



# Performance Profile January-March 2021



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

# Executive Summary

## Executive Summary

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

### Emergency Care

- There were 290,581 emergency presentations year to date. This is a -8.9% variance on emergency presentations result year to date 2020 and was below expected activity of 339,497.
- New Emergency Department attendances year to date are 242,210 this represents a -13.8% variance YTD against expected activity YTD.
- 98.4% of all patients were seen within 24 hours in EDs in March 2021 and 98.3% year to date.
- 96.1% of patients aged 75 years and over were seen within 24 hours in EDs in March 2021 and 96.1% year to date.

### Inpatient Discharges

#### Elective Inpatient Discharges

There were 7,903 elective inpatient discharges year to date February 2021 versus 14,544 for the corresponding period in 2020 that is a decrease of -45.7%.

#### Emergency Inpatient Discharges

There were 58,058 emergency inpatient discharges year to date February 2021 versus 70,854 for the corresponding period in 2020, that is, a decrease of 18.1%.

#### Day Case Discharges (including dialysis)

The number of day case procedures year to date February 2021 was 128,817 versus 188,838 for the same period in 2020, that is, a decrease of 60,021 cases.

### Delayed Transfer of Care

There were 371 Delayed Discharges in March 2021. The same month in 2020 was 238.

### Inpatient, Day Case & Outpatient Waiting Lists

March 2021 compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 72.5%.
- Adult Day Case < 15 months (target 95%), compliance 82.4%.
- Children's Inpatient, 15 months (target 95%), compliance 73.5%.
- Children's Day Case < 15 months (target 90%), compliance 78%.
- Outpatients < 52 weeks (target 75%), compliance 54.9%.
- The total number of patients waiting for an inpatient or day case procedure at the end of March 2021 was 79,973. The total number of people waiting for inpatient and day case procedures is up by 2.8% (+2,225 patients) when the waiting list in March 2021 is compared with March 2020.
- Total number of people waiting for Outpatient appointment was 628,756 in March 2021, this has increased from 562,693 (+66,063) in March 2020.

### Routine/Urgent Colonoscopies

- In March 2021 32.7% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 279 new urgent patient breaches in March 2021.

### Cancer Services

- 55.5% of prostate cancer referrals were seen within 20 working days year to date compared with 46.7% for the same period last year.
- 92% of lung cancer referrals were seen within 10 working days year to date compared with 80.8% for the same period last year.
- 72.2% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 77.4% for the same period last year.

### Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 73.2%.
- 71.3% of speech and language patients are on the waiting list for assessment ≤ 52.
- 55.5% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.

- 46.3% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.
- 43.3% of babies received their developmental screening checks within 12 months and 98.3% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

### **Disability Services**

- 1,781,310 PA hours were delivered to the end of December 2020 against expected activity of 1,670,000.
- 2,939,541 Home Support Hours were delivered against expected activity of 3,080,000 to the end of December 2020.

### **Older Persons Services**

- Home Support hours delivered year to date was 4,686,335. The number of people, in receipt of home support services at the end of March 2021 was 54,122
- 896 persons were in receipt of payment for transitional care in February 2021.
- The current wait time for NHSS funding approval in 2021 is 4 weeks.

### **Mental Health Services**

- 98.9% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of March 2021 which is above 95% target

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

- Nationally, 52.5% of smokers are quit at 4 weeks ahead of the National target of 45%. (Q-1Q)
- 94.1% of children aged 24 months received 3 doses of the 6 in 1 vaccine while 91.8% of children aged 24 months received the MMR vaccine against a target of 95%. (Q-1Q)

# Corporate Updates

## Capital – Allocation/Expenditure Analysis

2021 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2021	Cum Profile for Period Jan - Mar	Expenditure for Period Jan - Mar	Variance for Period Jan - Mar	Expenditure to Mar as % of Mar YTD Profile	Expenditure to Mar as % of Annual Profile	Variance to Mar as % of Mar YTD Profile
M02 - Buildings & Equipment – Non Covid19	640.172	50.967	51.368	(0.401)	100.79%	8.02%	-0.79%
M04 - Buildings & Equipment – Covid19	130.000	21.400	20.640	0.760	96.45%	15.88%	3.55%
M02 - New Children's Hospital	198.000	32.000	53.536	(21.536)	167.30%	27.04%	-67.30%
	968.172	104.367	125.543	(21.176)	120.29%	12.97%	-20.29%
M03 - Info Systems for Health Agencies – Non Covid19	95.000	15.217	13.468	1.748	88.51%	14.18%	11.49%
M04 - Info Systems for Health Agencies – Covid19	25.000	5.254	3.761	1.493	71.59%	15.05%	28.41%
	1088.172	124.838	142.773	(17.935)	114.37%	13.12%	-14.37%
Asset Disposals	0.190	0.190	0.000	0.190	100.00%	100.00%	0.00%
Net	1088.362	125.028	142.773	(17.745)	114.19%	13.12%	-14.19%

### General Comment

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

### CONSTRUCTION – M02 – Buildings & Equipment – Non Covid19

The variance on general construction projects for the three months to March 2021 is -0.79% (or € 0.401m) ahead of profile. In the period to the end of March the total expenditure of € 51.368m represents 8.02% of the total annual profile for 2021.

### CONSTRUCTION – M04 – Buildings & Equipment – Covid19

The variance on Covid19 construction projects for the three months to March 2021 is 3.55% (or € 0.706m) behind profile. In the period to the end of March the total expenditure of € 20.604m represents 15.88% of the total annual profile for 2021.

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

The variance on the New National Children's Hospital project for the three months to March 2021 is -67.30% (or € 21.536m) ahead of profile. This variance is largely due to the settlement of an outstanding claim. In the period to the end of March the total expenditure of € 53.536m represents 27.04% of the total annual profile for 2021.

**Information Systems for Health Agencies – M03 – Non Covid19**

The variance on ICT projects for the three months to March 2021 is 11.49% (or € 1.748m) behind profile. In the period to the end of March the total expenditure of € 13.468m represents 14.18% of the total annual profile for 2021.

**Information Systems for Health Agencies – M04 – Covid19**

The variance on ICT Covid19 projects for the three months to March 2021 is 28.41% (or € 1.493m) behind profile. In the period to the end of March the total expenditure of € 3.761m represents 15.05% of the total annual profile for 2021.

**Asset Disposals:**

Income from sale of assets in the three months to March 2021 amounted to € 0.190m.

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

Service Area	Q1 2021
Acute Hospitals(Hospital groups)	€ 317,320,699
Community Healthcare	€ 99,733,539
National Services	€ 753,919,482
Total	€ 1,170,973,719



## Internal Audit

75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months											
	2019 Position at 30th Sept 2020	2020 Position at 30th Sept 2020	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021		2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th Sept 2020	2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th Sept 2020	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2020 Position at 31st March 2021
<b>Total</b>	<b>68%</b>	<b>46%</b>	<b>58%</b>	<b>70%</b>		<b>94%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>97%</b>	<b>76%</b>	<b>77%</b>	<b>80%</b>	<b>77%</b>	<b>86%</b>	<b>50%</b>
CHO 1	86%	N/A	81%	77%		100%	98%	98%	98%	98%	100%	38%	59%	73%	72%	N/A
CHO 2	72%	N/A	N/A	50%		100%	100%	100%	100%	100%	N/A	N/A	22%	61%	96%	N/A
CHO 3	88%	N/A	N/A	85%		100%	100%	100%	100%	100%	29%	71%	88%	88%	88%	N/A
CHO 4	71%	N/A	N/A	79%		100%	100%	100%	100%	100%	N/A	100%	100%	80%	80%	N/A
CHO 5	50%	N/A	N/A	N/A		100%	96%	96%	98%	98%	100%	60%	94%	90%	91%	N/A
CHO 6	100%	N/A	N/A	N/A		98%	98%	98%	98%	98%	N/A	98%	94%	94%	95%	N/A
CHO 7	89%	98%	100%	N/A		100%	100%	100%	100%	100%	100%	100%	100%	93%	93%	100%
CHO 8	63%	0%	0%	100%		99%	99%	99%	99%	99%	67%	83%	73%	65%	79%	0%
CHO 9	60%	0%	86%	N/A		94%	93%	93%	93%	93%	100%	100%	68%	61%	83%	100%
National Mental Health	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A
National Primary Care	100%	N/A	100%	100%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	21%	90%	100%	N/A
National Director Community Ops		N/A	N/A	20%												N/A
<b>Total Community Services</b>	<b>73%</b>	<b>53%</b>	<b>65%</b>	<b>78%</b>		<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>73%</b>	<b>80%</b>	<b>82%</b>	<b>78%</b>	<b>88%</b>	<b>51%</b>
Dublin Midlands Hospital Group	N/A	86%	86%	N/A		89%	100%	100%	96%	100%	89%	89%	89%	89%	100%	88%
Ireland East Hospital Group	N/A	50%	58%	N/A		67%	67%	67%	67%	67%	50%	50%	100%	100%	100%	56%
National Children's Hospital Group	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months											
	2019 Position at 30th Sept 2020	2020 Position at 30th Sept 2020	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021		2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th Sept 2020	2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th Sept 2020	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2020 Position at 31st March 2021
RCSI Hospital Group	N/A	0%	0%	0%		86%	90%	100%	100%	100%	100%	100%	82%	82%	82%	0%
Saolta Hospital Group	74%	0%	0%	11%		85%	86%	87%	88%	92%	62%	62%	62%	70%	76%	0%
South South West Hospital Group	24%	22%	38%	25%		66%	67%	72%	72%	84%	N/A	44%	44%	35%	35%	64%
University of Limerick Hospital Group	23%	75%	88%	63%		96%	100%	100%	100%	100%	100%	100%	100%	70%	70%	75%
National Ambulance Service	0%	N/A	N/A	N/A		100%	100%	100%	100%	100%	N/A	N/A	N/A	0%	0%	N/A
National Director Acute Ops		54%	62%	N/A												62%
<b>Total Acute</b>	42%	45%	49%	26%		84%	87%	89%	89%	93%	86%	79%	81%	67%	69%	53%
Chief Information Officer	100%	N/A	N/A	67%		86%	86%	84%	84%	86%	45%	51%	57%	75%	89%	N/A
Compliance / QAV	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finance	89%	N/A	N/A	N/A		100%	100%	100%	100%	100%	74%	82%	92%	90%	90%	N/A
HBS - Estates	N/A	N/A	N/A	N/A		86%	86%	86%	86%	98%	100%	100%	100%	100%	100%	N/A
HBS - Finance	N/A	0%	40%	100%		100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%
HBS - HR	65%	N/A	N/A	N/A		100%	100%	100%	100%	100%	N/A	N/A	N/A	65%	94%	N/A
HBS - Procurement	0%	0%	56%	100%		90%	90%	90%	90%	90%	95%	95%	95%	90%	95%	50%
Health and Wellbeing	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A
Human Resources	N/A	0%	31%	80%		100%	100%	100%	100%	100%	83%	83%	82%	82%	87%	0%

75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months											
	2019 Position at 30th Sept 2020	2020 Position at 30th Sept 2020	2020 Position at 30th Dec 2020	2020 Position at 31st March 2021		2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th Sept 2020	2018 Position at 30th Dec 2020	2018 Position at 31st March 2021	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th Sept 2020	2019 Position at 30th Dec 2020	2019 Position at 31st March 2021	2020 Position at 31st March 2021
National Screening Service	N/A	N/A	N/A	100%		33%	33%	33%	33%	78%	N/A	N/A	N/A	N/A	N/A	N/A
National Services		0%	0%	25%												0%

## National Health and Safety Helpdesk

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

Q1 2021 Metrics	No of Helpdesk Queries 2021	No of Helpdesk Queries 2020	% Increase from 2020
Jan	123	167	-26
Feb	141	137	3
Mar	136	97	40
Total	400	401	0

## Performance Achievement Q1 Report

Service Delivery Area	WTE Mar 2021	Total completed Q1	% completed to date 2021
<b>Total Health Service</b>	<b>128,283</b>	<b>1,323</b>	<b>1%</b>
National Ambulance Service	2,046	0	0%
Children's Health Ireland	3,822	0	0%
Dublin Midlands Hospital Group	11,437	562	5%
Ireland East Hospital Group	13,147	101	1%
RCSI Hospitals Group	10,421	0	0%
Saolta University Hospital Care	10,138	0	0%
South/South West Hospital Group	11,500	0	0%
University of Limerick Hospital Group	4,689	105	2%
other Acute Services	677	0	0%
<b>Acute Services</b>	<b>67,878</b>	<b>768</b>	<b>1%</b>
CHO 1	5,843	70	1%
CHO 2	5,708	54	1%
CHO 3	4,757	7	0%
CHO 4	8,664	0	0%
CHO 5	5,538	0	0%
CHO 6	3,496	33	1%
CHO 7	6,788	0	0%
CHO 8	6,417	0	0%
CHO 9	6,979	134	2%
other Community Services	734	0	0%
<b>Community Services</b>	<b>54,924</b>	<b>298</b>	<b>1%</b>
Health & Wellbeing	542	0	0%
Corporate	3,562	257	7%
Health Business Services	1,378	0	0%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,481</b>	<b>257</b>	<b>5%</b>

### Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of Performance Achievements undertaken across services. Report collated on 10th month following the end of each quarter. Percentage is weighted against the service WTE as per previous month's census report. All Areas noted the low level of returns for Q1 2021 is due to the pressure on services due to COVID-19.

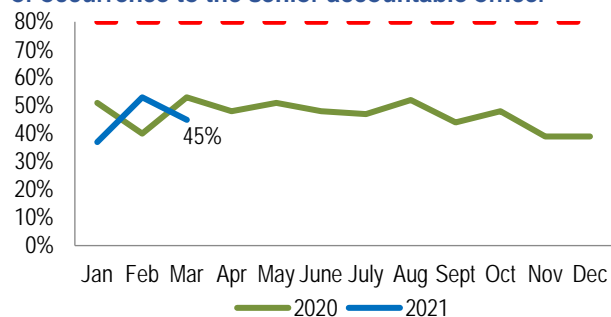
# Quality and Patient Safety

## Quality and Patient Safety

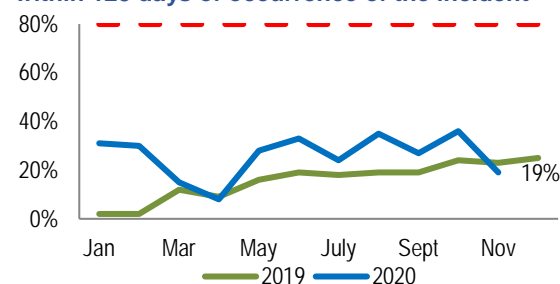
Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National			324		173	95	56
	Acute Hospitals (incl NAS, NSS & NCCP)			194		100	57	37
	Community Healthcare			130		73	38	19
Serious Incidents – Incidents notified within 24 hours of occurrence	<b>National</b>	80%	M	●	43%	37%	53%	45%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	51%	45%	58%	57%
	Community Healthcare	80%	M	●	31%	26%	45%	21%
Serious Incidents – (2020) Review completed within 125 calendar days	<b>National</b>	80%	M	●	23%	27%	36%	19%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	25%	26%	35%	22%
	Community Healthcare	80%	M	●	18%	30%	37%	7%
Extreme and major incidents as a % of all incidents reported as occurring	<b>National</b>	<1%	Q		1.0%	-	-	1.0%
	Acute Hospitals (incl NAS, NSS & NCCP)	<1%	Q		1.2%	-	-	1.2%
	Community Healthcare	<1%	Q		1.0%	-	-	1.0%

\* Current - reflecting compliance November 2020, Current Period YTD reflecting compliance January to November 2020

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



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



## Serious Reportable Events

Service Area	Total SRE Occurrence (in-month)
Acute Hospitals [inc. National Ambulance Service]	16
Community Services	6
<b>Total</b>	<b>22</b>

**22** SREs were reported as occurring in March 2021. **8** SREs were reported as patient falls, **6** as pressure ulcers, and the remaining **8** SREs reported comprised **5** SRE categories.

## Appeals Service

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	200	202	57	27	42%
Medical / GP Visit Cards (Over 70's Scheme)	30	31	12	0	39%
16 to 25 Year Old Medical Card/GP Visit Card	93	89	28	5	37%
Nursing Home Support Scheme	95	71	3	10	18%
Blind Welfare Allowance	4	1	0	0	0%
CSAR	7	4	0	0	0%
Home Care Package	0	0	0	0	0%
Home Help	0	0	0	0	0%
RSSMAC	1	1	1	0	0%
Other	10	6	0	0	0%
<b>Total</b>	<b>440</b>	<b>405</b>	<b>101</b>	<b>42</b>	<b>35%</b>

## Incident Reporting

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

Service Area	Q4 2020
Acute Hospitals	63%
Community Services	63%
National Ambulance Service [NAS]	94%
<b>National</b>	<b>63%</b>

Extreme and major incidents as a % of all incidents reported as occurring

National	
<b>Q4 2020</b>	0.8%
<b>Q1 2021</b>	1.0%

# Performance Overview



# Community Healthcare

## Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality and Safety	<b>Serious Incidents</b>																
	Review completed within 125 calendar days (2020)	M	80%	18% [R]	-77.5%										30%	37%	7%
	% of serious incidents being notified within 24 hours of occurrence	M	80%	31% [R]	-61.3%										26%	45%	21%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	1.0% [G]	0.0%										0.7%	0.8%	1.0%
	<b>Service User Experience (Q4 2020 at 19.02.21)</b>																
	Complaints investigated within 30 working days	Q	75%	71% [A]	-5.3%	60% [R]	86% [G]	50% [R]	75% [G]	100% [G]	100% [G]	90% [G]	41% [R]	48% [R]			
	<b>Child Health</b>																
	Child assessment 12 months	M-1M	95%	43.3% [R]	-54.4%	27.1% [R]	40.7% [R]	29.4% [R]	72.4% [R]	38.8% [R]	0% [R]	42.3% [R]	36.4% [R]	67.3% [R]		41.6%	45.1%
	New borns visited within 72 Hours	Q	99%	98.3% [G]	-0.7%	100% [G]	98.8% [G]		100.3% [G]	99.1% [G]	96.1% [G]	98.1% [G]	96.2% [G]		97.2%	97.7%	98.3%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91.8% [G]	-3.4%	89.1% [A]	93.6% [G]	93.1%	92.8% [G]	92.7% [G]	90.6% [G]	93.6% [G]	91.9% [G]	88.5% [A]	91.4%	92.4%	92%
	<b>CAMHs – Bed Days Used</b>																
	% of Bed days used	M	95%	98.9% [G]	4.1%	100% [G]	100% [G]	100% [G]	96.7% [G]	100% [G]	100% [G]	100% [G]	95.2% [G]	97.6% [G]	100%	98.7%	98.1%
	<b>Disability Services</b>																
	Congregated Settings	Q	38	35 [A]	-7.9%	6 [R]	0 [R]	4 [R]	1 [R]	0 [R]	20 [G]	0 [R]	4 [G]	0 [R]	14	23	35
	<b>HIQA Inspection Compliance</b>																
	Disability Residential Services 2020	Q-2Q	80%	90.6% [G]	13.2%										92%	90.8%	89.1%
	Older Persons Residential Services 2020	Q-2Q	80%	77.6% [G]	-3%										73.8%	76.9%	92.6%
	<b>Healthy Ireland</b>																
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	52.5% [G]	16.6%										53.2%	55.4%	57.4%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	<b>Therapy Waiting Lists</b>																
	Physiotherapy access within 52 weeks	M	94%	73.2% [R]	-22.1%	84.2% [R]	58.6% [R]	66.5% [R]	88.6% [A]	62.9% [R]	84.2% [R]	75.1% [R]	72.1% [R]	83.7% [R]	75.4%	73.3%	73.2%
	Occupational Therapy access within 52 weeks	M	95%	55.5% [R]	-41.6%	54.3% [R]	55% [R]	84.3% [R]	58.7% [R]	44.6% [R]	50% [R]	51.7% [R]	58.4% [R]	58.1% [R]	56.5%	55.8%	55.5%
	SLT access within 52 weeks	M	100%	71.3% [R]	-28.7%	64.9% [R]	93.1% [A]	85.7% [R]	98.3% [G]	71.2% [R]	76.3% [R]	56.1% [R]	72.2% [R]	63.8% [R]	75.2%	72.4%	71.3%
	Podiatry treatment within 52 weeks	M	77%	48% [R]	-37.6%	37.8% [R]	74.3% [G]	29.9% [R]	86.2% [G]	29.4% [R]			24.5% [R]	95.6% [G]	50.8%	47.9%	48%
	Ophthalmology treatment within 52 weeks	M	64%	41.7% [R]	-34.9%	53.2% [R]	42.5% [R]	41.9% [R]	41% [R]	61.8% [G]	3.7% [R]	47.6% [R]	27.5% [R]	100% [G]	50.9%	47.5%	41.7%
	Audiology treatment within 52 weeks	M	75%	58.7% [R]	-21.7%	57.9% [R]	64.6% [R]	62.5% [R]	55.2% [R]	43.4% [R]		74.4% [G]	64.5% [R]	76.8% [G]	60.8%	58%	58.7%
	Dietetics treatment within 52 weeks	M	80%	55.5% [R]	-30.6%	89.8% [G]	60.9% [R]	41.7% [R]	75.5% [A]	42.3% [R]	69.1% [R]	50.1% [R]	53.1% [R]	73.1% [A]	60.9%	56.8%	55.5%
	Psychology treatment within 52 weeks	M	81%	46.3% [R]	-42.8%	69% [R]	44.4% [R]	44.6% [R]	40.4% [R]	54% [R]	90.8% [G]	30.4% [R]	98.3% [G]	26.8% [R]	48.2%	46.3%	46.3%
	<b>Nursing</b>																
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	97.7% [G]	-2.3%	100.3% [G]	99.5% [G]	100.2% [G]	96.4% [G]	97.7% [G]	97.4% [G]	93.8% [G]	97.5% [G]	97.7% [G]	99.5%	98.7%	97.7%
	<b>Mental Health</b>																
	% of urgent referrals to CAMHS responded to within 3 working days	M	>90%	96.4% [G]	7.1%	100% [G]	93.8% [G]	100% [G]	89.7% [G]	94.7% [G]	100% [G]	89.5% [G]	100% [G]	100% [G]	97.8%	98.5%	94%
	% seen within 12 weeks by GAMHT	M	75%	76.1% [G]	1.4%	87.6% [G]	91.5% [G]	72.5% [G]	73.3% [G]	78% [G]	79.8% [G]	83% [G]	68.3% [A]	56.2% [R]	75.6%	75.9%	76.7%
	% seen within 12 weeks by POLL Mental Health Teams	M	95%	96.3% [G]	1.3%	98.2% [G]	98.4% [G]	98.5% [G]	97.5% [G]	98.6% [G]	97.6% [G]	99.1% [G]	89.8% [A]	86.7% [A]	96.1%	96.1%	96.6%
	<b>Disability Act Compliance</b>																
	Assessments completed within timelines	Q	100%	14.4% [R]	-85.6%	72.9% [R]	30% [R]	20% [R]	10.4% [R]	2.8% [R]	12.4% [R]	0% [R]	13.6% [R]	19.7% [R]	7.5%	7.7%	14.4%
	Number of requests for assessment of need received for children	Q	1,159	1,212 [G]	4.6%	82 [G]	35 [G]	125 [G]	210 [R]	61 [R]	76 [G]	153 [R]	193 [G]	277 [G]	870	1,545	1,212

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	<b>Children's Disability Networks</b>																
	No. of Children's Disability Networks established <sup>1</sup>	M	91	67 [R]	-26.4%	7 [G]	9 [G]	6 [G]	15 [G]	0 [R]	7 [G]	11 [G]	0 [R]	12 [G]	31	0	36
	<b>Disability Emergency Supports</b>																
	No. of new emergency places provided to people with a disability	M	11	22 [G]	100%										3	10	9
	No. of in home respite supports for emergency cases	M	90	159 [G]	76.7%										75	46	38
	<b>Home Support Hours<sup>2</sup></b>																
	Number of hours provided	M	5,301,734	4,686,335 [R]	-11.6%	450,922 [R]	540,420 [A]	370,997 [R]	642,162 [R]	470,031 [R]	425,322 [G]	543,219 [R]	475,349 [R]	767,912 [G]	1,571,754	1,492,023	1,622,558
Finance, Governance & Compliance	No. of people in receipt of home support	M	54,674	54,122 [G]	-1%	4,163 [G]	6,461 [G]	5,489 [G]	8,655 [A]	5,664 [A]	4,250 [G]	6,977 [G]	5,155 [R]	7,308 [G]	52,553	52,786	54,122
	<b>Delayed Transfers of Care Homeless</b>																
	Number of beds subject to Delayed Transfers of Care	M	≤480	371 [G]	-22.7%										427	414	371
	% of service users assessed within two weeks of admission	Q	85%	82.7% [G]	-2.7%	94.9% [G]	80.8% [G]	96.7% [G]	70.4% [R]	64.9% [R]	100% [G]	94.8% [G]	97.8% [G]	79.6% [A]	85.7%	88.7%	82.7%
	<b>Financial Management – Expenditure variance from plan</b>																
Finance, Governance & Compliance	Net expenditure (pay + non-pay - income)	M	<0.1%	1,660,080	0.93% [R]	6.23% [R]	6.55% [R]	6.18% [R]	1.35% [R]	3.82% [R]	2.50% [R]	2.69% [R]	5.41% [R]	3.79% [R]	-0.90%	0.40%	0.93%
	Gross expenditure (pay and non-pay)	M	<0.1%	1,777,928	0.36% [A]	4.51% [R]	4.49% [R]	5.58% [R]	0.31% [A]	2.97% [R]	1.94% [R]	1.58% [R]	3.72% [R]	2.91% [R]	-1.38%	-0.12%	0.36%
	Pay expenditure variance from plan	M	<0.1%	781,034	0.47% [A]	2.76% [R]	2.64% [R]	2.18% [R]	-2.48% [G]	2.23% [R]	5.79% [R]	2.40% [R]	2.29% [R]	1.89% [R]	-0.42%	0.07%	0.47%
	Non-pay expenditure	M	<0.1%	996,895	0.28% [A]	8.59% [R]	6.19% [R]	7.80% [R]	3.06% [R]	3.72% [R]	-2.00% [G]	0.41% [A]	5.63% [R]	4.24% [R]	-2.13%	-0.28%	0.28%
	<b>Service Arrangements</b>																
Finance, Governance & Compliance	Monetary value signed	M	100%	23.80%	-76.2%											8.71%	23.80%

<sup>1</sup> NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata

<sup>2</sup> No. of home support hours provided for testing of Statutory Home Support Scheme (230,000) will be included for reporting when the pilot commences

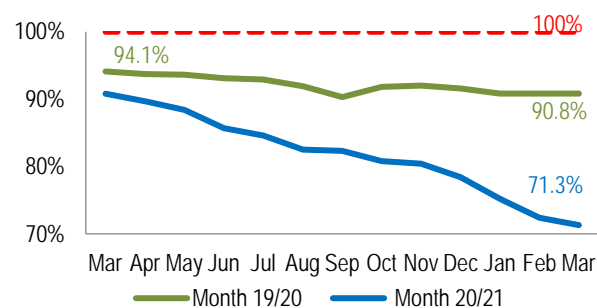
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	<b>Internal Audit</b> Recommendations implemented within 12 months (2020)	Q	95%	51% [R]	-46.32%										82%	78%	51%
<b>Workforce</b>	<b>Attendance Management</b> % absence rates by staff category (non Covid)	M	<3.5%	4.48% [R]	28%	5.68% [R]	3.66% [G]	5.09% [R]	3.94% [A]	5.11% [R]	3.77% [G]	4.71% [R]	5.03% [R]	3.88% [A]	4.67%	4.59%	4.17%
	% absence rates by staff category (Covid)	M	NA	2.53%		2.89%	2.34%	1.94%	2.59%	2.93%	3.02%	2.46%	2.61%	2.24%	4.38%	2.23%	1%

## Primary Care Services

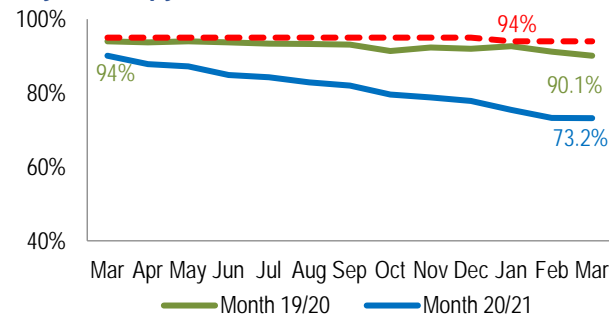
### Primary Care Therapies

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Speech and Language Therapy access within 52 weeks	100%	M	●	<b>71.3%</b>	90.8%	-19.5%	75.2%	72.4%	71.3%	CHO4 (98.3%), CHO2 (93.1%), CHO3 (85.7%)	CHO7 (56.1%), CHO9 (63.8%), CHO1 (64.9%)
Physiotherapy access within 52 weeks	94%	M	●	<b>73.2%</b>	90.1%	-16.9%	75.4%	73.3%	73.2%	CHO4 (88.6%), CHO1 & CHO6 (84.2%), CHO9 (83.7%)	CHO2 (58.6%), CHO5 (62.9%), CHO3 (66.5%)
Occupational Therapy access within 52 weeks	95%	M	●	<b>55.5%</b>	68.6%	-13.1%	56.5%	55.8%	55.5%	CHO3 (84.3%), CHO4 (58.7%), CHO8 (58.4%)	CHO5 (44.6%), CHO6 (50%), CHO7 (51.7%)
Podiatry access within 52 weeks	77%	M	●	<b>48%</b>	73%	-25%	50.8%	47.9%	48%	CHO9 (95.6%), CHO4 (86.2%), CHO2 (74.3%)	CHO8 (24.5%), CHO5 (29.4%), CHO3 (29.9%)
Ophthalmology access within 52 weeks	64%	M	●	<b>41.7%</b>	66.6%	-24.9%	50.9%	47.5%	41.7%	CHO9 (100%), CHO5 (61.8%), CHO1 (53.2%)	CHO6 (3.7%), CHO8 (27.5%), CHO4 (41%)
Audiology access within 52 weeks	75%	M	●	<b>58.7%</b>	80.6%	-21.9%	60.8%	58%	58.7%	CHO9 (76.8%), CHO7 (74.4%), CHO2 (64.6%)	CHO5 (43.4%), CHO4 (55.2%), CHO1 (57.9%)
Dietetics access within 52 weeks	80%	M	●	<b>55.5%</b>	75.1%	-19.6%	60.9%	56.8%	55.5%	CHO1 (89.8%), CHO4 (75.5%), CHO9 (73.1%)	CHO3 (41.7%), CHO5 (42.3%), CHO7 (50.1%)
Psychology access within 52 weeks	81%	M	●	<b>46.3%</b>	63.5%	-17.2%	48.2%	46.3%	46.3%	CHO 8 (98.3%), CHO6 (90.8%), CHO1 (69%)	CHO9 (26.8%), CHO7 (30.4%), CHO4 (40.4%)

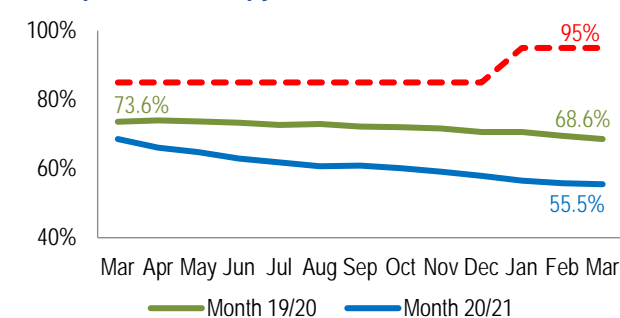
SLT Access within 52 weeks



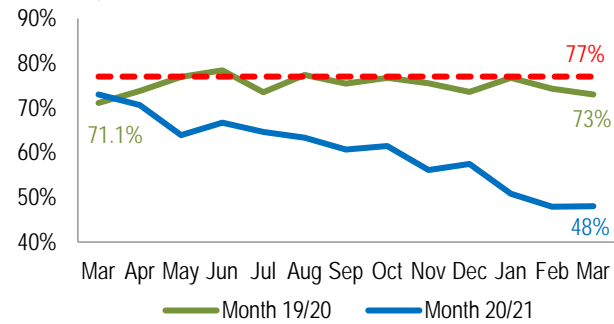
Physiotherapy Access within 52 weeks



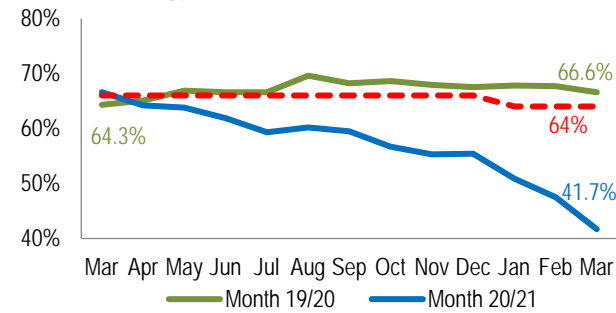
Occupational Therapy Access within 52 weeks



