



Performance Profile October - December 2020

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

Executive Summary

Executive Summary

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

Emergency Care

- There were 1,278,283 emergency presentations in 2020. This is a -15.1% percentage variance on emergency presentations in 2019 and was below expected activity of 1,547,713.
- New Emergency Department attendances year to date are 1,063,824 this represents a -17.1% percentage variance YTD against expected activity YTD.
- 98.1% of all patients were seen within 24 hours in EDs in December and 98% year to date.
- 96.1% of patients aged 75 years and over were seen within 24 hours in EDs in December and 95.3% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 64,832 elective inpatient discharges year to date November 2020 versus 82,530 for the corresponding period in 2019, that is a decrease of -21.4%. Elective inpatient discharges were 23.5% lower than the expected activity of 84,783.

Emergency Inpatient Discharges

There were 360,984 emergency inpatient discharges year to date November 2020 versus 400,554 for the corresponding period in 2019, that is, a decrease of 9.9%. Emergency inpatient discharges were 11.3% lower than the expected activity of 407,071.

Day Case Discharges (including dialysis)

The number of day case procedures year to date November 2020 was 841,658 versus 1,023,335 for the same period in 2019, that is, a decrease of 181,677 cases. The percentage variance of day case procedures undertaken year to date

November 2020 was -20.7% below the expected activity of 1,061,251 cases for this period.

Delayed Transfer of Care

There were 363 Delayed Discharges in December 2020. The same month in 2019 was 545.

Inpatient, Day Case & Outpatient Waiting Lists

December compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 76.9%.
- Adult Day Case < 15 months (target 95%), compliance 85.4%.
- Children's Inpatient, 15 months (target 95%), compliance 79.6%.
- Children's Day Case < 15 months (target 90%), compliance 81.4%.
- Outpatients < 52 weeks (target 80%), compliance 57.8%.
- The total number of patients waiting for an inpatient or day case procedure at the end of December 2020 was 72,475. The total number of people waiting for inpatient and day case procedures is up by 8.9% (+5,912 patients) when the waiting list in December 20 is compared with December 19.
- Total number of people waiting for Outpatient appointment was 606,230 in December 20, this has increased from 553,433 (+52,797) in December 19.

Routine/Urgent Colonoscopies

- In December 38.3% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 365 new urgent patient breaches in December.

Cancer Services

- 51.8% of prostate cancer referrals were seen within 20 working days year to date compared with 67% for the same period last year.
- 86.8% of lung cancer referrals were seen within 10 working days year to date compared with 86.7% for the same period last year.
- 70.4% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 69.9% for the same period last year.

Primary Care Services

- 77.9% of physiotherapy referrals, 78.4% of speech and language referrals, 57.9% of occupational therapy referrals and 49.1% of psychology referrals accessed the services within 52 weeks in December.
- 52.4% of babies received their developmental screening checks within 10 months and 96.5% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- 1,293,183 PA hours were delivered to the end of September 2020 against expected activity of 1,252,501.
- 2,183,795 Home Support Hours were delivered against expected activity of 2,310,006 to the end of September 2020.

Older Persons Services

- Home Support hours delivered year to date was 17,554,880. The number of people, in receipt of home support services at the end of December was 52,853
- 911 persons were in receipt of payment for transitional care in November.
- The current wait time for NHSS funding approval in 2020 is 2 weeks.

Mental Health Services

- 98.8% of all Bed Days of Children were in CAMHS Units up to the end of December 2020 in line with the target of 95%.

Population, Health & Wellbeing Services

- Nationally year to date to September 2020, 50.9% of smokers are QUIT at 4 weeks ahead of the National target of 45%.
- 93.9% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to September 2020 while 91.6% of children aged 24 months received the MMR vaccine year to date to September 2020 against a target of 95%.

Corporate Updates

Capital - Allocation/Expenditure Analysis

2020 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2020	Cum Profile for Period Jan - Dec 2020	Expenditure for Period Jan - Dec 2020	Variance for Period Jan - Dec 2020	Expenditure to Dec '20 as % of Dec '20 YTD Profile	Expenditure to Dec as % of 2020 Annual Profile	Variance to Dec '20 as % of Dec '20 YTD Profile
M02 - Buildings & Equipment	625.288	625.288	665.138	(39.850)	106.37%	106.37%	-6.37%
M02 - New Children's Hospital	208.000	208.000	168.112	39.888	80.82%	80.82%	19.18%
	833.288	833.288	833.250	0.038	100.00%	100.00%	0.00%
M03 - Info Systems for Health Agencies	95.000	95.000	94.963	0.037	99.96%	99.96%	0.04%
	928.288	928.288	928.213	0.075	99.99%	99.99%	0.01%
Asset Disposals	8.796	8.796	0.000	8.796	0.00%	0.00%	100.00%
Net	937.084	937.084	928.213	8.871	99.05%	99.05%	0.95%

General Comment:

During 2020 the impact of the Coronavirus Pandemic generated substantial pressures on capital funding across all expenditure categories. The variances and demands that consequently materialised were mitigated by the allocation of additional exchequer funding and the redistribution, where necessary, of existing capital resources to more critical Covid19 projects.

CONSTRUCTION – M02(1)

The variance on general construction projects for the twelve months to December 2020 is -6.37% (or € 39.850m) ahead of profile.

In the period to the end of December the total expenditure of € 665.138m represents 106.37% of the total annual profile for 2020.

Included in the construction expenditure above of € 665.138m are Covid19 related charges of € 218.710m.

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

The variance on the New National Children's Hospital project for the twelve months to December 2020 is 19.18% (or € 39.888m) behind profile.

In the period to the end of December the total expenditure of € 168.112m represents 80.82% of the total annual profile for 2020.

The underspend arising on the New Children's Hospital of €39.888m was Vired to construction to assist in reducing the impact of the increased expenditure in that area caused by the Coronavirus Pandemic.

ICT (M03)

The variance on ICT projects for the Twelve months to December 2020 is 0.04% (or € .037m) behind profile.

In the period to the end of December the total expenditure of € 94.963m represents 99.96% of the total annual profile for 2020.

Included in the ICT expenditure above of € 94.963m are Covid19 related charges of € 14.109m

Asset Disposals:

Income from sale of assets in the twelve months to December 2020 amounted to € 8.796m.

Internal Audit

75% Implemented or superseded within 6 months							95% Implemented or superseded within 12 months								
	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2020 Position at 30th September 2020	2020 Position at 30th December 2020	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th September 2020	2018 Position at 30th December 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2019 Position at 30th December 2020
Total	76%	60%	61%	68%	46%	58%	89%	94%	95%	95%	95%	76%	77%	80%	77%
CHO 1	38%	41%	51%	86%	N/A	81%	100%	100%	98%	98%	98%	100%	38%	59%	73%
CHO 2	N/A	0%	63%	72%	N/A	N/A	95%	100%	100%	100%	100%	N/A	N/A	22%	61%
CHO 3	53%	60%	38%	88%	N/A	N/A	90%	100%	100%	100%	100%	29%	71%	88%	88%
CHO 4	100%	25%	54%	71%	N/A	N/A	88%	100%	100%	100%	100%	N/A	100%	100%	80%
CHO 5	50%	67%	91%	50%	N/A	N/A	89%	100%	96%	96%	98%	100%	60%	94%	90%
CHO 6	93%	54%	85%	100%	N/A	N/A	87%	98%	98%	98%	98%	N/A	98%	94%	94%
CHO 7	100%	100%	0%	89%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%
CHO 8	80%	76%	36%	63%	0%	0%	96%	99%	99%	99%	99%	67%	83%	73%	65%
CHO 9	100%	27%	47%	60%	0%	86%	84%	94%	93%	93%	93%	100%	100%	68%	61%
National Mental Health	N/A	100%	100%	N/A	N/A	N/A	77%	100%	100%	100%	100%	N/A	N/A	100%	100%
National Primary Care	N/A	21%	25%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21%	90%
National Director Community Ops					N/A	N/A									
Total Community Services	76%	60%	64%	73%	53%	65%	92%	99%	99%	99%	99%	73%	80%	82%	78%
Dublin Midlands Hospital Group	89%	N/A	N/A	N/A	86%	86%	89%	89%	100%	100%	96%	89%	89%	89%	89%
Ireland East Hospital Group	50%	100%	100%	N/A	50%	58%	73%	67%	67%	67%	67%	50%	50%	100%	100%
National Children's Hospital Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

75% Implemented or superseded within 6 months							95% Implemented or superseded within 12 months								
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RCSI Hospital Group	100%	0%	0%	N/A	0%	0%	86%	86%	90%	100%	100%	100%	100%	82%	82%
Saolta Hospital Group	62%	N/A	67%	74%	0%	0%	85%	85%	86%	87%	88%	62%	62%	62%	70%
South South West Hospital Group	100%	0%	24%	24%	22%	38%	48%	66%	67%	72%	72%	N/A	44%	44%	35%
University of Limerick Hospital Group	100%	N/A	23%	23%	75%	88%	96%	96%	100%	100%	100%	100%	100%	100%	70%
National Ambulance Service	N/A	N/A	0%	0%	N/A	N/A	96%	100%	100%	100%	100%	N/A	N/A	N/A	0%
National Director Acute Ops					54%	62%									
Total Acute	88%	37%	41%	42%	45%	49%	80%	84%	87%	89%	89%	86%	79%	81%	67%
Chief Information Officer	58%	66%	86%	100%	N/A	N/A	84%	86%	86%	84%	84%	45%	51%	57%	75%
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	74%	N/A	89%	89%	N/A	N/A	100%	100%	100%	100%	100%	74%	82%	92%	90%
HBS - Estates	100%	N/A	N/A	N/A	N/A	N/A	86%	86%	86%	86%	86%	100%	100%	100%	100%
HBS - Finance	N/A	N/A	N/A	N/A	0%	40%	96%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
HBS - HR	N/A	N/A	0%	65%	N/A	N/A	100%	100%	100%	100%	100%	N/A	N/A	N/A	65%
HBS - Procurement	95%	N/A	0%	0%	0%	56%	90%	90%	90%	90%	90%	95%	95%	95%	90%

75% Implemented or superseded within 6 months							95% Implemented or superseded within 12 months								
	2019 Position at 31st December 2019	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2020 Position at 30th September 2020	2020 Position at 30th December 2020	2018 Position at 31st December 2019	2018 Position at 31st March 2020	2018 Position at 30th June 2020	2018 Position at 30th September 2020	2018 Position at 30th December 2020	2019 Position at 31st March 2020	2019 Position at 30th June 2020	2019 Position at 30th September 2020	2019 Position at 30th December 2020
Health and Wellbeing	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	100%
Human Resources	83%	84%	80%	N/A	0%	31%	100%	100%	100%	100%	100%	83%	83%	82%	82%
National Screening Service	N/A	N/A	N/A	N/A	N/A	N/A	22%	33%	33%	33%	33%	N/A	N/A	N/A	N/A
National Services	N/A	N/A			0%	0%									

Annual compliance statements signed

Metric	Service Area	Freq	Target 2019	Outturn 2019
% annual compliance statements signed*	National	A	100%	100%

*This metric is reported in arrears

National Health and Safety Helpdesk

No of calls received by the National Health and Safety Helpdesk

Q4 2020	No of Helpdesk Queries 2020	No of Helpdesk Queries 2019	% Change from 2019
October	95	184	-48
November	118	146	-19
December	73	71	3
Total	286	401	-29

Respect and Dignity

% of staff who complete the HSE-land Respect and Dignity at Work module

There were **11,089** completions of the Dignity at Work module recorded on HSeLanD between January 1st and December 31st 2020

Since its launch in October 2018 and December 31st 2020, 25,392 completions have been recorded on HSeLanD

The % of staff who complete the HSE-land Respect and Dignity at Work module is 16% year to date.

Procurement – expenditure (non-pay) under management

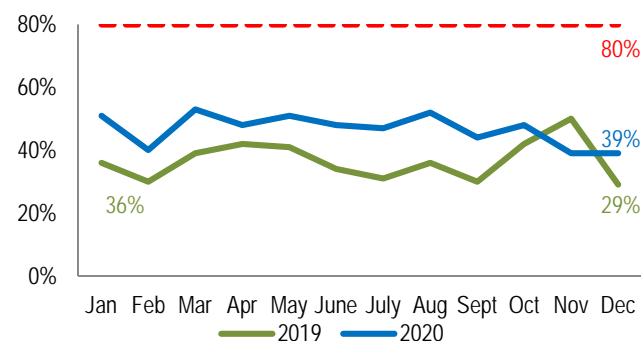
Service Area	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Acute Hospitals(Hospital groups)	€ 341,294,933	€ 340,328,125	€ 366,898,256	€ 348,690,524	€ 377,748,715	€ 428,700,124	€ 371,737,487	€ 408,584,607
Community Healthcare	€ 93,779,956	€ 201,355,563	€ 214,826,179	€ 230,104,196	€ 90,468,056	€ 166,150,727	€ 87,120,272	€ 174,259,491
National Services	€ 567,628,507	€ 560,677,082	€ 568,915,489	€ 623,685,357	€ 634,091,061	€ 477,897,182	€ 749,083,311	€ 709,137,323
Total	€ 1,002,703,396	€ 1,102,360,770	€ 1,150,639,924	€ 1,202,480,077	€ 1,102,307,832	€ 1,072,748,033	€ 1,207,941,070	€ 1,291,981,421

Quality and Patient Safety

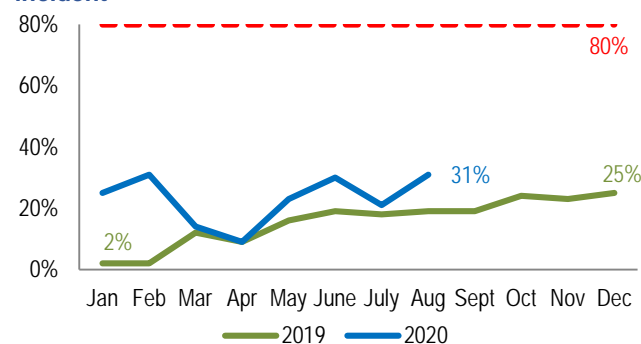
Quality and Patient Safety

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			1109		100	76	46
	Acute Hospitals (incl NAS, NSS & NCCP)			604		61	48	29
	Community Healthcare			505		39	28	17
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	48%	48%	39%	39%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	52%	61%	48%	38%
	Community Healthcare	80%	M	●	43%	28%	25%	41%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	20%	30%	21%	31%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	24%	34%	23%	36%
	Community Healthcare	80%	M	●	13%	20%	15%	24%

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



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



Serious Reportable Events

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

Service Area	Total SRE Occurrence
Acute Hospitals [inc. National Ambulance Service]	18
Community Services	7
Total	25

10 SREs were reported as patient falls, **5** as stage 3 or 4 pressure ulcers and **5** were reported as death or encephalopathy of a normally formed neonate. The remaining **5** SREs comprised **2** SRE categories.

Healthcare Audit

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

Appeals Service

1,695 new notifications of appeal were received. **1,731** appeals were processed in the period 1st January - 31st December 2020:

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Medical / GP Visit Card (General Scheme)	772	776	178	90	35%
Medical / GP Visit Cards (Over 70's Scheme)	111	118	32	5	31%
16 to 25 Year Old Medical Card/GP Visit Card	253	254	78	23	40%
Nursing Home Support Scheme	468	495	50	98	30%

Appeal Type	Received	Processed	Approved	Partial Approval	Combined % Approved & Partially Approvals
Blind Welfare Allowance	8	8	3	0	38%
CSAR	36	36	4	0	11%
Home Care Package	0	0	0	0	0%
Home Help	3	2	0	0	0%
RSSMAC	23	25	3	3	24%
Other	21	17	0	0	0%
Total	1,695	1,731	348	219	33%

Complaints

% of complaints investigated within 30 working days of being acknowledged by complaints officer

Service Area	Q3 2020
National	71%

Incident Reporting

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

Service Area	Q3 2020
Acute Hospitals	61%
Community Services	64%
National Ambulance Service [NAS]	91%
National	61%

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

Service Area	Q3 2020
National	0.6%

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Incidents															
	Review completed within 125 calendar days	M	80%	13% [R]	-83.8%									20%	15%	24%
	Service User Experience (Q3)															
	Complaints investigated within 30 working days	Q	75%	61% [R]	-18.7%	57% [R]	53% [R]	45% [R]	47% [R]	67% [R]	0% [R]	92% [G]	27% [R]	55% [R]		
	Child Health															
	Child screening 10 months ¹	M-1M	95%	52.4% [R]	-44.8%	66.7% [R]	37.5% [R]	40.2% [R]	61.3% [R]	40.8% [R]	34.1% [R]	62.1% [R]	51.8% [R]	57.1% [R]	43.3%	49.9%
	New borns visited within 72 Hours	Q	99%	96.5% [G]	-2.5%	102.3% [G]	98.9% [G]	102.8% [G]	99.4% [G]	99.1% [G]	100% [G]	97.4% [G]	95.2% [G]	74% [R]	89.7%	97.9%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91.6% [G]	-3.6%	89.1% [A]	93.3% [G]	93.3%	92.4% [G]	92.5% [G]	90.4%	91%	92.3% [G]	88.8%	91.4%	92.3%
	CAMHs – Bed Days Used															
	Bed days used	M	95%	98.8% [G]	4.0%	99.8% [G]	100% [G]	95.2% [G]	96.6% [G]	97.7% [G]	100% [G]	100% [G]	100% [G]	99.4% [G]	99.9%	99.3%
Quality & Safety	HIQA Inspection Compliance															
	Disability Residential Services	Q-2Q	80%	91.7% [G]	14.6%										89.6%	92%
	Older Persons Residential Services	Q-2Q	80%	74.5% [A]	-6.9%										73.6%	76.9%
	Chronic Disease Management															
	No. of people who have completed a structured patient education programme for type 2 diabetes	Q	3,700	802 [R]	-78.3%	65 [R]	111 [R]	79 [R]	184 [R]	66 [R]	68 [R]	46 [R]	95 [R]	88 [R]	0	0
Quality & Safety	Healthy Ireland															
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	50.9% [G]	13.1%										46.7%	55.4%

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

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Access & Integration	Therapy Waiting Lists																
	SLT access within 52 weeks	M	100%	78.4% [R]	-21.6%	73.5% [R]	90.2% [A]	92.2% [A]	98.5% [G]	85% [R]	78.2% [R]	64% [R]	80.9% [R]	68.5% [R]	80.8%	80.4%	78.4%
	Physiotherapy access within 52 weeks	M	94%	77.9% [R]	-17.1%	88.2% [A]	62.2% [R]	70.9% [R]	93.1% [G]	70.6% [R]	82.9% [R]	76.9% [R]	80.7% [R]	82.3% [R]	79.6%	78.8%	77.9%
	Occupational Therapy access within 52 weeks	M	95%	57.9% [R]	-39.1%	58% [R]	52.6% [R]	93% [G]	57.9% [R]	53.1% [R]	57.5% [R]	51.6% [R]	60.9% [R]	57.4% [R]	60.2%	59.1%	57.9%
	Psychology treatment within 52 weeks	M	81%	49.1% [R]	-39.4%	76.5% [A]	36.2% [R]	49% [R]	43.5% [R]	61.2% [R]	89.9% [G]	32.6% [R]	93.3% [G]	30.1% [R]	50.5%	47.8%	49.1%
	CAMHs – Access to First Appointment																
	First appointment within 12 months	M	95%	95.6% [G]	0.7%	88.6% [A]	100% [G]	98% [G]	90% [A]	98.7% [G]	92.1% [G]	100% [G]	97.4% [G]	96.3% [G]	95.1%	95.8%	96.4%
	% of urgent referrals to CAMHS responded to within 3 working days	M	>80%	89% [G]	11.3%	100% [G]	62.1% [R]	100% [G]	91.2% [G]	86.3% [G]	95.7% [G]	91.7% [G]	98% [G]	100% [G]	93.7%	92.8%	97.3%
	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	8.2% [R]	-91.8%	15.4% [R]	12.4% [R]	8.1% [R]	7% [R]	6% [R]	4.9% [R]	2% [R]	6.9% [R]	10.9% [R]	11.3%	7.5%	7.7%
	Number of requests for assessment of need received for children	Q	5,975	4,674 [R]	-21.8%	265 [G]	97 [R]	413 [A]	1,097 [R]	256 [R]	245 [R]	752 [R]	579 [R]	970 [R]	590	870	1,545
	Children’s Disability Networks																
	% of networks established	M	100%	10.4% [R]	-89.6%	0% [R]	0% [R]	0% [R]	71.4% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0% [R]	0%	0%	10.4%
	Home Support Hours																
	Number of hours provided ²	M	18,670,000	17,554,880 [A]	-6%	1,682,740 [A]	2,039,074 [G]	1,412,975 [A]	2,721,569 [G]	1,839,284 [A]	1,413,823 [G]	2,013,320 [A]	1,695,169 [A]	2,736,926 [A]	1,538,827	1,565,768	1,597,036
	Nursing Home Support Scheme (NHSS)																
	Number of persons funded under NHSS in long term residential care	M	24,379	22,755 [A]	-6.7%										22,826	22,805	22,755

² Home Support pilot scheduled to commence in Q2 2020 did not progress in the main due to COVID-19 and the diversion of resources in response to the Pandemic

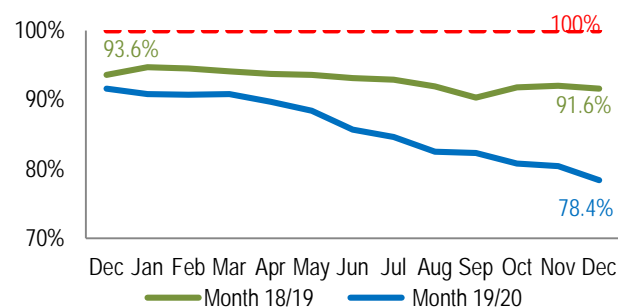
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Delayed Transfers of Care																	
Number of beds subject to Delayed Transfers of Care	M	≤ 550	363 [G]	-34%										402	378	363	
Number of acute bed days lost through Delayed Transfers of Care	M	≤ 200,750	167,158 [G]	-16.7%										14,538	13,827	13,435	
Finance, Governance and Compliance	Financial Management – Expenditure variance from plan																
	Net expenditure (pay + non-pay - income)	M	<0.1%	6,451,373	-0.32% [G]	-0.21% [G]	-0.09% [G]	0.36% [A]	-0.16% [G]	0.24% [A]	0.06% [G]	-0.10% [G]	-0.03% [G]	-0.30% [G]	2.46%	2.54%	-0.32%
	Gross expenditure (pay and non-pay)	M	<0.1%	6,974,331	-0.23% [G]	-0.83% [G]	-0.45% [G]	0.25% [A]	-0.36% [G]	0.63% [A]	-0.16% [G]	0.00% [G]	-0.48% [G]	0.15% [A]	2.11%	2.22%	-0.23%
	Non-pay expenditure	M	<0.1%	3,941,007	0.75% [R]	-2.57% [G]	-0.76% [G]	0.91% [R]	0.18% [A]	2.50% [R]	-0.70% [G]	1.30% [R]	-0.32% [G]	2.53% [R]	3.68%	3.84%	0.75%
	Service Arrangements (31.12.20)																
	Monetary value signed	M	100%	84.21%	-15.79%										77.67%	81.77%	84.21%
	Internal Audit																
	Recommendations implemented within 12 months (2019)	Q	95%	78% [R]	-17.9%										80%	82%	78%
Workforce	Funded Workforce Plan																
	Pay expenditure variance from plan	M	<0.1%	3,033,323	-1.48% [G]	-0.03% [G]	-0.10% [G]	-0.80% [G]	-0.95% [G]	-1.24% [G]	0.35% [A]	-0.92% [G]	-0.61% [G]	-1.72% [G]	0.17%	0.22%	-1.48%
	Attendance Management																
	% absence rates by staff category (overall)	M-1M	<3.5%	6.35% [R]	81.43%	7.15% [R]	4.79% [R]	6.72% [R]	5.24% [R]	6.26% [R]	5.92% [R]	8.13% [R]	7.44% [R]	5.96% [R]	5.96%	6.09%	5.36%
	European Working Time Directive (EWTB) Compliance																
<48 hour working week – Mental Health	M	95%	92.2% [G]	-2.9%	96.2% [G]	90.9% [G]	100% [G]	90.1% [A]	90.9% [G]	92% [G]	100% [G]	100% [G]	81.2% [R]	91.3%	90.9%	92.2%	
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	11.1%	100% [G]				100% [G]					86.7%	100%	100%	

