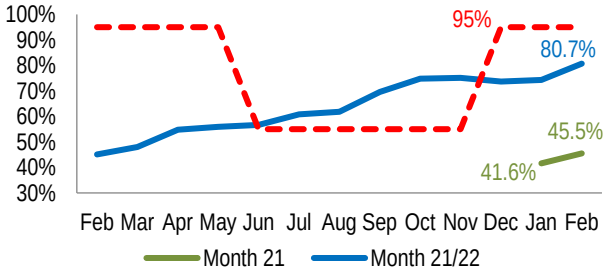
Nursing – access within 12 weeks



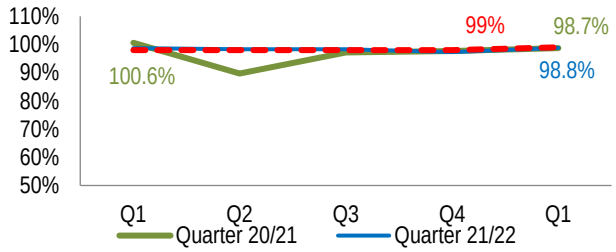
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	●	**77.4%**	43.5%	+33.9%	73.7%	74.3%	80.7%	CHO7 (94.9%), CHO3 (89.7%), CHO4 (89.1%)	CHO2 (57.1%), CHO9 (67.6%), CHO1 (72.4%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	●	**98.8%**	98.7%	+0.1%	98.4%	97.8%	98.8%	CHO4 (100.3%), CHO3 (100%), CHO7 (99.9%)	CHO8 (96.2%), CHO2 (98.3%), CHO6 (98.4%)
% of babies breastfed exclusively at three month PHN visit	32%	Q-1Q	●	**34%**	31.6%	+2.4%	34.7%	34.9%	32.6%	CHO7 (38.3%), CHO4 (36.5%), CHO9 (36.4%)	CHO1 (20.8%), CHO3 (26.2%), CHO8 (27.2%)

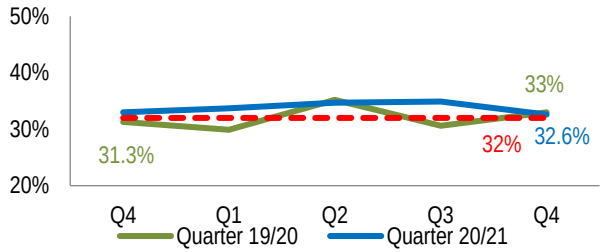
Developmental assessment 12 months



New borns visited within 72 hours



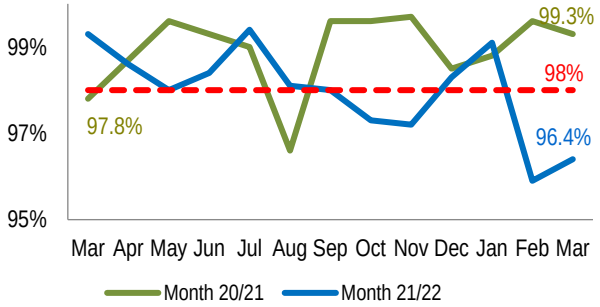
Babies breastfed exclusively at 3 month PHN visit



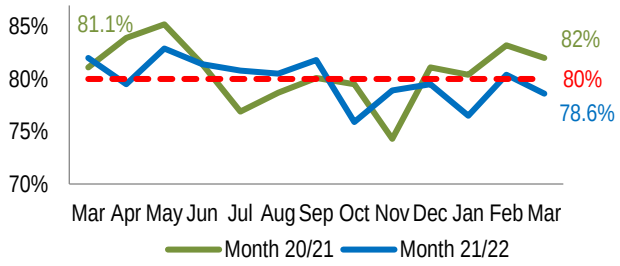
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M	**97.1%**	99.2%	-2.1%	99.1%	95.9%	96.4%	CHO3, 5, 6 (100%)	CHO9 (87.8%), CHO2 (92.2%) CHO1 (97%)
Access to palliative community services within 7 days	80%	M	**78.5%**	81.8%	-3.3%	76.5%	80.4%	78.6%	CHO1 (94%), CHO2 (93.9%), CHO8 (80.9%)	CHO3 (69.5%), CHO5 (71.9%), CHO7 (72.3%)
Number accessing inpatient beds within seven days	926 YTD/ 3,814 FYT	M	**915**	751	+164	315	282	318	CHO2 (20%) CHO1 (14.9%), CHO5 (13.3%)	CHO6 (-53.4%), CHO9 (-7.2%), CHO7 (-1.9%)
Treatment in normal place of residence	3,406 YTD/ 3,406 FYT	M	**3,261**	3,473	-212	3,342	3,216	3,261	CHO2 (25.3%), CHO3 (10.3%), CHO7 (8.4%)	CHO1 (-41%), CHO5 (-24.6%), CHO4 (-6.1%)

Access to palliative inpatient beds



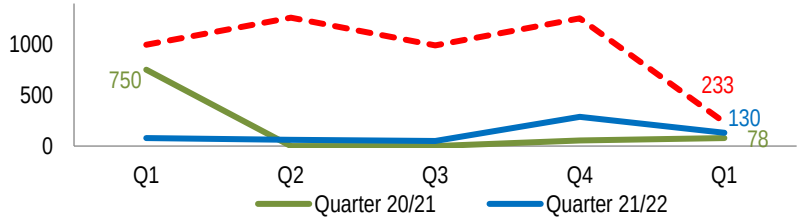
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	233 YTD/ 1,480 FYT	Q	●	**130**	78	+52	50	287	130	CHO8 (27.6%)	8 out of the 9 CHOs did not reach target

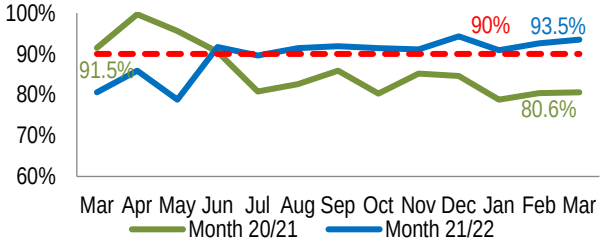
Number who have completed type 2 diabetes education programme



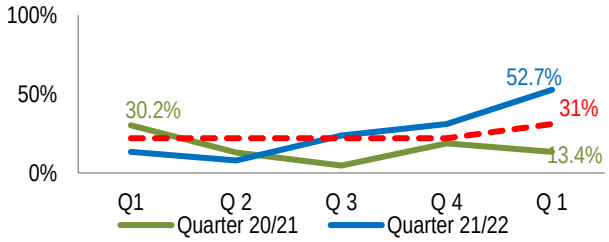
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 month	90%	M	●	**92.4%**	80.1%	+12.3%	90.9%	92.6%	93.5%	CHO7 (99.2%), CHO9 (98.8%), CHO6 (97.2%)	CHO2 (77.3%), CHO5 (82.1%), CHO1 (87%)
Orthodontics - % seen for assessment within 6 months	31%	Q	●	**52.7%**	13.4%	+39.3%	23.7%	31%	52.7%	DNE (92.3%), DML (53.4%), West (38.7%)	
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	●	**16.8%**	20.3%	-3.5%	20.3%	19.9%	16.8%	West (4.4%)	South (23.2%), DML (19.9%), DNE (12.5%)

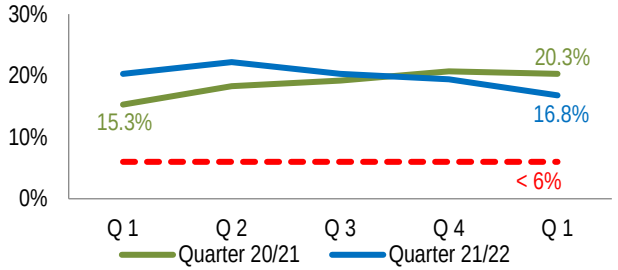
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



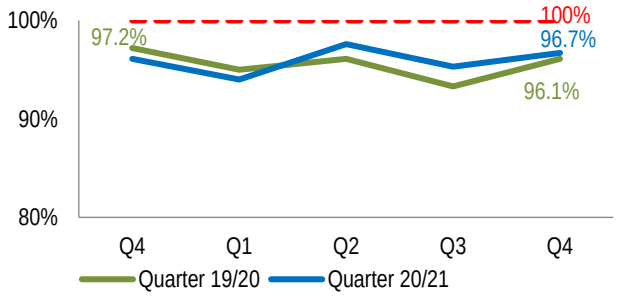
Orthodontics: treatment waiting list > four years



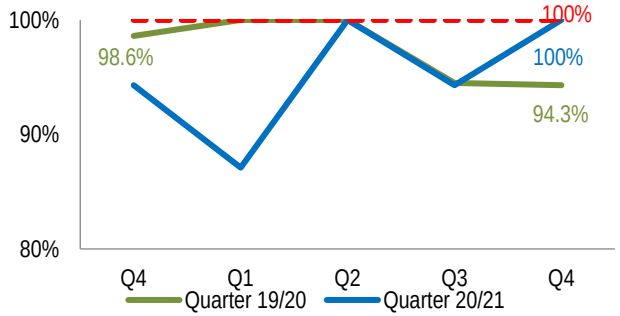
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	●	**96%**	95.2%	+0.8%	97.6%	95.3%	96.7%	CHO2 (100%), CHO6 (100%), CHO8 (100%)	CHO7 (89.8%), CHO9 (90.3%), CHO1 (96.5%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	●	**96.4%**	97.3%	-0.9%	100%	94.3%	100%	CHO 1, 2, 5, 6, 7 & 9 reached target	
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	●	**78.6%**	82.7%	-4.1%	86.3%	79.4%	78.6%	CHO7 (97.4%), CHO6 (96.8%), CHO3 (96.5%)	CHO5 (42.6%), CHO9 (64.4%), CHO4 (65%)

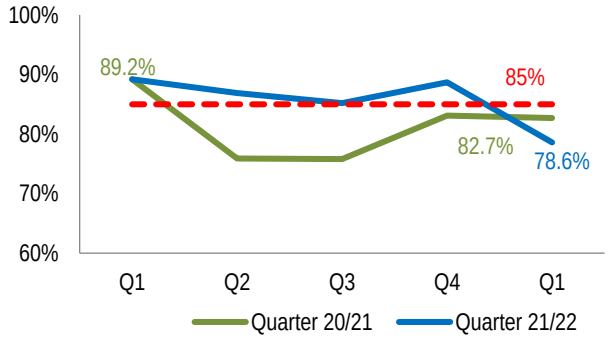
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks



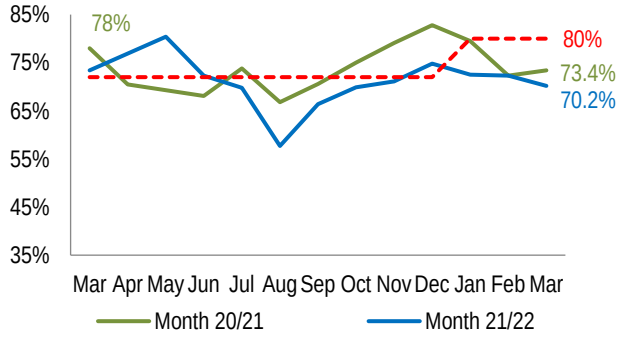
I

Mental Health Services

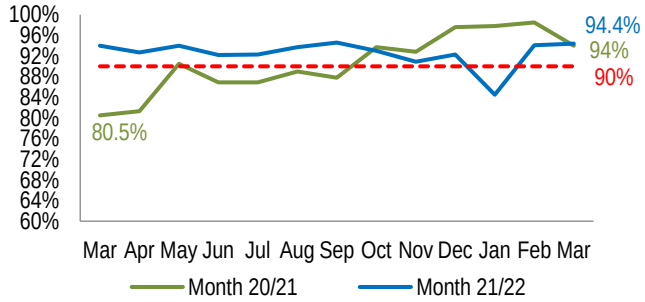
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Admission of Children to CAMHs	>85%	M	●	**100%**	93.8%	+6.2%	100%	100%	100%		
CAMHs Bed Days Used	>95%	M	●	**100%**	99.4%	+0.6%	100%	100%	100%	All CHOs reached target	
CAMHs – first appointment within 12 months	≥95%	M	●	**97%**	94.5%	+2.5%	96.9%	96.8%	97.4%	CHO1, 2, 5, 7, & 8 reached target	CHO4 (86.8%), CHO3 (92.9%), CHO9 (94.4%)
CAMHs waiting list	2,648	M	●	**3,443**	2,625	+818	3,588	3,914	3,443	CHO2 (211), CHO7 (236), CHO9 (354)	CHO4 (764), CHO8 (714), CHO3 (394)
CAMHs waiting list > 12 months	0	M	●	**385**	282	+103	292	321	385	CHO2 (0)	CHO4 (166), CHO3 (86), CHO8 (55)
No of referrals received	4,578 YTD/ 18,271 FYT	M	●	**5,830**	5,317	+513	1,899	2,167	1,764		
Number of referrals seen	2,728 YTD/ 10,878 FYT	M	●	**2,583**	3,176	-593	877	912	794		
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	●	**90.9%**	96.4%	-5.5%	84.5%	94.1%	94.4%	CHO1, 2, 3, 5, 7, 8 & 9 reached target	CHO4 (57.9%),

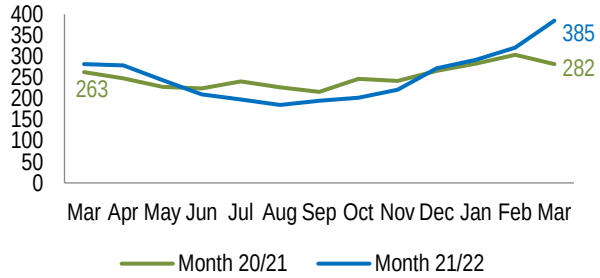
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



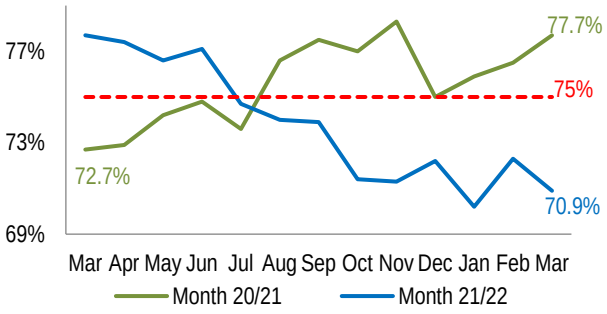
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	10,608YTD/ 42,361FYT	M	●	**11,341**	10,483	+858	3,756	3,940	3,645		
Number of referrals seen	6,563YTD/ 26,201FYT	M	●	**6,292**	6,494	-202	1,999	2,069	2,224		
% seen within 12 weeks	≥ 75%	M	●	**71.2%**	76.8%	-5.6%	70.2%	72.3%	70.9%	CHO1, 2 & 5 reached target	CHO9 (50.1%), CHO8 (61.5%), CHO7 (68.3%)

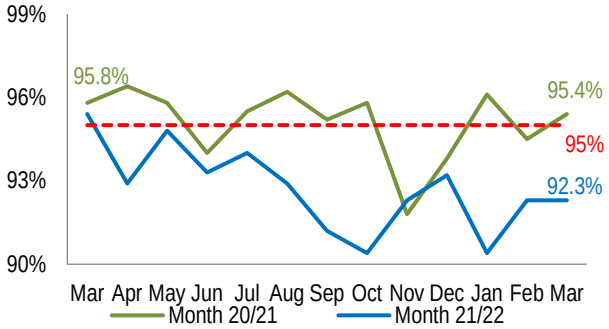
Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	2,888YTD/ 11,535FYT	M	●	**2,613**	2,564	+49	946	911	756		
Number of referrals seen	2,263YTD/ 9,025FYT	M	●	**1,739**	1,798	-59	601	609	529		
% seen within 12 weeks	≥ 95%	M	●	**91.6%**	95.3%	-3.7%	90.4%	92.3%	92.3%	CHO2, 3, 4 & 5 reached target	CHO7 (77.4%), CHO8 (82.2%), CHO9 (86.3%)

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



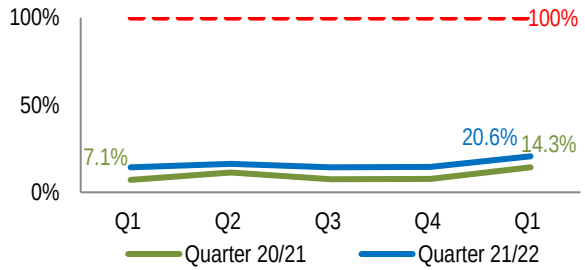
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



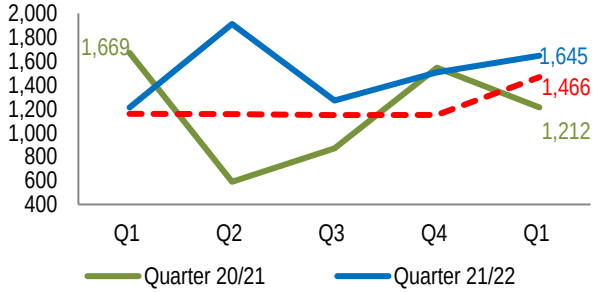
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Movement from Congregated Setting to community settings	8 YTD/ 143 FYT	M	●	**19**	35	-16	4	0	15	(% Var): CHO3 (100%), CHO2 (75%)	
Disability Act Compliance	100%	Q	●	**20.6%**	14.3%	+6.3%	14.3%	14.5%	20.6%	No CHO reached target.	(% Var): CHO7 (11.5%), CHO9 (13.3%), CHO8 (20.7%)
Number of requests for assessment of need received for Children	1,466 YTD/ 5,857 FYT	Q	●	**1,645**	1,212	+433	1,270	1,506	1,645	(% Var): CHO7 (62.5%), CHO3 (25%), CHO8 (10.9%)	(% Var): CHO4 (-23%), CHO1 (-18.5%), CHO5 (-15.9%)

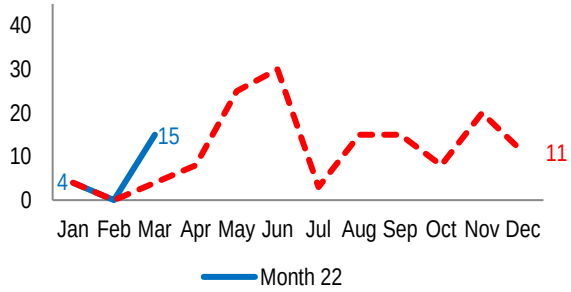
Disability Act Compliance



Assessment of Need Requests



Congregated Settings

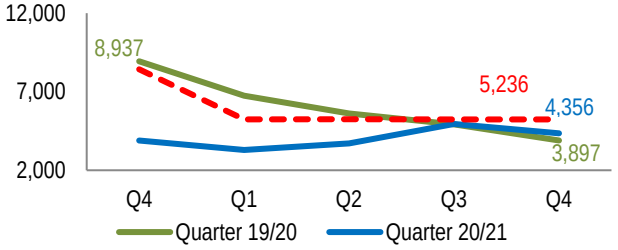


Residential and Emergency Places and Support Provided to People with a Disability

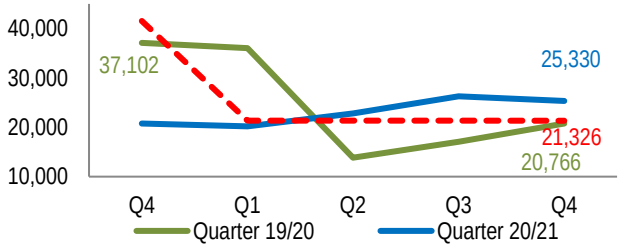
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	50	0	●	**18**	19	-1	7	4	7
Number of in home respite supports for emergency cases	M	422	402	●	**409**	148	+261	402	2	5
Number of residential places provided to people with a disability	M	8,228	8,188	●	**8,158**	8,114	+44	8,149	8,155	8,158

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Respite – Number of day only respite sessions	20,958 YTD/ 20,958 FYT	Q-1M	●	**16,306**	21,175	-4,869	3,711	4,947	4,356	(% Var): CHO6 (78.4%), CHO4 (4.1%)	(% Var): CHO9 (-82.2%), CHO1 (-57.5%), CHO7 (-33%)
Respite – Number of overnights	85,336 YTD/ 85,336 FYT	Q-1M	●	**94,606**	87,691	+6,915	22,810	26,277	25,330	(% Var): CHO1 (36.4%), CHO2 (29.5%), CHO7 (16.9%)	(% Var): CHO9 (-49.5%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	4,392 YTD/ 4,392 FYT	Q-1M	●	**4,427**	3,949	+478	4,012	4,588	4,427	(% Var): CHO7 (37.1%), CHO3 (27.4%), CHO1 (14.2%)	(% Var): CHO9 (-55.9%), CHO6 (-9.7%), CHO8 (-6.3%)
Number of Home Support Hours delivered	3,010,000 YTD/ 3,010,000 FYT	Q-1M	●	**2,949,806**	2,990,638	-40,832	749,951	742,057	701,259	(% Var): CHO1 (12.3%), CHO4 (10.6%), CHO2 (7.4%)	(% Var): CHO9 (-22.1%), CHO6 (-12.1%), CHO7 (-2.4%)
Number of Personal Assistance Hours delivered	1,740,000 YTD/1,740,000 FYT	Q-1M	●	**1,700,309**	1,794,211	-93,902	441,853	417,079	412,396	(% Var): CHO4 (20.3%), CHO2 (7%), CHO3 (2.2%)	(% Var): CHO9 (-16.7%), CHO6 (-12.8%), CHO5 (-10.4%)

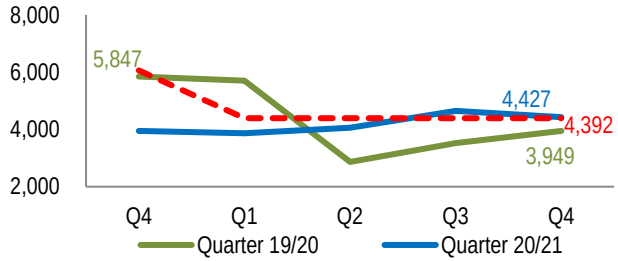
Respite Day Only



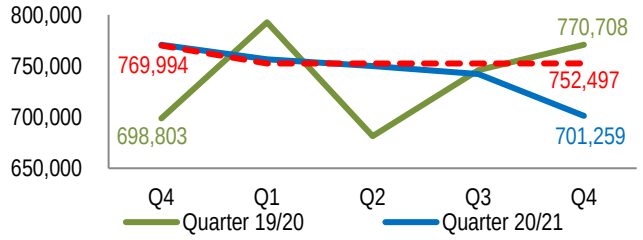
Respite Overnights



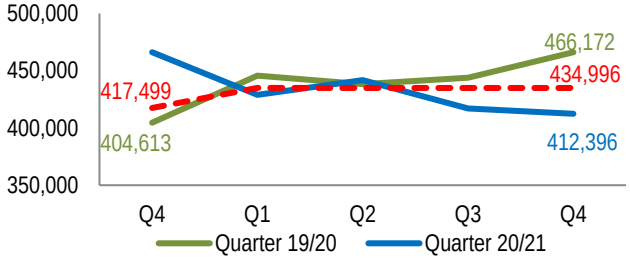
No. of people with a disability in receipt of respite services