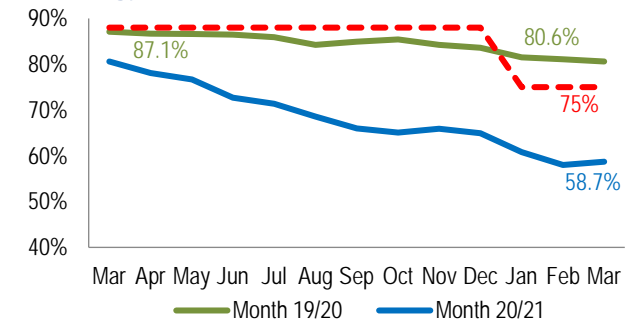
**Podiatry Access within 52 weeks**



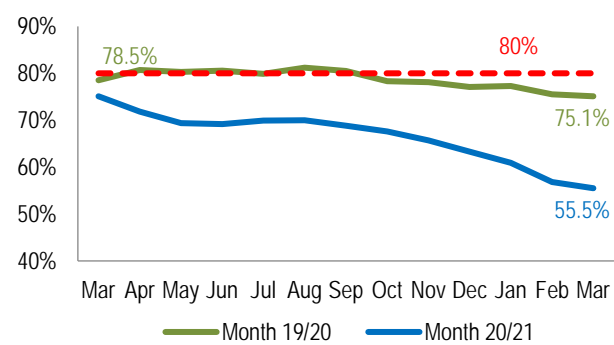
**Ophthalmology Access within 52 weeks**



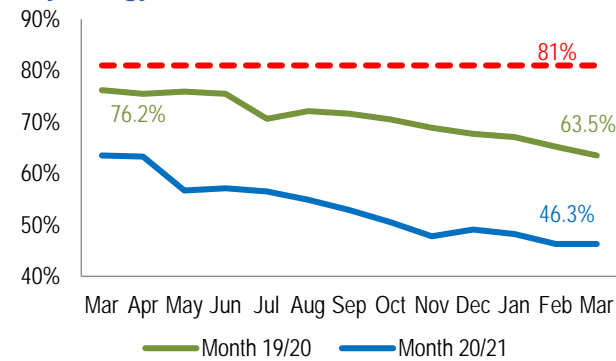
**Audiology Access within 52 weeks**



**Dietetics Access within 52 weeks**



**Psychology Access within 52 weeks**



## Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>Physiotherapy</b>					
Number seen	147,764	99,252	-32.8%	135,081	-35,829
Total number waiting	42,173	48,797	15.7%	40,089	8,708
% waiting < 12 weeks	81%	77.2%	-4.7%	79.0%	-1.8%
Number waiting > 52 weeks		13,133		3,993	9,140
<b>Occupational Therapy</b>					
Number seen	97,146	81,569	-16.0%	86,101	-4,532
Total number waiting	34,093	33,358	-2.2%	35,420	-2,062
% waiting < 12 weeks	71%	66.1%	-6.8%	68.5%	-2.4%
Number waiting > 52 weeks		14,853		11,108	3,745
<b>*Speech &amp; Language Therapy</b>					
Number seen	74,179	53,217	-45.7%	57,518	-4,301
Total number waiting	17,645	21,880	24.0%	16,246	5,634
Number waiting > 52 weeks		6,273		1,492	4,781

Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	9,868	10,910	10.6%	9,087	1,823
Number waiting > 52 weeks		5,157		2,089	3,068
<b>Psychology</b>					
Number seen	12,661	12,483	-1.4%	11,438	1,045
Total number waiting	10,532	10,814	2.7%	10,186	628
% waiting < 12 weeks	36%	16.1%	-55.4%	18.0%	-1.9%
Number waiting > 52 weeks		5,807		3,716	2,091
<b>Podiatry</b>					
Number seen	21,625	8,549	-60.5%	18,915	-10,366
Total number waiting	4,619	6,799	47.2%	4,347	2,452
% waiting < 12 weeks	33%	14.8%	-55.0%	31.5%	-16.7%
Number waiting > 52 weeks		3,533		1,172	2,361
<b>Ophthalmology</b>					
Number seen	11,852	16,064	35.5%	22,112	-6,048
Total number waiting	17,794	21,645	21.6%	19,050	2,595
% waiting < 12 weeks	19%	12.9%	-31.9%	27.7%	-14.8%
Number waiting > 52 weeks		12,620		6,372	6,248
<b>Audiology</b>					
Number seen	7,950	11,502	44.7%	12,211	-709
Total number waiting	19,351	19,386	0.2%	18,536	850
% waiting < 12 weeks	20%	17.7%	-11.3%	28.5%	-10.8%
Number waiting > 52 weeks		8,008		3,598	4,410
<b>Dietetics</b>					
Number seen	16,848	18,498	9.8%	17,408	1,090
Total number waiting	17,417	20,922	20.1%	18,786	2,136
% waiting < 12 weeks	40%	22.1%	-44.8%	33.9%	-11.8%
Number waiting > 52 weeks		9,312		4,675	4,637

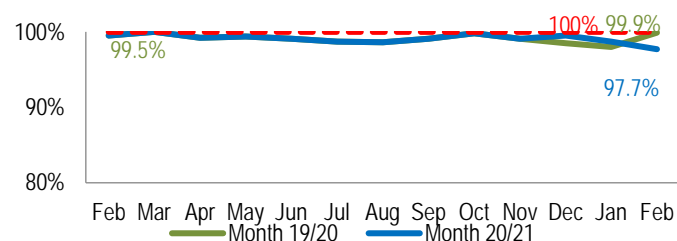
\*SLT reports on both assessment and treatment waiting list



## Nursing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	● 97.7%	99.9%	-2.2%	99.5%	98.7%	97.7%	CHO1 (100.3%), CHO3 (100.2%), CHO2 (99.5%)	CHO7 (93.8%), CHO4 (96.4%), CHO6 (97.4%)

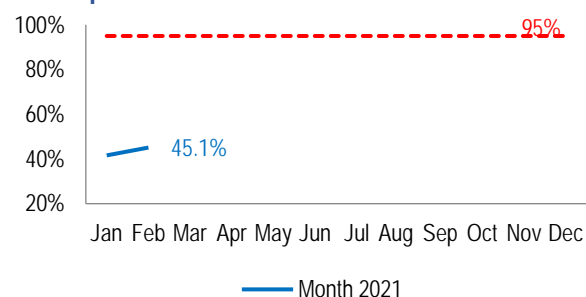
### Nursing – access within 12 weeks



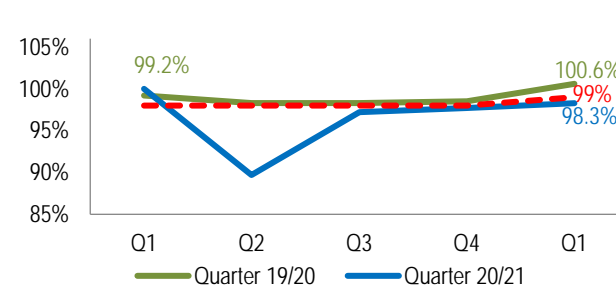
## Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	● 43.3%				41.6%	45.1%	CHO9 72.7%), CHO4 (72.5%), CHO2 (48.2%)	CHO6 (0%), CHO1 (23%), CHO3 (30.2%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 98.3%	100.6%	-2.3%	97.2%	97.7%	98.3%	CHO4 (100.3%), CHO1 (100%), CHO5 (99.1%)	CHO6 (96.1%), CHO8 (96.2%), CHO7 (98.1%)

### Developmental Assessment 12 months



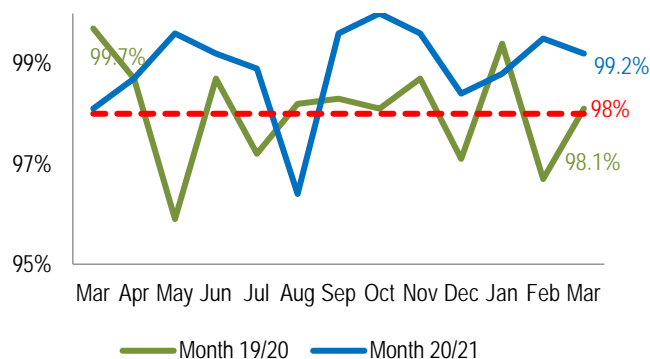
### New borns visited within 72 hours



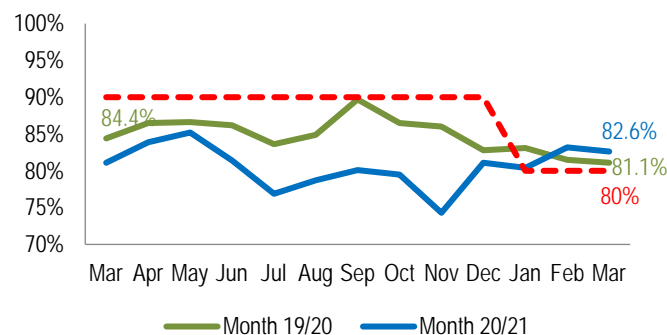
## Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M	● <b>99.2%</b>	98.1%	+1.1%	98.8%	99.5%	99.2%	CHO1, CHO2, CHO3, CHO4, CHO6, CHO7, (100%)	CHO9 (92.9%)
Access to palliative community services within 7 days	80%	M	● <b>82%</b>	81.9%	+0.1%	80.4%	83.2%	82.6%	CHO9 (100%), CHO2 (98.1%), CHO1 (94.5%)	CHO4 (56.4%), CHO6 (73.4%), CHO3 (73.7%)
Number accessing inpatient beds within seven days	915 YTD/ 4,078 FYT	M	● <b>707</b>	895	-188	239	218	250	CHO1 (2.1%)	CHO6 (-48.5%), CHO2 (-40.9%), CHO9 (-28.5%)
Treatment in normal place of residence	3,358 FYT	M	● <b>3,410</b>	3,207	+203	3,267	3,256	3,410	CHO5 (23.8%), CHO8 (15.1%), CHO2 (15%)	CHO1 (-25.5%), CHO4 (-22.9%), CHO6 (-1.4%)

Access to palliative inpatient beds



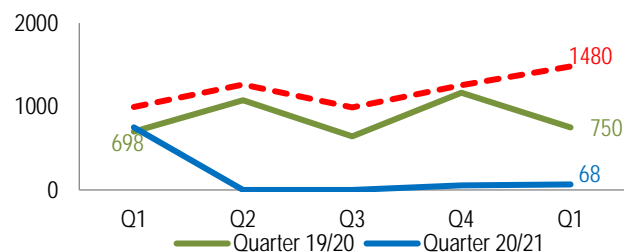
Access to palliative community services



## Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	1,480 FYT	Q	● 68	750	-682	0	55	68	CHO2 (42.3%)	8 out of the 9 CHOs did not reach target

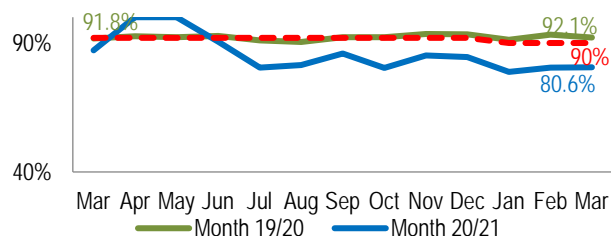
### Number who have completed type 2 diabetes education programme



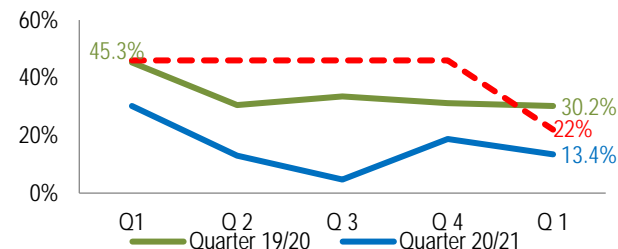
## Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 months	90%	M	● 80.1%	92.1%	-12%	78.8%	80.4%	80.6%	CHO9 (99.2%), CHO3 (94.3%), CHO4 (91.7%)	CHO5 (57.8%), CHO8 (65.7%), CHO7 (73.3%)
Orthodontics - % seen for assessment within 6 months	22%	Q	● 13.4%	30.2%	-16.8%	4.7%	18.8%	13.4%	West (100%)	DNE (0%), DML (1.5%), South (48.9%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 22.3%	15.3%	+7%	19.2%	20.7%	22.3%		DNE (33.1%), South (23.4%), DML (20.8%)

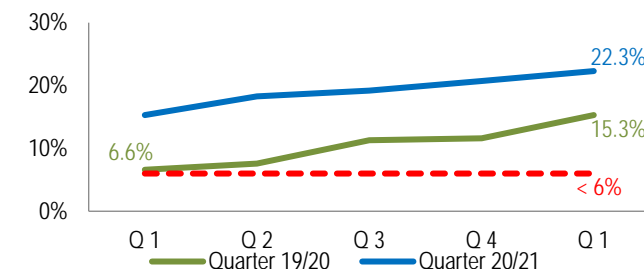
### Oral Health: % of new patients who commenced treatment within 3 months



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



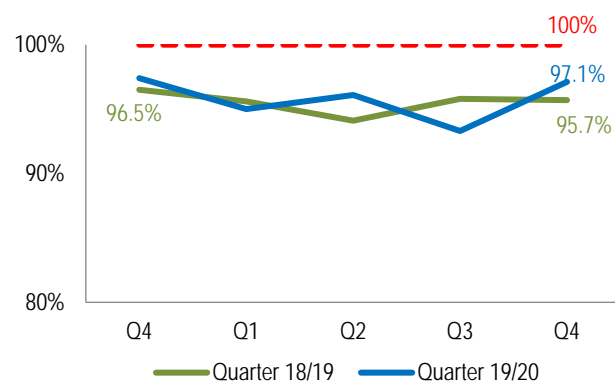
### Orthodontics: treatment waiting list > four years



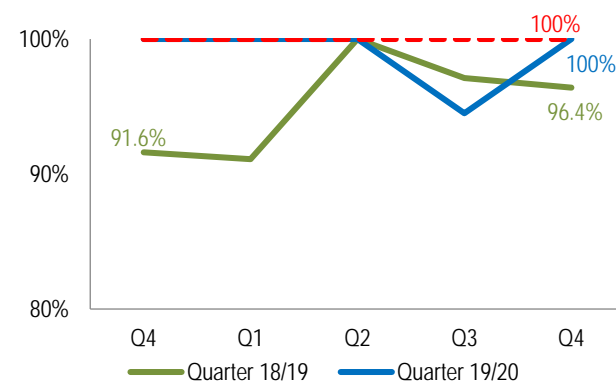
## Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	● 95.4%	95.7%	-0.3%	96.1%	93.3%	97.1%	CHO2, 6 & 7 reached target	CHO3 (80.3%), CHO8 (88.9%), CHO4 (92.4%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	● 98.9%	96.4%	+2.5%	100%	94.5%	100%	CHO1, 2, 5, 6, 7, 8 reached target	
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	● 82.7%	89.2%	-6.5%	85.2%	88.7%	82.7%	CHO6 (100%), CHO8 (97.8%), CHO3 (96.7%)	CHO5 (64.9%), CHO4 (70.4%), CHO9 (79.6%)

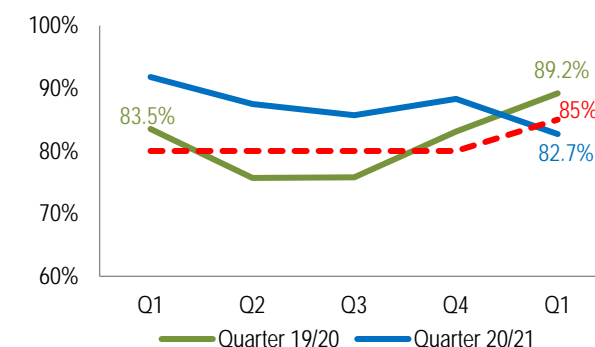
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks

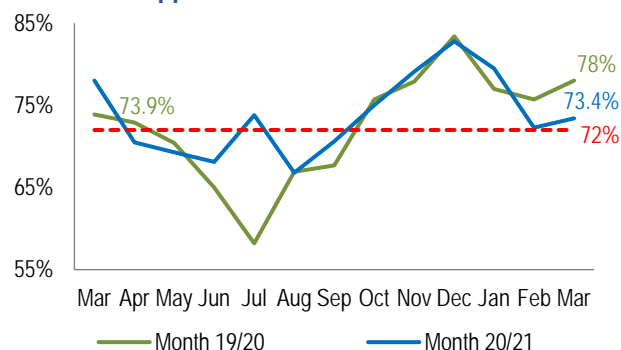


## Mental Health Services

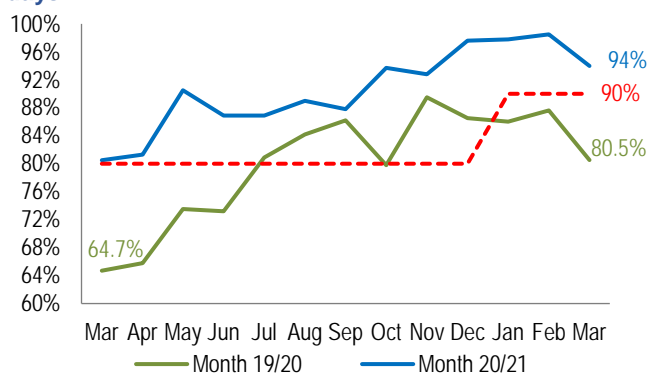
### Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Admission of Children to CAMHs	85%	M	●	<b>92.8%</b>	90.9%	+1.9%	100%	92.1%	89.2%		
CAMHs Bed Days Used	95%	M	●	<b>98.9%</b>	97.6%	+1.3%	100%	98.7%	98.1%	CHO1, 2, 3, 4, 5, 6, 7 & 9 reached target	CHO8 (86.9%)
CAMHs – first appointment within 12 months	95%	M	●	<b>94.5%</b>	97.1%	-2.6%	96.6%	92.6%	94.7%	CHO2, 3, 5, 6, & 7 reached target	CHO1 (86.7%), CHO4 (89.5%), CHO9 (91.9%)
CAMHs waiting list	2,308	M	●	<b>2,625</b>	2,816	-191	2,617	2,591	2,625	CHO2 (30), CHO5 (182), CHO7 (205)	CHO8 (467), CHO4 (442), CHO1 (398)
CAMHs waiting list > 12 months	0	M	●	<b>282</b>	263	+19	283	304	282	CHO2 (0), CHO5 (0)	CHO3 (61), CHO4 (60), CHO8 (58)
No of referrals received	3,745 YTD 14,895 FYT	M	●	<b>5,317</b>	4,828	+489	1,467	1,651	2,199		
Number of new seen	2,354 YTD 9,338 FYT	M	●	<b>3,176</b>	2,757	+419	832	1,052	1,292		
% of urgent referrals to CAMHs Teams responded to within three working days	>90%	M	●	<b>96.4%</b>	85%	+11.4%	97.8%	98.5%	94%	CHO1, 2, 3, 5, 6, 8 & 9 reached target	CHO4 (81%), CHO7 (84.6%)

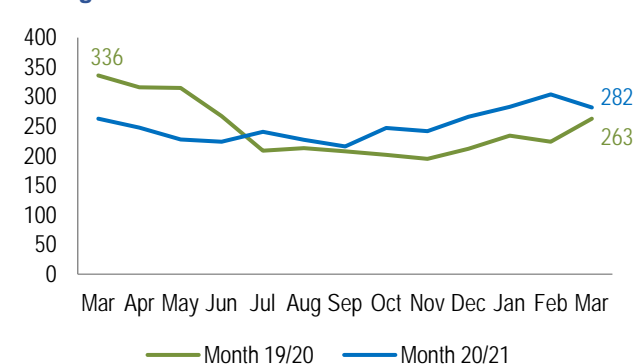
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



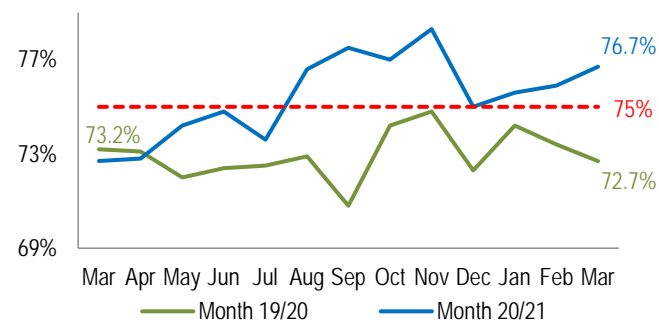
## General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	9,269 YTD 36,962 FYT	M	●	<b>10,086</b>	10,709	-623	3,184	3,280	3,622		
Number of referrals seen	5,791 YTD 23,042 FYT	M	●	<b>6,205</b>	6,451	-246	1,815	2,127	2,263		
% seen within 12 weeks	75%	M	●	<b>76.1%</b>	73.5%	+2.6%	75.6%	75.9%	76.7%	CHO1, 2, 5, 6 & 7 reached target	CHO9 (51.5%), CHO8 (70.7%), CHO4 (73.1%)

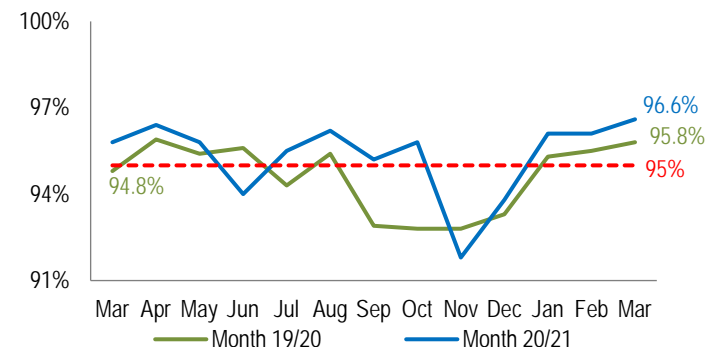
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	2,768 YTD 11,042 FYT	M	●	<b>2,488</b>	2,964	-476	768	780	940		
Number of referrals seen	1,853 YTD 7,388 FYT	M	●	<b>1,762</b>	2,049	-287	555	544	663		
% seen within 12 weeks	95%	M	●	<b>96.3%</b>	95.5%	+0.8%	96.1%	96.1%	96.6%	CHO1, 2, 3, 4, 5, & 7 reached target	CHO9 (87.8%), CHO8 (88.4%), CHO6 (94.4%)

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



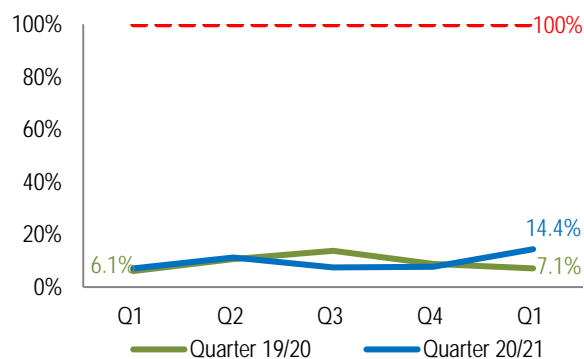
### Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



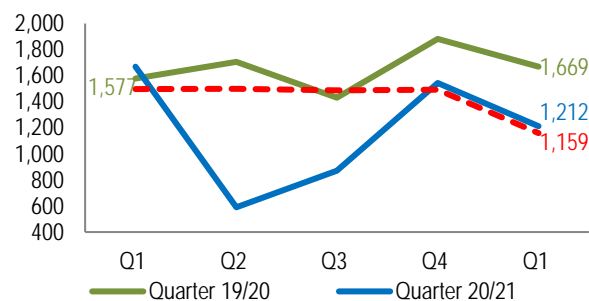
## Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Disability Act Compliance	100%	Q	● 14.4%	7.1%	+7.3%	7.5%	7.7%	14.4%	No CHO reached target	(% Var): CHO7 (0%), CHO5 (2.8%), CHO4 (10.4%)
Number of requests for assessment of need received for Children	1,159YTD/ 4,613 FYT	Q	● 1,212	1,669	-457	870	1,545	1,212	(% Var): CHO1 (43.9%), CHO2 (40%), CHO8 (39.9%)	(% Var): CHO4 (-20.5%), CHO7 (-17.3%), CHO5 (-11.6%)
Movement from Congregated Setting to community settings	38 YTD/ 144 FYT	Q	● 35	26	+9	14	23	35	(% Var): CHO6 (566.7%), CHO8 (100%)	(% Var): CHO2, 5, 7 & 9 (-100%)
% of Children's Disability Networks established <sup>3</sup>	100%	M	● 73.6%			34.1%	34.1%	73.6%	(% Var): CHO 1, 2, 3, 4, 6, 7 & 9 reached target	(% Var): CHO 5 & 8 (0%)
Number of Children's Disability Networks established <sup>4</sup>	91 YTD/ 91FYT	M	● 67			31	0	36	(% Var): CHO 1, 2, 3, 4, 6, 7 & 9 reached target	(% Var): CHO 5 & 8 (-100%)

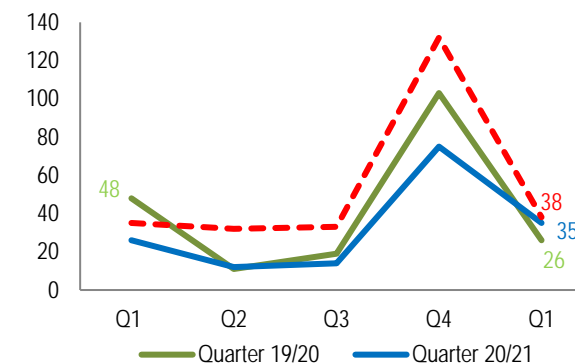
### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings



<sup>3</sup> Jan to Jun 2020 no targets/activity profiled therefore comparison SPLY will not be available until July 2021

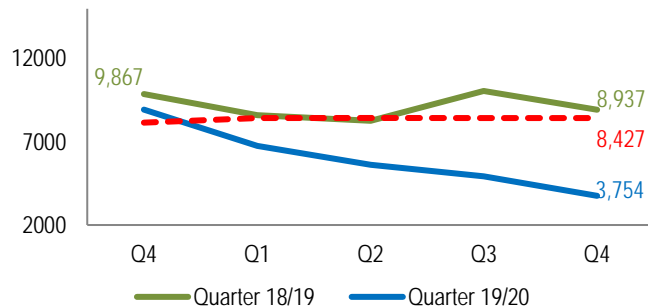
<sup>4</sup> NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata

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

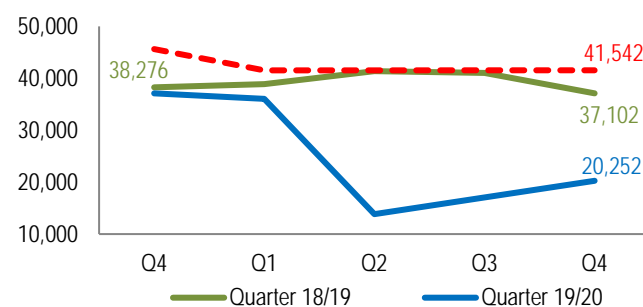
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	44	11	● 22	20	+2	3	10	9
No. of in home respite supports for emergency cases	M	358	90	● 159	6	+153	75	46	38
Number of residential places provided to people with a disability	M	8,130	8,130	● 8,114	8,167	-53	8,115	8,118	8,114

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Respite – Number of day only respite sessions	33,712 YTD/ 33,712 FYT	Q-1M	● 21,032	35,861	-14,829	5,611	4,918	3,754	(% Var): CHO5 (133.7%), CHO8 (50.8%)	(% Var): CHO6 (-86.8%), CHO7 (-79.2%), CHO3 (-60.9%)
Respite – Number of overnights	166,183YTD/ 166,183 FYT	Q-1M	● 87,177	158,441	-71,264	13,841	17,061	20,252	No CHO reached their target.	(% Var): CHO1 (-66.2%), CHO4 (-58.8%), CHO7 (-57.7%)
Home Support Hours	3,080,000 YTD/ 3,080,000 FYT	Q-1M	● 2,939,541	3,035,882	-96,341	681,410	745,824	719,611	(% Var): CHO3 (19.2%), CHO4 (11.7%), CHO2 (9.6%)	(% Var): CHO7 (-29.1%), CHO5 (-15.2%), CHO9 (-10.6%)
Personal Assistance Hours	1,670,000 YTD/ 1,670,000 FYT	Q-1M	● 1,781,310	1,652,030	+129,280	438,306	443,959	453,271	(% Var): CHO7 (141.3%), CHO6 (16.3%), CHO9 (13.9%)	(% Var): CHO5 (-10.1%), CHO1 (-9%), CHO8 (-8%)

### Respite Day Only

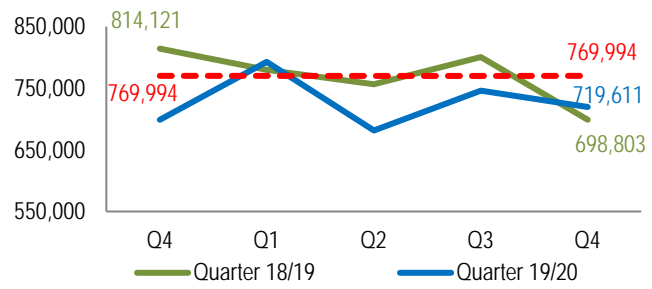


### Respite Overnights

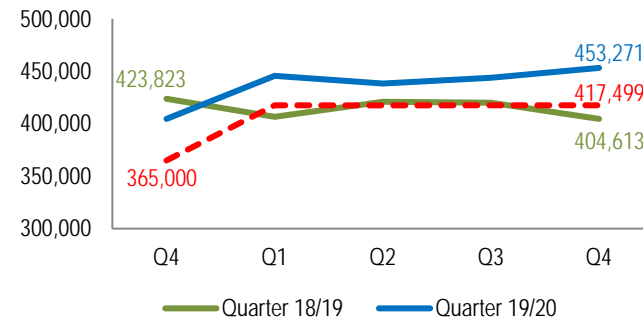




### Home Support Hours



### Personal Assistance Hours

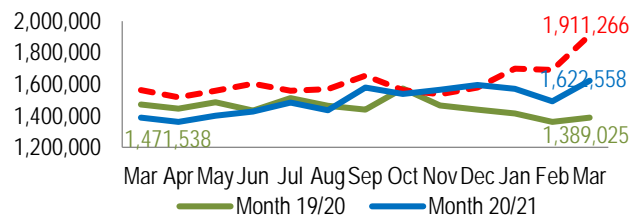


## Older Person's Services

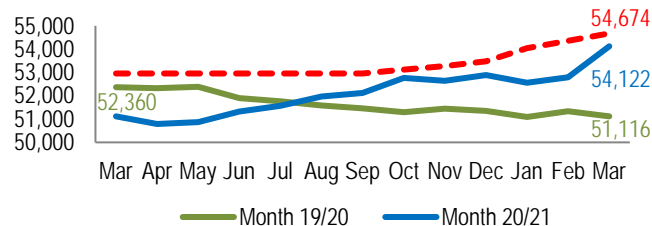
Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	5,301,734 YTD/ 23.67m FYT	M	●	<b>4,686,335</b>	4,165,539	+520,796	1,571,754	1,492,023	1,622,558	(%Var): No CHO achieved target	(%Var); CHO5 (- 21.3%), CHO4 (-17.1%), CHO7 (-15.8%)
No. of people in receipt of Home Support	54,674 YTD/ 55,675 FYT	M	●	<b>54,122</b>	51,116	+3,006	52,553	52,786	54,122	(%Var): CHO3 (21.5%), CHO2 (2.3%), CHO7 (1.3%)	(%Var): CHO8 (- 10.4%), CHO5 (-7.3%), CHO4 (-6.1%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	<b>140</b>	165	-25	149	139	140		
No. of persons funded under NHSS in long term residential care	22,624 YTD/ 22,500 FYT	M	●	<b>21,710</b>	23,704	-1,994	22,488	21,805	21,710		
No. of NHSS beds in public long stay units	4,629 YTD/ 4,501 FYT	M	●	<b>4,737</b>	4,968	-231	4,766	4,770	4,737	(%Var): CHO9 (9.3%), CHO3 (7.5%), CHO8 (6.6%)	(%Var): CHO5 (-4.3%), CHO1 (-3%)
No. of short stay beds in public units	1,529 YTD/ 2,209 FYT	M	●	<b>1,318</b>	1,823	-505	1,254	1,291	1,318	(%Var): CHO6 (24.4%), CHO1 (20.5%)	(%Var):CHO8 (- 62.2%),CHO4 (31.5%), CHO2 (-31.3%)
No. of beds subject to Delayed Transfers of Care	≤480	M	●	<b>371</b>	238	+133	427	414	371	Mullingar, Cappagh, Mallow & Ennis (0)	SJH (52), MMUH (29), SVUH & OLOL (27)
No. of persons in receipt of payment for transitional care	831	M-1M	●	<b>896</b>	1,157	-261	709	833	896		

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

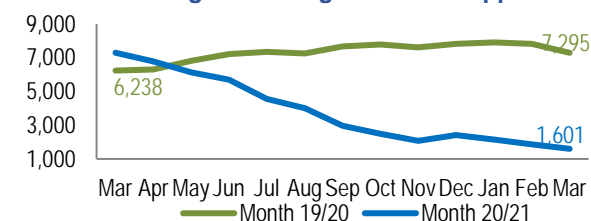
### Number of Home Support Hours Provided



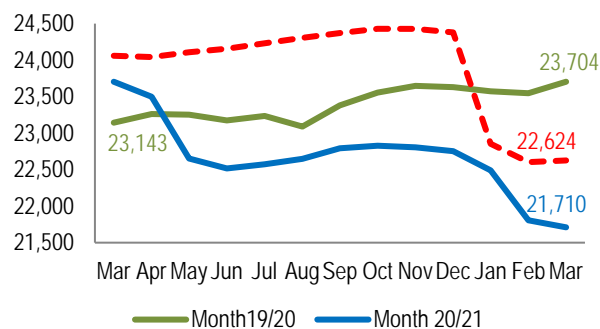
### Number of people in receipt of Home Support