Primary Care Services

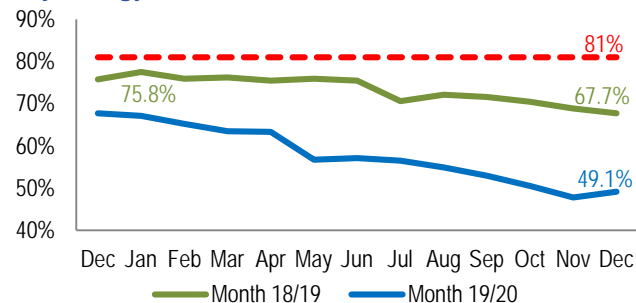
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	● 78.4%	91.6%	-13.2%	80.8%	80.4%	78.4%	CHO4 (98.5%), CHO3 (92.2%), CHO2 (90.2%)	CHO7 (64%), CHO9 (68.5%), CHO1 (73.5%)
Physiotherapy access within 52 weeks	94%	M	● 77.9%	92.1%	-14.2%	79.6%	78.8%	77.9%	CHO4 (93.1%), CHO1 (88.2%), CHO6 (82.9%)	CHO2 (62.2%), CHO5 (70.6%), CHO3 (70.9%)
Occupational Therapy access within 52 weeks	95%	M	● 57.9%	70.8%	-12.9%	60.2%	59.1%	57.9%	CHO3 (93%), CHO8 (60.9%), CHO1 (58%)	CHO7 (51.6%), CHO2 (52.6%), CHO5 (53.1%)
Psychology access within 52 weeks	81%	M	● 49.1%	67.7%	-18.6%	50.5%	47.8%	49.1%	CHO8 (93.3%), CHO6 (89.9%), CHO1 (76.5%)	CHO9 (30.1%), CHO7 (32.6%), CHO2 (36.2%)

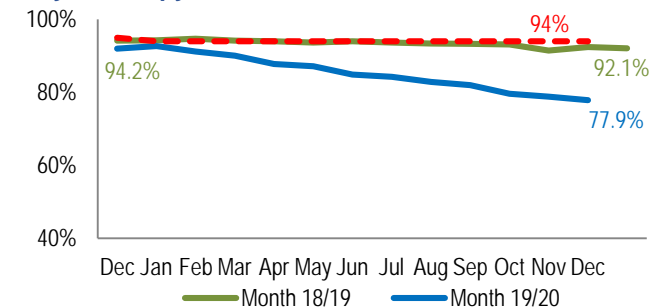
SLT Access within 52 weeks



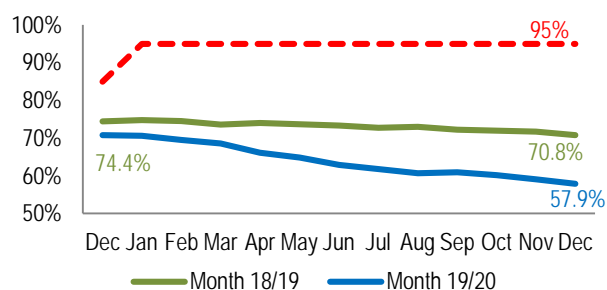
Psychology Access within 52 weeks



Physiotherapy Access within 52 weeks



Occupational Therapy access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	587,604	414,345	-29.5%	572,006	-157,661
Total number waiting	38,630	48,277	25.0%	38,882	9,395
% waiting < 12 weeks	79%	79.5%	0.6%	78.6%	0.9%
Number waiting > 52 weeks		10,723		3,111	7,612
Occupational Therapy					
Number seen	389,256	310,153	-20.3%	382,219	-72,066
Total number waiting	32,526	36,335	11.7%	34,343	1,992
% waiting < 12 weeks	68%	69.3%	1.9%	68.2%	1.1%
Number waiting > 52 weeks		15,300		10,017	5,283
*Speech & Language Therapy					
Number seen	282,312	165,657	-41.3%	273,639	-107,982
Total number waiting	15,358	23,180	50.9%	16,710	6,470
Number waiting > 52 weeks		5,012		1,410	3,602

Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	8,200	11,433	39.4%	9,039	2,394
Number waiting > 52 weeks		4,989		1,617	3,372
Psychology					
Number seen	49,757	41,800	-16.0%	44,939	-3,139
Total number waiting	8,836	11,518	30.4%	10,092	1,426
% waiting < 12 weeks	36%	16.4%	-54.3%	22.4%	-6.0%
Number waiting > 52 weeks		5,865		3,258	2,607
Podiatry					
Number seen	85,866	48,020	-44.1%	85,018	-36,998
Total number waiting	3,532	5,199	47.2%	3,675	1,524
% waiting < 12 weeks	33%	16.6%	-49.6%	33.7%	-17.1%
Number waiting > 52 weeks		2,186		970	1,216
Ophthalmology					
Number seen	104,147	59,951	-42.4%	101,047	-41,096
Total number waiting	17,510	15,883	-9.3%	17,491	-1,608
% waiting < 12 weeks	27%	24.3%	-9.9%	27.8%	-3.5%
Number waiting > 52 weeks		7,105		5,680	1,425
Audiology					
Number seen	64,465	36,495	-43.4%	55,526	-19,031
Total number waiting	17,114	19,222	12.3%	17,110	2,112
% waiting < 12 weeks	41%	18.0%	-56.1%	29.0%	-11.0%
Number waiting > 52 weeks		6,675		2,806	3,869
Dietetics					
Number seen	68,640	64,365	-6.2%	70,428	-6,063
Total number waiting	16,498	19,325	17.1%	18,535	790
% waiting < 12 weeks	40%	25.6%	-35.9%	35.3%	-9.7%
Number waiting > 52 weeks		7,088		4,252	2,836

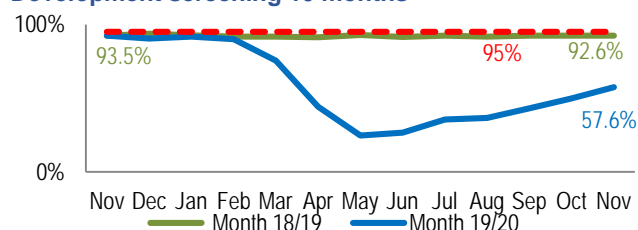
*SLT reports on both assessment and treatment waiting list

Child Health

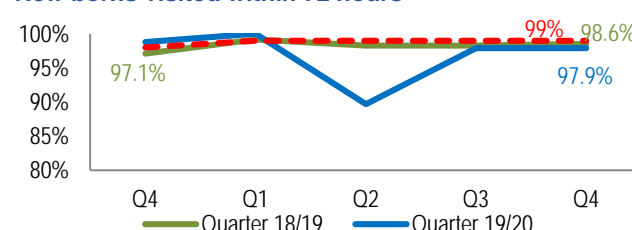
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 52.4%	92.2%	-39.8%	43.3%	49.9%	57.6%	CHO 4 (91.9%), CHO7 (90.9%), CHO5 (75.6%)	CHO6 (0%), CHO3 (32%), CHO8 (34.6%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	● 96.5%	98.6%	-2.1%	89.7%	97.9%	97.9%	CHO3 (100%), CHO7 (99.4%), CHO5 (99.2%)	CHO8 (94.2%), CHO4 (98.2%), CHO2 (98.3%)

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

Development screening 10 months



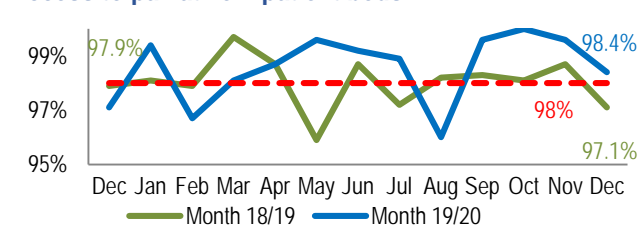
New borns visited within 72 hours



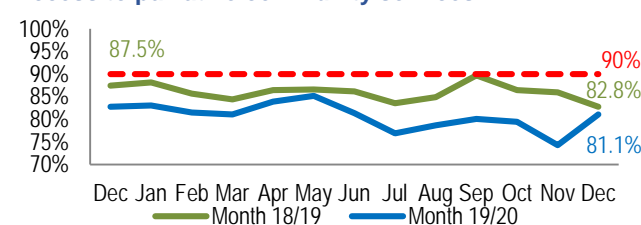
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.7%	98.1%	+0.6%	100%	99.6%	98.4%	CHO1, 3, 4, 6 & 7 reached target	CHO2 (95.5%), CHO9 (97.6%)
Access to palliative community services within 7 days	90%	M	● 80.5%	85.9%	-5.4%	79.5%	74.3%	81.1%	CHO1 (96.7%), CHO2 (95.6%), CHO9 (94.1%)	CHO3 (58.3%), CHO4 (64.5%), CHO6 (73.7%)
Number accessing inpatient beds	4,201(FYT/ 4,201(FYT)	M	● 3,210	3,674	-464	268	282	251		
Treatment in normal place of residence	3,532	M	● 3,281	3,484	-203	3,330	3,225	3,281		

Access to palliative inpatient beds



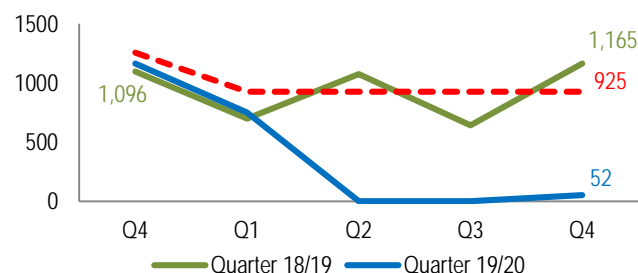
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	3,700	Q	● 802	3,580	-2,778	0	0	52		

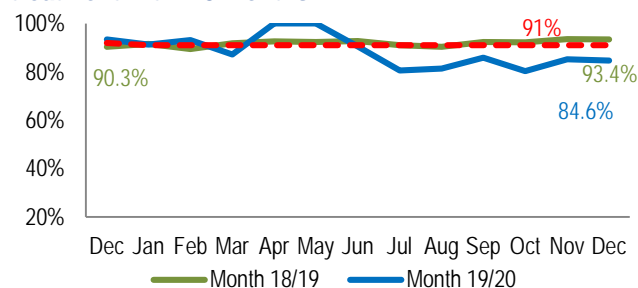
Number who have completed type 2 diabetes education programme



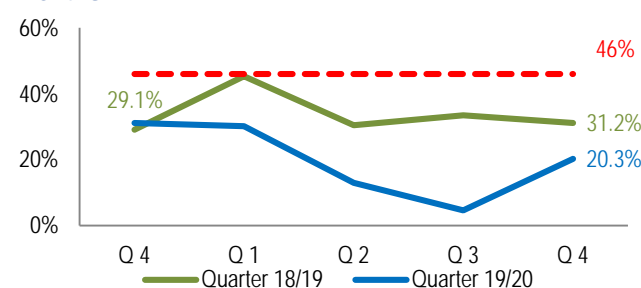
Oral Health and Orthodontics

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	91%	M	● 88.6%	91.9%	-3.3%	80.3%	85.2%	84.6%	CHO3 (97.8%), CHO4 (94.2%), CHO6 (94.2%)	CHO5 (45.7%), CHO2 (64.3%), CHO8 (77.7%)
Orthodontics - % seen for assessment within 6 months	46%	Q	● 20.3%	31.2%	-10.9%	13%	4.7%	20.3%	DML (100%)	DNE (0%), West (23.6%), South (26.8%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 21.4%	11.6%	+9.8%	18.3%	19.2%	21.4%		DML (28.5%), DNE (21.9%), South (20.7%)

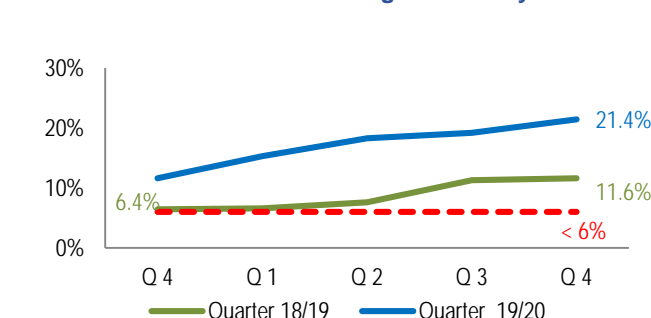
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



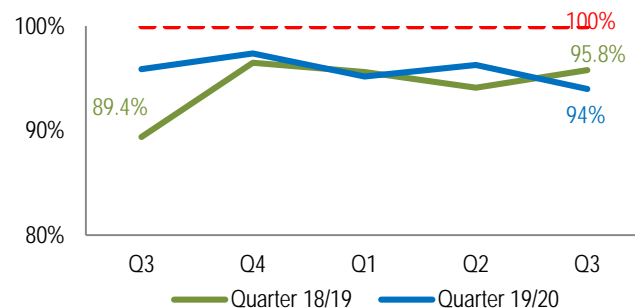
Orthodontics: treatment waiting list > four years



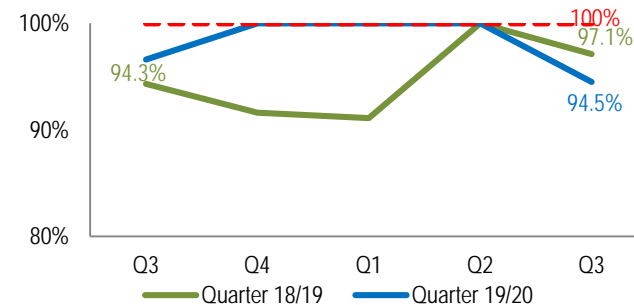
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	●	95.2%	95.2%	0%	95.2%	96.3%	94%	CHO2, 6 & 7 (reached target)	CHO8 (56%), CHO3 (85%), CHO4 (95.9%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	●	98.6%	95.8%	+2.8%	100%	100%	94.5%	CHO 2, 5, 6, 7 (reached target)	CHO1 (50%), CHO8 (86.7%)

Access to substance misuse treatment (> 18 years)



Access to substance misuse treatment (<18 years)

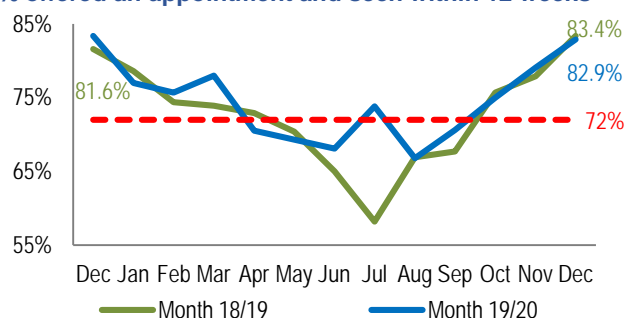


Mental Health Services

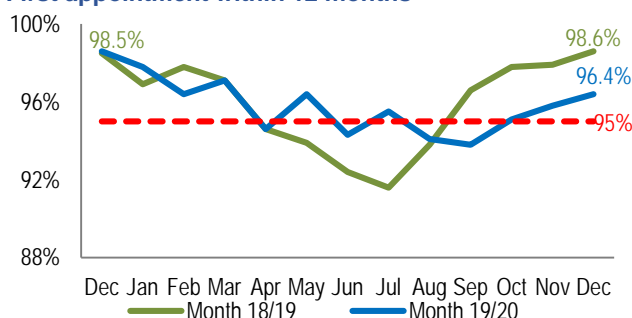
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	75%	M	●	92.3%	86%	+6.3%	96.6%	91.1%	96.9%		
CAMHs Bed Days Used	95%	M	●	98.8%	96%	+2.8%	99.9%	99.3%	99.9%	All CHOs reached target	
CAMHs – first appointment within 12 months	95%	M	●	95.6%	95.8%	-0.2%	95.1%	95.8%	96.4%	CHO2, 3, 4, 6, 7, 8 & 9 reached target	CHO1 (88.3%), CHO5 (92.7%)
CAMHs waiting list	1,894	M	●	2,736	2,327	+409	2,229	2,551	2,736	CHO2 (43), CHO3 (240), CHO5 (247)	CHO4 (448), CHO8 (432), CHO1 (407)
CAMHs waiting list > 12 months	0	M	●	266	212	+54	247	242	266	CHO2 (0), CHO5 (0),	CHO4 (98), CHO1 (60), CHO3 (43)
No of referrals received	18,128YTD 18,128FYT	M	●	17,358	18,831	-1,473	1,969	2,382	1,888		
Number of new seen	10,833YTD 10,833FYT	M	●	10,424	11,139	-715	1,143	1,184	946		
% of urgent referrals to CAMHs Teams responded to within three working days	>80%	M	●	89%	76.3%	+12.7%	93.7%	92.8%	97.3%	All CHOs reached target	

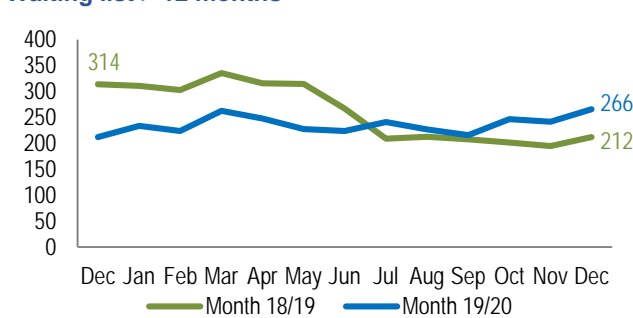
% offered an appointment and seen within 12 weeks



First appointment within 12 months



Waiting list > 12 months



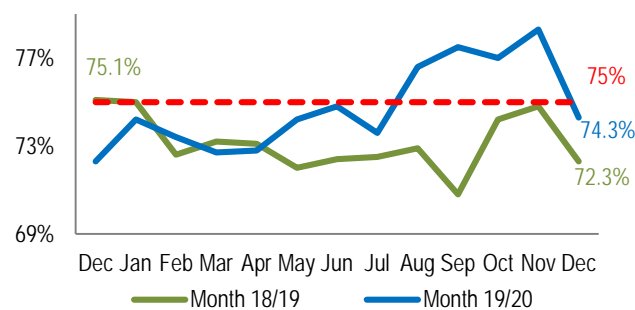
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	44,801YTD 44,801FYT	M	●	39,189	44,056	-4,867	3,475	3,787	2,714		
Number of referrals seen	28,716YTD 28,716FYT	M	●	23,635	27,056	-3,421	2,006	2,250	1,613		
% seen within 12 weeks	75%	M	●	75%	73%	+2%	77%	78.3%	74.3%	CHO1, 2, 5, & 8 reached target	CHO9 (59.4%), CHO3 (63.7%), CHO6 (68.1%)

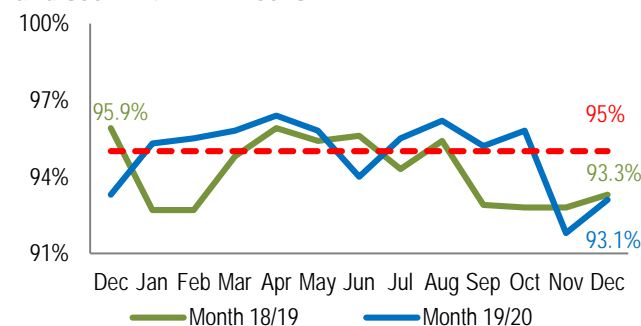
Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	12,593YTD 12,593FYT	M	●	11,278	12,423	-1,145	991	1,035	776		
Number of referrals seen	8,896YTD 8,896FYT	M	●	7,566	8,921	-1,355	674	697	506		
% seen within 12 weeks	95%	M	●	95%	94%	+1%	95.8%	91.8%	93.1%	CHO2, 3, 5 & 6 reached target	CHO1 (0%)*non return CHO9 (81%), CHO8 (85.9%), CHO7 (87.5%)

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



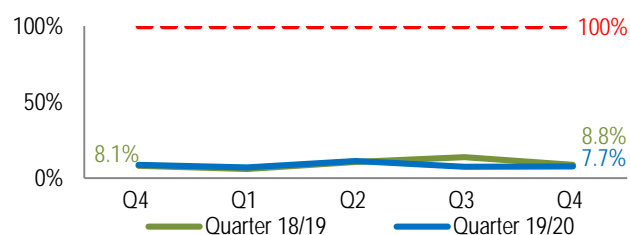
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



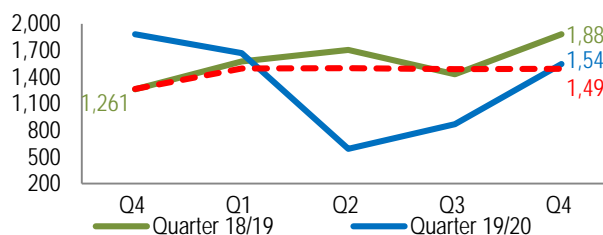
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	●	8.2%	9.8%	-1.6%	11.3%	7.5%	7.7%	No CHO reached target	(% Var): CHO6 (0%), CHO7 (0%), CHO5 (0.9%)
Number of requests for assessment of need received for Children	5,975 YTD/ 5,975 FYT	Q	●	4,674	6,596	-1,922	590	870	1,545	(% Var): CHO1 (157.3%)	(% Var): CHO2 (-54.5%), CHO9 (-36%), CHO8 (-24.1%)
Congregated Settings	132 YTD/ 132 FYT	Q	●	75	103	-28	12	14	23	(% Var): CHO5 (250%), CHO9 (75%), CHO6 (57.1%)	(% Var): CHO7 (-100%), CHO3 (-89.7%), CHO2 (-87.5%)
% of Children's Disability Networks established	100%	M	●	10.4%	0%	+10.4%	0%	0%	10.4%	No CHO reached target	
Number of Children's Disability Networks established	96 YTD/ 96 FYT	M	●	10	0	+10	0	0	10	No CHO reached target	

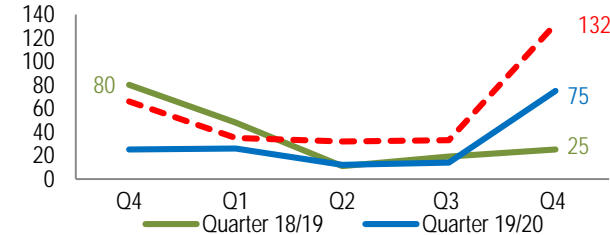
Disability Act Compliance



Assessment of Need Requests



Congregated Settings



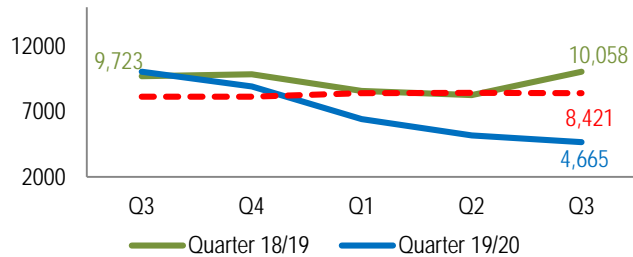
Residential and Emergency Places and Support Provided to People with a Disability

Performance area	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	64	64	●	86	80	+6	7	10	4
No. of in home respite supports for emergency cases (New KPI)	144	144	●	857			131	422	52
Total no. of new emergency places and in home respite supports	208	208	●	943			138	432	56
Number of residential places provided to people with a disability ³	8,358	8,358	●	8,139	8,190	-51	8,104	8,104	8,139

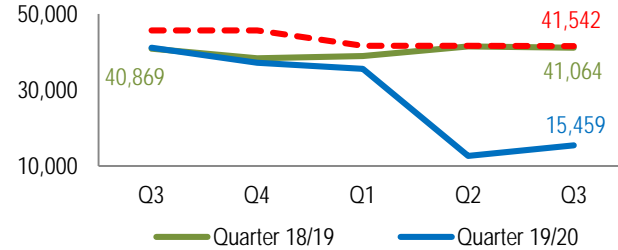
³ Residential data returned as quarterly for 2019 (listed as monthly in NSP), data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite Sessions	25,285 YTD/ 33,712 FYT	Q-1M	● 16,281	26,924	-10,643	6,439	5,177	4,665	(% Var): CHO5 (141%), CHO8 (62.3%)	(% Var): CHO6 (-83.7%), CHO7 (-80%), CHO3 (-56.2%)
Respite – Number of overnights	124,641 YTD/ 166,183 FYT	Q-1M	● 63,664	121,339	-57,675	35,543	12,662	15,459	(% Var): No CHO reached target	(% Var): CHO1 (-67%), CHO9 (-60.7%), CHO4 (-56%)
Home Support Hours	2,310,006 YTD/ 3,080,000 FYT	Q-1M	● 2,183,795	2,337,078	-153,283	795,206	646,444	742,145	(% Var): CHO3 (17.5%), CHO8 (13.9%), CHO2 (13.5%)	(% Var): CHO9 (-34%), CHO7 (-28.7%), CHO5 (-16.9%)
Personal Assistance Hours	1,252,501 YTD/ 1,670,000 FYT	Q-1M	● 1,293,183	1,247,417	+45,766	445,774	418,724	428,685	(% Var): CHO7 (131.1%), CHO6 (16.4%), CHO2 (6.8%)	(% Var): CHO1 (-12.9%), CHO5 (-10.9%), CHO8 (-2.7%)

