



Performance Profile

January - March 2024



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

Building Trust and Confidence across Staff and our Service Users

Quality and Safety

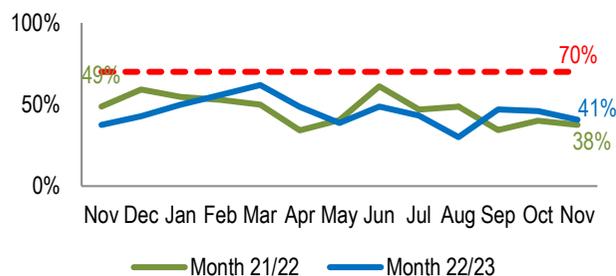
Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period	12M/ 4Q	SPLY YTD 12M/4Q	SPLY Change	Current (-2)	Current (-1)	Current
Serious Incidents Number of incidents reported as occurring (included: Category 1, who was involved=service user)	National		M	866		885	-19	82	57	48
	Acute Hospital Services		M	523		537	-14	47	37	32
	Community Services		M	343		348	-5	35	20	16
% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident*	National	70%	M	● 46%		47%	-1%	47%	46%	41%
	Acute Hospital Services	70%	M	● 51%		53%	-2%	52%	53%	45%
	Community Services	70%	M	● 21%		23%	-2%	0%	14%	0%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident** (reported @ January 2024)	National	70%	Q	● 78%		73%	5%	77%	79%	83%
	Acute Hospital Services	70%	Q	● 77%		74%	3%	74%	78%	83%
	Community Services	70%	Q	● 79%		73%	6%	79%	80%	83%
Incident Reporting Extreme and major incidents as a % of all incidents reported as occurring***	National	<1%	Q	● 0.5%		0.5%	-	0.4%	0.5%	0.5%
	Acute Hospital Services	<1%	Q	● 0.6%		0.6%	-	0.5%	0.6%	0.6%
	Community Services	<1%	Q	● 0.4%		0.4%	-	0.4%	0.4%	0.4%

* Current - reflecting compliance for incidents notified in November 2023. Current 12M rolling period reflecting compliance December 2022 - November 2023.

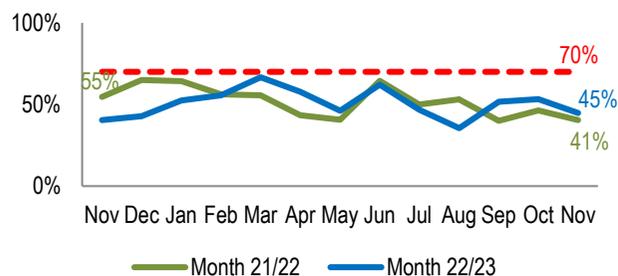
** Current - reflecting compliance for incidents occurring in Q4 2023. Current 4Q rolling period reflecting compliance Q1-Q4 2023.

*** Current - reflecting compliance for incidents occurring in Q1 2024. Current 4Q rolling period reflecting compliance Q2 2023-Q1 2024.

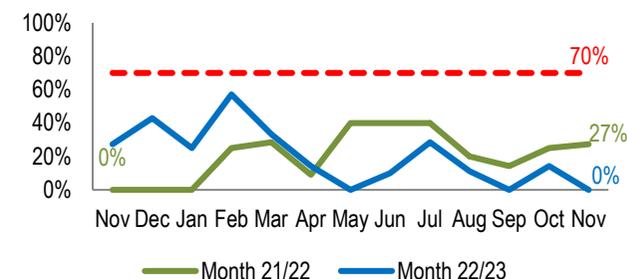
% of serious incidents requiring review completed within 125 days of notification of the incident - National



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



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



Serious Reportable Events

Service Area	Total SRE occurrence (in-month)	Feb 2024	Jan 2024	Dec 2023	Nov 2023	Oct 2023	Sep 2023	Aug 2023	Jul 2023	Jun 2023	May 2023	Apr 2023
Acute Hospitals [inc. National Ambulance Service]	37	47	67	64	56	54	53	56	53	51	81	57
Community Services	12	16	22	25	27	21	18	28	24	29	20	23
Total*	49	63	89	89	83	75	71	84	77	80	101	80

*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.

49 SREs were reported as occurring in March 2024 and registered in NIMS up to 8th April 2024. 22 SREs were reported as patient falls, 15 were reported as Stage 3 or 4 pressure ulcers and the remaining 12 SREs reported comprised 5 SRE categories.

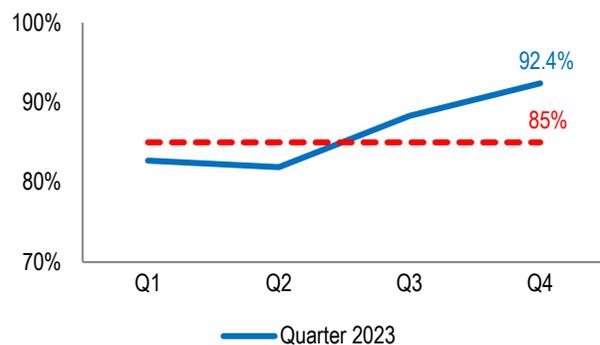
Your Service Your Say' Policy

Performance are	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current
% of complaints where an Action Plan is identified as necessary, is in place and progressing (Q4 2023 @ 08.04.24)	National	65%	Q	● 81.3%	85.3%	87.3%	64.6%
	Acute Hospital Services	65%	Q	● 86.9%	86.3%	87.8%	82.0%
	Community Services	65%	Q	● 48.0%	69.0%	80.4%	33.0%

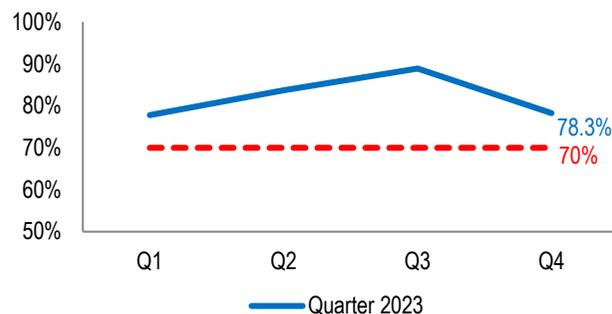
Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of community concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days – SC10	85%	Q-1M	●	92.4%			81.9%	88.3%	92.4%	CHO1, 2, 3, 4, 5, 6, 7 & 9 reached target	CHO8 (62%)
% of service concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days – SC11	70%	Q-1M	●	78.3%			83.7%	88.9%	78.3%	CHO1, 2, 3, 4, 6, 7 & 9 reached target	CHO8 (35.5%), CHO5 (62.7%)

% of community concerns reviewed and initial response generated within 3 working days



% of service concerns reviewed with response sent to the notifying service within 10 working days



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.

Pandemic Planning Group: EM led the development of a new HSE operational Pandemic Plan. This plan has been finalized and is due to be presented to EMT for approval. EM will support National Health Protection in the development and delivery of a pandemic exercise to test the new plan. This is scheduled to be completed by Q3, 2024.

Regional Inter-Agency Response: EM participates in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working Groups (RWGs). HSE EM continues to support senior management teams in briefings and planning response arrangements.

SEVESO: Work is ongoing in cooperation with the two other Principle Response Agencies to review external emergency plans for Seveso sites in accordance with “Chemical Act (Control of Major Accident Hazards involving dangerous substances) Regulations 2015”.

HSE Severe Weather: HSE Severe Weather Plan is undergoing its annual review so that the updated document will be available from September 2024.

Crowd Events: This is a busy period for engagement on a range of forthcoming crowd events. This includes events subject to planning regulations (concerts, festivals over 5K attendance) and those not governed by any statute such as sporting events and country shows.

High Consequence Infectious Disease (HCID) Planning: High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme. HCID exercises are being planned for Quarter 2, 2024. Planning also continues with International partners.

Hospital Major Emergency Plans: Emergency Management continues to work with hospital colleagues in exercise planning using the EMERGO training system. These exercises will be delivered from Q2. EM West Office are collaborating with HMEP leads in the development of Emergency Department MCI Emergo exercises and exercises focused on Hospital Security Department roles, responsibilities and response during activation of HMEP. These exercises will be delivered in Q2/Q3.

Emergency Management training for NAS staff: EM West developed and delivered 2 x MEM Emergo exercises for NAS officers in areas E & F. These exercises focused on the development of response procedures around the new NAS structure. Members from the NAS SLT Control and tactical and operational staff took part.

Mass Casualty Incident Framework: EM is supporting Acute Operations as they lead on the development of an integrated Mass Casualty Incident (MCI) Framework for the HSE.

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.

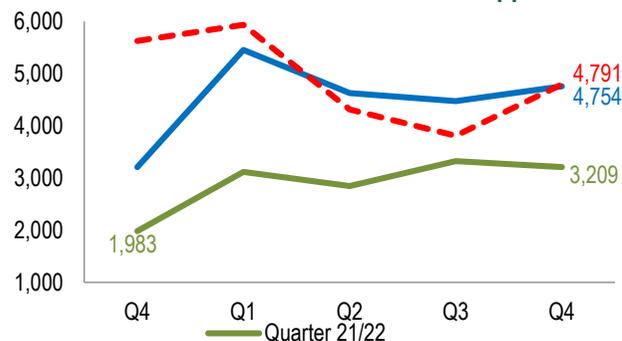
Business Continuity Management: EM has completed the development of a BCM policy and guidance documents and will bring these documents to EMT for approval following engagement with staff unions.

Improving Access to Care and Performance

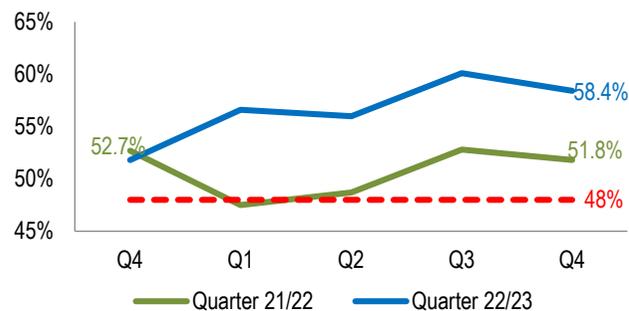
Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor – HWB27	18,849 YTD/ 18,849 FYT	Q-1Q	● 19,311	12,496	+6,815	4,628	4,475	4,754	DM HG (218.7%), IE HG (74.3%), Nat Quitline (58.3%)	SAOLTA HG (-84.2%), UL HG (-41.8%), CHO6 (-28.7%)
% of smokers on cessation programmes who were quit at four weeks – HWB26	48%	Q-1Q	● 57.7%	50.3%	+7.4%	56%	60.1%	58.4%		

Tobacco smokers – intensive cessation support



% of smokers quit at four weeks



Health and Wellbeing Update

MECC

Healthcare staff continue to complete the MECC Training Programme consisting of an eLearning component and an Enhancing Your Skills Workshop. Targets are under achieved nationally, due to pressures in the healthcare system. 714 staff completed the eLearning in Q1 of 2024, 48% of profiled target for (HWB94). 436 staff completed the Enhancing Your Skills Workshop, 96% of Q1 profiled target of 456 (HWB95).

Under performance can be linked to reduced engagement in both CHO / Hospitals due to system pressures, and lack of managerial support for staff release due to time constraints. To reduce time barriers, the MECC eLearning training programme certification has been modified and a further updating of the eLearning is planned. The core eLearning now takes a total time of 3 hours (reduced from 4 hours) covering the six core modules. The two new modules on 'Talking about Overweight & Obesity' and 'Promoting Mental Health & Wellbeing' are available on completion of the core modules. Completion of the additional modules is encouraged and will now provide additional certification.

Nine dedicated posts to support MECC implementation were recruited as part of the Sláintecare Healthy Communities initiative and are actively engaging with services to support implementation.

The HRB Applied Partnership Award entitled "Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC" has produced a policy brief with nine key recommendations to successfully roll-out the programme in Ireland. An implementation plan to address these recommendations will be published in Q2 2024. The MECC Programme in collaboration with representatives from CHO / Hospital Groups are planning a MECC Webinar in Q2, to showcase the evidence base for MECC and to highlight examples of good practice nationally. Communications to promote the webinar will be circulated, in addition to other communications activities such as inclusion of articles in Health Matters later in the year.

***Data return 100%**

Tobacco smokers – intensive cessation support

Nationally, 19,311 smokers received intensive cessation support from a cessation counsellor at end of quarter 4 2023 (this metric is reported quarterly in arrears), which is +2.5% above the target of 18,849 and +54.5% ahead of the same period in 2022 (HWB27).

CHOs 1, 3 and 4 have exceeded their targets to end of Q4. Underperformance is noted within CHOs 2 (-22.2%), 5 (-11.3%), 6 (-28.7%), 7 (-27.6%), 8 (-18.2%) & 9 (-19.3%) as well as within the RCSI (-2.9%), UL (-41.8%) and Saolta (-84.2%) Hospital Groups. A new service was established in UL in 2023, with gaps in service remaining in Saolta throughout 2023.

***Data return 100%**

Online Cessation Support Services

The National Quitline continued to perform well in Q1 2024 with 2,954 smokers receiving online cessation support services (+17.2%) of the profiled target (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 2023 as a result of our new media campaign 'Take Back Control', which launched in January across TV/Radio/Social.

***Data return 100%**

% of smokers quit at four weeks

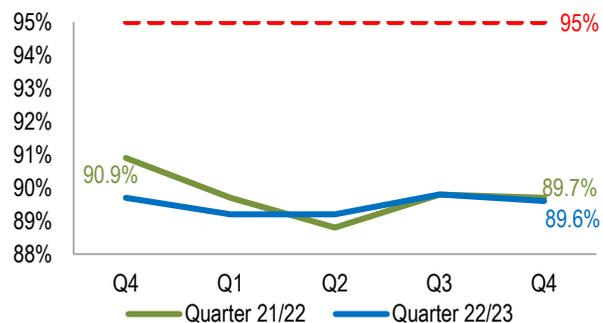
This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 57.7% of smokers remained quit at four weeks YTD December 2023, which is above target (+20.3% HWB26). This metric is a key quality metric and shows strong performance for the stop smoking service; this is contributed to by the introduction of free NRT for those engaging in a quit attempt with the support of the HSE. As a result, more people are quitting smoking using evidence-based treatments, which is resulting in more people quitting successfully, as reflected in this high 4-week quit rate.

***Data return 100%**

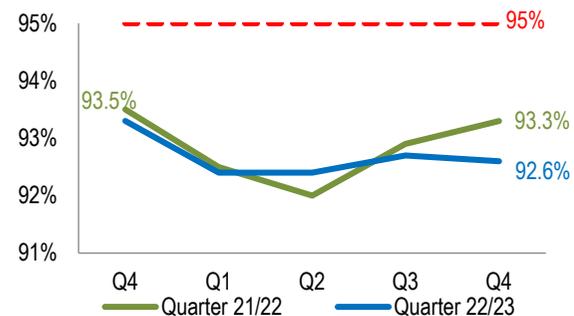
Public Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children aged 24 months who have received (MMR) vaccine – HWB8	95%	Q-1Q	●	89.5%	89.5%	0%	89.2%	89.8%	89.6%	No CHO reached target	CHO1 (84.8%), CHO8 (85.9%), CHO9 (88%)
% of children aged 24 months who have received three doses of the 6 in 1 vaccine – HWB4	95%	Q-1Q	●	92.5%	92.7%	-0.2%	92.4%	92.7%	92.6%	CHOs 4 & 7 reached target	CHO5 (89.8%), CHO1 (90.1%), CHO8 (90.4%)

% of children 24 months – (MMR) vaccine



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



Public Health Update

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.

Levels of coverage of primary childhood immunisation programmes (including 6 in 1 and MMR vaccines) have been lower than target for seven successive quarters. The impact of the pandemic accounts for some of the challenges over this time, including disruptions to vaccine programmes delivered through primary care. Wider concerns about vaccine safety emerged as a key factor across the population here and in many countries during the pandemic, consequent to issues of multiple COVID-19 vaccine requirements (resulting in vaccine fatigue), associated 'anti-vax' campaigns, which may impact on willingness to accept all

vaccines not just those linked to COVID-19. And populations may have different perceptions of risk consequent to lack of visibility or awareness of some VPDs (due to overwhelming impact in media coverage of COVID-19 up until recently).

A Vaccine Task Force was established in December 2023 under the direction of the National Director of Public Health to coordinate activities to understand key drivers for low coverage of primary childhood immunisations (including examining data sources for coverage) and to inform strategies to increase coverage especially among higher risk populations. This work identified specific areas e.g. border counties, which had lowest vaccine coverage as well as specific populations and settings which required targeted intervention e.g. vulnerable migrants especially those in congregate settings. Work is in train to promote vaccinations among target populations and settings and to increase access. However, since January 2024, there has been concern about a rising risk from measles, due to outbreaks in several European countries, including UK which coupled with low MMR vaccine increased in the risk of importation of cases and sustained community transmission of measles. On January 31, under the direction of the Director of National Health Protection, a National Incident Management Team was convened to coordinate action to increase coverage of MMR in target populations especially children (according to national vaccine schedule), young adults (identified as vulnerable consequent to serological survey), health & care workers, vulnerable migrants (especially those in congregate settings), and specific areas, especially the border counties. The IMT developed a vaccine strategy and associate business case which is going before Cabinet on March 5th for approval. Depending on outcome of this proposal, it is anticipated that a communication strategy will be launched in early March to drive target population to vaccinators in primary care, occupational health services (for health and care workers), student health services (for university and college students) and HSE vaccine clinics (to be delivered by COVID-19 vaccinators). This programme will run for 12 weeks in the first instance.

To be determined but hopeful of positive increase in coverage secondary to coordinated efforts under the Measles IMT and in collaboration with the Vaccine Task Force. Focus will initially be on MMR but it is hoped that a 'rising tide lifting all boats' effect will be seen with parents of young children re-engaging in primary

childhood immunisation programmes and other groups engaging in catch-up programmes appropriately. This will be reviewed with collection of data. The new regional structures coming into effect in 2024 also present an opportunity for stronger accountability and performance improvement for vaccine uptake at regional level.

% of children aged 24 months who have received 6-in-1 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 2023) (this metric is reported quarterly in arrears), is 92.5% against a target of 95% (-2.6%) (HWB4).

***Data return 88.9%**

% of children aged 24 months who have received the Measles, Mumps, and Rubella (MMR)

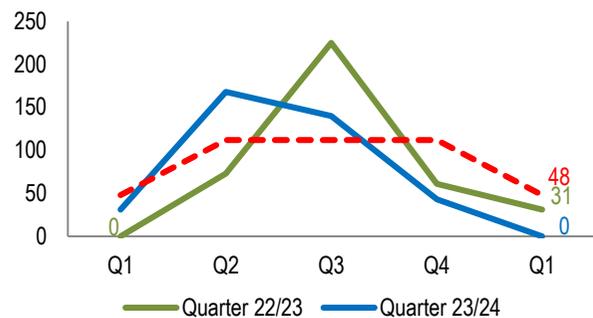
Nationally, the uptake rate for the Measles, Mumps, Rubella (MMR) YTD (Q4 2023) (this metric is reported quarterly in arrears), is 89.5% against a target of 95% (-5.8%) (HWB8).

***Data return 88.9%**

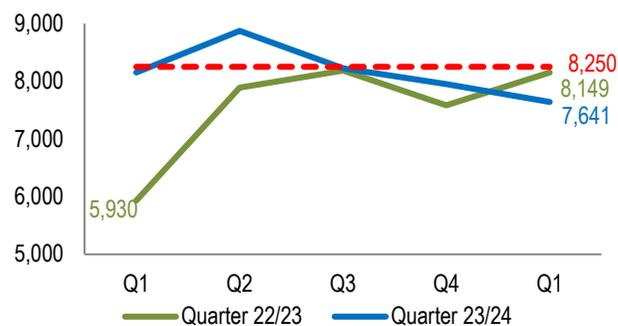
Environmental Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
No. of initial tobacco sales and / or nicotine inhaling product sales to minors test purchase inspections carried out – HWB29	48 YTD/ 384 FYT	Q	● 0	31	-31	140	43	0
Number of official food control planned, and planned surveillance, inspections of food businesses – HWB31	8,250 YTD/ 33,000 FYT	Q	● 7,641	8,149	-508	8,226	7,950	7,641

Number of initial tobacco sales to minors



Number of inspections of food businesses



Environmental Health Update

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 7,641 Planned and Planned Surveillance Inspections were carried out by the end of Q1. This represents a 7% shortfall of the end of Q1 target. Of those Planned and Planned Surveillance inspections that were carried out, 19% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of 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. 98% 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, 572 drinking water samples were taken to assess compliance which is a 7% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE

1 Inspection of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations was completed which is 10% of the Q1 target.

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

Mystery Shopping inspections were not completed in Q1. 8 Test Purchases were completed in Q1 to assess compliance with the Sunbeds Act. 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.

COVID-19 Vaccination Programme*

Performance area	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current
Uptake % uptake of booster doses for eligible adult population by approved cohorts: (New KPI) <ul style="list-style-type: none"> >70 years (based on census 2022 data) 	75%	M		63%	NA	62%	63%
<ul style="list-style-type: none"> Health and social care workers (based on HSE Healthcare Workers recorded on HSE HR-SAP) 	50%	M		19%	NA	19%	19%
<ul style="list-style-type: none"> Residents of Long Term Care Facilities (based on Residents of Residential Care Facilities who avail of the HSE Fair Deal Scheme) 	75%	M		81%	NA	82%	81%

Reporting will be in line with cohorts as approved by NIAC in the context of public health recommendations

Targets may require adjustment during 2024 to reflect updated clinical advice.

*Please note the figures reflect the Autumn Winter Campaign finished on the 18th of February 2024. There was no reporting for March.

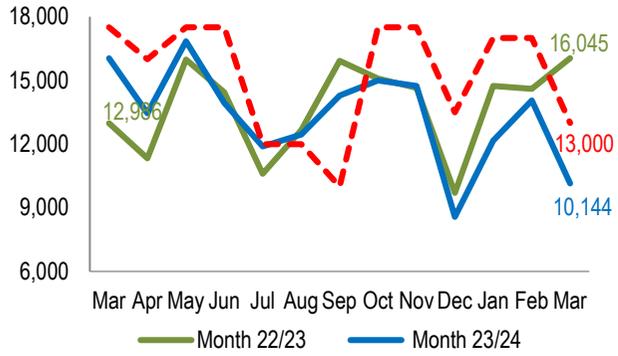
National Screening Service

National Screening Service Scorecard/Heatmap

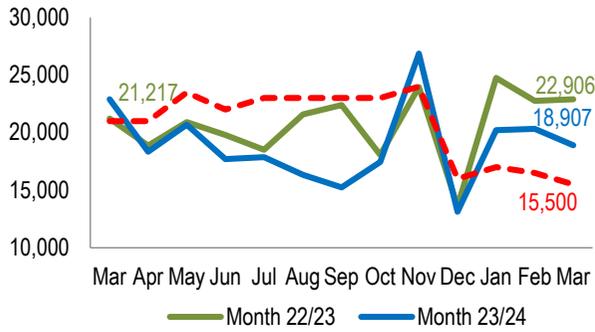
	KPI No.	Metric Title	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety		Breastcheck							
	HWB35	% BreastCheck screening uptake rate	Q-1Q	70%	65.7%	-6.2%	61.4%	62%	
Access and Integration		CervicalCheck							
	NSS2	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting)	M	49,000	59,453	21.3%	20,226	20,320	18,907

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck No. of women in the eligible population who have had a complete mammogram – HWB77	47,000 YTD/ 195,000 FYT	M	● 36,361	45,382	-9,021	12,165	14,052	10,144
% BreastCheck screening uptake rate – HWB35	70%	Q-1Q	● 65.7%	69.4%	-3.7%	61.4%	62%	
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting – NSS2	49,000YTD/ 178,000 FYT	M	● 59,453	70,436	-10,983	20,226	20,320	18,907
% eligible women with at least one satisfactory cervical screening test in a five year period – NSS3	80%	Q-1Q	● 73.3%	73%	+0.3%	73.2%	73.4%	72.9%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test -HWB82	41,000 YTD/ 148,000 FYT	M	● 36,204	41,016	-4,812	11,889	12,104	12,211
% BowelScreen screening uptake rate – HWB46	45%	Q-1Q	● 46.6%	42.8%	+3.8%	51.1%	44.2%	42.5%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result – HWB23	23,500 YTD/ 112,000 FYT	M	● 25,686	28,090	-2,404	7,764	7,907	10,015
% Diabetic RetinaScreen uptake rate – HWB47	69%	Q-1Q	● 57.3%	55.5%	+1.8%	57.4%	58.6%	56.9%

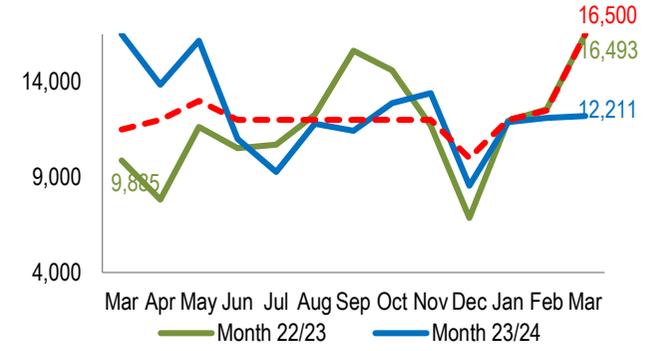
BreastCheck-number who had a mammogram



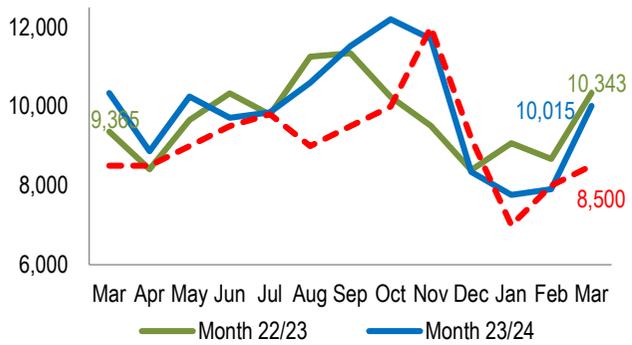
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period March 2024 was 10,144 against a target of 13,000 which is below the target by 2,856 (22%).
- The number of women who had a complete mammogram year to date (Jan-Mar 2024) was 36,361 against a target of 47,000 which is below the target by 10,639 (22.6%).
- 57.7% of women were offered an assessment appointment within 2 weeks of notification of an abnormal mammographic result.
- 58% of women were offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer.
- The most recent validated uptake rate for BreastCheck was 70.3% (Jan to Dec 2022).

The invitations of Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment uptake following the Covid-19 pandemic.

The shortages of Breast Radiologists and Radiographers are continuing to impact recovery to delayed invitations to the BreastCheck programme.

Overcoming delays to invitations for BreastCheck screening is dependent on meeting the critical challenge of staff recruitment and retention. This remains the case and is not likely to change in the immediate future. This is an issue for Radiology/Radiography across the HSE. Increased Assessment Recall rates are contributing towards delays in issuing assessment clinic appointments. In some BreastCheck Units this is further exacerbated by reduced staffing across histopathology and surgery. This is impacting our ability to offer surgery within 21 days.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period March 2024 notified to report date was 18,907 which was above the published target of 15,500 by 3,407 (22%).
- The number of unique women who had one or screening tests in a primary care setting year to date (Jan-Mar 2024) was 59,453 which is above the target of 49,000 by 10,453 (21.3%).
- Coverage for women aged 25-65 at the end of Q4 2023 was 72.9%

- Coverage for women aged 25-60 at the end of Q4 2023 was 78.6%
 - 98% of women were issued results of screening within 4 weeks of the test.
- The programme is operating within standard performance measures. The majority of women are receiving their results within 4 weeks from screening test and in many cases as early as 2 weeks (depending on HPV detected or not). CervicalCheck continues to promote screening uptake across multiple platforms and to target specific populations where uptake is lower.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (March 2024) was 12,211 which is below the target of 16,500 by 4,289 (26%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-Mar 2024) was 36,204 which is below the target of 41,000 by 4,796 (11.7%).
- Uptake for Q4 2023 was 42.5%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the $\geq 90\%$ target at 89.9% within 20 working days in March 2024. Eleven of the fifteen contracted colonoscopy centres which were offering colonoscopies in March 2024 met the expected KPI of 90% within 20 days.

BowelScreen monitors 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 2024 was 10,015 which is above the target of 8,500 by 1,515 clients (17.8%).
- The number of diabetics screened with a final grading result year to date (Jan-Mar 2024) was 25,686 which was above the target of 23,500 by 2,186 (9.3%).
- Uptake for Q4 2023 was 56.9%

The screening capacity ramp, following the move to one national screening provider, continues to match plan. New registrations to the programme remain strong.

Community Services Scorecard/Heatmap

	KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current	
Quality and Safety	Serious Incidents																		
			% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	21% [R]	-70%										0%	14%	0%
			% of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	79% [G]	12.9%										79%	80%	83%
			Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.4% [G]	-60%										0.4%	0.4%	0.4%
		Service User Experience (Q4 2024 @ 20.02.24)																	
			% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	61% [R]	-18.7%	40%	40%	80%	80%	92%	100%	80%	81%	58%			
		Child Health																	
		PC153	% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M-1M	95%	89% [A]	-6.3%	87.1% [A]	87.1% [A]	90.7% [G]	90.6% [G]	80.4% [R]	88.7% [A]	90.9% [G]	93.8% [G]	88.3% [A]	87.4%	87.6%	90.6%
		PC133	% of infants visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.3% [G]	-0.7%	96.3% [G]	98.9% [G]	99.2% [G]	98.8% [G]	99.6% [G]	97.2% [G]		97.4% [G]	98.7% [G]	98.9%	98.8%	98.3%
		PC144	% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit	Q-1Q	36%	32.2% [R]	-10.5%	24.8% [R]	26.3% [R]	25.5% [R]	38.9% [G]	29.9% [R]	43.8% [G]	34% [A]	29.8% [R]	33% [A]	32.3%	30.5%	35.4%
	HWB8	% of children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.5% [A]	-5.8%	83.8% [R]	92.4% [G]	89.6% [A]	92.1% [G]	89.3% [A]	90.9% [G]	93.3% [G]	86% [A]	87% [A]	89.2%	89.8%	89.6%	
	CAMHs Bed Days Used																		
	MH57	% of bed days used in HSE Child and Adolescent Acute Inpatient Units	M	>95%	99.9% [G]	5.2%	100% [G]	99.5% [G]	100% [G]	99.8%	100%	100%							

			Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current	
Quality and Safety	KPI No. Metric																		
	Disability Services																		
	DIS55	Facilitate the movement of people from congregated to community settings	M	19	11 [R]	-42.1%	0 [R]	0 [G]	1 [R]	4 [G]	0 [R]	1 [R]	4 [R]	0 [G]	1 [R]	6	5	0	
Quality and Safety	Smoking																		
	HWB26	% of smokers on cessation programme who were quit at four weeks	Q-1Q	48%	57.7% [G]	20.3%										56%	60.1%	58.4%	
Access and Integration	Therapy Waiting Lists																		
	PC100G	Physiotherapy - % on waiting list for assessment ≤52 weeks	M	94%	78.7% [R]	-16.3%	94.4% [G]	74% [R]	87.2% [A]	86.6% [A]	62.5% [R]	98.9% [G]	91.9% [G]	69.9% [R]	80.4% [R]	79.6%	79%	78.7%	
	PC101G	Occupational Therapy - % on waiting list for assessment ≤52 weeks	M	95%	69% [R]	-27.4%	56.5% [R]	62.1% [R]	88% [A]	82.9% [R]	72.6% [R]	96.2% [G]	62.2% [R]	66.2% [R]	56.3% [R]	70.6%	70.4%	69%	
	PC116B	SLT - % on waiting list for assessment ≤52 weeks	M	100%	83.1% [R]	-16.9%	93.3% [A]	99% [G]	86.1% [R]	99.9% [G]	82.2% [R]	97.6% [G]	76.5% [R]	80.5% [R]	71% [R]	85%	82.8%	83.1%	
	PC104G	Podiatry - % on waiting list for treatment ≤52 weeks	M	77%	63% [R]	-18.1%	37.3% [R]	78% [G]	76.7% [G]	57.9% [R]	34.2% [R]	100% [G]	No Service	64.4% [R]	61.9% [R]	61%	58.9%	63%	
	PC107G	Ophthalmology - % on waiting list for treatment ≤52 weeks	M	64%	55.1% [R]	-13.9%	52.3% [R]	85.9% [G]	52.5% [R]	40.8% [R]	53% [R]		99.6% [G]	71.6% [G]	100% [G]	56%	56.7%	55.1%	
	PC108G	Audiology- % on waiting list for treatment ≤52 weeks	M	75%	74.1% [G]	-1.3%	86.6% [G]	71.3% [G]	68.9% [A]	74% [G]	83.4% [G]	59.4% [R]	59.9% [R]	79% [G]	87.7% [G]	77%	75.9%	74.1%	
	PC109G	Dietetics - % on waiting list for treatment ≤52 weeks	M	80%	71.9% [R]	-10.1%	82% [G]	65.7% [R]	81.4% [G]	69.1% [R]	71.9% [R]	84.2% [G]	68.7% [R]	56.5% [R]	90.3% [G]	70.5%	70.5%	71.9%	
	PC103G	Psychology - % on waiting list for treatment ≤52 weeks	M	81%	58.1% [R]	-28.3%	53% [R]	48.7% [R]	88.5% [G]	42.3% [R]	80.1% [G]	83.8% [G]	41.3% [R]	82.2% [G]	63.6% [R]	59.1%	59.4%	58.1%	
	Access and Integration	Nursing																	
		PC110A	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	95.4% [G]	-4.6%	97.2% [G]	96.2% [G]	96.7% [G]	94.1% [A]	96.9% [G]	86.6% [R]	93.5% [A]	96.6% [G]	96.4% [G]	96.1%	96.3%	95.4%
Access and Integration	Mental Health																		
	MH73	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	94.1% [G]	4.6%	97.8% [G]	100% [G]	100% [G]	96.2% [G]	75.2% [R]	66.7% [R]	100% [G]	96.8% [G]	100% [G]	90.5%	98.1%	93.7%	
	MH2	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by GAMHT	M	≥75%	66.6% [R]	-11.3%	82.7% [G]	84.8% [G]	65.4% [R]	68.4% [A]	63.6% [R]	66.3% [R]	64.3% [R]	54.5% [R]	46.8% [R]	66%	66.1%	67.7%	
	MH4	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by POLLMHT	M	≥95%	89.3% [A]	-6%	98.8% [G]	99% [G]	91.9% [G]	79.1% [R]	97.1% [G]	95.8% [G]	75.6% [R]	79.4% [R]	74% [R]	88.6%	91%	88.2%	

			Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current	
Access and Integration	KPI No. Metric																		
		Disability Services																	
	DIS3	% of child assessments completed within the timelines as provided for in the regulations	Q	100%	11.1% [R]	-88.9%	21.2% [R]	0% [R]	30.8% [R]	11.7% [R]	37.7% [R]	0% [R]	0% [R]	10.7% [R]	6% [R]		10.9%	11%	11.1%
	DIS102	No. of new Priority 1 Residential places provided to people with a disability	M	16	37 [G]	131.3%											6	4	27
	DIS109	No. of intensive support packages for priority 1 cases	M	447	465 [G]	4%											457	5	3
	DIS59	No. of day only respite sessions accessed by people with a disability	Q-1M	24,444	45,424 [G]	85.8%	5,310 [R]	11,054 [G]	2,589 [G]	1,700 [R]	4,498 [G]	1,490 [G]	663 [R]	4,715 [G]	33,405 [G]		12,319	10,959	12,331
	DIS71	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,758	5,554 [G]	-3.5%	277 [R]	653 [R]	484 [R]	498 [R]	748 [G]	370 [R]	819 [G]	764 [G]	941 [G]		5,813	6,137	5,554
	DIS57	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	129,396	151,123 [G]	16.8%	5,068 [R]	32,898 [G]	14,835 [G]	16,344 [G]	9,976 [G]	13,832 [G]	18,520 [G]	22,388 [G]	17,262 [G]		40,136	39,843	33,963
		Older Persons																	
	OP53	No. of home support hours provided (excluding provision of hours from IHCPs)	M	5,407,079	5,730,253 [G]	6%	650,513 [G]	541,570 [G]	448,449 [G]	747,379 [G]	494,709 [G]	563,864 [G]	681,011 [G]	656,206 [G]	946,553 [G]		1,933,209	1,901,653	1,895,391
	OP54	No. of people in receipt of home support	M	54,100	57,163 [G]	5.7%	5,015 [G]	6,328 [G]	5,081 [G]	7,600 [G]	5,573 [G]	4,330 [G]	7,332 [G]	8,425 [G]	7,479 [G]		56,339	56,707	57,163
		Delayed Transfers of Care																	
A49	Number of beds subject to Delayed Transfers of Care	M	≤350	411 [R]	17.4%											376	402	411	
	Homeless																		
SI52	% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Q	86%	89.5% [G]	4%		83.7% [G]	81% [A]	86.2% [G]	96.1% [G]	100% [G]	96.9% [G]	96.8% [G]	92.2% [G]		90.8%	87.4%	89.5%	

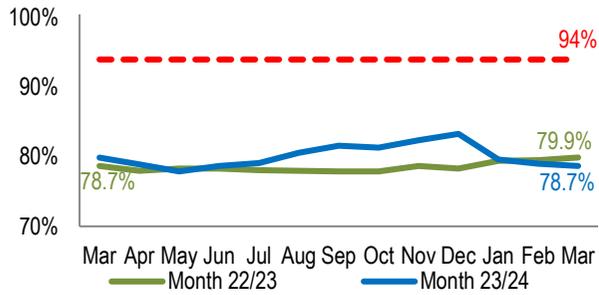
	KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current	
Access and Integration	Substance Use																		
	SI25	% of substance users (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	100%	93.9% [A]	-6.1%	94.7% [A]	87.8% [R]		76.2% [R]	97.1% [G]	86.5% [R]	89.7% [R]	95.7% [G]	99.3% [G]	92.4%	98%	91.3%	
	SI22	% of substance users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100%	96.4% [G]	-3.6%	96.9% [G]	99.5% [G]	90.1% [A]	93.7% [A]	99.4% [G]	98.1% [G]	99.4% [G]	80.8% [R]	84.8% [R]	96%	96.8%	97.4%	
Finance, Governance & Compliance	Financial Management																		
		Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	2,198,717	5.43% [R]	16.89% [R]	11.02% [R]	9.64% [R]	11.09% [R]	15.53% [R]	10.83% [R]	12.88% [R]	16.63% [R]	9.20% [R]	2.71%	4.17%	5.43%	
		Pay expenditure variance from plan	M	≤0.1%	1,062,209	4.34% [R]	13.53% [R]	11.52% [R]	6.28% [R]	7.43% [R]	13.27% [R]	12.78% [R]	7.81% [R]	9.62% [R]	3.90% [R]	3.09%	2.82%	4.34%	
		Non-pay expenditure variance from plan	M	≤0.1%	1,276,814	6.04% [R]	19.26% [R]	8.54% [R]	11.15% [R]	12.95% [R]	16.65% [R]	6.33% [R]	18.25% [R]	23.43% [R]	14.66% [R]	2.27%	5.24%	6.04%	
		Gross expenditure variance from plan (pay + non-pay)	M	≤0.1%	2,339,023	5.26% [R]	15.28% [R]	9.95% [R]	9.19% [R]	9.84% [R]	14.81% [R]	9.61% [R]	12.05% [R]	15.06% [R]	8.69% [R]	2.64%	4.13%	5.26%	
		Service Arrangements – Unavailable																	
		% of the monetary value of service arrangements signed	M	100%															
Finance, Governance & Compliance	Internal Audit																		
		% of internal audit recommendations implemented by agreed due date (New KPI)	Q	90%	28% [R]	-68.9%													28%
Workforce	Attendance Management																		
		% absence rates by staff category (non Covid)	M	≤4%	6.67% [R]	66.8%	8.41% [R]	5.55% [R]	6.53% [R]	6.01% [R]	7.00% [R]	5.29% [R]	5.69% [R]	6.73% [R]	5.33% [R]	6.46%	6.10%	6.11%	
		% absence rates by staff category (Covid)	M	NA	0.23%		0.44%	0.44%	0.33%	0.47%	0.64%	0.41%	0.45%	0.57%	0.31%	0.71%	0.36%	0.25%	