Home Support Hours



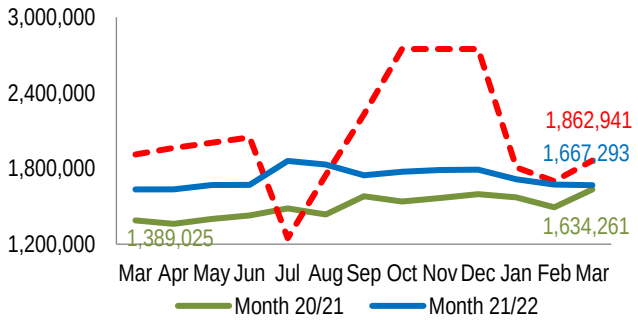
Personal Assistance Hours



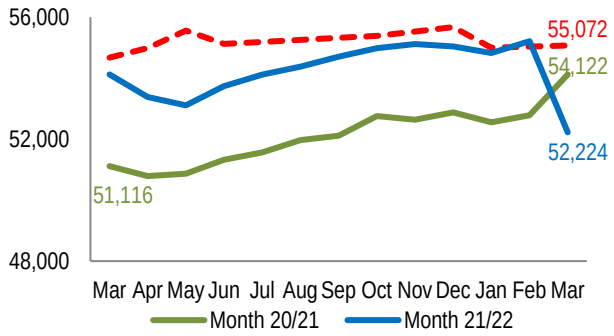
Older Person's Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	5,370,782 YTD/ 23.67m FYT	M		**5,054,757**	4,698,038	+356,719	1,714,233	1,673,231	1,667,293	(%Var): CHO6 (2.9%), CHO1 (2.4%), CHO8 (2.2%)	(%Var): CHO5 (-28%), CHO7 (-9.5%), CHO9 (-6.9%)
Home Support Hours provided for testing of Statutory Home Support Scheme	53,715 YTD/ 170,400 FYT	M		**8,477**			351	1,542	6,584		
No. of people in receipt of Home Support	55,072 YTD/ 55,675 FYT	M		**52,224**	54,122	-1,898	54,825	55,213	52,224	(%Var): CHO6 (4.9%). CHO1 (3.7%), CHO8 (3.5%)	(%Var): CHO5 (-51.1%), CHO7 (-10.1%), CHO4 (-1.2%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M		**100**	140	-40	113	107	100		
No. of persons funded under NHSS in long term residential care	22,245 YTD/ 22,412 FYT	M		**22,040**	21,710	+330	22,016	21,845	22,040		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M		**4,614**	4,737	-123	4,630	4,606	4,614	(%Var): CHO9 (17.9%), CHO2 (13.2%), CHO3 (10.2%)	(%Var): CHO1 (-8.9%), CHO5 (-3.3%), CHO6 (-2%)
No. of short stay beds in public units	1,477 YTD/ 2,182 FYT	M		**1,534**	1,318	+216	1,515	1,531	1,534	(%Var): CHO3 (39.8%), CHO1 (5.3%), CHO8 (2.8%)	(%Var): CHO2 (-0.7%), CHO4 (-0.6%)
No. of beds subject to Delayed Transfers of Care	≤350	M		**600**	371	+229	576	608	600	Mullingar, Mallow (0), SLRON, Navan, Ennis (1)	SJH (69), Mater (52), CUH (46)
No. of persons in receipt of payment for transitional care	916	M-1M		**1,195**	896	+299	1,077	1,043	1,195		

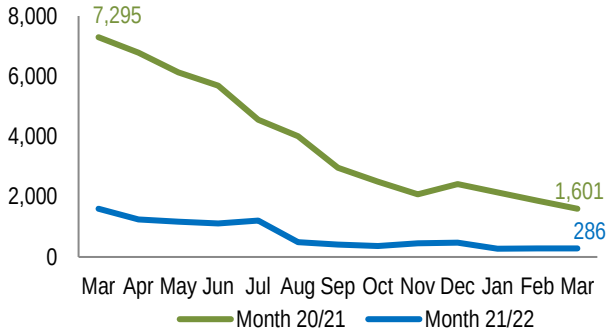
Number of Home Support Hours Provided



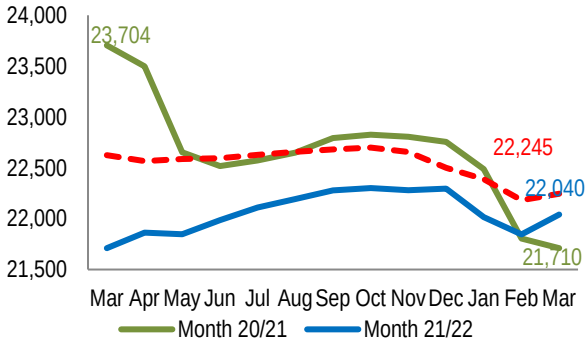
Number of people in receipt of Home Support



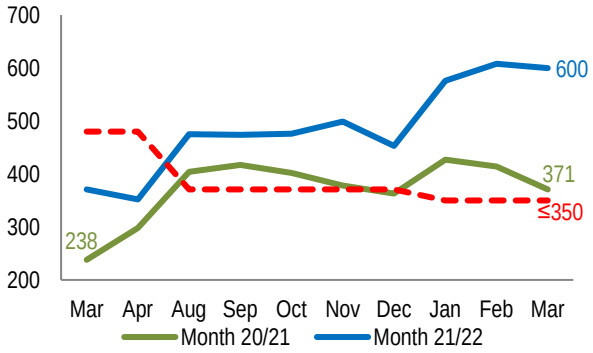
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care[1]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	95	24	119	19.8%
Residential Care	219	21	240	40%
Rehab	36	18	54	9%
Complex Needs	24	14	38	6.3%
Housing/Homeless	7	25	32	5.3%
Legal complexity	30	6	36	6%
Non compliance	9	1	10	1.7%
COVID-19	62	9	71	11.8%
Total	**482**	**118**	**600**	**100%**

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

NHSS Overview

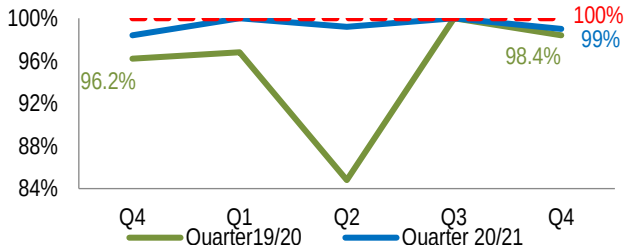
		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	2,608	2,330	+278	851	882	875	823	+52
	National placement list for funding approval	623	569	+54	555	744	623	569	+54
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	22,040	21,710	+330	22,016	21,845	22,040	21,710	+330
Private Units	No. of new patients entering scheme	1,550	1,305	+245	384	489	677	599	+78
	No. of patients Leaving NHSS	1,716	2,103	-387	602	614	500	651	-151
	Increase	-166	-798	+632	-218	-125	+177	-52	+229
Public Units	No. of new patients entering scheme	256	256	0	66	71	119	116	+3
	No. of patients Leaving NHSS	346	503	-157	128	117	101	163	-62
	Net Increase	-90	-247	+157	-62	-46	+18	-47	+65

Disability and Older Persons' Services

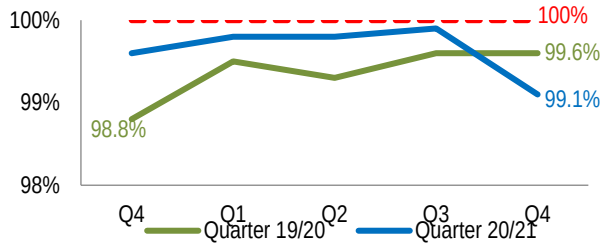
Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of initial assessments for adults aged 65 years and over	100%	Q-1M	●	**99%**	98.4%	+0.6%	99.2%	100%	99%	CHO1, 2, 3, 4, 7 and 8 achieved target	CHO5 (95.7%), CHO9 (97.4%), CHO6 (97.7%)
% of initial assessments for adults under 65 years	100%	Q-1M	●	**99.1%**	99.6%	-0.5%	99.8%	99.9%	99.1%	CHO2 & 4 achieved target	CHO9 (97.2%), CHO6 (98.5%), CHO1, 3 & 5 (99.2%)

% of initial assessments for adults aged 65 and over



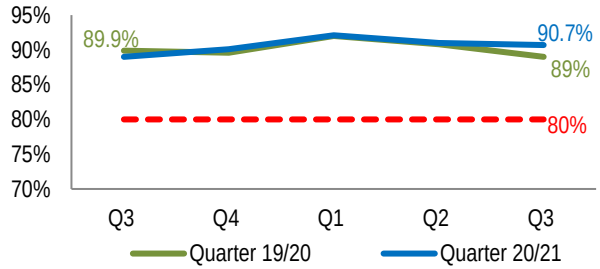
% of initial assessments for adults under 65



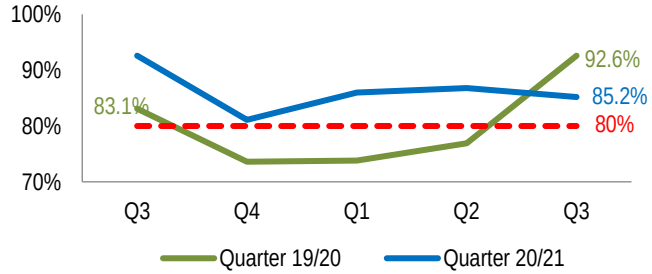
HIQA Inspections

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
HIQA Inspections (Disabilities)	80%	Q-2Q	●	**91.1%**	90.5%	+0.6%	92.1%	91%	90.7%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	**85.9%**	77.6%	+8.3%	86%	86.8%	85.2%		

HIQA Inspections – Disabilities



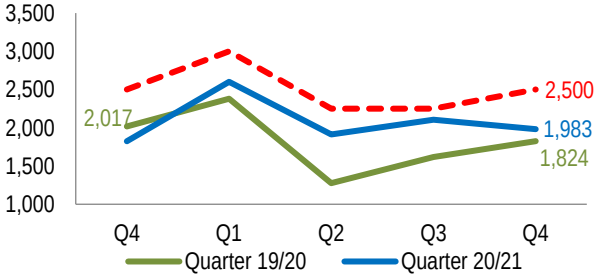
HIQA Inspections – Older Persons



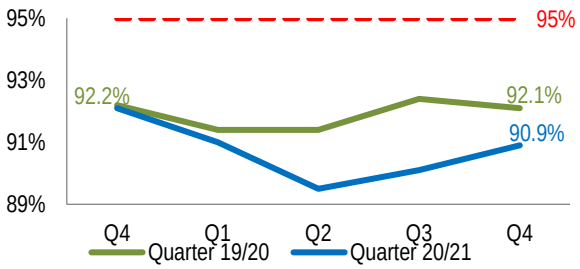
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	10,000 YTD/ 10,000 FYT	Q-1Q	●	**8,601**	7,098	+1,503	1,912	2,105	1,983	(%Var) IE HG (41%), CHO5 (36.4%), CHO1 (28.8%)	(%Var) UL HG (-82.1%), RCSI HG (-71.4%), SAOLTA HG (-62.8%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	●	**56.1%**	52.5%	+3.6%	55.6%	55%	52.7%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	●	**90.4%**	91.8%	-1.4%	89.5%	90.1%	90.9%	No CHO reached target	CHO1 (87.5%), CHO7 (88.5%), CHO9 (90.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	**93.5%**	94.1%	-0.6%	93.1%	93.3%	93.5%	CHO2 (96%), CHO4 (95%)	CHO1 (91.6%), CHO7 (92.3%), CHO9 (92.6%)

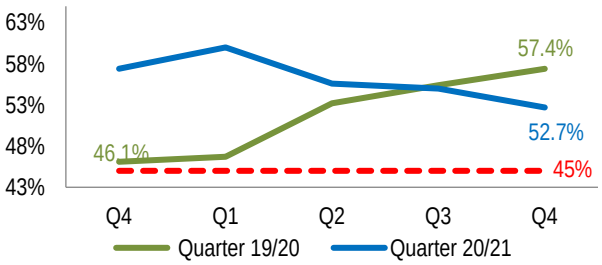
Tobacco smokers – intensive cessation support



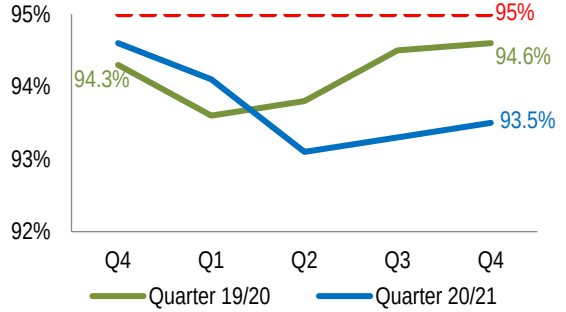
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Community Operations was again challenged in Q1 2022 but the Omicron wave of Covid. The wave presented challenges across Q1 in terms of Covid related staff absence, managing outbreaks in residential facilities and seeking to support discharges from Acute Hospitals to reduce the very significant pressure the hospital system was under in Q1. In addition to Covid there were significant winter pressures across the health system with hospitals experiencing record attendance levels both in Emergency Departments and in admissions. A high proportion of those admitted were over the age of 75. This has resulted in longer stays in hospital for people who have complex care needs and frequently requiring considerable community supports on discharge. This was on foot of a very challenging year in 2021 with COVID waves and the Cyber Attack.

Overall, the performance of community services had been stabilising however remains challenged in a number of service areas. An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from the Ukraine however the logistic and organisational challenges are significant.

March data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the impact of Covid in later Feb and March will again impact on the ability to deliver on KPI's. Examples of positive national performance against target are:

- CIT Referrals - In March 2022 there were 18,801 CIT referrals year to date which is 16.3% ahead of the expected year to date activity of 16,170.

- Ophthalmology – Number of patients seen +11.2% (18,695) above target 16,815
- Access to Palliative Inpatient Beds - The national year to date position is 97.1% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.
- Community Adult Mental Health Services – 88.2% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2022 against a target of ≥90%.
- Child & Adolescent Mental Health Service – 90.9% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

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

Waiting List Initiatives

It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. A Project Group has been established of national clinical leads and operational community leaders to oversee work to consider priorities and possible initiatives to improve waiting lists. Initiatives proposed by the Project Group are considered for once-off funding from the Access to Care Fund 2022 through the HSE and DOH governance arrangements. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, competing with private or small practice organisations when attempting to recruit, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services.

There are 2 waiting list initiatives underway where approval and resources have been secured to continue throughout 2022:

A. Children and young people assessed as Grade IV waiting for orthodontic treatment for more than 4 years in Quarter 1 2022 (583 children removed from the list in Q1)
B. Children waiting for primary care psychology for more than 12 months in Quarter 1 2022 (944 children removed from the list in Q1)

Two further initiatives have been approved and are in implementation planning for imminent go live for Primary Care Counselling and CAMHS Phase 1.

In addition to these, the Project Group are designing a pipeline of further waiting list initiatives which are in design and approval stages. This includes CAMHS Phase 2, Children's Disability Assessments, Audiology and other primary care services. Pending approval through HSE and DOH governance arrangements, a number of other initiatives should be implemented throughout 2022.

The implementation of the Integrated Community Case Management System (ICCMS) will be integral to supporting medium to long term management of waiting lists.

Serious Incidents

There were 30 Category 1 incidents reported by date of incident in March 2022 across the 9 Community Healthcare Organisations.

The % of Category 1 reviews for incidents notified in November 2021 (9 incidents notified) completed within 125 days of notification was 0%. The twelve month rolling % for this KPI is 17% an increase of 2% on the previous reporting period.

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

Primary Care

Primary Care Services have been impacted by the requirement to set up and continue to support Covid Specific Services including the vaccination / booster programme / Covid Intervention Teams. Additionally Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 94.6% return rate for data across Primary Care Services.

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

Community Intervention Teams (CIT)

At end of March 2022, there were 18,801 CIT referrals year to date which is 16.3% ahead of the expected year to date activity of 16,170 (PC122).
**** Data return rate 100%.***

Child Health Developmental Assessment 12 Months

The national performance at February YTD (Data one month in arrears) is 77.4% compared to a target of 95% (PC153).

The underlying performance of this metric continues to improve with monthly performance in February of 80.7% compared to a monthly performance of 74.3% in January.

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

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

Performance will continue to be monitored in 2022 with relevant CHOs including in the monthly engagement meetings.
**** Data return rate 96.9%***

KPI No.	Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Dec	Jan	Feb	Mar
Child Health								
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.8% (FY 2022)	97.8%			98.8%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	59.1% (Q1-Q4 2021)	58.3%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	38.7% (Q1-Q4 2021)	39.1%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	41.1% (Q1-Q4 2021)	41.8%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	32%	34% (Q1-Q4 2021)	32.6%			
PC153	% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M-1M	95%	77.4% (Feb 2022)	73.7%	74.3%	80.7%	

Oral Health

Year to date nationally 92.4% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). The wait list initiative underway for Primary Care Orthodontics Grade 4 Waiting over 4 years in Quarter 1 2022, is now approved for the remaining quarters of 2022.

Data return rate 100%

Physiotherapy Access within 52 weeks

The national position at the end of March 2022 is 78.4% compared to the target of 94% (PC100G). The number of clients waiting longer than 52 weeks has increased by +1.7% from 12,617 in February to 12,835 in March (PC100E).

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

Occupational Therapy (OT) Access within 52 weeks

The national position in March 2022 is 72% compared to the target of 95% (PC101G). The number of clients waiting longer than 52 weeks decreased by -2.8% from 8,808 in February to 8,557 in March (PC101E).

**** Data return rate 93.7%***

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in March 2022 is at 87.8% compared to the target of 100% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has increased by +9.6% from 1,947 in February to 2,134 in March (PC116C).

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

Podiatry Access within 52 weeks

The national position in March 2022 is 46.8% compared to the target of 77% (PC104G). The number of clients waiting longer than 52 weeks has increased by +0.3% from 3,833 in February to 3,846 in March (PC104E).

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

Ophthalmology Access within 52 weeks

The national March 2022 position is 53.9% compared to the target of 64% (PC107G). The number of clients waiting longer than 52 weeks has decreased by

-12.9% from 10,823 in February to 9,425 in March (PC107E). ***Data return rate 95.5%***

Audiology Access within 52 weeks

The national position in March 2022 is 70.5% compared to the target of 75% (PC108G). The number of clients waiting longer than 52 weeks has decreased by -1.9% from 4,747 in February to 4,658 in March (PC108E).

Data return rate 90%

Psychology Access within 52 weeks

The national position in March 2022 is 63.3% compared to the target of 81% (PC103G). The number of clients waiting longer than 52 weeks has decreased by -11.9% from 4,817 in February to 4,246 in March (PC103E). The wait list initiative underway for Primary Care Child Psychology for those waiting more than 12 months, in Quarter 1 2022, is now approved for the remaining quarters of 2022. Work is on-going with Mental Health Services to look at how best to provide digital online cognitive behavioural therapy services and other digital interventions to enhance service provision in this area.

Data return rate 96.9%

Dietetics Access within 52 weeks

The national position in March 2022 is 57.8% compared to the target of 80% (PC109G). The number of clients waiting longer than 52 weeks has decreased by -0.1% from 12,055 in February to 12,042 in March (PC109E).

Data return rate 93.7%

Numbers of Patients Seen

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

Number of Patients Seen YTD March 2022 *(please note data return rates referred to above)*			
Discipline	**Target YTD (NSP 2022)**	**Actual YTD**	**Actual vs. Target* YTD**
Physiotherapy (PC125)	147,764	110,829	-25.0%
Occupational Therapy (PC124)	97,506	78,405	-19.6%
SLT (PC126)	71,223	46,797	-34.3%
Podiatry (PC127)	21,625	14,841	-31.4%
Ophthalmology (PC128)	16,815	18,695	+11.2%
Audiology (PC129)	12,249	12,030	-1.8%
Psychology (PC131)	12,664	11,464	-9.5%
Dietetics (PC130)	16,848	14,636	-13.1%

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

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to 2021. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of February was 10,753 and is -0.9% below the expected activity level of 10,849(SI1)

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

Homeless Service

1,360 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2022 against a target of 1,100 (SI52A)

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

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 97.1% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).

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

Access to Palliative Community Service

The national year to date position is 78.5% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days, compared to the performance target of 80%. (PAC9A).

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

Children's Palliative Care

The number of children in the care of the specialist palliative care teams in March 2022 is 51 compared to the expected activity of 46 (PAC39).
* ***Data return rate 50%.***

The number of children in the care of the Children's Nurse Co-Ordinators was 300 in March 2022. Compared to the expected activity of 310. (PAC37).
**** Data return rate 93.5%.***

Mental Health

CAMHS Inpatient Units

Nationally there were 70 children admitted to CAMHS inpatient units at the end of March 2022 (MH37). Close weekly monitoring at the national level of the activity and waitlist for inpatient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

100% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2022 YTD which is above the target (>85%) (MH5).
100% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2022, which is above >95% target (MH57).

The number of children admitted to adult mental health units has reduced during 2022. The latest available data is the end of March 2022 that indicates there were no child admissions to adult units in the year to date. This is compared to 6 child admissions to adult units in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).
**** Data return rate 100%***

Community CAMHS

Nationally there was a decrease of 471 children on the waiting list for community mental health services, from 3,914 in February to 3,443 in March 2022 (MH50). There are 385 children waiting longer than 12 months in March 2022. CHO2 have no children waiting longer than 12 months to be seen.
**It should be noted that there are data quality issues in relation to the CHO 7 returns which are currently being addressed*

CHO1 have (12), CHO3 (86) CHO4 (166), CHO5 (18), CHO6 (N/A), CHO7 (22), CHO8 (55) and CHO9 (26) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of March, 75.5% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of ≥80% (MH6).
However, 97% of new or re-referred cases were seen within 12 months in community CAMHS services YTD March 2022 (MH72).