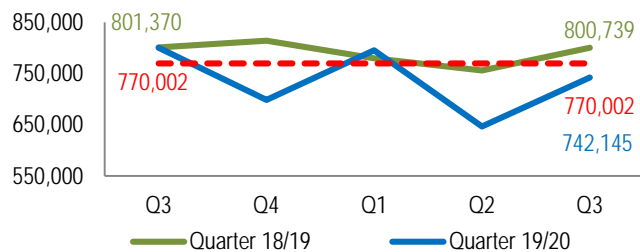
Respite Day Only



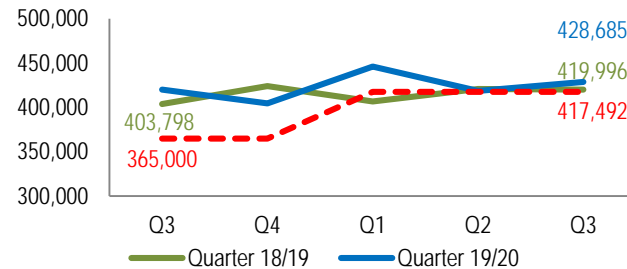
Respite Overnights



Home Support Hours



Personal Assistance Hours

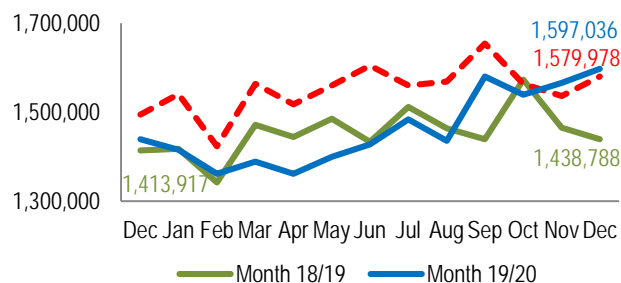


Older Person's Services

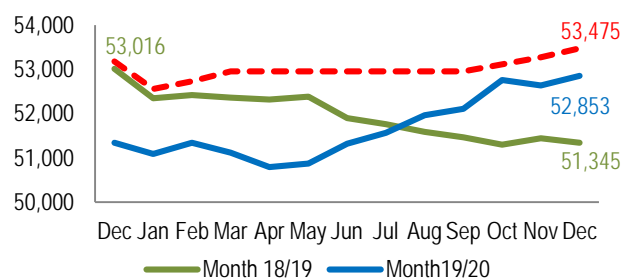
Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	18,670m YTD/ 18,670m FYT	M	●	17,554,880	17,484,366	+70,514	1,538,827	1,565,768	1,597,036	(%Var): No CHO achieved target	(%Var): CHO5 (-9.5%) CHO9 (-9.4%), CHO3 (-8.6%)
No. of people in receipt of Home Support	53,475 YTD/ 53,475 FYT	M	●	52,853	51,345	+1,508	52,760	52,636	52,853	(%Var): CHO7 (11.9%), CHO9 (5.3%), CHO2 (3%)	(%Var): CHO8 (-12.3%), CHO6 (-9.9%), CHO5 (-5.3%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	149	188	-39	142	151	149		
No. of persons funded under NHSS in long term residential care	24,379 YTD/ 24,379 FYT	M	●	22,755	23,629	-874	22,826	22,805	22,755		
No. of NHSS beds in public long stay units	4,980 YTD/ 4,980 FYT	M	●	4,816	4,945	-129	4,810	4,825	4,816	(%Var): CHO2 (0.5%)	(%Var): CHO9 (-7.9%), CHO4 (-6.6%), CHO5 (-4.1%)
No. of short stay beds in public units	1,720 YTD/ 1,720 FYT	M	●	1,303	1,867	-564	1,405	1,359	1,303	(%Var): No CHO achieved target	(%Var): CHO8 (-70.4%), CHO2 (-47.1%), CHO1 (-32.5%)
No. of beds subject to Delayed Transfers of Care	≤550	M	●	363	545	-182	402	378	363	5 hospitals at 1 or under	SJH (47), CUH (38), OLOL (25)
No. of persons in receipt of payment for transitional care	1,160	M-1M	●	911	815	+96	987	969	911		

Home Support pilot scheduled to commence in Q2 2020 did not progress in the main due to COVID-19 and the diversion of resources in response to the Pandemic

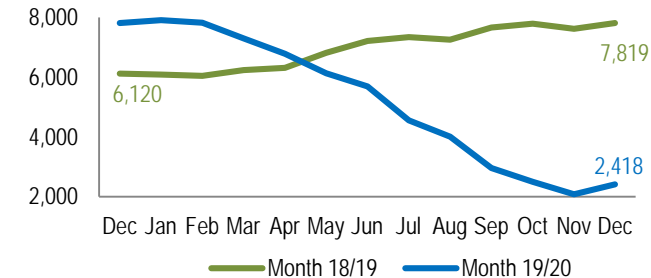
Number of Home Support Hours Provided



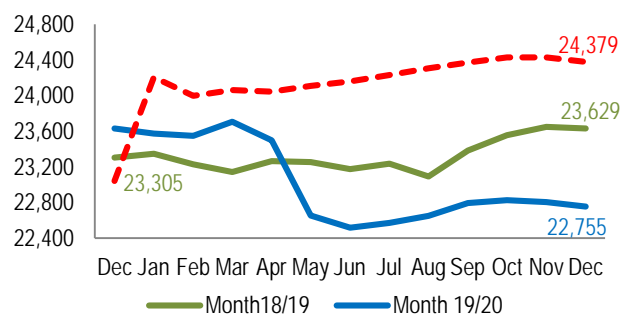
Number of people in receipt of Home Support



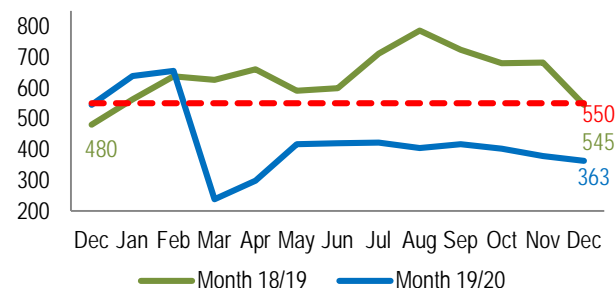
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfer of Care



Delayed Transfer of Care by Category

	Over 65	Under 65	Total	Total %
Home	57	18	75	20.7%
Residential Care	142	12	154	42.4%
Rehab	12	7	19	5.2%
Complex Needs	27	15	42	11.6%
Housing/Homeless	11	10	21	5.8%
Legal complexity	20	5	25	6.9%
Non compliance	9	0	9	2.5%
COVID-19	18	0	18	5.0%
Total	296	67	363	100%

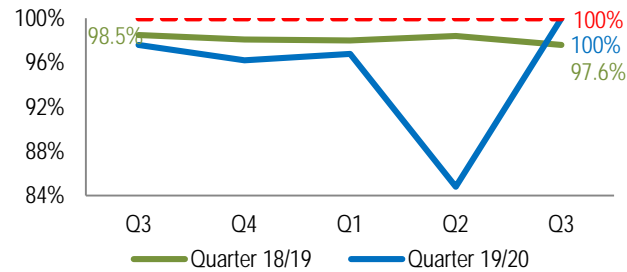
NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	8,975	10,177	-1,202	669	599	572	802	-230
	National placement list for funding approval	164	463	-299	622	502	164	463	-299
	Waiting time for funding approval	2 weeks	3 weeks	-1 week	4 weeks	4 weeks	2 weeks	3 weeks	- 1 week
	Total no. people funded under NHSS in LTRC	22,755	23,629	-874	22,826	22,805	22,755	23,629	-874
Private Units	No. of new patients entering scheme	6,594	6,804	-210	487	538	548	612	-64
	No. of patients Leaving NHSS	7,086	6,427	+659	431	534	564	583	-19
	Increase	-492	+377	-869	+56	+4	-16	+29	-45
Public Units	No. of new patients entering scheme	1,317	1,692	-375	82	97	100	155	-55
	No. of patients Leaving NHSS	1,699	1,745	-46	104	122	134	203	-69
	Net Increase	-382	-53	-329	-22	-25	-34	-48	+14

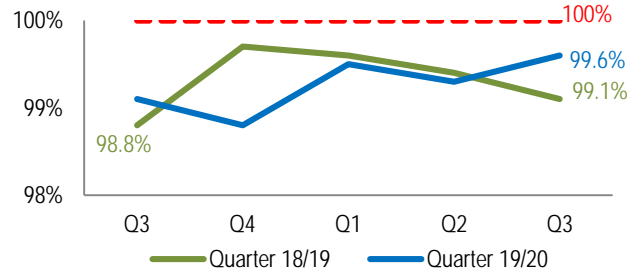
Disability and Older Persons' Services Safeguarding

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	●	100%	97.6%	+2.4%	96.8%	84.8%	100%	All CHO's achieved target	
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	99.6%	99.1%	+0.5%	99.5%	99.3%	99.6%	CHO 1,2,3,4,6 & 7 achieved target	CHO9 (99%), CHO5 & 8 (99.1%)

% of prelim screenings for adults aged 65 and over



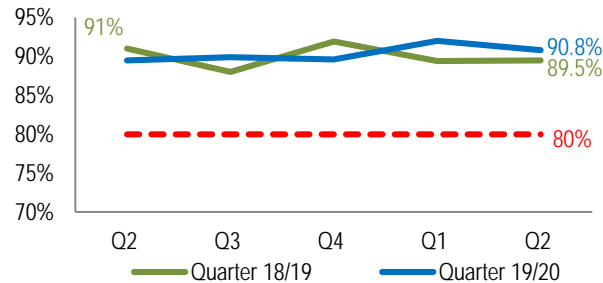
% of prelim screenings for adults under 65



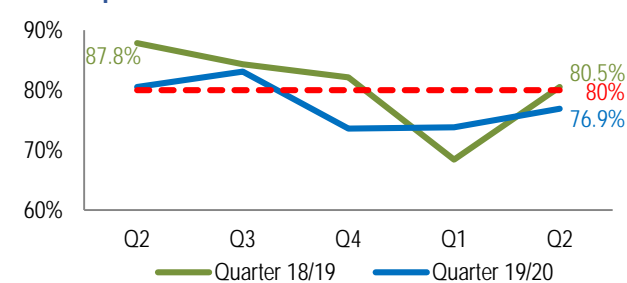
HIQA Inspections

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	●	91.7%	89.4%	+2.3%	89.6%	92%	90.8%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	74.5%	75.4%	-0.9%	73.6%	73.8%	76.9%		

HIQA – Disabilities



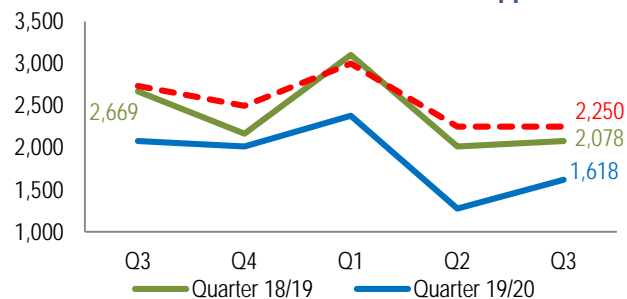
HIQA Inspections – Older Persons



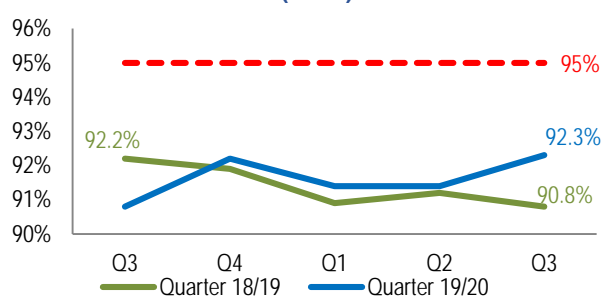
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers who have received intensive cessation support	7,499 YTD/ 10,000 FYT	Q-1Q	● 5,274	7,198	-1,924	2,380	1,276	1,618	(%Var) CHO5 (87.6%), CHO1 (18.6%), IE HG (12.4%)	(%Var) CHO3 (-94.7%), UL HG (-86%), CHO7 (-79%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 50.9%	48.3%	+2.6%	46.7%	53.2%	55.4%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 91.6%	91%	+0.6%	91.4%	91.4%	92.3%	No CHO reached target	CHO1 (88%), CHO8 (92.5%), CHO4 (92.7%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.9%	93.4%	+0.5%	93.6%	93.8%	94.6%	CHO2 (96.2%), CHO4 (95.1%)	CHO1 (92%), CHO5 (94.3%), CHO8 (94.7%)

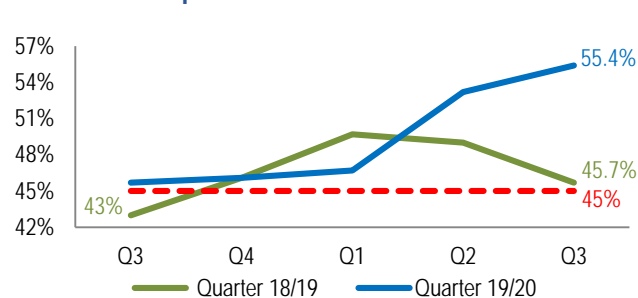
Tobacco smokers – intensive cessation support



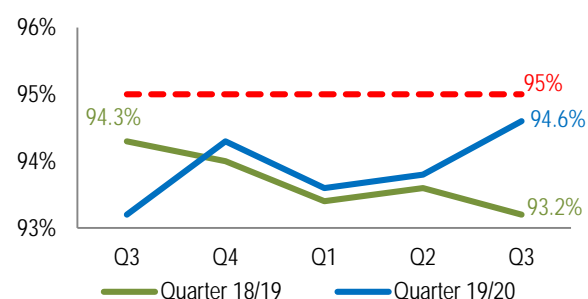
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Introduction

The second wave of Covid in October 2020 and now the third wave which commenced in December 2020 has again impacted on service provision. From April to October, there had been significant increased service provision as a result of the gradual return of staff to Core duties from Covid specific services. However there was a plateau in the consistent upward trend in November caused in part by the second wave of the pandemic and the current third wave from mid to late December has again impacted staff return to core service provision as a result of increased testing, support to long term residential facilities both private, voluntary and public in Older Persons, Disabilities and Mental Health Services. Covid related staff absence has also impacted service delivery currently recorded at Jan 12th (staff absence had been increasing since December) as over 3,000 WTEs and in Older Persons this represents 5% of nursing staff, additional to routine absence rates. Further, the indications at today's date (26th January) is that there will be significant additional demand on Community Services staff for, at least, the first quarter of 2021 and while Vaccination Programmes are continued to be rolled out.

To address the current third wave of Covid infections (commencing in December) there was a requirement to prioritise the level of services delivered during this period. Building upon the experience from earlier waves of the pandemic, Community Services have developed a prioritisation framework to support local decisions to be made on service prioritisation. This approach will ensure that services will be focused on identifying and supporting patients who have the greatest need and enabling staff to be deployed where necessary to support these patients. Where services are curtailed or reduced, this will be in line with clinical approval, a shared national position and with an appropriate risk assessment and communication with providers, service users and families. It is the intention of Community Services that full services would return as soon as is safe and practicable.

Primary Care

Primary Care Services were the most impacted by the requirement to set up Covid Specific Services. This has inevitably impacted on the delivery of Primary Care services. While there has been a significant return of staff from Covid 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. The performance metrics need to be read in the context of staff delivering front line services within these constraints. Our staff have been extremely flexible in responding to Covid in addition to delivering core services in very challenging circumstances. It would be unrealistic to expect that NSP 2020 performance targets set in a non Covid environment can be fully achieved in the context of a global pandemic. It should also be noted that services being delivered by video consultations are not necessarily captured in the metrics, given that this modality of service delivery has only emerged during the pandemic not all the video consultation interventions are being captured, work is ongoing to ensure that telehealth interventions will be collected routinely. The challenges detailed in this section 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 (CIT)

There were 60,169 CIT referrals to December which is 32.4% ahead of the expected activity for the year of 45,432 (PC122). Eight of the nine Community Healthcare Organisations (CHOs) are ahead of target in December 2020.

* Data return rate 100%

Child Health Developmental Screening 10 Months

The national performance at November 2020 YTD is 52.4% compared to a target of 95.0% (PC134). The same period last year was 92.2%. 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. Performance has improved on a month by month basis from May where performance was 24.7% to 57.6% in November.

* Data return rate 93.7%

Physiotherapy Access within 52 weeks

The national position at December 2020 YTD is 77.9% compared to the target of 94% (PC100G). The same period last year was 92.1%. The number of clients waiting longer than 52 weeks has increased by 5.6% from 10,092 in November to 10,723 in December (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 December YTD position is 57.9% compared to the target of 95% (PC101G). The same period last year was 70.8%. The number of clients waiting longer than 52 weeks increased by 3.1% from 14,838 in November to 15,300 in December (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 96.9%

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in December 2020 is at 78.4% compared to the target of 100% (PC116B). The same period last year was 91.6%. The number of clients waiting for an initial assessment for longer than 52 weeks has increased by 18% from 4,248 in November to 5,012 in December (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 December YTD position is 58% compared to the target of 77% (PC104G). The same period last year was 73.6%. The number of clients waiting longer than 52 weeks has decreased by -9.6% from 2,417 in November to 2,186 in December (PC104E). Covid will impact the ability to achieve the full-year target.

*Data return rate 95.2%

Ophthalmology Access within 52 weeks

The national December YTD position is 55.3% compared to the target of 66% (PC107G). The same period last year was 67.5%. The number of clients waiting longer than 52 weeks has decreased by -16% from 8,460 in November to 7,105 in December (PC107E). Covid will impact the ability to achieve the full-year target.

*Data return rate 90.9%

Audiology Access within 52 weeks

The national December YTD position is 65.3% compared to the target of 88% (PC108G). The same period last year was 83.6 %. The number of clients waiting longer than 52 weeks has decreased by -1.6% from 6,782 in November to 6,675 in December (PC108E). Covid will impact the ability to achieve the full-year target.

*Data return rate 90%

Dietetics Access within 52 weeks

The national December YTD position is 63.3% compared to the target of 80% (PC109G). The same period last year was 77.1%. The number of clients waiting longer than 52 weeks has increased by 4.2% from 6,800 in November to 7,088 in December (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 93.7%

Psychology Access within 52 weeks

The national December YTD position is 49.1% compared to the target of 81% (PC103G). The same period last year was 67.7%. The number of clients waiting longer than 52 weeks has decreased by -2 % from 5,982 in November to 5,865 in December (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 December 2020			
Discipline	Target YTD (NSP 2020)	Actual YTD	Actual vs. Target* YTD
Physiotherapy (PC125)	587,604	414,345	-29.5%
Occupational Therapy (PC124)	389,256	310,153	-20.3%
SLT (PC126)	282,312	165,657	-41.3%
Podiatry (PC127)	85,866	48,020	-44.1%
Ophthalmology (PC128)	104,147	59,951	-42.4%
Audiology (PC129)	64,465	36,495	-43.4%
Dietetics (PC130)	68,640	64,365	-6.2%
Psychology (PC131)	49,757	41,800	-16.0%

*The targets set in the NSP were pre Covid and based on activity in a non Covid environment. 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

In December 2020, the YTD position is 98.7% of admissions (target 98%) to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral. Six of the seven CHOs surpassed the target of 98% with all admissions within 7 days during the year. Performance in December month was 98.4% for access within 7 days to specialist palliative care inpatient beds (PAC1A).

Access to Palliative Community Service

In December 2020, the YTD position is 80.5% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days (target 90%) compared to the performance of 85.9% 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 December 2020 has decreased by 14 children compared to same period last year (27 in December 2019 vs. 13 in December 2020) (PAC39).

The number of children in the care of the Children's Nurse Co-Ordinators was 286 in December 2020 has decreased by 22 children compared to December 2019 (308 December 2019 vs. 286 in December 2020) (PAC37).

Mental Health

CAMHS Inpatient Units

Nationally there were 322 children admitted to CAMHS in-patient units at the end of December 2020 (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.

92.3% of child and adolescent mental health admissions were to child and adolescent acute inpatient units YTD which is above the target (75%) (MH5).

98.8% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of December 2020 which is above 95% target (MH57).

The number of children admitted to adult mental health units has reduced during 2020. The latest available data to the end of December 2020 indicates a running total of 27 child admissions to adult units. This is compared to a total of 50 child admissions to adult units in 2019. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).

Community CAMHS

Nationally there was an increase of 185 children on the waiting list for community mental health services from 2,551 in November to 2,736 in December 2020. There is an increase of 490 children on the waiting list for community mental health services for the same period last year (MH50).

There are 266 children waiting longer than 12 months in December, however, there are regional variances. CHO 2 and CHO 5 have no children waiting longer than 12 months to be seen. CHO1 have 60, CHO3 (43), CHO4 (98), CHO6 (14), CHO7 (9), CHO8 (30) and CHO9 have 12 children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of December, 79.1% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% (MH6). However, 95.6% of young people new or re-referred cases were seen within 12 months in community CAMHS services YTD December 2020 (MH72).

Nationally, 89% of urgent referrals to CAMHS were responded to within three working days, above the 80% target. All CHOs are above target except CHO2. (MH73).

* Data return rate 95.8%

Community Adult mental health services

75% of referred patients were offered an appointment and seen within 12 weeks in general adult mental health YTD December 2020 against a target of 75% (MH2). CHOs 3, 4, 7, 8 and 9 are below target and this was discussed on engagement calls in November where action plans were discussed however Covid related contingencies make this more challenging to address. 19.1% referred to general adult patients did not attend (DNA) their appointments. Again Covid makes this difficult to analyse.

* Data return rate 93.2%

95% of referred patients in Psychiatry of Old Age services were offered an appointment and seen within 12 weeks YTD December 2020 against a target of 95% (MH4).

* Data return rate 87.5%

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 inter-disciplinary Children's Disability Network Teams to work with children with complex disability needs. 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.

At present, there are 23 networks fully reconfigured together with a further 16 networks that are at 50% progress in terms of their reconfiguration. In addition, CHO4 established 10 CDNs in December 2020. Staff have been assigned to the new CDNs and caseloads will transfer in Quarter 1 2021. It is envisaged that full reconfiguration will be completed by end Quarter 1, 2021. At that time there will be 91 Children's Disability Networks in place.

Residential Places

There were 8,139 residential places for people with a disability in December 2020 which is 2.6% (219) lower than the 8,358 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 2020, Disability Services committed to developing 64 new emergency residential placements and 144 intensive transitional support packages for children and young people with complex/high support needs focusing on families experiencing substantial levels of support need, but who do not require a high-cost long term placement. At end of December 2020, a total of 86 new emergency places were developed across the 9 CHOs at a cost of €14.5 million. A further 857 intensive home support packages were put in place at a cost of €7.5m.

RT Places

There were 2,132 people (all disabilities) in receipt of Rehabilitative Training in December 2020 which is -6.9% (158) less than the 2,290 profiled target (DIS14). New trainees would normally commence in November/December, however, new trainees were slower to start this year due to the COVID-19 pandemic.

* Data return rate 100%

Disability Act Compliance

Activity for Quarter 4 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 4,797 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations). The increase in activity in Q4 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.

Congregated Settings

A total of 75 people transitioned from congregated settings to homes in the Community 2020. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, there are now less than 2,000 people remaining in congregated settings.

The target for de-congregation for 2020 was set at 132. However, preliminary indications are that many transitions targeted could not be progressed without additional on-going revenue funding.

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.

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 the activity going forward.

NSP 2020 provides for 18.9m home support hours to be delivered to 53,475 people (by year-end) inclusive of 770,000 hours/2,210 home support packages funded under the Winter Initiative 2019/2020, and 230,000 hours relating to the Home Support Pilot Scheme to commence Q2 2020 plus Intensive Home Care Packages delivered to approximately 235 people with approximately 360,000 hours delivered in the full year. The additional hours over the level provided in 2019 (17.9m hours) relates to additional activity funded during 2019 to support service pressures during the winter months, additional hours being phased in over Q1 and Q4 2020 plus 230,000 hours relating to the pilot Home Support Scheme that was scheduled to commence in Q2.

At the end of December, it was expected that the Home Support Service would deliver 18,670,000 hours. The data reported indicates that 17,554,880 hours were provided, a variance of -6% (OP53) with 52,853 people in receipt of home support (OP54) and 149 people in receipt of an Intensive Home Care Package (OP4). The Home Support Pilot that was scheduled in Q2 did not progress in the main due to COVID-19 and the diversion of resources in response to the Pandemic. Planning is now underway in conjunction with the Department of Health for the rollout of the pilot in Q1 2021.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists for the end of December indicates that 2,418 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 in 2020 – this has been as a result of a number of factors including validation of waiting lists and availability of funding to address those waiting. Further funding to provide an additional 5m hours in 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 December 2020, the Nursing Homes Support Scheme funded 22,755 long-term public and private residential places, and when adjusted for clients, not in payment, there were 23,789 places supported under the scheme. The number of people funded under the scheme is below the profile for December 24,379.