Primary Care Services

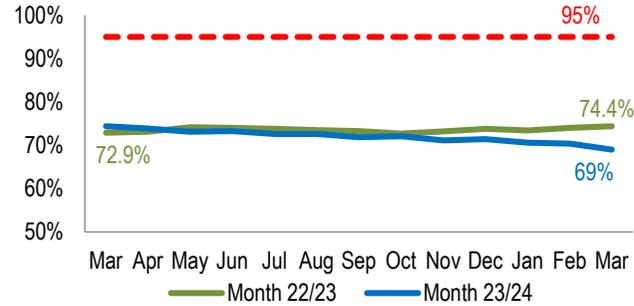
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Physiotherapy - % on waiting list for assessment ≤52 weeks – PC100G	94%	M	●	78.7%	79.9%	-1.2%	79.6%	79%	78.7%	CHO6 (98.9%), CHO1 (94.4%), CHO7 (91.9%)	CHO5 (62.5%), CHO8 (69.9%), CHO2 (74%)
Occupational Therapy - % on waiting list for assessment ≤52 weeks – PC101G	95%	M	●	69%	74.4%	-5.4%	70.6%	70.4%	69%	CHO6 (96.2%), CHO3 (88%), CHO4 (82.9%)	CHO9 (56.3%), CHO1 (56.5%), CHO2 (62.1%)
Speech and Language Therapy - % on waiting list for assessment ≤52 weeks – PC116B	100%	M	●	83.1%	88.2%	-5.1%	85%	82.8%	83.1%	CHO4 (99.9%), CHO2 (99%), CHO6 (97.6%)	CHO9 (71%), CHO7 (76.5%), CHO8 (80.5%)
Podiatry - % on waiting list for treatment ≤52 weeks – PC104G	77%	M	●	63%	73.1%	-10.1%	61%	58.9%	63%	CHO6 (100%), CHO2 (78%), CHO3 (76.7%)	CHO5 (34.2%), CHO1 (37.3%), CHO4 (57.9%)
Ophthalmology % on waiting list for treatment ≤52 weeks – PC107G	64%	M	●	55.1%	51.5%	+3.6%	56%	56.7%	55.1%	CHO9 (100%), CHO7 (99.6%), CHO2 (85.9%)	CHO4 (40.8%), CHO1 (52.3%), CHO3 (52.5%)
Audiology- % on waiting list for treatment ≤52 weeks – PC108G	75%	M	●	74.1%	76.9%	-2.8%	77%	75.9%	74.1%	CHO9 (87.7%), CHO1 (86.6%), CHO5 (83.4%)	CHO6 (59.4%), CHO7 (59.9%), CHO3 (68.9%)
Dietetics - % on waiting list for treatment ≤52 weeks – PC109G	80%	M	●	71.9%	65%	+6.9%	70.5%	70.5%	71.9%	CHO9 (90.3%), CHO6 (84.2%), CHO1 (82%)	CHO8 (56.5%), CHO2 (65.7%), CHO7 (68.7%)
Psychology - % on waiting list for treatment ≤52 weeks – PC103G	81%	M	●	58.1%	64.2%	-6.1%	59.1%	59.4%	58.1%	CHO3 (88.5%), CHO6 (83.8%), CHO8 (82.2%)	CHO7 (41.3%), CHO4 (42.3%), CHO2 (48.7%)

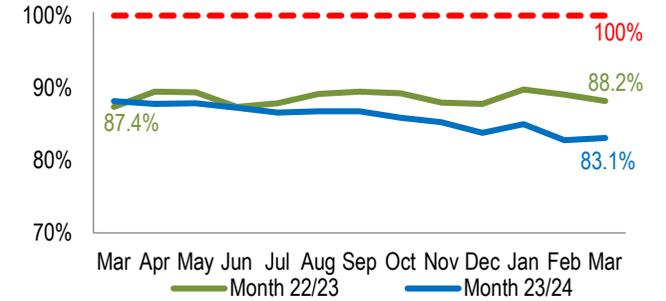
Physiotherapy - % on waiting list for assessment ≤52 weeks



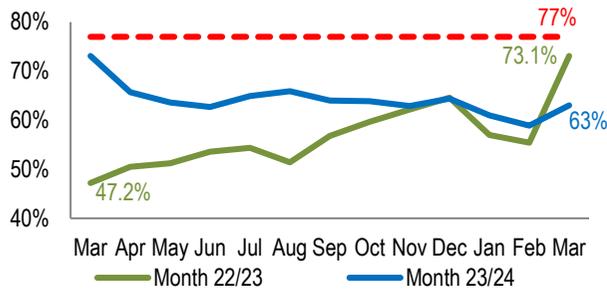
Occupational Therapy - % on waiting list for assessment ≤52 weeks



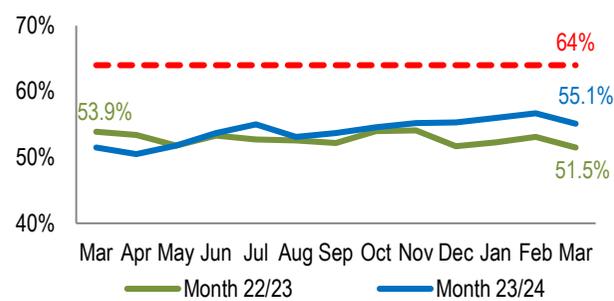
Speech and Language Therapy - % on waiting list for assessment ≤52 weeks



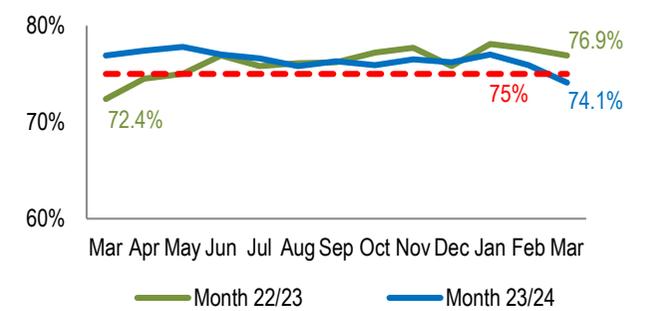
Podiatry - % on waiting list for treatment ≤52 weeks



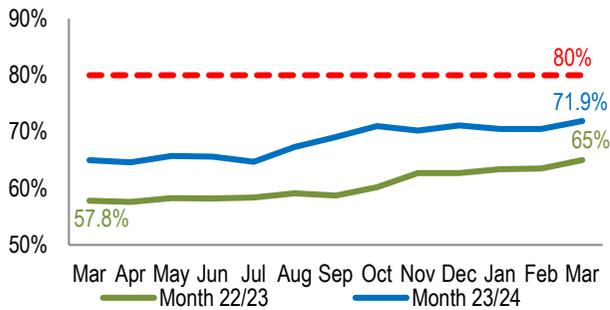
Ophthalmology - % on waiting list for treatment ≤52 weeks



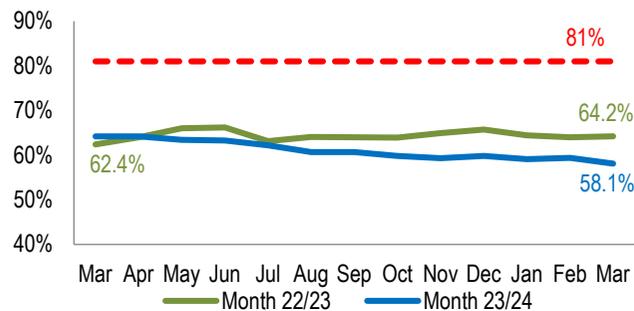
Audiology - % on waiting list for treatment ≤52 weeks



Dietetics - % on waiting list for treatment ≤52 weeks



Psychology - % on waiting list for treatment ≤52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	146,901	122,669	-16.5%	132,041	-9,372
Total number waiting	42,173	75,672	79.4%	67,553	8,119
% of new seen waiting < 12 weeks	81%	72%	-11.1%	72.9%	-0.9%
Number waiting > 52 weeks		16,152		13,567	2,585
Occupational Therapy					
Number seen	97,314	90,588	-6.9%	88,734	1,854
Total number waiting	34,093	40,914	20%	37,298	3,616
% of new seen waiting < 12 weeks	71%	62.9%	-11.4%	63.4%	-0.5%
Number waiting > 52 weeks		12,703		9,532	3,171
*Speech & Language Therapy					
Number seen	70,578	43,655	-38.1%	51,838	-8,183
Total number waiting	17,645	19,744	11.9%	19,453	291
Number waiting > 52 weeks		3,330		2,288	1,042

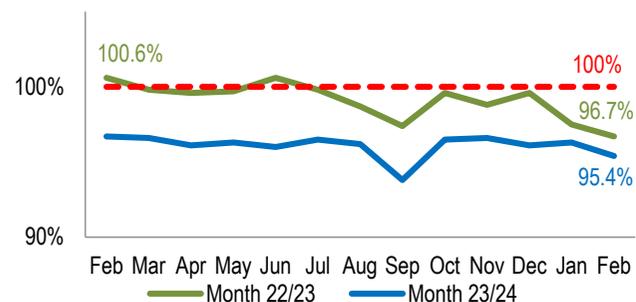
Treatment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	9,868	7,892	-20%	8,370	-478
Number waiting > 52 weeks		2,113		1,825	288
Podiatry					
Number seen	21,468	14,613	-31.9%	17,333	-2,720
Total number waiting	4,619	7,802	68.9%	8,573	-771
% waiting < 12 weeks	33%	17.8%	-46.1%	24.4%	-6.6%
Number waiting > 52 weeks		2,884		2,306	578
Ophthalmology					
Number seen	19,959	25,711	28.8%	24,115	1,596
Total number waiting	20,204	16,881	-16.4%	23,161	-6,280
% waiting < 12 weeks	20%	22.5%	12.5%	20.3%	2.2%
Number waiting > 52 weeks		7,579		11,239	-3,660
Audiology					
Number seen	13,554	13,733	1.3%	13,766	-33
Total number waiting	18,810	27,229	44.8%	22,002	5,227
% waiting < 12 weeks	30%	25.3%	-15.6%	27.3%	-2%
Number waiting > 52 weeks		7,064		5,073	1,991
Dietetics					
Number seen	17,160	19,594	14.2%	18,604	990
Total number waiting	17,417	23,732	36.3%	29,375	-5,643
% waiting < 12 weeks	40%	30%	-25%	25.5%	4.5%
Number waiting > 52 weeks		6,661		10,283	-3,622
Psychology					
Number seen	12,450	11,111	-10.8%	10,802	309
Total number waiting	10,532	20,821	97.7%	17,865	2,956
% waiting < 12 weeks	36%	16.2%	-54.9%	19.8%	-3.6%
Number waiting > 52 weeks		8,722		6,400	2,322

*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	Outliers
% of new patients accepted onto caseload and seen within 12 weeks – PC110A	100%	M-1M	● 95.4%	96.7%	-1.3%	96.1%	96.3%	95.4%	CHO1 (97.2%), CHO5 (96.9%), CHO3 (96.7%)	CHO6 (86.6%), CHO7 (93.5%), CHO4 (94.1%)

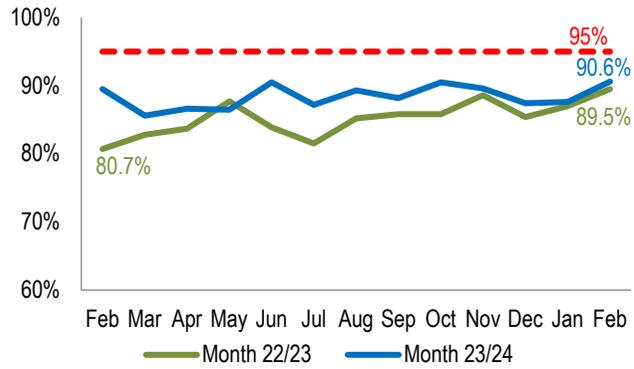
Nursing – % accepted and seen within 12 weeks



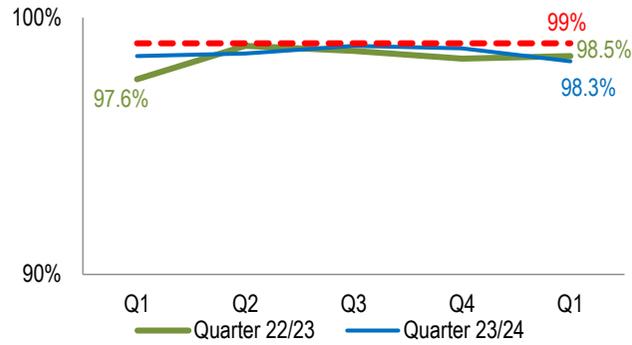
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age – PC153	95%	M-1M	● 89%	88.2%	+0.8%	87.4%	87.6%	90.6%	CHO7 (98.9%), CHO2 (97%), CHO8 (92.5%)	CHO5 (82.6%), CHO6 (86.5%), CHO1 (87.6%)
% of infants visited by a PHN within 72 hours of discharge from maternity services – PC133	99%	Q	● 98.3%	98.5%	-0.2%	98.9%	98.8%	98.3%	CHO5 (99.6%), CHO3 (99.2%), CHO2 (98.9%)	CHO1 (96.3%), CHO6 (97.2%), CHO8 (97.4%)
% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit – PC144	36%	Q-1Q	● 32.2%	31.4%	+0.8%	32.3%	30.5%	35.4%	CHO6 (52.1%), CHO4 (38.1%), CHO7 (37.8%)	CHO5 (22.4%), CHO8 (28.8%), CHO9 (31.8%)

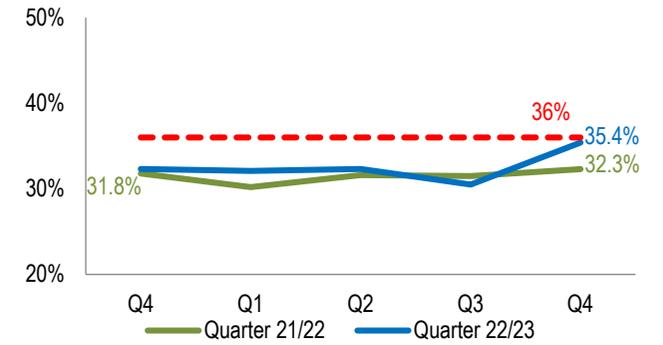
Child Health - Developmental assessment within 12 months



Child Health - % of Infants visited by a PHN within 72 hours of discharge



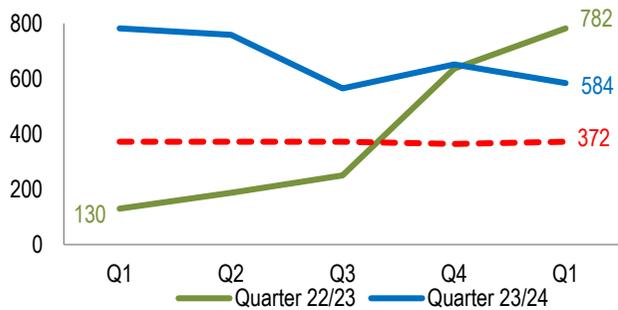
Child Health - % of Infants breastfed exclusively at 3 month PHN visit



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of people who have completed a structured patient education programme for type 2 diabetes – PC151	372 YTD/ 1,480 FYT	Q	584	782	-198	565	652	584	%Var CHO2 (304.8%), CHO3 (219%), CHO5 (113.9%)	% Var CHO7 & 4 (-100%), CHO1 (-24.4%),

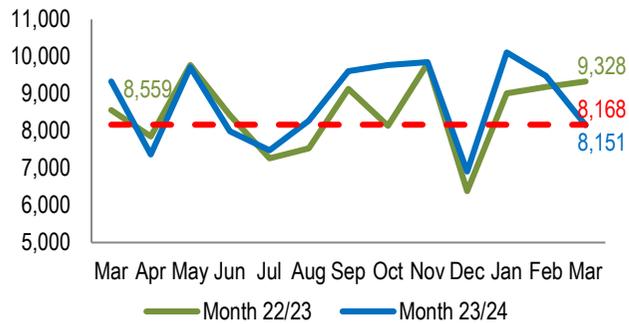
Dietetics - Number who have completed type 2 diabetes education programme



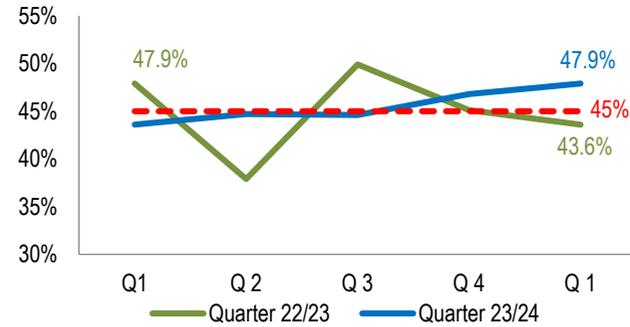
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of new Oral Health patients in target groups attending for scheduled assessment—(New KPI) PC32	24,504 YTD 98,016 FYT	M	● 27,739	27,525	+214	10,112	9,476	8,151	(%Var): CHO8 (35.2%), CHO9 (29.3%), CHO2 (27%)	(%Var): CHO5 (-8.2%), CHO1 (-4.8%), CHO6 (-4.2%)
Orthodontics - % of patients seen for assessment within six months – PC24	45%	Q	● 47.9%	43.6%	+4.3%	44.6%	46.8%	47.9%	DNE (87.2%), DML (51.2%), West (37.7%)	South (36.5%)
Orthodontics - % of patients (grade 4 and 5) on the treatment waiting list longer than four years – PC31A	<6%	Q	● 20.1%	21.5%	-1.4%	23.4%	20.5%	20.1%	DML (8%)	South (33.1%), DNE (11.2%), West (11.1%)

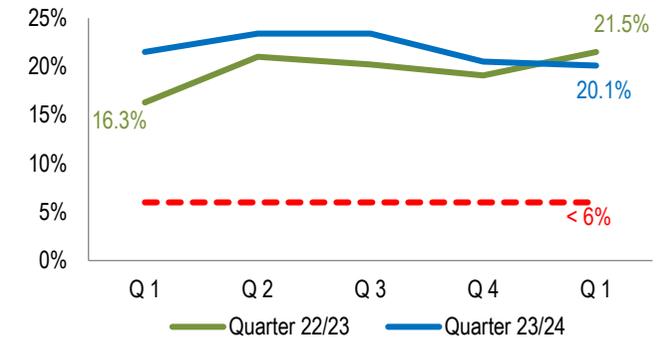
Oral Health - New patients in target groups attending for scheduled assessment



Orthodontics - % of patients seen for assessment within six months



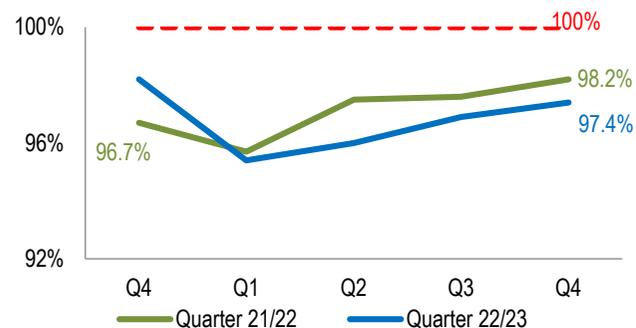
Orthodontics - % of patients on treatment waiting list > four years



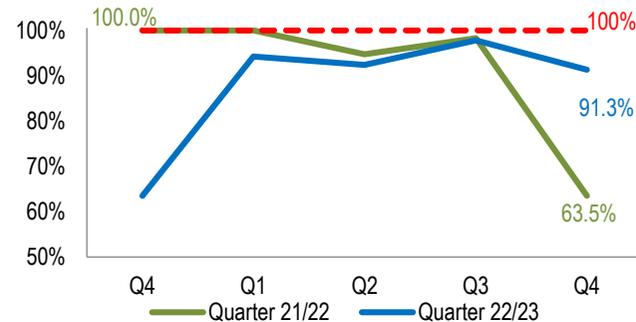
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment - SI22	100%	Q-1Q	● 96.4%	97.2%	-0.8%	96%	96.8%	97.4%	CHO2,6&9 reached target, CHO5 (98.6%), CHO1 (98.1%)	CHO8 (91.1%), CHO4 (93.8%), CHO3 (95.3%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment – SI25	100%	Q-1Q	● 93.9%	87.9%	+6%	92.4%	98%	91.3%	CHO 6,7&9 reached target, CHO5 (90.9%)	CHO1 (66.7%), CHO2 (72.7%), CHO4&8 (85.7%)
% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and/or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission – SI52	86%	Q	● 89.5%	86.9%	+2.6%	90.8%	87.4%	89.5%	CHO6 (100%), CHO7 (96.9%), CHO8 (96.8%)	CHO3 (81%), CHO2 (83.7%), CHO4 (86.2%)

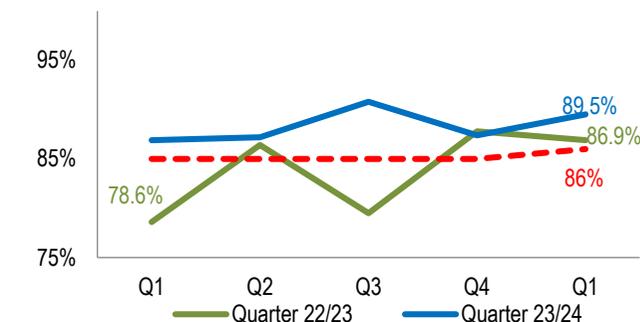
% access to substance use treatment (>18 years)



% access to substance use treatment (< 18 years)



% Homeless health needs assessed within two weeks



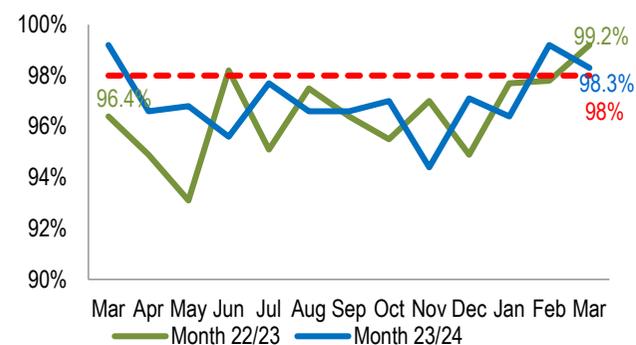
Palliative Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to specialist inpatient bed within 7 days – PAC1A	98%	M	● 98%	98.3%	-0.3%	96.6%	99.2%	98.3%	CHO1, 2, 3, 5& 6 (100%), CHO4 (98.9%)	CHO9 (92.6%), CHO7 (96.9%)
*% of all Category 1 triaged patients who received specialist palliative care within 2 days in the community –(New KPI) PAC58	90%	M	● 90.6%	89.1%	+1.5%	89.6%	89.8%	92.5%	CHO2, 3, 4, 6 & 7 (100%), CHO5 (94.4%), CHO9 (90.9%)	CHO1 (78.3%), CHO8 (88.9%)
**% of all Category 2 triaged patients who received specialist palliative care within 7 days in the community – (New KPI) PAC59	90%	M	● 89.2%	86.6%	+2.6%	87.8%	89.5%	90.2%	CHO9 (100%), CHO2 (95.5%), CHO4 (93.2%)	CHO3 (77.1%), CHO5 (85.5%), CHO8 (86.2%)
Number accessing specialist inpatient beds within seven days – PAC33	1,037YTD/ 4,128 FYT	M	● 1,210	1,096	+114	426	387	397	%Var CHO5 (64.1%), CHO2 (35%), CHO7 (25%)	%Var CHO6 (-8.3%), CHO4 (2.1%)
Number of patients who received specialist palliative care treatment in their normal place of residence in the month – PAC14	3,612YTD/ 3,612 FYT	M	● 4,220	3,921	+299	4,345	4,237	4,220	%Var CHO5 (64.2%), CHO4 (26.4%), CHO1 (17.2%)	%Var CHO3 (0.9%), CHO9 (3.6%), CHO2 (3.8%)

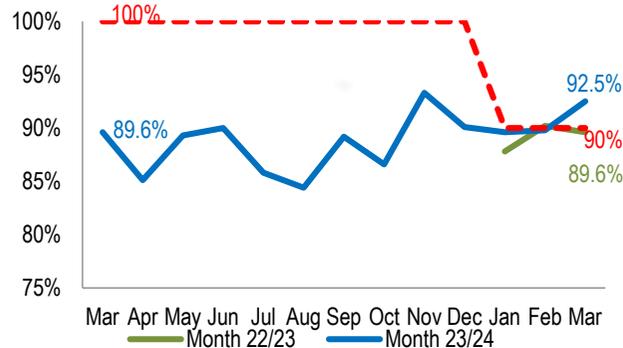
*Category 1 patients are deemed to need immediate intervention by the specialist palliative care team and should be seen within 2 calendar days.

**Category 2 patients are deemed to need timely intervention by the specialist palliative care team and should be seen within 7 calendar days

Access to specialist inpatient bed within 7 days



Access to palliative community services - Category 1



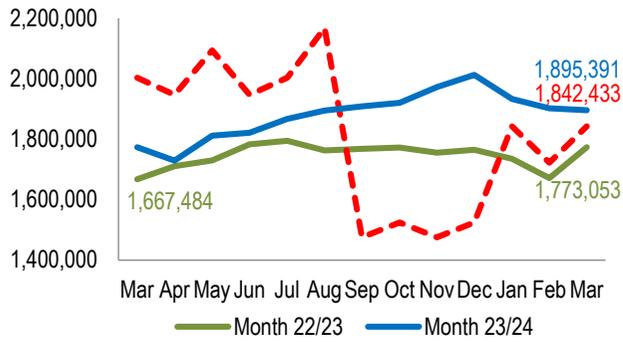
Access to palliative community services - Category 2



Older Persons' Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of home support hours provided (excluding provision of hours from IHCPs) – OP53	5,407,079 YTD/ 22m FYT	M	●	5,730,253	5,179,609	+550,644	1,933,209	1,901,653	1,895,391	CHO6 (28.8%), CHO4 (12.1%), CHO7 (11.1%)	CHO8 (-2.9%), CHO2 (-0.8%)
No. of people in receipt of Home Support (excluding provision from IHCPs) – OP54	54,100 YTD/ 54,100 FYT	M	●	57,163	56,920	+243	56,339	56,707	57,163	CHO8 (17.3%), CHO6 (10.4%), CHO7 (9.5%)	CHO2 (-1.3%)
No. of persons in receipt of Intensive Home Care Package (IHCP) – OP4	235 YTD/ 235 YTD	M	●	69	79	-10	74	69	69		
No. of persons funded under NHSS in long term residential care – OP8	23,219 YTD/ 23,280 FYT	M	●	22,883	22,326	+557	23,130	22,921	22,883		
No. of NHSS beds in public long stay units – OP12	4,501 YTD/ 4,501 FYT	M	●	4,590	4,463	+127	4,474	4,528	4,590	CHO3 (29%), CHO9 (18.2%), CHO4 (7.3%)	CHO7 (-14.4%), CHO6 (-12.3%), CHO2 (-1.9%)
No. of short stay beds in public units – OP13	1,750 YTD/ 2,182 FYT	M	●	1,623	1,709	-86	1,612	1,627	1,623	CHO9 (4.3%), CHO3 (3.1%), CHO8 (2.5%)	CHO7 (-62.7%), CHO1 (-7%), CHO6 (-5.9%)
No. of beds subject to Delayed Transfers of Care	≤350	M	●	411	604	-193	376	402	411	Mullingar (0), 4 hospitals (1)	GUH (34), SUH (28), SJH, SVUH, CUH (27)
No. of persons in receipt of payment for transitional care in alternative care settings - OP44	916 YTD/ 916 FYT	M-1M	●	1,545	1,662	-117	1,251	1,478	1,545		

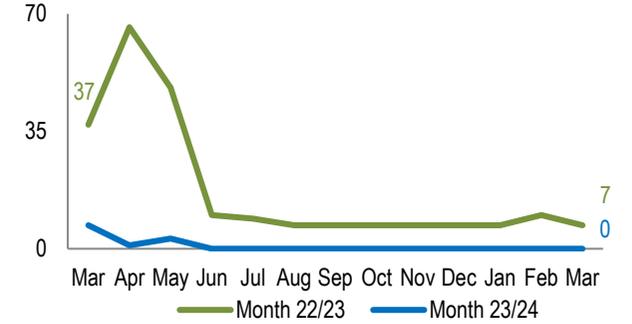
Number of Home Support Hours Provided



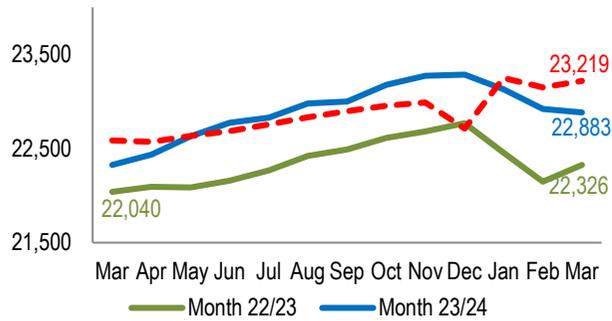
Number of people in receipt of Home Support



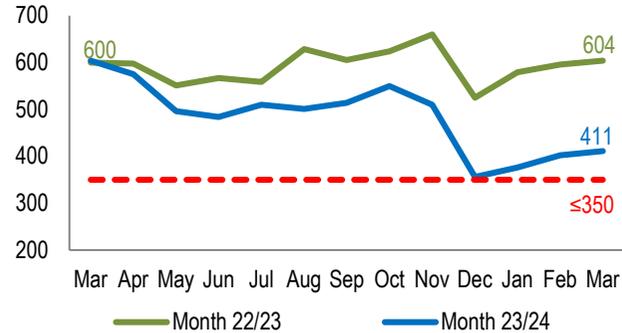
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	36	17	53	12.9%
Residential Care	136	25	161	39.2%
Rehab	36	31	67	16.3%
Complex Needs	20	26	46	11.2%
Housing/Homeless	18	14	32	7.8%
Legal complexity	30	8	38	9.2%
Non compliance	7	4	11	2.7%
COVID-19	1	2	3	0.7%
Total	284	127	411	100%

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY	SPLY Change
	No. of new applicants	2,945	3,232	-287	977	964	1,004	1,137	-133
	National placement list for funding approval	744	800	-56	581	670	744	800	-56
	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	22,883	22,326	+557	23,130	22,921	22,883	22,326	+557
Private Units	No. of new patients entering scheme	1,769	1,706	+63	585	567	617	645	-28
	No. of patients Leaving NHSS	2,172	2,109	63	695	863	614	510	+104
	Increase	-403	-403	0	-110	-296	+3	+135	-132
Public Units	No. of new patients entering scheme	470	407	63	131	243	96	145	-49
	No. of patients Leaving NHSS	469	447	22	176	156	137	103	+34
	Net Increase	+1	-40	+41	-45	+87	-41	+42	-83

Mental Health Services

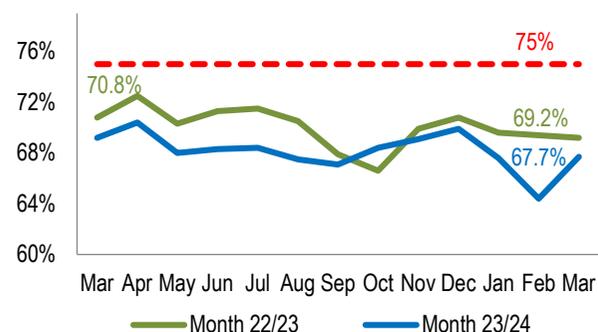
General Adult Mental Health

Performance Area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received – MH19	12,550 YTD/50,136 FYT	M	● 11,979	12,725	-746	4,188	3,951	3,840		
Number of adult referrals seen – MH22	7,802 YTD/31,164 FYT	M	● 6,309	6,940	-631	2,284	2,090	1,935		
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH2	≥75%	M	● 66.6%	69.4%	-2.8%	66%	66.1%	67.7%	CHO1 & 2 reached target	CHO9 (46.4%), CHO8 (54.2%), CHO7 (61.6%)

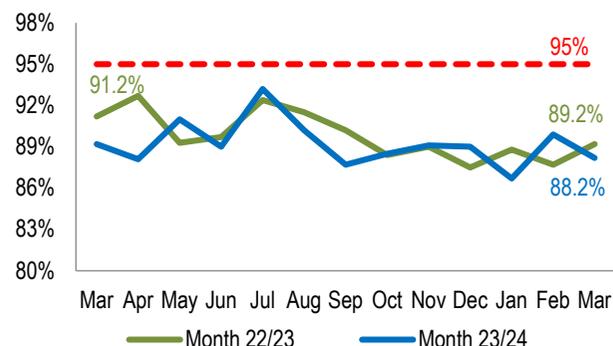
Psychiatry of Later Life

Performance Area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received – MH27	3,232 YTD/12,912 FYT	M	● 3,059	3,254	-195	1,125	1,048	886		
Number of referrals seen – MH30	2,478 YTD/9,882 FYT	M	● 1,934	2,038	-104	699	643	592		
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH4	≥95%	M	● 89.3%	88.6%	+0.7%	88.6%	91%	88.2%	CHO2 (98.9%), CHO1 (98%), CHO5 (96.8%)	CHO9 (65.6%), CHO8 (80.9%), CHO4 (81.1%)

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



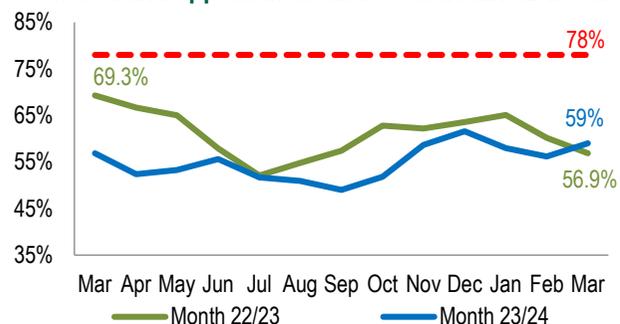
Psychiatry of Later Life: % offered an appointment and seen within 12 weeks



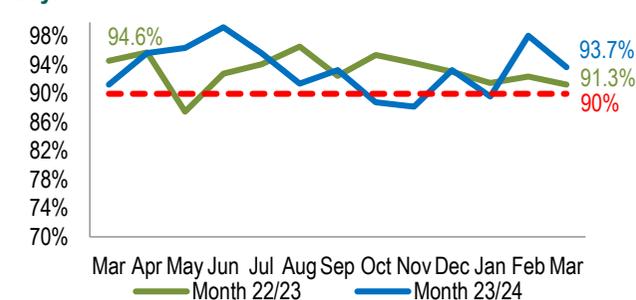
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs Acute Inpatient Units – MH5	>85%	M	● 98.2%	94.7%	+3.5%	96%	100%	100%		
% of bed days used in HSE Child and Adolescent Acute Inpatient Units – MH57	>95%	M	● 99.9%	99.4%	+0.5%	99.8%	100%	100%	All CHO's reached target	
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH7	≥78%	M	● 57.8%	60.5%	-2.7%	58.3%	56.2%	59%	CHO1 reached target	CHO5 (41%), CHO4 (44.7%), CHO9 (51.7%)
% of accepted referrals / re-referrals seen within 12 months – MH72	≥95%	M	● 89.2%	93.4%	-4.2%	89%	88.8%	89.9%	CHO 1, 2, 6, 7 & 9 reached target	CHO4 (70.8%),CHO5 (75.3%),CHO8 (89.8%)
% of urgent referrals to CAMHs Teams responded to within three working days - MH73	≥90%	M	● 94.1%	91.7%	+2.4%	90.5%	98.1%	93.7%	CHO1, 2, 3, 4, 7, 8 & 9 reached target.	CHO5 (64.9%)
No. on CAMHS waiting list for first appointment – MH50	4,387	M	● 3,819	4,548	-729	3,828	3,882	3,819	CHO5 (227),CHO2 (228),CHO3 (230)	CHO4 (974),CHO8 (764),CHO7 (444)
No. on CAMHS waiting list for first appointment > 12 months – MH55	0	M	● 520	752	-232	564	536	520	CHO9 (0)	CHO4 (302), CHO8 (124), CHO5 (32)
No of referrals received – MH43	5,759 YTD/ 22,999 FYT	M	● 6,691	6,469	+222	2,083	2,238	2,370		
Number of referrals seen – MH46	3,432 YTD/ 13,688 FYT	M	● 3,171	3,237	-66	1,028	1,049	1,094		

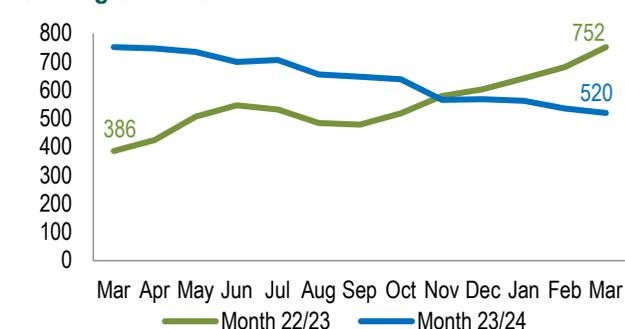
% offered and appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



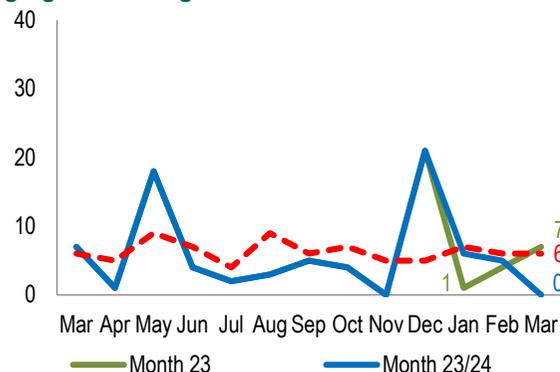
Waiting List > 12 months



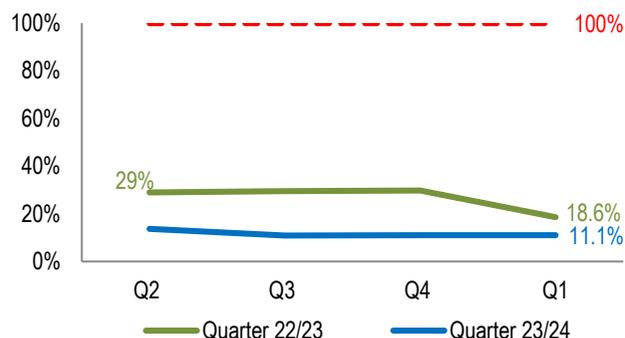
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Facilitate the movement of people from congregated to community settings – DIS55	19 YTD/ 73 FYT	M	● 11	12	-1	6	5	0	(% Var): CHO4 (100%)	(% Var): CHO1 (-100%), CHO5 (-100%), CHO3 (-66.7%)
Disability Act Compliance – DIS3	100%	Q	● 11.1%	18.6%	-7.5%	10.9%	11%	11.1%	(% Var): No CHO reached target	(% Var): CHO2 (-100%), CHO6 (-100%), CHO7 (-100%)
Number of requests for assessment of need received for Children – DIS1	2,018 YTD/ 8,050 FYT	Q	● 2,603	2,034	+569	1,954	2,260	2,603	(% Var): CHO6 (75.2%), CHO2 (62%), CHO5 (60.6%)	(% Var): CHO3 (-13.6%)

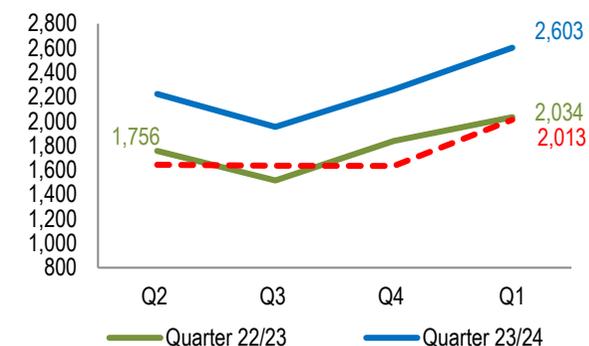
Congregated Settings



Disability Act Compliance



Assessment of Need Requests

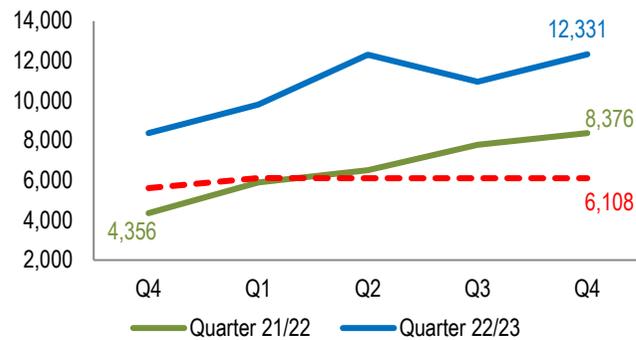


Residential and Emergency Places and Support Provided to People with a Disability

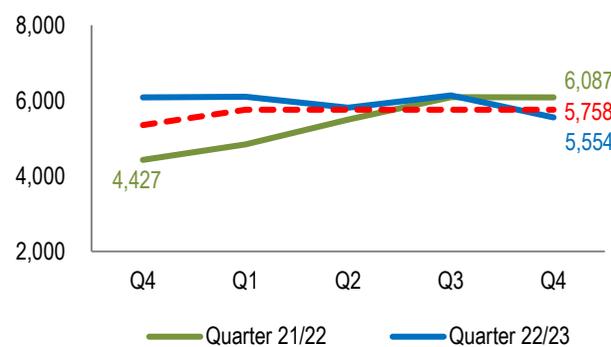
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
No. of new Priority 1 Residential places provided to people with a disability – DIS102	M	96	16	● 37	33	+4	6	4	27
No. of intensive support packages for priority 1 cases – DIS109	M	469	447	● 465	420	+45	457	5	3
Number of residential places for people with a disability (including new planned places) – DIS108	M	8,431	8,431	● 8,472	8,330	+142	8,414	8,421	8,472

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite sessions accessed by people with a disability – DIS59	24,244 YTD/ 24,244 FYT	Q-1M	● 45,424	28,587	+16,837	12,319	10,959	12,331	(% Var): CHO9 (1,780.1%), CHO8 (235.8%), CHO2 (119.8%)	(% Var): CHO7 (-39.2%), CHO1 (-22.1%), CHO4 (-10.7%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)– DIS71	5,758 YTD/ 5,758 FYT	Q-1M	● 5,554	6,087	-533	5,813	6,137	5,554	(% Var): CHO5 (62.6%), CHO9 (58.4%), CHO8 (22.2%)	(% Var): CHO1 (-42.2%), CHO2 (-40.8%), CHO4 (-32.9%)
Respite – Number of overnights (with or without day respite) accessed by people with a disability – DIS57	129,396 YTD/ 129,396 FYT	Q-1M	● 151,123	133,572	+17,551	40,136	39,843	33,963	(% Var): CHO6 (62.8%), CHO8 (59.7%), CHO9 (24.3%)	(% Var): CHO1 (-30.1%)
Number of Home Support Hours delivered to persons with a disability – DIS58	3.12m YTD/ 3.12m FYT	Q-1M	● 3,544,938	3,443,656	+101,282	912,911	906,693	898,348	(% Var): CHO3 (122.1%), CHO2 (35%), CHO9 (19.2%)	(% Var): CHO7 (-11.7%), CHO6 (-5.8%)
Number of Personal Assistance service hours delivered to adults with a physical and /or sensory disability – DIS39	1.77m YTD/ 1.77m FYT	Q-1M	● 1,686,227	1,753,769	-67,542	420,679	433,966	397,214	(% Var): CHO6 (62.9%), CHO9 (21.9%), CHO5 (11.2%)	(% Var): CHO1 (-57.9%), CHO7 (-40.9%), CHO4 (-17%)

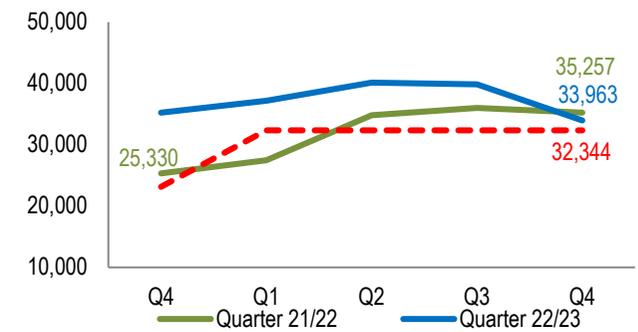
Respite: Day Only



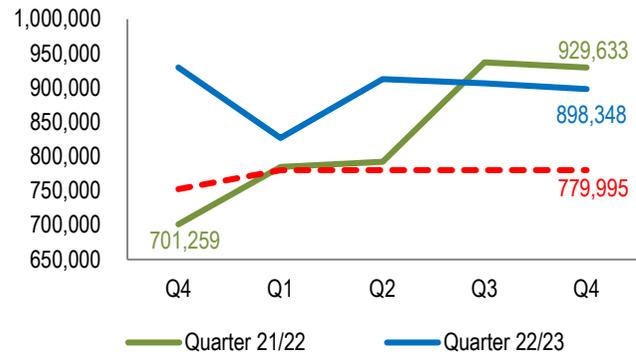
Number of people with a disability in receipt of respite services



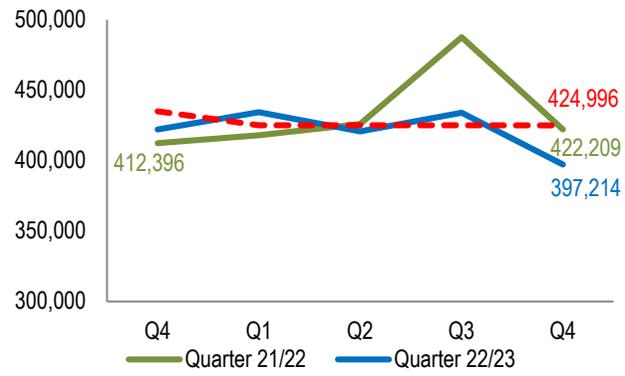
Respite: Overnights



Home Support Hours



Personal Assistance Hours



Community Services Update

Community based care is currently undergoing substantial reform in line with Sláintecare. This includes strategies such as Enhanced Community Care, Progressing Disability Services and Sharing the Vision for mental health services. The move to the new regional structure over the coming months will present more opportunities to design services around the needs of individuals, their families and local communities and also to bring about greater integration with acute services.