Nationally, 90.9% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
**** Data return rate 89% (no data CHO 6)***

Note: CAMHS Waitlist: Phase 1 of a CAMHS waiting list initiative has been approved and is implementation planning. Phase 2 is being designed and approval and funding will be sought in the coming weeks. This initiative is contingent on funding from the Wait List Initiative / Access to Care Fund.

Community Adult Mental Health Services

88.2% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2022 against a target of ≥90% (MH1). CHOs 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed. However, Covid-related contingencies make this more challenging to address. 20.9% of people referred to general adult services did not attend (DNA) their appointments.
**** Data return rate 95.7%***

94.4% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD March 2022 against a target of ≥98% (MH3).
**** Data return rate 87.5%***

Disability Services

Residential Places

There were 8,158 residential places for people with a disability in March 2022, which is -0.4% less than the target for the year to date (DIS108). A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. In addition, "in-year" capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.
Data return 100%.

Emergency Residential Places and Intensive Support Packages

In accordance with NSP 2022, Disability Services committed to developing 50 new emergency residential placements and 422 in home respite supports for emergency cases; this includes 402 packages put in place in 2021 which have been maintained in 2022, plus 10 new supported living packages and 10 new intensive support packages outlined in NSP 2022. At end of March 2022, 18 new emergency residential places were developed (DIS102) together with 5 new intensive support packages and 2 new supported living packages.

RT Places

There were 2,110 people (all disabilities) in receipt of Rehabilitative Training in March 2022, which is -7.9% (180) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic but also due to changing needs. The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which will progress in 2022.
**** Data return rate 100%***

Congregated Settings

A total of 19 people transitioned from congregated settings to homes in the Community in 2022 to date (DIS55) against a target of 143 for the year. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. The original 2012 report identified over 4,000 people living in 72 congregated settings. With the incremental progress made since 2012 to support people to transition to homes in the community, there are now less than 1,600 people remaining in the tracked congregated settings identified in the original report.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.
**** Data return rate 100%***

Disability Act Compliance

Activity for the first quarter of 2022 indicates that there has been a further significant reduction in the total number of applications 'overdue for completion', which now stands at 1,464 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations). A High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format.

Additional funding allocated to the Assessment of Need (AON) process via Slaintecare in 2021 has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement. The total number of overdue AONs has reduced by 72% since this additional funding was allocated. The requirement to provide diagnostic assessments under the terms of the Act for children who applied for their AONs between January 2020 and December 2021 will impact significantly on compliance in the coming months.

The first quarter of 2022 has also seen an increase in the number of applications for assessment of need received (1,645) which is up 12.2% on the profiled target of 1,466 for the period.

Older Persons

Home Support

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

NSP 2022 provides for the rollover of 2021 target levels of service into 2022, inclusive of the additional 5m hours funded under the Winter Plan to 23.67m hours to be delivered to 55,675 people and for 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people by year-end (total target of 24.26m hours/55,910 clients). This allocation comprehends 230,000 hours relating to the Home Support Pilot Scheme which commenced in 2021.

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

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

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

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

On the 1st November the Home Support Pilot commenced in four CHN pilot sites within CHOs 2, 4, 7 and 8. This assessment period for the pilot will run to the end of June 2022 and involves the use of a standard assessment tool for each participant (InterRAI). All new applicants for home support within the pilot site will be asked to participate as well as a percentage of review clients. The pilot will be evaluated by an independent body and the evaluation will continue for four months post pilot completion. The findings of the pilot will inform the development of a reformed model of support as well as the development of a statutory scheme for home support. Recruitment and training issues at the outset of the Pilot have been addressed and activity is now starting to accelerate with 8,477 hours delivered March YTD and it is expected that this trajectory will continue over the coming months.

At the end of March* (YTD), it was expected that the Home Support Service would deliver 5,370,782 hours (target). The data reported indicates that 5,054,757 hours were provided, a variance of -5.9% (OP53) on target and hours provided up +7.6% on SPLY. 52,224 people are in receipt of home support (OP54) (point in time) as at end March. 100 people are in receipt of an Intensive Home Care Package (OP4) (preliminary data)

** It should be noted that preliminary activity data is understated for this reporting period due to data coverage issues.*

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. The CHO waiting lists at end of March indicates that 286 people were assessed and waiting for funding for home support (OP55) (Preliminary data) and an additional 4,728 people assessed and waiting on care staff to commence a new or increased service, noting data coverage issues in the reporting period.

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

All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.
**** Data return rate 93.7%***

NHSS

In March 2022 the Nursing Homes Support Scheme funded 22,040 long term public and private residential places, and when adjusted for clients not in payment, there were 23,092 places supported under the scheme. The number of people funded under the scheme is below the profile for March by 205.

There is an Increase of 330 in the number of people supported under the scheme when compared to the same period last year. This is a 1.52% increase in activity year on year.

The number on the placement list at the end of March 2022 is 623 (Mar 2021 – 569). This is an increase of 54 (9.49%) on the same period last year.

A total of 1830 people were approved for funding under the scheme in the first three months of 2022 compared to 1504 people approved for the same period last year. This is an increase of 326 approvals or 21.68% year on year.

In the first three months of 2022, 2,608 applications were received and 1806 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 245 or 15.70% in the number of starters supported under the scheme when compared to 2021. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2022.
**** Data return rate 100%***

Transitional Care Funding

Transitional Care Funding, which is in place to assist Acute Hospitals with the discharge of patients who are finalising their Nursing Home Support Application or in need of a period of convalescence care before returning home, has continued to be in demand in 2022.
In February YTD 2022, 1,454 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46). Of a total of 778 approvals for the month of February 499 approvals were for NHSS applicants and 279 were for convalescence care. This was against a target of 528 (1,148 YTD) Pressures on acute hospitals and an increase in DTOCs resulted in increased demand on TCB during the month.
**** Data return rate 100%***

Populaton Health and Wellbeing

MECC

Healthcare staff continue to complete the 6 MECC eLearning modules. Due to the Covid-19 challenge the MECC KPI targets are under achieved. 442 staff completed the eLearning YTD March 2022 (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD March 2022 is 64 (HWB95). The reason for underperformance is due to reduced engagement by healthcare professionals across community and acute services due to additional pressures from COVID-19 and delays in recruiting new posts to support MECC implementation. Nine new posts to support MECC implementation have been recruited for and most of these positions were filled in Q1. MECC implementation guidance is being revised to allow for ease in implementation and clarity on roles and responsibilities. There is on-going participation in the HRB Applied Partnership Award entitled “Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC” to develop a new approach to successfully roll-out the programme in Ireland.

Tobacco smokers – intensive cessation support

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

Nationally, 8,601 smokers received intensive cessation support from a cessation counsellor YTD December 2021, which is -14% below the target of 10,000 smokers (HWB27).

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

The campaign was evaluated in November 2021 and shows continued strong engagement and traction with our target audience. A new campaign will be planned and commissioned in 2022 for launch in 2023.

The Tobacco Free Ireland (TFI) Programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support and delivered training and professional development to staff to support the delivery of a quality assured service during 2021.

Online Cessation Support Services

2,632 (+9.7%) people received online cessation support services during Q1 2022 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on www.quit.ie. There was strong performance in online activity and traffic to www.quit.ie throughout 2021. The temporary pausing of face to face stop smoking services due to COVID-19 has contributed to this uplift in seeking support through digital channels.

% of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 56.1% of smokers remained quit at four weeks YTD December 2021, which is above the target of 45% (HWB26). This metric is key quality metric and shows strong performance for the stop smoking service.

Population Health Protection – Immunisation and Vaccinations

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

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

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

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

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q4 2021) is 93.5% against a target of 95%
(-1.6%) (HWB4).
Data return 100%

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**														
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	34% [R]	-51.4%								34%	35%	29%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q4 2021)	Q	70%	62% [G]	-11.4%								39%	62%	71%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%								0.6%	0.7%	0.5%
	Service User Experience (Q4 2021 at 21.04.22)														
	Complaints investigated within 30 working days[2]	Q	75%	72% [A]		72% [A]	81% [G]	83% [G]	77% [G]	67% [R]	57% [R]	17% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	<0.8	1.0 [R]	20%	0.7 [G]	1.2 [R]	1.2 [R]	1.3 [R]	0.7 [G]	0.5 [G]	0.7 [G]	1.2	0.8	0.9
	C Difficile (per 10,000 bed days)	M	<2	2.0 [G]	1.9%	2.2 [A]	1.5 [G]	2.7 [R]	1.6 [G]	1.9 [G]	2.1 [G]	2.1 [G]	2.4	2.2	1.5
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	87.5% [R]	-12.5%	100% [G]	85.7% [R]	83.3% [R]	100% [G]	66.7% [R]	90% [A]	100% [G]	93.8%	91.7%	87.5%
	Surgery														
	Hip fracture surgery within 48 hours of initial assessment)	Q-1Q	85%	76.5% [A]	-9.9%		79% [A]	91.2% [G]	74.6% [R]	81.5% [G]	68.8% [R]	69.1% [R]	75.7%	71.2%	77.3%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.7% [G]	-15%		2.4% [G]	1.3% [G]	1.8% [G]	1.3% [G]	1.7% [G]	2.8% [R]	1.3%	1.7%	1.6%

[2] Data Gaps: Unavailable: IEHG Wexford GH, Saolta Mayo UH, Portiuncula UH, Roscommon UH

		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
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	79.1% [G]	-4%		51.5% [R]	93.5% [G]	83.1% [G]	69.6% [G]	81.5% [G]	71.7% [R]	75.1%	80.7%	78.5%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11% [G]	-0.9%		10% [G]	10.6% [G]	10.7% [G]	11.4% [G]	11.7% [A]	11.7% [A]	10.6%	10.8%	10.4%
	Ambulance Turnaround														
	Ambulance turnaround < 30 minutes	M	80%	21.7% [R]	-72.8%	55.6% [R]	29.5% [R]	21.4% [R]	32.9% [R]	8.3% [R]	10.2% [R]	24.9% [R]	22.7%	22.2%	20.4%
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	639 [R]		0 [G]	2 [R]	2 [R]	10 [R]	364 [R]	60 [R]	201 [R]	288	116	235
Access and Integration	**Routine Colonoscopy**														
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	45.1% [R]	-30.7%	27.1% [R]	39.9% [R]	43.1% [R]	70.9% [G]	34.3% [R]	58.4% [R]	34.4% [R]	43.2%	42.9%	45.1%
	Emergency Department Patient Experience Time														
	ED within 24 hours (Zero Tolerance)	M	97%	95.5% [R]	-1.5%	99.3% [G]	92.9% [R]	95.6% [R]	97.7% [G]	95.8% [R]	94.1% [R]	93.2% [R]	95.9%	95.3%	95.3%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	88.6% [R]	-10.5%		86.6% [R]	89.2% [R]	94.6% [R]	89.9% [R]	84.4% [R]	81.8% [R]	89.7%	88.3%	87.8%
	ED within 6 hours	M	70%	57.5% [R]	-17.9%	79.8% [G]	46.6% [R]	66.7% [G]	48.5% [R]	56.9% [R]	53.9% [R]	50.4% [R]	58.7%	57.1%	56.7%
	75 years or older within 6 hours	M	95%	35.5% [R]	-62.7%		26.5% [R]	48.7% [R]	24% [R]	37.5% [R]	30.5% [R]	39.3% [R]	36.6%	35.6%	34.3%
	Waiting times														
	Adult waiting <12 months (inpatient)	M	98%	72.6% [R]	-26%		62% [R]	81.3% [R]	90.4% [A]	57% [R]	75.7% [R]	77.5% [R]	72.2%	72.5%	72.6%
	Adult waiting <12 months (day case)	M	98%	81.8% [R]	-16.5%		79.6% [R]	87.1% [R]	98.4% [G]	74.3% [R]	78% [R]	78.6% [R]	80.4%	81.2%	81.8%
	Children waiting <12 months (inpatient)	M	98%	65.2% [R]	-33.5%	59.6% [R]	100% [G]	87.9% [R]	89.6% [A]	75.3% [R]	91% [A]	76.2% [R]	67%	66.3%	65.2%
	Children waiting <12 months (day case)	M	98%	76.4% [R]	-22.1%	73.2% [R]	100% [G]	93.1% [G]	90.4% [A]	74.6% [R]	87.8% [R]	81.2% [R]	74%	76.6%	76.4%
	Outpatient waiting < 18 months	M	98%	76.4% [R]	-22.6%	71.3% [R]	77.8% [R]	80.2% [R]	98.3% [G]	71.8% [R]	73.7% [R]	63.4% [R]	75.1%	75.9%	76.4%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Delayed Transfers of Care														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	600 [R]	71.4%	8	124	167	82	68	121	30	576	608	600
	Cancer														
	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	65.3% [R]	-31.3%		98.9% [G]	58.8% [R]	99.8% [G]	39% [R]	49.1% [R]	85.4% [R]	60.6%	69.8%	64.9%
	Urgent Breast Cancer within 2 weeks	M	95%	60.3% [R]	-36.5%		99.3% [G]	49.1% [R]	99.8% [G]	33.1% [R]	44.3% [R]	89.4% [A]	54.1%	66.1%	60.2%
	Non-urgent breast within 12 weeks	M	95%	49% [R]	-48.4%		85.5% [A]	46.5% [R]	99.2% [G]	19% [R]	14.9% [R]	6.9% [R]	54.2%	56.2%	36.1%
	Lung Cancer within 10 working days	M	95%	87.2% [A]	-8.2%		100% [G]	96.8% [G]	100% [G]	80.7% [R]	84% [R]	64.4% [R]	87.7%	89.6%	83.8%
	Prostate Cancer within 20 working days	M	90%	74.5% [R]	-17.2%		95.4% [G]	98.2% [G]	100% [G]	40% [R]	49.7% [R]	87.1% [G]	73.1%	73%	78.2%
	Radiotherapy treatment within 15 working days	M	90%	75.1% [R]	-16.6%		68% [R]			78.9% [A]	79.7% [R]	98% [G]	74.2%	73.3%	77.8%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	71.7% [R]	-10.4%								73.4%	72.1%	69.6%
	Delta within 18 minutes, 59 seconds	M	50%	41.8% [R]	-16.4%								45.8%	42.5%	37.5%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**														
	Net expenditure (pay + non-pay - income)	M	≤0.1%	1,821,659	10.13% [R]	7.61% [R]	13.38% [R]	15.45% [R]	15.19% [R]	16.01% [R]	15.45% [R]	16.26% [R]	10.91%	9.84%	10.13%
	Pay expenditure variance from plan	M	≤0.1%	1,345,407	5.57% [R]	2.29% [R]	7.57% [R]	8.29% [R]	6.43% [R]	9.20% [R]	6.78% [R]	7.70% [R]	7.12%	6.71%	5.57%
	Non-pay expenditure	M	≤0.1%	675,687	10.53% [R]	20.16% [R]	13.78% [R]	17.46% [R]	20.48% [R]	18.87% [R]	25.46% [R]	22.19% [R]	5.95%	6.66%	10.53%
	Gross expenditure (pay and non-pay)	M	≤0.1%	2,021,094	7.18% [R]	6.79% [R]	9.59% [R]	10.96% [R]	10.41% [R]	12.17% [R]	12.27% [R]	11.96% [R]	6.74%	6.69%	7.18%
	Service Arrangements														
	Monetary value signed	M	100%	0%	-100%								0%	0%	0%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Internal Audit														
	Recommendations implemented within 12 months (2021)	Q	95%	83% [R]	-12.63%								66%	66%	83%
Workforce	**Attendance Management**														
	% absence rates by staff category (Non Covid)	M	≤4%	4.50% [R]	12.5%	4.57% [R]	4.17% [R]	3.73% [G]	4.50% [R]	4.50% [R]	4.65% [R]	6.48% [R]	4.28%	4.49%	4.74%
	% absence rates by staff category (Covid)	M	NA	4.83%		4.36%	4.36%	5.59%	5.36%	4.83%	4.34%	4.92%	5.72%	3.59%	5.12%

Acute Hospital Services

Overview of Key Acute Hospital Activity

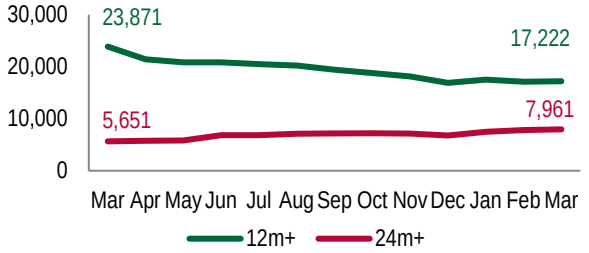
Activity Area	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	400,294	390,391	-2.5%	290,625	34.3%	123,943	123,953	142,495
New ED Attendances	329,772	323,376	-1.9%	242,566	33.3%	103,622	102,687	117,067
OPD Attendances	845,728	826,628	-2.3%	762,795	8.4%	262,953	271,226	292,449

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	103,676	93,016	-10.3%	81,479	14.2%	51,447	46,602	46,414
Inpatient weight units	102,864	89,421	-13.1%	85,877	4.1%	52,929	44,955	44,466
Day case (includes dialysis)	190,987	164,262	-14.0%	130,765	25.6%	82,454	79,211	85,051
Day case weight units (includes dialysis)	180,974	153,015	-15.4%	118,902	28.7%	78,880	74,129	78,886
IP & DC Discharges	294,663	257,278	-12.7%	212,244	21.2%	133,901	125,813	131,465
% IP	35.2%	36.2%	2.8%	38.4%	-5.8%	38.4%	37.0%	35.3%
% DC	64.8%	63.8%	-1.5%	61.6%	3.6%	61.6%	63.0%	64.7%
Emergency IP discharges	75,249	66,641	-11.4%	58,093	14.7%	36,884	33,550	33,091
Elective IP discharges	11,858	11,262	-5.0%	7,158	57.3%	5,752	4,873	6,389
Maternity IP discharges	16,569	15,113	-8.8%	16,228	-6.9%	8,811	8,179	6,934
Inpatient discharges >75 years	21,467	19,619	-8.6%	16,550	18.5%	10,708	9,684	9,935
Day case discharges >75 years	35,733	33,455	-6.4%	25,182	32.9%	16,521	16,371	17,084

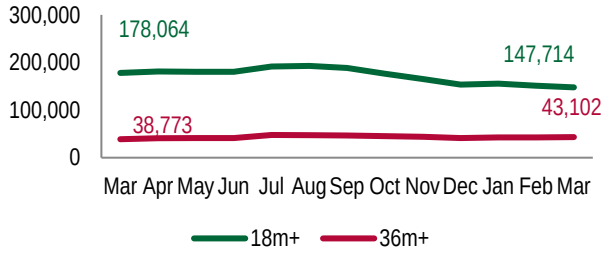
Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 12 months	98%	M	●	**72.6%**	63.3%	+9.3%	72.2%	72.5%	72.6%	6 out of 37 hospitals reached target	Mullingar (38.9%), Ennis (50%), GUH (51.9%)
Day case adult waiting list within 12 months	98%	M	●	**81.8%**	73.7%	+8.1%	80.4%	81.2%	81.8%	6 out of 42 hospitals reached target	St John's (57.8%), LUH (65.3%), Portlaoise (66.7%)
Inpatient children waiting list within 12 months	98%	M	●	**65.2%**	60.8%	+4.4%	67%	66.3%	65.2%	TUH,Tullamore (100%)	LUH (20%), MUH (50%), CHI (59.6%)
Day case children waiting list within 12 months	98%	M	●	**76.4%**	65.1%	+11.3%	74%	76.6%	76.4%	13 out of 27 hospitals reached target	LUH (64.4%), GUH (68.9%), CHI (73.2%)
Outpatient waiting list within 18 months	98%	M	●	**76.4%**	71.7%	+4.7%	75.1%	75.9%	76.4%	7 out of 43 hospitals reached target	RVEEH (58%), UHL (59.7%), Mercy (67.1%)

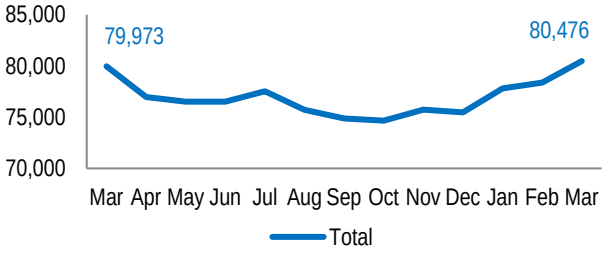
Inpatient & Day Case Waiting List



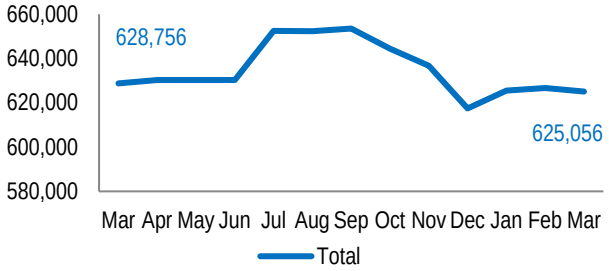
Outpatient Waiting List



Inpatient & Day Case Waiting



Outpatient Waiting List Total



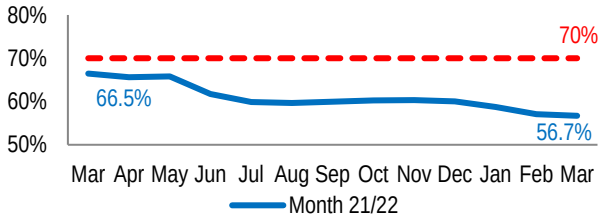
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>18 Mths
Adult IP	18,893	18,720	+173	5,185	3,606
Adult DC	53,567	53,008	+559	9,732	5,847
Adult IPDC	**72,460**	**71,728**	**+732**	**14,917**	**9,453**
Child IP	3,682	3,622	+60	1,281	748
Child DC	4,334	4,623	-289	1,024	601
Child IPDC	**8,016**	**8,245**	**-229**	**2,305**	**1,349**
OPD	**625,056**	**628,756**	**-3,700**	**216,359**	**147,714**

