Performance Profile October - December 2022

Contents

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

Executive Summary

Executive Summary

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

Emergency Care
- New Emergency Department attendances year to date are 1,353,886 this represents a 1.2% variance YTD against expected activity YTD.
- 93.8% of all patients were seen within 24 hours in EDs in December 2022 and 95.4% year to date.
- 84% of patients aged 75 years and over were seen within 24 hours in EDs in December 2022 and 88.9% year to date.

Inpatient Discharges
Elective Inpatient Discharges
There were 71,884 elective inpatient discharges year to date November 2022 versus 66,105 for the corresponding period in 2021 that is an increase of 8.7%.

Emergency Inpatient Discharges
There were 397,117 emergency inpatient discharges year to date November 2022 versus 382,631 for the corresponding period in 2021, that is an increase of 3.8%.

Day Case Discharges (including dialysis)
The number of day case procedures year to date November 2022 was 1,021,920 versus 933,611 for the same period in 2021, that is an increase of 88,309 cases.

Delayed Transfer of Care
There were 525 Delayed Discharges in December 2022 versus 453 in December 2021, an increase of 72.

Inpatient, Day Case & Outpatient Waiting Lists
December 2022 compliance with waiting lists was as follows:
- Adult Inpatient < 12 months (target 98%), compliance 78.1%.
- Adult Day Case < 12 months (target 98%), compliance 86.8%.
- Children's Inpatient< 12 months (target 98%), compliance 71.6%.
- Children's Day Case < 12 months (target 98%), compliance 85%.
- Outpatients within 18 months (target 98%), compliance 83.9%.
- The total number of adult patients waiting for an inpatient or day case procedure at the end of December 2022 was 81,568 an increase of 6,105 on December 2021 (75,463).
- Total number of people waiting for Outpatient appointment was 584,626 in December 2022 a decrease of 32,822 on December 2021 (617,448).

Colonoscopy/Gastrointestinal Service
- In December 2022 61.3% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 126 new urgent patient breaches in December 2022.

Cancer Services
- 81.8% of prostate cancer referrals were seen within 20 working days year to date compared with 66.5% for the same period last year.
- 90.7% of lung cancer referrals were seen within 10 working days year to date compared with 89.7% for the same period last year.
- 70.7% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 55.8% for the same period last year.

Primary Care Services
- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 78.3%.
- 87.8% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.
- 73.8% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.
- 65.5% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.
- 83.7% of babies received their developmental screening checks within 12 months and 98.1% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- There were 8,283 residential places for people with a Disability in December 2022, which is a 0.7% (55) increase on the 8,228 profiled target.
- At the end of December 2022, 103 new emergency places had been provided; and 439 home respite supports for emergency cases put in place, year to date.

Older Persons Services

- Home Support hours delivered year to date was 20,792,772. The number of people, in receipt of home support services at the end of December 2022 was 56,162.
- 1,175 persons were in receipt of payment for transitional care in November 2022.
- The current wait time for NHSS funding approval in 2022 is 4 weeks.

Mental Health Services

- 98.6% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of December 2022, which is above the target: >95%.

Population, Health & Wellbeing Services

- Nationally year to date to September 2022, 49.7% of smokers are quit at 4 weeks ahead of the National target of 48%. (Q-1Q)
- 92.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to September 2022 while 89.5% of children aged 24 months received the MMR vaccine year to date to September 2022 against a target of 95%. (Q-1Q)

Corporate Updates

Capital – Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2022	Cum Profile for Period Jan - Dec	Expenditure for Period Jan - Dec	Variance for Period Jan - Dec	Expenditure to Dec as % of Dec YTD Profile	Expenditure to Dec as % of Annual Profile	Variance to Dec as % of Dec YTD Profile
2022 Allocation / Expenditure Analysis - Capital							
M02 - Buildings & Equipment -Non Covid19	592.650	592.650	580.299	12.351	97.92%	97.92%	2.08%
M04 - Buildings & Equipment - Covid19	140.000	140.000	129.722	10.278	92.66%	92.66%	7.34%
M02 - New Children's Hospital	352.000	352.000	340.275	11.725	96.67%	96.67%	3.33%
	1084.650	1084.650	1050.296	34.354	96.83%	96.83%	3.17%
M03 - Info Systems for Health Agencies	164.500	164.500	150.581	13.919	91.54%	91.54%	8.46%
	1249.150	1249.150	1200.877	48.273	96.14%	96.14%	3.86%
Asset Disposals	1.435	1.435	0.000	1.435	0.00%	0.00%	100.00%
Net	**1250.585**	**1250.585**	**1200.877**	**49.708**	**96.03%**	**96.03%**	**3.97%**

General Comment:

During 2022 the impact of the Coronavirus Pandemic continued to generate pressures on capital funding with expenditure to end of December amounting to €129.722m compared to €151.938m in 2021. The total funding allocated increased from €130m in 2021 to €140m in 2022.

CONSTRUCTION – M02 - Building & Equipment – Non Covid19

The variance on general construction projects for the year ended December 2022 is 2.08% (or €12.351m) behind profile. In the period to the end of December the total expenditure of €580.299m represents 97.92% of the total annual profile for 2022.

CONSTRUCTION – M04 - Building & Equipment – Covid19

The variance on Covid19 construction projects for the year ended December 2022 is 7.34% (or €10.278m) behind profile. In the period to the end of December the total expenditure of €129.722m represents 92.66% of the total annual profile for 2022.

CONSTRUCTION – M02 - (National Children's Hospital)

The variance on the National Children's Hospital project for the year ended December 2022 is 3.33% (or €11.725m) behind profile. In the period to the end of December the total expenditure of €340.275m represents 96.67% of the total annual profile for 2022.

Information Systems for Health Agencies - M03

The variance on ICT projects for the year ended December 2022 is 8.46% (or €13.919m) behind profile.
In the period to the end of December the total expenditure of €150.581m represents 91.54% of the total annual profile for 2022.

Asset Disposals:

Income from the sale of assets for the year ended December 2022 amounted to € 1.435m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Acute Hospitals(Hospital groups)	156,805,267	165,019,731	289,995,164	385,542,123
Community Healthcare	146,492,500	147,766,411	148,239,503	155,003,927
National Services	1,141,877,271	1,308,410,227	1,506,809,214	1,680,061,677
Total	**1,445,175,039**	**1,621,196,369**	**1,945,043,881**	**2,220,607,728**

Internal Audit

	75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2021 Position at 31st Mar 2022	2021 Position at 30th Jun 2022	2021 Position at 30th Sep 2022	2022 Position at 30th Sep 2022	2022 Position at 31st Dec 2022		2019 Position at 31st Marc 2022	2019 Position at 30th Jun 2022	2019 Position at 30th Sep 2022	2019 Position at 30th Dec 2022	2020 Position at 31st Mar 2022	2020 Position at 30th Jun 2022	2020 Position at 30th Sept 2022	2020 Position at 30th Dec 2022	2021 Position at 31st Mar 2022	2021 Position at 30th June 2022	2021 Position at 30th Sep 2022	2021 Position at 31st Dec 2022
Total	**68%**	**59%**	**75%**	**72%**	**65%**		**94%**	**94%**	**95%**	**96%**	**63%**	**73%**	**82%**	**88%**	**87%**	**84%**	**81%**	**84%**
CHO 1	76%	81%	92%	100%	67%		85%	89%	91%	91%	53%	59%	83%	88%	55%	68%	78%	82%
CHO 2	27%	22%	50%	100%	84%		98%	98%	98%	99%	67%	100%	100%	100%	N/A	N/A	75%	78%
CHO 3	86%	77%	92%	50%	50%		96%	96%	96%	96%	94%	94%	100%	100%	N/A	100%	86%	93%
CHO 4	59%	64%	100%	79%	34%		93%	93%	95%	90%	74%	85%	93%	97%	50%	58%	63%	72%
CHO 5	30%	49%	90%	100%	63%		100%	100%	100%	100%	17%	25%	83%	83%	75%	75%	93%	88%
CHO 6	N/A	66%	79%	71%	32%		97%	97%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79%
CHO 7	N/A	N/A	N/A	93%	86%		98%	98%	100%	100%	91%	93%	95%	95%	N/A	N/A	N/A	N/A
CHO 8	80%	47%	92%	17%	9%		89%	89%	92%	93%	25%	67%	67%	96%	100%	74%	73%	99%
CHO 9	N/A	N/A	N/A	N/A	95%		93%	93%	93%	93%	47%	67%	70%	80%	N/A	N/A	N/A	N/A
National Mental Health	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
National Director Community Ops	96%	96%	N/A	0%	63%						20%	20%	60%	60%	100%	100%	100%	100%
Total Community Services	73%	64%	86%	76%	67%		95%	95%	96%	96%	61%	74%	85%	92%	88%	80%	82%	88%

	75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2021 Position at 31st Mar 2022	2021 Position at 30th Jun 2022	2021 Position at 30th Sep 2022	2022 Position at 30th Sep 2022	2022 Position at 31st Dec 2022		2019 Position at 31st Marc 2022	2019 Position at 30th Jun 2022	2019 Position at 30th Sep 2022	2019 Position at 30th Dec 2022	2020 Position at 31st Mar 2022	2020 Position at 30th Jun 2022	2020 Position at 30th Sept 2022	2020 Position at 30th Dec 2022	2021 Position at 31st Mar 2022	2021 Position at 30th June 2022	2021 Position at 30th Sep 2022	2021 Position at 31st Dec 2022
Dublin Midlands Hospital Group	47%	63%	38%	67%	67%		100%	100%	100%	100%	88%	88%	88%	88%	100%	100%	100%	76%
Ireland East Hospital Group	100%	63%	57%	100%	100%		100%	100%	100%	100%	63%	67%	67%	67%	100%	100%	100%	88%
National Children's Hospital Group	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	N/A	9%	9%	N/A	N/A		89%	89%	89%	89%	0%	0%	23%	69%	66%	72%	72%	83%
Saolta Hospital Group	83%	60%	81%	62%	46%		100%	100%	100%	100%	74%	82%	91%	85%	83%	92%	83%	85%
South South West Hospital Group	56%	39%	53%	N/A	30%		65%	65%	65%	65%	69%	73%	73%	96%	95%	90%	79%	79%
University of Limerick Hospital Group	89%	40%	100%	100%	75%		100%	100%	100%	100%	94%	100%	100%	100%	100%	93%	94%	95%
National Ambulance Service	N/A	86%	100%	N/A	17%		25%	25%	25%	25%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
National Director Acute Ops	0%	4%	73%	18%	43%						62%	62%	62%	62%	N/A	N/A	0%	38%
Total Acute	62%	46%	62%	61%	49%		88%	88%	88%	88%	66%	70%	74%	81%	83%	88%	79%	79%
Chief Information Officer	33%	71%	100%	29%	88%		95%	95%	96%	96%	88%	88%	88%	88%	N/A	N/A	75%	95%
Chief Operations Officer					0%													

	75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months											
	2021 Position at 31st Mar 2022	2021 Position at 30th Jun 2022	2021 Position at 30th Sep 2022	2022 Position at 30th Sep 2022	2022 Position at 31st Dec 2022		2019 Position at 31st Marc 2022	2019 Position at 30th Jun 2022	2019 Position at 30th Sep 2022	2019 Position at 30th Dec 2022	2020 Position at 31st Mar 2022	2020 Position at 30th Jun 2022	2020 Position at 30th Sept 2022	2020 Position at 30th Dec 2022	2021 Position at 31st Mar 2022	2021 Position at 30th June 2022	2021 Position at 30th Sep 2022	2021 Position at 31st Dec 2022
Compliance / QAV / Gov & Risk	N/A	100%	100%	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Estates	N/A	0%	33%	N/A	N/A		N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	N/A	33%
Finance	0%	0%	0%	55%	59%		94%	94%	96%	96%	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
HBS - Estates	0%	N/A	N/A	N/A	N/A		100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
HBS - Finance	100%	N/A	N/A	N/A	50%		N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	100%	100%
HBS - HR	80%	73%	91%	N/A	N/A		100%	100%	100%	100%	0%	0%	100%	100%	100%	83%	83%	94%
HBS - Procurement	60%	N/A	N/A	N/A	N/A		100%	100%	100%	100%	89%	89%	89%	89%	N/A	60%	60%	60%
Health and Wellbeing	N/A	N/A	N/A	N/A	N/A		100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Human Resources	N/A	33%	56%	40%	100%		88%	88%	88%	100%	41%	41%	45%	45%	95%	100%	100%	100%
Integrated Operations Planning	N/A	N/A	N/A	92%	92%													
National Screening Service	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	N/A	N/A
National Services	N/A	N/A	N/A	N/A	N/A						33%	44%	56%	56%	N/A	N/A	N/A	N/A
PCRS	75%	100%	N/A	50%	50%										100%	100%	100%	100%
Strategy & Research	0%	0%	N/A	N/A	75%										N/A	N/A	0%	0%

Healthcare Audit @ Q4 2022

Healthcare Audit	Audit In Progress	Report Issued
Healthcare Audits in progress/issued	17	103

Performance Achievement Q4 Report- 2022

Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of initial Performance Achievement meetings undertaken across services Report collated on 10th of the month following the end of each quarter.

Percentage is weighted against the service HC as per previous month's census report. To note, previous quarterly reports up to and including Q4 2021 were weighted against the WTE in the previous month's census report.

Acute data caveats

1 Hospital Group did not respond

Community data caveats

All CHO areas responded

Corporate data caveats

5 Corporate Areas did not respond in Q4 2022, of whom 3 Corporate Areas did not submit any returns in 2022.

Service Delivery Area	HC Sept 2022	Total completed Q1	Total completed Q2	Total completed Q3	Total completed Q4	% complete YTD 2022
Total Health Service	**154,217**	**2,325**	**3,459**	**2,646**	**2,773**	**7.3%**
National Ambulance Service	2,112	6	7	19	23	2.6%
Children's Health Ireland	4,580	0	0	439		9.6%
Dublin Midlands Hospital Group	13,395	54	764	33	54	6.8%
Ireland East Hospital Group	15,999	277	341	62	152	5.2%
RCSI Hospitals Group	12,103	0	0	0	45	0.4%
Saolta University Hospital Care	12,270	0	100	56	123	2.3%
South/South West Hospital Group	14,065	178	166	146	8	3.5%
University of Limerick Hospital Group	5,716	131	184	244	180	12.9%
other Acute Services	119	0	0	48	497	458.0%
Acute Services	**80,359**	**646**	**1,562**	**1,047**	**1,082**	**5.4%**
CHO 1	7,258	0	167	77	98	4.7%
CHO 2	6,878	316	198	36	33	8.5%
CHO 3	6,019	0	37	77	240	5.9%
CHO 4	10,996	93	109	333	320	7.8%
CHO 5	6,895	0	12	7	31	0.7%
CHO 6	4,185	348	144	52	64	14.5%
CHO 7	8,338	52	125	98	121	4.7%
CHO 8	7,748	43	49	23	66	2.3%
CHO 9	8,271	281	192	78	133	8.3%
other Community Services	770	21	7	90	26	18.7%
Community Services	**67,358**	**1,154**	**1,040**	**871**	**1,132**	**6.2%**

Service Delivery Area	HC Sept 2022	Total completed Q1	Total completed Q2	Total completed Q3	Total completed Q4	% complete YTD 2022
Health & Wellbeing	718	0	40	81		16.9%
Corporate	4,341	525	817	647	559	58.7%
Health Business Services	1,441	0	0	0		0.0%
H&WB Corporate & National Services	**6,500**	**525**	**857**	**728**	**559**	**41.1%**

Annual compliance statements

Performance Area	Reporting Level	Freq	Target 2022	Outturn 2022
% annual compliance statements signed	National	A	100%	99%

Quality and Patient Safety

Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq		Current Period12M/ 4Q	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring (included: Category 1, who was involved=service user)	**National**				**861**	**78**	**66**	**82**
	Acute Hospitals				508	47	42	49
	Community Healthcare				353	31	24	33
Serious Incidents Review completed within 125 calendar days*	**National**	**70%**	**M**	🔴	**48%**	**65%**	**48%**	**47%**
	Acute Hospitals	70%	M	🔴	56%	69%	55%	55%
	Community Healthcare	70%	M	🔴	16%	40%	36%	14%
% of reported incidents entered onto NIMS within 30 days of notification of the incident** (New KPI) (Reported @October 2022)	**National**	**70%**	**Q**	🟢	**72%**	**72%**	**75%**	**78%**
	Acute Hospitals	70%	Q	🟢	72%	73%	75%	76%
	Community Healthcare	70%	Q	🟢	72%	71%	74%	79%
Extreme and major incidents as a % of all incidents reported as occurring ***	**National**	**<1%**	**Q**	🟢	**0.49%**	**0.45%**	**0.43%**	**0.68%**
	Acute Hospitals	<1%	Q	🟢	0.55%	0.52%	0.46%	0.79%
	Community Healthcare	<1%	Q	🟢	0.42%	0.37%	0.40%	0.55%

* Current - reflecting compliance August 2022.Current 12M rolling period reflecting compliance September 2021 - August 2022.

** Current-reflecting compliance Q3 2022. Current 4Q period reflecting compliance Q4 2021-Q3 2022 based on new calculation using date notified adjusted.

*** Current – reflecting compliance Q4 2022. Current 4Q period reflecting compliance Q1-Q4 2022. Current (-1)/ (-2) reflects previous quarters
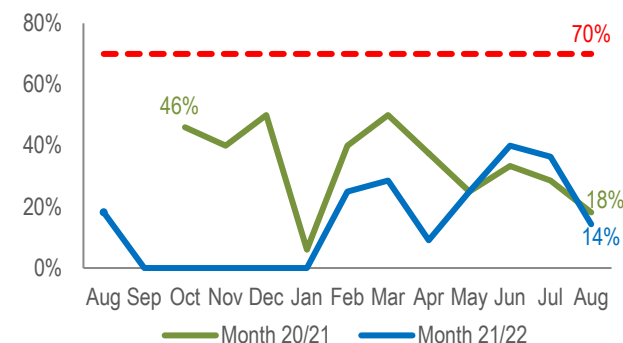
% of serious incidents requiring review completed within 125 days of notification of the incident National
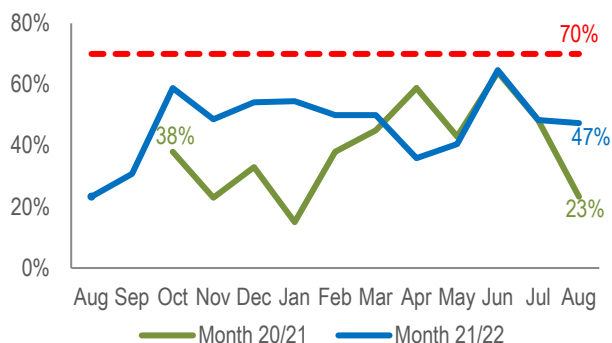
% of serious incidents requiring review completed within 125 days of notification of the incident - Acute
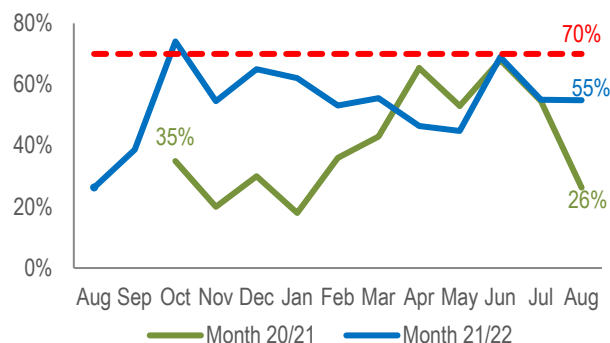
% of serious incidents requiring review completed within 125 days of notification of the incident - Comunity

Serious Reportable Events

Service Area	Total SRE occurrence (in-month) Dec 2022	Nov 2022	Oct 2022	Sep 2022	Aug 2022	Jul 2022	Jun 2022	May 2022	Apr 2022	Mar 2022	Feb 2022	Jan 2022
Acute Hospitals [inc. National Ambulance Service]	39	37	48	50	52	39	56	49	64	69	49	58
Community Services	22	14	14	8	16	17	20	20	10	20	18	22
Total*	**61**	**51**	**62**	**58**	**68**	**56**	**76**	**69**	**74**	**89**	**67**	**80**

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

61 SREs were reported as occurring in December 2022 and registered in NIMS up to 9th January 2023. 27 SREs were reported as patient falls,13 were reported as Stage 3 or 4 pressure ulcers and the remaining 21 SREs reported comprised 6 SRE categories.

COVID-19 Environment

Testing, Tracing and Vaccination Programme

- The Test and Trace KPIs in December 2022 remain consistent since February 2022.
- KPI 1 remains below YTD target due to the large volume of referrals in December 21 and January 22.

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	M	🔴	**52%**	54%	-2%	95%	94%	93%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	90%	M	🟢	**92%**	90%	2%	92%	86%	92%
Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	M	🟢	**93%**	97%	-4%	98%	97%	96%
End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	M	🟢	**93%**	81%	12%	96%	97%	96%
End to end referral to completion of contact tracing (Overall): Median completion performance	2 days	M	🟢	**1.1 days**	1.1 days	0 days	1.1 days	1.1 days	1.1 days
Vaccination Programme (Booster) Cumulative Uptake: % Uptake for eligible Booster population (12+)*	75%	M	🟢	**80%**	N/A	N/A	79%	80%	80%

This metric and target refer to the booster programme only

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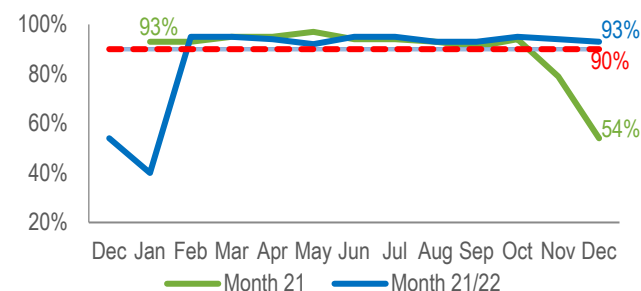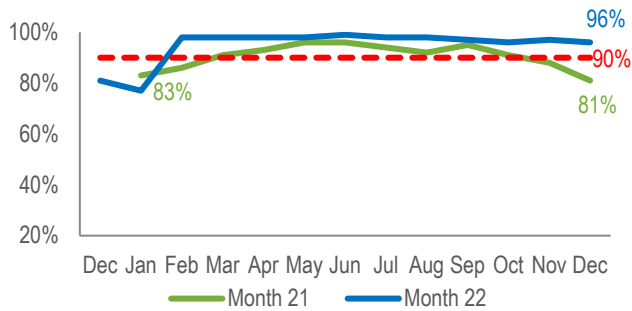

KPI 2 - Swab to communication of test result: % of test results communicated in 48 hrs following swab
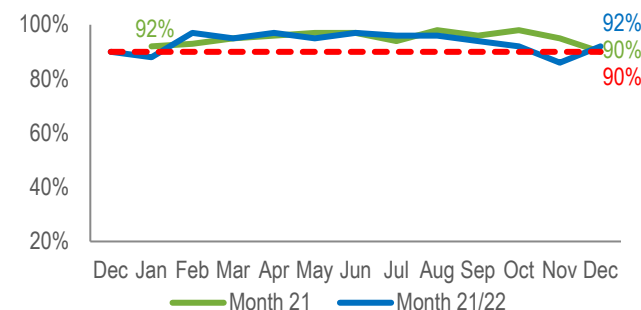
KPI 3 - Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected
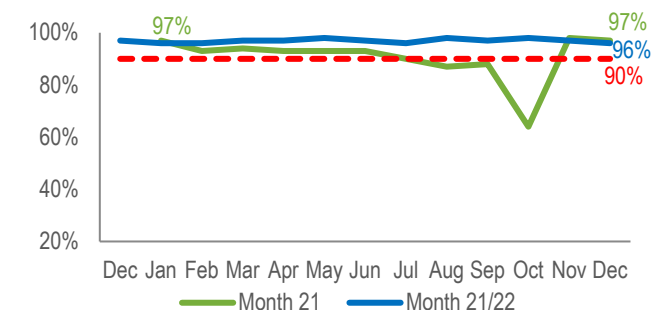
KPI 4 - End to end referral to completion of contact tracing (Overall): % completed within 3 days

Legend: Month 21, Month 22

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**																
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	16% [R]	-77.1%										40%	36%	14%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q3 2022)	Q	70%	72% [G]	2.9%										71%	74%	79%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.42% [G]	-58%										0.37%	0.40%	0.55%
	Service User Experience (Q3 at 23.11.22)																
	Complaints investigated within 30 working days	Q	75%	66% [R]	-12%		65% [R]	44% [R]	33% [R]		100% [G]	77% [G]	75% [G]	100% [G]			
	Child Health																
	Child development assessment 12 months	M-1M	95%	83.7% [R]	-11.9%	72.4% [R]	76.6% [R]	91.1% [G]	90.7% [G]	79.9% [R]	61.3% [R]	95.6% [G]	89.2% [A]	78.6% [R]	85.8%	85.8%	88.6%
	New borns visited within 72 Hours	Q	99%	98.1% [G]	-0.9%	96.6% [G]	93.8% [A]	100% [G]	101.7% [G]	99.4% [G]	97.4% [G]	98.5% [G]	95.9% [G]	98.8% [G]	98.9%	98.4%	97.6%
	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	31.1% [R]	-13.5%	25% [R]	24.7% [R]	25% [R]	34.4% [G]	32.8% [A]	45.5% [G]	29.6% [R]	30.3% [R]	39% [G]	30.2%	31.6%	31.7%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.5% [A]	-5.8%	86.5% [A]	92.5% [G]	88.8% [A]	93.1% [G]	89.5% [A]	89.7% [A]	89.6% [A]	87.6% [A]	87.5% [A]	89.7%	88.8%	89.8%
	CAMHs – Bed Days Used																
	% of Bed days used	M	>95%	98.6% [G]	3.8%	95.7% [G]	100% [G]	98.1% [G]	99.1% [G]	94.3% [G]	100% [G]	100% [G]	100% [G]	96.6% [G]	98.6%	100%	100%
	Disability Services																
	Congregated Settings	M	143	35 [R]	-75.5%	2 [R]	7 [R]	8 [R]	3 [R]	1 [R]	1 [R]	7 [R]	0 [R]	6 [R]	1	4	1

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Healthy Ireland																	
	Smokers on cessation programme who were quit at four weeks	Q-1Q	48%	49.7% [G]	3.6%										47.5%	48.7%	52.8%
Therapy Waiting Lists																	
	Physiotherapy access within 52 weeks	M	94%	78.3% [R]	-16.7%	92.1% [G]	76.3% [R]	78.1% [R]	86.3% [A]	54.3% [R]	97.6% [G]	96.3% [G]	72.4% [R]	87.1% [A]	78.1%	78.8%	78.3%
	Occupational Therapy access within 52 weeks	M	95%	73.8% [R]	-22.3%	84.8% [R]	69% [R]	90.6% [G]	77.6% [R]	63.2% [R]	98.6% [G]	76% [R]	74% [R]	64.6% [R]	72.7%	73.2%	73.8%
	SLT access within 52 weeks	M	100%	87.8% [R]	-12.2%	81% [R]	94.9% [A]	93.1% [A]	100% [G]	80% [R]	89.8% [R]	77.4% [R]	92.3% [A]	94.8% [A]	89.3%	88%	87.8%
	Podiatry treatment within 52 weeks	M	77%	64.6% [R]	-16.2%	66.1% [R]	70.1% [A]	75.7% [G]	74.4% [G]	43% [R]	100% [G]	No Service	39.3% [R]	71.9% [A]	59.7%	62.2%	64.6%
	Ophthalmology treatment within 52 weeks	M	64%	51.7% [R]	-19.3%	55.1% [R]	34.6% [R]	67.6% [G]	39.9% [R]	54.6% [R]	100% [G]	100% [G]	70.7% [G]	100% [G]	54%	54.1%	51.7%
	Audiology treatment within 52 weeks	M	75%	75.8% [G]	1.1%	91% [G]	72.9% [G]	67.4% [R]	77.3% [G]	60.4% [R]	86.6% [G]	83.9% [G]	69.7% [A]	95.9% [G]	77.2%	77.7%	75.8%
	Dietetics treatment within 52 weeks	M	80%	63.4% [R]	-20.8%	90.7% [G]	50% [R]	40.1% [R]	83.1% [G]	42.3% [R]	66.7% [R]	53.4% [R]	59.9% [R]	77.9% [G]	60.3%	62.7%	63.4%
	Psychology treatment within 52 weeks	M	81%	65.5% [R]	-19.2%	72% [R]	52.2% [R]	96.2% [G]	54.2% [R]	85.5% [G]	91.3% [G]	51.7% [R]	98.8% [G]	61.1% [R]	63.9%	65%	65.5%
Nursing																	
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	98.8% [G]	-1.2%	93.3% [A]	103.3% [G]	109.6% [G]	98.1% [G]	94.3% [A]	92.9% [A]	98.9% [G]	100.7% [G]	99% [G]	97.4%	99.6%	98.8%
Mental Health																	
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	92.7% [G]	3.1%	100% [G]	98% [G]	100% [G]	70.2% [R]	78% [R]	100% [G]	100% [G]	97.9% [G]	100% [G]	95.4%	94.3%	93.1%
	% seen within 12 weeks by GAMHT	M	≥75%	70.3% [A]	-6.3%	87.1% [G]	88% [G]	64.6% [R]	67.7% [A]	74.3% [G]	73% [G]	67.1% [R]	61.6% [R]	51.4% [R]	66.6%	69.4%	70.9%
	% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	90.4% [G]	-4.8%	94.3% [G]	98.7% [G]	93% [G]	80% [R]	96.7% [G]	91.3% [G]	74.4% [R]	84.8% [R]	77.7% [R]	88.4%	89%	87.5%
Disability Act Compliance																	
	Assessments completed within timelines	Q	100%	24.5% [R]	-75.5%	60.2% [R]	38.4% [R]	27.2% [R]	21.6% [R]	32.8% [R]	41.3% [R]	9.8% [R]	35.2% [R]	15.8% [R]	29%	29.6%	29.8%

Access and Integration (vertical row label)