Another crucial reform for Community Services is the Integrated Community Case Management System (ICCMS) which will provide Community Services staff with real-time, electronic access to comprehensive, up-to date and relevant patient health information facilitating service delivery across all community services nationally and improving patient / service user care and staff experience in line with Sláintecare. The system will also interface with acute and GP systems. Benefits of the programme include improved patient safety and outcomes, real-time information supporting clinical decision making, service user empowerment, enhanced staff working experience, efficient work practices and significant improvements to data and reporting.

The ICCMS Programme is well progressed into the public procurement process with associated internal and external governance and all Programme timelines are currently on track.

It is essential that improvements to community performance data and intelligence are made with greater data quality and insights. The ICCMS will bring about significant opportunities to support teams to understand their performance in offering improved services and more efficient and productive ways of working.

In the month of March 2024, 95.7% of Community Service data has been returned and an active process has been put in place to collect any outstanding data, for the next reporting period.

March data suggests that some services are delivering ahead of National Service Plan targets for 2024.

Examples of positive national performance against target are:

- CIT Referrals - In March there were 26,914 CIT referrals year to date which is +32.3% ahead of the expected year to date target of 20,343. CIT teams have been consistently performing ahead of targets and the CIT model is one that could be considered for expansion.
- Ophthalmology – Number of patients seen year to date is 25,711 which is +28.8% above expected year to date target of 19,959
- Child & Adolescent Mental Health Service – 94.1% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.
- Child & Adolescent Mental Health Inpatient – 99.9% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2024, which is above >95% target
- Older Persons Home Support Services delivered 5,730,253 hours, +6% above target and +10.6% ahead of the same period last year

However, as set out in the report, there are also performance challenges including in a number 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. 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, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services where appropriate.

Waiting List initiatives in community services as part of the 2024 Waiting List Action Plan are agreed for Primary Care (Psychology & Orthodontics) and Mental Health (CAMHS) with the Department of Health. This builds on the success of Waiting List Initiatives undertaken over the previous two years. Each of these initiatives were delivering on target for Q1 2024.

Initiative	Initiative YTD Target Removals	Initiative YTD Actual Removals	Initiative YTD Activity against Target
Orthodontics	130	176* *(20 Orthognathic Surgery cases completed In March)	46 (+26%)
Primary Care Child Psychology (Children waiting over 12 months)	789	1,048	259 (+24.7%)
CAMHS	314	357	43(+12%)

Serious Incidents

There were 16 Category 1 incidents reported by date of incident in March 2024 across the 9 Community Healthcare Organisations. This is below the monthly average of 29 incidents reported per month over the last 12 months.

The % of Category 1 reviews for incidents notified in November 2024 (3 incidents notified) completed within 125 days of notification was 0%. This is a lower than usual monthly completion percentage rate in the last 12 months where monthly completion rates have ranged between 0% - 57%. The twelve month rolling % for this KPI is 21%.

Extreme and Major incidents as a % of all incidents was 0.4% for Quarter 1, 2024, achieving the target of < 1%. The 12 month rolling % for this KPI is 0.4%, also achieving the target. All 9 CHOs and National Social Care have achieved compliance in this KPI over the 12 month rolling period.

Primary Care

The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At March 2024 the total number of patients seen is -4.4% behind of the same period in 2023. However there are ongoing performance challenges in some therapy services that are being discussed through the engagement between Primary Care national operations in the engagement calls with heads of services in the CHOs.

One of the factors impacting on the numbers of patients seen is the complexity of people's needs.

Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for an extended period of time. Another significant factor impacting access performance is the increase in numbers of referrals across all therapy services which will also impact on numbers waiting. This increase in the number of referrals results in longer waiting times as patients are clinically prioritised.

Overall, there was 93% return rate for data across Primary Care Services in March 2024.

Community Intervention Teams (CIT)

At end of March 2024, there were 26,914 CIT referrals year to date which is +32.3% ahead of the expected year to date activity of 20,343 (PC122).

* **Data return rate 100%**.

Child Health Developmental Assessment 12 Months

The national performance at February YTD (Data one month in arrears) is 89% compared to a target of 95% (PC153). Performance in February of 90.6% compared to a monthly performance of 87.6% in January.

Performance data for Child Health is impacted by non-return of data from 3 LHOs in 2024.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2024, in most areas, due to a combination of factors including;

- Measures being taken to address non-return of data
- Overall reduction in backlogs
- It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.

Performance will continue to be monitored in 2024 with relevant REOs/CHOs including in the monthly engagement meetings

* **Data return rate 90.6%**

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Dec	Jan	Feb	Mar
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.3% (Q1 2024)	98.8%			98.3%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	60.3% (Q4 2023)	58.9%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	42.2% (Q4 2023)	44.7%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	40.7% (Q4 2023)	41.4%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	32.2% (Q4 2023)	35.4%			
PC153	% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M-1M	95%	89% (YTD Feb2024)	87.4%	87.6%	90.6%	

Oral Health

Year to date nationally 27,739 new Oral Health patients in target groups attended for scheduled assessment (PC32). This is +13.2% ahead of target and is also +0.8% higher than the same period in 2023.

***Data return rate 100%**

Orthodontics

Nationally 1,608 of Orthodontic patients were seen for assessment within six months of their scheduled oral health assessment, which is 90.3% ahead of the target of 845 (PC24A). This is -18.5% behind of the same period in 2023 (1,973).

***Data return rate 88.9%**

Paediatric Home Care Packages

At end of March 2024, there were 365 Paediatric Home Care Packages in place which is -36.1% below the expected year to date activity of 571 (PC147).

*** Data return rate 100%.**

Physiotherapy

78.7% are waiting for assessment ≤ 52 weeks at the end of March 2024, compared to the target of 94% (PC100G).

The number of Physiotherapy patients on waiting list for assessment ≤ 52 weeks will require an additional 11,612 people to be seen to reach the target of 94%. The number of people waiting longer than 52 weeks has increased by +2.2% from 15,811 in February to 16,152 in March (PC100E).

In 2024 performance for Physiotherapy continues to be monitored including in the monthly Primary Care engagements. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 50,150 which represents an increase of +37.2% in expected activity (36,543) and -2.3% below the same period last year (51,344) (PC14)

The number of new patients seen for first time assessment at the end of March 2024 is 36,423 which is -3.2% below same period last year position of 37,633 (PC15)

CHOs 1, 4, 5, 7 and 9 are more than 10% away from achieving this year's target for access.

Performance data for Physiotherapy is impacted by non-return of data from 1 LHO in March.

*** Data return rate 96.9%**

Occupational Therapy (OT)

69% are waiting for assessment \leq 52 weeks at the end of March 2024, compared to the target of 95% (PC101G).

The number of Occupational Therapy patients on waiting list for assessment \leq 52 weeks will require an additional 10,657 people to be seen to reach the target of 95%.

The number of people waiting longer than 52 weeks increased by +4.8% from 12,122 in February to 12,703 in March (PC101E).

In 2024 performance for OT continues to be monitored including in the monthly Primary Care engagements. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 23,930 which represents an increase of +23.1% in expected activity (19,434) and -4.3% lower than of the same period last year (25,015) (PC19)

The number of new patients seen for first time assessment at the end of March 2024 is 22,074 which is -4.8% below same period last year position of 23,197 (PC20)

CHOs 1, 2, 5, 6, 7 and 8 are over 10% away from achieving this year's target for access.

Performance data for Occupational Therapy is impacted by non-return of data from 2 LHOs in 2024.

*** Data return rate 93.8%**

Speech and Language Therapy (SLT)

83.1% are waiting for assessment \leq 52 weeks at the end of March 2024, compared to the target of 100% (PC116B).

The number of Speech & Language Therapy patients on waiting list for assessment \leq 52 weeks will require an additional 3,330 people to be seen to reach the target of 100%

The number of people waiting for an initial assessment for longer than 52 weeks has decreased by -7% from 3,579 in February to 3,330 in March (PC116C).

In 2024 performance for SLT continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 9,577 which represents an increase of +15.2% in expected activity (8,310) and -13.6% below the same period last year (11,084) (PC113)

The number of new patients seen for first time assessment at the end of March 2024 is 6,887 which is -20.6% behind same period last year position of 8,678 (PC115)

CHOs 1, 3, 4, 5, 7, 8 and 9 are more than 10% away from achieving this year's target for access.

Performance data for Speech and Language Therapy is impacted by non-return of data from 3 LHOs in 2024.

***Data return rate 93.8%**

Podiatry

63% are waiting for treatment ≤ 52 weeks at the end of March 2024, compared to the target of 77% (PC104G).

The number of Podiatry patients on waiting list for treatment ≤ 52 weeks will require an additional 1,090 people to be seen to reach the target of 77%

The number of clients waiting longer than 52 weeks has decreased by -13.9% from 3,349 in February to 2,284 in March (PC104E).

It is noted that the majority of the recently established integrated care programmes, data has not been included to date in BIU data reporting for podiatry. Engagement with ECC and BIU has commenced to discuss this.

In 2024 performance for Podiatry continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 2,888 which represents an increase of +83.7% in expected activity (1,572) and -17.7% behind the same period last year (3,508) (PC45)

The number of new patients seen for first time assessment at the end of March 2024 is 1,599 which is -23.8% below the same period last year position of 2,098 (PC47)

CHOs 1, 4, 5, 8 and 9 are over 10% away from achieving this year's target for access

NB: no Podiatry service recorded in CHO 7

Performance data for Podiatry is impacted by non-return of data from 6 LHOs in 2024.

***Data return rate 91.3%**

Ophthalmology

55.1% are waiting for treatment ≤ 52 weeks at the end of March 2024, compared to the target of 64% (PC107G).

The number of Ophthalmology patients on waiting list for treatment ≤ 52 weeks will require an additional 1,502 people to be seen to reach the target of 64%

The number of people waiting longer than 52 weeks has increased by +2.4% from 7,401 in February to 7,579 in March (PC107E).

In 2024 performance for Ophthalmology continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level are required to submit performance improvement plans where necessary. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 6,381 which represents an increase of +4.6% in expected activity (6,102) and -15.6% behind the same period last year (7,564) (PC52)

The number of new patients seen for first time assessment at the end of March 2024 is 6,813 which is +3.4% ahead of same period last year position of 6,588 (PC54)

CHOs 3, 8 and 9 are over 10% of achieving this year's target for access.

Performance data for Ophthalmology is impacted by non-return of data from 5 LHOs in 2024.

***Data return rate 87%**

Audiology

74.1% are waiting for treatment ≤ 52 weeks at the end of March 2024, compared to the target of 75% (PC108G).

The number of Audiology patients on waiting list for treatment ≤ 52 weeks will require an additional 257 people to be seen to reach the target of 75%

The number of people waiting longer than 52 weeks has increased by +10.6% from 6,389 in February to 7,064 in March (PC108E).

In 2024 performance for Audiology continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level which are required to submit performance improvement plans where necessary. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 6,787 which represents an increase of +29.9% in expected activity (5,226) and +21.9% ahead of the same period last year (5,567) (PC59)

The number of new patients seen for first time assessment at the end of March 2024 is 3,111 which is -19.7% behind same period last year position of 3,876 (PC61)

CHOs 2, 6, 7, 8 and 9 are over 10% from achieving this year's target for access
***Data return rate 100%**

Dietetics

71.9% are waiting for treatment ≤ 52 weeks at the end of March 2024, compared to the target of 80% (PC109G).

The number of Dietetic patients on waiting list for treatment ≤ 52 weeks will require an additional 1,915 people to be seen to reach the target of 80%

The number of people waiting longer than 52 weeks has decreased by -9.8% from 7,385 in February to 6,661 in March (PC109E).

In 2024 performance for Dietetics continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling

data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 10,730 which represents an increase of +50.5% in expected activity (7,131) and +1.6% ahead of the same period last year (10,558) (PC66)

The number of new patients seen for first time assessment at the end of March 2024 is 8,252 which is +20% ahead of same period last year position of 6,877 (PC68)

CHOs 6 and 7 are over 10% from achieving this year's target for access

Performance data for Dietetics is impacted by non-return of data from 4 LHOs in 2024.

***Data return rate 96.9%**

Psychology

58.1% are waiting for treatment ≤ 52 weeks at the end of March 2024, compared to the target of 81% (PC103G).

The number of Psychology patients on waiting list for treatment ≤ 52 weeks will require an additional 4,766 people to be seen to reach the target of 81%

The number of people waiting longer than 52 weeks has increased by +1.6% from 8,581 in February to 8,722 in March (PC103E).

In 2024 performance for Psychology continues to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the CHO engagements.

Numbers of referrals to date is 4,879 which represents an increase of +85.4% in expected activity (2,631) and +4.9% ahead of the same period last year (4,651) (PC38)

The number of new patients seen for first time at the end of March 2024 is 3,074 which is +0.8% ahead of same period last year position of 3,049 (PC40) CHOs 1, 2, 4, 6 and 7 are over 10% of achieving this year's target for access Performance data for Psychology is impacted by non-return of data from 2 LHOs in 2024.

***Data return rate 96.9%**

Numbers of Patients Seen

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

Number of Patients Seen YTD March 2024 (please note data return rates referred to above)				
Discipline	Target YTD (NSP 2024)	Actual YTD	Actual vs. Target* YTD	Actual vs. SPLY YTD
Physiotherapy (PC125)	146,901	84,929	-16.5%	-7.1%
Occupational Therapy (PC124)	97,314	63,609	-6.9%	+2.1%
SLT (PC126)	70,578	29,787	-38.1%	-15.8%
Podiatry (PC127)	21,468	9,565	-31.9%	-15.7%
Ophthalmology (PC128)	19,959	18,261	+28.8%	+6.6%
Audiology (PC129)	13,554	9,644	+1.3%	-0.2%
Dietetics (PC130)	17,160	13,253	+14.2%	+5.3%
Psychology (PC131)	12,450	7,646	-10.8%	+2.9%

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to 2023. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of February was 10,469 and is -2.9% below the expected activity level of 10,784 (SI1)

*** Data return rate 100%**

Needle Exchange

The number of unique individuals attending the Pharmacy Needle Exchange Programme at the end of December 2023 (data quarterly in arrears) was 1,451

which represents a decrease of -3.3% in expected activity (1,500) and +23.5% above the same period last year position of 1,175.(SI46)

*** Data return rate 100%.**

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 98% accessing a Specialist Palliative care inpatient unit bed within 7 days, compared to the performance target of 98% and is -0.3% below same period last year position of 98.3% (PAC1A).

*** Data return rate 95.7%**

Access to Palliative Community Service

The national year to date position is 85.3% of patients triaged for Specialist Palliative care services in a community setting within one day of referral, compared to the performance target of 96% and is -9.9% below of same period last year position of 94.7%. (PAC36). Variance against SPLY and target were noted in 6 CHO's in Quarter 1. In two CHOs this was due to lower than expected figures at the start of the year which is having a knock on effect against SPLY and the target. It is expected that this will rectify and be on target later in the year. One CHO is having operational issues resulting from the recruitment embargo. Two CHOs are undertaking data quality audits to make sure that they are capturing data correctly. The National office are in continuous contact with the services to provide data training and support to the service providers to enable quality returns.

90.6% of all Category 1 triaged patients received specialist palliative care within 2 days in a community setting, compared to the performance target of 90% and is +1.6% above the same period last year position of 89.1%. (PAC58).

89.2% of all Category 2 triaged patients who received specialist palliative care within 7 days in a community setting, compared to the performance target of 90% and is +2.9% ahead of same period last year position of 86.6%. (PAC59).

4,220 patients received specialist palliative care treatment in their normal place of residence in March which represents an increase of +16.8% in expected activity (3,612) and +7.6% ahead of the same period last year (3,921) (PAC14)

*** Data return rate 100%**

Children's Palliative Care

The number of children in the care of the Children's Nurse Co-Ordinators was 336 in March 2024. Compared to the expected activity of 320. (PAC37).

* **Data return rate 100%.**

The number of children in the care of the acute specialist paediatric palliative care team in March 2024 is 49 compared to the expected activity of 65 (PAC39). The National office are engaging with the service provider to try and get data submitted consistently on time.

* **Data return rate 50%.**

Mental Health

CAMHS Inpatient Units

Nationally, 56 children had been admitted to CAMHS inpatient units by the end of March 2024, compared with 54 in same period last year (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.

98.2% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2024 YTD which is above the target (>85%) (MH5).

Meanwhile, 99.9% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2024, which is above >95% target (MH57).

The number of children admitted to adult mental health units at the end of March 2024 indicates there was one child admission. This is compared to three 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 63 children on the waiting list for community mental health services, from 3,882 in February to 3,819 in March 2024 (MH50).

There are 520 children waiting longer than 12 months in March 2024.

CHO1 have (5), CHO2 (3), CHO3 (25) CHO4 (302), CHO5 (32), CHO6 (3), CHO7 (26), CHO8 (124) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

The CAMHS waiting list will require an additional 1,003 children to be seen to reach the pre pandemic wait list levels of 2,816 (March 2020)

In 2024, there was 3,798 referrals accepted to Community CAMHS which is +1.5% more than the same period in in 2023 (MH44)

3,348 new/re-referred appointments were offered which is -1.5% less than same period last year position (MH45)

Of these 3,171 were seen (MH46) and 177 (5.3%) did not attend their appointment (MH47)

As of the end of March, 57.8% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of $\geq 78\%$ (MH7). A detailed data analysis has been completed to establish contributory factors behind variances across CHOs. Engagement with CHO management teams', points to general trends, including increased demand for services, in part driven by population growth, recruitment and retention challenges, reduced seasonal capacity during summer months and the prioritisation of urgent referrals. In addition, CHOs have reported local issues, including long-term sick leave among key staff, which are proactively being addressed.

89.2% of new or re-referred cases were seen within 12 months in community CAMHS services YTD March 2024 (MH72).

The severity of presenting symptoms as well as an assessment of risk is always taken into account in terms of waiting times. Every effort is made to prioritise urgent cases so that the referrals of young people with high risk presentations are addressed as soon as possible.

Nationally, 94.1% of urgent referrals to CAMHS were responded to within three working days, above the $\geq 90\%$ target. (MH73).

*** Data return rate 100%**

Community Adult Mental Health Services

84.9% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD March 2024 against a target of $\geq 90\%$ (MH1). CHOs 3, 6, 7, 8 and 9 are below target and this was discussed on engagement calls with action plans put in place were appropriate. 22.9% of people referred to general adult services did not attend (DNA) their appointments.

*** Data return rate 100%**

91.4% of referred patients in Psychiatry of Later Life services were offered an appointment within 12 weeks YTD March 2024 against a target of $\geq 98\%$ (MH3).

*** Data return rate 94.1%**

The data is collected by teams based on a 'count' of service users in the time periods referred to above. The data sets are disconnected from each other and no person-specified connections can be made between data sets. This is very important to keep in mind when analysing and drawing conclusions from the monthly data.

Community Adult Mental Health Services

Inpatient Adult Mental Health Services (Data recorded quarterly in arrears)

At the end of Q4 2023, the number of admissions to acute adult services was 11,380, which is -0.7% above target (11,460) and +1.2% above same period last year position of 11,240.

Data for inpatient adult services was impacted by a non-return from one approved centre to the Health Research Board (HRB).

*** Data return Q4 rate 96.6%**

Disability Services

Residential Places

There were 8,472 residential places for people with a disability in March 2024, which is 0.5% above the target for the full year of 8,431 (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%

Priority 1 Residential Places and Intensive Support Packages

In accordance with NSP 2024, Specialist Disability Services committed to developing 96 new Priority 1 residential placements and 469 intensive support packages for priority 1 cases; this includes 447 packages delivered in 2023 which have been maintained in 2024. At end of March 2024, 37 new Priority 1 residential places were developed (DIS102) and 465 intensive support packages for Priority 1 cases (DIS109).

RT Places

There were 1,988 people (all disabilities) in receipt of Rehabilitative Training in March 2024, which is -13.2% (302) less than the 2,290 profiled target (DIS14). The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which has commenced and will continue in 2024.

Data return rate 100%

Congregated Settings

The HSE continues to support individuals currently residing in congregated settings, to move into more appropriate community and residential settings. At the end of March there were 11 transitions for the year; the target is to facilitate the movement of 73 people from congregated to community settings in 2024. (DIS55).

The HSE *Time To Move On* policy is supporting people to progress from campus based/ institutional settings to community based homes with support. The on-

going commitment of the HSE to the vision of “Time to Move on” has been fundamental in bringing about meaningful and sustainable change for approximately 2,400 individuals since the programme began and is enabling these individuals to live ordinary lives in ordinary places in the community. 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, the ongoing challenges recruiting staff across a range of disciplines and grades, 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

The Assessment of Need process is set out in the Disability Act, 2005. The aim of an Assessment of Need under the Disability Act is to identify whether a person has a disability, the nature and extent of the disability, any health and education needs arising from that disability, as well as what services are required to meet those needs.

The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. At end of Quarter 1, 2024, 11% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations.

The numbers of applications for AON under the Act have risen steadily since its implementation in June 2007. 8,472 applications for AON were received in 2023. This was the highest number of applications received in any 12 month period since Part 2 of the Act was commenced in June 2007 and represents a 23% increase on the number of AON applications received in the previous 12 months.

This growth has continued into 2024, with a further 2,603 received in Quarter 1 (470 up on same period last year).

The HSE has endeavoured to meet its legislative obligations under the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all persons born after 1st June 2002 who are suspected of having a disability, the number of children aged five and over, and in addition of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while throughout 2023, this figure averaged 62%. In the first quarter of 2024, this figure has increased to 68%. This is a reflection that the AON process is an accumulative process in terms of numbers of children and young people seeking access.

The judgement of Ms Justice S Phelan in the case of CTM & JA v the HSE was delivered in March 2022. This judgment found that the Preliminary Team Assessment approach described in the HSE’s Standard Operating Procedure for Assessment of Need does not meet the requirements of the Disability Act. This judgement in effect requires the HSE to deliver diagnostic assessments where necessary and appropriate as part of the Assessment of Need process. This ruling has a significant impact operationally and has resulted in a growth in the numbers of overdue Assessments of Need. The requirement for services to prioritise the statutory Assessment of Need process will also impact significantly on their capacity to provide necessary intervention / treatment for children with disabilities.

As a result of the Judgement, activity indicates that there has been an increase in the total number of applications ‘overdue for completion’, which now stands at 9,924 (including 369 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).

It is important to note that children do not require an Assessment of Need as defined by the Disability Act (2005) in order to access a Children’s Disability Network Team (CDNT) or Primary Care service. They can be referred by a healthcare professional or parent/carer to the CDNT for children with complex

needs as a result of their disability, or to Primary Care for children with non-complex needs. This direct access ensures more efficient and timely access for many families.

The increased numbers of applications for Assessment of Need, which is a legal entitlement under the Disability Act 2005, is a reflection of the increase in population and of families exploring all options for accessing services for their child.

In 2023, the HSE spent approximately €10.5m commissioning AONs from the private sector, in addition to what it was able to deliver within existing services. The HSE will continue to secure any available capacity though it is of the view that the available capacity is being maximised.

The situation in relation to AON is not the same in every area. The numbers of applications in some areas have historically been significantly lower than other areas. This reflects a service model used in those areas to engage with families as soon as practicable and support them to access services without them having to resort to the Assessment of Need legal route.

This will be explored by the HSE in the context of the Roadmap for Service Improvement actions relating to Services Access and Improvement, with the objective to spread this good practice across all teams nationally, and rebalancing the demand for AON with CDNT Service Provision, including workshops with families and with staff on how this can be achieved.

Data return rate 100%

Older Persons

Home Support

In 2018 the former Home Help Service and the Home Care Package Scheme were amalgamated to form the Home Support Service. The Home Support Service reports on the total hours delivered and numbers of clients in receipt, allowing for greater levels of visibility and transparency from a performance reporting perspective.

For 2024 it is expected that the 22m hours will be delivered to 54,100 people by year end. It is also expected that 360,000 home support hours provided from Intensive Home Care Packages will be delivered to approximately 235 people by December 2024 (total target of 22.36m hours /54,335 clients).

The March YTD data reported shows that that 5,730,253 hours were provided, a variance of +6% (OP53) on target and an increase of +10.6% on the same period last year (SPLY) activity. 57,163 people were in receipt of home support (OP54) (point in time) as at end March. 69 people were in receipt of an Intensive Home Care Package (OP4).

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. Each person on the waiting list has been assessed by the Home Support Service. In the context of increasing demand, priority is given to those being discharged from acute hospitals who are in a position to return home with supports and to those in the community with acute needs. Funding approval is expedited across the system to ensure minimum waiting times.

The CHO waiting list at end of March indicates that no person assessed for Home Support was waiting on funding (OP55) (Preliminary data). 5,671 people were recorded as waiting on care staff, 2,715 (47.9%) of whom were waiting on a new service to be provided, with 2,956 (52.1%) others, currently in receipt of Home Support, waiting on care staff to deliver an additional service.

Significant work is underway to address the challenges associated with capacity issues and carer availability. The Recruitment Reform and Resourcing (RRR) Programme was established in June 2022 to form a coordinated response to these challenges and the HSE Resourcing Strategy – Resourcing our Future was launched in June 2023.

This RRR Programme introduces a focused capacity to grow our workforce and support our services to meet projected increased workforce demand while

ensuring that staff are enabled to work at the top of their license to maximise the delivery of healthcare services. This Programme is a multi-year, Strategic Programme of work. It aims to increase capacity within services and have positive impacts on the delivery of integrated and community based care to patients, service users and their families.

The Home Support Reform and Statutory Scheme Programme was established in August 2022 to progress planning within the HSE for the establishment of the Statutory Home Support Scheme (SHSS) and reform of Home Support Services in line with Slaintecare. The Programme developed an implementation roadmap for the reform and regulation of the Home Support Service. The key HSE Home Support reform priorities identified for 2024 include planning for future regulation of Home Support Providers and the development of a Home Support Services Scheme. Developing a future Home Support Service operating model and progressing the procurement and implementation of a Home Support Service Client Management and e-rostering system, (HSS-CMeRS) and the National Nursing Home Support Scheme and Statutory Home Support Scheme Information Systems are key deliverables for 2024. The impending draft Home Support Regulations and HIQA Standards will inform these planning priorities for 2024.

As part of these reform priorities and in preparation for the SHSS and Home Support Regulations, the implementation of standardised care needs assessments (interRAI) for new Home Support applications is planned.

In March 2024, the overall number of people assessed using the interRAI Ireland Assessment System was 324. Of these 324 interRAI assessments, 201 were completed for the purposes of a Home Support Service application.

*** Data return rate 100%**

NHSS

In March 2024 the Nursing Homes Support Scheme funded 22,883 long term public and private residential places, and when adjusted for clients not in payment, there were 23,897 places supported under the scheme. The number of people funded under the scheme is below the profile for March by 336.

There is an increase of 557 in the number of people supported under the scheme when compared to the same period last year. This is a 2.5% increase in activity year on year.

The number on the placement list at the end of March 2024 is 744 (March 2023 – 800). This is a decrease of 56 (7%) on the same period last year.

A total of 1,942 people were approved for funding under the scheme in the first three months of 2024 compared to 1,913 people approved for the same period last year. This is an increase of 29 approvals or 1.5% year on year.

In the first three months of 2024, 2,945 applications were received and 2,239 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 126 or 6% in the number of starters supported under the scheme when compared to 2023. 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 2024.

*** 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 2024.

February YTD 2024, 1,814 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 2,128. Of the 862 approvals in February, 420 were for NHSS applicants and 442 were for convalescence care.

*** Data return rate 100%**

Acute Hospital Services Scorecard/Heatmap

	KPI No.	Metric	Reporting Frequency	Expected Activity /	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 reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	51% [R]	-27.1%									52%	53%	45%
		% of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	77% [G]	10%									74%	78%	83%
		Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%									0.5%	0.6%	0.6%
	Service User Experience (Q4 2024 @ 20.02.24)																
		% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75% [G]	0%	85%	87%	79%	85%	46%	51%	53%				
	HCAI Rates																
	CPA51	Staph. Aureus (per 10,000 bed days)	M	<0.7	0.9 [R]	30.2%	0.3 [G]	1.2 [R]	0.9 [R]	0.9 [R]	0.5 [G]	1.3 [R]	0.5 [G]	0.9	0.9	0.9	
	CPA52	C Difficile (per 10,000 bed days)	M	<2	2.3 [R]	12.8%	0.3 [G]	2.0 [G]	1.9 [G]	1.9 [G]	2.5 [R]	3.1 [R]	2.8 [R]	2.3	2.0	2.5	
	A97	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	87.5% [R]	-12.5%	100% [G]	71.4% [R]	83.3% [R]	100% [G]	83.3% [R]	90% [A]	100% [G]	91.7%	89.6%	87.5%	
	Surgery																
	A99	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	75% [R]	-11.8%		77.7% [A]	83.8% [G]	75.9% [R]	74.9% [R]	71.3% [R]	66% [R]	76.4%	71.6%		
	A45	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.6% [G]	-21.1%		2.3% [R]	1.1% [G]	1.6% [G]	1.7% [G]	1.4% [G]	2.1% [G]	1.6%	1.7%	1.4%	
	CPA27	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	81.8% [G]	-0.7%		70.2% [A]	93.7% [G]	82.8% [G]	63.2% [R]	88.5% [G]	67.7% [R]	78.5%	82.5%	81.2%	
	Medical																
CPA53	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	12.2% [A]	9.7%		13.3% [R]	11.1% [G]	11.1% [G]	13% [R]	13.7% [R]	10.9% [G]	10.7%	12.5%	11.9%		
Ambulance to ED Handover Times – Under review																	
A158	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M-1M	80%														

	KPI No.	Metric	Reporting Frequency	Expected Activity /	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	Urgent colonoscopy																
	A80	Number waiting > 4 weeks (zero tolerance)	M	0	1,308 [R]		0 [G]	113 [R]	1 [R]	844 [R]	349 [R]	0 [G]	1 [R]	460	391	457	
Access and Integration	Routine Colonoscopy																
	A25	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	62.2% [G]	-4.2%	31.5% [R]	38.9% [R]	64.5% [G]	80.1% [G]	69% [G]	69.8% [G]	63% [G]	61.1%	60%	62.2%	
	Emergency Department Patient Experience Time																
	A29	ED within 24 hours (Zero Tolerance)	M	97%	96% [R]	-1.1%	99% [G]	95.2% [R]	96.4% [R]	94.1% [R]	96.5% [R]	96.4% [R]	93.6% [R]	95.5%	95.9%	96.4%	
	A96	75 years or older within 24 hours (Zero Tolerance)	M	99%	91.9% [R]	-7.2%		94.6% [R]	93.3% [R]	86.2% [R]	92.9% [R]	93.4% [R]	85.6% [R]	91.1%	92%	92.6%	
	A26	ED within 6 hours	M	70%	56.1% [R]	-19.8%	73.3% [G]	50.5% [R]	62.6% [R]	44.6% [R]	51.7% [R]	59.2% [R]	54.2% [R]	55.9%	55.6%	56.9%	
	A32	75 years or older within 6 hours	M	95%	36% [R]	-62.1%		34.8% [R]	47.3% [R]	24.2% [R]	27.9% [R]	36.8% [R]	44.6% [R]	34.5%	36.4%	37.2%	
	Waiting times for Procedures																
	A152	Adult waiting < 9 months (inpatient)	M	90%	71.2% [R]	-20.9%		66.6% [R]	74.8% [R]	77.3% [R]	57.9% [R]	75.5% [R]	87.7% [G]	72.8%	71.4%	71.2%	
	A153	Adult waiting < 9 months (day case)	M	90%	80.6% [R]	-10.5%		80.7% [R]	81.5% [A]	87% [G]	77.7% [R]	74.3% [R]	90.2% [G]	80.9%	80.6%	80.6%	
	A154	Children waiting <9 months (inpatient)	M	90%	64.9% [R]	-27.9%	54.2% [R]	100% [G]	73.2% [R]	77.8% [R]	88.4% [G]	86.5% [G]	34.4% [R]	63.9%	64.7%	64.9%	
A155	Children waiting < 9 months (day case)	M	90%	67.9% [R]	-24.6%	63% [R]	100% [G]	83.4% [A]	100% [G]	74.9% [R]	79.1% [R]	67.9% [R]	67.8%	67.9%	67.9%		
A156	Outpatient waiting < 15 months	M	90%	87.3% [G]	-3%	82.7% [A]	90% [G]	85.6% [G]	99% [G]	82.4% [A]	83.9% [A]	93.2% [G]	86.8%	87%	87.3%		

	KPI No.	Metric	Reporting Frequency	Expected Activity /	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Access and Integration	Delayed Transfers of Care															
	A49	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	411 [R]	17.4%	10	66	89	26	104	99	17	376	402	411
	Cancer															
	NCCP24	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	83.2% [R]	-12.4%		81.5% [R]	70.9% [R]	99.9% [G]	77.8% [R]	92.5% [G]	88.8% [A]	82.1%	85.4%	82.2%
	NCCP4	Urgent Breast Cancer within 2 weeks	M	95%	84% [R]	-11.5%		70.9% [R]	60.4% [R]	100% [G]	89.1% [A]	97.4% [G]	93.3% [G]	82.3%	87%	82.8%
	NCCP6	Non-urgent breast within 12 weeks	M	95%	79.2% [R]	-16.6%		94.6% [G]	97.6% [G]	100% [G]	76.7% [R]	58.3% [R]	22.3% [R]	83.8%	74.7%	78.8%
	NCCP11	Lung Cancer within 10 working days	M	95%	88.9% [A]	-6.4%		98.9% [G]	99.7% [G]	98.8% [G]	70.1% [R]	90.6% [G]	81.6% [R]	86.4%	90.8%	90%
	NCCP17	Prostate Cancer within 20 working days	M	90%	73.5% [R]	-18.4%		98.1% [G]	99.1% [G]	100% [G]	15.2% [R]	79% [R]	74.4% [R]	76.4%	72.4%	71.7%
NCCP22	Radiotherapy treatment within 15 working days	M	90%	63.8% [R]	-29.2%		46.9% [R]			86.1% [G]	76% [R]	80.3% [R]	62.7%	65.5%	63.3%	
Finance, Governance & Compliance	Financial Management															
		Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	2,436,001	24.31% [R]	24.68% [R]	28.27% [R]	21.35% [R]	22.08% [R]	22.78% [R]	28.34% [R]	25.01% [R]	23.77%	25.70%	24.31%
		Pay expenditure variance from plan	M	≤0.1%	1,773,799	19.29% [R]	15.80% [R]	21.12% [R]	16.90% [R]	18.37% [R]	20.84% [R]	21.98% [R]	19.87% [R]	16.73%	17.36%	19.29%
		Non-pay expenditure variance from plan	M	≤0.1%	890,251	23.73% [R]	41.11% [R]	28.66% [R]	23.56% [R]	21.11% [R]	18.72% [R]	28.30% [R]	19.06% [R]	28.15%	31.56%	23.73%
		Gross expenditure variance from plan (pay + non-pay)	M	≤0.1%	2,664,050	20.74% [R]	22.48% [R]	23.60% [R]	18.84% [R]	19.24% [R]	20.17% [R]	23.94% [R]	19.60% [R]	20.32%	21.83%	20.74%
		Service Arrangements – Unavailable														
		% of the monetary value of service arrangements signed	M	100%												
Workforce	Internal Audit															
		% of internal audit recommendations implemented by agreed due date (New KPI)	Q	90%	49% [R]	-45.6%										49%
Workforce	Attendance Management															
		% absence rates by staff category (Non Covid)	M	≤4%	5.77% [R]	44.3%	4.92% [R]	5.48% [R]	4.77% [R]	5.20% [R]	5.33% [R]	5.55% [R]	6.38% [R]	5.63%	5.20%	5.25%
	% absence rates by staff category (Covid)	M	NA	5.77%		0.85%	0.46%	0.28%	0.29%	0.40%	0.40%	0.56%	0.63%	0.32%	0.24%	

