Performance Profile

July – September 2024

Contents

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

# Building Trust and Confidence across Staff and our Service Users

Quality and Safety

Performance area	Reporting Level	Target/Expected Activity	Freq		Current Period12M/4Q	SPLY YTD 12M/4Q	SPLY Change	Current (-2)	Current (-1)	Current
Serious Incidents Number of incidents reported as occurring (included: Category 1, who was involved=service user)	**National**		**M**		**898**	**939**	-41	**98**	**83**	**62**
	Acute Hospital Services		M		583	566	17	62	55	40
	Community Services		M		315	373	-58	36	28	22
% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident*	**National**	**70%**	**M**	🔴	**43%**	**45%**	**-2%**	**46%**	**47%**	**25%**
	Acute Hospital Services	70%	M	🔴	48%	50%	-2%	46%	59%	28%
	Community Services	70%	M	🔴	14%	26%	-12%	50%	0%	0%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of notification of the incident (reported @ July 2024)	**National**	**70%**	**Q**	🟢	79%	**75%**	**4%**	**77%**	**78%**	**85%**
	Acute Hospital Services	70%	Q	🟢	79%	75%	4%	77%	80%	86%
	Community Services	70%	Q	🟢	79%	76%	3%	77%	76%	84%
Incident Reporting Extreme and major incidents as a % of all incidents reported as occurring**	**National**	**<1%**	**Q**	🟢	**0.5%**	**0.5%**	-	**0.4%**	**0.5%**	**0.6%**
	Acute Hospital Services	<1%	Q	🟢	0.6%	0.6%	-	0.5%	0.6%	0.8%
	Community Services	<1%	Q	🟢	0.4%	0.5%	-0.1%	0.3%	0.3%	0.5%

* Current - reflecting compliance for incidents notified in May 2024.Current 12M rolling period reflecting compliance June 2023 – May 2024.

** Current - reflecting compliance for incidents occurring in Q3 2024. Current 4Q rolling period reflecting compliance Q4 2023-Q3 2024

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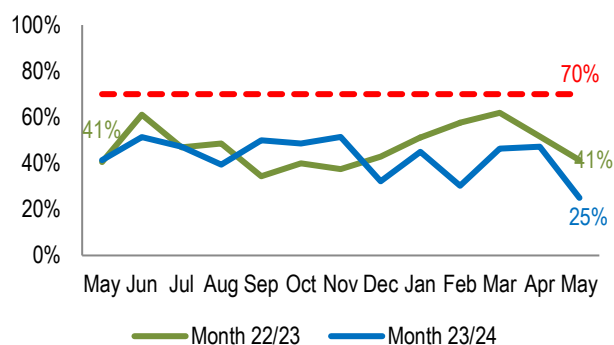
% of serious incidents requiring review completed within 125 days of notification of the incident - Acute
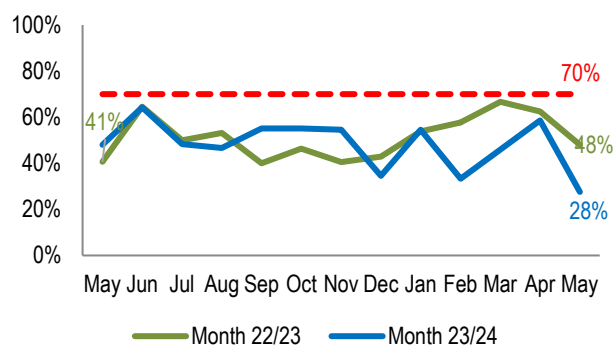
% of serious incidents requiring review completed within 125 days of notification of the incident - Community

Serious Reportable Events

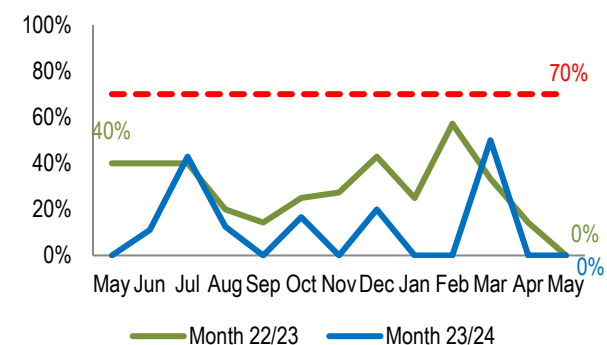| Service Area	Total SRE occurrence (in-month) Sep 2024	Aug 2024	Jul 2024	Jun 2024	May 2024	Apr 2024	Mar 2024	Feb 2024	Jan 2024	Dec 2023	Nov 2023	Oct 2023
Acute Hospitals [inc. National Ambulance Service]	49	49	66	54	65	65	65	62	86	63	57	57
Community Services	11	32	40	22	31	43	24	30	24	27	34	22
Total*	**60**	**81**	**106**	**76**	**96**	**108**	**89**	**92**	**110**	**90**	**91**	**79**

*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.

60 SREs were reported as occurring in September 2024 and registered in NIMS up to 8th October 2024. 24 SREs were reported as patient falls, 21 were reported as Stage 3 or 4 pressure ulcers and the remaining 15 SREs reported comprised 5 SRE categories.

'Your Service Your Say' Policy

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
% of complaints investigated within 30 working days of being acknowledged by the complaints officer (Q2 at 19.08.24)*	**National**	**75%**	**Q**	● **74.4%**	**67.6%**	**6.89%**	**74.7%**	**74.9%**	**74%**
	Acute Hospital Services	75%	Q	● 74.4%	67.9%	6.50%	76.3%	75.4%	73.5%
	Community Services	75%	Q	● 73.1%	72.4%	0.71%	61.5%	72.9%	73.3%

*Part of the HSE centre restructure process, *% of complaints investigated within 30 working days of being acknowledged by the complaints officer* is now under *'Your Service Your Say' Policy* heading

'Your Service Your Say' Policy

Performance are	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
% of complaints where an Action Plan is identified as necessary, is in place and progressing (Q2 at 02.10.24)	**National**	**65%**	**Q**	● **86.2%**	**87.9%**	**-1.7%**	**64.6%**	**86.8%**	**85.6%**
	Acute Hospital Services	65%	Q	● 89.3%	88.3%	-1%	82%	90.2%	88.4%
	Community Services	65%	Q	● 61.6%	80%	-18.4%	33%	60.5%	62.7%

Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of community concerns that have been reviewed by a social worker on the Community Healthcare Organisation (CHO) Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days – SC10	85%	Q-1M	🟢	**93.8%**	81.9%	+11.9%	92.4%	93.6%	93.8%	All CHOs reached target	
% of service concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days – SC11	81%	Q-1M	🔴	**69.7%**	83.7%	-14%	78.3%	93.8%	69.7%	CHO1 (100%), CHO2 (98.8%), CHO3 (97.1%)	CHO7 (8.3%), CHO8 (53.2%)

% of community concerns reviewed and initial response generated within 3 working days
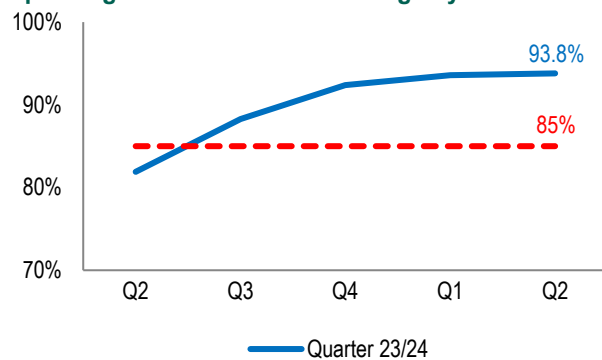
% of service concerns reviewed with response sent to the notifying service within 10 working days

Improving Access to Care and Performance
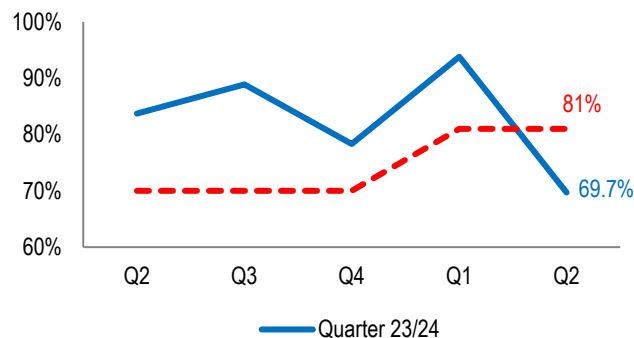
Health and Wellbeing

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor – HWB27	11,318 YTD/ 20,648 FYT	Q-1Q	🟠	10,711	10,082	+629	4,754	5,909	4,802	DM HG (171.5%), IE HG (86.1%), UL HG (50.7%)	SAOLTA HG (-74.2%), CHO2 (-52.5%), CHO4 (-32.8%)
% of smokers on cessation programmes who were quit at four weeks – HWB26	48%	Q-1Q	🟢	59.9%	56.3%	+3.6%	58.4%	61.5%	57.9%		

Tobacco smokers – intensive cessation support
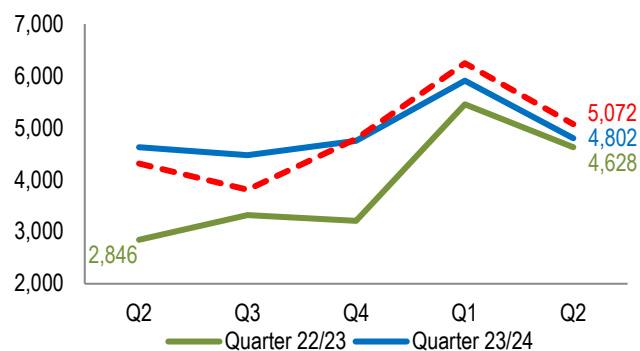
% of smokers quit at four weeks

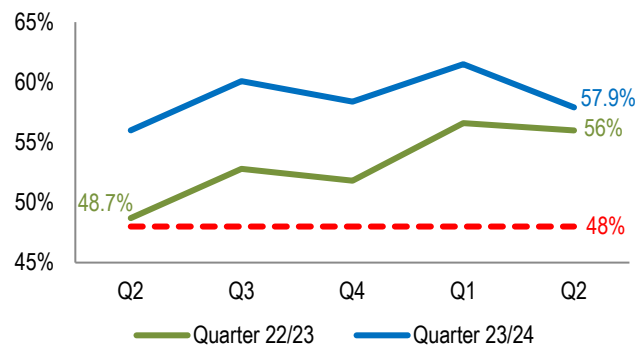# Public Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children aged 24 months who have received (MMR) vaccine – HWB8	95%	Q-1Q	🟡	89.6%	89.2%	+0.4%	89.6%	89.3%	89.9%	No CHO reached target	CHO1 (83.4%), CHO9 (86.7%), CHO7 (88.9%)
% of children aged 24 months who have received three doses of the 6 in 1 vaccine – HWB4	95%	Q-1Q	🟢	92.1%	92.4%	-0.3%	92.6%	91.8%	92.4%	CHO8 (96.1%)	CHO1 (89.1%), CHO9 (89.6%), CHO5 & 6 (91.3%)

% of children 24 months – (MMR) vaccine
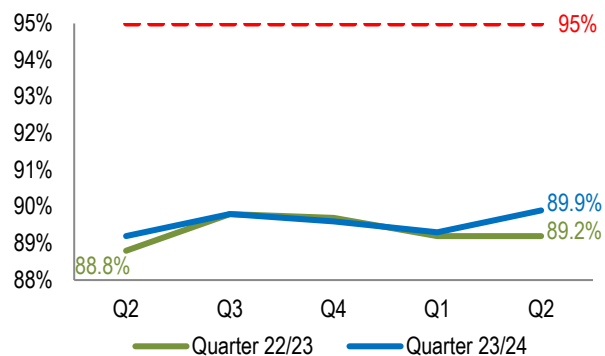
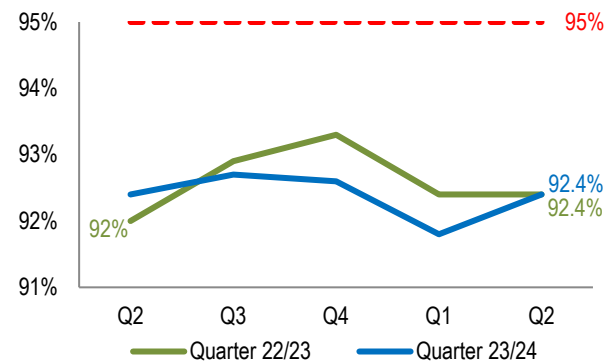## % of children 24 months – 3 doses of 6 in 1 vaccine

Environmental Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
No. of initial tobacco sales and / or nicotine inhaling product sales to minors test purchase inspections carried out – HWB29	272 YTD/ 384 FYT	Q	🔴	0	339	-339	0	0	0
Number of official food control planned, and planned surveillance, inspections of food businesses – HWB31	24,750 YTD/ 33,000 FYT	Q	🟢	25,758	25,248	+510	7,641	9,143	8,974

Number of initial tobacco sales to minors
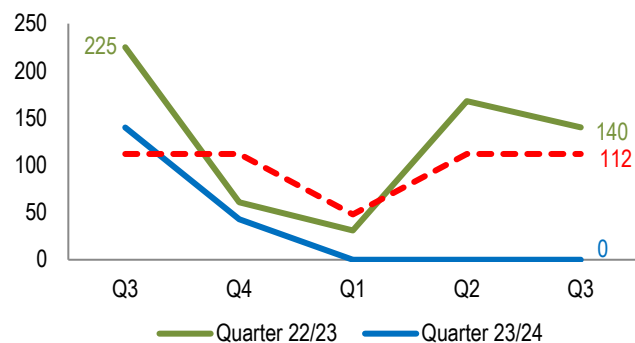
Number of inspections of food businesses
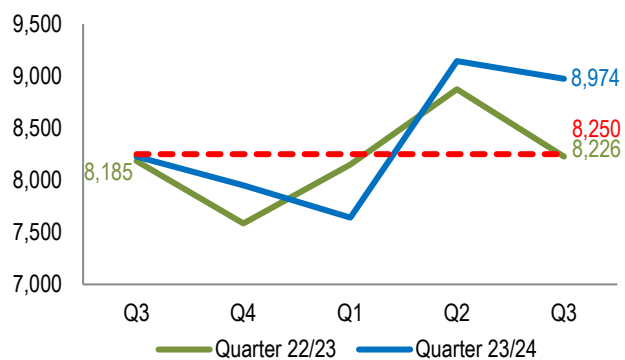
National Screening Service

National Screening Service Scorecard/Heatmap

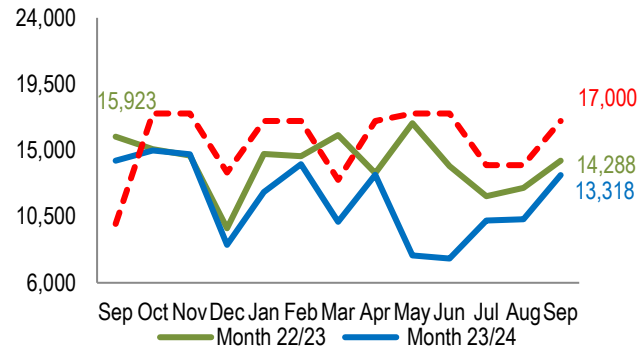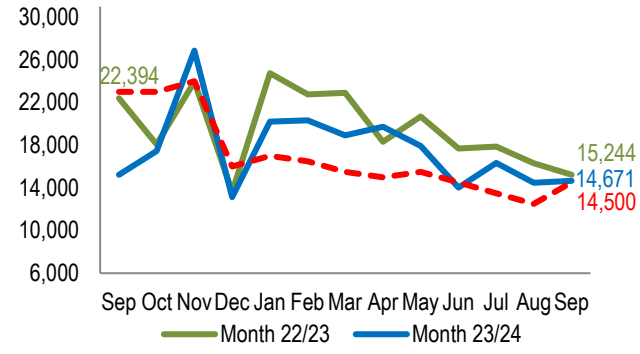|	KPI No.	Metric Title	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Quality & Safety		**Breastcheck**							
	HWB35	% BreastCheck screening uptake rate	Q-1Q	70%	66.9%	-4.5%	62.7%	58.7%	81.6%
Access and Integration		**CervicalCheck**							
	NSS2	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	134,500	156,627	16.5%	16,345	14,473	14,671

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck No. of women in the eligible population who have had a complete mammogram – HWB77	144,000 YTD/ 195,000 FYT	M	🔴	99,060	128,234	-29,174	10,235	10,318	13,318
% BreastCheck screening uptake rate – HWB35	70%	Q-1Q	🟢	66.9%	67.4%	-0.5%	62.7%	58.7%	81.6%
CervicalCheck No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting – NSS2	134,500 YTD/ 178,000 FYT	M	🟢	156,627	176,601	-19,974	16,345	14,473	14,671
% eligible women with at least one satisfactory cervical screening test in a five year period – NSS3	80%	Q-1Q	🟡	74.5%	73.5%	+1%	72.9%	74%	75.1%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test -HWB82	114,000 YTD/ 148,000 FYT	M	🟡	107,343	114,533	-7,190	11,385	11,340	11,775
% BowelScreen screening uptake rate – HWB46	45%	Q-1Q	🔴	37.5%	50.1%	-12.6%	42.5%	41.1%	34.1%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result – HWB23	80,800 YTD/ 112,000 FYT	M	🟢	81,887	88,908	-7,021	10,402	8,588	8,839
% Diabetic RetinaScreen uptake rate – HWB47	69%	Q-1Q	🔴	55.9%	56.6%	-0.7%	56.9%	58%	54.1%