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Emergency Supports**																
	No. of new emergency places provided to people with a disability	M	50	103 [G]	106.6%										10	16	10
	No. of in home respite supports for emergency cases	M	422	439 [G]	4%										2	3	2
	Disability Respite Services																
	No. of day only respite sessions accessed by people with a disability	Q-1M	16,861	19,211 [G]	13.9%	5,518 [G]	3,843 [G]	1,326 [R]	1,218 [G]	3,985 [G]	841 [R]	687 [R]	1,087 [G]	706 [R]	5,566	6,150	7,495
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,351	6,092 [G]	13.8%	329 [R]	767 [R]	560 [G]	693 [G]	946 [G]	349 [R]	781 [G]	968 [G]	699 [G]	4,699	5,436	6,092
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	69,416	97,981 [G]	41.1%	4,666 [G]	24,411 [G]	9,765 [G]	10,080 [G]	7,512 [G]	7,348 [G]	11,875 [G]	13,081 [G]	9,243 [G]	27,018	34,301	36,662
	Home Support Hours																
	Number of hours provided	M	23,670,000	20,792,772 [R]	-12.2%	2,286,603 [G]	2,284,610 [A]	1,879,520 [G]	2,774,503 [R]	2,061,505 [R]	1,625,088 [R]	2,237,291 [R]	2,376,217 [G]	3,267,436 [A]	1,772,666	1,755,076	1,765,246
	No. of people in receipt of home support	M	55,675	56,162 [G]	0.9%	4,561 [G]	6,390 [G]	4,952 [G]	9,313 [G]	6,587 [G]	3,903 [R]	6,606 [A]	6,751 [G]	7,099 [G]	56,189	56,408	56,162
	Delayed Transfers of Care																
	Number of beds subject to Delayed Transfers of Care	M	≤350	525 [R]	50%										624	660	525
	Homeless																
	% of service users assessed within two weeks of admission	Q	85%	87.8% [G]	3.3%	88.2% [G]	100% [G]	98.5% [G]	69.2% [R]	94.4% [G]	85% [G]	95.7% [G]	98.5% [G]	96.2% [G]	86.4%	79.5%	87.8%
	Substance Misuse																
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	97.9% [G]	-2.1%	100% [G]	100% [G]		50% [R]	100% [G]	100% [G]	100% [G]	100% [G]	95.7% [G]	100%	94.7%	98%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	96.9% [G]	-3.1%	99.8% [G]	92.9% [A]	100% [G]	89.7% [R]	99.7% [G]	99.6% [G]	100% [G]	88.4% [R]	92.6% [A]	95.7%	97.5%	97.7%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	7,842,646	-0.79% [G]	5.86% [R]	4.47% [R]	4.54% [R]	5.14% [R]	5.97% [R]	0.17% [A]	3.66% [R]	6.32% [R]	3.82% [R]	1.85%	3.03%	-0.79%
	Pay expenditure variance from plan	M	≤0.1%	3,701,507	-1.95% [G]	3.95% [R]	-0.02% [G]	0.05% [G]	1.78% [R]	3.62% [R]	3.48% [R]	-0.59% [G]	1.12% [R]	0.45% [A]	1.95%	3.38%	-1.95%
	Non-pay expenditure	M	≤0.1%	4,660,318	0.31% [A]	7.67% [R]	5.80% [R]	6.48% [R]	7.46% [R]	7.63% [R]	-2.94% [G]	9.26% [R]	12.73% [R]	8.76% [R]	1.36%	2.29%	0.31%
	Gross expenditure (pay and non-pay)	M	≤0.1%	8,361,826	-0.70% [G]	5.12% [R]	2.99% [R]	3.92% [R]	4.61% [R]	5.60% [R]	0.27% [A]	3.41% [R]	5.57% [R]	4.09% [R]	1.62%	2.78%	-0.70%
	Service Arrangements (31.12.2022)																
	Monetary value signed	M	100%	78.71%	-21.29%										71.24%	76.91%	78.71%
	Internal Audit																
	Recommendations implemented within 12 months (2021)	Q	95%	88% [A]	-7.4%										80%	82%	88%
Workforce	**Attendance Management**																
	% absence rates by staff category (non Covid)	M	≤4%	5.33% [R]	33.25%	6.62% [R]	3.81% [G]	5.85% [R]	4.92% [R]	6.35% [R]	4.72% [R]	5.38% [R]	6.17% [R]	4.67% [R]	5.55%	5.35%	6.27%
	% absence rates by staff category (Covid)	M	NA	2.08%		2.43%	1.48%	2.22%	2.13%	2.44%	1.88%	2.20%	2.36%	1.65%	0.85%	0.79%	1.25%

Primary Care Services
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Physiotherapy access within 52 weeks	94%	M	🔴 **78.3%**	76.5%	+1.8%	78.1%	78.8%	78.3%	CHO6 (97.6%), CHO7 (96.3%), CHO1 (92.1%)	CHO5 (54.3%), CHO8 (72.4%), CHO2 (76.3%)
Occupational Therapy access within 52 weeks	95%	M	🔴 **73.8%**	71.8%	+2%	72.7%	73.2%	73.8%	CHO6 (98.6%), CHO3 (90.6%), CHO1 (84.8%)	CHO5 (63.2%), CHO9 (64.6%), CHO2 (69%)
Speech and Language Therapy access within 52 weeks	100%	M	🔴 **87.8%**	87.3%	+0.5%	89.3%	88%	87.8%	CHO4 (100%), CHO2 (94.9%), CHO9 (94.8%)	CHO7 (77.4%), CHO5 (80%), CHO1 (81%)
Podiatry access within 52 weeks	77%	M	🔴 **64.6%**	51.3%	+13.3%	59.7%	62.2%	64.6%	CHO6 (100%), CHO3 (75.7%), CHO4 (74.4%)	CHO8 (39.3%), CHO5 (43%), CHO1 (66.1%)
Ophthalmology access within 52 weeks	64%	M	🔴 **51.7%**	50.7%	+1%	54%	54.1%	51.7%	CHO6, 7, 9 (100%)	CHO2 (34.6%), CHO4 (39.9%), CHO5 (54.6%)
Audiology access within 52 weeks	75%	M	🟢 **75.8%**	68.3%	+7.5%	77.2%	77.7%	75.8%	CHO9 (95.9%), CHO1 (91%), CHO6 (86.6%)	CHO5 (60.4%), CHO3 (67.4%), CHO8 (69.7%)
Dietetics access within 52 weeks	80%	M	🔴 **63.4%**	54.8%	+8.6%	60.3%	62.7%	63.4%	CHO1 (90.7%), CHO4 (83.1%), CHO9 (77.9%)	CHO 3 (40.1%), CHO5 (42.3%), CHO2 (50%)
Psychology access within 52 weeks	81%	M	🔴 **65.5%**	58.8%	+6.7%	63.9%	65%	65.5%	CHO8 (98.8%), CHO3 (96.2%), CHO6 (91.3%)	CHO7 (51.7%), CHO2 (52.2%), CHO4 (54.2%)

Physiotherapy Access within 52 weeks
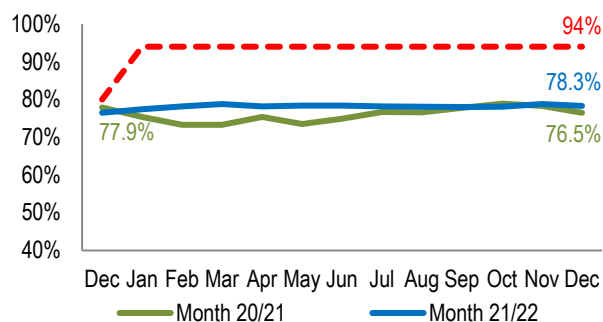
Occupational Therapy Access within 52 weeks
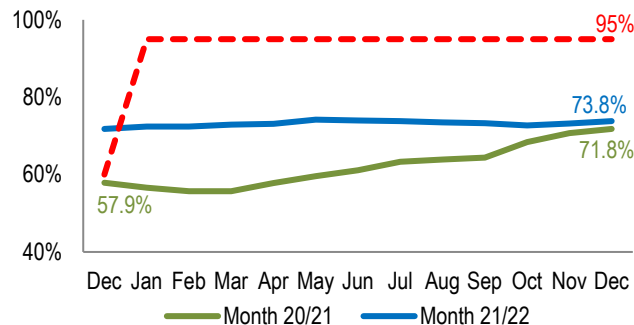
SLT Access within 52 weeks
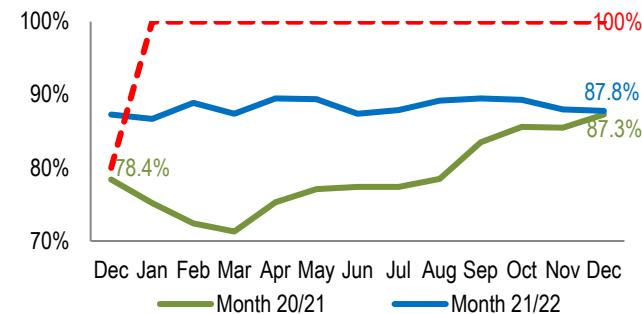
Podiatry Access within 52 weeks
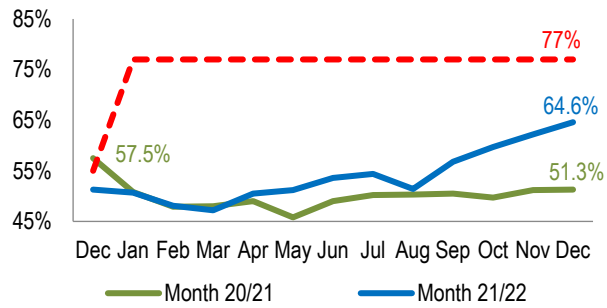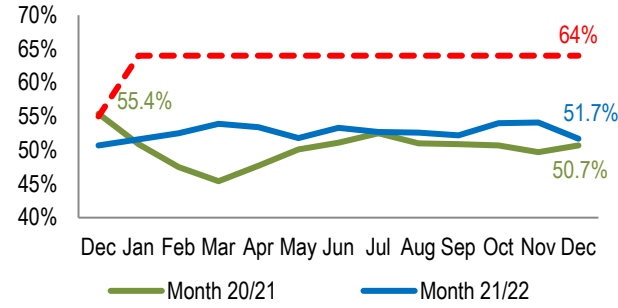
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

77%
57.5%
64.6%
51.3%

Month 20/21   Month 21/22

Ophthalmology Access within 52 weeks

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

64%
55.4%
51.7%
50.7%

Month 20/21   Month 21/22

Audiology Access within 52 weeks

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

75.8%
75%
64.9%
68.3%

Month 20/21   Month 21/22

Dietetics Access within 52 weeks

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

80%
63.3%
63.4%
54.8%

Month 20/21   Month 21/22

Psychology Access within 52 weeks

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

81%
49.1%
65.5%
58.8%

Month 20/21   Month 21/22
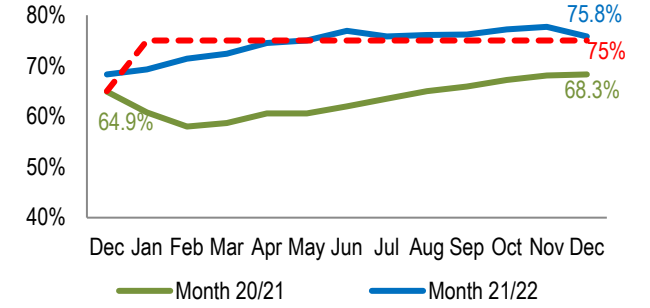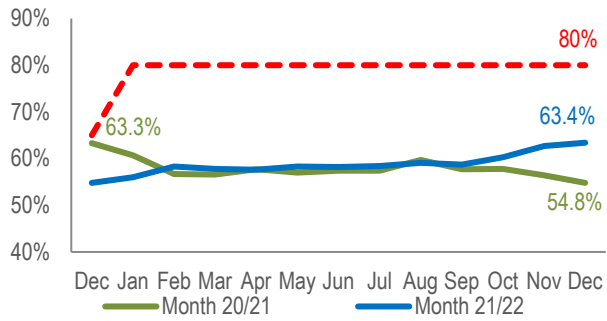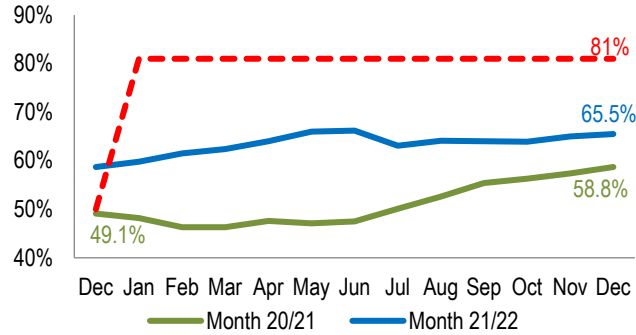
Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	587,604	482,065	-18%	429,888	52,177
Total number waiting	42,173	66,003	56.5%	53,685	12,318
% waiting < 12 weeks	81%	75.5%	-6.8%	78.6%	-3.1%
Number waiting > 52 weeks		14,353		12,740	1,613
Occupational Therapy					
Number seen	389,256	336,291	-13.6%	338,167	-1,876
Total number waiting	34,093	35,250	3.4%	31,165	4,085
% waiting < 12 weeks	71%	64.7%	-8.9%	66.7%	-2%
Number waiting > 52 weeks		9,233		8,799	434
***Speech & Language Therapy**					
Number seen	282,312	192,514	-31.8%	206,325	-13,811
Total number waiting	17,645	19,554	10.8%	17,484	2,070
Number waiting > 52 weeks		2,376		2,212	164

Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
***Speech & Language Therapy**					
Total number waiting	9,868	8,008	-18.8%	10,048	-2,040
Number waiting > 52 weeks		1,791		2,784	-993
Psychology					
Number seen	49,757	42,287	-15%	44,983	-2,696
Total number waiting	10,532	14,337	36.1%	12,477	1,860
% waiting < 12 weeks	36%	19.2%	-46.7%	19.3%	-0.1%
Number waiting > 52 weeks		4,953		5,141	-188
Podiatry					
Number seen	85,866	66,785	-22.2%	44,712	22,073
Total number waiting	4,619	7,018	51.9%	7,733	-715
% waiting < 12 weeks	33%	23.4%	-29.1%	15.1%	8.3%
Number waiting > 52 weeks		2,487		3,764	-1,277
Ophthalmology					
Number seen	67,264	79,974	18.9%	69,984	9,990
Total number waiting	20,204	21,006	4%	22,574	-1,568
% waiting < 12 weeks	19%	18.9%	-0.3%	19.5%	-0.6%
Number waiting > 52 weeks		10,156		11,119	-963
Audiology					
Number seen	49,000	53,273	8.7%	47,233	6,040
Total number waiting	18,810	20,891	11.1%	15,235	5,656
% waiting < 12 weeks	30%	24.9%	-17.1%	25.3%	-0.4%
Number waiting > 52 weeks		5,054		4,833	221
Dietetics					
Number seen	68,640	64,966	-5.4%	67,785	-2,819
Total number waiting	17,417	30,841	77.1%	28,005	2,836
% waiting < 12 weeks	40%	24%	-40%	21.2%	2.8%
Number waiting > 52 weeks		11,297		12,650	-1,353

SLT reports on both assessment and treatment waiting list

Nursing

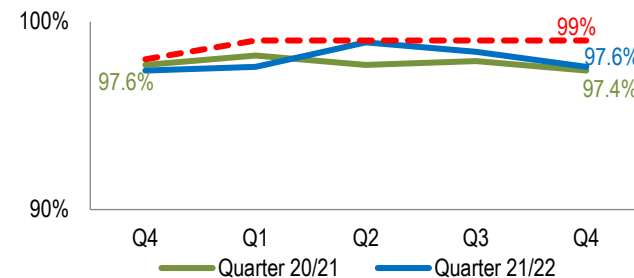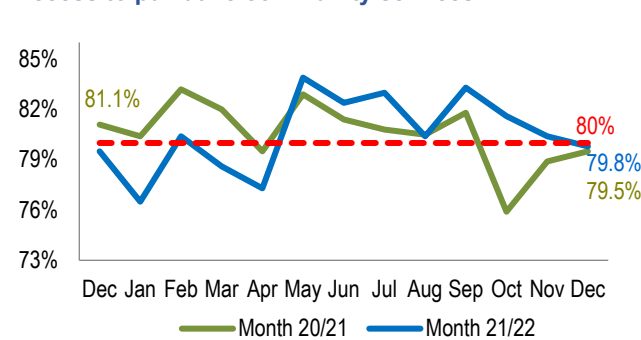| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	🟢	**98.8%**	100.5%	-1.7%	97.4%	99.6%	98.8%	CHO3 (109.6%), CHO2 (103.3%), CHO8 (100.7%)	CHO6 (92.9%), CHO1 (93.3%), CHO5 (94.3%)

Nursing – access within 12 weeks
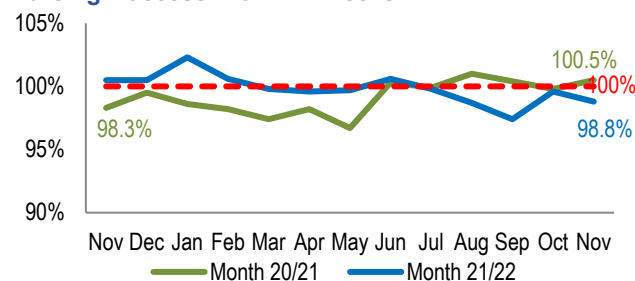
Child Health

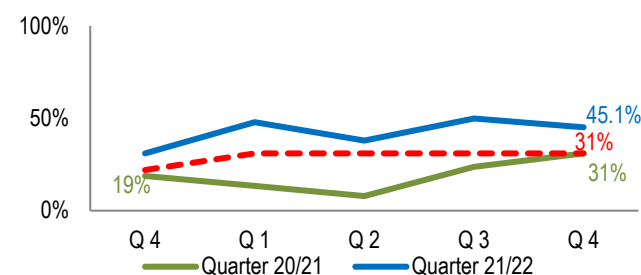| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	🔴	**83.7%**	58.7%	+25%	85.8%	85.8%	88.6%	CHO7 (97.1%), CHO8 (95.3%), CHO4 (95.3%)	CHO6 (70.5%), CHO1 (79.7%), CHO5 (81%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	🟢	**98.1%**	97.8%	+0.3%	98.9%	98.4%	97.6%	CHO4 (106.2%), CHO1 (100%), CHO7 (99.9%)	CHO2 (79.2%), CHO8 (95.2%), CHO6 (95.6%)
% of babies breastfed exclusively at three month PHN visit	36%	Q-1Q	🔴	**31.1%**	33.7%	-2.6%	30.2%	31.6%	31.7%	CHO6 (45.4%), CHO9 (40.5%), CHO4 (35%)	CHO1 (23.7%), CHO2 (24.2%), CHO3 (26.3%)

Developmental assessment 12 months
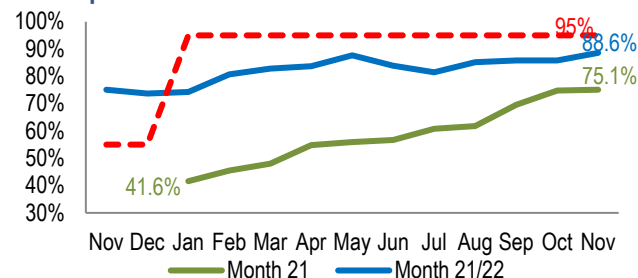
New borns visited within 72 hours

Babies breastfed exclusively at 3 month PHN visit
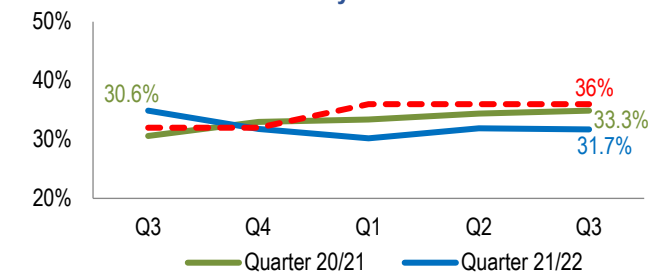
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M	● **96.1%**	98.4%	-2.3%	95.5%	97%	94.3%	CHO1, 3, 4, 6 (100%)	CHO7 (82%), CHO9 (88%), CHO2 (94%)
Access to palliative community services within 7 days	80%	M	● **80.6%**	80.6%	0%	81.6%	80.4%	79.8%	CHO2 (99.2%), CHO9 (97.4%), CHO7 (87.4%)	CHO3 (62.7%), CHO6 (64.3%), CHO8 (66%)
Number accessing inpatient beds within seven days	3,814 YTD/ 3,814 FYT	M	● **4,013**	3,489	+524	360	382	332	(% Var): CHO2 (39.1%), CHO3 (26%), CHO1 (16.7%)	(% Var): CHO6 (-45.5%), CHO7 (-5.2%), CHO5 (-0.8%)
Treatment in normal place of residence	3,406 YTD/ 3,406 FYT	M	● **3,439**	3,371	+68	3,723	3,792	3,439	(% Var): CHO7 (33.5%), CHO2 (23.7%), CHO8 (13.8%)	(% Var): CHO5 (-27%), CHO6 (-15.9%), CHO9 (-10.2%)

Access to palliative inpatient beds

98.5%   98.3%
98%
94.3%

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

— Month 20/21   — Month 21/22

Access to palliative community services

81.1%
80%
79.8%
79.5%

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

— Month 20/21   — Month 21/22
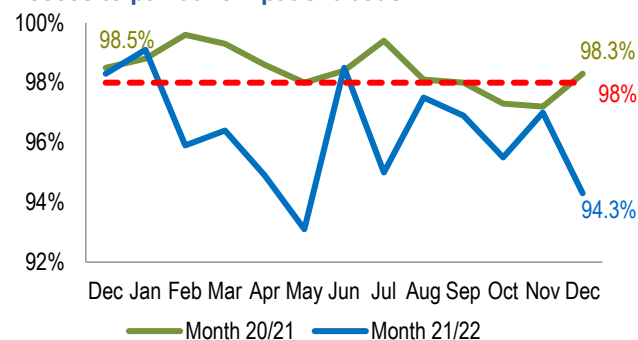
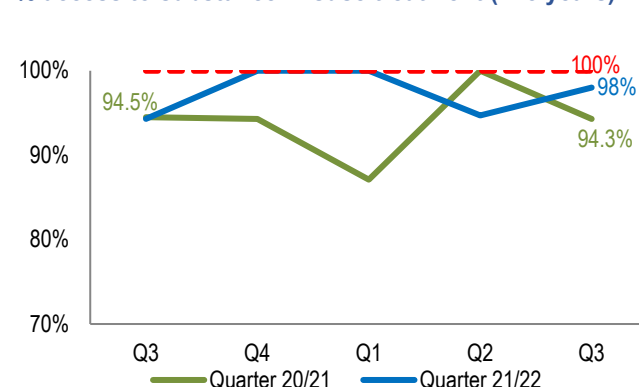## Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	1,480 YTD/ 1,480 FYT	Q	🔴 1,204	476	+728	187	250	637	CHO2 (52.1%), CHO3 (23.8%), CHO9 (15.2%)	CHO5 (-70.5%), CHO4 (-68%), CHO7 (-63.2%)

Number who have completed type 2 diabetes education programme
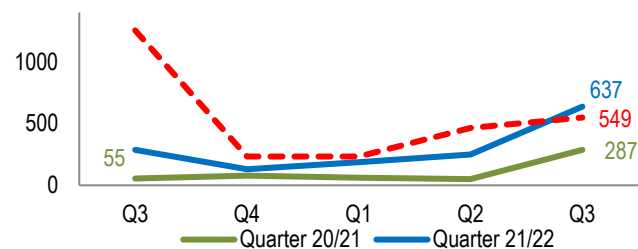
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 month	90%	M	🟢 93.2%	88%	+5.2%	94.8%	93.7%	95.6%	CHO6, 7 (100%), CHO9 (99.4%)	CHO5 (82.7%), CHO2 (86.6%), CHO3 (91%)
Orthodontics - % seen for assessment within 6 months	31%	Q	🟢 45.1%	31%	+14.1%	37.9%	49.9%	45.1%	West (95%), DNE (95%), South (20.3%)	DML (16.9%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	🔴 19.1%	19.9%	-0.8%	21%	20.2%	19.1%	West (7.4%)	South (28.1%), DNE (20.2%), DML (12%)

Oral Health: % of new patients who commenced treatment within 3 months
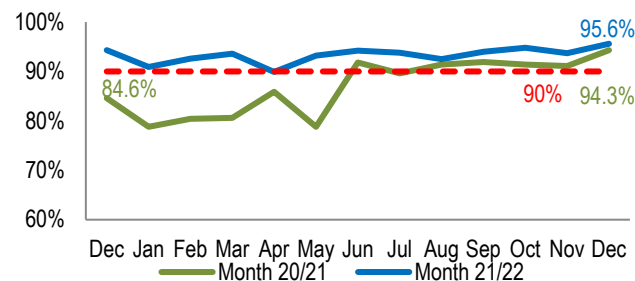
Orthodontics: % seen for assessment within 6 months

Orthodontics: treatment waiting list > four years
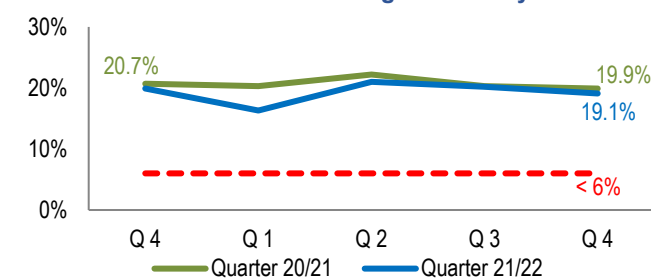
Social Inclusion

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	●	**96.9%**	95.7%	+1.2%	95.7%	97.5%	97.7%	CHO1 (100.7%), CHO3, CHO6, 7 (100%)	CHO2 (82.9%), CHO4 (93%), CHO8 (95.8%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	●	**97.9%**	95%	+2.9%	100%	94.7%	98%	CHO1, 2, 4, 5, 6, 7 (100%)	CHO9 (87.5%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	●	**87.8%**	79.4%	+8.4%	86.4%	79.5%	87.8%	CHO2 (100%), CHO8 & CHO3 (98.5%), CHO9 (96.2%)	CHO4 (69.2%), CHO6 (85%), CHO1 (88.2%)

% access to substance misuse treatment (> 18 years)
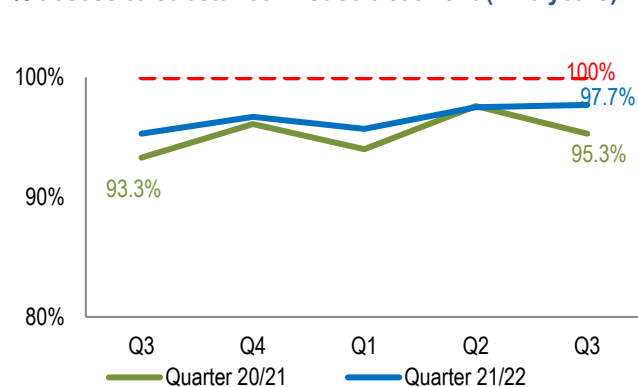
% access to substance misuse treatment (<18 years)

% Homeless health needs assessed within two weeks
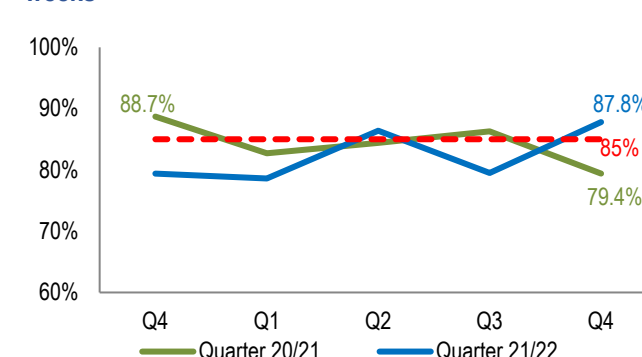
Mental Health Services
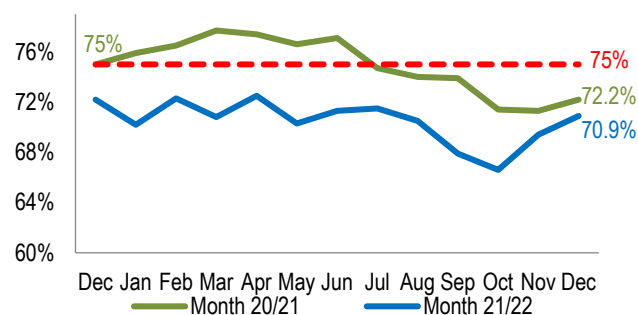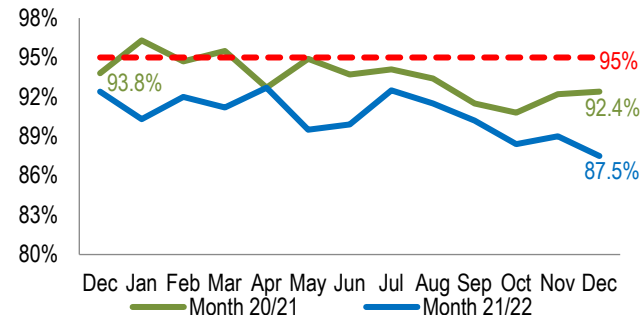
Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Admission of Children to CAMHs	>85%	M	🟢	**91.6%**	92.6%	-1%	88.2%	100%	100%		
CAMHs Bed Days Used	>95%	M	🟢	**98.6%**	99.5%	-0.9%	98.6%	100%	100%	All CHOs reached target	
CAMHs – first appointment within 12 months	≥95%	M	🟢	**95.5%**	96.1%	-0.6%	95.3%	95.4%	93.7%	CHO 1, 2, 5, 6, & 8 reached target	CHO4 (84.8%), CHO3 (84.9%), CHO9 (86.2%)
CAMHs waiting list	2,648	M	🔴	**4,293**	3,556	+737	4,043	4,067	4,293	CHO9 (239), CHO2 (302), CHO5 (321)	CHO4 (857), CHO8 (664), CHO6 (647)
CAMHs waiting list > 12 months	0	M	🔴	**603**	272	+331	519	580	603	CHO9 (0)	CHO4 (296), CHO3 (116), CHO8 (77)
No of referrals received	18,271YTD/ 18,271 FYT	M	🟢	**21,762**	22,212	-450	1,947	2,082	1,736		
Number of referrals seen	10,878YTD/ 10,878 FYT	M	🟢	**10,957**	13,114	-2,157	959	1,205	796		
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	🟢	**92.7%**	93.9%	-1.2%	95.4%	94.3%	93.1%	CHO1, 2, 3, 5, 6, 7, 8 & 9 reached target	CHO4 (66.7%)

% offered an appointment and seen within 12 weeks
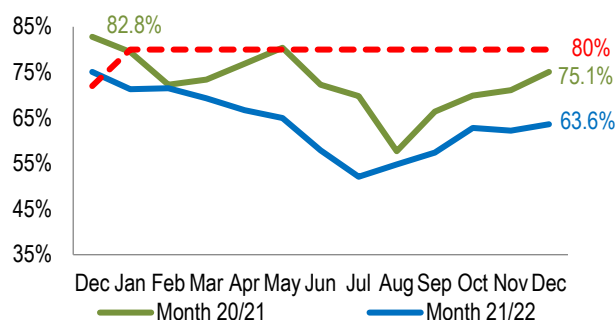
% of urgent referrals responded to within 3 working days
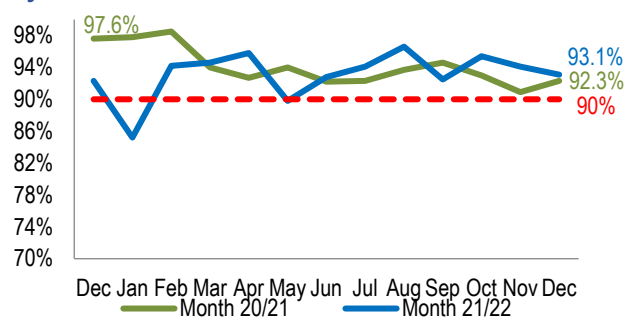
Waiting list > 12 months
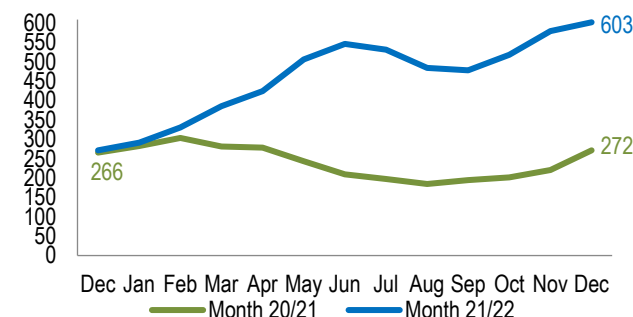
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	42,361YTD/ 42,361FYT	M	● 46,470	42,359	+4,111	3,925	4,370	3,099		
Number of referrals seen	26,201YTD/ 26,201FYT	M	● 25,745	25,508	+237	2,170	2,412	1,613		
% seen within 12 weeks	≥ 75%	M	● 70.3%	74.9%	-4.6%	66.6%	69.4%	70.9%	CHO1 & 2 reached target	CHO9 (57.4%), CHO7 (63.1%), CHO3 (66.5%)

Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance (in-month)	Outliers (in-month)
Number of referrals received	11,535YTD/ 11,535FYT	M	● 11,990	12,081	-91	980	1,056	807		
Number of referrals seen	9,025YTD/ 9,025FYT	M	● 7,883	8,227	-344	675	696	568		
% seen within 12 weeks	≥ 95%	M	● 90.4%	93.4%	-3%	88.4%	89%	87.5%	CHO1 & 2 reached target	CHO7 (58.1%), CHO4 (72.3%), CHO9 (78.3%)

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

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

Disability Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Movement from Congregated Setting to community settings	143 YTD/ 143 FYT	M	🔴	**35**	135	-100	1	4	1	No CHO reached target.	(% Var): CHO8 (-100%), CHO1 (-94.7%), CHO6 (-94.4%)
Disability Act Compliance	100%	Q	🔴	**24.5%**	14.7%	+9.8%	29%	29.6%	29.8%	No CHO reached target.	(% Var): CHO3 (0%), CHO7 (0%), CHO9 (0%)
Number of requests for assessment of need received for Children	5,857 YTD/ 5,857 FYT	Q	🟢	**6,755**	5,899	+856	1,756	1,515	1,839	(% Var): CHO7 (49.9%), CHO6 (46%), CHO5 (24.9%)	(% Var): CHO3 (-17.9%), CHO4 (-14.7%),

Congregated Settings
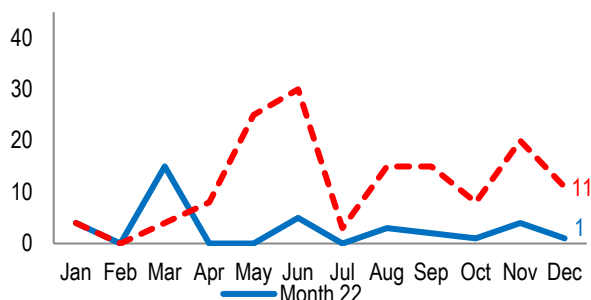
Disability Act Compliance
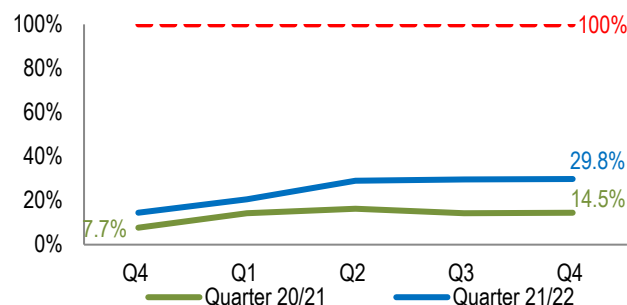
Assessment of Need Requests
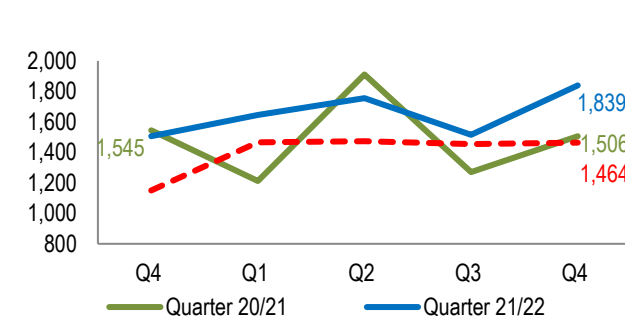
# Residential and Emergency Places and Support Provided to People with a Disability

Performance area	Freq	Expected Activity Full Year	Expected Activity YTD		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	50	50	🟢	**103**	91	+12	10	16	10
Number of in home respite supports for emergency cases	M	422	422	🟢	**439**	497	-58	2	3	2
Number of residential places provided to people with a disability	M	8,228	8,228	🟢	**8,283**	8,146	+137	8,277	8,283	8,283

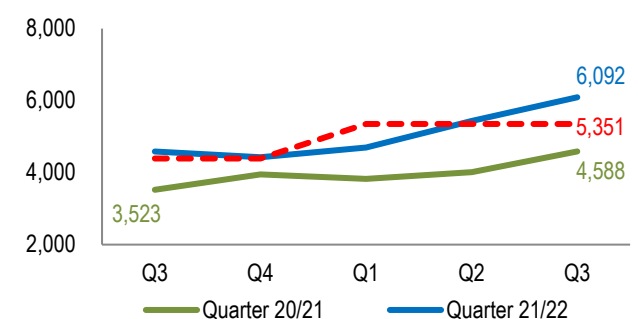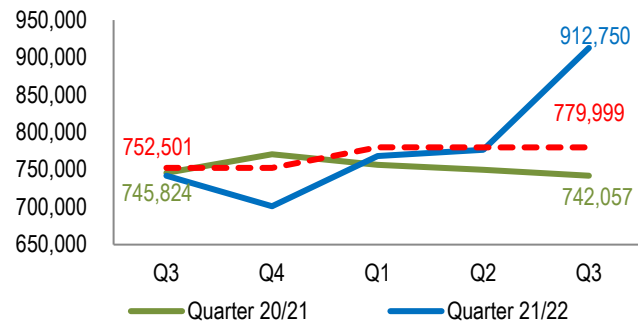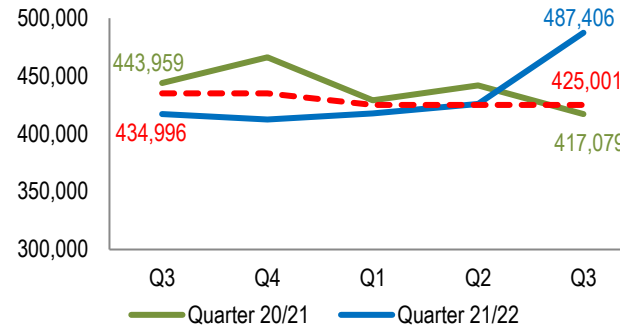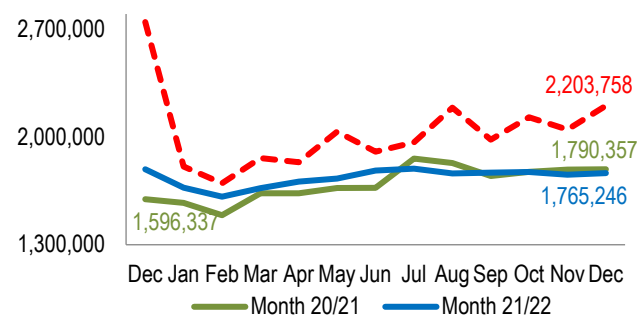| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Respite – Number of day only respite sessions	16,861 YTD/ 22,474 FYT	Q-1M	🟢	**19,211**	11,950	+7,261	5,566	6,150	7,495	(% Var): CHO5 (448.9%), CHO1 (117%), CHO8 (74.8%)	(% Var): CHO7 (-76.5%), CHO9 (-57%), CHO3 (-52.6%)
Respite – Number of overnights	69,416 YTD/ 92,552 FYT	Q-1M	🟢	**97,981**	69,276	+28,705	27,018	34,301	36,662	(% Var): All CHO's reached target.	(% Var):
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,351 YTD/ 5,351 FYT	Q-1M	🟢	**6,092**	4,588	+1,504	4,699	5,436	6,092	(% Var): CHO5 (131.3%), CHO8 (68.6%), CHO9 (25.7%)	(% Var): CHO2 (-28%), CHO1 (-25.4%), CHO6 (-10.7%)
Number of Home Support Hours delivered	2,340,005 YTD/ 3,120,000 FYT	Q-1M	🟢	**2,457,803**	2,248,547	+209,256	768,445	776,608	912,750	(% Var): CHO3 (84.5%), CHO1 (46.9%), CHO8 (20.1%)	(% Var): CHO7 (-35.1%), CHO9 (-13.2%), CHO5 (-12.2%)
Number of Personal Assistance Hours delivered	1, 275,004 YTD/ 1,700,000 FYT	Q-1M	🟢	**1,330,968**	1,287,913	+43,055	417,684	425,878	487,406	(% Var): CHO6 (135.3%), CHO9 (51.5%), CHO5 (29%)	(% Var): CHO1 (-39.2%), CHO7 (-30.9%), CHO4 (-8%)

Respite Day Only
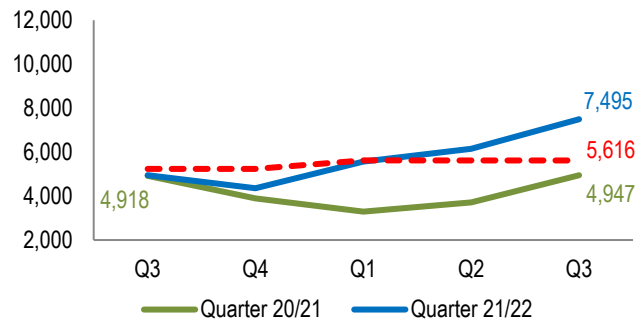
Respite Overnights
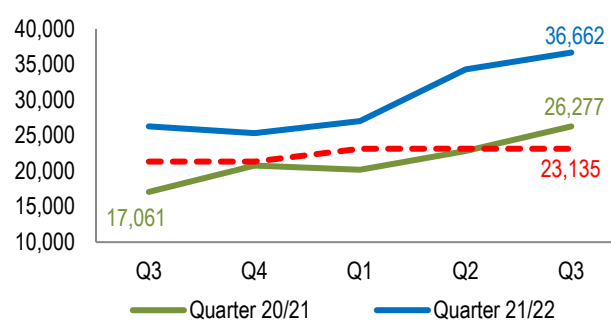
No. of people with a disability in receipt of respite services

Home Support Hours

	Q3	Q4	Q1	Q2	Q3
Quarter 20/21	745,824				742,057
Quarter 21/22					912,750

752,501 ⟶ 779,999

Personal Assistance Hours

	Q3	Q4	Q1	Q2	Q3
Quarter 20/21	443,959				417,079
Quarter 21/22	434,996				487,406

425,001

Older Person's Services

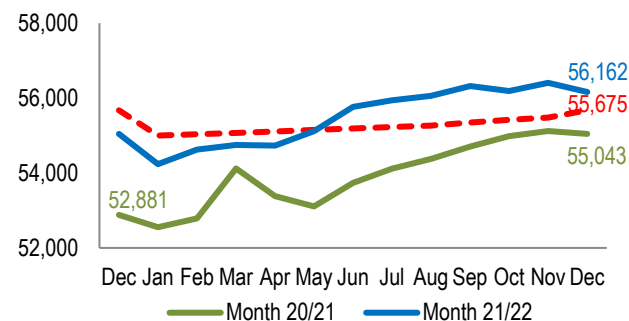| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	23,670,000 YTD/ 23.67m FYT	M	🔴	**20,792,772**	20,462,993	+329,779	1,772,666	1,755,076	1,765,246	(%Var): No CHO reached target	(%Var): CHO5 (-21.9%), CHO7 (-21.7%), CHO4 (-21.2%)
Home Support Hours provided for testing of Statutory Home Support Scheme[1]	170,400 YTD/ 170,400 FYT	M	🔴	**109,240**							
No. of people in receipt of Home Support	55,675 YTD/ 55,675 FYT	M	🟢	**56,162**	55,043	+1,119	56,189	56,408	56,162	(%Var): CHO8 (13.7%), CHO3 (7.5%), CHO1 (5.8%)	(%Var): CHO6 (-12%), CHO7 (-7.2%) CHO9 (-2.6%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	🔴	**80**	115	-35	81	81	80		
No. of persons funded under NHSS in long term residential care	22,412 YTD/ 22,412 FYT	M	🟢	**22,769**	22,296	+473	22,613	22,681	22,769		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	🟢	**4,432**	4,670	-238	4,495	4,455	4,432	(%Var): CHO9 (18.5%), CHO3 (8.9%), CHO8 (3.1%)	(%Var): CHO1 (-11.3), CHO6 (-8.7%), CHO2 (-6.4%)
No. of short stay beds in public units	2,182 YTD/ 2,182 FYT	M	🔴	**1,504**	1,477	+27	1,485	1,477	1,504	(%Var): CHO9 (5.3%),	(%Var): CHO8 (-67.3%), CHO4 (-61.2%), CHO7 (-42.2%)
No. of beds subject to Delayed Transfers of Care[2]	≤350	M	🔴	**525**	453	+72	624	660	525	Mallow (0), Mullingar, Ennis, St John's (1)	SJH (67), SVUH (48), Tallaght Adults (45)
No. of persons in receipt of payment for transitional care	916	M-1M	🟢	**1,175**	1,050	+125	1,335	1,278	1,175		

[1] Home Support Pilot project completed September 2022
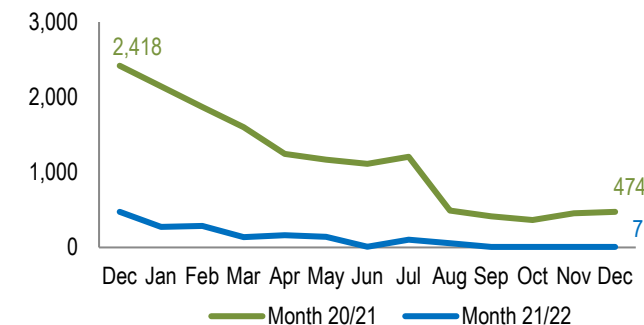[2] DTOC data not available for May-July 2021 due to cyber attack
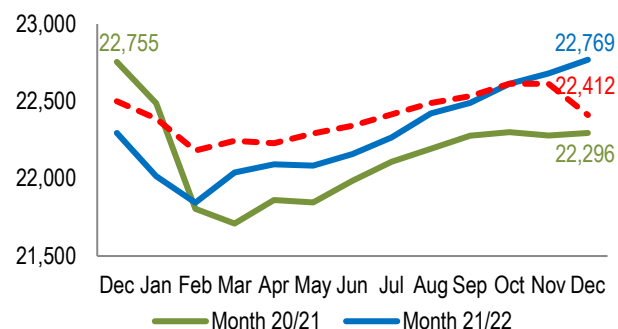
Number of Home Support Hours Provided

Values labeled: 2,700,000 / 2,000,000 / 1,300,000 axis. 2,203,758 (red), 1,790,357 (green), 1,765,246 (blue), 1,596,337 (green start). X-axis: Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec. Legend: Month 20/21, Month 21/22

Number of people in receipt of Home Support

Axis: 58,000 / 56,000 / 54,000 / 52,000. 52,881 (green start), 56,162 (blue), 55,675 (red), 55,043 (green). Legend: Month 20/21, Month 21/22

Number waiting on funding for Home Support

Axis: 3,000 / 2,000 / 1,000 / 0. 2,418 (green start), 474 (green), 7 (blue). Legend: Month 20/21, Month 21/22

Number of persons funded under NHSS in long term residential care
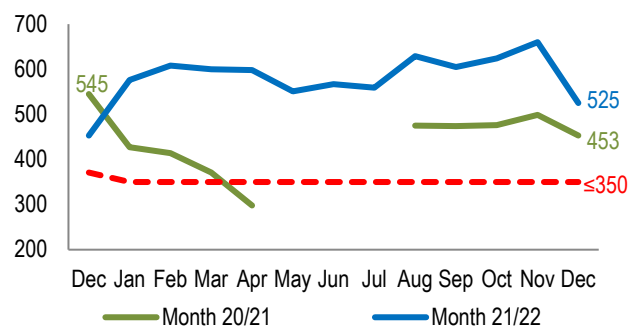
Axis: 23,000 / 22,500 / 22,000 / 21,500. 22,755 (green start), 22,769 (blue), 22,412 (red), 22,296 (green). Legend: Month 20/21, Month 21/22

Delayed Transfer of Care[3]

Axis: 700 / 600 / 500 / 400 / 300 / 200. 545 (green start), 525 (blue), 453 (green), ≤350 (red). Legend: Month 20/21, Month 21/22

Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	89	17	106	20.2%
Residential Care	190	34	224	42.7%
Rehab	13	36	49	9.3%
Complex Needs	15	15	30	5.7%
Housing/Homeless	19	21	40	7.6%
Legal complexity	40	8	48	9.1%
Non compliance	7	1	8	1.5%
COVID-19	19	1	20	3.8%
Total	392	133	525	100%

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

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	10,203	9,038	+1,165	856	840	735	692	+43
	National placement list for funding approval	299	614	-315	681	653	299	614	-315
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	22,769	22,296	+473	22,613	22,681	22,769	22,296	+473
Private Units	No. of new patients entering scheme	7,146	6,246	+900	645	641	686	555	+131
	No. of patients Leaving NHSS	6,643	6,434	+209	523	604	613	553	+60
	Increase	+503	-188	+691	+122	+37	+73	+2	+71
Public Units	No. of new patients entering scheme	1,361	1,274	+87	109	160	144	159	-15
	No. of patients Leaving NHSS	1,405	1,545	-140	108	129	140	144	-4
	Net Increase	-44	-271	+227	+1	+31	+4	+15	-11

Disability and Older Persons' Services
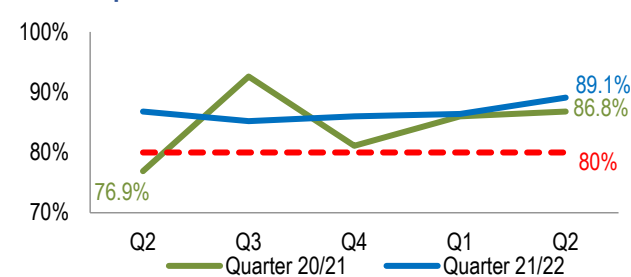
Safeguarding

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of initial assessments for adults aged 65 years and over	100%	Q-1M	🟢	**98.9%**	100%	-1.1%	100%	99%	98.9%	CHO1, 2, 3, 5, 7 & 8 achieved target	CHO6 (96.3%), CHO4 (98.2%), CHO9 (98.7%)
% of initial assessments for adults under 65 years	100%	Q-1M	🟢	**99.7%**	99.9%	-0.2%	99.7%	99.5%	99.7%	CHO1, 2, 4, & 7 achieved target	CHO3 (99%), CHO5 & CHO6 (99.5%)

% of initial assessments for adults aged 65 and over
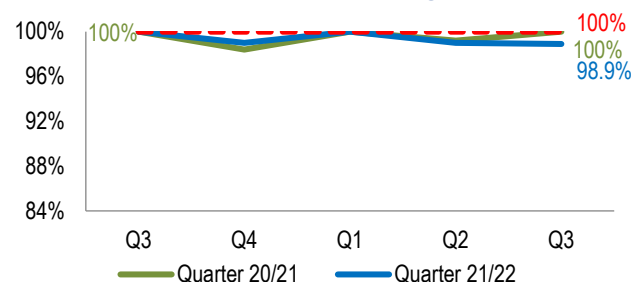
% of initial assessments for adults under 65
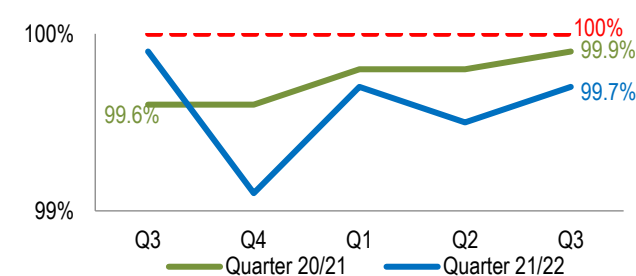
HIQA Inspections

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
HIQA Inspections (Disabilities)	80%	Q-2Q	🟢	**88.7%**	91.4%	-2.7%	88.1%	89.2%	88.3%		
HIQA Inspections (Older Persons)	80%	Q-2Q	🟢	**88.3%**	86.3%	+2%	86%	86.4%	89.1%		

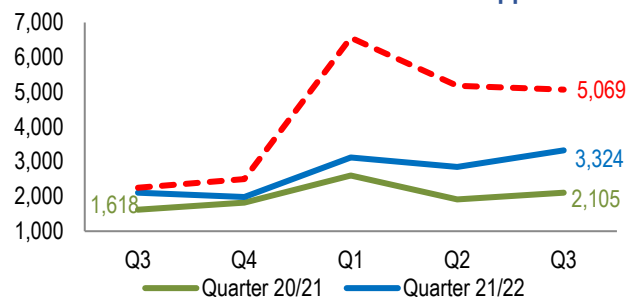**HIQA Inspections – Disabilities**
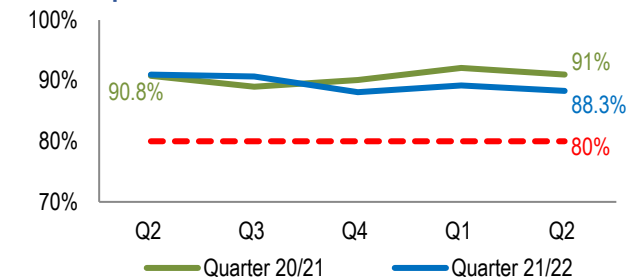

HIQA Inspections – Older Persons

Population Health and Wellbeing

| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Tobacco smokers who have received intensive cessation support	16,811 YTD/ 22,436 FYT	Q-1Q	🔴	**9,287**	6,618	+2,669	3,117	2,846	3,324	(%Var) DM HG (158.8%), Nat Quitline (53.9%), IE HG (50.4%)	(%Var) UL HG (-93.7%), CHO9 (-81%), CHO6 (-80.3%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	🟢	**49.7%**	57.3%	-7.6%	47.5%	48.7%	52.8%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	🟡	**89.5%**	90.2%	-0.7%	89.7%	88.8%	89.8%	No CHO reached target	CHO1 (86.8%), CHO8 (87.1%), CHO6 (88.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	🟢	**92.5%**	93.5%	-1%	92.5%	92%	92.9%	CHO4 (95.4%)	CHO6 (90.6%), CHO8 (90.9%), CHO1 & CHO3 (91.9%)

Tobacco smokers – intensive cessation support
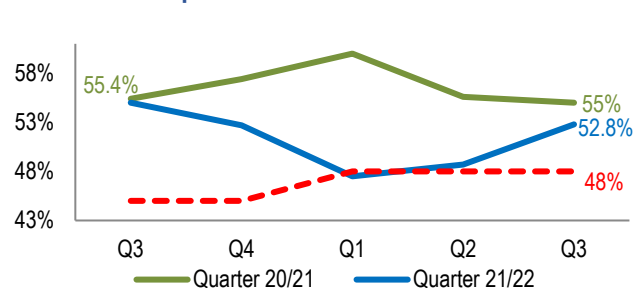
% of children 24 months – (MMR) vaccine

% of smokers quit at four weeks
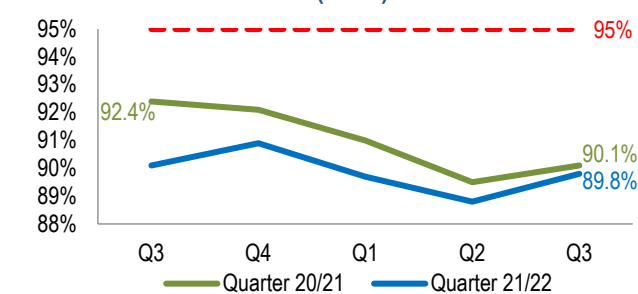
% of children 24 months – 3 doses of 6 in 1 vaccine
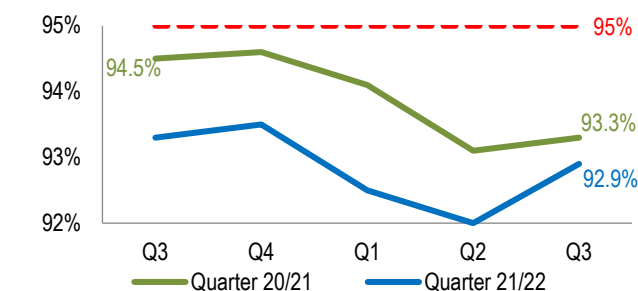
Community Healthcare Update

2022 Year End Summary

Overall at year end, Community Services has achieved reasonable performance against National Service Plan KPIs as services have stabilised against a back-drop of the impact of COVID and other viruses, ongoing workforce challenges and service reform and transformation.

In QPS Services, work continues to ensure that incidents are being investigated and reported in line with the required timescales and communication from the National Director has reminded CHOs of the importance of complying with these timescales.

Of the 44 KPIs Nationally in Primary Care, 14 have achieved target or are within 5% of the target, 4 are moderately (<10%) off target and 26 are significantly (>10%) off target.

- **Ophthalmology** services shows an improvement with 79,974 patients seen. This represents 12,710 (18.9%) of an increase in patients seen, above the 2022 full year target. Resulting in a reduction in total numbers waiting of 6.9% compared to the end of 2021 and a reduction in numbers waiting more than 52 weeks of 8.7% compared to the end of 2021.
- **CIT** Referrals - In 2022 there were 83,834 CIT referrals 29.80% higher than the full year target activity of 64,598.
- **GPOOH** No. of contacts with GP Out of Hours Service – In 2022 there were 1,141,167 contacts with GPOOH services which is 23.8% ahead of the full year target and is 8.8% higher than the number of contacts in 2021.
- **Child Health**
  - The percentage 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 (reported one month in arrears) – The Nov YTD performance for this metric is 83.7% v the full year target of 95%.
  - In 2022 there has been incremental improvement in monthly performance from 74.3% in January to 88.6% in November.

Performance will continue to be monitored in 2023 with CHOs in their monthly engagement meetings with Primary Care Operations. Challenges remain in

relation to the recruitment and retention of both Health and Social Care Professions (HSCPS) and Nurses (Public Health Nurses and Community Registered General Nurses).

- A National Community Nursing Oversight Group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.
- A National Health and Social Care Professionals (HSCP) Clinical/Practice Placement Planning & Implementation Group has been established to develop and drive the implementation plans for the necessary clinical/practice placement infrastructure to enable sufficient HSCPs to gain professional registration to fill posts
- The HSE and the ESRI are commencing a Community Workforce Project that will include Primary Care workforce requirements for therapy services in the long-term.

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There are 9 KPIs in Palliative Care, 8 have achieved target or are within 5% of the target and 1 is moderately (<10%) off target. Good progress has been made in 2022 on access to inpatient palliative care beds within 7 days and on the number of patients receiving community palliative care services in the community. This means service activity in these areas has been restored to pre pandemic levels.

There are 18 National KPIs for Mental Health services which show that at year end the service 12 have achieved or within 5% of target, 2 being moderately (<10%) off target and 4 significantly (>10%) off target.

While the number of CAMHS beds reduced in 2022 due to staff shortages, good progress has been made during the year on Admissions of children with 91.6% admitted to Child and Adolescent Acute Inpatient Units against a >85% target. 98.6% Bed days were used in HSE Child and Adolescent Acute Inpatient Units against a >95% projected target, which has led to shorter stays in adult approved centres for service users.

Into 2023, Sharing the Vison (StV) will continue to be implemented. Alongside StV development funding has been invested across a number of prioritised areas of service enhancements, including building capacity in CAMHS and youth mental

health, the development of crisis resolution services and investing in mental health in primary care.

Disability services have achieved (or within 5%) 6 of the 11 national KPI 2022 targets. 1 KPIs are moderately (<10%) off target and 4 are significantly (>10%) off target.

Disability services have achieved national KPI 2022 targets in relation to the provision of emergency residential services and the development of new supported living and intensive support packages and are in line to exceed NSP targets in the provision of Personal Assistant, Home Support and Respite Services. Moving people from congregated settings to homes in the Community has been impacted by the ongoing challenges of procuring appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance. Other key challenges for 2023 remain in relation to Staff Recruitment and Retention across a range of disciplines and grades and the delays in Assessment of Need under the Disability Act, 2005. In 2023, we will be working with a wide range of internal and external stakeholders to implement a series of actions to improve staff retention and recruitment performance and increase base staffing levels in line with funding received. We have also secured funding for a waiting list initiative to facilitate additional assessments through a range of measures including recruitment of dedicated AON assessment teams, private procurement and overtime initiatives for existing staff

Of the 16 NSP KPIs in Service for Older People, 9 targets have been achieved or tracking within 5% of target, one KPI is tracking within -10% of target with 6 KPI's significantly (>10%) off target. In response to ongoing pressures and emerging demands in the acute system, more people have benefited from transitional care in 2022 that was originally targeted for. The performance for the number of persons in receipt of transitional care (OP44) and the number of persons in acute hospital approved for transitional care(OP46) has far exceeded the expected activity for 2022 with November YTD results of +28.3% and +9.3% respectively. Ongoing challenges will continue into 2023 in terms of (OP53) No. of Home Support hours provided given the capacity challenges relating to carer availability and the ever increasing demands on the Service. It is hoped that the recruitment and retention

initiatives underway by DoH and the HSE may positively impact performance and that incremental improvement will be realised as 2023 progresses.

Of the 9 national KPIs in Population Health & Wellbeing (including Public Health), 3 targets have been achieved or within 5% of target, 2 are moderately (<10%) off target and 4 are significantly (>10%) off target. There was strong performance in online activity and traffic to www.quit.ie throughout 2022 as a result of a strong January, March, October and world cup 2022 TV/Radio/Social campaign. Ongoing challenges remain into 2023 in implementing MECC and performance is hoped to improve as MECC implementation guide has been revised and MECC Briefing paper was submitted to EMT in January 2023 seeking senior leadership commitment to drive MECC Implementation across the HSE.

December Reporting Period
Community Services were concerned about the steady increases in Covid 19 in the December reporting period.

Overall the performance of community services has been stabilising however remains challenged in a number of service areas.

Recruitment remains a challenge in respect of attracting and retaining a range of health care professionals. The investment in healthcare staff over the past number of years has resulted in a range of new and promotional posts becoming available which has resulted in increased requirements for entry level staff who are critical in service delivery, this grade of staff continue to be difficult to recruit. It should be noted that many staff have still accrued delayed annual leave for their work in earlier waves of Covid.

An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from the Ukraine however the logistical and organisational challenges are significant with particular need for GP services. There is evidence of an increased flow of people seeking refuge from Ukraine as the conflict continues and with the onset of winter.

Community based care is currently undergoing substantial reform in line with Sláintecare. This will involve a significant re-structuring in how services are currently delivered and will ensure care is provided in an equitable, efficient and integrated way through newly established Community Healthcare Networks. As we develop these networks and teams, we will build the capacity of the primary care sector, recruiting around 2,000 additional frontline staff across a range of disciplines including nurses, occupational therapists, speech and language therapists, physiotherapists and other healthcare professionals. This of course is dependent on the availability of these staff in a competitive international market for healthcare workers. The HSE's Capital Plan also includes substantial investment in the construction of new Primary Care Centres which will be key to providing integrated, easy to access care that is embedded in our communities. This significant restructuring and investment will ensure sustained and meaningful reductions to waiting lists into the future.

December data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the impact of Covid across Q1 and part Q2 and the likely impact across the winter period will impact on the ability to deliver on the annual national service plan KPIs. Examples of positive national performance against target are:

- CIT Referrals - In December 2022 there were 83,834 CIT referrals year to date which is 29.80% ahead of the expected year to date target of 64,598

- Ophthalmology – Number of patients seen +18.9% (79,974) above target 67,264

- Access to Palliative Inpatient Beds - The national year to date position is 96.1% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98%.