Acute Hospital Services

Overview of Key Acute Hospital Activity

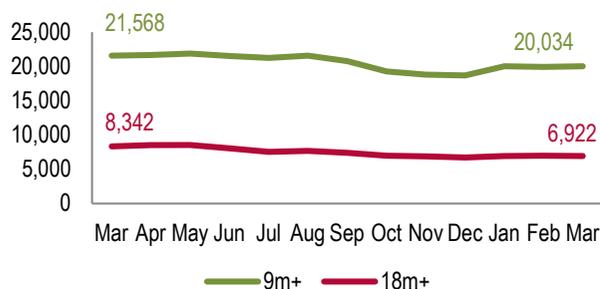
Activity Area	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations – A167	417,307	446,064	6.9%	400,484	11.4%	148,721	144,260	153,083
New ED Attendances – A164	335,645	360,446	7.4%	323,203	11.5%	120,507	116,161	123,778
OPD Attendances – A15	920,672	945,937	2.7%	915,122	3.4%	331,705	313,570	300,662

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges – A3	101,624	111,681	9.9%	101,996	9.5%	54,944	56,638	55,043
Inpatient weight units – A4	235,583	249,111	5.7%			56,030	125,972	123,139
Day case (includes dialysis) – A5	195,007	202,433	3.8%	188,417	7.4%	88,528	103,760	98,673
Day case weight units (includes dialysis) – A6	51,890	54,612	5.2%			87,470	27,907	26,705
IP & DC Discharges – A7	296,631	314,114	5.9%	290,413	8.2%	143,472	160,398	153,716
% IP	34.3%	35.6%	3.8%	35.1%	1.2%	38.3%	35.3%	35.8%
% DC	65.7%	64.4%	-2%	64.9%	-0.7%	61.7%	64.7%	64.2%
Emergency IP discharges – A12	73,565	82,325	11.9%	74,073	11.1%	40,096	42,009	40,316
Elective IP discharges – A13	12,471	14,077	12.9%	12,255	14.9%	6,455	6,653	7,424
Maternity IP discharges – A14	15,588	15,279	-2%	15,668	-2.5%	8,393	7,976	7,303
Inpatient discharges >75 years – A103	22,834	26,180	14.7%	22,647	15.6%	12,994	13,481	12,699
Day case discharges >75 years – A104	37,882	41,890	10.6%	37,991	10.3%	17,776	21,404	20,486

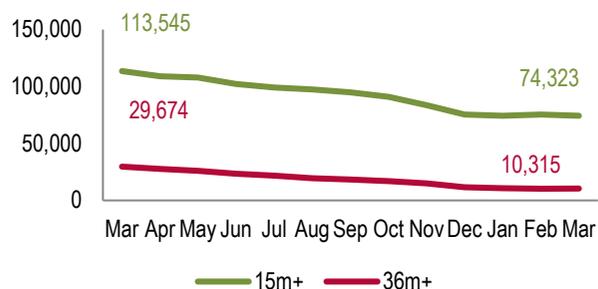
Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 9 months – A152	90%	M	●	71.2%	66.9%	+4.3%	72.8%	71.4%	71.2%	13 out of 38 hospitals reached target	Ennis (33.3%), Portlaoise (46.2%), St Luke's (46.7%)
Day case adult waiting list within 9 months – A153	90%	M	●	80.6%	78%	+2.6%	80.9%	80.6%	80.6%	20 out of 42 hospitals reached target	Bantry (61.4%) UHW (65.3%), SJH (71.1%)
Inpatient children waiting list within 9 months – A154	90%	M	●	64.9%	61.1%	+3.8%	63.9%	64.7%	64.9%	7 out of 16 hospitals reached target	LUH (0%), UHL (33.7%), CUH (50%)
Day case children waiting list within -9 months – A155	90%	M	●	67.9%	75.8%	-7.9%	67.8%	67.9%	67.9%	17 out of 25 hospitals reached target	CUH (61%), CHI (63%), UHL (66.1%)
Outpatient waiting list within 15 months – A156	90%	M	●	87.3%	80.9%	+6.4%	86.8%	87%	87.3%	27 out of 44 hospitals reached target	St Columcille's (48.4%), GUH (78.7%), RVEEH (80.3%)

Inpatient & Day Case Waiting List



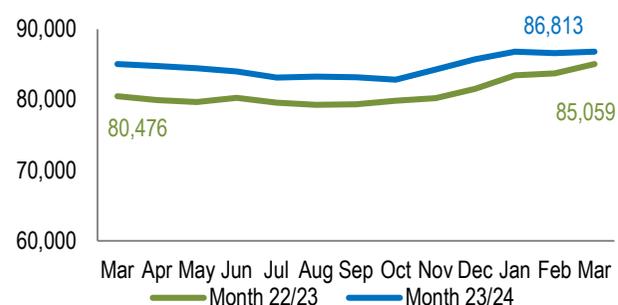
Outpatient Waiting List



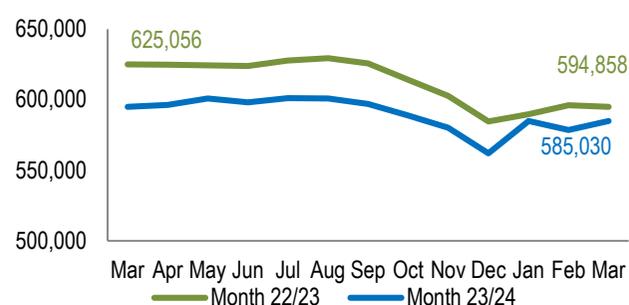
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>9 Mths	>15 Mths
Adult IP	19,289	19,149	140	5,555	3,061
Adult DC	57,723	56,859	864	11,221	4,993
Adult IPDC	77,012	76,008	1,004	16,776	8,054
Child IP	3,659	3,718	-59	1,284	685
Child DC	6,142	5,333	809	1,974	811
Child IPDC	9,801	9,051	750	3,258	1,496
OPD	585,030	594,858	-9,828	163,624	74,323

Total No. on Inpatient & Day Case Waiting List



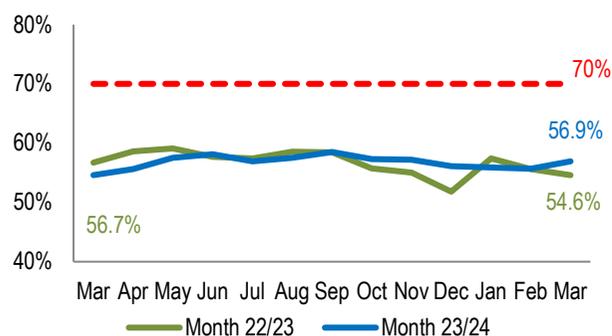
Total No. on Outpatient Waiting List



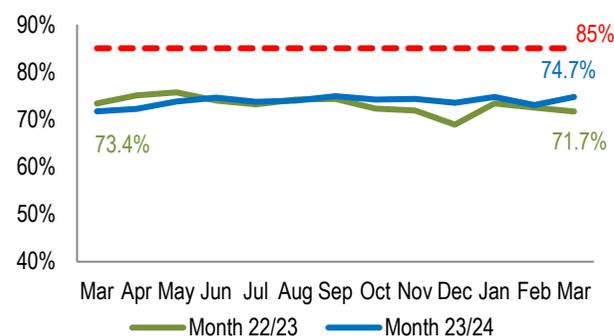
Emergency Department Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% admitted or discharged within 6 hours – A26	70%	M	● 56.1%	55.6%	+0.5%	55.9%	55.6%	56.9%	5 out of 28 hospitals	Beaumont (35.6%), SUH (37.2%), Tallaght - Adults (40.4%)
% admitted or discharged within 9 hours – A27	85%	M	● 73.7%	72.3%	+1.4%	72.8%	73.4%	74.7%	7 out of 28	Tallaght - Adults (57.6%), Naas (57.8%), Beaumont (58.6%)
% in ED admitted or discharged within 24 hours – A29	97%	M	● 96%	94.7%	+1.3%	95.5%	95.9%	96.4%	15 out of 28 hospitals	Naas, OLOL (91.1%), SVUH (91.6%)
% 75 years+ admitted or discharged within 6 hours – A32	95%	M	● 36%	34.6%	+1.4%	34.5%	36.4%	37.2%	St Michaels (79.4%), SLK (61.3%), UHL (50%)	LOLOL (20.1%), Beaumont (20.2%), SUH (21.9%)
% 75 years+ admitted or discharged within 9 hours – A30	99%	M	● 53.9%	51.5%	+2.4%	51.4%	54.5%	55.9%	St Michaels (95.3%), SLK (78.7%), Tullamore (76.4%)	LOLOL (34.8%), Beaumont (40.2%), Naas (41.2%)
% 75 years+ admitted or discharged within 24 hours – A96	99%	M	● 91.9%	87.8%	+4.1%	91.1%	92%	92.6%	10 out of 27 hospitals	LOLOL (76.9%), Naas (83.8%), SVUH (85%)

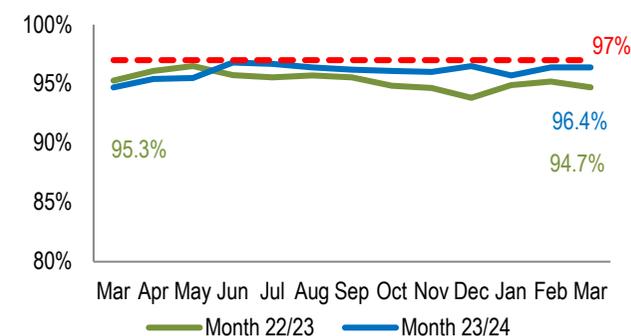
% admitted or discharged within 6 hours



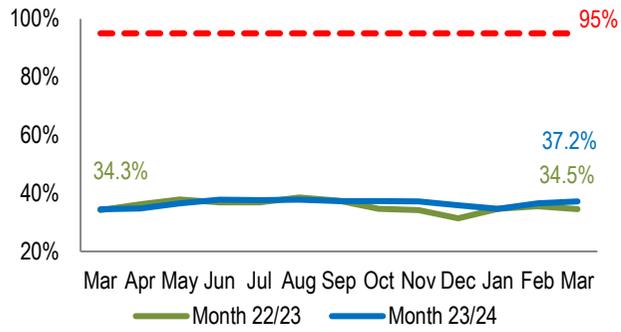
% admitted or discharged within 9 hours



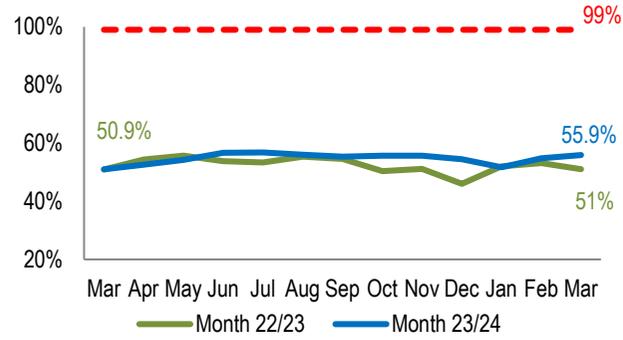
% in ED admitted or discharged within 24 hours



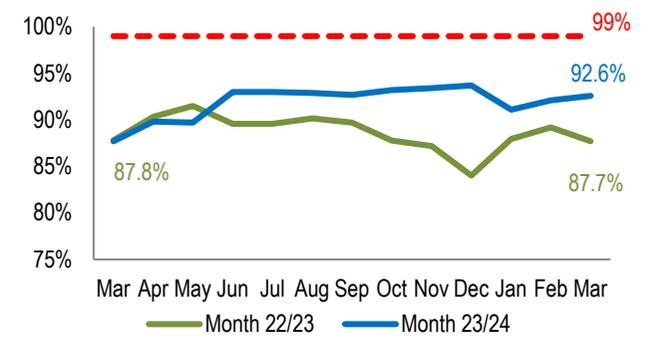
% 75 years+ admitted or discharged within 6 hours



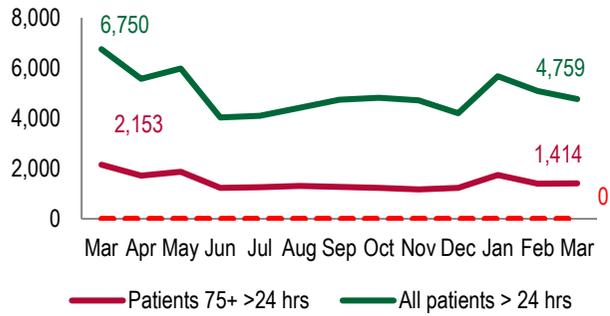
% 75years+ admitted or discharged within 9 hours



% 75 years+ admitted or discharged within 24 hours



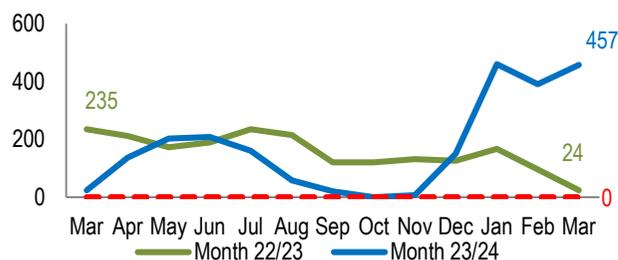
Number in ED waiting over 24 hours



Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy - No. of new people waiting > 4 weeks – A80	0	M	● 1,308	287	+1,021	460	391	457	30 out of 38 have 0	Cavan (236), Beaumont (81), GUH (47)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M	● 158	170	-12	57	60	29	11 out of 15 hospitals	SJH (12), Wexford (11), UHW (4)
% waiting < 13 weeks following a referral for colonoscopy or OGD – A25	65%	M	● 62.2%	60.5%	+1.7%	61.1%	60%	62.2%	23 out of 37 hospitals	SJH (23.4%), CHI (31.5%), Tallaght – Adults, Mullingar (36.7%)
% of people waiting < 9 months for an elective procedure GI scope – A157	95%	M	● 95%	94.2%	+0.8%	95.1%	95.3%	95%	28 out of 37 hospitals	CHI (73.3%), Portlaoise (74.7%), SJH (78.7%)

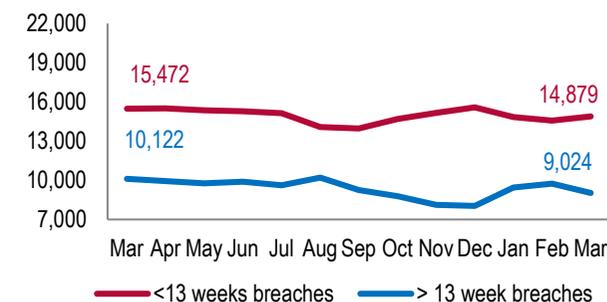
Urgent Colonoscopy – No. of new people waiting > 4 weeks



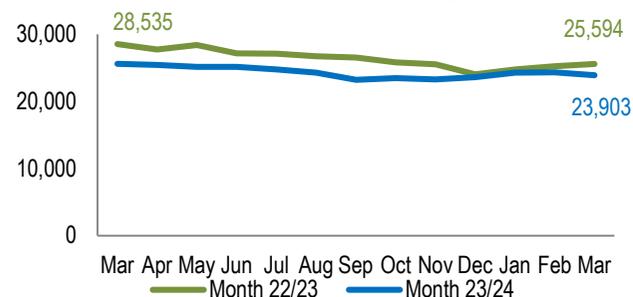
BowelScreen: Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	265	293	299
Number scheduled over 20 working days	57	60	29

No. on waiting list for Colonoscopy and OGD



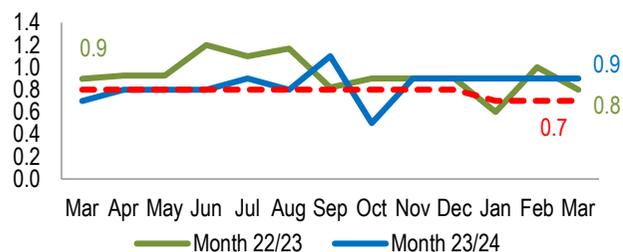
Total No. on waiting list for Colonoscopy and OGD



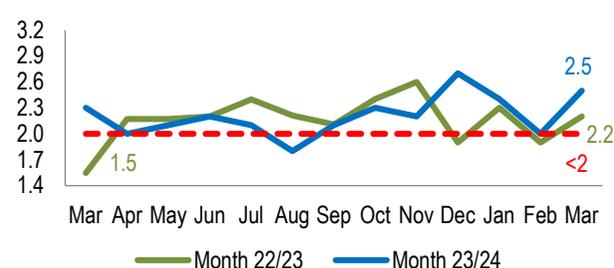
HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of hospital Staph. Aureus infection – CPA51	<0.7	M	● 0.9	0.8	+0.1	0.9	0.9	0.9	33 out of 47 hospitals	St. Columcille's (2.7), UHK (2.6), TUH (2.5)
Rate of new cases of hospital C Difficile infection – CPA52	<2	M	● 2.3	2.2	+0.1	2.3	2.0	2.5	26 out of 47 hospitals	SLRON (11.0), UHK (7.9), Nenagh (5.3)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	● 87.5%	93.8%	-6.3%	91.7%	89.6%	87.5%	42 out of 48 hospitals	1 hospital didn't achieve the target

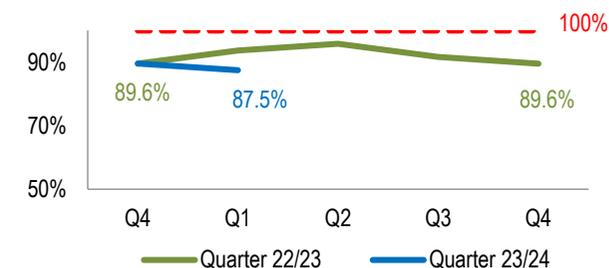
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



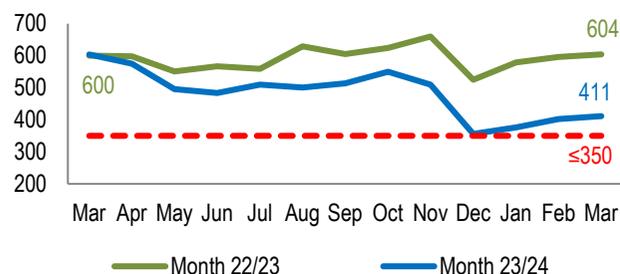
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care – A48	≤350	M	● 411	604	-193	376	402	411	Mullingar (0), 4 hospitals (1)	GUH (34), SUH (28), SJH, SVUH, CUH (27)

Delayed Transfers of Care



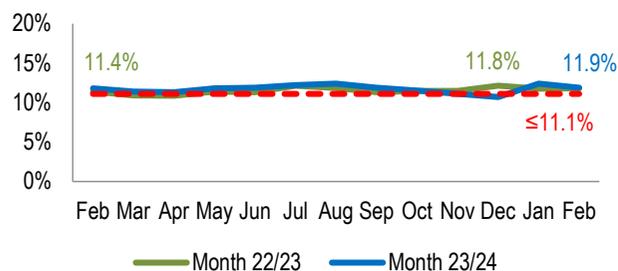
Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	36	17	53	12.9%
Residential Care	136	25	161	39.2%
Rehab	36	31	67	16.3%
Complex Needs	20	26	46	11.2%
Housing/Homeless	18	14	32	7.8%
Legal complexity	30	8	38	9.2%
Non compliance	7	4	11	2.7%
COVID-19	1	2	3	0.7%
Total	284	127	411	100%

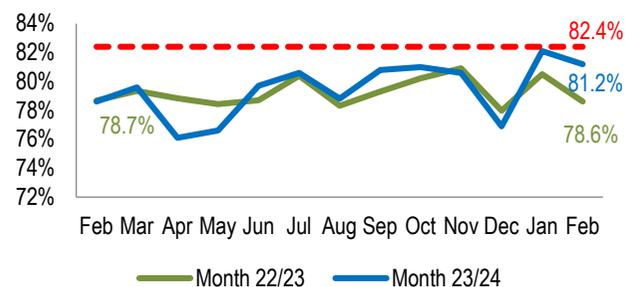
Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge – CPA53	≤11.1%	M-1M	● 12.2%	11.9%	+0.3%	10.7%	12.5%	11.9%	12 out of 34 hospitals	Sligo (15.9%), CUH (14.6%), UHW (14.5%)
Procedure conducted on day of admission (DOSA) – CPA27	82.4%	M-1M	● 81.8%	80.7%	+1.1%	78.5%	82.5%	81.2%	25 out of 29 hospitals	Croom (38.5%), GUH (46%), Connolly (74.3%)
Laparoscopic Cholecystectomy day case rate – CPA28	60%	M-1M	● 46.1%	53.2%	-7.1%	42.9%	50%	42.9%	12 out of 26 hospitals	5 out of 26 hospitals (0%)
Surgical re-admissions within 30 days of discharge – A45	≤2%	M-1M	● 1.6%	1.7%	-0.1%	1.6%	1.7%	1.4%	28 out of 40 hospitals	Cavan (6.5%), Croom (1.2%), SIVUH (0.7%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 75%	74.2%	+0.8%	76.4%	71.6%		2 out of 16 hospitals achieved target	LUH (40%), MMUH (58.3%), Connolly (60%)

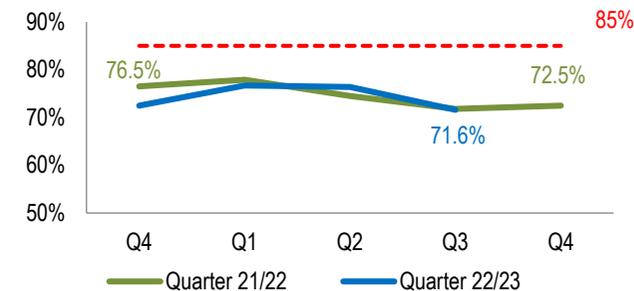
Emergency re-admissions within 30 days



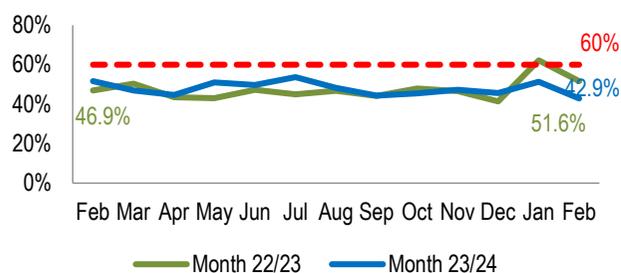
Procedure conducted on day of admissions



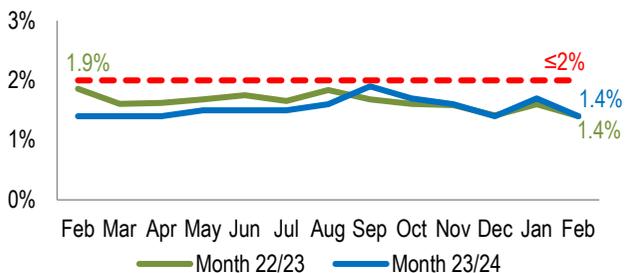
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



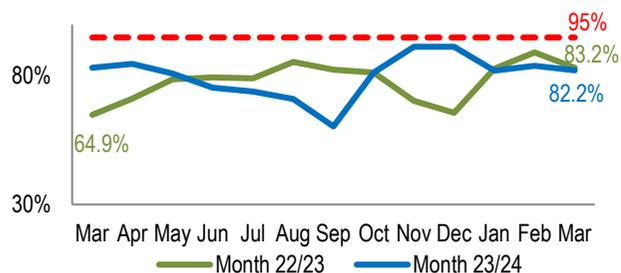
Surgical re-admissions within 30 days



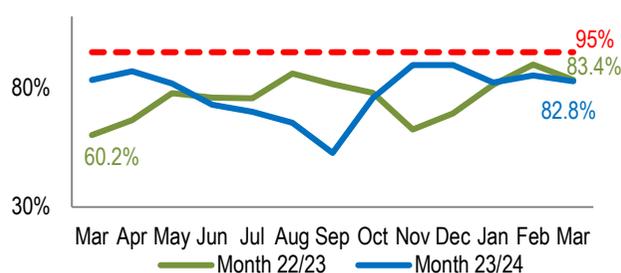
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers	
% of new patients attending Rapid Access Breast (urgent), Lung Prostate Clinics within recommended timeframe – NCCP24	95%	M	●	83.2%	84.9%	-1.7%	82.1%	85.4%	82.2%	3 out of 9 hospitals reached the target	MMUH (53%), LUH (62.5%), SVUH (75.1%)
Urgent breast cancer within 2 weeks – NCCP4	95%	M	●	84%	84.5%	-0.5%	82.3%	87%	82.8%	4 out of 8 hospitals reached the target	MMUH (35.7%), LUH (62.5%), SVUH (64%)
Non-urgent breast within 12 weeks – NCCP6	95%	M	●	79.2%	68%	+11.2%	83.8%	74.7%	78.8%	5 out of 8 hospitals reached the target	LUH (9.8%), CUH (17%), UHL (17.5%)
Lung Cancer within 10 working days – NCCP11	95%	M	●	88.9%	85.9%	+3%	86.4%	90.8%	90%	5 out of 8 hospitals reached the target	GUH (72.9%), UHL (78.3%), UHW (89.3%)
Prostate cancer within 20 working days – NCCP17	90%	M	●	73.5%	86.2%	-12.7%	76.4%	72.4%	71.7%	5 out of 8 hospitals reached the target	GUH (8.9%), UHW (64.1%), UHL (72.4%)
Radiotherapy within 15 working days – NCCP22	90%	M	●	63.8%	62.8%	+1%	62.7%	65.5%	63.3%	UHW (93.9%), UHL (92.9%)	SLRON (43.5%), CUH (68%), GUH (83.6%)

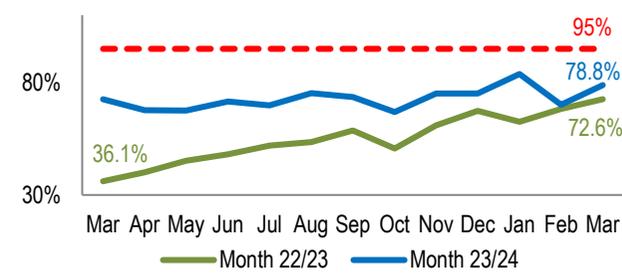
Rapid Access within recommended timeframe



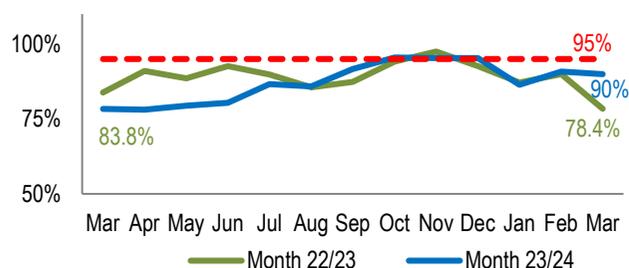
Breast Cancer within 2 weeks



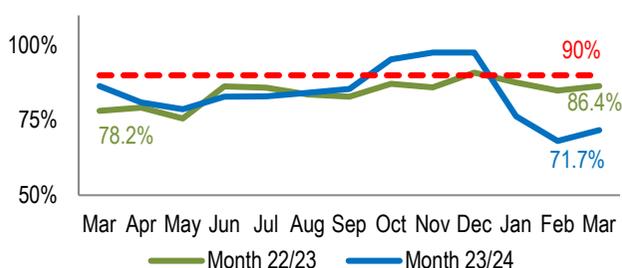
Non-urgent breast within 12 weeks



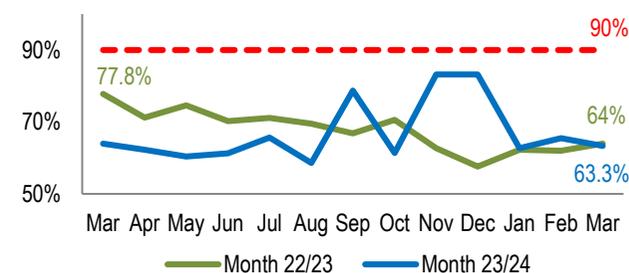
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



Radiotherapy within 15 working days



Ambulance to ED Handover Times – Under review

Performance area	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current	Best performance	Outliers
Ambulance to ED Handover Times % of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival – A158	80%	M-1M							

Acute Care Update

Emergency Care

All Emergency Presentations: The total number of Emergency presentations (including Local injury units) for March 2024 was **153,793**.

Emergency Department (ED) attendances: The total number of New ED attendances for March 2024 was **134,789**

Outpatient Department Attendances

The number of new and returned outpatient attendances was **301,903** in March 2024.

Patient Experience Time (PET): **96.4%** of all patients attending ED were seen within 24 hours in March 2024, below the NSP target of 97%. This compares with **94.7%** in March 2023.

ED PET <24 hours for patients aged 75+: was **92.6%** in March 2024, this is below the NSP target of 99%. This compares with **87.7%** in March 2023.

Delayed Transfers of Care (DTC)

There were **411** Delayed Transfers of Care at the end of March 2024, a 32% decrease from the number of DTCs in March 2023 (**604**).

Elective Access

Inpatient and Day Case Waiting Lists

At the end of March 2024, the number of people waiting for an inpatient or day case appointment (IPDC) was **86,813** which represents an increase of **188 (0.22%)** on the previous month (February 2024) (**86,625**).

Colonoscopy/OGD Waiting lists

At the end of March 2024, the number of people on the Colonoscopy/OGD waiting list was **23,903**. This is a decrease of 412 (**-1.69%**) on the number waiting at the end of the previous month February 2024 (**24,315**).

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was **585,030** at the end of March 2024 which is an increase of **6,435 (1.11%)** since February 2024 (**578,595**).

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In March 2024, **289** invitations were issued of which **238 (89.96%)** were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

Four 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 2024:

- Beaumont Hospital – **100%**
- University Hospital Waterford – **100%**
- University Hospital Limerick – **98.8%**
- Galway University Hospital – **98.4%**

Five hospitals were below the target of 95% within 2 weeks:

- Cork University Hospital – **94.8%**
- St. Vincent's University Hospital – **64%**
- Letterkenny University Hospital – **62.5%**
- Mater Misericordiae University Hospital – **35.7%**
- St. James's Hospital – **8.2%**

Rapid Access Clinics for Lung Cancer Services

Five of the eight hospitals were compliant with the target that 95% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres in March 2024:

- St. Vincent's University Hospital – **100%**
- Mater Misericordiae University Hospital – **100%**

- Beaumont Hospital – **100%**
- St. James’s Hospital – **100%**
- Cork University Hospital – **97.8%**

Three hospitals were below the target of 95% within working 10 days:

- University Hospital Waterford – **89.3%**
- University Hospital Limerick – **78.3%**
- Galway University Hospital – **72.9%**

Rapid Access Clinic for Prostate Cancer Services

Five of the eight hospitals were compliant with the target that 90% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres target in March 2024:

- Mater Misericordiae University Hospital – **100%**
- Beaumont Hospital – **100%**
- St. James’s Hospital – **98.2%**
- Cork University Hospital – **97.9%**
- St. Vincent’s University Hospital – **96.9%**

Three hospitals were below the target of 90% within 20 working days:

- University Hospital Limerick – **72.4%**
- University Hospital Waterford – **64.1%**
- Galway University Hospital – **8.9%**

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 2024 compliance was as follows:

- UPMC Waterford – **93.9%**
- Mid-Western Radiation Oncology Centre Limerick – **92.9%**
- Galway University Hospital – **83.6%**
- Cork University Hospital – **68%**
- St Luke’s Radiation Oncology Network (SLRON) – **43.5%**

Human Resources

WTE Data for March

The WTE for Acute Operations (which includes the Hospital Groups, National Ambulance Services (NAS) and Other Acute Services) in March 2024 was 80,685, this represents an increase of +351 WTE since February. The headcount in Acute Operations for March 2024 was 88,822.

Three of the six staff categories are showing growth this month. The greatest increase was seen in Nursing & Midwifery (+272 WTE) followed by Medical & Dental (+77 WTE) and Health & Social Care Professionals (+21 WTE). Meanwhile the Management Admin staff category reduced by -8 WTE and General Support and Patient & Client Care both reduced by -6 WTE.

Six Hospital Groups are showing growth this month. The largest WTE increase was reported in DMHG (+199 WTE), followed by RCSIHG (+48 WTE), IEHG (+41 WTE), Saolta (+40 WTE), ULHG (+36 WTE) and CHI (+20 WTE). Meanwhile SSWHG decreased by -28 WTE, NAS decreased by -6 WTE and Other Acute Services reduced by -1 WTE.

Absence Data for March

In Acute Services the absence rate is 5.49% of which 0.24% (4.44% of the total) is COVID-19 related. Within Acute Services the highest absence rates are reported in National Ambulance Service at 7.92%, of which 0.35% is COVID -19 related and ULHG at 6.8% of which 0.4% is COVID-19 related. Acute Services overall are showing a decrease of 0.03% on last month.

Data Sources

Acute BIU Final MDR
National Human Resources
National BowelScreen Programme

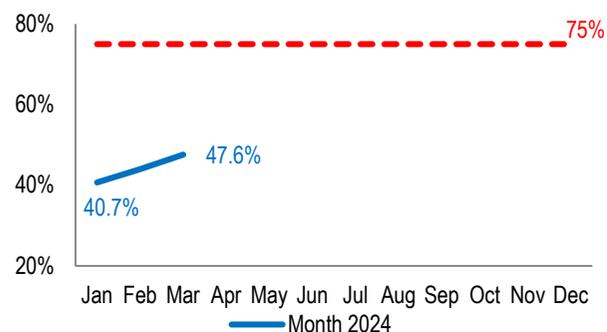
National Ambulance Service

National Ambulance Service

	KPI No.	Metric Title	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Access and Integration		Patient Handover at ED to Clear							
	NAS76	% of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital	M	75%	44.1% [R]	-41.3%	40.7%	44.0%	47.6%
		Ambulance Response Times							
	NAS11	% of clinical status 1 PURPLE incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less	M	75%	76.0% [G]	1.4%	74.5%	77.1%	76.6%
	NAS17	% of clinical status 1 RED incidents responded to by a NAS patient-carrying vehicle in 18 minutes and 59 seconds or less	M	45%	47.7% [G]	6.1%	47.7%	47.8%	47.7%

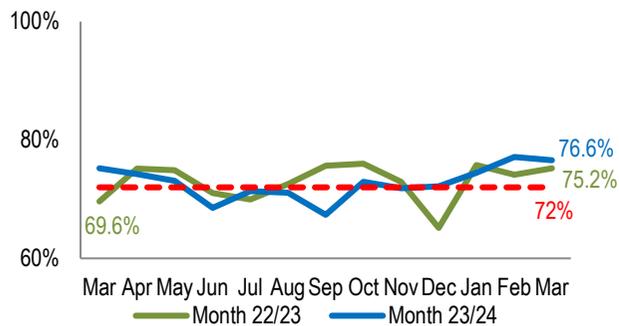
Performance area	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current	Best performance	Outliers
Patient Handover at ED to Clear % of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital – NAS76	75%	M	●	44.1%	40.7%	44.0%	47.6%		

Patient Handover at ED to Clear

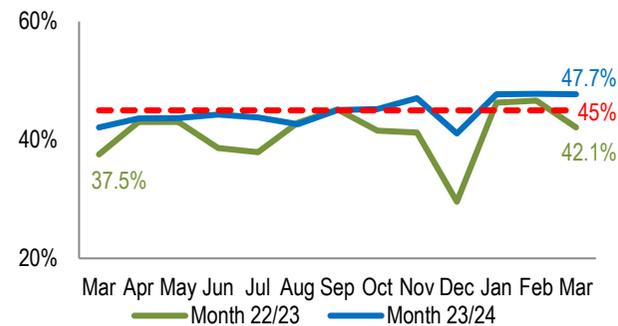


Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of clinical status 1 PURPLE incidents responded to by a NAS patient-carrying vehicle in 18 min & 59 seconds or less - NAS11	75%	M	● 76.0%	75.1%	1.2%	74.5%	77.1%	76.6%		
% of clinical status 1 RED incidents responded to by a NAS patient-carrying vehicle in 18 min & 59 seconds or less – NAS17	45%	M	● 47.7%	44.9%	6.3%	47.7%	47.8%	47.7%		
Return of spontaneous circulation (ROSC) – NAS35	40%	Q	● 39.0%	38.8%	0.5%	43.9%	42.2%	39.0%		

PURPLE - Incident Response Times within 18min & 59 sec



RED - Incident Response Times within 18min & 59 sec

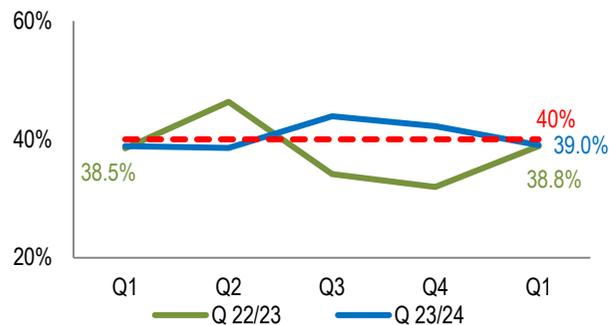


Call Volumes (arrived at scene) (Excludes those stood down en route)*

*Includes Dublin Fire Brigade

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
PURPLE	1,695	1,731	2.1%	1,622	109
RED	40,545	43,017	6.1%	38,191	4,826

ROSC



National Ambulance Service Update*

*excludes Dublin Fire Brigade

Activity volume: for AS1 and AS2 calls received this month has increased by 2,694 calls (10%) compared to the same month last year (March 2023 – 26,523). The daily average call rate for AS1 and AS2 calls received this month was 942 (31 days this month).

PURPLE (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 75% in 18 minutes and 59 seconds was above the target at 76.6% this month, and down 0.5% compared to last month i.e. February 2024.

PURPLE calls increased by 22.2% (91) compared to the same month last year (March 2023).

RED (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 45% in 18 minutes and 59 seconds was above the target at 47.7% this month, down 0.1% compared to last month i.e. February 2024.

RED calls increased by 11.4% (1,415) compared to the same month last year (March 2023).

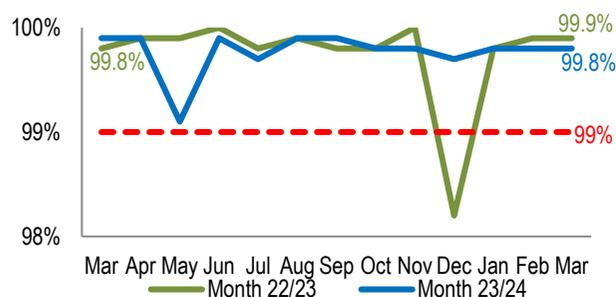
Intermediate Care Service; 80% of all inter hospital transfer requests were managed by a NAS ICV, down 3% since February 2024 (83%)

Resource Optimisation Delivering Accountable Implementation

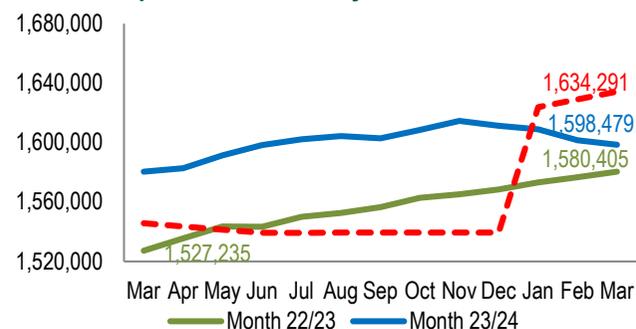
Primary Care Reimbursement Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
% of completed medical card / GP visit card applications processed within 15 days – PCRS3	99%	M	●	99.8%	99.9%	-0.1%	99.8%	99.8%	99.8%
Number of persons covered by medical cards– PCRS1	1,634,291 YTD/ 1,681,266 FYT	M	●	1,598,479	1,580,405	+18,074	1,608,963	1,601,547	1,598,479
Number of persons covered by GP visit cards - PCRS2	742,332 YTD/ 1,069,391 FYT	M	●	660,487	541,720	+118,767	642,257	652,296	660,487

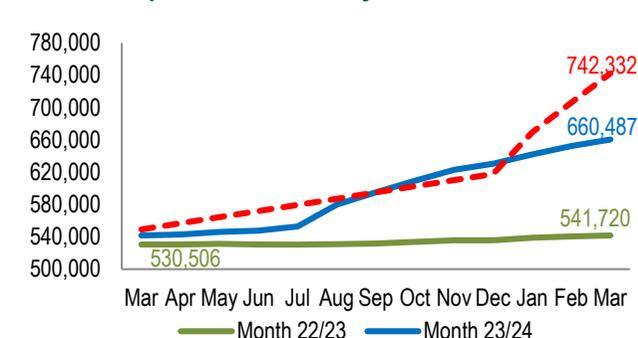
Medical card turnaround within 15 days



Number of persons covered by medical cards



Number of persons covered by GP visit cards



Primary Care Reimbursement Services Update

During the month of March 2024, 99.75% of medical card applications were processed within 15 working days. The number of people who held Medical Card eligibility on 31st March 2024 was 1,598,479, a decrease of 3,068 on the previous month. The total number of persons with eligibility for a GP Visit Card on 31st March 2024 was 660,487, an increase of 8,191 on the previous month. As at 31st March 2024, 2,258,966 or 43.9% of the population had Medical Card or GP Visit Card eligibility, an increase of 5,123 on the previous month. (Population figures are based on the CSO 2022 census figure of 5,149,139).