There is a decrease of 874 in the number of people supported under the scheme when compared to the same period last year. This is a 3.7% decrease in activity year on year.

The number on the placement list at the end of December 2020 is 164 (December 2019 – 463). This is a decrease of 299 (64.6%) on the same period last year.

A total of 8,018 people were approved for funding under the scheme in the twelve months of 2020 compared to 8,508 people approved for the same period last year. This is a decrease of 490 approvals or 5.8% year on year.

In the twelve months of 2020, 8,975 applications were received and 7,911 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 585 or 6.9% in the number of starters supported under the scheme when compared to 2019. 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 2020.

Social Inclusion

Homeless Service

88.3% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2020 against a target of 80% (SI52)

* Data return rate 93.3%

Population Health & Wellbeing

MECC

MECC eLearning has been available throughout 2020 with improved access and minimal navigation issues for online participants. 1,505 staff completed the eLearning in 2020 despite the Covid challenge (HWB94). Face to face workshops were cancelled from 10th March and have not resumed. The MECC programme is exploring other options of delivering the skills workshop e.g. an online platform, Communication to the wider system to promote eLearning commenced week of July 20th. Commencement of the HRB Applied Partnership Award entitled Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC is delayed to Q2 2021.

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, 5,274 smokers received intensive cessation support from a cessation counsellor in Q2 2020, which is -29.7% below the quarterly target of 7,499 smokers (HWB27). Two out of the nine CHOs achieved or exceeded their target YTD with the best performers being CHO1 (+18.6%) and CHO 5 (+87.6%). In contrast, the performance outliers are CHO 3 (-94.7%), UL Hospital Group (-86%), CHO 2 (-67.5%), CHO 7 (-79%) and Saolta Hospital Group (-75.8%). 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. The Tobacco Free Ireland (TFI) programme continues to engage with Hospital Groups and CHOs in relation to smoking cessation support.

% 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 (i.e. Q3 2020 is reported in Q4 2020). Nationally, 50.9% of smokers remained quit at four weeks YTD September 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 (i.e. September uptake rate) is 93.9% against a target of 95% (-1.2%) (HWB4).

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 & Safety	Serious Incidents														
	Review completed within 125 calendar days	M	80%	24% [R]	-70%								34%	23%	36%
	Service User Experience (Q3)														
	Complaints investigated within 30 working days	Q	75%	76% [G]	1.3%	87% [G]	90% [G]	87% [G]	79% [G]	62% [R]	51% [R]	38% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	<0.9	1.2 [R]	36%	1.3 [R]	2.0 [R]	0.4 [G]	2.0 [R]	0.9 [G]	1.0 [A]	1.4 [R]	0.7	0.9	1.2
	C Difficile (per 10,000 bed days)	M	<2	2.2 [R]	10.9%	0.0 [G]	2.4 [R]	1.8 [G]	1.8 [G]	3.2 [R]	1.7 [G]	3.2 [R]	2.2	2.0	2.2
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	83% [R]	-17%	100% [G]	100% [G]	81.8% [R]	100% [G]	83.3% [R]	50% [R]	100% [G]	76.6%	85.1%	83%
	Surgery														
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	75% [R]	-11.7%		76.9% [A]	90.9% [G]	77.8% [A]	79.8% [A]	64.7% [R]	66% [R]	76.8%	77%	70.8%
	Surgical re-admissions within 30 days of discharge	M-1M	≤2%	2.1% [G]	5%		3.1% [R]	1.6% [G]	2.1% [G]	2% [G]	2.1% [G]	2.4% [R]	1.9%	1.8%	1.8%
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	43.6% [R]	-27.3%		55.1% [A]	48.8% [R]	45.4% [R]	27.1% [R]	48.8% [R]	2.6% [R]	36.4%	45.5%	40.4%
	Procedure conducted on day of admission (DOSa) (site specific targets)	M-1M	82%	73.8% [A]	-10%		54.5% [R]	86.6% [G]	68.2% [R]	64.6% [R]	76.7% [A]	81.6% [R]	75.8%	75.8%	77%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.7% [A]	5.4%		11.3% [G]	11.8% [A]	10.5% [G]	12.5% [R]	12.1% [A]	11.5% [G]	11.1%	10.6%	10.6%
	Ambulance Turnaround														
	Ambulance turnaround < 30 minutes	M	80%	36.4% [R]	-54.5%	63.6%	45.8%	36.4%	47.8%	20.8%	23.7%	45.8%	36.2%	36.7%	31.6%
	% of ambulance turnaround delays escalated – 30 minutes	M	80%	82.2% [G]	2.7%								83.5%	89%	80.9%
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	6,475 [R]		3 [R]	506 [R]	740 [R]	624 [R]	2320 [R]	778 [R]	1504 [R]	679	509	365

		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 & Integration	Routine Colonoscopy⁴														
	Waiting < 13 weeks for routine colonoscopy or OGD	M	65%	38.3% [R]	-41%	26.9% [R]	28.4% [R]	42.2% [R]	99.1% [G]	32.9% [R]	50.3% [R]	24.6% [R]	37.1%	39.2%	38.3%
	Emergency Department Patient Experience Time														
	ED within 24 hours (Zero Tolerance)	M	97%	98% [G]	1%	99.9% [G]	97.8% [G]	98.2% [G]	98.9% [G]	98.7% [G]	96.8% [R]	94.4% [R]	97.7%	98%	98.1%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	95.3% [R]	-3.7%		96.1% [R]	96.4% [R]	97% [R]	97.4% [R]	92% [R]	87.5% [R]	95.3%	95.4%	96.1%
	ED within 6 hours	M	65%	69.3% [G]	6.6%	90.7% [G]	60.1% [A]	74% [G]	59.9% [A]	73.3% [G]	66.6% [G]	70.5% [G]	68.8%	69.2%	66.5%
	Waiting times														
	Adult waiting <15 months (inpatient)	M	85%	76.9% [A]	-9.5%		69.9% [R]	81.4% [G]	96.4% [G]	64.5% [R]	76.2% [R]	83.1% [G]	76.7%	76.9%	76.9%
	Adult waiting <15 months (day case)	M	95%	85.4% [R]	-10.1%		81.3% [R]	89.6% [A]	98.5% [G]	81.1% [R]	83.5% [R]	84% [R]	86.2%	85.8%	85.4%
	Children waiting <15 months (inpatient)	M	95%	79.6% [R]	-16.2%	76.7% [R]	100% [G]	97.6% [G]	98.5% [G]	75.4% [R]	95.1% [G]	80.4% [R]	82%	80.1%	79.6%
	Children waiting <15 months (day case)	M	90%	81.4% [A]	-9.6%	80.8% [R]	96.8% [G]	84% [A]	93.2% [G]	77.6% [R]	89.8% [G]	74.4% [R]	81.4%	81.4%	81.4%
	Outpatient < 52 weeks	M	80%	57.8% [R]	-27.8%	51.7% [R]	55.8% [R]	61.1% [R]	81.7% [G]	57.3% [R]	53.5% [R]	46.3% [R]	58.4%	57.9%	57.8%
	Delayed Transfers of Care⁵														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤550	363 [G]	-34%	6	93	84	42	34	84	13	402	378	363
	Number of acute bed days lost through Delayed Transfers of Care (site specific targets)	M	≤200,750	167,158 [G]	-16.7%	1,694	45,776	36,581	29,299	14,714	31,702	5,040	14,538	13,827	13,435
	Cancer														
	Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	70.3% [R]	-26%		36.2% [R]	78.4% [R]	99.5% [G]	75.3% [R]	56.6% [R]	77.4% [R]	65.5%	69.6%	69.6%
	Urgent Breast Cancer within 2 weeks	M	95%	70.4% [R]	-25.9%		21.3% [R]	74.2% [R]	99.4% [G]	82.8% [R]	59.1% [R]	88% [A]	64%	67.8%	69%

⁴ Please note that % Routine GI scope KPI includes all GI scopes and not just those that are routine

⁵ 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
	Non-urgent breast within 12 weeks	M	95%	57.6% [R]	-39.4%		20.5% [R]	77.4% [R]	82.2% [R]	47.7% [R]	52.6% [R]	22.2% [R]	46.2%	52.6%	62.4%
	Lung Cancer within 10 working days	M	95%	86.8% [A]	-8.6%		97.4% [G]	99% [G]	100% [G]	89.5% [A]	76.5% [R]	63.4% [R]	85.1%	87.3%	92%
	Prostate Cancer within 20 working days	M	90%	51.8% [R]	-42.4%		43.5% [R]	90.3% [G]	100% [G]	17.9% [R]	27.8% [R]	40.5% [R]	57.5%	62.5%	48%
	Radiotherapy treatment within 15 working days	M	90%	82.2% [A]	-8.7%		79.6% [R]			85.5% [G]	80.6% [R]	94.3% [G]	77.2%	74.1%	77.7%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	79.5% [G]	-0.6%								75.5%	79%	76.3%
	Delta within 18 minutes, 59 seconds	M	70%	54% [R]	-22.9%								55.2%	57.1%	47.4%
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan														
	Net expenditure (pay + non-pay - income)	M	<0.1%	6,358,167	0.10% [G]	-0.11% [G]	0.46% [A]	0.83% [R]	0.39% [A]	-0.13% [G]	0.18% [A]	0.15% [A]	9.13%	9.48%	-0.10%
	Gross expenditure (pay and non-pay)	M	<0.1%	7,103,104	-0.01% [G]	-0.05% [G]	0.51% [A]	0.86% [R]	0.26% [A]	-0.97% [G]	0.16% [A]	0.07% [G]	5.96%	6.35%	-0.01%
	Non-pay expenditure	M	<0.1%	2,272,587	-0.07% [G]	0.02% [G]	0.36% [A]	-1.85% [G]	1.56% [R]	-3.37% [G]	1.67% [R]	-0.24% [G]	10.10%	10.96%	-0.07%
	Service Arrangements (31.12.20)														
	Monetary value signed	M	100%	98.72%	-1.28%								96.18%	98.72%	98.72%
Workforce	Internal Audit														
	Recommendations implemented within 12 months (2019)	M	95%	67% [R]	-29.5%								79%	81%	67%
	Funded Workforce Plan														
	Pay expenditure variance from plan	M	<0.1%	4,830,517	0.02% [G]	-0.08% [G]	0.59% [A]	2.13% [R]	-0.29% [G]	0.17% [A]	-0.58% [G]	0.23% [A]	4.17%	4.35%	0.02%
	Attendance Management														
	% absence rates by staff category (overall)	M	≤3.5%	6.07% [R]	73.43%	5.65% [R]	6.44% [R]	5.60% [R]	6.29% [R]	5.61% [R]	5.46% [R]	8.32% [R]	5.59%	6.08%	5.78%
	European Working Time Directive (EWTB) Compliance														
	< 48 hour working week	M	95%	85.2% [R]	-10.3%	91.2% [G]	81.5% [R]	78% [R]	80.8% [R]	95.4% [G]	91.8% [G]	83.3% [R]	85.3%	86.3%	85.2%

Acute Hospital Services

Overview of Key Acute Hospital Activity

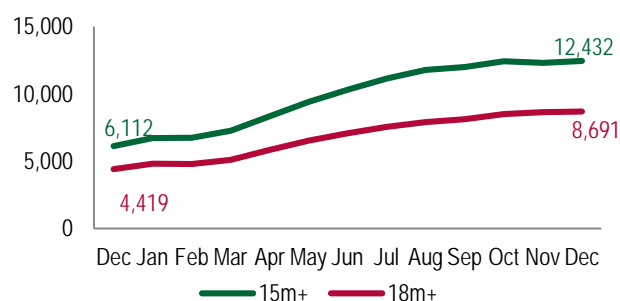
Activity Area	Expected Activity YTD	Result YTD Dec 2020	% Var YTD	Result YTD Dec 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,547,713	1,278,283	-17.4%	1,506,436	-15.1%	106,700	105,023	106,529
New ED Attendances	1,283,401	1,063,824	-17.1%	1,251,506	-15%	88,955	87,628	89,091
OPD Attendances	3,318,610	2,992,006	-9.8%	3,354,919	-10.8%	268,767	288,986	243,993

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Nov 2020	% Var YTD	Result YTD Nov 2019	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	591,554	514,522	-13%	582,057	-11.6%	49,773	49,086	46,909
Inpatient weight units	583,340	525,829	-9.9%	585,316	-10.2%	49,876	49,772	46,853
Day case (includes dialysis)	1,061,251	841,658	-20.7%	1,023,335	-17.8%	86,208	86,095	84,130
Day case weight units (includes dialysis)	992,000	800,032	-19.4%	1,006,789	-20.5%	84,335	82,784	80,150
IP & DC Discharges	1,652,805	1,356,180	-17.9%	1,605,392	-15.5%	135,981	135,181	131,039
% IP	35.8%	37.9%	+6%	36.3%	+4.6%	36.6%	36.3%	35.8%
% DC	64.2%	62.1%	-3.3%	63.7%	-2.6%	63.4%	63.7%	64.2%
Emergency IP discharges	407,071	360,984	-11.3%	400,554	-9.9%	34,291	33,791	32,219
Elective IP discharges	84,783	64,832	-23.5%	82,530	-21.4%	7,402	7,241	7,682
Maternity IP discharges	99,700	88,706	-11%	98,973	-10.4%	8,080	8,054	7,008
Inpatient discharges >75 years	116,275	105,356	-9.4%	114,875	-8.3%	9,998	9,879	8,979
Day case discharges >75 years	194,313	157,642	-18.9%	188,526	-16.4%	16,190	16,203	15,625

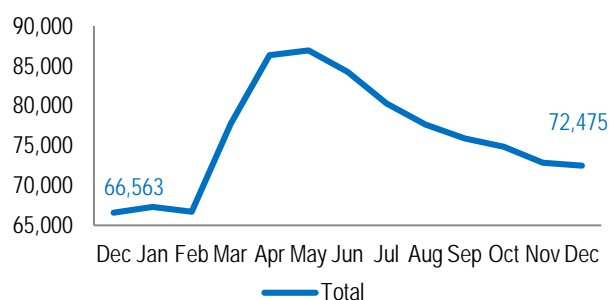
Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	85%	M	● 76.9%	86%	-9.1%	76.7%	76.9%	76.9%	16 out of 37 hospitals reached target	PUH (52.9%), GUH (55.6%), CUMH (57.9%)
Day case adult waiting list within 15 months	95%	M	● 85.4%	93.3%	-7.9%	86.2%	85.8%	85.4%	18 out of 41 hospitals reached target	MUH (72.1%), SLK (72.4%), UHW (75.1%)
Inpatient children waiting list within 15 months	95%	M	● 79.6%	91.9%	-12.3%	82%	80.1%	79.6%	9 out of 18 hospitals reached target	Mercy (50%), LUH (70.6%), Sligo (71.3%)
Day case children waiting list within 15 months	90%	M	● 81.4%	85.4%	-4%	81.4%	81.4%	81.4%	19 out of 28 hospitals reached target	UHL (71.5%), GUH (71.6%), UHW (77.7%)
Outpatient waiting list within 52 weeks	80%	M	● 57.8%	68.9%	-11.2%	58.4%	57.9%	57.8%	7 out of 43 hospitals reached target	Croom (42.3%), RVEEH (43.2%), UHW (45.3%)

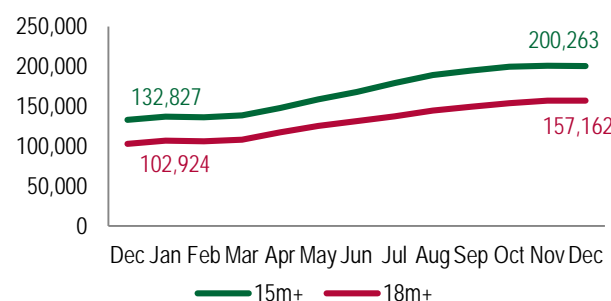
Inpatient & Day Case Waiting List



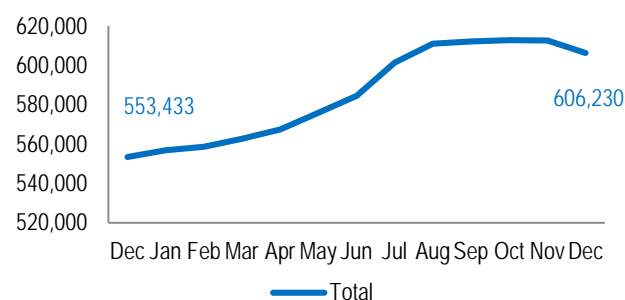
Inpatient & Day Case Waiting



Outpatient Waiting List



Outpatient Waiting List Total



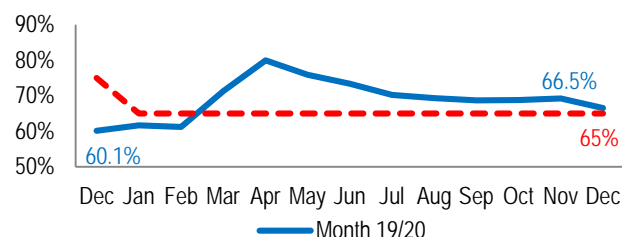
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	17,698	17,459	+239	5,783	4,087
Adult DC	47,226	42,243	+4,983	10,426	6,878
Adult IPDC	64,924	59,702	+5,222	16,209	10,965
Child IP	3,422	2,765	+657	1,146	699
Child DC	4,129	4,096	+33	1,206	768
Child IPDC	7,551	6,861	+690	2,352	1,467
OPD	606,230	553,433	+52,797	255,994	200,263

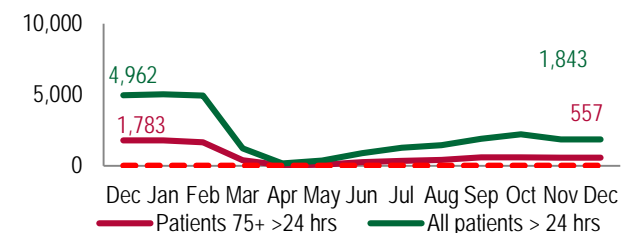
ED Performance

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	65%	M	● 69.3%	62.7%	+6.6%	68.8%	69.2%	66.5%	17 out of 28 hospitals achieved target	Tallaght – Adults (37.4%), Naas (47.3%), Beaumont (53.4%)
% in ED < 24 hours	97%	M	● 98%	96.1%	+1.9%	97.7%	98%	98.1%	21 out of 28 hospitals achieved target	GUH (93.3%), UHL, Mullingar (93.7%), Mercy (95%)
% 75 years within 24 hours	99%	M	● 95.3%	90.2%	+5.1%	95.3%	95.4%	96.1%	14 out of 27 hospitals achieved target	Mullingar (86.4%), UHL (86.8%), GUH (87.3%)

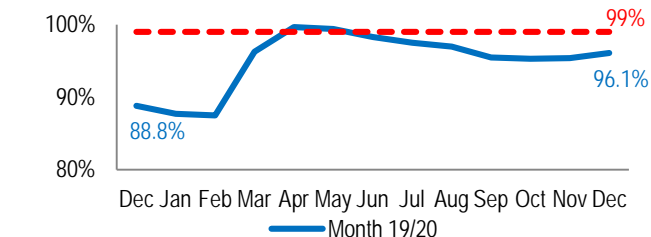
% patients admitted or discharged within 6 hours



ED over 24 hours



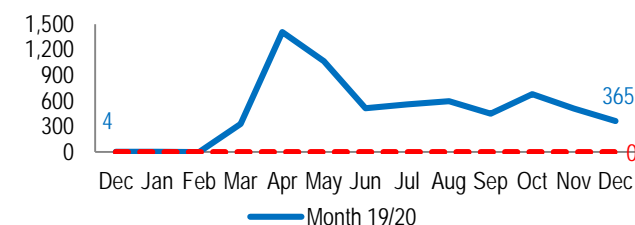
% 75 years old or older admitted or discharged



Colonoscopy

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	● 6,475	209	+6,266	679	509	365	28 out of 38 hospitals achieved target	LUH (151), MUH (75), St. John's (44)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M	224	577	-353	17	39	24	10 out of 13 hospitals have 0	SUH (12), Wexford (7), SJH (4)
Routine Colonoscopy and OGD <13 weeks	65%	M	● 38.3%	55.4%	-17.1%	37.1%	39.2%	38.3%	10 out of 37 hospitals achieved target	UHL (17.5%), MUH (21.9%), Naas (23.5%)

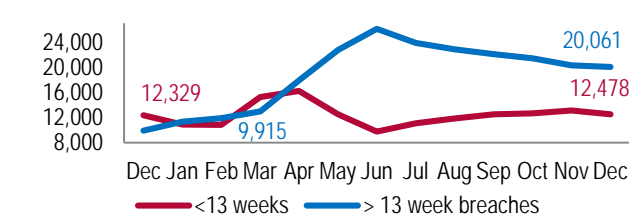
Urgent Colonoscopy - number of new people waiting



BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	177	228	198
Number scheduled over 20 working days	17	39	24

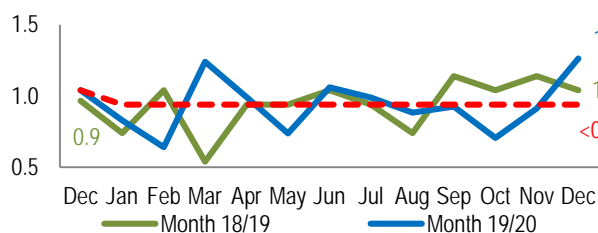
Number on waiting list for GI Scopes



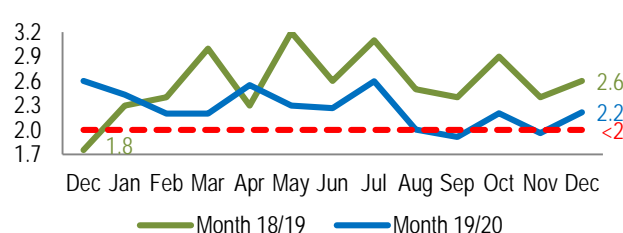
HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.9	M	●	1.2	1.0	+0.2	0.7	0.9	1.2	31 out of 45 hospitals achieved target
Rate of new cases of C Difficile infection	<2	M	●	2.2	2.6	-0.4	2.2	2.0	2.2	29 out of 45 hospitals achieved target
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	83%	74.5%	+8.5%	76.6%	85.1%	83%	39 out of 47 hospitals achieved target
										4 hospitals didn't achieve the target. 4 with data outstanding.