BreastCheck-number who had a mammogram

15,923
17,000
14,288
13,318

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
—— Month 22/23 —— Month 23/24

CervicalCheck-number screened

22,394
15,244
14,671
14,500

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
—— Month 22/23 —— Month 23/24

BowelScreen-number screened

15,630
11,775
11,500
11,425

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
—— Month 22/23 —— Month 23/24
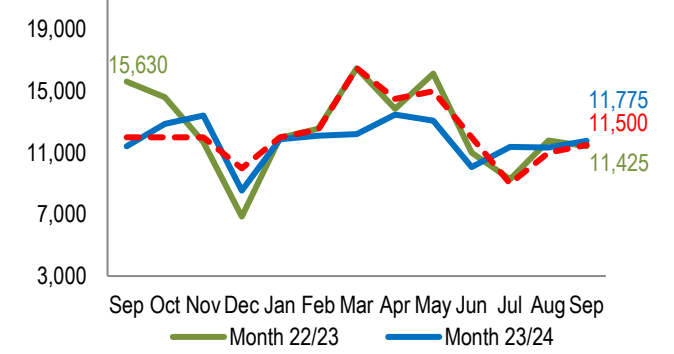
RetinaScreen-number screened

11,345
11,528
10,500
8,839

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
—— Month 22/23 —— Month 23/24
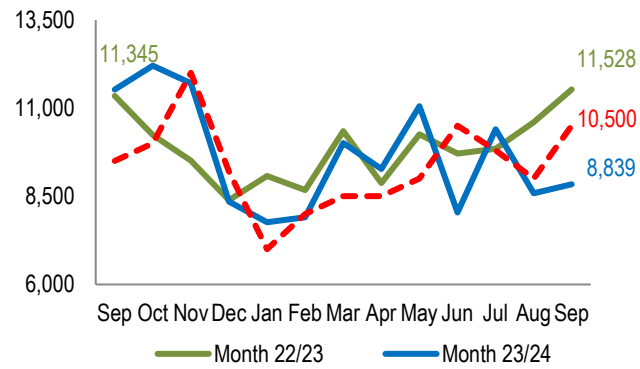
Community Services Scorecard/Heatmap

	KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current
Quality and Safety		**Serious Incidents**																
		% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	14% [R]	-80%										50%	0%	0%
		% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 31.07.24)	Q	70%	79% [G]	12.9%										77%	76%	84%
		Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.4% [G]	-60%										0.3%	0.3%	0.5%
		Service User Experience (Q2 @ 19.08.24)																
		% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	73% [G]	-2.7%	44% [R]	100% [G]	91% [G]	75% [G]	93% [G]	85% [G]	90% [G]	60% [R]	71% [A]			
		Child Health																
	PC153	% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M-1M	95%	86.4% [A]	-9.1%	87.2% [A]	86.8% [A]	90.1% [A]	91.8% [G]	80.5% [R]	87.6% [A]	70.4% [R]	95% [G]	88.6% [A]	84.9%	86.4%	84.9%
	PC133	% of infants visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.6% [G]	-0.4%	97.7% [G]	98.4% [G]	100% [G]	98.9% [G]	99.7% [G]	93.8% [A]	100% [G]	97.8% [G]	99.6% [G]	98.9%	99%	97.8%
	PC144	% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit	Q-1Q	36%	33.8% [A]	-6.1%	26.6% [R]	27.6% [R]	26.9% [R]	40.9% [G]	31% [R]	45.7% [G]	34.7% [G]	33.6% [A]	33.8% [A]	31.8%	34%	33.6%
	HWB8	% of children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.6% [A]	-5.7%	84% [R]	92.5% [G]		91.9% [G]	89.4% [A]	91.4% [G]	89.4% [A]	90.5% [G]	86.6% [A]	89.6%	89.3%	89.9%
		CAMHs Bed Days Used																
	MH57	% of bed days used in HSE Child and Adolescent Acute Inpatient Units	M	>95%	99.9% [G]	5.2%	100% [G]	100% [G]	100% [G]	100% [G]	99.9% [G]	99.5% [G]	100% [G]	99.7% [G]	100% [G]	100%	100%	100%

KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current
Quality and Safety																		
Disability Services																		
DIS55	Facilitate the movement of people from congregated to community settings	M	56	26 [R]	-53.6%	3 [R]	0 [R]	1 [R]	4 [R]	1 [R]	1 [R]	13 [R]	0 [G]	3 [R]	6	4	1
Smoking																		
HWB26	% of smokers on cessation programme who were quit at four weeks	Q-1Q	48%	59.9% [G]	24.9%										58.4%	61.5%	57.9%
Access and Integration																		
Therapy Waiting Lists																		
PC100G	Physiotherapy - % on waiting list for assessment ≤52 weeks	M	94%	76.4% [R]	-18.7%	93.7% [G]	70.7% [R]	81.1% [R]	83.3% [R]	61.6% [R]	98.4% [G]	85.5% [A]	67.9% [R]	76.6% [R]	78.5%	77.1%	76.4%
PC101G	Occupational Therapy - % on waiting list for assessment ≤52 weeks	M	95%	66.7% [R]	-29.8%	66.3% [R]	63.8% [R]	85.1% [R]	85.4% [R]	75.9% [R]	90.4% [G]	54.5% [R]	57.2% [R]	58.1% [R]	68.4%	67.3%	66.7%
PC116B	SLT - % on waiting list for assessment ≤52 weeks	M	100%	77.4% [R]	-22.6%	65.9% [R]	100% [G]	82.2% [R]	99.5% [G]	70.8% [R]	95.6% [G]	76.4% [R]	80% [R]	67.6% [R]	79.5%	80%	77.4%
PC104G	Podiatry - % on waiting list for treatment ≤52 weeks	M	77%	55.8% [R]	-27.5%	35.7% [R]	78.2% [G]	67.3% [R]	45.1% [R]	19.7% [R]	100% [G]	No Service	56.5% [R]	70.7% [A]	53.2%	53.2%	55.8%
PC107G	Ophthalmology - % on waiting list for treatment ≤52 weeks	M	64%	65.4% [G]	2.2%	97% [G]	98.4% [G]	64.6% [G]	38.5% [R]	55.9% [R]	92.5% [G]	99.5% [G]	85.4% [G]	100% [G]	63.1%	66.5%	65.4%
PC108G	Audiology- % on waiting list for treatment ≤52 weeks	M	75%	67.9% [A]	-9.5%	84% [G]	65.3% [R]	62% [R]	64.6% [R]	86.1% [G]	62.1% [R]	55.8% [R]	68.7% [A]	72.3% [G]	69.4%	68.3%	67.9%
PC109G	Dietetics - % on waiting list for treatment ≤52 weeks	M	80%	70.3% [R]	-12.1%	73% [A]	75.4% [A]	87.1% [G]	69.8% [R]	73% [A]	81.4% [G]	60.4% [R]	53.2% [R]	96.9% [G]	73%	70.8%	70.3%
PC103G	Psychology - % on waiting list for treatment ≤52 weeks	M	81%	54.3% [R]	-32.9%	53.7% [R]	44.9% [R]	79.1% [G]	38.8% [R]	75.4% [A]	83.5% [G]	37.3% [R]	75.3% [A]	58.5% [R]	56%	55.7%	54.3%
Nursing																		
PC110A	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	96.1% [G]	-3.9%	97.3% [G]	97.3% [G]	97.3% [G]	96% [G]	96% [G]	83.4% [R]	99.8% [G]	98.1% [G]	97.4% [G]	95.5%	95.9%	96.1%
Mental Health																		
MH73	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	93.6% [G]	4%	98.7% [G]	95.7% [G]	100% [G]	96.8% [G]	77.6% [R]	100% [G]	100% [G]	93.9% [G]	100% [G]	90.6%	93.2%	91.2%
MH2	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by GAMHT	M	≥75%	66.1% [R]	-11.9%	82.6% [G]	85.4% [G]	66.1% [R]	66% [R]	65% [R]	67.4% [R]	64.2% [R]	55.2% [R]	45.8% [R]	63.2%	64.4%	66.2%
MH4	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by POLLMHT	M	≥95%	88% [A]	-7.3%	97.8% [G]	99.5% [G]	92.3% [G]	76.4% [R]	95.9% [G]	93.8% [G]	64.2% [R]	78.3% [R]	71.1% [R]	87.4%	86.1%	84.8%

	KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current
Access and Integration	**Disability Services**																		
	DIS3	% of child assessments completed within the timelines as provided for in the regulations	Q	100%	10.3% [R]	-89.7%	28.9% [R]	3.5% [R]	14% [R]	12.7% [R]	29.6% [R]	1.4% [R]	0% [R]	9% [R]	3.5% [R]	11.1%	9.6%	10.4%
	DIS102	No. of new Priority 1 Residential places provided to people with a disability	M	69	155 [G]	124.6%										37	21	21
	DIS109	No. of intensive support packages for priority 1 cases	M	454	561 [G]	23.6%										29	15	20
	DIS59	No. of day only respite sessions accessed by people with a disability	Q-1M	20,208	29,077 [G]	43.9%	4,905 [G]	6,742 [G]	1,364 [G]	910 [G]	2,270 [R]	2,934 [G]	300 [R]	1,478 [R]	8,174 [G]	12,337	14,228	14,849
	DIS71	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	6,200	6,127 [G]	-1.2%	561 [G]	700 [A]	514 [G]	698 [G]	746 [G]	484 [G]	757 [A]	719 [R]	948 [G]	5,615	5,789	6,127
	DIS57	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	80,007	76,863 [G]	-3.9%	4,330 [G]	17,007 [A]	7,808 [G]	8,662 [G]	5,350 [G]	5,714 [R]	9,892 [G]	10,029 [R]	8,071 [A]	34,441	37,407	39,456
	Older Persons																		
	OP53	No. of home support hours provided (excluding provision of hours from IHCPs)	M	16,532,816	17,079,143 [G]	3.3%	2,090,994 [G]	1,140,655 [R]	1,399,537 [G]	2,335,852 [G]	1,516,730 [G]	1,491,586 [G]	2,179,633 [G]	2,059,971 [G]	2,864,186 [G]	1,905,065	1,948,854	1,941,484
	OP54	No. of people in receipt of home support	M	54,100	54,539 [G]	0.8%	5,070 [G]	2,819 [R]	5,272 [G]	7,873 [G]	5,704 [G]	4,772 [G]	6,641 [G]	8,765 [G]	7,623 [G]	54,126	54,343	54,539
	Delayed Transfers of Care																		
	A49	Number of beds subject to Delayed Transfers of Care	M	≤350	412 [R]	17.7%										414	431	412
	Homeless																		
	SI52	% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and / or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission	Q	86%	88% [G]	2.3%	86.8% [G]	88.9% [G]	74.1% [R]	85.2% [G]	86.9% [G]	100% [G]	95.7% [G]	97.1% [G]	93% [G]	89.7%	85%	88%

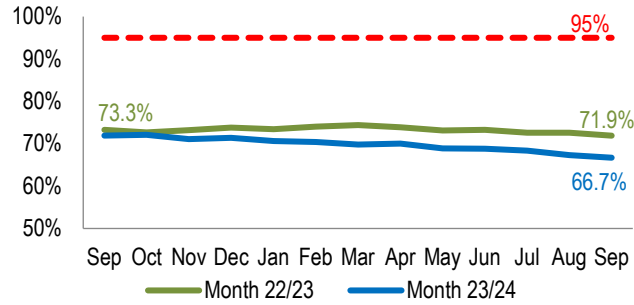|	KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9	Current (-2)	Current (-1)	Current
Access and Integration		**Substance Use**																
	SI25	% of substance users (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	100%	97.5% [G]	-2.5%	100% [G]	100% [G]		71.4% [R]	100% [G]	100% [G]	100% [G]	95.3% [G]	97.3% [G]	91.3%	97.7%	97.2%
	SI22	% of substance users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100%	95.8% [G]	-4.2%	92.4% [A]	100% [G]	98.6% [G]	90% [A]	99.6% [G]	77.9% [R]	99.6% [G]	96.2% [G]	91.9% [A]	97.4%	96.8%	94.7%
Finance, Governance & Compliance		**Service Arrangements**																
		% of the monetary value of service arrangements signed	M	100%	32.21%	-68.79%										20.87%	29.03%	31.21%
		Internal Audit																
		% of internal audit recommendations implemented by agreed due date (New KPI)	Q	90%	36% [R]	-60%	43% [R]	35% [R]	75% [R]	29% [R]	36% [R]	22% [R]	43% [R]	44% [R]	22% [R]	31%	39%	36%

Primary Care Services
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Physiotherapy - % on waiting list for assessment ≤52 weeks – PC100G	94%	M	🔴	**76.4%**	81.6%	-5.2%	78.5%	77.1%	76.4%	CHO6 (98.4%), CHO1 (93.7%), CHO7 (85.5%)	CHO5 (61.6%), CHO8 (67.9%), CHO2 (70.7%)
Occupational Therapy - % on waiting list for assessment ≤52 weeks – PC101G	95%	M	🔴	**66.7%**	71.9%	-5.2%	68.4%	67.3%	66.7%	CHO6 (90.4%), CHO4 (85.4%), CHO3 (85.1%)	CHO7 (54.5%), CHO8 (57.2%), CHO9 (58.1%)
Speech and Language Therapy - % on waiting list for assessment ≤52 weeks – PC116B	100%	M	🔴	**77.4%**	86.8%	-9.4%	79.5%	80%	77.4%	CHO2 (100%), CHO4 (99.5%), CHO6 (95.6%)	CHO1 (65.9%), CHO9 (67.6%), CHO5 (70.8%)
Podiatry - % on waiting list for treatment ≤52 weeks – PC104G	77%	M	🔴	**55.8%**	64%	-8.2%	53.2%	53.2%	55.8%	CHO6 (100%), CHO2 (78.2%), CHO9 (70.7%)	CHO5 (19.7%), CHO1 (35.7%), CHO4 (45.1%)
Ophthalmology % on waiting list for treatment ≤52 weeks – PC107G	64%	M	🟢	**65.4%**	53.7%	+11.7%	63.1%	66.5%	65.4%	CHO9 (100%), CHO7 (99.5%), CHO2 (98.4%)	CHO4 (38.5%), CHO5 (55.9%)
Audiology- % on waiting list for treatment ≤52 weeks – PC108G	75%	M	🟡	**67.9%**	76.3%	-8.4%	69.4%	68.3%	67.9%	CHO5 (86.1%), CHO1 (84%), CHO9 (72.3%)	CHO7 (55.8%), CHO3 (62%), CHO6 (62.1%)
Dietetics - % on waiting list for treatment ≤52 weeks – PC109G	80%	M	🔴	**70.3%**	69.1%	+1.2%	73%	70.8%	70.3%	CHO9 (96.9%), CHO3 (87.1%), CHO6 (81.4%)	CHO8 (53.2%), CHO7 (60.4%), CHO4 (69.8%)
Psychology - % on waiting list for treatment ≤52 weeks – PC103G	81%	M	🔴	**54.3%**	60.7%	-6.4%	56%	55.7%	54.3%	CHO6 (83.5%), CHO3 (79.1%), CHO5 (75.4%)	CHO7 (37.3%), CHO4 (38.8%), CHO2 (44.9%)

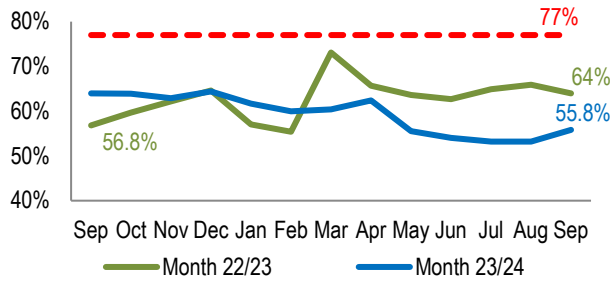## Physiotherapy - % on waiting list for assessment ≤52 weeks
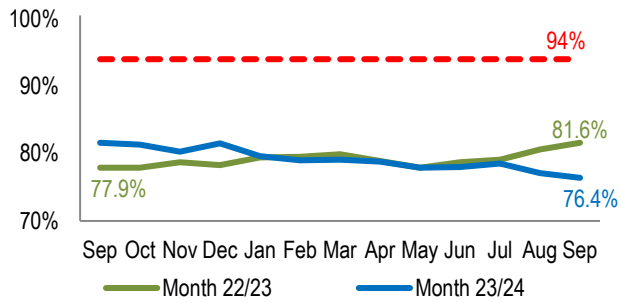
Red target line: 94%
Month 22/23: 77.9% → 81.6%
Month 23/24: 76.4%