The Mother and Baby Institutions Payment Scheme opened for applications on 20th March. As part of the redress, successful applicants will have access to health supports, including an enhanced medical card for those living in Ireland

EU and North South Unit

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

1. As both a project Partner and Lead Partner ensure successful implementation of the various projects for HSE 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.
4. As Brexit Co-ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.

Cross Border/EU Work

- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meetings and engagement with D/Health on this.
- Multiple engagement with relevant HSE services to create awareness of EU4Health open calls, joint actions & procurement opportunities available under the 2024 Work Programme and identify potential projects. Also, co-ordination from a HSE perspective with multiple external stakeholders on the EU4Health programme such as D/Health and HRB.
- Ongoing engagement with D/Health on the development of the 2025 EU4Health Work Programme

- Support successful EU4Health Projects approved under the 2021, 2022 & 2023 Work Programmes and continue to advise participant HSE Service Areas on EU Programme & Financial management matters.
- Ongoing engagement with D/Taoiseach and D/Health on Shared Island Fund
- On behalf of D/Health, undertake a HSE-wide mapping exercise of Investment areas and possible all-island projects for support under Shared Island Fund. Specialist Services list of possible investment priorities for HSE. Substantial return of 43 possible investment priorities received from Community Operations, Chief Clinical Officer, Mental Health etc. Ongoing engagement with D/Health on consideration of investment priorities.
- Ongoing collaboration with HSE Research & Evidence Division (EU4H LEAR) on HSE participation in EU4Health Programme
- Lead Partner – In 2024 the HSE has received €2.5m Interreg VA funding at Q1 2024. The accumulated total received since the start of the Interreg VA Programme is €22.38m. A total of €13.5m has been paid to Project Partners. All projects have completed their activity and the final outstanding funding claims are being managed.
- Non-Lead Partner Interreg VA Projects - HSE has a total of €2.2m at Q1 2024. All projects have completed their activity and the final outstanding funding claims are being managed.
- Collaboration with Health Authorities on a cross border basis to develop proposals for support by PEACEPLUS programme 2022-2027 - €80m + in EU funding available for border counties under Collaborative Health & Social Care Investment Area 4.1. Five proposals have been submitted to the call which closed on March 14th 2024 These 5 Projects will support the following Thematics : Childrens Services (Autism/Mental Health), Frailty, Mental Health (Resilience), Obesity and Cardiology. A further application supporting Addiction Services is being developed and will be submitted to the 'Addiction' specific call under Inv Area 4.1 by the May 23rd 2024 deadline. . The Gross Value of all six Projects submitted to SEUPB is in the order of €53m supporting 46,900 beneficiaries. HSE

reps will ensure alignment within future EU funding programmes with Sláintecare principles such as the new Health Regions.

- As Lead Partner for CAWT led PEACEPLUS Projects, EUNS Unit will assume new responsibility for the Controller Function (external verification of project funding claims). Unit currently working closely with CAWT Finance Forum and CAWT Finance Manager in agreeing acceptable system within the HSE to comply with the requirements of the Programme. SEUPB will provide further clarification and direction at project approval stage.
- Discussions with D/Health on future EU funded programmes.
- Support CAWT Strategy Groups in progressing PEACEPLUS Priorities
- Ongoing work with CAWT Governance sub-group.
- Other North South work including Centre for Cross Border Studies, Ulster University School of Medicine etc. on behalf of the HSE
- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA and MOU meetings including North West Cancer Centre
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for EU funded projects
- Ongoing Finance meetings between CAWT and HSE on various EU funded projects.
- Discussions with D/Health on mainstreaming of Interreg VA projects.
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.

Brexit

- Brexit continues to pose a risk with the ongoing uncertainty related to service continuity, divergence etc.
- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's Brexit Co-ordinator.
- Chair of the HSE Brexit Working Group and continued involvement with D/Health Brexit and UK Strategic Oversight Group meetings as HSE link person.
- Circulation and ongoing updating of Risk register for Brexit co-ordination.

- Ongoing work on mapping of the list of SLAs and MOUs
- Ongoing discussions with D/Health colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.
- On HSE Brexit behalf, engagement with Professional Regulations Unit D/Health on new legislation to rectify the anomaly that Brexit created which is preventing medical students from NI & GB Universities from applying for IE internships post-graduation.
- On HSE Brexit behalf, engagement with D/Health on divergence on recognition of qualifications, in the first instance, Pharmacists. Co-ordinated meeting in HSE to produce paper on the topic, including Assistant National Director, Cancer Control Programme; Assistant National Director of Recruitment, Reform and Resourcing and Chief Pharmacist, Acute Hospitals Drugs Management Programme, Acute Operations. Paper submitted to D/Health in Q3 2022.
- Consider existing Cross Border Health Services in the context of changes to cross jurisdictional Healthcare delivery brought about by the Windsor Framework and act on specific issues affecting ROI patient health and social care.

Blended Working

- Continued Implementation of HSE Blended working policy – in place within the Unit since summer 2023 & working well. Policy to be reviewed again by end Q2 2024.

Next Steps & Key Outcomes – 2nd Quarter 2024

- Continue to implement the HSE's Blended working policy
- 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.
- Work with CAWT Management Board on Mainstreaming Planning of Interreg VA successful pilots
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA and PEACEPLUS.
- Continue to support the HSE work in conducting detailed analysis of the implications of Brexit.

- Ongoing engagement with HSE Brexit Steering Group as Chair.
- Prepare Brexit briefings and updates for A/Secretary General scheduled meetings.
- As Brexit Workstream lead, prepare replies for PQs, 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 Commission, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review of the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the D/Health. 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 D/Health assurance of continuity of service 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 liaise with SEUPB on any queries raised on the appraisal of the 5 applications submitted to the PEACEPLUS Health and Social Care Call and finalise the Addictions business case to be submitted to the Addictions Call under Investment Area 4.1 of the Programme by the deadline of May 23rd 2024
- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Medical School Stakeholder Advisory Board
- Engagement with D/Health, HRB and HSE on the EU4health funding programme
- Engagement with D/Taoiseach on Shared Island initiative. Support ongoing collaboration with D/Health 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 North South eHealth Steering Group
- Participation in EU4health Liaison Group
- Participation in monthly meetings with D/Health International Unit on the strategy for overall North South health co-operation
- Ongoing engagement with D/Health and possibly D/Taoiseach on development of a cross border Specialist Services list.
- Outside of the Health & Social Care element in PEACEPLUS there are wider opportunities for the HSE in the Programme such as the Strategic Planning and Engagement Investment Area 5.1 Engage with external stakeholders on possibilities.
- Continue to engage with D/Health & HRB supporting the development of projects under the 2023 EU4Health work programme & promote the positive impacts of approved projects supported under previous years' work programmes.
- Support line division in DoH on the development of the 2025 EU4Health Work Programme
- Ongoing monitoring of Brexit issues such as HR Recognition of Qualifications, and new legislation to allow NI and GB medical students to work in IE
- Lead Partner – Submission of final Supplementary Lead Partner Consolidated quarterly reports for the CoH Sync, and iRecover projects.

Capital and Estates

Capital – Allocation/Expenditure Analysis (Capital expenditure vs expenditure profile)

2024 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2024	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	919.310	96.800	95.032	1.768	98.17%	10.34%	1.83%
M02 – National Children's Hospital	209.470	28.120	11.063	17.057	39.34%	5.28%	60.66%
	1,128.780	124.920	106.096	18.824	84.93%	9.40%	15.07%
M03 - Info Systems for Health Agencies	155.000	18.000	17.296	0.704	96.09%	11.16%	3.91%
	1,283.780	142.920	123.392	19.528	86.34%	9.61%	13.66%
Asset Disposals	1.459	1.459	0.000	1.459	0.00%	0.00%	100.00%
Net	1,285.239	144.379	123.392	20.987	85.46%	9.60%	14.54%

CONSTRUCTION – M02 - Building & Equipment

The variance on general construction projects for the three months to March 2024 is 1.83% (or € 1.768m) behind profile.

In the period to the end of March the total expenditure of € 95.032m represents 10.34% of the total annual profile for 2024.

CONSTRUCTION – M02 - (National Children's Hospital)

The variance on the National Children's Hospital for the three months to March 2024 is 60.66% (or € 17.057m) behind profile.

In the period to the end of March the total expenditure of € 11.063m represents 5.28% of the total annual profile for 2024.

Information Systems for Health Agencies - M03

The variance on ICT projects for the three months to March 2024 is 3.91% (or € 0.704m) behind profile.

In the period to the end of March the total expenditure of € 17.296m represents 11.16% of the total annual profile for 2024.

Asset Disposals:

Income from sale of assets in the three months to March 2024 amounted to € 1.459m.

Internal Audit

Implementation of Internal Audit Recommendations @ Q1 2024

KPI: % of internal audit recommendations implemented by agreed due date
Target: 90%

Total number of recommendations due for implementation Q1 2024 = 132

Total number of recommendations implemented in Q1 2024= 54 (41%)

Division	Recs due current quarter	Recs due current quarter & completed	% Completed by due date
CHO 1	6	3	50%
CHO 2	1	1	100%
CHO 3	1	0	0%
CHO 4	12	3	25%
CHO 5	6	1	17%
CHO 6	7	2	29%
CHO 7	8	1	13%
CHO 8	6	4	67%
CHO 9	6	2	33%
National Director Community Ops	8	0	0%
Total CHO	61	17	28%
SSWHG	12	8	67%
ULHG	3	1	33%
Saolta HG	12	4	33%
RSCI	2	1	50%
IEHG	2	1	50%
National Ambulance Service	1	0	0%
National Director Acute Ops	9	5	56%
Total Acutes	41	20	49%
Human Resources	10	8	80%
Chief Information Officer	14	4	29%
National Screening Service	6	5	83%
Total Corporate	30	17	57%

Finance

Introduction

The National Service Plan (NSP) 2024 has been adopted by the HSE Board, approved by the Minister for Health and the Minister for Children, Equality, Disability, Integration and Youth, and was published on the 14th of February 2024.

A key consideration underlying NSP 2024 is the implementation of new integrated healthcare structures, called Health Regions. The roll out of the Health Regions commenced on 1st March 2024 and will continue to progress throughout 2024. The six Regional Executive Officers (REOs) have been appointed. Each REO will be the accountable officer at Health Region level, responsible for the delivery of high-quality, safe, and accessible services for the population of their region.

The 2024 NSP is the first year of a plan with two separate Government departments combined, following the transfer of functions to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in respect of disability services. It provides for Revenue funding allocations of €20.708bn from the Department of Health (DoH) and €2.812bn from the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY).

The cost of running our existing services at current levels in 2024 is a significant challenge in the context of the total funding provided within the NSP to the health service in 2024. It is not intended to cut services so in financial management terms we are focusing on improving our financial controls particularly around staffing levels, maintaining current service levels and improving productivity. This will be achieved through governance, savings targets, productivity measures, and strengthened financial and related controls.

Overall Financial Performance: YTD March 2024

Table 1a – Net Expenditure by Division – YTD March 2024

March 2024	YTD Actual Spend vs YTD Budget				
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Acute Operations	8,214.2	2,436.0	1,959.7	476.3	24.3 %
Community Services	8,517.2	2,198.7	2,085.6	113.2	5.4 %
Other Operations/Services	1,535.3	254.9	331.0	(76.1)	(23.0%)
Total Operational Service Areas	18,266.7	4,889.6	4,376.2	513.4	11.7 %
Total Pensions & Demand Led Services	5,256.0	1,379.4	1,321.3	58.0	4.4 %
Overall Total	23,522.6	6,269.0	5,697.6	571.4	10.0%

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

The HSE's financial position at the end of March 2024 shows a year to date deficit of €571.4m or 10.0%. Of the €571.4m deficit, the following represent the constituent elements:

- a net deficit of €476.3m in Acute Operations,
- a net deficit of €113.2m in Community Services
- a surplus of (€76.1m) in Other Operations / Services
- a net deficit of €58.0m in Pensions and Demand Led Areas

A Health Region view of this deficit outlined in Table 1b below shows the following:

- an overall net deficit of €672.0m in the Health Regions
- an overall net surplus of (€100.6m) in Central Services

Table 1b– Net Expenditure by Regional Health Area – YTD March 2024

March 2024	Approved Allocation	YTD Actual Spend vs YTD Budget			
		YTD Actual	YTD Budget	YTD Variance	YTD Variance
Health Regions	€m	€m	€m	€m	%
Dublin and North East	3,291.7	957.5	814.8	142.6	17.5%
Dublin and Midlands	3,116.5	945.4	772.0	173.5	22.5%
Dublin and South East	2,572.6	748.7	636.2	112.5	17.7%
South West	1,827.4	536.4	446.5	89.9	20.1%
Mid West	1,108.4	322.4	275.0	47.4	17.2%
West and North West	2,327.3	683.8	577.7	106.2	18.4%
Health Regions Total	14,243.8	4,194.2	3,522.2	672.0	19.1%
Acutes	452.7	43.8	37.2	6.6	17.7 %
Care Groups	894.1	125.9	210.7	(84.9)	(40.3%)
Central Divisions	2,254.9	442.3	510.2	(67.9)	(13.3%)
National Services	5,677.2	1,462.7	1,417.2	45.5	3.2 %
Central Services Total	9,278.8	2,074.8	2,175.4	(100.6)	(4.6%)
Overall Total	23,522.6	6,269.0	5,697.6	571.4	10.0%

Acute Operations

Table 2 – Acute Operations – YTD March 2024

March 2024					
Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
RCSI Hospital Group	1,693.6	512.5	419.8	92.7	22.1 %
Dublin-Midlands Hospital Group	1,440.3	461.8	360.0	101.8	28.3 %
Ireland East Hospital Group	1,273.3	383.5	316.1	67.5	21.4 %
South-South West Hospital Group	923.2	285.6	222.6	63.1	28.3 %
Saolta University Health Care Group	1,163.9	355.4	289.5	66.0	22.8 %
University of Limerick Hospital Group	527.5	163.9	131.1	32.8	25.0 %
Children's Health Ireland	475.2	146.9	117.8	29.1	24.7 %
Regional & National Services	443.8	44.4	38.1	6.4	16.8 %
Acutes Held/DOH Funds	12.2	-	-	-	-
Acute Hospital Care	7,953.0	2,354.1	1,894.9	459.2	24.2 %
National Ambulance Service	231.0	63.9	57.2	6.7	11.7 %
Private Hospitals	-	0.1	-	0.1	-
Access to Care	30.2	17.9	7.5	10.3	136.6 %
Acute Operations Total	8,214.2	2,436.0	1,959.7	476.3	24.3%

Acute Operations including the National Ambulance Service, Private Hospitals and Access to Care has expenditure to date of €2,436.0m against a budget of €1,959.7m, leading to a deficit of €476.3m or 24.3%. The National Ambulance Service (NAS) has a year to date deficit of €6.7m, Private Hospitals have a year to date deficit of €0.1m and Access to Care has a deficit of €10.3m. 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 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.

A reliance on agency and overtime, mainly across clinical areas due to challenges in recruiting front line staff and the need to ensure safe staffing levels is driving a pay deficit. The cost of the new pay sector agreement is also impacting as funding provided after March.

Drivers of the pay deficit include agency and overtime, mainly across clinical areas, as well as cost of the new public sector pay agreement. Non pay clinical deficits are driven by drugs, medical & surgical supplies and laboratory costs due to increased activity levels, access to care and price increases in consumables. Non clinical deficits are across professional services and office expenses including international recruitment of clinical staff as well as the decanting of services offsite.

Community Operations

Table 3 – Community Operations – YTD March 2024

March 2024					
Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Primary Care	1,333.3	338.4	327.6	10.8	3.3 %
Social Inclusion	229.3	55.5	56.7	(1.2)	(2.1%)
Palliative Care	153.0	38.4	38.0	0.4	1.2 %
Primary Care Division Total	1,715.6	432.3	422.3	10.0	2.4 %
Mental Health Division	1,301.7	334.9	318.8	16.0	5.0 %
Older Persons Services	1,422.8	398.6	351.1	47.5	13.5 %
Nursing Home Support Scheme	1,178.6	281.7	284.8	(3.2)	(1.1%)
Older Persons Services Division Total	2,601.4	680.3	635.9	44.4	7.0 %
Health & Wellbeing Community Division	37.6	10.5	9.4	1.1	11.8 %
Quality & Patient Safety Community Division	31.7	7.0	6.9	0.1	1.1 %
Community Operations - Regional/National - Central	1.3	0.5	0.3	0.2	56.2 %
CHO HQs & Community Services	35.6	11.9	9.1	2.8	30.7 %
Community Total excluding Disability	5,724.8	1,477.4	1,402.8	74.6	5.3 %
Disability Services	2,792.3	721.3	682.8	38.6	5.6 %
Community Total including Disability	8,517.2	2,198.7	2,085.6	113.2	5.4 %

Community Operations has year to date expenditure of €2,198.7m against a budget of €2,085.6m, leading to a deficit of €113.2m or 5.4%. The performance by care area is illustrated in table 3 above.

Primary Care Services

Operational services within Primary Care, Social Inclusion and Palliative Care (excluding Demand Led Local Schemes) has year to date expenditure of €432.3m against a budget of €422.3m leading to a deficit of €10.0m or 2.4%.

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. Developed as part of implementing Sláintecare, the Enhanced Community Care (ECC) Programme aims to ensure all HSE primary and community care services work in an integrated way to meet population health needs across Ireland, to reduce dependence on hospital services and provide access to consultant-led specialist services in the community.

A YTD pay surplus is related to the timing of funding allocations, slow pace of recruitment, recruitment restrictions and the unavailability of health and social care and clinical resources, as well as the filling of some new ECC posts from within the existing cohort of staff. Adverse variances across non pay expenditure relate mainly to Clinical, Property Costs and Medical and Surgical Supplies. Ukrainian support costs are included in the overall figures above.

Mental Health Services

Mental Health (MH) has year to date expenditure of €334.9m against a budget of €318.8m leading to a deficit of €16.0m or 5.0%. This deficit is primarily in pay and specifically within agency and overtime as Mental Health continues to face challenges recruiting nurses and consultants. This continued reliance on agency and overtime attracts a premium cost.

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.

Older Persons' Services

Older Persons' Services, including NHSS, has year to date expenditure of €680.3m against a budget of €635.9m leading to a deficit of €44.4m or 7.0%.

Older Persons 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.

At the end of March 2024 Older Persons have a deficit across both pay and non pay. The main areas driving the pay deficit are agency and overtime while non-pay variances lay mainly in Residential Care and Home Support. Residential Care actual cost of care is running at greater than the paid cost of care, while Home Support is mainly home support contracted from for profit providers.

Disability Services

Disability Services has year to date expenditure of €721.3m against a budget of €682.8m, leading to a year to date deficit of €38.6m or 5.6%.

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. The pay deficit in Disabilities is across agency and overtime, partially offset by a surplus in direct pay while non-pay deficits main driver is the cost of emergency placements.

Other Operational Services

Table 4 – Other Operational Services - YTD March 2024

March 2024					
Other Operations/Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Chief Clinical Office	545.7	78.6	101.9	(23.2)	(22.8%)
Health & Wellbeing Division	10.7	3.3	2.7	0.6	23.2 %
Operational Performance & Integration	87.7	19.3	21.2	(1.8)	(8.7%)
Testing & Tracing	22.6	2.0	5.6	(3.6)	(63.8%)
Support Services	868.6	151.7	199.8	(48.1)	(24.1%)
Overall Total	1,535.3	254.9	331.0	(76.1)	(23.0%)

Other Operational Services has a year to date expenditure of €254.9m against a budget of €331.0m, leading to a surplus of (€76.1m) or (23.0%).

Chief Clinical Office

Chief Clinical Office has a year to date expenditure of €78.6m against a budget of €101.9m, leading to a surplus of (€23.2m) or (22.8 %).

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.

Health and Wellbeing Division

Health and Wellbeing Services has a year to date expenditure of €3.3m against a budget of €2.7m, leading to a deficit of €0.6m or 23.2%.

Promoting health and wellbeing and preventing chronic disease is a critical component of the Health and Wellbeing Division. The focus in 2024 will be to develop training programmes, research and guidance to enable health professionals to take a more holistic approach towards wellbeing in their practices, as well as deliver health interventions and services to address key behavioural risk factors, e.g. tobacco, diet and sexual health, and empower people to increase control over their health.

Operational Performance & Integration

Operational Performance and Integration (OPI) has a year to date expenditure of €19.3m against a budget of €21.2m, leading to a surplus of (€1.8m) or (8.7%).

The OPI teams drive integration across Operations, supporting and enhancing service delivery and performance, as well as generating actionable insights to enable data-driven decision making. OPI encompasses Environmental Health, which plays a key role in protecting the public from threats to health and wellbeing, with particular responsibility for statutory functions enacted to protect and promote human health, including food safety, cosmetic products control and sunbed regulation.

Testing and Tracing

Testing and Tracing has a year to date expenditure of €2.0m against a budget of €5.6m, leading to a surplus of (€3.6m) or (63.8 %). As the COVID-19 pandemic moves to endemic status, Test and Trace is transitioning to a new operating model in line with public health guidance. This model monitors levels of infections of COVID-19 through enhanced surveillance systems and the introduction of a clinical pathway for testing based on clinical need.

Support Services

Support Services has a year to date expenditure of €151.7m against a budget of €199.8m, leading to a surplus of (€48.1m) or (24.1%). The bulk of these costs giving rise to the spend represents essential supports provided by the national functions to support direct service provision.

Pensions & Demand Led Services

Table 5 – Pensions and Demand Led Services – YTD March 2024

March 2024					
Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Pensions	721.4	187.5	179.6	7.9	4.4 %
State Claims Agency	435.0	94.2	108.8	(14.6)	(13.4%)
Primary Care Reimbursement Service	3,750.8	988.0	946.0	42.1	4.4 %
Demand Led Local Schemes	297.3	92.6	74.1	18.5	24.9 %
Treatment Abroad and Cross Border Directive	40.8	15.6	10.2	5.4	53.1 %
EHIC (European Health Insurance Card)	10.6	1.4	2.7	(1.2)	(47.0%)
Pensions & Demand Led Services Total	5,256.0	1,379.4	1,321.3	58.0	4.4 %

Pensions and Demand Led Services has year to date expenditure of €1,379.4m against a budget of €1,321.3m, leading to a deficit of €58.0m or 4.4%. 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.

Conclusion

The financial challenge for 2024 was outlined in the National Service Plan and noted the likely requirement for supplementary funding support. Following the Government announcement of an additional €1.5bn from Department of Health into the base for 2024, this additional funding provides an opportunity to strengthen financial planning and governance.

In line with the rollout of the new regional structures the control environment within the HSE has been reset. The focus for the remainder of 2024 will be on savings and controls to ensure we operate within agreed limits while delivering fully on our planned activity levels as set out in the National Service Plan 2024 and the Waiting List Action Plan and Urgency and Emergency Care Plan.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2023
Acute Hospitals(Hospital groups)	€171,730,165
Community Healthcare	€722,085,344
National Services	€1,484,304,833
Total	€2,378,120,342

Human Resources

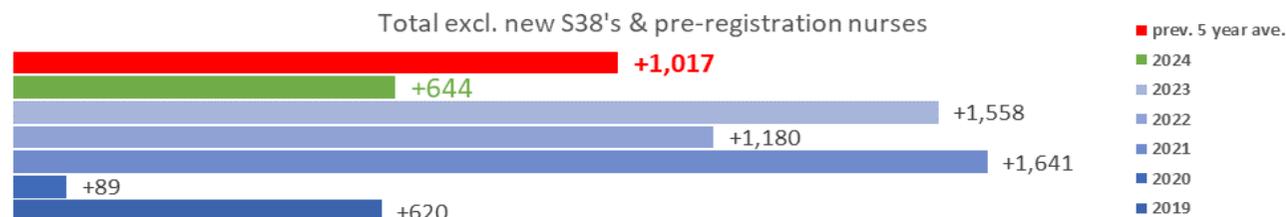
Health Sector Workforce: March 2024

Headlines

Employment levels at the end of March 2024, show there were 148,293 WTE (equating to 166,997 personnel) directly employed in the provision of Health & Social Care Services by the HSE and Section 38 hospitals & agencies. The change this month is **+325 WTE** (+16 headcount).

Comparatively, this **+325 WTE** is **lower** than the 5 year average of **+573 WTE** and is the lowest reported increase except for 2020 (pre-COVID-19).

Excluding pre-registration nursing & midwifery internship students, which are an expected growth in the first quarter **and** the addition of **four new Section 38 agencies** which transitioned from S39, *adjusted* year to date growth level at March is **+644 WTE** with the **exclusion** of pre-registration intern students and the new agencies. On a like for like basis, this years growth to date is **significantly lower** than the 5 year average of **+1,017 WTE**.



The overall increase since December 2019 now stands at **+28,480 WTE (+23.8%)** or **+26,839 WTE (22.4%)** when adjusted to exclude the pre-registration nursing & midwifery internship students and the new hospice agencies. The staff category reporting the greatest increase is **Nursing & Midwifery at +9,614 WTE (+25.16%)** or **+8,584 WTE (+22.5%)** when adjusted, with Staff Nurse/ Staff Midwife reporting the greatest staff group WTE increase at **+5,511 WTE (+21.45%)** or **+5268 WTE (+20.5%)** when adjusted. The staff category with the greatest **percentage increase** is **Management & Administrative at +35.15%** (+6,626 WTE) or **+34.3%, (6,467 WTE)** adjusted.

March Reporting Layout

This month's report is laid out to reflect the following key elements of our reporting:

1. **Unadjusted** and **Adjusted** figures – tables are provided in two views to show the actual census and the adjusted census excluding Pre-Registration Nursing and Midwifery Internship Students and the new S38 agencies;
2. Separate reports for **Total HSE, Department of Health Only** and **Disabilities Only**, reflecting the requirements following the transfer of functions to DCEDIY as noted last month;
3. By new **Health Region** – the first phase of the rollout of the six new Health Regions has commenced with further phases to follow as we transition to full Health Region Implementation. In accordance with the planned establishment of Health Regions on March 1st, employment reporting has been updated to reflect these changes this month. Reflecting these changes, Health Region employment data for March 2024 is based on the interim structures now in place, inclusive of the geographic realignment of the Hospital Groups that have been implemented on HR reporting systems and in national employment reports.

4. Inclusion of an Appendix – owing to the above extensive number of reports, an Appendix has been included this month for ease of reference to accompany the commentary included below, with a full suite of reports.

Total Health Service Key findings by Staff Category & Staff Group: March 2024

- In overall terms the Health Services is reporting an increase of **+325 WTE / +327 WTE** this month.
- **Nursing & Midwifery** are reporting the largest increase this month at **+274 WTE / +282 WTE** of which the Staff Nurse/ Staff Midwife is reporting the largest increase of **+228 WTE / +225 WTE**, some of which may be related to international recruitment. The Nurse/ Midwife Manager staff group is **+29 WTE / +32 WTE**, Nurse/ Midwife Specialist & AN/MP **+15 WTE / +14 WTE**, Nursing/ Midwifery Student **+12 WTE / +21 WTE** and Nursing/ Midwifery other **+1 WTE**. The Public Health Nurse staff group are reporting a decrease of **-11 WTE**.
- **Medical & Dental** are reporting an increase of **+80 WTE** with Consultants reporting the largest increase of **+37 WTE** followed by, SHO/ Interns **+24 WTE** and Registrars **+23 WTE**.
- **Health & Social Care Professionals** are also reporting an increase of **+46 WTE**. Therapy Professions are reporting the largest increase of **+53 WTE** followed by Health Science/ Diagnostics **+2 WTE**.
- **Management & Administrative** are again reporting a decrease this month of **-48 WTE / -56 WTE**. All Staff Groups are reporting decreases with the largest decrease reported in Clerical (III & IV) **-34 WTE / -36 WTE** followed by Management (VIII & above) **-13 WTE / -14 WTE** and Administrative/ Supervisory (V to VII) **-2 WTE / -7 WTE**.
- **General Support** are reporting a decrease of **-17 WTE -20 WTE**.
- Patient & Client Care are also reporting a decrease of **-10 WTE / -5WTE**. Ambulance Staff (**-16/ -13 WTE**) and Care other (**-16 WTE**) are reporting a decrease, however Home Helps are reporting an increase of **+13 WTE** followed by Health Care Assistants **+9 WTE / +12 WTE**.

Total Health Service by Health Region

- All Health Regions, except for **HSE South West** and **National**, are reporting an increase this month, both adjusted and unadjusted.
- On an adjusted basis, HSE Dublin & Midlands is reporting the largest increase this month at **+222 WTE**. Of the total increase this month of **+327 WTE**, this Region accounts for 68% of the total net increase.
- Year to Date, National is reporting the largest increase, however this is owing to the change in reporting, with the inclusion of National Ambulance Services now in National. Outside of National, HSE Dublin & Midlands is reporting the largest YTD increase.

Total Health Service by Health Region: March 2024

Health Region	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total Health Service	137,745	145,985	147,968	148,293	+5,423	+8,239	+2,308	+325	+10,548	+28,480	+23.8%
HSE Dublin & North East	28,076	29,088	29,446	29,488	+1,047	+1,012	+400	+42	+1,412	+5,111	+21.0%
HSE Dublin & Midlands	28,410	30,411	30,457	30,679	+1,060	+2,001	+268	+221	+2,269	+5,281	+20.8%
HSE Dublin & South East	21,794	23,215	23,370	23,393	+847	+1,421	+178	+23	+1,599	+4,284	+22.4%
HSE South West	18,187	19,010	19,368	19,350	+552	+823	+340	-18	+1,162	+3,408	+21.4%
HSE Midwest	10,339	11,060	11,487	11,521	+295	+721	+460	+33	+1,182	+2,964	+34.6%
HSE West & North West	22,287	23,483	23,718	23,760	+1,252	+1,197	+277	+42	+1,473	+4,722	+24.8%
National	8,652	9,717	10,122	10,103	+370	+1,065	+386	-19	+1,451	+2,710	+36.7%

Adjusted Total Health Service by Health Region: March 2024

Adjusted RHA by Health Region	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total ex. new S38's & pre-reg nurses	137,575	145,872	146,189	146,516	+5,379	+8,297	+644	+327	+8,941	+26,839	+22.4%
HSE Dublin & North East	28,055	29,059	29,048	29,092	+1,061	+1,004	+32	+43	+1,037	+4,742	+19.5%
HSE Dublin & Midlands	28,376	30,378	30,323	30,545	+1,056	+2,001	+167	+222	+2,168	+5,170	+20.4%
HSE Dublin & South East	21,749	23,199	23,247	23,268	+818	+1,449	+69	+21	+1,519	+4,177	+21.9%
HSE South West	18,144	18,995	18,935	18,933	+533	+851	-63	-2	+789	+3,031	+19.1%
HSE Midwest	10,334	11,050	11,102	11,124	+295	+716	+75	+22	+790	+2,592	+30.4%
HSE West & North West	22,264	23,475	23,411	23,451	+1,246	+1,211	-24	+40	+1,187	+4,418	+23.2%
National	8,652	9,716	10,122	10,103	+370	+1,064	+387	-19	+1,451	+2,710	+36.7%

DEPARTMENT OF HEALTH

Key findings of Staff Category & Stagg Group DoH

- In overall terms, the DoH funded services are reporting an increase of **+330 WTE / +329 WTE** this month.
- **Nursing & Midwifery** are reporting the largest increase this month at **+269 WTE / +273 WTE**. The largest increase is in Staff Nurse/ Staff Midwife at **+219 WTE**.
- **Medical & Dental** are reporting an increase of **+83 WTE**. Consultants are reporting the largest increase of **+40 WTE** followed by SHO/ Interns **+24 WTE** and Registrars **+23 WTE**.
- **Health & Social Care Professionals** are reporting an increase of **+33 WTE**. Therapy Professions are reporting the largest increase of **+39 WTE** followed by H&SC, Other **+2 WTE** and Health Science/ Diagnostics **+2 WTE**. There is no WTE change reported in Pharmacy. Psychologists and Social Workers are reporting a decrease of **-4 WTE** followed by Social Care **-3 WTE**.
- **Management & Administrative** are reporting a decrease of **-44 WTE / -51 WTE**. The Clerical (III & IV) staff group are reporting the largest decrease of **-33 WTE / -35 WTE** followed by Management (VIII & above) **-7 WTE** and Administrative/ Supervisory (V to VII) **-4 WTE -10 WTE**.
- **General Support** are reporting a decrease of **-11 WTE / -15 WTE**.
- **Patient & Client Care** are reporting **0 WTE / +5 WTE** change. Home Helps are reporting an increase at **+14** followed by Health Care Assistants **+10 WTE**. Ambulance Staff are reporting a decrease of **-16 WTE / -13 WTE** followed by Care, Other **-9 WTE**.

DoH Only by Staff Category

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total excluding Disabilities	117,842	125,420	127,267	127,598	+5,143	+7,578	+2,178	+330	+9,756	+26,057	+25.7%
Medical & Dental	12,647	13,704	13,740	13,823	+588	+1,057	+119	+83	+1,176	+3,024	+28.0%
Nursing & Midwifery	39,922	42,537	43,782	44,051	+2,031	+2,615	+1,514	+269	+4,129	+9,435	+27.3%
Health & Social Care Professionals	15,301	16,239	16,416	16,449	+721	+938	+210	+33	+1,148	+3,571	+27.7%
Management & Administrative	21,512	23,587	23,709	23,665	+1,435	+2,076	+78	-44	+2,154	+6,131	+35.0%
General Support	9,384	9,460	9,533	9,523	+132	+76	+63	-11	+139	+1,075	+12.7%
Patient & Client Care	19,077	19,893	20,087	20,087	+237	+816	+194	-0	+1,010	+2,821	+16.3%

Adjusted DoH Only by Staff Category

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
DOH ex new S38's & pre-reg nurses	117,679	125,335	125,567	125,895	+5,084	+7,656	+560	+329	+8,216	+24,462	+24.1%
Medical & Dental	12,647	13,704	13,715	13,798	+588	+1,057	+94	+83	+1,151	+2,999	+27.8%
Nursing & Midwifery	39,759	42,452	42,686	42,959	+1,972	+2,693	+507	+273	+3,201	+8,451	+24.5%
Health & Social Care Professionals	15,301	16,239	16,311	16,345	+721	+938	+106	+33	+1,044	+3,466	+26.9%
Management & Administrative	21,512	23,587	23,558	23,507	+1,435	+2,076	-81	-51	+1,995	+5,973	+34.1%
General Support	9,384	9,460	9,418	9,404	+132	+76	-56	-15	+20	+957	+11.3%
Patient & Client Care	19,077	19,893	19,879	19,883	+237	+816	-10	+5	+806	+2,617	+15.2%

DEPARTMENT OF CHILDREN EQUALITY DISABILITY INTEGRATION AND YOUTH

Key findings by Staff Category & Staff Group DCEDIY: March 2024

- In overall terms, Disability Services are reporting a decrease of **-5 WTE / -1 WTE (adjusted for Pre- Registration Nursing and Midwifery Interns)** this month.
- Four staff** categories are reporting decreases this month. **Patient & Client Care** at **-10 WTE**, **Medical and Dental** at **-3 WTE**, **General Support** at **-6 WTE** and **Management & Admin** at **-4 WTE**.
- Two staff** categories are reporting increases; **Health & Social Care Professionals** are reporting the largest increase this month at **+13 WTE** of which Therapy Professions are reporting the largest increase at **+14 WTE** followed by Social Care **+3 WTE** and Social Workers **+1 WTE**. There is no WTE change reported for Pharmacy and Health Science Diagnostics. Psychologists and H&SC, Other are reporting a decrease of **-3 WTE**.
- Nursing & Midwifery** are reporting an increase of **+5 WTE / +1 WTE**. The largest increase is in Staff Nurse/ Staff Midwife at **+9 WTE** followed by Nursing/ Midwifery Manager **+2 WTE** and Public Health Nurse **+1 WTE**.
- CHOs 4&5** are reporting the largest increases this month.