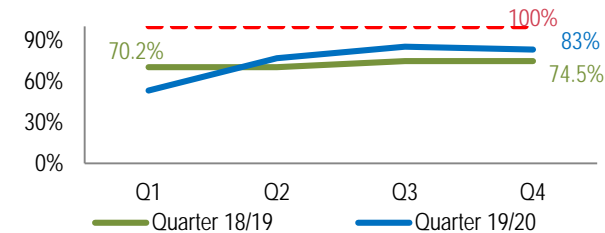
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



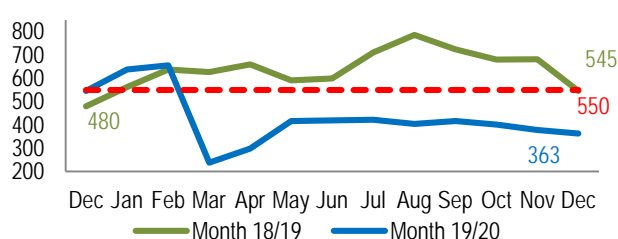
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤550	M	●	363	545	-182	402	378	363	5 hospitals at 1 or under
										SJH (47), CUH (38), OLOL (25)

Delayed Transfers of Care



Delayed Transfers of Care by Category

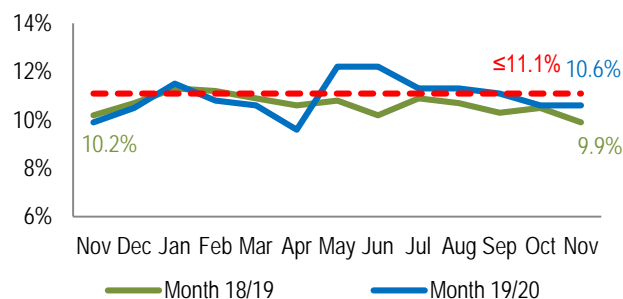
	Over 65	Under 65	Total	Total %
Home	57	18	75	20.7%
Residential Care	142	12	154	42.4%
Rehab	12	7	19	5.2%
Complex Needs	27	15	42	11.6%
Housing/Homeless	11	10	21	5.8%

	Over 65	Under 65	Total	Total %
Legal complexity	20	5	25	6.9%
Non compliance	9	0	9	2.5%
COVID-19	18	0	18	5%
Total	296	67	363	100%

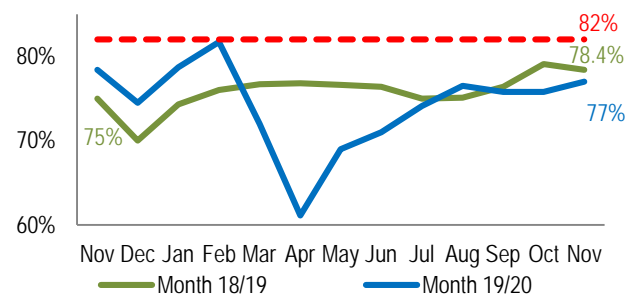
Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.7%	11.4%	+0.3%	11.1%	10.6%	10.6%	23 out of 34 hospitals achieved target	Ennis (16.2%), Wexford (14.6%), LUH (14.4%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	● 73.8%	75.4%	-1.6%	75.8%	75.8%	77%	14 out of 32 hospitals achieved target	Croom (30%), SJH (19.9%), Sth Tipperary (55.4%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 43.6%	43.7%	-0.1%	36.4%	45.5%	40.4%	10 out of 29 hospitals achieved target	8 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 2.1%	2%	+0.1%	1.9%	1.8%	1.8%	20 out of 38 hospitals achieved target	Wexford (6%), Portlaoise (4.7%), SLK (3.7%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 75%	76.7%	-1.7%	76.8%	77%	70.8%	3 out of 16 hospitals achieved target	GUH (42.9%), CUH (46.7%), LUH (56.3%)

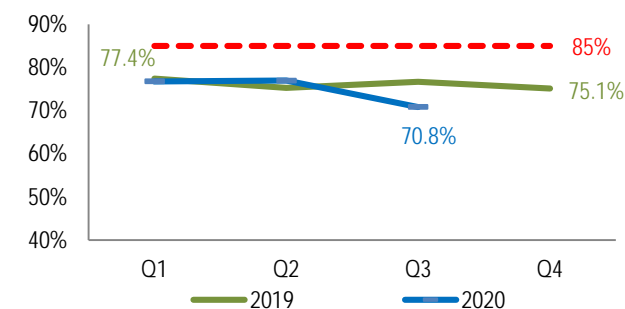
Emergency re-admissions within 30 days



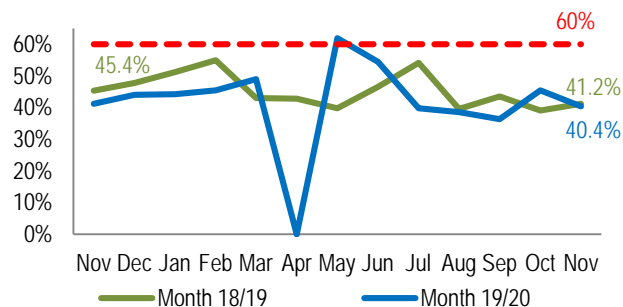
Procedure conducted on day of admissions



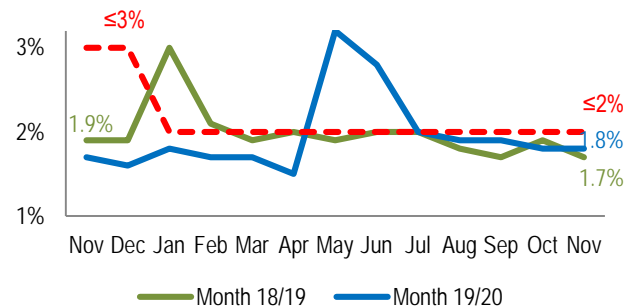
Hip fracture surgery within 48 hours



Laparoscopic Cholecystectomy day case rate



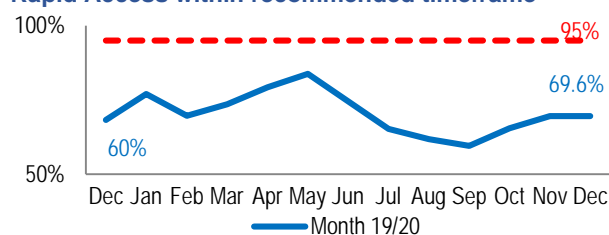
Surgical re-admissions within 30 days



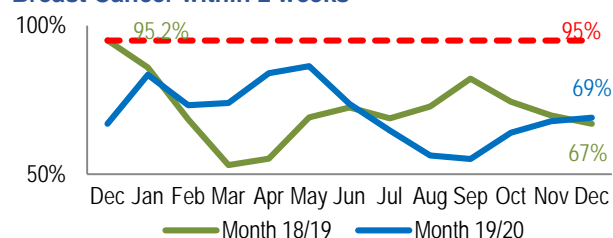
Cancer Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	●	70.3%	71.7%	-1.4%	65.5%	69.6%	69.6%	Beaumont & LUH (100%), SVUH (98.3%)	SJH (23.8%), MMUH (38.4%), GUH (43.4%).
Urgent breast cancer within 2 weeks	95%	M	●	70.4%	69.9%	+0.5%	64%	67.8%	69%	Beaumont, LUH & UHL (100%), UHW (98.6%)	SJH (15.6%), MMUH (30.7%), CUH (75%), GUH outstanding
Non-urgent breast within 12 weeks	95%	M	●	57.6%	70.6%	-13%	46.2%	52.6%	62.4%	MMUH (96%), Beaumont (95.3%)	UHL (13.9%), SJH (14%), SVUH (53.4%), GUH outstanding
Lung Cancer within 10 working days	95%	M	●	86.8%	86.7%	+0.1%	85.1%	87.3%	92%	Beaumont, SVUH & SJH (100%)	CUH (70%), UHL (81.5%), UHW (95.2%)
Prostate cancer within 20 working days	90%	M	●	51.8%	67%	-15.2%	57.5%	62.5%	48%	SVUH & Beaumont (100%)	GUH (4.3%), SJH (8%), CUH (11.5%), MMUH outstanding
Radiotherapy within 15 working days	90%	M	●	82.2%	84.3%	-2.1%	77.2%	74.1%	77.7%	UHW (100%)	SLRON (73.5%), GUH (81.4%), UHL (82.6%) Altnagelvin & CUH outstanding

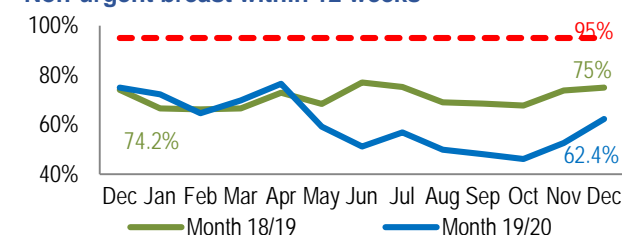
Rapid Access within recommended timeframe



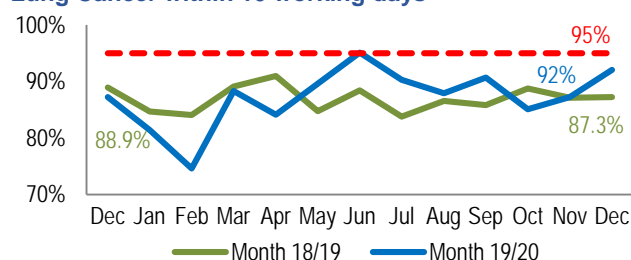
Breast Cancer within 2 weeks



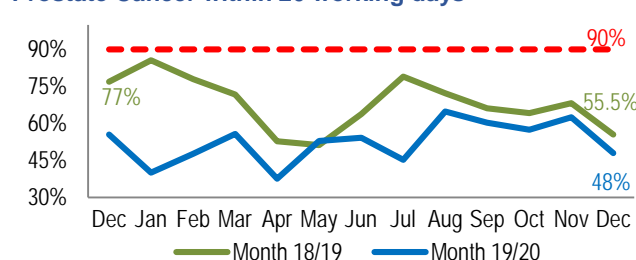
Non-urgent breast within 12 weeks



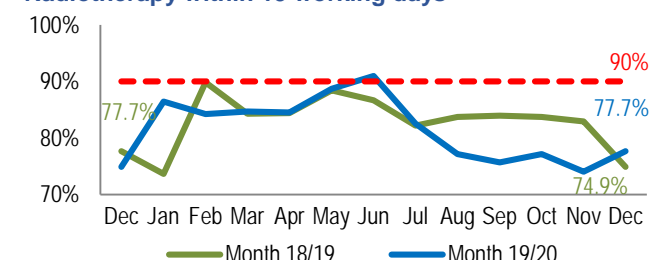
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



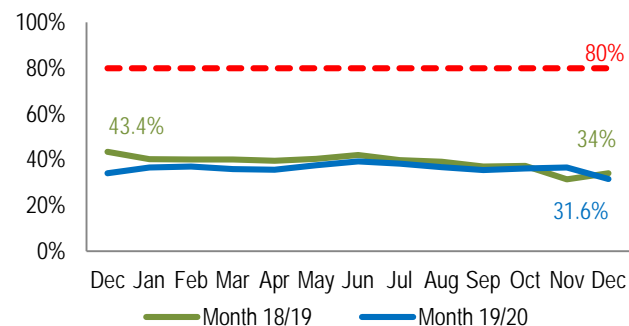
Radiotherapy within 15 working days



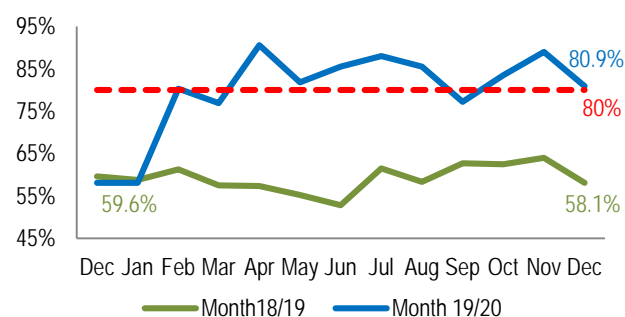
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of ambulances that have a time interval \leq 30 minutes	80%	M	● 36.4%	38.4%	-2%	36.2%	36.7%	31.6%	CHI (75.4%), NMH (67.4%), Coombe (63.2%)	SUH (11.1%), UHK (11.2%), MUH (11.7%)
Ambulance Turnaround % delays escalated within 30 minutes	80%	M	● 82.2%	59.2%	+23%	83.5%	89%	80.9%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	● 97.2%	97.8%	-0.6%	96.8%	98.1%	96.8%		

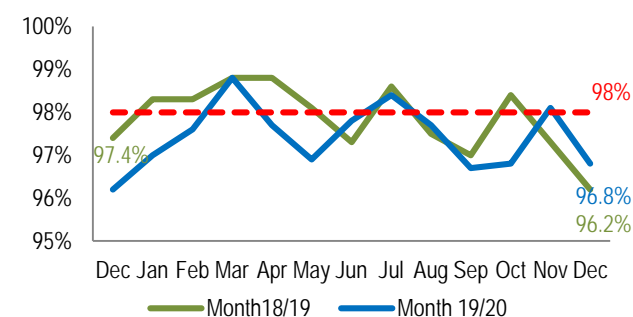
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



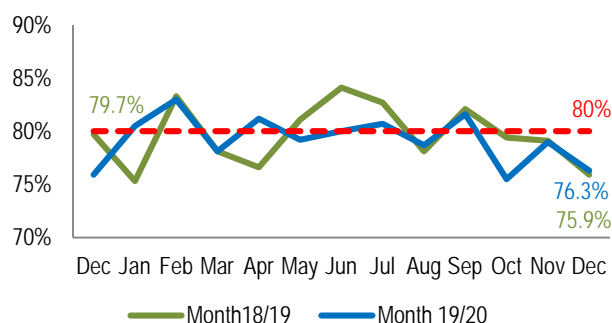
Delays Escalated - within 60 minutes



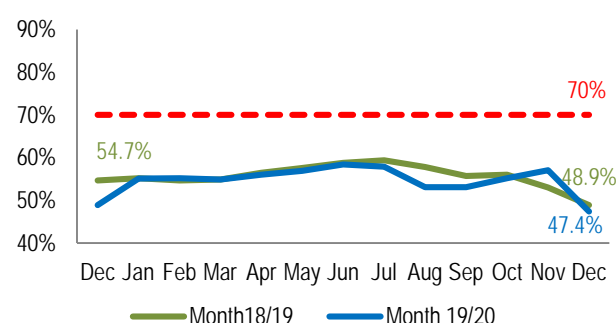
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	80%	M	● 79.5%	79.5%	0%	75.5%	79.0%	76.3%	North Leinster 81.9%,	Dublin Fire Brigade (77.8%), West (75.4%), South (66.7%)
Response Times – DELTA	70%	M	● 54%	55.6%	-1.6%	55.2%	57.1%	47.4%		Dublin Fire Brigade (30.7%), South (48.5%), North Leinster (54.8%), West (55.9%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q	● 42.7%	42.4%	+0.3%	47.9%	39.4%	40.5%		

Response Times – ECHO



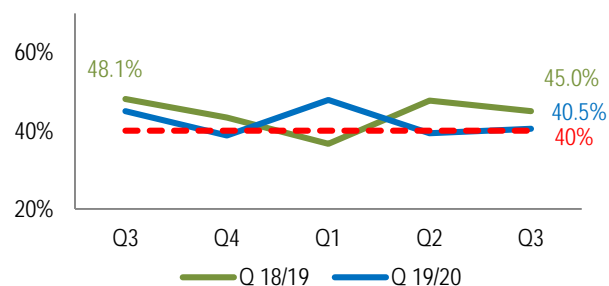
Response Times – DELTA



Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	4,940	5,088	3.0%	4,965	123
DELTA	130,000	110,050	-15.3%	132,775	-22,725

ROSC



Acute Hospital Services Update

Emergency Department (ED) Performance

- There were 1,278,283 emergency presentations year to date December 2020. This is a decrease of 15.1% on emergency presentations for the corresponding period in 2019 and behind the target of 1,547,713 by 17.4%. There were 106,529 emergency presentations in December 2020 which was a decrease of 17.4% (22,439) on the same month last year.
- New Emergency Department Attendances year to date December 2020 are 17.1% (219,577) behind target and a reduction of 15.0% (187,682) when compared with the same period last year 2019. There were 89,091 new ED attendances in the month of December 2020 which was 1.7% (1,463) higher than November 2020 and a decrease of 17.5% when compared with the same period last year. The trend in ED attendances is affected by the Pandemic and reductions in attendances appear to closely align with the implementation of Level 5 lockdown measures.
- The number of admissions from ED year to date December 2020 was 315,839 which was a decrease of 10.5% (36,316) on the same period in 2019. There were 27,359 admissions in December 2020 which was down 11.1% on December 2019.
- Of the patients who attend ED, 27.5% were admitted year to date December, up from 25.8% for the same period last year. Of note 54.7% of patients aged over 75 years, who attended ED were admitted. This is an increase from 53.3% year to date December 2019. The impact of COVID is a clear factor in this trend.
- 98.1% of all patients attending ED were seen within 24 hours in December 2020. This compares with 95.8% in 2019. 21 of the 28 Emergency Departments exceeded the ED PET less than 24 hours target of 97%. This compares with 14 compliant EDs in December 2019
- ED PET less than 24 hours for patients aged 75+ was 96.1% in December; an increase from 95.4% in November. This compares with 88.8% in December 2019.
- 46.8% of patients over 75 were discharged or admitted within 6 hours in December 2020, a slight decrease from 48.9% in November. This compares with 36.4 % in December 2019

- 67.6% of patients over 75 were discharged or admitted within 9 hours in December 2020, a decrease from 69.5% in November. This compares with 53.8 % in 2019
- NTPF were supporting up to 200 additional and or upgraded from day case acute and sub-acute beds to support winter pressures. This support has continued throughout 2020 with funding committed to the 31 December 2020. These beds are being funded on a permanent basis through the Estimates in 2021
- In 2020, 426 beds were opened through COVID funding. These beds are now funded permanently through the 2021 Estimates. In addition, we opened 344 additional beds in Quarter 4 2020 as part of our Winter Planning process. These beds will remain open in 2021
- Average Acute Bed occupancy in December was 80.2%, this is a decrease of 1.4% from 82.5% in November; this 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 surge in the Pandemic. In December 2019, the comparable occupancy figure was 93.5% occupancy
- The average number of closed beds due to infection or other reasons was in December 2020 was 249. The comparable figure in 2019 was 45. 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 December was 552 (Source HSE SDU)

Delayed Transfers of Care (DTC)

There were 363 Delayed Transfer of Care at the end of December 2020 which is a decrease of 33.4% on the same month last year. This included 75 patients waiting to go home and 154 waiting on long term residential care. The DTC categories increased from 3 to 8 from 1st July 2020. These are listed in Table 1 below:

Table 1: Number of Delayed Transfer of Care

Delayed Transfer of Care Categories:	End December 2020
Home	75
Residential Care	154
Rehab	19
Complex Needs	42
Housing/Homeless	21
Legal complexity	25
Non compliance	9
COVID-19	18
Total	363

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

Following NPHET guidance from 27th March to 5th May which restricted all non-urgent elective surgery, there was a significant reduction in all scheduled care activity (including NTPF activity) across all Acute Services including outpatient clinics, inpatient and day case procedures.

The reduction in activity was to ensure patient safety and that appropriate resources, both physical and human, were prioritised to support COVID-19 related activity and urgent care. It should be noted that time-critical essential work continued throughout the public system in line with national and relevant WHO advice.

The arrangement with the private hospitals during the period April to June 2020 also focused on complex time dependent surgery including the delivery of cancer surgery and treatments and cardio thoracic services. This arrangement enabled the separation of COVID and non COVID activities during the period of surge-

Since 5th May, there was a phased re-introduction of elective activity in line with national / international clinical guidance. The throughput in theatres however remains lower because of necessary additional infection control measures including patient screening, PPE measures and additional cleaning of theatres and

equipment. It has also been necessary to curtail non –urgent elective activity in response to COVID outbreaks and increased community transmission in December 2020

In December 2020, a Safety Net II Agreement has been negotiated and agreed with legal entities that control 18 of the main private hospital sites in the country. The intent is that private hospitals will predominantly be utilised for the provision of unscheduled, urgent and time critical care to NON-COVID patients. The SLA also provides for COVID positive patients to be cared for in private hospitals in exceptional circumstances. Patients will be seen from January 2021 under this arrangement.

Day Case Discharges (including dialysis)

- The number of day case procedures year to date November 2020 was 841,658 versus 1,023,335 the same period in 2019 that is, a decrease of 181,677 (17.8%) cases.
- The number of day case procedures undertaken year to date November 2020 was 20.7% behind the target of 1,061,251 cases for this period.
- Activity in the month of November 2020 was 84,130 and was 11,456 (12.0%) lower than November 2019.
- The decrease in activity relates to additional infection control measures, which are impacting the throughput of patients through each bed and theatre access.

Inpatient Discharges

- The number of inpatient discharges was 514,522 year to date November 2020 versus 582,057 for the corresponding period in 2019, that is, a decrease of 67,535 (11.6%) cases.
- Inpatient discharges year to date November 2020 were 13.0% lower than the target of 591,554.
- Activity in November 2020 was 46,909 and is 6,353 (11.9%) lower than November 2019

Elective Inpatient Discharges*

- There were 63,372 elective inpatient discharges (excluding the Dublin Maternity Hospitals) year to date November 2020 versus 81,264 for the corresponding period in 2019, that is, a decrease of 22% (excluding the Dublin Maternity Hospitals)
- Elective inpatient discharges were 23.7% lower than the year to date target of 83,006. The number of elective inpatient discharges in the month of November as reported was 7,054 which was a decrease of 9.5% on the same month last year (excluding the Dublin Maternity Hospitals)
- ***Note: Acute Operations has engaged with the Healthcare Pricing Office regarding timing of coding of data at the stand-alone maternity hospitals; this is being addressed by HPO with the hospitals.**

Emergency Inpatient Discharges

- There were 360,984 emergency inpatient discharges year to date November 2020 versus 400,554 for the corresponding period in 2019, that is, a decrease of 9.9%.
- Emergency inpatient discharges year to date November 2020 were 11.3% lower than the target of 407,071. The activity in November 2020 was 32,219 which was 11.5% lower than 2019
- The reduction in ED discharges in November 2020 is directly linked to the fall in ED attendances as a result of the Pandemic.

Maternity Inpatient Discharges

There were 88,706 maternity inpatient discharges year to date November 2020 and 98,973 for the corresponding period in 2019 which is a decrease of 10,267 (10.4%).

- Maternity inpatient discharges year to date were 11% less than the target of 99,700.
- Activity in November 2020 as reported was 7,008 which was 21.6% lower than November 2019. *See note at Elective Discharges relating to the time lag in the coding of data.*

Out Patient Department Attendances

- The number of new and return outpatient attendances was 2,992,006 year to date December 2020 versus 3,354,919 for the corresponding period in 2019, which is a decrease of 10.8%
- New and return outpatient attendances year to date were 9.8% lower than the target of 3,318,610.
- The number of new and return attendances for December 243,993 compared with December 2019 show an increase of 9,775 or 4.2%.
- Provisional data for December indicates a total of 43,573 virtual outpatient consultations took place.

Virtual Clinics

- Preliminary data indicates that a total of 657,415 virtual outpatient consultations have been taken place since March 2020 (when the reporting process commenced) details outlined in the table below. DNA rates remain low for virtual activity at less than 1%. *NOTE: GUH are undergoing ITC upgrade and as such virtual activity is not represented in this data for October, November or December. 8,000 patients were seen virtually in September in GUH*

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
All OPD attendances	193,853	231,768	267,646	247,705	292,408	268,767	288,986	243,993
Virtual OPD attendances	89,014	81,768	74,962	62,752	67,473	54,214	57,049	43,573

Waiting Lists

Inpatient/Day Case Waiting Lists

- The number waiting at the end of December 2020 shows a reduction for the seventh successive month since May 2020, when the number of people waiting reached a peak of 86,946. December figures show a reduction of 368 (0.5%) when compared with November 2020

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
IPDC WL	86,946	84,223	80,283	77,620	75,902	74,860	72,843	72,475
No. var. vs prev. month		-2,723	-3,940	-2,663	-1,718	-1,042	-2,017	-368
% var. vs prev. month		-3.1%	-4.7%	-3.3%	-2.2%	-1.4%	-2.7%	-0.5%

- The number of people waiting for an inpatient or day case appointment increased by 8.9% (5,912) patients) between December 2019 to 72,475 in December 2020.

A key issue for the remainder of 2020 and into 2021 is the on-going impact of COVID-19 and the likelihood of a sustained adverse impact on waiting lists over the coming months due to the occupancy and safe distance requirements and potential COVID related outbreaks or challenges associated with staff who have contracted COVID or are a close contact. The HSE will continue to provide services in particular to patients who require urgent and time critical access and in parallel with the private providers through its national procurement framework and with the NTPF to secure access to private hospital capacity to support the delivery of elective care.

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

Waiting times

- Adult Inpatients Waiting List Compliance was 76.9%, below target of 85%
- Adult Day Waiting List Compliance was 85.4%, below target of 95%
- Children's Inpatient Waiting List Compliance was 79.6%, below target of 95%
- Children's Day Case Waiting List Compliance was 81.4%, below target of 90%.

Routine Colonoscopy Waiting List

The National Service Plan (NSP) 2020 target is that 65% of adults on the inpatient waiting list will wait less than 13 weeks for a routine colonoscopy. By the end of December 38.3% of patients were waiting less than the target time of 13 weeks. The impact of COVID 19 was significant in terms of the requirement to curtail routine elective work particularly during periods of surge.

Volume of patients waiting

Total number of people waiting for a routine colonoscopy appointment at the end of December 2020 was 32,539 which is a decrease of 872 (2.6%) on November 2020 and a decrease of 3,339 (9.3%) when compared with a peak of 35,878 in June. The number waiting at the end of December 2019 was 22,244.

National Endoscopy Action Plan

The Action Plan for Endoscopy was first published in 2017. An updated 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 2020 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 57.8% in December 2020.

Volume of patients waiting

The total number of people waiting for an Outpatient appointment was 606,230 in December 2020 which is a reduction of 6,346 since the end of November 2020. The number waiting at the end of December 2020 shows an increase of 52,796 (9.5%) on December 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. There has been 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 did increase 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 limited application for seeing new patients, therefore although the activity increased the impact that it had on the waiting list was not as significant. This is evidenced by the new to return ratio which has in recent months stabilised at 1:2.7 in recent months however earlier in the year this reached 1:4.6 in 2019 it averaged 1.2.6.

A key issue to year end and into 2020 is the likelihood of a sustained adverse impact on waiting lists over the coming months, in particular in terms of new patient volumes, due to the occupancy and safe distance requirements arising from COVID with indications that throughput will be reduced by c. 12-15% with no further COVID impact, inclusive of virtual clinic activity

Since April, there has been a considerable increase in “virtual” outpatient activity. 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.

Preliminary OPD HSE activity for December was 243,993 which is below the average monthly activity for 2019 (280,000), however the figure is 9,775 above the numbers seen for December 2019.

According to BIU data, OPD referral numbers for 2020 stand at 179,147 less referrals than for 2019

The HSE is continues to examine other options for delivering OPD activity including the use of off-site locations.

