Performance Profile July – September 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 999,228 this represents a -0.1% variance YTD against expected activity YTD.
- 95.5% of all patients were seen within 24 hours in EDs in September 2022 and 95.7% year to date.
- 89.7% of patients aged 75 years and over were seen within 24 hours in EDs in September 2022 and 89.7% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 50,842 elective inpatient discharges year to date August 2022 versus 46,282 for the corresponding period in 2021 that is an increase of 9.9%.

Emergency Inpatient Discharges

There were 283,857 emergency inpatient discharges year to date August 2022 versus 273,419 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 August 2022 was 725,906 versus 655,333 for the same period in 2021, that is, an increase of 70,573 cases.

Delayed Transfer of Care

There were 605 Delayed Discharges in September 2022 versus 474 in September 2021, an increase of 131.

Inpatient, Day Case & Outpatient Waiting Lists

September 2022 compliance with waiting lists was as follows:

- Adult Inpatient < 12 months (target 98%), compliance 75%.
- Adult Day Case < 12 months (target 98%), compliance 84.7%.
- Children's Inpatient< 12 months (target 98%), compliance 70.5%.
- Children's Day Case < 12 months (target 98%), compliance 84.3%.
- Outpatients within 18 months (target 98%), compliance 80.8%.
- The total number of adult patients waiting for an inpatient or day case procedure at the end of September 2022 was 71,867, an increase of 4,154 on September 2021 (67,713).
- Total number of people waiting for Outpatient appointment was 625,673 in September 2022 a decrease of 27,851 on September 2021 (653,524).

Colonoscopy/Gastrointestinal Service

- In September 2022 53.2% of people were waiting less than 13 weeks for routine colonoscopy (target 65%).
- There were 120 new urgent patient breaches in September 2022.

Cancer Services

- 79.5% of prostate cancer referrals were seen within 20 working days year to date compared with 63.5% for the same period last year.
- 89.1% of lung cancer referrals were seen within 10 working days year to date compared with 90% for the same period last year.
- 71% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 56.8% for the same period last year.

Primary Care Services

- The number of physiotherapy patients on the waiting list for assessment ≤ 52 weeks is 78%.
- 90.1% of speech and language patients are on the waiting list for assessment ≤ 52 weeks.
- 73.3% of occupational therapy referrals are on the waiting list for assessment ≤ 52 weeks.
- 63.8% of psychology referrals are on the waiting list for treatment ≤ 52 weeks.

- 83.3% of babies received their developmental screening checks within 12 months and 98.2% of new born babies were visited by a Public Health Nurse within 72 hours year to date.

Disability Services

- There were 8,221 residential places for people with a Disability in September 2022, which is a 0.2% (19) increase on the 8,202 profiled target.
- At the end of September 2022, 68 new emergency places had been provided; and 434 home respite supports for emergency cases put in place, year to date.

Older Persons Services

- Home Support hours delivered year to date was 16,081,686. The number of people, in receipt of home support services at the end of September 2022 was 56,490.
- 1,398 persons were in receipt of payment for transitional care in August 2022.
- The current wait time for NHSS funding approval in 2022 is 4 weeks.

Mental Health Services

- 98.4% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD at end of September 2022, which is within the target: >95%.

Population, Health & Wellbeing Services

- Nationally year to date to June 2022, 48.1% of smokers are quit at 4 weeks ahead of the National target of 48%. (Q-1Q)
- 92.2% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to June 2022 while 89.3% of children aged 24 months received the MMR vaccine year to date to June 2022 against a target of 95%. (Q-1Q)

Corporate Updates

Capital – Allocation/Expenditure Analysis

2022 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2022	Cum Profile for Period Jan - Sept	Expenditure for Period Jan - Sept	Variance for Period Jan - Sept	Expenditure to Sept as % of Sept YTD Profile	Expenditure to Sept as % of Annual Profile	Variance to Sept as % of Sept YTD Profile
M02 - Buildings & Equipment -Non Covid19	607.500	344.520	251.577	92.943	73.02%	41.41%	26.98%
M04 - Buildings & Equipment - Covid19	50.000	50.000	82.888	(32.888)	165.78%	165.78%	-65.78%
M02 - New Children's Hospital	352.000	233.050	218.882	14.168	93.92%	62.18%	6.08%
	1009.500	**627.570**	**553.347**	**74.223**	**88.17%**	**54.81%**	**11.83%**
M03 - Info Systems for Health Agencies	139.500	91.392	44.934	46.459	49.17%	32.21%	50.83%
	1149.000	**718.962**	**598.281**	**120.681**	**83.21%**	**52.07%**	**16.79%**
Asset Disposals	0.243	0.243	0.000	0.243	0.00%	0.00%	100.00%
Net	**1149.243**	**719.205**	**598.281**	**120.925**	**83.19%**	**52.06%**	**16.81%**

General Comment:
During the third quarter of 2022 the impact of the Coronavirus Pandemic continued to generate pressures on capital funding with expenditure to September amounting to €82.888m slightly exceeding that incurred in the same period in 2021 (€82.595m). The total funding allocated decreased from €130m in 2021 to €50m in 2022, however, there is additional Covid Contingency Funding available in 2022 of €100m where conditions demand.

CONSTRUCTION – M02 - Building & Equipment – Non Covid19
The variance on general construction projects for the nine months to September 2022 is 26.98% (or €92.943m) behind profile. In the period to the end of September the total expenditure of €251.577m represents 41.41% of the total annual profile for 2022.

CONSTRUCTION – M04 - Building & Equipment – Covid19
The variance on Covid19 construction projects for the nine months to September 2022 is -65.78% (or €32.888m) ahead of profile. In the period to the end of September the total expenditure of €82.888m represents 165.78% of the total annual profile for 2022. (**See General Comment**)

CONSTRUCTION – M02 - (National Children's Hospital)
The variance on the National Children's Hospital project for the nine months to September 2022 is 6.08% (or €14.168m) behind profile. In the period to the end of September the total expenditure of €218.882m represents 62.18% of the total annual profile for 2022.

Information Systems for Health Agencies - M03
The variance on ICT projects for the nine months to September 2022 is 50.83% (or €46.459m) behind profile.
In the period to the end of September the total expenditure of €44.934m represents 32.21% of the total annual profile for 2022.

Asset Disposals:
Income from sale of assets in the nine months to September 2022 amounted to € 0.243m.

Procurement – expenditure (non-pay) under management

Service Area	Q1 2022	Q2 2022	Q3 2022
Acute Hospitals(Hospital groups)	€ 156,805,267	€165,019,731	289,995,164
Community Healthcare	€ 146,492,500	€147,766,411	148,239,503
National Services	€ 1,141,877,271	€1,308,410,227	1,506,809,214
Total	€ 1,445,175,039	€1,621,196,369	1,945,043,881

Internal Audit

	75% Implemented or superseded within 6 months					95% Implemented or superseded within 12 months								
	2021 Position at 31st March 2022	2021 Position at 30th June 2022	2021 Position at 30th September 2022	2022 Position at 30th September 2022		2019 Position at 31st March 2022	2019 Position at 30th June 2022	2019 Position at 30th September 2022	2020 Position at 31st March 2022	2020 Position at 30th June 2022	2020 Position at 30th September 2022	2021 Position at 31st March 2022	2021 Position at 30th June 2022	2021 Position at 30th September 2022
Total	**68%**	**59%**	**75%**	**72%**		**94%**	**94%**	**95%**	**63%**	**73%**	**82%**	**87%**	**84%**	**81%**
CHO 1	76%	81%	92%	100%		85%	89%	91%	53%	59%	83%	55%	68%	78%
CHO 2	27%	22%	50%	100%		98%	98%	98%	67%	100%	100%	N/A	N/A	75%
CHO 3	86%	77%	92%	50%		96%	96%	96%	94%	94%	100%	N/A	100%	86%
CHO 4	59%	64%	100%	79%		93%	93%	95%	74%	85%	93%	50%	58%	63%
CHO 5	30%	49%	90%	100%		100%	100%	100%	17%	25%	83%	75%	75%	93%
CHO 6	N/A	66%	79%	71%		97%	97%	100%	N/A	N/A	N/A	N/A	N/A	N/A
CHO 7	N/A	N/A	N/A	93%		98%	98%	100%	91%	93%	95%	N/A	N/A	N/A
CHO 8	80%	47%	92%	17%		89%	89%	92%	25%	67%	67%	100%	74%	73%
CHO 9	N/A	N/A	N/A	N/A		93%	93%	93%	47%	67%	70%	N/A	N/A	N/A
National Mental Health	N/A	N/A	N/A	N/A		100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A		100%	100%	100%	100%	100%	100%	N/A	N/A	N/A
National Director Community Ops	96%	96%	N/A	0%					20%	20%	60%	100%	100%	100%
Total Community Services	73%	64%	86%	76%		95%	95%	96%	61%	74%	85%	88%	80%	82%
Dublin Midlands Hospital Group	47%	63%	38%	67%		100%	100%	100%	88%	88%	88%	100%	100%	100%
Ireland East Hospital Group	100%	63%	57%	100%		100%	100%	100%	63%	67%	67%	100%	100%	100%
National Children's Hospital Group	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	N/A	9%	9%	N/A		89%	89%	89%	0%	0%	23%	66%	72%	72%
Saolta Hospital Group	83%	60%	81%	62%		100%	100%	100%	74%	82%	91%	83%	92%	83%
South South West Hospital Group	56%	39%	53%	N/A		65%	65%	65%	69%	73%	73%	95%	90%	79%
University of Limerick Hospital Group	89%	40%	100%	100%		100%	100%	100%	94%	100%	100%	100%	93%	94%
National Ambulance Service	N/A	86%	100%	N/A		25%	25%	25%	N/A	N/A	N/A	N/A	N/A	N/A

75% Implemented or superseded within 6 months						95% Implemented or superseded within 12 months								
	2021 Position at 31st March 2022	2021 Position at 30th June 2022	2021 Position at 30th September 2022	2022 Position at 30th September 2022		2019 Position at 31st March 2022	2019 Position at 30th June 2022	2019 Position at 30th September 2022	2020 Position at 31st March 2022	2020 Position at 30th June 2022	2020 Position at 30th September 2022	2021 Position at 31st March 2022	2021 Position at 30th June 2022	2021 Position at 30th September 2022
National Director Acute Ops	0%	4%	73%	18%					62%	62%	62%	N/A	N/A	0%
Total Acute	62%	46%	62%	61%		88%	88%	88%	66%	70%	74%	83%	88%	79%
Chief Information Officer	33%	71%	100%	29%		95%	95%	96%	88%	88%	88%	N/A	N/A	75%
Compliance / QAV / Gov & Risk	N/A	100%	100%	N/A		N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Estates	N/A	0%	33%	N/A		N/A	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
Finance	0%	0%	0%	55%		94%	94%	96%	N/A	N/A	N/A	N/A	N/A	0%
HBS - Estates	0%	N/A	N/A	N/A		100%	100%	100%	N/A	N/A	N/A	N/A	0%	0%
HBS - Finance	100%	N/A	N/A	N/A		N/A	N/A	N/A	100%	100%	100%	N/A	100%	100%
HBS - HR	80%	73%	91%	N/A		100%	100%	100%	0%	0%	100%	100%	83%	83%
HBS - Procurement	60%	N/A	N/A	N/A		100%	100%	100%	89%	89%	89%	N/A	60%	60%
Health and Wellbeing	N/A	N/A	N/A	N/A		100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Human Resources	N/A	33%	56%	40%		88%	88%	88%	41%	41%	45%	95%	100%	100%
Integrated Operations Planning	N/A	N/A	N/A	92%										
National Screening Service	N/A	N/A	N/A	N/A		N/A	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
National Services	N/A	N/A	N/A	N/A					33%	44%	56%	N/A	N/A	N/A
PCRS	75%	100%	N/A	50%								100%	100%	100%
Strategy & Research	0%	0%	N/A	N/A								N/A	N/A	0%

Healthcare Audit

Healthcare Audit	In Progress	Issued
Healthcare Audits in progress/issued @30.09.2022	30	77

Performance Achievement Q3 Report

Notes on Performance Achievement Report

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

Percentage is weighted against the service 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

6 Corporate Areas did not respond

Service Delivery Area	HC Sept 2022	Total completed Q1	Total completed Q2	Total completed Q3	% completed YTD 2022
Total Health Service	154,217	2,325	3,492	2,646	5%
National Ambulance Service	2,112	6	7	19	2%
Children's Health Ireland	4,580	0	0	439	10%
Dublin Midlands Hospital Group	13,395	54	764	33	6%
Ireland East Hospital Group	15,999	277	341	62	4%
RCSI Hospitals Group	12,103	0	0	0	0%
Saolta University Hospital Care	12,270	0	100	56	1%
South/South West Hospital Group	14,065	178	166	146	3%
University of Limerick Hospital Group	5,716	131	184	244	10%
other Acute Services	119	0	0	48	40%
Acute Services	80,359	646	1,562	1,047	4%
CHO 1	7,258	0	167	77	3%
CHO 2	6,878	316	198	36	8%
CHO 3	6,019	0	37	77	2%
CHO 4	10,996	93	109	333	5%

Service Delivery Area	HC Sept 2022	Total completed Q1	Total completed Q2	Total completed Q3	% completed YTD 2022
CHO 5	6,895	0	12	7	0%
CHO 6	4,185	348	144	52	13%
CHO 7	8,338	52	125	98	3%
CHO 8	7,748	43	49	23	1%
CHO 9	8,271	281	192	78	7%
other Community Services	770	21	7	90	15%
Community Services	67,358	1,154	1,040	871	5%
Health & Wellbeing	718	0	40	81	17%
Corporate	4,341	525	850	647	47%
Health Business Services	1,441	0	0	0	0%
H&WB Corporate & National Services	6,500	525	890	728	33%

Quality and Patient Safety

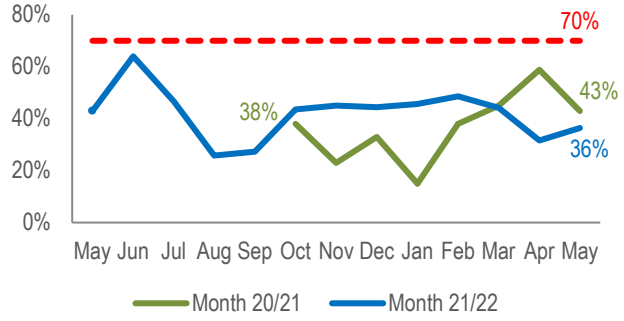
Quality and Patient Safety

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				**871**	**67**	**49**	**51**
	Acute Hospitals				510	29	35	26
	Community Healthcare				361	38	14	25
Serious Incidents Review completed within 125 calendar days*	**National**	**70%**	**M**	●	**41%**	**44%**	**32%**	**36%**
	Acute Hospitals	70%	M	●	49%	48%	41%	42%
	Community Healthcare	70%	M	●	12%	29%	9%	14%
% of reported incidents entered onto NIMS within 30 days of notification of the incident** (New KPI) (Reported @July 2022)	**National**	**70%**	**Q**	●	**70%**	**66%**	**73%**	**80%**
	Acute Hospitals	70%	Q	●	70%	66%	73%	79%
	Community Healthcare	70%	Q	●	70%	66%	72%	80%
Extreme and major incidents as a % of all incidents reported as occurring	**National**	**<1%**	**Q**	●	**0.5%**	**0.5%**	**0.5%**	**0.5%**
	Acute Hospitals	<1%	Q	●	0.6%	0.5%	0.5%	0.5%
	Community Healthcare	<1%	Q	●	0.4%	0.4%	0.4%	0.5%

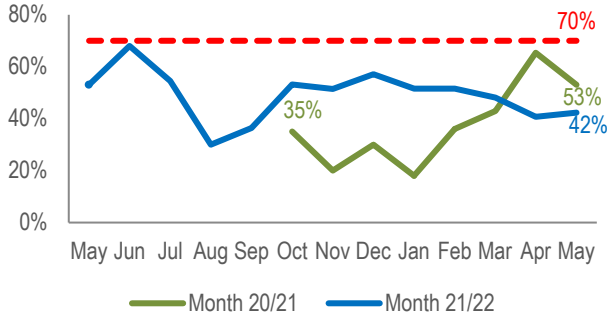
*Current - reflecting compliance May 2022.Current 12M rolling period reflecting compliance June 2021 - May 2022.

**Current-reflecting compliance Q2 2022. Current 4Q period reflecting compliance Q3 2021-Q2 2022 based on new calculation using date notified adjusted (2021 KPI used date of occurrence). Current (-1)/ (-2) reflects previous quarters.

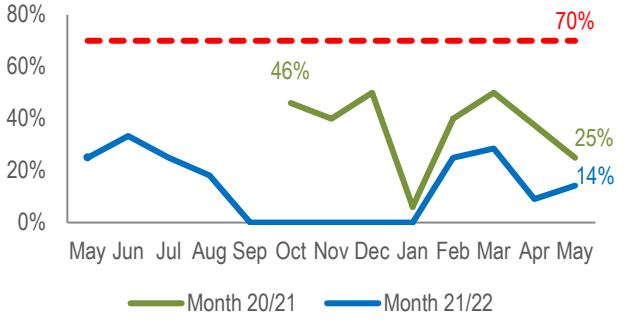
% of serious incidents requiring review completed within 125 days of notification of the incident National



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



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



Serious Reportable Events

Service Area	Total SRE occurrence (in-month) Sep 2022	Aug 2022	Jul 2022	Jun 2022	May 2022	Apr 2022	Mar 2022	Feb 2022	Jan 2022	Dec 2021	Nov 2021	Oct 2021
Acute Hospitals [inc. National Ambulance Service]	37	44	38	55	46	64	66	49	56	47	65	55
Community Services	4	8	13	16	17	10	18	16	17	18	14	12
Total*	**41**	**52**	**51**	**71**	**63**	**74**	**84**	**65**	**73**	**65**	**79**	**67**

*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.

41 SREs were reported as occurring in September 2022 and registered in NIMS up to 10th October.17 SREs were reported as patient falls,12 were reported as Stage 3 or 4 pressure ulcers and the remaining 12 SREs reported comprised 5 SRE categories.

COVID-19 Environment

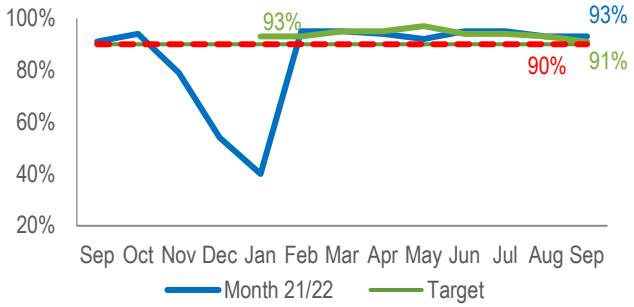
Testing, Tracing and Vaccination Programme

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

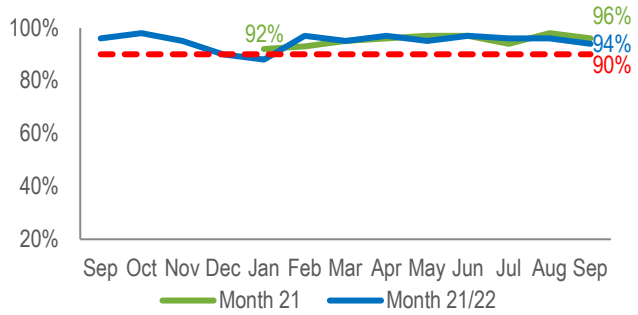
Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Referral to appointment: % of referrals receiving appointments in 24 hrs	90%	M	●	**52%**	91%	-39%	95%	93%	93%
Swab to communication of test result: % of test results communicated in 48 hrs following swab	90%	M	●	**92%**	96%	-4%	96%	96%	94%
Result to completion of contact tracing: % of close contacts successfully contacted within 24 operational hours of contacts being collected	90%	M	●	**96%**	88%	8%	96%	98%	97%
End to end referral to completion of contact tracing (Overall): % completed within 3 days	90%	M	●	**89%**	95%	-6%	98%	98%	97%
End to end referral to completion of contact tracing (Overall): Median completion performance	2 days	M	●	**1.0 days**	1.1 days	0.1 days	1.2 days	1.0 days	1.0 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*

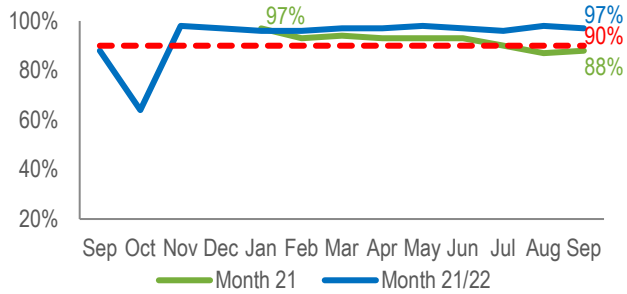
KPI 1 - Referral to appointment: % of referrals receiving appointments in 24 hrs



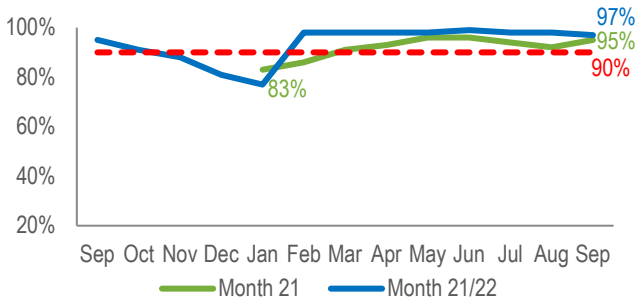
KPI 2 - Swab to communication of test result: % of test results communicated in 48 hrs following swab



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



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%	12% [R]	-82.86%										29%	9%	14%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q2 2022 at 31.07.2022)	Q	70%	70% [G]	0%										66%	72%	80%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.4% [G]	-60%										0.4%	0.4%	0.5%
	Service User Experience (Q2 2022 at 19.08.22)																
	Complaints investigated within 30 working days	Q	75%	55% [R]	-26.7%		67% [R]	76% [G]	50% [R]		11% [R]	81% [G]	25% [R]	50% [R]			
	Child Health																
	Child development assessment 12 months	M-1M	95%	83.3% [R]	-12.3%	71.5% [R]	73.6% [R]	91.8% [G]	89.9% [A]	79.8% [R]	67.2% [R]	94.8% [G]	87% [A]	75.5% [R]	86.3%	83.6%	87.8%
	New borns visited within 72 Hours	Q	99%	98.2% [G]	-0.8%	99.5% [G]	98.4% [G]	100% [G]	100.2% [G]	99.5% [G]	92.8% [A]	97.5% [G]	96.2% [G]	98.8% [G]	98%	99%	97.7%
	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	30.9% [R]	-14.3%	24.2% [R]	23.2% [R]	24.4% [R]	34.1% [A]	32.5% [A]	45.6% [G]	28.1% [R]	30% [R]	38.2% [G]	31.8%	30.1%	31.9%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.3% [A]	-6%	86.3% [A]	92.4% [G]	88.7% [A]	93.3% [G]	89.2% [A]	90.4% [G]	88.6% [A]	87.8% [A]	86.9% [A]	90.9%	89.7%	88.8 %
	CAMHs – Bed Days Used																
	% of Bed days used	M	>95%	98.4% [G]	3.5%	94.8% [G]	100% [G]	98.1% [G]	98.9% [G]	92.8% [G]	100% [G]	100% [G]	100% [G]	95.2% [G]	95.8%	97.9%	98.4%
	Disability Services																
	Congregated Settings	M	104	29 [R]	-72.1%	1 [R]	7 [R]	8 [R]	3 [R]	1 [R]	1 [R]	5 [R]	0 [R]	3 [R]	0	3	2

		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%	48.1% [G]	0.1%										52.7%	47.5%	48.7%
Access and Integration	**Therapy Waiting Lists**																
	Physiotherapy access within 52 weeks	M	94%	78% [R]	-17%	91.8% [G]	74.5% [R]	73.2% [R]	91.2% [G]	55.2% [R]	97.2% [G]	97% [G]	72.7% [R]	86.6% [A]	78.2%	78.1%	78%
	Occupational Therapy access within 52 weeks	M	95%	73.3% [R]	-22.8%	78.6% [R]	69.9% [R]	90.8% [G]	75% [R]	56.9% [R]	98.3% [G]	81.5% [R]	77.2% [R]	63.4% [R]	73.8%	73.5%	73.3%
	SLT access within 52 weeks	M	100%	90.1% [A]	-9.9%	95.1% [G]	96% [G]	96.3% [G]	100% [G]	83% [R]	92.4% [A]	76.5% [R]	93.3% [A]	96.3% [G]	87.9%	89.2%	90.1%
	Podiatry treatment within 52 weeks	M	77%	62.2% [R]	-19.3%	47.7% [R]	71.2% [A]	81.8% [G]	70.6% [A]	45.6% [R]	100% [G]	No Service	34.3% [R]	78.4% [G]	59.8%	56.2%	62.2%
	Ophthalmology treatment within 52 weeks	M	64%	52.2% [R]	-18.5%	56.6% [R]	36.2% [R]	76.3% [G]	41.6% [R]	54.5% [R]	85.8% [G]	98.5% [G]	62.4% [G]	100% [G]	52.7%	52.6%	52.2%
	Audiology treatment within 52 weeks	M	75%	76.2% [G]	1.7%	86.9% [G]	69.6% [A]	68.1% [A]	84.3% [G]	61.3% [R]	90.5% [G]	87.8% [G]	61.4% [R]	94.4% [G]	75.8%	76.1%	76.2%
	Dietetics treatment within 52 weeks	M	80%	58.6% [R]	-26.7%	90.5% [G]	52.7% [R]	43.2% [R]	80.9% [G]	38.2% [R]	56.4% [R]	47.5% [R]	54.6% [R]	76.6% [G]	58.3%	58.8%	58.6%
	Psychology treatment within 52 weeks	M	81%	63.8% [R]	-21.2%	68.1% [R]	50% [R]	87.3% [G]	52.7% [R]	85% [G]	93.8% [G]	51.6% [R]	96.4% [G]	59.5% [R]	62.9%	64%	63.8%
	Nursing																
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	98.7% [G]	-1.3%	97.5% [G]	103.2% [G]	108.3% [G]	100% [G]	95.8% [G]	90.4% [A]	91.7% [A]	101.1% [G]	97.8% [G]	100.6%	99.8%	98.7%
	Mental Health																
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	92.5% [G]	2.8%	100% [G]	100% [G]	100% [G]	67.1% [R]	75.9% [R]	100% [G]	100% [G]	97.4% [G]	100% [G]	94.1%	96.6%	92.4%
	% seen within 12 weeks by GAMHT	M	≥75%	70.7% [A]	-5.7%	86.8% [G]	87.2% [G]	65% [R]	67.5% [A]	75.9% [G]	74.6% [G]	69.6% [A]	61% [R]	50.7% [R]	71.5%	70.5%	67.5%
	% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	91% [G]	-4.2%	94% [G]	98.6% [G]	93.5% [G]	80.6% [R]	98% [G]	91.4% [G]	78.9% [R]	85.6% [A]	79.3% [R]	92.2%	91.3%	89.9%
	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	23.6% [R]	-76.4%	65% [R]	41.2% [R]	28.7% [R]	21.9% [R]	32.8% [R]	28.2% [R]	10% [R]	36.7% [R]	16.5% [R]	20.6%	29%	29.6%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Emergency Supports**																
	No. of new emergency places provided to people with a disability	M	21	68 [G]	223.8%										12	7	8
	No. of in home respite supports for emergency cases	M	411	434 [G]	5.6%										6	1	4
	Disability Respite Services																
	No. of day only respite sessions accessed by people with a disability	Q-1M	11,245	11,622 [G]	3.4%	3,350 [G]	2,458 [G]	852 [R]	858 [G]	2,259 [G]	448 [R]	470 [R]	627 [G]	300 [R]	4,356	5,566	6,056
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,351	5,170 [G]	-3.4%	331 [R]	718 [R]	444 [R]	667 [G]	775 [G]	295 [R]	728 [G]	666 [G]	546 [G]	4,427	4,699	5,170
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	46,281	60,024 [G]	29.7%	3,248 [G]	15,798 [G]	6,228 [G]	6,503 [G]	4,230 [G]	3,988 [G]	7,608 [G]	6,932 [G]	5,489 [G]	25,330	27,018	33,006
	Home Support Hours																
	Number of hours provided	M	17,288,588	16,081,686 [A]	-7%	1,681,297 [G]	1,726,887 [A]	1,406,846 [G]	2,105,293 [R]	1,542,865 [R]	1,513,589 [G]	1,665,701 [R]	1,775,332 [G]	2,683,875 [G]	1,864,219	1,816,961	1,829,146
	No. of people in receipt of home support	M	55,347	56,490 [G]	2.1%	4,549 [G]	6,467 [G]	4,902 [G]	9,274 [G]	6,703 [G]	4,085 [A]	6,465 [A]	6,667 [G]	7,378 [G]	56,280	56,367	56,490
	Delayed Transfers of Care																
	Number of beds subject to Delayed Transfers of Care	M	≤350	605 [R]	72.9%										559	629	605
	Homeless																
	% of service users assessed within two weeks of admission	Q	85%	79.4% [A]	-6.5%	95.7% [G]	95.3% [G]	97.2% [G]	57.2% [R]	70.7% [R]	96.4% [G]	87.3% [G]	100% [G]	97% [G]	78.6%	86.4%	79.4%
	Substance Misuse																
	% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	97.4% [G]	-2.6%	100% [G]	94.7% [A]		33.3% [R]	100% [G]	100% [G]	100% [G]	100% [G]	96.7% [G]	100%	100%	93.4%