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

Red target line: 95%
Month 22/23: 73.3% → 71.9%
Month 23/24: 66.7%

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

Red target line: 100%
Month 22/23: 89.5% → 86.8%
Month 23/24: 77.4%

Podiatry - % on waiting list for treatment ≤52 weeks

Red target line: 77%
Month 22/23: 56.8% → 64%
Month 23/24: 55.8%

Ophthalmology - % on waiting list for treatment ≤52 weeks

Red target line: 64%
Month 22/23: 52.2% → 53.7%
Month 23/24: 65.4%

Audiology - % on waiting list for treatment ≤52 weeks

Red target line: 75%
Month 22/23: 76.2% → 76.3%
Month 23/24: 67.9%

Dietetics - % on waiting list for treatment ≤52 weeks

Red target line: 80%
Month 22/23: 58.7% → 69.1%
Month 23/24: 70.3%

Psychology - % on waiting list for treatment ≤52 weeks

Red target line: 81%
Month 22/23: 64% → 60.7%
Month 23/24: 54.3%
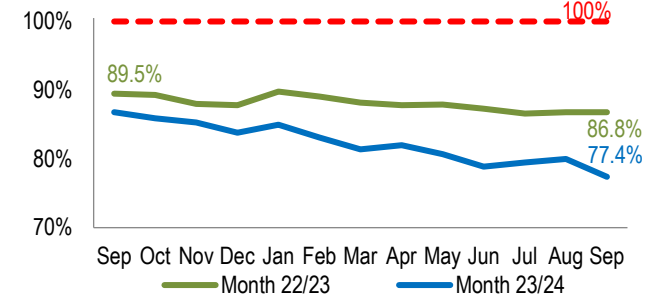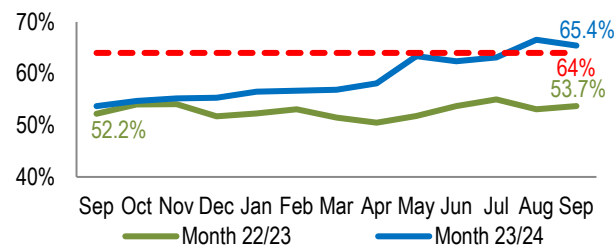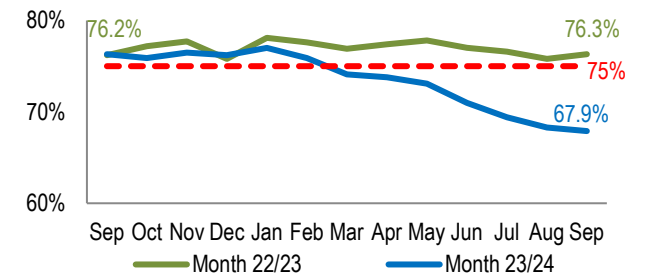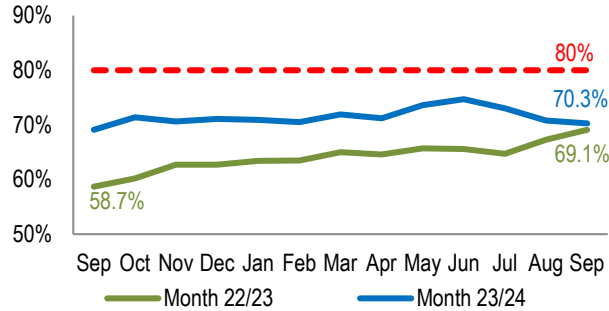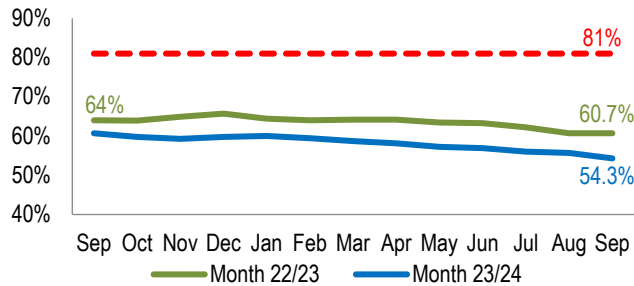
Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	440,703	383,360	-13%	396,950	-13,590
Total number waiting	42,173	83,574	98.2%	72,957	10,617
% of new seen waiting < 12 weeks	81%	73%	-9.8%	72.9%	0.1%
Number waiting > 52 weeks		19,721		13,453	6,268
Occupational Therapy					
Number seen	291,942	266,583	-8.7%	265,709	874
Total number waiting	34,093	45,717	34.1%	40,180	5,537
% of new seen waiting < 12 weeks	71%	63.5%	-10.5%	64.5%	-1%
Number waiting > 52 weeks		15,235		11,276	3,959
*Speech & Language Therapy					
Number seen	211,734	128,908	-39.1%	144,595	-15,687
Total number waiting	17,645	21,690	22.9%	19,773	1,917
Number waiting > 52 weeks		4,904		2,610	2,294

Treatment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	9,868	6,700	-32.1%	7,935	-1,235
Number waiting > 52 weeks		2,005		1,696	309
Podiatry					
Number seen	64,404	47,228	-26.7%	50,179	-2,951
Total number waiting	4,619	8,816	90.9%	9,631	-815
% waiting < 12 weeks	33%	17.1%	-48.2%	18.9%	-1.8%
Number waiting > 52 weeks		3,893		3,471	422
Ophthalmology					
Number seen	59,877	82,400	37.6%	74,959	7,441
Total number waiting	20,204	12,875	-36.3%	19,192	-6,317
% waiting < 12 weeks	20%	28.7%	43.6%	18.3%	10.4%
Number waiting > 52 weeks		4,450		8,886	-4,436
Audiology					
Number seen	40,662	42,693	5%	42,561	132
Total number waiting	18,810	28,732	52.7%	24,713	4,019
% waiting < 12 weeks	30%	20.3%	-32.2%	25.3%	-5%
Number waiting > 52 weeks		9,228		5,865	3,363
Dietetics					
Number seen	51,480	58,983	14.6%	54,053	4,930
Total number waiting	17,417	22,450	28.9%	28,848	-6,398
% waiting < 12 weeks	40%	30%	-24.9%	27.5%	2.5%
Number waiting > 52 weeks		6,660		8,924	-2,264
Psychology					
Number seen	37,350	31,253	-16.3%	31,251	2
Total number waiting	10,532	24,568	133.3%	20,092	4,476
% waiting < 12 weeks	36%	13.6%	-62.2%	15.9%	-2.3%
Number waiting > 52 weeks		11,219		7,889	3,330

*SLT reports on both assessment and treatment waiting list

Nursing

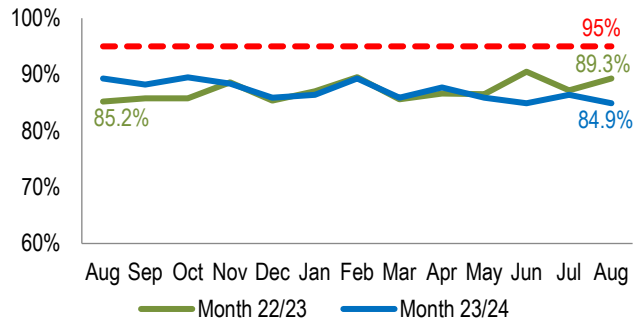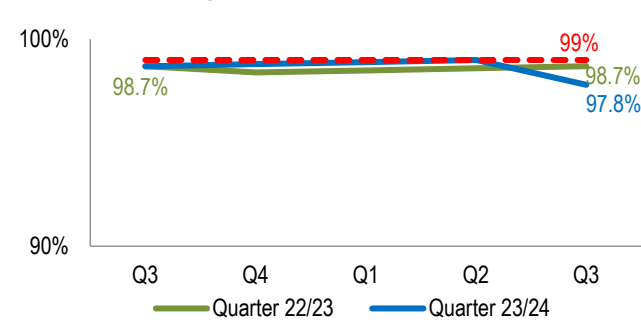| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients accepted onto caseload and seen within 12 weeks – PC110A	100%	M-1M	🟢	**96.1%**	96.2%	-0.1%	95.5%	95.9%	96.1%	CHO7 (99.8%), CHO8 (98.1%), CHO9 (97.4%)	CHO6 (83.4%), CHO4 & 5 (96%), CHO1, 2 & 3 (97.3%)

Nursing – % accepted and seen within 12 weeks

Child Health

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age – PC153	95%	M-1M	🟡	**86.4%**	87.7%	-1.3%	84.9%	86.4%	84.9%	CHO8 (95.9%), CHO4 (94.1%), CHO3 (92%)	CHO7 (44.3%), CHO6 (79.1%), CHO5 (83.7%)
% of infants visited by a PHN within 72 hours of discharge from maternity services – PC133	99%	Q	🟢	**98.6%**	98.6%	0%	98.9%	99%	97.8%	CHO3, 7 & 9 (100%), CHO5 (99.1%), CHO4 (99%)	CHO6 (86.7%), CHO1 (97.7%), CHO8 (98.1%)
% of infants breastfed exclusively at the PHN 3 month child health and development assessment visit – PC144	36%	Q-1Q	🟡	**33.8%**	31.7%	+2.1%	31.8%	34%	33.6%	CHO6 (49.2%), CHO4 (40.8%), CHO9 (33%)	CHO7 (19.6%), CHO3 (27.5%), CHO1 & 2 (28%)

Child Health - Developmental assessment within 12 months

- Month 22/23 — 85.2% ... 89.3%
- Month 23/24 — 84.9%
- Target 95%

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

- Quarter 22/23 — 98.7%
- Quarter 23/24 — 97.8%, 98.7%
- Target 99%

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

- Quarter 22/23 — 31.6%, 31.4%
- Quarter 23/24 — 33.6%
- Target 36%
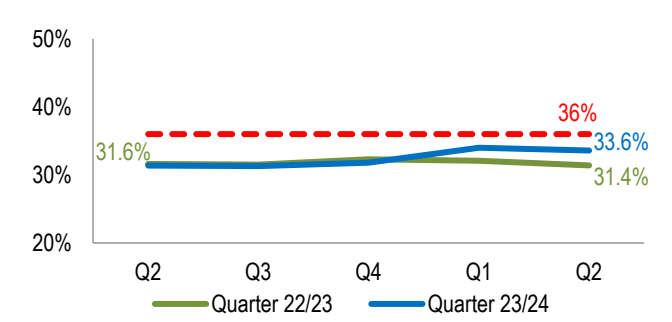
Dietetics and Chronic Disease Management

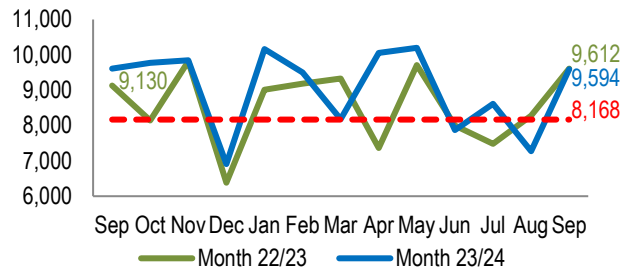| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of people who have completed a structured patient education programme for type 2 diabetes – PC151	1,116 YTD/ 1,480 FYT	Q	1,505	2,106	-601	584	418	503	%Var CHO2 (211.1%), CHO3 (160.3%), CHO5 (140.7%)	% Var CHO4 & 7 (-100%), CHO1 (-65.9%), CHO9 (-11.9%)

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

- Quarter 22/23 — 250 ... 565
- Quarter 23/24 — 503
- Target 372
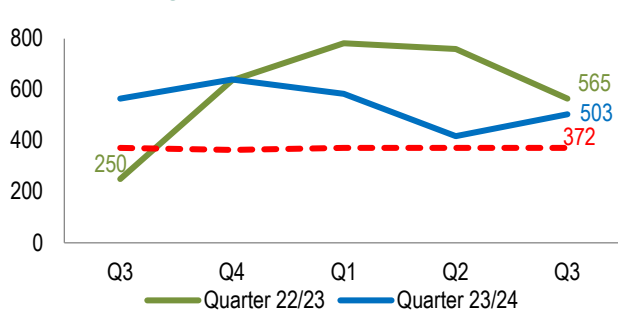
Oral Health and Orthodontics

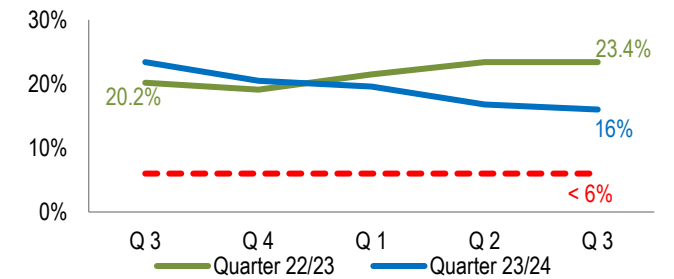| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of new Oral Health patients in target groups attending for scheduled assessment—(New KPI) - PC32	73,512 YTD 98,016 FYT	M	🟢 **81,451**	77,963	+3,488	8,618	7,274	9,594	(%Var): CHO8 (39.4%), CHO2 (25.5%), CHO9 (21.7%)	(%Var): CHO1 (-7.6%)
Orthodontics - % of patients seen for assessment within six months – PC24	45%	Q	🟢 **76.2%**	44.6%	+31.6%	50.4%	57.8%	76.2%	DML (97.1%), West (77.9%)	South (41%)
Orthodontics - % of patients (grade 4 and 5) on the treatment waiting list longer than four years – PC31A	<6%	Q	🔴 **16%**	23.4%	-7.4%	19.6%	16.8%	16%	DML (5.9%)	South (23.8%), West (8.1%)

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

**Orthodontics - % of patients seen for assessment within six months**
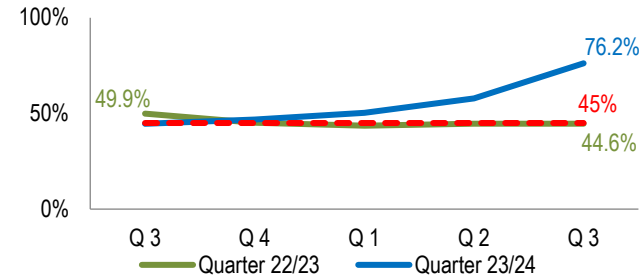
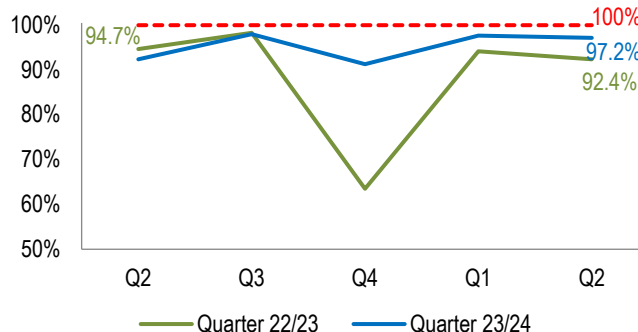**Orthodontics - % of patients on treatment waiting list > four years**

Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of substance users (over 18 years) for whom treatment has commenced within one calendar month following assessment-SI22	100%	Q-1Q	🟢 **95.8%**	95.7%	+0.1%	97.4%	96.8%	94.7%	CHO2, 3 & 7 (100%), CHO5 (99.5%), CHO8 (96.4%)	CHO6 (46.7%), CHO9 (89.3%), CHO1 (93.7%)
%. of substance users (under 18 years) for whom treatment has commenced within one week following assessment-SI25	100%	Q-1Q	🟢 **97.5%**	93.4%	+4.1%	91.3%	97.7%	97.2%	CHO1, 2, 4, 5, 6 & 7 reached target	CHO8 (90%), CHO9 (96.9%)
% of new individual homeless service users admitted to Supported Temporary Accommodations (STA), Private Emergency Accommodations (PEA), and/or Temporary Emergency Accommodations (TEA) during the quarter whose health needs have been assessed within two weeks of admission-SI52	86%	Q	🟢 **88%**	90.8%	-2.8%	89.7%	85%	88%	CHO6 (100%), CHO8 (97.1%), CHO7 (95.7%)	CHO3 (74.1%), CHO4 (85.2%), CHO1 (86.8%)

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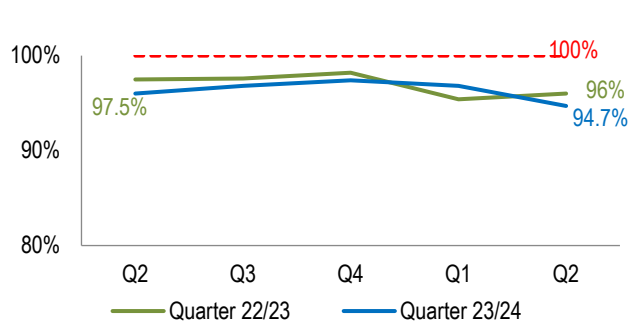
% access to substance users treatment (<18 years)
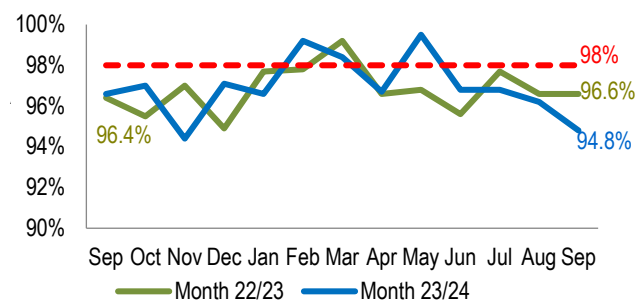