NTPF/HSE Waiting List Validation

As at the end of December 2020 the total number of patients validated by Acute Hospitals in conjunction with the NTPF, for OPD and IPDC (including Routine Colonoscopy) is 196,245.

A total of 32,879 (circa 17%) patients have been removed from the waiting lists (29,479 from Outpatients and 3,400 from the IPDC/Routine Colonoscopy list)

Citywest

The Citywest Convention centre has a total area of 16,499 sq. m (177,000 sq. ft.) This is spread over 3 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

As the Convention centre is not an acute facility, it is not appropriate for patients with high acuity needs. Ideally the facility is best suited to outpatient and day services. As has been demonstrated by CHI, the centre has the capability to

service semi acute cases, e.g. services requiring input from anaesthesiology have worked well within this setting, on occasions when patients have had adverse reactions.

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)

By 31st December 2020 2,447 patients have been seen in the Citywest Campus with active initiatives including:

- Glaucoma Testing - IEHG,
- Mass immunisation for children of school going age-HPV /Tdap,
- Orthopaedic OPD - CHI,
- Rheumatology Virtual Clinic - DMHG,
- Coombe Obstetrics Clinic, Neurology Virtual OPD – DMHG

Initiatives that have been completed include:

- Ophthalmology - CHI.
- Food Challenges/ Day case procedures

Work is underway for further initiatives planned in 2021.

Access to Care Plan

In the 2021 Access to Care Plan, the HSE, in collaboration with the NTPF and private providers, seek 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.

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 December, 198 invitations issued of which 87.9% were scheduled within the target time of 20 days.

Cancer Services

Following the NPHET decision on curtailment of service, rapid access services continued to be provided but in some instances, it was necessary to reduce the volume of activity in accordance with clinical guidance.

In March and April, NCCP advised that there was a sharp reduction in the number of GP electronic referrals to the rapid access clinics. Referrals began to recover in May. While the NPHET guidance between March and May resulted in restriction of non-urgent elective work, rapid access cancer services continued to be provided. In some instances, it was necessary to reduce the volume of activity in accordance with clinical guidance.

NCCP has advised that data from the e-referrals system indicates that the number of electronic referrals received up to the end of December now matches those received in 2019 in the case of Symptomatic Breast and Rapid Access Lung Cancer services; the number of referrals to the Rapid Access Prostate Cancer services is slower to recover but is increasing none the less. However, clinics are still constrained in the number of slots that they can offer to these patients for safety reasons.

Symptomatic Breast Cancer Clinics

Five of the nine Symptomatic Breast Cancer Sites exceeded the National Service Plan 2020 target where 95% of patients were offered an appointment within 10 working days of receipt of referral in October 2020:

Five of the nine Symptomatic Breast Cancer Sites were compliant in December:

- Beaumont Hospital – 100.0%
- Letterkenny University Hospital – 100.0%
- University Hospital Limerick – 100.00%
- University Hospital Waterford – 98.6%
- St Vincent's Hospital – 97.7%

Three hospitals were below the target:

- Cork University Hospital – 75.0%
- Mater Misericordiae University Hospital – 30.7%
- St James's Hospital – 15.6%

December Data is unavailable for Galway University Hospital due to delays caused by the installation of new IT system;

Rapid Access Clinics for Lung Cancer Services

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

Five hospitals were compliant with the target of 95%: in December

- St James's Hospital – 100.0%
- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- Mater Misericordiae University Hospital – 96.7%
- University Hospital Waterford – 95.2%

One hospital was marginally behind target

- Galway University Hospital – 94.4%

Two hospitals were below the target of 10 days:

- University Hospital Limerick – 81.5%
- Cork University Hospital – 70.0%

Rapid Access Clinic for Prostate Cancer Services

Two hospitals were compliant with 90% target in December:

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

Five hospitals were below target of 20 days:

- University Hospital Limerick – 67.6%
- University Hospital Waterford – 31.6%
- Cork University Hospital – 11.5%
- Galway University Hospital – 4.3%
- St James's Hospital – 8.0%

December Data for Mater Hospital is outstanding. NCCP has advised that the compliance with the targets is acceptable for the Mater.

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

Radiotherapy

The target is that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat target. In December 2020 compliance was as follows:

- Waterford was 100% compliant with the NSP target
- MW Radiation Oncology Centre Limerick - 82.6%
- Galway - 81.4%
- St Luke's Network (SLRON) - 73.5% compliance.

December Data for Cork services was not available at the time of publication

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; an improvement plan was agreed with the Group and SJH and performance improved for a limited period. Following continued deterioration in performance 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. The hospital's performance has not improved since the plan was agreed at the end of 2019.

The NCCP has met with the Group and the hospital has undertaken a detailed review of the performance at SJH in conjunction with relevant clinical leads and the actions and interventions will be agreed arising from such review. The hospital remains in Level 3 escalation and the Performance Notice remains in place

Healthcare Associated Infections (HCAI)

There were 32 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 58 cases of Clostridium Difficile infection reported by hospitals in December.

It is important to acknowledge that national averages and uniform targets do not take full account of variation in the case mix of hospitals. Adjustments based on bed days therefore do not fully account for variations between hospitals. It is

important therefore to consider results for each Hospital Group and each hospital in the context of its own baseline and to consider that some month to month variation is to be expected.

There were 53 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in December. In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHE). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

National Ambulance Service

- Activity volume for AS1⁶ and AS2⁷ calls received this month has decreased by 1,606 calls (-5%) compared to the same month last year (December 2019)
- The daily average call rate for AS1 and AS2 calls received this month was 1037 (31 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 76% this month. This is an decrease of 3% compared to last month i.e. November 2020
- ECHO calls decreased by 2% (13) 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 47% this month.
- Nationally there was a 19% (2,719) decrease in DELTA call activity compared to the same month last year.
- 79% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.

⁶ AS1 – 112/ 999 emergency and urgent calls

⁷ AS2 - Urgent calls received from a general practitioner or other medical sources

- 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.
 - 32% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 34% of vehicles being released within 30 minutes or less last year (December 2019).
 - 83% 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 80% of vehicles being released within 60 minutes or less last year (December 2019).

Human Resources

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

In response to the Pandemic, significant funding was approved for the HSE to support its overall response. For hospitals, this included the opening of additional acute and critical care beds, recruitment of additional staff to support the delivery of COVID and non COVID pathways and the delivery of off-site solutions. The infection control requirements have also created significant additional demands on staffing.

Absence as a result of the Pandemic in terms of adhering to national guidelines on isolation and infection control is an ongoing challenge in terms of continuity of essential service provision. The absence in November was 5.8% of which 1.8% (31.7% of the total) was COVID related.

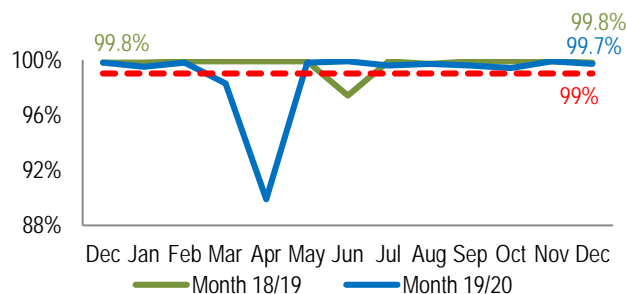
Based on the December WTE (Whole Time Equivalent) Report, Acute Hospitals including Ambulance Services reported 66,439 WTEs which represents a growth of 123 WTEs in the month. The growth reflects the opening of additional capacity in response to COVID.

National Services

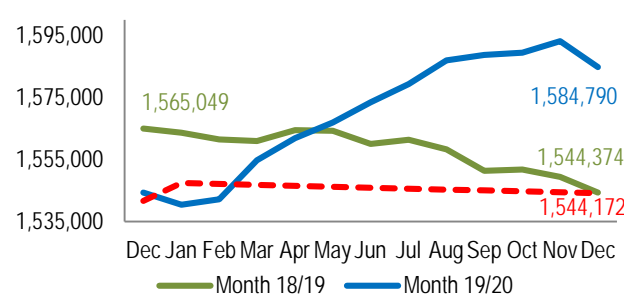
National Services

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	●	99.7%	99.8%	-0.1%	99.4%	99.9%	99.7%
Number of persons covered by Medical Cards	1, 544,172 YTD/ 1,544,172 FYT	M	●	1,584,790	1,544,374	+40,416	1,589,506	1,593,204	1,584,790
Number of persons covered by GP Visit Cards	546,604 YTD/ 546,604 FYT	M	●	529,842	524,494	+5,348	532,277	532,844	529,842
Number of initial tobacco sales to minors test purchase inspections carried out	384 YTD/ 384 FYT	Q	●	55	391	-336	13	0	0
Number of official food control planned, and planned surveillance inspections of food businesses	33,000 YTD/ 33,000 FYT	Q	●	20,182	31,108	-10,926	3,242	7,057	4,354

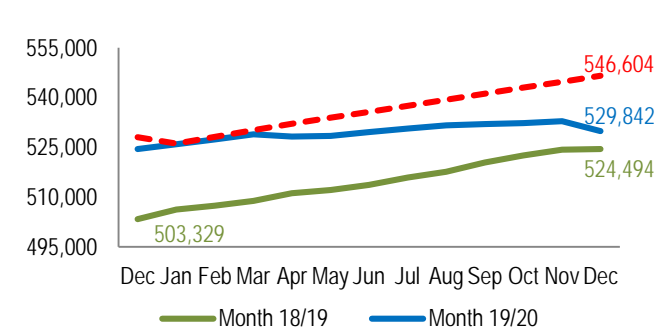
Medical card turnaround within 15 days



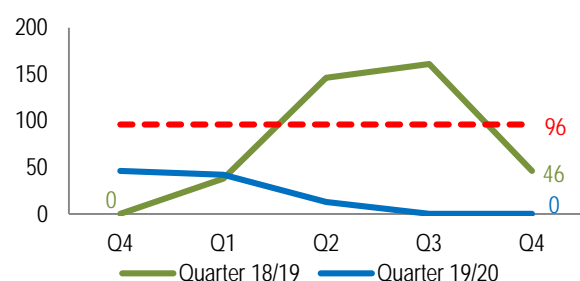
Number of persons covered by Medical Card



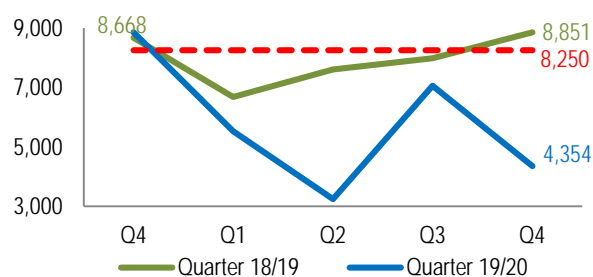
Number of persons covered by GP Visit cards



Number of initial tobacco sales to minors



Number of inspections of food businesses



National Services Update

PCRS

The number of people who held Medical Card eligibility on 31st December 2020 was 1,584,790, a decrease of 8,414 on the previous month. The total number of persons with eligibility for a GP Visit Card on 31st December 2020 was 529,842, a decrease of 3,002 on the previous month.

As at 31st December 2020, 2,114,632 or 42.5% of the population had Medical Card or GP Visit Card eligibility, an overall decrease of 11,416 on the previous month. (Population figures are based on the CSO 2020 estimated figure of 4,977,400).

For 2020, there were an additional 45,765 people with eligibility at the end of the year compared to the beginning of the year; an additional 40,416 Medical Card holders and an additional 5,349 GP Visit Card holders.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 20,182 Planned and Planned Surveillance Inspections were carried out by the end of Q4. This represents a 38.8% shortfall of the end of Q4 target, which is directly resultant from government restrictions from the 13/3/20 which closed the majority of food premises with reopening in Q2. Local lockdowns in Kildare Laois Offaly Dublin and Donegal during Q3 also impacted on numbers of Inspections. Further escalated lockdown in Q4 further impacted on inspection numbers, despite a temporary ease on restrictions over the Christmas period.

Additional impact on targets owing to support of HSA COVID-19 Return To Work Safely protocol and substantial reassignment of resource to Contact Tracing in these periods.

Notwithstanding this, of those Planned and Planned Surveillance inspections that were carried out, 17% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 55 initial tobacco sales to minors test purchase inspections were completed by end of Q4 which is 85.7% below the yearly target of 384 Test Purchase Inspections. Activity in this area was suspended from the 13/3/20 due to responding to COVID-19 and to ensure the safety and welfare of volunteer minors.

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments, the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q4. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. Responding to such complaints remained a key focus of EHS's contingency planning for responding to COVID-19. Thus 96% of all complaints received by the EHS by the end of Q4 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q4, 1876 drinking water samples were taken to assess compliance which is a 24% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE, but more significantly due to suspension of the activity for a period due to COVID-19 restrictions in place from the 13/3/20.

159 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is a 34% shortfall of the annual target of 242. Activity in this area was impacted from the 13/3/20 due to responding to COVID-19 and government restrictions on the opening of certain target premises.

8 Sunbed Test Purchases were completed by end of Q4 which is 25% of annual target of 32. Activity in this area was suspended from the 13/3/20 due to responding to COVID-19 and to ensure the safety and welfare of volunteer minors.

12 Mystery Shopper Inspections to Sunbed Establishments were completed by end of Q4 which is 38% of annual target of 32. Activity in this area was impacted from the 13/3/20 due to responding to COVID-19 and government restrictions on the opening of certain target premises.

30 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 25% shortfall of the annual target of 40. Activity in this area was suspended on the 13/3/20 government restrictions on the opening of the certain target premises.

Emergency Management

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

COVID-19 Response

HSE EM continues to support the HSEs response and management of COVID-19. The HSE National Crisis Management Team (NCMT) and the National Public Health Emergency Team (NPHE) 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. Key work areas include transport coordination, liaison with military requests, working with voluntary services and giving advice on response coordination

Regional Response

EM continues to work at regional level, as part of the ACMT on an ongoing basis and as part of the WATs. EM actively participates in the interagency Major Emergency Management (MEM) structures, including the Regional Steering Groups (RSGs) and Regional Working Groups (RWGs) whilst linking with other non HSE organisations to coordinate the support required as part of the response. EM continues to support senior management teams in briefings and planning response arrangements. All EM regions continue to endeavour to complete prioritised components of the regional interagency work plans, subject to the constraints imposed by COVID-19 and other operational demands

Outdoor events

Engagement is ongoing whereby event organisers and local authorities are proposing large crowd events within the region. While the likelihood of most of these events going ahead is very low the engagement must continue to adhere to planning law 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.

Both tenders are on track for completion in quarter 1, 2021.

EM is coordinating the HSEs risk assessment around the repatriation to Ireland of United Nations employees, who may become critically ill with COVID-19.

SEVESO

HSE legislative requirements as a Local Competent Authority have been met to date. All Seveso exercises due for an external emergency plan exercise in 2020 were completed in December. Seveso planning for 2021 has commenced across the EM regions.

HSE Severe Weather planning

The HSE Severe Weather planning, preparedness and response continues across all EM regions in accordance with guidance. HSE Severe Weather Transport Groups have been reconvened and Terms of Reference agreed.

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 medicines and medical equipment to the HSE.

Excess Mortality

A National Cross Government COVID-19 Mortality Group has been reconvened to monitor mortality rates and respond to any emerging system pressures that arise in the acute or community setting.

New initiatives:

- Planning has commenced for the pilot testing of Hospital Major Emergency Plan (HMEP) activation procedure as per new HMEP template with NEOC and Hospitals.
- A working group with EM and NAS West membership is being established to develop a work programme to deliver EM training to NAS staff in 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 Government advice on working from home as much as possible.
- Staff who were reassigned to work on Covid are now back and the Unit is operating on a “business as usual” basis, with the proviso that staff may be available for reassignment in the event of a surge in numbers.
- Liaison with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE.
- Initiate new ways of working for remaining staff to ensure priorities and deadlines are met.
- Review all Interreg VA projects including project staff to assess the impact of Covid-19 in conjunction with CAWT partners.
- Review the impact of Covid-19 on all cross border and all island projects outside of Interreg funding and report as requested by the HSE and DoH.

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 will now Chair the HSE Steering Group meetings and engage on the HSE involvement with DoH Brexit Operations meetings. The new HSE Brexit Lead is the Chief Strategy and Planning Officer.
- Leading out on Brexit Readiness Notices as requested by the DoH

- Activation of DoH's Emergency Response Plan on 29th December 2020 due to Brexit on 1st January 2021. Full HSE personnel engagement.
- Update the HSE Brexit Lead on a weekly basis.
- Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's
- DoH Brexit Action Plan returned for North South Unit.
- Continuous discussions with DoH colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.
- Attended HSE Brexit Briefing for Suppliers
- In conjunction with the HSE DPO, co-ordinated HSE GDPR SCC compliance list

Cross Border Work

- Ongoing work on new EU funded project (i-Simpathy) as requested by DoH. Including the project launch and on-going steering group meetings
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Discussions with DoH on future Peace Plus programme
- Input to submission to the Peace Plus public consultation
- Ongoing work with CAWT Governance sub-group

Next Steps & Key Outcomes – 1st 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.
- Continue to liaise with Back to Work Protocol Committee to put in place all necessary policies and procedures to ensure the workplace is fully compliant with the Covid-19 public health protection measures identified as necessary by the HSE

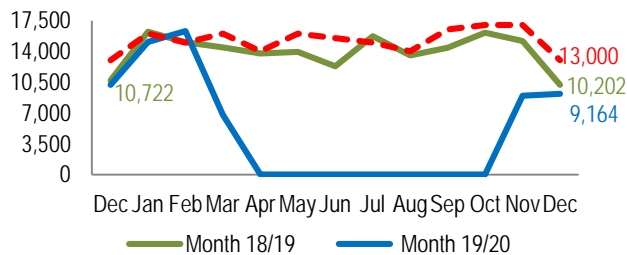
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Responding to challenges posed during the Covid-19 pandemic. Keep SEUPB up to date on project delays 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 29th December 2020 due to Brexit on 1st 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 is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- The Unit, in conjunction with HSE partners and our roles 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.

National Screening Service

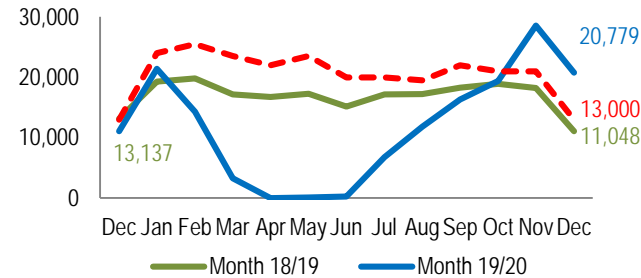
National Screening Service

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	185,000 YTD/ 185,000 FYT	M	● 56,270	170,957	-114,687	0	8,953	9,164
BreastCheck - % screening uptake rate	70%	Q-1Q	● 58.6%	72.5%	-13.9%	58.6%		
CervicalCheck - number of eligible women who had screening	255,000 YTD/ 255,000 FYT	M	● 143,028	206,315	-63,287	19,396	28,563	20,779
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	● 77.5%	79.1%	-1.6%	78.5%	77.1%	76.8%
BowelScreen - number of people who completed a satisfactory FIT test	125,000 YTD/ 125,000 FYT	M	● 49,889	122,724	-72,835	7,083	9,347	6,157
Bowelscreen - % client uptake rate	44% YTD/ 45% FYT	Q-1Q	● 43.5%	42.5%	+1%	36.7%		60.4%
Diabetic RetinaScreen - number of people screened	110,000 YTD/ 110,000 FYT	M	● 62,281	109,405	-47,124	6,544	7,413	6,852
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	● 55.1%	66.6%	-11.5%	70%		42.7%

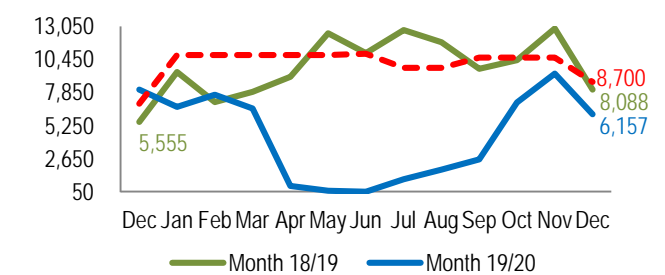
BreastCheck-number who had a mammogram



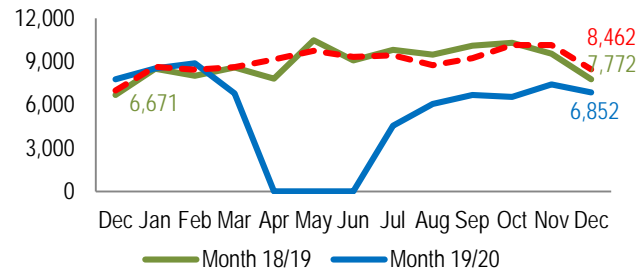
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period December 2020 was 9,164 against a target of 13,000.
- The number of women aged 65+ who had a complete mammogram in the period December 2020 was 2,242 against a target of 2,800
- The number of women who had a complete mammogram year to date (January-December 2020) was 56,270 which is behind the target of 185,000 by 128,730 (69.6%)

COVID-19

BreastCheck will continue to review the Infection control measures and social distancing in order to provide a safe service. The backlog continues to grow due to reduced capacity. This will be the situation for the foreseeable future.

BreastCheck will continue to align with NPHET recommendations. The need to have access to patient care pathway will be a challenge to service delivery. We are reliant on the host hospitals having surgical capacity available.

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period December 2020 was 20,779 which exceeds the target of 13,000 by 59.8%.
- The number of women who had one or more smear tests in a primary care setting year to date (January-December 2020) was 143,028 which is behind the target of 255,000 by 111,972 (43.9%).
- CervicalCheck coverage at the end of Q3 was 76.8%
- The average turnaround time for screening results from laboratories was 3.35 weeks, well inside the target of 6 weeks.

Screening activity to date has been below target due to capacity issues arising from COVID-19.

Screening was paused in primary care from March 30th due to COVID-19 and restarted on **July 6th**. The phased restart of screening is progressing, as planned, calling people whose screening invitations for routine screening in 2020 were delayed due to COVID-19. To date 432,242 invite letters have been issued to women due their screening tests this year. 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. 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 are mostly back to normal levels. The programme continues to monitor this on a weekly basis as access to laboratory consumables may become an issue again.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (December 2020) was 6,157 against a target of 8,700.
- The number of clients who have completed a satisfactory BowelScreen FIT test year to date (January-December 2020) was 49,889 which is behind the target of 125,000 by 75,111 clients (60.1%).
- Uptake for BowelScreen for Q3 was 60.4%.

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the ≥90% target at 88% within 20 working days in December. Eight of the eleven contracted colonoscopy centres which were offering colonoscopies in December met the expected KPI of 90% within 20 days. However, this needs to be considered within the context of the Covid-19 pandemic and its effects.

COVID-19

The programme implemented a full pause on the issue of invitations, FIT kits and reminders in March 2020. It recommenced invitations on a phased basis in August 2020. In December the programme announced the addition of University Hospital Waterford as a BowelScreen endoscopy unit bringing the total to fourteen. During

December 2020 thirteen of the fourteen units were scheduling BowelScreen colonoscopies and the programme sent invitation to clients linked to eleven units. 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 December 2020 was 6,852 against a target of 8,462.
- The number of diabetics screened with a final grading result year to date (January-December 2020) was 62,281 which is below the target of 110,000 by 47,719 clients 43.4%.
- Programme uptake in Q3 was 42.7%

The programme recommenced screening in July 2020 on a phased approach nationally. The model for recommencing screening is inviting 50% of the backlog cohort and 50% of the prospective cohort. The programme will not achieve its predicted KPI's for 2020 as a result of COVID 19. There are a number of barriers impacting on the number of invitations: the implementation of physical distancing and; infection control measures, we need to do more to screen less.

Finance

Introduction

At the start of 2020 the HSE'S focus was on the provision of safe health and social care services, and addressing long-standing challenges for the health service, including long waiting lists for scheduled care in hospitals and long waits in emergency departments, particularly for older people and those who have more complex needs.

However, since the early part of 2020, the population of Ireland, and indeed the world, have been experiencing the impact of the on-going COVID-19 pandemic and this has continued into 2021. The emergence of COVID-19 changed the focus of healthcare systems in Ireland as it did throughout the world. As well as delivering health services, improving the health and wellness of the population and providing safe health and social care for the citizens of Ireland, we also had to deal with a global pandemic.

In response to the pandemic, during 2020 we implemented new pathways of care for COVID-19 and non-COVID-19 services; built hospital capacity; resourced community services to treat people closer to home; and developed and adopted eHealth technology at an unprecedented rate. While brought about through difficult circumstances, these changes are aligned with our long-term SláinteCare direction. 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 HSE is required to use the resources available to it to deliver the type and volume of services provided for in the national service plan (NSP) while prioritising improving the health of the population through promoting wellness and the provision of safe health and social care services for the citizens of Ireland. The COVID-19 pandemic has had an unprecedented impact on the HSE and has placed significant pressure on funding and expenditure during the full year 2020.