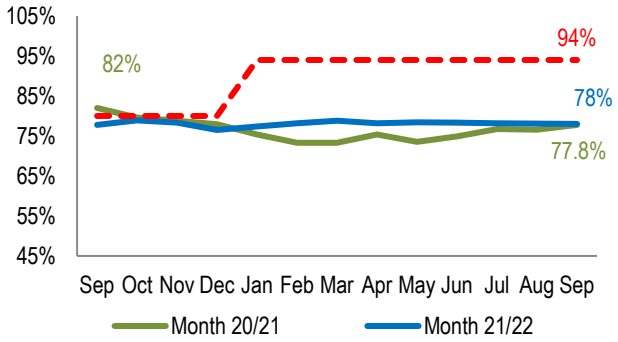
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	96.5% [G]	-3.5%	99.3% [G]	100% [G]	100% [G]	88.3% [R]	99.8% [G]	99.3% [G]	100% [G]	85.7% [R]	90.9% [A]	96.7%	95.7%	97.5%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	5,613,075	2.10% [R]	11.63% [R]	7.10% [R]	7.23% [R]	9.98% [R]	10.92% [R]	2.45% [R]	7.74% [R]	13.29% [R]	6.22% [R]	3.00%	2.68%	2.10%
	Pay expenditure variance from plan	M	≤0.1%	2,656,061	2.41% [R]	8.78% [R]	4.28% [R]	4.36% [R]	5.92% [R]	9.45% [R]	7.87% [R]	4.03% [R]	9.54% [R]	5.27% [R]	3.85%	3.26%	2.41%
	Non-pay expenditure	M	≤0.1%	3,333,534	1.38% [R]	14.04% [R]	6.02% [R]	7.74% [R]	11.43% [R]	10.80% [R]	-4.11% [G]	11.38% [R]	14.52% [R]	6.33% [R]	1.64%	1.64%	1.38%
	Gross expenditure (pay and non-pay)	M	≤0.1%	5,989,595	1.83% [R]	10.41% [R]	5.19% [R]	6.40% [R]	8.75% [R]	10.12% [R]	1.86% [R]	6.96% [R]	11.46% [R]	5.74% [R]	2.61%	2.35%	1.83%
	Service Arrangements (28.09.22)																
	Monetary value signed	M	100%	68.09%	-31.91%										46.93%	60.08%	68.09%
	Internal Audit																
	Recommendations implemented within 12 months (2021)	Q	95%	82% [R]	-13.7%										88%	80%	82%
Workforce	**Attendance Management**																
	% absence rates by staff category (non Covid)	M	≤4%	5.20% [R]	30%	6.30% [R]	3.73% [G]	5.61% [R]	4.79% [R]	6.15% [R]	4.56% [R]	5.38% [R]	6.09% [R]	4.60% [R]	5.61%	5.45%	5.41%
	% absence rates by staff category (Covid)	M	NA	2.45%		2.87%	1.80%	2.66%	2.60%	2.83%	2.18%	2.57%	2.76%	1.93%	2.06%	0.92%	0.76%

Primary Care Services

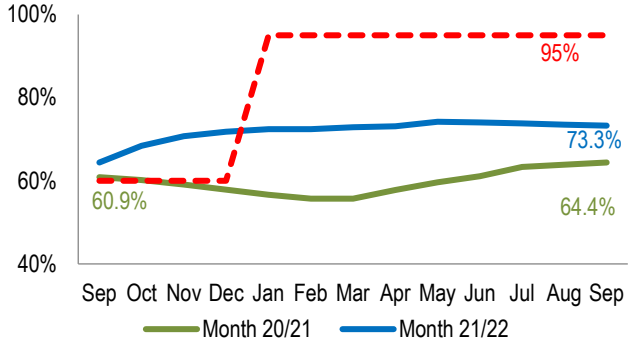
Primary Care Therapies

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%**	77.8%	+0.2%	78.2%	78.1%	78%	CHO6 (97.2%, CHO7 (97%), CHO1 (91.8%)	CHO5 (55.2%), CHO8 (72.7%), CHO3 (73.2%)
Occupational Therapy access within 52 weeks	95%	M	🔴	**73.3%**	64.4%	+8.9%	73.8%	73.5%	73.3%	CHO6 (98.3%), CHO3 (90.8%), CHO7 (81.5%)	CHO5 (56.9%), CHO9 (63.4%), CHO2 (69.9%)
Speech and Language Therapy access within 52 weeks	100%	M	🟡	**90.1%**	83.5%	+6.6%	87.9%	89.2%	90.1%	CHO4 (100%), CHO3 (96.3%), CHO9 (96.3%)	CHO7 (76.5%), CHO5 (83%), CHO6 (92.4%)
Podiatry access within 52 weeks	77%	M	🔴	**62.2%**	50.5%	+11.7%	59.8%	56.2%	62.2%	CHO6 (100%), CHO3 (81.8%), CHO9 (78.4%)	CHO8 (34.3%), CHO5 (45.6%), CHO1 (47.7%)
Ophthalmology access within 52 weeks	64%	M	🔴	**52.2%**	50.9%	+1.3%	52.7%	52.6%	52.2%	CHO9 (100%), CHO7 (98.5%), CHO6 (85.8%)	CHO2 (36.2%), CHO4 (41.6%), CHO5 (54.5%)
Audiology access within 52 weeks	75%	M	🟢	**76.2%**	65.9%	+10.3%	75.8%	76.1%	76.2%	CHO9 (94.4%), CHO6 (90.5%), CHO7 (87.8%)	CHO5 (61.3%), CHO8 (61.4%), CHO3 (68.1%)
Dietetics access within 52 weeks	80%	M	🔴	**58.6%**	57.7%	+0.9%	58.3%	58.8%	58.6%	CHO1 (90.5%), CHO4 (80.9%), CHO9 (76.6%)	CHO5 (38.2%), CHO3 (43.2%), CHO7 (47.5%)
Psychology access within 52 weeks	81%	M	🔴	**63.8%**	55.4%	+8.4%	62.9%	64%	63.8%	CHO8 (96.4%), CHO6 (93.8%), CHO3 (87.3%)	CHO2 (50%), CHO7 (51.6%), CHO4 (52.7%)

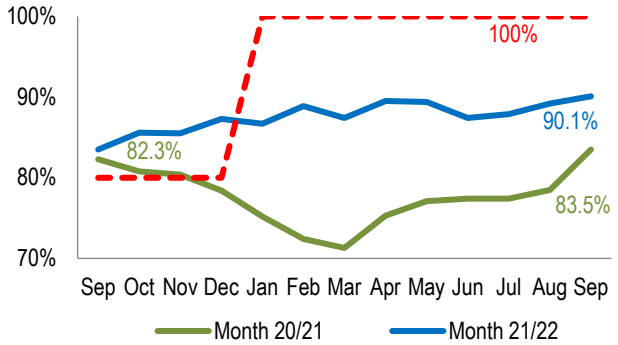
Physiotherapy Access within 52 weeks



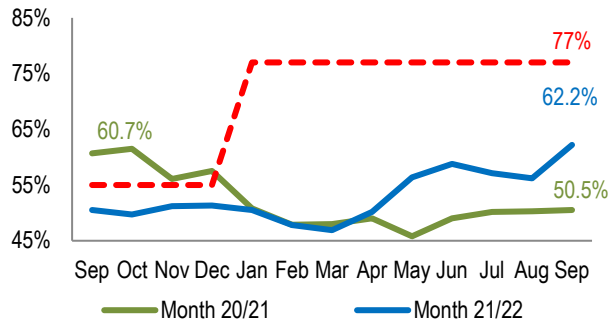
Occupational Therapy Access within 52 weeks



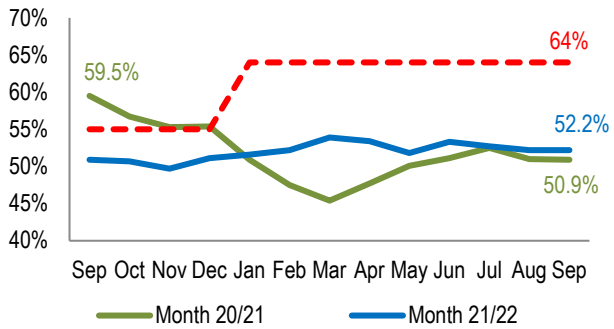
SLT Access within 52 weeks



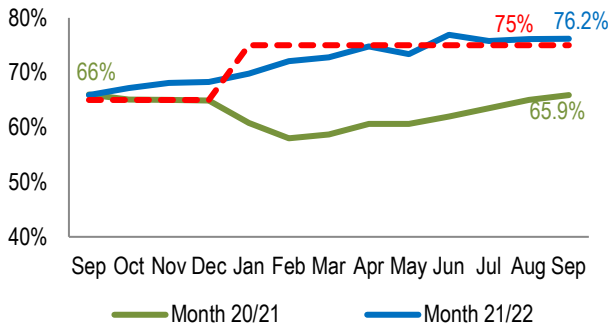
Podiatry Access within 52 weeks



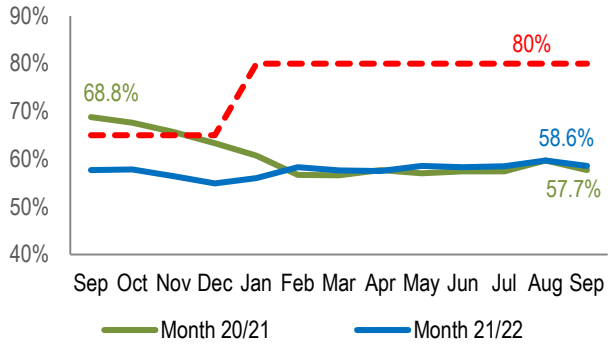
Ophthalmology Access within 52 weeks



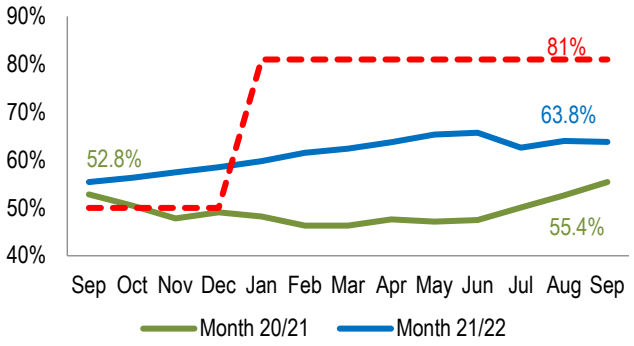
Audiology Access within 52 weeks



Dietetics Access within 52 weeks



Psychology Access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	439,916	360,193	-18.1%	320,362	39,831
Total number waiting	42,173	63,838	51.4%	57,006	6,832
% waiting < 12 weeks	81%	75.5%	-6.8%	78.8%	-3.3%
Number waiting > 52 weeks		14,088		12,733	1,355
Occupational Therapy					
Number seen	292,451	250,487	-14.3%	254,159	-3,672
Total number waiting	34,093	35,826	5.1%	38,298	-2,472
% waiting < 12 weeks	71%	65.1%	-8.4%	67.7%	-2.6%
Number waiting > 52 weeks		9,551		13,652	-4,101
***Speech & Language Therapy**					
Number seen	212,892	143,607	-32.5%	157,590	-13,983
Total number waiting	17,645	17,533	-0.6%	19,251	-1,718
Number waiting > 52 weeks		1,735		3,176	-1,441

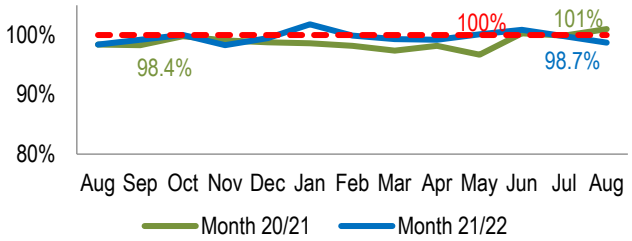
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
***Speech & Language Therapy**					
Total number waiting	9,868	7,824	-20.7%	9,851	-2,027
Number waiting > 52 weeks		1,944		3,022	-1,078
Psychology					
Number seen	37,378	32,007	-14.4%	33,573	-1,566
Total number waiting	10,532	15,255	44.8%	12,119	3,136
% waiting < 12 weeks	36%	18.0%	-50%	20.2%	-2.2%
Number waiting > 52 weeks		5,518		5,401	117
Podiatry					
Number seen	64,075	47,357	-26.1%	31,487	15,870
Total number waiting	4,619	6,521	41.2%	7,656	-1,135
% waiting < 12 weeks	33%	25.5%	-22.6%	14.9%	10.6%
Number waiting > 52 weeks		2,468		3,792	-1,324
Ophthalmology					
Number seen	50,445	59,889	18.7%	51,127	8,762
Total number waiting	20,204	22,169	9.7%	22,197	-28
% waiting < 12 weeks	19%	16.1%	-15%	16.2%	-0.1%
Number waiting > 52 weeks		10,604		10,901	-297
Audiology					
Number seen	36,747	39,957	8.7%	34,589	5,368
Total number waiting	18,810	20,057	6.6%	18,830	1,227
% waiting < 12 weeks	30%	25.7%	-14.4%	22.4%	3.3%
Number waiting > 52 weeks		4,764		6,417	-1,653
Dietetics					
Number seen	50,995	46,577	-8.7%	52,182	-5,605
Total number waiting	17,417	31,976	83.6%	24,819	7,157
% waiting < 12 weeks	40%	22.3%	-44.3%	25.3%	-3.0%
Number waiting > 52 weeks		13,226		10,492	2,734

**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	●	**98.7%**	101%	-2.3%	100.6%	99.8%	98.7%	CHO3 (108.3%), CHO2 (103.2%), CHO8 (101.1%)	CHO6 (90.4%), CHO7 (91.7%), CHO5 (95.8%)

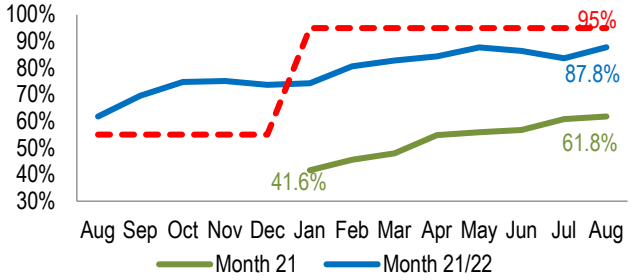
Nursing – access within 12 weeks



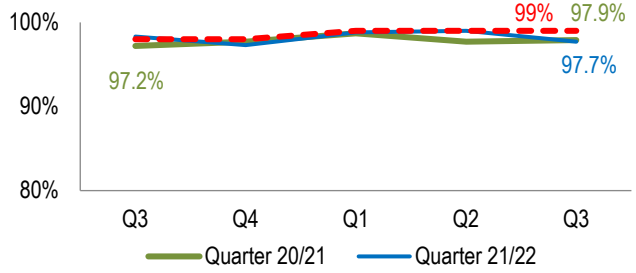
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Developmental assessment 12 months	95%	M-1M	●	**83.3%**	53.2%	+30.1%	86.3%	83.6%	87.8%	CHO7 (99.2%), CHO9 (95%), CHO8 (93.8%)	CHO1 (55.6%), CHO6 (67.6%), CHO5 (83.1%)
% of new-born babies visited by a PHN within 72 hours	99%	Q	●	**98.2%**	98%	+0.2%	98%	99%	97.7%	CHO4 (100.8%), CHO1 (100%), CHO3 (100%)	CHO6 (79.7%), CHO8 (95.9%), CHO7 (98.3%)
% of babies breastfed exclusively at three month PHN visit	36%	Q-1Q	●	**30.9%**	34%	-3.1%	31.8%	30.1%	31.9%	CHO6 (43.8%), CHO4 (35.3%), CHO9 (35.2%)	CHO1 (23.4%), CHO3 (23.7%), CHO2 (24.2%)

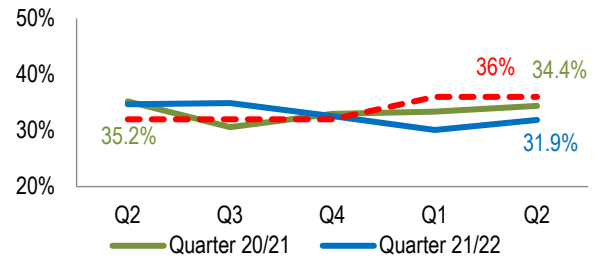
Developmental assessment 12 months



New borns visited within 72 hours



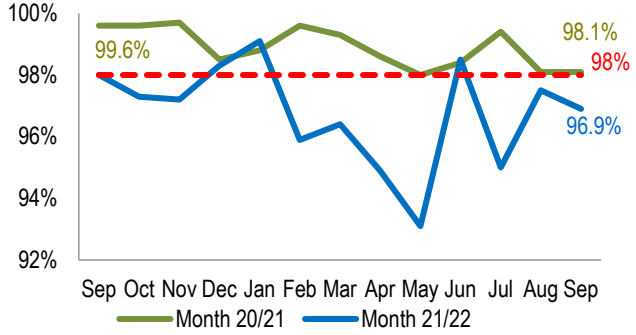
Babies breastfed exclusively at 3 month PHN visit



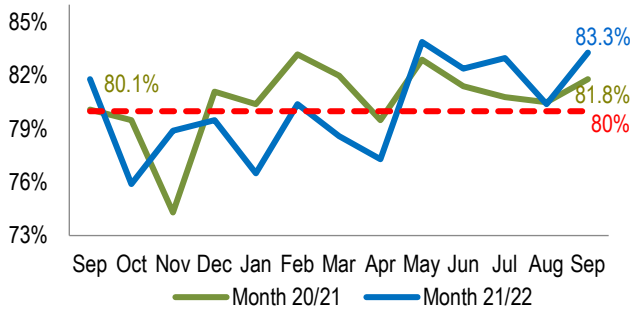
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Access to palliative inpatient beds within 7 days	98%	M	**96.3%**	98.6%	-2.3%	95.1%	97.5%	96.9%	CHO1, 3, 4, 5, 6 (100%)	CHO9 (86.5%), CHO7 (93.1%), CHO2 (98.2%)
Access to palliative community services within 7 days	80%	M	**80.6%**	81.4%	-0.8%	81.8%	80.4%	83.3%	CHO9 (100%), CHO2 (97.7%), CHO1 (95.7%)	CHO3 (60.4%), CHO8 (73.1%), CHO7 (76.2%)
Number accessing inpatient beds within seven days	2,851 YTD/ 3,814 FYT	M	**2,939**	2,549	+390	313	351	370	CHO2 (32.6%) CHO3 (23.4%), CHO1 (14.3%)	CHO6 (-47.4%), CHO7 (-4.8%), CHO9 (-0.5%)
Treatment in normal place of residence	3,406 YTD/ 3,406 FYT	M	**3,663**	3,419	+244	3,594	3,700	3,663	CHO7 (35.6%), CHO2 (29%), CHO4 (23.7%)	CHO5 (-7.7%), CHO1(-5.8%) CHO6 (-5.1%)

Access to palliative inpatient beds



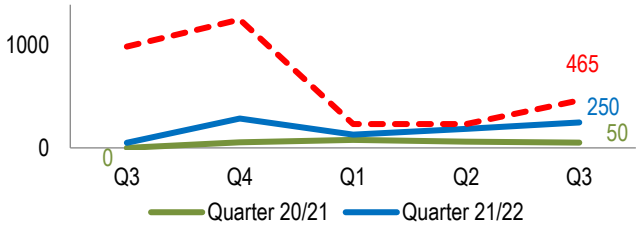
Access to palliative community services



Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number who have completed a structured patient education programme for type 2 diabetes	931 YTD/ 1,480 FYT	Q	●	**567**	189	+378	130	187	250	No CHO reached target	No CHO reached target

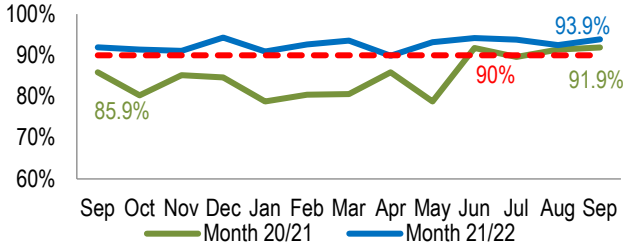
Number who have completed type 2 diabetes education programme



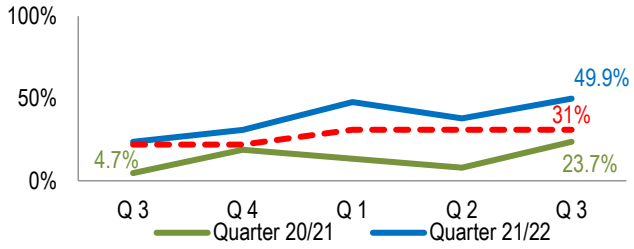
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Oral Health - % of new patients who commenced treatment within 3 month	90%	M	●	**92.8%**	86%	+6.8%	93.8%	92.5%	93.9%	CHO6 (100%), CHO7 (99.9%), CHO2 (99.3%)	CHO8 (68.3%), CHO1 (90.4%), CHO5 (91.4%)
Orthodontics - % seen for assessment within 6 months	31%	Q	●	**49.9%**	23.7%	+26.2%	47.9%	37.9%	49.9%	DNE (87.9%), West (62.6%), DML (35.6%)	
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	●	**20.2%**	20.3%	-0.1%	16.3%	21%	20.2%	West (5.5%)	DNE (25.3%), South (25.2%), DML (22.5%)

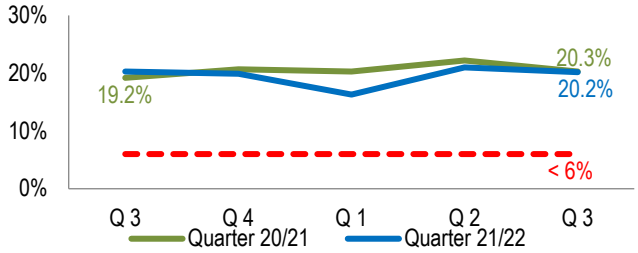
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



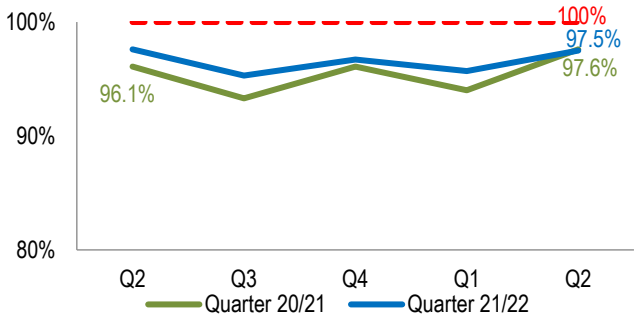
Orthodontics: treatment waiting list > four years



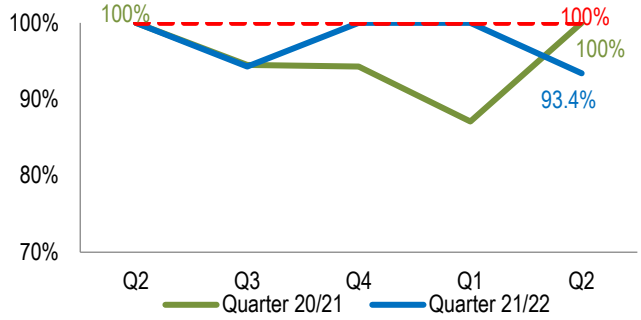
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	●	**96.5%**	96%	+0.5%	96.7%	95.7%	97.5%	CHO2, 3, 7 & 9 (100%)	CHO4 (88.5%), CHO8 (89.4%), CHO6 (98.7%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	●	**97.4%**	95.6%	+1.8%	100%	100%	93.4%	CHO1, 5, 6, 7 & 8 (100%)	CHO4 (33.3%), CHO9 (81.8%), CHO2 (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	●	**79.4%**	86.3%	-6.9%	78.6%	86.4%	79.4%	CHO8 (100%), CHO3 (97.2%), CHO9 (97%)	CHO4 (57.2%), CHO5 (70.7%), CHO7 (87.3%)