% Homeless health needs assessed within two weeks
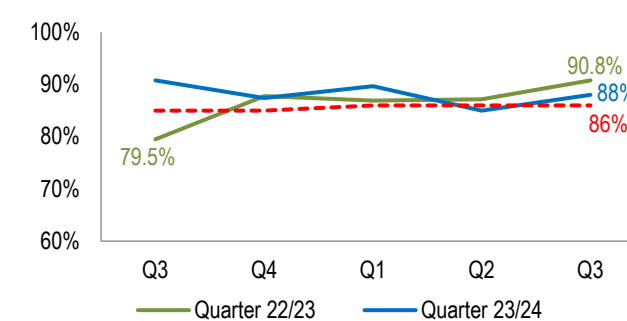
Palliative Care Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to specialist inpatient bed within 7 days – PAC1A	98%	M	🟢	**97.2%**	97.2%	0%	96.8%	96.2%	94.8%	CHO2, 3 & 5(100%)	CHO9 (89.8%), CHO4 (89.9%), CHO7 (92%)
*% of all Category 1 triaged patients who received specialist palliative care within 2 days in the community –(New KPI) PAC58	90%	M	🟢	**93.6%**	88%	+5.6%	98.2%	89.8%	95.3%	CHO3, 4. 6 &7 (100%), CHO2 (96.6%), CHO5 (96.4%)	CHO8 (85.7%), CHO9 (86.7%)
**% of all Category 2 triaged patients who received specialist palliative care within 7 days in the community – (New KPI) PAC59	90%	M	🟢	**91%**	86.6%	+4.4%	91.7%	93.6%	91.2%	CHO2 & 9 (100%), CHO7 (97.1%), CHO8 (93.7%)	CHO5 (80.4%), CHO1 (85.2%), CHO3 (85.7%)
Number accessing specialist inpatient beds within seven days – PAC33	3,097YTD/ 4,128 FYT	M	🟢	**3,571**	3,311	+260	394	379	367	(%VAR): CHO5 (36.4%), CHO2 (33.2%), CHO1 (28.7%)	All CHOs reached target
Number of patients who received specialist palliative care treatment in their normal place of residence in the month – PAC14	3,612YTD/ 3,612 FYT	M	🟢	**4,207**	4,006	+201	4,354	4,318	4,207	(%VAR): CHO5 (36%), CHO4 (25.6%), CHO6 (20.8%)	All CHOs reached target

*Category 1 patients are deemed to need immediate intervention by the specialist palliative care team and should be seen within 2 calendar days.
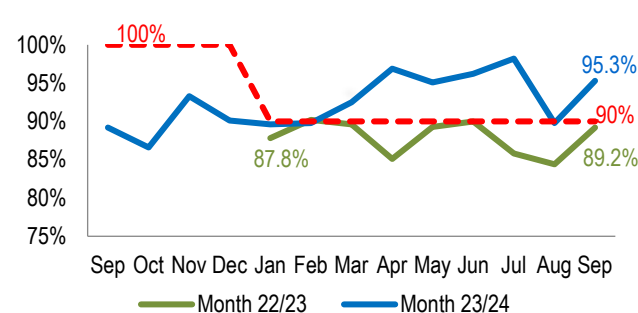
**Category 2 patients are deemed to need timely intervention by the specialist palliative care team and should be seen within 7 calendar days
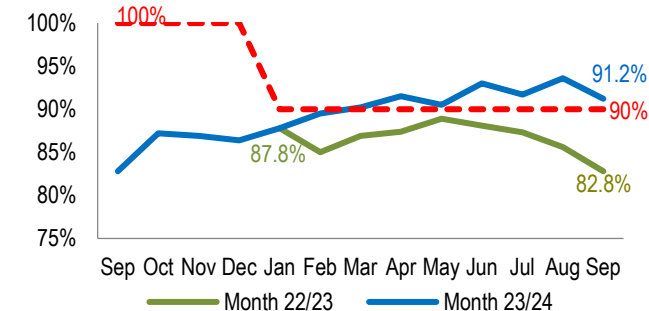
Access to specialist inpatient bed within 7 days
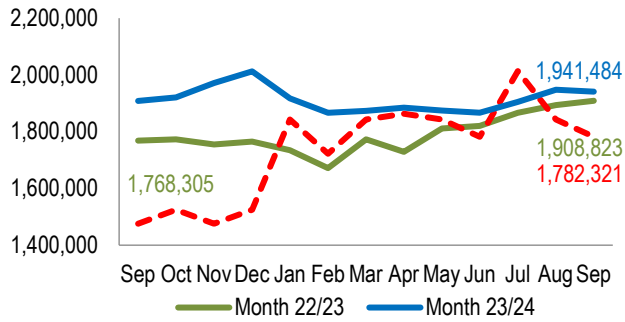

Access to palliative community services – Category 1
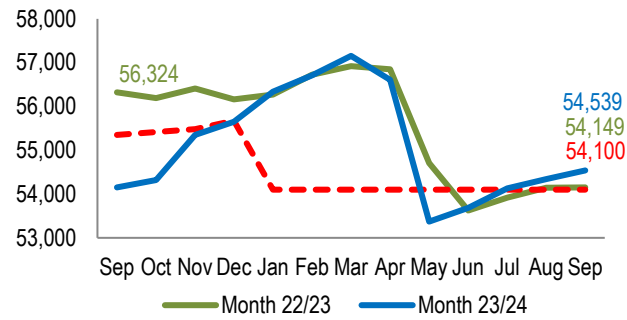

Access to palliative community services – Category 2

Older Persons' Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
No. of home support hours provided (excluding provision of hours from IHCPs) – OP53	16,532,816 YTD/ 22m FYT	M	🟢	**17,079,143**	16,211,024	+868,119	1,905,065	1,948,854	1,941,484	CHO7 (18.1%), CHO6 (13.2%), CHO1 (8.8%)	CHO2 (-30.6%)
No. of people in receipt of Home Support (excluding provision from IHCPs) – OP54	54,100 YTD/ 54,100 FYT	M	🟢	**54,539**	54,149	+390	54,126	54,343	54,539	CHO8 (22%), CHO6 (21.7%), CHO9 (9.1%)	CHO2 (-56%)
No. of persons in receipt of Intensive Home Care Package (IHCP) – OP4	235 YTD/ 235 YTD	M	🔴	**69**	75	-6	64	67	69		
No. of persons funded under NHSS in long term residential care – OP8	23,309 YTD/ 23,703 FYT	M	🟢	**23,703**	23,000	+703	23,478	23,579	23,703		
No. of NHSS beds in public long stay units – OP12	4,501 YTD/ 4,501 FYT	M	🟢	**4,642**	4,476	+166	4,627	4,626	4,642	CHO3 (29.4%), CHO9 (18.2%), CHO4 (7.7%)	CHO7 (-14.4%), CHO 2 & 6 (-2.5%)
No. of short stay beds in public units – OP13	2,050 YTD/ 2,182 FYT	M	🔴	**1,607**	1,709	-102	1,609	1,607	1,607		CHO7 (-69.9%), CHO8 (-28.1%), CHO1 (-21.6%)
No. of beds subject to Delayed Transfers of Care	≤350	M	🔴	**412**	514	-102	414	431	412	3 hospitals (0), Mullingar, Cavan, SIVUH (1)	GUH (42), CUH (35), SUH, UHK (27)
No. of persons in receipt of payment for transitional care in alternative care settings - OP44	916 YTD/ 916 FYT	M-1M	🟢	**1,339**	1,286	+53	1,432	1,445	1,339		

Number of Home Support Hours Provided

Values shown: 1,768,305 · 1,941,484 · 1,908,823 · 1,782,321

Legend: Month 22/23 · Month 23/24

Number of people in receipt of Home Support

Values shown: 56,324 · 54,539 · 54,149 · 54,100

Legend: Month 22/23 · Month 23/24

Number waiting on funding for Home Support

Values shown: 7 · 0 · 0

Legend: Month 22/23 · Month 23/24

Number of persons funded under NHSS in long term residential care

Values shown: 22,490 · 23,703 · 23,309 · 23,000

Legend: Month 22/23 · Month 23/24

Delayed Transfers of Care

Values shown: 605 · 514 · 412 · ≤350

Legend: Month 22/23 · Month 23/24

Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	34	9	43	10.4%
Residential Care	136	23	159	38.6%
Rehab	34	30	64	15.5%
Complex Needs	32	31	63	15.3%
Housing/Homeless	7	24	31	7.5%
Legal complexity	26	12	38	9.2%
Non compliance	10	3	13	3.2%
COVID-19	1	0	1	0.2%
Total	**280**	**132**	**412**	**100%**

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY	SPLY Change
	No. of new applicants	8,403	8,109	294	982	882	859	772	+87
	National placement list for funding approval	609	644	-35	720	618	609	644	-35
	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	23,703	23,000	+703	23,478	23,579	23,703	23,000	+703
Private Units	No. of new patients entering scheme	5,737	5,580	+157	728	672	580	542	+38
	No. of patients Leaving NHSS	5,462	5,367	+95	567	574	490	534	-44
	Increase	+275	+213	+62	+161	+98	+90	+8	+82
Public Units	No. of new patients entering scheme	1,318	1,149	+169	160	128	135	147	-12
	No. of patients Leaving NHSS	1,176	1,131	+45	128	125	101	135	-34
	Net Increase	+142	+18	+124	+32	+3	+34	+12	+22

Mental Health Services

General Adult Mental Health

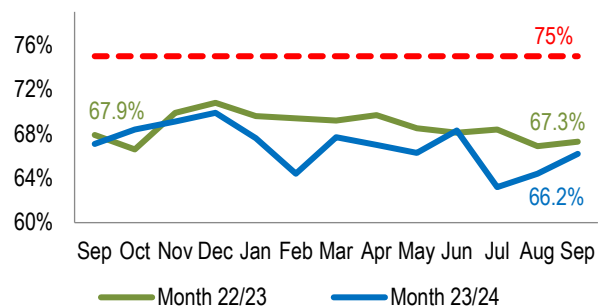| Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received – MH19	37,620 YTD/ 50,136 FYT	M	🟢	**35,890**	37,501	-1,611	4,254	3,833	4,066		
Number of adult referrals seen – MH22	23,387 YTD/ 31,164 FYT	M	🔴	**18,855**	20,574	-1,719	2,109	2,157	2,246		
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH2	≥75%	M	🔴	**66.1%**	68.6%	-2.5%	63.2%	64.4%	66.2%	CHO1, 2 & 5 reached target	CHO9 (44.4%), CHO8 (50.4%), CHO4 (65.3%)

Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received – MH27	9,688 YTD/ 12,912 FYT	M	🟢	**9,387**	9,703	-316	1,090	1,031	1,048		
Number of referrals seen – MH30	7,417 YTD/ 9,882 FYT	M	🔴	**5,919**	5,892	+27	681	620	720		
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH4	≥95%	M	🟡	**88%**	89.5%	-1.5%	87.4%	86.1%	84.8%	CHO1, 2, 5 & 6 reached target	CHO7 (47.9%), CHO9 (57.9%), CHO4 (68.9%)

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

Psychiatry of Later Life: % offered an appointment and seen within 12 weeks
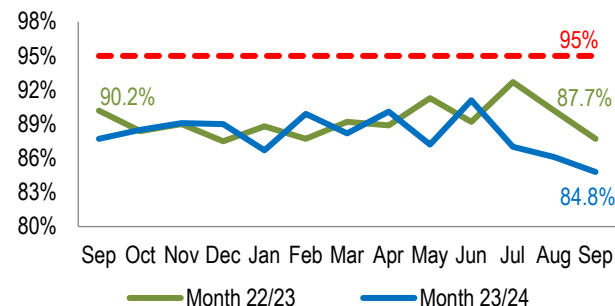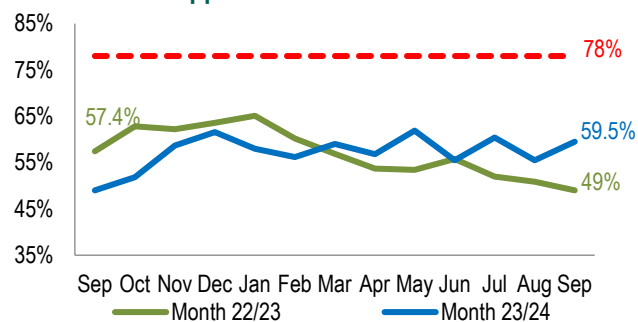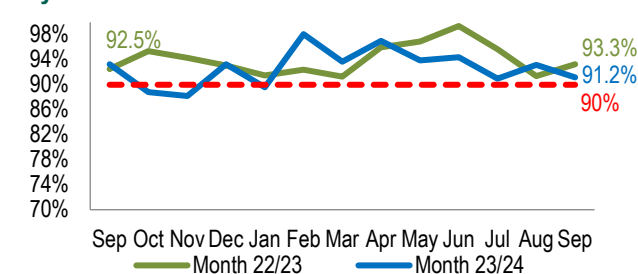
Child and Adolescent Community Mental Health Teams

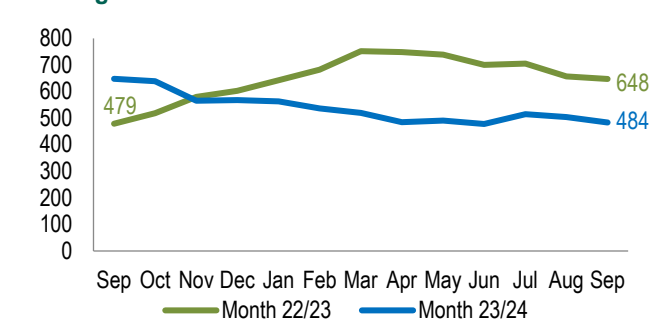| Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs Acute Inpatient Units – MH5	>85%	M	🟢	**98.2%**	95.3%	+2.9%	100%	100%	100%		
% of bed days used in HSE Child and Adolescent Acute Inpatient Units – MH57	>95%	M	🟢	**99.9%**	99.1%	+0.8%	100%	100%	100%	All CHOs reached target	
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks – MH7	≥78%	M	🔴	**57.5%**	55.3%	+2.2%	55.8%	55.5%	59.5%	CHO3 & 6 reached target	CHO8 (44.8%), CHO5 (46.1%), CHO4 (54.7%)
% of accepted referrals / re-referrals seen within 12 months – MH72	≥95%	M	🟢	**90.5%**	91.3%	-0.8%	92.6%	91.9%	91.3%	CHO2, 6 & 7 reached target	CHO4 (72.7%), CHO5 (85%), CHO1 (90.2%)
% of urgent referrals to CAMHs Teams responded to within three working days - MH73	≥90%	M	🟢	**93.6%**	93.9%	-0.3%	90.6%	93.2%	91.2%	CHO1, 2, 3, 4, 7 & 9 reached target	CHO5 (63%), CHO8 (82.9%)
No. on CAMHS waiting list for first appointment – MH50	4,387	M	🟢	**3,441**	3,745	-304	3,621	3,681	3,441	CHO6 (144), CHO3 (187), CHO5 (201)	CHO4 (937), CHO8 (749), CHO7 (388)
No. on CAMHS waiting list for first appointment > 12 months – MH55	0	M	🔴	**484**	648	-164	515	504	484	CHO1, 5 & 6 reached target	CHO4 (297), CHO8 (136), CHO7 (33)
No of referrals received – MH43	17,257 YTD/ 22,999 FYT	M	🟢	**18,651**	17,277	+1,374	1,792	1,635	2,033		
Number of referrals seen – MH46	10,273 YTD/ 13,687 FYT	M	🟡	**9,336**	9,217	+119	1,102	926	1,004		

% offered and appointment and seen within 12 weeks

### % of urgent referrals responded to within 3 working days


Waiting List > 12 months

Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Facilitate the movement of people from congregated to community settings – DIS55	56 YTD/ 73 FYT	M	🔴	**26**	45	-19	6	4	1	(% Var): No CHO reached target	(% Var): CHO2 (-100%), CHO3 (-87.5%), CHO6 (-80%)
Disability Act Compliance – DIS3	100%	Q	🔴	**10.3%**	13.8%	-3.5%	11.1%	9.6%	10.4%	(% Var): No CHO reached target	(% Var): CHO7 (-100%), CHO6 (-98.6%), CHO2 (-96.5%), CHO9 (-96.5%)
Number of requests for assessment of need received for Children – DIS1	6,041 YTD/ 8,050 FYT	Q	🟢	**7,852**	6,212	+1,640	2,603	2,742	2,507	(% Var): CHO4 (83.4%), CHO6 (78.1%), CHO2 (66.7%)	(% Var): CHO3 (-16.8%), CHO9 (-1.3%)