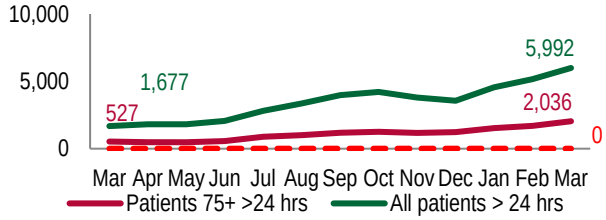
ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% admitted or discharged within 6 hours	70%	M	●	**57.5%**	66.9%	-9.4%	58.7%	57.1%	56.7%	St Michaels (89.5%), SLK (84.3%), CHI (76.8%)	Tallaght – Adults (32.3%), Beaumont (35.6%), Naas (36.8%)
% 75 years or older admitted or discharged within 6 hours	95%	M	●	**35.5%**	46.6%	-11.1%	36.6%	35.6%	34.3%	St Michaels (80.4%), SLK (67.5%), MMUH (53.7%)	Tallaght – Adults (17.3%), Mercy (20.6%), Naas (21.7%)
% in ED admitted or discharged within 24 hours	97%	M	●	**95.5%**	98.2%	-2.7%	95.9%	95.3%	95.3%	12 out of 28 hospitals	Tallaght – Adults (83.6%), Mercy (88.8%), Naas (89.6%)
% 75 years admitted or discharged within 24 hours	99%	M	●	**88.6%**	95.9%	-7.3%	89.7%	88.3%	87.8%	4 out of 27 hospitals	Tallaght – Adults (70.8%), Mercy (71.7%), Naas (74.2%)

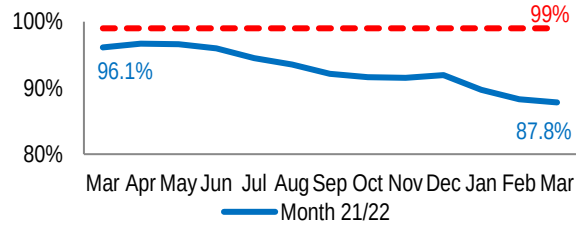
% patients admitted or discharged within 6 hours



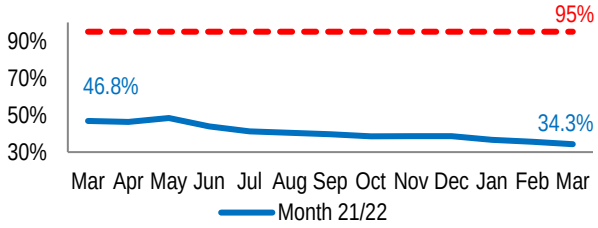
Number in ED waiting over 24 hours



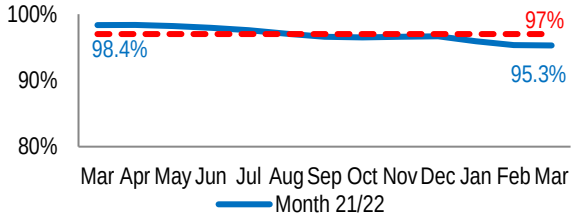
% 75 years old or older admitted or discharged within 24 hours



% 75 years admitted or discharged within 6 hours



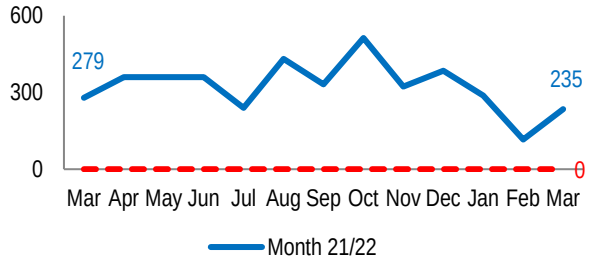
% in ED admitted or discharged within 24 hours



Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	●	**639**	1,349	-710	288	116	235	24 out of 38 hospitals	St John's (86), MUH (71), LUH (37)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**48**	20	+28	12	15	21	11 out of 15 hospitals	Wexford (10), Ennis (5), MMUH, SUH (3)
Colonoscopy and OGD <13 weeks	65%	M	●	**45.1%**	32.7%	+12.4%	43.2%	42.9%	45.1%	11 out of 37 hospitals	MMUH (18.5%), Nenagh (19.7%), LUH (21.3%)
% of people waiting <12 months for an elective procedure GI scope	100%	M	●	**86.7%**	78.2%	+8.5%	84.9%	86.1%	86.7%	10 out of 37 hospitals	MUH (58.8%), LUH (59.6%), UHL (68.2%)

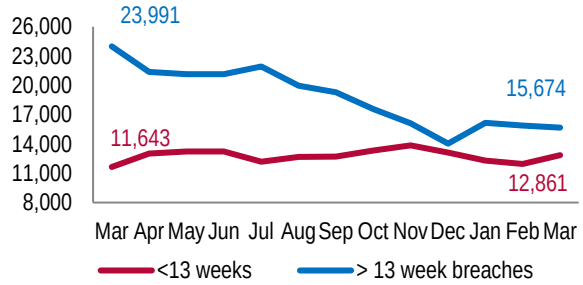
Urgent Colonoscopy –no. of new people waiting



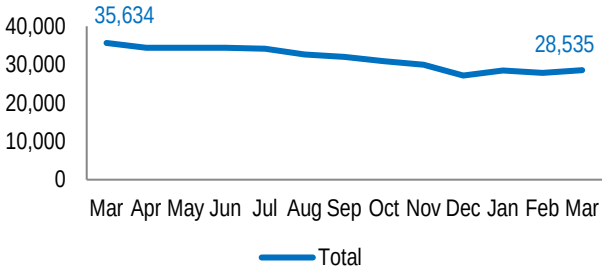
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	150	200	281
Number scheduled over 20 working days	12	15	21

No. on waiting list for Colonoscopy and OGD



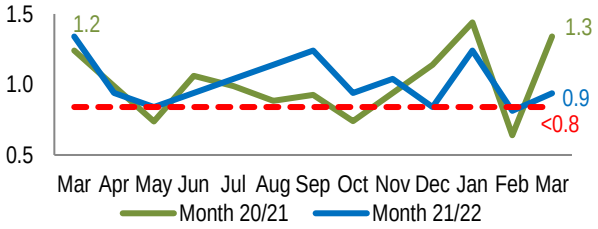
Total No. on waiting list for Colonoscopy and OGD



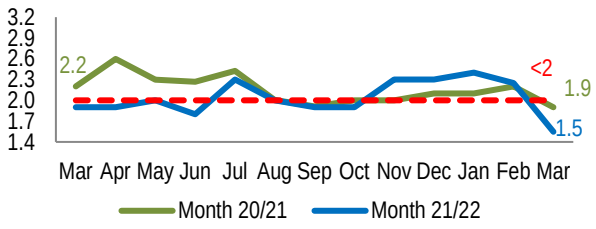
HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Rate of new cases of Staph. Aureus infection	<0.8	M		**1.0**	1.1	-0.1	1.2	0.8	0.9	34 out of 47 hospitals achieved target	Beaumont (3.3), CWIUH (2.9), CUH & Mullingar (1.7)
Rate of new cases of C Difficile infection	<2	M		**2.0**	2.0	0.0	2.4	2.2	1.5	35 out of 47 hospitals achieved target	Naas (7.0), UHK (6.5), St. John's (5.1)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q		87.5%	91.7%	-4.2%	93.8%	91.7%	87.5%	42 out of 48 hospitals achieved target	1 hospital didn't achieve the target.5 hospitals didn't submit data.

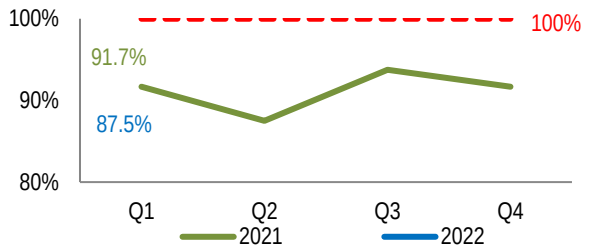
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



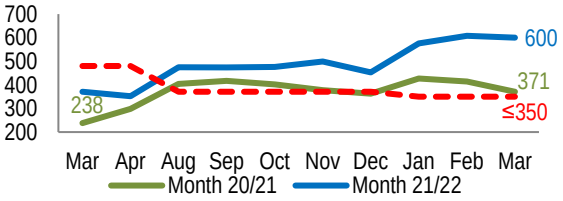
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤350	M		**600**	371	+229	576	608	600	Mullingar, Mallow (0), SLRON, Navan, Ennis (1)	SJH, (69), Mater (52), CUH (46)

Delayed Transfers of Care[3]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	95	24	119	19.8%
Residential Care	219	21	240	40%
Rehab	36	18	54	9%
Complex Needs	24	14	38	6.3%

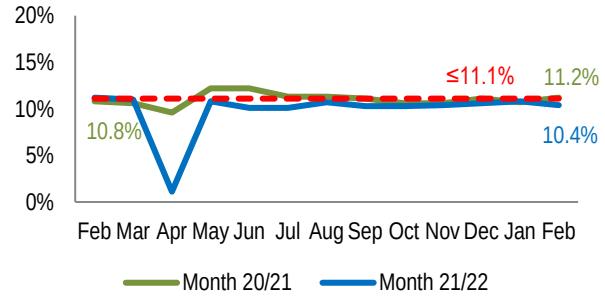
	Over 65	Under 65	Total	Total %
Housing/Homeless	7	25	32	5.3%
Legal complexity	30	6	36	6%
Non compliance	9	1	10	1.7%
COVID-19	62	9	71	11.8%
Total	**482**	**118**	**600**	**100%**

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

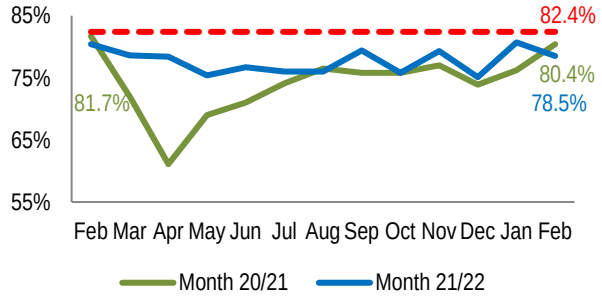
Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M		**11.0%**	11.3%	-0.3%	10.6%	10.8%	10.4%	23 out of 34 hospitals achieved target	Nenagh (20.1%), Ennis (17.3%), St Columcilles (15.9%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M		**79.1%**	79.4%	-0.3%	75.1%	80.7%	78.5%	17 out of 35 hospitals achieved target	Croom (38%), SJH (20.1%), SVUH (50%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M		**50.9%**	37.5%	+13.4%	36.5%	62.5%	45.6%	11 out of 29 hospitals achieved target	6 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M		**1.7%**	1.9%	-0.2%	1.3%	1.7%	1.6%	27 out of 38 hospitals achieved target	SIVUH (1%), Croom (0.9%) Naas (6.5%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q		**76.5%**	74.5%	+2%	75.7%	71.2%	77.3%	4 out of 16 hospitals achieved target	UHL (61.6%), Connolly (69.4%), Beaumont (69.6%)

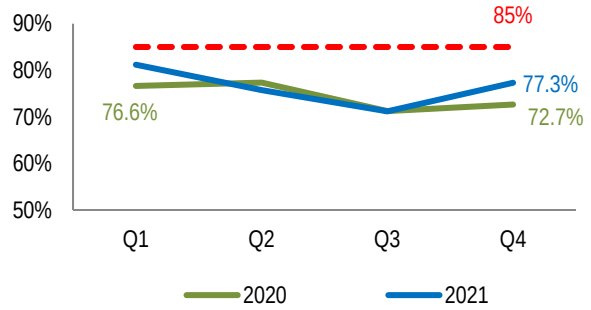
Emergency re-admissions within 30 days



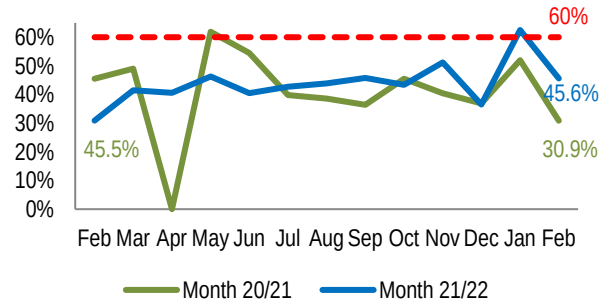
Procedure conducted on day of admissions



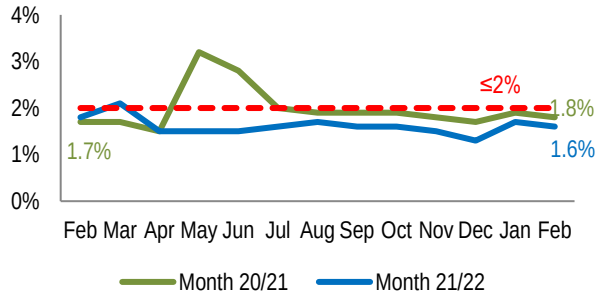
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



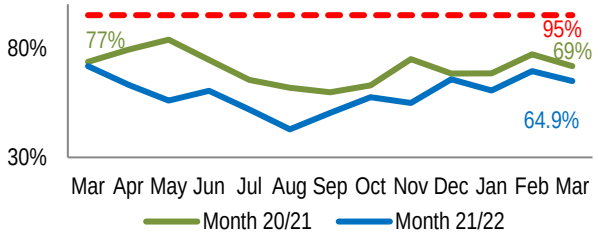
Surgical re-admissions within 30 days



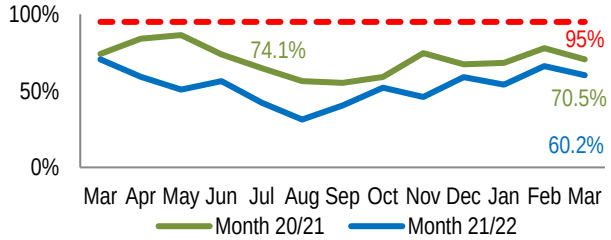
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	95%	M	●	**65.3%**	72.5%	-7.2%	60.6%	69.8%	64.9%	Beaumont (100%), SVUH, SJH, UHW (99.6%)	CUH (20.2%), MMUH (34.3%), GUH (37.5%)
Urgent breast cancer within 2 weeks	95%	M	●	**60.3%**	72.2%	-11.9%	54.1%	66.1%	60.2%	SVUH (99.5%), SJH, UHW (99.4%)	CUH (15.8%), MMUH (26.9%), GUH (32.2%)
Non-urgent breast within 12 weeks	95%	M	●	**49%**	47.5%	+1.5%	54.2%	56.2%	36.1%	MMUH (100%)	UHW (2.6%), UHL (3.8%), GUH (7.3%)
Lung Cancer within 10 working days	95%	M	●	**87.2%**	92%	+4.8%	87.7%	89.6%	83.8%	4 hospitals reached target	UHL (58.8%), GUH (64.5%), CUH (78.6%)
Prostate cancer within 20 working days	90%	M	●	**74.5%**	55.6%	+18.9%	73.1%	73%	78.2%	5 hospitals reached target	CUH (13.2%), UHL (83.1%)
Radiotherapy within 15 working days	90%	M	●	**75.1%**	79.2%	-4.1%	74.2%	73.3%	77.8%	UHW (96.8%), UHL (95.7%)	Altnagelvin (55.6%), SLRON (73.4%), GUH (80%)

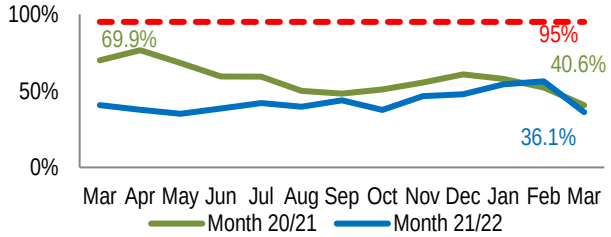
Rapid Access within recommended timeframe



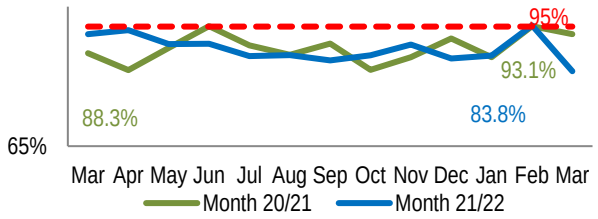
Breast Cancer within 2 weeks



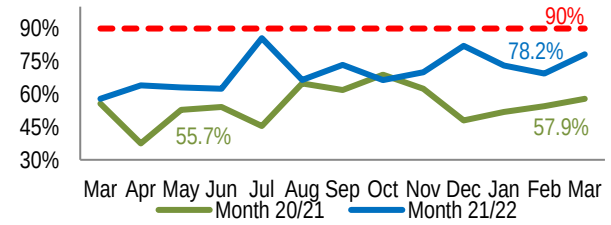
Non-urgent breast within 12 weeks



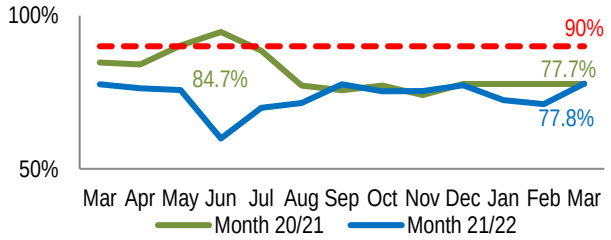
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



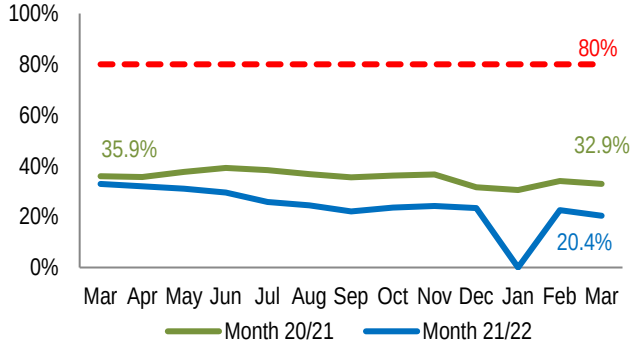
Radiotherapy within 15 working days



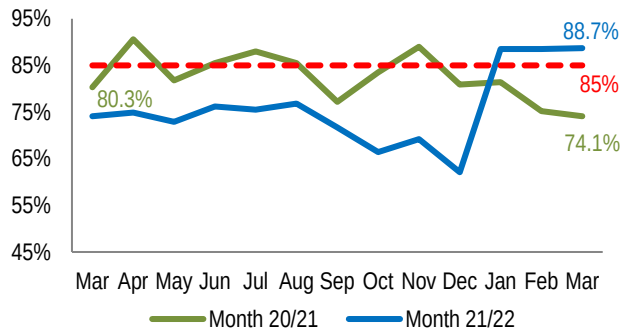
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	●	**21.7%**	32.4%	-10.7%	22.7%	22.2%	20.4%	NMH (70.3%), Rotunda (60%), Coombe (45.5%)	Mercy (3.9%), CUH (4.2%), MUH (4.8%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	●	**88.6%**	77.1%	11.5%	88.5%	88.5%	88.7%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	**91.8%**	96.2%	-4.4%	91.7%	92.4%	91.5%		

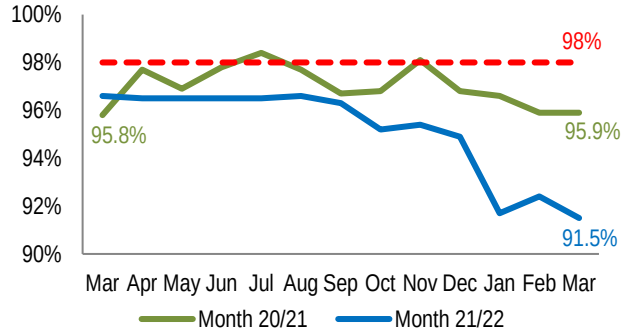
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



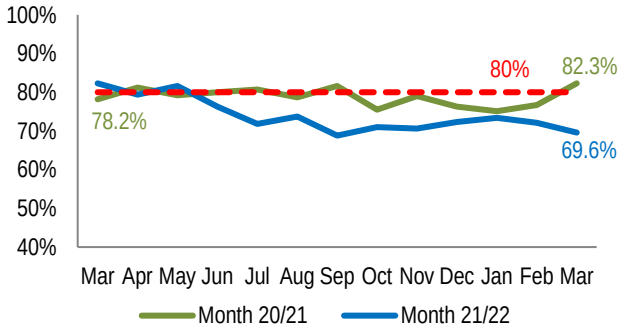
Delays Escalated - within 60 minutes



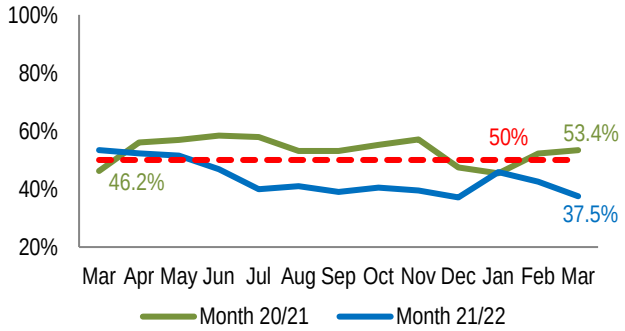
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Response Times – ECHO	80%	M	●	**71.7%**	77.9%	-6.2%	73.4%	72.1%	69.6%		West (59.3%) South (64.3%) Dublin Fire Brigade (71.5%)
Response Times – DELTA	50%	M	●	**41.8%**	50.2%	-8.4%	45.8%	42.5%	37.5%		Dublin Fire Brigade (26.5%) South(33.5%) North Leinster (43.8%)
Return of spontaneous circulation (ROSC)	40%	Q	●	**38.5%**	36.6%	1.9%	39.0%	35.8%	38.5%		

Response Times – ECHO



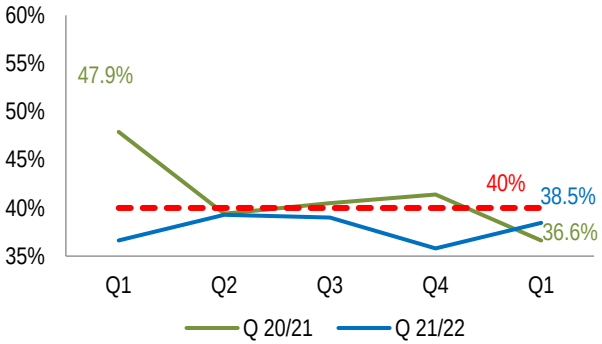
Response Times – DELTA



Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	1,350	1,701	26.0%	1,347	354
DELTA	30,000	37,769	25.9%	25,648	12,121

Return of Spontaneous Circulation (ROSC)



Acute Hospital Services Update

Context

Activity year to date has been significantly impacted by the surge in COVID cases (OMICRON). The number of hospitalised cases increased from January 2022 and hit a peak of 1,624 cases on 28 March 2022 (Figure 1); 3,588 staff were absent due to COVID the week of 25 March 2022 (Figure 2)

Figure 1 Source PMIU COVID Intraday Operations Update, SDU

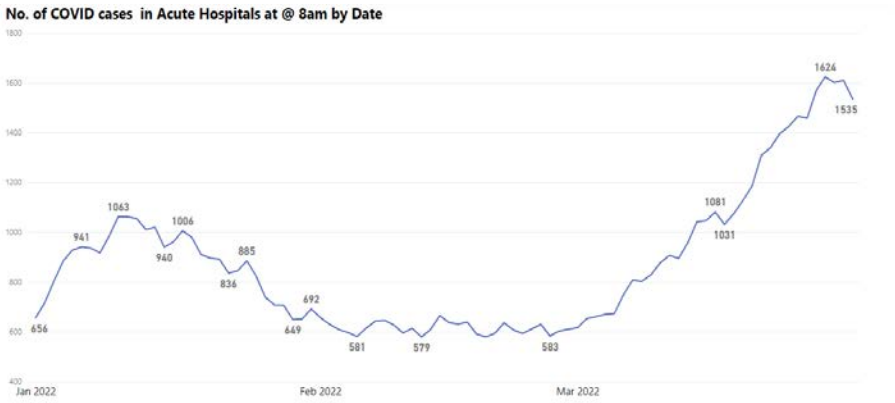
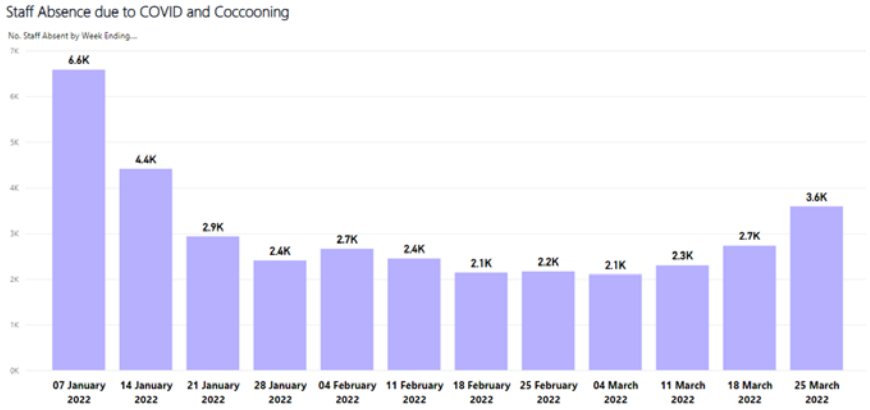


Figure 2 Source National HR Acute Services Covid-19 Absence Report



Emergency Presentations

- **Emergency Department attendances: The total number of ED** attendances for March 2022 was 126,084 and was 23.1% higher than March 2021 (102,372) and higher than pre-COVID levels in March 2019 (117,016) by 8.6%.
- **Emergency Department admissions** for the month of March 2022, the total number of admissions was 30,632 which was 9.8% higher than March 2021 (27,906). March 2022 admissions were higher than March 2019 (30,105) by 1.8%.
- **All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for March 2022 was 142,495 and was 25.8% higher than March 2021 (113,312) and higher than pre-COVID levels in March 2019 (128,830) by 10.6%.