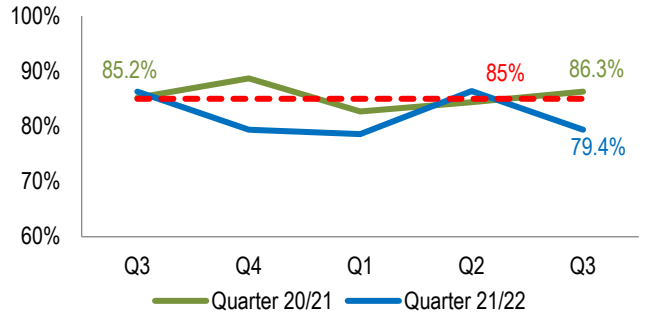
% access to substance misuse treatment (> 18 years)



% access to substance misuse treatment (<18 years)



% Homeless health needs assessed within two weeks

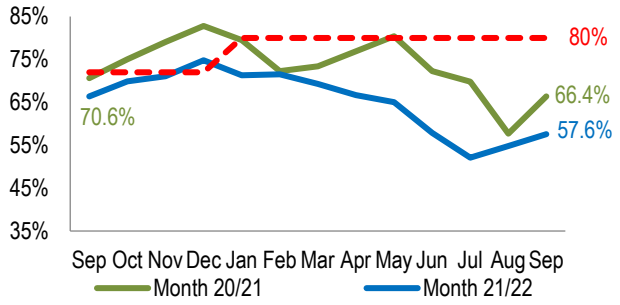


Mental Health Services

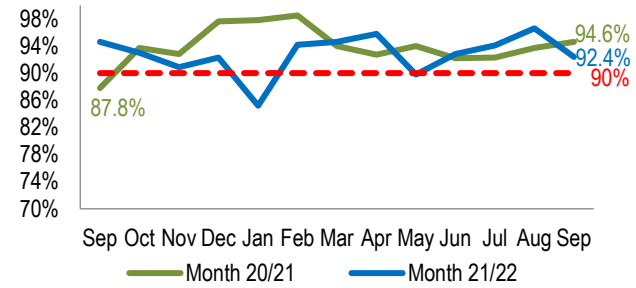
Child and Adolescent Community Mental Health Teams

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%**	91.6%	-0.6%	86.7%	89.5%	94.1%		
CAMHs Bed Days Used	>95%	M	●	**98.4%**	99.5%	-1.1%	95.8%	97.9%	98.4%	CHO 2, 3, 4, 5, 6, 7, 8 & 9 reached target	CHO1 (80%)
CAMHs – first appointment within 12 months	≥95%	M	●	**95.8%**	95.3%	+0.5%	94.2%	92.6%	95.7%	CHO 2, 5, 6, 7 & 8 reached target	CHO4 (85.5%), CHO1 (88.7%), CHO9 (93.3%)
CAMHs waiting list	2,648	M	●	**3,818**	2,989	+829	4,162	3,970	3,818	CHO9 (269), CHO7 (272), CHO2 (287)	CHO8 (652), CHO4 (629), CHO6 (597)
CAMHs waiting list > 12 months	0	M	●	**407**	195	+212	532	485	407	CHO9 (0)	CHO4 (133), CHO3 (103), CHO8 (77)
No of referrals received	13,710YTD/ 18,271 FYT	M	●	**15,900**	16,913	-1,013	1,282	1,491	1,857		
Number of referrals seen	8,170YTD/ 10,878 FYT	M	●	**7,997**	9,478	-1,481	727	870	983		
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	●	**92.5%**	94.3%	-1.8%	94.1%	96.6%	92.4%	CHO1, 2, 3, 6, 7, 8 & 9 reached target	CHO4 (58.3%), CHO5 (73.7%)

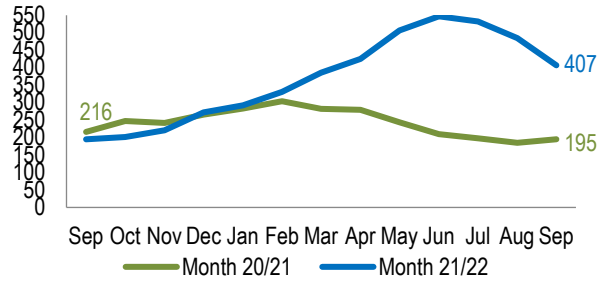
% offered an appointment and seen within 12 weeks



% of urgent referrals responded to within 3 working days



Waiting list > 12 months



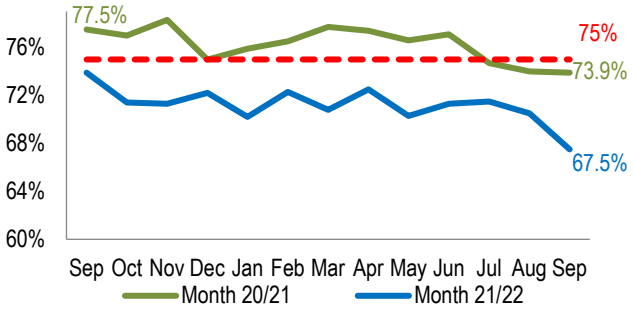
General Adult Mental Health

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	31,790YTD/ 42,361FYT	M	●	**35,052**	32,076	+2,976	3,525	4,053	4,123		
Number of referrals seen	19,662YTD/ 26,201FYT	M	●	**19,537**	19,442	+95	1,912	2,382	2,343		
% seen within 12 weeks	≥ 75%	M	●	**70.7%**	76%	-5.3%	71.5%	70.5%	67.5%	CHO1 & 2 reached target	CHO9 (47.8%), CHO3 (60%), CHO8 (60.7%)

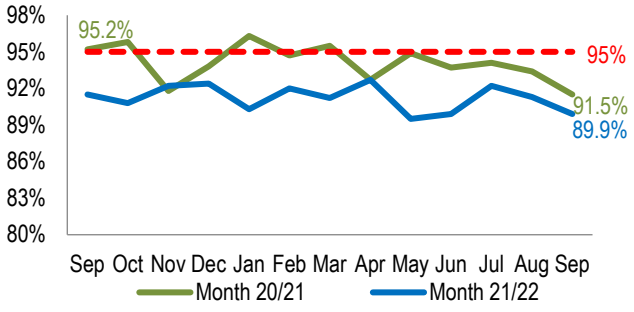
Psychiatry of Later Life

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	8,658YTD/ 11,535FYT	M	●	**9,067**	9,258	-191	958	1,101	1,132		
Number of referrals seen	6,774YTD/ 9,025FYT	M	●	**5,886**	6,245	-359	586	708	689		
% seen within 12 weeks	≥ 95%	M	●	**91%**	94%	-3%	92.2%	91.3%	89.9%	CHO1, 2 & 5 reached target	CHO7 (69.4%), CHO4 (70.7%), CHO9 (75.3%)

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



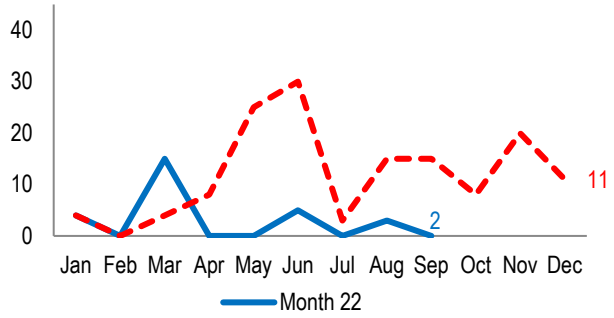
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



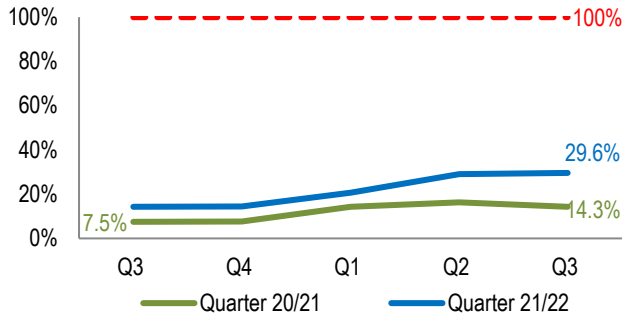
Disability Services

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	104 YTD/ 143 FYT	M	●	**29**	92	-63	0	3	2	No CHO reached target	(% Var): CHO8 (-100%), CHO6 (-94.4%), CHO1 (-94.4%)
Disability Act Compliance	100%	Q	●	**23.6%**	14.7%	+8.9%	20.6%	29%	29.6%	No CHO reached target.	(% Var): CHO9 (13.6%), CHO4 (16.6%), CHO1 (18.4%)
Number of requests for assessment of need received for Children	4,393 YTD/ 5,857 FYT	Q	●	**4,916**	4,393	+523	1,645	1,756	1,515	(% Var): CHO7 (51.1%), CHO6 (35.8%), CHO5 (20.1%)	(% Var): CHO4 (-16.6%), CHO3 (-8.3%), CHO1 (-7.7%)

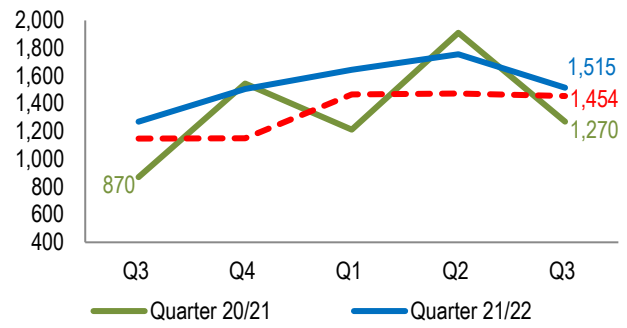
Congregated Settings



Disability Act Compliance



Assessment of Need Requests

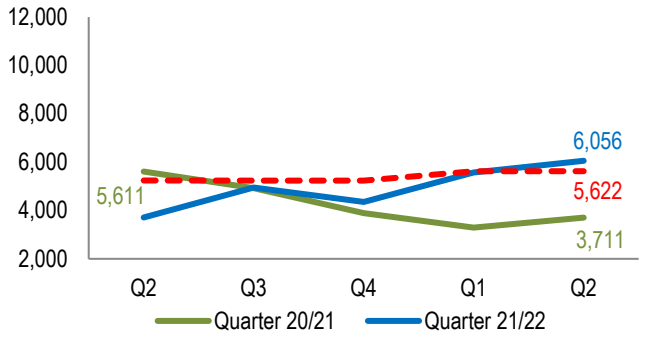


Residential and Emergency Places and Support Provided to People with a Disability

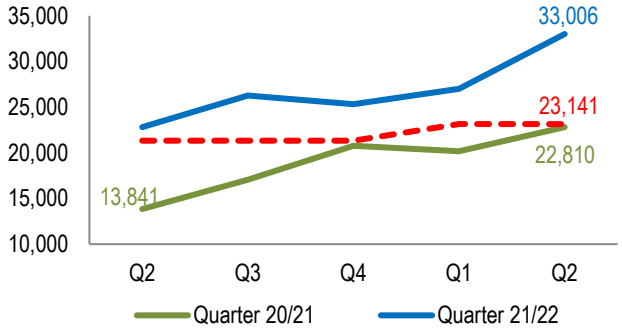
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	50	21	●	**68**	61	+7	12	7	8
Number of in home respite supports for emergency cases	M	422	411	●	**434**	333	+101	6	1	4
Number of residential places provided to people with a disability	M	8,228	8,202	●	**8,221**	8,098	+123	8,191	8,192	8,221

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	11,245 YTD/ 22,474 FYT	Q-1M	●	**11,622**	7,003	+4,619	4,356	5,566	6,056	(% Var): CHO5 (364.8%), CHO1 (97.5%), CHO8 (51.4%)	(% Var): CHO7 (-75.9%), CHO9 (-72.6%), CHO3 (-54.3%)
Respite – Number of overnights	46,281 YTD/ 92,552 FYT	Q-1M	●	**60,024**	42,999	+17,025	25,330	27,018	33,006	(% 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	●	**5,170**	4,012	+1,158	4,427	4,699	5,170	(% Var): CHO5 (89.5%), CHO8 (16%), CHO7 (3.7%)	(% Var): CHO2 (-32.6%) CHO1 (-24.9%), CHO6 (-24.6%)
Number of Home Support Hours delivered	1,560,006 YTD/ 3,120,000 FYT	Q-1M	●	**1,482,839**	1,506,490	-23,651	701,259	771,341	711,498	(% Var): CHO3 (63.9%), CHO1 (42.6%), CHO2 (13.6%)	(% Var): CHO9 (-40.7%), CHO7 (-33.2%), CHO5 (-12.6%)
Number of Personal Assistance Hours delivered	850,003 YTD/ 1,700,000 FYT	Q-1M	●	**805,214**	870,834	-65,620	412,396	401,882	403,332	(% Var): CHO5 (17.4%), CHO9 (14.6%)	(% Var): CHO1 (-38%), CHO7 (-30.6%), CHO6 (-30.5%)

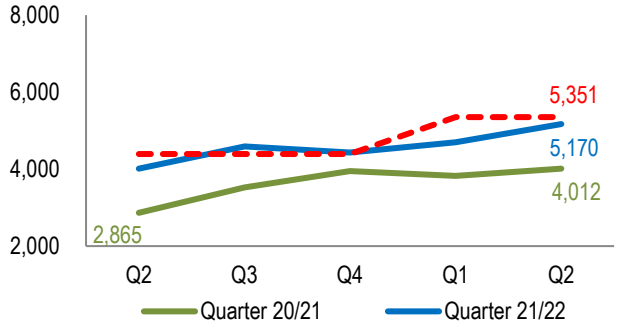
Respite Day Only



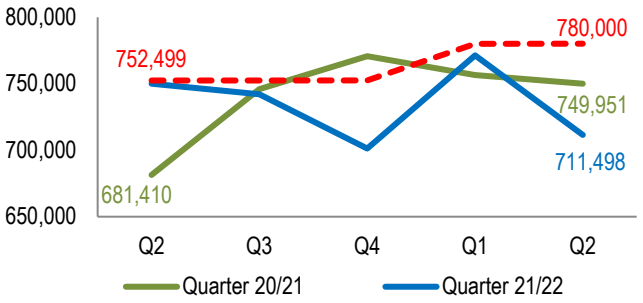
Respite Overnights



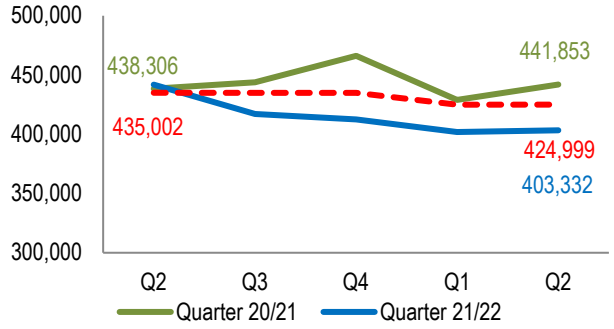
No. of people with a disability in receipt of respite services



Home Support Hours



Personal Assistance Hours

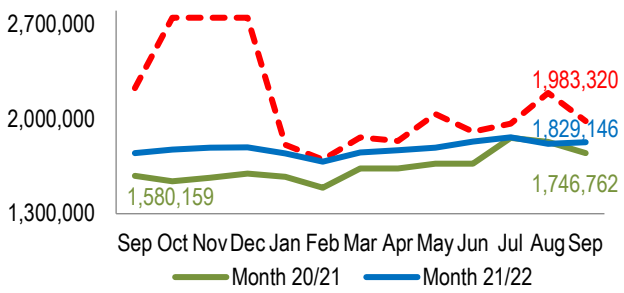


Older Person's Services

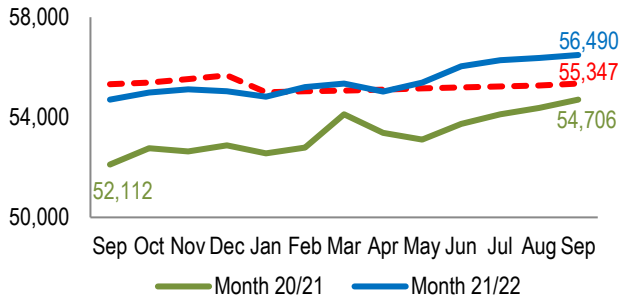
Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Home Support Hours	17,288,588 YTD/ 23.67m FYT	M	🟡	**16,081,686**	15,109,672	+972,014	1,864,219	1,816,961	1,829,146	(%Var): CHO6 (1.7%), CHO8 (1.1%)	(%Var): CHO7 (-18%), CHO4 (-17.1%), CHO5 (-16.3%)
Home Support Hours provided for testing of Statutory Home Support Scheme[1]	170,400 YTD/ 170,400 FYT	M	🔴	**91,690**			15,007	16,925			
No. of people in receipt of Home Support	55,347 YTD/ 55,675 FYT	M	🟢	**56,490**	54,706	+1,784	56,280	56,367	56,490	(%Var): CHO8 (12.8%), CHO5 (7.4%), CHO3 (7%)	(%Var): CHO6 (-7.7%), CHO7 (-7.4%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	🔴	**84**	116	-32	91	89	84		
No. of persons funded under NHSS in long term residential care	22,534 YTD/ 22,412 FYT	M	🟢	**22,490**	22,278	+212	22,267	22,422	22,490		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	🟢	**4,544**	4,678	-134	4,486	4,521	4,544	(%Var): CHO9 (18.5%), CHO3 (8.9%), CHO8 (4.2%)	(%Var): CHO6 (-8.7%), CHO1 (-3.8%), CHO5 (-3.7%)
No. of short stay beds in public units	1,555 YTD/ 2,182 FYT	M	🟡	**1,456**	1,402	+54	1,457	1,463	1,456	(%Var): CHO5 (9.6%), CHO9 (5.2%)	(%Var): CHO4 (-27.6%), CHO6 (-23.7%), CHO8 (-15.8%)
No. of beds subject to Delayed Transfers of Care[2]	≤350	M	🔴	**605**	474	+131	559	629	605	SLRON, Mallow (0), Mullingar (1)	SJH (67), CUH (65), SVUH (53)
No. of persons in receipt of payment for transitional care	916	M-1M	🟢	**1,398**	1,104	+294	1,213	1,175	1,398		

[1] Home Support Pilot project completed August 2022
[2] DTOC data not available for May-July 2021 due to cyber attack

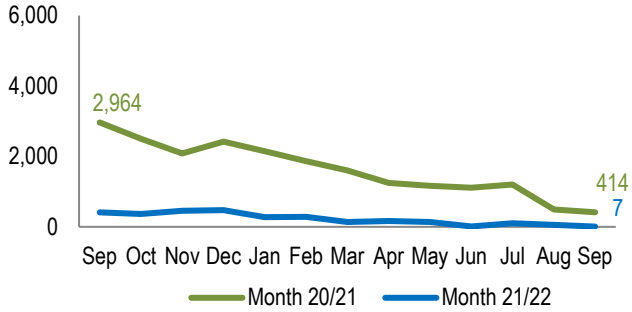
Number of Home Support Hours Provided



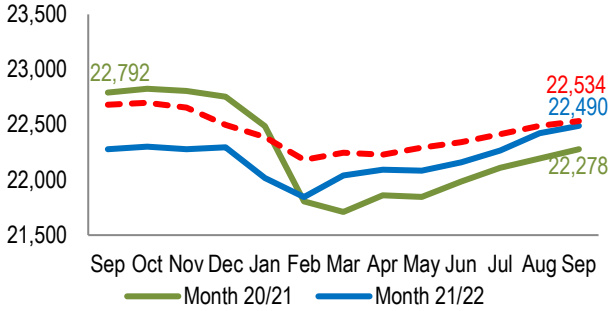
Number of people in receipt of Home Support



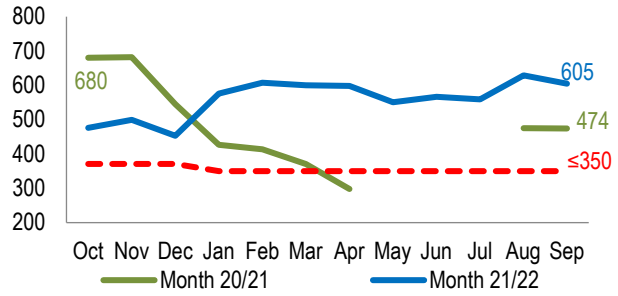
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Transfers of Care[3]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	101	26	127	21%
Residential Care	256	34	290	47.9%
Rehab	30	14	44	7.3%
Complex Needs	19	17	36	6%
Housing/Homeless	22	27	49	8.1%
Legal complexity	34	10	44	7.3%
Non compliance	10	2	12	2%
COVID-19	3	0	3	0.5%
Total	**475**	**130**	**605**	**100%**

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

NHSS Overview

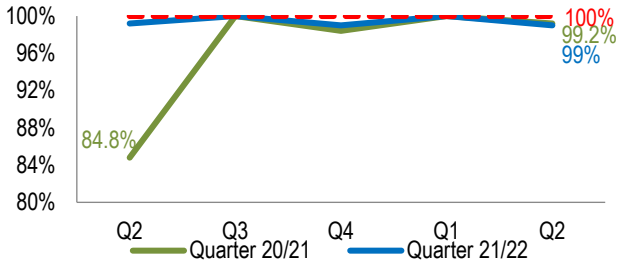
		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	7,772	6,859	+913	856	958	909	758	+151
	National placement list for funding approval	686	647	+39	633	581	686	647	+39
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	22,490	22,278	+212	22,267	22,422	22,490	22,278	+212
Private Units	No. of new patients entering scheme	5,174	4,591	+583	570	642	567	560	+7
	No. of patients Leaving NHSS	4,903	4,796	+107	467	499	502	459	+43
	Increase	+271	-205	+476	+103	+143	+65	+101	-36
Public Units	No. of new patients entering scheme	948	900	+48	110	132	113	96	+17
	No. of patients Leaving NHSS	1,028	1,172	-144	105	121	110	112	-2
	Net Increase	-80	-272	+192	+5	+11	+3	-16	+19

Disability and Older Persons' Services

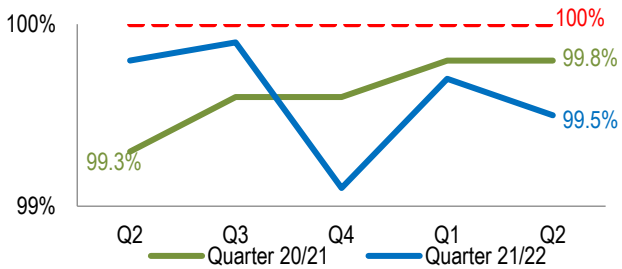
Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of initial assessments for adults aged 65 years and over	100%	Q-1M	●	**99%**	99.2%	-0.2%	99%	100%	99%	CHO1, 2, 3, 5, 6 & 9 achieved target	CHO4 (95.3%), CHO8 (96.8%), CHO7 (99%)
% of initial assessments for adults under 65 years	100%	Q-1M	●	**99.5%**	99.8%	-0.3%	99.1%	99.7%	99.5%	CHO1, 2, 6, 7 & 9 achieved target	CHO4 (98%), CHO3 (99%), CHO5 (99.4%)

% of initial assessments for adults aged 65 and over



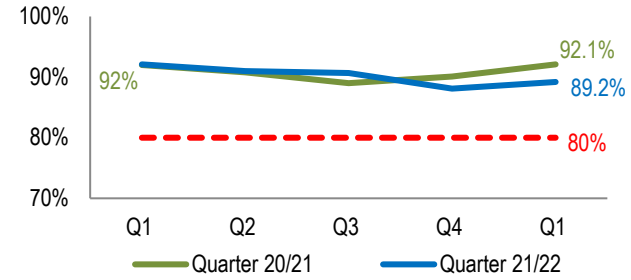
% of initial assessments for adults under 65



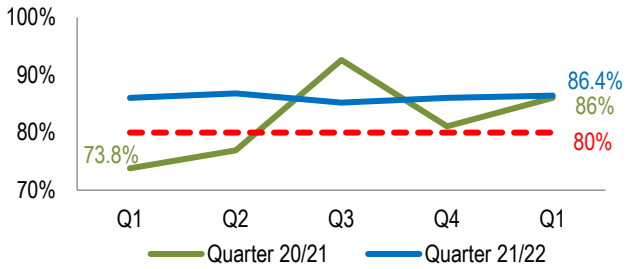
HIQA Inspections

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	●	**89.2%**	92.1%	-2.9%	90.7%	88.1%	89.2%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	**86.4%**	86%	+.5%	85.2%	86%	86.4%		

HIQA Inspections – Disabilities



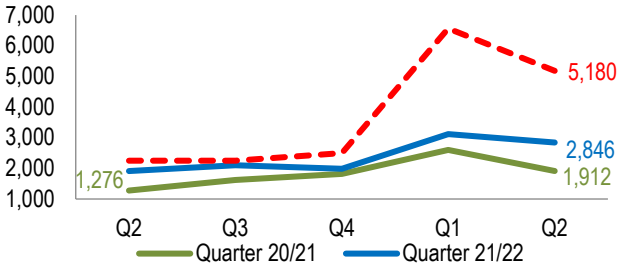
HIQA Inspections – Older Persons



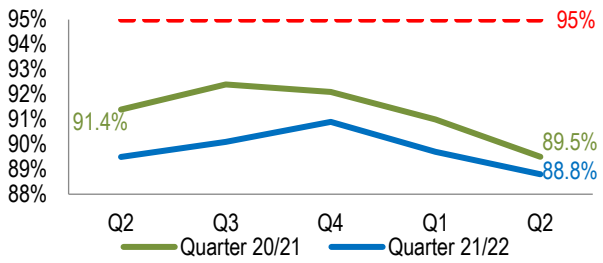
Population Health and Wellbeing

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	11,742 YTD/ 22,436 FYT	Q-1Q	●	**5,963**	4,513	+1,450	1,983	3,117	2,846	(%Var) DML (154.4%), Nat Quitline (60.3%), IE HG (49%)	(%Var) UL HG (-98.8%), CHO9 (-87.2%), CHO8 (-83.6%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	●	**48.1%**	58.2%	-10.1%	52.7%	47.5%	48.7%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	●	**89.3%**	90.3%	-1%	90.9%	89.7%	88.8%	No CHO reached target	CHO1 & CHO8 (86.2%), CHO9 (86.3%), CHO3 (87%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	**92.2%**	93.6%	-1.4%	93.5%	92.5%	92%	CHO4 (95.2%)	CHO9 (89.8%), CHO5 (90.5%), CHO8 (90.6%)

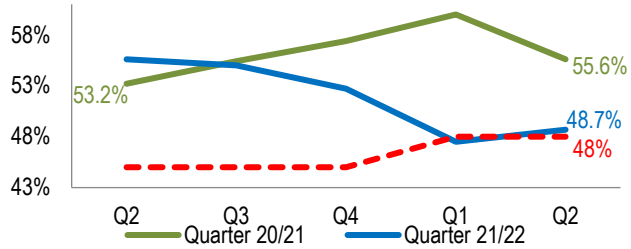
Tobacco smokers – intensive cessation support



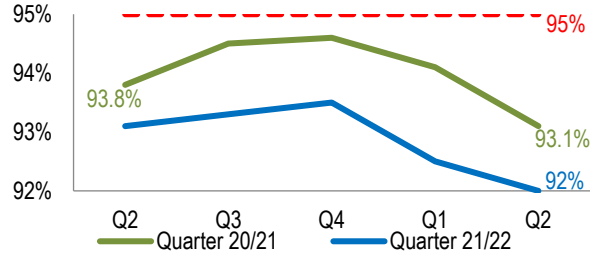
% of children 24 months – (MMR) vaccine



% of smokers quit at four weeks



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



Community Healthcare Update

Community Services are experiencing a respite from the effects of Covid 19 in the September reporting period. However, the positive impact is being offset to some degree by the annual leave period. It should be noted that many staff have still accrued delayed annual leave for their work in earlier waves of Covid. There are concerns about increasing numbers of outbreaks in residential facilities, this is up from 66 earlier in October, 56 in September and 51 in August 2022. Within Older Persons services, 62 Nursing Homes and 7 CNUs/Community Hospitals with outbreaks albeit with a relatively low number of infections associated with each outbreak.