- Community Adult Mental Health Services – 88% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD December 2022 against a target of ≥90%.

- Child & Adolescent Mental Health Service – 92.7% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.

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

Waiting List Initiatives
It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services where appropriate. The Project Group of national clinical leads and operational community leaders to oversee this work has put in place arrangements for a number of initiatives that are both clinically high priority as well as being operationally achievable within current constraints.

To the end of December, 8,144 people have been removed from waiting lists as a result of Community initiatives. All initiatives, with the exception of CAMHS have achieved their year-end removals activity targets. Performance progress for specific initiatives underway is set out below:
- Cumulative to the end of December, 1,970 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list
- Having commenced in November 2022, 115 children assessed as Grade V Growth Dependent have been removed from the list.
- Cumulative to the end of December, 3,507 children waiting for primary care child psychology waiting for over a year have been removed from the list
- An initiative that commenced in May that seeks to provide support to people waiting for Counselling in Primary Care Services has resulted in 1,830 people being removed from the waiting list to the end of December
- CAMHS initiatives implemented over May and June in 6 CHO areas is behind target due to recruitment challenges but has removed an additional 722 children and young people from the list to the end of December

Of note here are related actions in the DOH waiting list plan to improve community services information systems including the implementation of the Integrated Community Case Management System (ICCMS) which will be integral to supporting medium to long term management of waiting lists.

The ICCMS Programme is on track with DGOU approval granted in principle to proceed to procurement and is currently developing the Public Spending Code Business Case and Procurement Requirements document with clinical and operational colleagues from across all care groups and all areas of the country.

Serious Incidents

There were 33 Category 1 incidents reported by date of incident in December 2022 across the 9 Community Healthcare Organisations.

The % of Category 1 reviews for incidents notified in August 2022 (7 incidents notified) completed within 125 days of notification was 14%. The twelve month rolling % for this KPI is 16%.

Extreme and Major incidents as a % of all incidents was 0.6% for Quarter 4, 2022, achieving the target of < 1%. The 12 month rolling % for this KPI is 0.4%, also achieving the target. All 9 CHOs and National Social Care have achieved compliance in this KPI over the 12 month rolling period.

Primary Care

Primary Care Services have been impacted by the Covid wave in Q1 with staff absence impacting on performance. Additionally, Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 95.9% return rate for data across Primary Care Services in December.

One of the factors impacting on numbers of patients seen is the complexity of patients seen. Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for months or longer.

Community Intervention Teams (CIT)
At end of December 2022, there were 83,834 CIT referrals year to date which is 29.8% ahead of the expected year to date activity of 64,598 (PC122).
* Data return rate 100%.

Child Health Developmental Assessment 12 Months
The national performance at November YTD (Data one month in arrears) is 83.7% compared to a target of 95% (PC153). The underlying performance of this metric has improved in 2022 with monthly performance in January of 74.3% compared to a monthly performance of 88.6% in November

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2023, in most areas, due to a combination of factors including;
- Reduced Covid related staff illness (assuming a reduction in Covid across the year)
- Less DNAs / cancellations from clients due to reduced impact of Covid
- Measures being taken to address non-return of data
- Overall reduction in backlogs

Performance will continue to be monitored in 2023 with relevant CHOs including in the monthly engagement meetings. It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses in some areas especially some parts of Dublin and Galway. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.
* Data return rate 96.9%

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Sept	Oct	Nov	Dec
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.1% (Q1-Q4 2022)	98.4%			97.6%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	62.4% (Q1- Q3 2022)	64.5%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	43% (Q1- Q3 2022)	42.8%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	39.5% (Q1- Q3 2022)	40.5%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	31.1% (Q1- Q3 2022)	31.7%			
PC153	% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M-1M	95%	83.7% (YTD Nov2022)	85.8%	85.8%	88.6%	

Oral Health

Year to date nationally 93.2% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). A wait list initiative for Primary Care Orthodontics Grade 4 Waiting over 4 years commenced and funded for the year 2022 has removed 2,289 children from the waiting list. A wait list initiative for Primary Care Orthodontics Grade V Growth Dependent commenced in November 2022 has removed 115 children from the waiting list.
*Data return rate 100%

Physiotherapy Access within 52 weeks

The national position at the end of December 2022 is 78.3% compared to the target of 94% (PC100G). The number of clients waiting longer than 52 weeks has increased by +5.2% from 13,644 in November to 14,353 in December (PC100E).
*Data return rate 100%

Occupational Therapy (OT) Access within 52 weeks

The national position in December 2022 is 73.8% compared to the target of 95% (PC101G). The number of clients waiting longer than 52 weeks decreased by -3.7% from 9,585 in November to 9,233 in December (PC101E).
* Data return rate 100%

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in December 2022 is at 87.8% compared to the target of 100% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has increased by +3.7% from 2,292 in November to 2,376 in December (PC116C).
*Data return rate 100%

Podiatry Access within 52 weeks

The national position in December 2022 is 64.6% compared to the target of 77% (PC104G). The number of clients waiting longer than 52 weeks has decreased by -11.5% from 2,809 in November to 2,487 in December (PC104E).
*Data return rate 100%

Ophthalmology Access within 52 weeks

The national December 2022 position is 51.7% compared to the target of 64% (PC107G). The number of clients waiting longer than 52 weeks has increased by +2.1% from 9,944 in November to 10,156 in December (PC107E).
*Data return rate 95.5%

Audiology Access within 52 weeks

The national position in December 2022 is 75.8% compared to the target of 75% (PC108G). The number of clients waiting longer than 52 weeks has increased by +11.2% from 4,545 in November to 5,054 in December (PC108E).
*Data return rate 100%

Dietetics Access within 52 weeks

The national position in December 2022 is 63.4% compared to the target of 80% (PC109G). The number of clients waiting longer than 52 weeks has decreased by -5.9% from 12,009 in November to 11,297 in December (PC109E).
*Data return rate 93.7%

Psychology Access within 52 weeks

The national position in December 2022 is 65.5% compared to the target of 81% (PC103G). The number of clients waiting longer than 52 weeks has decreased by -11.8% from 5,615 in November to 4,953 in December (PC103E). A wait list initiative for Primary Care Child Psychology Waiting over 12 months commenced and funded for the year 2022 has removed 3,507 children from the waiting list.
*Data return rate 87.5%

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 2022 *(please note data return rates referred to above)*			
Discipline	**Target YTD (NSP 2022)**	**Actual YTD**	**Actual vs. Target* YTD**
Physiotherapy (PC125)	587,604	482,065	-18.0%
Occupational Therapy (PC124)	389,256	336,291	-13.6%
SLT (PC126)	282,312	192,514	-31.8%
Podiatry (PC127)	85,866	66,785	-22.2%
Ophthalmology (PC128)	67,264	79,974	+18.9%
Audiology (PC129)	49,000	53,273	+8.7%
Dietetics (PC130)	68,640	64,966	-5.4%
Psychology (PC131)	49,757	42,287	-15%

Social Inclusion

Opioid substitution

Social inclusion continues to operate at similar levels to 2021. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of November was 10,762 and is -0.7% below the expected activity level of 10,843(SI1)
*Data return rate 100%

Homeless Service

As of December 2022, 1,285 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission. This is 16.8% above the target of 1,100 (SI52A)
*Data return rate 100%

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 96.1% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).
*Data return rate 95.7%

Access to Palliative Community Service

The national year to date position is 80.6% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days, compared to the performance target of 80%. (PAC9A).
*Data return rate 93.7%

Children's Palliative Care

The number of children in the care of the specialist palliative care teams in December 2022 is 77 compared to the expected activity of 46 (PAC39).
*Data return rate 100%

The number of children in the care of the Children's Nurse Co-Ordinators was 284 in December 2022. Compared to the expected activity of 310. (PAC37).
*Data return rate 93.7%

Mental Health

CAMHS Inpatient Units

Nationally there were 218 children admitted to CAMHS inpatient units at the end of December 2022 (MH37). Close weekly monitoring at the national level of the activity and waitlist for inpatient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

91.6% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2022 YTD which is above the target (>85%) (MH5).
98.6% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2022, which is above >95% target (MH57)

The number of children admitted to adult mental health units at the end of December 2022 indicates there were 20 child admissions. This is compared to 29 child admissions to adult units in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored

and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).
*Data return rate 100%

Community CAMHS

Nationally there was an increase of 226 children on the waiting list for community mental health services, from 4,067 in November to 4,293 in December 2022 (MH50). There are 603 children waiting longer than 12 months in December 2022.

CHO1 have (24), CHO2 (14), CHO3 (116) CHO4 (296), CHO5 (18), CHO6 (34), CHO7 (24), CHO8 (77) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of December, 63% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of ≥80% (MH7).

However, 95.5% of new or re-referred cases were seen within 12 months in community CAMHS services YTD December 2022 (MH72).

Nationally, 92.7% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
* Data return rate 100%

Note: CAMHS Waitlist: CAMHS waiting list initiatives in six CHO areas commenced over May and June and although behind target has removed an additional 722 children from the waiting list to the end of December.

Community Adult Mental Health Services

88% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD December 2022 against a target of ≥90% (MH1). CHOs 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed. However, Covid-related contingencies make this more challenging to address. 21.8% of people referred to general adult services did not attend (DNA) their appointments.
*Data return rate 94%

93.1% of referred patients in Psychiatry of Later Life services were offered an appointment within 12 weeks YTD December 2022 against a target of ≥98% (MH3).
*Data return rate 100%

Disability Services
Residential Places
There were 8,283 residential places for people with a disability in December 2022, which +0.7% ahead of target YTD (DIS108). A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. In addition, "in-year" capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.
Data return 100%

Emergency Residential Places and Intensive Support Packages
In accordance with NSP 2022, Disability Services committed to developing 50 new emergency residential placements and 422 in home respite supports for emergency cases; this includes 402 packages put in place in 2021 which have been maintained in 2022, plus 10 new supported living packages and 10 new intensive support packages outlined in NSP 2022. At end of December 2022, 103 new emergency residential places were developed (DIS102) together with 18 new intensive support packages and 19 new supported living packages.

RT Places
There were 2,035 people (all disabilities) in receipt of Rehabilitative Training in December 2022, which is -11.1% (255) less than the 2,290 profiled target (DIS14). This is mainly due to the impact of the COVID-19 pandemic but also due to changing needs. The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which is progressing in 2022.
Data return rate 100%

Congregated Settings
A total of 35 people transitioned from congregated settings to homes in the Community in 2022 to date (DIS55) against a target of 143 for the year. This is below the target for the year due to the ongoing challenges recruiting staff across a range of disciplines and grades and operating in a competitive housing market.

However, Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. The original 2012 report identified over 4,000 people living in 72 congregated settings. With the incremental progress made since 2012 to support people to transition to homes in the community, there are now less than 1,600 people remaining in the tracked congregated settings identified in the original report.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.
Data return rate 66.7%

Disability Act Compliance
A High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement, Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format. As a result, activity for the fourth quarter of 2022 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 4,523 (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 requirement to provide diagnostic assessments under the terms of the Act for children whose assessments were completed based on the Preliminary Team Assessment format will further impact on compliance in the coming months. These additional assessments for children whose status has already been recorded as "complete" must be progressed in parallel with new applications for AON.

The HSE's National Clinical Programme for People with Disability (NCPPD) has led the process of developing Interim Clinical Guidance to replace the element of the Standard Operating Procedure which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This new Interim Clinical Guidance is being updated following consideration of a recent legal opinion.

NCPPD has also committed to establishing a Task Group on Assessment of Need to address other issues related to the Assessment of Need process that are not addressed in the Interim Clinical Guidance. This group will include representatives from all the key stakeholders and particularly those with lived experience, and will meet monthly over the next 12 months.

The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. In Quarter 4, 30% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations; while over the course of the year, 25% of assessments were completed within the timeframe.

The fourth quarter of 2022 has seen a further increase in the number of applications for assessment of need received (6,755 for the year) which is up 15.3% on the profiled target of 5,857 (DIS1).

The number of applications for Assessment of Need under the Act has risen steadily since its implementation in June 2007. This rise is illustrated in the graph below. The non-commencement of the Education for Persons with Special Education Needs (EPSEN) Act (2004) is a significant contributory factor. When originally implemented it was envisaged that the Assessment of Need would apply to children aged less than five years. Following a High Court ruling in 2009 eligibility was expanded to include all persons born on or after June 1st 2002. This has also contributed to the rise in applications. A new commencement order (S.I. No. 3 of 2022) subsequently confirmed that Part 2 of the Disability Act applies to persons born on or after 1st June 2002.

The following graph illustrates the increase in applications and the corresponding increase in the number of AONs completed each year.

Figure 1

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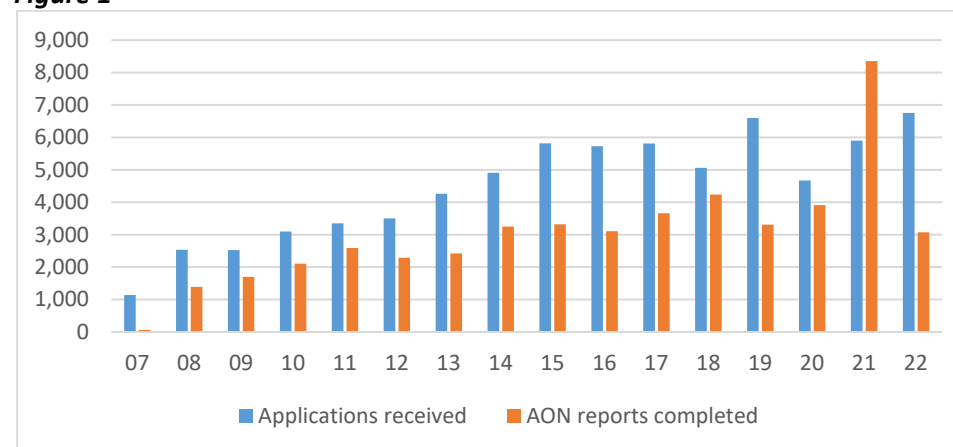
Older Persons
Home Support
Since 2018 activity data for Home Support for Older People is now reflected in terms of total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency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

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

The Winter Plan for 2021/2022 was framed in the context of increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in the context of a pandemic. The

Home Support initiatives included in the Winter Plan provides for an additional 5m home support hours to be delivered by end of 2022 that will provide valuable support to the system. In order to ensure timely discharges from acute settings for older people, a discharge to assess approach will be utilised.

On the 1st December 2021 the Home Support Pilot commenced in four CHN pilot sites within CHOs 2, 4, 7 and 8. The pilot incorporated the use of the use of a standard assessment tool for each participant (interRAI). The Pilot has now concluded and the activity shows that that 109,240 hours were delivered up to the end of September 2022. The Centre for Effective Services (CES) is undertaking an Evaluation of the pilot and have submitted an interim report for review by the HSE, with a final report expected end of Quarter 1 2023.

At the end of December (YTD), it was expected that the Home Support Service would deliver 23,670,000 hours (target). The data reported indicates that 20,792,772 hours were provided, a variance of -12.2% (OP53) on target and a +1.6% increase on same period last year (SPLY) activity

56,162 people are in receipt of home support (OP54) (point in time) as at end December. 80 people are in receipt of an Intensive Home Care Package (OP4).

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. The CHO waiting list at end of December indicates that 7 people were assessed and waiting for funding for home support (OP55) (Preliminary data). In addition, 6,673 people were recorded as waiting on care staff, 3,795 (56.9%) of whom were waiting on a new service to be provided, with 2,878 (43.1%) others, currently in receipt of Home Support, waiting on care staff to deliver an additional service. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.
*Data return rate 100%

NHSS
In December 2022 the Nursing Homes Support Scheme funded 22,769 long term public and private residential places, and when adjusted for clients not in payment, there were 23,994 places supported under the scheme. The number of people funded under the scheme is above the profile for December by 357.

There is an increase of 473 in the number of people supported under the scheme when compared to the same period last year. This is a 2.1% increase in activity year on year.

The number on the placement list at the end of December 2022 is 299 (December 2021 – 614). This is a decrease of 315 (51.3%) on the same period last year.

A total of 8,557 people were approved for funding under the scheme in the twelve months of 2022 compared to 7,489 people approved for the same period last year. This is an increase of 1,068 approvals or 14.3% year on year.

In the twelve months of 2022, 10,203 applications were received and 8,507 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 987 or 13.1% in the number of starters supported under the scheme when compared to 2021. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2022.
*Data return rate 100%

Transitional Care Funding
Transitional Care Funding, which is in place to assist Acute Hospitals with the discharge of patients who are finalising their Nursing Home Support Application or in need of a period of convalescence care before returning home, has continued to be in demand in 2022.
November YTD 2022, 8,627 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 7,891 YTD. Ongoing pressures on acute hospitals and a high sustained DTOC level during the month resulted in an ongoing increased demand on TCB during the month.
*Data return rate 100%

Population Health & Wellbeing

MECC

Healthcare staff continue to complete the 8 MECC eLearning modules. Due to Covid challenge the MECC KPI targets are under achieved nationally. 2,355 staff completed the eLearning YTD December 2022 (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD December 2022 is 722 (HWB95).

Under performance is due to reduced engagement by healthcare professionals across community and acute services due to additional pressures from COVID-19 and commitment/support from managers to release staff for training and support MECC implementation within their service. Nine new posts to support MECC implementation have been recruited for and are actively engaging with services to implement MECC. This has made an impact as the CHO proportion of the target for eLearning performance (HWB94) is 1544 with 1386 achieved (90%). The CHO proportion of the target for (HWB95) is 312 and the number achieved was 562 or 180%.

A MECC implementation guide has been revised to allow for ease in implementation and clarity on roles and responsibilities. There is on-going participation in the HRB Applied Partnership Award entitled "Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC" to develop a new approach to successfully roll-out the programme in Ireland. An implementation plan to address these recommendations will be developed in 2023.

A MECC Briefing paper was submitted to EMT in January 2023 seeking senior leadership commitment to drive MECC Implementation across the HSE.

Tobacco smokers – intensive cessation support

Nationally, 9,287 smokers received intensive cessation support from a cessation counsellor YTD to September 2022 (this metric is reported quarterly in arrears), which is -44.8% below the target of 16,811 smokers (HWB27).

There continues to be an under-performance across all CHOs to varying degrees, in particular CHOs 6 & 9 as well as within the UL HG. The overall targets set for 2022 have more than tripled from 2021 to reflect the planned increased staffing as a result of ECC and Sláintecare funding. The National Quitline is performing well, and ahead of target.

Delays in recruitment of stop smoking advisors, sourcing clinic spaces as well the time required to establish and embed referral pathways continued to affect activity for this period in Q3. UL hospital group continues to have staff vacancies for Q3. However, activity in all areas with the exception of ULHG is expected to increase in Q4.

Online Cessation Support Services

6,316 (+5.3%) people received online cessation support services cumulatively over 2022 (Q1-Q4) (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on www.quit.ie. There was strong performance in online activity and traffic to www.quit.ie throughout 2022 as a result of a strong January, March, October and world cup 2022 TV/Radio/Social campaign.

% of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 49.7% of smokers remained quit at four weeks YTD September 2022, which is above target (48% HWB26). This metric is a key quality metric and shows strong performance for the stop smoking service

Population Health Protection – Immunisation and Vaccinations

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

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

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

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

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q3 2022) (this metric is reported quarterly in arrears), is 92.5% against a target of 95% (-2.7%) (HWB4).
*Data return 100%

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

Nationally, the uptake rate for the Measles, Mumps, Rubella (MMR) YTD (Q3 2022) (this metric is reported quarterly in arrears), is 89.5% against a target of 95% (-5.8%) (HWB8).
*Data return 100%

% uptake in Flu vaccine for those aged 65 and older

Nationally, the Flu vaccine uptake rate for those aged over 65 YTD, is 75.4% against a target of 75% (-0.5%) (HWB105).

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

Quality and Safety		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
Serious Incidents															
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	56% [R]	-20%								69%	55%	55%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q3 2022)	Q	70%	72% [G]	2.9%								73%	75%	76%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.55% [G]	-0.45%								0.52%	0.46%	0.79%
Service User Experience (Q3 at 23.11.22)															
	Complaints investigated within 30 working days	Q	75%	68% [A]	-9.3%	68% [A]	75% [G]	79% [G]	73% [G]	75% [G]	35% [R]	36% [R]			
HCAI Rates															
	Staph. Aureus (per 10,000 bed days)	M	<0.8	1.0 [R]	21.4%	1.4 [R]	1.1 [R]	1.0 [R]	1.0 [R]	0.9 [R]	0.8 [G]	0.9 [R]	0.9	0.9	0.9
	C Difficile (per 10,000 bed days)	M	<2	2.2 [A]	8.1%	1.4 [G]	1.8 [G]	2.2 [R]	2.1 [A]	2.2 [A]	2.3 [R]	2.6 [R]	2.4	2.6	1.9
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	89.6% [R]	-10.4%	100% [G]	85.7% [R]	83.3% [R]	100% [G]	83.3% [R]	90% [A]	100% [G]	95.8%	79.2%	89.6%
Surgery															
	Hip fracture surgery within 48 hours of initial assessment)	Q-1Q	85%	73.5% [R]	-13.6%		78.1% [A]	89.4% [G]	70.8% [R]	78.9% [A]	68.9% [R]	61.4% [R]	76.6%	73.3%	70.2%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.7% [G]	-15%		2.5% [G]	1.3% [G]	2% [G]	1.5% [G]	1.6% [G]	2.2% [R]	1.5%	1.5%	1.5%

Quality and Safety		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	75.8% [A]	-8%		58.2% [R]	91% [G]	77.8% [G]	60.4% [R]	79.2% [G]	70.7% [R]	76%	75.4%	75.9%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.3% [G]	1.8%		10.8% [G]	11.3% [G]	10.9% [G]	11% [G]	11.7% [A]	12.6% [R]	10.6%	10.5%	10.7%
	Ambulance Turnaround														
	Ambulance turnaround < 30 minutes	M	80%	20.8% [R]	-74%	62.7% [R]	28.2% [R]	20.7% [R]	30.7% [R]	8.3% [R]	10.1% [R]	24.2% [R]	20%	20.7%	17.6%
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	2,177 [R]		0 [G]	270 [R]	34 [R]	71 [R]	1,246 [R]	214 [R]	342 [R]	120	132	126
Access and Integration	**Routine Colonoscopy**														
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	61.3% [A]	-5.6%	32.2% [R]	44.9% [R]	57.4% [R]	90.1% [G]	62.6% [G]	62.7% [G]	76.4% [G]	57.2%	58%	61.3%
	Emergency Department Patient Experience Time														
	ED within 24 hours (Zero Tolerance)	M	97%	95.4% [R]	-1.6%	99.2% [G]	93.5% [R]	95.7% [R]	97.7% [G]	95.2% [R]	94.5% [R]	91% [R]	94.7%	94.6%	93.8%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	88.9% [R]	-10.2%		88.8% [R]	90.3% [R]	94.3% [R]	89.3% [R]	85.4% [R]	76.7% [R]	87.5%	87%	84%
	ED within 6 hours	M	70%	57% [R]	-18.6%	76.2% [G]	48.1% [R]	65.4% [A]	49% [R]	52.9% [R]	56.6% [R]	50.9% [R]	55.3%	54.9%	51.8%
	75 years or older within 6 hours	M	95%	35.8% [R]	-62.3%		29.5% [R]	48.2% [R]	25.7% [R]	34.5% [R]	33.1% [R]	37.5% [R]	34.1%	34%	31.4%
	Waiting times														
	Adult waiting <12 months (inpatient)	M	98%	78.1% [R]	-20.3%		70.4% [R]	83.3% [R]	97.9% [G]	62% [R]	79.4% [R]	100% [G]	75.4%	76.2%	78.1%
	Adult waiting <12 months (day case)	M	98%	86.8% [R]	-11.5%		85.9% [R]	87.3% [R]	99.7% [G]	81.3% [R]	82.1% [R]	100% [G]	84.9%	85.7%	86.8%
	Children waiting <12 months (inpatient)	M	98%	71.6% [R]	-27%	64.9% [R]	100% [G]	90.8% [A]	100% [G]	84.4% [R]	98.2% [G]	100% [G]	70.8%	70.4%	71.6%
	Children waiting <12 months (day case)	M	98%	85% [R]	-13.2%	83.6% [R]	100% [G]	96.8% [R]	100% [G]	79.7% [R]	88.1% [R]	100% [G]	84.6%	83.7%	85%
	Outpatient waiting < 18 months	M	98%	83.9% [R]	-14.4%	81.2% [R]	85.7% [R]	84.5% [R]	99.5% [G]	77.4% [R]	81.3% [R]	82.2% [R]	81.3%	82.4%	83.9%

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Delayed Transfers of Care														
Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	525 [R]	50%	4	140	149	72	63	75	22	624	660	525
Cancer														
Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	74.8% [R]	-21.3%		93.6% [G]	84% [R]	99.7% [G]	54.2% [R]	57.2% [R]	73.3% [R]	80.8%	70.6%	75.5%
Urgent Breast Cancer within 2 weeks	M	95%	70.7% [R]	-25.6%		91.4% [G]	80% [R]	99.7% [G]	43.6% [R]	54.2% [R]	70.6% [R]	77.2%	62.6%	69.3%
Non-urgent breast within 12 weeks	M	95%	51.5% [R]	-45.8%		90.2% [A]	48.4% [R]	99.5% [G]	20.6% [R]	33% [R]	27.4% [R]	48%	61%	67.4%
Lung Cancer within 10 working days	M	95%	90.7% [G]	-4.5%		99.3% [G]	99.1% [G[	99.3% [G]	93.5% [G]	78.9% [R]	74.1% [R]	94.1%	97.5%	92.6%
Prostate Cancer within 20 working days	M	90%	81.8% [A]	-9.1%		98% [G]	98.7% [G]	100% [G]	79.6% [R]	55.6% [R]	83.5% [A]	87.2%	87.2%	90.9%
Radiotherapy treatment within 15 working days	M	90%	69.8% [R]	-22.4%		64% [R]			73.8% [R]	68.1% [R]	96.7% [G]	70.4%	62.7%	57.6%
Ambulance Response Times														
ECHO within 18 minutes, 59 seconds	M	80%	72.2% [A]	-9.8%								76%	73%	65.2%
Delta within 18 minutes, 59 seconds	M	50%	40.5% [R]	-19.1%								41.6%	41.2%	29.6%
Financial Management – Expenditure variance from plan														
Net expenditure (pay + non-pay - income)	M	≤0.1%	7,875,052	2.88% [R]	0.00% [G]	1.86% [R]	2.55% [R]	2.82% [R]	8.83% [R]	5.50% [R]	6.76% [R]	10.26%	12.10%	2.88%
Pay expenditure variance from plan	M	≤0.1%	5,830,645	0.41% [A]	0.00% [G]	1.20% [R]	1.78% [R]	1.17% [R]	4.54% [R]	1.16% [R]	2.89% [R]	5.85%	7.49%	0.41%
Non-pay expenditure	M	≤0.1%	2,944,055	5.61% [R]	0.00% [G]	1.19% [R]	3.14% [R]	3.52% [R]	10.67% [R]	10.64% [R]	10.88% [R]	11.56%	13.06%	5.61%
Gross expenditure (pay and non-pay)	M	≤0.1%	8,774,700	2.10% [R]	0.00% [G]	1.20% [R]	2.19% [R]	1.88% [R]	6.44% [R]	4.16% [R]	5.44% [R]	7.68%	9.28%	2.10%
Service Arrangements (31.12.2022)														
Monetary value signed	M	100%	45.54%	-54.46%								45.54%	45.54%	45.54%

Access and Integration

Finance, Governance & Compliance

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
	Internal Audit															
	Recommendations implemented within 12 months (2021)	Q	95%	79% [R]	-16.8%									88%	79%	79%
Workforce	**Attendance Management**															
	% absence rates by staff category (Non Covid)	M	≤4%	4.91% [R]	22.75%	4.75% [R]	4.73% [R]	4.07% [G]	5.04% [R]	4.90% [R]	4.84% [R]	6.75% [R]		5.01%	5.02%	5.98%
	% absence rates by staff category (Covid)	M	NA	2.18%		2.18%	2.02%	2.38%	2.25%	2.18%	2.02%	2.36%		0.80%	0.73%	1.25%

Acute Hospital Services

Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,623,441	1,660,981	2.3%	1,469,795	13.0%	147,552	142,315	144,424
New ED Attendances	1,337,407	1,353,886	1.2%	1,218,511	11.1%	120,079	115,626	118,955
OPD Attendances	3,424,505	3,404,185	-0.6%	3,243,263	5%	291,892	321,368	241,001

| Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	584,621	556,065	-4.9%	543,533	2.3%	51,712	51,744	53,547
Inpatient weight units	591,363	560,817	-5.2%	545,553	2.8%	50,937	50,467	51,436
Day case (includes dialysis)	1,092,291	1,021,920	-6.4%	933,611	9.5%	98,031	93,608	102,110
Day case weight units (includes dialysis)	1,038,621	1,002,745	-3.5%	917,745	9.3%	97,688	90,856	95,425
IP & DC Discharges	1,676,912	1,577,985	-5.9%	1,477,144	6.8%	149,743	145,352	155,657
% IP	34.9%	35.2%	1.1%	36.8%	-4.2%	34.5%	35.6%	34.4%
% DC	65.1%	64.8%	-0.6%	63.2%	2.5%	65.5%	64.4%	65.6%
Emergency IP discharges	412,834	397,117	-3.8%	382,631	3.8%	37,046	37,132	38,786
Elective IP discharges	79,130	71,884	-9.2%	66,105	8.7%	7,365	7,128	7,257
Maternity IP discharges	92,657	87,064	-6%	94,797	-8.2%	7,301	7,484	7,504
Inpatient discharges >75 years	121,962	119,810	-1.8%	110,747	8.2%	11,304	11,008	11,531
Day case discharges >75 years	211,155	209,266	-0.9%	181,210	15.5%	20,194	19,333	20,949

Inpatient, Day case and Outpatient Waiting Lists[4]

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Inpatient adult waiting list within 12 months	98%	M	🔴	**78.1%**	72%	+6.1%	75.4%	76.2%	78.1%	14 out of 37 hospitals reached target	Wexford (0%), SJH (56.9%), GUH (57.5%)
Day case adult waiting list within 12 months	98%	M	🔴	**86.8%**	80.4%	+6.4%	84.9%	85.7%	86.8%	17 out of 42 hospitals reached target	CUH (76%), UHW (76.6%), GUH (78.1%)
Inpatient children waiting list within 12 months	98%	M	🔴	**71.6%**	67.5%	+4.1%	70.8%	70.4%	71.6%	11 out of 18 hospitals reached target	LUH (14.3%), CHI (64.9%), GUH (75.2%)
Day case children waiting list within 12 months	98%	M	🔴	**85%**	76.3%	+8.7%	84.6%	83.7%	85%	17 out of 28 hospitals reached target	GUH (75%), LUH (76.4%), CUH (79.4%)
Outpatient waiting list within 18 months	98%	M	🔴	**83.9%**	75.2%	+8.7%	81.3%	82.4%	83.9%	11 out of 44 hospitals reached target	Columcille's (67.4%), RVEEH (71.9%), GUH (74%)