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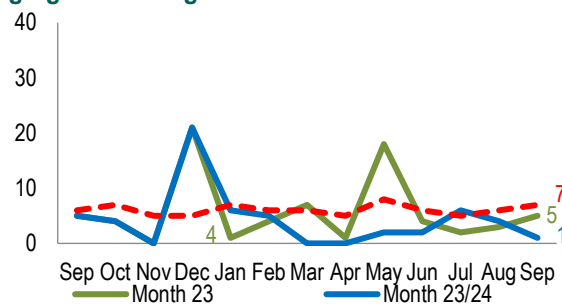
Disability Act Compliance
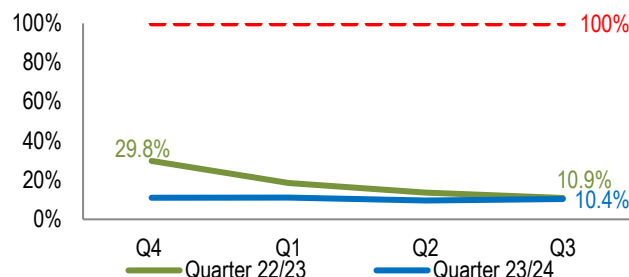
Assessment of Need Requests
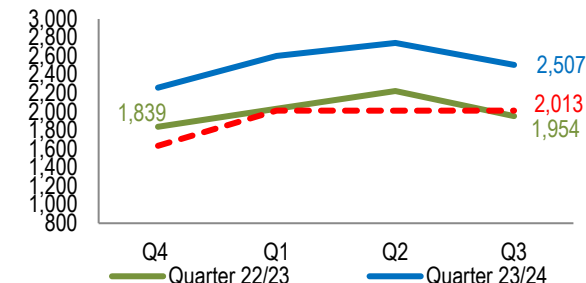
Residential and Emergency Places and Support Provided to People with a Disability

Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
No. of new Priority 1 Residential places provided to people with a disability – DIS102	M	96	69	🟢	**155**	105	+50	37	21	21
No. of intensive support packages for priority 1 cases – DIS109	M	469	454	🟢	**561**	437	+124	29	15	20
Number of residential places for people with a disability (including new planned places) – DIS108	M	8,431	8,431	🟢	**8,603**	8,370	+233	8,578	8,596	8,603

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite sessions - DIS59	20,208 YTD/ 40,400 FYT	Q-1M	🟢	**29,077**	22,134	+6,943	12,337	14,228	14,849	(% Var): CHO6 (184.6%), CHO2 (89.9%), CHO9 (89%)	(% Var): CHO8 (-21%), CHO5 (-10.4%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability) – DIS71	6,200 YTD/ 6,200 FYT	Q-1M	🟢	**6,127**	5,813	+314	5,615	5,789	6,127	(% Var): CHO1 (57.3%), CHO6 (38.9%), CHO9 (9.3%)	(% Var): CHO8 (-32.2%), CHO7 (-8.7%), CHO2 (-7.4%)
Respite – Number of overnights – DIS57	80,007 YTD/ 160,000 FYT	Q-1M	🟢	**76,863**	77,317	-454	34,441	37,407	39,456	(% Var): CHO1 (54.1%), CHO4 (5.2%), CHO3 (3.1%)	(% Var): CHO6 (-20.4%), CHO8 (-18.1%), CHO2 (-6.8%)
Number of Home Support Hours delivered – DIS58	1.74m YTD/ 3.48m FYT	Q-1M	🟢	**1,882,693**	1,739,897	+142,796	907,576	951,647	931,046	(% Var): CHO1 (39.9%), CHO9 (37.4%), CHO5 (16.7%)	(% Var): CHO8 (-30.1%), CHO4 (-11.8%),
Number of Personal Assistance Hours delivered – DIS39	924,999 YTD/ 1.85m FYT	Q-1M	🟢	**925,522**	855,047	+70,475	407,246	459,413	466,109	(% Var): CHO4 (41.8%), CHO1 (21.8%), CHO3 (11.4%)	(% Var): CHO9 (-21.5%), CHO7 (-15.3%), CHO5 (-13.7%)

Respite: Day Only
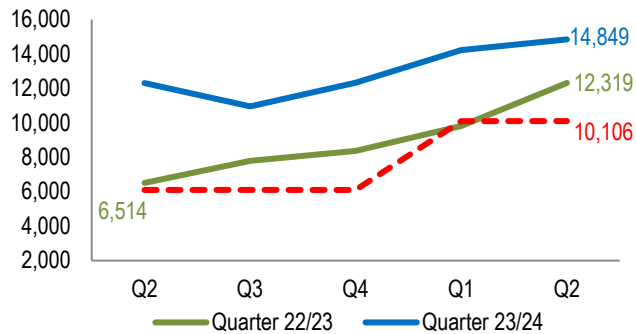
Number of people with a disability in receipt of respite services
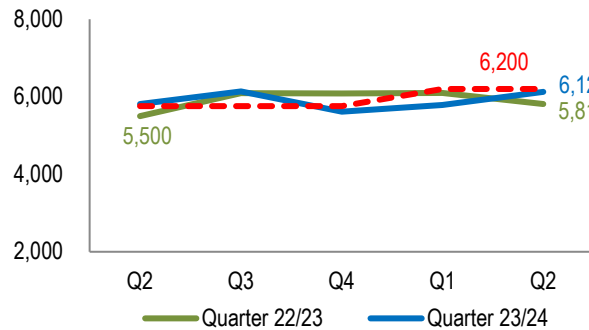
Respite: Overnights

Home Support Hours

1,050,000
950,000
850,000
750,000
650,000

Q2   Q3   Q4   Q1   Q2

792,277
931,046
912,911
870,002

Quarter 22/23   Quarter 23/24

Personal Assistance Hours

500,000
450,000
400,000
350,000
300,000

Q2   Q3   Q4   Q1   Q2

426,058
466,109
462,498
420,679

Quarter 22/23   Quarter 23/24
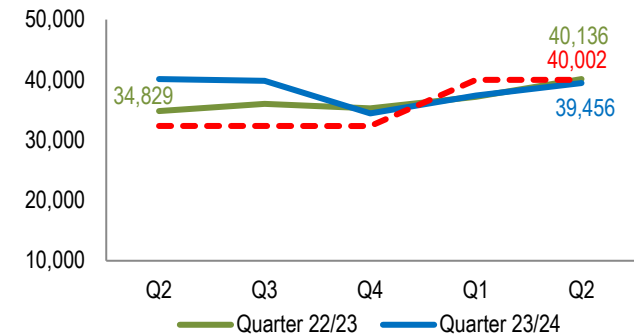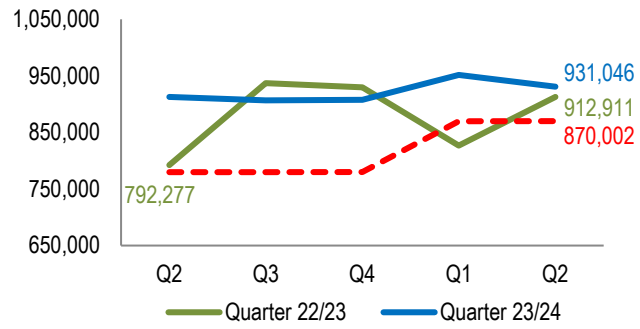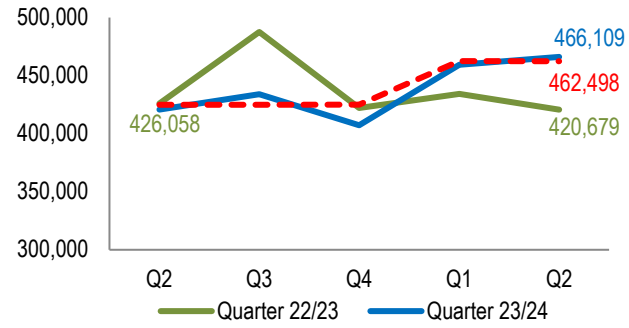
Acute Hospital Services Scorecard/Heatmap

	KPI No.	Metric	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 reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	48% [R]	-31.4%								46%	59%	28%
		% of reported incidents entered onto NIMS within 30 days of notification of the incident (at 31.07.24)	Q	70%	79% [G]	12.9%								77%	80%	86%
		Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%								0.5%	0.6%	0.8%
		Service User Experience (Q2 @ 19.08.24)														
		% of complaints investigated within 30 working days of being acknowledged by the complaints officer*	Q	75%	74% [G]	-1.3%										
		HCAI Rates														
	CPA51	Staph. Aureus (per 10,000 bed days)	M	<0.7	0.9 [R]	22.8%	0.3 [G]	1.0 [R]	0.7 [G]	0.9 [R]	0.6 [G]	1.1 [R]	0.9 [R]	0.6	1.0	0.9
	CPA52	C Difficile (per 10,000 bed days	M	<2	2.4 [R]	19.7%	0.3 [G]	2.3 [R]	2.0 [G]	2.0 [G]	2.7 [R]	2.8 [R]	3.3 [R]	2.2	2.3	2.6
	A97	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	87.5% [R]	-12.5%	100% [G]	85.7% [R]	83.3% [R]	100% [G]	83.3% [R]	80% [R]	100% [G]	93.8%	93.8%	87.5%
		Surgery														
	A99	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	78.7% [A]	-7.4%		78.3% [A]	91.6% [G]	73.9% [R]	77% [A]	77.7% [A]	77% [A]	76.1%	79.3%	78.1%
	A45	Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2.00%	1.7% [G]	-15.2%		2.6% [R]	1.2% [G]	1.8% [G]	1.6% [G]	1.7% [G]	1.9% [G]	1.7%	1.6%	1.6%
	CPA27	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82.4%	79.9% [G]	-3%		71.9% [A]	91.3% [G]	81.1% [G]	66.1% [A]	86.7% [G]	66.2% [R]	79.5%	77.7%	79.7%
		Medical														
	CPA53	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.8% [A]	6.7%		12.7% [R]	11.3% [G]	10.8% [G]	12.2% [A]	13.2% [R]	10.6% [G]	11.7%	11.6%	11.9%
		Ambulance to ED Handover Times – Under review														
	A158	% of patients arriving by ambulance at ED to physical and clinical handover within 20 minutes of arrival	M-1M	80%												

KPI No.	Metric	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Urgent colonoscopy															
A80	Number waiting > 4 weeks (zero tolerance)	M	0	2,513 [R]	2,513	0 [G]	149 [R]	284 [R]	1,230 [R]	754 [R]	8 [R]	88 [R]	151	249	120
Routine Colonoscopy															
A25	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	62.1% [G]	-4.4%	37.4% [R]	46.9% [R]	65.2% [G]	82.4% [G]	59.8% [A]	69.5% [G]	54.3% [R]	62%	59.6%	62.1%
Emergency Department Patient Experience Time															
A29	ED within 24 hours (Zero Tolerance)	M	97%	96.28% [R]	-0.7%	99.44% [G]	95.48% [R]	96.91% [R]	94.53% [R]	96.71% [R]	96.49% [R]	94.17% [R]	96.48%	97.16%	96.34%
A96	75 years or older within 24 hours (Zero Tolerance)	M	99%	92.49% [R]	-6.6%		95.57% [R]	93.94% [R]	87.67% [R]	93.50% [R]	93.12% [R]	85.80% [R]	93.04%	94.76%	92.35%
A26	ED within 6 hours	M	70%	57.6% [R]	-17.7%	79.1% [G]	51.6% [R]	64.1% [A]	45.1% [R]	54% [R]	59.6% [R]	55.5% [R]	58.4%	60%	59.1%
A32	75 years or older within 6 hours	M	95%	37.4% [R]	-60.6%		35.9% [R]	48.8% [R]	25.7% [R]	30.2% [R]	37.1% [R]	47% [R]	38.2%	40.2%	38.7%
Waiting times for Procedures															
A152	Adult waiting < 9 months (inpatient)	M	90%	70.9% [R]	-21.2%		70.9% [R]	75.9% [R]	72.1% [R]	55.1% [R]	77.2% [R]	83.7% [A]	71.4%	70.8%	70.9%
A153	Adult waiting < 9 months (day case)	M	90%	80.1% [R]	-11%		81.5% [A]	83.2% [A]	85.8% [G]	75.7% [R]	73.9% [R]	84.7% [A]	80%	79.5%	80.1%
A154	Children waiting <9 months (inpatient)	M	90%	64.1% [R]	-28.7%	58.6% [R]	95.8% [G]	76.5% [R]	95.2% [G]	60.2% [R]	80.1% [R]	66% [R]	64.5%	63.4%	64.1%
A155	Children waiting < 9 months (day case)	M	90%	63.7% [R]	-29.2%	59.5% [R]	100% [G]	90.6% [G]	66.7% [R]	69.2% [R]	71.7% [R]	64.1% [R]	66.4%	64.9%	63.7%
A156	Outpatient waiting < 15 months	M	90%	88% [G]	-2.2%	81% [R]	92.3% [G]	85.4% [A]	98% [G]	85.9% [G]	84.4% [A]	91.6% [G]	87.9%	87.8%	88%
Delayed Transfers of Care															
A49	Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	412 [R]	17.7%	8	55	75	29	108	109	28	414	431	412
Cancer															
NCCP24	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	75.7% [R]	-20.3%		51.7% [R]	55.1% [R]	99.6% [G]	81.5% [R]	92.3% [G]	90.8% [G]	71.5%	74%	82%
NCCP4	Urgent Breast Cancer within 2 weeks	M	95%	73.4% [R]	-22.7%		35.1% [R]	43.5% [R]	99.6% [G]	92.3% [G]	94.2% [G]	95.6% [G]	69%	70.8%	79.7%
NCCP6	Non-urgent breast within 12 weeks	M	95%	74.3% [R]	-21.8%		38% [R]	94.7% [R]	100% [G]	78.3% [R]	56.8% [R]	50.8% [R]	70.7%	76.4%	77.8%
NCCP11	Lung Cancer within 10 working days	M	95%	90.3% [G]	-5%		99.2% [G]	99.9% [G]	98.3% [G]	76% [R]	90.8% [R]	78.4% [R]	88.4%	89.5%	96.3%
NCCP17	Prostate Cancer within 20 working days	M	90%	74.1% [R]	-17.7%		96.4% [G]	85.5% [R]	100% [G]	10.2% [R]	86.6% [R]	78.1% [R]	68.9%	76.9%	81.6%
NCCP22	Radiotherapy treatment within 15 working days	M	90%	68.9% [R]	-23.4%		54.4% [R]			77.6% [R]	84.3% [A]	87.1% [G]	73.1%	75.7%	74.3%

	KPI No.	Metric	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
Finance, Governance & Compliance	**Service Arrangements**															
		% of the monetary value of service arrangements signed	M	100%	0	-100%								0%	0%	0%
	Internal Audit															
		% of internal audit recommendations implemented by agreed due date (New KPI)	Q	90%	36% [R]	-60%	N/A	11% [R]	30% [R]	20% [R]	19% [R]	31% [R]	33% [R]	49%	35%	17%

*The data for Acute Hospitals is available only in their new RHA groups view.

Acute Hospital Services
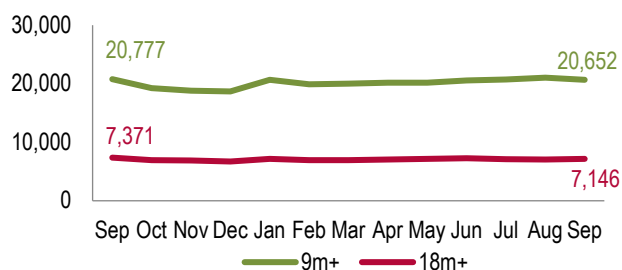
Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations – A167	1,257,144	1,370,362	9%	1,256,004	9.1%	151,490	148,804	153,602
New ED Attendances – A164	1,011,260	1,088,730	7.7%	1,007,285	8.1%	120,116	117,381	121,100
OPD Attendances – A15	2,837,472	2,904,367	2.4%	2,746,104	5.8%	343,253	309,779	337,193

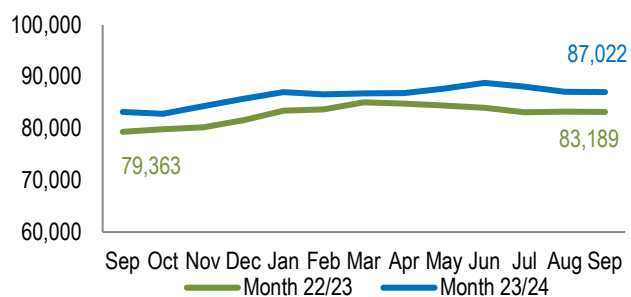| Activity Area (HIPE data month in arrears)	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges – A3	425,663	453,897	6.6%	429,472	5.7%	53,589	57,440	56,309
Inpatient weight units – A4	978,890	1,009,585	3.1%			117,916	131,383	119,425
Day case (includes dialysis) – A5	816,256	832,107	1.9%	793,916	4.8%	96,449	112,120	103,355
Day case weight units (includes dialysis) – A6	216,917	222,774	2.7%			25,808	29,936	26,78
IP & DC Discharges – A7	1,241,919	1,286,004	3.5%	1,223,388	5.1%	150,038	169,560	159,664
% IP	34.3%	35.3%	3%	35.1%	0.5%	35.7%	33.9%	35.3%
% DC	65.7%	64.7%	-1.6%	64.9%	-0.3%	64.3%	66.1%	64.7%
Emergency IP discharges – A12	301,855	328,367	8.8%	306,877	7%	38,152	41,069	39,981
Elective IP discharges – A13	58,315	59,573	2.2%	56,545	5.4%	7,206	8,106	8,047
Maternity IP discharges – A14	65,493	65,957	0.7%	66,050	-0.1%	8,231	8,265	8,281
Inpatient discharges >75 years – A103	95,493	104,194	9.1%	95,894	8.7%	12,138	13,233	13,090
Day case discharges >75 years – A104	158,022	172,115	8.9%	159,181	8.1%	20,189	23,282	21,620