There are a number of factors contributing to the increase in ED attendances since 2020. These include:

- o the impact on GPs of their participation in vaccination programmes,
- o Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase. Similar trends have been observed in other jurisdictions during the Pandemic.

Patient Experience Time PET): 95.3% of all patients attending ED were seen within 24 hours in March 2022 which is below the NSP target of 97%. This compares with 98.4% in March 2021 and is lower than 96.3% in March 2019. The significant and sustained growth in Delayed Transfers of Care (DTOC) throughout 2021 continues in 2022. The Acute Hospital system is also experiencing significant levels of staff sick leave related to the latest COVID surge. These are key contributory factors in non-compliance with PET targets.

ED Patient Experience Time less than 24 hours for patients aged 75+ was 87.8% in March 2022, this is below the NSP target of 99.0%. This compares with 96.1% in March 2021 and is a disimprovement on March 2019 which was at 89.9%.

Delayed Transfers of Care (DTOC)

- There was 600 Delayed Transfers of Care at the end of March 2022 which is an increase of 61.7% on the same month last year (371); but a decrease of 4.2% from the number of DTOCs in March 2019 (626).

- The 600 reported in March 2022 included 119 patients waiting to go home and 240 waiting on long term residential care. The DTOC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End March 2022
Home	119
Residential Care	240
Rehab	54
Complex Needs	38
Housing/Homeless	32
Legal complexity	36
Non compliance	10
COVID-19	71
Total	**600**

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

Inpatient Discharges

- There were 46,414 inpatient discharges in February 2022 which is an increase of 14.9% on the same period in 2021(40,411) and a decrease of 6.7% ion Pre COVID February 2020 (49,723).

Day Case Discharges (including dialysis)

- There were 85,051 Day Case discharges in February 2022 which is 26.5% higher than the number of discharges in February 2021 (67,251). The number of patients seen in February 2022 is a decrease of 7.0% when compared with February 2020 (91,480).

Elective Inpatient Discharges*

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

- There were 6,249 elective inpatient discharges in February 2022 which is a 71.1% increase when compared with the same period in 2021 (3,726) and a 19.4% decrease when compared with February 2020 (7,554).

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

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

Emergency Inpatient Discharges

- There were 33,091 emergency inpatient discharges in February 2022 which is a 14.9% increase on February 2021 and a decrease of 6.7% on February 2020.

Maternity Inpatient Discharges

- There were 6,934 maternity patient discharges in February 2022 which is a decrease of 11.4% on February 2021 and a decrease of 15.9% on 2020.

Outpatient Department Attendances

- The number of new and return outpatient attendances was 292,449 in March 2022 which was 1.4% lower than the corresponding period in 2021, and higher by 5.5% than pre COVID March 2019
- YTD March 2022 (826,628) is 2.3% lower than the target of 845,728. A significant contributory factor to this decrease is attributed to the impact of the increase of COVID cases in the community, and the number of staff absences caused by COVID related leave.

Virtual Clinics

- Virtual engagement has become a key element of delivering outpatient care in a COVID environment with 39,382 patients being seen in March 2022 as reported by the BIU.

Elective Access

Context

The Acute Hospital system continued to be significantly impacted in February 2022 by Omicron. Staffing continued to be negatively affected and this had direct impact on scheduled care. In some instances staff were re-deployed to cover unscheduled care areas due to staff shortages.

In addition to the beds that were occupied by patients with COVID, there was significant number of patients whose discharge is delayed (600 in March, 608 in February) and this impacted upon delivery of elective workload at a number of sites. Of the 600 patients whose discharge was delayed in March, 40% were waiting to be discharged to residential care. The COVID outbreaks in Nursing Homes since January has contributed to this delay

2022 Waiting List Action Plan

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

Table 2

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

Source: 2022 Waiting List Action Plan

The Waiting List Action Plan focuses on four key areas:

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

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

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

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

Waiting times March 2022

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

Table 3

WAITING LIST	NSP Target 2022	Compliance with target in Mar-22
Adult Inpatients	98% within 12 months	72.6%
Adult Day Case	98% within 12 months	81.8%
Children's Inpatient	98% within 12 months	65.2%
Children's Day Case	98% within 12 months	76.4%
Colonoscopy/OGD	65% within 13 weeks	45.1%
Colonoscopy/OGD	100% within 12 months	86.7%
Outpatient	98% within 18 months	74.9%

Source: HSE MDR March 2022

Numbers waiting March 2022

Inpatient and Day Case Waiting Lists

At the end of March 2022, the number of people waiting for an inpatient or day case appointment (IPDC) was 80,476 which represents an increase of 2,105 (2.7%) on February 2022. The number waiting at the end of March 2022 was higher than the number waiting at the end of March 2021 by 0.6% and 14.6% higher than the numbers waiting at the end of pre COVID March 2019.

The number waiting over 6 months peaked in August 2020 at 45,193. It has reduced by 13,115 (31.1%) to 32,078 at the end of March 2022.

Colonoscopy/OGD Waiting lists

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

At the end of March 2022, the number of people on the Colonoscopy/OGD waiting list was 28,535. This is an increase of 2.5% on the number waiting at the end of February 2022 (27,827).and 19.9% lower than the peak of 36,820 in March 2021. March 2022 is higher than pre COVID March 2019 by 33.2% (21,423).

The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 6,875 (46.0%) to 9,017 at end of March 2022

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

- Increase the volume of referrals triaged by nurses to ensure patients are directed to the most appropriate intervention, or not added to the waiting list where clinically indicated.
- Use stool tests taken by patients at home (FIT tests), rather than a colonoscopy in order to diagnose certain diseases, discharge patients or safely defer patients to a later date.
- Use more capsule endoscopies (PillCam) as an alternative to colonoscopies.
- Publish de-anonymised (to hospital level, not individual clinician level) NQAIS Endoscopy data to further strengthen quality improvement and clinical governance in GI endoscopy.
- Delivery increased activity in public and private units to recover lost activity in 2020.
- Continue to support endoscopy units to achieve external accreditation.
- Harness NTPF support for clinical validation as well as funding additional day case scopes in the public and private sector.
- Support increased capital investment in endoscopy units

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was 625,056 at the end of March 2022 which is a decrease of 0.3% (1,602) since February 2022

The number waiting at the end of March 2022 shows a decrease of 0.6% when compared with March 2021 (628,756), and an increase of 13.9% when compared with pre COVID March 2019 (546,630).

The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 61,550 (15.0%) to 349,902 at the end of March 2022.

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In March 2022, 281 invitations were issued of which 92.53% were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

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

- St Vincent's University Hospital – 99.5%
- St James's Hospital – 99.4%
- University Hospital Waterford – 99.4%

One hospital was marginally below the target:

- University Hospital Limerick – 92.6%

Four hospitals were below the target:

- Letterkenny University Hospital – 56.8%
- Galway University Hospital – 32.2%
- Mater Misericordiae University Hospital – 26.9%
- Cork University Hospital – 15.8%

Data for Beaumont Hospital is not available

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

Rapid Access Clinics for Lung Cancer Services

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

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

Three hospitals were below the target of 10 days:

- Cork University Hospital – 78.6%
- Galway University Hospital – 64.5%
- University Hospital Limerick – 58.8%

Data for Mater Misericordiae University Hospital is not available.

Rapid Access Clinic for Prostate Cancer Services

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

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

Two hospitals were below target of 20 days:

- University Hospital Limerick – 83.1%
- Cork University Hospital – 13.2%

Data for Galway University Hospital is not available.

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

Radiotherapy

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

- UPMC Waterford – 96.8%
- Limerick –95.7%
- Galway – 80.0%
- St Luke's Network (SLRON) – 73.4%

Data for Cork was not available at time of writing

Performance and Accountability Framework

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

St James's Hospital Symptomatic Breast Cancer Services

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

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

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

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

Healthcare Associated Infections (HCAI)

The National Service Plan 2022 target is that the rate of new cases of hospital acquired *staphylococcus aureus (S.Aureus)* bloodstream infection is less than 8 per 10,000 beds used. In March 2022 the rate was 0.9, an increase since February 2022 (rate of 0.8). There were 29 cases of hospital acquired *S. Aureus* bloodstream infections in March 2022.

The National Service Plan 2021 target is that the rate of new cases of hospital associated *Clostridium Difficile* infection is less than 2 per 10,000 beds used. The rate of *Clostridium Difficile* in hospitals in March 2022 was 1.5 (a decrease since February 2022 (Rate of 2.2) and 50 cases of *Clostridium Difficile* infection reported by hospitals in March.

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

There were 52 new cases of *Carbapenemase Producing Enterobacteriaceae* (CPE) reported by hospitals in March 2022.

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

National Ambulance Service

- Activity volume for AS1[4] and AS2[5] calls received this month has increased by 6,506 (33,619) calls (24%) compared to the same month last year (March 2021 – 27,113)

- The daily average call rate for AS1 and AS2 calls received this month was 1,084 (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 70% this month. This was a 2% dis-improvement compared to last month i.e. February 2022

- ECHO calls increased by 42% (189) compared to the same month last year (March 2021)

- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 38% this month which was a 4% dis-improvement compared to last month, i.e. February 2022

- Nationally there was a 36% (3,935) increase in DELTA call activity compared to the same month last year

- 79% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 82% in the previous month.

- Ambulance Turnaround times at Emergency Departments' dis-improved in January, demonstrating a continuation of the downward trajectory seen to date. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery

    - 21% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared o 33% of vehicles being released within 30 minutes or less last year (March 2021)
    - 63% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 86% of vehicles being released within 60 minutes or less last year (March 2021).

Human Resources

WTE Data for March

The WTE for Acute Operations in March 2022 was 71,205, this was an increase of +391 WTE on February 2022, and represents an increase of 4,766 WTE since December 2020. The headcount in Acute Operations for March 2022 is 79,825.

All six staff categories are showing growth this month. The largest increase was seen in the Nursing & Midwifery category (+116 WTE) followed by Medical & Dental (+107 WTE), Management & Admin (+68 WTE), Patient & Client Care (+66 WTE), General Support (+31 WTE) and Health & Social Care (+2 WTE).

All seven Hospital Groups are showing growth this month. The largest WTE increase this month is reported in Saolta University Hospital Care at (+130 WTE), followed by RCSI (+85 WTE), IEHG (+48 WTE), DMHG (+38 WTE), ULHG (+36 WTE), CHI (+30) and SSWHG (+24 WTE).

Absence data for March

For Acute Services the absence rate is 9.9% of which 5.1% (52% of the total) is COVID- 19 related. Patient & Client Care was the staff category with the highest rate of absence at 12.13% while Medical & Dental had the lowest at 3.23%. Of the

[4] AS1 – 112/ 999 emergency and urgent calls

[4] AS2 - Urgent calls received from a general practitioner or other medical sources

Hospital Groups ULHG had the highest rate of absence at 11.75% while CHI had the lowest at 8.99%.

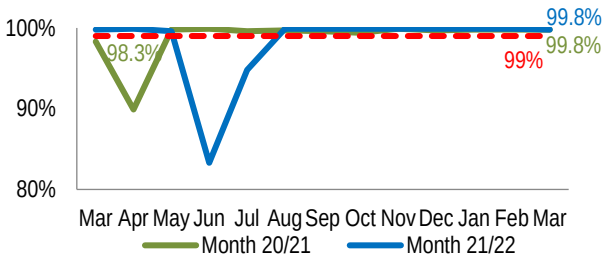
Headcount of staff within Acute Operations on Covid related absence (including cocooning) stood at 2,102 for the week of 26th February to 4th March; this number had increased to 3,320 by the week of 26th March to 1st April. The total cocooning figure reduced from 220 to 88 during the same period.

National Services

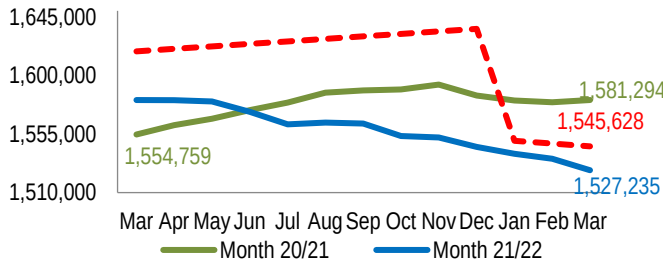
National Services

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	●	99.8%	99.8%	0%	99.9%	99.9%	99.8%
Number of persons covered by Medical Cards	1,545,628 YTD/ 1,539,348 FYT	M	●	1,527,235	1,581,294	-54,059	1,539,900	1,536,070	1,527,235
Number of persons covered by GP Visit Cards	549,122 YTD/ 617,960 FYT	M	●	530,506	532,813	-2,307	526,825	529,738	530,506
Number of initial tobacco sales to minors test purchase inspections carried out	0 YTD/ 384 FYT	Q		0	0	0	0	0	0
Number of official food control planned and planned surveillance inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	●	5,930	2,054	+3,876	5,452	6,151	5,930

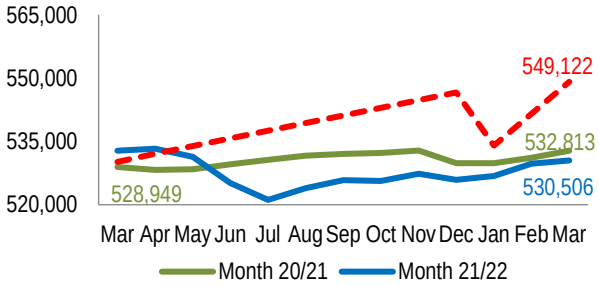
Medical card turnaround within 15 days



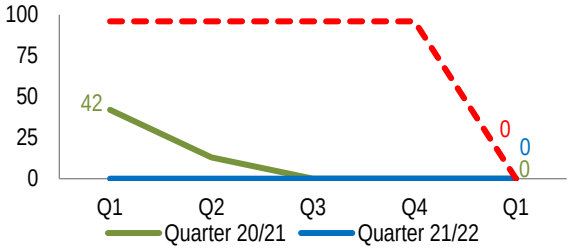
Number of persons covered by Medical Card



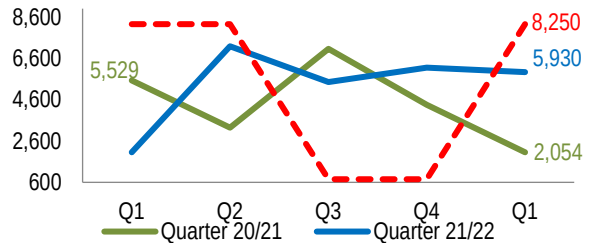
Number of persons covered by GP Visit cards



Number of initial tobacco sales to minors



Number of inspections of food businesses



National Services Update

PCRS

During the month of March 2021, 99.8% of medical card applications were processed within 15 working days. The number of people who held Medical Card eligibility on 31st March 2022 was 1,527,235, a reduction of 8,835 on the previous month. The total number of persons with eligibility for a GP Visit Card on 31st March 2022 was 530,506, an increase of 768 on the previous month. As at 31st March 2022, 2,057,741 or 41.1% of the population had Medical Card or GP Visit Card eligibility, an overall decrease of 8,067 on the previous month. (Population figures are based on the CSO 2021 estimated figure of 5,011,500).

While we are beginning to see an increase in the number of new Medical Cards issued due to those arriving from Ukraine having eligibility, overall Medical Card eligibility numbers decreased during the month following review assessments carried out, particularly in relation to those returning to work.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 5,930 Planned and Planned Surveillance Inspections were carried out by the end of Q1. This represents a 28% shortfall of the end of Q1 target. However, for the first month of Q1, the EHS was still involved in enforcing COVID-19 Indoor Dining Regulations which had an impact on this KPI.

Of those Planned and Planned Surveillance inspections that were carried out, 20% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of 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. 97% of all complaints received by the EHS by the end of Q1 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q1, 563 drinking water samples were taken to assess compliance which is an 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

12 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is 100% of the Q1 target.

32 Sunbed Premises received a Planned inspection in Q1. This is a shortfall of 47% of the target for Q1.

Test Purchases and Mystery Shopping to assess compliance with the Sunbeds Act were not completed in Q1. These are normally carried out during the summer months when minors are available.

Test purchases of cigarettes were not completed in Q1. These are normally carried out during the summer months when minors are available.

Emergency Management

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

HSE COVID-19 Response: HSE EM continues to support the HSE's response and management of COVID-19 both strategically and operationally. The HSE National Crisis Management Team (NCMT) and the National Public Health Emergency Team (NPHET) continues to meet. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs) and the Winter Action Teams (WAT) structures. Work continues to be scaled down with the Voluntary Emergency Services, the Civil Defence and the Defence Forces to meet HSE priority areas. EM continues to support the vaccination programme through the Centralised Vaccination Clinic (CVC) working group, the CVC Area Leads Forum, the Regional Vaccination Steering groups and the National Vaccine Supply Chain.

- **Regional Inter-agency Response:** EM participates in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working Groups (RWGs), which are meeting weekly/fortnightly. HSE EM continues to support senior management teams in briefings and planning response arrangements. EM actively link with other statutory agencies to coordinate the support required as part of a response. EM regions continue to complete prioritised components of the regional interagency work plans, subject to the COVID-19 restraints.

- **SEVESO:** HSE legislative requirements as a Local Competent Authority have been met for 2021. All relevant Seveso sites across the EM regions have revised external emergency plans and Seveso exercises have been completed for 2021.

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

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

- **Covid-19 Excess Mortality:** Local monitoring of mortality rates continue and any emerging system pressures that arise in the acute or community setting assessed. National EM staff continue to work collaboratively with the Acute Hospital division, Public Health staff and cross government and agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups continue to be situationally aware.

- **Crowd Events:** Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act requirements.

- **High Consequence Infectious Disease (HCID) Planning:** High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme in the form of a Steering Group a Clinical Advisory Group and three work streams. The specialised negative/positive pressure isolation PODs for transport of patients with a HCID was exercised in February with the National Ambulance Incident Response team, the Critical Care Retrieval Service and the Air Corps with learning points incorporated into HCID planning.

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

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

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

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

- **Government Task Force (GTF) on Emergency Planning:** EM continues to support the work of the GTF and updates are provided on key health related areas.

EU & North South Unit

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

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

Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Chair the HSE Steering Group meetings and engage on the HSE involvement with DoH Brexit Operations meetings.
- Update the HSE Brexit Lead as appropriate.
- Brexit Operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's
- Ongoing discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.

Cross Border Work

- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA MOU meeting including NWCC
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Discussions with DoH on future Peace Plus programme
- Support CAWT Strategy Groups in progressing PEACE PLUS Priorities
- Ongoing work with CAWT Governance sub-group

- Other North South work including Centre for Cross Border Studies, NIGEMS etc. on behalf of the HSE
- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meeting and engagement with DoH on this.
- Engagement with relevant HSE services to create awareness of open calls and joint actions and identify potential projects
- Ongoing engagement with D/Taoiseach and DoH on Shared Island Fund
- Discussions with DoH on mainstreaming of Interreg VA project

Cyber Attack

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

Covid-19

- The Unit is adhering to all up to date Public Health Guidance and from January 24th 2022 is facilitating a Phased return to Physical attendance in the workplace in line with service requirements of the Unit.'
- Staff who were reassigned to work on Covid are now back and the Unit is operating on a "business as usual" basis, with the proviso that staff may be available for reassignment in the event of a surge in numbers.
- Liaison with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.

Next Steps & Key Outcomes – 2nd Quarter 2022

- Continue to liaise with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with guidance issued by DPER dated 3rd February 2022 in respect of Guidance & FAQs for Public Service Employers during Covid-19 in relation to Working arrangements & Temporary assignments across the Public Service as well as the HSE **HR Circular 004/2022 - Revised arrangements for Special Leave with Pay for COVID-19 in the public service and HSE HR Circular 005/2022 dated 17th February 2022, in respect of Guidance for Public Service Employers during COVID- 19 in relation to Working Arrangements.**
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.
- Chair HSE Brexit Steering Group meetings
- Prepare Brexit briefings and updates for A/Secretary General meetings as required
- As Brexit Workstream lead, prepare replies for PQ's, media queries
- Ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of

service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.