## Inpatient & Day Case Waiting List
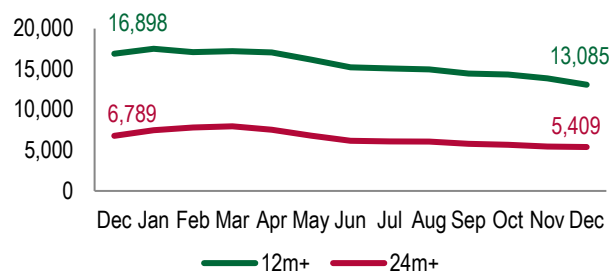

Outpatient Waiting List
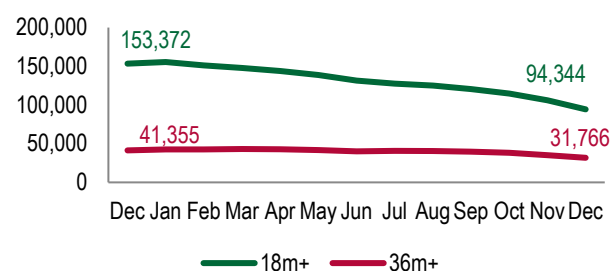
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>18 Mths
Adult IP	18,556	17,383	1,173	4,068	2,723
Adult DC	54,053	50,136	3,917	7,156	4,181
Adult IPDC	**72,609**	**67,519**	**5,090**	**11,224**	**6,904**
Child IP	3,871	3,670	201	1,100	664
Child DC	5,088	4,274	814	761	348
Child IPDC	**8,959**	**7,944**	**1,015**	**1,861**	**1,012**
OPD	584,626	617,448	-32,822	157,316	94,344

Inpatient & Day Case Waiting
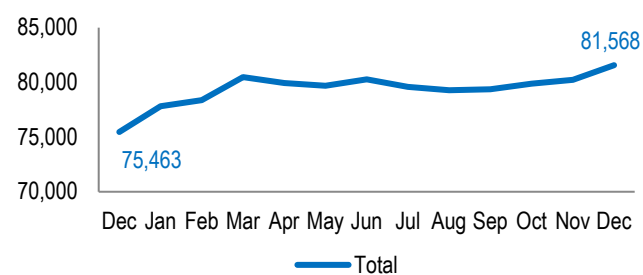

Outpatient Waiting List Total
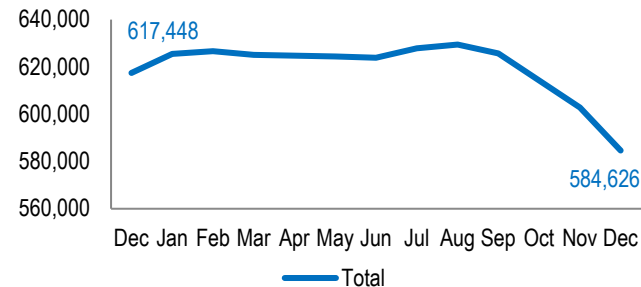
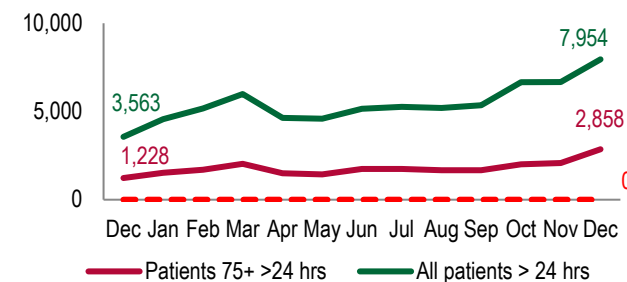[4] Waiting List data not available for June 2021 due to cyber attack

ED Performance

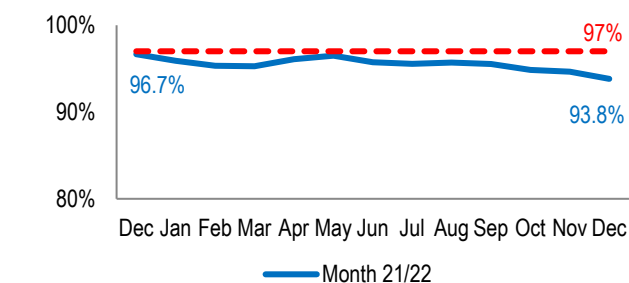| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% admitted or discharged within 6 hours	70%	M	🔴	**57%**	62.8%	-5.8%	55.3%	54.9%	51.8%	St Michael's (84.8%), SLK (72.2%), LUH (68.9%)	Tallaght – Adults (30.4%), Beaumont (31.6%), Naas (31.7%)
% 75 years or older admitted or discharged within 6 hours	95%	M	🔴	**35.8%**	42.7%	-6.9%	34.1%	34%	31.4%	St Michaels (74.4%), SLK (59.3%), LUH (54.7%)	SUH (16.6%), Beaumont (17.2%), Tallaght – Adults (19.4%)
% in ED admitted or discharged within 24 hours	97%	M	🔴	**95.4%**	97.4%	-2%	94.7%	94.6%	93.8%	11 out of 28 hospitals	Naas (83.8%), Tallaght – Adults (85.1%), UHK (88.5%)
% 75 years admitted or discharged within 24 hours	99%	M	🔴	**88.9%**	94.1%	-5.2%	87.5%	87%	84%	4 out of 27 hospitals	Naas (65.8%), Mercy (66.5%), UHK (68.2%)

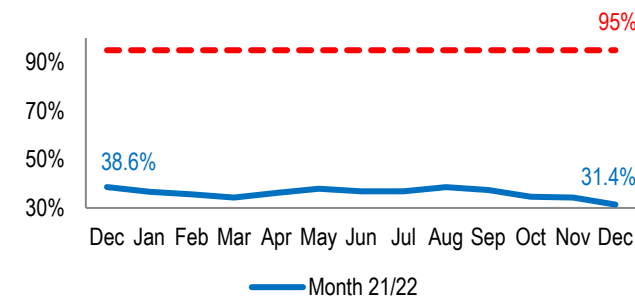### % patients admitted or discharged within 6 hours
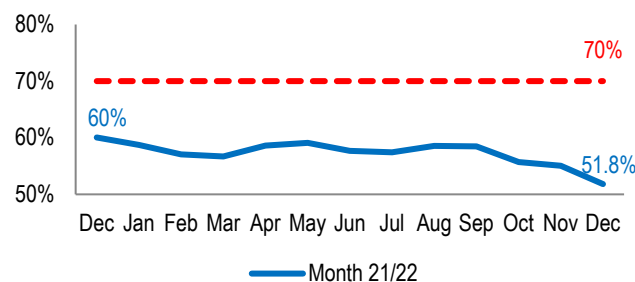
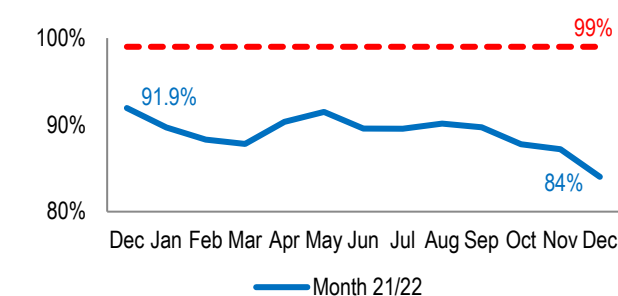### Number in ED waiting over 24 hours

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


% 75 years admitted or discharged within 6 hours

% in ED admitted or discharged within 24 hours

Colonoscopy

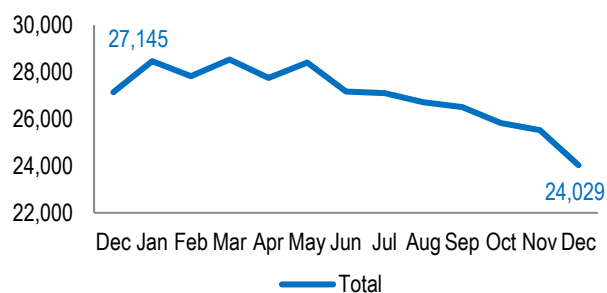| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	🔴	**2,177**	3,933	-1,756	120	132	126	28 out of 38 hospitals	MUH (69), RUH (20), Ennis (9)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**524**	262	+262	74	104	46	8 out of 15 hospitals	SVUH (19), Wexford (9), UHW (8)
Colonoscopy and OGD <13 weeks	65%	M	🟡	**61.3%**	48.3%	+13%	57.2%	58%	61.3%	20 out of 37 hospitals	CHI (32.2%), MMUH (33.1%), Tullamore (33.2%)
% of people waiting <12 months for an elective procedure GI scope	100%	M	🟢	**97.7%**	85.1%	+12.6%	96.6%	97.1%	97.7%	21 out of 37 hospitals	Portlaoise (85.3%), MMUH (88%), CHI (90%)

Urgent Colonoscopy – no. of new people waiting

600
385
300
126
0   0
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— Month 21/22
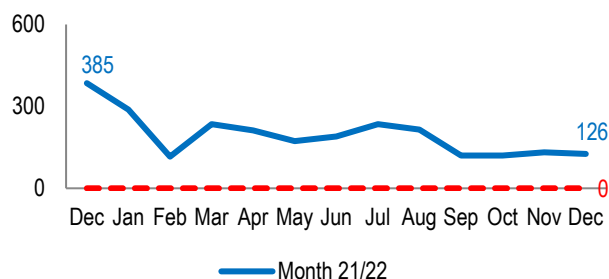
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	363	345	210
Number scheduled over 20 working days	74	104	46

No. on waiting list for Colonoscopy and OGD[5]

26,000
23,000
20,000
17,000   14,033   14,740
14,000   13,112
11,000   9,289
8,000
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— <13 weeks   — > 13 week breaches

Total No. on waiting list for Colonoscopy and OGD

30,000
27,145
28,000
26,000
24,000
22,000   24,029
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— Total
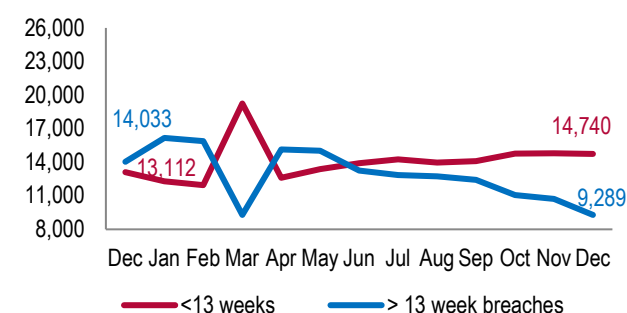
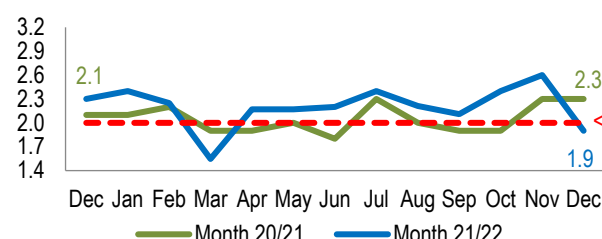[5] Waiting List data not available for June 2021 due to cyber attack

HCAI Performance

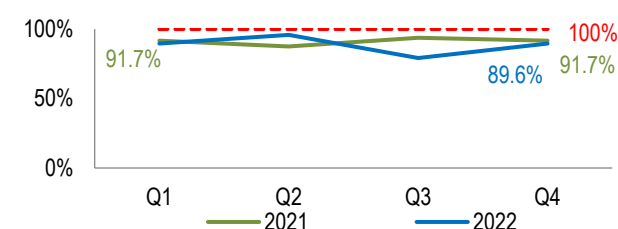| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Rate of new cases of Staph. Aureus infection	<0.8	M	🔴 **1.0**	1.0	0.0	0.9	0.9	0.9	34 out of 47 hospitals achieved target	Nenagh (5.7), TUH (3.2), Tullamore (3.1)
Rate of new cases of C Difficile infection	<2	M	🟡 **2.2**	2.0	+0.2	2.4	2.6	1.9	32 out of 47 hospitals achieved target	RUH (12.4), Nenagh (11.4), Croom (9.9)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	🔴 **89.6%**	91.7%	-2.1%	95.8%	79.2%	89.6%	43 out of 48 hospitals achieved target	Portlaoise and the NMH didn't achieve the target.

Rate of Staph. Aureus bloodstream infections
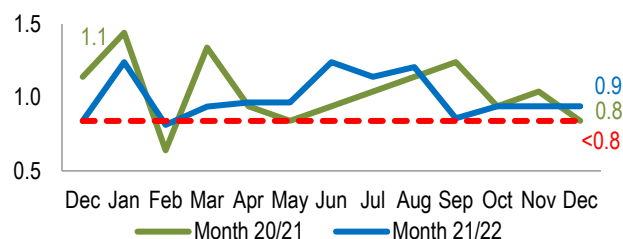

Rate of new cases of C Difficile associated diarrhoea

Requirements for screening with CPE Guidelines

Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤350	M	🔴 **525**	453	+72	624	660	525	Mallow (0), Mullingar, Ennis, St John's (1)	SJH (67), SVUH (48), Tallaght Adults (45)

Delayed Transfers of Care[6]
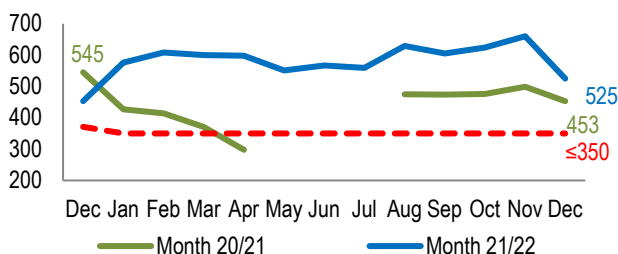
Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	89	17	106	20.2%
Residential Care	190	34	224	42.7%
Rehab	13	36	49	9.3%
Complex Needs	15	15	30	5.7%
Housing/Homeless	19	21	40	7.6%
Legal complexity	40	8	48	9.1%

	Over 65	Under 65	Total	Total %
Non compliance	7	1	8	1.5%
COVID-19	19	1	20	3.8%
Total	**392**	**133**	**525**	**100%**

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[6] DTOC data not available for May – July 2021 due to cyber attack
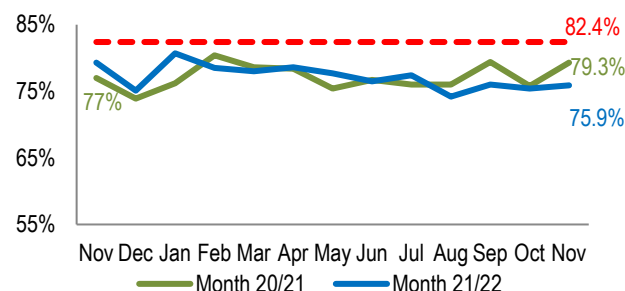
Surgery and Medical Performance

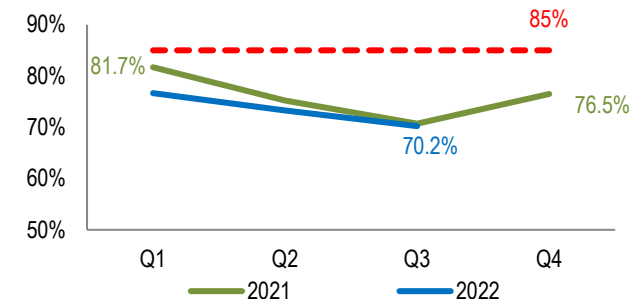| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	🟢 **11.3%**	11.4%	-0.1%	10.6%	10.5%	10.7%	22 out of 34 hospitals achieved target	Ennis (22.4%), Nenagh (16.6%), St. Columcille's (15.7%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	🟡 **75.8%**	75.4%	+0.4%	76%	75.4%	75.9%	19 out of 34 hospitals achieved target	Croom (35%), TUH (33.3%), Tullamore (63.6%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	🔴 **47.2%**	43.8%	+3.4%	44.8%	50.8%	48.5%	14 out of 30 hospitals achieved target	Beaumont, OLOL, MUH, TUH, UHL (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	🟢 **1.7%**	1.9%	-0.2%	1.5%	1.5%	1.5%	29 out of 38 hospitals achieved target	Croom (2%), SIVUH (1.1%), Cavan (4.5%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	🔴 **73.5%**	75.9%	-2.5%	76.6%	73.3%	70.2%	4 out of 15 hospitals achieved target	LUH (57.1%), Tullamore (59.6%), OLOL (60.5%)

Emergency re-admissions within 30 days
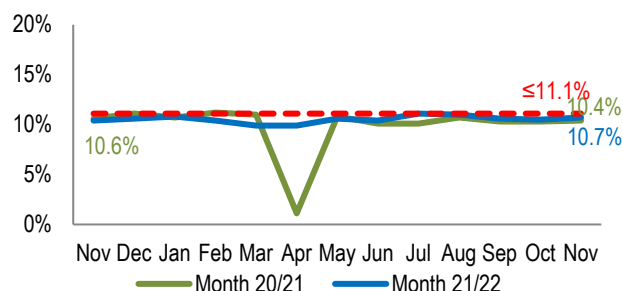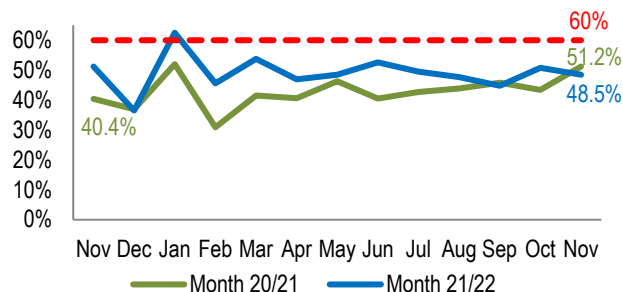

Procedure conducted on day of admissions
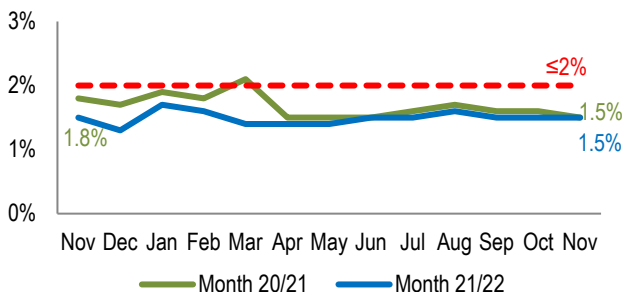

Hip fracture surgery within 48 hours


Laparoscopic Cholecystectomy day case rate
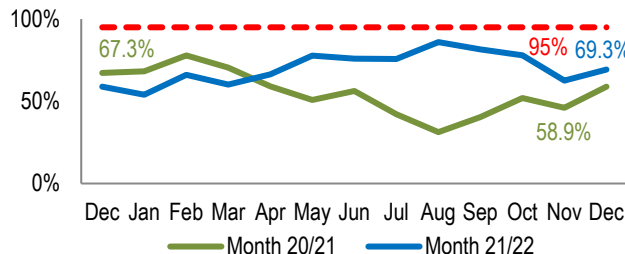

Surgical re-admissions within 30 days

Cancer Services

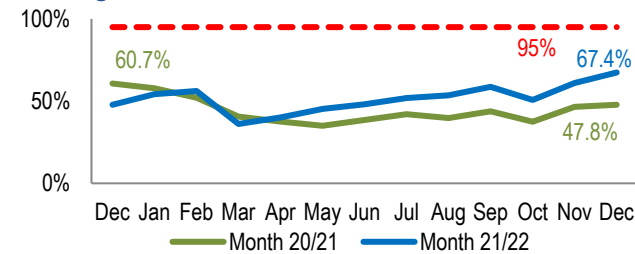| Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of new patients attending Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	95%	M	🔴	74.8%	60.8%	+14%	80.8%	70.6%	75.5%	Beaumont, SVUH (100%), LUH (98.9%), MMUH (97.6%), UHW (96.5%)	CUH (19.4%), SJH (57.8%), GUH (60%)
Urgent breast cancer within 2 weeks	95%	M	🔴	70.7%	55.8%	+14.9%	77.2%	62.6%	69.3%	Beaumont, SVUH, UHW (100%), LUH (98.9%)	CUH (14.8%), SJH (37.5%), GUH (48.3%),
Non-urgent breast within 12 weeks	95%	M	🔴	51.5%	40.9%	+10.6%	48%	61%	67.4%	Beaumont, UHW (100%), MMUH (99.2%),SJH (98.9%)	CUH (11.8%), GUH, SVUH (16.9%)
Lung Cancer within 10 working days	95%	M	🟢	90.7%	89.7%	+1%	94.1%	97.5%	92.6%	5 hospitals reached target	UHL (73.9%), CUH (75%), UHW (76.2%)
Prostate cancer within 20 working days	90%	M	🟡	81.8%	66.5%	+15.3%	87.2%	87.2%	90.9%	6 hospitals reached target	CUH (25%), UHL (66.1%)
Radiotherapy within 15 working days	90%	M	🔴	69.8%	75.5%	-5.7%	70.4%	62.7%	57.6%	UHL (100%), UHW (89.7%)	SLRON (42.2%), CUH (54.2%), GUH (76.3%)

Rapid Access within recommended timeframe
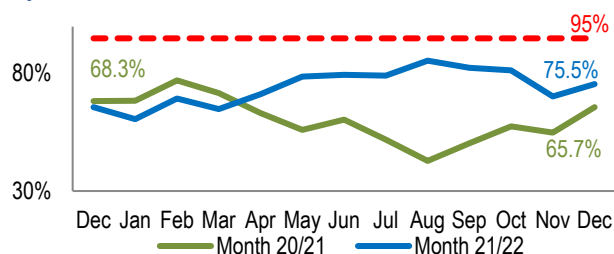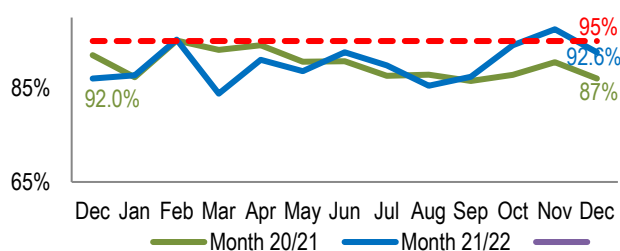

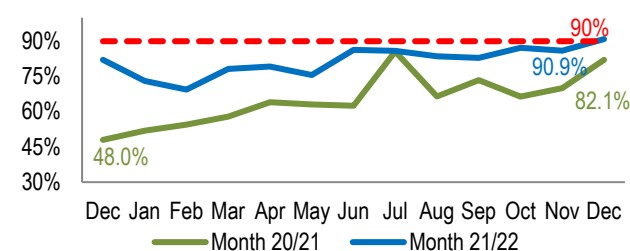## Breast Cancer within 2 weeks

Non-urgent breast within 12 weeks

Lung Cancer within 10 working days

Prostate Cancer within 20 working days

Radiotherapy within 15 working days
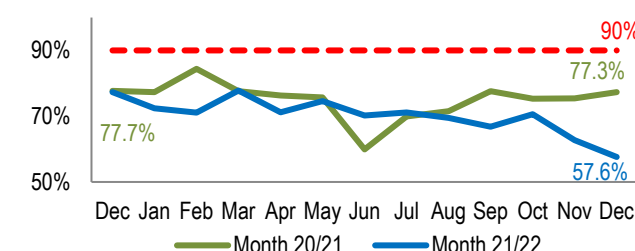
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	🔴	**20.8%**	27.5%	-6.7%	20.0%	20.7%	17.6%	CWIUH (61.9%), CHI (61.3%), Rotunda (50%)	Mercy (3.8%), CUH (5.4%), SUH (5.8%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	🟢	**86.3%**	72.7%	13.6%	79.2%	81.1%	84.4%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	🟡	**90.3%**	95.9%	-5.6%	85.2%	85.4%	88%		

Ambulance Turnaround - within 30 minutes
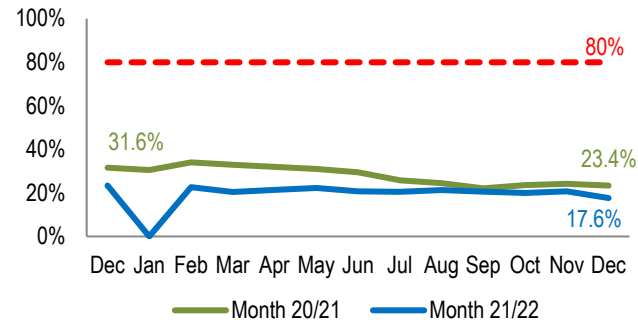
Delays Escalated - within 30 minutes

Delays Escalated - within 60 minutes
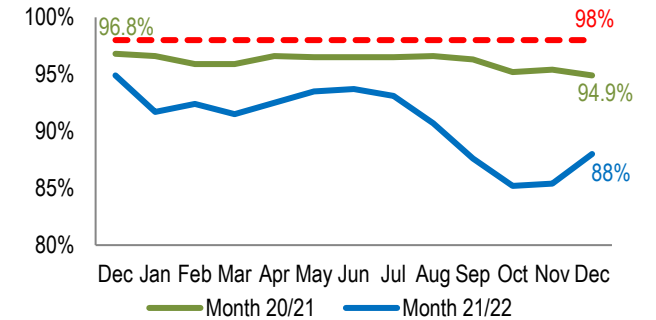
Pre-Hospital Emergency Care Services
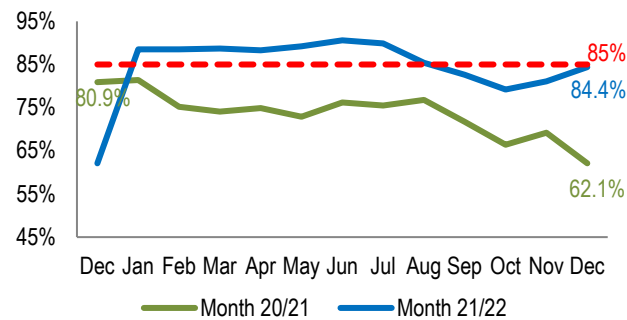
Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Response Times – ECHO	80%	M	🟡	**72.2%**	74.6%	-2.4%	76%	73%	65.2%		Dublin Fire Brigade (70.2%), North Leinster (69.9%), South (61.4%), West (58.8%)
Response Times – DELTA	50%	M	🔴	**40.5%**	44%	-3.5%	41.6%	41.2%	29.6%		West (36.5%), North Leinster (32.6%), South (28.2%), Dublin Fire Brigade (19.1%)
Return of spontaneous circulation (ROSC)	40%	Q	🟡	**37.4%**	37.7%	-0.3%	46.3%	34.1%	32.0%		

Response Times – ECHO
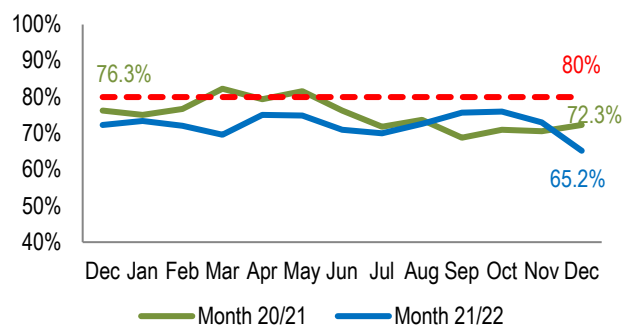
Response Times – DELTA
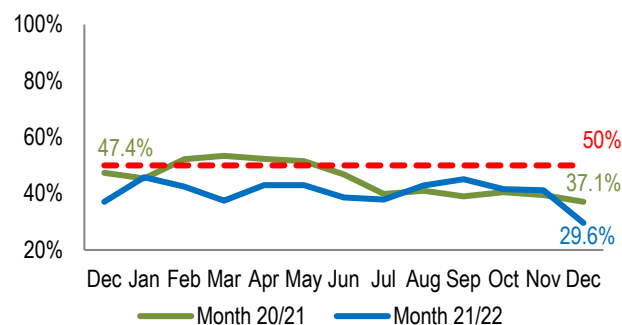
Call Volumes (arrived at scene) (Excludes those stood down en route)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	5,400	6,608	22.4%	5,857	751
DELTA	120,000	157,582	31.3%	126,828	30,754

ROSC
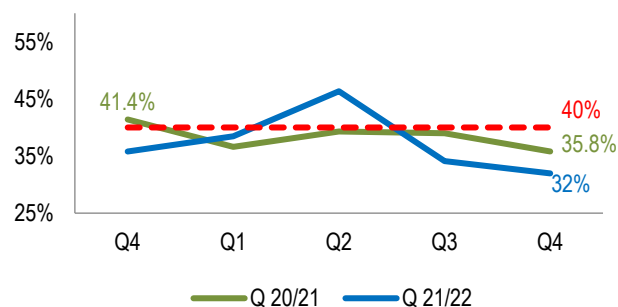
Acute Hospital Services Update

Emergency Presentations

Year to date ED attendances (1,660,743) are higher than the last 3 years, and have increased by over 10% when compared with the same period in 2019 and by 13% compared to 2021.

- **All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for December 2022 was **144,424** and was 11.98% higher than pre-COVID levels in December 2019 (128,971) and 17.20% higher compared to the same period 2021 (123,223)
- **Emergency Department attendances:** The total number of ED attendances for December 2022 was **127,948** and was 9.17% higher than pre-COVID levels in December 2019 (117,197) and 15% higher compared to the same period 2021 (111,214)
- **ED Admission Rate:** The percentage ED Admission Rate December 2022 is 28.2%

Patient Experience Time (PET): **93.8%** of all patients attending ED were seen within 24 hours in December 2022 which is below the NSP target of 97%. This compares with 96.7% in December 2021 and is lower than 95.8% in December 2019.

ED Patient Experience Time less than 24 hours for patients aged 75+: was **84%** in December 2022, this is below the NSP target of 99.0%. This compares with 91.9% in December 2021 and is lower than December 2019 which was at 88.8%.

Delayed Transfers of Care (DTOC)

- There was **525** Delayed Transfers of Care at the end of December 2022 which is a 15.9% increase from the number of DTOCs in December 2021 453

The DTOC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End December 2022
Home	106
Residential Care	224
Rehab	49
Complex Needs	30
Housing/Homeless	40
Legal complexity	48
Non compliance	8
COVID-19	20
Total	**525**

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

Please note June and July 2021 activity data may have been impacted by the cyber-attack on 13 May 2021, therefore comparisons with last year's activity should be treated with caution

Inpatient Discharges

There were **53,547** inpatient discharges in November 2022 which is an increase of 4.78% on the same period in 2021 (51,104) and a decrease of 0.02% on Pre-COVID November 2019 (53,557)

Day Case Discharges (including dialysis)

- There were **102,110** Day Case discharges in November 2022 which is an increase of 7.18% when compared with Pre-COVID November 2019 (95,271) and 5.5% higher compared to the same period 2021 (96,822).

Elective Inpatient Discharges*

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

- There were **7,079** elective inpatient discharges in November 2022 which is a 5.94% increase when compared with the same period in 2021 (6,682) and a 13.87% decrease when compared with Pre-COVID November 2019 (8,219)

Emergency Inpatient Discharges
- There were **38,786** emergency inpatient discharges in November 2022 which is a 7.84% increase on November 2021 (35,966) and an increase of 5.53% on Pre COVID November 2019 (36,752).

Maternity Inpatient Discharges
- There were **7,504** maternity patient discharges in November 2022 which is a decrease of 8.71% on November 2021 (8,220) and a decrease of 5.6% on November 2019 (7,949)

Outpatient Department Attendances
- The number of new and return outpatient attendances was **241,001** in December 2022 which was 5.4% higher than the corresponding period in 2021 (228,644) and a 2.98% increase compared to December 2019 (234,027)
- YTD December 2022 (**3,404,185**) is 0.59% lower than the target of 3,424,505

Elective Access
Context
The Acute Hospital system was significantly impacted by Omicron in 2022. Staffing continued to be negatively affected and this had direct impact on scheduled care. In some instances, staff were re-deployed to cover unscheduled care areas due to staff shortages. Ongoing ED pressures have also impacted access for scheduled care during 2022.