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.

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

An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services. It should be noted that staff are keen to support people from the Ukraine however the 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.

September 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 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 September 2022 there were 61,016 CIT referrals year to date which is 25.8% ahead of the expected year to date activity of 48,510.
- Ophthalmology – Number of patients seen +18.7% (59,889) above target 50,445
- Access to Palliative Inpatient Beds - The national year to date position is 96.3% 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 – 88.1% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD September 2022 against a target of ≥90%.
- Child & Adolescent Mental Health Service – 92.5% 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.

Community based care is currently undergoing substantial reform in line with Slàintecare. 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.

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.

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, competing with private or small practice organisations when attempting to recruit, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services. The Project Group of national clinical leads and operational community leaders to oversee 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 September, 5,658 people have been removed from waiting lists as a result of Community initiatives. Performance progress for specific initiatives underway is set out below:

- Cumulative to the end of September, 1,431 children assessed as Grade IV for orthodontic treatment waiting over 4 years have been removed from the list
- Cumulative to the end of September, 2,746 children waiting for primary care child psychology waiting for over a year have been removed from the list
- An initiative that commenced in May seeks to provide support to people waiting for Counselling in Primary Care Services which has resulted in 1,208 people removed from the waiting list to the end of September
- CAMHS initiatives implemented over May and June in 6 CHO areas is behind target but has removed an additional 244 children and young people from the list to the end of September

Other schemes approved or in implementation planning include audiology and disability assessments of need.

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 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 12 Category 1 incidents reported by date of incident in September 2022 across the 9 Community Healthcare Organisations.

The % of Category 1 reviews for incidents notified in April 2022 (11 incidents notified) completed within 125 days of notification was 9%. The twelve month rolling % for this KPI is 13%.

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 96.1% return rate for data across Primary Care Services.

As referred to above one of the factors impacting on numbers of patients seen is the complexity of patients seen. Many of these 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 September 2022, there were 61,016 CIT referrals year to date which is 25.8% ahead of the expected year to date activity of 48,510 (PC122).

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

Child Health Developmental Assessment 12 Months

The national performance at August YTD (Data one month in arrears) is 83.3% 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 87.8% in Aug

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

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

Performance will continue to be monitored in 2022 with relevant CHOs including in the monthly engagement meetings.

**** Data return rate 87.5%***

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	June	July	Aug	Sept
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.2% (Q1-Q3 2022)	99%			97.7%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	62.6% (Q1- Q2 2022)	58.2%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	43.3% (Q1- Q2 2022)	44.4%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	39.4% (Q1- Q2 2022)	38.8%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	30.9% (Q1- Q2 2022)	31.9%			
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%	83.3% (YTD Aug 2022)	86.3%	83.6%	87.8%	

Oral Health

Year to date nationally 92.8% of new Oral Health patients commenced treatment within three months of scheduled oral health assessment, compared to the target of 90% (PC34A). The wait list initiative for Primary Care Orthodontics Grade 4 Waiting over 4 years is underway for 2022.

****Data return rate 96.7%***

Physiotherapy Access within 52 weeks

The national position at the end of September 2022 is 78% compared to the target of 94% (PC100G). The number of clients waiting longer than 52 weeks has increased by +0.1% from 14,069 in August to 14,088 in September (PC100E).

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

Occupational Therapy (OT) Access within 52 weeks

The national position in September 2022 is 73.3% compared to the target of 95% (PC101G). The number of clients waiting longer than 52 weeks increased by +3% from 9,270 in August to 9,551 in September (PC101E).

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

Speech and Language Therapy (SLT) Access within 52 weeks

The national position in September 2022 is at 90.1% compared to the target of 100% (PC116B). The number of clients waiting for an initial assessment for longer than 52 weeks has decreased by -14.2% from 2,022 in August to 1,735 in September (PC116C).

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

Podiatry Access within 52 weeks

The national position in September 2022 is 62.2% compared to the target of 77% (PC104G). The number of clients waiting longer than 52 weeks has decreased by -16.5% from 2,956 in August to 2,468 in September (PC104E).

Data return rate 100%

Ophthalmology Access within 52 weeks

The national September 2022 position is 52.2% compared to the target of 64% (PC107G). The number of clients waiting longer than 52 weeks has increased by +2.2% from 10,378 in August to 10,604 in September (PC107E).

Data return rate 100%

Audiology Access within 52 weeks

The national position in September 2022 is 76.2% compared to the target of 75% (PC108G). The number of clients waiting longer than 52 weeks has increased by +4.9% from 4,543 in August to 4,764 in September (PC108E).

Data return rate 100%

Dietetics Access within 52 weeks

The national position in September 2022 is 58.6% compared to the target of 80% (PC109G). The number of clients waiting longer than 52 weeks has increased by +1.9% from 12,976 in August to 13,226 in September (PC109E).

Data return rate 93.7%

Psychology Access within 52 weeks

The national position in September 2022 is 63.8% compared to the target of 81% (PC103G). The number of clients waiting longer than 52 weeks has increased by +3.1% from 5,350 in August to 5,518 in September (PC103E).

Data return rate 96.9%

Numbers of Patients Seen

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

Number of Patients Seen YTD September 2022 *(please note data return rates referred to above)*			
Discipline	**Target YTD (NSP 2022)**	**Actual YTD**	**Actual vs. Target* YTD**
Physiotherapy (PC125)	439,916	360,193	-18.1%
Occupational Therapy (PC124)	292,451	250,487	-14.3%
SLT (PC126)	212,892	143,607	-32.5%
Podiatry (PC127)	64,075	47,357	-26.1%
Ophthalmology (PC128)	50,445	59,889	+18.7%
Audiology (PC129)	36,747	39,957	+8.7%
Dietetics (PC130)	50,995	46,577	-8.7%
Psychology (PC131)	37,378	32,007	-14.4%

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 August was 10,821 and is -0.3% below the expected activity level of 10,849(SI1)

Data return rate 100%

Homeless Service

1,063 of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission in 2022 against a target of 1,100 (SI52A)

Data return rate 100%

Palliative Care

Access to Palliative Inpatient Beds

The national year to date position is 96.3% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).

Data return rate 100%

Access to Palliative Community Service

The national year to date position is 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 100%

Children's Palliative Care

The number of children in the care of the specialist palliative care teams in September 2022 is 155 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 291 in September 2022. Compared to the expected activity of 310. (PAC37).
**** Data return rate 93.5%.***

Mental Health

CAMHS Inpatient Units

Nationally there were 172 children admitted to CAMHS inpatient units at the end of September 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% 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).
98.4% 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 September 2022 indicates there were 17 child admissions. This is compared to 24 child admissions to adult units in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).
**** Data return rate 100%***

Community CAMHS

Nationally there was a decrease of 152 children on the waiting list for community mental health services, from 3,970 in August to 3,818 in September 2022 (MH50). There are 407 children waiting longer than 12 months in September 2022.
**It should be noted that data quality issues in relation to the CHO 7 previously noted, have now been mostly addressed and the majority of data has been updated.*

CHO1 have (25), CHO2 (5), CHO3 (103) CHO4 (133), CHO5 (25), CHO6 (12), CHO7 (27), CHO8 (77) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

As of the end of September, 63.1% 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, 95.8% of new or re-referred cases were seen within 12 months in community CAMHS services YTD September 2022 (MH72).

Nationally, 92.5% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target. (MH73).
**** Data return rate 98.6%***

Note: CAMHS Waitlist: CAMHS waiting list initiatives in six CHO areas commenced over May and June and although behind target has removed an additional 244 children from the waiting list to the end of September.

Community Adult Mental Health Services

88.1% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD September 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. 21.4% of people referred to general adult services did not attend (DNA) their appointments.
**** Data return rate 95.7%***

93.7% of referred patients in Psychiatry of Old Age services were offered an appointment within 12 weeks YTD September 2022 against a target of ≥98% (MH3).
**** Data return rate 96.9%***

Disability Services

Residential Places

There were 8,221 residential places for people with a disability in September 2022, which +0.2% 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 September 2022, 68 new emergency residential places were developed (DIS102) together with 18 new intensive support packages and 14 new supported living packages.

RT Places

There were 1,984 people (all disabilities) in receipt of Rehabilitative Training in September 2022, which is -13.4% (306) 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 29 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 100%

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 third quarter of 2022 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 3,422 (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 who applied for their AONs between January 2020 and December 2021 will further impact on compliance in the coming months.

The third quarter of 2022 has seen a further increase in the number of applications for assessment of need received (4,916) which is up 11.9% on the profiled target of 4,393 for the period. (DIS1)

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 November, 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 data collection and assessment period of the Pilot was extended to run until the end of September 2022 and the activity shows that 91,690 hours were delivered. The Centre for Effective Services (CSE) commenced an Evaluation of the Pilot in September and is due to conclude this body of work by December 2022.

At the end of September (YTD), it was expected that the Home Support Service would deliver 17,288,588 hours (target). The data reported indicates that 16,081,686 hours were provided, a variance of -7% (OP53) on target and hours provided up +6.4% on same period last year (SPLY). Current projections from the CHOs would indicate delivery of 22.2m hours by year end.

56,490 people are in receipt of home support (OP54) (point in time) as at end September. 84 people are in receipt of an Intensive Home Care Package (OP4) (preliminary data)

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. The CHO waiting lists at end of September indicates that 7 people were assessed and waiting for funding for home support (OP55) (Preliminary data) and an additional 6,255 people assessed and waiting on care staff to commence a new or increased service (OP59)

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

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

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

NHSS

In September 2022 the Nursing Homes Support Scheme funded 22,490 long term public and private residential places, and when adjusted for clients not in payment, there were 23,497 places supported under the scheme. The number of people funded under the scheme is below the profile for September by 44.

There is an increase of 212 in the number of people supported under the scheme when compared to the same period last year. This is a 1% increase in activity year on year.

The number on the placement list at the end of September 2022 is 686 (September 2021 – 647). This is an increase of 39 (6%) on the same period last year.

A total of 6,041 people were approved for funding under the scheme in the first nine months of 2022 compared to 5,370 people approved for the same period last year. This is an increase of 671 approvals or 12.5% year on year.

In the first nine months of 2022, 7,772 applications were received and 6,122 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 631 or 11.5% 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.
August YTD 2022, 6,260 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 5,383 YTD. Of a total of 874 approvals for the month of August 491 approvals were for NHSS applicants and 383 were for convalescence care. 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. 1,726 staff completed the eLearning YTD September 2022 (HWB94). The number of staff to complete the face to face/ virtual module of Making Every Contact Count training YTD September 2022 is 415 (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.
MECC implementation guidance is being revised to allow for ease in implementation and clarity on roles and responsibilities. There is on-going participation in the HRB Applied Partnership Award entitled “Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC” to develop a new approach to successfully roll-out the programme in Ireland.

Tobacco smokers – intensive cessation support

Nationally, 5,963 smokers received intensive cessation support from a cessation counsellor YTD June 2022 (this metric is reported quarterly in arrears), which is -49.2% below the target of 11,742 smokers (HWB27).

There continues to be an under-performance across all CHOs to varying degrees, in particular CHOs 5, 6, 8 & 9 as well as within the RCSI, SAOLTA and UL HGs. 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, and delays in sourcing clinic spaces have affected activity for this period (Q2). Saolta and UL hospital group also both had staff vacancies for Q2. However, activity in all areas is expected to increase in Q3 & Q4.

Online Cessation Support Services

5,030 (+6.1%) people received online cessation support services cumulatively over Q1, Q2 and Q3 (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 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, 48.1% of smokers remained quit at four weeks YTD June 2022, which is on target (48% HWB26). This metric is key quality metric and shows strong performance for the stop smoking service.

Population Health Protection – Immunisation and Vaccinations

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

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

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

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

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q2 2022) (this metric is reported quarterly in arrears), is 92.2% against a target of 95%
(-2.9%) (HWB4).
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

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality and Safety	**Serious Incidents**														
	% of comprehensive and concise reviews completed within 125 days of notification to the senior accountable officer of a category 1 incident (New KPI)	M	70%	49% [R]	-30%								48%	41%	42%
	% of reported incidents entered onto NIMS within 30 days of notification of the incident (new KPI) (Q2 2022 at 31.07.2022)	Q	70%	70% [G]	0%								66%	73%	79%
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%								0.5%	0.5%	0.5%
	Service User Experience (Q2 2022 at 19.08.22)														
	Complaints investigated within 30 working days	Q	75%	72% [G]	-4%	75% [G]	77% [G]	89% [G]	77% [G]	59% [R]	43% [R]	30% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	<0.8	1.0 [R]	25.3%	1.0 [R]	1.1 [R]	1.1 [R]	1.0 [R]	0.9 [R]	0.8 [G]	1.0 [R]	1.1	1.2	0.8
	C Difficile (per 10,000 bed days)	M	<2	2.1 [A]	6%	1.6 [G]	1.8 [G]	2.4 [R]	2.0 [G]	2.1 [A]	2.3 [R]	2.3 [R]	2.6	2.2	2.1
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	79.2% [R]	-20.8%	0% [R]	71.4% [R]	83.3% [R]	100% [G]	66.7% [R]	70% [R]	100% [G]	89.6%	95.8%	79.2%
	Surgery														
	Hip fracture surgery within 48 hours of initial assessment)	Q-1Q	85%	75% [R]	-11.8%		79.1% [A]	90.5% [G]	72.6% [R]	80.6% [A]	69.8% [R]	60.5% [R]	76.5%	76.6%	73.3%
	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.7% [G]	-15%		2.6% [A]	1.3% [G]	1.9% [G]	1.5% [G]	1.5% [G]	2.2% [R]	1.5%	1.5%	1.6%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	75.5% [A]	-8.4%		54.8% [R]	91.2% [G]	77.6% [G]	60.6% [R]	78.6% [G]	70.3% [R]	76.5%	77.4%	74.2%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.3%	1.8%		10.6% [G]	11.3% [G]	11% [G]	11.2% [G]	11.7% [A]	12.1% [A]	10.4%	11.1%	11%
	Ambulance Turnaround														
	Ambulance turnaround < 30 minutes	M	80%	21.3% [R]	-73.3%	61.4% [R]	28.9% [R]	21.2% [R]	31.8% [R]	8.2% [R]	10.3% [R]	25.3% [R]	20.5%	21.3%	20.6%
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	1,799 [R]		0 [G]	234 [R]	31 [R]	71 [R]	964 [R]	182 [R]	317 [R]	235	215	120
Access and Integration	**Routine Colonoscopy**														
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	53.2% [R]	-18.2%	31.3% [R]	43.6% [R]	51.9% [R]	60.1% [A]	50.1% [R]	60.4% [A]	64.8% [G]	52.6%	52.3%	53.2%
	Emergency Department Patient Experience Time														
	ED within 24 hours (Zero Tolerance)	M	97%	95.7% [R]	-1.3%	99.5% [G]	94% [R]	96% [R]	98.2% [G]	95.7% [R]	94.1% [R]	91.7% [R]	95.5%	95.7%	95.5%
	75 years or older within 24 hours (Zero Tolerance)	M	99%	89.7% [R]	-9.4%		89.6% [R]	91% [R]	95.9% [R]	90.1% [R]	85.2% [R]	78.5% [R]	89.6%	90.1%	89.7%
	ED within 6 hours	M	70%	58% [R]	-17.2%	81.1% [G]	48.4% [R]	66.3% [A]	49.8% [R]	55.3% [R]	55.1% [R]	52.4% [R]	57.3%	58.5%	58.5%
	75 years or older within 6 hours	M	95%	36.7% [R]	-61.4%		29.8% [R]	49.4% [R]	26.5% [R]	36.3% [R]	32.4% [R]	39.4% [R]	36.8%	38.5%	37.4%
	Waiting times														
	Adult waiting <12 months (inpatient)	M	98%	75% [R]	-23.4%		65.6% [R]	82.9% [R]	86.4% [R]	61% [R]	79.1% [R]	93.6% [G]	74.5%	74.5%	75%
	Adult waiting <12 months (day case)	M	98%	84.7% [R]	-13.6%		84.2% [R]	87.2% [R]	95.9% [G]	77.7% [R]	82.4% [R]	96.5% [G]	84.1%	84.2%	84.7%
	Children waiting <12 months (inpatient)	M	98%	70.5% [R]	-28%	63.6% [R]	100% [G]	90.3% [A]	69.6% [R]	80.1% [R]	97.6% [G]	95.2% [G]	69%	69.5%	70.5%
	Children waiting <12 months (day case)	M	98%	84.3% [R]	-14%	83.5% [R]	100% [G]	96.9% [G]	98.4% [G]	76% [R]	90.1% [A]	87.3% [R]	81.2%	82.4%	84.3%
	Outpatient waiting < 18 months	M	98%	80.8% [R]	-17.6%	77.7% [R]	82.3% [R]	83.1% [R]	99% [G]	74.3% [R]	78.8% [R]	72% [R]	79.7%	80.1%	80.8%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Access and Integration	**Delayed Transfers of Care**														
	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	605 [R]	72.9%	6	136	160	69	83	119	32	559	629	605
	Cancer														
	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	74.5% [R]	-21.6%		98.4% [G]	81.4% [R]	99.8% [G]	53.2% [R]	58.8% [R]	68.4% [R]	79.1%	79.2%	82.5%
	Urgent Breast Cancer within 2 weeks	M	95%	71% [R]	-25.2%		98.1% [G]	77% [R]	99.8% [G]	43.4% [R]	57.7% [R]	64.5% [R]	75.7%	76.9%	81.6%
	Non-urgent breast within 12 weeks	M	95%	49.3% [R]	-48.1%		87.4% [A]	47% [R]	99.3% [G]	15.3% [R]	24.6% [R]	10% [R]	51.9%	50.7%	58.7%
	Lung Cancer within 10 working days	M	95%	89.1% [A]	-6.2%		99.3% [G]	98.9% [G[	99.1% [G]	91.1% [G]	75.9% [R]	71.1% [R]	89.9%	86%	87.4%
	Prostate Cancer within 20 working days	M	90%	79.5% [R]	-11.7%		98.4% [G]	98.2% [G]	100% [G]	73.7% [R]	53.3% [R]	86.4% [A]	85.9%	83.6%	82.9%
	Radiotherapy treatment within 15 working days	M	90%	72% [R]	-20%		67.2% [R]			76.5% [R]	69.1% [R]	95.7% [G]	72%	69.5%	66.8%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	72.7% [A]	-9.1%								70%	72.6%	75.7%
	Delta within 18 minutes, 59 seconds	M	50%	41.8% [R]	-16.5%								37.9%	42.9%	45.1%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**														
	Net expenditure (pay + non-pay - income)	M	≤0.1%	5,662,104	10.21% [R]	9.41% [R]	13.69% [R]	15.68% [R]	15.49% [R]	16.91% [R]	15.64% [R]	13.76% [R]	10.41%	10.20%	10.21%
	Pay expenditure variance from plan	M	≤0.1%	4,212,924	6.04% [R]	4.62% [R]	9.87% [R]	9.28% [R]	7.94% [R]	11.18% [R]	7.61% [R]	7.06% [R]	6.76%	6.60%	6.04%
	Non-pay expenditure	M	≤0.1%	2,102,591	10.59% [R]	21.28% [R]	10.27% [R]	17.25% [R]	20.11% [R]	17.61% [R]	22.07% [R]	17.97% [R]	9.90%	10.17%	10.59%
	Gross expenditure (pay and non-pay)	M	≤0.1%	6,315,515	7.52% [R]	8.96% [R]	10.00% [R]	11.61% [R]	11.40% [R]	13.20% [R]	11.92% [R]	10.38% [R]	7.78%	7.75%	7.52%
	Service Arrangements (28.09.22)														
	Monetary value signed	M	100%	46.82%	-53.18%								27.97%	46.82%	46.82%

		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%								83%	88%	79%
Workforce	**Attendance Management**														
	% absence rates by staff category (Non Covid)	M	≤4%	4.77% [R]	19.25%	4.70% [R]	4.41% [A]	3.96% [G]	4.86% [R]	4.83% [R]	4.78% [R]	6.66% [R]	4.98%	4.86%	4.96%
	% absence rates by staff category (Covid)	**M**	NA	2.59%		2.52%	2.35%	2.87%	2.72%	2.60%	2.39%	2.81%	1.86%	0.77%	0.69%

Acute Hospital Services

Overview of Key Acute Hospital Activity

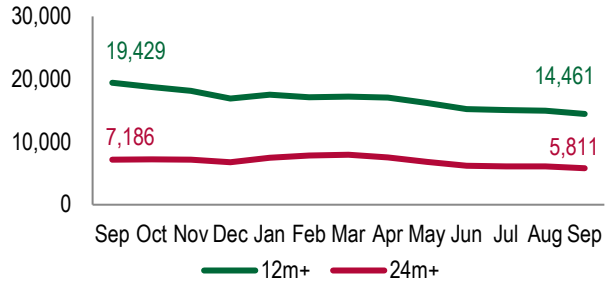
Activity Area	Expected Activity YTD	Result YTD 2022	% Var YTD	Result YTD 2021	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,214,222	1,226,703	+1%	1,079,309	+13.7%	134,868	138,950	137,660
New ED Attendances	1,000,308	999,228	-0.1%	895,697	+11.6%	109,659	112,011	111,414
OPD Attendances	2,592,642	2,555,834	-1.4%	2,420,455	+5.6%	263,685	299,361	308,786

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	423,942	398,353	-6%	387,672	+2.8%	51,572	50,258	52,000
Inpatient weight units	427,482	400,026	-6.4%	388,102	+3.1%	50,705	49,930	49,975
Day case (includes dialysis)	784,953	725,906	-7.5%	655,333	+10.8%	95,827	89,809	96,849
Day case weight units (includes dialysis)	744,119	706,859	-5%	639,893	+10.5%	93,551	86,204	91,284
IP & DC Discharges	1,208,895	1,124,259	-7%	1,043,005	+7.8%	147,399	140,067	148,849
% IP	35.1%	35.4%	+1%	37.2%	-4.7%	35%	35.9%	34.9%
% DC	64.9%	64.6%	-0.6%	62.8%	+2.8%	65%	64.1%	65.1%
Emergency IP discharges	300,159	283,857	-5.4%	273,419	+3.8%	36,235	35,249	36,995
Elective IP discharges	56,493	50,842	-10%	46,282	+9.9%	7,237	6,827	7,069
Maternity IP discharges	67,290	63,654	-5.4%	67,971	-6.4%	8,100	8,182	7,936
Inpatient discharges >75 years	88,618	85,772	-3.2%	79,606	+7.7%	11,036	11,044	11,102
Day case discharges >75 years	150,744	148,093	-1.8%	126,752	+16.8%	19,515	18,699	19,889

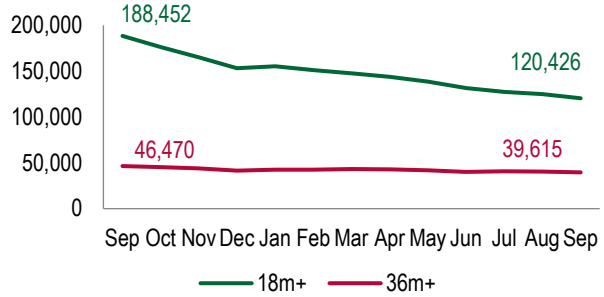
Inpatient, Day case and Outpatient Waiting Lists[4]

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	●	**75%**	67.6%	+7.4%	74.5%	74.5%	75%	8 out of 36 hospitals reached target	Wexford (40%), SJH (54.2%), GUH (56.1%)
Day case adult waiting list within 12 months	98%	M	●	**84.7%**	77.3%	+7.4%	84.1%	84.2%	84.7%	12 out of 42 hospitals reached target	LUH (71.7%), SJH (74.7%), CUH (75.1%)
Inpatient children waiting list within 12 months	98%	M	●	**70.5%**	62.2%	+8.3%	69%	69.5%	70.5%	9 out of 20 hospitals reached target	LUH (16.7%), Beaumont (54.8%), CHI (63.6%)
Day case children waiting list within 12 months	98%	M	●	**84.3%**	70.1%	+14.2%	81.2%	82.4%	84.3%	15 out of 27 hospitals reached target	MUH (66.7%), GUH (70.1%), LUH (76.5%)
Outpatient waiting list within 18 months	98%	M	●	**80.8%**	71.2%	+9.6%	79.7%	80.1%	80.8%	10 out of 44 hospitals reached target	RVEEH (63.8%), St Columcille's (68.8%), UHL (69.6%)