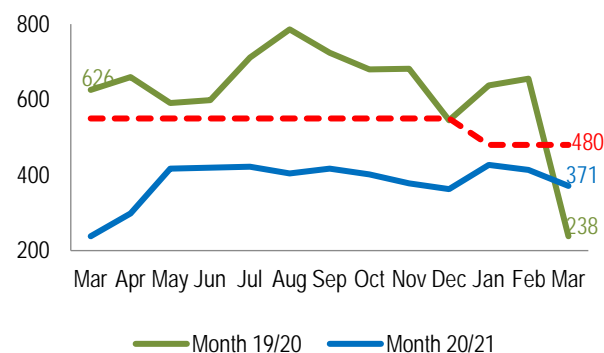
### Number waiting on funding for Home Support



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



### Delayed Transfers of Care



### Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	47	9	56	15.1%
Residential Care	140	15	155	41.8%
Rehab	33	12	45	12.1%
Complex Needs	10	16	26	7.0%
Housing/Homeless	7	11	18	4.9%
Legal complexity	29	10	39	10.5%
Non compliance	9	1	10	2.7%
COVID-19	19	3	22	5.9%
<b>Total</b>	<b>294</b>	<b>77</b>	<b>371</b>	<b>100%</b>

### NHSS Overview

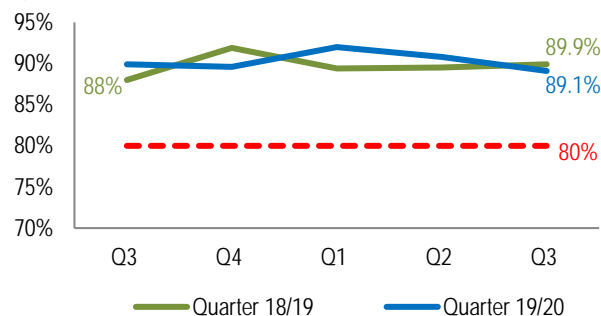
		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	2,330	3,113	-783	741	766	823	982	-159
	National placement list for funding approval	569	395	+174	323	602	569	395	+174
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	21,710	23,704	-1,994	22,488	21,805	21,710	23,704	-1,994
Private Units	No. of new patients entering scheme	1,305	2,051	-746	336	370	599	796	-197
	No. of patients Leaving NHSS	2,103	1,999	+104	523	929	651	649	+2
	Increase	-798	+52	-850	-187	-559	-52	+147	-199
Public Units	No. of new patients entering scheme	256	506	-250	68	72	116	165	-49
	No. of patients Leaving NHSS	503	483	+20	148	192	163	156	+7
	Net Increase	-247	+23	-270	-80	-120	-47	+9	-56

## Disability and Older Persons' Services

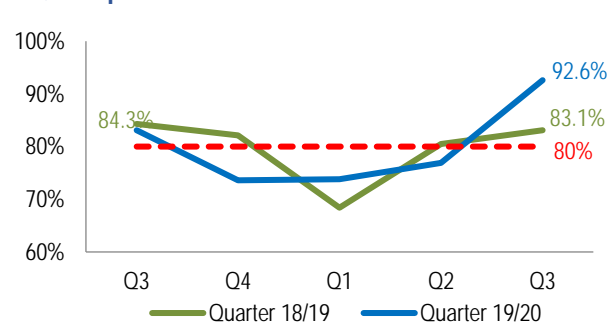
### HIQA Inspections

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (- 1)	Current	Best performance (in-month)	Outliers (in-month)
HIQA Inspections (Disabilities)	80%	Q-2Q	●	<b>90.6%</b>	89.6%	+1%	92%	90.8%	89.1%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	<b>77.6%</b>	77.9%	-0.3%	73.8%	76.9%	92.6%		

#### HIQA – Disabilities



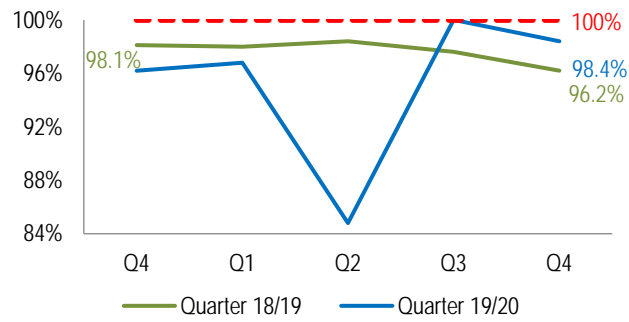
#### HIQA Inspections – Older Persons



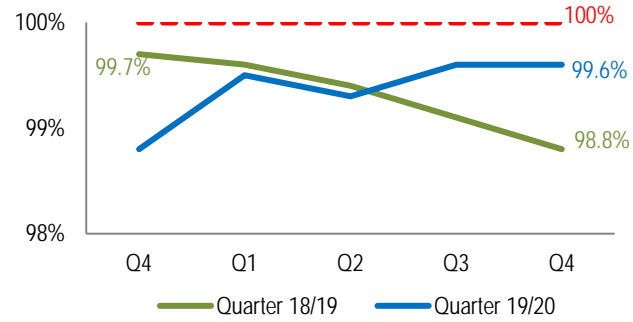
### Safeguarding

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (- 1)	Current	Best performance (in-month)	Outliers (in-month)
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	●	<b>98.4%</b>	96.2%	+2.2%	84.8%	100%	98.4%	CHO 1,2,3,5, 7 and 9 achieved target	CHO8 (92%), CHO4 (95.1%), CHO6 (98.4%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	<b>99.6%</b>	98.8%	+0.8%	99.3%	99.6%	99.6%	CHO 1,2,4,8 & 9 achieved target	CHO6 (98.1%), CHO3 (98.7%), CHO5 (99.2%)

% of prelim screenings for adults aged 65 and over



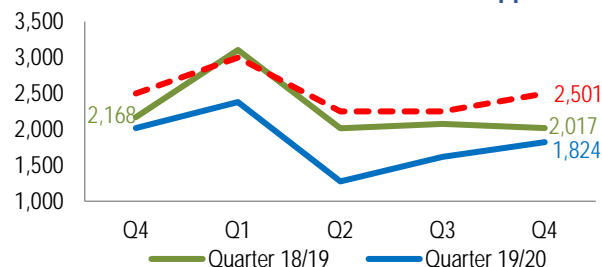
% of prelim screenings for adults under 65



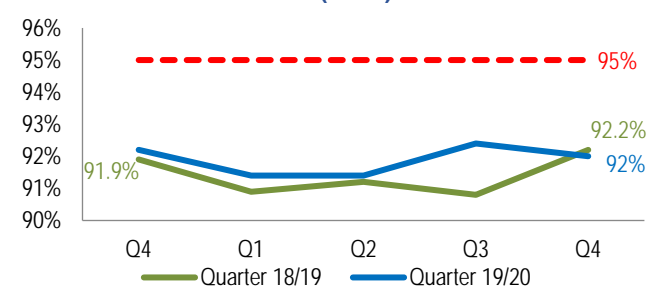
## Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	10,000 YTD/ 10,000 FYT	Q-1Q	● <b>7,098</b>	9,215	-2,117	1,276	1,618	1,824	(%Var) CHO5 (125.3%), CHO1 (27.2%), IE HG (12.3%)	(%Var) UL HG (-84.2%), CHO7 (-80.4%), SAOLTA HG (-78.5%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● <b>52.5%</b>	47.8%	+4.7%	53.2%	55.4%	57.4%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● <b>91.8%</b>	91.3%	+0.5%	91.4%	92.4%	92%	CHO7 (96.2%), CHO2 (94.8%), CHO4 (93.8%)	CHO9 (86.5%), CHO1 (89.1%), CHO8 (90.8%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● <b>94.1%</b>	93.6%	+0.5%	93.8%	94.5%	94.6%	CHO7 (97.5%), CHO2 (96.6%), CHO4 (95.7%)	CHO9 (91.5%), CHO6 (92.4%), CHO1 & CHO8 (93.9%)

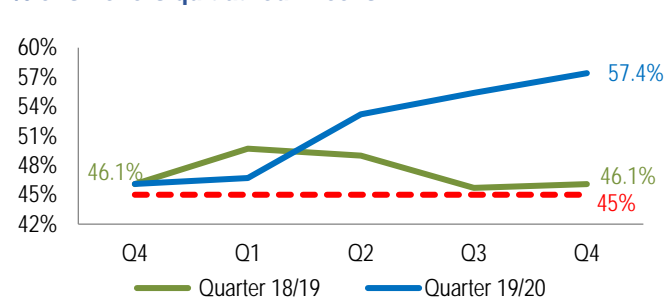
**Tobacco smokers – intensive cessation support**



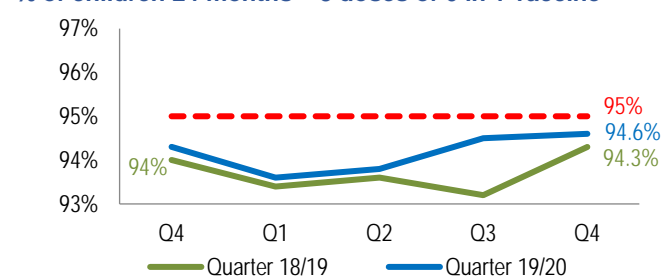
**% of children 24 months – (MMR) vaccine**



**% of smokers quit at four weeks**



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



## Community Healthcare Update

The third and most severe wave of Covid from December 2020 and into Quarter 1 continues to impact on service provision. From May to October 2020, there had been significant increases in service provision as a result of the gradual return of staff to Core duties from Covid specific services. At the time of writing (April 22nd) there has been a significant decline in disease in the community and increasing evidence that the vaccination programme is yielding results with infection rates in LTRFs significantly reduced. However, Community Services in the earlier part of March were significantly impacted by the third wave and this is reflected in the figures. Additionally, it must be borne in mind the services are still operating in a Covid environment and this impacts on productivity.

In terms of Covid the following is the case at April 22<sup>nd</sup>.

- The number of new cases fluctuates by day but overall is trending downwards at a slow rate. New cases this week are down 7% on the previous week.
- The 5 and 7 day moving averages of new cases per day fluctuate by day but overall are trending downwards. Compared to last week, the 5 day average is down 3% and the 7 day average is down 7%.
- Community referrals for the past week (up to Sunday 18<sup>th</sup> April) were down 3.7% on the previous week. Average of 4,484 referrals per day over the past week.
- Of 4,413 new cases with known most likely transmission source notified within the past 2 weeks, 3,064 (69.4%) were close contacts. 255 (5.8%) were travel related, and 112 (2.5%) were acquired in healthcare settings (80 patients & 32 staff). 982 (22.2%) were community transmission (no other identified source).
- There was 1 new outbreak in nursing homes notified during the most recent week (0 for the previous week).
- There were 3 new outbreaks in residential institutions notified (4 for the previous week).
- There were 14 new outbreaks among vulnerable populations notified; 10 among members of the Irish traveller community; 1 among the homeless

population, 1 among members of the Roma community and 2 in direct provision centres.

While the vaccine programme is drawing on community resources it is having a positive impact with a reduction in staff absence. Community Services absence rates for March stands at 6.8% of which 2.2% (32.7% of the total) is also COVID-19 related.

Nationally, the HSE has published the 'Safe Return to Services' plan which notes the unprecedented interruption to normal healthcare activity, with both community and acute settings affected. While it is the intention of Community Services to fully support and deliver on the 'Safe Return to Services' plan, our ambition needs to be tempered with a degree of realism about the levels of service that can be provided for 2021.

For the remainder of 2021 there will be ongoing challenges from redeployment to testing and tracing, the vaccination programme and there will likely be ongoing staff absences related to Covid, including 'long' Covid. Additional demands will be in relation to the ongoing requirement to deliver services in a social distant environment, productivity impacts related to the use of PPE and there will also be ongoing demands from the vaccination programmes. These will require input from staff across the Community Operations system and the requirement to vaccinate the whole population in a short period a time as possible will inevitably impact on our ability to deliver core services and address waiting lists that have grown across the course of the pandemic. The vaccination programme will, dependant on supply, operate across all of Q2 and likely in to Q3. It is also likely that as we enter Q4 and the winter period there will be requirement for 'booster' vaccination programmes particularly for vulnerable groups and those in long term care. The scenarios outlined above clearly suggest that there will be continued impact on services across 2021.

### Primary Care

Primary Care Services continue to be the most impacted by the requirement to set up Covid Specific Services including the vaccination programme. This has inevitably impacted on the delivery of Primary Care services. While there has been a significant return of staff from Covid services to 'core duties', there is still

significant impact on Primary Care services due to the pandemic. Staff are required to deliver services in a socially distant environment with a consequent impact on their ability to meet targets that were set for a non-pandemic service. Other challenges include reduced capacity, maintaining Covid 19 services, the impact of the vaccination programme and increased demand and wait lists as a result of the pandemic.

The performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported on below. Overall there was a 94.3% return rate for data across Primary Care Services.

#### Community Intervention Teams

There were 15,956 CIT referrals year to date which is 6.6% ahead of the expected activity for the year of 14,972 (PC122) and 10.3% ahead of same period last year 14,460

\* Data return rate 100%

#### Child Health Developmental Assessment 12 Months

The national performance at February YTD is 43.3% compared to a target of 95.0% (PC153). In the performance management engagements with the CHOs they have been requested to prioritise this service and formal improvement plans are being developed. Again, it should be noted that services are being delivered in a Covid environment and there are requirements to provide services in a safe environment for both children and staff.

\* Data return rate 90.6%

#### Oral Health

Year to date nationally 80.1% of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). The same period last year was 92.1%.

\*Data return rate 100%

#### Physiotherapy Access within 52 weeks

The national position at the end of March is 73.2% compared to the target of 94% (PC100G). The same period last year was 90.1%. The number of clients waiting

longer than 52 weeks has increased by 4.5% from 12,568 in February to 13,133 in March (PC100E).

Covid will impact the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth, etc.

\* Data return rate 100%

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

The national position in March is 55.5% compared to the target of 95% (PC101G). The same period last year was 68.6%. The number of clients waiting longer than 52 weeks decreased by -5.1% from 15,650 in February to 14,853 in March (PC101E). Covid will impact the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth etc.

\* Data return rate 93.7%

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

The national position in March is at 71.3% compared to the target of 100% (PC116B). The same period last year was 90.8%. The number of clients waiting for an initial assessment for longer than 52 weeks has decreased by -1.8% from 6,385 in February to 6,273 in March (PC116C). Covid will impact the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth, etc.

\*Data return rate 100%

#### Podiatry Access within 52 weeks

The national position in March is 48% compared to the target of 77% (PC104G). The same period last year was 73%. The number of clients waiting longer than 52 weeks has decreased by -3.2% from 3,650 in February to 3,533 in March (PC104E). Covid will impact the ability to achieve the full-year target.

\*Data return rate 100%

#### Ophthalmology Access within 52 weeks

The national March position is 41.7% compared to the target of 64% (PC107G). The same period last year was 66.6%. The number of clients waiting longer than



52 weeks has increased by 28.8% from 9,799 in February to 12,620 in March (PC107E). Covid will impact the ability to achieve the full-year target.

\*Data return rate 100%

#### Audiology Access within 52 weeks

The national position in March is 58.7% compared to the target of 75% (PC108G). The same period last year was 80.6%. The number of clients waiting longer than 52 weeks has decreased by -3.1% from 8,265 in February to 8,008 in March (PC108E). Covid will impact the ability to achieve the full-year target.

\*Data return rate 100%

#### Dietetics Access within 52 weeks

The national position in March is 55.5% compared to the target of 80% (PC109G). The same period last year was 75.1%. The number of clients waiting longer than 52 weeks has increased by 3.5% from 9,001 in February to 9,312 in March (PC109E). Covid will impact the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth, etc.

\*Data return rate 100%

#### Psychology Access within 52 weeks

The national position in March is 46.3% compared to the target of 81% (PC103G). The same period last year was 63.5%. The number of clients waiting longer than 52 weeks has increased by 3.5% from 5,612 in February to 5,807 in March (PC103E). Covid will impact the ability to achieve the full-year target. In light of Covid, services are being reconfigured to be delivered via new ways of working including phone consultations, telehealth, etc. Work is on-going with Mental Health Services to look at how best to provide digital online cognitive behavioural therapy services and other digital interventions to enhance service provision in this area.

\*Data return rate 100%

#### 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 2021			
Discipline	Target YTD (NSP 2021)	Actual YTD	Actual vs. Target* YTD
Physiotherapy (PC125)	147,764	99,252	-32.8%
Occupational Therapy (PC124)	97,146	81,569	-16%
SLT (PC126)	74,179	53,217	-45.7%
Podiatry (PC127)	21,625	8,549	-60.5%
Ophthalmology (PC128)	11,852	16,064	35.5%
Audiology (PC129)	7,950	11,502	44.7%
Dietetics (PC130)	16,848	18,498	9.8%
Psychology (PC131)	12,661	12,483	-1.4%

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

#### Palliative Care

##### Access to Palliative Inpatient Beds

The national year to date position is 99.2% of admissions (target 98%) to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance of 98.1% in the same period last year (PAC1A).

##### Access to Palliative Community Service

The national year to date position is 82% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days (target 80%) compared to the performance of 81.9% in the same period last year (PAC9A).

\* Data return rate 100%

#### Children's Palliative Care

The number of children in the care of the specialist palliative care teams in March 2021 has decreased by 19 children compared to same period last year (64 in March 2020 vs. 45 in March 2021) (PAC39).

The number of children in the care of the Children's Nurse Co-Ordinators was 287 at March 2021 has decreased by 29 children compared to 316 children at March 2020 (PAC37).

## Mental Health

### CAMHS Inpatient Units

Nationally there were 90 children admitted to CAMHS in-patient units at the end of March 2021 (MH37). Close weekly monitoring at the national level of the activity and waitlist for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

92.8% of child and adolescent mental health admissions were to child and adolescent acute inpatient units YTD which is above the target (85%) (MH5).

98.9% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of March 2021 which is above 95% target (MH57).

The number of children admitted to adult mental health units has reduced during 2021. The latest available data to the end of March 2021 indicates that there were 7 child admissions to adult units. This is compared to a total of 27 child admissions to adult units in 2020. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).

### Community CAMHS

Nationally there was an increase of 34 children on the waiting list for community mental health services from 2,591 in February to 2,625 in March 2021. There is a decrease of 191 children on the waiting list for community mental health services for the same period last year (MH50).

There are 282 children waiting longer than 12 months in March, however, there are regional variances. CHO 2 and CHO 5 have no children waiting longer than 12 months to be seen. CHO1 have 53, CHO3 (61), CHO4 (60), CHO6 (17), CHO7 (4), CHO8 (58) and CHO9 have 29 children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of March, 77.9% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% (MH6). However, 94.5% of young people new or re-referred cases were seen within 12 months in community CAMHS services YTD March 2020 (MH72).

Nationally, 96.4% of urgent referrals to CAMHS were responded to within three working days, above the 90% target. (MH73).

\* Data return rate 100%

### Community Adult mental health services

90.4% of referred patients were offered an appointment and seen within 12 weeks in general adult mental health YTD March 2021 against a target of 90% (MH1). CHOs, 8 and 9 are below target and this was discussed on engagement calls in February where action plans were discussed however Covid related contingencies make this more challenging to address. 17.3% referred to general adult patients did not attend (DNA) their appointments. Again Covid makes this difficult to analyse.

\* Data return rate 95.7%

98.5% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD March 2021 against a target of 98% (MH3).

\* Data return rate 93.7%

## Disability Services

### Children's Disability Networks

The HSE is establishing a total of 91 Children's Disability Networks across each of the nine CHOs comprised of specialist Children's Disability Network Teams (CDNT) to work with children with complex disability needs and their families in an interdisciplinary, child and family centred approach. This reconfiguration of services under the Progressing Disability Services for Children & Young People (PDS) programme is in line with Health Service Reform and the implementation of Community Healthcare Networks under Sláintecare.

The 91 Children's Disability Networks (CDN) will align to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for children aged from birth to 18

years of age. Early Intervention Teams and School Age Teams already in place are reconfiguring into 0-18 CDNTs. On full reconfiguration of children's disability services into CDNTs, every child across the country with complex needs arising from their disability will have access to a Children's Disability Network Team.

Significant progress is being made in line with the timeline for the reconfiguration of Children's Disability Network Teams. Children's Disability Network Managers (CDNMs) have been appointed to the majority of networks. The outstanding vacancies are currently being progressed through the job offer / contracting stage. Lead agencies for each of the networks have been agreed in all CHOs. A standardised CHO governance structure and processes has been agreed between the HSE and all agencies and is currently being implemented in all CHO areas. Expressions of preference for staffing are also concluded in most areas.

To date, 67 CDNs have been established and it is envisaged that the remaining 24 CDNs will be established by end Q2 2021.

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

### Residential Places

There were 8,114 residential places for people with a disability in March 2021 which is -0.2% (16) lower than the 8,130 profiled target (DIS108). This can be attributed to the loss of places in congregated settings that could not be re-utilised, which is in keeping with Government policy 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. The "in-year" capacity (bed) levels are also often impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.

### Emergency Places

In accordance with NSP 2021, Disability Services committed to developing 44 new emergency residential placements and 358 intensive transitional support packages

for children and young people with complex/high support needs focusing on families experiencing substantial levels of support need, but who do not require a high-cost long term placement. At end of March 2021, 22 new emergency residential places were developed; while a further 159 intensive home support packages were put in place; this includes 91 new packages and 68 packages approved in 2020 against additional Q4 funding, which have been maintained in 2021.

### RT Places

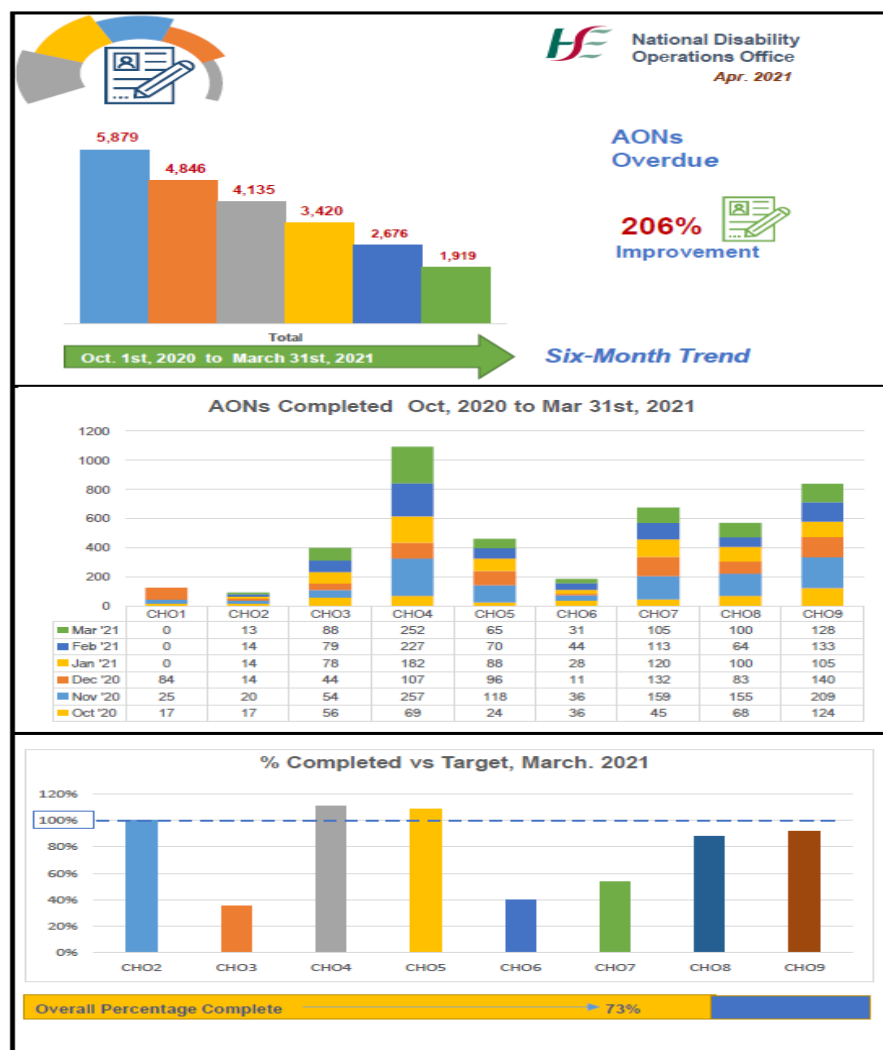
There were 2,145 people (all disabilities) in receipt of Rehabilitative Training in March 2021, which is -6.3% (145) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic.

### Disability Act Compliance

Activity for Quarter 1 indicates that there has been significant progress in the number of Assessment of Need reports completed during the Quarter. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 3,103 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations) (DIS1). The increase in activity in Q1 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement.

The infograph below shows the progress made in the last 6 months in relation to the backlog of overdue assessments, which has reduced from 5,879 in October to 1,919 at end of March 2021. (Note: This activity data refers only to those AONs that were overdue at 30/6/2020)

## AON Compliance Improvement Programme



## Congregated Settings

A total of 35 people transitioned from congregated settings to homes in the Community in Q1 2021 (DIS55). Time to Move On from Congregated Settings is

progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, there are now less than 1,800 people remaining in congregated settings.

The target for de-congregation for 2021 was set at 144. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

\* Data return rate 100%

## Older Persons

### Home Support

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

NSP 2021 provides for 23.7 million home support hours to be delivered to 55,675 people and for 360,000 home support hours provided from Intensive Home Care Packages to be delivered to approximately 235 people by year end. This allocation comprehends an additional 5 million hours funded under the Winter Plan 2020/2021 and 230,000 hours relating to the Home Support Pilot Scheme which is to commence in 2021.

The Winter Plan for 2020/2021 has been framed in the context of an increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in the context of a pandemic. The Home Support initiatives included in the Winter Plan provides for an additional 5m home support hours to be delivered by end of 2021. In order to ensure timely discharges from acute settings for older people, a discharge to assess approach will be utilised, which will be further enabled through the establishment of Integrated Decision Making Forum(s) alongside enhanced transitional and short-stay bed capacity.

One of the key enablers of the home support scheme is the implementation of the InterRAI tool in Ireland. In 2021, InterRAI will be fully implemented across Ireland. Key to this will be: (1) the recruitment and training of 128 InterRAI assessor resources who will work in the community; and (2) the development of operational policies / procedures to deliver the operationalisation of the assessment through to service provision process (across community and acute settings). Successful implementation of these processes is a key dependency to the establishment of the statutory home support scheme.

At the end of March (YTD) it was expected that the Home Support Service would deliver 5,301,734 hours. The data reported indicates that 4,686,335 hours were provided, a variance of -11.6% (OP53) with 54,122 people in receipt of home support (OP54) and 140 people in receipt of an Intensive Home Care Package (OP4).

The recent surge in COVID-19 has had an impact on the delivery of home support services with a number of COVID-19 positive/suspect clients and staff across the CHOs. As at end March, 3,327 clients' service was temporarily suspended, of which 2,750 were suspended by the client/family and the balance of 577 suspended by the HSE, impacting on the total number of hours delivered in the reporting period by 16,740 hours of service per week.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists as at end of March indicates that 1,601 people were waiting for home support funding (OP55) (preliminary data). All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

There has been a significant reduction in the number of people assessed and waiting on funding for home support over the course of 2020 as a result of a number of factors including validation of waiting lists and availability of funding to address those waiting. Further funding 2021, as part of the Winter Plan 2020/2021,

will enable the HSE to keep the number of clients assessed and waiting on funding to a minimum.

\* Data return rate 100%

## NHSS

In March 2021 the Nursing Homes Support Scheme funded 21,710 long term public and private residential places, and when adjusted for clients not in payment, there were 22,679 places supported under the scheme. The number of people funded under the scheme is below the profile for March 22,624.

There is a decrease of 1,994 in the number of people supported under the scheme when compared to the same period last year. This is a decrease of 8.4% in activity year on year.

The number on the placement list at the end of March 2021 is 569 (March 2020 – 395). This is an increase of 174 (44.1%) on the same period last year.

A total of 1,504 people were approved for funding under the scheme in the first three months of 2021 compared to 2,463 people approved for the same period last year. This is a decrease of 959 approvals or 39% year on year.

In the first three months of 2021 2,330 applications were received and 1,561 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 996 or 39% in the number of starters supported under the scheme when compared to 2020. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2021.

While there has been a significant drop in the number of clients supported by NHSS during the Covid-19 period, particularly during outbreak waves, current indicators point to an increase in applications and take-up of funding places over the coming months. The high degree of uncertainty within society makes the provision of robust projections very difficult.



### Transitional Care Funding

Transitional Care Funding which is in place to assist Acute Hospitals with 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 demand in 2021. In February 2021 502 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds – 356 approvals were for NHSS applicants and 146 were for convalescence care. This is against a monthly target of 600 approvals for February 2021

### Social Inclusion

#### Opioid substitution

Social inclusion continues to operate at similar levels to that of pre-COVID 19. Total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of February was 10,729 and is 2.5% over the expected activity level of 10,464 (SI1)

Data return 0%

#### Homeless Service

82.7% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2021 against a target of 85% (SI52)

\* Data return rate 100%

### Population Health & Wellbeing

#### MECC

MECC eLearning has been available throughout 2021 with improved access and minimal navigation issues for online participants. 385 staff completed the eLearning YTD March 2021 despite the Covid challenge (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD March 2021 is 19 compared to YTD target of 133. Performance has been significantly impacted by Covid-19 as face to face workshops were cancelled in March 2020 and have not resumed.

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

### Tobacco smokers – intensive cessation support

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

Nationally, 7,098 smokers received intensive cessation support from a cessation counselor YTD December 2020, which is -29% below the annual target of 10,000 smokers (HWB27). Two out of the nine CHOs achieved or exceeded their target YTD with the best performers being CHO1 (+27.2%), CHO5 (+125.3%) and IE Hospital Group (+12.3%). In contrast, the performance outliers are CHO2 (-60.9%), CHO3 (-63%), CHO7 (-80.4%), CHO9 (-60.9%), UL Hospital Group (-84.2%), and Saolta Hospital Group (-78.5%). Underperformance can be attributed to vacancies in some services and the cancellation of smoking cessation clinics due to staff redeployed during the COVID-19 pandemic. Additionally, the new campaign (QUIT for 28 days) including TV adverts was paused due to the Covid-19 pandemic. Prior to this, the QUIT campaign was working very effectively in motivating quit attempts. However, overall in 2020 there was a 20% increase in the number people signing up for online support to quit and a 24% increase in visits to Quit.ie.

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

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

#### Online Cessation Support Services

2,508 (+23.5%) people received online cessation support services during Q1 2021 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on [www.quit.ie](http://www.quit.ie). There was strong performance in online activity and traffic to [www.quit.ie](http://www.quit.ie) throughout 2020. The temporary pausing of face to face stop smoking

services due to COVID-19 has contributed to this uplift in seeking support through digital channels.

#### % of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 52.5% of smokers remained quit at four weeks YTD December 2020 which is above the target of 45% (HWB26).

#### Population Health Protection - Vaccinations

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

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

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

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

The 6 in 1 vaccine protects children against six diseases: Diphtheria, Hepatitis B, Haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death. Due to the prioritised response to the Covid-19 pandemic, immunisation uptake data was incomplete for the Q4 reporting period (i.e. this metric is reported quarterly in arrears).

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q1 – Q4 2020) is 94.1% against a target of 95% (-0.9%) (HWB4).

\*Data return 96.9%

#### Performance Notice

The Performance Notices in place at St John of God's Community Services and Stewarts Care will be paused. The National Director for Community Operations will review the implementation of each performance improvement plan.