- In conjunction with HSE partners and the Management Board and Secretariat, work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.
- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Graduate Entry Medical School Stakeholder Advisory Board
- Engagement with DoH, HRB and HSE on the EU4health funding programme
- Engagement with Department of the Taoiseach on Shared Island initiative. Support ongoing collaboration with DoH and HSE colleagues in identifying appropriate strategic healthcare projects for consideration under Shared Island.
- Continue to work closely with HSE Comms/ Health Matters to promote the work of the Unit, as well as EU Funded Projects and Programmes
- Participation in CAWT Integrated Care Strategy Group
- Participation in North South ehealth Steering Group
- Participation in EU4health Liaison Group
- Participation in CAWT Acute Strategy Group
- Participation in monthly meetings with DoH International Unit on the strategy for overall North South health co-operation

National Screening Service

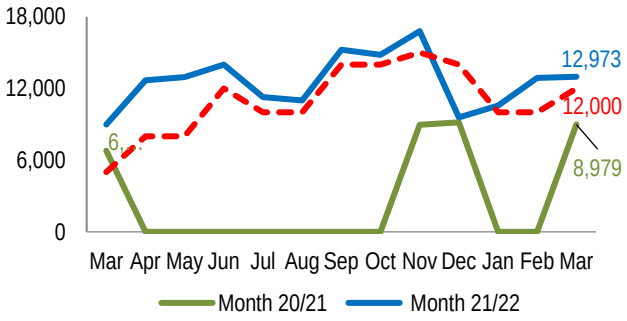
National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	**Breastcheck**							
	% BreastCheck screening uptake rate	Q-1Q	70%	69.7% [G]	-0.4%	80.3%	81.3%	58.4%
Access and Integration	**CervicalCheck**							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	81,600	70,591 [R]	-13.5%	23,000	26,380	21,211

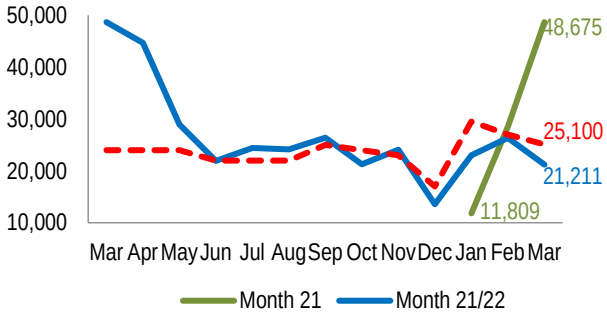
Note: Due to a 3 week process involved, the current months provisional data and last months actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	32,000 YTD/ 150,000 FYT	M	●	**36,420**	8,979	+27,441	10,561	12,886	12,973
BreastCheck - % screening uptake rate	70%	Q-1Q	●	**69.7%**	62.9%	+6.8%	80.3%	81.3%	58.4%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	81,600 YTD/ 295,000 FYT	M	●	**70,591**	88,979	-18,388	23,000	26,380	21,211
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period (New KPI)	80%	Q-1Q	●	**72.7%**			72.9%	72.8%	73%
BowelScreen - number of clients who completed a satisfactory FIT test	36,500 YTD/ 140,000 FYT	M	●	**23,770**	19,950	+3,820	4,502	9,383	9,885
Bowelscreen - % client uptake rate	45%	Q-1Q	●	**48.4%**	40.3%	+8.1%	51.2%	44.5%	41.7%
Diabetic RetinaScreen - number of-clients screened	27,400 YTD/ 111,000 FYT	M	●	**24,190**	25,557	-1,367	6,019	8,806	9,365
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	**57.3%**	61.5%	-4.2%	57.6%	52.6%	64.4%

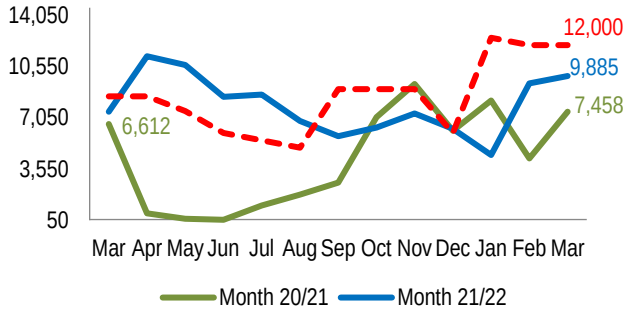
BreastCheck-number who had a mammogram



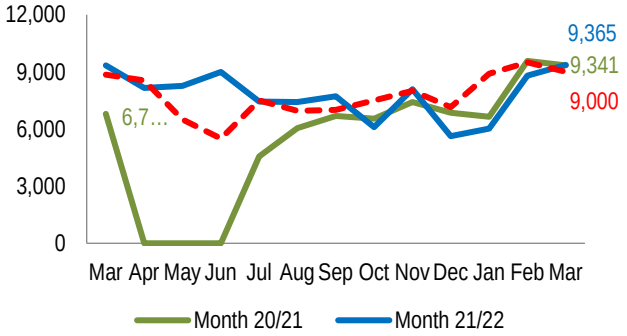
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period March 2022 was 12,973 against a target of 12,000 which is above the target by 973 (8.1%).
- The number of women who had a complete mammogram year to date (Jan-Mar 2022) was 36,420 against a target of 32,000 which is above the target by 4,420 (13.8%).
- Uptake in Q4 2021 was 58.4% (Target 70%)
- In Q4 2021 72.7% (Target 90%) of women were offered an assessment appointment within 2 weeks of notification of an abnormal mammogram result.
- In the second half of 2021 (78.4%) of women were offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer
- The uptake target in Q4 at 58.4% was impacted by the number of initial women that the programme invited in Q4. The Initial, Subsequent and DNA, populations have been managed in an effort to optimise appointment up take during the pandemic.

The Q4 72.7% figure for women were offered an assessment appointment within 2 weeks was impacted by the high levels of COVID-19 in the community and women cancelling their assessment appointments. This further affected the assessment uptake as they were rescheduled to another assessment day.
Hospital admission figures were also affected by COVID-19 numbers in the hospital setting and positivity within the community.

The shortage of Radiology Consultants within the BreastCheck programme is now affecting our ability to recover from the impacts of COVID-19 to the BreastCheck service.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period March 2022 notified to report date was 21,211 which was below the target of 25,100 by 3,889 (15.4%).
- The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-Mar 2022) was 70,591 which is below the target of 81,600 by 11,009 (13.5%)
- % of clients who were issued results within 4 weeks in Q1 was 94.8% (Target 95%).
- Programme coverage at the end of December 2021 was 73%

The COVID-19 era involves a change in how we provide care, as social distancing has a huge knock-on effect on how many patients can be seen within GP practices and in colposcopy units. Labortories also continued to observe social distancing measures. By March 2022 the programme saw the number of women attending for the screening test returning to normal levels and the vast majority of women are receiving their results 4 weeks after the screening test.

The cyber-attack on the Coombe hospital in December affected the resulting timelines for samples mid-processing. The Coombe remain unable to accept screening samples at the moment so all samples are being processed by Quest. It is not expected that the Coombe lab will be in a position to resume testing in the short-term. Regarding samples that were mid processing in the Coombe all results have been issued to women through the programme and all GPs have received printed reports as the link with Healthlink remains down. The Coombe colposcopy unit has resumed normal activity since 13th April and all linked GP and clinic referrers have been informed. Additionally, the Tallaght unit has been acknowledged and thanked for the suport provided in the interim since the December cyber-attack.

CervicalCheck continues to advise those seeking to book appointments, that they may not be able to do as soon as they receive their invite letter, as it takes a couple of weeks to get an appointment with their GP. CervicalCheck is working closely with laboratories and colposcopy units to manage the increased numbers of women attending for their screening test in primary care.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (March 2022) was 9,885 which is below the target of 12,000 by 2,115 (17.6%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Mar 2022) was 23,770 which is below the target of 36,500 by 12,730 (34.9%).
- Uptake in Q4 2021 was 41.7% (Target 45%)

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was inside the ≥90% target at 92.53% within 20 working days in March 2022. Eleven of the fifeen contracted colonoscopy centres which were offering colonoscopies in March 2022 met the expected KPI of 90% within 20 days.

Living with COVID–19

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

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period March 2022 was 9,365 which is above the target of 9,000 by 365 clients (4.1%).
- The number of diabetics screened with a final grading result year to date (Jan-Mar 2022) was 24,190 which was below the target of 27,400 by 3,210 (11.7%).
- Uptake in Q4 2021 was 64.4%

The programme continues to invite participants for screening. There are a number of barriers impacting on the screening of clients i.e. the physical distancing measures present the most significant barriers and impact on the throughput to screening.
The programme continues to have a number of challenges with patients referred to treatment clinics; however, the majority of treatment clinics are treating higher numbers of urgent and routine cases. All the urgent referrals are being seen within the KPI timeline. The backlog is continuing to reduce.

Finance

Introduction

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

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

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

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

- €497m to cover COVID-19 responses, including but not limited to, vaccination, testing and tracing, personal protective equipment (PPE) and Hospital and Community COVID-19 Responses.
- €200m to cover acute and community scheduled care access (waiting lists and waiting times) including use of public and private hospitals.
- There has been a significant level of important COVID-19 responses which have been put in place across our Hospital and Community Services, based on public health and infection prevention and control guidance, which are significant in operational scale and cost.

Overall Finance Performance March 2022

Table 1 Net Expenditure by Division – YTD March 2022

March 2022		YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Acute Operations	6,954.9	1,821.7	1,654.1	167.6	10.1%		58.0	109.6
Community Services	7,399.4	1,795.8	1,758.2	37.5	2.1%		57.7	(20.1)
Other Operations/Services	1,409.8	476.0	468.9	7.1	1.5%		58.6	(51.5)
Total Operational Service Areas	15,764.1	4,093.4	3,881.1	212.3	5.5%		174.3	38.0
Total Pensions & Demand Led Services	4,754.7	1,214.8	1,176.2	38.6	3.3%		49.8	(11.2)
Overall Total	**20,518.7**	**5,308.2**	**5,057.3**	**250.9**	**5.0%**		**224.1**	**26.8**

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

- In December 2021, Omicron, a fifth variant of concern which is significantly more contagious than the Delta variant was identified, which led to another surge in cases. Therefore, the first three months were exceptional months in terms of COVID-19 activity and expenditure with high levels of hospital admissions relating to COVID-19, in addition to exceptionally high infection rates circulating in the community. The escalation in cases has placed healthcare systems under great pressure, both from the impact of people being hospitalised and from staff shortages related to COVID-19 infection or contact.

- The HSE's financial position at the end of March 2022 shows an overall YTD deficit of €250.9m, with a significant element of this being driven by the direct impacts of the 5th COVID-19 surge6, as reflected in the deficit of €224.1m on COVID-19 related costs and a deficit of €26.8m on core related services. As the year progresses, it is also expected that our core (non COVID-19) activities will naturally increase and the impact of "delayed" care will also increase demand for core services.

- **COVID-19**: YTD costs of €566.9m against a budget of €342.8m leading to an adverse variance of €224.1m. Included in the COVID-19 costs of €566.9m, are the following:
    - **Testing & Tracing Programme costs of €225.6m.**
    - **COVID-19 Vaccination costs of €105.8m.**
    - **Private Hospitals costs of €39.5m.**
    - **Hospital and Community COVID-19 Responses of €196.0m:** These costs relate to the cost of public health measures put in place across hospital and community services as a COVID-19 response, based on public health, infection prevention and control guidance.

[6] 5th wave confirmed on the 19th December 2021.

Acute Operations

Table 2 – Acute Operations March YTD

March 2022 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
RCSI Hospital Group	942.7	265.9	230.9	35.1	15.2%		9.9	25.1
Dublin-Midlands Hospital Group	1,104.9	304.5	268.6	35.9	13.4%		15.2	20.8
Ireland East Hospital Group	1,270.4	357.3	309.5	47.8	15.5%		23.0	24.8
South-South West Hospital Group	1,051.4	296.6	256.9	39.7	15.4%		19.0	20.7
Saolta University Health Care Group	968.4	274.6	236.7	37.9	16.0%		14.9	23.0
University of Limerick Hospital Group	428.5	120.3	103.5	16.8	16.3%		5.2	11.6
Children's Health Ireland	392.0	104.8	97.4	7.4	7.6%		1.0	6.4
Regional & National Services	394.0	8.4	53.9	(45.5)	-84.4%		(21.3)	(24.2)
Acute Hospital Care	6,552.3	1,732.5	1,557.4	175.2	11.2%		66.8	108.3
National Ambulance Service	202.6	49.6	46.7	2.9	6.3%		1.6	1.3
Private Hospitals	-	39.5	-	39.5			39.5	-
Access to Care	200.0	-	50.0	(50.0)	-100.0%		(50.0)	-
Acute Operations Total	6,954.9	1,821.7	1,654.1	167.6	10.1%		58.0	109.6

Acute operations incl. the National Ambulance Service, Private Hospitals & Access to Care has expenditure to date of €1,821.7m against a budget of €1,654.1m, leading to a deficit of €167.6m or 10.1%, of which €58.0m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €109.6m attributable to core service expenditure. The national ambulance service (NAS) has a year to date deficit of €2.9m, Private Hospitals has a year to date deficit of €39.5m and Access to Care has a surplus of (€50.0m). The performance by hospital group is illustrated in table 2 above.

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

These services include scheduled care (planned care), unscheduled care (unplanned / emergency care), diagnostic services, specialist services (specific rare conditions or highly specialised areas such as critical care and organ transplant services), cancer services, trauma services, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. These services are provided in response to population need and are consistent with wider health policies and objectives,

including those of Sláintecare. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety initiatives are prioritised within allocated budgets, including the management of COVID-19 and other infections.

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

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

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

Community Operations

Table 3 – Community Operations March YTD

March 2022 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
Primary Care Division Total	**1,498.3**	**380.5**	**342.0**	**38.5**	**11.3%**		**40.6**	**(2.1)**
Mental Health Division	**1,158.6**	**276.1**	**282.3**	**(6.1)**	**-2.2%**		**(0.3)**	**(5.8)**
Older Persons Services	1,279.8	298.5	304.5	(6.0)	-2.0%		3.5	(9.5)
Nursing Home Support Scheme	1,048.8	248.6	247.6	1.0	0.4%		7.7	(6.7)
Older Persons Services Division Total	**2,328.6**	**547.0**	**552.0**	**(5.0)**	**-0.9%**		**11.2**	**(16.2)**
Disability Services	**2,343.4**	**575.2**	**565.5**	**9.8**	**1.7%**		**5.3**	**4.5**
Health & Wellbeing Community Division	**28.0**	**5.8**	**7.0**	**(1.2)**	**-17.1%**		**0.4**	**(1.6)**
Quality & Patient Safety Community Division	**18.6**	**3.7**	**3.6**	**0.2**	**4.4%**		**-**	**0.2**
CHO HQs & Community Services	**23.9**	**7.3**	**5.9**	**1.4**	**24.6%**		**0.5**	**0.9**
Community Total	**7,399.4**	**1,795.8**	**1,758.2**	**37.5**	**2.1%**		**57.7**	**(20.1)**

Community services has year to date expenditure of €1,795.8m against a budget of €1,758.2m, leading to a deficit of €37.5m or 2.1%, of which a €57.7m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€20.1m) attributable to core service expenditure. The performance by care area is illustrated in table 3 above.

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

Primary Care Services

Core operational services within primary care, social inclusion and palliative care (excluding demand led local schemes) has year to date expenditure of €380.5m against a budget of €342.0m leading to a deficit of €38.5m or 11.3%, of which €40.6m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting (€2.1m) attributable to core service expenditure.

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

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

Mental Health Services

Mental Health (MH) has year to date expenditure of €276.1m against a budget of €282.3m leading to a surplus of (€6.1m) or (2.2%), of which (€0.3m) surplus has been categorised as being directly attributable to COVID-19 expenditure and (€5.8m) surplus attributable to core service expenditure.

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

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

Older Persons Services

Older person's services, including NHSS, has year to date expenditure of €547.0m against a budget of €552.0m leading to a surplus of (€5.0m) or (0.9%), of which €11.2m deficit has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€16.2m) attributable to core service expenditure.

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

Disability Services

Disability Services has year-end expenditure of €575.2m against a budget of €565.5m, leading to a year to date deficit of €9.8m or 1.7%, of which €5.3m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €4.5m attributable to core service expenditure.

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

Other Operational Services

Table 4 – Other Operational Services – March YTD

March 2022		YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Chief Clinical Office	141.7	18.9	20.9	(1.9)	-9.3%		0.0	(1.9)
National Screening Service	102.8	19.7	20.1	(0.3)	-1.7%		0.0	(0.3)
Health & Wellbeing Division	250.4	62.8	104.1	(41.3)	-39.7%		(38.2)	(3.0)
National Services	61.3	13.5	14.2	(0.7)	-4.7%		0.0	(0.7)
Testing & Tracing	157.4	176.4	128.0	48.4	37.8%		48.4	-
Support Services	696.1	184.6	181.7	3.0	1.6%		48.4	(45.5)
Other Operations/Services	**1,409.8**	**476.0**	**468.9**	**7.1**	**1.5%**		**58.6**	**(51.5)**

Other Operational services has year to date expenditure of €476.0m against a budget of €468.9m, leading to a deficit of €7.1m or 1.5%, of which a €58.6m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€51.5m) attributable to core service expenditure. The performance by area is illustrated in table 4 above.

Chief Clinical Officer

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

3 key pillar areas:

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

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

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

The NCCP manages, organises and delivers cancer control on a whole population basis. Its aims are to reduce cancer incidence, to treat cancer, to reduce cancer mortality and morbidity and to improve the quality of life of people living with cancer. The NCCP oversees cancer prevention and early diagnosis, rapid access services, treatment of cancer including surgery, radiotherapy and systemic therapy. It has

also commenced survivorship, psycho-oncology, and child, adolescent and young adult services, and enhanced community oncology support.

National Screening Service

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

Health and Wellbeing Services & Public Health

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

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

Covid-19 Vaccination Programme

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

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

During Q1, the vaccination programme was delivered to complete the primary dose programme to 1.6m people which were due a booster or primary vaccination dose. Some vaccinations were delayed due to the high levels of Omicron circulating during this time. In addition, children (aged 5-11 years old) received their primary dose programme which commenced in late December 2021 when approved by NIAC. The vaccination centres remain open in order facilitate easy access to vaccination.

National Services

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

Testing and Tracing

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

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

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

Support Services

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

Pensions and Demand Led Services

Table 5 – Pensions and Demand Led Services March YTD

March 2022 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
Pensions	616.1	167.0	150.8	16.2	10.8%		-	16.2
State Claims Agency	435.0	81.6	108.8	(27.2)	-25.0%		-	(27.2)
Primary Care Reimbursement Service	3,390.8	882.6	839.1	43.5	5.2%		48.8	(5.3)
Demand Led Local Schemes	273.6	73.7	67.7	5.9	8.8%		1.0	4.9
Treatment Abroad and Cross Border Directive	28.6	10.0	7.1	2.8	39.6%		-	2.8
EHIC (European Health Insurance Card)	10.6	(0.0)	2.6	(2.7)	-101.4%		-	(2.7)
Pensions & Demand Led Services Total	4,754.7	1,214.8	1,176.2	38.6	3.3%		49.8	(11.2)

Pensions and Demand Led Services has year to date expenditure of €1,214.8m against a budget of €1,176.2m, leading to a deficit of €38.6m or 3.3%, of which a €49.8m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€11.2m) attributable to core service expenditure. The performance by area is illustrated in table 5 above.

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

Pensions

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

service costs. Pension costs and income are monitored carefully and reported on regularly.

State Claims Agency (SCA)

The SCA is a separate legal entity which manages and settles claims on behalf of government departments and public bodies, including the HSE. The HSE reimburses the SCA for costs arising from claims under the clinical and general indemnity schemes and has an allocated 2022 budget for this reimbursement of €435m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

Primary Care Reimbursement Scheme

The Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and/or government policy and direction provided by the DoH. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications.

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

Demand Led Local Schemes

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

Treatment Abroad & Cross Border Healthcare

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

European Health Insurance Card (EHIC)

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

Conclusion

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

The total capital budget for 2022 is €1.045bn, which includes core funding of €130.0m and once off COVID-19 funding of €50.0m. The focus for 2022 is not just on new builds but on upgrading existing infrastructure to bring our estate up to modern standards. From an ICT perspective we will significantly enhance our e-

Health capability, consolidating the digital enhancements we have made during the pandemic to support GPs to communicate more effectively with hospitals and the community in relation to patient care. Robust cyber security is also a top priority, and we will significantly upgrade our foundational infrastructure and cyber technology to safeguard our systems to the greatest extent possible against future attacks.

In 2022, we will be taking forward a range of programmes and initiatives central to Sláintecare. We will focus on addressing waiting lists and waiting list times in both the acute services and in the community, women's health and driving improvements in mental health and disability services, reduce our dependence on the current hospital-centric model of care, and focus on reforms of home support and residential care in older persons' services. The Sláintecare Report 2017 also included a commitment to HSE regionalisation. During 2022, working with the DoH, the HSE will work to design and develop the specification of RHAs, including completion of a comprehensive implementation plan, clarity on corporate and clinical governance, and commencement of the transition phase to the new arrangements.

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

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

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

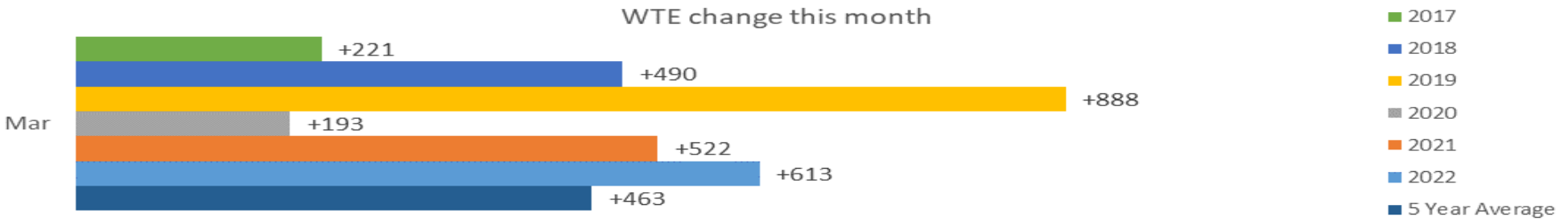
Human Resources

Health Sector Workforce

Headlines

Employment levels at the end of March 2022, show there were 134,101 WTE (equating to 153,282 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change is ***+613 WTE*** *this month,* with employment levels continuing to show strong growth in-line/ in excess of those reported in recent years (*the previous five-year average is +463 WTE*).