In addition to the beds that were occupied by patients with COVID, there was significant number of patients whose discharge is delayed and this impacted upon delivery of elective workload at a number of sites. Of the **525** patients whose discharge was delayed in December, **43%** were waiting to be discharged to residential care.

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

Table 2

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

Source: 2022 Waiting List Action Plan

The Waiting List Action Plan focused on four key areas:
- Delivering additional activity within the private and public systems
- Reforming Scheduled care by taking measures to resolve underlying barriers to the timely delivery of care
- Enabling Scheduled Care Reform
- Addressing Community Care Access and Waiting Lists.

The Minister of Health, in launching, identified a number of key caveats:
- That there are no major further surge events arising from COVID
- That there is no increase in referrals beyond planned levels as a result of the sustained impact of COVID

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

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

Table 3

WAITING LIST	NSP Target 2022	Compliance with target in December 22
Adult Inpatients	98% within 12 months	78%
Adult Day Case	98% within 12 months	87%
Children's Inpatient	98% within 12 months	72%
Children's Day Case	98% within 12 months	85%
Colonoscopy/OGD	65% within 13 weeks	61%
Colonoscopy/OGD	100% within 12 months	98%
Outpatient	98% within 18 months	83.9%

Source: HSE Prelim MDR December 2022

Numbers waiting December 2022

Inpatient and Day Case Waiting Lists

At the end of December 2022, the number of people waiting for an inpatient or day case appointment (IPDC) was **81,568** which represents an increase of 1,336 (1.67%) on the previous month, November 2022 (80,232). The number waiting at the end of December 2022 was 22.5% higher than the numbers waiting at the end of pre COVID December 2019 (66,563).

Colonoscopy/OGD Waiting lists

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

At the end of December 2022, the number of people on the Colonoscopy/OGD waiting list was **24,029**. This is a decrease of 1,497 (5.86%) on the number waiting at the end of the previous month November 2022. The number waiting at the end of December 2022 was 8% higher than the numbers waiting at the end of pre COVID December 2019 (22,244).

An updated National Endoscopy Action Plan was developed by the HSE Acute Operations Endoscopy Steering Committee which prioritised initiatives for 2021 onwards to address deficits in Endoscopy services. There was an emphasis on

commencing/funding demand management initiatives. The key initiatives currently being led by the Endoscopy Programme include:

o Triage Nurses: Triage nurses triage new referrals received in hospitals to ensure patients are directed to the most appropriate pathway, or added to the GI endoscopy waiting list where clinically indicated.

o Capsule Endoscopy (PillCam) is an alternative to invasive colonoscopy (suitable for specific patients) and is currently available in four sites in Ireland. The Endoscopy Programme has secured funding to establish four additional capsule endoscopy services which are being progressed.

o FIT testing: This is another non-invasive test being offered as an alternative to an invasive colonoscopy. FIT testing can be used as a clinical validation tool and will assist in streamlining patient access. It can be used as new patients are referred and for patients who are long waiters. With the recruitment of triage nurses, the Endoscopy Programme is developing a pathway to use FIT testing as a possible alternative test for patients referred for colonoscopy. The suitable patients are contacted by the triage nurse and offered FIT testing. This project is due to commence in the third Quarter of 2022.

o HSELanD training: In line with the Procedure of the Management of IPDC Protocol, a training module has been developed for GI endoscopy waiting list management on HSELanD. This module is available for new and existing staff managing GI services and waiting lists. This will ensure there is standardised training across all hospitals and practices will be in line with the protocol.

Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was **584,626** at the end of December 2022 which is a decrease of 18,206 (3%) since November 2022 (602,832). The number waiting at the end of December 2022 shows an increase of 5.6% when compared with pre-COVID December 2019 (553,433).

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In December 2022, 201 invitations were issued of which 131 (65%) were scheduled within the target time of 20 days.

Cancer Services
Symptomatic Breast Cancer Clinics

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

- St Vincent's University Hospital – 100%
- Beaumont Hospital – 100%
- University Hospital Waterford – 100%
- Letterkenny University Hospital – 98.9%
- Mater Misericordiae University Hospital – 97%
- University Hospital Limerick – 95.7%

Three hospitals were below target of 2 weeks
- Galway University Hospital – 48.3%
- St James's Hospital – 37.5%
- Cork University Hospital – 14.8%

Rapid Access Clinics for Lung Cancer Services

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

- St Vincent's University Hospital – 100%
- Beaumont Hospital – 100%
- St James' Hospital – 100%
- Galway University Hospital – 98.3%
- Mater Misericordiae University Hospital – 97.6%

Three hospitals were below the target of 10 days:
- University Hospital Waterford –76.2%
- Cork University Hospital – 75%
- University Hospital Limerick – 73.9%

Rapid Access Clinic for Prostate Cancer Services

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

- Mater Misericordiae University Hospital – 100%
- Beaumont Hospital – 100%
- University Hospital Waterford – 100%
- St Vincent's University Hospital – 100%
- Galway University Hospital – 100.0%
- St James' Hospital – 96.6%

Two hospitals were below the target of 20 days:
- University Hospital Limerick – 66.1%
- Cork University Hospital – 25%

Both NCCP and Acute Operations continue to review performance across all metrics to review any breaches of the KPIs with a particular focus on ensuring that the number of days patients are waiting beyond the target timeframe are minimised. There is direct engagement with sites to ensure that these patients are focused on in the first instance.

The sustained improvements across most hospital sites in terms of rapid access for prostate cancer is acknowledged. NCCP and Acute Operations continue to oversee the performance across hospitals in this area.

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 2022 compliance was as follows:

- Mid-Western Radiation Oncology Centre Limerick – 100%
- UPMC Waterford – 89.7%
- Galway University Hospital – 76.3%
- Cork University Hospital – 54.2%
- St Luke's Network (SLRON) – 42.2%

Healthcare Associated Infections (HCAI)

The National Service Plan 2022 target is that the rate of new cases of hospital acquired *staphylococcus aureus (S.Aureus)* bloodstream infection is less than 8 per 10,000 beds used. In December 2022 the rate was 0.9, no change from November 2022. There were 30 cases of hospital acquired *S. Aureus* bloodstream infections in December 2022.

The National Service Plan 2021 target is that the rate of new cases of hospital associated *Clostridium Difficile* infection is less than 2 per 10,000 beds used. The rate of *Clostridium Difficile* in hospitals in December 2022 was 1.9, down 0.7 from November 2022. There were 62 cases of *Clostridium Difficile* infection were reported by hospitals in December 2022.

There were 70 new cases of *Carbapenemase Producing Enterobacteriaceae* (CPE) reported by hospitals in December 2022.

National Ambulance Service

Activity volume for AS1 and AS2 calls received this month has increased by 2,538 calls (36,049) compared to the same month last year (December 2021 –33,511)

The daily average call rate for AS1 and AS2 calls received this month was 1,163(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 65% this month. -8% compared to last month i.e. November 2022 (73%)

ECHO calls 786 increased by 19% (124) compared to the same month last year (December 2021 - 662)

DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 30% this month. -11% compared to last month i.e. November 2022

Nationally there was a 15% (2,290) increase in DELTA call activity (17,252) compared to the same month last year (December 2021 - 14,962)

88% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 82% in the previous month, +6% on last month.

Ambulance Turnaround times at Emergency Departments disimproved by 3% for 30mins in December (21% November 2022) and a 6% decrease 60mins in December compared to November 2022 (66%). Pressure continues in achieving response time targets, which can compromise patient care and service delivery

18% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 24% of vehicles being released within 30 minutes or less last year (December 2021)

60% 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 71% of vehicles being released within 60 minutes or less last year (December 2021).

Human Resources

WTE Data for December

The WTE for Acute Operations in December 2022 was 74,055, this was an increase of +448 WTE on November 2022; this represents an increase of +3,926 WTE YTD. The headcount in Acute Operations for December 2022 was 82,147.

All six staff categories are showing growth this month. The greatest increase was seen in Nursing & Midwifery (+225 WTE), followed by Management & Admin (+83 WTE), Health & Social Care Professionals (+55 WTE), General Support (+41 WTE), Medical & Dental (+27 WTE) and Patient & Client Care (+17 WTE).

All seven Hospital Groups are showing growth this month. The largest WTE increase was reported in IEHG (+132 WTE), followed by Saolta (+123 WTE), RCSIHG (+77 WTE), DMHG (+72 WTE), SSWHG (+50 WTE), CHI (+5 WTE) and ULHG (+2 WTE).

Absence data for December

For Acute Operations the absence rate was 7.2% of which 1.3% (17.5% of the total) was COVID-19 related.

Patient & Client Care was the staff category with the highest total absence rate at 9.74% while Medical & Dental had the lowest total absence rate at 1.77%. Nursing & Midwifery reported the highest Covid-19 related absence at 1.46% while Medical & Dental had the lowest COVID-19 related absence, at 0.42%.

Of the Hospital Groups, ULHG had the highest total absence rate at 9.37% (of which 1.33 % of the total was COVID-19 related), while IEHG had the lowest total absence rate at 6.13% (of which 1.13% of the total was COVID-19 related).

National Services

National Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	🟢	98.2%	99.9%	-1.7%	99.8%	100%	98.2%
Number of persons covered by Medical Cards	1,539,348 YTD/ 1,539,348 FYT	M	🟢	1,568,379	1,545,222	+23,157	1,562,781	1,565,202	1,568,379
Number of persons covered by GP Visit Cards	617,960 YTD/ 617,960 FYT	M	🔴	535,741	525,918	+9,823	533,566	535,609	535,741
Number of initial tobacco sales to minors test purchase inspections carried out	384 YTD/ 384 FYT	Q	🟡	359	0	+359	73	225	61
Number of official food control planned, and planned surveillance inspections of food businesses	33,000 YTD/ 33,000 FYT	Q	🔴	29,587	20,906	+8,681	7,887	8,185	7,585

Medical card turnaround within 15 days
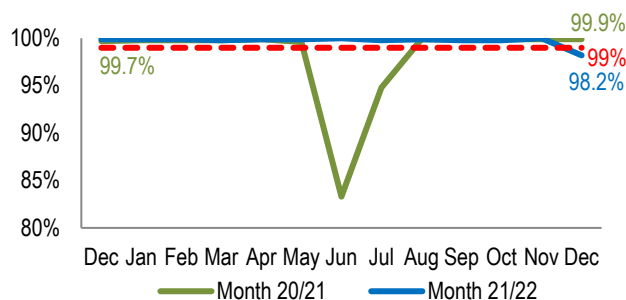
Number of persons covered by Medical Card
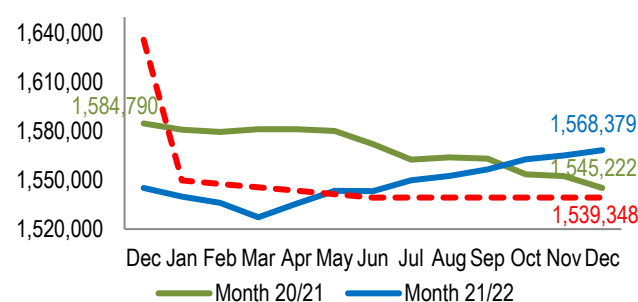
Number of persons covered by GP Visit cards
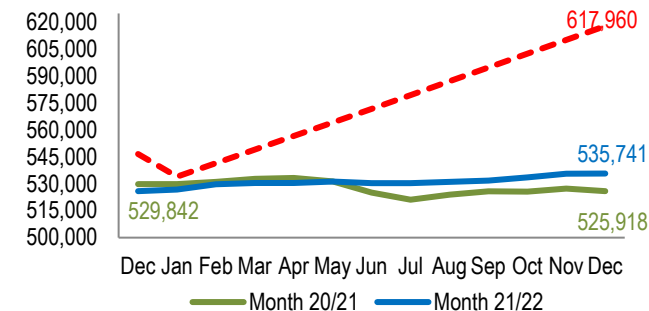
Number of initial tobacco sales to minors
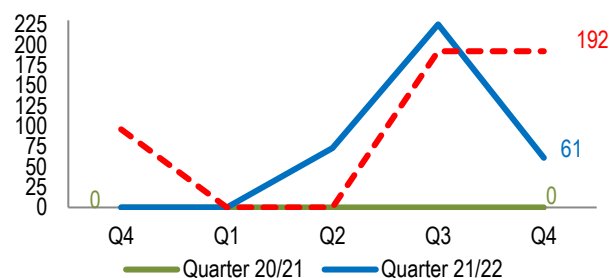
Number of inspections of food businesses
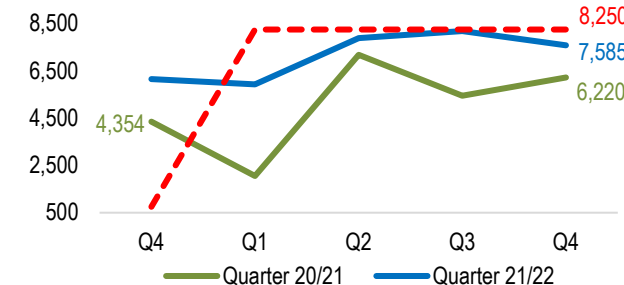
National Services Update

PCRS

The number of people who held Medical Card eligibility on 31st December 2022 was 1,568,379, an increase of 3,177 on the previous month. Overall, eligibility numbers for Medical Cards increased by 23,157 in 2022. The total number of persons with eligibility for a GP Visit Card on 31st December 2022 was 535,741, an increase of 132 on the previous month. Overall, eligibility numbers for GP Visit Cards increased by 9,823 in 2022. As at 31st December 2022, 2,104,120 or 41.1% of the population had Medical Card or GP Visit Card eligibility, an increase of 3,309 on the previous month and an overall increase of 32,980 in 2022. (Population figures are based on the CSO 2022 census figure of 5,123,536).

The net increase in Medical Card numbers is reflective of the number of new cards issued to people arriving from Ukraine. Universal access to GP Visit Cards for those aged 6 & 7 did not occur in 2022. (Up to 80,000 additional cardholders were initially expected to gain eligibility in 2022). The net increase in GP Visit Card eligibility figures for 2022 is largely due to the demographic increase in the number of people aged over 70.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 29,587 Planned and Planned Surveillance Inspections were carried out by the end of Q4 2022. This represents a 10% shortfall in the end of KPI year target and is largely due to COVID19 activities in January, restoration of pre-Haddington Road hours in July and additional un-resourced functions commenced under the Public Health Alcohol Act. Of those Planned and Planned Surveillance inspections that were carried out, 19% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments.100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of 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. 98% 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, 2,302 drinking water samples were taken to assess compliance which is a 6% 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

37 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed. The represents is a shortfall of 7.5% of the end of Q4 target.

411 Test purchases of cigarettes sales to minors were completed by the end of Q4 of which 359 of these were an initial test purchase inspection of the premises which is 93% of the Q4 target.

Sunbed establishments are inspected by the EHS to assess compliance with the Public Health (Sunbed) Act 2014. 230 Sunbed Premises received a Planned inspection by the end of Q4. This is a shortfall of 5% of the end of Q4 target. This shortfall in part is due to a reduction in the number of Sunbed Premises operating

and available for inspection in 2022. This 2023 KPI has been amended to reflect this industry shift.

37 Test Purchases of Sunbed Premises were carried out by the end of Q4. This is 100% of the end of Q4 target.

43 Mystery Shopping inspections of Sunbed Premises were completed by the end of Q4 which is 100% of the Q4 target.

Emergency Management

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

HSE COVID-19 Response:

HSE EM continues to support the HSE's response and management of COVID-19 both strategically and operationally. EM is working with the National Director of Test, Trace and Vaccinate providing input for the Covid-19 Emergency Plan. In particular EM are facilitating discussions across all state bodies through the GTF mechanisms. Regionally, the EM teams continue to work as part of the Area Crisis Management Teams (ACMTs), and Interagency Working and Steering groups in coordinating support from other state agencies both locally and regionally.

Ukraine Humanitarian Response:

EM is represented on the HSE National Ukrainian Health Response Planning and Coordination Group. Regionally it is working with the Area Crisis management Teams and Interagency Working and Steering groups, in coordinating support from other state agencies both locally and regionally.

Regional Inter-Agency Response:

EM participates in the Interagency Major Emergency Management (MEM) structures at the Regional Steering Groups (RSGs) and the Regional Working Groups (RWGs). HSE EM continues to support senior management teams in briefings and planning response arrangements. EM is also engaged with the regional community forums, in provision of health advice for those providing accommodation for arrivals of Ukrainian displaced persons.

SEVESO

Work is ongoing in cooperation with the two other Principle Response Agencies to review external emergency plans for Seveso sites. In 2022, there are 18 sites to be reviewed and exercised in accordance with "Chemical Act (Control of Major Accident Hazards involving dangerous substances) Regulations 2015".

HSE Severe Weather

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

Brexit

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

COVID-19 Excess Mortality

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

Crowd Events

Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act

requirements. The event season has started and there is an increase in the number of events that would have occurred pre COVID 19. The regional offices are monitoring these events to ensure that there is no impact on health services locally.

High Consequence Infectious Disease (HCID) Planning

High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme in the form of a Steering Group a Clinical Advisory Group and three work streams. HCID remains activated as part of the HPSC Incident Management Team in response to the Monkeypox outbreak.

Hospital Major Emergency Plans

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

Emergency Management training for NAS staff

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

Emergency Management training for NAS staff

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

Mass Casualty Incident Framework

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

Government Task Force (GTF) on Emergency Planning

EM continues to support the work of the GTF and updates are provided on key health related areas.

EU & North South Unit

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

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

Brexit

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

- On HSE Brexit behalf, engagement with Professional Regulations Unit D/Health on new legislation to rectify the anomaly that Brexit created which is preventing medical students from NI & GB Universities from applying for IE internships post-graduation. Legislation due Q4 2022.
- On HSE Brexit behalf, engagement with D/Health on divergence on recognition of qualifications, in the first instance, Pharmacists. Co-ordinated meeting in HSE to produce paper on the topic, including Assistant National Director, Cancer Control Programme; Assistant National Director of Recruitment, Reform and Resourcing and Chief Pharmacist, Acute Hospitals Drugs Management Programme, Acute Operations. Paper submitted to D/Health in Q3 2022.
- Further consideration of the establishment of a Brexit Business Unit within the EU North South Unit to manage more effectively Brexit workstreams.

Cross Border/EU Work
- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA and MOU meetings including North West Cancer Centre
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Discussions with D/Health on future Peace Plus programme
- Support CAWT Strategy Groups in progressing PEACE PLUS Priorities
- Ongoing work with CAWT Governance sub-group
- Other North South work including Centre for Cross Border Studies, NIGEMS etc. on behalf of the HSE
- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meetings and engagement with D/Health on this.
- Multiple engagement with relevant HSE services to create awareness of EU4Health open calls, joint actions & procurement opportunities available under the 2023 Work Programme and identify potential projects. Also, co-

ordination from a HSE perspective with multiple external stakeholders on the EU4Health programme such as D/Health and HRB.
- Ongoing engagement with D/Taoiseach and D/Health on Shared Island Fund
- Discussions with D/Health on mainstreaming of Interreg VA projects
- On behalf of D/Health, undertake a HSE-wide mapping exercise of Investment areas and possible all-island projects for support under Shared Island Fund. Specialist Services list of possible investment priorities for HSE. Substantial return of 43 possible investment priorities received from Community Operations, Chief Clinical Officer, Mental Health etc. Ongoing engagement with D/Health on consideration of investment priorities.
- EU4Health – Support successful EU4Health Projects approved under the 2021 & 2022 Work Programmes and continue to advise participant HSE Service Areas on EU Programme Management matters.
- Collaboration with Health Authorities on a cross border basis to develop cross border proposals for support by Peace Plus programme 2022-2027 - €80m + in EU funding available for border counties. The Unit is currently supporting the refinement of 16 Concept notes as part of the pre-application Concept Note stage. On HSE's behalf, detailed alignment within future EU funding programmes with Sláintecare principles such as RHAs.
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.
- Lead Partner – In 2022 the HSE has received €5.9m Interreg VA funding at Q4 2022. The accumulated total received since the start of the Interreg VA Programme is €14.1m. A total of €7.8m has been paid to Project Partners. The CoH Sync Project finished Q2 2022 and the Acute Project finished in Q4 2022.
- Non-Lead Partner Interreg VA Projects - HSE has a total of €1.027m at Q4 2022. The mPower Project finished Q3 2022.

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

Covid-19
- The EU North South Unit is adhering to all relevant Public Health Guidance with regard to COVID-19 and is advising staff accordingly.

- Discussion with staff and implementation of new Blended working policy

Next Steps & Key Outcomes – 1st Quarter 2023
- Continue to adhere to all relevant Public Health Guidance with regard to COVID-19 and advise staff accordingly.
- Fully implement the HSE's Blended working policy
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets.
- Work with CAWT Management Board on Mainstreaming Planning of Interreg VA successful pilots
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit.
- Chair HSE Brexit Steering Group meetings
- Prepare Brexit briefings and updates for A/Secretary General meetings as required
- As Brexit Workstream lead, prepare replies for PQ's, media queries
- Ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commissions, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review of the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the D/Health. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek D/Health assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- In conjunction with HSE partners and the Management Board and Secretariat, work with CAWT partners to draw up detailed business cases in preparation for the release of the formal Peace Plus programme.

- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Graduate Entry Medical School Stakeholder Advisory Board
- Engagement with D/Health, HRB and HSE on the EU4health funding programme
- Engagement with D/Taoiseach on Shared Island initiative. Support ongoing collaboration with D/Health and HSE colleagues in identifying appropriate strategic healthcare projects for consideration under Shared Island.
- Continue to work closely with HSE Comms/ Health Matters to promote the work of the Unit, as well as EU Funded Projects and Programmes
- Participation in CAWT Integrated Care Strategy Group
- Participation in North South eHealth Steering Group
- Participation in EU4health Liaison Group
- Participation in monthly meetings with D/Health International Unit on the strategy for overall North South health co-operation
- Ongoing engagement with D/Health and possibly D/Taoiseach on development of a cross border Specialist Services list.
- Outside of the health & Social Care element in Peace Plus, there are wider opportunities for the HSE in the Programme such as SMART Towns, Sustainable Energy & Strategic Planning. Engage with external stakeholders on possibilities.
- Continue to engage with D/Health & HRB supporting the development of projects under the 2023 EU4Health work programme & promote the positive impacts of approved projects supported under previous years' work programmes. Ongoing monitoring of Brexit issues such as HR Recognition of Qualifications, and new legislation to allow NI and GB medical students to work in IE
- Lead Partner – Submission of Lead Partner Consolidated quarterly reports for the Acute, CoH Sync, iRecover and MACE projects.

National Screening Service

National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD		Current (-2)	Current (-1)	Current
Quality & Safety	**Breastcheck** % BreastCheck screening uptake rate	Q-1Q	70%	75.5% [G]	7.9%		83.2%	83.3%	64.1%
Access and Integration	**CervicalCheck** No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	295,000	248,353 [R]	-15.8%		18,076	23,965	13,606

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	150,000 YTD/ 150,000 FYT	M	🟢	**156,784**	127,290	+29,494	15,085	14,641	9,700
BreastCheck - % screening uptake rate	70%	Q-1Q	🟢	**75.5%**	77.1%	-1.6%	83.2%	83.3%	64.1%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	295,000 YTD/ 295,000 FYT	M	🔴	**248,353**	318,491	-70,138	18,076	23,965	13,606
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period (New KPI)	80%	Q-1Q	🟡	**73%**	72.6%	+0.4%	72.8%	72.9%	73.3%
BowelScreen - number of clients who completed a satisfactory FIT test	140,000 YTD/ 140,000 FYT	M	🔴	**125,529**	91,529	+34,000	14,613	11,701	6,861
Bowelscreen - % client uptake rate	44% YTD/ 45% FYT	Q-1Q	🟢	**44.2%**	51%	-6.8%	39.8%	41.8%	50.6%
Diabetic RetinaScreen - number of-clients screened	111,000 YTD/ 111,000 FYT	M	🟢	**113,134**	93,356	+19,778	10,241	9,513	8,390
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	🔴	**56.5%**	55.1%	+1.4%	58.7%	54.1%	56.9%

BreastCheck-number who had a mammogram

Month 20/21 — Month 21/22

Values shown: 9,164 · 10,000 · 9,700 · 9,570
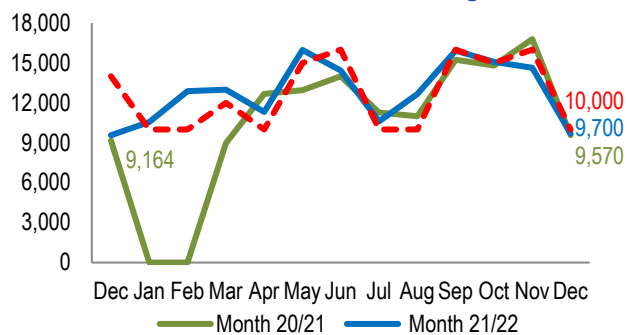
CervicalCheck-number screened

Month 21 — Month 21/22

Values shown: 11,809 · 18,200 · 13,606 · 13,582

BowelScreen-number screened

Month 20/21 — Month 21/22

Values shown: 6,157 · 10,000 · 6,861 · 6,285

RetinaScreen-number screened

Month 20/21 — Month 21/22

Values shown: 6,852 · 9,000 · 8,390 · 5,625
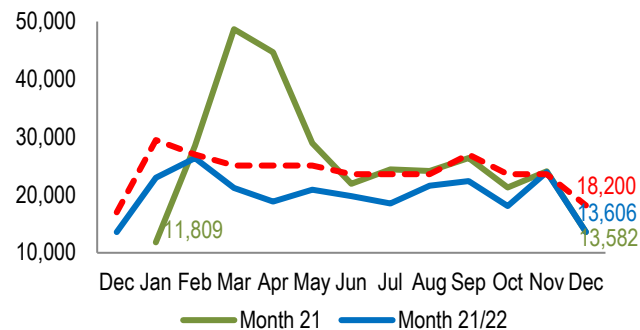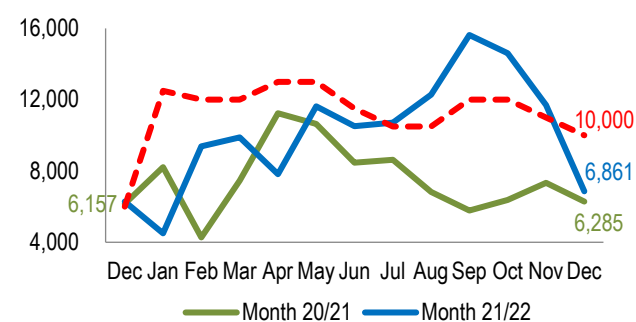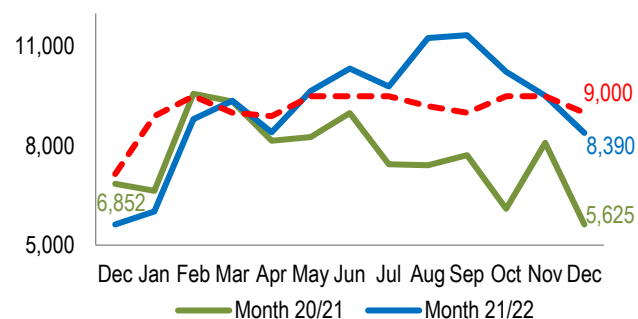
National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period December 2022 was 9,700 against a target of 10,000 which is below the target by 300 (3%).

- The number of women who had a complete mammogram year to date (January-December 2022) was 156,784 against a target of 150,000 which is above the target by 6,784 (4.5%).

- Uptake for Q3 was 64.1% which is below the target of 70%

- In Q3 the % of women offered an assessment appointment within 2 weeks of an abnormal mammogram was 73.6%

The invitations of Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment uptake following the pandemic. Initiatives have been implemented to invite 70 year old women who may have missed their final screen at 69 due to programme pauses and operational changes during the pandemic.

The shortage of Radiology Consultants within BreastCheck is affecting the programme's ability to recover from the impacts of COVID-19 to the BreastCheck service. Recruitment is underway however, this is unlikely to change in the short-term.

CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period December 2022 notified to report date was 13,606 which was below the published target of 18,200 by 4,594 (25.2%).

- The number of unique women who had one or more screening tests in a primary care setting year to date (January-December 2022) was 248,353 which is below the target of 295,000 by 46,647 (15.8%).

- A predictive modelling exercise is completed annually to estimate the number of women due to attend for screening based on previous attendance. Predictive modelling for 2022 was challenging following the introduction of a new screening model, COVID-19, the high uptake in 2021 and the legacy out-of-cycle screening tests in 2018. The programme forecast was reviewed in May based on improved data modelling. It became clear that the activity forecast had been overestimated. The updated forecast for 2022 shows that screening uptake is within 8% of predicted activity for year to date.

- Programme coverage at the end of Q3 was 73.3% for women aged 25-65 and 78.1% for women aged 25-60.

In Q4 92.7% of women were issued their result from screening within 4 weeks.

The programme is now stable and is operating within standard performance measures having recovered from the implications of the pandemic restrictions and 2021 cyber-attack. The vast majority of women are receiving their results within 4 weeks from screening test and in many cases as early as 2 weeks (depending on HPV detected or not).

Final validation process is underway in the Coombe to return samples with the processing of 200 live sample which commenced in December. The programme will continue to work closely with the Coombe to ramp up to a full service during Q1.

CervicalCheck continues to advise those seeking to book appointments, that they may not be able to do as soon as they receive their invite letter, as it may take a couple of weeks to get an appointment with their GP. CervicalCheck continues to promote screening uptake across multiple platforms and to target specific populations where uptake is lower.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (December 2022) was 6,861 which is below the target of 10,000 by 3,139 (31.4%).

- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (January-December 2022) was 125,529 which is below the target of 140,000 by 14,471 (10.3%).

- Programme uptake for Q3 was 50.6%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the ≥90% target at 77.1% within 20 working days in December 2022. Nine of the fifteen contracted colonoscopy centres which were offering colonoscopies in December 2022 met the expected KPI of 90% within 20 days.

Living with COVID–19
BowelScreen continues to closely monitor colonoscopy capacity; invitations to participate are issued based on maximising available capacity. Participating endoscopy units reported heightened staff shortages and rolling closures which continues to have an impact on available capacity as we return to pre COVID activity levels.

Diabetic RetinaScreen
- The number of diabetics screened with a final grading result in the period December 2022 was 8,390 which is below the target of 9,000 by 610 clients (6.8%).

- The number of diabetics screened with a final grading result year to date (January-December 2022) was 113,134 which was above the target of 111,000 by 2,134 (1.9%).

- Programme uptake for Q3 was 56.9%

- 97% of clients screened in Q4 were sent their results within 3 weeks

The programme continues to invite participants for screening. Screening activity has reverted to business as usual, there is no longer a backlog and participants are being offered their appointments in the correct timelines. There are still some challenges with backlogs in the treatment clinics, these are being managed with the individual centres with additional DRS slots at some units. All the urgent referrals are being seen within the KPI timeline. DRS have commenced the pregnancy pathway.

Finance

Introduction

2022 was a year of substantial uncertainty for the health service. As well as the continued uncertainty about the trajectory of COVID-19, international events such as the war in Ukraine, inflationary pressures, labour market forces and the ever-changing demands on our health system, created an economic, social, and health context that was very complex and difficult to plan for.

COVID-19 led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected in the delivery and improvement of healthcare services, while continuing to manage within a COVID-19 environment. In 2022, we continued to adapt and to redefine service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care.