# Acute Hospitals



## Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	<b>Serious Incidents</b>														
	Review completed within 125 calendar days (2020)	M	80%	25% [R]	-68.8%								26%	35%	22%
	% of serious incidents being notified within 24 hours of occurrence	M	80%	51% [R]	-36.3%								45%	58%	57%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	1.2% [G]	20.0%								0.6%	1.0%	1.2%
	<b>Service User Experience (Q4 2020 At 02.03.21)</b>														
	Complaints investigated within 30 working days	Q	75%	79% [G]	5.3%	68% [A]	88% [G]	92% [G]	90% [G]	85% [G]	45% [R]	50% [R]			
	<b>HCAI Rates</b>														
	Staph. Aureus (per 10,000 bed days)	M	<0.8	1.2 [R]	56%	2.3 [R]	0.9 [R]	1.5 [R]	1.1 [R]	0.4 [G]	2.0 [R]	1.6 [R]	1.4	0.6	1.2
	C Difficile (per 10,000 bed days)	M	<2	1.9 [G]	-5.6%	2.3 [R]	2.4 [R]	1.3 [G]	2.1 [G]	3.1 [R]	1.3 [G]	0.8 [G]	1.9	2.1	1.9
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	91.7% [A]	-8.3%	100% [G]	100% [G]	90.9% [A]	100% [G]	83.3% [R]	80% [R]	100% [G]	85.1%	83%	91.7%
	<b>Surgery</b>														
	Hip fracture surgery within 48 hours of initial assessment)	Q-1Q	85%	74.4% [R]	-12.5%		77.4% [A]	90.6% [G]	75.7% [R]	80.7% [A]	63.5% [R]	65.1% [R]	77%	70.8%	72.5%
	Surgical re-admissions within 30 days of discharge	M-1M	≤2%	1.9% [G]	-5%		2.9% [R]	1.4% [G]	1.6% [G]	2.2% [R]	2% [R]	2.2% [R]	1.7%	1.9%	1.8%
	Procedure conducted on day of admission (DOSa) (site specific targets)	M-1M	82.4%	79.4% [G]	-3.7%		52.4% [R]	90.2% [G]	79.7% [G]	70% [G]	72.9% [R]	89% [G]	73.9%	76.2%	80.4%
	<b>Medical</b>														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.3% [G]	2%		10% [G]	11.6% [G]	10.5% [G]	11.5% [G]	12.3% [R]	11.7% [A]	11.1%	10.7%	11.2%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	<b>Ambulance Turnaround</b>														
	Ambulance turnaround < 30 minutes	M	80%	32.4% [R]	-59.5%	71.4% [R]	40.9% [R]	31.7% [R]	44% [R]	15% [R]	19.9% [R]	44.2% [R]	30.5%	34%	32.9%
	% of ambulance turnaround delays escalated – 30 minutes	M	85%	77.1% [A]	-9.3%								81.4%	75.2%	74.1%
	<b>Urgent colonoscopy</b>														
	Number waiting > 4 weeks (zero tolerance)	M	0	1,349 [R]		0 [G]	0 [G]	88 [R]	30 [R]	772 [R]	91 [R]	368 [R]	629	441	279
<b>Access and Integration</b>	<b>Colonoscopy and OGD</b>														
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	32.7% [R]	-49.7%	30.8% [R]	24.2% [R]	31.4% [R]	60.2% [A]	30.6% [R]	42% [R]	19.5% [R]	37.4%	34%	32.7%
	<b>Emergency Department Patient Experience Time</b>														
	ED within 24 hours (Zero Tolerance)	M	97%	98.3% [G]	1.3%	99.9% [G]	97.2% [G]	99% [G]	99.7% [G]	98.7% [G]	97.7% [G]	93.6% [R]	98.2%	98.4%	98.4%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	96.1% [R]	-2.9%		93.9% [R]	98.3% [R]	99.3% [G]	97.7% [R]	94.2% [R]	85.4% [R]	95.7%	96.5%	96.1%
	ED within 6 hours	M	70%	66.9% [G]	-4.4%	91.2% [G]	54.6% [R]	75.2% [G]	58.1% [R]	68.1% [G]	64.3% [A]	69.1% [G]	67.3%	67.3%	66.5%
	75 years or older within 6 hours	M	95%	46.8% [R]	-50.7%		34.3% [R]	62.2% [R]	33.2% [R]	53.1% [R]	40.2% [R]	52.8% [R]	46%	47.6%	46.8%
	<b>Waiting times</b>														
	Adult waiting <15 months (inpatient)	M	85%	72.5% [R]	-14.7%		67.9% [R]	78.1% [A]	87.6% [G]	59% [R]	72% [R]	79.6% [A]	75.9%	74.1%	72.5%
	Adult waiting <15 months (day case)	M	95%	82.4% [R]	-13.3%		79.6% [R]	88.4% [A]	96.1% [G]	76.5% [R]	81% [R]	76.6% [R]	85.2%	83.8%	82.4%
	Children waiting <15 months (inpatient)	M	95%	73.5% [R]	-22.6%	70.9% [R]	100% [G]	86.8% [A]	94.4% [G]	68.6% [R]	86.8% [A]	61.8% [R]	77.4%	75%	73.5%
	Children waiting <15 months (day case)	M	90%	78% [R]	-13.4%	77.7% [R]	100% [G]	80.4% [R]	80.7% [R]	74.2% [R]	86.4% [G]	66.2% [R]	80.8%	78.9%	78%
	Outpatient < 52 weeks	M	75%	54.9% [R]	-26.9%	49.6% [R]	53.3% [R]	58.7% [R]	79.6% [G]	51.3% [R]	50.9% [R]	44.2% [R]	56.4%	55.2%	54.9%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Access and Integration	<b>Delayed Transfers of Care<sup>5</sup></b>														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤480	371 [G]	-22.7%	5	98	92	44	31	73	22	427	414	371
	<b>Cancer</b>														
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	72.5% [R]	-23.7%		71.2% [R]	66.8% [R]	99.7% [G]	56.7% [R]	73.3% [R]	88.8% [A]	68.6%	77.1%	71.7%
	Urgent Breast Cancer within 2 weeks	M	95%	72.2% [R]	-24%		67.9% [R]	59.8% [R]	99.6% [G]	57.2% [R]	80.2% [R]	100% [G]	68.2%	77.9%	70.5%
	Non-urgent breast within 12 weeks	M	95%	47.5% [R]	-50%		34.3% [R]	52.2% [R]	93.1% [G]	29.5% [R]	29.2% [R]	13.6% [R]	57.8%	51.9%	40.6%
	Lung Cancer within 10 working days	M	95%	92% [G]	-3.1%		97.8% [G]	99% [G]	100% [G]	95.7% [G]	86.6% [A]	77.8% [R]	87.3%	95.1%	93.1%
	Prostate Cancer within 20 working days	M	90%	55.5% [R]	-38.3%		64.5% [R]	94% [G]	100% [G]	20.8% [R]	26.3% [R]	55.6% [R]	53.5%	54.5%	57.9%
	Radiotherapy treatment within 15 working days	M	90%	80.0% [A]	-11.1%		75.6% [R]			85.3% [A]	76.8% [R]	99.3% [G]	77.9%	85%	77.6%
	<b>Ambulance Response Times</b>														
Finance, Governance & Compliance	ECHO within 18 minutes, 59 seconds	M	80%	77.9% [G]	-2.7%								75.1%	76.7%	82.3%
	Delta within 18 minutes, 59 seconds	M	70%	50.2% [R]	-28.3%								45.4%	52.2%	53.4%
	<b>Financial Management – Expenditure variance from plan</b>														
	Net expenditure (pay + non-pay - income)	M	<0.1%	1,711,954	12.05% [R]	6.93% [R]	10.33% [R]	11.18% [R]	10.07% [R]	10.67% [R]	12.38% [R]	13.73% [R]	9.20%	13.25%	12.05%
	Gross expenditure (pay and non-pay)	M	<0.1%	1,879,670	8.06% [R]	5.19% [R]	5.26% [R]	8.12% [R]	6.51% [R]	6.73% [R]	7.55% [R]	7.59% [R]	4.29%	8.30%	8.06%
	Pay expenditure variance from plan	M	<0.1%	1,242,962	3.72% [R]	1.47% [R]	4.39% [R]	6.33% [R]	3.08% [R]	4.46% [R]	4.18% [R]	4.52% [R]	3.64%	3.68%	3.72%
	Non-pay expenditure	M	<0.1%	636,708	17.66% [R]	15.49% [R]	7.03% [R]	12.32% [R]	15.17% [R]	11.81% [R]	15.37% [R]	14.72% [R]	5.80%	18.82%	17.66%

<sup>5</sup> Delayed Transfers of Care: Please note the National Rehabilitation Hospital is included in the National total but not reported at group level within the heat map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	<b>Service Arrangements</b>														
	Monetary value signed	M	100%	0%	-100%									0%	0%
	<b>Internal Audit</b>														
	Recommendations implemented within 12 months (2020)	Q	95%	53% [R]	-44.21%								81%	67%	53%
Workforce	<b>Attendance Management</b>														
	% absence rates by staff category (Non Covid)	M	<3.5%	3.69% [G]	13.14%	3.19% [G]	3.87% [A]	3.64% [G]	3.84% [A]	4.09% [R]	3.95% [A]	5.64% [R]	4.11%	4.10%	3.69%
	% absence rates by staff category (Covid)	M	NA	3.06%		2.23%	2.82%	2.66%	4.05%	3.11%	2.80%	4.32%	5.82%	2.23%	1.14%

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

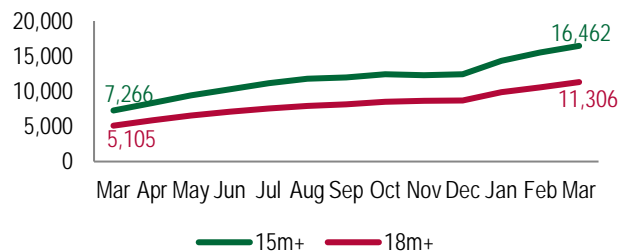
Activity Area	Expected Activity YTD	Result YTD 2021	% Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	339,497	290,581	-14.4%	318,852	-8.9%	88,985	88,284	113,312
New ED Attendances	280,960	242,210	-13.8%	263,858	-8.2%	74,477	73,638	94,095
OPD Attendances	776,850	763,845	-1.7%	787,964	-3.1%	225,957	241,161	296,727

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD 2021	% Var YTD	Result YTD 2020	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges		80,965		102,594	-21.1%	48,678	40,738	40,227
Inpatient weight units		83,489		106,345	-21.5%	50,832	41,530	41,959
Day case (includes dialysis)		128,817		188,838	-31.8%	80,883	63,421	65,396
Day case weight units (includes dialysis)		113,684		184,144	-38.3%	77,063	55,521	58,163
IP & DC Discharges		209,782		291,432	-28%	129,561	104,159	105,623
% IP		38.6%		35.2%	9.6%	37.6%	39.1%	38.1%
% DC		61.4%		64.8%	-5.2%	62.4%	60.9%	61.9%
Emergency IP discharges		58,058		70,854	-18.1%	34,272	29,307	28,751
Elective IP discharges		7,903		14,544	-45.7%	6,742	3,675	4,228
Maternity IP discharges		15,004		17,196	-12.7%	7,666	7,756	7,248
Inpatient discharges >75 years		16,431		21,107	-22.2%	10,363	8,344	8,087
Day case discharges >75 years		24,819		34,779	-28.6%	15,498	12,291	12,528

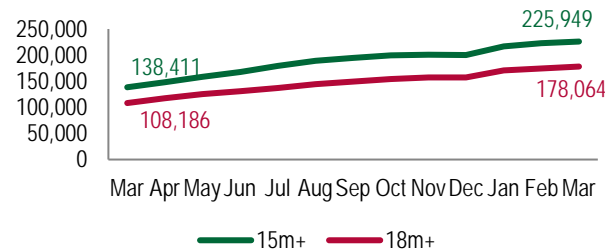
## Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 15 months	85%	M	● 72.5%	85.8%	-13.3%	75.9%	74.1%	72.5%	14 out of 38 hospitals reached target	Mallow (50%), GUH (51.3%), CUH (51.6%)
Day case adult waiting list within 15 months	95%	M	● 82.4%	93.1%	-10.7%	85.2%	83.8%	82.4%	14 out of 42 hospitals reached target	MUH (65.2%), UHW (68.8%), St John's (69%)
Inpatient children waiting list within 15 months	95%	M	● 73.5%	90.2%	-16.7%	77.4%	75%	73.5%	4 out of 18 hospitals reached target	LUH (12.5%), Mercy (50%), UHL (60.8%)
Day case children waiting list within 15 months	90%	M	● 78%	85.3%	-7.3%	80.8%	78.9%	78%	16 out of 27 hospitals reached target	UHL (61.7%), Nenagh (69.4%), RVEEH (70.8%)
Outpatient waiting list within 52 weeks	75%	M	● 54.9%	68.4%	-13.5%	56.4%	55.2%	54.9%	8 out of 43 hospitals reached target	RVEEH (35.7%), UHW (41.5%), UHL (42%)

### Inpatient & Day Case Waiting List



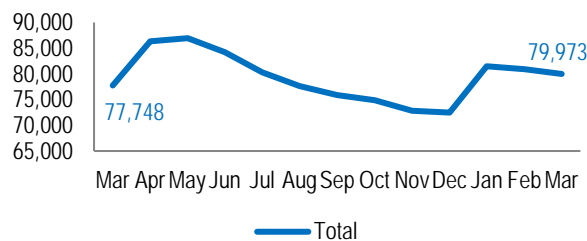
### Outpatient Waiting List



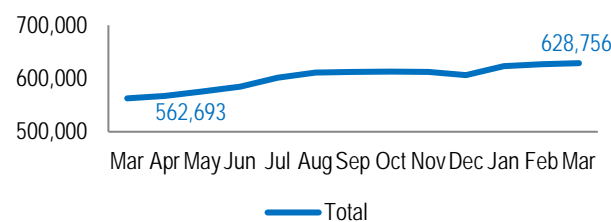
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	18,720	19,807	-1,087	6,878	5,151
Adult DC	53,008	50,124	2,884	13,960	9,332
Adult IPDC	<b>71,728</b>	69,931	<b>1,797</b>	<b>20,838</b>	<b>14,483</b>
Child IP	3,622	3,093	529	1,420	960
Child DC	4,623	4,724	-101	1,613	1,019
Child IPDC	<b>8,245</b>	<b>7,817</b>	<b>428</b>	<b>3,033</b>	<b>1,979</b>
OPD	628,756	562,693	66,063	283,850	225,949

### Inpatient & Day Case Waiting



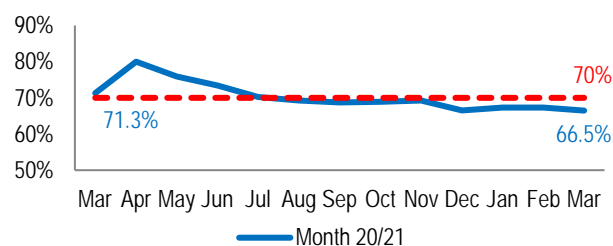
### Outpatient Waiting List Total



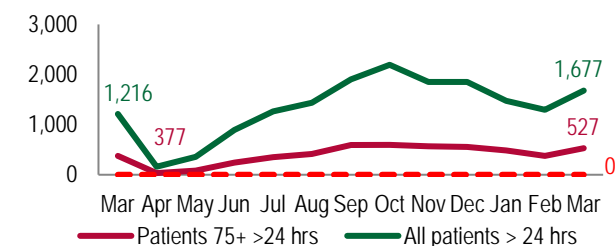
## ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% within 6 hours	70%	M	● 66.9%	64.1%	+2.8%	67.3%	67.3%	66.5%	11 out of 28 hospitals achieved target	Naas (35.7%), Tallaght – Adults (39.6%), Beaumont (47.3%)
75 years or older within 6 hours	95%	M	● 46.8%	42.7%	+4.1%	46%	47.6%	46.8%	St Michaels (91.3%), SLK (76.9%), SVUH (71.5%)	Naas (21.1%), Tallaght – Adults (22.7%), Beaumont & UHK (30.5%)
% in ED within 24 hours	97%	M	● 98.3%	96%	+2.3%	98.2%	98.4%	98.4%	20 out of 28 hospitals achieved target	Naas (89.9%), UHL (94.1%), Tallaght – Adults (95.4%)
% 75 years within 24 hours	99%	M	● 96.1%	89.8%	+6.3%	95.7%	96.5%	96.1%	17 out of 27 hospitals achieved target	Naas (76.5%), UHL (87%), CUH (87.5%)

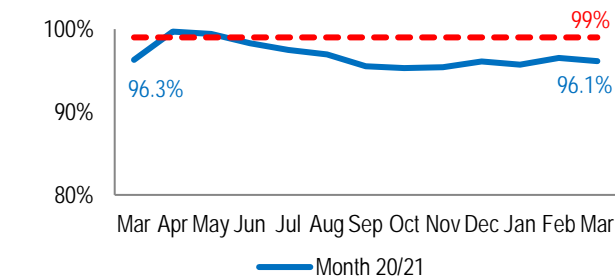
% patients admitted or discharged within 6 hours



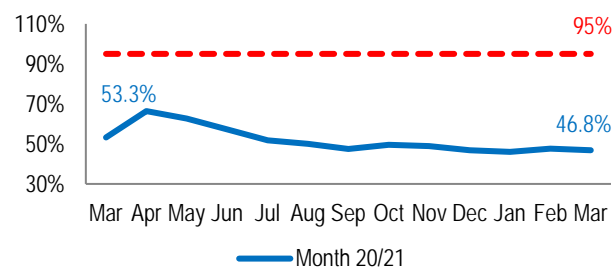
ED over 24 hours



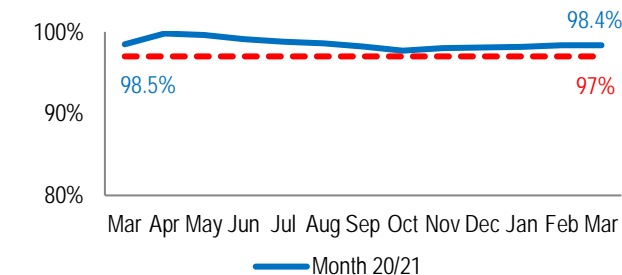
% 75 years old or older admitted or discharged



% 75 years within 6 hours



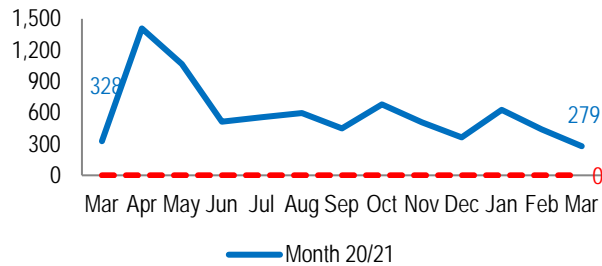
% in ED within 24 hours



## Colonoscopy/Gastrointestinal Service

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	●	1,349	330	+1,019	629	441	279	25 out of 38 hospitals achieved target	LUH (142), Mayo (30), Nenagh & PUH (24)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		20	86	-66	2	1	15	10 out of 12 hospitals achieved target	MMUH (1), Wexford (14)
Colonoscopy and OGD <13 weeks	65%	M	●	32.7%	54%	-21.3%	37.4%	34%	32.7%	6 out of 37 hospitals achieved target	MUH (15.2%), UHL (15.9%), MMUH (18.5%)

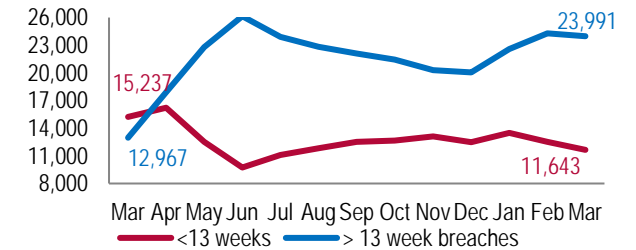
### Urgent Colonoscopy –no. of new people waiting



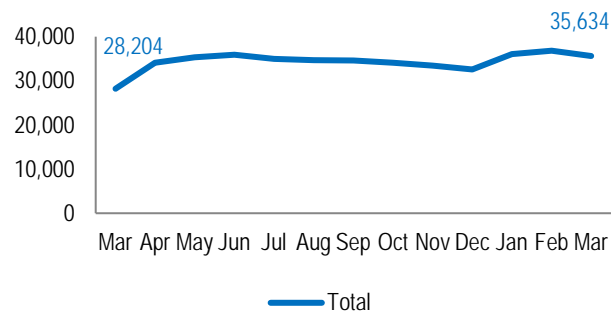
### BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	181	255	185
Number scheduled over 20 working days	2	1	15

### No. on waiting list for Colonoscopy and OGD



### Total No. on waiting list for Colonoscopy and OGD

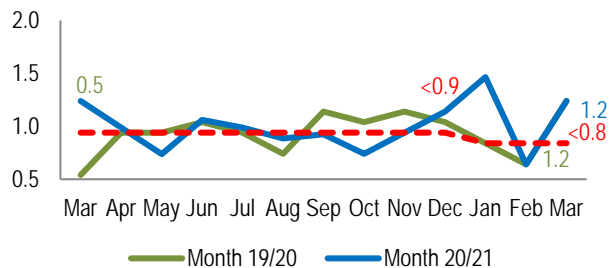




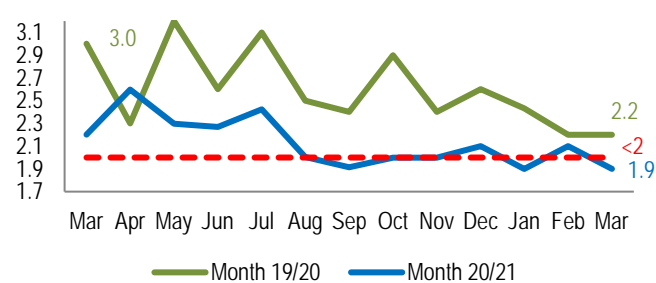
## HCAI Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Rate of new cases of Staph. Aureus infection	<0.8	M	1.2	0.9	+0.3	1.4	0.6	1.2	34 out of 48 hospitals achieved target	UHK (6.0), Sth Tipperary & Mercy (3.7)
Rate of new cases of C Difficile infection	<2	M	1.9	2.2	-0.3	1.9	2.1	1.9	36 out of 48 hospitals achieved target	Cappagh (7.9), GUH (5.1), Navan (5.0)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	91.7%	53.2%	+38.5%	85.1%	83%	91.7%	44 out of 48 hospitals achieved target	4 hospitals didn't achieve the target.

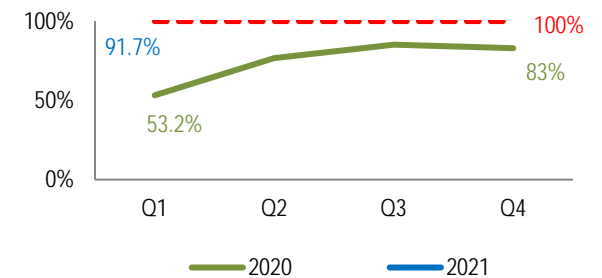
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



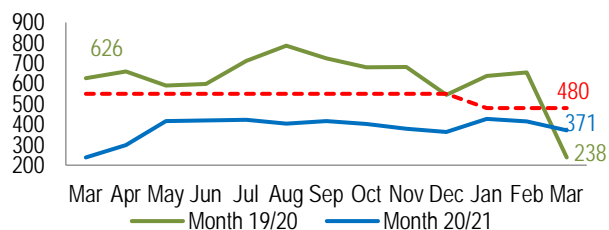
Requirements for screening with CPE Guidelines



## Delayed Transfers of Care

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤480	M	371	238	+133	427	414	371	Mullingar, Cappagh, Mallow & Ennis (0)	SJH (52), MMUH (29), SVUH & OLOL (27)

Delayed Transfers of Care



Delayed Transfers of Care by Category

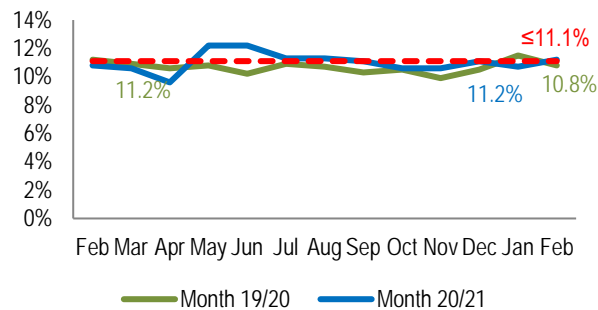
	Over 65	Under 65	Total	Total %
Home	47	9	56	15.1%
Residential Care	140	15	155	41.8%
Rehab	33	12	45	12.1%
Complex Needs	10	16	26	7.0%
Housing/Homeless	7	11	18	4.9%

	Over 65	Under 65	Total	Total %
Legal complexity	29	10	39	10.5%
Non compliance	9	1	10	2.7%
COVID-19	19	3	22	5.9%
<b>Total</b>	<b>294</b>	<b>77</b>	<b>371</b>	<b>100%</b>

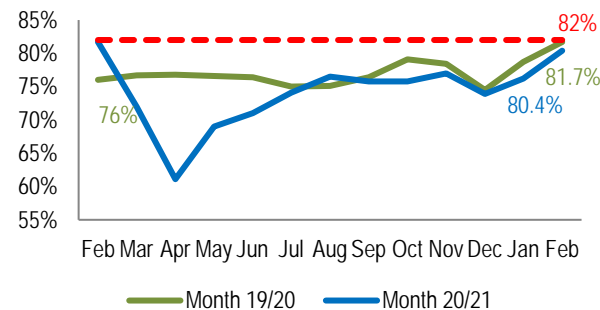
## Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.3%	11.5%	-0.2%	11.1%	10.7%	11.2%	20 out of 34 hospitals achieved target	Columcille's (18.4%), Ennis (16.3%), LUH (16.2%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	● 79.4%	80.1%	-0.7%	73.9%	76.2%	80.4%	11 out of 32 hospitals achieved target	Navan, Portlaoise (0%), SJH (14%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 37.5%	45.1%	-7.6%	36.9%	52%	30.9%	5 out of 14 hospitals achieved target	5 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.9%	1.8%	+0.1%	1.7%	1.9%	1.8%	25 out of 38 hospitals achieved target	Naas (7.4%), SIVUH (0.7%), Cavan (5.7%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 74.4%	76.1%	-1.7%	77%	70.8%	72.5%	5 out of 16 hospitals achieved target	UHK (51.7%), CUH (53.5%), UHL (63.1%)

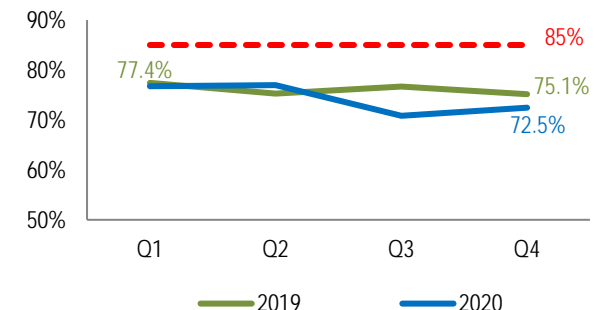
Emergency re-admissions within 30 days



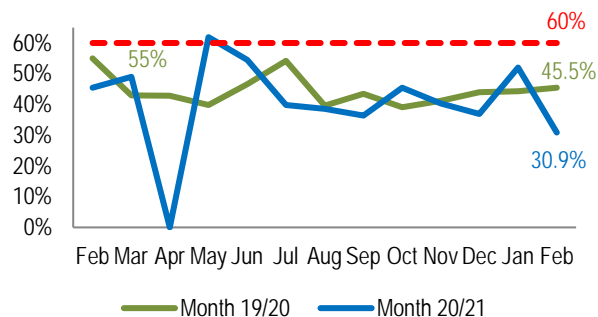
Procedure conducted on day of admissions



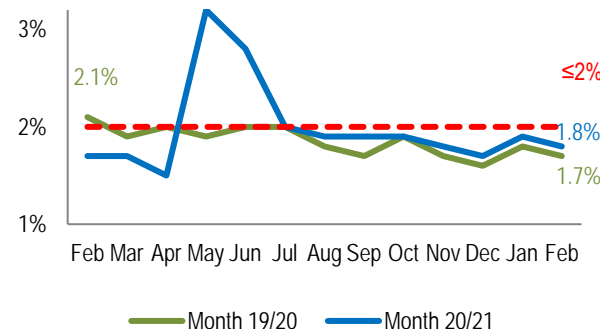
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



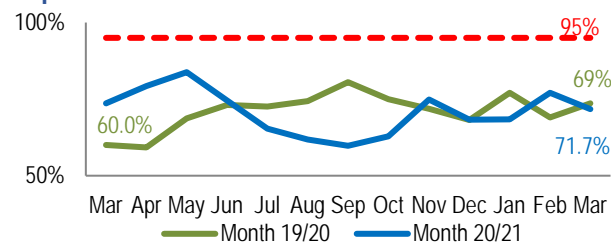
Surgical re-admissions within 30 days



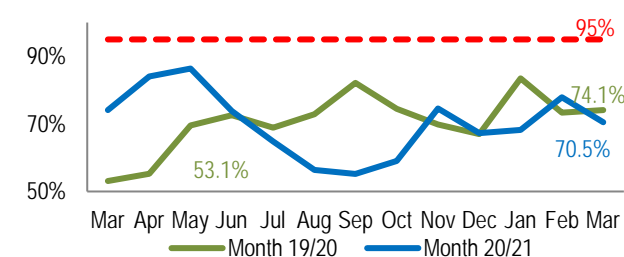
## Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	● 72.5%	73.5%	-1%	68.6%	77.1%	71.7%	Beaumont (99.7%) SVUH (99.4%), LUH (96.4%)	MMUH (34.9%), GUH (40%), SJH (67.4%)
Urgent breast cancer within 2 weeks	95%	M	● 72.2%	77.4%	-5.2%	68.2%	77.9%	70.5%	5 of the 9 hospitals reached the target	MMUH (23.4%), GUH (31.5%), SJH (60.9%)
Non-urgent breast within 12 weeks	95%	M	● 47.5%	69%	-21.5%	57.8%	51.9%	40.6%	Beaumont (95%)	UHL (6.5%), GUH (9.4%), CUH (13.1%)
Lung Cancer within 10 working days	95%	M	● 92%	80.8%	+11.2%	87.3%	95.1%	93.1%	5 of the 8 hospitals reached the target	UHW (75.9%), UHL (80%), SJH (94.6%)
Prostate cancer within 20 working days	90%	M	● 55.5%	46.7%	+8.8%	53.5%	54.5%	57.9%	MMUH, SVUH & Beaumont (100%), SJH (90.6%)	GUH (22%), CUH (30.4%), UHW (30.8%)
Radiotherapy within 15 working days	90%	M	● 80.1%	85.2%	-5.1%	77.9%	85%	77.6%	Altnagelvin, UHW & UHL (100%)	CUH (40.6%), SLRON (78.5%), GUH (86.4%)

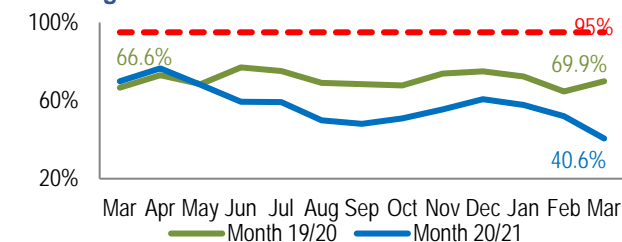
**Rapid Access within recommended timeframe**



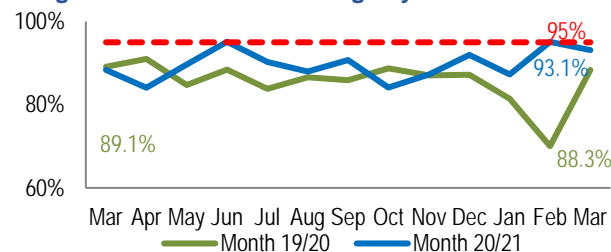
**Breast Cancer within 2 weeks**



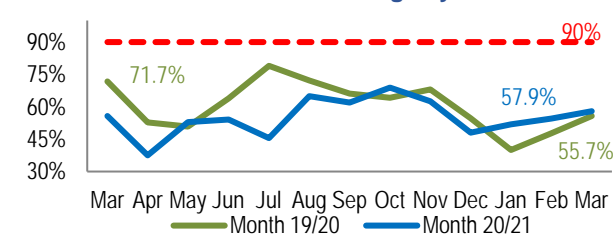
**Non-urgent breast within 12 weeks**



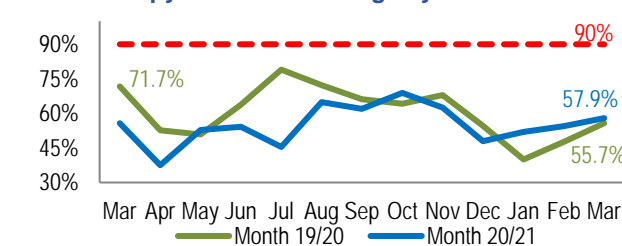
**Lung Cancer within 10 working days**



**Prostate Cancer within 20 working days**



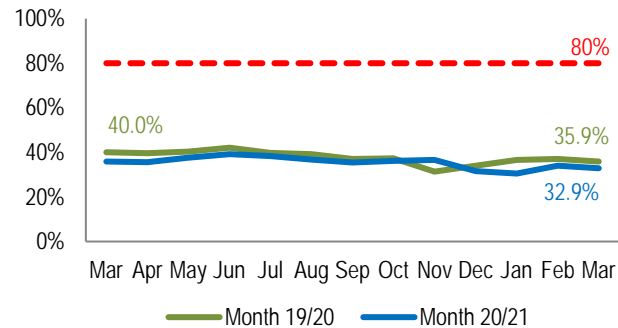
**Radiotherapy within 15 working days**



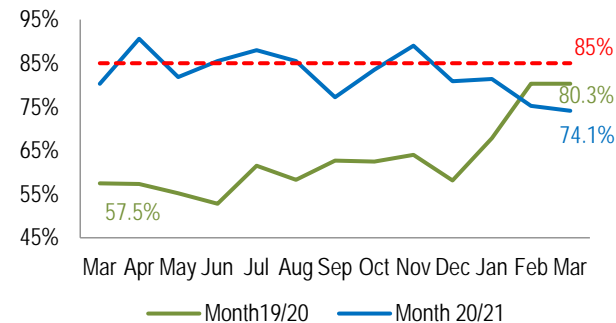
## Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	●	<b>32.4%</b>	36.5%	-4.1%	30.5%	34.0%	32.9%	NMH (72.2%), CHI (71%), Rotunda (70.4%)	MUH (8.5%), SUH (12.3%), UHK (14.3%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	●	<b>77.1%</b>	75.9%	+1.2%	81.4%	75.2%	74.1%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	<b>96.2%</b>	96.9%	-0.7%	96.6%	95.9%	95.9%		

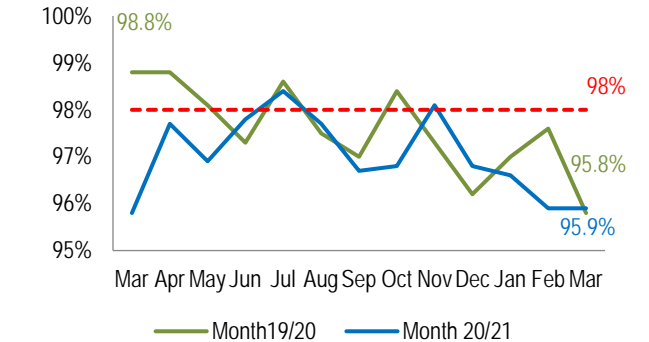
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



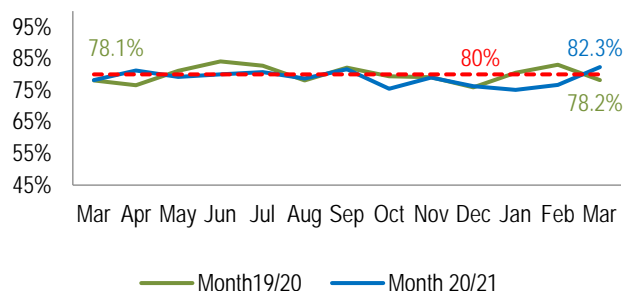
Delays Escalated - within 60 minutes



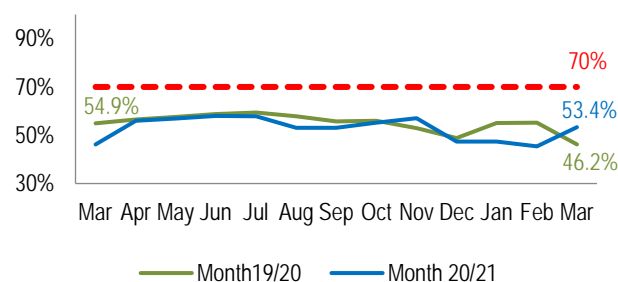
## Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Response Times – ECHO	80%	M	77.9%	80.7%	-2.8%	75.1%	76.7%	82.3%	North Leinster (87.6%) Dublin Fire Brigade (83.2%),	South (76%, West (79.5%)
Response Times – DELTA	70%	M	50.2%	52.0%	-1.8%	45.4%	52.2%	53.4%		Dublin Fire Brigade (43.5%), North Leinster (59.7%), South (53.8%), West (54.9%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	42.4%	42.4%	0.0%	39.4%	40.5%	41.4%		

### Response Times – ECHO



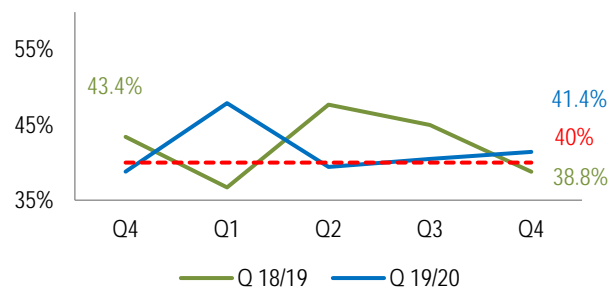
### Response Times – DELTA



### Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	1,233	1,347	9.2%	1,335	12
DELTA	31,260	25,648	-18.0%	33,114	-7,466

### ROSC



## Acute Hospital Services Update

### Executive Summary

- Following the first surge in 2020 where NPHET directed that all non-essential activity was stopped there was a significant reduction in elective activity in our hospitals between March and June 2020 of the order of 41% when compared with 2019. Similarly, during the first lockdown, we observed a significant reduction in emergency presentations and admissions of the order of 25.5% and 22% respectively during the same period.
- There was a gradual restoration in elective activity following the first surge, between July and September 2020 with activity in September 2020 operating at 97.8% of 2019 levels. However, in response to lockdown measures in Quarter 4 there was a reduction in emergency activity again in Quarter 4 of the order of 10%. The cumulative effect of lockdown measures and curtailment of non-urgent electives was a total reduction of 11.4 % on total inpatient discharges.
- The Service Plan targets for 2021 sought to take account of the potential ongoing impact of COVID on elective and emergency activity. However, the third surge in Quarter 1 had a significant impact on demand for acute beds and critical care beds beyond our planning assumptions. As a consequence, it was necessary to curtail non-essential elective activity again. Emergency attendances also fell significantly. As a result, YTD February 2020 total discharges are down significantly by 28% when compared with 2019. Hospital discharge data is produced one month in arrears.
- March data is available for outpatient activity and emergency department attendances and it shows a significant recovery in these areas equivalent to 2019 levels. We would expect that a similar recovery pattern will be observed in March emergency discharges when the March data is available.
- In relation to elective services, all non-essential elective activity was curtailed in line with clinical advices. The Safety Net Agreement with Private Hospitals remained in place between end January and March and this facilitated continued delivery of time dependent and urgent care patients in private hospitals at this difficult time. The positive impact of the vaccination programme is evident in the reduction of numbers of hospital acquired COVID, outbreaks in hospital staff and COVID ICU admissions.