At the start of 2020, via the NSP, the HSE received revenue funding of €17.1 billion for the provision of health and social care services. This represented an increase of circa €1.0 billion or 6.3% over the 2019 final allocation. By the end of 2020 the total revenue budget was €19.5 billion, which included the allocation of once-off net additional supplementary funding of €2.4bn. Of this supplementary

funding received, €2.1b was to cover 2020 COVID-19 costs in addition to €0.2b for Winter Plan funding. In addition to the €2.1b COVID-19 funding, time related savings, related to reduced activity levels in core services and planned developments, allowed an additional €169m to be allocated in-year to offset COVID-19 costs, bringing the total allocated to the cost of the COVID-19 pandemic in 2020 to €2.3b

Overall Financial Performance 2020

The HSE had expenditure of €19,258.0 billion against a budget of €19,452.1 billion for 2020 leading to a year-end surplus of (€194.1m) or (1.0%), which arose primarily as a result of the accounting treatment relating to the levels of stock of personal protective equipment (PPE) at the end of 2020 as a result of the pandemic response.

There is a year-end surplus within operational services of (€152.1m) or (1.0%). This includes a net deficit of €6.0m in acute operations or 0.1% and a surplus in community services of (€20.9m) or (0.3%). Within the demand led areas, pensions have a year-end deficit of €2.0m, the primary care reimbursement service has a year-end surplus of (€39.0m), the state claims agency has a year-end surplus of (€12.5m), while the treatment abroad/cross border directive and the EHIC have year-end variances of (€0.5m) and €1.2m respectively. Savings in core services of (€229.5m) including Winter funding as a result of these services not operating at capacity during the pandemic offset a small variance of €35.4m in COVID service expenditure overall.

Table 1: Summary Overall Performance by Care Area

Dec 2020	Approved Allocation	YTD Actual Spend vrs YTD Budget					YTD Variance Analysed As:	
		YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Non Covid-19 related variance
	€m	€m	€m	€m		%	€m (A)	€m (B)
Acute Operations	6,352.1	6,358.2	6,352.1	6.0	●	0.1%	7.8	(1.7)
Private Hospitals	290.0	289.7	290.0	(0.3)	●	-0.1%	(0.3)	-
Community Services	6,472.3	6,451.4	6,472.3	(20.9)	●	-0.3%	124.7	(145.6)
Other Operations/Services	1,925.1	1,788.1	1,925.1	(137.0)	●	-7.1%	(137.8)	0.8
Total Operational Service Areas	15,039.5	14,887.4	15,039.5	(152.1)	●	-1.0%	(5.6)	(146.5)
Total Pensions & Demand Led Services	4,412.6	4,370.6	4,412.6	(42.0)	●	-1.0%	41.0	(83.0)
Overall Total	19,452.1	19,258.0	19,452.1	(194.1)	●	-1.0%	35.4	(229.5)

Note 1: The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2020 for the HSE's directly provided services. The surplus of (€194.1m) in table 1 can be related to the 2020 final AFS 2020 figure of (€200.7m) as follows; (€194.1m) + €7.4m s.38 voluntary surplus - €6.1m Balance Sheet Adjs - €1.4m special I&E movement - €6.47m Remaining 2019 1st Surplus TF to Reserves = (€200.7m) HSE AFS deficit.

Note 2: re 1st Charge: In line with the Health Act 2014 (as amended), the HSE has credited the 2019 AFS revenue operating surplus of (€60.46m) to the Statement of Revenue Income and Expenditure in 2020. Of this (€60.46m), as instructed by the Department of Health, €53.99m has been used to offset the DoH Debtor at 31 December 2019, resulting in a credit of €6.47m showing in the Statement of Revenue Income and Expenditure

Service Areas

Acute Operations

Table 2: Acute Operations

Dec 2020 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
						€m	€m
RCSI Hospital Group	940.5	944.2	940.5	3.7	0.4%	(0.2)	3.9
Dublin-Midlands Hospital Group	1,101.4	1,106.5	1,101.4	5.1	0.5%	(3.4)	8.5
Ireland East Hospital Group	1,206.6	1,216.6	1,206.6	10.1	0.8%	1.8	8.3
South-South West Hospital Group	1,055.9	1,057.8	1,055.9	2.0	0.2%	2.0	(0.0)
Saolta University Health Care Group	957.1	955.9	957.1	(1.2)	-0.1%	0.0	(1.2)
University of Limerick Hospital Group	442.1	442.8	442.1	0.7	0.1%	0.9	(0.3)
Children's Health Ireland	385.6	385.2	385.6	(0.4)	-0.1%	4.5	(4.9)
Regional & National Services	75.3	58.8	75.3	(16.5)	-21.9%	0.4	(17.0)
Acute Hospital Care	6,164.5	6,167.7	6,164.5	3.3	0.1%	6.1	(2.9)
National Ambulance Service	187.6	190.4	187.6	2.8	1.5%	1.7	1.1
Acute Operations Total	6,352.1	6,358.2	6,352.1	6.0	0.1%	7.8	(1.7)

Acute operations has year-end expenditure of €6,358.2m against a budget of €6,352.1m, leading to a year-end deficit of €6.0m (0.1%), of which €7.8m has been categorised as being directly attributable to COVID-19 expenditure and a surplus (€1.7m) attributable to core service expenditure. €3.3m of the year-end deficit arises within the acute hospital care division. The national ambulance service (NAS) has a year-end deficit of €2.8m. The performance by hospital group is illustrated in table 2 above.

Acute services are provided for adults and children within six hospital groups, Children's Health Ireland and the National Ambulance Service (NAS). The six hospital groups provide the structure to deliver an integrated hospital network of acute care to the population in each geographic area. Children's Health Ireland provides paediatric services in the greater Dublin area and incorporates the National Paediatric Hospital Development Board which is responsible for overseeing the building of the new children's hospital.

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.

Operational service pressures as a result of COVID-19 drove increased clinical non pay costs, particularly investment in additional medical and laboratory equipment. Other non-pay cost pressures included PPE and cleaning, which are related to increased infection control and compliance requirements. Also, the infrastructural changes required to re-organise care pathways – which were necessitated by COVID-19 - led to increased maintenance costs in particular.

From an income perspective, and as a result of the 2020 pandemic, there was a material reduction in receipts from private maintenance charges as normal activity levels reduced in order to clear treatment pathways for COVID-19 patients.

Service delivery in 2020 progressed in a number of key areas both in response to the pandemic and also to core service demands, these included;

- COVID-19 required a major reorganisation of patient management, including screening on arrival and division into COVID-19 and non-COVID-19 pathways, which was mitigated by an unanticipated reduction in presentations to Emergency Departments. Total emergency presentations reduced by 15% when compared with 2019.
- Increased bed capacity and the reduction in both scheduled and unscheduled activity ensured that the acute hospital system operated at (or below) 80% capacity resulting in the ability to admit patients without delay
- Postponed services in 2020 included day case services, elective surgeries and outpatient appointments. Overall, when compared with 2019, elective inpatient activity reduced by 20% and day case activity by 16.5%

- Telehealth and other digital solutions were mobilised including the implementation of virtual outpatient clinics to allow patient care to continue to be provided in a safe environment
- The new National Rehabilitation Hospital was opened in June delivering enhanced care and treatment for patients who require complex specialist rehabilitation services

Private Hospitals

In March 2020, the Government approved a proposal from the DoH to allow for a formal partnership with private hospitals which would make their facilities and capacity available to supplement the public system, to respond to the risk of large-scale surges in the incidence of COVID-19. This partnership commenced on 30th March 2020 and concluded on the 30th June 2020. As a result of this arrangement, the HSE was able to meet essential and elective care needs including delivery of over 13,000 inpatient cases, over 53,000 day cases, over 52,000 outpatient attendances and over 85,000 diagnostics. Private Hospitals has year-end expenditure of €289.7m against a budget of €290.0m, leading to a year-end surplus of (€0.3m) (-0.1%), which is directly attributable to COVID-19.

Community Services

Table 3: Community Services

Dec 2020 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
						€m	€m
Primary Care Division Total	1,246.3	1,237.6	1,246.3	(8.7)	-0.7%	19.1	(27.8)
Mental Health Division	1,058.8	1,063.7	1,058.8	4.9	0.5%	1.3	3.6
Older Persons Services	954.9	943.8	954.9	(11.1)	-1.2%	27.6	(38.7)
Nursing Home Support Scheme	1,072.5	1,069.6	1,072.5	(2.9)	-0.3%	69.5	(72.4)
Older Persons Services Division Total	2,027.5	2,013.4	2,027.5	(14.0)	-0.7%	97.1	(111.1)
Disability Services	2,095.5	2,094.2	2,095.5	(1.3)	-0.1%	7.0	(8.3)
Health & Wellbeing Community Division	14.3	12.7	14.3	(1.6)	-11.3%	0.3	(1.9)
CHO HQs & Community Services	29.9	29.8	29.9	(0.2)	-0.6%	(0.1)	(0.1)
Community Total	6,472.3	6,451.4	6,472.3	(20.9)	-0.3%	124.7	(145.6)

Community services has year-end expenditure of €6,451.4m against a budget of €6,472.3m, leading to a year-end surplus of (€20.9m) (-0.3%), of which €124.7m has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€145.6m) attributable to core service expenditure. The performance by care area is illustrated in table 3 above.

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).

Primary Care Division

Core operational services within primary care, social inclusion and palliative care (excluding demand led local schemes) has year-end expenditure of €1,237.6m against a budget of €1,246.3m leading to a year-end surplus of (€8.7m) (-0.7%), of which €19.1m has been categorised as being directly attributable to COVID-19 expenditure and an offsetting (€27.8m) attributable to core service expenditure.

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. During 2020 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.

In addition to the above and in parallel to the pandemic response there were a number of improvements and developments progressed in 2020, these include;

- Provision of out of hour's service, development of community assessment hubs, and the modified chronic disease programme

- Significant primary care service provision was prioritised during the year including child health, acute to community discharges, emergency therapies and services (e.g. emergency dental services), nursing support packages to children with life limiting conditions, and public health nursing.
- While clinic-based therapies were suspended at the outset of the pandemic, innovative approaches (such as Attend Anywhere) were established to provide therapies virtually, where possible.

Mental Health Division

Mental Health (MH) has year-end expenditure of €1,063.7m against a budget of €1,058.8m leading to a year end deficit of €4.9m (0.5%), of which €1.3m has been categorised as being directly attributable to COVID-19 expenditure and €3.6m attributable to core service expenditure.

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

As a result of COVID-19, 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.

Service delivery in 2020 progressed in a number of key areas both in response to the pandemic and also to core service demands, these included;

- The advancement of the new National Forensic Mental Health Services capital project.
- Further advancement of agreed eMental Health digital responses including SilverCloud self-help programme for HSE staff, online counselling (Turn2me

and MyMind), the text50808 crisis response service and mental health service video consultations using Blue Eye and Attend Anywhere platforms.

- Implementation of one off NGO COVID-19 grant scheme at CHO level to support localised responses in response to ongoing restrictions.
- A new initiative, Child and Adolescent Mental Health Services (CAMHS) Connect, was launched to improve the patient experience for young people requiring access to mental health services, particularly at out-of-hours times
- Investment in service infrastructure

Notwithstanding the above developments MH also 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.

Social Care – comprising Disability Services and Older Persons Services

The challenge in 2020 for the social care services was to continue to meet the demand for services in a pandemic environment. In March 2020, COVID-19 Response Teams were established across all Community Healthcare Organisations (CHOs) to support public health outbreak teams covering all residential services as well as home support settings. The composition of these teams centred on specialist expertise for older people and residential care, inclusive of consultant geriatricians, directors of nursing, residential care services, public health personnel, nursing and administrative supports. The teams had capacity to provide telephone support, on-site visits and assessments, access to PPE supply lines, and updated infection prevention and control (IPC) and public health advice including training materials.

Older Persons Services

Older person's services, including NHSS, has year-end expenditure of €2,013.4m against a budget of €2,027.5m leading to a year-end surplus of (€14.0m) (-0.7%), of which €97.1m has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€111.1m) attributable to core service expenditure

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.

Service delivery in 2020 progressed in a number of key areas both in response to the pandemic and also to core service demands, these included;

- Day services were suspended due to the COVID-19 pandemic. However, adaptations to service delivery were implemented such as increasing Meals on Wheels, phone line support and outreach through social distancing compliant visitations.
- Services supporting hospital discharges (transitional care) continued but were reduced in their capacity due to restrictions in long-term residential care as a result of public health requirements. The availability of emergency residential respite services also greatly reduced due to capacity constraints and home respite and carer support also had to decrease activity.
- Home support services continued at reduced activity (partly due to cocooning), particularly for those clients categorised as priority level 3 and 4. The provision of aids and appliances to support independence also decreased. Despite reduced activity over 17.5 million home support hours were delivered in 2020.
- COVID-19 Response Teams were also established and continued due to the disproportionate impact of the virus on nursing homes; these specialist teams focused on supporting residential settings to manage outbreaks of COVID-19, in collaboration with public health teams.

Disability Services

Disability Services has year-end expenditure of €2,094.2m against a budget of €2,095.5m, leading to a year-end surplus of (€1.3m) (-0.1%), of which €7.0m has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€8.3m) attributable to core service expenditure.

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.

The delivery of services in 2020 was significantly impacted by the onset of the pandemic. In preparing for and responding to 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.

Throughout the pandemic, 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.

Service delivery in 2020 progressed in a number of key areas both in response to the pandemic and also to core service demands, these included;

- Special needs assistants were also redeployed from June to August to support 230 children with complex disabilities
- 86 additional emergency places were put in place in response to need and 4.7 million home support and personal assistance hours combined were provided
- The number of completed assessments of need significantly increased during the last quarter of 2020
- Introduction of a virtual community centre in partnership with Enable Ireland, offering community-based and technological supports
- The impact of the pandemic resulted in some loss of momentum on key programmes such as decongregation, personalised budgets, the autism programme and the development of the children's disability network teams.

Chief Clinical Officer

Chief Clinical Officer (CCO) has year-end expenditure of €93.8m against a budget of €76.6m leading to a year-end deficit of €17.2m (22.5%), of which €1.6m has been categorised as being directly attributable to COVID-19 expenditure and €15.6m attributable to core service expenditure.

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, by supporting and further initiating programmes of work across the following 3 key pillar areas:

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

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

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

The NCCP manages, organises and delivers cancer control on a whole population basis. Its aims are to reduce cancer incidence; treat cancer, to reduce cancer mortality and morbidity; and to improve the quality of life of people living with cancer. The NCCP oversees cancer prevention and early diagnosis, rapid access services, treatment of cancer including surgery, radiotherapy and systemic therapy. It has also commenced survivorship, psycho-oncology, and child, adolescent and young adult services, and enhanced community oncology support. During the COVID-19 crisis period, cancer services prioritised activity across the patient pathway in line with national clinical guidance. This ensured emergency, time critical and symptomatic services for cancer (diagnostics, surgery, chemotherapy and radiotherapy) were delivered appropriately and that patients continued to be seen in a timely way.

National Screening Service

National Screening Service (NSS) has year-end expenditure of €67.4m against a budget of €66.9m leading to a year-end deficit of €0.5m (0.8%), which is attributable to core service expenditure. 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.

Health & Wellbeing Division

Health & Wellbeing (H&W) division has year-end expenditure of €131.4m against a budget of €128.2m leading to a year-end deficit of €3.1m (2.4%), of which €6.4m has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€3.3m) attributable to core service expenditure.

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

National Services

National Services has year-end expenditure of €55.6m against a budget of €57.7m leading to a year-end surplus of (€2.1m) (-3.6%), of which €1.0m has been categorised as being directly attributable to COVID-19 expenditure and (€3.1m) attributable to core service expenditure. National Services include the environmental health service, emergency management and the EU and North South unit.

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 EHS has year-end expenditure of €53.0m against a budget of €55.5m leading to a year-end surplus of (€2.5m) (-4.4%), of which €0.8m has been categorised as being directly attributable to COVID-19 expenditure and (€3.3m) attributable to core service expenditure.

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. EM has year-end expenditure of €1.9m against a budget of €1.6m leading to a year-end deficit of €0.3m (18.5%), of which €0.2m has been categorised as being directly attributable to COVID-19 expenditure and €0.1m attributable to core service expenditure.

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. The EU and North South Unit has year-end expenditure of €0.7m against a budget of €0.6m leading to a year-end deficit €0.1m (13.3%), which is attributable to core service expenditure.

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).

Testing and tracing has year-end centrally incurred expenditure of €153.0m against a budget of €181.8m. The Testing programme was also supported by acute & community services with an additional €110.6m of expenditure being incurred in service setting such as testing centres and hospital laboratory testing. In total the testing programme incurred €263.5m against a total sanctioned budget of €292.3m leading to a year-end surplus of (€28.8m) (-15.8%), which is directly attributable to COVID-19 expenditure.

Service delivery in 2020 progressed in a number of key areas, these included;

- A clinically led referral service with an enhanced seven day a week GP out of hours referral service
- Nationwide permanent community testing centres (swabbing) with the availability of extended opening hours
- Highly agile 'pop-up' testing and swabbing fleet supported by the NAS
- Enhanced laboratory capacity of up to 25,000 tests (per day) by year end

- A national Contact Management Programme and dedicated contact tracing centres to support the regional public health departments
- New systems and technologies developed and deployed including the HSE COVID-19 tracker contact tracing app
- All of these developments have enabled us to complete over 720,000 GP referrals, to complete over 2.3 million laboratory tests and to complete over 440,000 contact tracing calls during the year.

Support Services

Table 4: Support Services

Dec 2020 Support Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
	€m	€m	€m	€m	%	Attributable to Covid-19 Expenditure €m	Attributable to Non Covid-19 Expenditure €m
Health Business Services	1,166.3	1,034.4	1,166.3	(131.9)	-11.3%	(126.3)	(5.6)
Finance	43.8	49.3	43.8	5.5	12.7%	3.1	2.4
Human Resources	50.3	47.7	50.3	(2.6)	-5.2%	(0.3)	(2.4)
Board of the HSE & Office of the CEO	3.7	3.4	3.7	(0.4)	-9.9%	-	(0.4)
Health System Reform	6.3	6.1	6.3	(0.1)	-2.2%	-	(0.1)
Legal Services	17.9	17.8	17.9	(0.1)	-0.3%	1.3	(1.3)
Office of the COO & Office of the CSO	15.4	15.2	15.4	(0.2)	-1.6%	0.9	(1.1)
Compliance	0.7	0.8	0.7	0.1	9.5%	-	0.1
Communications	29.9	32.2	29.9	2.3	7.8%	1.7	0.7
Audit	4.3	3.7	4.3	(0.6)	-14.1%	0.0	(0.6)
Health Repayment Scheme	0.5	0.1	0.5	(0.4)	-80.2%	-	(0.4)
Chief Information Officer	67.6	75.1	67.6	7.5	11.2%	1.7	5.8
Regional Services	7.2	1.2	7.2	(6.1)	-84.0%	-	(6.1)
Support Services Total	1,414.0	1,287.0	1,414.0	(126.9)	-9.0%	(117.9)	(9.0)

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

Support Services has year-end expenditure of €1,287.0m against a budget of €1,414.0 leading to a year-end surplus of (€126.9) (-9.0%), of which (€117.9m) has been categorised as being directly attributable to COVID-19 expenditure and (€9.0m) attributable to core service expenditure. The performance by support service area is illustrated in table 4 above.

The overall year end surplus of (€126.9m) in Support Services relates primarily to the accounting treatment of PPE stock levels at the end of 2021 which is reflected within Health Business Services, with the remaining offsetting variances within the other support functions.

Demand Led Areas

Demand led areas has year-end expenditure of €4,370.6m against a budget of €4,412.6m, leading to a year-end surplus of (€42.0m) (-1.0%), of which €41.0m has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€83.0m) attributable to core service expenditure.

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 has year-end expenditure of €562.0m against a budget of €560.0m, leading to a year-end deficit of €2.0m (0.4%), which is attributable to core service expenditure.

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

State Claims Agency (SCA)

SCA has year-end expenditure of €377.5m against a budget of €390.0m, leading to a year-end surplus of (€12.5m) (-3.2%), which is attributable to core service expenditure.

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 2020 budget for this reimbursement of €390m. There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts on patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial drivers of the growth in costs reimbursed to the SCA over recent years have been factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio, rather than by the incidence of claims. Precise cost prediction in this area has proven to be extremely challenging.

Primary Care Reimbursement Service (PCRS)

The PCRS has year-end expenditure of €3,113.8m against a budget of €3,152.8m, leading to a year-end surplus of (€39.0m) (-1.2%), of which €39.3m has been categorised as being directly attributable to COVID-19 expenditure and a surplus

of (€78.3m) attributable to core service expenditure. This is mainly due to the demand-led nature of the services provided.

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.

Demand Led Local Schemes

Demand led local schemes has year-end expenditure of €274.7m against a budget of €267.9m, leading to a year-end deficit of €6.8m (2.6%), of which €1.6m has been categorised as being directly attributable to COVID-19 expenditure and €5.2m attributable to core service expenditure. The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures.

Treatment Abroad & Cross Border Healthcare

Treatment abroad & cross border healthcare has year-end expenditure of €31.1m against a budget of €31.6m, leading to a year-end surplus of (€0.5m) (-1.6%), which is attributable to core service expenditure.

The treatment abroad scheme provides for the referral of patients to another EU/EEA country or Switzerland for a treatment that is not available in Ireland. The cross border directive entitles persons ordinarily resident in Ireland who have an appropriate referral for public healthcare to opt to avail of that healthcare in another

EU/EEA country or Switzerland. These schemes relate to the provision of clinically urgent care and treatment abroad. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

European Health Insurance Card (EHIC)

EHIC has year-end expenditure of €11.5m against a budget of €10.3m, leading to a year-end deficit of €1.2m (11.6%), which is attributable to core service expenditure.

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

Conclusion

The COVID-19 pandemic has had an unprecedented impact on the HSE and has placed significant pressure on funding and expenditure during the full year 2020. However, despite the on-going challenges, during 2020 the HSE has reported progress in a number of key service areas.

- **Performance:** COVID-19 has had a significant impact on our ability to achieve the objectives and targets of our National Service Plan 2020. The NSP 2020 had over 130 priorities with over 550 supporting actions across all areas of service delivery and enabling functions. A summary of key activity during the year:
 - Over 60,000 referrals to community intervention teams (32% greater than expected activity)
 - Over 1.1 million patients seen in community therapy settings (30% less than expected activity)
 - Over 17.5 million home support hours delivered to almost 53,000 people and 149 people in receipt of an intensive homecare package (lower than expected activity by 6%, 1% and 37%)
 - 86 new emergency residential places developed for people with a disability (34% more than expected activity)
 - Almost 10,500 referrals seen by child and adolescent mental health teams (3% less than expected activity)

- Over 920,000 day case procedures (19% less than expected activity)
- Over 560,000 inpatients discharged from hospital (13% less than expected activity)
- Over 1.1 million new and return ED attendances (18% less than expected activity).
- **Vaccination Programme:** A key dimension of the ongoing response to the COVID-19 pandemic is the implementation of a safe and effective national COVID-19 Vaccination Programme. On 26 December 2020, the HSE received its first delivery of the Pfizer/BioNTech COVID-19 Vaccine with the first person in Ireland receiving the COVID-19 vaccine on 29 December in St. James's Hospital, Dublin. Since then there have been three further COVID-19 vaccines licensed for use in Ireland, Moderna, Jansen and AstraZeneca.
- **CervicalCheck Programme:** The HSE's CervicalCheck programme successfully changed to human papilloma virus (HPV) cervical screening as planned in March 2020.
- **Capital Projects:** Many capital projects were progressed in 2020 including the National Forensic Mental Health Service Portrane, a new bed block at University Hospital Limerick, the National Rehabilitation Hospital and continuing work on the National Children's Hospital. Work also continued on the Connolly Outpatient and Urgent Care Centre unit throughout the year.

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 ongoing 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 ongoing 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.