Inpatient, Day case and Outpatient Waiting Lists

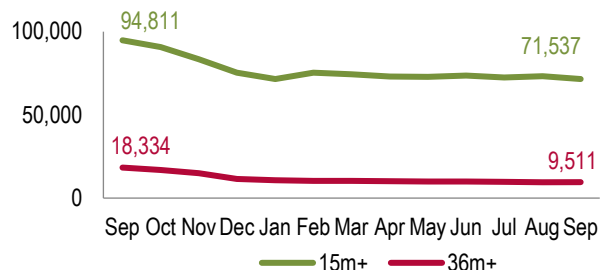| Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 9 months – A152	90%	M	🔴	**70.9%**	68.5%	+2.4%	71.4%	70.8%	70.9%	16 out of 40 hospitals reached target	SLK (28.6%), Mullingar (41.2%), GUH (48.4%)
Day case adult waiting list within 9 months – A153	90%	M	🔴	**80.1%**	78.2%	+1.9%	80%	79.5%	80.1%	19 out of 42 hospitals reached target	UHW (67%), Bantry (70.4%), Portlaoise (72%)
Inpatient children waiting list within 9 months – A154	90%	M	🔴	**64.1%**	65%	-0.9%	64.5%	63.4%	64.1%	7 out of 14 hospitals reached target	GUH (54.9%), CHI (58.6%), UHL (66%)
Day case children waiting list within -9 months – A155	90%	M	🔴	**63.7%**	72.5%	-8.8%	66.4%	64.9%	63.7%	16 out of 25 hospitals reached target	CUH (58%), CHI (59.5%), GUH (61.9%)
Outpatient waiting list within 15 months – A156	90%	M	🟢	**88%**	84.1%	+3.9%	87.9%	87.8%	88%	26 out of 44 hospitals reached target	St Columcille's (47.3%), Nenagh (78.9%), CUH (80.6%)

Inpatient & Day Case Waiting List

Outpatient Waiting List

Waiting List Numbers

	Total	Total SPLY	SPLY Change	>9 Mths	>15 Mths
Adult IP	20,570	18,413	2,157	5,985	3,143
Adult DC	57,427	55,074	2,353	11,407	5,045
Adult IPDC	**77,997**	**73,487**	**4,510**	**17,392**	**8,188**
Child IP	3,193	3,934	-741	1,145	574
Child DC	5,832	5,768	64	2,115	1,030
Child IPDC	**9,025**	**9,702**	**-677**	**3,260**	**1,604**
OPD	595,575	597,081	-1,506	159,247	71,537

Total No. on Inpatient & Day Case Waiting List

Total No. on Outpatient Waiting List

ED Performance

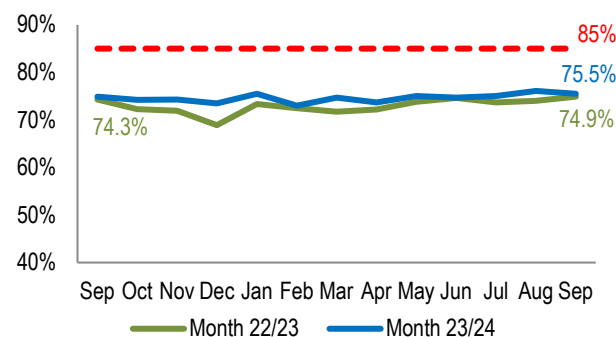| Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% admitted or discharged within 6 hours – A26	70%	M	●	**57.6%**	56.8%	+0.8%	58.4%	60%	59.1%	6 out of 28 hospitals	Beaumont (30.8%), Tallaght-Adults (34.4%), Naas (35.5%)
% admitted or discharged within 9 hours – A27	85%	M	●	**74.6%**	73.3%	+1.3%	75%	76.1%	75.5%	8 out of 28 hospitals	Tallaght-Adults (50.1%), Naas (50.5%), Beaumont (51.1%)
% in ED admitted or discharged within 24 hours – A29	97%	M	●	**96.28%**	95.62%	+0.7%	96.48%	97.16%	96.34%	14 out of 28 hospitals	Naas (90.82%), Beaumont (90.96%), Tallaght-Adults (90.99%)
% 75 years+ admitted or discharged within 6 hours – A32	95%	M	●	**37.4%**	36.1%	+1.3%	38.2%	40.2%	38.7%	St Michaels (87.5%), SLK (69.3%), UHW (53.5%)	Naas (18.6%), Beaumont (20.5%), OLOL (21.7%)
% 75 years+ admitted or discharged within 9 hours – A30	99%	M	●	**55.7%**	53.9%	+1.8%	56.6%	58.7%	56.5%	St Michaels (97.9%), SLK (85%), Portlaoise (82.9%)	Naas (29.1%), OLOL (34.4%), Beaumont (37.1%)
% 75 years+ admitted or discharged within 24 hours – A96	99%	M	●	**92.49%**	90.37%	+2.1%	93.04%	94.76%	92.35%	9 out of 27 hospitals	CUH (76.85%), OLOL (78.57%), Beaumont (82.99%)

% admitted or discharged within 6 hours
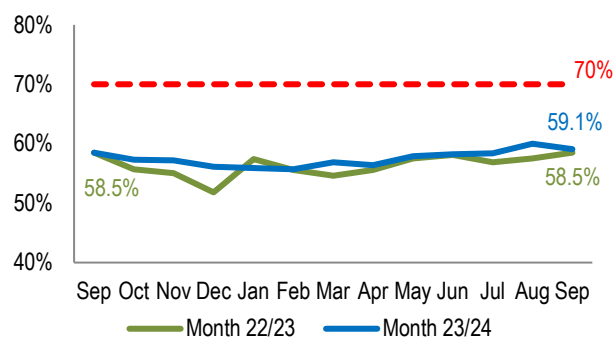
% admitted or discharged within 9 hours

% in ED admitted or discharged within 24 hours
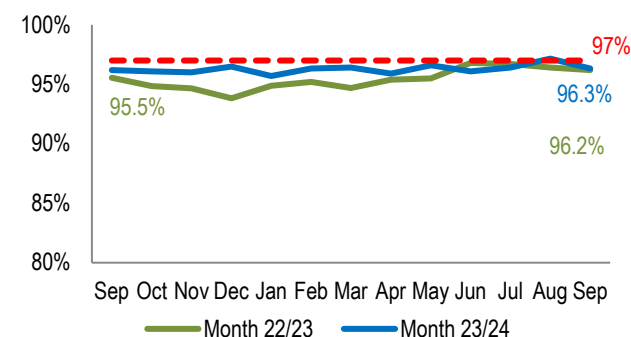
% 75 years+ admitted or discharged within 6 hours
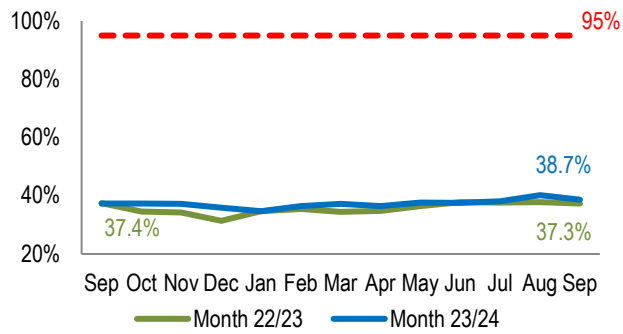
95%

38.7%
37.4%
37.3%

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

── Month 22/23   ── Month 23/24

% 75 years+ admitted or discharged within 9 hours

99%

56.5%
54.6%
55.4%

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

── Month 22/23   ── Month 23/24

% 75 years+ admitted or discharged within 24 hours

99%

92.4%
89.7%
92.7%

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

── Month 22/23   ── Month 23/24
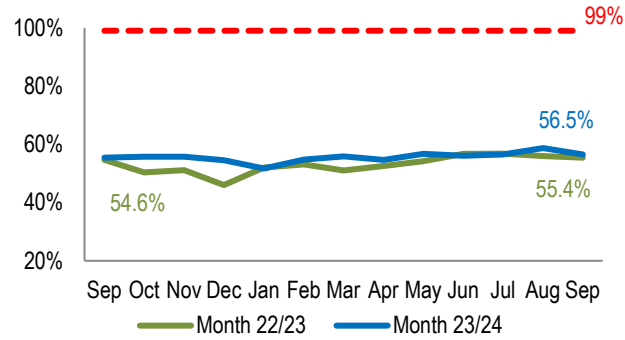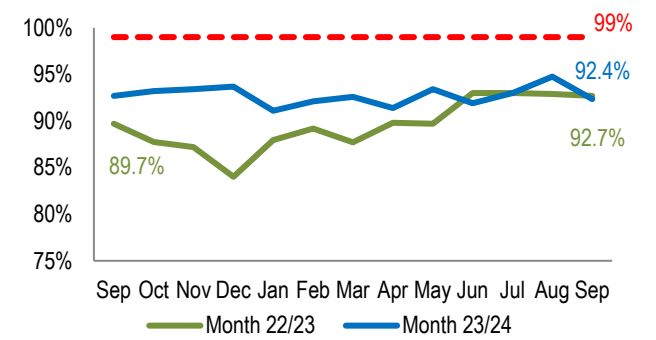
Number in ED waiting over 24 hours

4,736
4,651

1,269
1,437
0

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

── Patients 75+ >24 hrs   ── All patients > 24 hrs
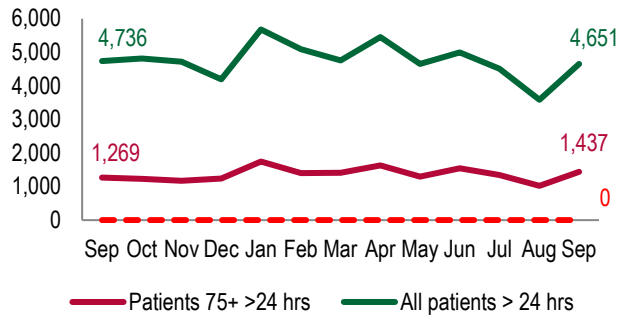
Colonoscopy

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy - No. of new people waiting > 4 weeks – A80	0	M	🔴	**2,513**	1,073	+1,073	151	249	120	30 out of 38 have 0	Navan (82), GUH (13), SJH (10)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		**449**	623	-174	34	35	62	6 out of 15 hospitals	Wexford (23), MMUH (15), RUH (9)
% waiting < 13 weeks following a referral for colonoscopy or OGD – A25	65%	M	🟢	**62.1%**	60.2%	+1.9%	62%	59.6%	62.1%	16 out of 37 hospitals	SJH (29%), CHI (37.4%), MUH, Portlaoise (44.4%)
% of people waiting < 9 months for an elective procedure GI scope – A157	95%	M	🟢	**94.9%**	93.4%	+1.5%	94.9%	94.3%	94.9%	29 out of 37 hospitals	SJH (71.4%), CHI (73.4%), MUH (80.6%)

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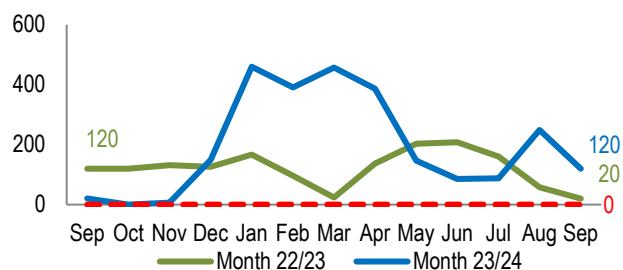
BowelScreen: Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	297	272	372
Number scheduled over 20 working days	34	35	62

No. on waiting list for Colonoscopy and OGD
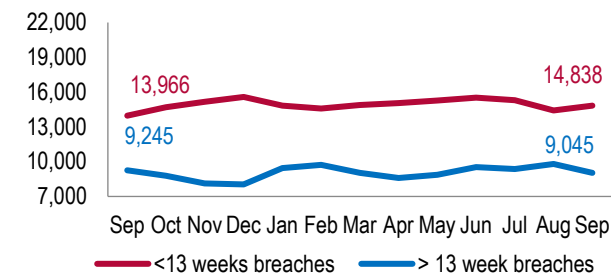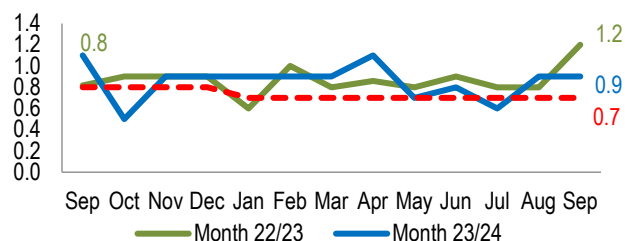

Total No. on waiting list for Colonoscopy and OGD
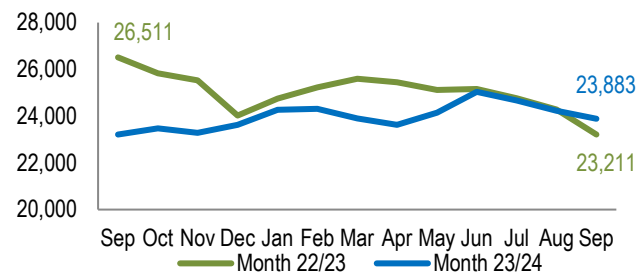
HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of hospital Staph. Aureus infection – CPA51	<0.7	M	🔴 **0.9**	0.8	+0.1	0.6	1.0	0.9	32 out of 46 hospitals	SLK (4.0), Naas (3.4), UHL (1.7)
Rate of new cases of hospital C Difficile infection – CPA52	<2	M	🔴 **2.4**	2.1	+0.3	2.2	2.3	2.6	26 out of 46 hospitals	Mallow (12.0), UHW (8.1), TUH (7.4)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	🔴 **87.5%**	91.7%	-4.2%	93.8%	93.8%	87.5%	42 out of 48 hospitals	1 hospital didn't achieve the target

Rate of Staph. Aureus bloodstream infections

Rate of new cases of C Difficile associated diarrhoea
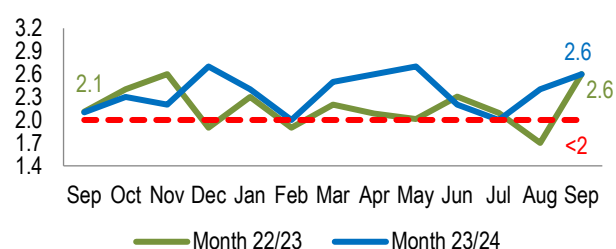
Requirements for screening with CPE Guidelines
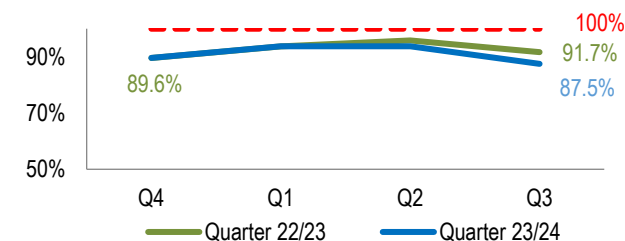
Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care – A48	≤350	M	🔴 **412**	514	-102	414	431	412	3 hospitals (0), Mullingar, Cavan, SIVUH (1)	GUH (42), CUH (35), SUH, UHK (27)

Delayed Transfers of Care

Delayed Transfers of Care by Category

|	Over 65	Under 65	Total	Total %
Home	34	9	43	10.4%
Residential Care	136	23	159	38.6%
Rehab	34	30	64	15.5%
Complex Needs	32	31	63	15.3%
Housing/Homeless	7	24	31	7.5%
Legal complexity	26	12	38	9.2%
Non compliance	10	3	13	3.2%
COVID-19	1	0	1	0.2%
Total	**280**	**132**	**412**	**100%**

Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge – CPA53	≤11.1%	M-1M	🟡	**11.8%**	12%	-0.2%	11.7%	11.6%	11.9%	16 out of 34 hospitals	Tullamore (16.1%), UHK (15.7%), UHL (14.9%)
Procedure conducted on day of admission (DOSA) – CPA27	82.4%	M-1M	🟢	**79.9%**	80.6%	-0.7%	79.5%	77.7%	79.7%	26 out of 33 hospitals	Croom (29.3%), SJH (37.2%), GUH (40.3%)
Laparoscopic Cholecystectomy day case rate – CPA28	60%	M-1M	🔴	**45.3%**	49.1%	-3.8%	50.4%	45.8%	44.7%	11 out of 29 hospitals	6 hospitals have 0%
Surgical re-admissions within 30 days of discharge – A45	≤2%	M-1M	🟢	**1.7%**	1.7%	0%	1.7%	1.6%	1.6%	30 out of 40 hospitals	Croom (1.6%), Wexford (12.5%), SIVUH (1.2%)
Hip fracture surgery within 48 hours of initial assessment – A99	85%	Q-1Q	🟡	**78.7%**	76.6%	2.1%	76.1%	79.3%	78.1%	4 out of 14 hospitals achieved target	LUH (60%), Beaumont (69%), UHL, SJH (72.7%)