- However, there are ongoing challenges in effecting full recovery because of additional measures required to reduce the risk of transmission. These include PPE, additional cleaning, and additional pre-assessment measures for patients and necessary redeployment of staff for vaccination. The necessary redeployment of clinical and administrative staff to support the vaccination programme is also a factor. It should also be noted that, as at time of writing, the 14 day incidence is still above 200 in parts of Dublin and as a result, there is a need for careful and phased restoration of services.

### Emergency Department (ED) Performance (including Local injury units and other emergency presentations)

- The overall trend in ED presentations is directly affected by the Pandemic and reductions in attendances appear to closely align with the implementation of Level 5 measures

All Emergency Presentations				
	Jan	Feb	Mar	Year to date March
2021	88,985	88,284	113,312	290,581
2020	118,650	112,172	88,030	318,852
2019	128,028	115,993	128,830	372,851

- There were 290,581, emergency presentations year to date March 2021. This is a decrease of 8.9% on emergency presentations for the corresponding period in 2020 and 22.1% behind year to date 2019.
- Year to date March 2021 ED attendances are behind the target of 339,497 by 14.4%.
- There were 113,312 emergency presentations in March 2021 which was an increase of 28.7% (25,266) on the same month last year and a decrease of 12.9% on March 2019.
- New Emergency Department Attendances year to date March 2021 are 13.8% (38,750) behind target and a reduction of 8.2% (21,648) when compared with

the same period last year 2020. Year to date March 2021 is 28.2% (73,398) lower than the corresponding figure in 2019

- There were 94,095 new ED attendances in the month of March 2021 which was an increase of 27.8% (20,457) when compared with the previous month February 2021; and an increase of 22.2% when compared with the same period last year. March 2021 new ED attendances are 12.5% (13,418) lower than March 2019
- The number of admissions from ED year to date March 2021 was 75,276 which was a decrease of 4.7% (3,710) on the same period in 2020 and 16.2% down on March 2019. There were 27,967 admissions in March 2021 which was down 23.6% on March 2020., and 7.6% lower than March 2019

Admissions from Emergency Department				
	Jan	Feb	Mar	Year to date March
2021	24,257	23,052	27,967	75,276
2020	29,384	26,977	22,625	78,986
2019	31,750	27,978	30,105	89,833

- Of the patients who attended ED year to date March 2021, 28.7% were admitted – an increase from 27.6% for the same period last year. Of note, 56.2% of patients aged over 75 years, who attended ED, were admitted. This is an increase from 55.2% year to date March 2020. The impact of COVID is a clear factor in this trend.
- 98.4% of all patients attending ED were seen within 24 hours in March 2021, (same percentage as February 2021). 20 of the 28 Emergency Departments exceeded the ED PET less than 24 hours target of 97% in March 2021. This compares with 98.5% in March 2020 when 26 EDs were compliant with the target of 97%. 14 EDs were compliant in March 2019 with an overall rate of 96.3%
- ED PET less than 24 hours for patients aged 75+ was 96.1% in March 2021, a slight decrease in compliance from 96.5% in February 2021. This compares

with 96.3% in March 2020 (surge 1) and a significant increase on 89.9% in March 2019.

- 67.9% of patients over 75 were discharged or admitted within 9 hours in March 2021, a decrease from 68.9% in February. This compares with 73.3% in March 2020 ( surge 1) and a significant increase on the compliance of 56.8% in March 2019
- 46.8% of patients over 75 were discharged or admitted within 6 hours in March 2021, a decrease from 47.6% in February. This compares with 53.3% in March 2020 ( surge 1) but represents a significant increase in compliance of 38.9% in March 2019
- In 2020, 426 beds were opened temporarily through COVID funding. These beds are now funded permanently through the 2021 Estimates. In addition, we opened 386 additional beds as part of our Winter Planning process. These beds will also remain open throughout 2021 and are funded permanently in the Estimates 2021.
- In total we have opened 834 beds out of the 1152 that were planned through the Winter Plan and NSP initiatives. 222 beds are profiled to open from April 2021 onwards. Average Acute Bed occupancy in March was 84.0% this is an increase from 80.7% in February. In March 2020, the comparable occupancy figure was 74.5% occupancy during surge 1 and 95.5% in March 2019 The overall reduced occupancy levels in 2021 reflects an increase in the number of vacant and closed beds in some hospitals due to the effect of COVID 19 on services and the curtailment of non-urgent elective work in response to the third surge.
- Average Acute Bed occupancy in March was 84.0% this is an increase from 80.7% in February. In March 2020, the comparable occupancy figure was 74.5% occupancy during surge 1 and 95.5% in March 2019 The overall reduced occupancy levels in 2021 reflects an increase in the number of vacant and closed beds in some hospitals due to the effect of COVID 19 on services and the curtailment of non-urgent elective work in response to the third surge.
- The average number of closed beds due to infection or other reasons in March 2021 was 352. The comparable figure in 2020 was 162. Key factors are COVID outbreaks, staff absenteeism due to COVID and staff redeployment to support critical care and other areas.
- The average number of vacant beds in March was 439, a decrease from an average of 517 in February 2021 (Source HSE SDU)



### Delayed Transfers of Care (DTC)

- There was 371 Delayed Transfers of Care at the end of March 2021 which is an increase of 55.9% on the same month last year; but a decrease of 255 (40.7%) from the number of DTCs in 2019.
- The 371 reported in March 2021 included 56 patients waiting to go home and 155 waiting on long term residential care. The DTC categories are listed in Table 1 below:

Delayed Transfer of Care Categories:	End March 2021
Home	56
Residential Care	155
Rehab	45
Complex Needs	26
Housing/Homeless	18
Legal complexity	39
Non compliance	10
COVID-19	22
<b>Total</b>	<b>371</b>

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

- In December 2020, a Safety Net II Agreement (SNII) was negotiated and agreed upon with legal entities that control 18 of the main private hospital sites in the country. Private hospitals are providing urgent and time-critical care predominantly for NON-COVID patients.
- The SLA also provides for COVID positive patients to be cared for in private hospitals in exceptional circumstances. The SNII was triggered on 20th January 2021 and allowed for the transfer of urgent time dependent elective cases and unscheduled care to be transferred to Private Hospitals in response to the third surge. The Chief Clinical Officer issued guidance to public hospitals on 12th January 2021 regarding the curtailing of non-essential activity during the period of surge. As a result, overall activity levels are lower year to date February.
- This agreement remains in place with the Dublin hospitals and Limerick in line with the clinical triggers. It ceased in other hospitals from 26 March 2021

### Day Case Discharges (including dialysis)

- There were 128,817 Day case discharges year to date February 2021 and 188,838 for the corresponding period in 2020 which is a decrease of 31.8%.
- The number of day case procedures in February 2021 was 65,396 versus 91,331 in the same period in 2020 that is, a decrease of 25,935 (28.4%) cases.
- Day Case discharges in February 2021 were 3.1% higher than the previous month January 2021.
- The decrease in activity relates to the clinical decision to curtail elective activity in response to the third surge and also the impact of COVID outbreaks at individual hospital sites. The transfer of time dependent work to the private hospital sector will offset partially the loss of elective work in the public hospital system

### Inpatient Discharges

- There were 80,965 inpatient discharges year to date February 2021 and 102,594 for the corresponding period in 2020 which is a decrease of 21.1%.
- The number of inpatient discharges was 40,227 in February 2021 versus 49,670 for the corresponding period in 2020, that is, a decrease of 19%.
- Inpatient discharges in February 2021 were 1.3% lower than the previous month January 2021

### Elective Inpatient Discharges\* (excluding the stand-alone Maternity Hospitals\*)

- There were 7,677\* elective inpatient discharges year to date February 2021 and 14,318\* for the corresponding period in 2020 which is a decrease of 46.4%.
- There were 4,057\* elective inpatient discharges in February 2021 versus 7,488\* for the corresponding period in 2020, which is a decrease of 45.8%.
- Elective inpatient discharges\* in February 2021 were 12.1% increase than the previous month of January 2021
- **\*Note: Acute Operations has engaged with the Healthcare Pricing Office regarding the timing of coding of data at the stand-alone maternity hospitals; this is being addressed by HPO with the hospitals and it is hoped to be resolved shortly.**



### Emergency Inpatient Discharges

- There were 58,058 emergency inpatient discharges year to date February 2021 and 70,854 for the corresponding period in 2020 which is a decrease of 18.1%.
- There were 28,751 emergency inpatient discharges in February 2021 versus 33,815 for the corresponding period in 2020, that is, a decrease of 15.0%
- Emergency inpatient discharges in February 2021 were 1.9% lower than the previous month.
- The reduction in emergency discharges in February 2021 is linked to the reduced number of emergency attendances which is a result of the third surge attendances as a result of the Pandemic.

### Maternity Inpatient Discharges

- There were 15,004 maternity inpatient discharges year to date February 2021 and 17,196 for the corresponding period in 2020 which is a decrease of 2,192 (12.7%).
- There were 7,248 maternity inpatient discharges in February 2021 and 8,245 for the corresponding period in 2020 which is a decrease of 997 (12.1%).
- Maternity inpatient discharges in February 2021 were 6.5% less than the previous month.

### Out Patient Department Attendances

- The number of new and return outpatient attendances was 763,845 year to date March 2021 versus 787,964 for the corresponding period in 2020, which is a decrease of 3.1%.
- New and return outpatient attendances year to date were 1.7% lower than the target of 776,850.
- The number of new and return attendances for the month of March 2021 296,727 represents a significant increase in the activity compared with January (225,957) and February 2021 (241,161).
- When total attendances for the month of March 2021 are compared with March 2020 there is an increase of 84,225 or 39.6% (i.e. surge 1); when compared with March 2019, the increase is 19,423 or 7.0%.
- Provisional data for year to date March 2021 indicates a total of 227,122 virtual outpatient consultations took place; 67,997 consultations took place in March

alone. Delivery of virtual consultations has been a key factor in supporting continuity during periods of surge and enabling early recovery.

- There has been a considerable increase in “virtual” outpatient activity that has taken place since April 2020. Acute Operations have taken on an extensive piece of work with the office of the National Clinic Advisory and Group Lead (NCAGL), Clinical Programmes, Hospital Groups and the Office of the Chief Information Officer (OoCIO) to support the roll-out of enabling technologies to support, maintain and expand virtual outpatient consultations.
- Virtual consultations are taking place both over the phone and with the use of software to support face to face engagement with patients. The primary focus of virtual engagements has been around outpatient services up until this point however the technology is now being planned for use for other virtual engagements e.g. health and social care professional patient engagements. We are continuing to work extensively with the office of the OoCIO to progress the virtual movement taking place in our health system.
- The HSE continues to examine other options for delivering OPD activity including the use of off-site locations.

### Waiting Lists

A key issue for 2021 is the on-going impact of COVID–19 in terms of a sustained negative impact on waiting lists. The third surge has exacerbated existing challenges in terms of occupancy and safe distance requirements and potential COVID related outbreaks. While the vaccination is having an impact on staff contracting COVID, there are still challenges in terms of high risk staff groups and the requirements associated with isolation of close contacts.

### Access to Care Plan

In the 2021 Access to Care Plan, the HSE, in collaboration with the NTPF and private providers, seeks to maximise activity for those patients who are waiting the longest for access to scheduled care and those whose care, both urgent and non-urgent, has been impacted by service challenges during the pandemic. This activity will be funded by a combination of HSE core funding, optimising the resources within the access to care fund of €210m, Sláintecare redesign fund and NTPF funding of €130m. The summary of service provision is outlined below as follows:

- Increased Public Activity
- NTPF Activity

- Targeted private activity
- GI scope/endoscopy.

#### Inpatient/Day Case Waiting Lists

- In March 2021 the number of IPDC patients waiting was 79,973 which represents a reduction of 963 or 1.2% on February 2021. This figure has reduced by 0.6%(963 patients) since the end of February 2021

	May-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
IPDC WL	86,946	72,843	72,475	81,456	80,936	79,973
No. var. vs prev. month	Peak in 2020	-2,017	-368	+8,981	-520	-963
% var. vs prev. month		-2.7%	-0.5%	+12.4%	-0.64%	-1.2%

- The number of people waiting for an inpatient or day case appointment in March 2021 is higher than the number waiting at the end of March 2020 by 2.9% (2,225 patients) and higher by 13.9% (9,754) when compared with March 2019. This is directly a result of the services being restricted to urgent and time-critical patient access in light of the pandemic. The sustained improvement in waiting lists observed in the second half of 2020 as the system recovered from the first surge was reversed as a result of the necessary measures taken during third surge. The March results point to early signs of recovery as the system re-establishes elective activity.

The National Service Plan (NSP) 2021 target is that 85% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure, 95% will be waiting less than 15 months for a day case procedure. By the end of March, compliance with wait time targets is as set out below:

#### Waiting times

- Adult Inpatients Waiting List Compliance was 72.5%, below NSP 2021 target of 85%

- Adult Day Waiting List Compliance was 82.4%, below the target of 95%
- Children's Inpatient Waiting List Compliance was 73.5%, below the target of 95%
- Children's Day Case Waiting List Compliance was 78.0%, below the target of 90%.

#### Colonoscopy Waiting List

The National Service Plan (NSP) 2021 target is that 65% of adults on the inpatient waiting list will wait less than 13 weeks for a colonoscopy or OGD (Oesophago-Gastro-Duodenoscopy).

The impact of COVID 19 has been significant in terms of the requirement to curtail routine elective work particularly during periods of surge. Unit closures/reductions in service, staff redeployment and leave as a result of COVID are further straining services. This was evident again in Q1 2021 due to the third surge when elective activity levels were curtailed once more, and the volume of scopes carried out was reduced.

At the end of March 2021, the number of people on the Colonoscopy/OGD waiting list was 35,634. This is a decrease of 1,186 (3.2%) on the number waiting at the end of February 2021.

The number waiting at the end of March 2021 shows an increase of 7,430 (26.3%) in March 2020, and an increase of 13,442 (60.6%) when compared with March 2019

32.7% of patients were waiting less than the target time of 13 weeks in March 2021. This is a decrease from 54.0% in March 2020 and 50.7% in March 2019

#### National Endoscopy Action Plan

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

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

### Outpatient Waiting Lists

#### Wait time target

The National Service Plan 2021 target is that 75% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 54.9% in March 2021. This is a decrease from 55.2% in February 2021.

#### Volume of patients waiting

The total number of people waiting for an Outpatient appointment was 628,756 at the end of March 2021 which is an increase of 1,861 since the end of February 2021.

The number waiting at the end of March 2021 shows an increase of 66,063 (11.7%) in March 2020, and an increase of 82,126 (15.0% when compared with March 2019

As a result of the impact of COVID up until May 2020 only emergency or time dependent face to face, outpatient activity was taking place. Consequently, there was a significant reduction in all scheduled outpatient activity associated with the

impact of COVID-19. In the latter months of 2020, the volumes of patients seen increased back to levels similar to 2019 volumes. This was supported by the use of virtual clinics which has been deployed to mitigate some of this loss. However, it has in terms of some limitations in terms of seeing all new patients and accordingly the impact that is primarily on review patients.

A key issue in 2021 is the likelihood of a sustained adverse impact on waiting lists, in particular in terms of new patient volumes, due to the occupancy and safe distance requirements arising from COVID. The Access to Care Plan is targeting additional activity in the public and private sector.

#### NTPF/HSE Waiting List Validation

As of year-end March 2021, the total number of patients validated in Acute Hospitals, for OPD and IPDC including scopes is 90,989. Of this total, 14,098 (circa 15%) patients have been removed from the waiting list. Removals of appointments from the Outpatient waiting list removals are 12,714 and 1384 from the Inpatient Day Case (including scopes) waiting list as at end of March 2021.

### Citywest

The Citywest Convention centre has a total area of 16,499 sq. m (177,000 sq. ft.) This is spread over three floors, with the main convention space on the ground floor. There are six plenary rooms and a number of breakout rooms are also available, most of which are equipped with high-specification audio-visual facilities and offering natural light

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

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

In March 2021, 2,644 patients were seen in the Citywest Campus. A total of 4,345 patients have been seen year to date in 2021. Active initiatives include:

- Glaucoma Testing – Ireland East Hospital Group,

- Mass immunisation for children of school going age - HPV /Tdap,
- Orthopaedic OPD – Children’s Health Ireland
- Rheumatology Virtual Clinic – Dublin Midlands Hospital Group,
- Coombe Obstetrics Clinic, Neurology Virtual OPD – Dublin Midlands Hospital Group

### **Connected Health Proposal Citywest**

On 22nd February 2021, the HSE started a new initiative providing a medically led Rehabilitation Exercise Programme to support patient rehab in particular in the context of post COVID patient recovery on the Citywest campus.

The Programme has been developed and adapted with safety in mind and is in line with the government regulations associated with social distancing and other COVID related measures. This model has been successfully tested in Tallaght University Hospital and in Clontarf Orthopaedic Hospital. The plan includes classes 5 days a week with 3 classes held per day, with 15 patients in each class for an initial period of 3 months. The Programme offers the opportunity for large numbers of patients to access the rehab service in a safe environment that have diverse chronic illnesses or post COVID related illnesses.

### **BowelScreen**

The BowelScreen target is that 90% of patients are scheduled within 20 days. Invitations for BowelScreen were paused on Wednesday 18 March 2020 due to COVID-19. Invitations have resumed and are being managed depending on capacity within the individual units. In March 2021, 185 invitations issued of which 91.9% were scheduled within the target time of 20 days.

### **Cancer Services**

During the Pandemic all rapid access clinics continued, albeit with a combination of face to face consultation and virtual consultations as deemed clinically appropriate. However, all clinics are still constrained in overall capacity in line with government, NPHET and Infection Control guidelines as a result of Covid-19 restrictions, social distancing requirements to ensure patient and staff safety. NCCP notes that the dramatic fall in e-Referrals noted in Wave 1 of the Covid-19 pandemic, did not recur during Wave 2 and 3.

### **E-Referrals to Cancer Rapid Access Services**

Symptomatic Breast: Current indications are that breast e-referrals are exceeding 2019 levels and are suggestive of some unmet need built up from 2020 now presenting in 2021 (source Healthlink via NCCP).

There was no reduction in referrals during the third surge. Total breast electronic referrals for the period March 2021 year to date are 33.8% higher than the same period in 2019.

#### **Rapid Access Lung**

The number of e-referrals to the Rapid Access Lung Cancer (RALC) services year to date March 2021 is running at 9.7% lower than 2019 . when March e – referrals are looked at in isolation, it suggests that they are at similar levels to 2019 ( DATA)

#### **Rapid Access Prostate**

E-referrals to the Rapid Access Prostate Cancer (RAPC) services year to date March 2021 are 4.7% lower than 2019 for year to date 2021.

March 2021 data for prostate referrals suggest that e-referrals are back at similar levels seen in 2019.

### **Symptomatic Breast Cancer Clinics**

**Five of the nine Symptomatic Breast Cancer Sites were compliant with the target of 95% in March 2021:**

- University Hospital Limerick – 100.00%
- Beaumont Hospital – 99.6%
- St Vincent’s Hospital – 99.2%
- Letterkenny University Hospital – 96.4%
- University Hospital Waterford – 96.3%

**One hospital was marginally below the target**

- Cork University Hospital – 91.7%

**Three hospitals were below the target:**

- St James’s Hospital – 60.9%
- Galway University Hospital – 31.5%

- Mater Misericordiae University Hospital – 23.4%

#### Rapid Access Clinics for Lung Cancer Services

**Five hospitals achieved were compliant with the 95% target in March 2021,**

- St Vincent's University Hospital – 100.0%
- Mater Misericordiae University Hospital – 100%
- Beaumont Hospital – 100.0%
- Galway University Hospital – 98.6%
- Cork University Hospital – 96.0%

**Two hospitals were below the target of 10 days:**

- University Hospital Limerick – 80.0%
- University Hospital Waterford – 75.9%

#### Rapid Access Clinic for Prostate Cancer Services

**Four hospitals were compliant with 90% target in March 2021:**

- Mater Misericordiae University Hospital – 100.0%
- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- St James's Hospital – 90.6%

**Four hospitals were below target of 20 days:**

- University Hospital Limerick – 51.7%
- University Hospital Waterford – 30.8%
- Cork University Hospital – 30.4%
- Galway University Hospital – 22.0%

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

#### 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 2021 compliance was as follows:

- Waterford was 100% compliant with the NSP target
- Limerick – 100%%
- Galway – 86.4%
- St Luke's Network (SLRON) – 78.5%
- Cork – 40.6%

#### Addressing Non Compliance

In terms of addressing the areas of non-compliance, it is important to note that while the RACs continued to operate throughout COVID, the number of referrals fell. As a result, some sites are seeing an increase in the numbers to be seen. The NCCP is undertaking a review of performance by site in conjunction with the relevant clinical needs and Acute Operations to determine key causal factors for under compliance and an improvement plan will be agreed for each site.

#### Performance and Accountability Framework

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

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

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

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



seen within a clinically acceptable time. It is noted that the number of attendances in March was up by over 30% on February levels; it is believed that this represents the lagged effect of restrictions on GP services in 2020 as a result of the Pandemic.

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

### Healthcare Associated Infections (HCAI)

There were 37 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 56 cases of Clostridium Difficile infection reported by hospitals in March.

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

There were 40 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in March.

The HSE have an established governance structure and arrangements for Antimicrobial Resistance and Infection Control. This was first established in May 2018 in response to the Public Health Emergency on CPE. This was reviewed in late 2018 and from January 2019, the scope was extended to cover governance across all antimicrobial resistance and infection control (including HCAs). This was further reviewed and updated in April 2020 to further expand and reflect the extent to which COVID-19 had come to dominate this area of work

<sup>6</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>7</sup> AS2 - Urgent calls received from a general practitioner or other medical sources

### National Ambulance Service

- Activity volume for AS1<sup>6</sup> and AS2<sup>7</sup> calls received this month has decreased by 6,563 calls (-19%) compared to the same month last year (March 2020)
- The daily average call rate for AS1<sup>1</sup> and AS2<sup>2</sup> calls received this month was 875 (31 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 82% this month. This is an increase of 5% compared to last month i.e. February 2021
- ECHO calls increase by 3% (15) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 70% in 18 minutes and 59 seconds was below target at 53% this month.
- Nationally there was a 22% (3,125) decrease in DELTA call activity compared to the same month last year.
- 82% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Continuous monitoring of Emergency Departments' turnaround times is displaying a negative in relation to releasing ambulances, and a downward trajectory is noted. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
  - 33% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less,
  - compared to 36% of vehicles being released within 30 minutes or less last year (March 2020)
  - 86% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 83% of vehicles being released within 60 minutes or less last year (March 2020).

## Human Resources

The WTE for Acute Operations in March 2021 was 67,878, this was an increase of 322 WTE on February 2021, (a 0.5% increase) and an increase of 1,438 WTE YTD (a 2.2% increase).

In Acute Operations there were increases across all staff categories in March, apart from Patient & Client Care which was down -0.3%. There was an increase of 0.7% in Nursing & Midwifery (of which 118 WTE relates to Staff Nurses and Midwives), 0.7% in Management & Administrative (of which 33 WTE relates to Clerical Grades III and IV), 0.6% in Medical & Dental, 0.4% in Health & Social Care Professionals and 0.3% in General Support. With the exception of Ireland East, all Hospital Groups are showing growth this month.

Saolta HG shows the largest increase (+95 WTE), followed by UL & RCSI Hospital Groups.

COVID related absences have continued to improve in March. Headcount of staff within Acute Operations on COVID related absence stood at 1,270 the week ending 2nd March 2021, this number had reduced to 1,018 entering the last week of March; this compares to 1,569 entering the last week of February and 3,822 at the end of January. COVID related absences capture staff on Special Leave with Pay, Cocooning and on leave due to caring arrangements. The majority of staff on absence are in the special leave with pay category, with Patient & Client Care the staff category with the highest level throughout the month, followed by Nursing & Midwifery.

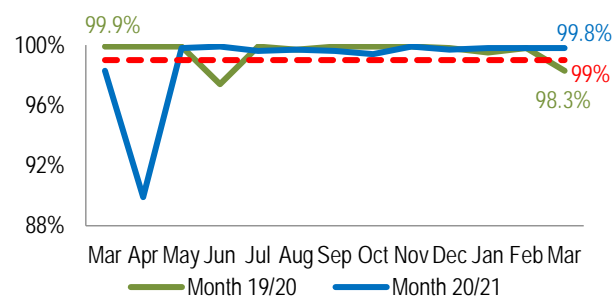
# National Services



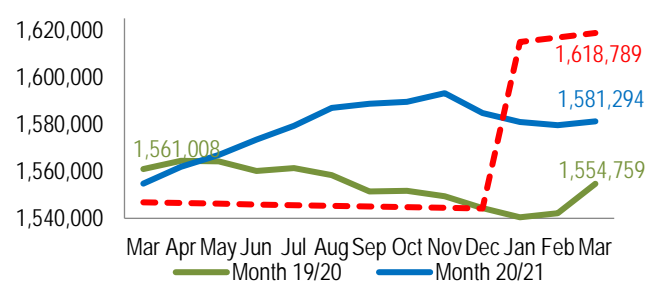
## National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	99.8%	98.3%	+1.5%	99.8%	99.8%	99.8%
Number of persons covered by Medical Cards	1,618,789 YTD/ 1,636,109 FYT	M	●	1,581,294	1,554,759	+26,535	1,580,989	1,579,589	1,581,294
Number of persons covered by GP Visit Cards	539,283 YTD/ 556,996 FYT	M	●	532,813	528,949	+3,864	529,830	531,121	532,813
Number of initial tobacco sales to minors test purchase inspections carried out	0 YTD/ 384 FYT	Q		0	42	-42	0	0	0
Number of official food control planned, and planned surveillance inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	●	2,054	5,529	-3,475	7,057	4,354	2,054

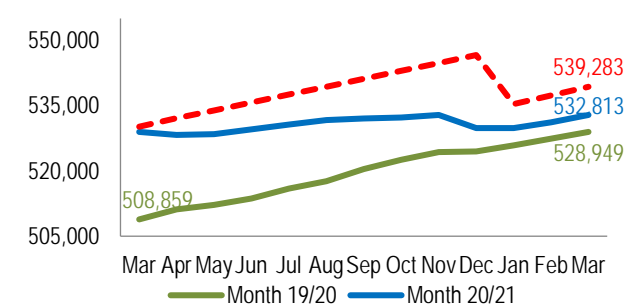
Medical card turnaround within 15 days



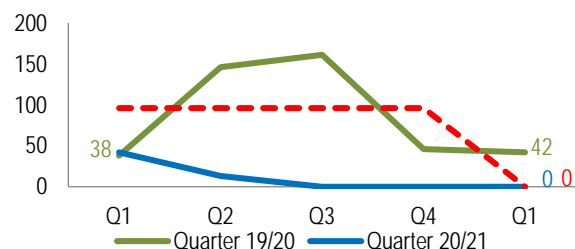
Number of persons covered by Medical Card



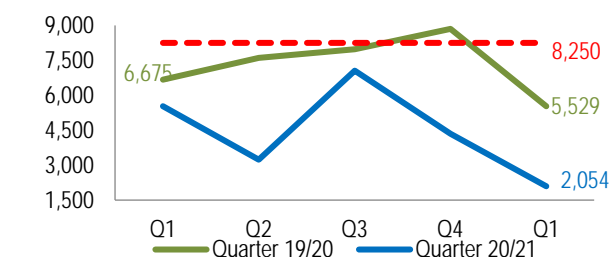
Number of persons covered by GP Visit cards



Number of initial tobacco sales to minors



Number of inspections of food businesses



## National Services Update

### PCRS

During the month of March 2021, 99.8% of medical card applications were processed within 15 working days. The number of people who held medical card eligibility on 31st March 2021 was 1,581,294, an increase of 1,705 on the previous month. The total number of persons with eligibility for a GP visit card on 31st March 2021 was 532,813, an increase of 1,692 on the previous month. As at 31st March 2021, 2,114,107 or 42.5% of the population had medical card or GP visit card eligibility, an overall increase of 3,397 on the previous month. (Population figures are based on the CSO 2020 estimated figure of 4,977,400).

There was an upward movement in eligibility figures for March, with less cards removed in the 16-44 year age group compared to the last two months.

### Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 2,054 Planned and Planned Surveillance Inspections were carried out by the end of Q1. This represents a 75.1% shortfall at the end of Q1 target. While the EHS is operating business as usual targets have been impacted by business closures (particularly of the hospitality sector) during Level 5 restrictions. Additional impact on targets owing to support of HSA COVID19 Return To Work Safely protocol assessments and temporary reassignment of some resource to supporting Public Health in complex contact tracing and surveillance.

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

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. As this work could be completed remotely, 100% of relevant consultation requests from planning

authorities received a response from the Environmental Health Service by the end of Q1. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 97.5% 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, 571 drinking water samples were taken to assess compliance which is a 7.2% 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

3 Inspections of E Cigarette Manufactures, Importers, Distributors and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is a 70% shortfall at end of Q1. Targets impacted by business closures during Level 5 restrictions

Inspections, Test Purchases and Mystery Shopping activities to assess compliance with the Sunbeds Act could not be completed in Q1 as these premises remain closed under Level 5 restrictions.