Under the terms of the EU Temporary Protection Directive those fleeing the conflict in Ukraine are eligible for temporary protection, initially for one year and on a renewable basis. This means Ukrainian nationals arriving in Ireland are able to get the same health services as people who are already living here including access to GPs, community care and hospital or emergency care and can apply for a medical card. In 2022 there have been approx. 70,000 Personal Public Service Numbers (PPSNs) issued to individuals from Ukraine under the Temporary Protection Directive since the conflict began on 24 February 2022.

Non-pay inflation emerged as a cost driver across a range of non-pay categories, primarily energy costs. The average annual rate of inflation in 2022 was 7.8%, compared to 2.4% in 2021.

Attendances and admissions at emergency departments (EDs) across the country have been higher in 2022 than ever before and across the winter months these attendance levels reached the highest ever recorded by the HSE. Attendance at EDs for the full year 2022 were up by 14.8% over 2021. Admissions from ED were also up across all age cohorts in 2022 with an increase of 11.2% over 2021 levels, and importantly, the level of increase of admissions of patients over 75 years was 15% in 2022. Patients over 75 years old present to ED more acutely unwell and stay on average twice as long in hospital as patients from younger age groups.

Financial Overview

The HSE received revenue and capital funding from the DoH in 2022 of €21.7bn. By the end of 2022 the total budget was €23.6bn which included the receipt of €1.4bn once off funding provided by way of supplementary estimate for 2022. Included in the overall allocation was €1.9bn which was provided on a once off basis in relation to the HSE's COVID-19 strategy.

Overall Financial Performance: YTD December 2022
Table 1 – Net Expenditure by Division – YTD December 2022

December 2022	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Core related variance	COVID-19 Related Variance
	€m	€m	€m	€m	%		€m	€m
Acute Operations	7,654.6	7,875.1	7,654.6	220.4	2.9 %		181.4	39.0
Community Services	7,905.1	7,842.6	7,905.1	(62.4)	(0.8%)		(107.3)	44.9
Other Operations/Services	1,756.8	1,721.3	1,756.8	(35.4)	(2.0%)		(27.2)	(8.3)
Total Operational Service Areas	17,316.5	17,439.0	17,316.5	122.6	0.7 %		46.9	75.7
Total Pensions & Demand Led Services	5,124.3	5,040.6	5,124.3	(83.7)	(1.6%)		(86.9)	3.3
Overall Total	**22,440.7**	**22,479.6**	**22,440.7**	**38.9**	**0.2 %**		**(40.0)**	**78.9**
Energy Inflation Package	17.0	-	17.0	(17.0)	(100.0%)		(17.0)	-
2021 First Charge	-	195.0	-	195.0	-		-	195.0
Overall Total including First Charge and EIP	**22,457.8**	**22,674.6**	**22,457.8**	**216.9**	**1.0 %**		**(57.0)**	**273.9**

Note 1: The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2022 for the HSE's directly provided services. The deficit of €216.9m in table 1 can be related to the 2022 final AFS figure of €185m as follows; €216.9m - €8.5m s.38 voluntary providers deficit beyond approved grants + €0.4m I&E payments in AFS - €23.6m Balance Sheet Adjs = €185.2m HSE AFS deficit.

The HSE's financial position at the end of December 2022 shows a **full year deficit of €216.9m** or 1.0%.

Of the €216.9m deficit the following represent the constituent elements:

➢ The 2021 first charge[7] of €195m.
➢ A deficit of €78.9m is driven by the impact of COVID-19, consisting of
 o Vaccinations is reporting a 2022 surplus of (€38.2m)
 o Testing & Tracing is reporting a deficit of €36.9m
 o While the remainder of the COVID-19 programmes have a deficit of €80.2m
➢ These deficits are offset by a surplus of (€57.0m) relating to core activity. This variance includes
 o a net deficit of €181.4m in Acute Operations,
 o a surplus of (€107.3m) in Community and
 o a surplus of (€27.2m) in Other Operations / Support Services
 o a surplus of (€86.9m) in pensions and demand led areas
 o a surplus of (€17.0m) for energy inflation package

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[7] First Charge - in line with the Health Act 2014 (as amended), provision must be made in the subsequent financial year for the statutory part of any year-end deficit/surplus

Acute Operations
Table 2 - Acute Operations – December YTD

December 2022 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance Attributable to Core Expenditure	YTD Variance Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
Acute Hospital Care	7,311.0	7,487.8	7,311.0	176.9	2.4 %		182.6	(5.7)
National Ambulance Service	215.4	214.3	215.4	(1.1)	(0.5%)		(1.2)	0.0
Access to Care	128.2	1.1	128.2	(127.1)	(99.1%)		-	(127.1)
Private Hospitals	-	171.8	-	171.8	-		-	171.8
Acute Operations Total	**7,654.6**	**7,875.1**	**7,654.6**	**220.4**	**2.9%**		**181.4**	**39.0**

Acute Operations incl. the National Ambulance Service, Private Hospitals and Access to Care has expenditure to date of €7,875.1m against a budget of €7,654.6m, leading to a deficit of €220.4m or 2.9%, of which €39.0m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €181.4m attributable to core service expenditure. The national ambulance service (NAS) has a year to date surplus of (€1.1m), Private Hospitals has a year to date deficit of €171.8m. Central Access to Care is showing a surplus of (€127.1m), with the majority of these costs contained within Acute Hospital Care.

Non-pay inflation emerged as a cost driver across a range of non-pay categories, including energy costs and maintenance contracts. Non clinical costs also include relocation packages for international recruitment campaigns of clinical staff. Clinical cost deficits, as well as also being impacted by inflation, reflect a significant increase in GP testing, resulting in increased laboratory costs while cleaning cost increases reflects the new and extensive infection-prevention & control protocols. Deficits in drug expenditure are driven by demographics with the IPHA Agreement holding prices relatively stable.
Pay deficits are primarily driven by agency costs due to challenges in recruiting front line staff and agency is required to ensure safe staffing levels.

The Health (Miscellaneous Provisions) (No.2) Act 2022, removes the acute public in-patient charge of €80 per day (including day-case charges) for children under 16 years of age in all public hospitals. This measure came into effect from 21 September 2022 and was followed by the abolition of all inpatient and day cases hospital charges effective from 17 April 2023.

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

Service Level Agreements (SLA's) which were signed with 18 private hospitals in 2021 remained in place for most of 2022. These SLA's are activated by 'surge events', ensuring the continued provision of unscheduled, urgent and time critical care to core activity patients. Safety Net 4 (SN4), includes the costs of urgent critical care (eg. oncology and cardiology), in addition to addressing waiting lists over 12 months. Activity ceased in November with claims being fully submitted and settled into 2023.

Community Operations
Table 3 - Community Operations – December YTD

December 2022 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Core Expenditure	Attributable to COVID-19 Expenditure
	€m	€m	€m	€m	%		€m	€m
Primary Care Division Total	1,651.6	1,621.2	1,651.6	(30.4)	(1.8%)		(39.8)	9.4
Mental Health Division	1,231.5	1,226.4	1,231.5	(5.0)	(0.4%)		(4.9)	(0.1)
Older Persons Services	1,347.0	1,308.7	1,347.0	(38.3)	(2.8%)		(41.4)	3.1
Nursing Home Support Scheme	1,074.5	1,051.3	1,074.5	(23.2)	(2.2%)		(49.5)	26.3
Older Persons Services Division Total	2,421.5	2,360.0	2,421.5	(61.5)	(2.5%)		(90.9)	29.4
Disability Services	2,511.0	2,546.7	2,511.0	35.7	1.4 %		31.1	4.6
Health & Wellbeing Community Division	35.8	32.1	35.8	(3.7)	(10.4%)		(3.9)	0.2
Quality & Patient Safety Community Division	21.6	17.9	21.6	(3.7)	(17.0%)		(3.7)	0.0
CHO HQs & Community Services	32.1	38.3	32.1	6.2	19.3 %		4.8	1.4
Community Total	**7,905.1**	**7,842.6**	**7,905.1**	**(62.4)**	**(0.8%)**		**(107.3)**	**44.9**

Community services has year to date expenditure of €7,842.6m against a budget of €7,905.1m, leading to a surplus of (€62.4m) or (0.8%), of which a €44.9m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€107.3m) attributable to core service expenditure. The performance by care area is illustrated in table 3 above.

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

Primary Care Services
Core operational services within primary care, social inclusion and palliative care (excluding demand led local schemes) has year to date expenditure of €1,621.2m against a budget of €1,651.6m leading to a surplus of (€30.4m) or (1.8%), of which €9.4m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€39.8m) attributable to core service expenditure. Pay surplus mainly reflect the pace of recruitment, shortage of clinical resources and filling of new development posts from existing cohort of staff.

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. In recent years we have seen the opening of multiple primary cares centres, with 165 centres now in operation. These facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care. These

centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres.

Mental Health Services

Mental Health (MH) has year to date expenditure of €1,226.4m against a budget of €1,231.5m leading to a surplus of (€5.0m) or (0.4%), of which a surplus of (€0.1m) has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€4.9m) attributable to core service expenditure. This surplus includes funding for initiatives such as E-Rostering which have yet to fully commence post COVID-19.

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.

Older Persons Services

Older Persons Services, including NHSS, has year to date expenditure of €2,360.0m against a budget of €2,421.5m leading to a surplus of (€61.5m) or (2.5%), of which €29.4m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€90.9m) attributable to core service expenditure. While there is a surplus in relation to development funding within the overall figures residential care is showing a deficit due to the cost of care in public units. Units are operating below capacity due to HIQA, IPC and COVID-19 bed spacing guidelines.

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

Disability Services

Disability Services has year to date expenditure of €2,546.7m against a budget of €2,511.0m, leading to a year to date deficit of €35.7m or 1.4%, of which €4.6m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €31.1m attributable to core service expenditure. The use of agency to cover vacancies contributes to the pay deficit while emergency placement funding is contributing to non pay deficit.

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

Following a Government decision, responsibility for policy, functions and funding relating to specialist community-based disability services transferred to the Minister for Children, Equality, Disability, Integration and Youth (MCEDIY) on 1 March 2023.

Other Operational Services
Table 4 – Other Operational Services – December YTD

December 2022 Other Operations/Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%		€m	€m
Chief Clinical Office	110.3	95.8	110.3	(14.5)	(13.1%)		(14.6)	0.1
National Screening Service	96.5	87.6	96.5	(8.9)	(9.2%)		(9.1)	0.2
Health & Wellbeing Division	426.0	373.1	426.0	(52.9)	(12.4%)		1.1	(54.0)
National Services	62.9	58.5	62.9	(4.3)	(6.9%)		(4.4)	0.0
Testing & Tracing	274.7	311.5	274.7	36.9	13.4 %		-	36.9
Support Services	786.4	794.7	786.4	8.3	1.1 %		(0.2)	8.6
Overall Total	**1,756.8**	**1,721.3**	**1,756.8**	**(35.4)**	**(2.0%)**		**(27.2)**	**(8.3)**

Other Operational services has a year to date expenditure of €1,721.3m against a budget of €1,756.8m, leading to a surplus of (€35.4m) or (2.0%), of which a (€8.3m) surplus has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€27.2m) attributable to core service expenditure. The performance by area is illustrated in table 4 above.

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

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

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

National Screening Service
National Screening Service (NSS) delivers four national population-based screening programmes to prevent cancer in the population (BreastCheck, CervicalCheck, Bowelscreen), and for detecting sight-threatening retinopathy in people with diabetes (Diabetic RetinaScreen). Over two million people in Ireland are eligible for at least one screening programme. In 2022, the NSS continued to fully embed the Patient and Public Partnership function within their operations with 24 patient representatives contributing to over 20 NSS projects.

Health and Wellbeing Services & Public Health
Health & wellbeing services support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

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, contact tracing, outbreak management, surveillance and reporting delivered in a manner to specifically

protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's testing and tracing programme.

COVID-19 Vaccination Programme

A key component of Ireland's national response to the COVID-19 pandemic has been the roll-out of a national vaccination programme, with key involvement from the National Immunisation Office and Health Protection Surveillance Centre. The COVID-19 Vaccination Programme is responsible for the end-to-end management and distribution of the COVID-19 vaccines and the core components of the service include establishment of vaccination locations, development of a new ICT infrastructure, development of effective partnership arrangements with GPs and pharmacists and the expansion of our trained vaccinator workforce. The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies.

In the full year 2022, the COVID-19 vaccination programme was delivered to complete vaccinations to 1.6m people (booster/primary doses) and to deliver the primary dose for children. The COVID-19 Vaccination programme now continues to administer the booster doses to the relevant cohorts, as recommended by NIAC. The Spring COVID-19 booster phase of the programme commenced on 28th April 2023. The relevant cohorts in this phase are people aged 70 years and older, residents of long-term care facilities for older adults and people aged 5 years and older with a weak immune system.

National Services

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

Testing and Tracing

As part of the HSE response to controlling and suppressing the transmission of the disease, a sustainable and flexible National Testing and Tracing Operating Model for COVID-19 was developed. The Testing and Tracing function is responsible for providing end-to-end COVID-19 testing and contact tracing and the core components of the service include referrals for testing, swabbing, laboratory testing, result communication and contact tracing (including surveillance and outbreak management). The Testing and Tracing function is also supported by acute and community services, including testing centres and hospital laboratory testing, GP consultations in PCRS and swabbing centres in the Primary Care CHOs. As we move into 2023, Test and Trace will continue to transition from the mass testing model to a surveillance-led model with a GP clinical pathway.

Support Services

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

Pensions and Demand Led Services
Table 5 – Pension and Demand Led Services – December YTD

December 2022 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance		YTD Variance	
							Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%		€m	€m
Pensions	732.7	705.0	732.7	(27.7)	(3.8%)		(27.7)	-
State Claims Agency	530.0	488.7	530.0	(41.3)	(7.8%)		(41.3)	-
Primary Care Reimbursement Service	3,539.6	3,487.4	3,539.6	(52.2)	(1.5%)		(50.9)	(1.3)
Demand Led Local Schemes	273.6	311.1	273.6	37.5	13.7 %		32.9	4.6
Treatment Abroad and Cross Border Directive	37.8	37.7	37.8	(0.1)	(0.2%)		(0.1)	(0.0)
EHIC (European Health Insurance Card)	10.6	10.7	10.6	0.1	1.4 %		0.1	-
Pensions & Demand Led Services Total	**5,124.3**	**5,040.6**	**5,124.3**	**(83.7)**	**(1.6%)**		**(86.9)**	**3.3**

Pensions and Demand Led Services has year to date expenditure of €5,040.6m against a budget of €5,124.3m, leading to a surplus of (€83.7m) or (1.6%), of which a deficit of €3.3m has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€86.9m) attributable to core service expenditure. The performance by area is illustrated in table 5 above.

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

CONCLUSION
COVID-19 has materially changed the way that the HSE provides healthcare as we adapted and redefined service delivery models and the clinical environment itself to ensure service continuity and the safe delivery of care. On 5 May 2023 the World Health Organisation (WHO) ended the global emergency status for COVID-19 advising that it should now be managed along with other infectious diseases.

The National Service Plan (NSP) was published on 29 March 2023 outlining the health and social care services that will be provided within the 2023 allocated revenue budget of €21.689bn, as well as the capital budget of €1.157bn.

In 2023, the most critical health priority is to ensure the full delivery of the Waiting List Action Plan which will include: short-term measures to address acute scheduled care waiting list backlogs; priority actions in relation to obesity / bariatrics, spina bifida / scoliosis and gynecology; as well as longer-term reforms to enhance capacity and to streamline and reconfigure acute scheduled care pathways.

Continued progress with the implementation of the fundamental service delivery reforms set out within Sláintecare will remain a key priority for the HSE in 2023 and beyond. The Sláintecare Report 2017 included a commitment to HSE regionalisation and initiation of the transition phase and the rationalisation of existing health structures will be planned for and implemented in 2023 as preparatory work for the roll-out of HSE Health Regions in 2024.

The National Service Plan 2023 has an increased focus on eHealth initiatives, digital solutions and health information systems capability to enable better management and use of health information, and access to that information by

clinicians and patients. Following on from the 2021 cyberattack, we are continuing to implement improvements in the security and resilience of critical national infrastructure for the provision of essential services, ensuring an improved rapid response is available to these threats when they occur.

Ongoing improvements in efficiency and effectiveness are a normal part of any system and it is assumed that this is the case across the health system, including for 2023. However, it is appropriate to recognise the likely ongoing impact to the last three years of responding to COVID-19. It is also assumed that any improvements in efficiency and effectiveness are more likely to be consumed in mitigating the well evidenced unmet need and ongoing requirements to improve the safety and quality of services, rather than yielding significant net cash releasing savings.

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

Human Resources

Health Sector Workforce: December 2022

Headlines

Employment levels at the end of December 2022, show there were **137,745 WTE** (equating to 156,285 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change this month is **+525 WTE** (headcount +1,058), with YTD employment levels showing strong growth at **+5,422 WTE**.
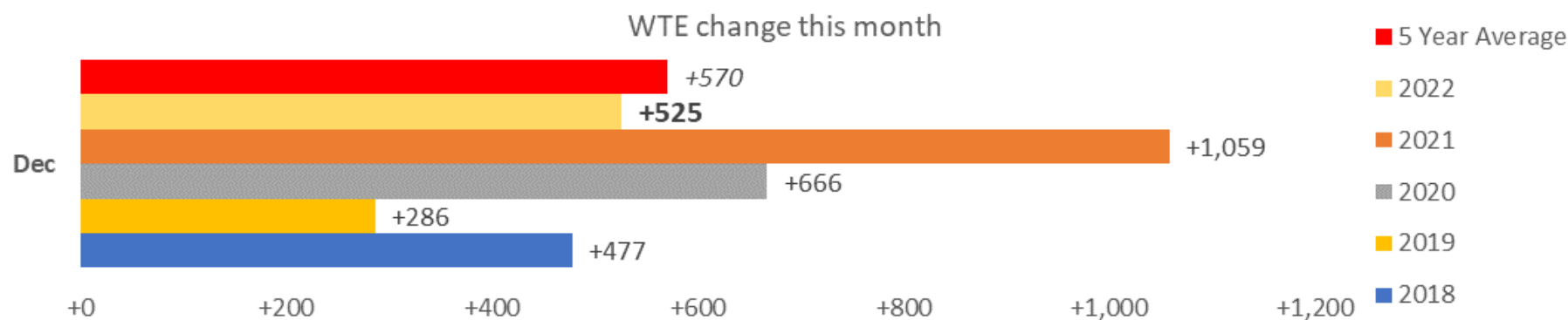
- The overall increase since December 2019 now stands at **+17,928 WTE** (+15. 0%).The staff category reporting the greatest WTE increase is Nursing & Midwifery at **+5,414 WTE**, with *Staff Nurses & Midwives* reporting the greatest staff group WTE increase at **+3,065 WTE**. The staff category with the greatest percentage increase is Management & Administrative **+4,310 WTE** (+22.9%).

Resourcing Strategy December: 2022

Under the HSE resourcing strategy, the HSE set a minimum net additional staff target of 5,500 WTE for 2022.

Following very strong performance last month, this month's increase (+525 WTE) is also considerably in excess of the December resourcing strategy target (+409). Thus the final 2022 outcome is marginally shy of the target at just -77 WTE equating to a 98.6% performance.

Key findings by Staff Category & Staff Group this Month

- *Nursing & Midwifery* staff category reported the largest increase of **+245 WTE**. Staff Nurse/ Staff Midwife **+219 WTE** followed by Nurse/Midwife Specialist & AN/MP **+42 WTE** and Nurse/Midwife Manager **+29 WTE,** with Nursing/Midwifery Students reporting a decrease of **-44 WTE**.
- *Management & Administrative* are reporting the second largest increase of **+140 WTE** with Clerical (III & IV) staff group **+63 WTE** and Administrative/Supervisory (V to VII) **+47 WTE**.
- *Health & Social Care Professionals* are reporting an increase of **+77 WTE** with Therapy Professions reporting an increase of **+32 WTE** followed by Social Care **+20 WTE**.

- *Medical & Dental* are reporting an increase of **+40 WTE**. The Medical/Dental, other staff group are reporting the largest increase in this category of **+15 WTE** followed by Registrars at **+10 WTE.**
- *General Support* are reporting an increase of **+16 WTE**. The largest increase is reported in the Support Group **+15 WTE**.
- *Patient & Client Care* are reporting an increase of **+7 WTE,** with Home Helps reporting the largest increase at **+28 WTE**. Ambulance Staff are reporting a decrease of -**18 WTE**.

Key findings Operations:

- Overall in this period **Acute Services** is showing an increase of **+448 WTE** followed by **Community Services +66 WTE. Health & Well-being, Corporate & National** are reporting an increase of **+11 WTE.**

Date	WTE	WTE change	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disabilities	Older People	Comm Ops	Community Services	H&WB, Corp. & Nat Services
Dec-22	137,745	+525	-14	+462	+448	+16	+1	-7	+58	-8	+5	+66	+11
Nov-22	137,220	+1,128	+2	+771	+772	+6	+55	-43	+118	+56	+96	+289	+67
Oct-22	136,092	+848	+47	+347	+394	+15	-2	-33	+70	+120	+206	+376	+78
Sep-22	135,245	+250	+11	+185	+196	+10	+6	+52	-45	+10	+29	+62	-8
Aug-22	134,994	-300	-9	+58	+49	+1	-2	-304	-45	+20	+12	-318	-30
Jul-22	135,294	+461	+2	+612	+614	-6	-64	-213	+36	+40	+22	-184	+32
Jun-22	134,833	+122	-9	+22	+14	+4	-25	-26	+85	+7	+11	+57	+52
May-22	134,711	+138	+5	+161	+165	+12	-23	-11	-29	-15	+19	-47	+20
Apr-22	134,573	+472	-10	+209	+199	+60	+5	-195	+1	+102	+271	+243	+30
Mar-22	134,101	+613	+2	+389	+391	-21	+20	-41	+53	+1	+163	+173	+48
Feb-22	133,488	+519	-9	+414	+405	+31	+83	+95	-61	-48	+0	+100	+15
Jan-22	132,969	+645	-11	+290	+279	+11	+38	+208	+39	+39	+0	+336	+30
Dec-21	132,323	+1,059	+3	+507	+510	+11	+73	+187	+116	+84	+0	+471	+77
2022 YTD		**+4,777**	**+18**	**+3,629**	**+3,646**	**+130**	**+91**	**-518**	**+281**	**+325**	**+833**	**+1,153**	**+344**

- At Care Group level, Acute Hospital Services were up **+462 WTE** followed by Disabilities **+58 WTE**, Community Health & Wellbeing **+16 WTE**, Corporate Functions **+15 WTE**, Corporate Functions **+15 WTE**, CHO Operations **+5 WTE**, Health Business Service **+3 WTE**, Mental Health **+1 WTE.** The following Care Groups are reporting a decrease Primary Care **-7 WTE**, Health & Wellbeing **-7 WTE**, Older People **-8 WTE** and Ambulance Service **-14 WTE**.

WTE change since Nov 2022
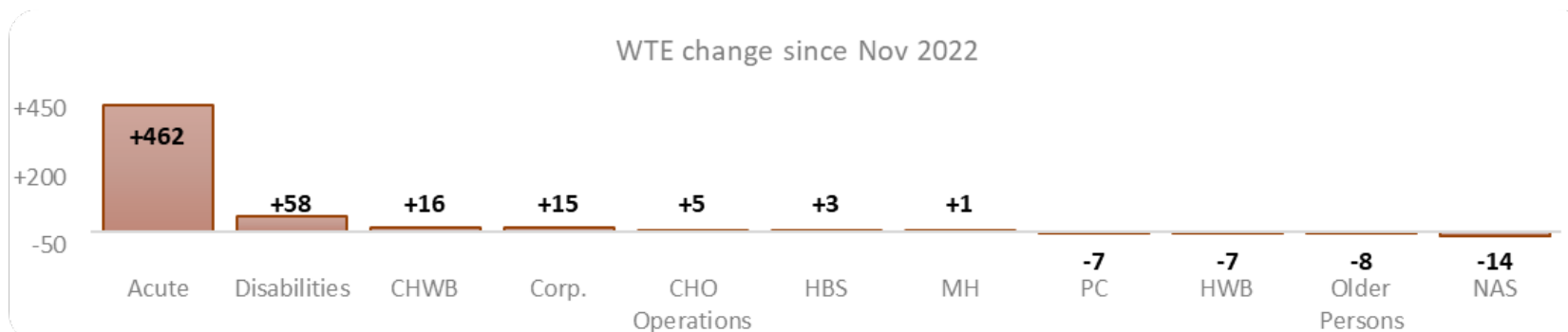
- The **largest** WTE increase this month is reported in Ireland East Hospital Group at **+132 WTE** followed by Saolta University Hospital Care at **+123 WTE**. In Community Services CHO 8 (**+64 WTE) and** CHO 2 (**+43 WTE)** are reporting the largest increases.

WTE change since Nov 2022

% change since Dec 2021
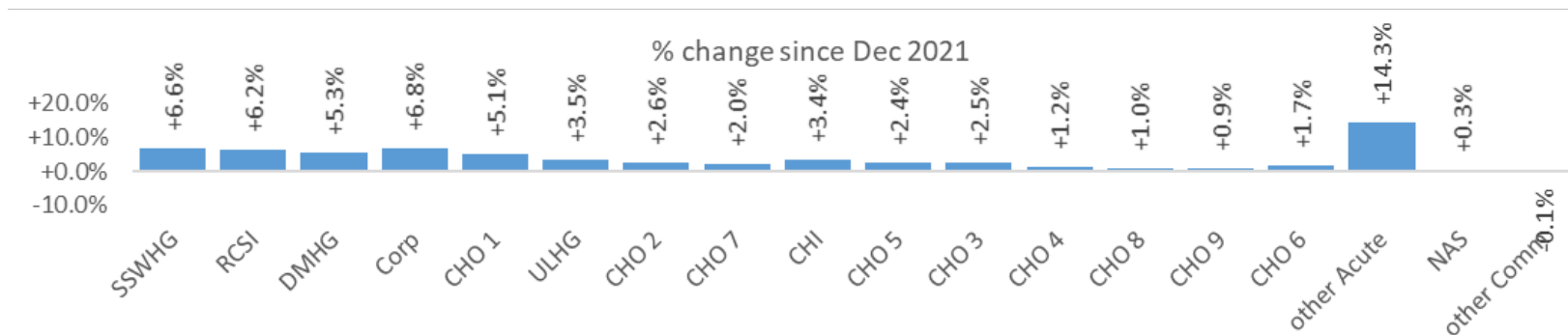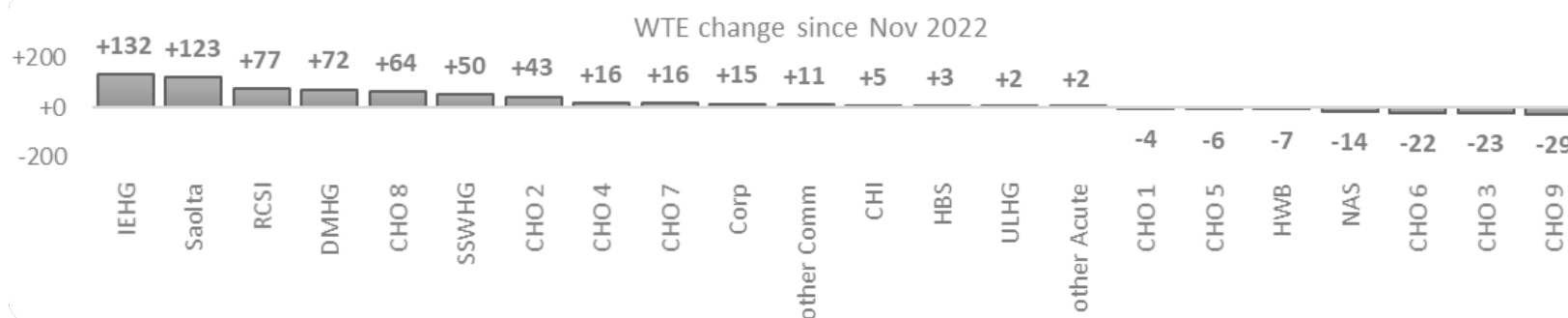
Further details are shown in the charts & tables below:

By Staff Group: December 2022

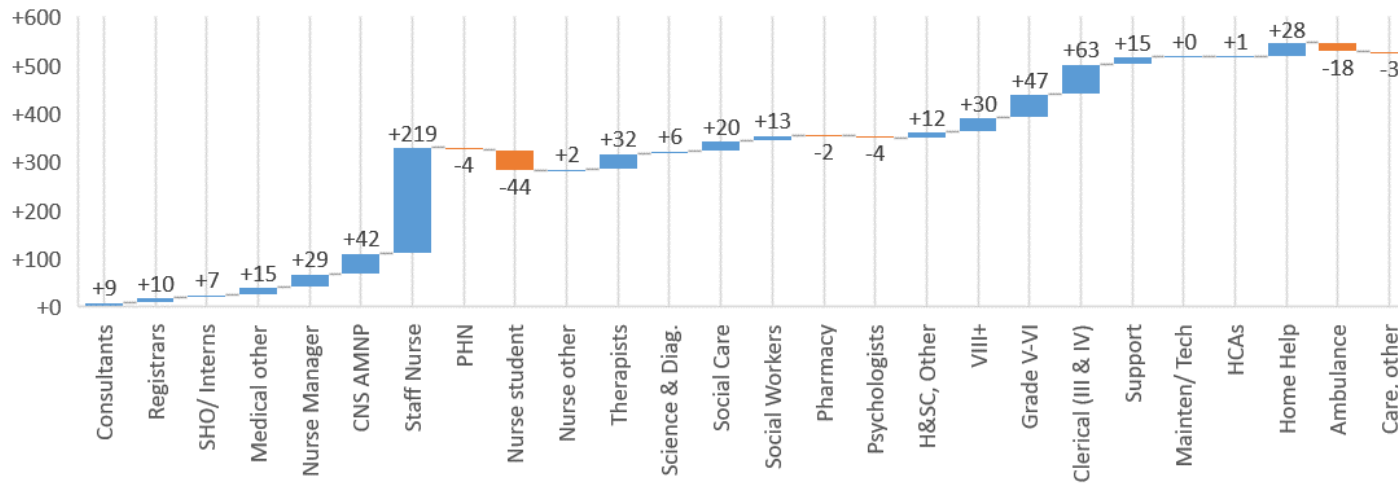| Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Nov 2022	WTE Dec 2022	WTE change since Nov 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	126,174	132,323	137,220	137,745	+525	+5,422	+11,571	+17,928	+15.0%
Medical & Dental	**10,857**	**11,762**	**12,113**	**12,658**	**12,697**	**+40**	**+584**	**+936**	**+1,840**	**+17.0%**
Consultants	3,250	3,458	3,608	3,861	3,869	+9	+261	+411	+619	+19.1%
Registrars	3,679	3,876	4,104	4,344	4,353	+10	+249	+477	+674	+18.3%
SHO/ Interns	3,116	3,594	3,587	3,655	3,661	+7	+75	+67	+545	+17.5%
Medical/ Dental, other	812	833	814	799	813	+15	+0	-20	+2	+0.2%
Nursing & Midwifery	**38,205**	**39,917**	**41,576**	**43,374**	**43,619**	**+245**	**+2,042**	**+3,702**	**+5,414**	**+14.2%**
Nurse/ Midwife Manager	7,984	8,344	8,852	9,316	9,345	+29	+493	+1,001	+1,361	+17.1%
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,481	2,932	2,974	+42	+493	+675	+978	+49.0%
Staff Nurse/ Staff Midwife	25,693	26,763	27,850	28,538	28,757	+219	+908	+1,995	+3,065	+11.9%
Public Health Nurse	1,537	1,557	1,523	1,508	1,504	-4	-19	-54	-34	-2.2%
Nursing/ Midwifery Student	644	592	526	755	712	-44	+185	+120	+67	+10.5%
Nursing/ Midwifery other	350	362	344	325	327	+2	-17	-35	-23	-6.6%
Health & Social Care Professionals	**16,774**	**17,807**	**18,999**	**19,644**	**19,721**	**+77**	**+723**	**+1,914**	**+2,947**	**+17.6%**
Therapy Professions	5,234	5,565	5,947	6,288	6,320	+32	+373	+755	+1,085	+20.7%
Health Science/ Diagnostics	4,500	4,731	4,918	5,046	5,052	+6	+134	+321	+551	+12.3%
Social Care	2,710	2,909	3,127	3,151	3,171	+20	+43	+262	+461	+17.0%
Social Workers	1,165	1,238	1,296	1,417	1,430	+13	+134	+192	+265	+22.8%
Psychologists	1,004	1,066	1,095	1,124	1,120	-4	+25	+54	+116	+11.6%
Pharmacy	1,038	1,164	1,292	1,324	1,323	-2	+31	+159	+285	+27.4%
H&SC, Other	1,123	1,134	1,324	1,294	1,306	+12	-17	+172	+184	+16.4%
Management & Administrative	**18,846**	**19,829**	**21,583**	**23,016**	**23,156**	**+140**	**+1,574**	**+3,328**	**+4,310**	**+22.9%**
Management (VIII & above)	1,842	1,969	2,216	2,416	2,446	+30	+230	+477	+604	+32.8%
Administrative/ Supervisory (V to VII)	5,199	5,821	6,705	7,689	7,737	+47	+1,031	+1,915	+2,537	+48.8%
Clerical (III & IV)	11,805	12,038	12,661	12,910	12,974	+63	+312	+936	+1,168	+9.9%
General Support	**9,416**	**9,876**	**10,010**	**10,118**	**10,134**	**+16**	**+123**	**+258**	**+717**	**+7.6%**
Support	8,234	8,676	8,813	8,898	8,913	+15	+100	+237	+679	+8.2%
Maintenance/ Technical	1,182	1,200	1,197	1,220	1,221	+0	+24	+21	+38	+3.3%
Patient & Client Care	**25,719**	**26,985**	**28,042**	**28,411**	**28,418**	**+7**	**+376**	**+1,433**	**+2,699**	**+10.5%**
Health Care Assistants	17,396	18,554	19,326	19,308	19,309	+1	-17	+756	+1,913	+11.0%
Home Help	3,569	3,543	3,546	3,754	3,782	+28	+236	+239	+213	+6.0%
Ambulance Staff	1,828	1,877	1,936	1,950	1,932	-18	-4	+55	+104	+5.7%
Care, other	2,925	3,011	3,234	3,398	3,395	-3	+161	+384	+470	+16.1%