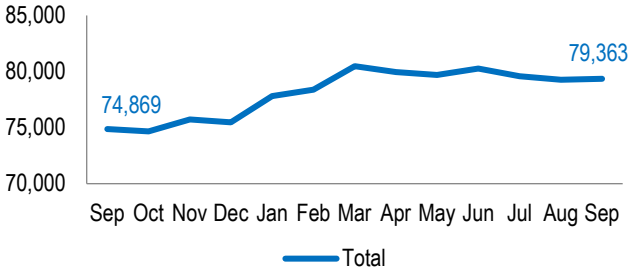
Inpatient & Day Case Waiting List



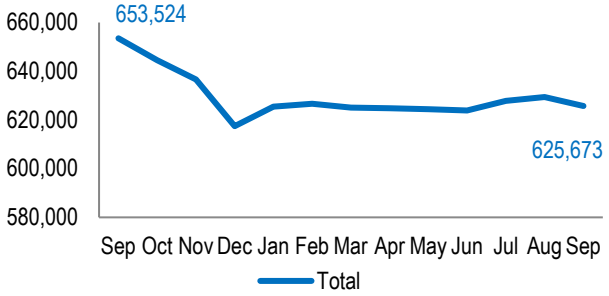
Outpatient Waiting List



Inpatient & Day Case Waiting



Outpatient Waiting List Total



Waiting List Numbers

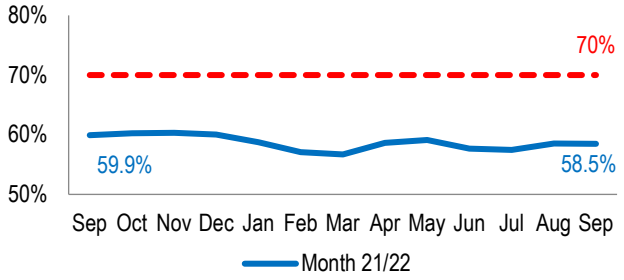
	Total	Total SPLY	SPLY Change	>12 Mths	>18 Mths
Adult IP	18,733	17,316	1,417	4,674	3,061
Adult DC	53,134	50,397	2,737	8,143	4,683
Adult IPDC	**71,867**	**67,713**	**4,154**	**12,817**	**7,744**
Child IP	3,392	3,226	166	999	632
Child DC	4,104	3,930	174	645	349
Child IPDC	**7,496**	**7,156**	**340**	**1,644**	**981**
OPD	625,673	653,524	-27,851	190,213	120,426

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

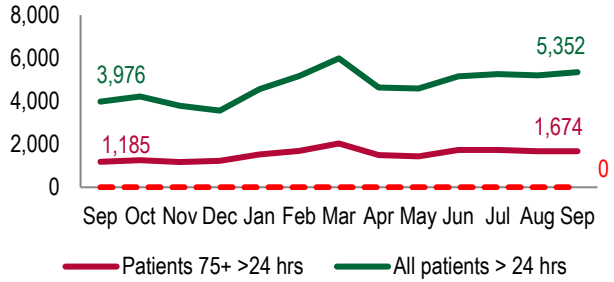
ED Performance

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	●	**58%**	63.8%	-5.8%	57.3%	58.5%	58.5%	5 out of 28 hospitals	Tallaght – Adults (30.5%), Beaumont (39%), Naas (41.2%)
% 75 years or older admitted or discharged within 6 hours	95%	M	●	**36.7%**	44.2%	-7.5%	36.8%	38.5%	37.4%	St Michaels (82.3%), SLK (64.9%), MMUH (54.4%)	Tallaght – Adults (21.1%), Mercy (22%), UHK, Naas (22.5%)
% in ED admitted or discharged within 24 hours	97%	M	●	**95.7%**	97.7%	-2%	95.5%	95.7%	95.5%	14 out of 28 hospitals	Tallaght – Adults (86.4%), Naas (88.2%), Mercy (88.6%)
% 75 years admitted or discharged within 24 hours	99%	M	●	**89.7%**	95%	-5.3%	89.6%	90.1%	89.7%	6 out of 27 hospitals	Naas (73.2%), Mercy (74.6%), CUH (76.2%)

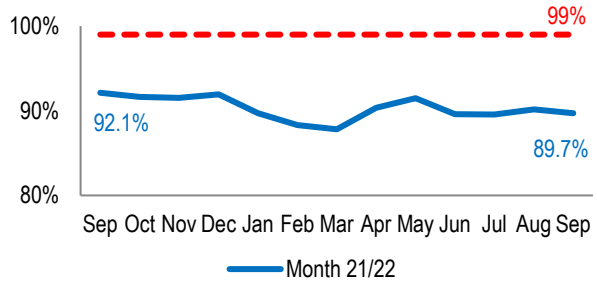
% patients admitted or discharged within 6 hours



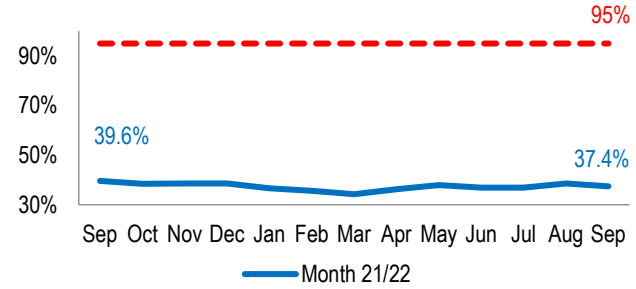
Number in ED waiting over 24 hours



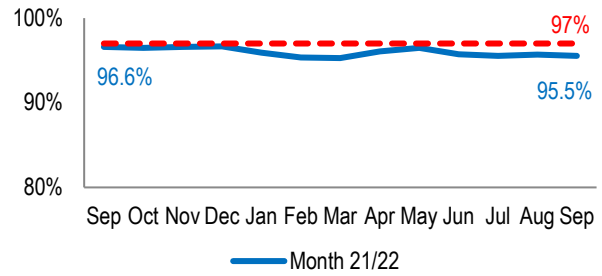
% 75 years old or older admitted or discharged within 24 hours



% 75 years admitted or discharged within 6 hours



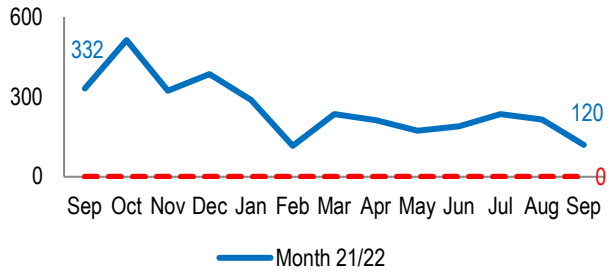
% in ED admitted or discharged within 24 hours



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	●	**1,799**	2,712	-913	235	215	120	30 out of 38 hospitals	Naas (65), MUH (33), PUH (13)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**286**	145	+141	37	50	72	6 out of 15 hospitals	Wexford (22), SUH (18), SVUH, GUH (10)
Colonoscopy and OGD <13 weeks	65%	M	●	**53.2%**	39.7%	+13.5%	52.6%	52.3%	53.2%	15 out of 37 hospitals	MMUH (30.3%), CHI (31.3%), UHW (36.4%)
% of people waiting <12 months for an elective procedure GI scope	100%	M	●	**95.9%**	81.9%	+14%	93.1%	93.9%	95.9%	11 out of 37 hospitals	LUH (77.9%), MMUH (82%), Wexford (83%)

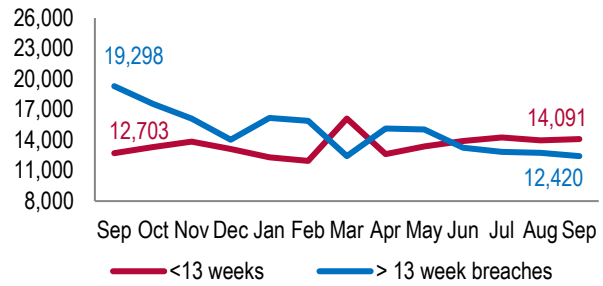
Urgent Colonoscopy –no. of new people waiting



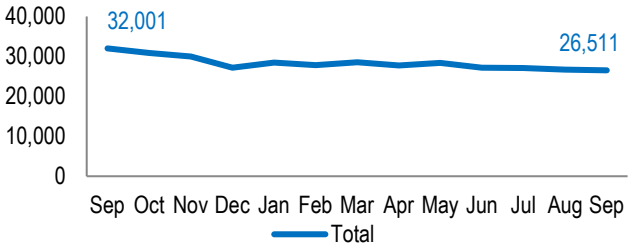
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	257	298	349
Number scheduled over 20 working days	37	50	72

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



Total No. on waiting list for Colonoscopy and OGD

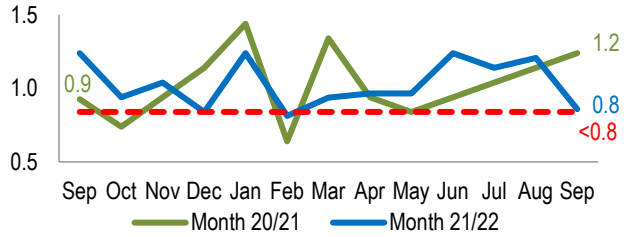


[5] Waiting List data not available for June 2021 due to cyber attack

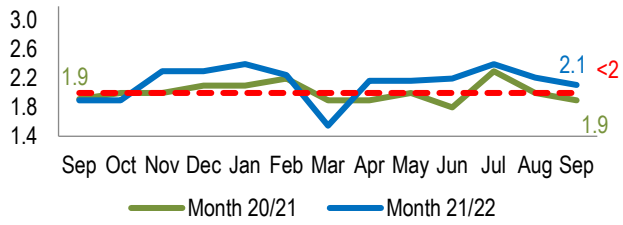
HCAI Performance

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	1.1	1.2	0.8	33 out of 46 hospitals achieved target	LUH (3.8), Wexford (3.2), PUH (2.6)
Rate of new cases of C Difficile infection	<2	M	●	**2.1**	2.0	+0.1	2.6	2.2	2.1	30 out of 46 hospitals achieved target	Naas (6.9), RUH (6.4), Ennis, TUH (5.0)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	**79.2%**	93.8%	-14.6%	89.6%	95.8%	79.2%	38 out of 48 hospitals achieved target	1 hospital didn't achieve the target.9 hospitals didn't submit data.

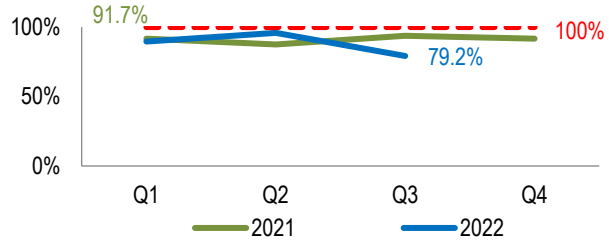
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



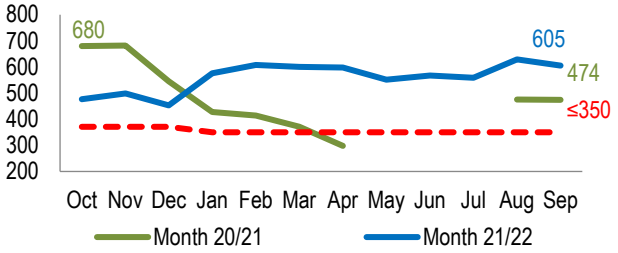
Requirements for screening with CPE Guidelines



Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
Number of beds subject to delayed transfers of care	≤350	M	●	**605**	474	+131	559	629	605	SLRON, Mallow (0), Mullingar (1)	SJH (67), CUH (65), SVUH (53)

Delayed Transfers of Care[6]



Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	101	26	127	21%
Residential Care	256	34	290	47.9%
Rehab	30	14	44	7.3%
Complex Needs	19	17	36	6%
Housing/Homeless	22	27	49	8.1%
Legal complexity	34	10	44	7.3%

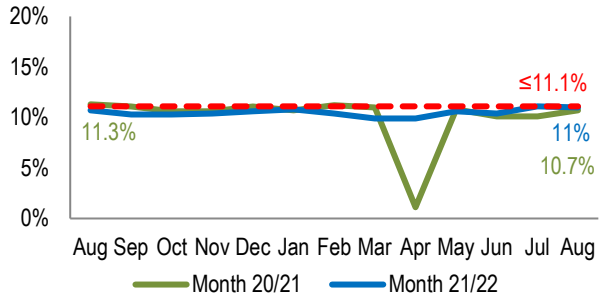
	Over 65	Under 65	Total	Total %
Non compliance	10	2	12	2%
COVID-19	3	0	3	0.5%
Total	**475**	**130**	**605**	**100%**

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

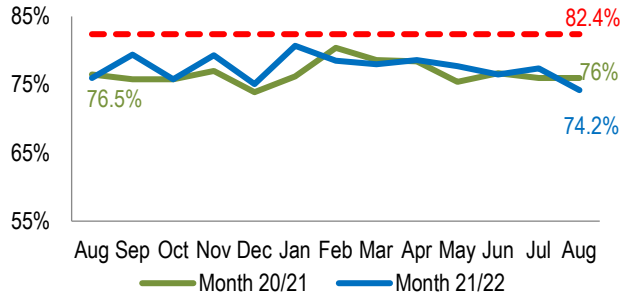
Surgery and Medical Performance

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%**	11.5%	-0.2%	10.4%	11.1%	11%	21 out of 34 hospitals achieved target	Ennis (21.5%), St. Columcille's (19.7%), Nenagh (15.2%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	**75.5%**	75.5%	-0%	76.5%	77.4%	74.2%	17 out of 34 hospitals achieved target	Croom (26.8%), TUH (25%), Tullamore (50%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	**48.1%**	44%	+4.1%	52.6%	49.5%	47.7%	13 out of 30 hospitals achieved target	5 Hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	**1.7%**	1.9%	-0.2%	1.5%	1.5%	1.6%	27 out of 38 hospitals achieved target	OLOL (4.7%), UHL (4.4%), RVEEH (0.4%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	**75%**	78.6%	-3.7%	76.5%	76.6%	73.3%	3 out of 15 hospitals achieved target	UHL (57.3%), CUH (66.7%), UHW, LUH (68.9%)

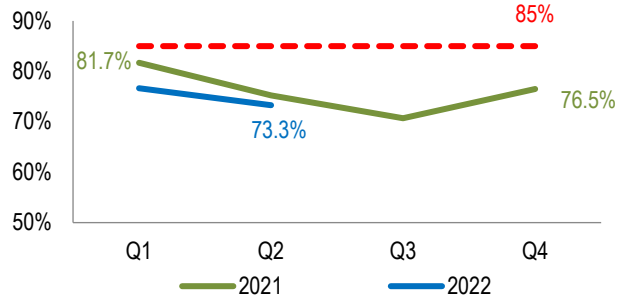
Emergency re-admissions within 30 days



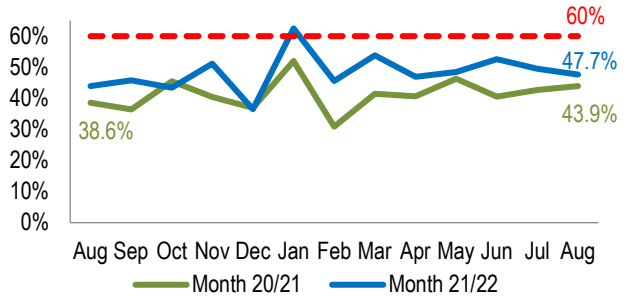
Procedure conducted on day of admissions



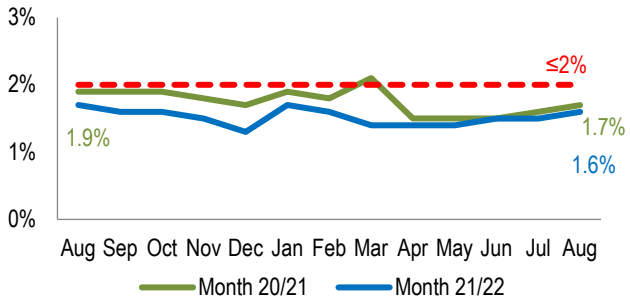
Hip fracture surgery within 48 hours of initial assessment



Laparoscopic Cholecystectomy day case rate



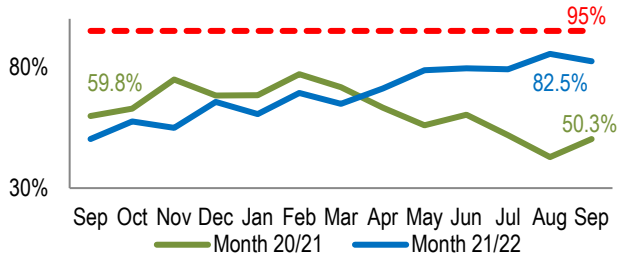
Surgical re-admissions within 30 days



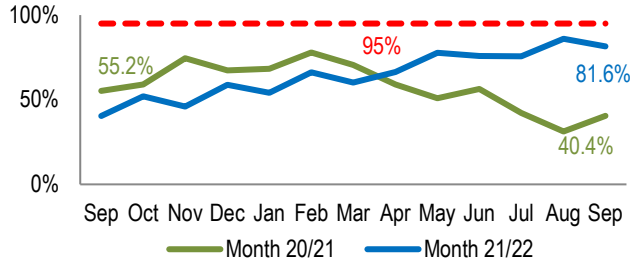
Cancer Services

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	●	**74.5%**	61.2%	+13.3%	79.1%	79.2%	82.5%	SVUH (100%). Beaumont (99.3%), SJH (99.1%), UHW (98%)	GUH (48.1%), UHL (50.7%), CUH (69.4%)
Urgent breast cancer within 2 weeks	95%	M	●	**71%**	56.8%	+14.2%	75.7%	76.9%	81.6%	SVUH, (100%), Beaumont (99.6%), UHW (99.1%)	GUH (20.1%), UHL (44.2%), CUH (91.1%)
Non-urgent breast within 12 weeks	95%	M	●	**49.3%**	40.3%	+9%	51.9%	50.7%	58.7%	SJH (99.4%), Beaumont (98.9%)	GUH (5.7%), SVUH (7.5%), UHL (8.4%)
Lung Cancer within 10 working days	95%	M	●	**89.1%**	90%	-0.9%	89.9%	86%	87.4%	5 hospitals reached target	CUH (32.4%), UHL (73.8%), UHW (91.7%)
Prostate cancer within 20 working days	90%	M	●	**79.5%**	63.5%	+16%	85.9%	83.6%	82.9%	6 hospitals reached target	CUH (6.5%)
Radiotherapy within 15 working days	90%	M	●	**72.0%**	75.1%	-3.1%	72%	69.5%	66.8%	UHL (98.4%), UHW (87.5%)	CUH (52%), SLRON (60.1%), GUH (76.7%)

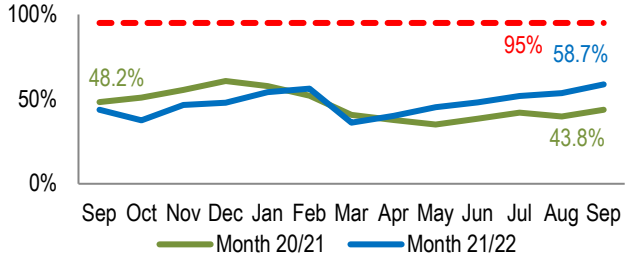
Rapid Access within recommended timeframe



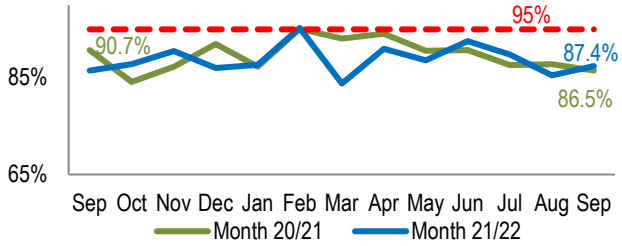
Breast Cancer within 2 weeks



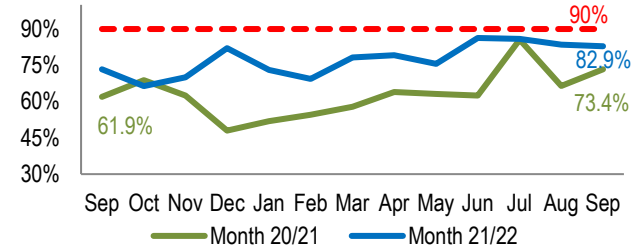
Non-urgent breast within 12 weeks



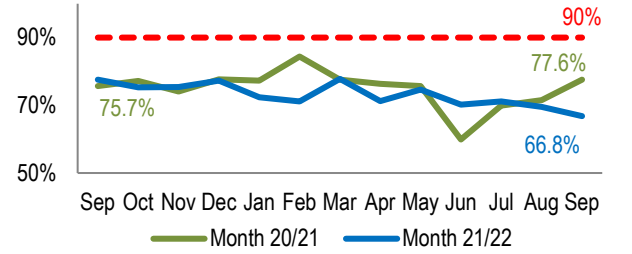
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



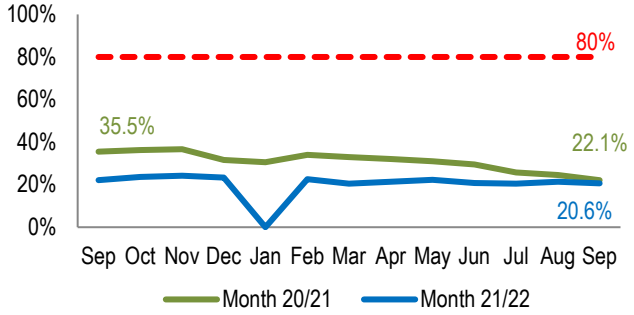
Radiotherapy within 15 working days



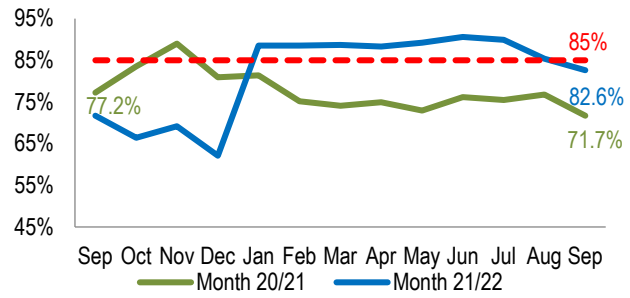
Ambulance Turnaround

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance (in-month)	Outliers (in-month)
% of ambulances that have a time interval ≤ 30 minutes	80%	M	●	**21.3%**	28.9%	-7.6%	20.5%	21.3%	20.6%	CHI (61.9%), CWIUH (61.5%), Rotunda (63.6%)	Mercy (3.8%), SUH (5.4%), CUH (4.5%)
Ambulance Turnaround % delays escalated within 30 minutes	85%	M	●	**88%**	75.3%	12.7%	89.9%	85.4%	82.6%		
Ambulance Turnaround % delays escalated within 60 minutes	98%	M	●	**91.9%**	96.4%	-4.5%	93.1%	90.7%	87.6%		

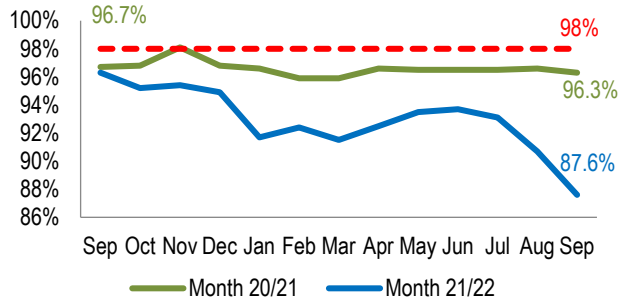
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



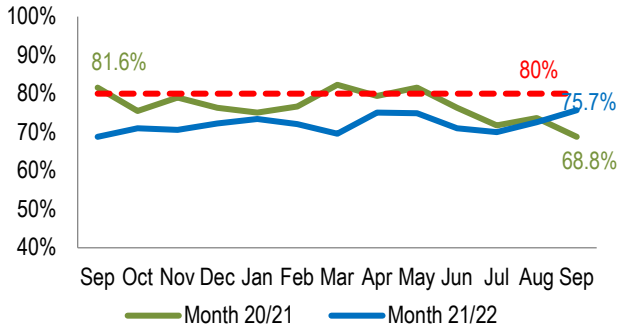
Delays Escalated - within 60 minutes



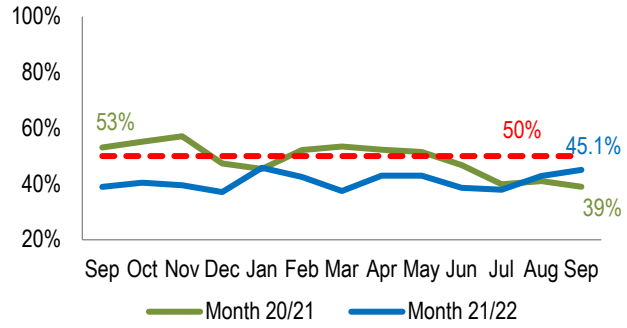
Pre-Hospital Emergency Care Services

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		72.7%	76.0%	-3.3%	70.0%	72.6%	75.7%	North Leinster (83.1%)	West (66.3%) South (69%), Dublin Fire Brigade (77.8%),
Response Times – DELTA	50%	M		41.8%	46.4%	-4.6%	37.9%	42.9%	45.1%	North Leinster (51%)	Dublin Fire Brigade (36.5%), South (41.2%), West (48.8%)
Return of spontaneous circulation (ROSC)	40%	Q-1Q		39.6%	38.4%	1.2%	38.5%	46.3%	34.1%		

Response Times – ECHO



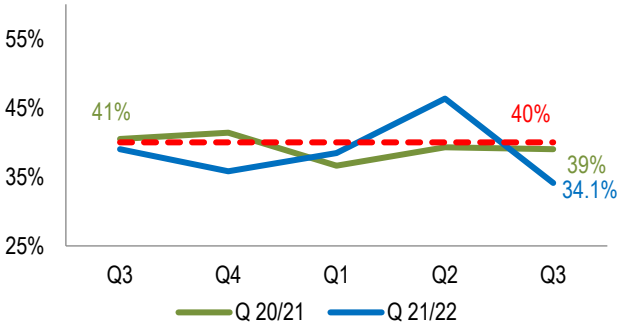
Response Times – DELTA



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

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	4,050	4,814	18.9%	4,117	697
DELTA	90,000	114,479	27.2%	87,223	27,256

ROSC



Acute Hospital Services Update

Emergency Presentations

Year to date ED attendances are higher than the previous 3 years, and have increased by over 12% when compared with the same period in 2019.

- **All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for September 2022 was 137,660 and was 9.27% higher than pre-COVID levels in September 2019 (125,976).
- **Emergency Department attendances:** The total number of ED attendances for September 2022 was 120,644 and was 6.80% higher than pre-COVID levels in September 2019 (112,971).
- **ED Admission Rate:** The percentage ED Admission Rate YTD August 2022 is 25.6% which is broadly in line with the 2019 rate at 25.1% (September N/A at time of issue)

Patient Experience Time (PET): 95.5% of all patients attending ED were seen within 24 hours in September 2022 which is below the NSP target of 97%. This compares with 96.6% in September 2021 and is lower than 95.8% in September 2019.

ED Patient Experience Time less than 24 hours for patients aged 75+ was 89.7% in September 2022, this is below the NSP target of 99.0%. This compares with 92.1% in September 2021 and is higher (0.6%) than September 2019 which was at 89.1%.

Delayed Transfers of Care (DTOC)

- There was 605 Delayed Transfers of Care at the end of September 2022 which is an increase 27.6% from the number of DTOCs in September 2021 (474).
- The 605 reported in September 2022 included 127 patients waiting to go home and 290 waiting on long term residential care. The DTOC categories are listed in Table 1 below:

Table 1

Delayed Transfer of Care Categories:	End September 2022
Home	127
Residential Care	290
Rehab	44
Complex Needs	36
Housing/Homeless	49
Legal complexity	44
Non compliance	12
COVID-19	3
Total	**605**

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.