Test purchases of cigarettes activity in this area is deferred until Q3 & Q4 - To remain under review in line with Government advice on restrictions

## Emergency Management

The HSE Emergency Management (EM) function assists HSE leaders and managers at all levels across the health service to generate resilience by developing contingency around identified hazards and risks that threaten disruption to the provision of Health Services. EM fulfils the HSE's statutory obligations as a Local Competent Authority for Seveso sites nationally and is a prescribed body under the Planning Act for any licensed crowd events.

- **HSE COVID 19 Response:** HSE EM continues to support the HSE's response and management of COVID-19 both strategically and operationally. The HSE National Crisis Management Team (NCMT) and the National Public Health Emergency Team (NPHET) continues to meet weekly. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs) and the Winter Action Teams (WAT) structures. Work continues with the Voluntary Emergency Services, the Civil Defence and the Defence Forces to coordinate external assistance to meet HSE requirements. EM supports the vaccination programme regionally and attends the Centralised Vaccination Clinic (CVC) working group, the CVC Area Leads Forum and the Regional Vaccination Steering groups.
- **Regional Inter-agency Response:** EM partakes in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working Groups (RWGs), which are meeting weekly/fortnightly. HSE EM continues to support senior management teams in briefings and planning response arrangements. EM are actively linking with other statutory agencies to coordinate the support required as part of the response, and are currently working with inter-agency partners on the planning effort for the establishment of the thirty-eight Centralised Vaccination Clinics. EM regions continue to complete prioritised components of the regional interagency work plans, subject to the constraints imposed by COVID-19.
- **SEVESO:** HSE legislative requirements as a Local Competent Authority have been met to date. Seveso planning for 2021 is underway across the EM regions, with revision of external emergency plans with some Seveso exercises complete and others being scheduled.
- **HSE Severe Weather:** HSE Severe Weather planning, preparedness, response and recovery continues across all EM regions. Nationally, EM led on vertical and horizontal coordination of HSE planning for anticipated weather events in accordance with HSE guidance. Regional EM staff led on the coordination of HSE Severe weather contingency planning with staff through the Area Crisis Management team forum. EM contributes to the plans and detail for the 'Be Summer Ready' booklet.
- **Brexit:** EM continues to support the work of the nine work streams. Due diligence assessment continues to be undertaken of processes and procedures for key areas such as Emergency Transport of essential medicines and medical equipment.
- **Covid-19 Excess Mortality:** A National Cross Government COVID-19 Mortality Group is meeting fortnightly to monitor mortality rates and respond to any emerging system pressures that arise in the acute or community setting. National EM staff are working collaboratively with the Acute Hospital division, Public Health staff and our cross government and agency partners to effect required mitigation measures. Regional inter-agency Mass Fatality Groups have been convened with active participation by the Regional EM offices.
- **Crowd Events:** Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions. While the likelihood of these events going ahead is very low, the engagement continues as per adherence to the planning act requirements.
- **High Consequence Infectious Disease Planning:** As part of its High Consequence Disease Planning remit, EM is progressing the tenders for the following:
  1. An interim Category A waste solution for management of VHF waste.
  2. The procurement of two specialised negative/positive pressure isolation PODs for transport of patients with a High Consequence infectious disease, either via road ambulance or via fixed or rotor wing air transport.

- **Hospital Major Emergency Plans:** Pilot test of the Hospital Major Emergency Plan (HMEP) activation procedure as per the HMEP template with NEOC and Hospitals has commenced.
- **Emergency Management training for NAS staff:** A working group with EM and NAS West membership is being established to develop a work programme for the delivery of Emergency Management training to NAS staff during 2021.

### EU & North South Unit

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

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

### Covid-19

- The Unit is adhering to all NPHET and Govt. advice on working from home as much as possible.

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

### Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Due to the retirement of the Brexit Lead in the last week in December the Unit's Assistant National Director chairs the HSE Steering Group meetings and engages on HSE involvement with DoH Brexit Operations meetings.
- Update the HSE Brexit Lead on a fortnightly basis.
- Staff from the Unit attend the Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit.
- Ongoing work on mapping of the HSE list of SLA's and MOU's
- Ongoing discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and Trade and Co-operation Agreement (TCA) and its impacts on Cross Border Healthcare provision.

### Cross Border Work

- Ongoing work on new EU funded project (i-Simpathy) as requested by DoH. The unit sits on the HSE steering group. On-going Interreg VA Project Board meetings.
- On-going CAWT Management Board and Secretariat meetings.

- Attended NWCC Monitoring Group meeting.
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects.
- Discussions with DoH on future Peace Plus programme.
- Input to submission to the Peace Plus public consultation.
- Ongoing work with CAWT Governance sub-group.
- Participation in the new EU funding programme EU4Health information webinars and engagement with DoH on this.

#### Next Steps & Key Outcomes – 2nd Quarter 2021

- Continue to monitor situation regarding the need for redeployment of EU North South Unit staff to Covid-19 work in the event of a surge, as we have done in the past.
- Continue to liaise with local Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays due to the change in focus of frontline workers because of Covid-19.
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA during the Covid-19 pandemic.
- Activation of DoH's Emergency Response Plan on 29<sup>th</sup> December 2020 due to Brexit on 1<sup>st</sup> January 2021. Full HSE personnel engagement with 2 daily meetings (7 days a week) with DoH.

- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.
- Chair HSE Brexit Steering Group meetings.
- Prepare Brexit briefings and updates for A/Secretary General meetings.
- As Brexit Workstream lead, prepare replies for PQ's, media queries.
- Ensure GDPR SCC compliance list for cross border healthcare arrangements is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH.
- The Unit, in conjunction with HSE partners as part of our role on the management board and secretariat, will work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.
- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Graduate Entry Medical School Stakeholder Advisory Board.
- Engagement with DoH and HSE on the new EU4health funding programme.
- Engagement with Department of the Taoiseach on Shared Island initiative.

# National Screening Service

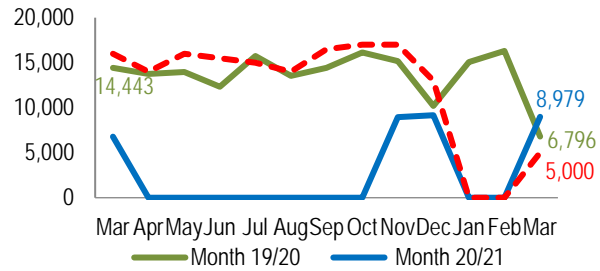
## National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Breastcheck</b>							
	% BreastCheck screening uptake rate	Q-1Q	70%	62.9% [R]	-10.1%			87.1%
Access and Integration	<b>CervicalCheck</b>							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	M	77,000	86,011 [G]	11.7%	11,809	28,495	45,707

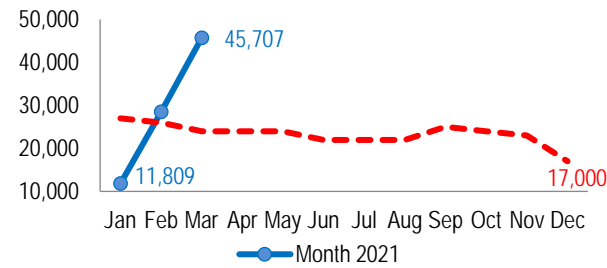
\*Note: Due to a 3 week process involved, the current months provisional data and last months actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	5,000 YTD/ 120,000 FYT	M	●	8,979	38,153	-29,174	0	0	8,979
BreastCheck - % screening uptake rate	70%	Q-1Q	●	62.9%	70.6%	-7.7%			87.1%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting (New KPI)	77,000 YTD/ 280,000 FYT	M	●	86,011			11,809	28,495	45,707
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	77.4%	79.1%	-1.7%	77.1%	76.8%	77.1%
BowelScreen - number of people who completed a satisfactory FIT test	22,000 YTD/ 125,000 FYT	M	●	19,950	21,063	-1,113	8,219	4,273	7,458
Bowelscreen - % client uptake rate	45% YTD/ 45% FYT	Q-1Q	●	40.3%	42%	-1.7%		60.4%	38.2%
Diabetic RetinaScreen - number of people screened	25,350 YTD/ 110,000 FYT	M	●	25,557	24,182	+1,375	6,642	9,574	9,341
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	61.5%	65.5%	-4%		42.7%	80%

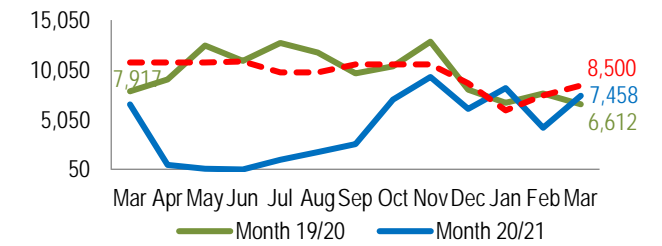
**BreastCheck-number who had a mammogram**



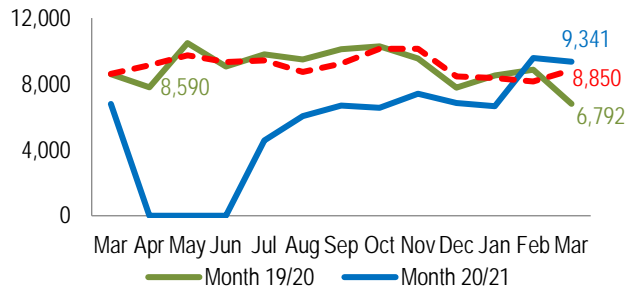
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**





## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period March 2021 was 8,979 above the target of 5,000 by 3,979 (79.6%).
- The number of women aged 65+ who had a complete mammogram in the period March 2021 was 2,025 above the target of 2,000 by 25 (1.3%).
- The number of women who had a complete mammogram year to date (January-March 2021) was 8,979 above the target of 5,000 by 3,979 (79.6%).
- Uptake in Q4 2020 was 87.1%
- In Q4 2020 90.3% of women were offered an assessment appointment within 2 weeks of notification of an abnormal mammogram result.
- In the second half of 2020 87.2% of women were offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer

BreastCheck Screening has resumed from the 8<sup>th</sup> of March. There have been incidents of service users cancelling due to fears of COVID-19.

Assessment clinics have resumed and all areas have reduced capacity due to COVID19 infection control and social distancing.

BreastCheck are monitoring surgical access and surgeries are being prioritised by the host hospitals.

### CervicalCheck

- The number of unique women who had one or screening tests in a primary care setting in the period March 2021 notified to report date was 45,707 which was above the target of 24,000 by 21,707 (90.4%).
- The number of unique women who had one or more screening tests in a primary care setting year to date (January-March 2021) was 86,011 which is above the target of 77,000 by 9,011 (11.7 %)

- The average turnaround time for screening results from laboratories was 1.31 weeks, within the target of 4 weeks.
- Programme coverage at the end of December 2020 was 77.1%

The COVID-19 era involves a change in how we provide care, as social distancing has a huge knock on effect on how many patients can be seen within GP practices and in colposcopy units.

In January 2021, the third COVID Wave and the numbers of community cases affected the general population, including healthcare staff. Hospital capacity was prioritised with some services being significantly scaled back and even stood down. CervicalCheck is aware that periodically some practices/clinics were unable to offer cervical screening appointments, or may be operating at reduced capacity though CervicalCheck is aware that availability of cervical screening appointments has improved significantly now. CervicalCheck continue to advise those seeking to book appointments that they may not be able to do so at that time and asked them to keep in contact with their GP or clinic.

Access to consumables has improved and on week commencing March 28<sup>th</sup>, the laboratory at Coombe Women and Infants Hospital resumed processing cervical screening samples for the programme. COVID has had a knock on effect on laboratory resourcing (both personnel and consumables) and whilst this is affecting the number of samples that can be processed each week we have seen an improvement over the last month. Cervical screening participation and laboratory processing volumes continues to be monitored on a weekly basis. All colposcopy units are operational.

### BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (March 2021) was 7,458 which is below the target of 8,500 by 1,042 (12.3%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (January-March 2021) was 19,950 which is below the target of 22,000 by 2,050 (9.3%).

- Uptake in Q4 2020 was 38.2%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was within the  $\geq 90\%$  target at 91.9% within 20 working days in March. Eleven of the twelve contracted colonoscopy centres which were offering colonoscopies in March met the expected KPI of 90% within 20 days.

#### COVID - 19

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

#### Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period March 2021 was 9,341 which is above the target of 8,850 by 491 clients (5.5%).
- The number of diabetics screened with a final grading result year to date (January - March 2021) was 25,557 which is above the target of 25,350 by 207 (0.8%).
- Uptake in Q4 2020 was 80%

The programme continues to invite participants for screening. The current model for screening is inviting 50% of the backlog cohort and 50% of the prospective cohort. There is a good attendance at all screening clinics this is supported by an increased level of patient engagement. There are a number of barriers impacting on the number of invitations: the implementation of physical distancing and infection control measures. The programme still has a number of challenges with patients referred to treatment clinics; currently treatment clinics are treating urgent and a very low number of routine cases – the programme continues to manage the increase in backlogs.

# Finance

## Introduction

The National Service Plan (NSP) for the HSE was published on 24th February 2021 detailing how it will spend the €20.623b, including €1.68b on COVID-19 in 2021. The financial allocation represents an increase of €3.5b or 21% on last year's NSP. This includes an additional €1.68b for COVID-19 costs. The remaining €1.8b represents an underlying increase of 10.6% in health spending compared to last year, which is well ahead of the average annual increase of 7.3% received across the years 2016-2020. A total of €1.1bn of this additional investment will deliver permanent and enduring improvements in healthcare arising from the Sláintecare reform programme.

The 2021 budget has afforded us an opportunity to reduce the level of on-going financial risk that was present in some of our services pre-COVID-19, most notably within acute hospital services, disability services and mental health services. It also gives us the means to provide improved services for people in Ireland and to progress important strategic reforms.

This year we are working to strengthen our general operational capacity in our community and hospital services, focusing on quality and patient safety, patient and service user involvement, data and analytics, risk management, financial management, safeguarding, eHealth, and procurement compliance.

The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with the Sláintecare Programme and the Department of Health to deliver this change, by addressing waiting times, shifting care from hospital to community, and improving financial controls, whilst also operating within a COVID-19 environment for the foreseeable future.

COVID-19 has and continues to challenge the overall capacity and capability of the health service in a way that we have not experienced in living memory. The COVID-19 pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected. Not only have existing services been significantly impacted, but new services have had to be rapidly developed and deployed.

## Financial Performance

**Table 1 – Net Expenditure by Division – YTD March 2021**

March 2021	YTD Actual Spend vrs YTD Budget						YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m (A)	€m (B)
<b>Acute Operations</b>	6,553.1	1,712.0	1,527.8	184.1	●	12.1%	122.1	62.0
<b>Community Services</b>	7,087.9	1,660.1	1,644.8	15.3	●	0.9%	38.0	(22.7)
<b>Other Operations/Services</b>	2,156.8	464.2	520.2	(56.0)	●	-10.8%	(42.5)	(13.5)
<b>Total Operational Service Areas</b>	15,797.8	3,836.3	3,692.9	143.4	●	3.9%	117.6	25.8
<b>Total Pensions &amp; Demand Led Services</b>	4,582.3	1,133.8	1,127.8	5.9	●	0.5%	51.6	(45.7)
<b>Overall Total</b>	<b>20,393.9</b>	<b>4,970.0</b>	<b>4,820.7</b>	<b>149.4</b>		<b>3.1%</b>	<b>169.2</b>	<b>(19.8)</b>

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

The HSE's financial position at the end of March 2021 shows a YTD deficit of €149.4m, with a significant element of this being driven by the direct impacts of the 3rd COVID-19 surge. Within this €149.4m deficit, acute operations have a YTD deficit of €184.1m, community services a deficit of €15.3m, pensions and demand led services a deficit of €5.9m and other operations are showing a surplus of (€56.0m) (mainly COVID-19 related).

- Of the total YTD deficit of €149.4m, €169.2m has been categorised by service areas as directly attributable to COVID-19 expenditure and (€19.8m) surplus as attributable to core expenditure.
- The COVID-19 deficit to the end of March of €169.2m, €122.1m is in acute operations, €38.0m in community services, €51.6m (of which PCRS is €46.4m) in Pensions & Demand Led Areas with offsetting surpluses in other operations/services of (€42.5m).
- The COVID-19 related surplus of (€42.5m) in other operational services is primarily in relation to held funding not yet distributed to services in relation to three specific expenditure items: Testing & Tracing Programme, COVID-19 supports and COVID-19 Vaccinations. Costs in relation to these three expenditure items have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. Included in the (€42.5m), there is a surplus of (€36.0m) in the Testing & Tracing Programme and a surplus in health and wellbeing of (€6.2m) relating to COVID-19 Vaccinations.

## Acute Operations

**Table 2 Acute Operations March YTD**

March 2021 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
RCSI Hospital Group	914.4	245.1	222.6	22.4	10.1%	11.7	10.8
Dublin-Midlands Hospital Group	1,054.7	283.8	257.2	26.6	10.3%	12.2	14.4
Ireland East Hospital Group	1,163.8	318.4	286.3	32.0	11.2%	20.9	11.1
South-South West Hospital Group	992.7	276.0	245.6	30.4	12.4%	18.8	11.6
Saolta University Health Care Group	933.6	254.6	230.1	24.5	10.7%	12.8	11.8
University of Limerick Hospital Group	404.4	113.5	99.8	13.7	13.7%	6.7	7.0
Children's Health Ireland	374.9	97.6	91.3	6.3	6.9%	1.1	5.3
Regional & National Services	381.0	16.2	35.7	(19.5)	-54.6%	(11.2)	(8.2)
<b>Acute Hospital Care</b>	<b>6,219.6</b>	<b>1,605.1</b>	<b>1,468.6</b>	<b>136.5</b>	<b>9.3%</b>	<b>72.8</b>	<b>63.7</b>
National Ambulance Service	183.5	45.1	44.2	0.9	2.0%	2.6	(1.7)
Private Hospitals	150.0	61.7	15.0	46.7	311.6%	46.7	-
<b>Acute Operations Total</b>	<b>6,553.1</b>	<b>1,712.0</b>	<b>1,527.8</b>	<b>184.1</b>	<b>12.1%</b>	<b>122.1</b>	<b>62.0</b>

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

### **Acute Hospital Care**

- Acute operations has year-to-date expenditure of €1,712.0 against a year-to-date budget of €1,527.8 leading to a YTD deficit of €184.1m or 12.1%, which includes a deficit of €136.5m on acute hospital care, a deficit of €0.9m on the national ambulance service and a deficit of €46.7m in private hospitals.
- Of the YTD deficit of €184.1m, €122.1m deficit has been categorised as directly attributable to COVID-19 expenditure and €62.05m deficit as attributable to core expenditure.
- The YTD deficit of €136.5m in acute hospital care consists of deficits of €42.8m in pay, €49.8m in non-pay and an income deficit of €43.9m.
- The €42.8m pay deficit is due to the recruitment of 1,382 additional wte's for YTD March (March monthly only 313 wte's) and also the backfilling of absent staff by agency/locum. This extra recruitment has occurred mainly as a result of Covid-19.
- The €49.8m non-pay deficit mainly relates to deficits in: medical and surgical supplies of €7.0m, drugs and medicine of €5.7m, maintenance of €7.4m, cleaning & washing of €6.7m, bad and doubtful debts of €9.0m, professional services of €5.4m and other medical equipment of €3.6m.
- The €43.9m YTD deficit on income is mainly attributable to maintenance charges of €54.1m owing to the reduction in hospital activity due to the third surge of Covid-19.

### **Private Hospitals**

In January 2021, a Service Level Agreement (SLA) with the private hospitals, referred to as Safety Net 2 (SN2), was finalised and signed by 18 private hospitals. This SLA is activated by 'surge events', and is predominantly utilised for the provision of unscheduled, urgent and time critical care to core activity patients. When a 'surge event' is triggered, a commencement notice is issued to the private hospitals - the first commencement notices were issued to the private hospitals on 22nd January 2021. The first surge event was due to end in mid-May 2021 following the issue of cessation notices. However, due to the cyber-attack, a separate Safety Net 3 (SN3) arrangement was negotiated. SN3 is the essentially the same model as SN2 except that there is no 'retainer' provision for guaranteed capacity. Under SN2, in order to guarantee capacity, HSE pays a retainer for beds – i.e. if beds aren't used, the private hospital is paid by the HSE for the unused beds. This clause is not applicable to SN3.

- Expenditure on SN2 amounts to €61.7m for YTD March. This is an estimated cost. There are currently no funding streams / budget for SN2 or SN3.

## Community Operations

**Table 3 – Community Operations March YTD**

March 2021 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
<b>Primary Care Division Total</b>	<b>1,380.7</b>	<b>326.1</b>	<b>314.1</b>	<b>12.0</b>	<b>3.8%</b>	<b>15.4</b>	<b>(3.3)</b>
<b>Mental Health Division</b>	<b>1,087.4</b>	<b>262.4</b>	<b>257.0</b>	<b>5.4</b>	<b>2.1%</b>	<b>6.0</b>	<b>(0.6)</b>
Older Persons Services	1,268.6	269.0	270.8	(1.8)	-0.7%	11.0	(12.7)
Nursing Home Support Scheme	1,087.3	258.1	269.6	(11.6)	-4.3%	(2.7)	(8.9)
<b>Older Persons Services Division Total</b>	<b>2,355.9</b>	<b>527.1</b>	<b>540.4</b>	<b>(13.3)</b>	<b>-2.5%</b>	<b>8.3</b>	<b>(21.6)</b>
<b>Disability Services</b>	<b>2,225.7</b>	<b>534.5</b>	<b>524.5</b>	<b>10.0</b>	<b>1.9%</b>	<b>6.9</b>	<b>3.1</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>12.4</b>	<b>3.1</b>	<b>3.0</b>	<b>0.1</b>	<b>2.8%</b>	<b>0.5</b>	<b>(0.4)</b>
<b>Quality &amp; Patient Safety Community Division</b>	<b>6.8</b>	<b>0.6</b>	<b>0.9</b>	<b>(0.4)</b>	<b>-39.4%</b>	<b>-</b>	<b>(0.4)</b>
<b>CHO HQs &amp; Community Services</b>	<b>19.0</b>	<b>6.3</b>	<b>4.8</b>	<b>1.5</b>	<b>31.0%</b>	<b>1.0</b>	<b>0.5</b>
<b>Community Total</b>	<b>7,087.9</b>	<b>1,660.1</b>	<b>1,644.8</b>	<b>15.3</b>	<b>0.9%</b>	<b>38.0</b>	<b>(22.7)</b>

Community services include primary care, social inclusion, older persons' and palliative care services, disability services, mental health services, and are provided for children and adults. Services are provided by GPs, public health nurses and Health Social Care Professions (HSCPs) through primary care teams and Community Healthcare Networks (CHNs). Community services are currently delivered across nine Community Healthcare Organisations (CHOs).

- Community Services has year-to-date expenditure of €1,660m against a year-to-date budget of €1,644m leading to a YTD deficit of €15.3m or 0.9%
- Of the YTD deficit of €15.3m, €38.0mm deficit has been categorised as directly attributable to COVID-19 expenditure and an offsetting surplus of (€22.7m) attributable to core expenditure.

## Primary Care Services

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

- A YTD deficit €12.0m of which €15.4m deficit has been categorised as directly attributable to Covid-19 expenditure and (€3.3m) surplus as attributable to core expenditure.
- Deficit of €15.4m in COVID-19 arose due to increased activity and expenditure due to the third surge of COVID-19, and mainly relates to
  - Pay of €5.4m,
  - Professional services of €3.7m
  - Maintenance of €2.4m
  - Capitation payments of €2.4m
- Surplus of (€3.3m) in core due to planned services not occurring as a result of the third surge of COVID-19, and mainly relates to
  - Paediatric homecare packages of (€2.8m)
  - Travel of (€1.3m) due to travel restrictions
  - Vacant positions of (€1.3m) due to delayed recruitment
  - Property costs of €3.0m and
  - Medical & surgical supplies of €1.8m
- Paediatric Home Care Packages – March YTD Costs of €7.2m have been incurred. Funding for this service was centralised in 2019 and €41m is held centrally, which is allocated to each area to cover expenditure throughout the year. There has been a significant fall from planned number of cases being supported due to the COVID-19 pandemic. There are 526 cases in place YTD March, which represents an increase of 13 in the year.

## Mental Health Services

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

As a result of COVID-19, in line with public health advice on the provision of safe services, some community mental health services were reduced. There was extensive use of remote consultation tools such as Attend Anywhere to ensure continuity of services for mental health patients. Also, a number of non-essential day & other services reduced their capacity at the start of the COVID-19 pandemic, with some staff redeployed into Mental Health acute units to cover sick leave which allowed for the covering of essential rostered hours across these acute units.

Mental Health have a number of financial challenges, namely a high level of agency & overtime due to reduced ability to recruit staff into available posts, and an increasing level of high cost residential placements with external private providers. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients and capacity constraints within the public system.



- A YTD deficit of €5.4m of which €6.0m deficit has been categorised as directly attributable to COVID-19 expenditure and (€0.6m) surplus as attributable to core expenditure.
- Deficit of €6.0m in COVID-19 due to increased activity which is mainly driven by:
  - Payroll costs of €0.8m - Due to additional hours / increased part time hours / TOIL in Nursing/Medical/Support staff grades.
  - Agency costs of €1.7m - Predominately relate to Nursing/Medical/Support agency requirements to fill gaps in rosters in acute units due to increased activity and sick leave.
  - Capitation payments deficit of €1.1m – Increased private placements required to free up bed capacity in residential units to cater for increased activity and to help with social distancing requirements.
  - Cleaning & Washing deficit of €0.5m – Increased cleaning costs due to deep cleaning requirements in MH residential units and the purchase of cleaning equipment.
  - Maintenance deficit of €0.4m - Acute unit reconfiguration, setting up and fitting out of isolation pods. Building works to facilitate social distancing and isolation of patients.
- Surplus of (€0.6m) due to core services not occurring as a result of the third surge of COVID-19, and mainly relates to:
  - Payroll deficit of €0.5m
  - Travel surplus of (€1.5m) due to travel restrictions
  - Education & training surplus of (€0.6m)
  - Professional services surplus of (€0.7m)
  - Light & heat surplus of (€0.4m)
  - Rent rates surplus of (€0.5m).
- Surpluses which will balance as the year progresses and services are restored to pre-COVID-19 levels.
- COVID-19 expenditure is continuing at an average expenditure rate of circa €2.0m per month.

## Older Persons Services

Older persons services provide a wide range of services including home supports, community supports, intermediate care (both residential and in the home), as well as short stay and long stay care when remaining at home is no longer feasible (Nursing Homes Support Scheme, NHSS). 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.

### Older Persons services (including NHSS)

- A YTD surplus of (13.3m) of which (€1.8m) surplus is in Older Persons Services and (€11.6m) is in NHSS.
- The overall YTD surplus of (€13.3m) is split across the main cost categories as follows:
  - (€21.9m) surplus in Home Support - which were suspended due to COVID-19 shielding
  - €12.4m deficit in Residential Care - due to reduced bed numbers and actual cost of care in excess of paid rate. Units are operating at below 95% capacity; March occupancy is 87%, resulting in reduced NHSS income.

- (€3.1m) surplus in Other - mainly arising in transitional care beds, complex cases and intensive homecare packages. These surpluses are expected to reduce as activity increases through 2021, and as budget profiles are amended.
- Of the YTD surplus of (€1.8m) in Older Persons Services, €11.0m deficit has been categorised as directly attributable to COVID-19 expenditure and (€12.7m) surplus as attributable to core expenditure.
- Deficit of €11.0m in COVID-19 due to increased activity which is mainly driven by
  - Payroll costs of €9.4m of which agency costs is €6.2m
  - Cleaning and washing of €1.6m
- Surplus of (€12.7m) due to services not occurring as a result of the third surge of COVID-19, and mainly relates to
  - Home support surplus of (€9.2m), which were suspended due to COVID-19 shielding
  - Transitional care beds surplus of (€2.3m).

### NHSS (included in Older Persons above)

- Of the YTD of surplus (€11.6m) in NHSS, (€2.7m) surplus has been categorised as directly attributable to COVID-19 expenditure and (€8.9m) surplus as attributable to core expenditure.
- Surplus of (€2.7m) in COVID-19 due to budget profiling and is currently under review.
- Surplus of (€8.9m) in core is due to patients not availing of the NHSS scheme which are currently 913 below the levels set in the NSP due to COVID-19, 679 starters below NSP levels and 234 leavers above NSP levels.

### Disability services

Disability services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistants, home support, multi-disciplinary and other community supports. The costs in Disability Services are primarily driven by the clients need and the complexity of each individual case presenting.

As a result of COVID-19, and to fully align with Public Health guidance as recommended via the NPHET, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential (including new emergency residential placements) and Home Support/Personal Assistance services whilst curtailing or closing certain services such as day services, respite services, and certain clinical supports. Staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

- A YTD deficit of €10.0m of which €6.9m deficit has been categorised as directly attributable to COVID-19 expenditure and €3.1m deficit as attributable to core expenditure.
- Deficit of €6.9m in COVID-19 due to increased activity which is mainly driven by
  - Pay deficit of €3.0m and
  - Grants to outside agencies of €2.1m.
- Deficit of €3.1m in core expenditure due to
  - Capitation payments deficit of €4.8m – due to increased capitation payments to support challenged s.39 organisations
  - Pay surplus of (€2.2m) due to vacant posts.

- 10 new emergency residential placements were put in place in March 2021 (including 5 COVID-19 related places), with a YTD total of 23 new places (including 7 COVID-19 related places).
- YTD expenditure on 23 new emergency residential placements of approximately €1.2m, with an estimated 2021 full year cost of €7.0m
- YTD spend on Emergency residential placements amounts to 10 places in March 2021 (including 5 COVID-19 related places). March YTD has a total of 23 new

## Chief Clinical Officer

**Table 4 – Chief Clinical Officer March YTD**

March 2021 Chief Clinical Office	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Clinical Design & Innovation	9.8	1.6	1.6	(0.1)	-4.0%	0.1	(0.2)
Office of Nursing & Midwifery Services	34.5	7.7	7.9	(0.2)	-2.4%	0.0	(0.2)
Quality Assurance & Verification	6.2	1.3	1.5	(0.2)	-12.4%	0.0	(0.2)
Quality Improvement Division	8.3	1.8	2.0	(0.2)	-9.2%	-	(0.2)
National Health and Social Care Profession	2.3	0.5	0.5	(0.0)	-2.5%	-	(0.0)
National Doctors Training & Planning	28.1	5.1	6.9	(1.7)	-25.0%	-	(1.7)
National Cancer Control Programme (NCCP)	19.4	1.5	1.8	(0.3)	-17.6%	-	(0.3)
<b>Chief Clinical Office Total</b>	<b>108.5</b>	<b>19.6</b>	<b>22.2</b>	<b>(2.7)</b>	<b>-12.0%</b>	<b>0.2</b>	<b>(2.9)</b>

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, through the various divisions within the remit of the CCO, as per table 6 above.

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

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

As a result of COVID-19, cancer services prioritised activity across the patient pathway in line with national clinical guidance. This ensures emergency, time critical and symptomatic services for cancer (diagnostics, surgery, chemotherapy and radiotherapy) are delivered appropriately and that patients continued to be seen in a timely way.

- National doctors training & planning (NDTP) has a YTD surplus of (€1.7m) consisting of a surplus of (€1.7m) in core related expenditure primarily in education and training.

## National Screening Service

**Table 5- National Screening Service March YTD**

March 2021 National Screening Service	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
National Screening Service	103.3	19.7	19.7	0.0	0.2%	0.0	0.0

The NSS delivers four national population-based screening programmes to prevent cancer in the population (BreastCheck, CervicalCheck, Bowelscreen), and for detecting sight-threatening retinopathy in people with diabetes (Diabetic RetinaScreen). These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

- A YTD breakeven position. Within this breakeven position, there is a surplus of (€0.3m) in pay and a deficit of €0.3m in non-pay.
- The pay surplus of (€0.3m) is arising due to medical staff vacancies. The non-pay deficit of €0.3m relates to programmes that have restarted and are eliminating their backlog, mainly in cervical screening and breast check.

## Health and Wellbeing

**Table 6 – Health and Wellbeing March YTD**

March 2021 Health & Wellbeing	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Health Protection Surveillance Service	6.9	1.9	1.3	0.7	54.5%	0.8	(0.1)
Health Protection Vaccines	196.6	24.1	36.5	(12.4)	-33.9%	(9.3)	(3.1)
Public Health	32.2	8.0	6.5	1.5	23.6%	2.3	(0.7)
Health Promotion	8.0	1.5	1.8	(0.2)	-12.8%	-	(0.2)
Research & Evidence	10.0	2.4	2.3	0.1	2.2%	0.0	0.0
Health & Wellbeing - (Regional)	9.5	2.5	2.3	0.2	8.9%	0.0	0.2
Crisis Pregnancy Agency	7.6	1.2	1.6	(0.4)	-25.6%	0.0	(0.4)
Health & Wellbeing Nat Dir Off	8.2	0.4	0.5	(0.0)	-6.9%	0.0	(0.0)
<b>Health &amp; Wellbeing Total</b>	<b>279.1</b>	<b>42.1</b>	<b>52.7</b>	<b>(10.6)</b>	<b>-20.1%</b>	<b>(6.2)</b>	<b>(4.3)</b>

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

Our public health teams play a major role in responding to the COVID-19 pandemic. Public health teams work closely with the wider health system to mitigate and limit the spread of the virus using evidence-based strategies, guidance, disease surveillance and health intelligence developed nationally. Public health also support end-to-end COVID-19 testing and contact tracing designed and delivered to specifically protect the health of people living in Ireland.