Emergency re-admissions within 30 days
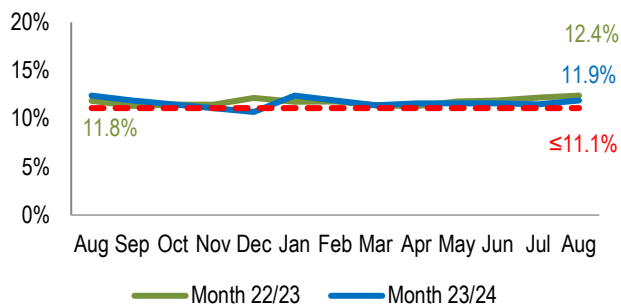
Procedure conducted on day of admissions
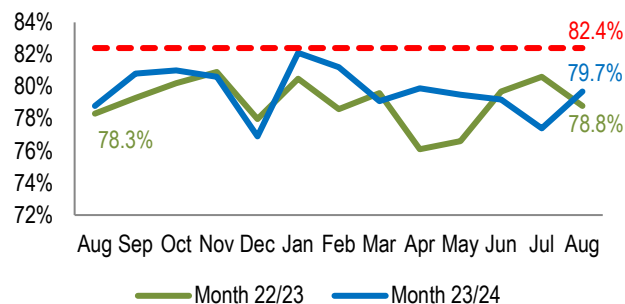
Hip fracture surgery within 48 hours of initial assessment
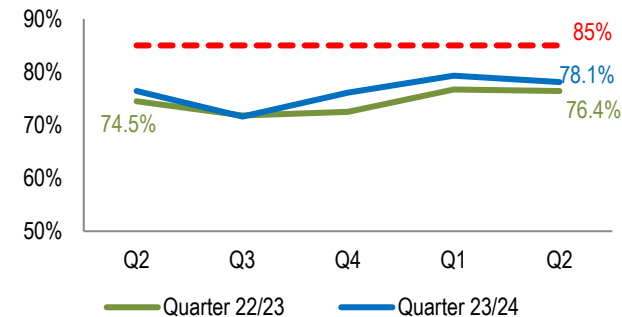
Laparoscopic Cholecystectomy day case rate
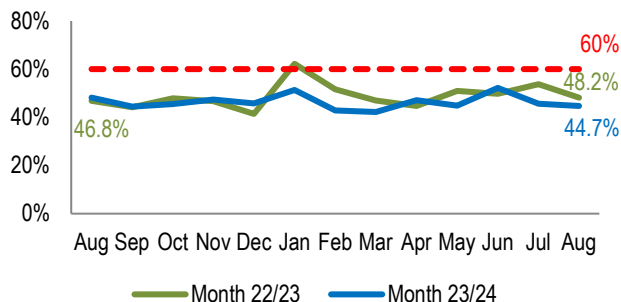
Surgical re-admissions within 30 days
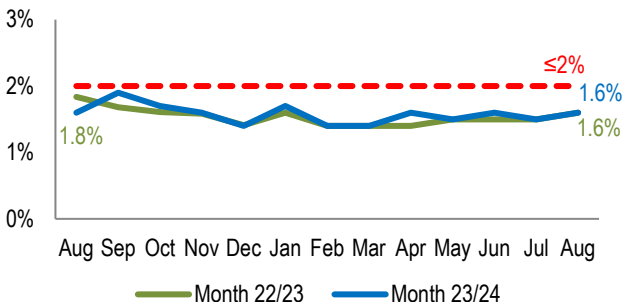
Cancer Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast (urgent), Lung Prostate Clinics within recommended timeframe – NCCP24	95%	M	●	**75.7%**	78.4%	-2.7%	71.5%	74%	82%	4 out of 9 hospitals reached the target	MMUH (36.5%), SJH (69.5%), LUH (83.6%)
Urgent breast cancer within 2 weeks – NCCP4	95%	M	●	**73.4%**	76.3%	-2.9%	69%	70.8%	79.7%	5 out of 9 hospitals reached the target	MMUH (27.6%), SJH (62.2%), LUH (83.6%)
Non-urgent breast within 12 weeks – NCCP6	95%	M	●	**74.3%**	70.5%	+3.8%	70.7%	76.4%	77.8%	5 out of 9 hospitals reached the target	LUH (5.8%), CUH (38.4%), SJH (44.7%)
Lung Cancer within 10 working days – NCCP11	95%	M	●	**90.3%**	83%	+7.3%	88.4%	89.5%	96.3%	6 out of 8 hospitals reached the target	UHL (80%), CUH (93.8%)
Prostate cancer within 20 working days – NCCP17	90%	M	●	**74.1%**	84.3%	-10.2%	68.9%	76.9%	81.6%	6 out of 8 hospitals reached the target	GUH (18.8%), CUH (59.2%)
Radiotherapy within 15 working days – NCCP22	90%	M	●	**68.9%**	62.9%	+6%	73.1%	75.7%	74.3%	UHW (100%), UHL (92.2%)	SLRON (59.6%), GUH (75.3%), CUH (88%)

Rapid Access within recommended timeframe
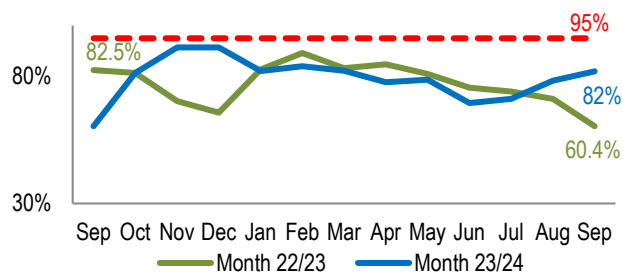
Breast Cancer within 2 weeks

Non-urgent breast within 12 weeks
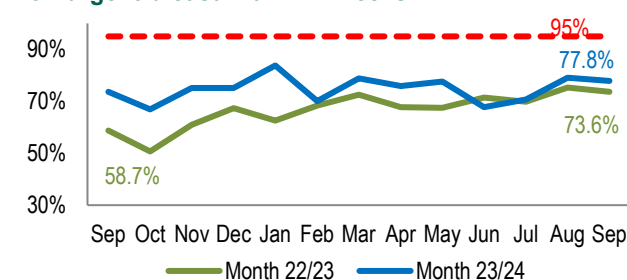
Lung Cancer within 10 working days
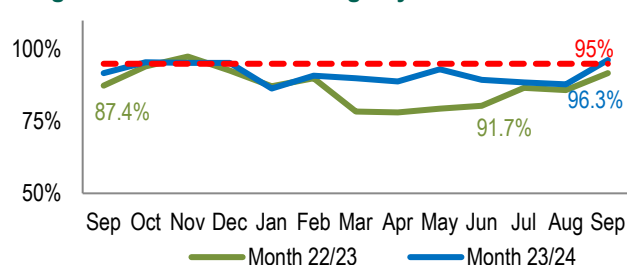
Prostate Cancer within 20 working days
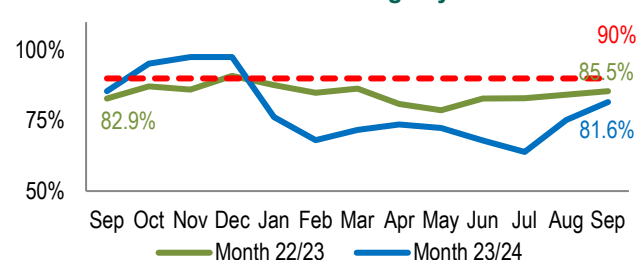
Radiotherapy within 15 working days
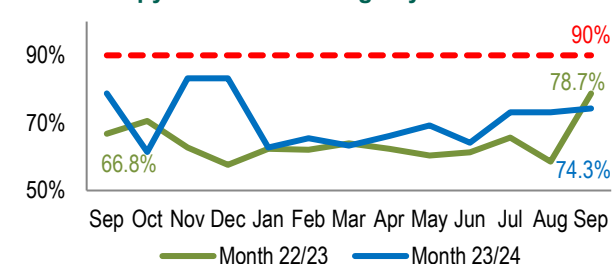
Ambulance to ED Handover Times – Under review

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

National Ambulance Service

National Ambulance Service

	KPI No.	Metric Title	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Current (-2)	Current (-1)	Current
Access and Integration		**Patient Handover at ED to Clear**							
	NAS76	% of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital	M	75%	48.6% [R]	-35.2%	50.4%	50.1%	51.0%
		Ambulance Response Times							
	NAS11	% of clinical status 1 PURPLE incidents responded to by a **NAS** patient-carrying vehicle in 18 minutes and 59 seconds or less	M	75%	74.5% [G]	-0.7%	71.0%	72.3%	73.1%
	NAS17	% of clinical status 1 RED incidents responded to by a **NAS** patient-carrying vehicle in 18 minutes and 59 seconds or less	M	45%	47.2% [G]	4.8%	46.7%	47.2%	46.6%

Performance area	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current	Best performance	Outliers
Patient Handover at ED to Clear % of ambulance crews who are ready and mobile to receive another 999 / 112 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital – NAS76	75%	M	🔴	48.6%	50.4%	50.1%	51.0%	N/A	N/A

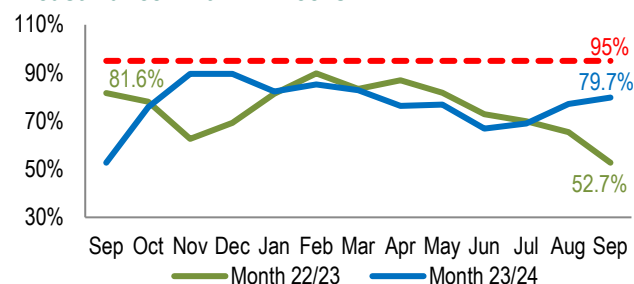### Patient Handover at ED to Clear
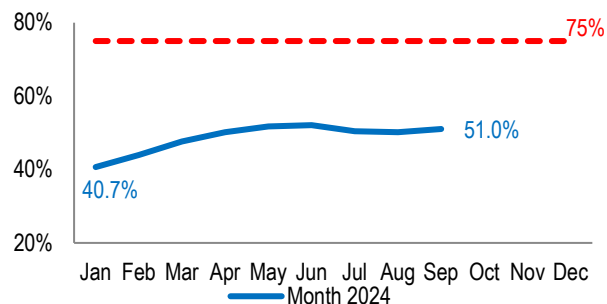
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of clinical status 1 PURPLE incidents responded to by a NAS patient-carrying vehicle in 18 min & 59 seconds or less - NAS11	75%	M	🟢	74.5%	72.6%	2.5%	71.0%	72.3%	73.1%	N/A	N/A
% of clinical status 1 RED incidents responded to by a NAS patient-carrying vehicle in 18 min & 59 seconds or less – NAS17	45%	M	🟢	47.2%	44.2%	6.6%	46.7%	47.2%	46.6%	N/A	N/A
Return of spontaneous circulation (ROSC) – NAS35	40%	Q	🟡	37.8%	40.3%	-6.3%		29.3%	44.9%	N/A	N/A

PURPLE - Incident Response Times within 18min & 59 sec
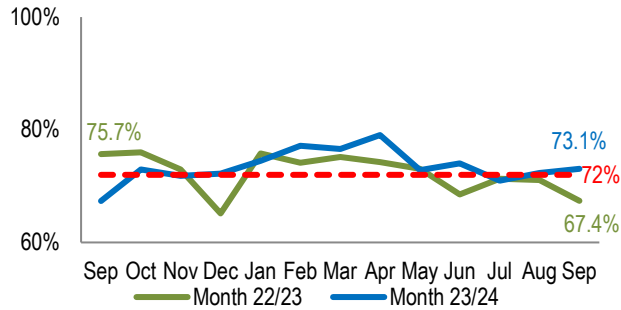
RED - Incident Response Times within 18min & 59 sec
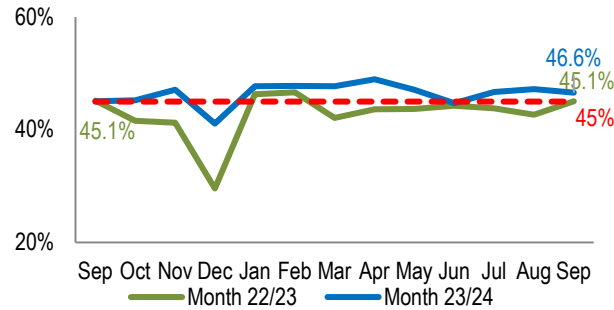
Call Volumes (arrived at scene) (Excludes those stood down en route)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
PURPLE (NAS7)	6,784	5,085	-0.8%	4,303	17.3%
RED (NAS13)	162,180	121,635	6.3%	105,917	22.1%

ROSC
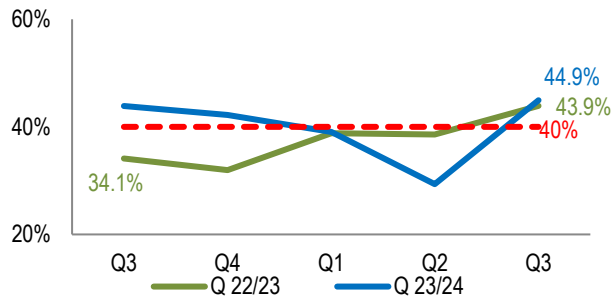
Resource Optimisation Delivering Accountable Implementation

Primary Care Reimbursement Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
% of completed medical card / GP visit card applications processed within 15 days – PCRS3	99%	M	🟢	99.7%	99.9%	-0.2%	99.7%	99.9%	99.7%
Number of persons covered by medical cards– PCRS1	1,665,608 YTD/ 1,681,266 FYT	M	🟡	1,570,945	1,602,777	-31,832	1,580,666	1,575,480	1,570,945
Number of persons covered by GP visit cards - PCRS2	960,372 YTD/ 1,069,391 FYT	M	🔴	702,468	595,149	+107,319	690,863	696,531	702,468

Medical card turnaround within 15 days
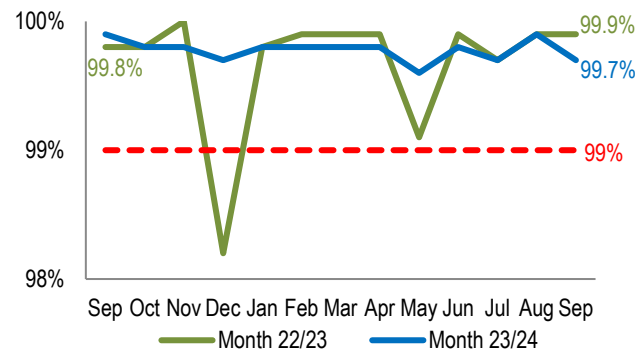
Number of persons covered by medical cards
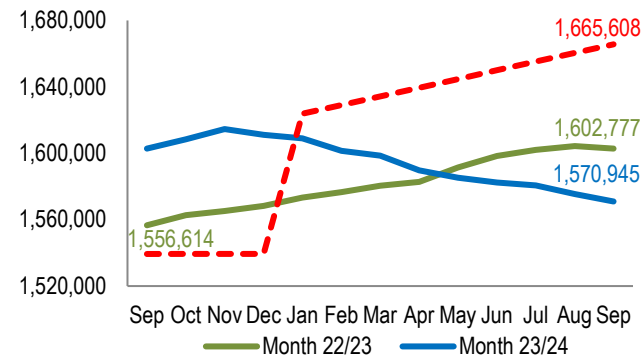
Number of persons covered by GP visit cards
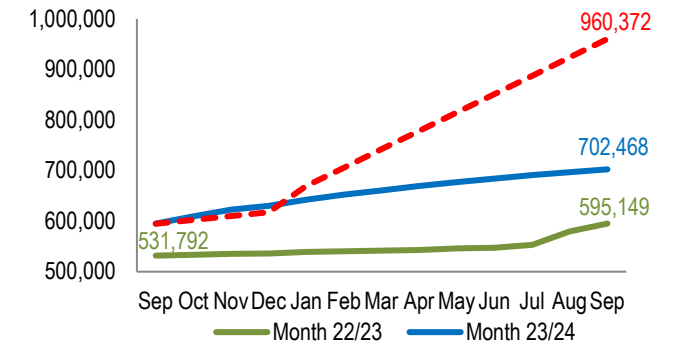
Capital and Estates

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

2024 Allocation / Expenditure Analysis - Capital						
	Total Allocation (Profile) for 2024	Cum Profile for Period Jan – 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	919.310	438.670	461.575	(22.905)	105.22%	50.21%	-5.22%
M02 - National Children's Hospital	209.470	143.190	180.998	(37.808)	126.40%	86.41%	-26.40%
	1,128.780	581.860	642.572	(60.712)	110.43%	56.93%	-10.43%
M03 - Info Systems for Health Agencies	155.000	70.000	48.564	21.436	69.38%	31.33%	30.62%
	1,283.780	651.860	691.136	(39.276)	106.03%	53.84%	-6.03%
Asset Disposals	4.009	4.009	0.000	4.009	0.00%	0.00%	100.00%
Net	**1,287.789**	**655.869**	**691.136**	**(35.267)**	**105.38%**	**53.67%**	**-5.38%**

Internal Audit
Implementation of Internal Audit Recommendations (CHO and Hospital Group)

KPI: % of internal audit recommendations implemented by the agreed due date.
Target: 90% completion of recommendations due for implementation in the quarter.