Activity year to date has been significantly impacted by the surge in COVID cases (OMICRON). The number of hospitalised cases increased from January 2022 and hit a peak of 1,624 cases on 28 March 2022.

Inpatient Discharges

There were 52,000 inpatient discharges in August 2022 which is a increase of 2.72% on the same period in 2021 (50,625) and a decrease of 0.49% on Pre-COVID August 2019 (52,261)

Day Case Discharges (including dialysis)

- There were 96,849 Day Case discharges in August 2022 which is an increase of 7.09% when compared with Pre-COVID August 2019 (90,434). Comparisons with August 2021 are not possible due to the under reporting of Dialysis cases, caused by the Cyber-attack.

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 August. This issue is currently being addressed by the HPO.

- There were 6,851 elective inpatient discharges in August 2022 which is a 3.51% increase when compared with the same period in 2021 (6,619) and an 11.59% decrease when compared with Pre-COVID August 2019 (7,749).

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

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

Emergency Inpatient Discharges

- There were 36,995 emergency inpatient discharges in August 2022 which is a 4.95% increase on August 2021 (35,250) and an increase of 4.25% on Pre COVID August 2019 (35,487).

Maternity Inpatient Discharges

- There were 7,936 maternity patient discharges in August 2022 which is a decrease of 6.56% on August 2021 (8,493) and a decrease of 6.32% on August 2019 (8,471).

Outpatient Department Attendances

- The number of new and return outpatient attendances was 308,786 in September 2022 which was 0.29% higher than the corresponding period in 2021 (307,879) and 6.82% higher than September 2019 (287,720).

- YTD September 2022 (2,555,834) is 1.4% lower than the target of 2,592,642. A significant contributory factor to this decrease is attributed to the impact of the increase of COVID cases in the community, and the number of staff absences caused by COVID related leave January to September 2022.

Virtual Clinics

- Virtual engagement has become a key element of delivering outpatient care in a COVID environment with 36,847 patients being seen in September 2022 as reported by the BIU.

Elective Access

Context

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

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 605 patients whose discharge was delayed in September, 52.06% were waiting to be discharged to residential care. The COVID outbreaks in Nursing Homes since January contributed to this delay.

2022 Waiting List Action Plan

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

Table 2

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

Source: 2022 Waiting List Action Plan

The Waiting List Action Plan focuses on four key areas:

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

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

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

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

Waiting times September 2022

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

Table 3

WAITING LIST	NSP Target 2022	Compliance with target in September-22
Adult Inpatients	98% within 12 months	75%
Adult Day Case	98% within 12 months	84.7%
Children's Inpatient	98% within 12 months	70.5%
Children's Day Case	98% within 12 months	84.3%
Colonoscopy/OGD	65% within 13 weeks	53.2%
Colonoscopy/OGD	100% within 12 months	95.9%
Outpatient	98% within 18 months	80.8%

Source: HSE MDR September 2022

Numbers waiting September 2022

Inpatient and Day Case Waiting Lists

At the end of September 2022, the number of people waiting for an inpatient or day case appointment (IPDC) was 79,363 which represents an increase of 83 (0.1%) on the previous month, August 2022 (79,280). The number waiting at the end of September 2022 was 16.7% higher than the numbers waiting at the end of pre COVID September 2019 (67,985).

The number waiting over 6 months peaked in September 2020 at 44,655. It has reduced by 23,803 (46.7%) to 20,852 at the end of September 2022.

Colonoscopy/OGD Waiting lists

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

At the end of September 2022, the number of people on the Colonoscopy/OGD waiting list was 26,511. This is a decrease of 200 (0.75%) on the number waiting at the end of the previous month August 2022. September 2022 is higher than pre-COVID September 2019 by 19.43% (22,197).

The number waiting over 6 months peaked in September 2020 at 15,892. It has since reduced by 10,867 (68.38%) to 5,025 at end of September 2022

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:

- 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.

- 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.

- 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.

- 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 625,673 at the end of September 2022 which is an decrease of 3,774 (0.59%) since August 2022 (629,447). The number waiting at the end of September 2022 shows an increase of 9.9% when compared with pre-COVID September 2019 (568,769)

The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 96,274 (23.4%) to 315,178 at the end of September 2022.

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In September 2022, 347 invitations were issued of which 221 63.69% were scheduled within the target time of 20 days.

Cancer Services

Symptomatic Breast Cancer Clinics

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

- St Vincent's University Hospital – 100%
- University Hospital Waterford – 99.1%
- Beaumont Hospital – 99.6%
- St James's Hospital – 98.8%

Four hospitals were below target of 10 days

- Mater Misericordiae University Hospital – 93.9%
- Cork University Hospital – 91.1%
- Galway University Hospital – 20.1%
- University Hospital Limerick – 44.2%

Data for Letterkenny University Hospital was not available at time of writing.

While it is acknowledged that hospitals faced extraordinary challenges during 2021, given the priority afforded to timely access to cancer care, improvement plans in relation to Cork University Hospital, Mater Misericordiae University Hospital, and Galway University Hospital were sought and have been received. They are currently under review by Acute Operations and NCCP. NCCP and Acute Operations were particularly concerned with 2 sites. In this context, meetings have been held with Cork University Hospital and Galway University Hospitals and Group CEOs to ensure that there are plans to deliver sustained improvements. A robust plan has been received from UHG on Breast services and engagement with CUH on Prostate Rapid Access is ongoing.

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 September 2022:

- St Vincent's University Hospital – 100.0%
- Mater Misericordiae University Hospital – 100.0%
- Beaumont Hospital – 95.5%
- Galway University Hospital – 100.0%
- St James' Hospital – 100%

Three hospitals were below the target of 10 days:

- University Hospital Waterford – 91.7%
- University Hospital Limerick – 73.8%
- Cork University Hospital – 32.4%

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 September 2022:

- St James' Hospital – 100.0%
- Mater Misericordiae University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Waterford – 100.0%
- St Vincent's University Hospital – 100.0%
- Galway University Hospital – 96.2%

One hospital was below the target of 20 days:

- Cork University Hospital – 6.5%

No data was received from University Hospital Limerick

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. An Improvement Plan has been sought from Cork UH and the subject of review by NCCP and Acute Operations. Meetings are being scheduled with the relevant Group CEO in the coming weeks to ensure that there are plans in place to deliver sustained improvements.

Radiotherapy

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

- Mid-Western Radiation Oncology Centre Limerick – 98.4%
- UPMC Waterford – 87.5%
- Galway University Hospital – 76.7%
- St Luke's Network (SLRON) – 60.1%
- Cork University Hospital – 52.0%

Performance and Accountability Framework

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

St James's Hospital Symptomatic Breast Cancer Services

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

- A series of escalation meetings were held during 2018 and an improvement plan was agreed with the Group and SJH.
- Compliance with targets improved for a limited period, however following continued deterioration in performance during 2019, further escalation meetings were convened. St James's Hospital management attended the NPOG meeting in November 2019 and arising from that meeting, an action plan was agreed. The service remained non-compliant in 2020
- Following the appointment of General Physician to service in the latter half of 2020, an improvement in performance in early 2021 was noted.
- Following a period of sustained non-compliance from Quarter 2 2021, the Group was requested to provide, and they submitted an improvement plan. Following implementation of this plan, compliance with NSP targets has improved for a sustained period in 2022.
- In line with Performance and Accountability Framework it was agreed to de-escalate this matter to Level 1.

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 September 2022 the rate was 0.8, a decrease from 1.2 in August 2022. There were 26 cases of hospital acquired *S. Aureus* bloodstream infections in September 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 September 2022 was 2.1, a decrease since August 2022 (rate of 2.2). 67 cases of *Clostridium Difficile* infection were reported by hospitals in September 2022.

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

There were 82 new cases of *Carbapenemase Producing Enterobacteriaceae* (CPE) reported by hospitals in September 2022.

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

National Ambulance Service

- Activity volume for AS1[7] and AS2[8] calls received this month has decreased by 81(31,461) calls (⇩1%) compared to the same month last year (September 2021 –31,542)

- The daily average call rate for AS1 and AS2 calls received this month was 1067 (31 days this month)

- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 76% this month. ⇧3% compared to last month i.e. August 2022

- ECHO calls increased by 8% (43) compared to the same month last year (September 2021)

- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 45% this month. ⇧2% compared to last month i.e. August 2022

- Nationally there was a 3% (335) increase in DELTA call activity compared to the same month last year

- 80% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 79% in the previous month, ⇧1%

- There was no change to Ambulance Turnaround times at Emergency Departments for 30mins in September (21% August 2022) and a 1% decrease 60mins in September compared to August 2022 (67%). Pressure continues in achieving response time targets, which can compromise patient care and service delivery

[7] AS1 – 112/ 999 emergency and urgent calls
[8] AS2 - Urgent calls received from a general practitioner or other medical sources

- 21% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 22% of vehicles being released within 30 minutes or less last year (September 2021)

- 66% 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 69% of vehicles being released within 60 minutes or less last year (September 2021)

Human Resources

WTE Data for September

The WTE for Acute Operations in September 2022 was 72,441, this was an increase of +196 WTE on August 2022; this represents an increase of +2,312 WTE YTD and an increase of 3,194 WTE since September 2021. The headcount in Acute Operations for September 2022 is 80,933.

Five of the six staff categories are showing growth this month. The greatest increase was seen in Medical & Dental (+184 WTE), followed by Health & Social Care Professionals (+57 WTE), Management & Admin (+33 WTE), Patient & Client Care (+13 WTE) and Nursing & Midwifery (+8 WTE). Meanwhile General Support decreased by -99 WTE.

Five of the seven Hospital Groups are showing growth this month. The largest WTE increase is reported in Saolta (+80 WTE), followed by SSWHG (+73 WTE), DMHG (+44 WTE), RCSI (+4 WTE) and CHI (+3 WTE). Meanwhile ULHG decreased by -10 WTE and IEHG reduced by -14 WTE.

Absence data for September

For Acute Services the absence rate is 5.6% of which 0.7% (12.2% of the total) is COVID-19 related.

Patient & Client Care was the staff category with the highest total rate of absence at 8.22% while Medical & Dental had the lowest at 1.31%. Patient & Client Care reported the highest Covid-19 related absence at 0.92% while Medical & Dental had the lowest COVID-19 related absence, at 0.21%.

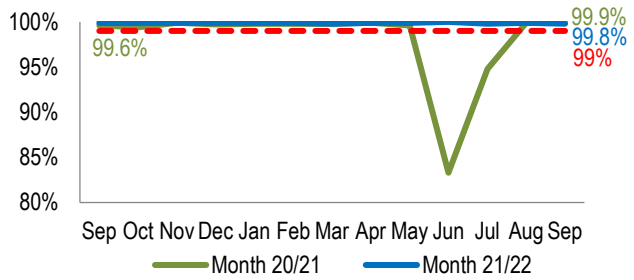
Of the Hospital Groups, ULHG had the highest total absence rate at 7.86% (of which 1.10% is COVID-19 related), while IEHG had the lowest total absence rate at 4.6% (of which 0.55% is COVID-19 related).

National Services

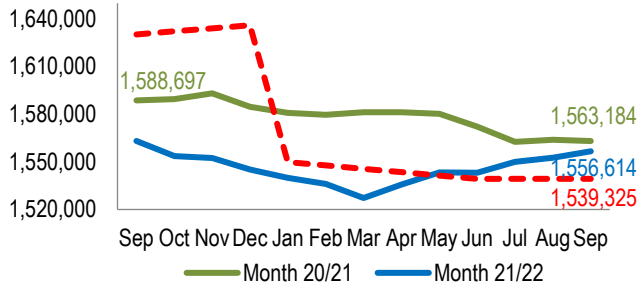
National Services

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	●	**99.8%**	99.9%	-0.1%	99.8%	99.9%	99.8%
Number of persons covered by Medical Cards	1,539,325 YTD/ 1,539,348 FYT	M	●	**1,556,614**	1,563,184	-6,570	1,549,951	1,552,569	1,556,614
Number of persons covered by GP Visit Cards	594,877 YTD/ 617,960 FYT	M	●	**531,792**	525,813	+5,979	530,378	531,097	531,792
Number of initial tobacco sales to minors test purchase inspections carried out	192 YTD/ 384 FYT	Q	●	**298**	0	+298	0	73	225
Number of official food control planned and planned surveillance inspections of food businesses	24,720 YTD/ 33,000 FYT	Q	●	**22,002**	14,686	+7,316	5,930	7,887	8,185

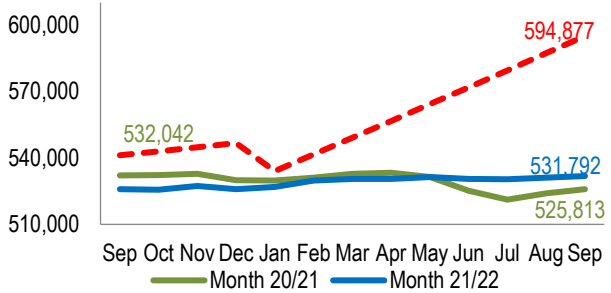
Medical card turnaround within 15 days



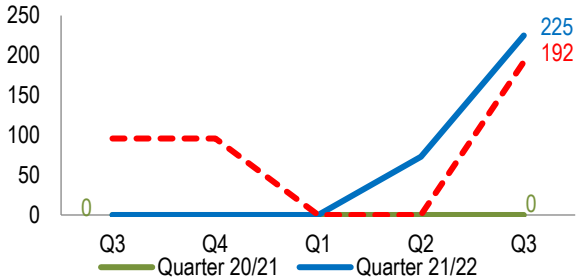
Number of persons covered by Medical Card



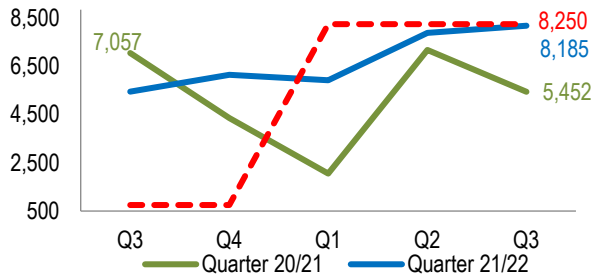
Number of persons covered by GP Visit cards



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 30th September 2022 was 1,556,614, an increase of 4,045 on the previous month. The total number of persons with eligibility for a GP visit card on 30th September 2022 was 531,792, an increase of 695 on the previous month. As at 30th September 2022, 2,088,406 or 40.8% of the population had medical card or GP visit card eligibility, an overall increase of 4,740 on the previous month. 99.8% of medical card applications were processed within 15 working days. (Population figures are based on the CSO 2022 census figure of 5,123,536).

It was announced in Budget 2023 that the roll out of GP visit cards for those aged 6 & 7 would commence in Q4 2022.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 22,002 Planned and Planned Surveillance Inspections were carried out by the end of Q3 2022. This represents an 11.1% shortfall of the expected activity year to date.
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 Q3. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. 97.7% of all complaints received by the EHS by the end of Q3 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 Q3, 1,722 drinking water samples were taken to assess compliance which is a 6.7% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE

26 Inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed. This represents a shortfall of 13.3% of the expected activity year to date.

Sunbed establishments are inspected by the EHS to assess compliance with the Public Health (Sunbed) Act 2014. 166 Sunbed Premises received a planned inspection by the end of Q3. This is a shortfall of 8.3% of expected activity year to date.

345 Test purchases of cigarettes sales to minors were completed by the end of Q3 of which 298 of these were an initial test purchase inspection of the premises which is 55.2% ahead of expected activity year to date.

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 supporting the Ukrainian Humanitarian Oversight group, a strategic level group chaired by the CEO. EM is also 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 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 workstreams. 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.

NEOC/Hospital Major Emergency Plan (HMEP): Activation Project

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

Mass Casualty Incident Framework

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

Government Task Force (GTF) on Emergency Planning

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

EU & North South Unit

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

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

Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.
- Chair the HSE Steering Group meetings and engage on the HSE involvement with 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 NWCC
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for Interreg VA projects
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Discussions with 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.
- Engagement with relevant HSE services to create awareness of open calls and joint actions and identify potential projects
- 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 – supported 3 submissions to 2022 Cancer Screening Work Programme Open Call. Outcome of evaluation expected October 2022
- Collaboration with Health Authorities on a cross border basis to develop cross border proposals for support by Peace Plus programme 2022-2027 - €90m + in EU funding available for border counties. 56 project ideas being considered at North South meetings, to be refined by end of October 2022 ahead of opening of calls for proposals in early 2023
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.
- Lead Partner – In 2022 the HSE has received €3.9m Interreg VA funding at Q3 2022. The accumulated total receive since the start of the Interreg VA Programme is €12.1m. A total of €6.7m has been paid to Project Partners. The Coh Sync Project ended in Q2 2022 and the Acute Project is due to end in Q4 2022.
- Non Lead Partner Interreg VA Projects. HSE has a total of €.89m at Q3 2022. The mPower Project ends 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.

Next Steps & Key Outcomes – 4th Quarter 2022

- Continue to adhere to all relevant Public Health Guidance with regard to COVID-19 and advise staff accordingly.
- 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 CAWT Acute Project Board
- 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.
- Meet D/Health and HRB on next steps in finalising the EU4Health 2023 Work Programme and follow progress of 2021/2022 Programme approvals– Further Promote the Programme across the service through existing HSE engagement /success stories.
- 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

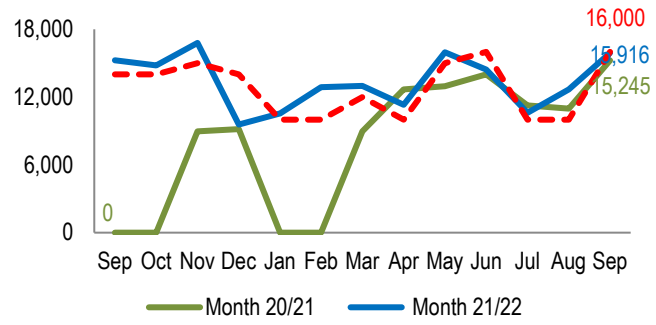
National Screening Service National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety	**Breastcheck**							
	% BreastCheck screening uptake rate	Q-1Q	70%	83.2% [G]	18.9%	58.4%	83.2%	83.3%
Access and Integration	**CervicalCheck**							
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	229,600	192,704 [R]	-16.1%	18,523	21,600	22,392

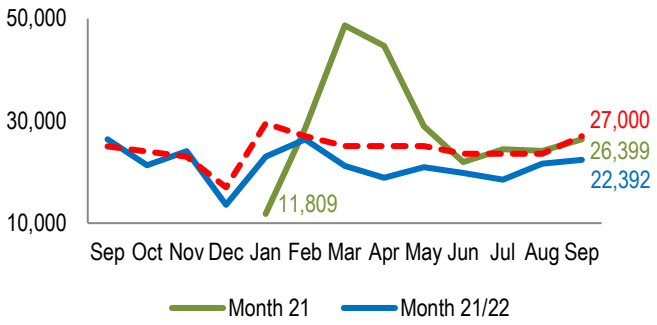
Note: Due to a 3 week process involved, the current month's provisional data and last month's actual data is available at the end of each month following the report period (29th/30th)

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	109,000 YTD/ 150,000 FYT	M	●	**117,351**	86,120	+31,231	10,607	12,668	15,916
BreastCheck - % screening uptake rate	70%	Q-1Q	●	**83.2%**	73.9%	+9.3%	58.4%	83.2%	83.3%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	229,600 YTD/ 295,000 FYT	M	●	**192,704**	259,529	-66,825	18,523	21,600	22,392
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	**72.9%**	72.4%	+0.5%	73%	72.8%	72.9%
BowelScreen - number of clients who completed a satisfactory FIT test	107,000 YTD/ 140,000 FYT	M	●	**92,354**	71,539	+20,815	10,714	12,279	15,630
Bowelscreen - % client uptake rate	43% YTD/ 45% FYT	Q-1Q	●	**40.8%**	54.7%	-13.9%	41.7%	39.8%	41.8%
Diabetic RetinaScreen - number of-clients screened	83,000 YTD/ 111,000 FYT	M	●	**84,990**	73,543	+11,447	9,794	11,258	11,345
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	●	**56.2%**	56.2%	0%	64.4%	58.7%	54.1%

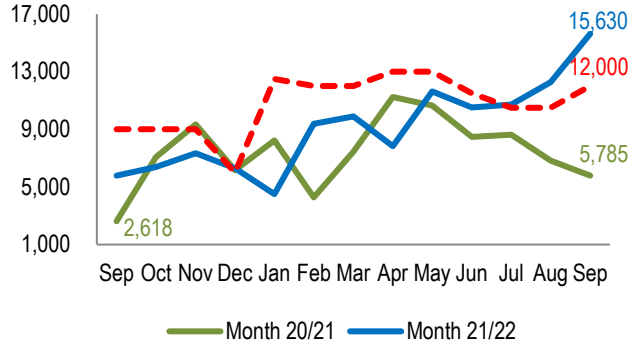
BreastCheck-number who had a mammogram



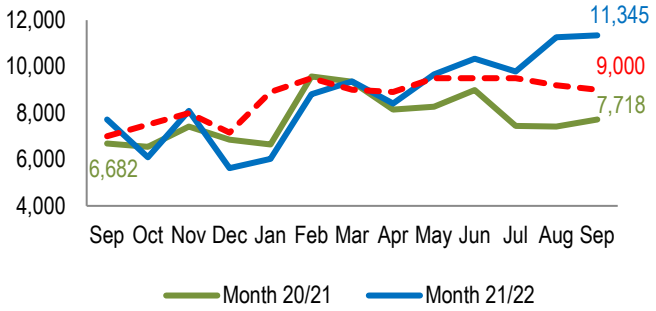
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram in the period September 2022 was 15,916 against a target of 16,000 which is below the target by 84 (0.5%).
- The number of women who had a complete mammogram year to date (January-September 2022) was 117,351 against a target of 109,000 which is above the target by 8,351 (7.7%).
- Uptake for Q2 was 83.3%
- In Q2 74.5% of women were offered an assessment appointment within 2 weeks of an abnormal mammogram
- From January to June 2022, 73% of women were offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer.

The 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 September 2022 notified to report date was 22,392 which was below the published target of 27,000 by 4,608 (17.1%).
- The number of unique women who had one or more screening tests in a primary care setting year to date (January-September 2022) was 192,704 which is below the target of 229,600 by 36,896 (16.1%).
- 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 the screening uptake is within 8% of predicted activity for year to date.
- CervicalCheck coverage at the end of Q2 2022 was 72.9%
- In Q3 96.5% 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).

The cytology screening lab at the Coombe Hospital remain unable to accept screening samples at the moment so all samples are being processed by Quest. The Programme is working closely with the Coombe lab towards a resumption of services.

CervicalCheck continue 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 continue 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 (September 2022) was 15,630 which is above the target of 12,000 by 3,630 (30.3%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (January-September 2022) was 92,354 which is below the target of 107,000 by 14,646 (13.7%).

- Uptake for Q2 was 41.8%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the ≥90% target at 79.3% within 20 working days in September 2022. Nine of the fifteen contracted colonoscopy centres which were offering colonoscopies in September 2022 met the expected KPI of 90% within 20 days.

Living with COVID–19

BowelScreen continue to closely monitor colonoscopy capacity; invitations to participate are issued based on maximising available capacity. Participating endoscopy units reported heightened staff shortages during the summer months and rolling closures within endoscopy units in September, all of 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 September 2022 was 11,345 which is above the target of 9,000 by 2,345 clients (26.1%).
- The number of diabetics screened with a final grading result year to date (January-September 2022) was 84,990 which was above the target of 83,000 by 1,990 (2.4%).
- Q2 Uptake was 54.1%
- In Q3 100% of clients were issued a Diabetic RetinaScreen result within 3 weeks of screening.

The programme continue to invite participants for screening. There is no longer a backlog in screening, 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. All the urgent referrals are being seen within the KPI timeline.

Finance

Introduction

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

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

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

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

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

Overall Financial Performance: YTD September 2022

Table 1 – Net Expenditure by Division – YTD September 2022

September 2022		YTD Actual Spend vrs YTD Budget				YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%	€m	€m
Acute Operations	7,013.2	5,662.1	5,137.4	524.7	10.2%	252.3	272.4
Community Services	7,452.1	5,613.1	5,497.7	115.3	2.1%	185.1	(69.8)
Other Operations/Services	1,341.0	1,183.3	1,041.0	142.2	13.7%	260.5	(118.3)
Total Operational Service Areas	15,806.3	12,458.4	11,676.1	782.3	6.7%	697.9	84.4
Total Pensions & Demand Led Services	4,753.5	3,746.4	3,523.5	222.9	6.3%	85.7	137.3
Overall Total	**20,559.8**	**16,204.8**	**15,199.6**	**1,005.2**	**6.6%**	**783.6**	**221.6**

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

- In December 2021, Omicron, a fifth variant of concern which is significantly more contagious than the Delta variant was identified, which led to another surge in cases. Therefore, the first few months of this year, have been dominated by COVID-19 activity and expenditure, and its impact on staffing levels and services. Hospital admissions relating to COVID-19 peaked at 1,624 acute admissions on 28th March, in addition to exceptionally high infection rates circulating in the community. However, since April, COVID-19 has started to recede with the acute admissions at 337 at the end of September.

- The HSE's financial position at the end of September 2022 shows an overall YTD deficit of €1,005.2m, with a significant element of this being driven by the direct impacts COVID-19, as reflected in the deficit of €783.6m on COVID-19 related costs and a deficit of €221.6m on Core (Non-COVID 19) related services. As the year progressed, our core (non COVID-19) activities increased and the impact of "delayed" care increased demand for core services resulting in core deficits in Acute services.

- **COVID-19**: YTD costs of €1,412.4m against a budget of €628.8m leading to an adverse variance of €783.6m. Included in the COVID-19 costs of €1,412.4m, are the following:
  - **Testing & Tracing Programme costs of €361.2m.**
  - **COVID-19 Vaccination costs of €227.2m.**
  - **Private Hospitals costs of €121.9m.**
  - **Hospital and Community COVID-19 Responses of €702.0m:** These costs relate to the cost of public health measures put in place across hospital and community services as a COVID-19 response, based on public health and public health and infection prevention and control guidance.