WTE change since Nov 2022

Chart: WTE change since Nov 2022 (waterfall):
Consultants +9, Registrars +10, SHO/Interns +7, Medical other +15, Nurse Manager +29, CNS AMNP +42, Staff Nurse +219, PHN -4, Nurse student -44, Nurse other +2, Therapists +32, Science & Diag. +6, Social Care +20, Social Workers +13, Pharmacy -2, Psychologists -4, H&SC, Other +12, VIII+ +30, Grade V-VI +47, Clerical (III & IV) +63, Support +15, Mainten/Tech +0, HCAs +1, Home Help +28, Ambulance -18, Care, other -3

By Care Group: December 2022

Care Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Nov 2022	WTE Dec 2022	WTE change since Nov 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	126,174	132,323	137,220	137,745	+525	+5,422	+11,571	+17,928	+15.0%
Ambulance Services	1,933	1,990	2,060	2,081	2,067	-14	+7	+77	+134	+6.9%
Acute Hospital Services	60,604	64,449	68,069	71,526	71,988	+462	+3,918	+7,539	+11,384	+18.8%
Acute	**62,537**	**66,439**	**70,129**	**73,607**	**74,055**	**+448**	**+3,925**	**+7,616**	**+11,518**	**+18.4%**
Community Health & Wellbeing	-	144	181	306	322	+16	+141	+178	+322	
Mental Health	9,954	10,301	10,362	10,453	10,453	+1	+91	+152	+499	+5.0%
Primary Care	10,599	11,572	12,582	12,071	12,064	-7	-518	+492	+1,465	+13.8%
Disabilities	18,303	18,944	19,623	19,845	19,903	+58	+281	+959	+1,601	+8.8%
Older People	13,233	13,415	13,623	13,955	13,947	-8	+325	+533	+715	+5.4%
CHO Operations	-	-	-	827	833	+5	+833	+833	+833	
Community	**52,089**	**54,377**	**56,370**	**57,457**	**57,523**	**+66**	**+1,153**	**+3,146**	**+5,434**	**+10.4%**
Health & Well-being	574	511	641	683	676	-7	+35	+164	+102	+17.8%
Corporate Functions	3,964	4,179	4,778	5,087	5,102	+15	+324	+923	+1,138	+28.7%
Health Business Service	654	668	405	387	390	+3	-15	-278	-264	-40.4%
Central	**5,191**	**5,358**	**5,824**	**6,157**	**6,168**	**+11**	**34421%**	**+810**	**+976**	**+18.8%**

By Service Delivery Area: December 2022

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Nov 2022	WTE Dec 2022	WTE change since Nov 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	% change since Dec 2019
Total Health Service	119,817	126,174	132,323	137,220	137,745	+525	+5,422	+11,571	+17,928	+15.0%
National Ambulance Service	1,933	1,990	2,060	2,081	2,067	-14	+7	+77	+134	+6.9%
Children's Health Ireland	3,602	3,762	3,974	4,103	4,108	+5	+134	+346	+506	+14.0%
Dublin Midlands Hospital Group	10,819	11,288	11,707	12,255	12,326	+72	+619	+1,039	+1,508	+13.9%
Ireland East Hospital Group	12,502	13,478	14,129	14,757	14,889	+132	+760	+1,411	+2,387	+19.1%
RCSI Hospitals Group	9,663	10,197	10,606	11,190	11,267	+77	+660	+1,069	+1,604	+16.6%
Saolta University Hospital Care	9,253	9,829	10,566	11,204	11,327	+123	+761	+1,498	+2,073	+22.4%
South/South West Hospital Group	10,527	11,288	11,934	12,673	12,723	+50	+789	+1,435	+2,196	+20.9%
University of Limerick Hospital Group	4,146	4,506	5,043	5,220	5,222	+2	+179	+716	+1,076	+25.9%
other Acute Services	91	101	111	125	127	+2	+16	+26	+35	+38.9%
Acute Services	**62,537**	**66,439**	**70,129**	**73,607**	**74,055**	**+448**	**+3,925**	**+7,616**	**+11,518**	**+18.4%**
CHO 1	5,468	5,755	6,089	6,402	6,398	-4	+309	+643	+930	+17.0%
CHO 2	5,545	5,690	5,819	5,929	5,972	+43	+153	+282	+427	+7.7%
CHO 3	4,357	4,610	4,946	5,092	5,069	-23	+123	+460	+713	+16.4%
CHO 4	8,189	8,602	8,856	8,944	8,961	+16	+104	+359	+771	+9.4%
CHO 5	5,282	5,477	5,671	5,811	5,805	-6	+134	+328	+523	+9.9%
CHO 6	3,378	3,465	3,561	3,642	3,620	-22	+59	+155	+242	+7.2%
CHO 7	6,515	6,783	7,073	7,199	7,215	+16	+142	+432	+700	+10.8%
CHO 8	6,135	6,337	6,449	6,450	6,514	+64	+65	+177	+379	+6.2%
CHO 9	6,582	6,950	7,165	7,259	7,230	-29	+65	+280	+648	+9.8%
other Community Services	638	709	740	728	740	+11	-1	+30	+101	+15.9%
Community Services	**52,089**	**54,377**	**56,370**	**57,457**	**57,523**	**+66**	**+1,153**	**+3,146**	**+5,434**	**+10.4%**
H&WB Corporate & National	**5,191**	**5,358**	**5,824**	**6,157**	**6,168**	**+11**	**+344**	**+810**	**+976**	**+18.8%**

Health Sector Absence Rates: December 2022

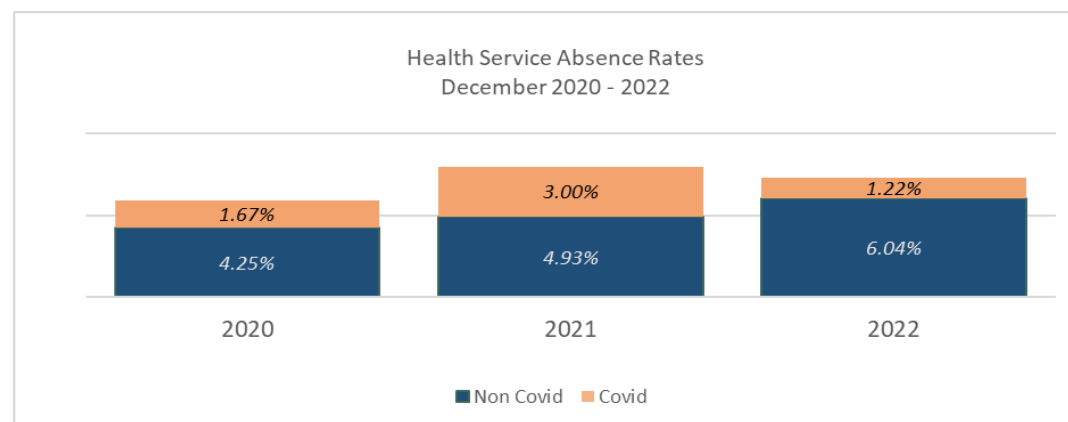This report provides the overview of the reported National Health Sector Absence Rates for December 2022.

The reported absence rate for December 2022 stands at **7.3%.** This compares to **7.9%** reported for the same month in 2021, and notably both periods include COVID-19 related absence[8]. Excluding COVID-19 the current months absence rate is **6%** compared to **4.9%** in 2021. Therefore, overall this month's rate is showing an increase of **1.1%** on the same period in 2021.

This months' absence rate is showing an increase of **1.5%** as reported for the **previous month,** reported at **5.8%** (including COVID-19). Notwithstanding the fact that the overall absence rate continues to be impacted by COVID-19 related absence, excluding COVID-19 absence, this months' absence rate is **6%** which is **0.9%** higher than the rate reported last month.

Of note the absence target rate for 2022 is now ≤4% as approved in the National Service Plan 2022, excluding COVID-19. Excluding Covid-19 this months' absence rate of 6% is 2% above the new target.

These figures are reflected in the attached National Absence Report.

Benchmark Target	Nov-22	Certified Absence November 2022	Self-Certified Absence November 2022	COVID-19 November 2022	Dec-22	Full Year 2021	Year to date 2022
4.0%	5.8%	5.2%	0.9%	1.2%	7.3%	6.1%	7.1%

Health Service Absence Rates
December 2020 - 2022

2020: 4.25% Non Covid, 1.67% Covid
2021: 4.93% Non Covid, 3.00% Covid
2022: 6.04% Non Covid, 1.22% Covid

■ Non Covid ■ Covid

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[8] COVID-19 SLWP will only apply when an employee is required to self-isolate and is displaying symptoms of COVID-19 and is either awaiting a test result or had a positive PCR test / or a positive antigen test which has been registered on the HSE portal. Medical or HSE advice should be followed. In order to avail of SLWP evidence is required in the form of a PCR test result or antigen test result registered on the HSE portal. While public health advice, as set out on the HSE website, no longer requires testing for certain groups, individuals can still access the HSE portal to register antigen test results. SLWP does not apply in any other scenarios as set out in HR Circular 18/2022. A temporary scheme of paid leave for eligible public health service employees who ceased to be entitled to SLWP from 1st July 2022, and are currently unfit for work due to post Covid-19 infection. The eligibility criteria and conditions governing this temporary scheme are set out in HR 022/2022. All agencies with the exception of Ambulance Service South, Ambulance Service South East, CHI Tallaght & Sligo University Hospital provided a National Absence return for November.

Latest monthly figures (December 2022)

December 2022 absence rate stands at 7.3% of which 5.2% is certified, 0.9% Self-Certified with **1.2%** (or 16.8% of all absence) relating to **COVID-19.**

- **Excluding** COVID-19 related absence, the December 2022 absence rate of 6% is higher than the same period last year. Based on 2021 data, this months' data is showing a 1.1% increase i.e. 4.9% (2021) 4.3% (2020), 5.1% (2019) and 4.8% (2018).

- For **Acute Services** the absence rate is 7.2% of which 1.3% (17.5% of the total) is COVID-19 related. Within Acute Services the highest absence rate is reported in Ambulance Services at 9.6%, of which 8.4% is non-COVID -19 related. **Community Services** stands at 7.5% of which 1.2% (16.6% of the total) is also COVID-19 related. Within Community Services, Older People is reporting the highest absence rate at 9.3%, of which 7.7% is non-COVID-19 related. Notably Older People are reporting the highest COVID-19 related absence at 1.7%. **Health & Wellbeing, Corporate & National Services** rate is 5.1% of which 0.6% (12.2% of the total) is COVID-19 related. Details are as follows:

Health Service Absence Rate - by Care Group: Dec 2022	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
Total	**5.2%**	**0.9%**	🔴	**6.0%**	**1.2%**	**7.3%**	**83.2%**	**16.8%**
Ambulance Services	7.5%	0.9%	🔴	8.4%	1.2%	9.6%	87.7%	12.3%
Acute Hospital Services	4.9%	1.0%	🔴	5.9%	1.3%	7.2%	82.5%	17.5%
Acute Services	**5.0%**	**1.0%**	🔴	**6.0%**	**1.3%**	**7.2%**	**82.7%**	**17.3%**
Community Health & Wellbeing	4.2%	0.7%	🔴	4.9%	1.5%	6.4%	76.7%	23.3%
Mental Health	5.3%	0.7%	🔴	6.0%	1.1%	7.1%	84.6%	15.4%
Primary Care	5.0%	0.5%	🔴	5.5%	1.1%	6.7%	83.3%	16.7%
Disabilities	5.4%	0.7%	🔴	6.1%	1.2%	7.3%	83.7%	16.3%
Older People	6.7%	0.9%	🔴	7.7%	1.7%	9.3%	82.1%	17.9%
CHO Operations	5.5%	0.4%	🔴	5.9%	0.8%	6.7%	87.5%	12.5%
Community Services	**5.6%**	**0.7%**	🔴	**6.3%**	**1.2%**	**7.5%**	**83.4%**	**16.6%**
HWB, Corporate & National	**4.0%**	**0.5%**	🟠	**4.5%**	**0.6%**	**5.1%**	**87.8%**	**12.2%**

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

- At **Staff Category** Patient & Client Care reports the **highest** total absence rate at 9.1% followed by General Support (8.7%) and Nursing & Midwifery (8. 3%).These absence rates are impacted by COVID-19, however the largest impact from COVID-19 absence in the overall rates, is within Medical and Dental (20.6%), Health & Social Care Professionals (18.9%) and Nursing & Midwifery (17.6%). Medical and Dental reported the **lowest** absence rate at 2% overall in November, however as noted earlier, reported the highest proportion of overall absence attributing to COVID-19 related absence, at 20.6%. Further, based on the new KPI, one staff category is reporting within the target, with five categories above the target. Details as follows:

Health Service Absence Rate - by Staff Category: Dec 2022	Certified absence	Self- certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Non Covid-19 absence	% Covid-19 absence
Total	**5.2%**	**0.9%**	🔴	**6.0%**	**1.2%**	**7.3%**	**83.2%**	**16.8%**
Medical & Dental	1.4%	0.2%	🟢	1.6%	0.4%	2.0%	79.4%	20.6%
Nursing & Midwifery	5.6%	1.2%	🔴	6.8%	1.5%	8.3%	82.4%	17.6%
Health & Social Care Professionals	4.3%	0.6%	🔴	4.9%	1.1%	6.0%	81.1%	18.9%
Management & Administrative	4.7%	0.5%	🔴	5.3%	1.0%	6.3%	84.1%	15.9%
General Support	6.6%	0.9%	🔴	7.4%	1.3%	8.7%	85.3%	14.7%
Patient & Client Care	6.7%	1.0%	🔴	7.7%	1.4%	9.1%	84.3%	15.7%

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

Total absence rate by Staff Category
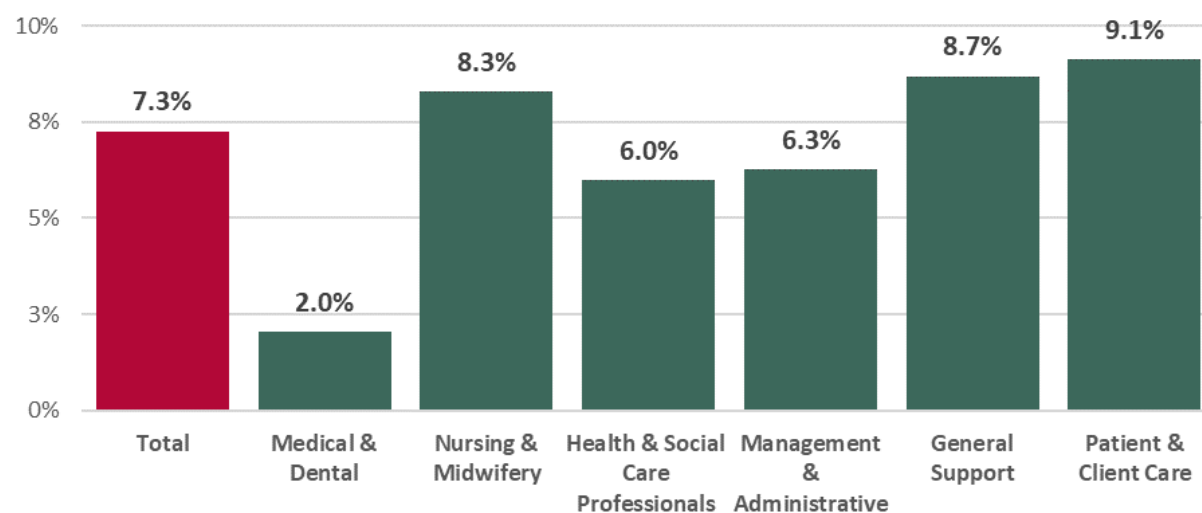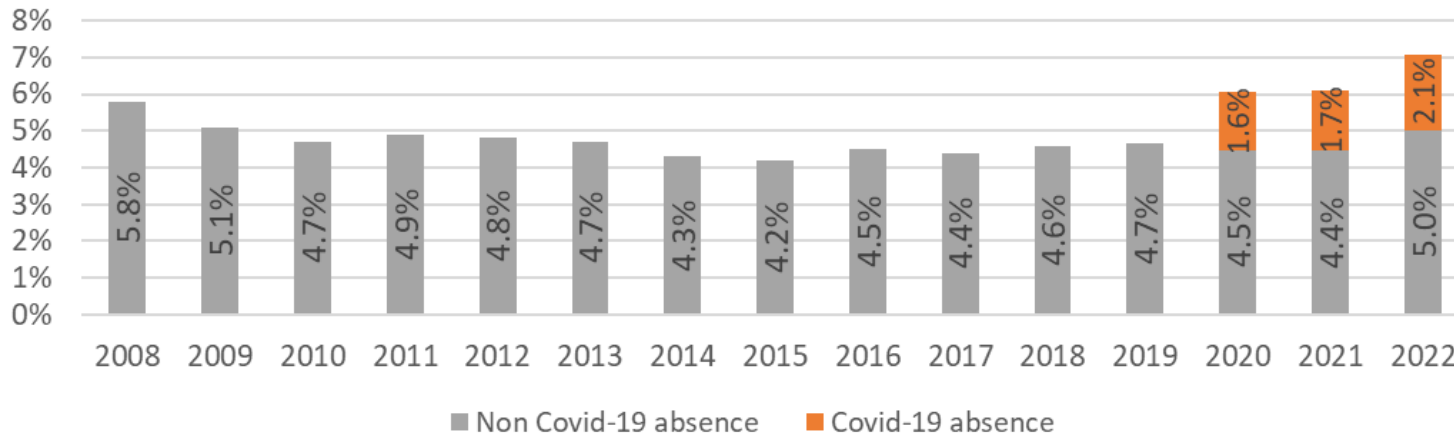

Year-to-date & trends 2008 – 2022

The year to date 2022 figure of 7.1% has also been significantly impacted by COVID-19 related absence with 2.1% of the 2022 absence rate (or 29.4% of all 2022 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021 & 2022.

Absence Rates 2008-2021 & YTD 2022

Year	Non Covid-19 absence	Covid-19 absence
2008	5.8%	
2009	5.1%	
2010	4.7%	
2011	4.9%	
2012	4.8%	
2013	4.7%	
2014	4.3%	
2015	4.2%	
2016	4.5%	
2017	4.4%	
2018	4.6%	
2019	4.7%	
2020	4.5%	1.6%
2021	4.4%	1.7%
2022	5.0%	2.1%

- When compared with previous years, the 2022 Year to Date figure appears higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 2.1% of all absence in 2022. This is notably higher than previous years where COVID-19 absence accounted for 1.7% in 2021 and 1.6% in 2020. On a like for like basis, *excluding* COVID-19 absence impact, the absence rate is 5% in 2022, 4.4% in 2021 and 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2022 is marginally higher than that reported in 2021 and also 2020.

YTD Total Absence Rate Trend by Staff Category

2021 Total Absence Rate Trend by Staff Category
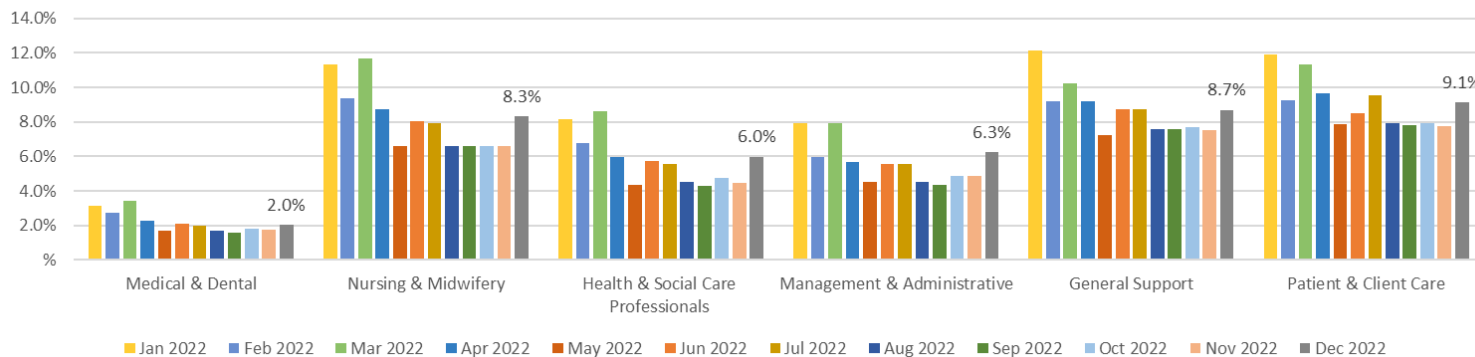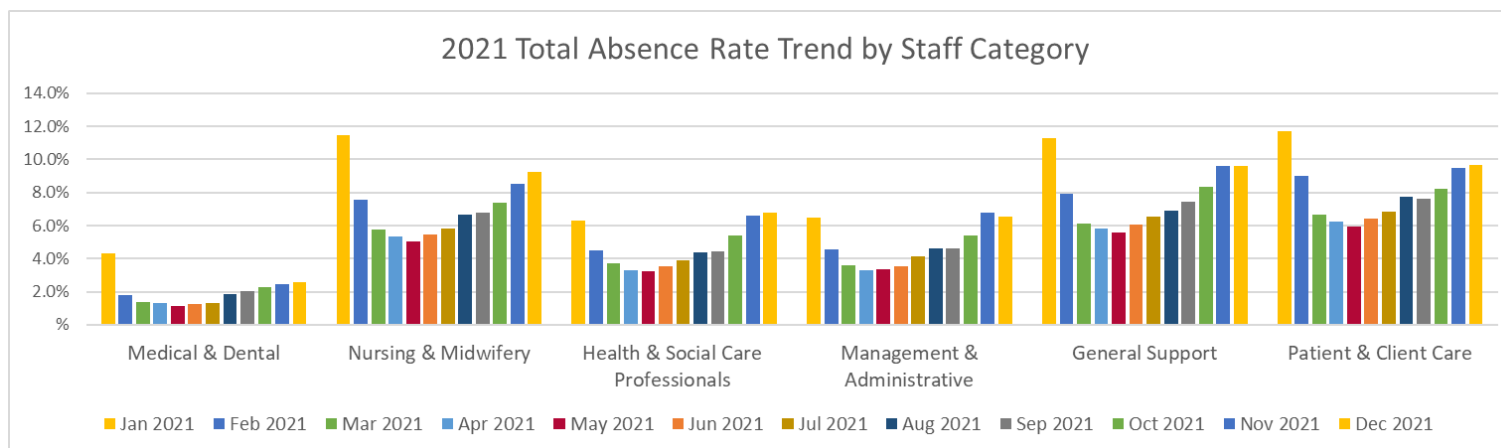
Notes: Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. The HSE sets absence rates as a key result area (KRA) with the objective of reducing the impact & cost of absence and commits to a national target level

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.3%	88.0%
Mental Health Services	97.6%	89.9%
Other Agencies	93.8%	93.8%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1 [R]	0.9 [G]

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

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

Performance Table:

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

Graphs:

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

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

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
Quality and Safety	Complaints investigated within 30 working days	HSE CHO Area 1 HSE CHO Area 5 RCSI Rotunda Hospital IEHG HSE St Columcille's Hospital IEHG National Orthopaedic Hospital Cappagh IEHG National Maternity Saolta HSE Mayo University Hospital Saolta HSE Roscommon University Hospital Saolta HSE Portiuncula University Hospital Saolta HSE Sligo University Hospital
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Wicklow), CHO7 (Dublin South City, Kildare West Wicklow, Dublin West) , CHO8 (Meath), CHO9 (Dublin North West, Dublin North) Non Return (Jun, Jul, Aug) CHO2 (Mayo)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 52 weeks % of dietetic patients on waiting list for treatment ≤ 12 weeks No. of Dietetics patients seen	Non Return (Nov, Dec) CHO7 (Dublin West) Non Return (Aug, Sep, Oct) CHO7 (Dublin South City) Non Return (Dec) CHO7 (Dublin South West)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ 52 weeks % of psychology patients on waiting list for treatment ≤ 12 weeks No. of psychology patients seen	Non Return (Dec) CHO6 (Dublin South East) Non Return (Dec) CHO8 (Longford/Westmeath) Non Return (Dec) CHO4 (North Lee) Non Return (Dec) CHO4 (Kerry)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks % of Ophthalmology patients on the waiting list for treatment < 52 weeks No of Ophthalmology patients seen	No Service CHO 4 (South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin South West, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Mar, Apr, Oct) CHO2 (Roscommon) Non Return (Dec) CHO1 (Sligo/Leitrim)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return (Mar) CHO5 (Waterford) Non Return (Jun, Jul, Aug) CHO6 (Dublin South East) Non Return (Nov) CHO2 (Galway) Non Return (Nov) CHO7 (Dublin West)
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire) Non Return (Sep) CHO2 (Galway)
Primary Care	Orthodontics % of Orthodontic patients seen for assessment within 6 months No of Orthodontic patients seen for assessment within 6 months % of Orthodontics patients (grade 4 and 5) on the treatment waiting list longer than 4 years (%)	Non Return (Mar) West (North West)
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Nov) CHO2 (Mayo) Non Return (Feb, Mar, Apr, May, Jun, Jul) CHO1 (Cavan, Monaghan) Non Return (Mar) CHO5 (Waterford)
Primary Care	Child Health Quarterly % newborn babies visited by a PHN within 72 hours of discharge from maternity services	Non Return (Dec) CHO1 (Cavan/Monaghan) Non Return (Dec) CHO5 (Wexford) Non Return (Jun, Sep, Dec) CHO6 (Dublin South East, Wicklow)
Primary Care	Child Health Quarterly -1 Quarter % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return (Sep) CHO1 (Cavan/Monaghan) Non Return (Sep) CHO5 (Wexford) Non Return CHO6 (Mar,Jun,Sep) (Dublin South East) Non Return (Mar) CHO6 (Wicklow)
Social Inclusion	Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q3 CHO8 (Louth, Meath)
Social Inclusion	Substance Misuse % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q1 CHO1 (Cavan Monaghan) Non Return Q3 CHO8 (Louth, Meath)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return CHO5 (Waterford) Dec No Service in CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	Non Return CHO5 (Waterford) Dec No Service in CHO8
Palliative Care	Access to specialist palliative care services in the community provided within seven days (normal place of residence)	Non Return CHO4 (South Lee) Dec

Service Area	KPI Title	Data Coverage Issues
Palliative Care	% of patients triaged within one working day of referral (Community)	Non Return CHO5 (Carlow/Kilkenny) Dec
Palliative Care	No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Non Return CHO4 (South Lee) Dec
Mental Health CAMHS	CAMHs waiting list	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health CAMHS	No of referrals received	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health CAMHS	Number of new seen	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 1 Donegal North Team CHO 1 Donegal South Team CHO 1 Inishowen
Mental Health General Adult	Number of referrals received	CHO 3 Limerick Sector A CHO 5 Waterford West
Mental Health General Adult	Number of referrals seen	CHO 3 Limerick Sector A CHO 5 Waterford West
Mental Health General Adult	% seen within 12 weeks	CHO 3 Limerick Sector A CHO 5 Waterford West
Psychiatry of Later Life	Number of referrals received	CHO 8 Louth POA (May, Jun, July)
Psychiatry of Later Life	Number of referrals seen	CHO 8 Louth POA (May, Jun, July)
Psychiatry of Later Life	% seen within 12 weeks	CHO 8 Louth POA (May, Jun, July)
Disability Services	Facilitate the movement of people from congregated settings to community settings	Reporting frequency changed from quarterly to monthly for 2022.

Service Area	KPI Title	Data Coverage Issues
Disability Services	Number of in home respite supports for emergency cases	The full year target of 422 is comprised of 402 packages from 2021 that are being funded in 2022 and 20 new packages for 2022 (10 new supported living & 10 new intensive support packages)
Acute Hospitals	Emergency Department Patient Experience Time	The following hospitals have data outstanding due to the HSE cyber-attack during 2021: Naas General Hospital 15th May - 14th July 2021 This will impact the SPLY position nationally, as well as the Hospital and Hospital Group.
Acute Hospitals	ED attendances (Total, New and Return)	CHI at Crumlin May, June. CHI Temple Street April-July. Naas May, June 2021
Acute Hospitals	No. of beds subject to delayed transfers of care	Data for May-July 2021 is unavailable due to the HSE cyber-attack
Acute Hospitals	% of 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 22
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Wexford General Hospital, Roscommon University Hospital, Cork Maternity Hospital data is outstanding for Q4 2022

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

	Areas included			Areas included
CHO 1	**Donegal, Sligo Leitrim, Cavan Monaghan**		**CHO 6**	**Community Healthcare East**
	Cavan			Dublin South East
	Donegal			Dun Laoghaire
	Leitrim			Wicklow
	Monaghan		**CHO 7**	**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			