DCEDIY/ Disabilities Only By Staff Group

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Disability Services	19,903	20,565	20,701	20,696	+281	+662	+131	-5	+792	+2,423	+13.3%
Consultants	18	22	21	18	-3	+4	-4	-3	+0	-5	-22.9%
Registrars	10	9	9	9	+0	-1	-0	-0	-1	-4	-31.8%
SHO/ Interns	9	14	11	12	+2	+5	-3	+0	+3	+5	+65.2%
Medical/ Dental, other	13	12	11	11	-1	-1	-1	+0	-2	-4	-24.9%
Medical & Dental	50	57	53	50	-2	+7	-7	-3	-1	-9	-14.8%
Nurse/ Midwife Manager	959	968	953	955	+35	+9	-12	+2	-4	+63	+7.1%
Nurse/ Midwife Specialist & AN/MP	70	80	79	77	+2	+10	-3	-2	+7	+15	+23.8%
Staff Nurse/ Staff Midwife	2,618	2,594	2,617	2,626	-11	-24	+32	+9	+8	+57	+2.2%
Public Health Nurse	12	11	10	11	-0	-1	+0	+1	-1	+5	+77.4%
<i>Nursing/ Midwifery awaiting registration</i>	4	4	3	3	-2	+0	-1	+0	-1	-11	-78.3%
<i>Pre-registration Nurse/ Midwife Intern</i>	7	27	79	75	-14	+20	+47	-4	+68	+46	+164.3%
Nursing/ Midwifery Student	11	31	82	78	-16	+21	+46	-4	+67	+36	+84.5%
Nursing/ Midwifery other	28	27	26	26	+2	-1	-1	-1	-2	+4	+16.0%
Nursing & Midwifery	3,697	3,710	3,768	3,773	+12	+13	+63	+5	+76	+179	+5.0%
<i>Dietitians</i>	20	28	29	29	-1	+8	+1	+0	+9	+11	+57.1%
<i>Occupational Therapists</i>	304	327	319	322	+6	+23	-5	+3	+18	+59	+22.4%
<i>Physiotherapists</i>	193	204	202	205	-1	+11	+1	+3	+12	+16	+8.5%
<i>Speech & Language Therapists</i>	273	283	284	291	-40	+11	+8	+7	+18	-1	-0.2%
Therapy Professions	790	843	834	848	-36	+53	+5	+14	+57	+85	+11.1%
Health Science/ Diagnostics	21	22	22	22	+0	+0	+0	+0	+1	+2	+10.0%
Social Care	3,055	3,107	3,110	3,113	+43	+53	+6	+3	+58	+518	+20.0%
Pharmacy	8	8	8	8	+0	+0	+0	+0	+0	+2	+23.6%
Psychologists	239	243	243	240	-8	+4	-3	-3	+1	+38	+18.9%
Social Workers	239	255	261	262	+4	+16	+8	+1	+23	+44	+19.9%
H&SC, Other	68	68	68	66	-1	+0	-3	-3	-3	-19	-22.6%
Health & Social Care Professionals	4,421	4,547	4,547	4,560	+2	+126	+13	+13	+139	+669	+17.2%
Management (VIII & above)	236	238	238	232	+19	+2	-5	-6	-4	+53	+29.3%
Administrative/ Supervisory (V to VII)	665	776	784	786	+95	+110	+11	+3	+121	+309	+64.7%
Clerical (III & IV)	744	804	794	793	+24	+60	-11	-1	+49	+133	+20.1%
Management & Administrative	1,645	1,817	1,816	1,812	+138	+172	-5	-4	+167	+494	+37.5%
Support	624	552	560	560	-2	-71	+8	+0	-64	-173	-23.6%
Maintenance/ Technical	126	144	148	142	-6	+19	-3	-6	+16	+18	+14.1%
General Support	750	697	708	702	-8	-53	+5	-6	-48	-156	-18.1%
Health Care Assistants	7,495	7,879	7,928	7,927	+140	+384	+48	-1	+432	+1,109	+16.3%
Home Help	80	68	69	68	-2	-12	-0	-1	-12	-32	-31.8%
Care, other	1,766	1,791	1,813	1,806	+1	+25	+15	-8	+39	+167	+10.2%
Patient & Client Care	9,341	9,738	9,810	9,800	+139	+397	+63	-10	+459	+1,244	+14.5%

DCEDIY / Disabilities Only By Service Delivery Area

Service / HG & CHO	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024	No. MAR 2024
Total Disabilities Only	19,903	20,565	20,701	20,696	+281	+662	+131	-5	+792	+2,423	+13.3%	24,497
CHO 1	1,698	1,758	1,787	1,782	+81	+60	+23	-6	+84	+283	+18.9%	1,973
CHO 2	1,607	1,757	1,815	1,813	+24	+150	+56	-1	+206	+316	+21.1%	2,217
CHO 3	1,989	2,048	2,083	2,078	+14	+60	+29	-5	+89	+254	+13.9%	2,495
CHO 4	2,640	2,686	2,690	2,714	+18	+46	+28	+24	+74	+289	+11.9%	3,215
CHO 5	1,656	1,713	1,712	1,722	+4	+57	+9	+9	+65	+234	+15.7%	2,033
CHO 6	1,216	1,222	1,233	1,222	-10	+6	-1	-12	+5	+24	+2.0%	1,415
CHO 7	3,410	3,561	3,523	3,514	+111	+151	-47	-9	+104	+532	+17.8%	4,158
CHO 8	2,345	2,432	2,441	2,439	+53	+87	+7	-2	+94	+277	+12.8%	2,958
CHO 9	3,336	3,380	3,410	3,406	-14	+44	+26	-5	+70	+212	+6.6%	4,026
other Community Services	6	7	7	7	-0	+1	+0	+0	+1	+1	+17.6%	7

DCEDIY / Disabilities by Administration

HSE / S38	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024	No. MAR 2024
Total Disabilities Only	19,903	20,565	20,701	20,696	+281	+662	+131	-5	+792	+2,423	+13.3%	24,497
Health Service Executive	4,200	4,408	4,425	4,423	+8	+208	+15	-1	+223	+550	+14.2%	4,983
Section 38 Voluntary Agencies	15,703	16,157	16,276	16,272	+273	+453	+116	-4	+569	+1,873	+13.0%	19,514

Appendix

Total Health Service by Staff Category/ Group

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total Health Service	137,745	145,985	147,968	148,293	+5,423	+8,239	+2,308	+325	+10,548	+28,480	+23.8%
Consultants	3,869	4,246	4,296	4,334	+261	+377	+88	+37	+465	+1,084	+33.3%
Registrars	4,353	4,640	4,699	4,722	+249	+287	+82	+23	+369	+1,041	+28.3%
SHO/ Interns	3,661	4,089	4,008	4,033	+75	+428	-57	+24	+371	+917	+29.4%
Medical/ Dental, other	813	786	788	784	+1	-27	-2	-4	-29	-26	-3.3%
Medical & Dental	12,697	13,761	13,792	13,873	+586	+1,064	+111	+80	+1,175	+3,015	+27.8%
Nurse/ Midwife Manager	9,345	9,910	9,938	9,967	+494	+565	+57	+29	+622	+1,981	+24.8%
Nurse/ Midwife Specialist & AN/MP	2,974	3,580	3,736	3,750	+493	+606	+170	+15	+777	+1,757	+88.1%
Staff Nurse/ Staff Midwife	28,757	30,355	30,970	31,198	+908	+1,598	+843	+228	+2,441	+5,511	+21.5%
Public Health Nurse	1,504	1,492	1,485	1,475	-19	-12	-17	-11	-29	-64	-4.2%
Nursing/ Midwifery Student	712	564	1,058	1,071	+185	-147	+506	+12	+359	+417	+63.8%
Nursing/ Midwifery other	327	345	362	362	-17	+18	+17	+1	+35	+12	+3.6%
Nursing & Midwifery	43,619	46,247	47,549	47,823	+2,043	+2,628	+1,577	+274	+4,205	+9,614	+25.2%
Therapy Professions	6,320	6,700	6,719	6,771	+373	+380	+71	+53	+451	+1,539	+29.4%
Health Science/ Diagnostics	5,052	5,214	5,231	5,233	+134	+162	+19	+2	+181	+736	+16.4%
Social Care	3,171	3,221	3,222	3,223	+43	+50	+2	+0	+52	+513	+18.9%
Pharmacy	1,323	1,419	1,428	1,429	+31	+96	+10	+0	+106	+391	+37.7%
Psychologists	1,120	1,238	1,254	1,248	+25	+118	+9	-6	+128	+244	+24.3%
Social Workers	1,430	1,559	1,622	1,619	+134	+129	+60	-3	+189	+454	+38.9%
H&SC, Other	1,306	1,434	1,486	1,486	-17	+128	+52	-0	+180	+364	+32.4%
Health & Social Care Professionals	19,721	20,785	20,963	21,009	+723	+1,064	+223	+46	+1,287	+4,240	+25.3%
Management (VIII & above)	2,446	2,539	2,558	2,545	+230	+92	+6	-13	+99	+700	+37.9%
Administrative/ Supervisory (V to VII)	7,737	8,887	8,943	8,941	+1,031	+1,151	+54	-2	+1,205	+3,736	+71.8%
Clerical (III & IV)	12,974	13,978	14,025	13,991	+311	+1,005	+12	-34	+1,017	+2,190	+18.6%
Management & Administrative	23,156	25,404	25,525	25,477	+1,573	+2,248	+73	-48	+2,321	+6,626	+35.1%
Support	8,913	8,901	8,969	8,956	+100	-12	+54	-14	+43	+824	+10.1%
Maintenance/ Technical	1,221	1,255	1,272	1,269	+24	+34	+14	-3	+48	+95	+8.1%

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
General Support	10,134	10,157	10,241	10,224	+123	+23	+68	-17	+91	+920	+9.9%
Health Care Assistants	19,309	20,255	20,424	20,433	-17	+946	+178	+9	+1,124	+2,925	+16.7%
Home Help	3,782	3,728	3,721	3,734	+236	-54	+7	+13	-48	+169	+4.7%
Ambulance Staff	1,932	2,104	2,175	2,159	-4	+172	+55	-16	+228	+332	+18.1%
Care, other	3,395	3,545	3,577	3,561	+161	+149	+16	-16	+166	+639	+21.9%
Patient & Client Care	28,418	29,631	29,898	29,887	+376	+1,213	+256	-10	+1,469	+4,065	+15.7%

Adjusted Total Health Service by Staff Group

Staff Category /Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total ex. new S38's & pre-reg nurses	137,575	145,872	146,189	146,516	+5,379	+8,297	+644	+327	+8,941	+26,839	+22.4%
Consultants	3,869	4,246	4,294	4,331	+261	+377	+85	+37	+462	+1,081	+33.3%
Registrars	4,353	4,640	4,682	4,705	+249	+287	+65	+23	+352	+1,024	+27.8%
SHO/ Interns	3,661	4,089	4,003	4,028	+75	+428	-62	+24	+366	+912	+29.3%
Medical/ Dental, other	813	786	788	784	+1	-27	-2	-4	-30	-27	-3.3%
Medical & Dental	12,697	13,761	13,767	13,847	+586	+1,064	+86	+80	+1,150	+2,990	+27.5%
Nurse/ Midwife Manager	9,345	9,910	9,860	9,892	+494	+565	-18	+32	+547	+1,906	+23.9%
Nurse/ Midwife Specialist & AN/MP	2,974	3,580	3,643	3,656	+493	+606	+76	+14	+682	+1,663	+83.4%
Staff Nurse/ Staff Midwife	28,757	30,355	30,730	30,955	+908	+1,598	+600	+225	+2,198	+5,268	+20.5%
Public Health Nurse	1,504	1,492	1,485	1,475	-19	-12	-17	-11	-29	-64	-4.2%
Nursing/ Midwifery Student	541	452	301	322	+140	-89	-130	+21	-219	-195	-37.7%
Nursing/ Midwifery other	327	345	356	357	-17	+18	+12	+1	+30	+7	+1.9%
Nursing & Midwifery	43,449	46,134	46,375	46,657	+1,998	+2,686	+523	+282	+3,209	+8,584	+22.5%

Staff Category /Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Therapy Professions	6,320	6,700	6,661	6,713	+373	+380	+13	+53	+394	+1,481	+28.3%
Health Science/ Diagnostics	5,052	5,214	5,231	5,233	+134	+162	+19	+2	+181	+736	+16.4%
Social Care	3,171	3,221	3,222	3,223	+43	+50	+2	+0	+52	+513	+18.9%
Pharmacy	1,323	1,419	1,417	1,417	+31	+96	-1	+1	+95	+380	+36.6%
Psychologists	1,120	1,238	1,254	1,248	+25	+118	+9	-6	+128	+244	+24.3%
Social Workers	1,430	1,559	1,587	1,584	+134	+129	+25	-3	+154	+418	+35.9%
H&SC, Other	1,306	1,434	1,486	1,486	-17	+128	+52	-0	+180	+364	+32.4%
Health & Social Care Professionals	19,721	20,785	20,858	20,904	+723	+1,064	+119	+46	+1,183	+4,135	+24.7%
Management (VIII & above)	2,446	2,539	2,539	2,526	+230	+92	-13	-13	+80	+681	+36.9%
Administrative/ Supervisory (V to VII)	7,737	8,887	8,898	8,891	+1,031	+1,151	+4	-7	+1,155	+3,686	+70.8%
Clerical (III & IV)	12,974	13,978	13,937	13,901	+311	+1,005	-78	-36	+927	+2,100	+17.8%
Management & Administrative	23,156	25,404	25,374	25,318	+1,573	+2,248	-86	-56	+2,162	+6,467	+34.3%
Support	8,913	8,901	8,863	8,849	+100	-12	-52	-14	-64	+718	+8.8%
Maintenance/ Technical	1,221	1,255	1,263	1,256	+24	+34	+1	-7	+36	+83	+7.1%
General Support	10,134	10,157	10,126	10,106	+123	+23	-51	-20	-28	+801	+8.6%
Health Care Assistants	19,309	20,255	20,231	20,242	-17	+946	-12	+12	+933	+2,735	+15.6%
Home Help	3,782	3,728	3,721	3,734	+236	-54	+7	+13	-48	+169	+4.7%
Ambulance Staff	1,932	2,104	2,173	2,159	-4	+172	+55	-13	+228	+332	+18.1%
Care, other	3,395	3,545	3,564	3,548	+161	+149	+3	-16	+152	+626	+21.4%
Patient & Client Care	28,418	29,631	29,689	29,684	+376	+1,213	+53	-5	+1,266	+3,861	+15.0%

Total Health Service by Administration

HSE / S38	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total	137,745	145,985	147,968	148,293	+5,423	+8,239	+2,308	+325	+10,548	+28,480	+23.8%
Health Service Executive	89,227	94,696	95,242	95,419	+3,720	+5,469	+723	+177	+6,193	+18,521	+24.1%
Section 38 Hospitals	30,874	33,210	33,513	33,657	+1,409	+2,336	+448	+144	+2,784	+6,967	+26.1%
Section 38 Voluntary Agencies	17,645	18,079	19,213	19,216	+294	+434	+1,137	+4	+1,571	+2,992	+18.4%

Adjusted Total Health Service by Administration

HSE/S38	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total ex. new S38's & pre-reg nurses	137,575	145,872	146,189	146,516	+5,379	+8,297	+644	+327	+8,941	+26,839	+22.4%
Health Service Executive	89,151	94,668	94,770	94,951	+3,694	+5,517	+283	+181	+5,800	+18,110	+23.6%
Section 38 Hospitals	30,787	33,157	33,291	33,435	+1,375	+2,370	+279	+144	+2,649	+6,792	+25.5%
Section 38 Voluntary Agencies	17,637	18,047	18,128	18,130	+310	+410	+82	+2	+493	+1,937	+12.0%

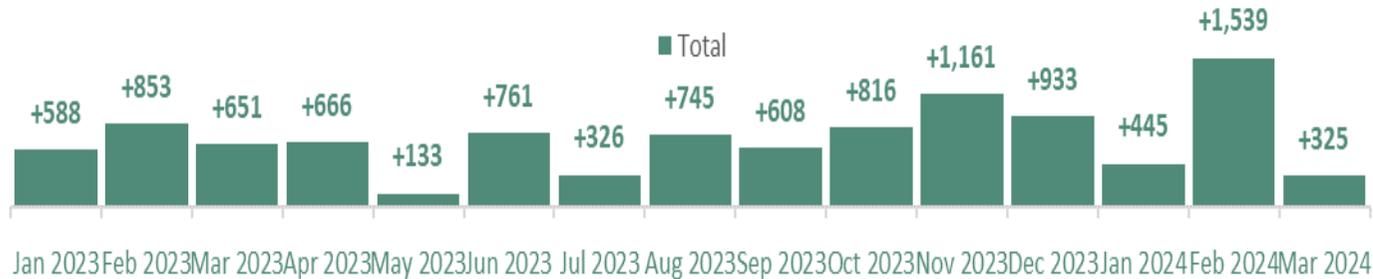
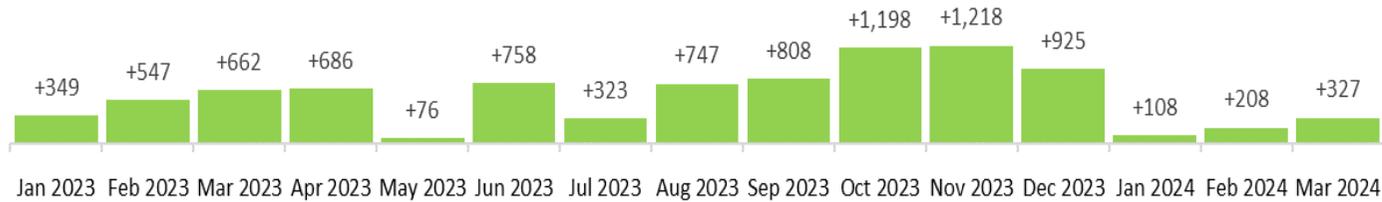
Total Health Service by Service Delivery Area

Service / HG & CHO	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total	137,745	145,985	147,968	148,293	+5,423	+8,239	+2,308	+325	+10,548	+28,480	+23.8%
National Ambulance Service	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Children's Health Ireland	4,108	4,522	4,493	4,513	+134	+414	-8	+20	+405	+911	+25.3%
Dublin Midlands Hospital Group	13,424	14,540	14,692	14,891	+657	+1,116	+351	+199	+1,467	+3,158	+26.9%
Ireland East Hospital Group	12,394	13,335	13,504	13,545	+738	+941	+210	+41	+1,151	+3,170	+30.6%
RCSI Hospitals Group	16,234	16,998	17,184	17,232	+938	+764	+234	+48	+998	+3,468	+25.2%
Saolta University Hospital Care	11,327	12,091	12,116	12,156	+761	+765	+65	+40	+830	+2,903	+31.4%
South/South West Hospital Group	9,152	9,961	10,024	9,996	+495	+809	+35	-28	+844	+2,356	+30.8%
University of Limerick Hospital Group	5,222	5,661	5,769	5,805	+179	+439	+144	+36	+583	+1,659	+40.0%
other Acute Services	127	148	150	150	+16	+22	+1	-1	+23	+58	+64.1%
Acute Services	74,055	79,578	80,335	80,685	+3,925	+5,523	+1,108	+351	+6,631	+18,147	+29.0%
CHO 1	6,398	6,707	6,724	6,743	+309	+309	+36	+19	+345	+1,274	+23.3%
CHO 2	5,972	6,167	6,419	6,401	+153	+195	+234	-17	+429	+857	+15.5%
CHO 3	5,069	5,356	5,703	5,700	+123	+286	+345	-3	+631	+1,344	+30.8%
CHO 4	8,961	8,968	9,296	9,306	+106	+7	+338	+9	+345	+1,117	+13.6%
CHO 5	5,805	6,141	6,136	6,134	+134	+336	-7	-2	+329	+857	+16.2%
CHO 6	3,620	3,789	3,810	3,792	+59	+169	+3	-18	+172	+414	+12.3%
CHO 7	7,215	7,466	7,424	7,428	+142	+251	-38	+4	+213	+913	+14.0%
CHO 8	6,514	6,792	6,795	6,795	+65	+278	+3	-0	+281	+660	+10.8%
CHO 9	7,230	7,342	7,605	7,597	+65	+112	+255	-7	+367	+1,015	+15.4%
other Community Services	740	840	844	845	-1	+101	+5	+2	+106	+205	+32.0%
Community Services	57,523	59,567	60,756	60,741	+1,154	+2,044	+1,174	-14	+3,219	+8,657	+16.6%
National & Central Services	6,168	6,840	6,878	6,866	+344	+672	+26	-12	+699	+1,677	+32.3%

Adjusted Total Health Service by Service Delivery Area

Hospital Group & CHO	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total Health Service	137,575	145,872	146,189	146,516	+5,379	+8,297	+644	+327	+8,941	+26,839	+22.4%
National Ambulance Service	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Children's Health Ireland	4,087	4,505	4,493	4,513	+127	+418	+8	+20	+426	+923	+25.7%
Dublin Midlands Hospital Group	13,412	14,525	14,596	14,792	+656	+1,113	+268	+196	+1,381	+3,068	+26.2%
Ireland East Hospital Group	12,350	13,322	13,415	13,454	+706	+972	+132	+40	+1,104	+3,097	+29.9%
RCSI Hospitals Group	16,222	16,989	17,068	17,118	+940	+767	+129	+50	+897	+3,364	+24.5%
Saolta University Hospital Care	11,316	12,088	12,020	12,060	+755	+772	-28	+40	+743	+2,808	+30.4%
South/South West Hospital Group	9,116	9,948	9,946	9,928	+477	+832	-20	-18	+812	+2,318	+30.5%
University of Limerick Hospital Group	5,222	5,660	5,725	5,761	+179	+439	+101	+36	+540	+1,618	+39.0%
other Acute Services	127	148	150	150	+16	+22	+1	-1	+23	+58	+64.1%
Acute Services	73,918	79,507	79,815	80,173	+3,863	+5,588	+667	+358	+6,255	+17,718	+28.4%
CHO 1	6,390	6,702	6,697	6,715	+305	+312	+13	+18	+325	+1,250	+22.9%
CHO 2	5,968	6,167	6,235	6,217	+157	+199	+49	-18	+249	+672	+12.1%
CHO 3	5,065	5,346	5,363	5,348	+123	+281	+2	-14	+283	+1,012	+23.3%
CHO 4	8,953	8,966	8,941	8,957	+105	+13	-9	+16	+4	+778	+9.5%
CHO 5	5,804	6,137	6,110	6,108	+136	+333	-30	-3	+304	+832	+15.8%
CHO 6	3,620	3,789	3,803	3,785	+59	+169	-4	-18	+165	+407	+12.0%
CHO 7	7,215	7,465	7,405	7,408	+143	+250	-57	+3	+193	+895	+13.7%
CHO 8	6,513	6,789	6,755	6,759	+69	+276	-30	+4	+246	+625	+10.2%
CHO 9	7,222	7,325	7,342	7,334	+75	+103	+9	-8	+113	+770	+11.7%
other Community Services	740	839	844	845	-1	+100	+6	+2	+106	+205	+32.0%
Community Services	57,489	59,526	59,495	59,476	+1,171	+2,037	-50	-19	+1,987	+7,445	+14.3%
National & Central Services	6,168	6,840	6,878	6,866	+344	+672	+26	-12	+699	+1,677	+32.3%

Adjusted Monthly Change (excludes new S38 & Pre-Registration Nursing & Midwifery Interns)



Total HSE National Services by Staff Group

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
National & Central Services	6,168	6,840	6,878	6,866	+344	+672	+26	-12	+699	+1,677	+32.3%
Medical & Dental	244	268	265	267	-8	+24	-1	+2	+23	+54	+25.3%
Nursing & Midwifery	299	300	296	293	+19	+1	-7	-3	-6	+86	+41.4%
Health & Social Care Professionals	862	924	935	937	+27	+62	+13	+2	+75	+153	+19.5%
Management (VIII & above)	899	959	967	963	+83	+61	+4	-4	+64	+254	+35.7%
Administrative/ Supervisory (V to VII)	1,947	2,276	2,300	2,291	+240	+329	+15	-8	+344	+919	+67.0%
Clerical (III & IV)	1,560	1,718	1,725	1,726	+2	+158	+8	+0	+166	+225	+15.0%
Management & Administrative	4,406	4,953	4,992	4,980	+325	+547	+27	-12	+574	+1,398	+39.0%
General Support	336	379	375	375	-6	+43	-4	-0	+39	+22	+6.2%
Patient & Client Care	20	16	14	14	-12	-5	-2	-0	-6	-36	-71.9%

DoH Only By Staff Group

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total excluding Disabilities	117,842	125,420	127,267	127,598	+5,143	+7,578	+2,178	+330	+9,756	+26,057	+25.7%
Consultants	3,851	4,224	4,275	4,315	+264	+373	+91	+40	+465	+1,089	+33.8%
Registrars	4,343	4,631	4,690	4,713	+248	+288	+82	+23	+370	+1,045	+28.5%
SHO/ Interns	3,652	4,075	3,997	4,021	+73	+423	-54	+24	+369	+913	+29.4%
Medical/ Dental, other	801	774	777	774	+2	-26	-1	-4	-27	-23	-2.9%
Medical & Dental	12,647	13,704	13,740	13,823	+588	+1,057	+119	+83	+1,176	+3,024	+28.0%
Nurse/ Midwife Manager	8,386	8,942	8,985	9,012	+459	+556	+70	+27	+626	+1,918	+27.0%
Nurse/ Midwife Specialist & AN/MP	2,904	3,500	3,657	3,674	+491	+596	+173	+16	+770	+1,742	+90.2%
Staff Nurse/ Staff Midwife	26,139	27,761	28,352	28,572	+918	+1,622	+810	+219	+2,433	+5,453	+23.6%
Public Health Nurse	1,492	1,481	1,475	1,463	-19	-11	-18	-11	-29	-69	-4.5%
<i>Nursing/ Midwifery awaiting registration</i>	301	216	59	78	+182	-85	-138	+19	-223	-133	-62.9%
<i>Post-registration Nurse/ Midwife Student</i>	237	232	240	241	-40	-5	+9	+1	+4	-52	-17.7%
<i>Pre-registration Nurse/ Midwife Intern</i>	163	85	678	674	+59	-78	+589	-5	+510	+566	+526.1%
Nursing/ Midwifery Student	701	533	977	993	+201	-168	+460	+16	+292	+381	+62.4%
Nursing/ Midwifery other	299	319	336	337	-19	+19	+18	+1	+37	+9	+2.7%
Nursing & Midwifery	39,922	42,537	43,782	44,051	+2,031	+2,615	+1,514	+269	+4,129	+9,435	+27.3%
Therapy Professions	5,530	5,857	5,884	5,923	+409	+328	+66	+39	+394	+1,454	+32.5%
Health Science/ Diagnostics	5,030	5,192	5,209	5,211	+133	+162	+19	+2	+180	+734	+16.4%
Social Care	116	114	113	110	+0	-2	-4	-3	-6	-5	-4.7%
Pharmacy	1,314	1,410	1,420	1,421	+31	+96	+10	+0	+106	+390	+37.8%
Psychologists	881	995	1,011	1,008	+33	+114	+12	-4	+126	+206	+25.6%
Social Workers	1,191	1,304	1,361	1,357	+130	+113	+53	-4	+166	+410	+43.3%
H&SC, Other	1,238	1,366	1,418	1,420	-16	+128	+55	+2	+182	+383	+36.9%
Health & Social Care Professionals	15,301	16,239	16,416	16,449	+721	+938	+210	+33	+1,148	+3,571	+27.7%
Management (VIII & above)	2,210	2,301	2,319	2,313	+212	+91	+12	-7	+103	+647	+38.8%
Administrative/ Supervisory (V to VII)	7,071	8,112	8,159	8,155	+936	+1,040	+43	-4	+1,083	+3,427	+72.5%
Clerical (III & IV)	12,230	13,175	13,231	13,198	+287	+945	+23	-33	+968	+2,057	+18.5%
Management & Administrative	21,512	23,587	23,709	23,665	+1,435	+2,076	+78	-44	+2,154	+6,131	+35.0%
Support	8,289	8,349	8,410	8,396	+102	+60	+47	-14	+107	+998	+13.5%
Maintenance/ Technical	1,095	1,111	1,124	1,127	+29	+16	+16	+3	+32	+78	+7.4%
General Support	9,384	9,460	9,533	9,523	+132	+76	+63	-11	+139	+1,075	+12.7%

Staff Category / Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Health Care Assistants	11,814	12,376	12,496	12,506	-157	+562	+130	+10	+691	+1,816	+17.0%
Home Help	3,702	3,660	3,653	3,667	+238	-42	+7	+14	-35	+200	+5.8%
Ambulance Staff	1,932	2,104	2,175	2,159	-4	+172	+55	-16	+228	+332	+18.1%
Care, other	1,629	1,754	1,764	1,755	+160	+125	+2	-9	+126	+472	+36.8%
Patient & Client Care	19,077	19,893	20,087	20,087	+237	+816	+194	-0	+1,010	+2,821	+16.3%

Adjusted DoH Only By Staff Category/ Group

Staff Category /Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total DOH (ex new S38 agencies & Pre-registration Nurses & Midwives)	117,679	125,335	125,567	125,895	+5,084	+7,656	+560	+329	+8,216	+24,462	+24.1%
Consultants	3,851	4,224	4,273	4,313	+264	+373	+89	+40	+462	+1,087	+33.7%
Registrars	4,343	4,631	4,673	4,696	+248	+288	+65	+23	+353	+1,028	+28.0%
SHO/ Interns	3,652	4,075	3,992	4,016	+73	+423	-59	+24	+364	+908	+29.2%
Medical/ Dental, other	801	774	777	773	+2	-26	-1	-4	-27	-23	-2.9%
Medical & Dental	12,647	13,704	13,715	13,798	+588	+1,057	+94	+83	+1,151	+2,999	+27.8%
Nurse/ Midwife Manager	8,386	8,942	8,906	8,937	+459	+556	-6	+30	+551	+1,842	+26.0%
Nurse/ Midwife Specialist & AN/MP	2,904	3,500	3,564	3,579	+491	+596	+79	+16	+675	+1,648	+85.3%
Staff Nurse/ Staff Midwife	26,139	27,761	28,113	28,329	+918	+1,622	+568	+216	+2,190	+5,211	+22.5%
Public Health Nurse	1,492	1,481	1,475	1,463	-19	-11	-18	-11	-29	-69	-4.5%
Nursing/ Midwifery Student	538	448	299	319	+142	-90	-129	+21	-218	-184	-36.6%
Nursing/ Midwifery other	299	319	330	331	-19	+19	+12	+1	+32	+3	+1.0%
Nursing & Midwifery	39,759	42,452	42,686	42,959	+1,972	+2,693	+507	+273	+3,201	+8,451	+24.5%

Staff Category /Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Therapy Professions	5,530	5,857	5,826	5,866	+409	+328	+8	+39	+336	+1,396	+31.2%
Health Science/ Diagnostics	5,030	5,192	5,209	5,211	+133	+162	+18	+2	+180	+734	+16.4%
Social Care	116	114	113	110	+0	-2	-4	-3	-6	-5	-4.7%
Pharmacy	1,314	1,410	1,408	1,409	+31	+96	-1	+1	+95	+378	+36.7%
Psychologists	881	995	1,011	1,008	+33	+114	+12	-4	+126	+206	+25.6%
Social Workers	1,191	1,304	1,326	1,322	+130	+113	+18	-4	+131	+375	+39.6%
H&SC, Other	1,238	1,366	1,418	1,420	-16	+128	+55	+2	+182	+383	+36.9%
Health & Social Care Professionals	15,301	16,239	16,311	16,345	+721	+938	+106	+33	+1,044	+3,466	+26.9%
Management (VIII & above)	2,210	2,301	2,300	2,294	+212	+91	-7	-7	+84	+628	+37.7%
Administrative/ Supervisory (V to VII)	7,071	8,112	8,115	8,105	+936	+1,040	-7	-10	+1,033	+3,377	+71.4%
Clerical (III & IV)	12,230	13,175	13,143	13,108	+287	+945	-67	-35	+878	+1,968	+17.7%
Management & Administrative	21,512	23,587	23,558	23,507	+1,435	+2,076	-81	-51	+1,995	+5,973	+34.1%
Support	8,289	8,349	8,303	8,289	+102	+60	-60	-14	+0	+891	+12.0%
Maintenance/ Technical	1,095	1,111	1,115	1,115	+29	+16	+4	-0	+20	+65	+6.2%
General Support	9,384	9,460	9,418	9,404	+132	+76	-56	-15	+20	+957	+11.3%
Health Care Assistants	11,814	12,376	12,302	12,315	-157	+562	-61	+13	+501	+1,626	+15.2%
Home Help	3,702	3,660	3,653	3,667	+238	-42	+7	+14	-35	+200	+5.8%
Ambulance Staff	1,932	2,104	2,173	2,159	-4	+172	+55	-13	+228	+332	+18.1%
Care, other	1,629	1,754	1,751	1,742	+160	+125	-12	-9	+113	+459	+35.8%
Patient & Client Care	19,077	19,893	19,879	19,883	+237	+816	-10	+5	+806	+2,617	+15.2%

DoH Only By Care Group

Care Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total Excluding Disabilities	117,842	125,420	127,267	127,598	+5,143	+7,578	+2,178	+330	+9,756	+26,057	+25.7%
Ambulance Services	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Acute Hospital Services	71,988	77,257	77,932	78,289	+3,918	+5,269	+1,032	+357	+6,301	+17,683	+29.2%
Acute Services	74,055	79,578	80,335	80,685	+3,925	+5,523	+1,108	+351	+6,631	+18,147	+29.0%
Community Health & Wellbeing	322	390	382	379	+141	+69	-11	-2	+57	+379	-100.0%
Mental Health	10,453	10,838	10,947	10,940	+91	+385	+102	-7	+486	+973	+9.8%
Primary Care	12,057	12,631	13,497	13,501	-515	+573	+870	+4	+1,444	+2,904	+27.4%
Older People	13,947	14,154	14,240	14,251	+325	+207	+97	+11	+303	+1,012	+7.6%
CHO Operations	839	989	990	975	+832	+149	-14	-15	+136	+967	+11347%
Community Services	37,619	39,002	40,055	40,046	+873	+1,383	+1,044	-9	+2,426	+6,234	+18.4%
National Services & Central Functions	6,168	6,840	6,878	6,866	+344	+672	+26	-12	+699	+1,677	+32.3%

DoH Only By Service Delivery Area

Service / HG & CHO	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Health Service excluding Disabilities	117,842	125,420	127,267	127,598	+5,143	+7,578	+2,178	+330	+9,756	+26,057	+25.7%
National Ambulance Service	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Children's Health Ireland	4,108	4,522	4,493	4,513	+134	+414	-8	+20	+405	+911	+25.3%
Dublin Midlands Hospital Group	13,424	14,540	14,692	14,891	+657	+1,116	+351	+199	+1,467	+3,158	+26.9%
Ireland East Hospital Group	12,394	13,335	13,504	13,545	+738	+941	+210	+41	+1,151	+3,170	+30.6%
RCSI Hospitals Group	16,234	16,998	17,184	17,232	+938	+764	+234	+48	+998	+3,468	+25.2%
Saolta University Hospital Care	11,327	12,091	12,116	12,156	+761	+765	+65	+40	+830	+2,903	+31.4%
South/South West Hospital Group	9,152	9,961	10,024	9,996	+495	+809	+35	-28	+844	+2,356	+30.8%
University of Limerick Hospital Group	5,222	5,661	5,769	5,805	+179	+439	+144	+36	+583	+1,659	+40.0%
other Acute Services	127	148	150	150	+16	+22	+1	-1	+23	+58	+64.1%
Acute Services	74,055	79,578	80,335	80,685	+3,925	+5,523	+1,108	+351	+6,631	+18,147	+29.0%
CHO 1	4,700	4,949	4,937	4,961	+229	+249	+13	+24	+261	+991	+25.0%
CHO 2	4,365	4,410	4,604	4,588	+129	+45	+178	-16	+223	+540	+13.3%
CHO 3	3,081	3,307	3,621	3,623	+109	+227	+315	+2	+542	+1,090	+43.0%
CHO 4	6,320	6,281	6,606	6,591	+88	-39	+310	-15	+271	+828	+14.4%
CHO 5	4,149	4,428	4,424	4,412	+130	+279	-15	-12	+264	+624	+16.5%
CHO 6	2,404	2,567	2,577	2,571	+70	+163	+4	-6	+167	+390	+17.9%
CHO 7	3,805	3,905	3,901	3,914	+31	+100	+9	+13	+109	+381	+10.8%
CHO 8	4,168	4,360	4,354	4,356	+12	+191	-4	+2	+187	+383	+9.6%
CHO 9	3,894	3,962	4,195	4,192	+78	+69	+229	-3	+298	+803	+23.7%
other Community Services	734	833	837	838	-1	+100	+5	+1	+105	+204	+32.2%
Community Services	37,619	39,002	40,055	40,046	+873	+1,383	+1,044	-9	+2,426	+6,234	+18.4%
National Services & Central Functions	6,168	6,840	6,878	6,866	+344	+672	+26	-12	+699	+1,677	+32.3%

RHA Tables

RHA by Care Group

RHA by Care Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total Health Service	137,745	145,985	147,968	148,293	+5,423	+8,239	+2,308	+325	+10,548	+28,480	+23.8%
Acute	16,241	17,003	17,186	17,234	+927	+762	+231	+48	+993	+3,469	+25.2%
CHWB	71	89	79	78	+26	+18	-11	-1	+7	+78	
MH	2,160	2,156	2,184	2,183	+56	-4	+27	-1	+23	+145	+7.1%
PC	2,554	2,632	2,846	2,853	-304	+78	+221	+7	+299	+642	+29.0%
Disabilities	4,555	4,633	4,681	4,676	-31	+78	+42	-6	+120	+290	+6.6%
Older People	1,993	2,036	2,035	2,035	+38	+44	-2	-0	+42	+209	+11.4%
CHO Operations	334	376	380	375	+327	+41	-1	-5	+40	+366	+4,299.3%
HWB	169	163	55	55	+10	-5	-108	-0	-114	-88	-61.5%
HSE Dublin & North East	28,076	29,088	29,446	29,488	+1,047	+1,012	+400	+42	+1,412	+5,111	+21.0%
Acute	17,537	19,072	19,198	19,417	+808	+1,535	+345	+218	+1,880	+4,082	+26.6%
CHWB	61	68	70	69	+42	+7	+1	-1	+7	+69	
MH	1,506	1,556	1,569	1,572	-16	+49	+16	+3	+66	+100	+6.8%
PC	2,467	2,562	2,559	2,573	-53	+95	+11	+15	+107	+163	+6.8%
Disabilities	4,831	5,069	5,024	5,011	+195	+238	-58	-13	+180	+801	+19.0%
Older People	1,910	1,987	1,962	1,965	+30	+77	-22	+3	+55	+48	+2.5%
CHO Operations	58	60	61	58	+58	+2	-2	-3	-0	+58	
HWB	40	38	15	15	-4	-2	-23	+0	-25	-38	-72.3%
HSE Dublin & Midlands	28,410	30,411	30,457	30,679	+1,060	+2,001	+268	+221	+2,269	+5,281	+20.8%
Acute	12,386	13,320	13,489	13,531	+723	+934	+210	+42	+1,145	+3,157	+30.4%
CHWB	55	71	73	73	+23	+16	+2	-0	+18	+73	
MH	1,874	2,008	2,034	2,021	+29	+134	+13	-12	+147	+251	+14.2%
PC	2,016	2,142	2,149	2,154	+16	+126	+11	+4	+138	+431	+25.0%
Disabilities	2,873	2,935	2,945	2,943	-6	+63	+8	-2	+71	+258	+9.6%
Older People	2,454	2,592	2,561	2,552	-21	+138	-40	-8	+99	+76	+3.1%
CHO Operations	94	106	110	108	+94	+12	+2	-1	+15	+108	
HWB	43	40	8	10	-8	-3	-30	+2	-33	-71	-87.4%
HSE Dublin & South East	21,794	23,215	23,370	23,393	+847	+1,421	+178	+23	+1,599	+4,284	+22.4%
Acute	9,149	9,961	10,024	9,996	+506	+812	+35	-28	+848	+2,356	+30.8%
CHWB	52	51	48	50	+22	-0	-2	+1	-2	+50	
MH	1,563	1,616	1,616	1,613	+4	+54	-3	-2	+51	+115	+7.6%
PC	1,707	1,816	2,062	2,048	-47	+109	+233	-14	+342	+663	+47.8%

RHA by Care Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Disabilities	2,640	2,686	2,690	2,714	+18	+46	+28	+24	+74	+289	+11.9%
Older People	3,000	2,752	2,834	2,836	+47	-248	+83	+1	-165	-83	-2.9%
CHO Operations		47	47	45		+47	-2	-2	+45	+45	
HWB	77	80	46	47	+2	+3	-34	+0	-30	-26	-35.6%
HSE South West	18,187	19,010	19,368	19,350	+552	+823	+340	-18	+1,162	+3,408	+21.4%
Acute	5,222	5,661	5,769	5,805	+179	+439	+144	+36	+583	+1,659	+40.0%
CHWB	38	41	40	40	+13	+3	-2	-1	+1	+40	
MH	814	852	862	862	-10	+37	+10	+0	+48	+66	+8.4%
PC	772	889	1,139	1,134	-161	+117	+245	-5	+362	+370	+48.5%
Disabilities	1,989	2,048	2,083	2,078	+14	+60	+29	-5	+89	+254	+13.9%
Older People	1,264	1,320	1,385	1,395	+74	+56	+75	+10	+131	+421	+43.2%
CHO Operations	192	205	194	192	+192	+13	-13	-2	-0	+192	
HWB	48	44	15	15	-7	-4	-28	+0	-32	-38	-71.5%
HSE Midwest	10,339	11,060	11,487	11,521	+295	+721	+460	+33	+1,182	+2,964	+34.6%
Acute	11,327	12,091	12,116	12,156	+761	+765	+65	+40	+830	+2,903	+31.4%
CHWB	44	69	71	70	+16	+25	+1	-1	+26	+70	
MH	2,026	2,071	2,099	2,105	+25	+45	+34	+5	+79	+150	+7.6%
PC	2,415	2,464	2,614	2,611	+56	+49	+148	-3	+196	+630	+31.8%
Disabilities	3,010	3,186	3,271	3,267	+91	+176	+81	-4	+257	+530	+19.4%
Older People	3,231	3,339	3,336	3,340	+139	+108	+1	+5	+109	+288	+9.4%
CHO Operations	161	195	198	197	+161	+34	+2	-1	+36	+197	
HWB	73	68	13	13	+3	-5	-54	+0	-59	-46	-77.6%
HSE West & North West	22,287	23,483	23,718	23,760	+1,252	+1,197	+277	+42	+1,473	+4,722	+24.8%
NAS	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Acute	127	148	150	150	+16	+22	+1	-1	+23	+58	+64.1%
MH	511	580	583	583	+3	+69	+4	+1	+73	+146	+33.4%
PC	127	126	127	127	-21	-1	+1	-0	-1	+4	+3.7%
Disabilities	6	7	7	7	-0	+1	0	+0	+1	+1	+17.6%
Older People	95	128	127	128	+18	+32	+0	+1	+33	+54	+71.9%
HWB	227	203	76	76	+39	-24	-127	+1	-151	-36	-32.3%
National & Central Services	5,492	6,204	6,650	6,635	+309	+712	+431	-15	+1,143	+2,019	+43.7%
National	8,652	9,717	10,122	10,103	+370	+1,065	+386	-19	+1,451	+2,710	+36.7%