- A YTD surplus of (€10.6m) of which (€6.2m) surplus has been categorised as directly attributable to COVID-19 expenditure and (€4.3m) surplus as attributable to core expenditure.
- Surplus of (€6.2m) in COVID-19 which is mainly due to timing of budget distribution relating to the COVID-19 vaccine programme.
- Surplus of (€4.3m) in core expenditure, mainly due to the temporary suspension of the schools programmes. These programmes have resumed now that the schools have reopened.

## National Services (Excl PCRS)

**Table 7 – National Services March YTD**

March 2021 National Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Environmental Health	57.4	13.3	13.1	0.1	0.9%	0.1	(0.0)
Emergency Management	1.7	0.5	0.4	0.1	13.5%	0.1	(0.0)
EU & North South Unit	0.7	0.2	0.2	0.0	8.8%	-	0.0
<b>National Services Total</b>	<b>59.7</b>	<b>13.9</b>	<b>13.7</b>	<b>0.2</b>	<b>1.4%</b>	<b>0.2</b>	<b>(0.0)</b>

**The Environmental Health Service (EHS)** plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety, tobacco control, sunbed regulation, alcohol control and fluoridation of public water supplies. Notwithstanding the impact of COVID-19, a key focus for the service is to ensure the provision of our statutory obligations in relation to environmental health. The EHS is playing a key role to protect the health of the population in the context of COVID-19, in addition to augmenting its core service to respond to anticipated Brexit demands.

- The YTD deficit of €0.1m in EHS primarily relates to a pay surplus of (€0.4m) arising due to staff vacancies along with an income deficit of €0.4m which relates to a historic income target. Prior to Irish Water being in existence, EHS provided services to county councils and charged for same. Since the creation of Irish Water, the councils provide this service hence the loss of income to EHS.

**Emergency management (EM)** assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.

**The EU and North South Unit** works on behalf of the HSE to promote health co-operation with providers on both a north south and east west basis to ensure better health outcomes. The unit co-ordinates with others to ensure the delivery of a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services and co-operation on new initiatives. The EU and North South Unit support services to identify and fund appropriate projects. This is in conjunction with the cross-border health and social care partnership, Co-operation and Working Together (CAWT). Brexit and COVID-19 pose new challenges in relation to healthcare delivery and co-operation. In this context all efforts have been made to ensure the continuation of all cross-border services, to the greatest extent possible.

## Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The National Testing and Tracing service pathway comprises referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management), and is capable of delivering and responding to the challenges of service requirements and demands.

- YTD surplus of (€36.0m). This surplus is primarily due to timing of budget distribution relating to the COVID-19 Testing & Tracing programme, and is only a timing issue rather than an actual saving.
- The Testing programme is also supported by acute & community services with an additional expenditure being incurred in service setting such as testing centres and hospital laboratory testing.

## Support Services

**Table 8 – Support Services March YTD**

March 2021 Support Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid- 19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Health Business Services	593.0	202.4	185.3	17.1	9.2%	15.8	1.3
Finance	79.3	11.2	11.3	(0.1)	-1.0%	0.3	(0.4)
Human Resources	62.6	16.0	12.9	3.1	24.3%	3.2	(0.1)
Board of the HSE & Office of the CEO	3.9	1.3	1.0	0.4	37.0%	-	0.4
Strategic Transformation Office	10.5	1.8	1.7	0.1	5.5%	-	0.1
Legal Services	17.4	3.7	4.3	(0.6)	-13.6%	1.0	(1.6)
Office of the COO & Office of the CSO	11.0	7.0	2.7	4.3	162.0%	4.0	0.4
Compliance	1.4	0.2	0.3	(0.2)	-45.8%	-	(0.2)
Communications	42.8	5.4	5.4	(0.1)	-1.4%	0.0	(0.1)
Audit	4.5	0.9	1.1	(0.2)	-21.1%	0.0	(0.2)
Health Repayment Scheme	0.5	0.0	0.1	(0.1)	-93.1%	-	(0.1)
Chief Information Officer	107.4	23.4	28.3	(5.0)	-17.5%	0.6	(5.5)
Regional Services	260.6	0.3	26.0	(25.7)	-99.0%	(25.6)	(0.1)
<b>Support Services Total</b>	<b>1,194.9</b>	<b>273.4</b>	<b>280.4</b>	<b>(7.0)</b>	<b>-2.5%</b>	<b>(0.7)</b>	<b>(6.3)</b>

- YTD surplus of (€7.0m). This surplus is primarily due to COVID-19 held funding, and is only a timing issue rather than an actual saving.
- HBS: YTD deficit of €17.1m, inclusive of €15.8m Covid-19 deficit, due to the procurement of PPE, lab supplies, Covid-19 vaccine costs and estates costs in relation to the Citywest facility
- Office of the COO & Office of the CSO: YTD deficit of €4.3m deficit, due to professional services of €3.7m.
- Chief Information Officer: YTD surplus of (€5.0m), which is mainly due to pay of (€4.1m) due to vacant positions and non-pay of (€1.5m).
- Regional Services: YTD surplus of (€25.7m) primarily related to Covid-19 held funding not yet distributed.

## Demand Led Scheme

**Table 9 – Demand Led Services Areas March YTD**

March 2021 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
						€m	€m
Pensions	592.0	148.2	145.6	2.6	1.8%	-	2.6
State Claims Agency	410.0	87.4	102.5	(15.1)	-14.8%	-	(15.1)
Primary Care Reimbursement Service	3,269.3	813.2	802.6	10.6	1.3%	46.4	(35.8)
Demand Led Local Schemes	271.9	73.2	67.4	5.8	8.6%	5.2	0.6
Treatment Abroad and Cross Border Directive	28.6	11.0	7.1	3.8	53.5%	-	3.8
EHIC (European Health Insurance Card)	10.5	0.9	2.6	(1.8)	-67.5%	-	(1.8)
<b>Pensions &amp; Demand Led Services Total</b>	<b>4,582.3</b>	<b>1,133.8</b>	<b>1,127.8</b>	<b>5.9</b>	<b>0.5%</b>	<b>51.6</b>	<b>(45.7)</b>

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

## Pensions

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

As part of NSP2021 an additional €20.0m has been assigned to pensions.



- YTD deficit of €2.6m is comprised of a surplus in Additional Superannuation Contribution (ASC) of (€2.5m) and a deficit in pensions of €5.1m. This should not be extrapolated to determine a possible year end result.
- Pension expenditure is volatile in nature but generally in an upward direction as we approach the end of the year.
- Transition to the Single Public Service Pension Scheme (SPSPS) retirements will see a reduction in the cost of pensions but this will occur gradually over a number of years.

### **State Claims Agency (SCA)**

The SCA is a separate legal entity which manages and settles claims on behalf of government departments and public bodies, including the HSE. The HSE reimburses the SCA for costs arising from claims under the clinical and general indemnity schemes and had an allocated 2021 budget for this reimbursement of €410m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

- YTD surplus of (€15.1m), which is mainly due to a delay in the number of cases processed by the courts services as a result of COVID-19.

### **Primary Care Reimbursement Service (PCRS)**

The PCRS supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, pharmacists and optometrists / ophthalmologists for the free services or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. PCRS also makes payments to suppliers and manufacturers of high tech drugs and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the NCCP and

the National Hepatitis C Treatment Programme. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term illness (LTI) applications. The schemes are operated by PCRS on the basis of legislation and/or government policy and direction provided by the DoH.

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

- YTD deficit of €10.6m, of which €46.4m deficit has been categorised as directly attributable to COVID-19 expenditure and (€35.8m) surplus as attributable to core expenditure.
- Deficit of €46.4m in COVID-19, mainly due to GP fees and allowances of €38.8m, GMS pharmacy drugs of €4.5m and GMS Pharmacy Fees of €2.5m. The impact of this amount has been counteracted by reduction in other services resulting from the emergency.
- Surplus of (€35.8m) in core expenditure, mainly due to surpluses in GP fees and allowances of (€16.3m), GMS pharmacy of (€5.7m), NDMS oncology drugs/medicines of (€4.1m), long term illness scheme of (€3.7m), NDMS Hep C programme of (€3.5m), drug payment scheme of (€1.2m). These surpluses are offset by a deficit of €1.4m in NDMS bespoke funding decisions.
- High Tech drug spend is increasing each year, due to 2020 new drugs in addition to full year effect of 2019 and 2018 newly approved drugs. In addition year on year number of patients dispensed to continues to rise across most condition types and for all drug types. The demand is primarily across the following conditions: cancer, cystic fibrosis and rheumatology.

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

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

### **Demand Led Local Schemes**

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

- YTD deficit of €5.8m, of which €0.6m has been categorised as being directly attributable to COVID-19 expenditure and €5.2m attributable to core service expenditure.

### **Treatment Abroad Scheme and Cross Border Healthcare (TAS/CBD)**

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

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

Access to the Treatment Abroad Scheme (TAS) for patients post the UK exit from the EU (Brexit) remains unchanged. The provisions of EU Regulation 883/2004 were mirrored in the Trade & Co-Operation Agreement concluded by the UK and the EU on 24th Dec 2020. The TAS expects access to healthcare under the scheme to continue as usual during 2021 with the exception of Covid-19 restrictions which may impact. To date these restrictions have not had any discernible impact on referral or access to treatments under the Scheme.

CBD has also seen a significant drop in activity due to COVID-19. From March 2020, the private hospitals abroad were not available for private healthcare; therefore, CBD patients could not access their main service providers.

- YTD deficit of €3.8m, as the budget was reduced by €29.2m in 2021.

### **European Health Insurance Card (EHIC)**

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

The E125 scheme is for European citizens who are on short term visits to another member state. It is anticipated that the E125 scheme will be in a surplus position at year end with COVID-19 impacting travel within the EU. The E127 scheme is availed of by European citizens who reside on a long term basis in another member state. E125's and E127's received in from participating member states in March were significantly lower than budgeted numbers. As a demand led cost this is open to significant variances month on month.

As a result of COVID-19, less international travel has taken place than was initially anticipated which is resulting in surpluses in the EHIC scheme.

- YTD surplus of (€1.8m).

### **Conclusion**

The HSE is an organisation undergoing significant change as well as facing a significant challenge in terms of its response to the current COVID-19 pandemic. There are long-standing challenges in our services, some of which have been further impacted due to COVID-19. The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with the Sláintecare Programme and the Department of Health to deliver this change, by addressing waiting times, shifting care from hospital to community, and improving financial controls, whilst also operating within a COVID-19 environment for the foreseeable future.

The Corporate Plan was developed in 2020, setting out the key actions the HSE will take over the next three years to improve our health service and the health and wellbeing of people living in Ireland. The vision is for a healthier Ireland, with the right care, at the right time and in the right place. The approach taken is to prioritise a small number of large service transformations, which allow us to focus our efforts and resources to make demonstrable improvements to health service performance and delivery over the next three years. These transformations are consistent with Sláintecare, our 10-year vision to transform Ireland's health and social care services. In addition to these transformations, we will continue to make progress in many other key areas of service delivery, such as women's health and maternity care, which require our focus and commitment to improvement and are important to our patients and service users. We will also seek to accelerate the digitisation of our health service to improve access, support process improvements, and drive value for money.

With the availability now of effective vaccines, we must continue to be mindful of, and to mitigate, the risk that COVID-19 poses to 'normal' healthcare activities. The on-going COVID-19 pandemic will continue to bring uncertainty and complexity to the planning and delivery of services in 2021. The very significant budget allocation for the health service in 2021 underlines the strong strategic alignment that now exists between the HSE, the Minister for Health and his Department. The budget has afforded us an opportunity to reduce the level of on-going financial risk that was present in some of our services pre-COVID-19, most notably within acute hospital services, disability services and mental health services. It also gives us the means to provide improved services for people in Ireland and to progress important strategic reforms.

# Human Resources

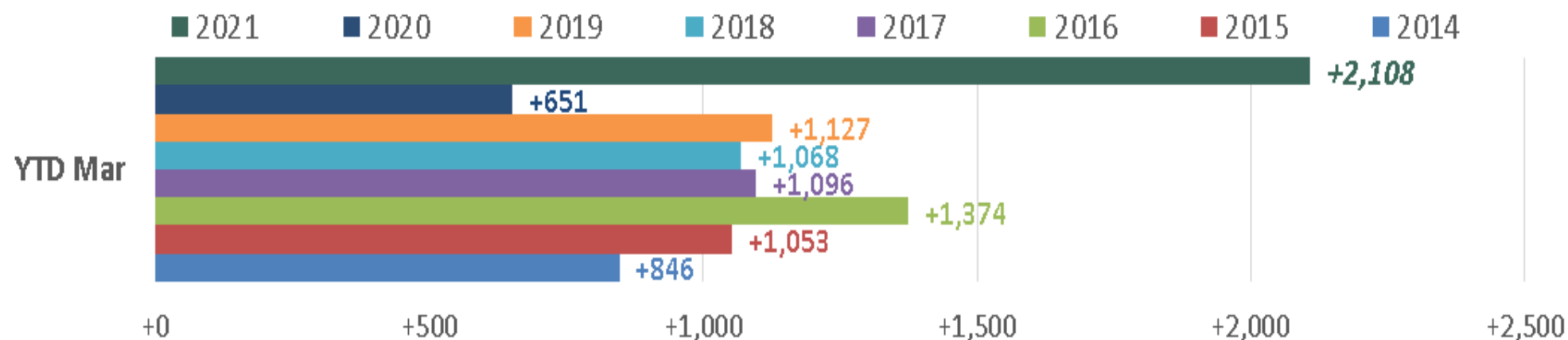
## Health Sector Workforce

### Health Sector Workforce: March 2021

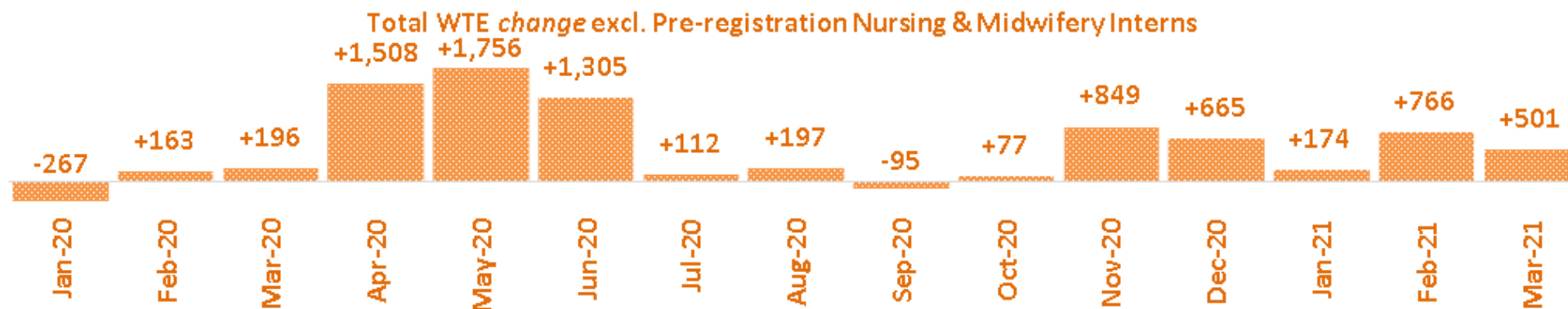
#### Headlines

At the end of March 2021, there were 128,283 WTE (equating to 146,891 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- **+522 WTE** change since last month and **+2,108 WTE** year to date. This is the **largest Quarter 1 increase** since the establishment of the HSE and over 50% more than the next nearest quarter (+1,374 WTE in 2016).

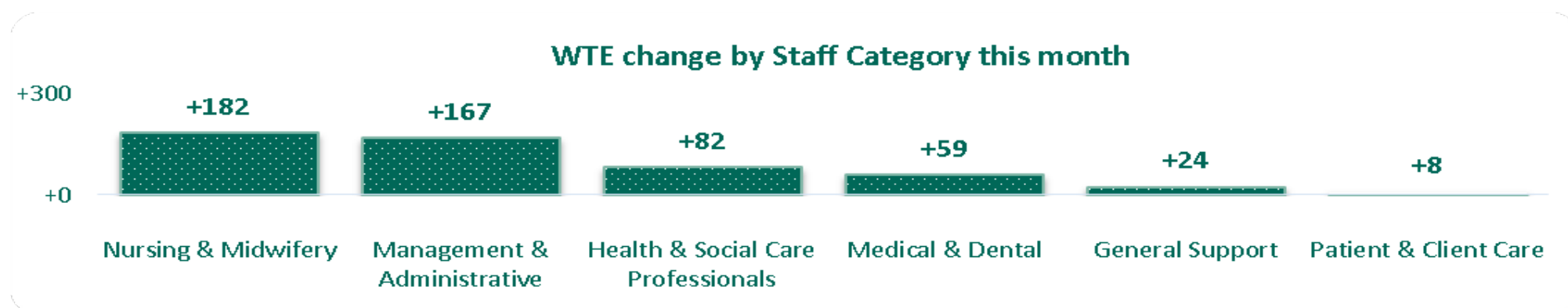


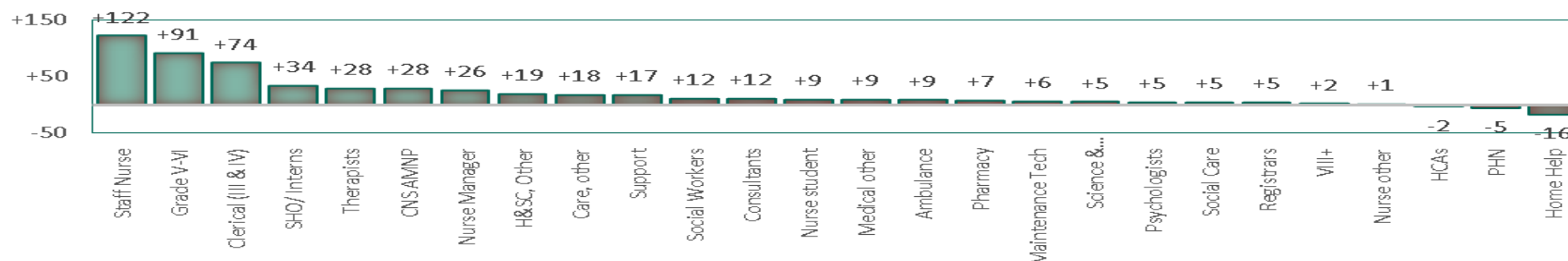
- The latest figures represent a **7.1% (8,466 WTE)** increase over December 2019 (this figure excludes non-direct HSE employees such as externally contracted Contact Management Programme contact tracers 670 WTE)
- YTD growth *excluding Pre-registration Nursing & Midwifery interns* (the majority of whom are on boarded in February/ March each year) is +1,442 WTE.



### Overarching key findings this month

- **All staff categories** are showing an increase this month (+522 WTE overall)
- The largest increase was in Nursing & Midwifery (+182 WTE or +161 WTE excluding Student Nursing & Midwifery interns on clinical placement), of which **+122 WTE** relates to Staff Nurses & Midwives.
- Medical & Dental rose by **+59 WTE** (+12 additional Consultants & +5 Registrars/ Specialists +34 SHOs/ Interns following the fall last month largely due to the expected NCHD changeover.
- HSCP increased this month by **+82 WTE** – across all staff groups.
- Management/ Administrative is showing a **+167 WTE** increase, with the largest in Grades V-VII.
- General Support increased by **+24WTE** with a further **+8 WTE** in Patient & Client Care.
- Further details are shown in the Tables and Graphs below.



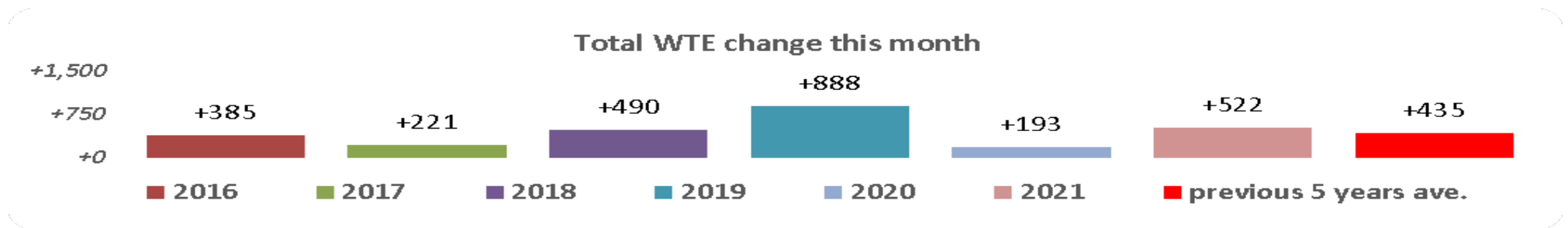


### By Staff Group: March 2021

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE chance since Feb 2021	% chance since Feb 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>127,760</b>	<b>128,283</b>	<b>+522</b>	<b>+0.4%</b>	<b>+2,108</b>	<b>+1.7%</b>	<b>+8,466</b>	<b>+7.1%</b>
<b>Medical &amp; Dental</b>	<b>10,857</b>	<b>11,762</b>	<b>11,709</b>	<b>11,768</b>	<b>+59</b>	<b>+0.5%</b>	<b>+7</b>	<b>+0.1%</b>	<b>+911</b>	<b>+8.4%</b>
Consultants	3,250	3,458	3,474	<b>3,485</b>	+12	+0.3%	+27	+0.8%	+235	+7.2%
Registrars	3,679	3,876	3,937	<b>3,941</b>	+5	+0.1%	+66	+1.7%	+262	+7.1%
Senior House Officers	2,390	2,623	2,500	2,536	+36	+1.4%	-87	-3.3%	+146	+6.1%
Interns	726	971	969	967	-2	-0.2%	-5	-0.5%	+241	+33.1%
SHO/Interns	3,116	3,594	3,468	<b>3,502</b>	+34	+1.0%	-92	-2.6%	+386	+12.4%
Medical/ Dental, other	812	833	830	<b>839</b>	+9	+1.1%	+6	+0.7%	+27	+3.4%
<b>Nursing &amp; Midwifery</b>	<b>38,205</b>	<b>39,917</b>	<b>40,746</b>	<b>40,929</b>	<b>+182</b>	<b>+0.5%</b>	<b>+1,012</b>	<b>+2.5%</b>	<b>+2,724</b>	<b>+7.1%</b>
Nurse/ Midwife Manager	7,984	8,344	8,478	<b>8,505</b>	+26	+0.3%	+161	+1.9%	+521	+6.5%
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,332	<b>2,360</b>	+28	+1.2%	+62	+2.7%	+364	+18.2%
Staff Nurse/ Staff Midwife	25,693	26,763	26,997	<b>27,118</b>	+122	+0.5%	+355	+1.3%	+1,425	+5.6%
Public Health Nurse	1,537	1,557	1,541	<b>1,536</b>	-5	-0.3%	-21	-1.4%	-1	-0.1%
Pre-registration Nurse/ Midwife Intern	138	28	674	695	+21	+3.1%	+667	+2368.0%	+557	+402.4%
Pre-registration Nurse Intern (COVID-19)	-	230	47	31	-16	-34.3%	-199	-86.6%	+31	-100.0%
Post-registration Nurse/ Midwife Student	293	258	268	297	+29	+10.7%	+39	+15.0%	+3	+1.2%

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE chance since Feb 2021	% chance since Feb 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
<i>Nursing/ Midwifery awaiting registration</i>	213	76	54	30	-24	-44.6%	-46	-60.3%	-183	-85.8%
Nursing/ Midwifery Student	644	592	1,043	1,052	+9	+0.9%	+461	+77.9%	+408	+63.4%
Nursing/ Midwifery other	350	362	356	357	+1	+0.3%	-6	-1.5%	+7	+1.9%
<b>Health &amp; Social Care Professionals</b>	<b>16,774</b>	<b>17,807</b>	<b>18,038</b>	<b>18,119</b>	<b>+82</b>	<b>+0.5%</b>	<b>+312</b>	<b>+1.8%</b>	<b>+1,345</b>	<b>+8.0%</b>
Therapy Professions	5,234	5,565	5,660	5,688	+28	+0.5%	+123	+2.2%	+454	+8.7%
Health Science/ Diagnostics	4,500	4,731	4,792	4,797	+5	+0.1%	+66	+1.4%	+296	+6.6%
Social Care	2,710	2,909	2,915	2,920	+5	+0.2%	+11	+0.4%	+210	+7.7%
Social Workers	1,165	1,238	1,246	1,257	+12	+0.9%	+19	+1.5%	+93	+8.0%
Psychologists	1,004	1,066	1,069	1,074	+5	+0.5%	+8	+0.7%	+70	+7.0%
Pharmacy	1,038	1,164	1,190	1,197	+7	+0.6%	+34	+2.9%	+160	+15.4%
H&SC, Other	1,123	1,134	1,167	1,186	+19	+1.6%	+52	+4.5%	+63	+5.6%
<b>Management &amp; Administrative</b>	<b>18,846</b>	<b>19,829</b>	<b>20,158</b>	<b>20,326</b>	<b>+167</b>	<b>+0.8%</b>	<b>+497</b>	<b>+2.5%</b>	<b>+1,479</b>	<b>+7.9%</b>
Management (VIII & above)	1,842	1,969	2,006	2,009	+2	+0.1%	+39	+2.0%	+167	+9.1%
Administrative/ Supervisory (V to VII)	5,199	5,821	5,936	6,027	+91	+1.5%	+206	+3.5%	+828	+15.9%
Clerical (III & IV)	11,805	12,038	12,216	12,290	+74	+0.6%	+252	+2.1%	+485	+4.1%
<b>General Support</b>	<b>9,416</b>	<b>9,876</b>	<b>9,911</b>	<b>9,935</b>	<b>+24</b>	<b>+0.2%</b>	<b>+59</b>	<b>+0.6%</b>	<b>+518</b>	<b>+5.5%</b>
Support	8,234	8,676	8,710	8,728	+17	+0.2%	+52	+0.6%	+494	+6.0%
Maintenance/ Technical	1,182	1,200	1,201	1,207	+6	+0.5%	+7	+0.6%	+25	+2.1%
<b>Patient &amp; Client Care</b>	<b>25,719</b>	<b>26,985</b>	<b>27,198</b>	<b>27,206</b>	<b>+8</b>	<b>+0.0%</b>	<b>+222</b>	<b>+0.8%</b>	<b>+1,488</b>	<b>+5.8%</b>
Health Care Assistants	17,396	18,554	18,839	18,837	-2	-0.0%	+283	+1.5%	+1,441	+8.3%
Home Help	3,569	3,543	3,398	3,382	-16	-0.5%	-161	-4.6%	-187	-5.2%
Ambulance Staff	1,828	1,877	1,924	1,932	+9	+0.5%	+55	+2.9%	+105	+5.7%
Care, other	2,926	3,011	3,037	3,055	+18	+0.6%	+44	+1.5%	+129	+4.4%





**Operations key findings this month** (refer to tables further below)

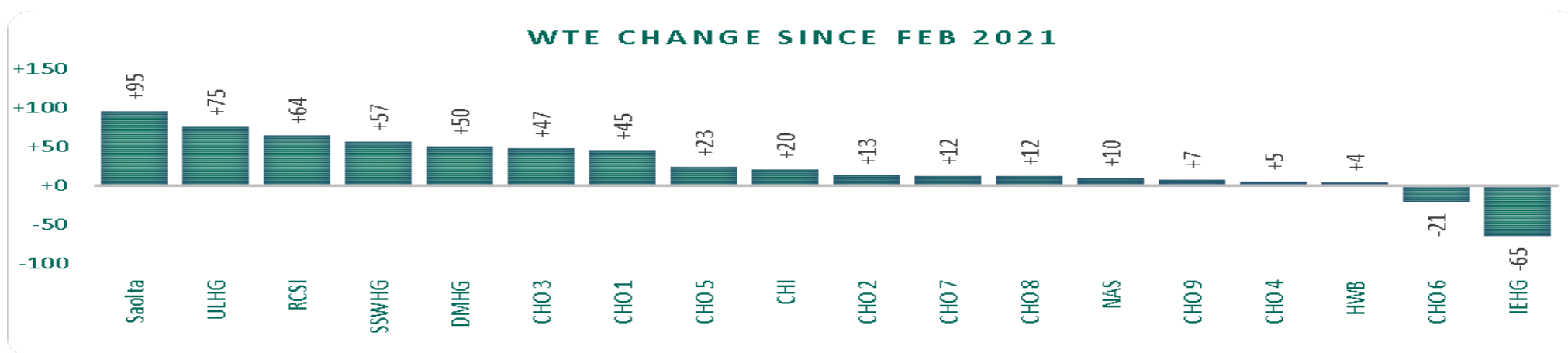
- Overall this month, **Acute Services** is showing an increase of **+322 WTE** and **Community Services** are showing **+151 WTE**.
- Primary care is showing the largest increase (+61 WTE) across Community Services this month.

Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disability	Older People	Comm Services	Corporate Functions	Health Business Service	Health & Well-being	H&WB, Corp. & National
Mar-21	128,283	+522	+10	+313	<b>+322</b>	+3	+22	+61	+56	+10	<b>+151</b>	+305	-260	+4	<b>+49</b>
Feb-21	127,760	+1,071	+55	+800	<b>+854</b>	+7	+82	+137	+2	-52	<b>+177</b>	+28	-6	+18	<b>+40</b>
Jan-21	126,689	+515	-8	+270	<b>+262</b>	+3	+65	+159	+37	-44	<b>+220</b>	+13	+12	+8	<b>+33</b>
Dec-20	126,174	+666	-3	+125	<b>+123</b>	-4	+18	+374	+71	+87	<b>+547</b>	-7	-5	+8	<b>-3</b>
Nov-20	125,508	+848	+11	+353	<b>+364</b>	+6	+18	+248	+182	-15	<b>+440</b>	+22	+8	+15	<b>+44</b>
Oct-20	124,660	+92	+37	+59	<b>+96</b>	+5	-27	+101	+67	-167	<b>-21</b>	+5	+8	+4	<b>+17</b>
Sep-20	124,568	-136	+1	-324	<b>-323</b>	+6	+38	+18	+125	-34	<b>+153</b>	+19	+12	+2	<b>+33</b>
Aug-20	124,705	+215	-3	+19	<b>+16</b>	+3	+37	-15	+81	+71	<b>+176</b>	+4	+15	+3	<b>+22</b>
Jul-20	124,490	+138	-13	-58	<b>-71</b>	-4	-52	+110	+37	+123	<b>+214</b>	+10	-5	-10	<b>-4</b>
Jun-20	124,352	+1,264	-6	+999	<b>+994</b>	+1	+76	+35	+82	+72	<b>+266</b>	+2	+5	-2	<b>+4</b>

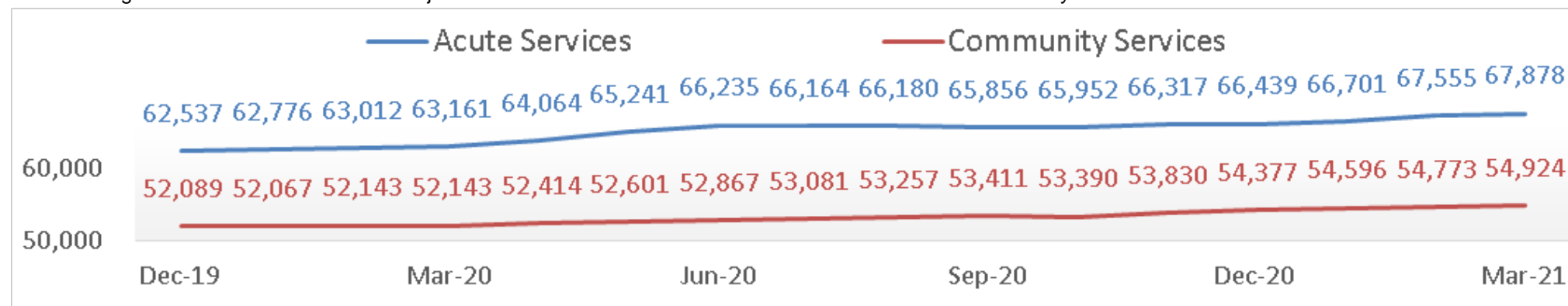
Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disability	Older People	Comm Services	Corporate Functions	Health Business Service	Health & Well-being	H&WB, Corp. & National
May-20	123,088	+1,385	+15	+1,162	<b>+1,177</b>	+23	+32	+30	+42	+60	<b>+187</b>	+25	+6	-10	<b>+21</b>
Apr-20	121,702	+1,234	+10	+892	<b>+903</b>	+0	+70	+109	-10	+103	<b>+271</b>	+28	+8	+23	<b>+60</b>
Mar-20	120,469	+193	-9	+158	<b>+149</b>	-16	+3	+7	-17	+23	<b>-0</b>	+17	+4	+24	<b>+44</b>
Feb-20	120,276	+331	+21	+215	<b>+236</b>	+3	+65	-12	+22	-2	<b>+76</b>	+13	+2	+3	<b>+19</b>
Jan-20	119,945	+128	-5	+244	<b>+239</b>	+120	+68	-33	-38	-139	<b>-21</b>	+43	-10	-122	<b>-89</b>
2021 YTD		<b>+2,108</b>	<b>+64</b>	<b>+1,112</b>	<b>+1,176</b>	<b>+10</b>	<b>+104</b>	<b>+198</b>	<b>+58</b>	<b>-42</b>	<b>+328</b>	<b>+333</b>	<b>-265</b>	<b>+22</b>	<b>+89</b>

- With the exception of Ireland East & CHO 6, all Hospital Groups /CHI and CHO's are showing growth this month.

Saolta HG shows the largest increase (+95 WTE) followed by UL & RCSI Hospital Groups.