- The overall increase since December 2019 now stands at **+ 14,284** WTE (+11.9%).The staff category with the greatest WTE increase is Nursing & Midwifery at **+4,132 WTE**, with *Staff Nurses & Midwives* also reporting the greatest WTE increase at **+2,070 WTE**.

Resourcing Strategy

Under the HSE resourcing strategy, the HSE has set a minimum net additional staff target of 5,500 WTE. At 31 March staffing levels year to date are +161 WTE (9.9%) above the minimum resourcing target, with 4/6 staff categories ahead of target (Medical and Dental, Patient and Client Care, Management and Admin & General Support).

Key findings by Staff Category & Staff Group

All Staff Categories are showing an increase this month:

- Patient & Client Care are reporting the largest increase at +168 WTEs (Headcount +230). Health Care Assistants showing the highest increase of +162 WTEs (Headcount +195) followed by Care, other +22 WTE (Headcount +30), Ambulance Staff unchanged (Headcount +14) and a decrease in Home Help -16 WTE (Headcount -9).
- This is followed by Nursing & Midwifery who are reporting an increase of +132 WTEs (Headcount +163). Nurse / Midwife Manager are reporting the highest increase of +74 WTEs (Headcount +101) followed by Nursing / Midwfiery Student reporting +47 WTEs (Headcount +30). Nurse / Midwife Speaclist & AN/MP are reporting an increase of +38 WTE (Headcount +54) and Staff Nurse / Staff Midwife +4 WTE (Headcount +12). Nursing / Midwifery other are reporting a decrease of -24 WTE (Headcount -25) and Public Health Nurse are also reporting a decrease of -8 WTE (Headcount -9).
- Management & Administrative are reporting an increase of +111 WTEs (Headcount +96) with Administrative / Supervisory (V to VII) showing an increase of +45 WTE (Headcount +55), Clerical (III & IV) showing an increase of +35 WTE (Headcount +12) and finally Management (VIII & Above) showing an increase of +30 WTE (Headcount +29)

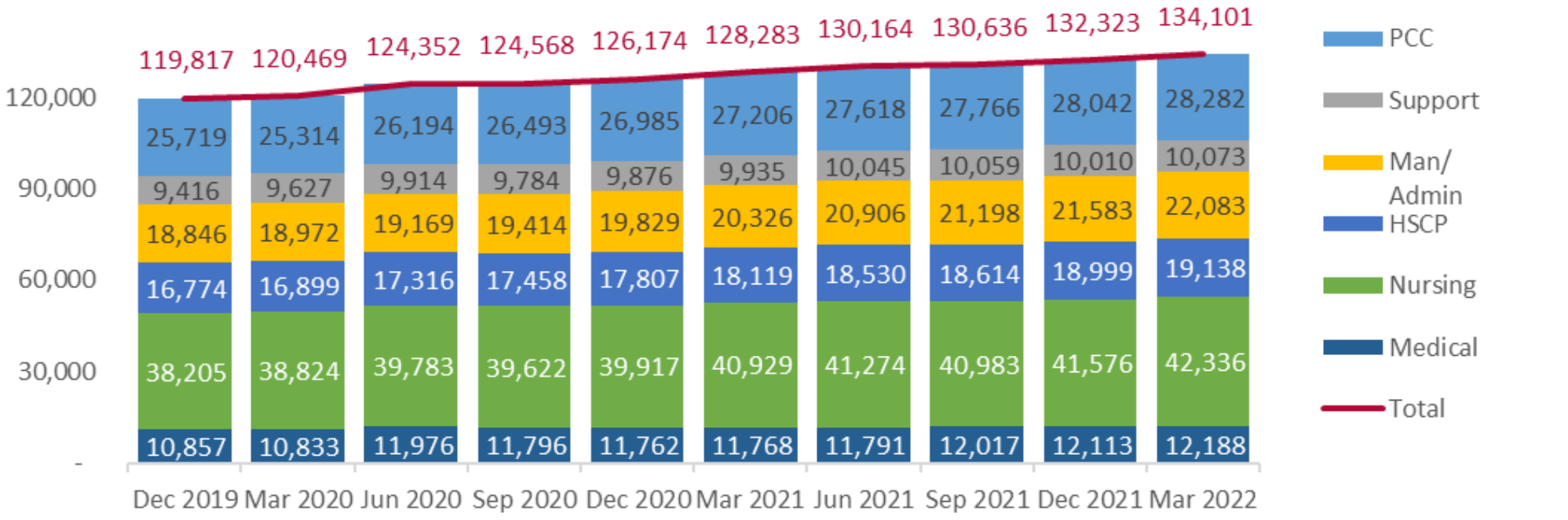
- Medical/ Dental are reporting +105 WTEs (Headcount +42) . The largest increase is reported in the SHO/ Interns Grade Group +49 WTEs (Headcount +17). Followed by Registrars +30 WTEs (Headcount +3), Consultants +21 WTEs (Headcount +21) and Medical / Dental, other +4 WTE (Headcount +1).
- Health & Social Care Professionals are reporting an increase of +61 WTEs (Headcount +92) with Therapy Professions reporting the highest increase of +66 WTEs (Headcount +87). Followed by Health Science/ Diagnostics +13 WTEs (Headcount +23), Psychologists +4 WTE (Headcount +17), Social Workers +2 WTE (Headcount +7) and Pharmacy no change (Headcount +6). H&SC, Other are reporting a decrease of -19 WTE (Headcount -28) and Social Care are also reporting a decrease of -6 WTE (Headcount -20).
- General Support are reporting +35 WTEs (Headcount +89) with the Support Staff Group reporting an increase of +35 WTEs and +87 Headcount.

These figures however, *exclude non-direct HSE employees* such as externally contracted Contact Management Programme contact tracers and vaccination staff that add an additional minimum +2,200 staff. Further details are shown in the charts & tables below:

By Staff Group: March 2022

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Feb 2022	WTE Mar 2022	WTE change since Feb 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	**119,817**	**126,174**	**132,323**	**133,488**	**134,101**	**+613**	**+1,778**	**+7,927**	**+14,284**	***+11.9%***
Medical & Dental	**10,857**	**11,762**	**12,113**	**12,083**	**12,188**	**+105**	**+75**	**+427**	**+1,331**	***+12.3%***
Consultants	3,250	3,458	3,608	3,635	**3,656**	+21	+48	+198	+406	*+12.5%*
Registrars	3,679	3,876	4,104	4,137	**4,168**	+30	+63	+292	+488	*+13.3%*
SHO/ Interns	3,116	3,594	3,587	3,503	**3,553**	+49	-34	-42	+437	*+14.0%*
Medical/ Dental, other	812	833	814	808	**812**	+4	-2	-21	+0	*+0.0%*
Nursing & Midwifery	**38,205**	**39,917**	**41,576**	**42,204**	**42,336**	**+132**	**+760**	**+2,420**	**+4,132**	***+10.8%***
Nurse/ Midwife Manager	7,984	8,344	8,852	8,933	**9,007**	+74	+155	+663	+1,023	*+12.8%*
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,481	2,531	**2,569**	+38	+88	+271	+573	*+28.7%*
Staff Nurse/ Staff Midwife	25,693	26,763	27,850	27,758	**27,762**	+4	-87	+1,000	+2,070	*+8.1%*
Public Health Nurse	1,537	1,557	1,523	1,506	**1,499**	-7	-24	-59	-39	*-2.5%*
Nursing/ Midwifery Student	644	592	526	1,129	**1,176**	+47	+650	+585	+532	*+82.6%*
Nursing/ Midwifery other	350	362	344	347	**323**	-24	-21	-39	-27	*-7.7%*
Health & Social Care Professionals	**16,774**	**17,807**	**18,999**	**19,077**	**19,138**	**+61**	**+139**	**+1,331**	**+2,364**	***+14.1%***
Therapy Professions	5,234	5,565	5,947	6,014	**6,081**	+66	+134	+516	+847	*+16.2%*
Health Science/ Diagnostics	4,500	4,731	4,918	4,913	**4,926**	+13	+8	+196	+426	*+9.5%*
Social Care	2,710	2,909	3,127	3,111	**3,106**	-6	-22	+197	+396	*+14.6%*
Social Workers	1,165	1,238	1,296	1,316	**1,318**	+2	+22	+80	+154	*+13.2%*
Psychologists	1,004	1,066	1,095	1,106	**1,111**	+4	+15	+44	+107	*+10.6%*
Pharmacy	1,038	1,164	1,292	1,285	**1,285**	+0	-7	+121	+247	*+23.8%*
H&SC, Other	1,123	1,134	1,324	1,330	**1,311**	-19	-13	+177	+188	*+16.8%*
Management & Administrative	**18,846**	**19,829**	**21,583**	**21,973**	**22,083**	**+111**	**+501**	**+2,255**	**+3,237**	***+17.2%***

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Feb 2022	WTE Mar 2022	WTE change since Feb 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Management (VIII & above)	1,842	1,969	2,216	2,275	**2,306**	+30	+90	+336	+464	*+25.2%*
Administrative/ Supervisory (V to VII)	5,199	5,821	6,705	6,906	**6,951**	+45	+246	+1,130	+1,752	*+33.7%*
Clerical (III & IV)	11,805	12,038	12,661	12,791	**12,827**	+35	+165	+789	+1,022	*+8.7%*
General Support	**9,416**	**9,876**	**10,010**	**10,038**	**10,073**	**+35**	**+63**	**+198**	**+657**	***+7.0%***
Support	8,234	8,676	8,813	8,842	**8,877**	+35	+64	+201	+643	*+7.8%*
Maintenance/ Technical	1,182	1,200	1,197	1,196	**1,196**	+1	-1	-4	+14	*+1.2%*
Patient & Client Care	**25,719**	**26,985**	**28,042**	**28,114**	**28,282**	**+168**	**+240**	**+1,297**	**+2,563**	***+10.0%***
Health Care Assistants	17,396	18,554	19,326	19,384	**19,546**	+162	+220	+993	+2,150	*+12.4%*
Home Help	3,569	3,543	3,546	3,547	**3,531**	-16	-15	-12	-38	*-1.1%*
Ambulance Staff	1,828	1,877	1,936	1,917	**1,917**	+0	-19	+40	+89	*+4.9%*
Care, other	2,925	3,011	3,234	3,265	**3,287**	+22	+53	+276	+362	*+12.4%*

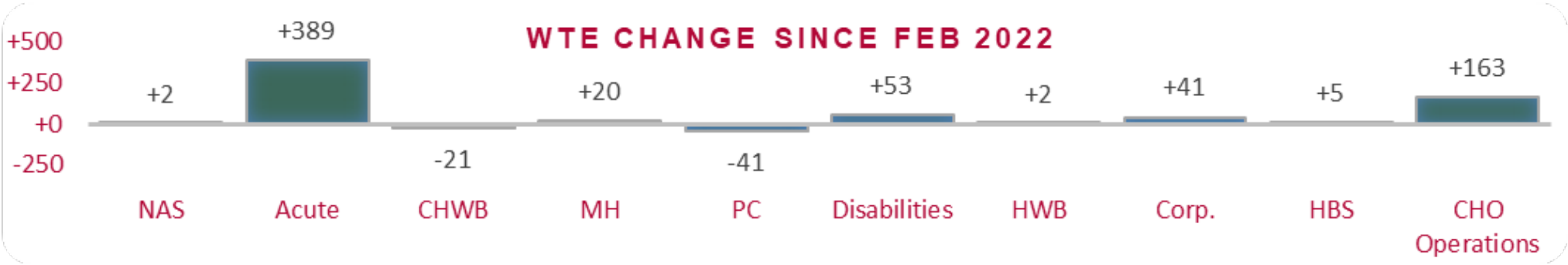


Key findings Operations:

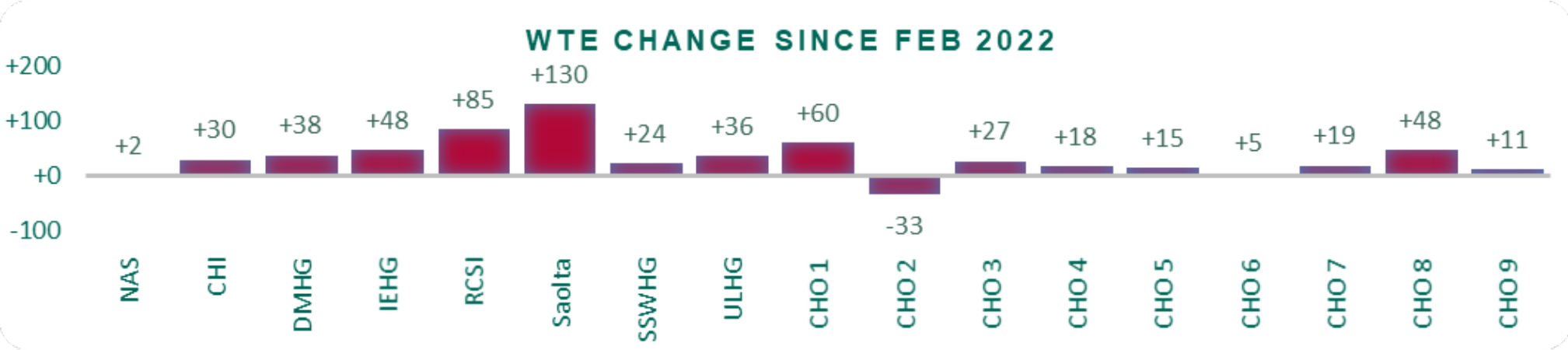
- Overall, this period **Acute Services** is showing an increase of **+391 WTE** , **Community Services** are showing an increase of **+173 WTE** and **Health & Welbeing, Corporate & National** are showing an increase of **+48 WTE.**
- The HSE are reporting a total figure of 86,999 WTEs which is an increase on the previous month of **+477 WTEs.** Section 38 Hospitals are reporting a total of 29,767 WTEs which is an increase of **+99 WTEs** on the February figure. The Section 38 Voluntary Agencies are reporting 17,335 WTEs which is an increase of **+37 WTEs**

Date	*WTE*	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disability	Older People	Comm Services	H&WB, Corp. & National
Mar-22	**134,101**	**+613**	+2	+389	***+391***	-21	+20	-41	+1	+163	***+173***	***+48***
Feb-22	**133,488**	**+519**	-9	+414	***+405***	+31	+83	+95	-48	+0	***+100***	***+15***
Jan-22	**132,969**	**+645**	-11	+290	***+279***	+11	+38	+208	+39	+0	***+336***	***+30***
Dec-21	**132,323**	**+1,059**	+3	+507	***+510***	+11	+73	+187	+84	+0	***+471***	***+77***
Nov-21	**131,265**	**+138**	-19	+226	***+206***	-4	-63	+7	-23	+0	***-25***	***-43***
Oct-21	**131,126**	**+490**	+50	+117	***+166***	+6	-25	+183	+58	+0	***+258***	***+65***
Sep-21	**130,636**	**+103**	-3	+19	***+16***	-1	-20	+20	+14	+0	***+79***	***+8***
Aug-21	**130,533**	**-2**	-7	+51	***+44***	-1	-47	-73	+42	+0	***-64***	***+19***
Jul-21	**130,536**	**+371**	-5	+247	***+243***	+7	-42	+95	+34	+0	***+103***	***+26***
Jun-21	**130,164**	**+696**	+2	+526	***+527***	+3	-17	+79	-53	+0	***+129***	***+40***
May-21	**129,468**	**+469**	-4	+117	***+113***	+3	+17	+100	+72	+0	***+285***	***+70***
Apr-21	**128,999**	**+717**	-2	+429	***+426***	-1	+15	+55	+67	+0	***+210***	***+80***
Mar-21	**128,283**	**+522**	+10	+313	***+322***	+3	+22	+61	+10	+0	***+151***	***+49***
2022 YTD		***+613***	***+2***	***+389***	***+391***	***-21***	***+20***	***-41***	***+1***	***+163***	***+173***	***+48***

- The Care Group with the largest WTE increase this month was in Acute Hospital Services care group (**+405 WTE**.)



- The **largest** WTE increase this month is reported in Saolta University Hospital Care at +130 WTE, followed by RCSI at +85 and CHO 1 at +60 WTE. The largest and only decrease is reported in CHO 2 at -33 WTE.



By Service Delivery Area: March 2022

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Feb 2022	WTE Mar 2022	WTE change since Feb 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Total Health Service	**119,817**	**126,174**	**132,323**	**133,488**	**134,101**	**+613**	**+1,778**	**+7,927**	**+14,284**	***+11.9%***
National Ambulance Service	1,933	1,990	2,060	2,041	**2,043**	+2	-17	+53	+110	*+5.7%*
Children's Health Ireland	3,602	3,762	3,974	3,983	**4,013**	+30	+39	+251	+410	*+11.4%*
Dublin Midlands Hospital Group	10,819	11,288	11,707	11,824	**11,861**	+38	+154	+574	+1,043	*+9.6%*
Ireland East Hospital Group	12,502	13,478	14,129	14,224	**14,272**	+48	+143	+794	+1,770	*+14.2%*
RCSI Hospitals Group	9,663	10,197	10,606	10,742	**10,827**	+85	+221	+630	+1,164	*+12.1%*
Saolta University Hospital Care	9,253	9,829	10,566	10,715	**10,845**	+130	+280	+1,016	+1,592	*+17.2%*
South/South West Hospital Group	10,527	11,288	11,934	12,053	**12,076**	+24	+142	+788	+1,549	*+14.7%*
University of Limerick Hospital Group	4,146	4,506	5,043	5,123	**5,159**	+36	+115	+652	+1,012	*+24.4%*
other Acute Services	91	101	111	110	**109**	-1	-2	+8	+18	*+19.6%*
Acute Services	**62,537**	**66,439**	**70,129**	**70,814**	**71,205**	**+391**	**+1,076**	**+4,766**	**+8,668**	***+13.9%***
CHO 1	5,468	5,755	6,089	6,179	**6,239**	+60	+151	+484	+771	*+14.1%*
CHO 2	5,545	5,690	5,819	5,858	**5,826**	-33	+7	+136	+281	*+5.1%*
CHO 3	4,357	4,610	4,946	5,033	**5,060**	+27	+113	+450	+703	*+16.1%*
CHO 4	8,189	8,602	8,856	8,915	**8,933**	+18	+77	+331	+744	*+9.1%*

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Feb 2022	WTE Mar 2022	WTE change since Feb 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
CHO 5	5,282	5,477	5,671	5,757	**5,772**	+15	+101	+295	+490	*+9.3%*
CHO 6	3,378	3,465	3,561	3,578	**3,583**	+5	+22	+118	+205	*+6.1%*
CHO 7	6,515	6,783	7,073	7,101	**7,119**	+19	+46	+337	+605	*+9.3%*
CHO 8	6,135	6,337	6,449	6,446	**6,494**	+48	+45	+157	+359	*+5.9%*
CHO 9	6,582	6,950	7,165	7,212	**7,223**	+11	+58	+274	+641	*+9.7%*
other Community Services	638	709	740	727	**730**	+3	-11	+21	+92	*+14.3%*
Community Services	**52,089**	**54,377**	**56,370**	**56,806**	**56,979**	**+173**	**+609**	**+2,602**	**+4,890**	***+9.4%***
Health & Wellbeing	**574**	**511**	**641**	**654**	**656**	**+2**	**+15**	**+144**	**+82**	***+14.4%***
Corporate	**3,035**	**3,216**	**3,816**	**3,855**	**3,896**	**+41**	**+79**	**+680**	**+861**	***+28.4%***
Health Business Services	**1,583**	**1,631**	**1,367**	**1,360**	**1,365**	**+5**	**-1**	**-266**	**-218**	***-13.8%***
H&WB Corporate & National Services	**5,191**	**5,358**	**5,824**	**5,869**	**5,917**	**+48**	**+93**	**+559**	**+726**	***+14.0%***

By Care Group: March 2022

Care Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Feb 2022	WTE Mar 2022	WTE change since Feb 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*
Total Health Service	**119,817**	**126,174**	**132,323**	**133,488**	**134,101**	**+613**	**+1,778**	**+7,927**	**+14,284**	***+11.9%***
Ambulance Services	1,933	1,990	2,060	2,041	**2,043**	+2	-17	+53	+110	*+5.7%*
Acute Hospital Services	60,604	64,449	68,069	68,773	**69,162**	+389	+1,093	+4,713	+8,558	*+14.1%*
Acute Services	**62,537**	**66,439**	**70,129**	**70,814**	**71,205**	**+391**	**+0**	**+4,766**	**+8,668**	***+13.9%***
Community Health & Wellbeing	-	144	181	223	**202**	-21	+21	+58	+202	
Mental Health	9,954	10,301	10,362	10,483	**10,503**	+20	+141	+202	+549	*+5.5%*
Primary Care	10,599	11,572	12,582	12,884	**12,843**	-41	+261	+1,270	+2,243	*+21.2%*
Older People	13,233	13,415	13,623	13,614	**13,615**	+1	-8	+200	+382	*+2.9%*
CHO Operations	-	-	-	-	**163**	+163	+163	+163	+163	
Community Services	**52,089**	**54,377**	**56,370**	**56,806**	**56,979**	**+173**	**+0**	**+2,602**	**+4,890**	***+9.4%***
Health & Well-being	574	511	641	654	**656**	+2	+15	+144	+82	*+14.4%*
Corporate Functions	3,035	3,216	3,816	3,855	**3,896**	+41	+79	+680	+861	*+28.4%*
Health Business Service	1,583	1,631	1,367	1,360	**1,365**	+5	-1	-266	-218	*-13.8%*
H&WB Corporate & National Services	**5,191**	**5,358**	**5,824**	**5,869**	**5,917**	**+48**	**+0**	**+559**	**+726**	***+14.0%***

Absence

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

The reported absence rate for March 2022 stands at **9.7%.** This compares to **4.9%** reported for the same month in 2021, however these figures notably include COVID-19 related absence for both periods. Excluding COVID-19 the current months absence rate is **4.9%** compared to **3.9%** in 2021.