Appendix 1

Table 1: Detailed Overall Performance by Care Area

Dec 2020	Approved Allocation	YTD Actual Spend vrs YTD Budget					YTD Variance	
		YTD Actual	YTD Budget	YTD Variance	YTD Variance		Directly Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
Acute Hospital Care	6,164.5	6,167.7	6,164.5	3.3	●	0.1%	6.1	(2.9)
National Ambulance Service	187.6	190.4	187.6	2.8	●	1.5%	1.7	1.1
Acute Operations	6,352.1	6,358.2	6,352.1	6.0		0.1%	7.8	(1.7)
Private Hospitals	290.0	289.7	290.0	(0.3)		(0.0)	(0.3)	-
Primary Care Division Total (Note 1)	1,246.3	1,237.6	1,246.3	(8.7)	●	-0.7%	19.1	(27.8)
Mental Health Division	1,058.8	1,063.7	1,058.8	4.9	●	0.5%	1.3	3.6
Older Persons Services	954.9	943.8	954.9	(11.1)	●	-1.2%	27.6	(38.7)
Nursing Home Support Scheme	1,072.5	1,069.6	1,072.5	(2.9)	●	-0.3%	69.5	(72.4)
Older Persons Services Division	2,027.5	2,013.4	2,027.5	(14.0)	●	-0.7%	97.1	(111.1)
Disability Services Division	2,095.5	2,094.2	2,095.5	(1.3)	●	-0.1%	7.0	(8.3)
Health & Wellbeing Community	14.3	12.7	14.3	(1.6)	●	-11.3%	0.3	(1.9)
CHO HQs & Community Services	29.9	29.8	29.9	(0.2)	●	-0.6%	(0.1)	(0.1)
Community Total	6,472.3	6,451.4	6,472.3	(20.9)		-0.3%	124.7	(145.6)
Clinical Design & Innovation	8.4	6.1	8.4	(2.3)	●	-26.9%	0.3	(2.6)
Office of Nursing & Midwifery Services	30.0	38.7	30.0	8.7	●	29.0%	0.1	8.6
Quality Assurance & Verification	5.1	5.3	5.1	0.3	●	5.0%	0.0	0.2
Quality Improvement Division	8.3	9.6	8.3	1.3	●	15.6%	0.1	1.2
National Health and Social Care Profession	1.6	1.8	1.6	0.2	●	12.2%	0.0	0.2
National Doctors Training & Planning	17.2	26.0	17.2	8.8	●	51.5%	1.0	7.8
National Cancer Control Programme (NCCP)	5.9	6.1	5.9	0.2	●	2.7%	0.0	0.1
Chief Clinical Office	76.6	93.8	76.6	17.2	●	22.5%	1.6	15.6
National Screening Service	66.9	67.4	66.9	0.5	●	0.8%	0.0	0.5
Health & Wellbeing Division	128.2	131.4	128.2	3.1	●	2.4%	6.4	(3.2)
Environmental Health	55.5	53.0	55.5	(2.5)	●	-4.4%	0.8	(3.3)
Emergency Management	1.6	1.9	1.6	0.3	●	18.5%	0.2	0.1
North South Unit	0.6	0.7	0.6	0.1	●	13.3%	-	0.1
National Services	57.7	55.6	57.7	(2.1)	●	-3.6%	1.0	(3.1)
Testing & Tracing	181.8	153.0	181.8	(28.8)	●	-15.8%	(28.8)	-
Support Services	1,414.0	1,287.0	1,414.0	(126.9)	●	-9.0%	(117.9)	(9.0)
Other Operations/Services	1,925.1	1,788.1	1,925.1	(137.0)		-7.1%	(137.8)	0.8
Total Operational Service Areas	15,039.5	14,887.4	15,039.5	(152.1)		-1.0%	(5.6)	(146.5)

Dec 2020	YTD Actual Spend vrs YTD Budget				
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	%
Pensions	560.0	562.0	560.0	2.0	0.4%
State Claims Agency	390.0	377.5	390.0	(12.5)	-3.2%
Primary Care Reimbursement Service (Note 1)	3,152.8	3,113.8	3,152.8	(39.0)	-1.2%
Demand Led Local Schemes (Note 2)	267.9	274.7	267.9	6.8	2.6%
Treatment Abroad and Cross Border Directive	31.6	31.1	31.6	(0.5)	-1.6%
EHIC (European Health Insurance Card)	10.3	11.5	10.3	1.2	11.6%
Total Pensions & Demand Led Services	4,412.6	4,370.6	4,412.6	(42.0)	-1.0%
Overall Total	19,452.1	19,258.0	19,452.1	(194.1)	-1.0%

YTD Variance	
Directly Attributable to Covid-19 Expenditure	Attributable to Non Covid-19 Expenditure
€m	€m
-	2.0
-	(12.5)
39.3	(78.3)
1.7	5.2
-	(0.5)
-	1.2
41.0	(83.0)
35.4	(229.5)

Note 1: PCRS forms part of the National Services but is reported under Pensions & Demand Led Areas.

Note 2: Demand Led Schemes form part of the Primary Care Division but is reported under Pensions & Demand Led Areas.

Human Resources

Health Sector Workforce

At the end of December 2020 Health Services employment levels stand at **126,174** whole-time equivalents (WTE).

Overall headlines this month

- When compared with the **November 2020 figure (125,508 WTE)**, the change this month shows a significant **increase** of **+666 WTE**, with the Year to Date change at **+6,357 WTE (+5.3%)**.
- At a high level this month's change is well in excess of that normally seen for December, with the 5 year average change for the same period at **+235 WTE**. Additionally, the year to date increase of **+6,357 WTE** is also well above that of the 5 year average of **+3,357 WTE**.
- This however, is expected, given the required workforce expansion response to meet the challenges of COVID-19 and that required under Winter Plan 2020.

Overarching key findings this month

- Five of the six staff categories are showing growth this month, the largest of which is Patient & Client Care (**+446 WTE**) primarily relating to the recruitment of Community Swabbers +287 WTE, Care Assistant Disability Service +67 WTE, Home Help +69 WTE and Health Care Assistant +43 WTE.
- Management & Administrative is the second largest increase this month at **+123 WTE** of which **+61 WTE** relates to Administrative/Supervisory (V to VII) and Clerical (III & IV) +54 WTE. Health & Social Care Professionals also increased this month at **+48 WTE** mainly due to Therapy Professions **+18 WTE**, Pharmacy **+14 WTE** and Social Care **+9 WTE**. Further increases are seen across Nursing & Midwifery **+23 WTE**, with the Staff Nurse/Staff Midwife staff group showing the largest increase of **+109 WTE**. Pre-registration Nurse/Midwife Intern (Covid-19) decreased by **-89 WTE** as expected and primarily related to completion of the 4th year internship, and retention of this group as staff nurses/ midwives. Further increases were also seen in General Support of **+36 WTE**, of which +16 WTE is related to pottering grades and a further +10 WTE related to Medical Laboratory Aide.

- Medical and Dental is the only staff category this month reporting a decrease of **-10 WTEs**, related to **-4 WTE** in the Consultant staff group and **-4 WTE** SHO/Interns.
- This month the HSE, Section 38 Voluntary Agencies and Section 38 Voluntary Hospitals are all reporting increases with the largest increase in the HSE at **+571 WTE (+0.7%)**.
- At a service level, the largest increase is in Community Services at **+547 WTE**, with Acute Services at **+123 WTE**, while Corporate & National Services have decreased by **-3 WTE**.

Operations key findings this month

- Overall this month, **Acute Services** is showing an increase of **+123 WTE**, with a year to date growth of **+3,902 WTE (+6.2%)**.
- Four of the six staff categories are showing increases this month of which General Support is the largest increase (**+48 WTE**). Management & Administrative is the second highest increase at **+39 WTE**, of which **+25 WTE** relates to Administrative/Supervisory (V to VII). Health & Social Care Professionals has also increased by **+29 WTE** which relates to Therapy Professions **+14 WTE** and Pharmacy **+11 WTE**. Patient Client Care also increased by **+23 WTE** due to Health Care Assistants. Medical & Dental & Nursing & Midwifery are the two categories showing a decrease this month of **-11 WTE and -7 WTE** respectively.
- Five Hospital Groups and CHI increased this month, with the largest increase seen in the University of Limerick Hospital Group (**+35 WTE**).
- The change within **Community Services** this month shows an overall increase of **+547 WTE** with a year to date growth of **+2,288 WTE (4.4%)**. This is a significant increase on the 5 year average for the month (+35 WTE) and the year to date (+1,010 WTE).
- Five of the six staff categories are showing increases this month. Patient & Client Care is showing the largest increase (**+422 WTE**) which is attributable to increases in Health Care Assistants **+349 WTE** as mentioned above this is primarily related to recruitment of Community Swabbers +272 WTE. Further increases are seen in Management & Administrative (**+82 WTE**), of which **+49 WTE** relates to Clerical (III & IV), with **+31 WTE** in Administrative/Supervisory

(V to VII). Nursing & Midwifery increased by **+30 WTE** of which **+42 WTE** relates to Staff Nurse/Staff Midwife and Nurse/Midwife Manager **+24 WTE**. Health & Social Care Professionals increased by **+14 WTE**, with Social Care **+9 WTE** and Therapy Professions **+4 WTE**. Medical & Dental also increased by **+9 WTE**.

- General Support is the only staff category showing a decrease this month at **-10 WTE**.
- Eight of the nine CHOs are showing increases this month, with CHO 4 showing the largest increase (**+98 WTE**).
- At Division level Primary Care (**+374 WTE**), and Older People (**+87 WTE**) are showing two of the largest increases with additional increases also seen in Mental Health (+18 WTE) and Disabilities (+71 WTE). The only service showing a decrease this month is Community Health & Wellbeing at -4 WTE.

By Division/ Care Group: December 2020

Division/ Care Group	WTE Dec 2019	WTE Nov 2020	WTE Dec 2020	WTE change since Nov 2020	% change since Nov 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	125,508	126,174	+666	+0.5%	+6,357	+5.3%
Ambulance Services	1,933	1,992	1,990	-3	-0.1%	+57	+2.9%
Acute Hospital Services	60,604	64,324	64,449	+125	+0.2%	+3,845	+6.3%
Acute Services	62,537	66,317	66,439	+123	+0.2%	+3,902	+6.2%
Community Health & Wellbeing	-	148	144	-4	-2.7%	+144	
Mental Health	9,954	10,283	10,301	+18	+0.2%	+347	+3.5%
Primary Care	10,599	11,198	11,572	+374	+3.3%	+973	+9.2%
Disabilities	18,303	18,873	18,944	+71	+0.4%	+642	+3.5%
Older People	13,233	13,327	13,415	+87	+0.7%	+182	+1.4%

Division/ Care Group	WTE Dec 2019	WTE Nov 2020	WTE Dec 2020	WTE change since Nov 2020	% change since Nov 2020	WTE change since Dec 2019	% change since Dec 2019
Social Care	31,535	32,200	32,359	+159	+0.5%	+824	+2.6%
Community Services	52,089	53,830	54,377	+547	+1.0%	+2,288	+4.4%
Health & Well-being	574	504	511	+8	+1.5%	-62	-10.8%
Corporate	3,035	3,222	3,216	-7	-0.2%	+181	+6.0%
Health Business Service	1,583	1,636	1,631	-5	-0.3%	+48	+3.1%
H&WB Corporate & National Services	5,191	5,362	5,358	-3	-0.1%	+167	+3.2%

Health Sector Absence Rates: November 2020

The reported absence rate for November stands at 5.5%. This is a decrease on the previous month of 5.9%. Notably, the latest absence rate continues to be impacted by COVID-19 related absence at 1.5% in November. These figures are reflected in the attached National Absence Report.

	Benchmark /Target	Oct- 20	Certified Absence Nov- 2020	Self- Certified Nov- 2020	COVID- 19 Nov- 2020	Nov- 20	Full Year 2019	Year to date 2020
Rate	<3.5%	5.9%	3.7%	0.3%	1.5%	5.5%	4.7%	6.1%

Note: COVID-19 absence relates to employees that are absent with a medical diagnosis of COVID-19 or where employees have been advised to self-isolate due to COVID-19

Latest monthly figures

November 2020 absence rate stands at 5.5% of which 3.7% is certified, 0.3% Self-Certified with **1.5%** (or 26.8% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the November 2020 absence rate of 4%, is lower than last year's rate for the same month, and is also lower when compared to the previous 4 years i.e. 4.7% (2016), 4.5% (2017), 4.5% (2018) and 4.8% (2019).
- For **Acute Services** the absence rate is 5.8% of which 1.8% (31.7% of the total) is COVID-19 related. **Community Services** stands at 5.4% of which 1.0% (18.8% of the total) is COVID-19 related. **Health & Wellbeing, Corporate & National Services'** rate is 4.3% of which 1.4% (32.9% of the total) is COVID-19 related. Details are as follows:

Health Service Absence Rate - by Division November 2020

	Certified absence	Self-certified absence	COVID-19 absence	Total absence rate	Certified	Self-certified	COVID-19
Total	3.7%	0.3%	1.5%	5.5%	67.1%	6.1%	26.8%
Ambulance Services	4.2%	0.5%	1.9%	6.5%	64.3%	7.0%	28.7%
Acute Hospital Services	3.5%	0.4%	1.8%	5.8%	61.6%	6.6%	31.8%
Acute Services	3.6%	0.4%	1.8%	5.8%	61.7%	6.6%	31.7%
Community Health & Wellbeing	2.9%	0.3%	0.9%	4.2%	69.9%	7.4%	22.8%
Mental Health	3.5%	0.3%	1.3%	5.1%	68.4%	5.5%	26.0%
Primary Care	3.7%	0.2%	0.7%	4.5%	81.5%	3.8%	14.7%
Disabilities	4.0%	0.3%	0.8%	5.1%	77.6%	6.8%	15.7%
Older People	5.4%	0.4%	1.6%	7.4%	73.6%	5.3%	21.0%
Community Services	4.0%	0.3%	1.0%	5.4%	75.6%	5.6%	18.8%
Health & Wellbeing	3.8%	0.1%	0.1%	4.0%	94.9%	3.3%	1.9%
Corporate	2.7%	0.2%	1.7%	4.6%	59.0%	3.6%	37.4%
Health Business Services	2.4%	0.1%	0.3%	2.9%	85.0%	4.9%	10.1%
HWB, Corporate & National	2.7%	0.2%	1.4%	4.3%	63.4%	3.7%	32.9%

- At **Staff Category** Patient & Client Care reports the highest absence rate at 7.1% followed by General Support (6.8%) and Nursing and Midwifery (6.7%). Notably, these increases are impacted by COVID-19, with 30.6% of all absence related to COVID-19 in Nursing and Midwifery, followed by 24.1% in Patient Client Care and 24.2% in General Support. Medical and Dental reported the lowest absence rate at 2.1%, however with the largest proportion, at 40.7%, COVID-19 related. Details as follows:

Health Service Absence Rate - by Staff Category November 2020

	Certified absence	Self-certified absence	COVID-19 absence	Total absence rate	Certified	Self-certified	COVID-19
Total	3.7%	0.3%	1.5%	5.5%	67.1%	6.1%	26.8%
Medical & Dental	1.2%	0.1%	0.9%	2.1%	54.8%	4.5%	40.7%
Nursing & Midwifery	4.2%	0.5%	2.0%	6.7%	62.5%	6.9%	30.6%
Health & Social Care Professionals	2.7%	0.2%	0.7%	3.7%	74.2%	5.9%	19.8%
Management & Administrative	3.3%	0.2%	1.1%	4.5%	71.7%	4.7%	23.6%
General Support	4.8%	0.4%	1.7%	6.8%	70.6%	5.1%	24.2%
Patient & Client Care	4.9%	0.5%	1.7%	7.1%	69.5%	6.4%	24.1%

Year-to-date & trends 2008 – 2019

The year to date 2020 figure of 6.1% has also been significantly impacted by COVID-19 related absence with 1.6% of the 2020 absence rate (or 29% of all 2020 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 2020.

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%	4.6%	4.7%	6.1%

- The 2019 full year rate is 4.7%, which is broadly consistent with the 2020 year-to-date rate **excluding** COVID-19 at 4.7%.

- 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 of 3.5% for all hospitals and agencies. This KPI however, excludes the impact of COVID-19 related absence.

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.8%	87.3%
Mental Health Services	98.4%	92.2%
Other Agencies	100%	100%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1	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 18/19	—————
Month 17/18	—————

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	Metric Name	Data Coverage Issue
Performance Achievement	% of staff who have engaged with and completed a performance achievement meeting with his/her line manager	Reporting of this metric is to commence in 2021
Primary Care	Speech and Language Therapy % on waiting list for assessment within ≤ 52 weeks % on waiting list for assessment within ≤ 52 weeks No of Speech and Language patients seen	Non Return (Apr, May, Jun, Jul, Aug) CHO1 (Sligo/Leitrim) Non Return (Aug, Sep) CHO1 (Donegal) Non Return (Mar, Apr) CHO3 (Limerick, North Tipp/East Limerick)
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Mar) CHO4 (North Lee) Non Return (Aug) CHO5 (South Tipperary)
Primary Care	Occupational Health % of new Occupational Health patients seen for assessment within 12 weeks % of Occupational Health patients on waiting list for assessment ≤ 52 weeks No of Occupational Health patients seen	Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) - CHO1 (Sligo/Leitrim) Non Return (Mar, Apr, May, Jun, Jul, Aug) CHO 3 (Limerick) Non Return (Sep, Nov, Dec) CHO5 (Carlow/Kilkenny) Non Return (Feb) CHO6 (Dun Laoghaire)
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	Non Return (Dec) CHO1 (Sligo/Leitrim) Non Return (Apr, May) CHO5 (South Tipp) Non Return(Nov, Dec) CHO7 (Kildare West Wicklow)
Primary Care	Dietetics % of patients on dietetic waiting list who are waiting ≤ 12 weeks % of patients on dietetic waiting list who are waiting ≤ 52 weeks No. of Dietetics patients seen	Non Return (Dec) CHO7 (Dublin South City/Dublin West)
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	Non Return (Dec) CHO1 (Donegal, Sligo Leitrim) Non Return (Jan, Feb, May, Jun, Jul, Sep) CHO8 (Meath)
Primary Care	Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment	Non Return (Nov) CHO5 (Carlow/Kilkenny)
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return (2019) – CHO7 (Dublin West) Non Return (Jan) CHO2 (Galway) Non Return (Mar, Apr, May, Jun, Jul, Aug) CHO5 Carlow/Kilkenny) Non Return (Jul, Aug, Sep, Oct) CHO5 (South Tipperary) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov)

Service Area	Metric Name	Data Coverage Issue
		CHO6 (Dublin South East, Wicklow) Non Return (Feb, Jul, Aug, Sep, Oct, Nov) CHO6 (Dun Laoghaire) Non Return (Jan) CHO9 (Dublin North) Non Return (Jan) CHO9 (Dublin North Central) Non Return (Aug) CHO9 (Dublin North West)
Primary Care	Podiatry % of podiatry clients (patients) on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	Non Return (May) CHO3 (Clare, Limerick) Non Return (Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec) Non Return (Jan), CHO5 (Carlow/Kilkenny) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug) CHO9 (North Dublin)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return (2019) - CHO7 (Dublin West) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug, Nov) CHO2 (Galway) Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) CHO5 (Carlow/Kilkenny) Non Return (Apr, May, Jun) - CHO9 (Dublin North)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return (Q3, Q4) CHO1 (Cavan/Monaghan) Non Return (Q4) CHO1 (Donegal) Non Return (Q4) CHO3 (Clare) Non Return (Q1, Q2, Q3) CHO5 (Carlow/Kilkenny) Non Return (Q1, Q2, Q3, Q4) CHO6 (Dublin South East, Wicklow) Non Return (Q3, Q4) Dun Laoghaire Non Return (Q1, Q2, Q3, Q4) CHO9 (Dublin North Central) Non Return (Q4) CHO9 (North Dublin) Non Return (Q4) CHO9 Dublin North West
Primary Care	Orthodontics % of Orthodontic patients seen for assessment within 6 months No of Orthodontic patients seen for assessment within 6 months % of Orthodontics patients (grade 4 and 5) on the treatment waiting list longer than 4 years (%)	Non Return (Q3, Q4) DML Non Return (Q1, Q2) South Non Return (Q4) West
Primary Care	Consumption of Antibiotics Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Non Return (Q1, Q2, Q3) National
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return for 2019 – CHO1 (Donegal) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec) - CHO1 (Donegal)

Service Area	Metric Name	Data Coverage Issue
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	Non Return for 2019 – CHO1 (Donegal) Non Return (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec) - CHO1 (Donegal)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return (Q1 2020) CHO8 (Louth & Meath) Non Return (Q3 2020) - CHO1 (Donegal)
Social Inclusion	% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return (Q1 2020) CHO8 (Louth & Meath) Non Return (Q3 2020) - CHO1 (Donegal)
Mental Health General Adult	Number of referrals received	Non returns: CHO1 (East & West Cavan, Monaghan, CHO1 Sligo) CHO4 (City North West) CHO5 (Kilkenny North, South Tipperary, Wexford North) CHO7 (Clondalkin)
Mental Health General Adult	Number of referrals seen	Non returns: CHO1 (East & West Cavan, Monaghan, CHO1 Sligo) CHO4 (City North West) CHO5 (Kilkenny North, South Tipperary, Wexford North) CHO7 (Clondalkin)
Mental Health General Adult	% seen within 12 weeks	Non returns: CHO1 (East & West Cavan, Monaghan, CHO1 Sligo) CHO4 (City North West) CHO5 (Kilkenny North, South Tipperary, Wexford North) CHO7 (Clondalkin)
Psychiatry of Later Life	Number of referrals received	Non returns: CHO1 (Cavan/Monaghan, Donegal, Sligo/Leitrim) CHO8 (Louth)
Psychiatry of Later Life	Number of referrals seen	Non returns: CHO1 (Cavan/Monaghan, Donegal, Sligo/Leitrim) CHO8 (Louth)
Psychiatry of Later Life	% seen within 12 weeks	Non returns: CHO1 (Cavan/Monaghan, Donegal, Sligo/Leitrim) CHO8 (Louth)
Mental Health CAMHS	CAMHS waiting list	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)
Mental Health CAMHS	CAMHS waiting list > 12 months	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)

Service Area	Metric Name	Data Coverage Issue
Mental Health CAMHS	No of referrals received	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)
Mental Health CAMHS	Number of new seen	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)
Mental Health CAMHS	CAMHS – first appointment within 12 months	Non returns: CHO2 (Mayo North) CHO5 (South Tipperary, South Tipperary Team 2)
Disabilities	No. of residential places for people with a disability	Data returned as quarterly for 2019 (listed as monthly in NSP) -data not profiled for 2019. Dec 2019 data loaded for 2019 Outturn for 2020 reporting, SPLY data not available.
Disabilities	No of in home respite supports for emergency cases	New KPI for 2020, no targets profiled for Jan or Feb.
Disabilities	Total number of new emergency places and in home respite supports	New KPI for 2020 (DIS 102 + DIS 109)
Population Health & Wellbeing	Immunisation & Vaccines % 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 December (Q-1Q Sep 2020) CHO3 (All, LHO's), CHO6 (All LHO's), CHO7 (All LHO's), CHO9 (All LHO's)
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 - Dec-20. Cavan & Connolly Unit closed Apr-20 - Dec-20. OLOL closed Apr & May 20. CUH no data since Jan-20. MMUH closed Jul-20 - Oct-20. UHL AMU 'Medical ED' since C19. UHW no data in 2019 2020
Acute Hospitals	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	See individual KPI outstanding below
Acute Hospitals	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	GUH outstanding Dec 20.
Acute Hospitals	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	GUH outstanding Dec 20.

Service Area	Metric Name	Data Coverage Issue
Acute Hospitals	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	GUH outstanding Dec 20
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Altnagelvin outstanding Dec 20. CUH outstanding Nov & Dec 20
Acute Hospitals	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	Kilcreene Regional Orthopaedic Hospital data outstanding for October, November, December 2020. UH Waterford outstanding for December 2020.
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	Kilcreene Regional Orthopaedic Hospital data outstanding for October, November, December 2020. UH Waterford outstanding for December 2020.
Acute Hospitals	No. of new cases of CPE	Kilcreene Regional Orthopaedic Hospital data outstanding for October, November, December 2020. UH Waterford outstanding for December 2020.
Acute Hospitals	% of hospitals implementing the requirements for screening with CPE Guidelines	During Q1 2020, 17/49 hospitals data was outstanding. This was due to pressures on Infection Prevention & Control staff due to COVID. In Q2 there are 3 Hospitals outstanding CHI at Crumlin, Letterkenny University Hospital and Mercy University Hospital. During Q4, there were 4 Hospitals with outstanding data: Letterkenny University Hospital, Lourdes Orthopaedic Hospital Kilcreene, Mercy University Hospital, UH Waterford
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	During Q1 2020, 17/49 hospitals data was outstanding. This was due to pressures on Infection Prevention & Control staff due to COVID. In Q2 there are 3 Hospitals outstanding CHI at Crumlin, Letterkenny University Hospital and Mercy University Hospital. During Q4, there were 4 Hospitals with outstanding data: Letterkenny University Hospital, Lourdes Orthopaedic Hospital Kilcreene, Mercy University Hospital, UH Waterford

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
	Wexford General Hospital	Wexford		St. John's Hospital Limerick	St. John's
RCSI Hospitals Group	Beaumont Hospital	Beaumont		University Hospital Limerick	UHL
	Cavan General Hospital	Cavan		University Maternity Hospital Limerick	LUMH
	Connolly Hospital	Connolly			
	Louth County Hospital	Louth			
	Monaghan Hospital	Monaghan			
	Our Lady of Lourdes Hospital	OLOL			
	Rotunda Hospital	Rotunda			

Appendix 4: Community Health Organisations

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