The following charts & tables illustrate the major trends & movements since Dec 2019 across Acute and Community Services.



#### By Service Delivery Area: March 2021

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE change since Feb 2021	% change since Feb 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>127,760</b>	<b>128,283</b>	<b>+522</b>	<b>+0.4%</b>	<b>+2,108</b>	<b>+1.7%</b>	<b>+8,466</b>	<b>+7.1%</b>
National Ambulance Service	1,933	1,990	2,037	<b>2,046</b>	+10	+0.5%	+57	+2.8%	+113	+5.9%
Children's Health Ireland	3,602	3,762	3,803	<b>3,822</b>	+20	+0.5%	+60	+1.6%	+220	+6.1%
Dublin Midlands Hospital Group	10,819	11,288	11,387	<b>11,437</b>	+50	+0.4%	+149	+1.3%	+618	+5.7%
Ireland East Hospital Group	12,045	12,923	13,213	<b>13,147</b>	-65	-0.5%	+224	+1.7%	+1,102	+9.2%
RCSI Hospitals Group	9,663	10,197	10,356	<b>10,421</b>	+64	+0.6%	+224	+2.2%	+758	+7.8%
Saolta University Hospital Care	9,253	9,829	10,042	<b>10,138</b>	+95	+1.0%	+309	+3.1%	+885	+9.6%
South/South West Hospital Group	10,527	11,288	11,444	<b>11,500</b>	+57	+0.5%	+212	+1.9%	+973	+9.2%
University of Limerick Hospital Group	4,146	4,506	4,614	<b>4,689</b>	+75	+1.6%	+183	+4.1%	+543	+13.1%
other Acute Services	548	655	661	677	+16	+2.4%	+21	+3.2%	+128	+23.4%
<b>Acute Services</b>	<b>62,537</b>	<b>66,439</b>	<b>67,555</b>	<b>67,878</b>	<b>+322</b>	<b>+0.5%</b>	<b>+1,438</b>	<b>+2.2%</b>	<b>+5,340</b>	<b>+8.5%</b>
CHO 1	5,468	5,755	5,798	<b>5,843</b>	+45	+0.8%	+88	+1.5%	+374	+6.8%
CHO 2	5,545	5,690	5,696	<b>5,708</b>	+13	+0.2%	+18	+0.3%	+164	+3.0%
CHO 3	4,357	4,610	4,710	<b>4,757</b>	+47	+1.0%	+148	+3.2%	+401	+9.2%
CHO 4	8,189	8,602	8,659	<b>8,664</b>	+5	+0.1%	+62	+0.7%	+475	+5.8%

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE change since Feb 2021	% change since Feb 2021	WTE change since Dec 2020	% change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
CHO 5	5,282	5,477	5,515	<b>5,538</b>	+23	+0.4%	+61	+1.1%	+256	+4.9%
CHO 6	3,378	3,465	3,518	<b>3,496</b>	-21	-0.6%	+31	+0.9%	+118	+3.5%
CHO 7	6,515	6,783	6,776	<b>6,788</b>	+12	+0.2%	+5	+0.1%	+274	+4.2%
CHO 8	6,135	6,337	6,405	<b>6,417</b>	+12	+0.2%	+80	+1.3%	+282	+4.6%
CHO 9	6,582	6,950	6,971	<b>6,979</b>	+7	+0.1%	+29	+0.4%	+396	+6.0%
Other Community Services	638	709	726	<b>734</b>	+8	+1.1%	+24	+3.4%	+95	+14.9%
<b>Community Services</b>	<b>52,089</b>	<b>54,377</b>	<b>54,773</b>	<b>54,924</b>	<b>+151</b>	<b>+0.3%</b>	<b>+547</b>	<b>+1.0%</b>	<b>+2,836</b>	<b>+5.4%</b>
Health & Wellbeing	<b>574</b>	<b>511</b>	<b>538</b>	<b>542</b>	<b>+4</b>	<b>+0.7%</b>	<b>+30</b>	<b>+5.9%</b>	<b>-32</b>	<b>-5.6%</b>
Corporate	<b>3,035</b>	<b>3,216</b>	<b>3,257</b>	<b>3,562</b>	<b>+305</b>	<b>+9.4%</b>	<b>+346</b>	<b>+10.8%</b>	<b>+527</b>	<b>+17.4%</b>
Health Business Services	<b>1,583</b>	<b>1,631</b>	<b>1,638</b>	<b>1,378</b>	<b>-260</b>	<b>-15.9%</b>	<b>-254</b>	<b>-15.5%</b>	<b>-205</b>	<b>-13.0%</b>
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,191</b>	<b>5,358</b>	<b>5,432</b>	<b>5,481</b>	<b>+49</b>	<b>+0.9%</b>	<b>+123</b>	<b>+2.3%</b>	<b>+290</b>	<b>+5.6%</b>

### By Division/ Care Group: March 2021

Division/ Care Group	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE change since Feb 2021	% chance since Feb 2021	WTE change since Dec 2020	% chance since Dec 2020	WTE change since Dec 2019	% chance since Dec 2019
<b>Total Health Service</b>	<b>119,817</b>	<b>126,174</b>	<b>127,760</b>	<b>128,283</b>	<b>+522</b>	<b>+0.4%</b>	<b>+2,108</b>	<b>+1.7%</b>	<b>+8,466</b>	<b>+7.1%</b>
Ambulance Services	1,933	1,990	2,037	<b>2,046</b>	+10	+0.5%	+57	+2.8%	+113	+5.9%
Acute Hospital Services	60,604	64,449	65,519	<b>65,831</b>	+313	+0.5%	+1,382	+2.1%	+5,227	+8.6%
<b>Acute Services</b>	<b>62,537</b>	<b>66,439</b>	<b>67,555</b>	<b>67,878</b>	<b>+322</b>	<b>+0.5%</b>	<b>+1,438</b>	<b>+2.2%</b>	<b>+5,340</b>	<b>+8.5%</b>
Community Health & Wellbeing	-	144	153	<b>157</b>	+3	+2.2%	+13	+9.0%	+157	
Mental Health	9,954	10,301	10,449	<b>10,470</b>	+22	+0.2%	+169	+1.6%	+516	+5.2%
Primary Care	10,599	11,572	11,868	<b>11,929</b>	+61	+0.5%	+357	+3.1%	+1,330	+12.5%
Disabilities	18,303	18,944	18,983	19,039	+56	+0.3%	+95	+0.5%	+736	+4.0%
Older People	13,233	13,415	13,319	13,329	+10	+0.1%	-86	-0.6%	+96	+0.7%
Social Care	31,535	32,359	32,302	<b>32,368</b>	+65	+0.2%	+9	+0.0%	+833	+2.6%

Division/ Care Group	WTE Dec 2019	WTE Dec 2020	WTE Feb 2021	WTE Mar 2021	WTE chance since Feb 2021	% chance since Feb 2021	WTE chance since Dec 2020	% chance since Dec 2020	WTE chance since Dec 2019	% chance since Dec 2019
<b>Community Services</b>	<b>52,089</b>	<b>54,377</b>	<b>54,773</b>	<b>54,924</b>	<b>+151</b>	<b>+0.3%</b>	<b>+547</b>	<b>+1.0%</b>	<b>+2,836</b>	<b>+5.4%</b>
Health & Well-being	574	511	538	<b>542</b>	+4	+0.7%	+30	+5.9%	-32	-5.6%
Corporate Functions	3,035	3,216	3,257	<b>3,562</b>	+305	+9.4%	+346	+10.8%	+527	+17.4%
Health Business Service	1,583	1,631	1,638	<b>1,378</b>	-260	-15.9%	-254	-15.5%	-205	-13.0%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,191</b>	<b>5,358</b>	<b>5,432</b>	<b>5,481</b>	<b>+49</b>	<b>+0.9%</b>	<b>+123</b>	<b>+2.3%</b>	<b>+290</b>	<b>+5.6%</b>

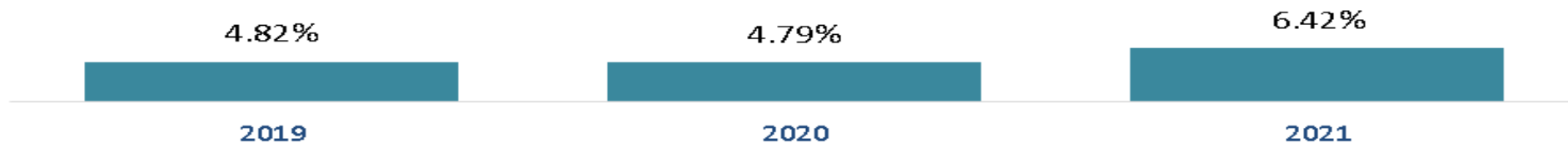
### Health Sector Absence Rates: February 2021

The reported absence rate for February stands at 6.4%. This is a decrease on the previous month, reported at 9.3%. Notably, the latest absence rate continues to be impacted by COVID-19 related absence at 2.2% in February. These figures are reflected in the attached National Absence Report.

	Benchmark /Target	Jan-21	Certified Absence February 2021	Self-Certified February 2021	COVID-19 February 2021	Feb - 2021	Full Year 2020	Year to date 2021
<b>Rate</b>	<3.5%	<b>9.3%</b>	3.8%	0.5%	2.2%	<b>6.4%</b>	6.1%	<b>7.9%</b>

Note: COVID-19 will only apply when an employee is advised to self-isolate and is displaying symptoms of COVID-19, or had a positive test.

### Health Service Absence Rates - February 2019 - February 2021



### Latest monthly figures (February 2021)

February 2021 absence rate stands at 6.4% of which 3.8% is certified, 0.5% Self-Certified with **2.2%** (or 33.8% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the February 2021 absence rate of 4.3% is lower than last year's rate for the same month, and is also lower when compared to the previous 4 years i.e. 4.4% (2017), 5.0% (2018) 4.8% (2019) and 4.8% (2020).
- For **Acute Services** the absence rate is 6.3% of which 2.2% (35.3% of the total) is COVID-19 related. **Community Services** stands at 6.8% of which 2.2% (32.7% of the total) is also COVID-19 related. **Health & Wellbeing, Corporate & National Services** rate is 3.5% of which 0.7% (19.5% of the total) is COVID-19 related. Details are as follows:

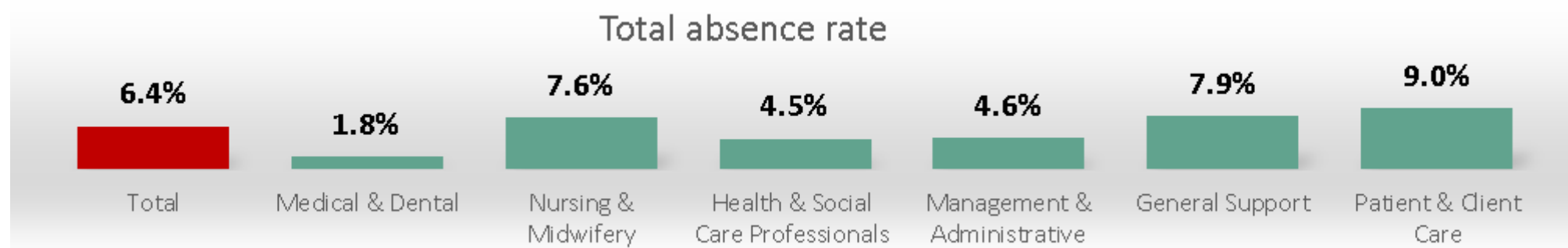
### Health Service Absence Rate - by Care Group: Feb 2021

Health Service Absence Rate - by Care Group: Feb 2021	Certified absence	Self- certified absence	Non Covid-19 absence	Covid 19 absence rate	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>3.8%</b>	<b>0.5%</b>	<b>4.3%</b>	<b>2.2%</b>	<b>6.4%</b>	<b>66.2%</b>	<b>33.8%</b>
Ambulance Services	4.0%	0.9%	4.9%	1.7%	6.5%	74.6%	25.4%
Acute Hospital Services	3.5%	0.5%	4.1%	2.3%	6.3%	64.4%	35.6%
<b>Acute Services</b>	<b>3.5%</b>	<b>0.6%</b>	<b>4.1%</b>	<b>2.2%</b>	<b>6.3%</b>	<b>64.7%</b>	<b>35.3%</b>
Community Health & Wellbeing	3.1%	0.1%	3.2%	1.1%	4.3%	74.4%	25.6%
Mental Health	3.4%	0.4%	3.8%	1.6%	5.4%	71.1%	28.9%
Primary Care	3.4%	0.3%	3.6%	1.1%	4.7%	77.0%	23.0%
Disabilities	4.4%	0.5%	4.9%	2.0%	6.9%	71.1%	28.9%
Older People	5.4%	0.5%	5.9%	4.8%	10.8%	55.1%	44.9%
<b>Community Services</b>	<b>4.1%</b>	<b>0.5%</b>	<b>4.6%</b>	<b>2.2%</b>	<b>6.8%</b>	<b>67.3%</b>	<b>32.7%</b>
Health & Wellbeing	3.9%	0.2%	4.1%	0.8%	4.9%	83.5%	16.5%
Corporate	2.6%	0.1%	2.7%	0.6%	3.3%	80.7%	19.3%
Health Business Services	2.9%	0.1%	3.0%	0.8%	3.8%	78.6%	21.4%
<b>HWB, Corporate &amp; National</b>	<b>2.7%</b>	<b>0.1%</b>	<b>2.8%</b>	<b>0.7%</b>	<b>3.5%</b>	<b>80.5%</b>	<b>19.5%</b>

- At **Staff Category** Patient & Client Care reports the highest absence rate at 9.0% followed by General Support (7.9%) and Nursing and Midwifery (7.6%). Notably, these increases are impacted by COVID-19, with 36.4% of all absence related to COVID-19 in Nursing and Midwifery, followed by 35.7% in Patient Client Care 32.0% and in General Support. Medical and Dental reported the lowest absence rate at 0.7%, however with the largest proportion, at 37.8%, COVID-19 related. Details as follows:

### Health Service Absence Rate - by Staff Category: Feb 2021

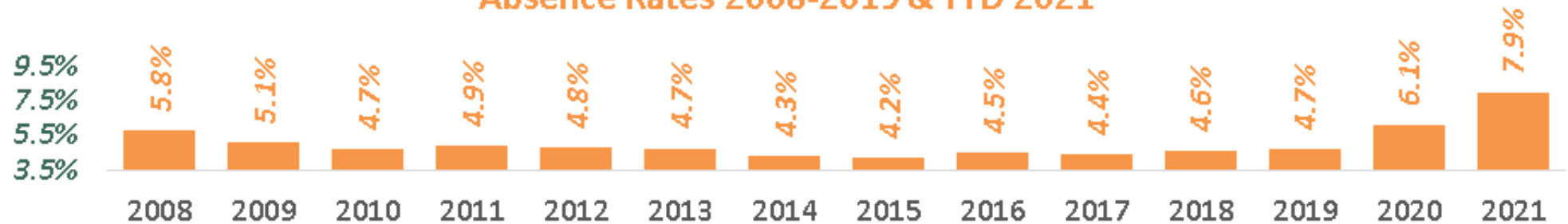
Health Service Absence Rate - by Staff Category: Feb 2021	Certified absence	Self- certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>3.8%</b>	<b>0.5%</b>	<b>4.3%</b>	<b>2.2%</b>	<b>6.4%</b>	<b>66.2%</b>	<b>33.8%</b>
Medical & Dental	1.0%	0.1%	1.1%	0.7%	1.8%	62.2%	37.8%
Nursing & Midwifery	4.2%	0.7%	4.8%	2.8%	7.6%	63.6%	36.4%
Health & Social Care Professionals	2.9%	0.3%	3.2%	1.3%	4.5%	71.2%	28.8%
Management & Administrative	3.1%	0.3%	3.4%	1.2%	4.6%	74.8%	25.2%
General Support	4.9%	0.5%	5.4%	2.5%	7.9%	68.0%	32.0%
Patient & Client Care	5.1%	0.7%	5.8%	3.2%	9.0%	64.3%	35.7%



### Year-to-date & trends 2008 - 2021

The year to date 2021 figure of 7.9% has also been significantly impacted by COVID-19 related absence with 3.6% of the 2021 absence rate (or 45.5% of all 2021 absence) already 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 2021.

### Absence Rates 2008-2019 & YTD 2021



- When compared with previous years, and in particular 2020, the 2021 Year to Date figure appears considerably higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 3.6% of all absence in 2021. On a like for like basis, **excluding** COVID-19 absence impact, the comparison is 4.3% in 2021 compared to 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2021 is lower than that reported in 2020.
- It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally (excluding COVID-19). Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, employee demographics and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.
- Health service absence rates are detailed in the attached report.

Notes: Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. The HSE's 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

#### Health Sector Absence Rates: March 2021

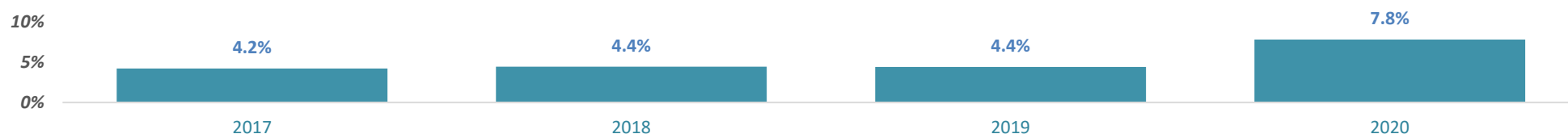
As per HR Circular 016/2021, the deadline for submission of the monthly national absence data has been modified, to bring forward reporting to the 19<sup>th</sup> of every month for the previous month's absence. This new arrangement is effective for the March 2021 reporting period and therefore this month's data reflects the new reporting timelines. For this reason, as a first reporting cycle, the national absence figures for this month, may be impacted by the implementation of this deadline for submission of the data. The reported absence rate for March stands at **4.9%**. This is a significant decrease on the previous month, reported at **6.4%**, however, COVID-19 related absence accounted for 2.2% of last month's absence rate, compared to 1% this month. Nonetheless, this month's absence rate also continues to be impacted by COVID-19 related absence at **1.0%**. Excluding COVID-19 absence, this month's absence rate is 3.9% which is significantly lower than that of last month, and for the same period last year, and therefore as noted above, may be impacted by the new reporting timeframe. These figures are reflected in the attached National Absence Report.



	Benchmark /Target	Feb-21	Certified Absence March 2021	Self-Certified March 2021	COVID-19 March 2021	Mar - 2021	Full Year 2020	Year to date 2021
<b>Rate</b>	<3.5%	6.4%	3.5%	0.4%	1.0%	4.9%	6.1%	6.9%

Note: COVID-19 will only apply when an employee is advised to self-isolate **and** is displaying symptoms of COVID-19, or had a positive test.

### Health Service Absence Rates - March 2017-2020



### Latest monthly figures (March 2021)

March 2021 absence rate stands at 4.9% of which 3.5% is certified, 0.4% Self-Certified with **1.0%** (or 21.4% of all absence) relating to **COVID-19**.

- Excluding** COVID-19 related absence, the March 2021 absence rate of 3.9% is lower than that of the previous years'. This excludes March 2020, due to the outbreak of COVID-19 in March 2020, and the lag-time in reporting absence excluding COVID-19. Based on 2019 data, this months' data is showing a 0.5% decrease i.e. 4.2% (2017), 4.4% (2018) 4.4% (2019).
- For **Acute Services** the absence rate is 4.8% of which 1.1% (23.5% of the total) is COVID-19 related. **Community Services** stands at 5.2% of which 1.0% (19.4% of the total) is also COVID-19 related. **Health & Wellbeing, Corporate & National Services** rate is 3.0% of which 0.3% (10.0% of the total) is COVID-19 related. Details are as follows:

### Health Service Absence Rate - by Care Group: Mar 2021

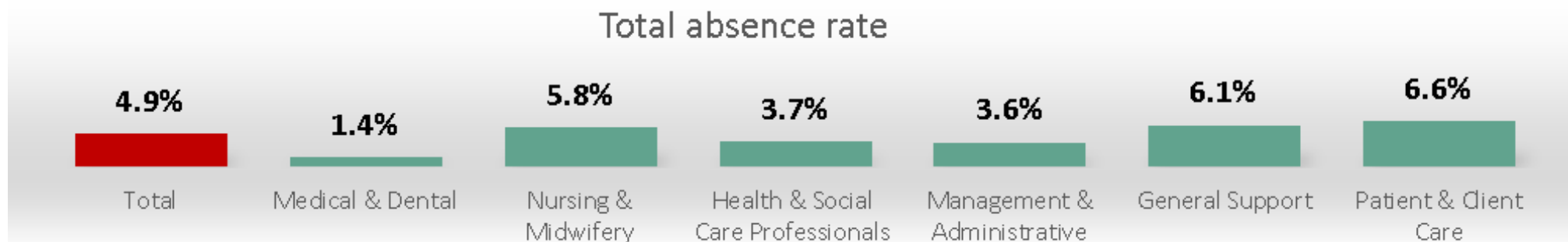
Health Service Absence Rate - by Care Group: Mar 2021	Certified absence	Self- certified absence	Non Covid-19 absence	Covid 19 absence rate	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>3.5%</b>	<b>0.4%</b>	<b>3.9%</b>	<b>1.0%</b>	<b>4.9%</b>	<b>78.6%</b>	<b>21.4%</b>
Ambulance Services	3.5%	0.5%	4.0%	1.1%	5.1%	79.0%	21.0%
Acute Hospital Services	3.3%	0.4%	3.7%	1.1%	4.8%	76.4%	23.6%
<b>Acute Services</b>	<b>3.3%</b>	<b>0.4%</b>	<b>3.7%</b>	<b>1.1%</b>	<b>4.8%</b>	<b>76.5%</b>	<b>23.5%</b>
Community Health & Wellbeing	3.2%	0.1%	3.3%	1.0%	4.2%	76.9%	23.1%
Mental Health	3.2%	0.4%	3.6%	0.9%	4.5%	79.7%	20.3%
Primary Care	3.0%	0.2%	3.2%	0.5%	3.7%	86.2%	13.8%

Health Service Absence Rate - by Care Group: Mar 2021	Certified absence	Self- certified absence	Non Covid-19 absence	Covid 19 absence rate	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
Disabilities	4.0%	0.5%	4.5%	1.0%	5.5%	81.4%	18.6%
Older People	5.0%	0.4%	5.4%	1.6%	7.1%	76.6%	23.4%
<b>Community Services</b>	<b>3.8%</b>	<b>0.4%</b>	<b>4.2%</b>	<b>1.0%</b>	<b>5.2%</b>	<b>80.6%</b>	<b>19.4%</b>
Health & Wellbeing	4.6%	0.1%	4.7%	0.3%	5.0%	94.3%	5.7%
Corporate	2.3%	0.2%	2.5%	0.3%	2.8%	88.1%	11.9%
Health Business Services	2.8%	0.1%	2.9%	0.2%	3.1%	94.1%	5.9%
<b>HWB, Corporate &amp; National</b>	<b>2.6%</b>	<b>0.1%</b>	<b>2.7%</b>	<b>0.3%</b>	<b>3.0%</b>	<b>90.0%</b>	<b>10.0%</b>

- At **Staff Category** Patient & Client Care reports the highest total absence rate at 6.6% followed by General Support (6.1%) and Nursing and Midwifery (5.8%). Notably, these increases are impacted by COVID-19, with 24.4% of all absence related to COVID-19 in Nursing and Midwifery, followed by 21.6% in Patient Client Care and 19.6% in General Support. Medical and Dental reported the lowest absence rate at 1.4% in March, however reported the second highest COVID-19 related absence, at 22.8%. Details as follows:

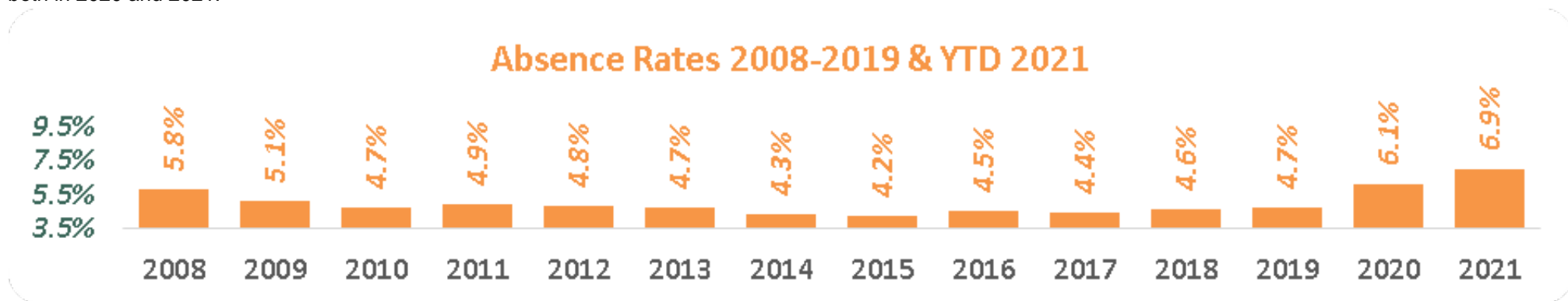
#### Health Service Absence Rate - by Staff Category: Mar 2021

Health Service Absence Rate - by Staff Category: Mar 2021	Certified absence	Self- certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>3.5%</b>	<b>0.4%</b>	<b>3.9%</b>	<b>1.0%</b>	<b>4.9%</b>	<b>78.6%</b>	<b>21.4%</b>
Medical & Dental	0.9%	0.1%	1.1%	0.3%	1.4%	77.2%	22.8%
Nursing & Midwifery	3.8%	0.5%	4.4%	1.4%	5.8%	75.6%	24.4%
Health & Social Care Professionals	2.8%	0.3%	3.0%	0.7%	3.7%	82.3%	17.7%
Management & Administrative	2.8%	0.2%	3.0%	0.5%	3.6%	84.8%	15.2%
General Support	4.5%	0.4%	4.9%	1.2%	6.1%	80.4%	19.6%
Patient & Client Care	4.7%	0.5%	5.2%	1.4%	6.6%	78.4%	21.6%



#### Year-to-date & trends 2008 - 2021

The year to date 2021 figure of 6.9% has also been significantly impacted by COVID-19 related absence with 2.8% of the 2021 absence rate (or 40.5% of all 2021 absence) already accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence both in 2020 and 2021.



- When compared with previous years, and in particular 2020, the 2021 Year to Date figure appears considerably higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 2.8% of all absence in 2021. On a like for like basis, **excluding** COVID-19 absence impact, the comparison is 4.1% in 2021 compared to 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2021 is lower than that reported in 2020.
- It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally (excluding COVID-19). Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, employee demographics and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.
- Health service absence rates are detailed in the attached report.

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

### European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98.3%	84.3%
Mental Health Services	97.2%	90.2%
Other Agencies	92.3%	92.3%

# Appendices

## Appendix 1: Report Design

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

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

### Heat Maps:

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

1.1	0.9
[R]	[G]

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

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

### Performance Table:

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

### Graphs:

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

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

### Service Commentary:

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

## Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
Primary Care	Occupational Therapy % of new Occupational Therapy patients seen for assessment within 12 weeks % of Occupational Therapy patients on waiting list for assessment ≤ 52 weeks No of Occupational Therapy patients seen	Non Return (Jan, Feb, Mar) CHO5 (Carlow/Kilkenny)
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, Wicklow), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO9 (Dublin North West, Dublin North Central, Dublin North)
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 (included in CHO9 Dun Laoghaire, Dublin South East, Wicklow), CHO7 (Dublin South City, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks. % of Ophthalmology patients on the waiting list for treatment < 52 weeks. No of Ophthalmology patients seen	No Service CHO 4(South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin South West, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Jan, Feb) CHO1 (Donegal), Non Return (Jan) CHO5 (South Tipperary), Non Return (Jan, Feb)CHO6 (Dun Laoghaire), Non Return (Feb) CHO7 (Kildare West Wicklow)
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Jan, Feb) CHO1 (Cavan Monaghan), Non Return (Jan, Feb) CHO2 (Galway), Non Return (Jan) CHO5 (Carlow Kilkenny)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Non Return CHO1 (Q1 Cavan Monaghan, Donegal), Non Return CHO3 (Q1 Clare, Limerick, North Tipperary East Limerick), Non Return CHO6 (Q1 Dun Laoghaire), Non Return CHO7 (Q1 Kildare West Wicklow), Non Return CHO9 (Q1 Dublin North, Dublin North Central, Dublin North West)
Primary Care	Child Health Quarterly % of babies breastfed (exclusively and not exclusively) at first PHN visit  % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return CHO1 (Q2 Cavan Monaghan), Non Return CHO1 (Q2 & Q4 Donegal), Non Return CHO2 (Q2 Galway), Non Return CHO3 (Q2 Clare, Limerick, North Tipperary East Limerick), Non Return CHO3 (Q4 Limerick, North Tipperary East Limerick), Non Return CHO5 (Q1, Q2 & Q3 Carlow, Kilkenny), Non Return CHO5 (Q2 South Tipperary), Non Return CHO6 (Q1, Q2, Q3 & Q4 Dublin South East, Wicklow), Non Return CHO6 (Q2, Q3 & Q4 Dun Laoghaire), Non Return CHO7 (Q4 Kildare West Wicklow) Non Return CHO9 (Q4 Dublin North), Non Return CHO9 (Q1, Q2, Q3 & Q4 Dublin North Central)

Service Area	KPI Title	Data Coverage Issues
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q3 CHO1 (Donegal) Non Return Q1 CHO8 (Louth & Meath) Non Return Q3 & Q4 CHO9(Dublin North Central)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q3 CHO1 (Donegal) Non Return Q1 CHO8 (Louth & Meath) Non Return Q3 & Q4 CHO9(Dublin North Central)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019/2020 – CHO1 (Donegal) Non Return (Jan, Feb, Mar) - CHO1 (Donegal) Non Return Mar - CHO9 (North Dublin) No Service in CHO5 & CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	Non Return for 2019/2020 – CHO1 (Donegal) Non Return (Jan, Feb, Mar) - CHO1 (Donegal) Non Return Mar - CHO9 (North Dublin) No Service in CHO5 & CHO8
Mental Health General Adult	Number of referrals received	Non returns: CHO1 Sligo CHO2 Castlebar (Feb, Mar) CHO3 Nenagh CHO3 Limerick Sector A (Feb, Mar) CHO5 Wexford North (Feb, Mar)
Mental Health General Adult	Number of referrals seen	Non returns: CHO1 Sligo CHO2 Castlebar (Feb, Mar) CHO3 Nenagh CHO3 Limerick Sector A (Feb, Mar) CHO5 Wexford North (Feb, Mar)
Mental Health General Adult	% seen within 12 weeks	Non returns: CHO1 Sligo CHO2 Castlebar (Feb, Mar) CHO3 Nenagh



Service Area	KPI Title	Data Coverage Issues
		CHO3 Limerick Sector A (Feb, Mar) CHO5 Wexford North (Feb, Mar)
Psychiatry of Later Life	Number of referrals received	Non returns: CHO6 Dun Laoghaire (Jan, Feb, Mar) CHO9 Dublin North POA (Feb, Mar)
Psychiatry of Later Life	Number of referrals seen	Non returns: CHO6 Dun Laoghaire (Jan, Feb, Mar) CHO9 Dublin North POA (Feb, Mar)
Psychiatry of Later Life	% seen within 12 weeks	Non returns: CHO6 Dun Laoghaire (Jan, Feb, Mar) CHO9 Dublin North POA (Feb, Mar)
Disability Services	Number and percentage of Children's Disability Networks established	January to June 2020 no targets/activity profiled therefore comparisons SPLY will not be available until July 2021.
Disability Services	Number of Children's Disability Networks established	NSP target 96, actual target 91. 2021 activity includes all new and previously established networks as per 2021 metadata.
Population Health & Wellbeing	<b>Immunisation &amp; Vaccines</b> % 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)  % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Return March (Q4 December 2020) (Q-1Q) CHO3 (All, LHOs)
Acute Hospitals	% of ED patients who leave before completion of treatment	GUH data outstanding for Oct, Nov and Dec 2020
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	MUH, Navan, PUH,UHK Units closed Feb-20 - Mar 2021. Cavan & Connolly Unit closed Apr-20 - Mar 2021
Acute Hospitals	% of maternity hospitals / units that have completed and published monthly Maternity Patient Safety Statements	Coombe, Portlaoise, Ireland East Hospital Group, Saolta Hospital Group, SSW Hospital Group & UL Hospital Group outstanding Jan 21.
Acute Hospitals	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	UHW no data available
Acute Hospitals	% of reperfused STEMI patients (or LBBB) who get timely PPCI	UHW no data available
Acute Hospitals	A3, A4, A5, A6, A7, A12, A13, A14, A103, A104, A132, A133 and A134 Targets have not been agreed	Targets for Inpatient Discharges, Day Cases and Levels are not yet available so cannot be included in respective reports at this time.
Acute Hospitals	% of Hospitals with implementation of PEWS (Paediatric Early Warning System)	Beaumont, Galway, Letterkenny, Mayo, Portlincula, Roscommon and Sligo

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	% of Hospitals with implementation of INEWS in all clinical areas of acute hospitals (as per 2019 definition)	Saolta Hospital Group
Acute Hospitals	% of maternity units/hospitals with implementation of IMEWS (as per 2019 definition)	Galway, Letterkenny, Mayo, Portiuncula and Sligo
Acute Hospitals	% of hospitals with implementation of IMEWS (as per 2019 definition)	Galway, Letterkenny, Mayo, Portiuncula, Roscommon and Sligo

## Appendix 3: Hospital Groups

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

## Appendix 4: Community Health Organisations

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