Adjusted RHA by Care Group

Adjusted RHA by Care Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total ex. new S38's & pre-reg nurses	137,575	145,872	146,189	146,516	+5,379	+8,297	+644	+327	+8,941	+26,839	+22.4%
Acute	16,228	16,993	17,070	17,120	+929	+765	+127	+50	+892	+3,365	+24.5%
CHWB	71	89	79	78	+26	+18	-11	-1	+7	+78	-100.0%
MH	2,152	2,149	2,145	2,144	+57	-2	-5	-1	-7	+116	+5.7%
PC	2,554	2,632	2,626	2,633	-304	+78	+1	+7	+79	+421	+19.1%
Disabilities	4,555	4,621	4,658	4,652	-20	+66	+31	-6	+97	+275	+6.3%
Older People	1,993	2,036	2,035	2,035	+38	+44	-2	-0	+42	+209	+11.4%
CHO Operations	334	376	380	375	+327	+41	-1	-5	+40	+366	+4,299.3%
HWB	169	163	55	55	+10	-5	-108	-0	-114	-88	-61.5%
HSE Dublin & North East	28,055	29,059	29,048	29,092	+1,061	+1,004	+32	+43	+1,037	+4,742	+19.5%
Acute	17,503	19,040	19,102	19,318	+799	+1,537	+278	+216	+1,815	+4,004	+26.1%
CHWB	61	68	70	69	+42	+7	+1	-1	+7	+69	-100.0%
MH	1,506	1,555	1,545	1,547	-13	+49	-9	+1	+40	+76	+5.2%
PC	2,467	2,562	2,559	2,573	-53	+95	+11	+15	+107	+163	+6.8%
Disabilities	4,831	5,068	5,009	5,001	+196	+237	-67	-9	+170	+790	+18.8%
Older People	1,910	1,987	1,962	1,965	+30	+77	-22	+3	+55	+48	+2.5%
CHO Operations	58	60	61	58	+58	+2	-2	-3	-0	+58	-100.0%
HWB	40	38	15	15	-4	-2	-23	+0	-25	-38	-72.3%
HSE Dublin & Midlands	28,376	30,378	30,323	30,545	+1,056	+2,001	+167	+222	+2,168	+5,170	+20.4%
Acute	12,342	13,307	13,400	13,439	+691	+965	+132	+40	+1,097	+3,083	+29.8%
CHWB	55	71	73	73	+23	+16	+2	-0	+18	+73	-100.0%
MH	1,873	2,006	2,008	1,995	+31	+134	-12	-13	+122	+226	+12.8%
PC	2,016	2,142	2,149	2,154	+16	+126	+11	+4	+138	+431	+25.0%
Disabilities	2,872	2,933	2,938	2,936	-6	+61	+3	-2	+64	+251	+9.3%
Older People	2,454	2,592	2,561	2,552	-21	+138	-40	-8	+99	+76	+3.1%
CHO Operations	94	106	110	108	+94	+12	+2	-1	+15	+108	-100.0%
HWB	43	40	8	10	-8	-3	-30	+2	-33	-71	-87.4%
HSE Dublin & South East	21,749	23,199	23,247	23,268	+818	+1,449	+69	+21	+1,519	+4,177	+21.9%
Acute	9,113	9,948	9,946	9,928	+488	+835	-20	-18	+815	+2,318	+30.5%
CHWB	52	51	48	50	+22	-0	-2	+1	-2	+50	-100.0%
MH	1,556	1,616	1,594	1,591	-1	+60	-25	-3	+35	+95	+6.4%
PC	1,707	1,816	1,812	1,802	-47	+109	-14	-11	+95	+416	+30.0%
Disabilities	2,640	2,685	2,680	2,705	+22	+46	+19	+25	+65	+286	+11.8%
Older People	3,000	2,752	2,761	2,766	+47	-248	+13	+5	-235	-153	-5.2%

Adjusted RHA by Care Group	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
CHO Operations		47	47	45		+47	-2	-2	+45	+45	-100.0%
HWB	77	80	46	47	+2	+3	-34	+0	-30	-26	-35.6%
HSE South West	18,144	18,995	18,935	18,933	+533	+851	-63	-2	+789	+3,031	+19.1%
Acute	5,222	5,660	5,725	5,761	+179	+439	+101	+36	+540	+1,618	+39.0%
CHWB	38	41	40	40	+13	+3	-2	-1	+1	+40	-100.0%
MH	810	851	848	848	-10	+41	-2	+0	+39	+62	+7.9%
PC	772	889	892	882	-161	+117	-7	-10	+110	+118	+15.5%
Disabilities	1,989	2,039	2,074	2,069	+14	+51	+29	-5	+80	+257	+14.2%
Older People	1,264	1,320	1,314	1,318	+74	+56	-2	+3	+54	+343	+35.3%
CHO Operations	192	205	194	192	+192	+13	-13	-2	-0	+192	-100.0%
HWB	48	44	15	15	-7	-4	-28	+0	-32	-38	-71.5%
HSE Midwest	10,334	11,050	11,102	11,124	+295	+716	+75	+22	+790	+2,592	+30.4%
Acute	11,316	12,088	12,020	12,060	+755	+772	-28	+40	+743	+2,808	+30.4%
CHWB	44	69	71	70	+16	+25	+1	-1	+26	+70	-100.0%
MH	2,020	2,069	2,065	2,070	+27	+49	+1	+5	+50	+115	+5.9%
PC	2,415	2,464	2,453	2,449	+56	+49	-15	-4	+34	+468	+23.6%
Disabilities	3,004	3,183	3,256	3,251	+89	+180	+68	-4	+248	+517	+18.9%
Older People	3,231	3,339	3,336	3,340	+139	+108	+1	+5	+109	+288	+9.4%
CHO Operations	161	195	198	197	+161	+34	+2	-1	+36	+197	-100.0%
HWB	73	68	13	13	+3	-5	-54	+0	-59	-46	-77.6%
HSE West & North West	22,264	23,475	23,411	23,451	+1,246	+1,211	-24	+40	+1,187	+4,418	+23.2%
NAS	2,067	2,321	2,403	2,397	+7	+254	+76	-6	+330	+464	+24.0%
Acute	127	148	150	150	+16	+22	+1	-1	+23	+58	+64.1%
MH	511	579	583	583	+3	+68	+5	+1	+73	+146	+33.4%
PC	127	126	127	127	-21	-1	+1	-0	-1	+4	+3.7%
Disabilities	6	7	7	7	-0	+1	0	+0	+1	+1	+17.6%
Older People	95	128	127	128	+18	+32	+0	+1	+33	+54	+71.9%
HWB	227	203	76	76	+39	-24	-127	+1	-151	-36	-32.3%
National & Central Services	5,492	6,204	6,650	6,635	+309	+712	+431	-15	+1,143	+2,019	+43.7%
National	8,652	9,716	10,122	10,103	+370	+1,064	+387	-19	+1,451	+2,710	+36.7%

RHA by Staff Category

HSE Dublin & North East by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE Dublin & North East	28,076	29,088	29,446	29,488	+1,047	+1,012	+400	+42	+1,412	+5,112	+21.0%
Medical & Dental	2,866	3,065	3,064	3,077	+134	+198	+12	+13	+211	+611	+24.8%
<i>Pre-registration Nurse/ Midwife Intern</i>	21	29	178	176	-14	+7	+147	-2	+155	+148.6	+543.8%
Nursing & Midwifery	9,634	10,089	10,429	10,480	+485	+456	+390	+51	+846	+2,062	+24.5%
Health & Social Care Professionals	4,587	4,674	4,675	4,672	+160	+88	-3	-4	+85	+774	+19.9%
Management & Administrative	4,268	4,522	4,495	4,483	+282	+254	-38	-12	+215	+1,099	+32.5%
General Support	2,047	2,055	2,065	2,068	+52	+8	+13	+2	+21	+31	+1.5%
Patient & Client Care	4,674	4,683	4,718	4,709	-65	+8	+26	-8	+35	+534	+12.8%

HSE Dublin & Midlands by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE Dublin & Midlands	28,410	30,411	30,457	30,679	+1,060	+2,001	+268	+221	+2,269	+5,281	+20.8%
Medical & Dental	2,829	3,057	3,036	3,057	+148	+227	+0	+21	+228	+604	+24.6%
<i>Pre-registration Nurse/ Midwife Intern</i>	34	33	135	134	+5	-0	+101	-1	+101	+111.6	+495.7%
Nursing & Midwifery	9,325	9,944	10,104	10,283	+355	+619	+339	+179	+958	+1,973	+23.7%
Health & Social Care Professionals	4,661	4,889	4,900	4,922	+127	+228	+33	+22	+261	+804	+19.5%
Management & Administrative	4,122	4,585	4,552	4,557	+203	+463	-28	+5	+434	+1,007	+28.4%
General Support	1,728	1,741	1,718	1,716	-14	+13	-25	-2	-12	-5	-0.3%
Patient & Client Care	5,744	6,195	6,147	6,144	+240	+451	-51	-3	+399	+898	+17.1%

HSE Dublin & South East by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE Dublin & South East	21,794	23,215	23,370	23,393	+847	+1,421	+178	+23	+1,599	+4,284	+22.4%
Medical & Dental	2,159	2,345	2,361	2,368	+119	+186	+22	+7	+208	+556	+30.7%
<i>Pre-registration Nurse/ Midwife Intern</i>	45	17	123	125	+30	-29	+108	+2	+80	+106.3	+566.7%
Nursing & Midwifery	7,315	7,874	8,035	8,073	+359	+559	+199	+38	+759	+1,638	+25.5%
Health & Social Care Professionals	3,082	3,292	3,289	3,282	+89	+210	-10	-8	+200	+637	+24.1%
Management & Administrative	3,191	3,443	3,424	3,409	+263	+252	-33	-14	+219	+766	+29.0%
General Support	2,005	1,999	1,998	1,987	+51	-6	-11	-11	-18	+115	+6.1%
Patient & Client Care	4,043	4,263	4,263	4,274	-33	+220	+11	+11	+231	+572	+15.5%

HSE South West by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE South West	18,187	19,010	19,368	19,350	+552	+823	+340	-18	+1,162	+3,408	+21.4%
Medical & Dental	1,630	1,795	1,803	1,811	+105	+165	+16	+8	+181	+427	+30.9%
<i>Pre-registration Nurse/ Midwife Intern</i>	43	15	110	100	+19	-29	+86	-10	+57	+61.2	+156.9%
Nursing & Midwifery	5,979	6,379	6,588	6,553	+229	+400	+174	-35	+574	+1,257	+23.7%
Health & Social Care Professionals	2,471	2,617	2,622	2,629	+108	+147	+12	+8	+159	+614	+30.4%
Management & Administrative	2,273	2,474	2,495	2,489	+91	+201	+14	-7	+215	+562	+29.2%
General Support	1,476	1,425	1,478	1,474	+12	-50	+48	-4	-2	+194	+15.2%
Patient & Client Care	4,359	4,319	4,382	4,394	+6	-40	+75	+12	+35	+354	+8.8%

HSE Midwest by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE Midwest	10,339	11,060	11,487	11,521	+295	+721	+460	+33	+1,182	+2,964	+34.6%
Medical & Dental	860	974	978	984	+27	+114	+10	+6	+124	+272	+38.1%
<i>Pre-registration Nurse/ Midwife Intern</i>	5	10	66	67	-0	+6	+56	+0	+62	+43.0	+182.5%
Nursing & Midwifery	3,368	3,558	3,747	3,768	+71	+190	+210	+21	+400	+867	+29.9%
Health & Social Care Professionals	1,281	1,382	1,443	1,449	+29	+101	+67	+6	+168	+354	+32.4%
Management & Administrative	1,475	1,607	1,650	1,646	+99	+132	+39	-4	+172	+499	+43.5%
General Support	989	1,003	1,053	1,057	+22	+14	+54	+4	+68	+492	+87.1%
Patient & Client Care	2,365	2,536	2,616	2,615	+48	+170	+80	-0	+250	+479	+22.4%

HSE West & North West by Staff Category	WTE DEC 2022	WTE DEC 2023	WTE FEB 2024	WTE MAR 2024	WTE Change 2022	WTE Change 2023	WTE Change 2024	WTE change since FEB 2024	WTE Change Dec 2022 to MAR 2024	WTE Change Dec 2019 to MAR 2024	% WTE change since DEC 2019 to MAR 2024
Total HSE West & North West	22,287	23,483	23,718	23,760	+1,252	+1,197	+277	+42	+1,473	+4,722	+24.8%
Medical & Dental	2,105	2,243	2,233	2,256	+42	+138	+13	+23	+151	+420	+22.9%
<i>Pre-registration Nurse/ Midwife Intern</i>	22	8	145	146	+6	-14	+138	+1	+124	+141.7	+3,016%
Nursing & Midwifery	7,477	7,856	8,044	8,066	+547	+379	+210	+22	+589	+1,668	+26.1%
Health & Social Care Professionals	2,829	3,032	3,069	3,086	+208	+203	+54	+17	+257	+836	+37.1%
Management & Administrative	3,163	3,429	3,379	3,374	+260	+267	-56	-6	+211	+891	+35.9%
General Support	1,517	1,526	1,525	1,518	-1	+9	-8	-6	+1	+62	+4.3%
Patient & Client Care	5,195	5,397	5,468	5,460	+197	+201	+63	-8	+265	+845	+18.3%

Finally, further staffing details are published [here](#)

Health Sector Absence Rates: March 2024

Headlines

This report provides the overview of the reported National Health Sector Absence Rates for March 2024.

The reported absence rate for March 2024 stands at **5.75%**.

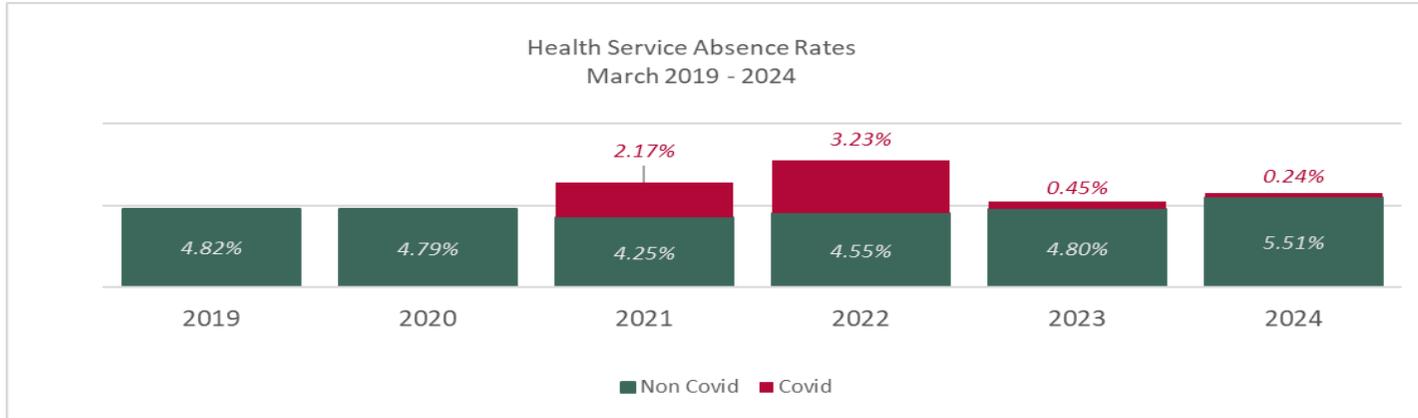
- This month's absence rate is showing a marginal decrease of **0.07 %** when compared with the **previous month** (including COVID-19).
- **Excluding COVID-19 absence**, this month's absence rate is **5.51%** which is **0.02%** higher than the rate reported last month. This month's data is higher than the rates reported in previous years i.e. 4.9% (2023) 4.9% (2022), 3.8% (2021), 4.8% (2020) and 4.4% (2019).
- **Including COVID-19 absence¹**, this month's absence rate is showing an increase of **0.29%** when compared to the same month in 2023. COVID-19 absence rate has decreased this month reporting at 0.24% compared with 0.33% last month.

When compared with the National Service Plan KPI target of **≤4%** excluding COVID-19, this month's absence rate of **5.5%** is **1.5%** above this target.

These figures are reflected in the attached National Absence Report.

Year/Month	Certified Absence	Self-Certified Absence	Non-COVID 19 Absence	COVID-19 Absence	Total Absence Rate	KPI Target
2024 Year To Date	4.97%	0.66%	5.64%	0.41%	6.05%	≤4%
Change in Month	+0.03%	-0.01%	+0.02%	-0.09%	-0.07%	
March 2024	4.89%	0.62%	5.51%	0.24%	5.75%	
February 2024	4.86%	0.63%	5.50%	0.33%	5.83%	
March 2023	4.30%	0.62%	4.93%	0.53%	5.46%	
Full Year 2023	4.51%	0.62%	5.12%	0.55%	5.68%	

¹ COVID-19 SLWP applies for the duration of the HSE recommended 'stay at home period' following a positive COVID-19 test result (whatever duration is in place at the time of the absence). The maximum limit for SLWP is currently 5 calendar days to reflect the latest public health advice as of 18 April 2023. Any periods of COVID-19 related illness which extend beyond the HSE guidance to 'stay at home', (currently five calendar days) following a positive COVID-19 test, will be treated as ordinary sick leave as set out in HR Circular 013 2023. A temporary scheme of paid leave for eligible public health service employees who ceased to be entitled to SLWP from 1st July 2022, and are currently unfit for work due to post Covid-19 infection. The eligibility criteria and conditions governing this temporary scheme are set out in HR Circular 14/2023. As per HR Circular 006/2024, a temporary three month reinstatement of the Scheme is sanctioned by DPENDPR on a once-off basis and will conclude on 30th June 2024.



March Reporting Layout

This month's report is laid out to reflect the following key elements of our reporting:

- Separate reports for Total HSE, Department of Health Only and Disabilities only, reflecting the requirements following the transfer of functions to DCEDIY.
- By new Health Region – the first phase of the rollout of the six new Health Regions has commenced with further phases to follow as we transition to full Health Region Implementation. In accordance with the planned establishment of Health Regions on March 1st, national absence reporting has been updated to reflect these changes this month. Reflecting these changes, Health Region absence data for March 2024 is based on the interim structures now in place, inclusive of the geographic realignment of the Hospital Groups that have been implemented on HR reporting systems and in Strategic Workforce Planning & Intelligence workforce reports.

Latest monthly figures (March 2024)

Health Sector March 2024

Health Service Absence Rate - by Staff Category	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence	
Total	4.89%	0.62%	●	5.51%	0.24%	5.75%	-0.07%	95.85%	4.15%
Medical & Dental	1.36%	0.28%	●	1.64%	0.09%	1.73%	+0.03%	95.03%	4.97%
Nursing & Midwifery	5.22%	0.86%	●	6.08%	0.28%	6.36%	-0.07%	95.59%	4.41%
Health & Social Care Professionals	4.00%	0.46%	●	4.46%	0.16%	4.62%	-0.14%	96.45%	3.55%
Management & Administrative	4.37%	0.40%	●	4.77%	0.15%	4.91%	-0.12%	97.04%	2.96%
General Support	6.54%	0.60%	●	7.14%	0.32%	7.46%	+0.07%	95.76%	4.24%
Patient & Client Care	6.54%	0.69%	●	7.23%	0.34%	7.58%	-0.20%	95.47%	4.53%

DoH March 2024

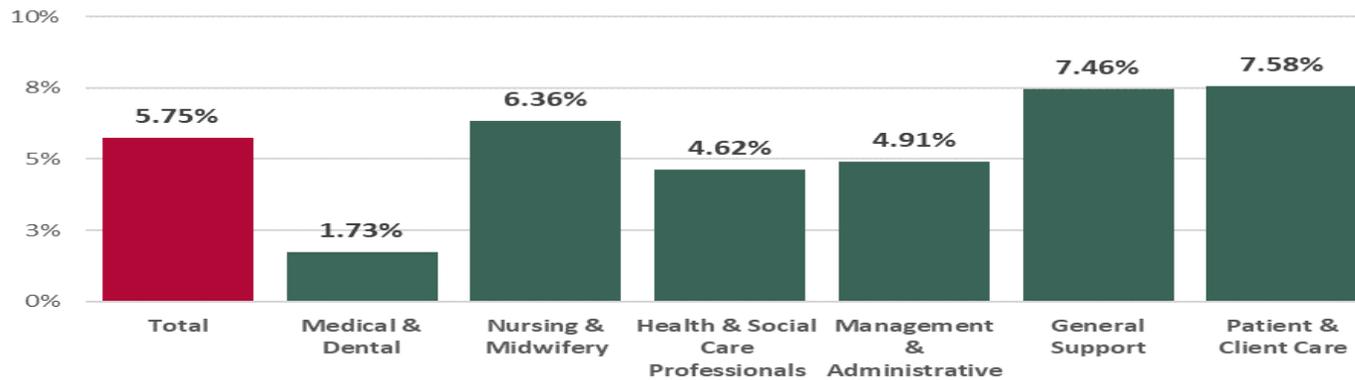
Health Service Absence Rate - by Staff Category	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	4.85%	0.63%	●	5.49%	0.25%	5.73%	-0.05%	95.67%	4.33%
Medical & Dental	1.36%	0.28%	●	1.64%	0.09%	1.73%	+0.04%	95.01%	4.99%
Nursing & Midwifery	5.22%	0.87%	●	6.09%	0.29%	6.38%	-0.06%	95.47%	4.53%
Health & Social Care Professionals	3.95%	0.45%	●	4.41%	0.15%	4.56%	-0.10%	96.63%	3.37%
Management & Administrative	4.43%	0.40%	●	4.83%	0.15%	4.98%	-0.15%	97.05%	2.95%
General Support	6.65%	0.62%	●	7.26%	0.34%	7.60%	+0.15%	95.58%	4.42%
Patient & Client Care	7.01%	0.76%	●	7.77%	0.43%	8.20%	-0.20%	94.76%	5.24%

DCEDIY March 2024

Health Service Absence Rate - by Staff Category	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%
Medical & Dental	1.04%	0.00%	●	1.04%	0.00%	1.04%	-2.44%	100.00%	0.00%
Nursing & Midwifery	5.23%	0.68%	●	5.91%	0.18%	6.10%	-0.17%	97.00%	3.00%
Health & Social Care Professionals	4.14%	0.46%	●	4.61%	0.20%	4.80%	-0.31%	95.93%	4.07%
Management & Administrative	3.60%	0.37%	●	3.97%	0.13%	4.11%	+0.19%	96.75%	3.25%
General Support	5.38%	0.40%	●	5.78%	0.10%	5.88%	-0.82%	98.34%	1.66%
Patient & Client Care	5.77%	0.58%	●	6.34%	0.20%	6.54%	-0.20%	96.93%	3.07%

*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

Total absence rate by Staff Category



Key findings by Staff Category

- **Patient & Client Care** reports the **highest** total absence rates at **7.58%** with 0.34% related to COVID-19 absence (4.53%). This is a **decrease of 0.20%** when compared to last month and **an increase of 0.3%** when compared to last year.
 - DOH rate is 8.20% with 0.43% related to COVID-19. This is a decrease of 0.20% when compared to last month and an increase of 0.43% when compared to last year.
 - DCEDIY rate is 6.54% with 0.20% related to COVID-19. This is a decrease of 0.2% when compared to last month and an increase of 0.07% when compared to last year.

- **General Support** reports a total absence rate of **7.46%** with 0.32% related to COVID-19 absence (4.24%). This is **an increase of 0.07%** when compared to last month and **an increase of 0.34%** compared to last year
 - DOH rate is 7.6% with 0.34% related to COVID-19. This is an increase of 0.15% when compared to last month and an increase of 0.49% when compared to last year.
 - DCEDIY rate is 5.88% with 0.1% related to COVID-19. This is a decrease of 0.82% when compared to last month and a decrease of 1.34% when compared to last year.

- **Nursing & Midwifery** reports a total absence rate of **6.36%** with 0.28% related to COVID-19 absence (4.41%). This is a **decrease of 0.07%** when compared to last month and **an increase of 0.34%** compared to last year
 - DOH rate is 6.38% with 0.29% related to COVID-19. This is a decrease of 0.06% when compared to last month and an increase of 0.34% when compared to last year.
 - DCEDIY rate is 6.1% with 0.18% related to COVID-19. This is a decrease of 0.17% when compared to last month and an increase of 0.24% when compared to last year.

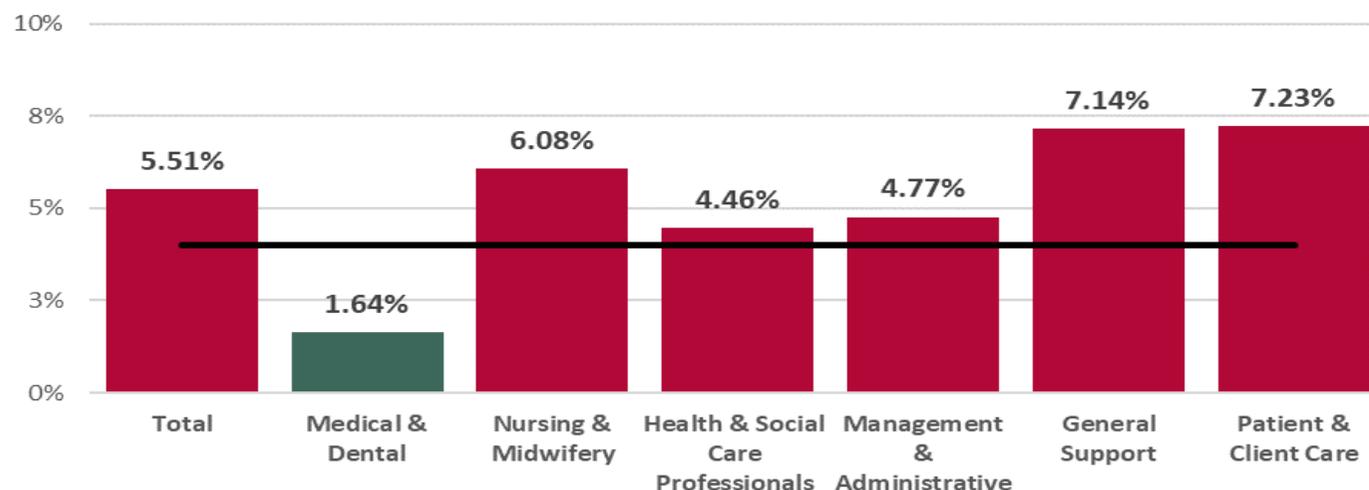
- **Health & Social Care Professionals** reports a total absence rate of **4.64%** with **0.17%** related to COVID-19 absence (5.02%). This is a **decrease of 0.14%** when compared to last month and **an increase of 0.13%** compared to last year
 - *DOH rate is 4.56% with 0.15% related to COVID-19. This is a decrease of 0.10% when compared to last month and an increase of 0.40% when compared to last year.*
 - *DCEDIY rate is 4.80% with 0.20% related to COVID-19. This is a decrease of 0.31% when compared to last month and a decrease of 0.77% when compared to last year.*

- **Management & Administrative** reports a total absence rate of **4.91%** with 0.15% related to COVID-19 absence (2.96%). This is a **decrease of 0.12%** when compared to last month and **an increase of 0.34%** compared to last year
 - *DOH rate is 4.98% with 0.15% related to COVID-19. This is a decrease of 0.15% when compared to last month and an increase of 0.38% when compared to last year.*
 - *DCEDIY rate is 4.11% with 0.13% related to COVID-19. This is an increase of 0.19% when compared to last month and a decrease of 0.18% when compared to last year.*

- **Medical and Dental** is reporting the **lowest** total absence rate at **1.73%** in March, with 0.09% related to COVID-19 (4.97%) This is **an increase of 0.03%** when compared to last month and **an increase of 0.05%** compared to last year
 - *DOH rate is 1.73% with 0.09% related to COVID-19. This is an increase of 0.04% when compared to last month and an increase of 0.05% when compared to last year.*
 - *DCEDIY rate is 1.04% with 0% related to COVID-19. This is a decrease of 2.44% when compared to last month and an increase of 0.22% when compared to last year.*

- Based on the KPI, **one** staff category is reporting **within the target** (Medical and Dental) with the remaining five staff categories **above the target**. Details as follows:

Non Covid Absence by Staff Category



Health Sector March 2024	COVID-19 Absence	COVID-19 Absence	COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Total Absence Rate	Total Absence Rate	Total Absence Rate
	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024
Total	0.53%	0.33%	0.24%	4.93%	5.50%	5.51%	5.46%	5.83%	5.75%
Medical & Dental	0.16%	0.11%	0.09%	1.51%	1.59%	1.64%	1.67%	1.70%	1.73%
Nursing & Midwifery	0.62%	0.39%	0.28%	5.40%	6.04%	6.08%	6.02%	6.42%	6.36%
Health & Social Care Professionals	0.45%	0.24%	0.16%	4.05%	4.53%	4.46%	4.49%	4.77%	4.62%
Management & Administrative	0.39%	0.23%	0.15%	4.18%	4.81%	4.77%	4.57%	5.04%	4.91%
General Support	0.62%	0.39%	0.32%	6.50%	7.01%	7.14%	7.12%	7.39%	7.46%
Patient & Client Care	0.72%	0.48%	0.34%	6.56%	7.29%	7.23%	7.28%	7.77%	7.58%

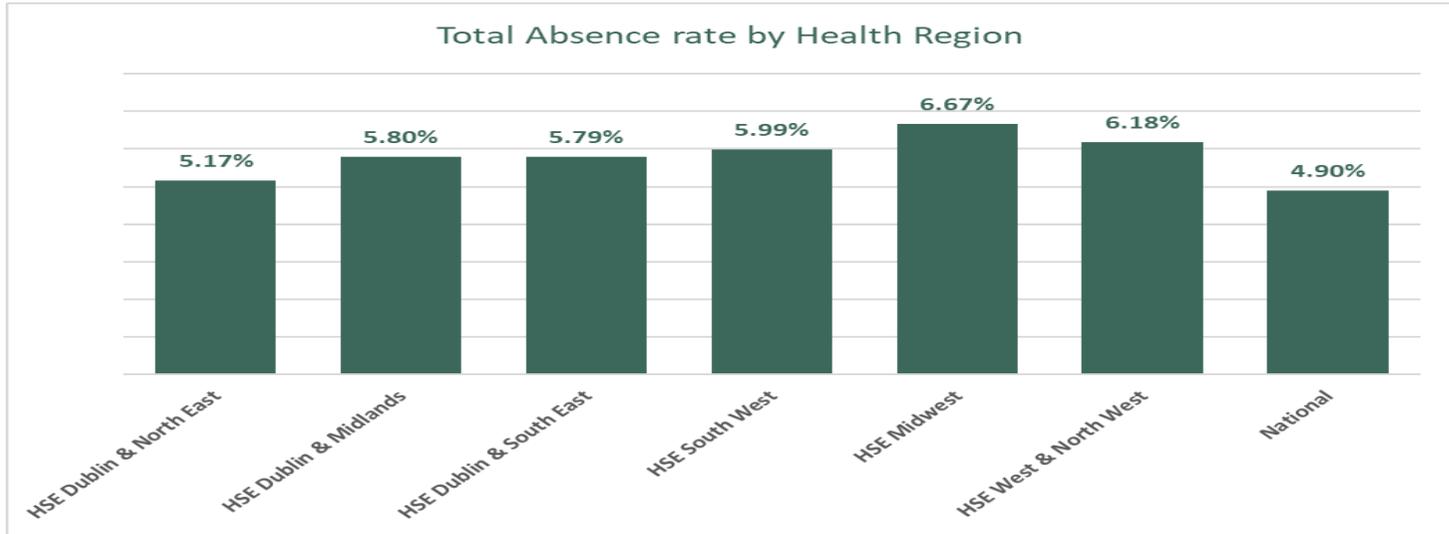
DOH March 2024	COVID-19 Absence	COVID-19 Absence	COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Total Absence Rate	Total Absence Rate	Total Absence Rate
	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024
Total	0.53%	0.33%	0.25%	4.83%	5.46%	5.49%	5.36%	5.78%	5.73%
Medical & Dental	0.15%	0.11%	0.09%	1.52%	1.58%	1.64%	1.67%	1.69%	1.73%
Nursing & Midwifery	0.63%	0.39%	0.29%	5.41%	6.05%	6.09%	6.04%	6.44%	6.38%
Health & Social Care Professionals	0.43%	0.22%	0.15%	3.73%	4.44%	4.41%	4.16%	4.66%	4.56%
Management & Administrative	0.39%	0.23%	0.15%	4.21%	4.90%	4.83%	4.59%	5.12%	4.98%
General Support	0.63%	0.41%	0.34%	6.48%	7.04%	7.26%	7.11%	7.45%	7.60%
Patient & Client Care	0.79%	0.54%	0.43%	6.98%	7.86%	7.77%	7.77%	8.40%	8.20%

DCEDIY March 2024	COVID-19 Absence	COVID-19 Absence	COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Non COVID-19 Absence	Total Absence Rate	Total Absence Rate	Total Absence Rate
	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024
Total	0.55%	0.34%	0.19%	5.45%	5.72%	5.66%	6.00%	6.06%	5.84%
Medical & Dental	0.52%	0.00%	0.00%	0.31%	3.49%	1.04%	0.83%	3.49%	1.04%
Nursing & Midwifery	0.58%	0.39%	0.18%	5.28%	5.88%	5.91%	5.85%	6.27%	6.10%
Health & Social Care Professionals	0.50%	0.30%	0.20%	5.07%	4.81%	4.61%	5.57%	5.11%	4.80%
Management & Administrative	0.45%	0.21%	0.13%	3.84%	3.72%	3.97%	4.28%	3.92%	4.11%
General Support	0.42%	0.09%	0.10%	6.80%	6.61%	5.78%	7.22%	6.69%	5.88%
Patient & Client Care	0.60%	0.39%	0.20%	5.88%	6.35%	6.34%	6.47%	6.74%	6.54%

Key Findings by Health Regions:

- At Health Region level, HSE Midwest is reporting the highest absence rate at 6.67% with 0.26% relating to COVID-19. (3.84%)
- National is reporting the lowest absence rate at 4.90% with 0.15% relating to COVID-19 (3.04%)

Health Service Absence Rate - by Health Region	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
Total	4.89%	0.62%	●	5.51%	0.24%	5.75%	95.85%	4.15%
HSE Dublin & North East	4.45%	0.57%	●	5.02%	0.15%	5.17%	97.06%	2.94%
HSE Dublin & Midlands	4.77%	0.69%	●	5.45%	0.35%	5.80%	93.97%	6.03%
HSE Dublin & South East	4.91%	0.64%	●	5.55%	0.24%	5.79%	95.89%	4.11%
HSE South West	5.12%	0.64%	●	5.76%	0.23%	5.99%	96.21%	3.79%
HSE Midwest	5.80%	0.62%	●	6.42%	0.26%	6.67%	96.16%	3.84%
HSE West & North West	5.29%	0.64%	●	5.93%	0.25%	6.18%	95.91%	4.09%
National	4.29%	0.46%	●	4.75%	0.15%	4.90%	96.96%	3.04%



Health Service Absence Rate - by Health Region : Mar 2024	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care
Total	4.89%	0.62%	5.51%	0.24%	5.75%	1.73%	6.36%	4.62%	4.91%	7.46%	7.58%
HSE Dublin & North East	4.45%	0.57%	5.02%	0.15%	5.17%	1.77%	5.48%	3.90%	5.20%	7.09%	6.93%
HSE Dublin & Midlands	4.77%	0.69%	5.45%	0.35%	5.80%	1.77%	6.56%	4.72%	5.61%	7.41%	7.06%
HSE Dublin & South East	4.91%	0.64%	5.55%	0.24%	5.79%	1.98%	6.17%	4.87%	5.46%	7.54%	7.39%
HSE South West	5.12%	0.64%	5.76%	0.23%	5.99%	1.72%	6.86%	5.17%	4.93%	6.81%	7.45%
HSE Midwest	5.80%	0.62%	6.42%	0.26%	6.67%	1.87%	7.16%	4.92%	5.70%	9.78%	7.76%
HSE West & North West	5.29%	0.64%	5.93%	0.25%	6.18%	1.26%	6.63%	5.02%	5.09%	7.59%	8.87%
National	4.29%	0.46%	4.75%	0.15%	4.90%	1.90%	6.54%	4.17%	3.52%	5.07%	8.04%

Health Service Absence Rate - by Health Region & Care Group : Mar 2024	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care
Total	4.89%	0.62%	5.51%	0.24%	5.75%	1.73%	6.36%	4.62%	4.91%	7.46%	7.58%
Acute Hospital Services	3.97%	0.63%	4.60%	0.15%	4.75%	1.55%	5.28%	3.13%	4.71%	6.98%	6.91%
Community Health & Wellbeing	5.58%	0.40%	5.98%	0.36%	6.34%	0.00%	0.00%	0.00%	9.80%	0.00%	4.52%
Mental Health	5.27%	0.54%	5.81%	0.14%	5.95%	1.90%	5.88%	4.29%	7.89%	7.97%	9.20%
Primary Care	5.12%	0.40%	5.52%	0.21%	5.72%	4.02%	7.16%	3.43%	6.42%	3.89%	7.64%
Disabilities	4.80%	0.44%	5.24%	0.12%	5.36%	1.94%	4.58%	4.82%	4.40%	6.58%	6.45%
Older People	6.36%	0.66%	7.02%	0.25%	7.27%	2.85%	7.04%	5.35%	6.94%	10.12%	7.39%
CHO Operations	3.62%	0.36%	3.98%	0.00%	3.98%	0.00%	0.66%	4.66%	4.17%	0.00%	0.00%
HSE Dublin & North East	4.45%	0.57%	5.02%	0.15%	5.17%	1.77%	5.48%	3.90%	5.20%	7.09%	6.93%
Acute Hospital Services	4.41%	0.75%	5.16%	0.36%	5.52%	1.60%	6.37%	4.87%	5.89%	7.53%	6.83%
Community Health & Wellbeing	6.47%	0.17%	6.65%	0.35%	6.99%	0.00%	0.00%	0.00%	5.42%	0.00%	7.86%
Mental Health	4.96%	0.59%	5.54%	0.42%	5.96%	2.92%	6.26%	5.75%	6.11%	7.27%	7.10%
Primary Care	5.56%	0.49%	6.05%	0.35%	6.40%	3.41%	7.61%	5.00%	5.58%	9.83%	7.45%
Disabilities	4.29%	0.56%	4.85%	0.25%	5.11%	0.00%	5.49%	4.11%	3.24%	4.30%	5.84%
Older People	9.05%	0.75%	9.80%	0.50%	10.29%	0.00%	9.65%	5.12%	7.27%	9.73%	11.83%
CHO Operations	2.90%	0.00%	2.90%	0.00%	2.90%	0.00%	1.53%	0.00%	3.34%	0.00%	0.00%

Health Service Absence Rate - by Health Region & Care Group : Mar 2024	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care
HSE Dublin & Midlands	4.77%	0.69%	5.45%	0.35%	5.80%	1.77%	6.56%	4.72%	5.61%	7.41%	7.06%
Acute Hospital Services	4.43%	0.66%	5.10%	0.17%	5.26%	1.81%	5.74%	4.14%	5.06%	7.60%	7.68%
Community Health & Wellbeing	5.26%	0.42%	5.68%	0.09%	5.78%	0.00%	7.83%	0.00%	5.73%	0.00%	5.58%
Mental Health	4.91%	0.55%	5.46%	0.40%	5.87%	0.85%	6.25%	5.40%	5.20%	9.37%	5.54%
Primary Care	5.91%	0.44%	6.35%	0.25%	6.60%	4.83%	7.20%	5.58%	8.68%	1.88%	5.72%
Disabilities	5.29%	0.62%	5.91%	0.30%	6.21%	0.96%	6.92%	5.59%	3.70%	4.93%	6.85%
Older People	6.58%	0.80%	7.37%	0.45%	7.82%	0.00%	7.95%	6.08%	4.42%	6.85%	9.02%
CHO Operations	6.63%	0.33%	6.96%	0.00%	6.96%	0.00%	0.00%	1.53%	8.16%	0.00%	0.00%
Health & Wellbeing	0.00%	0.35%	0.35%	0.00%	0.35%	0.00%	0.00%	0.00%	0.35%	0.00%	0.00%
HSE Dublin & South East	4.91%	0.64%	5.55%	0.24%	5.79%	1.98%	6.17%	4.87%	5.46%	7.54%	7.39%
Acute Hospital Services	4.88%	0.72%	5.60%	0.20%	5.79%	1.64%	6.61%	5.17%	5.17%	7.07%	9.71%
Community Health & Wellbeing	3.90%	0.00%	3.90%	0.00%	3.90%	0.00%	37.23%	0.00%	2.88%	0.00%	0.26%
Mental Health	5.28%	0.46%	5.74%	0.06%	5.80%	1.82%	6.57%	5.25%	3.60%	6.08%	8.14%
Primary Care	5.27%	0.42%	5.69%	0.29%	5.98%	2.69%	7.01%	6.18%	4.61%	7.89%	8.36%
Disabilities	5.09%	0.65%	5.74%	0.13%	5.88%	0.00%	8.47%	4.13%	4.85%	6.40%	5.76%
Older People	6.17%	0.61%	6.78%	0.59%	7.37%	0.00%	7.33%	9.03%	5.16%	4.71%	8.38%
CHO Operations	1.79%	0.00%	1.79%	0.00%	1.79%	0.00%	3.89%	1.93%	1.12%	0.00%	0.00%
Health & Wellbeing	16.06%	1.11%	17.16%	0.00%	17.16%	0.00%	0.00%	0.00%	17.16%	0.00%	0.00%
HSE South West	5.12%	0.64%	5.76%	0.23%	5.99%	1.72%	6.86%	5.17%	4.93%	6.81%	7.45%
Acute Hospital Services	5.67%	0.73%	6.40%	0.40%	6.80%	1.53%	7.14%	4.17%	5.75%	11.21%	9.63%
Community Health & Wellbeing	3.09%	0.48%	3.58%	0.00%	3.58%	0.00%	0.00%	17.13%	0.39%	0.00%	4.21%
Mental Health	5.60%	0.61%	6.22%	0.08%	6.30%	2.97%	6.92%	2.67%	4.48%	5.15%	12.50%
Primary Care	7.28%	0.34%	7.62%	0.13%	7.74%	2.83%	10.29%	5.50%	7.99%	7.60%	7.31%
Disabilities	4.69%	0.46%	5.15%	0.10%	5.25%	0.00%	2.81%	5.88%	3.53%	4.05%	6.13%
Older People	8.04%	0.62%	8.66%	0.14%	8.80%	11.73%	9.29%	6.63%	6.99%	9.03%	8.85%
CHO Operations	3.22%	0.40%	3.62%	0.00%	3.62%	0.00%	4.81%	6.82%	3.79%	1.99%	0.00%
HSE Midwest	5.80%	0.62%	6.42%	0.26%	6.67%	1.87%	7.16%	4.92%	5.70%	9.78%	7.76%

Health Service Absence Rate - by Health Region & Care Group : Mar 2024	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	Medical & Dental	Nursing & Midwifery	Health & Social Care Professionals	Management & Administrative	General Support	Patient & Client Care
Acute Hospital Services	4.37%	0.80%	5.17%	0.23%	5.40%	1.16%	6.26%	4.62%	4.84%	7.58%	8.31%
Community Health & Wellbeing	3.61%	0.35%	3.96%	0.00%	3.96%	0.00%	0.00%	0.00%	0.39%	0.00%	7.61%
Mental Health	5.80%	0.44%	6.24%	0.07%	6.31%	1.48%	6.84%	7.58%	5.19%	7.62%	6.88%
Primary Care	4.64%	0.28%	4.92%	0.09%	5.01%	2.24%	4.65%	5.09%	6.06%	5.10%	5.77%
Disabilities	7.08%	0.58%	7.66%	0.19%	7.84%	0.00%	9.42%	5.03%	5.54%	9.42%	8.42%
Older People	8.11%	0.49%	8.59%	0.83%	9.43%	0.00%	8.49%	4.06%	5.04%	8.37%	11.47%
CHO Operations	3.39%	0.23%	3.61%	0.00%	3.61%	0.00%	0.69%	2.91%	4.04%	0.00%	0.00%
Health & Wellbeing	9.36%	0.00%	9.36%	0.00%	9.36%	0.00%	0.00%	0.00%	9.36%	0.00%	0.00%
HSE West & North West	5.29%	0.64%	5.93%	0.25%	6.18%	1.26%	6.63%	5.02%	5.09%	7.59%	8.87%
Acute Hospital Services	5.06%	0.04%	5.10%	0.00%	5.10%	0.00%	7.46%	5.76%	4.41%	0.00%	0.00%
Ambulance Services	6.77%	0.80%	7.57%	0.35%	7.92%	0.00%	16.78%	4.87%	3.10%	37.21%	8.22%
Mental Health	4.55%	0.84%	5.40%	0.00%	5.40%	0.00%	5.82%	5.47%	5.79%	3.75%	6.01%
Primary Care	4.07%	0.32%	4.39%	0.00%	4.39%	4.38%	17.15%	6.25%	1.19%	0.00%	0.00%
Older People	3.74%	0.24%	3.98%	0.00%	3.98%	0.00%	3.05%	0.00%	4.09%	0.00%	0.00%
Health & Wellbeing	1.32%	0.44%	1.76%	0.00%	1.76%	0.00%	0.00%	0.00%	1.76%	0.00%	0.00%
National & Central Services	3.36%	0.29%	3.66%	0.11%	3.76%	2.02%	6.99%	3.96%	3.46%	5.00%	16.41%
National	4.29%	0.46%	4.75%	0.15%	4.90%	1.90%	6.54%	4.17%	3.52%	5.07%	8.04%

Key findings Operations:

March 2024 absence rate stands at **5.75%** of which **4.89%** is certified, **0.62%** Self-Certified with **0.24%** (or 4.15% of all absence) relating to **COVID-19**.