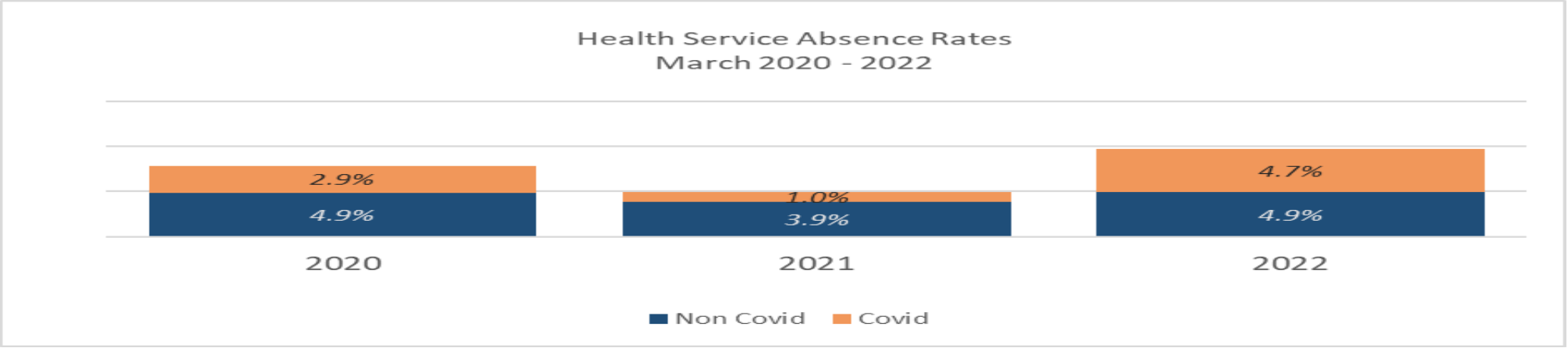
This months' absence rate is higher than that reported for the previous month, reported at **7.8%** (including COVID-19). Notwithstanding the fact that the overall absence rate continues to be impacted by COVID-19 related absence, excluding COVID-19 absence, this months' absence rate is **4.9%** which is **0.3%** higher than the rate reported last month. It is important to note that this month's data, is occurring at a time of increased COVID-19 case reports.

Of note the absence target rate for 2022 is now ≥4% as approved in the National Service Plan 2022. Excluding Covid-19 this months' absence rate of 4.9% is marginally above the new target.

These figures are reflected in the attached National Absence Report.

Benchmark Target	Feb-22	Certified Absence March 2022	Self-Certified Absence March 2022	COVID-19 March 2022	Mar-22	Full Year 2021	Year to date 2022
≥4%	7.8%	4.3%	0.6%	4.7%	9.7%	6.1%	9.1%

Note: COVID-19 SLWP will only apply when an employee is required to self-isolate and is displaying symptoms of COVID-19 and is either awaiting a test result or had a positive PCR test / or a positive antigen test which has been registered on the HSE portal. Medical or HSE advice should be followed. In order to avail of SLWP evidence is required in the form of a PCR test result or antigen test result registered on the HSE portal. While public health advice, as set out on the HSE website, no longer requires testing for certain groups, individuals can still access the HSE portal to register antigen test results. SLWP does not apply in any other scenarios as set out in HR Circular 10/2022



Latest monthly figures (March 2022)

March 2022 absence rate stands at 9.7% of which 4.3% is certified, 0.6% Self-Certified with **4.7%** (or 49.1% of all absence) relating to **COVID-19.**

- ***Excluding*** COVID-19 related absence, the March 2022 absence rate of 4.9% is higher than the same period last year. Based on 2021 data, this months' data is showing a 1% increase i.e. 3.9% (2021) 4.9% (2020), 4.4% (2019) and 4.4% (2018).
- For ***Acute Services*** the absence rate is 9.9% of which 5.1% *(52% of the total)* is COVID-19 related. ***Community Services*** stands at 9.9% of which 4.5% (*45.4% of the total)* is also COVID-19 related. ***Health & Wellbeing, Corporate & National Services*** rate is 5.5% of which 2.3% *(42.6% of the total)* is COVID-19 related. Details are as follows:

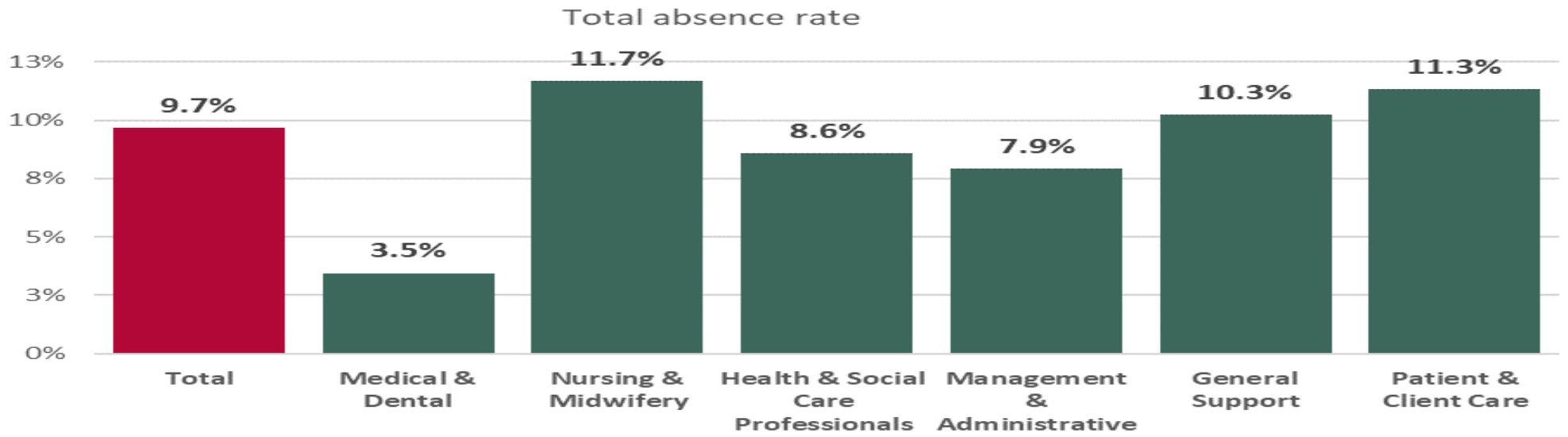
Health Service Absence Rate - by Care Group: Mar 2022	*Certified absence*	*Self- certified absence*		*Non Covid-19 absence*	*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.3%**	**0.6%**		**4.9%**	**4.7%**	**9.7%**	**50.9%**	**49.1%**
Ambulance Services	4.8%	0.5%		5.3%	3.9%	9.3%	57.5%	42.5%
Acute Hospital Services	4.1%	0.6%		4.7%	5.2%	9.9%	47.6%	52.4%
Acute Services	**4.1%**	**0.6%**		**4.7%**	**5.1%**	**9.9%**	**48.0%**	**52.0%**
Community Health & Wellbeing	5.3%	0.4%		5.7%	3.5%	9.2%	61.8%	38.2%
Mental Health	4.5%	0.5%		5.0%	4.2%	9.2%	54.5%	45.5%
Primary Care	4.4%	0.4%		4.8%	4.4%	9.2%	52.6%	47.4%
Disabilities	4.8%	0.7%		5.5%	4.4%	10.0%	55.4%	44.6%
Older People	5.7%	0.5%		6.2%	5.1%	11.3%	55.3%	44.7%
CHO Operations	0.9%	0.4%		1.2%	3.8%	5.0%	24.8%	75.2%
Community Services	**4.8%**	**0.6%**		**5.4%**	**4.5%**	**9.9%**	**54.6%**	**45.4%**
Health & Wellbeing	4.4%	0.3%		4.7%	2.2%	6.9%	68.1%	31.9%
Corporate	2.7%	0.2%		3.0%	2.4%	5.4%	55.1%	44.9%
Health Business Services	2.9%	0.2%		3.1%	2.0%	5.1%	60.6%	39.4%
HWB, Corporate & National	**2.9%**	**0.2%**		**3.1%**	**2.3%**	**5.5%**	**57.4%**	**42.6%**

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

- At ***Staff Category*** Nursing & Midwifery reports the **highest** total absence rate at 11.7% followed by Patient & Client Care (11.3%) and General Support (10.3%). Notably, these increases are impacted by COVID-19, with 50.8% of all absence related to COVID-19 in Nursing and Midwifery, 44.2% in Patient & Client Care and 42.5% in General Support. Medical and Dental reported the **lowest** absence rate at 3.5% in March, however reported the highest COVID-19 related absence, at 61.3%. Details as follows:

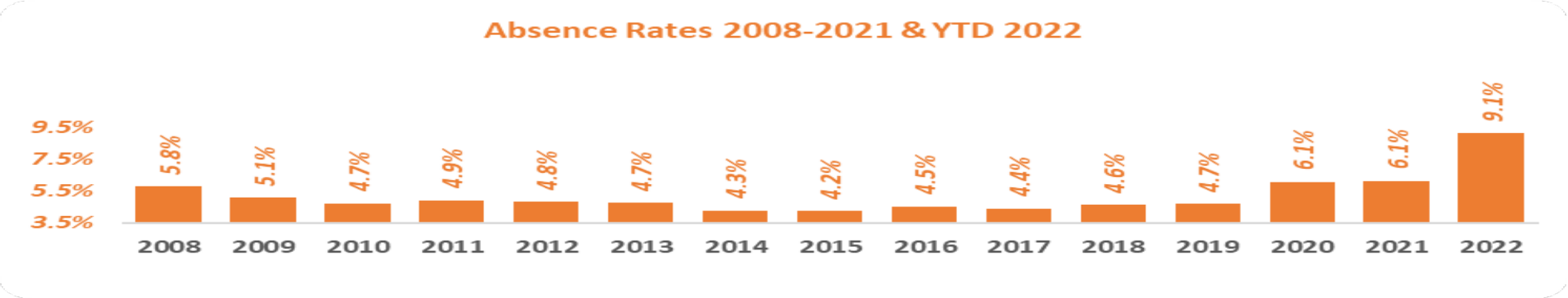
Health Service Absence Rate - by Staff Category: Mar 2022	*Certified absence*	*Self- certified absence*		*Non Covid-19 absence*	*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.3%**	**0.6%**	●	**4.9%**	**4.7%**	**9.7%**	**50.9%**	**49.1%**
Medical & Dental	1.2%	0.2%	●	1.3%	2.1%	3.5%	38.7%	61.3%
Nursing & Midwifery	5.0%	0.8%	●	5.8%	5.9%	11.7%	49.2%	50.8%
Health & Social Care Professionals	3.5%	0.4%	●	3.9%	4.7%	8.6%	45.0%	55.0%
Management & Administrative	3.8%	0.4%	●	4.2%	3.8%	7.9%	52.2%	47.8%
General Support	5.4%	0.5%	●	5.9%	4.4%	10.3%	57.5%	42.5%
Patient & Client Care	5.6%	0.8%	●	6.3%	5.0%	11.3%	55.8%	44.2%

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

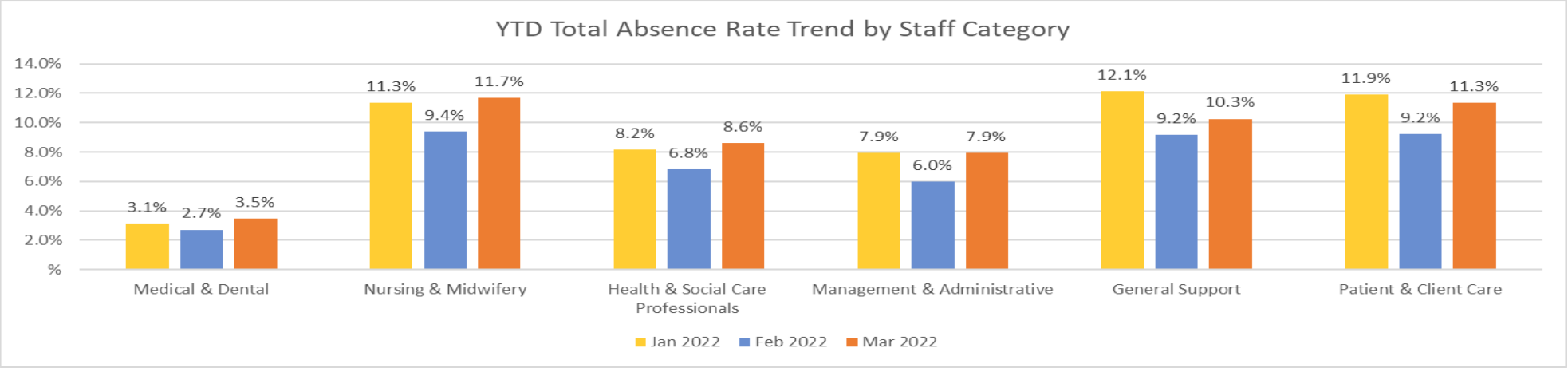


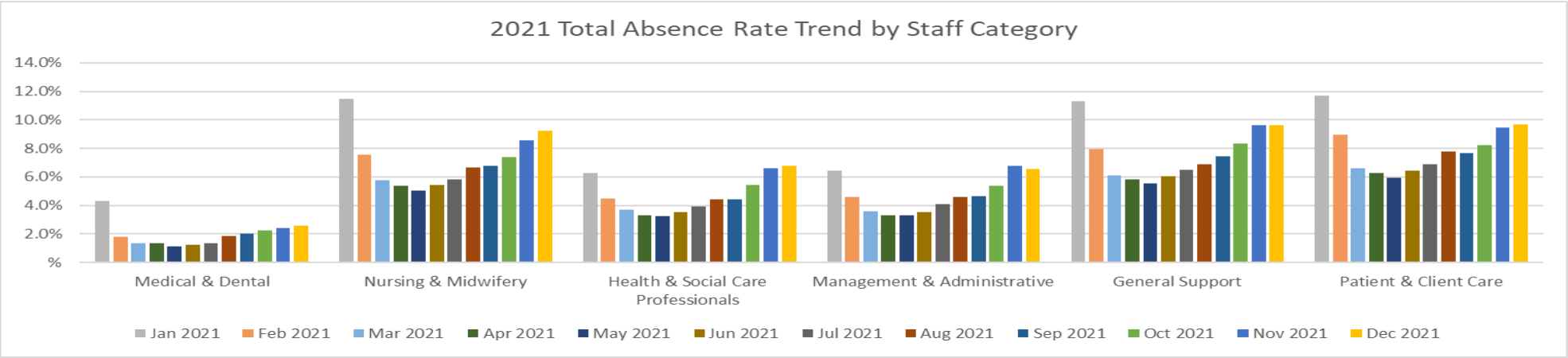
Year-to-date & trends 2008 – 2022

The year to date 2022 figure of 9.1% has also been significantly impacted by COVID-19 related absence with 4.5% of the 2022 absence rate (or 49.1% of all 2022 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021 & 2022.



- When compared with previous years, the 2022 Year to Date figure appears higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 4.5% of all absence in 2022 so far. On a like for like basis, ***excluding*** COVID-19 absence impact, the absence rate is 4.9% in 2022, 4.5% in 2021 and 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2022 is marginally higher than that reported in 2021 and also 2020.





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

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98%	83.4%
Mental Health Services	97.6%	91%
Other Agencies	94.4%	100%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1 [R]	0.9 [G]

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

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

Performance Table:

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

Graphs:

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

Graph Layout:	
Target	
Month 21/22	
Month 20/21	

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
Primary Care	Occupational Therapy % of new Occupational Therapy patients seen for assessment within 12 weeks % of Occupational Therapy patients on waiting list for assessment ≤ 52 weeks No of Occupational Therapy patients seen	Non Return (Mar) CHO1 (Sligo Leitrim) Non Return (Mar) CHO7 (Dublin West)
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) CHO7 (Dublin West)
Primary Care	Speech & Language % of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks % of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks No of speech and language therapy patients seen	Non Return (Mar) CHO7 (Dublin West)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 12 weeks % of dietetic patients on waiting list for treatment ≤ 52 weeks No. of Dietetics patients seen	Non Return (Mar) CHO7 (Dublin West, Dublin South West)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO9 (Dublin North West, Dublin North Central)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Dublin South East, Wicklow), CHO7 (Dublin South City, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North) Non Return (Mar) CHO7 (Dublin South West, Kildare West Wicklow)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks % of Ophthalmology patients on the waiting list for treatment < 52 weeks No of Ophthalmology patients seen	No Service CHO 4 (South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin South West, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Mar) CHO2 (Roscommon)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks	Non Return (Mar) CHO7 (Kildare West Wicklow)

Service Area	KPI Title	Data Coverage Issues
	No of Psychology patients seen	
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Jan, Feb) CHO1 (Cavan/Monaghan) Non Return (Jan, Feb) CHO2 (Galway) Non Return (Jan, Feb) CHO7 (Kildare West Wicklow)
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire)
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Feb) CHO1 (Cavan Monaghan)
Primary Care	Child Health Quarterly % newborn babies visited by a PHN within 72 hours of discharge from maternity services	Non Return (Mar) CHO1 (Cavan Monaghan, Donegal, Sligo Leitrim) Non Return (Mar) CHO2 (Galway)
Primary Care	Child Health (Q1Q) % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return CHO1 (Q1, Q2, Q3, Q4) (Cavan Monaghan) Non Return CHO1 (Q3, Q4) (Sligo Leitrim) Non Return CHO2 (Q1, Q3, Q4) (Galway)
Social Inclusion	Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q4 CHO3 (Clare, Limerick, North Tipperary) Non Return Q1, Q2 & Q4 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Social Inclusion	Substance Misuse % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q4 CHO3 (Clare, Limerick, North Tipperary) Non Return Q1, Q2 & Q4 CHO8 (Louth & Meath) Non Return Q1 CHO9 (Dublin North Central)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO8
Mental Health General Adult	Number of referrals received	CHO 2 Ballina (Mar) CHO 4 Bishopstown/Ballincollig (Mar) CHO 6 SJOG Team A Cluain Mhuire (Mar) CHO 6 SJOG Team B Cluain Mhuire (Mar) CHO 6 SJOG Team C Cluain Mhuire (Mar) CHO 9 Blanchardstown East Team 1 (Feb) Non Return CHO 9 Blanchardstown East Team 2 (Feb) Non Return
Mental Health General Adult	Number of referrals seen	CHO 2 Ballina (Mar) CHO 4 Bishopstown/Ballincollig (Mar) CHO 6 SJOG Team A Cluain Mhuire (Mar)

Service Area	KPI Title	Data Coverage Issues
		CHO 6 SJOG Team B Cluain Mhuire (Mar) CHO 6 SJOG Team C Cluain Mhuire (Mar) CHO 9 Blanchardstown East Team 1 (Feb) Non Return CHO 9 Blanchardstown East Team 2 (Feb) Non Return
Mental Health General Adult	% seen within 12 weeks	CHO 2 Ballina (Mar) CHO 4 Bishopstown/Ballincollig (Mar) CHO 6 SJOG Team A Cluain Mhuire (Mar) CHO 6 SJOG Team B Cluain Mhuire (Mar) CHO 6 SJOG Team C Cluain Mhuire (Mar) CHO 9 Blanchardstown East Team 1 (Feb) Non Return CHO 9 Blanchardstown East Team 2 (Feb) Non Return
Psychiatry of Later Life	Number of referrals received	CHO 3 Psychiatry Old Age Co. Clare (Jan, Feb, Mar) Non Return CHO 6 Dun Laoghaire POA (Jan, Feb, Mar) Non Return CHO 4 Kerry POA (Mar) CHO 9 Dublin North POA (Mar) Non Return
Psychiatry of Later Life	Number of referrals seen	CHO 3 Psychiatry Old Age Co. Clare (Jan, Feb, Mar) Non Return CHO 6 Dun Laoghaire POA (Jan, Feb, Mar) Non Return CHO 4 Kerry POA (Mar) CHO 9 Dublin North POA (Mar) Non Return
Psychiatry of Later Life	% seen within 12 weeks	CHO 3 Psychiatry Old Age Co. Clare (Jan, Feb, Mar) Non Return CHO 6 Dun Laoghaire POA (Jan, Feb, Mar) Non Return CHO 4 Kerry POA (Mar) CHO 9 Dublin North POA (Mar) Non Return
Mental Health CAMHS	CAMHs waiting list	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar) CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar) CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar)

Service Area	KPI Title	Data Coverage Issues
		CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar) CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Mental Health CAMHS	No of referrals received	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar) CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar) CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Mental Health CAMHS	Number of new seen	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar) CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar) CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar) CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar) CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 4 Kerry Team 1 (Feb) Non Return CHO 6 Century Court Team (Mar) CHO 6 Lucena Team A (Mar) CHO 6 Lucena Team C (Mar) CHO 6 Lucena Wicklow – Arklow (Mar) CHO 6 Lucena Wicklow – Bray (Mar) CHO 6 Marine 56 (Mar)

Service Area	KPI Title	Data Coverage Issues
		CHO 6 Lucena Tallaght Team 1 (Mar) CHO 6 Lucena Tallaght Team 2 (Mar)
Disability Services	Facilitate the movement of people from congregated settings to community settings	Reporting frequency changed from quarterly to monthly for 2022.
Disability Services	Number of in home respite supports for emergency cases	The full year target of 422 is comprised of 402 packages from 2021 that are being funded in 2022 and 20 new packages for 2022 (10 new supported living & 10 new intensive support packages)
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 CHO5 (Waterford, Wexford)
Older Persons	**Intensive Home Care Packages** Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	Non Return February and March CHO5 (Wexford) Non Return March CHO5 (Waterford)
Acute Hospitals	Inpatient, Day case and outpatient waiting lists	June 2021 data unavailable from NTPF.
Acute Hospitals	New ED attendances	CHI at Crumlin May, June. CHI Temple Street April-July. Naas May, June.
Acute Hospitals	No. of beds subject to delayed transfers of care	Data for May-July 2021 is unavailable due to the HSE cyber-attack
Acute Hospitals	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	Please see detail below
Acute Hospitals	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	Beaumont outstanding Mar 22
Acute Hospitals	% 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 (% offered an appointment that falls within 12 weeks)	Beaumont outstanding Mar 22
Acute Hospitals	% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	MMUH outstanding Mar 22
Acute Hospitals	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	GUH outstanding Mar 22
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	CUH outstanding Mar 22
Acute Hospitals	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	The following hospital has HCAI data for Jan-22 - Mar-22 outstanding at the time the report was produced. Kilcreene Regional Orthopaedic Hospital

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	As above
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	As above
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	The following hospitals data is outstanding for Q1 2022: MRH Portlaoise, Mater Misericordiae University Hospital, Galway University Hospitals, Mayo University Hospital, Lourdes Orthopaedic Hospital Kilcreene
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	The following hospitals data is outstanding for Q1 2022: MRH Portlaoise, Mater Misericordiae University Hospital, Galway University Hospitals, Mayo University Hospital, Lourdes Orthopaedic Hospital Kilcreene

Appendix 3: Hospital Groups

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

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

Appendix 4: Community Health Organisations

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