Acute Operations

Table 2 – Acute Operations –September YTD

September 2022 Acute Operations	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
RCSI Hospital Group	959.8	824.2	713.6	110.5	15.5%	50.7	59.8
Dublin-Midlands Hospital Group	1,131.0	932.2	820.0	112.3	13.7%	50.1	62.1
Ireland East Hospital Group	1,302.9	1,116.0	964.7	151.3	15.7%	74.8	76.5
South-South West Hospital Group	1,085.3	927.2	801.8	125.4	15.6%	62.2	63.2
Saolta University Health Care Group	987.7	859.1	734.8	124.3	16.9%	43.5	80.8
University of Limerick Hospital Group	447.5	375.4	330.0	45.4	13.8%	15.8	29.6
Children's Health Ireland	408.5	331.0	302.5	28.5	9.4%	6.0	22.5
Regional & National Services	319.3	21.8	201.3	(179.5)	-89.2%	(61.2)	(118.3)
Acute Hospital Care	**6,642.1**	**5,386.9**	**4,868.8**	**518.1**	**10.6%**	**241.8**	**276.2**
National Ambulance Service	203.3	153.3	150.7	2.6	1.7%	6.4	(3.8)
Private Hospitals	-	121.9	-	121.9		121.9	-
Access to Care	167.9	-	117.9	(117.9)	-100.0%	(117.9)	-
Acute Operations Total	**7,013.2**	**5,662.1**	**5,137.4**	**524.7**	**10.2%**	**252.3**	**272.4**

Acute operations incl. the National Ambulance Service, Private Hospitals & Access to Care has expenditure to date of €5,662.1m against a budget of €5,137.4m, leading to a deficit of €524.7m or 10.2%, of which €252.3m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €272.4m attributable to core service expenditure. The national ambulance service (NAS) has a year to date deficit of €2.6m, Private Hospitals has a year to date deficit of €121.9m and Access to Care has a surplus of (€117.9m). The performance by hospital group is illustrated in table 2 above.

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

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

The interruption to normal healthcare activity as a result of the 5th wave of COVID-19 resulted in reduced activity levels in the acute system. Scheduled care services have been particularly impacted resulting in longer waiting times and larger waiting lists. Hospital admissions relating to COVID-19 peaked at 1,624 acute admissions on 28th March. The impact of 'delayed care' has caused additional demand on the health system as we progressed through 2022 resulting in core deficits in Acute services.

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

During 2021, Service Level Agreements (SLA's) were signed with 18 private hospitals. These SLA's are activated by 'surge events', ensuring the continued provision of unscheduled, urgent and time critical care to core activity patients. Safety Net 4 (SN4), which is currently in place includes the costs of urgent critical care (eg. oncology and cardiology), in addition to addressing waiting lists over 12 months. Cessation notices regarding SN4 have started to issue to hospitals, however it is expected that it will be the end of the year before final claims are fully submitted and settled.

Community Operations

Table 3 – Community Operations – September YTD

September 2022 Community	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Primary Care Division Total	1,504.3	1,154.4	1,104.0	50.4	4.6%	97.7	(47.3)
Mental Health Division	1,171.0	871.4	863.2	8.2	1.0%	11.8	(3.6)
Older Persons Services	1,284.4	944.2	950.9	(6.7)	-0.7%	11.5	(18.2)
Nursing Home Support Scheme	1,048.5	764.1	771.5	(7.5)	-1.0%	24.4	(31.8)
Older Persons Services Division Total	2,333.0	1,708.3	1,722.4	(14.2)	-0.8%	35.8	(50.0)
Disability Services	2,363.2	1,818.8	1,748.9	69.8	4.0%	36.9	32.9
Health & Wellbeing Community Division	31.7	21.8	23.0	(1.2)	-5.1%	1.2	(2.4)
Quality & Patient Safety Community Division	20.7	12.5	15.6	(3.2)	-20.2%	0.1	(3.3)
CHO HQs & Community Services	28.3	25.9	20.5	5.4	26.2%	1.6	3.8
Community Total	**7,452.1**	**5,613.1**	**5,497.7**	**115.3**	**2.1%**	**185.1**	**(69.8)**

Community services has year to date expenditure of €5,613.1m against a budget of €5,497.7m, leading to a deficit of €115.3m or 2.1%, of which a €185.1m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€69.8m) 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 €1,154.4m against a budget of €1,104.0m leading to a deficit of €50.4m or 4.6%, of which €97.7m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€47.3m) attributable to core service expenditure.

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

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. The opening of multiple primary cares centres over recent years, with 160 centres now in operation, have placed additional pressure on the primary care operational cost base. These facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care. These centres proved to be an integral part of the health services response to the pandemic, including their utilisation as COVID-19 assessment hubs, swabbing sites and as vaccination centres.

Mental Health Services

Mental Health (MH) has year to date expenditure of €871.2m against a budget of €863.2m leading to a deficit of €8.2m or 1.0%, of which €11.8m deficit has been categorised as being directly attributable to COVID-19 expenditure and (€3.6m) surplus attributable to core service expenditure.

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

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

Older Persons Services

Older person's services, including NHSS, has year to date expenditure of €1,708.3m against a budget of €1,722.4m leading to a surplus of (€14.2m) or (0.8%), of which €35.8m deficit has been categorised as being directly attributable to COVID-19 expenditure and a surplus of (€50.0m) attributable to core service expenditure.

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

Disability Services

Disability Services has year to date expenditure of €1,818.8m against a budget of €1,748.9m, leading to a year to date deficit of €69.8m or 4.0%, of which €36.9m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €32.9m attributable to core service expenditure.

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

Other Operational Services

Table 4 – Other Operational Services – September YTD

September 2022		YTD Actual Spend vrs YTD Budget				YTD Variance Analysed As:	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%	€m	€m
Chief Clinical Office	106.8	62.8	62.9	(0.2)	-0.2%	0.1	(0.2)
National Screening Service	99.1	61.6	66.5	(4.9)	-7.4%	0.2	(5.1)
Health & Wellbeing Division	242.7	178.4	203.4	(25.0)	-12.3%	(22.9)	(2.1)
National Services	61.4	41.5	43.4	(1.8)	-4.2%	0.0	(1.9)
Testing & Tracing	157.4	269.4	157.4	112.0	71.2%	112.0	-
Support Services	673.6	569.5	507.4	62.1	12.2%	171.1	(109.0)
Overall Total	**1,341.0**	**1,183.3**	**1,041.0**	**142.2**	**13.7%**	**260.5**	**(118.3)**

Other Operational services has a year to date expenditure of €1,183.3m against a budget of €1,041.0m, leading to a deficit of €142.2m or 13.7%, of which a €260.5m deficit has been categorised as being directly attributable to COVID-19 expenditure and an offsetting surplus of (€118.3m) attributable to core service expenditure. The performance by area is illustrated in table 4 above.

Chief Clinical Officer

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

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

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

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

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

National Screening Service

National Screening Service (NSS) delivers four national population-based screening programmes to prevent cancer in the population (BreastCheck, CervicalCheck, Bowelscreen), and for detecting sight-threatening retinopathy in people with diabetes (Diabetic RetinaScreen). These programmes, working with

patient, advocacy and wider stakeholder groups, aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Health and Wellbeing Services & Public Health

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

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

COVID-19 Vaccination Programme

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

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

In the year to date September 2022, the vaccination programme was delivered to complete vaccinations to 1.6m people (booster/primary doses) and to deliver the primary dose for children. By end of September 2022, over 96% of adults had completed a primary vaccination course. The COVID-19 Vaccination programme now continues to administer second / third booster doses to the relevant cohorts, as recommended by NIAC. The main element of the programme is now the delivery of first and second boosters to those in the 12-49 years old in the medically vulnerable cohort as well as those aged 50 to 64 years and those aged 65+. From July, the 15 retained vaccination centres along with participating pharmacies nationally will continue to provide vaccination capacity for those choosing to take up their primary vaccine dose or their booster.

National Services

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

Testing and Tracing

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

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

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

Support Services

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

Pensions and Demand Led Services

Table 5 – Pension and Demand Led Services – September YTD

September 2022 Pensions & Demand Led Services	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	YTD Variance	
						Attributable to Covid-19 Expenditure	Attributable to Core Expenditure
	€m	€m	€m	€m	%	€m	€m
Pensions	616.5	523.9	463.4	60.5	13.0%	-	60.5
State Claims Agency	435.0	373.2	326.3	46.9	14.4%	-	46.9
Primary Care Reimbursement Service	3,389.1	2,579.9	2,499.8	80.1	3.2%	82.5	(2.4)
Demand Led Local Schemes	273.6	229.6	204.7	24.9	12.2%	3.2	21.8
Treatment Abroad and Cross Border Directive	28.6	32.4	21.5	10.9	50.8%	(0.0)	10.9
EHIC (European Health Insurance Card)	10.6	7.5	7.9	(0.4)	-5.5%	-	(0.4)
Pensions & Demand Led Services Total	**4,753.5**	**3,746.4**	**3,523.5**	**222.9**	**6.3%**	**85.7**	**137.3**

Pensions and Demand Led Services has year to date expenditure of €3,746.4m against a budget of €3,523.5m, leading to a deficit of €222.9m or 6.3%, of which a €85.7m deficit has been categorised as being directly attributable to COVID-19 expenditure and a deficit of €137.3m attributable to core service expenditure. The performance by area is illustrated in table 5 above.

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

Pensions

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

State Claims Agency (SCA)

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

Primary Care Reimbursement Scheme

The Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through primary care

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

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

Demand Led Local Schemes

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

Treatment Abroad & Cross Border Healthcare

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

European Health Insurance Card (EHIC)

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

CONCLUSION

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

The total capital budget for 2022 is €1.045bn, which includes core funding of €130.0m and once off COVID-19 funding of €50.0m. The focus for 2022 is not just on new builds but on upgrading existing infrastructure to bring our estate up to modern standards. From an ICT perspective we will significantly enhance our e-Health capability, consolidating the digital enhancements we have made during the pandemic to support GPs to communicate more effectively with hospitals and the community in relation to patient care. Robust cyber security is also a top priority, and we will significantly upgrade our foundational infrastructure and cyber technology to safeguard our systems to the greatest extent possible against future attacks.

In 2022, we have been taking forward a range of programmes and initiatives central to Sláintecare. The Sláintecare Report 2017 also included a commitment to HSE regionalisation. During 2022, working with the DoH, the HSE has been working to design and develop the specification of RHAs, including completion of a comprehensive implementation plan, clarity on corporate and clinical governance, and commencement of the transition phase to the new arrangements.

There has also been focus on addressing waiting lists and waiting list times in both the acute services and in the community, women's health and driving improvements in mental health and disability services, reduce our dependence on the current hospital-centric model of care, and focus on reforms of home support and residential care in older persons' services.

While COVID-19 remains a major challenge for our staff, patients, service users and vulnerable groups we will continue to work across the organisation to minimise its effects on the capacity of our services and to maximise the delivery of high-quality health and social care services, as we transition from a pandemic to an endemic scenario. The ongoing uncertainty around COVID-19 has contributed to a significant level of complexity and challenge in terms of managing ongoing financial issues and risks, which we continue to address in so far as practicable. These financial issues and risks are identified in the Financial Management Framework chapter of the NSP2022.

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.

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. Simultaneously, we will continue to deliver reforms and improvements to support the permanent strengthening of the health services, based on the recommendations of the Sláintecare report.

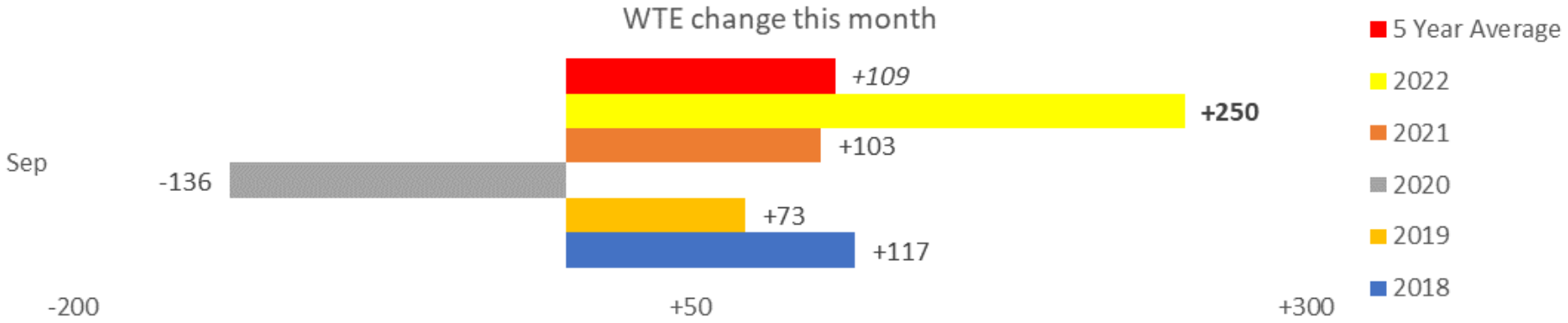
Human Resources

Health Sector Workforce

Headlines

Employment levels at the end of September 2022, show there were **135,245 WTE** (equating to 154,566 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- The change is **+250 *WTE*** this month (headcount +838), with YTD employment levels continuing to show strong growth at **+2,922 WTE**.
- This month's increase of +250 marks a recovery over last months fall and is the strongest September performance in recent years, and notably the variance between WTE at +250 to headcount at +838 positively suggests significant further growth not yet reflected in WTE this month.



- The overall increase since December 2019 now stands at **+15,428 WTE** (+12.9%).The staff category with the greatest WTE increase is Nursing & Midwifery at **+4,452 WTE**, with the largest staff group Staff Nurses & Midwives reporting the greatest WTE increase at +2,184 WTE. The staff category with the greatest percentage increase is Management & Administrative +3,789 WTE (+20.1%).

Resourcing Strategy September: 2022

Under the HSE resourcing strategy, the HSE has set a minimum net additional staff target of 5,500 WTE for 2022. This month's increase of +250 WTE has exceeded the profile WTE set for September however, due to previous months performance , shows an overall performance lag variance of -801 WTE at September. However, Acute services are ahead of the minimum target increase at September (+1,046) and at December (+1,330), whereas Community Services lag behind the September target by a total -2,064 WTE. All services are under the maximum of the target.

Key findings by Staff Category & Staff Group

- **Medical & Dental** staffing are reporting the largest increase this month, at **+214 WTE**. All staff groups are reporting an increase, Registrars +86 WTE, SHO/ Interns +78 WTE, Consultants +46 WTE and Medical/ Dental, other +3 WTE.
- **Management & Administrative** are reporting an increase of **+77 WTE.** Administrative/ Supervisory (V to VII) staff group are reporting the largest increase in this category +93 WTE followed by Management (VIII & above) +14 WTE. Clerical (III & IV) reported a ***decrease*** of **-30 WTE**.

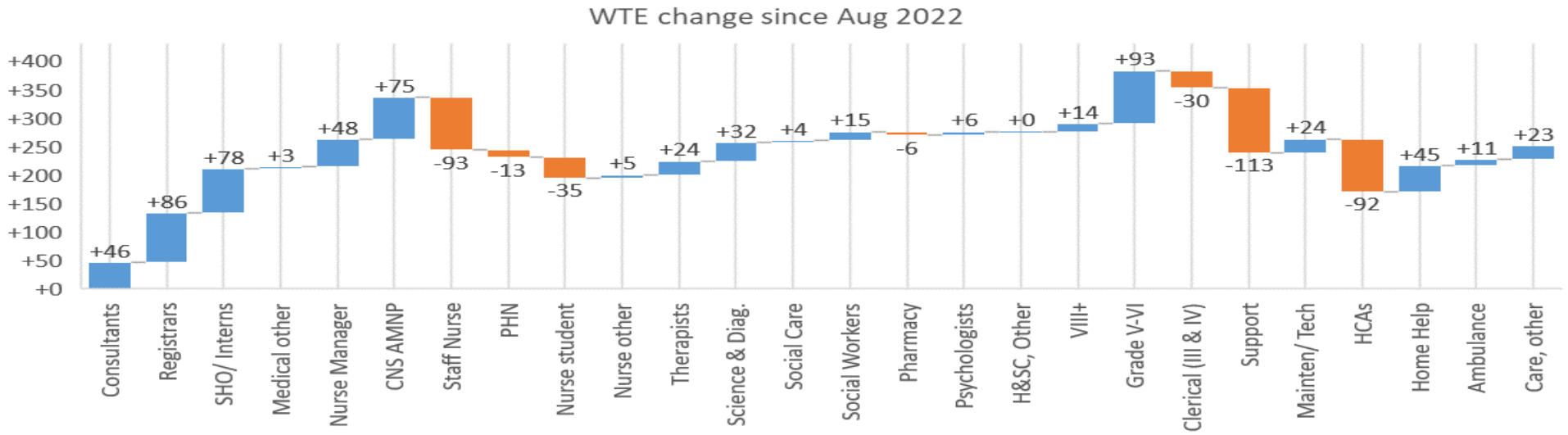
- **Health & Social Care Professionals** staff category reported an increase of **+76 WTE.** At staff group level, Health Science/ Diagnostics is showing an increase of +32 WTE (Radiographers & Medical Science) followed by ***Therapy Professions*** +24 WTE and ***Social Workers*** +15 WTE.
- **General Support** staff category reported a decrease of **-89 WTE** with Support Staff down by **-113 WTE.** Four of the five grade groups within Support Staff are showing a decrease with Medical Laboratory Aides reporting a reduction **-53 WTEs** (likely due to reduced COVID testing); Portering Catering & Cleaning also reported a decrease.
- **Nursing & Midwifery** are also reporting a decrease of **-14 WTE**. However, Nurse/ Midwife Specialist & AN/MP staff group are reporting the largest increase in this category **+75 WTE** followed by Nurse/ Midwife Manager **+48** WTE and Nursing/ Midwifery other **+5 WTE**. The Staff Nurse/ Staff Midwife staff group are reporting the largest decrease of **-93 WTE** followed by Nursing/ Midwifery Student **-35 WTE** and Public Health Nurse **-13 WTE.** The qualification of nursing and midwifery internship students is a significant factor during September and October with movement attributing to same in this staff category.
- **Patient & Client Care** are reporting a decrease of **-12 WTE** driven by Health Care Assistant fall of **-92 WTE**, of which -21 WTE is attributable to COVID-19 Swabbers, offset by **+45 WTE Home Helps.**

Further details are shown in the charts & tables below:

By Staff Group: September 2022

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Aug 2022	WTE Sep 2022	WTE change since Aug 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*	No. Sep 2022
Total Health Service	119,817	126,174	132,323	134,994	135,245	+250	+2,922	+9,071	+15,428	+12.9%	154,566
Medical & Dental	10,857	11,762	12,113	12,258	12,472	+214	+359	+710	+1,614	+14.9%	13,425
Consultants	3,250	3,458	3,608	3,756	3,802	+46	+194	+344	+552	+17.0%	4,173
Registrars	3,679	3,876	4,104	4,206	4,292	+86	+188	+416	+613	+16.7%	4,451
SHO/ Interns	3,116	3,594	3,587	3,518	3,596	+78	+10	+2	+480	+15.4%	3,698
Medical/ Dental, other	812	833	814	778	781	+3	-33	-52	-30	-3.7%	1,103
Nursing & Midwifery	38,205	39,917	41,576	42,671	42,657	-14	+1,081	+2,740	+4,452	+11.7%	48,814
Nurse/ Midwife Manager	7,984	8,344	8,852	9,110	9,158	+48	+305	+814	+1,173	+14.7%	10,008
Nurse/ Midwife Specialist & AN/MP	1,996	2,299	2,481	2,714	2,788	+75	+307	+490	+792	+39.7%	3,107
Staff Nurse/ Staff Midwife	25,693	26,763	27,850	27,969	27,876	-93	+27	+1,114	+2,184	+8.5%	31,766
Public Health Nurse	1,537	1,557	1,523	1,494	1,481	-13	-42	-77	-57	-3.7%	1,792
Nursing/ Midwifery Student	644	592	526	1,067	1,032	-35	+505	+440	+387	+60.2%	1,770
Nursing/ Midwifery other	350	362	344	317	322	+5	-21	-40	-28	-7.9%	371
Health & Social Care Professionals	16,774	17,807	18,999	19,071	19,147	+76	+148	+1,340	+2,373	+14.2%	22,152
Therapy Professions	5,234	5,565	5,947	6,092	6,116	+24	+169	+551	+882	+16.9%	7,149
Health Science/ Diagnostics	4,500	4,731	4,918	4,929	4,961	+32	+43	+230	+461	+10.2%	5,566
Social Care	2,710	2,909	3,127	3,109	3,114	+4	-14	+205	+404	+14.9%	3,670
Social Workers	1,165	1,238	1,296	1,337	1,352	+15	+56	+113	+187	+16.1%	1,540
Psychologists	1,004	1,066	1,095	1,092	1,097	+6	+2	+31	+93	+9.3%	1,279
Pharmacy	1,038	1,164	1,292	1,305	1,299	-6	+7	+135	+261	+25.2%	1,472

Staff Category /Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Aug 2022	WTE Sep 2022	WTE change since Aug 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*	No. Sep 2022
H&SC, Other	1,123	1,134	1,324	1,208	1,208	+0	-116	+74	+85	+7.6%	1,476
Management & Administrative	18,846	19,829	21,583	22,558	22,635	+77	+1,052	+2,806	+3,789	+20.1%	24,942
Management (VIII & above)	1,842	1,969	2,216	2,380	2,393	+14	+178	+424	+551	+29.9%	2,464
Administrative/ Supervisory (V to VII)	5,199	5,821	6,705	7,358	7,451	+93	+746	+1,630	+2,252	+43.3%	7,928
Clerical (III & IV)	11,805	12,038	12,661	12,821	12,790	-30	+129	+752	+985	+8.4%	14,550
General Support	9,416	9,876	10,010	10,219	10,130	-89	+119	+254	+713	+7.6%	11,637
Support	8,234	8,676	8,813	9,037	8,924	-113	+110	+248	+690	+8.4%	10,384
Maintenance/ Technical	1,182	1,200	1,197	1,182	1,206	+24	+9	+6	+23	+2.0%	1,253
Patient & Client Care	25,719	26,985	28,042	28,217	28,205	-12	+163	+1,220	+2,486	+9.7%	33,596
Health Care Assistants	17,396	18,554	19,326	19,334	19,242	-92	-84	+688	+1,845	+10.6%	22,313
Home Help	3,569	3,543	3,546	3,674	3,719	+45	+173	+176	+150	+4.2%	5,297
Ambulance Staff	1,828	1,877	1,936	1,894	1,906	+11	-30	+28	+78	+4.3%	2,009
Care, other	2,925	3,011	3,234	3,315	3,339	+23	+104	+328	+413	+14.1%	3,977

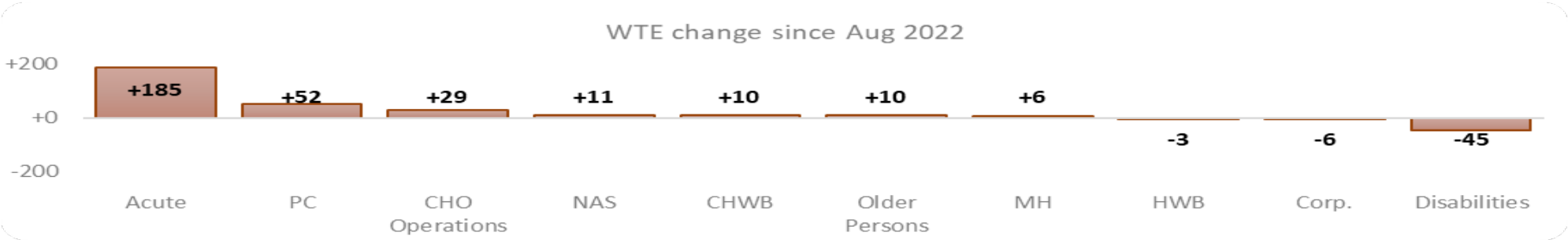


Key findings Operations:

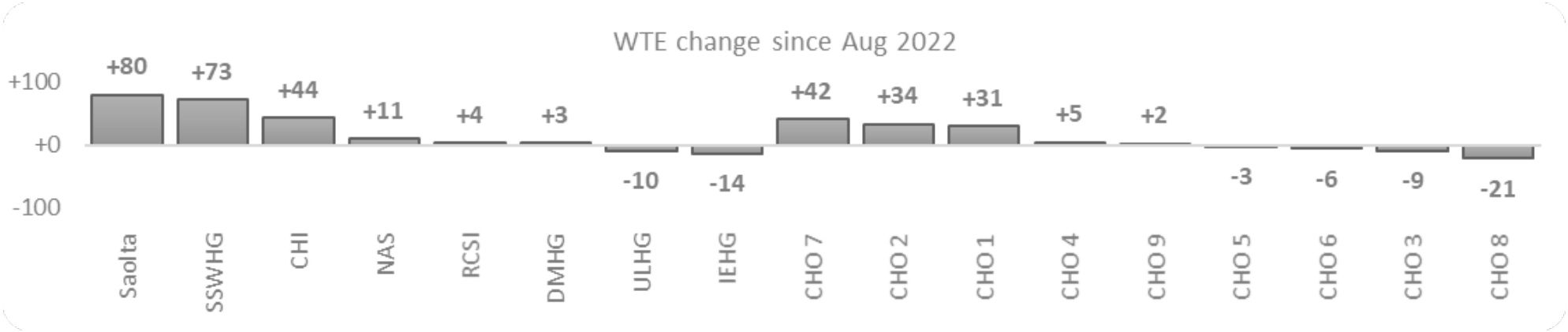
- Overall in this period **Acute Services** is showing an increase of **+196 WTE** followed by **Community Services +62 WTE.** Health & Well-being, Corporate & National are reporting a decrease of **-8 WTE.**

Date	WTE	Change (from previous month)	NAS	Acute Hospital Services	Acute Services	CHWB	Mental Health	Primary Care	Disabilities	Older People	Comm Ops	Community Services	H&WB, Corp. & Nat Services
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**
Nov-21	**131,265**	**+138**	-19	+226	***+206***	-4	-63	+7	+57	-23	+0	**-25**	**-43**
Oct-21	**131,126**	**+490**	+50	+117	***+166***	+6	-25	+183	+37	+58	+0	**+258**	**+65**
2022 YTD		***+2,922***	***-27***	***+2,339***	***+2,312***	***+103***	***+38***	***-435***	***+34***	***+156***	***+525***	***+422***	***+189***
1 Year		***+4,609***	***+5***	***+3,189***	***+3,194***	***+117***	***+23***	***-58***	***+244***	***+275***	***+525***	***+1,126***	***+288***

- At Care Group level, Acute Hospital Services were up **+185 WTE** followed by Primary Care at **+52 WTE,** CHO Operations **+29 WTE**, Ambulance Services **+11 WTE**, Community Health & Wellbeing **+10 WTE,** Older People **+10 WTE,** Mental Health **+6 WTE** and **Health Business Services +1 WTE.** Health & Well-being reported a decrease of **-3WTE**, followed by Corporate Functions **-6 WTE** and Disabilities **-45 WTE.**



- The **largest** WTE increase this month is reported in Saolta university Hospital Care **+80 WTE**, followed by South/South West Hospital Group **+73 WTE**, Dublin Midlands Hospital Group at **+44 WTE**. The largest decreases are reported by CHO's 8 and CHO 3.