- In **Acute Services** the absence rate is **5.49%** of which 0.24% (4.44% of the total) is COVID-19 related. Within Acute Services the **highest absence** rates are reported in **National Ambulance Service** at **7.92%**, of which 0.35% is COVID -19 related and **ULHG** at **6.8%** of which 0.4% is COVID-19 related. Acute Services overall are showing a **decrease of 0.03%** on last month.
- **Community Services** stands at **6.35%** of which 0.25% (3.9% of the total) is also COVID-19 related. Within Community Services, **Older People** is reporting the **highest absence rate** at **8.43%**. Notably Older People are reporting the highest COVID-19 related absence at 0.50%. Community Services overall are showing a **decrease of 0.11%** on last month.
- **Disabilities** absence rate is **5.84%** with 0.19% relating to COVID-19 which is a **decrease of 0.22%** on last month.
- **National Services & Central Functions** rate is **3.78%** of which 0.11% (2.84% of the total) is COVID-19 related. National Services & Central Functions overall are showing a **decrease of 0.26%** on last month.

Health Sector March 2024

Health Service Absence Rate - by Care Group	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	4.89%	0.62%	●	5.51%	0.24%	5.75%	-0.07%	95.85%	4.15%
Ambulance Services	6.77%	0.80%	●	7.57%	0.35%	7.92%	+0.44%	95.57%	4.43%
Acute Hospital Services	4.46%	0.71%	●	5.17%	0.24%	5.41%	-0.05%	95.56%	4.44%
Acute Services	4.53%	0.71%	●	5.25%	0.24%	5.49%	-0.03%	95.56%	4.44%
Community Health & Wellbeing	4.85%	0.31%	●	5.16%	0.16%	5.32%	-0.38%	97.01%	2.99%
Primary Care	5.42%	0.40%	●	5.82%	0.22%	6.04%	-0.12%	96.34%	3.66%
Disabilities	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%
Mental Health	5.22%	0.55%	●	5.77%	0.18%	5.96%	+0.01%	96.92%	3.08%
Older People	7.29%	0.65%	●	7.93%	0.50%	8.43%	+0.02%	94.08%	5.92%
CHO Operations	3.69%	0.30%	●	3.99%	0.00%	3.99%	-0.60%	100.00%	0.00%
Community Services	5.57%	0.53%	●	6.10%	0.25%	6.35%	-0.11%	96.10%	3.90%
National Services & Central Functions	3.38%	0.29%	●	3.67%	0.11%	3.78%	-0.26%	97.16%	2.84%

DOH March 2024

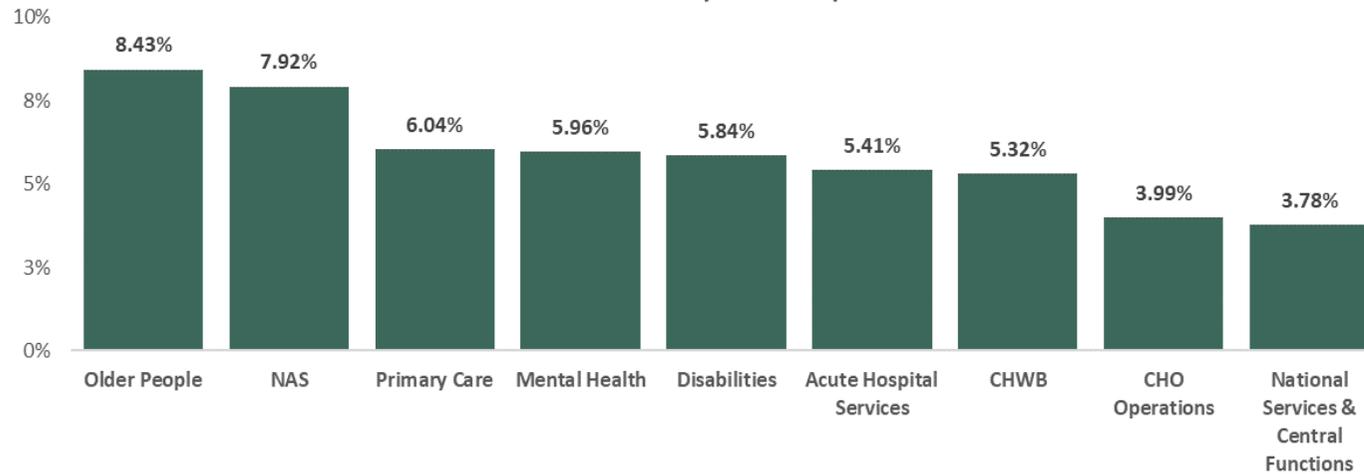
Health Service Absence Rate - by Care Group	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	4.85%	0.63%	●	5.49%	0.25%	5.73%	-0.05%	95.67%	4.33%
Ambulance Services	6.77%	0.80%	●	7.57%	0.35%	7.92%	+0.44%	95.57%	4.43%
Acute Hospital Services	4.46%	0.71%	●	5.17%	0.24%	5.41%	-0.05%	95.56%	4.44%
Acute Services	4.53%	0.71%	●	5.25%	0.24%	5.49%	-0.03%	95.56%	4.44%
Community Health & Wellbeing	4.85%	0.31%	●	5.16%	0.16%	5.32%	-0.38%	97.01%	2.99%
Primary Care	5.42%	0.40%	●	5.82%	0.22%	6.04%	-0.12%	96.34%	3.66%
Mental Health	5.22%	0.55%	●	5.77%	0.18%	5.96%	+0.01%	96.92%	3.08%
Older People	7.29%	0.65%	●	7.93%	0.50%	8.43%	+0.02%	94.08%	5.92%
CHO Operations	3.69%	0.30%	●	3.99%	0.00%	3.99%	-0.60%	100.00%	0.00%
Community Services	5.87%	0.52%	●	6.38%	0.29%	6.67%	-0.02%	95.71%	4.29%
National Services & Central Functions	3.38%	0.29%	●	3.67%	0.11%	3.78%	-0.26%	97.16%	2.84%

DCEDIY March 2024

Health Service Absence Rate - by Care Group	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%
Disabilities	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%
Community Services	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%

*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

Total Absence rate by Care Group



Health Sector March 2024

Health Service Absence Rate - by Service	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence	
Total	4.89%	0.62%	●	5.51%	0.24%	5.75%	-0.07%	95.85%	4.15%
National Ambulance Service	6.77%	0.80%	●	7.57%	0.35%	7.92%	0.44%	95.57%	4.43%
Children's Health Ireland	4.06%	0.64%	●	4.70%	0.61%	5.31%	-0.13%	88.50%	11.50%
Dublin Midlands Hospital Group	4.51%	0.78%	●	5.30%	0.29%	5.58%	-0.24%	94.86%	5.14%
Ireland East Hospital Group	4.43%	0.66%	●	5.10%	0.17%	5.26%	-0.20%	96.80%	3.20%
RCSI Hospitals Group	3.97%	0.63%	●	4.60%	0.15%	4.75%	-0.05%	96.90%	3.10%
Saolta University Hospital Care Group	4.37%	0.80%	●	5.17%	0.23%	5.40%	0.09%	95.70%	4.30%
South/South West Hospital Group	4.88%	0.72%	●	5.60%	0.20%	5.79%	0.18%	96.57%	3.43%
University of Limerick Hospital Group	5.67%	0.73%	●	6.40%	0.40%	6.80%	0.11%	94.14%	5.86%
Other Acute Services	5.06%	0.04%	●	5.10%	0.00%	5.10%	1.87%	100.00%	0.00%
Acute Services	4.53%	0.71%	●	5.25%	0.24%	5.49%	-0.03%	95.56%	4.44%

Health Service Absence Rate - by Service	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
CHO 1	7.71%	0.59%	●	8.30%	0.27%	8.56%	0.08%	96.88%	3.12%
CHO 2	5.13%	0.35%	●	5.48%	0.24%	5.72%	0.12%	95.80%	4.20%
CHO 3	5.94%	0.49%	●	6.43%	0.11%	6.54%	-0.23%	98.39%	1.61%
CHO 4	5.39%	0.55%	●	5.94%	0.26%	6.20%	0.07%	95.80%	4.20%
CHO 5	6.50%	0.60%	●	7.09%	0.37%	7.47%	0.47%	95.00%	5.00%
CHO 6	4.34%	0.62%	●	4.95%	0.28%	5.24%	-0.29%	94.56%	5.44%
CHO 7	4.87%	0.59%	●	5.46%	0.30%	5.76%	-0.34%	94.71%	5.29%
CHO 8	5.99%	0.51%	●	6.50%	0.35%	6.85%	-0.39%	94.83%	5.17%
CHO 9	4.85%	0.46%	●	5.31%	0.12%	5.43%	-0.21%	97.76%	2.24%
Other Community Services	4.37%	0.74%	●	5.11%	0.00%	5.11%	-0.44%	100.00%	0.00%
Community Services	5.57%	0.53%	●	6.10%	0.25%	6.35%	-0.11%	96.10%	3.90%
National Services & Central Functions	3.38%	0.29%	●	3.67%	0.11%	3.78%	-0.26%	97.16%	2.84%

DOH March 2024

Health Service Absence Rate - by Service	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	4.85%	0.63%	●	5.49%	0.25%	5.73%	-0.05%	95.67%	4.33%
National Ambulance Service	6.77%	0.80%	●	7.57%	0.35%	7.92%	0.44%	95.57%	4.43%
Children's Health Ireland	4.06%	0.64%	●	4.70%	0.61%	5.31%	-0.13%	88.50%	11.50%
Dublin Midlands Hospital Group	4.51%	0.78%	●	5.30%	0.29%	5.58%	-0.24%	94.86%	5.14%
Ireland East Hospital Group	4.43%	0.66%	●	5.10%	0.17%	5.26%	-0.20%	96.80%	3.20%
RCSI Hospitals Group	3.97%	0.63%	●	4.60%	0.15%	4.75%	-0.05%	96.90%	3.10%
Saolta University Hospital Care Group	4.37%	0.80%	●	5.17%	0.23%	5.40%	0.09%	95.70%	4.30%
South/South West Hospital Group	4.88%	0.72%	●	5.60%	0.20%	5.79%	0.18%	96.57%	3.43%
University of Limerick Hospital Group	5.67%	0.73%	●	6.40%	0.40%	6.80%	0.11%	94.14%	5.86%
Other Acute Services	5.06%	0.04%	●	5.10%	0.00%	5.10%	1.87%	100.00%	0.00%
Acute Services	4.53%	0.71%	●	5.25%	0.24%	5.49%	-0.03%	95.56%	4.44%

Health Service Absence Rate - by Service	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
CHO 1	7.16%	0.52%	●	7.68%	0.25%	7.94%	0.00%	96.80%	3.20%
CHO 2	4.91%	0.30%	●	5.22%	0.31%	5.53%	0.00%	94.40%	5.60%
CHO 3	6.81%	0.51%	●	7.32%	0.11%	7.43%	-0.09%	98.52%	1.48%
CHO 4	5.55%	0.50%	●	6.05%	0.33%	6.38%	0.22%	94.87%	5.13%
CHO 5	6.57%	0.57%	●	7.14%	0.43%	7.57%	0.32%	94.32%	5.68%
CHO 6	4.57%	0.63%	●	5.21%	0.25%	5.46%	0.12%	95.41%	4.59%
CHO 7	5.47%	0.56%	●	6.03%	0.39%	6.42%	-0.41%	93.95%	6.05%
CHO 8	6.75%	0.54%	●	7.28%	0.40%	7.68%	-0.13%	94.77%	5.23%
CHO 9	5.45%	0.53%	●	5.97%	0.15%	6.13%	0.05%	97.52%	2.48%
Other Community Services	4.40%	0.74%	●	5.14%	0.00%	5.14%	-0.44%	100.00%	0.00%
Community Services	5.87%	0.52%	●	6.38%	0.29%	6.67%	-0.02%	95.71%	4.29%
National Services & Central Functions	3.38%	0.29%	●	3.67%	0.11%	3.78%	-0.26%	97.16%	2.84%

DCEDIY March 2024

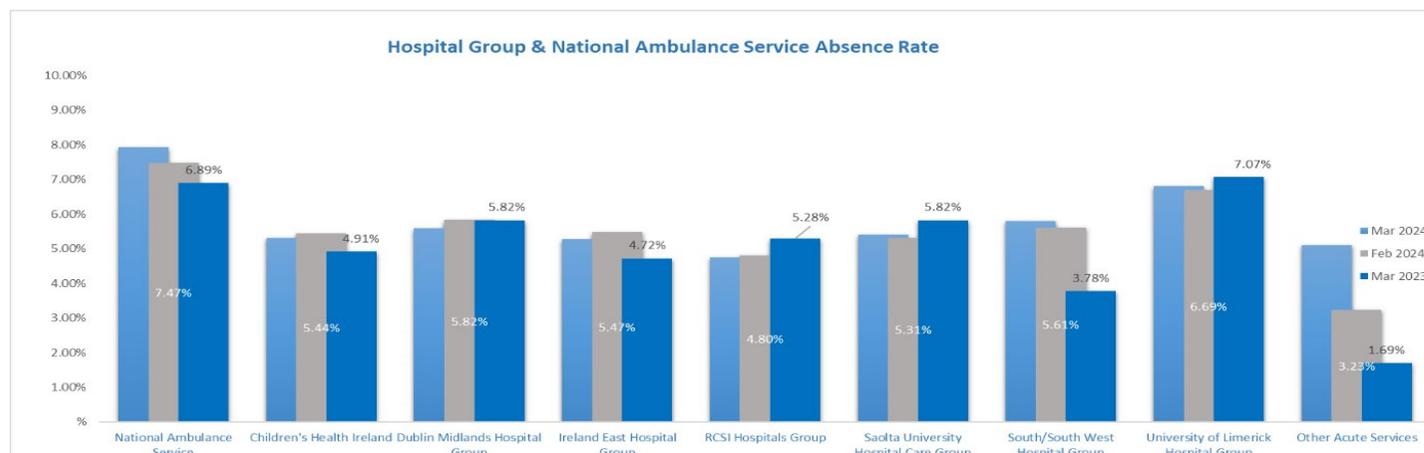
Health Service Absence Rate - by Service	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 Absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence
Total	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%
CHO 1	8.88%	0.73%	●	9.61%	0.29%	9.90%	0.22%	97.03%	2.97%
CHO 2	5.63%	0.45%	●	6.08%	0.08%	6.16%	0.39%	98.63%	1.37%
CHO 3	4.69%	0.46%	●	5.15%	0.10%	5.25%	-0.13%	98.12%	1.88%
CHO 4	5.09%	0.65%	●	5.74%	0.13%	5.88%	-0.22%	97.73%	2.27%
CHO 5	6.35%	0.65%	●	7.00%	0.26%	7.26%	0.79%	96.43%	3.57%
CHO 6	3.91%	0.59%	●	4.50%	0.35%	4.84%	-1.03%	92.83%	7.17%
CHO 7	4.29%	0.62%	●	4.90%	0.22%	5.13%	-0.27%	95.63%	4.37%
CHO 8	4.83%	0.47%	●	5.30%	0.28%	5.58%	-0.79%	94.95%	5.05%
CHO 9	4.29%	0.39%	●	4.68%	0.09%	4.78%	-0.38%	98.05%	1.95%
Other Community Services	0.00%	0.00%	●	0.00%	0.00%	0.00%	0.00%		
Community Services	5.11%	0.55%	●	5.66%	0.19%	5.84%	-0.22%	96.81%	3.19%

*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

- At Hospital Group level, University of Limerick Hospital Care Group is reporting the highest absence rate at **6.80%**. RCSI Hospitals Group have the lowest absence rate reported at **4.75%**
- At CHO level, CHO 1 is reporting the highest absence rate within at **8.56%**. CHO 6 have the lowest absence rate reported at **5.24%**.

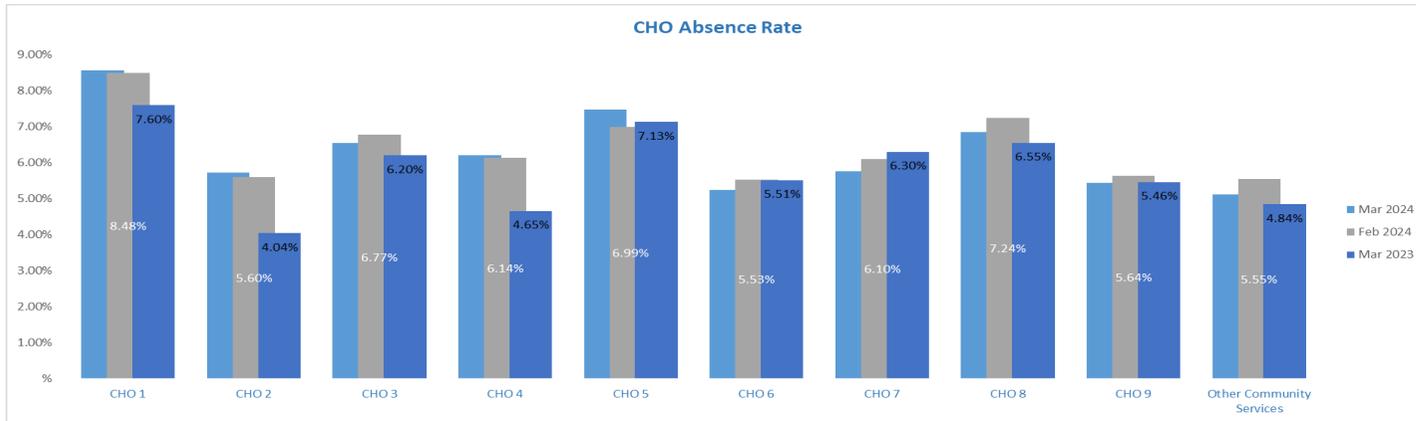
Acute Services Absence Rate Breakdown: March 2024

Acute Services	Covid			Non Covid			Total Absence		
	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024
Total	0.53%	0.32%	0.24%	4.77%	5.20%	5.25%	5.30%	5.52%	5.49%
National Ambulance Service	0.58%	0.40%	0.35%	6.31%	7.07%	7.57%	6.89%	7.47%	7.92%
Children's Health Ireland	0.67%	0.65%	0.61%	4.24%	4.78%	4.70%	4.91%	5.44%	5.31%
Dublin Midlands Hospital Group	0.71%	0.35%	0.29%	5.11%	5.47%	5.30%	5.82%	5.82%	5.58%
Ireland East Hospital Group	0.50%	0.26%	0.17%	4.21%	5.21%	5.10%	4.72%	5.47%	5.26%
RCSI Hospitals Group	0.51%	0.22%	0.15%	4.77%	4.58%	4.60%	5.28%	4.80%	4.75%
Saolta University Hospital Care Group	0.53%	0.34%	0.23%	5.29%	4.98%	5.17%	5.82%	5.31%	5.40%
South/South West Hospital Group	0.22%	0.25%	0.20%	3.56%	5.36%	5.60%	3.78%	5.61%	5.79%
University of Limerick Hospital Group	0.70%	0.47%	0.40%	6.37%	6.22%	6.40%	7.07%	6.69%	6.80%
Other Acute Services	0.18%	0.00%	0.00%	1.51%	3.23%	5.10%	1.69%	3.23%	5.10%



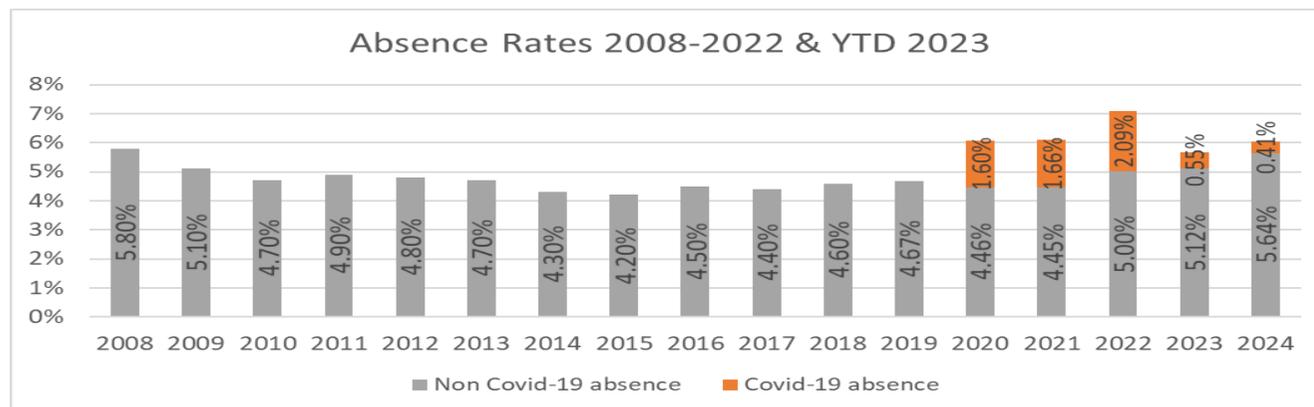
Community Services Absence Rate Breakdown: March 2024

Community Services	Covid			Non Covid			Total Absence		
	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024	March 2023	February 2024	March 2024
Total	0.56%	0.36%	0.25%	5.28%	6.10%	6.10%	5.85%	6.46%	6.35%
CHO 1	0.69%	0.36%	0.27%	6.91%	8.12%	8.30%	7.60%	8.48%	8.56%
CHO 2	0.32%	0.39%	0.24%	3.72%	5.21%	5.48%	4.04%	5.60%	5.72%
CHO 3	0.38%	0.22%	0.11%	5.82%	6.54%	6.43%	6.20%	6.77%	6.54%
CHO 4	0.39%	0.43%	0.26%	4.26%	5.71%	5.94%	4.65%	6.14%	6.20%
CHO 5	0.59%	0.49%	0.37%	6.54%	6.50%	7.09%	7.13%	6.99%	7.47%
CHO 6	0.74%	0.30%	0.28%	4.77%	5.23%	4.95%	5.51%	5.53%	5.24%
CHO 7	0.79%	0.33%	0.30%	5.50%	5.77%	5.46%	6.30%	6.10%	5.76%
CHO 8	0.71%	0.49%	0.35%	5.84%	6.75%	6.50%	6.55%	7.24%	6.85%
CHO 9	0.49%	0.29%	0.12%	4.97%	5.35%	5.31%	5.46%	5.64%	5.43%
Other Community Services	0.72%	0.11%	0.00%	4.12%	5.44%	5.11%	4.84%	5.55%	5.11%

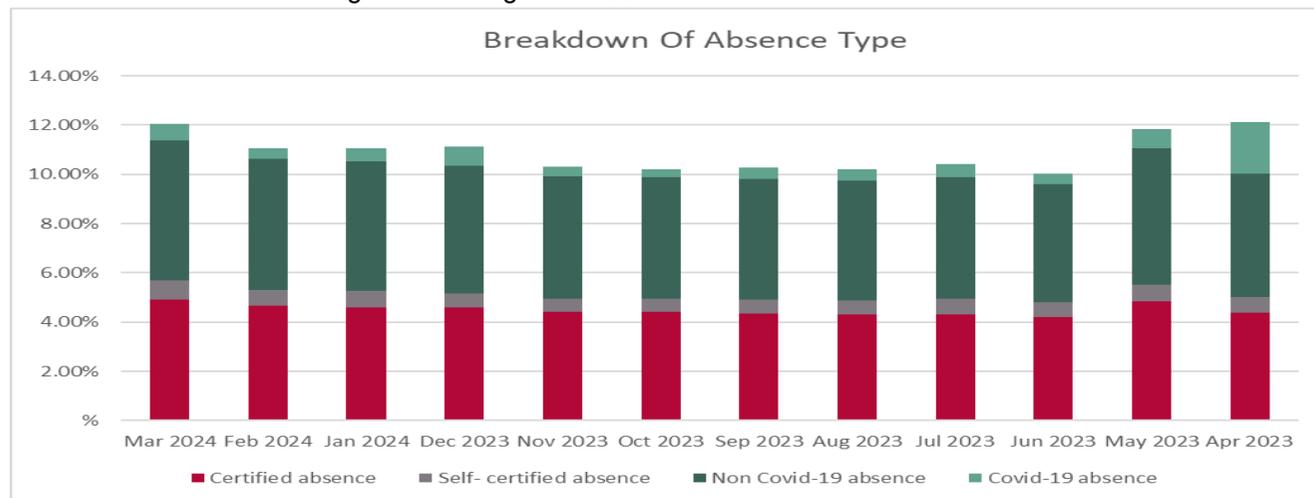


Year-to-date & trends 2008 – 2024

The year to date 2024 figure of **6.05%** has also been impacted by COVID-19 related absence with **0.41%** of the 2024 absence rate (or 7% of all 2024 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 -2024.



- When compared with previous years, the 2024 Year to Date figure is running at **0.4%** above the previous annual rate. COVID-19 related absence accounts for **0.41%** of absence so far in 2024. This is notably lower than previous years where COVID-19 absence accounted for **2.1%** in 2022, **1.7%** in 2021 and **1.6%** in 2020. On a like for like basis, **excluding** COVID-19 absence impact, the absence rate is **5.1%** in 2023 **5%** in 2022, **4.4%** in 2021 and **4.5%** in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2024 of **5.6%** is higher than that reported in previous years. Notably, 10 years prior to the outbreak of COVID-19, staff absence rate was running at an average of **4.5%**.



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 (EWTB)

	Target / Expected Activity 2024 (<24 hour shift)	% Compliance with 24 hour shift	Target / Expected Activity 2024 (<48 hour working week)	% Compliance with 48 hour working week
Acute Hospitals - NCHDs	97%	91.1%	95%	82.8%
Mental Health - NCHDs	97%	100%	95%	95.4%
Disability Services – social care workers	95%	75%	95%	81%

Performance Achievement March 2024 Report

Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of initial Performance Achievement meetings undertaken across services.

Report collated on 10th of the month following the end of each quarter.

Percentage is weighted against the service Headcount (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

One Hospital Group did not respond.

Community data caveats

Two CHO areas did not respond.

Corporate data caveats

Seven Corporate / National Services did not respond.

Nursing & Midwifery PDP data caveats

Digital PDP completions reported via HSeLanD have not been included pending formal confirmation from the ONMSD and NMPDU that HSeLanD is able to deliver PDP reporting that is aligned with the reporting requirement for Performance Achievement.

Delivery Area	Headcount Feb 2024	Total completed Q1	% completed YTD 2024
Total Health Service	166,981	3,375	2.0%
National Ambulance Service	2,468	0	0.0%
Children's Health Ireland	4,990	467	9.4%
Dublin Midlands Hospital Group	14,914	200	1.3%
Ireland East Hospital Group	17,680	423	2.4%
RCSI Hospital Groups	12,871	142	1.1%
Saolta University Hospital Group	13,517	167	1.2%
South/South West Hospital Group	15,757	82	0.5%
University of Limerick Hospital Group	6,311	319	5.1%
Other Acute Services	156	17	10.9%
Acute Services	88,664	1,817	2.0%
CHO 1	7,644	0	0.0%
CHO 2	7,405	42	0.6%
CHO 3	6,722	0	0.0%
CHO 4	11,420	300	2.6%
CHO 5	7,189	60	0.8%
CHO 6	4,377	203	4.6%
CHO 7	8,595	100	1.2%
CHO 8	8,083	80	1.0%
CHO 9	8,729	117	1.3%
Other Community Services	882	16	1.8%
Community Services	71,046	918	1.3%
National Services & Central Functions	7,271	640	8.8%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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



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

Performance RAG Rating	Finance RAG Rating
Red ● > 10% of target	Red ● ≥ 0.75% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target
Workforce Absence RAG Rating	
Red ● > 4.2% of target	
Amber ● > 4% ≤ 4.2% of target	
Green ● ≤ 4% 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 23/24	_____
Month 22/23	_____

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
Service User Experience	Complaints investigated within 30 working days	National Screening Service RCSI Rotunda DMHG Midland Regional Hospital, Portlaoise DMHG The Coombe IEHG National Orthopaedic Hospital Cappagh IEHG Midland Regional Hospital, Mullingar IEHG Royal Victoria Eye & Ear Hospital IEHG St Columcille's Hospital IEHG St Vincent's
Health & Wellbeing	Immunisations and Vaccines HWB4 % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Non Returns – CHO3 (Clare, Limerick, North Tipperary / East Limerick)
Health & Wellbeing	Immunisations and Vaccines HWB8 % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Returns – CHO3 (Clare, Limerick, North Tipperary / East Limerick)
Breastcheck	% BreastCheck screening uptake rate HWB35	BreastCheck uptake data unavailable due to validation and timing issues
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Nov, Dec 2023) CHO5 (Wexford) Non Return (Mar 2024) CHO1 (Cavan Monaghan)
Primary Care	Occupational Therapy % of new occupational therapy service users seen for assessment within 12 weeks % of occupational therapy service users on waiting list for assessment ≤ to 52 weeks No of occupational therapy service users seen	Non Return (Sep, Oct, Nov, Dec 2023 & Jan, Feb, Mar 2024) CHO1 (Donegal) Non Return (Mar 2024) CHO1 (Sligo Leitrim) Non Return (Oct, Dec 2023) CHO5 (Carlow Kilkenny)
Primary Care	Speech and Language Therapy % 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 (Feb 2024) CHO1 (Sligo Leitrim) Non Return (Mar 2024) CHO1 (Cavan Monaghan) Non Return (Mar 2024) CHO3 (Clare) Non Return (Oct, Nov, Dec 2023) CHO5 (Waterford)

Service Area	KPI Title	Data Coverage Issues
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 (Oct, Nov 2023) CHO4 (North Cork) Non Return (Nov 2023) CHO5 (Carlow Kilkenny) Non Return (Jan 2024) CHO5 (Waterford, Wexford) Non Return (Mar 2024) CHO7 (Dublin West) Non Return (Jan 2024) CHO7 (Kildare West Wicklow)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks No of Psychology patients seen	Non Return (Jan 2024) CHO5 (Wexford) Non Return (Mar 2024) CHO8 (Meath)
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 West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Mar 2024) CHO1 (Cavan Monaghan) Non Return (Jul 2023 & Mar 2024) CHO2 (Galway) Non Return (Oct 2023) CHO4 (North Lee) Non Return (Jan 2024) CHO5 (Waterford) Non Return (Sep, Oct, Nov, Dec 2023 & Jan, Feb 2024) CHO8 (Louth) Non Return (Jan, Feb, Mar 2024) CHO6 (Wicklow)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Wicklow), CHO7 (Dublin South City, Kildare West Wicklow, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North)
Primary Care	Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks No of Nursing patients seen	Non Return (Aug, Sep, Oct, Nov 2023) CHO5 (Wexford) Non Return (Oct, Nov, Dec 2023 & Jan, Feb 2024) CHO7 (Dublin South City) Non Return (Jan 2024) CHO8 (Longford Westmeath, Meath)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	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), Non Return (Feb 2024) CHO1 (Donegal) Non Return (Mar 2024) CHO1 (Cavan Monaghan) Non Return (Feb 2024) CHO4 (Kerry, North Lee & West Cork) Non Return (Nov, Dec 2023) CHO5 (Carlow Kilkenny) Non Return (Mar 2024) CHO8 (Louth)

Service Area	KPI Title	Data Coverage Issues
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 (Oct, Nov, Dec 2023 & Jan, Feb 2024) CHO1 (Cavan Monaghan) Non Return (Dec 2023) CHO1 (Donegal) Non Return (Jan, Feb 2024) CHO2 (Galway) Non Return (Oct, Nov, Dec 2023 & Jan, Feb 2024) CHO7 (Dublin South City)
Primary Care	Child Health Quarterly % of infants visited by a PHN within 72 hours of discharge from maternity services	Non Return (Sep, Dec 2023 & Mar 2024) CHO1 (Cavan Monaghan) Non Return (Sep 2023) CHO4 (North Lee) Non Return (Sep, Dec 2023 & Mar 2024) CHO4 (South Lee) Non Return (Dec 2023) CHO5 (Wexford) Non Return (Mar 2024) CHO5 (South Tipperary) Non Return (Dec 2023 & Mar 2024) CHO7 (Dublin South City) Non Return (Mar 2024) CHO7 (Dublin South West, Dublin West, Kildare West Wicklow)
Primary Care	Child Health Quarterly -1 Quarter % 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 (Jun, Sep, Dec 2023) CHO1 (Cavan Monaghan) Non Return (Dec 2023) CHO1 (Donegal) Non Return (Dec 2023) CHO1 (Sligo Leitrim) Non Return (Jun, Dec 2023) CHO2 (Galway) Non Return (Dec 2023) CHO2 (Mayo, Roscommon) Non Return (Dec 2023) CHO3 (Clare, Limerick, North Tipperary East Limerick) Non Return (Jun, Dec 2023) CHO4 (Kerry) Non Return (Jun, Sep 2023) CHO4 (North Lee) Non Return (Jun, Sep, Dec 2023) CHO4 (South Lee) Non Return (Sep, Dec 2023) CHO5 (Carlow Kilkenny) Non Return (Jun, Sep 2023) CHO5 (South Tipperary) Non Return (Dec 2023) CHO5 (Waterford) Non Return (Jun, Dec 2023) CHO5 (Wexford) Non Return (Sep, Dec 2023) CHO7 (Dublin South City) Non Return (Dec 2023) CHO7 (Dublin South West, Dublin West, Kildare West Wicklow) Non Return (Dec 2023) CHO9 (Dublin North)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Oral Health No. of new Oral Health patients in target groups attending for scheduled assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire)
Primary Care	Orthodontics % of Orthodontic patients seen for assessment within 6 months No of Orthodontic patients seen for assessment within 6 months % of Orthodontics patients (grade 4 and 5) on the treatment waiting list longer than 4 years (%)	Non Return (Mar 2024) DML (Former East Coast(Loughlinstown))
Social Inclusion	Homeless Services % of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and/or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Non Return Q1 2024 (Mar) CHO1 Sligo/Leitrim
Palliative Care Inpatient Service	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO 8 Non return (Mar) CHO1 (Donegal)
Palliative Care Inpatient Service	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO 8 Non return (Mar) CHO1 (Donegal)
Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Wicklow POA (March)
Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Wicklow POA (March)
Psychiatry of Later Life	%. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Wicklow POA (March)
Psychiatry of Later Life	No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Wicklow POA (March)
Adult Inpatient Services	No. of admissions to adult acute inpatient units	Cork University Hospital (CUH) - Q4/2023 data not available at time of reporting
Disability Services	No. of intensive support packages for priority 1 cases	447 intensive support packages for priority 1 cases put in place previously have been maintained in 2024 and are included in January figures
Disability Services	Number of new children referred to the CDNT	Non Return CHO8 (Jan, Feb, Mar) CHO 4 - CDNT08 – Cope (Mar)

Service Area	KPI Title	Data Coverage Issues
Disability Services	Total number of children discharged from the CDNT	Non Return CHO8 (Jan, Feb, Mar) CHO 4 - CDNT08 – Cope (Mar)
Disability Services	No. of adults with disabilities participating in personalised budgets demonstration projects (Stage 4 Living Phase)	Non Return National (Q1)
Acute Hospitals	No. of new and return outpatient attendances	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	No. of new outpatient attendances	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	OPD Return Attendances	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	Injury Units Attendances	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	Emergency Care - All Emergency Presentations	Mallow General Hospital March 2024 data is outstanding
Acute Hospitals	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q4 2023 data has not been provided and therefore is unavailable at present
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	CUH (Jan-24, Feb-24m Mar-24), Tallaght and Mallow (Mar-24) have not returned data
Acute Hospitals	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection	Mallow General Hospital March 2024 bed days used data is outstanding
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	Mallow General Hospital March 2024 bed days used data is outstanding
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	CHI at Crumlin Oct-23, CHI at Temple Street (Nov-23- Mar-24), therefore bed days used removed due to the impact on rates. Mallow General Hospital March 2024 bed days used data is outstanding
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	The following hospitals data is outstanding for Q1 2024: MRH Portlaoise, Naas General Hospital, Wexford General Hospital, Roscommon University Hospital, Mercy University Hospital
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	The following hospitals data is outstanding for Q1 2024: MRH Portlaoise, Naas General Hospital, Wexford General Hospital, Roscommon University Hospital, Mercy University Hospital
Acute Hospitals	% of new patients attending rapid access breast (urgent), lung and prostate clinics within recommended timeframe	Please refer to NCCP KPI's 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	SJH outstanding Mar 24
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)	SJH outstanding Mar 24

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Altnagelvin outstanding Feb & Mar 24.
Acute Hospitals	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	KPI Data under review

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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