By Care Group: September 2022

Care Group	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Aug 2022	WTE Sep 2022	WTE change since Aug 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*	No. Sep 2022
Total Health Service	119,817	126,174	132,323	134,994	135,245	+250	+2,922	+9,071	+15,428	+12.9%	154,566
Ambulance Services	1,933	1,990	2,060	2,021	2,033	+11	-27	+43	+100	+5.2%	2,144
Acute Hospital Services	60,604	64,449	68,069	70,224	70,408	+185	+2,339	+5,959	+9,804	+16.2%	78,789
Acute Services	62,537	66,439	70,129	72,245	72,441	+196	+2,312	+6,002	+9,904	+15.8%	80,933
Community Health & Wellbeing	-	144	181	273	284	+10	+103	+140	+284		348
Mental Health	9,954	10,301	10,362	10,394	10,400	+6	+38	+99	+446	+4.5%	11,568
Primary Care	10,599	11,572	12,582	12,095	12,147	+52	-435	+575	+1,548	+14.6%	14,623
Disabilities	18,303	18,944	19,623	19,702	19,656	-45	+34	+712	+1,354	+7.4%	23,425
Older People	13,233	13,415	13,623	13,769	13,779	+10	+156	+364	+547	+4.1%	16,601
CHO Operations	-	-	-	497	525	+29	+525	+525	+525		561
Community Services	52,089	54,377	56,370	56,729	56,792	+62	+422	+2,415	+4,703	+9.0%	67,126
Health & Well-being	574	511	641	657	654	-3	+13	+142	+80	+13.9%	727
Corporate Functions	3,964	4,179	4,778	4,977	4,972	-6	+194	+793	+1,008	+25.4%	5,380
Health Business Service	654	668	405	386	387	+1	-18	-281	-267	-40.8%	400
H&WB Corporate & National	5,191	5,358	5,824	6,020	6,012	-8	+189	+654	+821	+15.8%	6,507

By Service Delivery Area: September 2022

Service Delivery Area	WTE Dec 2019	WTE Dec 2020	WTE Dec 2021	WTE Aug 2022	WTE Sep 2022	WTE change since Aug 2022	WTE change since Dec 2021	WTE change since Dec 2020	WTE change since Dec 2019	*% change since Dec 2019*	No. Sep 2022
Total Health Service	119,817	126,174	132,323	134,994	+135,245	+250	+2,922	9,071	+15,428	12.9%	154,566
National Ambulance Service	1,933	1,990	2,060	2,021	+2,033	+11	-27	43	+100	5.2%	2,144
Children's Health Ireland	3,602	3,762	3,974	4,020	+4,023	+3	+49	260	+420	11.7%	4,623
Dublin Midlands Hospital Group	10,819	11,288	11,707	12,044	+12,088	+44	+381	801	+1,270	11.7%	13,455
Ireland East Hospital Group	12,502	13,478	14,129	14,472	+14,458	-14	+329	980	+1,956	15.6%	15,939
RCSI Hospitals Group	9,663	10,197	10,606	10,985	+10,990	+4	+383	792	+1,327	13.7%	12,236
Saolta University Hospital Care	9,253	9,829	10,566	10,979	+11,059	+80	+493	1,230	+1,806	19.5%	12,463
South/South West Hospital Group	10,527	11,288	11,934	12,401	+12,474	+73	+540	1,186	+1,947	18.5%	14,199
University of Limerick Hospital Group	4,146	4,506	5,043	5,208	+5,198	-10	+155	692	+1,052	25.4%	5,750
other Acute Services	91	101	111	115	+119	+4	+8	18	+28	30.3%	124
Acute Services	62,537	66,439	70,129	72,245	+72,441	+196	+2,312	6,002	+9,904	15.8%	80,933
CHO 1	5,468	5,755	6,089	6,276	+6,307	+31	+218	552	+839	15.3%	7,283
CHO 2	5,545	5,690	5,819	5,779	+5,813	+34	-6	122	+268	4.8%	6,838
CHO 3	4,357	4,610	4,946	5,053	+5,044	-9	+97	434	+687	15.8%	6,005
CHO 4	8,189	8,602	8,856	8,859	+8,863	+5	+7	262	+674	8.2%	10,934
CHO 5	5,282	5,477	5,671	5,787	+5,784	-3	+113	307	+502	9.5%	6,839
CHO 6	3,378	3,465	3,561	3,600	+3,594	-6	+33	129	+216	6.4%	4,177
CHO 7	6,515	6,783	7,073	7,087	+7,129	+42	+56	346	+614	9.4%	8,344
CHO 8	6,135	6,337	6,449	6,434	+6,412	-21	-37	75	+277	4.5%	7,711
CHO 9	6,582	6,950	7,165	7,124	+7,126	+2	-39	177	+544	8.3%	8,231
other Community Services	638	709	740	732	+720	-12	-21	10	+81	12.7%	764
Community Services	52,089	54,377	56,370	56,729	+56,792	+62	+422	2,415	+4,703	9.0%	67,126
H&WB Corporate & National	5,191	5,358	5,824	6,020	+6,012	-8	+189	+654	+821	+15.8%	6,507

Health Sector Absence Rates: September 2022

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

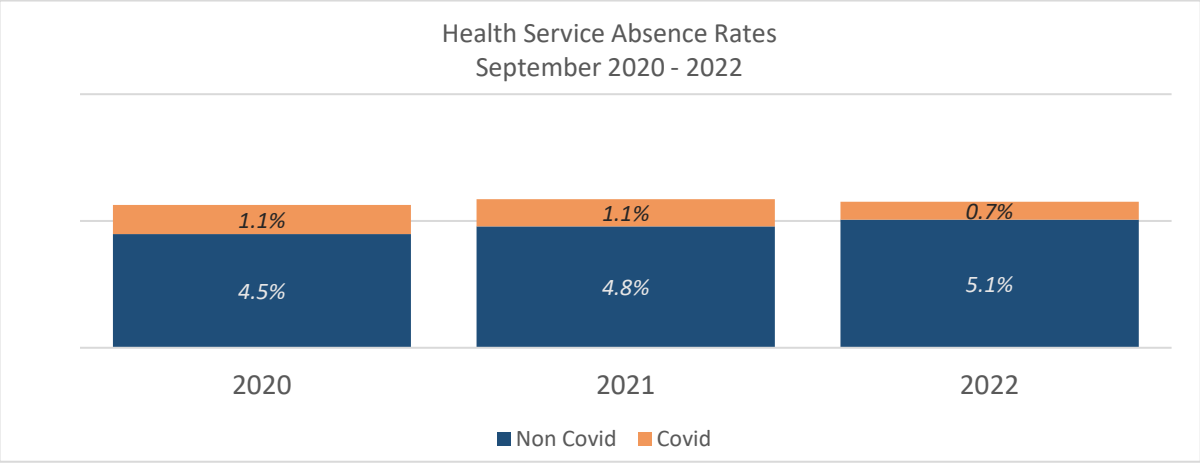
The reported absence rate for September 2022 stands at **5.8%.** This compares to **5.9%** reported for the same month in 2021, and notably both periods include COVID-19 related absence[9]. Excluding COVID-19 the current months absence rate is **5.1%** compared to **4.8%** in 2021. Therefore overall, this month's rate is showing an **increase** on the same period in 2021.

This months' absence rate is the same 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 **5.1%** which is **0.1%** 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 5% is 1% above the new target.

These figures are reflected in the attached National Absence Report.

Benchmark Target	Aug-22	Certified Absence September 2022	Self-Certified Absence September 2022	COVID-19 September 2022	Sep-22	Full Year 2021	Year to date 2022
4.0%	5.8%	4.4%	0.6%	0.7%	5.8%	6.1%	7.3%



[9] 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.

Latest monthly figures (September 2022)

September 2022 absence rate stands at 5.8% of which 4.4% is certified, 0.6% Self-Certified with **0.7%** (or 12.1% of all absence) relating to **COVID-19.**

- ***Excluding*** COVID-19 related absence, the September 2022 absence rate of 5.1% is higher than the same period last year. Based on 2021 data, this months' data is showing a 0.3% increase i.e. 4.8% (2021) 4.5% (2020), 4.7% (2019) and 4.5% (2018).
- For ***Acute Services*** the absence rate is 5.6% of which 0.7% *(12.2% of the total)* is COVID-19 related. Within Acute Services the highest absence rate is reported in Ambulance Services at 7.5%, of which 6.7% is non-COVID -19 related. ***Community Services*** stands at 6.2% of which 0.8% (*12.3% of the total)* is also COVID-19 related. Within Community Services, Older People is reporting the highest absence rate at 7.5%, of which 6.4% is non-COVID-19 related. Notably Older People are reporting the highest COVID-19 related absence at 1.2%. ***Health & Wellbeing, Corporate & National Services*** rate is 3.2% of which 0.2% *(7% of the total)* is COVID-19 related. Details are as follows:

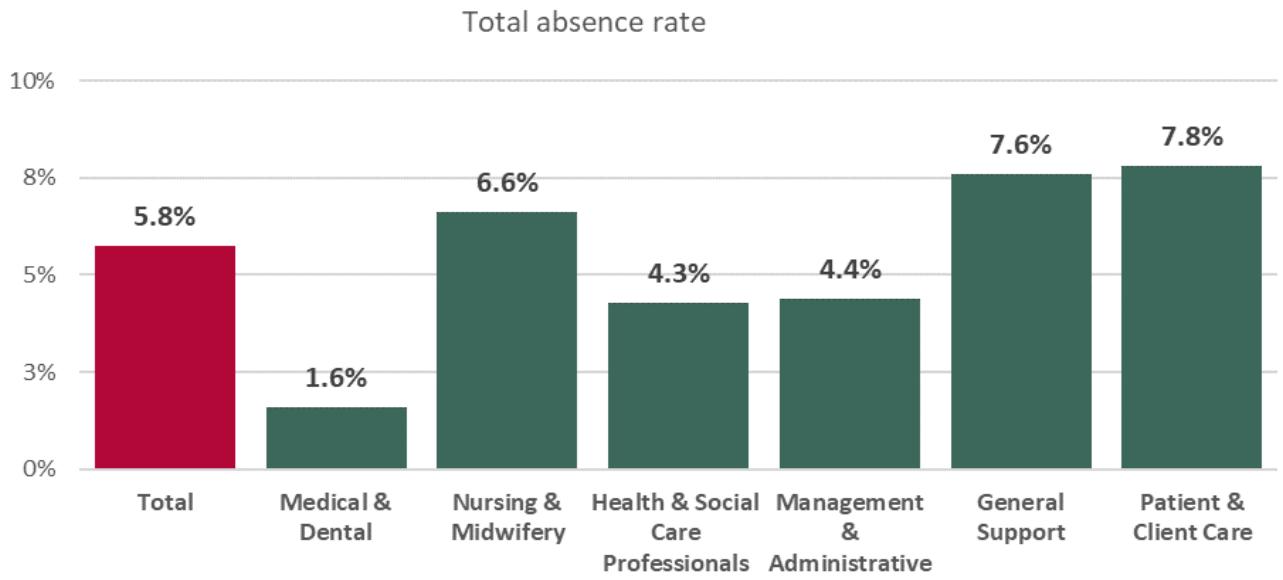
Health Service Absence Rate - by Care Group: Sep 2022	*Certified absence*	*Self- certified absence*	*Non Covid-19 absence*		*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.4%**	**0.6%**	🔴	**5.1%**	**0.7%**	**5.8%**	**87.9%**	**12.1%**
Ambulance Services	5.9%	0.8%	🔴	6.7%	0.8%	7.5%	88.8%	11.2%
Acute Hospital Services	4.2%	0.7%	🔴	4.9%	0.7%	5.6%	87.8%	12.2%
Acute Services	**4.3%**	**0.7%**	🔴	**5.0%**	**0.7%**	**5.6%**	**87.8%**	**12.2%**
Community Health & Wellbeing	2.6%	0.3%	🟢	2.9%	0.3%	3.2%	90.5%	9.5%
Mental Health	4.6%	0.5%	🔴	5.2%	0.6%	5.8%	88.9%	11.1%
Primary Care	4.2%	0.3%	🔴	4.5%	0.6%	5.1%	88.2%	11.8%
Disabilities	5.1%	0.6%	🔴	5.7%	0.7%	6.4%	88.9%	11.1%
Older People	5.7%	0.7%	🔴	6.4%	1.2%	7.5%	84.3%	15.7%
CHO Operations	3.1%	0.3%	🟢	3.4%	0.3%	3.8%	91.3%	8.7%
Community Services	**4.9%**	**0.5%**	🔴	**5.4%**	**0.8%**	**6.2%**	**87.7%**	**12.3%**
Health & Wellbeing	2.8%	0.2%	🟢	3.0%	0.3%	3.3%	89.6%	10.4%
Corporate	2.7%	0.3%	🟢	3.0%	0.2%	3.2%	93.4%	6.6%
Health Business Services	2.3%	0.2%	🟢	2.4%	0.1%	2.5%	95.8%	4.2%
HWB, Corporate & National	**2.7%**	**0.3%**	🟢	**3.0%**	**0.2%**	**3.2%**	**93.0%**	**7.0%**

**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 7.8% followed by General Support (7.6%) and Nursing & Midwifery (6.6%).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 (15%), Nursing & Midwifery (13.5%) and H&SCPs (12.2%). Medical and Dental reported the **lowest** absence rate at 1.6% overall in September, however as noted earlier, reported the highest proportion of overall absence attributing to COVID-19 related absence, at 15%. Further, based on the new KPI, three staff categories are reporting within the target, with three categories above the target. Details as follows:

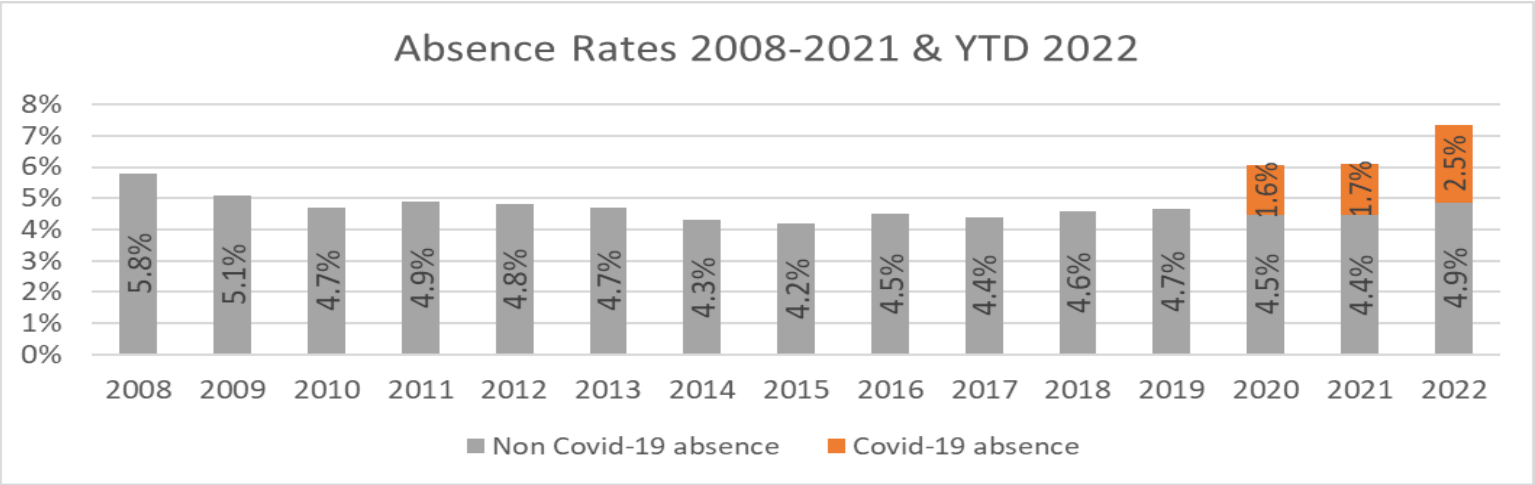
Health Service Absence Rate - by Staff Category: Sep 2022	*Certified absence*	*Self- certified absence*	*Non Covid-19 absence*		*Covid-19 absence*	Total absence rate	*% Non Covid-19 absence*	*% Covid-19 absence*
Total	**4.4%**	**0.6%**	●	**5.1%**	**0.7%**	**5.8%**	**87.9%**	**12.1%**
Medical & Dental	1.2%	0.2%	●	1.3%	0.2%	1.6%	85.0%	15.0%
Nursing & Midwifery	4.9%	0.9%	●	5.7%	0.9%	6.6%	86.5%	13.5%
Health & Social Care Professionals	3.4%	0.4%	●	3.8%	0.5%	4.3%	87.8%	12.2%
Management & Administrative	3.5%	0.4%	●	3.9%	0.5%	4.4%	89.4%	10.6%
General Support	6.3%	0.6%	●	6.9%	0.7%	7.6%	90.5%	9.5%
Patient & Client Care	6.1%	0.8%	●	6.9%	0.9%	7.8%	88.4%	11.6%

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

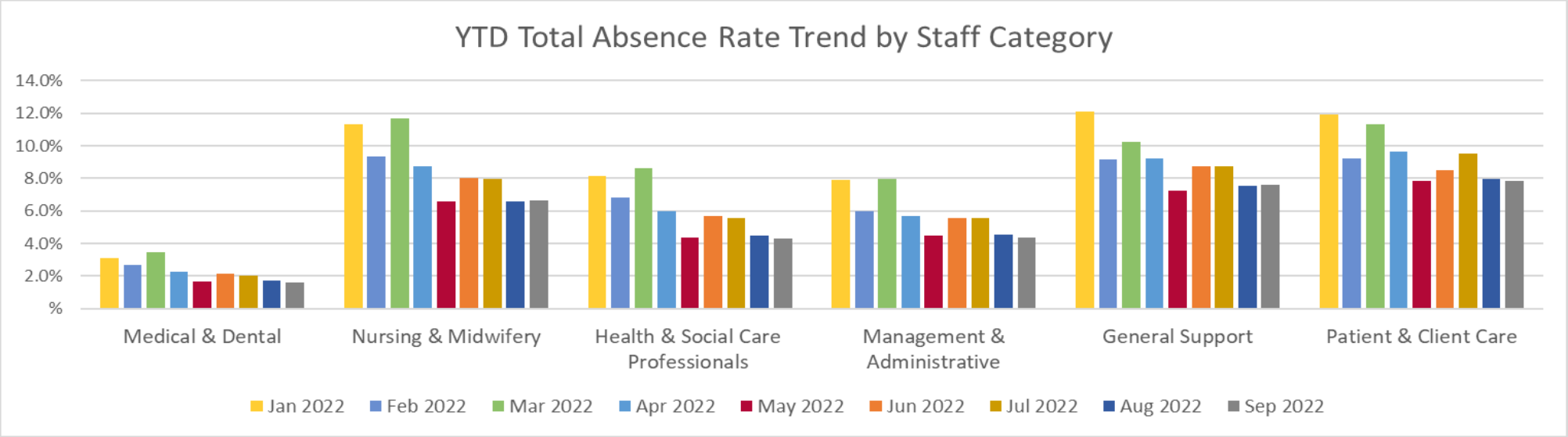


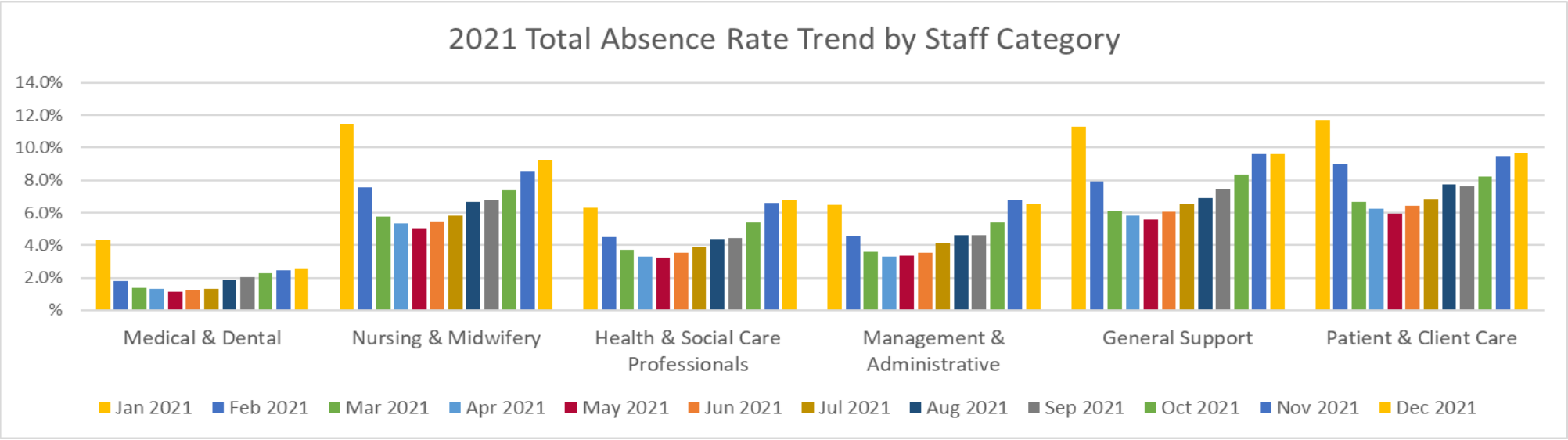
Year-to-date & trends 2008 – 2022

The year to date 2022 figure of 7.3% has also been significantly impacted by COVID-19 related absence with 2.5% of the 2022 absence rate (or 33.7% of all 2022 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021 & 2022.



- When compared with previous years, the 2022 Year to Date figure appears higher. However, this as noted above, is impacted by COVID-19 related absence, accounting for 2.5% 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 4.9% 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.





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	97.4%	87%
Mental Health Services	96.8%	91%
Other Agencies	96.7%	93.3%

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1 [R]	0.9 [G]

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

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

Performance Table:

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

Graphs:

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

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

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
Quality and Safety	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Quarter 2 HSE CHO Area 1, HSE CHO Area 5 IEHG HSE Midlands Regional Hospital Mullingar IEHG HSE St Columcille's Hospital Saolta HSE Mayo University Hospital Saolta HSE Roscommon University Hospital Saolta HSE Portiuncula University Hospital Saolta HSE Sligo University Hospital
Primary Care	Speech & Language % of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks % of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks No of speech and language therapy patients seen	Non Return (Sep) CHO1 (Donegal)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 12 weeks % of dietetic patients on waiting list for treatment ≤ 52 weeks No. of Dietetics patients seen	Non Return (May, Jun, Jul, Aug, Sep) CHO7 (Dublin West) Non Return (Aug, Sep) CHO7 (Dublin South City)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), CHO9 (Dublin North West, Dublin North Central)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, 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	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) CHO2 (Roscommon)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks No of Psychology patients seen	Non Return (Jul, Aug, Sep) CHO6 (Dublin South East)
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)
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	Child Health (M1M) % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Feb, Mar, Apr, May, Jun, Jul, Aug) CHO1 (Cavan, Monaghan) Non Return (Aug) CHO2 (Galway) Non Return (Mar) CHO5 (Waterford) Non Return (Jun, Jul, Aug) CHO6 (Dublin South East) Non Return (Aug) CHO7 (Dublin West)
Primary Care	Child Health (Q) % new born babies visited by a PHN within 72 hours of discharge from maternity services	Non Return (Mar, Jun, Sep) CHO1 (Cavan Monaghan) Non Return (Jun, Sep) CHO2 (Galway), Non Return (Jun, Sep) CHO6 (Dublin South East, Wicklow) Non Return (Sep) CHO7 (Dublin West, Kildare West Wicklow)
Primary Care	Child Health (Q1Q) % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return CHO1 (Mar, Jun) (Cavan Monaghan) Non Return (Jun) CHO2 (Galway) Non Return CHO6 (Mar, Jun) (Dublin South East) Non Return (Mar) CHO6 (Wicklow) Non Return (Jun) CHO7 (Dublin West, Kildare West 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)
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)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO8
Mental Health CAMHS	CAMHs waiting list	CHO 4 South Lee 3
Mental Health CAMHS	CAMHs waiting list > 12 months	CHO 4 South Lee 3
Mental Health CAMHS	No of referrals received	CHO 4 South Lee 3

Service Area	KPI Title	Data Coverage Issues
Mental Health CAMHS	Number of new seen	CHO 4 South Lee 3
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 4 South Lee 3
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 4 South Lee 3
Mental Health General Adult	Number of referrals received	CHO 4 Fermoy CHO 9 Blanchardstown Team 2
Mental Health General Adult	Number of referrals seen	CHO 4 Fermoy CHO 9 Blanchardstown Team 2
Mental Health General Adult	% seen within 12 weeks	CHO 4 Fermoy CHO 9 Blanchardstown Team 2
Psychiatry of Later Life	Number of referrals received	CHO 2 Mayo POA 2 (Jul, Aug, Sep) CHO 8 Louth POA (May, Jun, July)
Psychiatry of Later Life	Number of referrals seen	CHO 2 Mayo POA 2 (Jul, Aug, Sep) CHO 8 Louth POA (May, Jun, July)
Psychiatry of Later Life	% seen within 12 weeks	CHO 2 Mayo POA 2 (Jul, Aug, Sep) 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.
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, therefore unable to provide a comparison against SPLY
Acute Hospitals	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	Please refer to outstanding KPI's below
Acute Hospitals	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	LUH outstanding Sept 22
Acute Hospitals	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the National standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	LUH outstanding Sept 22

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	UHL outstanding Sept 22
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Altnagelvin Aug & September 22.
Acute Hospitals	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection	CUMH data outstanding for Jul-22, Aug-22, Sep-22.
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	CUMH data outstanding for Jul-22, Aug-22, Sep-22.
Acute Hospitals	No. of new cases of CPE	CUMH data outstanding for Jul-22, Aug-22, Sep-22.
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	CUMH data outstanding for Jul-22, Aug-22, Sep-22.
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	The following hospitals data is outstanding for Q3 2022: CHI at Crumlin, Coombe Women and Infants University Hospital, MRH Portlaoise, Mater Misericordiae University Hospital, Letterkenny University Hospital, Mayo University Hospital, Cork University Hospital, Cork Maternity Hospital, Mallow General Hospital
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	The following hospitals data is outstanding for Q3 2022: CHI at Crumlin, Coombe Women and Infants University Hospital, MRH Portlaoise, Mater Misericordiae University Hospital, Letterkenny University Hospital, Mayo University Hospital, Cork University Hospital, Cork Maternity Hospital, Mallow General Hospital

Appendix 3: Hospital Groups

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

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

Appendix 4: Community Health Organisations

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