HSE TOTAL	Implementation of recommendations due in Q3 2024			Cumulative results YTD		
	Due	Implemented	% Achieved	Due YTD	Implemented YTD	% Achieved
HSE Regions and Centre	**69**	**19**	**28%**	**301**	**109**	**36%**
HGs and CHOs	**Due**	**Implemented**	**% Achieved**	**Due YTD**	**Implemented YTD**	**% Achieved**
CHO 1	1	0	0%	7	3	43%
CHO 2	3	0	0%	23	8	35%
CHO 3	2	2	100%	8	6	75%
CHO 4	4	1	25%	17	5	29%
CHO 5	3	3	100%	11	4	36%
CHO 6	2	0	0%	9	2	22%
CHO 7	3	2	67%	14	6	43%
CHO 8	3	0	0%	9	4	44%
CHO 9	3	0	0%	9	2	22%
RSCI	7	0	0%	10	2	20%
IEHG	4	0	0%	23	7	30%
SSWHG	8	0	0%	26	8	31%
Saolta Hospital Group	1	0	0%	21	4	19%
Dublin Midland HG	9	1	11%	9	1	11%
ULHG	0	0	N/A	3	1	33%
Total CHO and HGs	**53**	**9**	**17%**	**199**	**63**	**32%**

KPI: % of internal audit recommendations implemented by the agreed due date.
Target: 90% completion of recommendations due for implementation in the quarter.

HSE Corporate	Implementation of recommendations due in Q3 2024			Cumulative results YTD		
	Due	Implemented	% Achieved	Due YTD	Implemented YTD	% Achieved
Community Operations	3	3	100%	8	3	38%
Acute Operations	2	2	100%	19	13	68%
Access & Integration	4	3	75%	13	3	23%
Finance	1	0	0%	4	0	0%
Chief Information Officer (Technology & Transformation)	4	2	50%	26	11	42%
Major Capital Infrastructure	2	0	0%	2	0	0%
CEO	0	0	N/A	0	0	N/A
Performance and Planning	0	0	N/A	0	0	N/A
National Ambulance Service (National Services & Schemes)	0	0	N/A	1	0	0%
Primary Care Reimbursement Service (National Services & Schemes)	0	0	N/A	3	1	33%
National Screening Service (Clinical)	0	0	N/A	8	6	75%
People	0	0	N/A	11	9	82%
Data Protection	0	0	N/A	7	0	0%
Total HSE Corporate	**16**	**10**	**63%**	**102**	**46**	**45%**

Implementation of Internal Audit Recommendations (Health Regions and Centre Functions)

KPI: % of internal audit recommendations implemented by the agreed due date.
Target: 90% completion of recommendations due for implementation in the quarter.

	Implementation of recommendations due in Q3 2024			Cumulative results YTD		
HSE TOTAL	**Due**	**Implemented**	**% Achieved**	**Due YTD**	**Implemented YTD**	**% Achieved**
HSE Regions and Centre	**69**	**19**	**28%**	**301**	**109**	**36%**
HEALTH REGIONS	**Due**	**Implemented**	**% Achieved**	**Due YTD**	**Implemented YTD**	**% Achieved**
HSE Dublin & North East	14	0	0%	25	6	24%
HSE Dublin & Midlands	15	3	20%	30	9	30%
HSE Dublin & South East	6	3	50%	40	13	33%
HSE South West	12	1	8%	43	13	30%
HSE Mid West	2	2	100%	11	7	64%
HSE West & North West	4	0	0%	50	15	30%
Total Health Regions	**53**	**9**	**17%**	**199**	**63**	**32%**
HSE CENTRE	**Due**	**Implemented**	**% Achieved**	**Due YTD**	**Implemented YTD**	**% Achieved**
Community Operations	3	3	100%	8	3	38%
Acute Operations	2	2	100%	19	13	68%
Access & Integration	4	3	75%	13	3	23%
Finance	1	0	0%	4	0	0%
Technology & Transformation	4	2	50%	26	11	42%
Major Capital Infrastructure	2	0	0%	2	0	0%
CEO	0	0	N/A	0	0	N/A
Performance and Planning	0	0	N/A	0	0	N/A
National Services & Schemes	0	0	N/A	4	1	25%
Clinical	0	0	N/A	8	6	75%
People	0	0	N/A	11	9	82%
Data Protection	0	0	N/A	7	0	0%
Total HSE Centre	**16**	**10**	**63%**	**102**	**46**	**45%**

Finance

Introduction

As this report is prepared during a transitional period, Finance data might be presented differently from the other reports.

Expenditure limits report

Total Variance to Expenditure Limits

Regional Area	September YTD Expenditure Limit €M	September YTD Actuals €m	Variance to Expenditure limits YTD €M	% Variance YTD
HSE Dublin and North East	2,226.9	2,295.4	68.6	3.1%
HSE Dublin and Midlands	2,420.3	2,478.6	58.4	2.4%
HSE Dublin & South East	1,753.2	1,797.7	44.5	2.5%
HSE South West	1,312.2	1,341.0	28.8	2.2%
HSE Mid West	768.6	779.2	10.6	1.4%
HSE West and North West	1,665.5	1,702.2	36.7	2.2%
Total Regional	**10,146.6**	**10,394.3**	**247.6**	**2.4%**
National Schemes / National Services	3,570.8	3,476.3	(94.5)	-2.6%
Corporate Centre	3,342.9	3,056.2	(286.8)	-8.6%
Grand Total	**17,060.4**	**16,926.71**	**(133.7)**	**-0.8%**
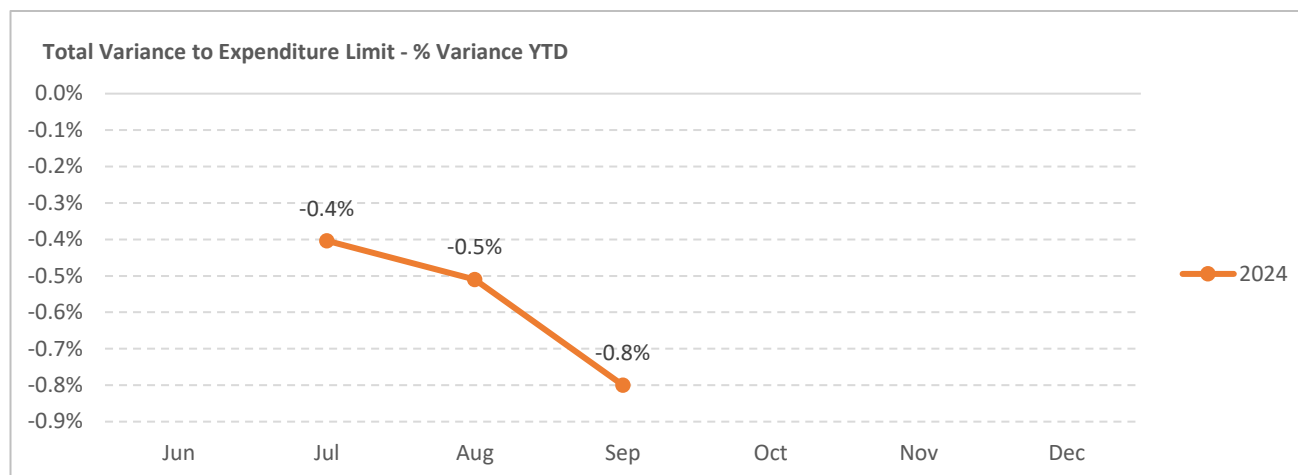
Key Messages | September 2024

- Total Regional variance to expenditure limit is +€247.6m.
- Total expenditure limit variance is -€133.7m.
- Total % variance to expenditure limit fell from -0.51% in August to -0.8% in September.

Income Variance

Regional Area	September YTD Expenditure Limit €M	September YTD Actuals €m	Variance to Expenditure limits YTD €M	% Variance YTD
HSE Dublin and North East	(214.6)	(222.8)	(8.2)	3.8%
HSE Dublin and Midlands	(228.6)	(237.1)	(8.5)	3.7%
HSE Dublin & South East	(184.5)	(188.1)	(3.5)	1.9%
HSE South West	(173.8)	(177.4)	(3.6)	2.1%
HSE Mid West	(75.2)	(74.1)	1.1	-1.5%
HSE West and North West	(150.7)	(152.4)	(1.7)	1.1%
Total Regional	**(1,027.5)**	**(1,051.8)**	**(24.3)**	**2.37%**
National Schemes / National Services	(332.9)	(370.5)	(37.6)	11.3%
Corporate Centre	(431.2)	(457.6)	(26.4)	6.1%
Grand Total	**(1,791.6)**	**(1,879.9)**	**(88.3)**	**4.93%**

Income Variance - Variance % YTD
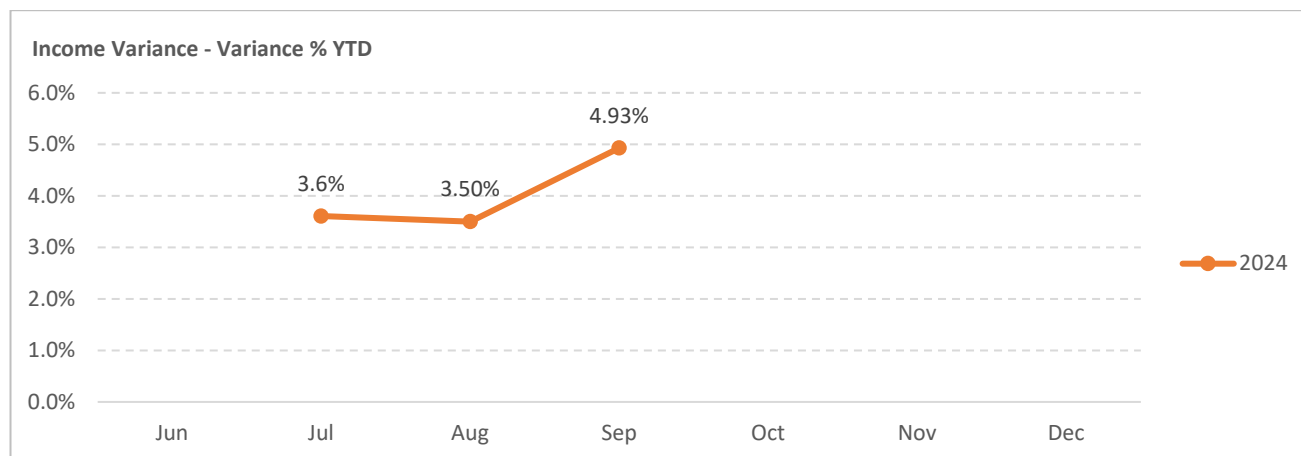
Key Messages | September 2024

- Total regional income variance to expenditure limit YTD is -€24.3m
- Total income variance to expenditure limit YTD is -€88.3m

Pay Variance to Expenditure Limits

Regional Area	September YTD Expenditure Limit €M	September YTD Actuals €m	Variance to Expenditure limits YTD €M	% Variance YTD
HSE Dublin and North East	1,599.1	1,624.1	25.0	1.6%
HSE Dublin and Midlands	1,763.6	1,783.0	19.4	1.1%
HSE Dublin & South East	1,335.8	1,353.4	17.6	1.3%
HSE South West	1,004.7	1,018.6	13.9	1.4%
HSE Mid West	557.5	562.7	5.2	0.9%
HSE West and North West	1,269.0	1,279.3	10.3	0.8%
Total Regional	**7,529.7**	**7,621.2**	**91.5**	**1.21%**
National Schemes / National Services	203.6	200.5	(3.1)	-1.5%
Corporate Centre	1,464.0	1,422.3	(41.7)	-2.8%
Grand Total	**9,197.4**	**9,244.0**	**46.7**	**0.51%**

Key Messages | September 2024

- The regional Pay variance to expenditure limit YTD is €91.5m
- The total Pay variance to expenditure limit YTD is €46.7m

Non Pay Variance to Expenditure Limits

Regional Area	September YTD Expenditure Limit €M	September YTD Actuals €m	Variance to Expenditure limits YTD €M	% Variance YTD
HSE Dublin and North East	842.4	894.1	51.7	6.1%
HSE Dublin and Midlands	885.3	932.7	47.4	5.4%
HSE Dublin & South East	601.9	632.4	30.5	5.1%
HSE South West	481.3	499.8	18.4	3.8%
HSE Mid West	286.3	290.7	4.4	1.5%
HSE West and North West	547.1	575.2	28.1	5.1%
Total Regional	**3,644.4**	**3,824.9**	**180.5**	**4.95%**
National Schemes / National Services	3,700.1	3,646.3	(53.8)	-1.5%
Corporate Centre	2,310.2	2,091.5	(218.7)	-9.5%
Grand Total	**9,654.6**	**9,562.6**	**(92.0)**	**-0.95%**

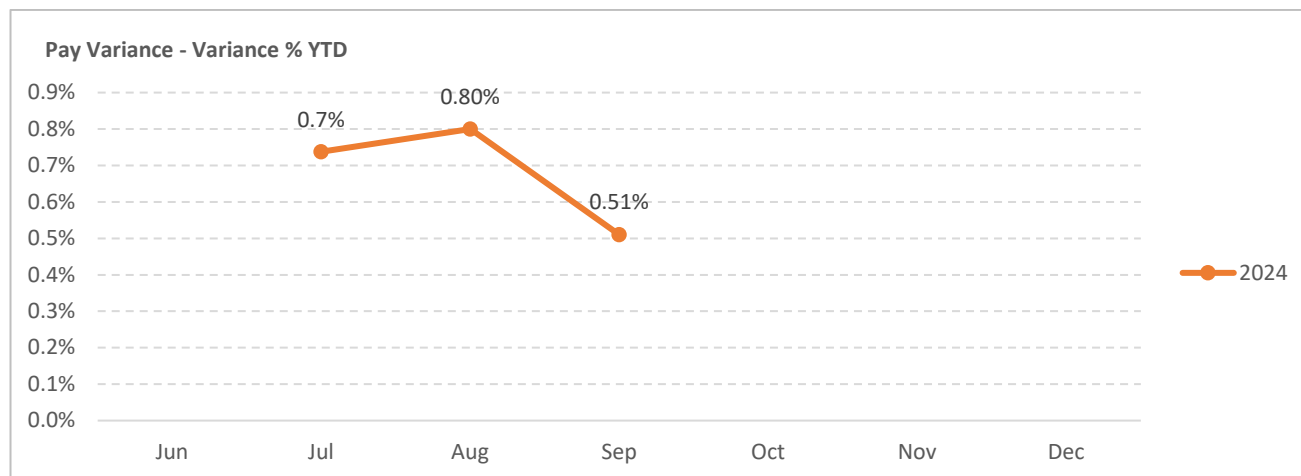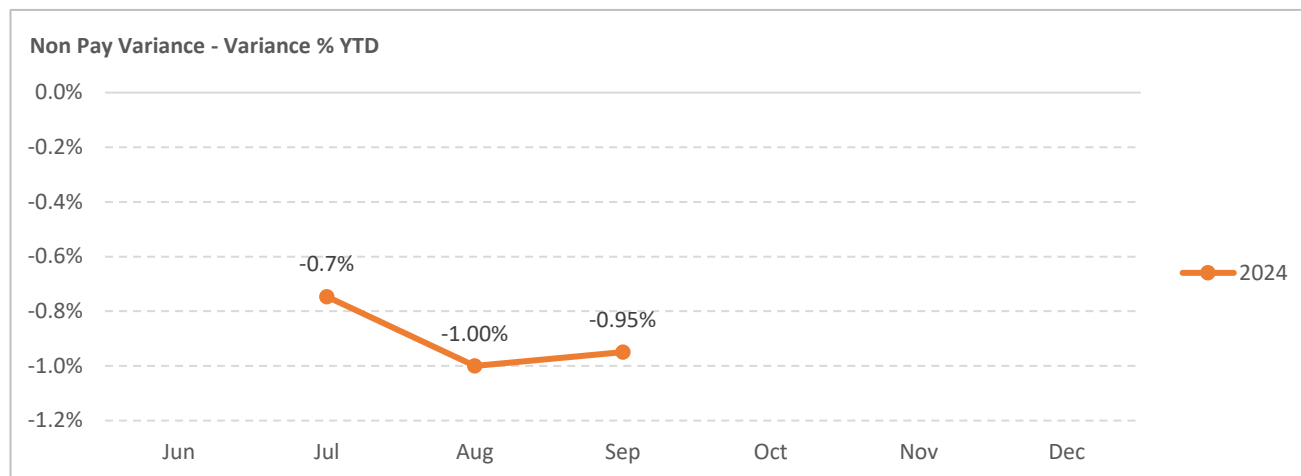**Non Pay Variance - Variance % YTD**

Key Messages | September 2024

- The regional Non Pay variance to expenditure limit YTD is €180.5m
- The total Non Pay variance to expenditure limit YTD is -€92.0m

RHA by Pay, Non Pay and Income (September YTD)
Summary - September

RHA	September YTD Actuals €m	September YTD Expenditure Limit €	Variance to Expenditure limits €	Variance to Expenditure limits %	Variance Direct Pay	Variance Agency	Variance Overtime	Variance Non Pay Bad & Doubtful Debts	Variance Non Pay Drugs & Medicines	Variance Non Pay Heat Power & Light	Variance Non Pay Other	Variance Income Other	Variance Income Patient
RHA A: HSE Dublin and North East	2,295.4	2,226.9	68.6	3.1%	5.2	12.2	7.6	3.3	3.7	(3.8)	48.5	10.3	(18.5)
RHA B: HSE Dublin and Midlands	2,478.6	2,420.3	58.4	2.4%	14.4	9.6	(4.7)	(0.5)	8.1	(2.7)	42.6	5.1	(13.6)
RHA C: HSE Dublin & South East	1,797.7	1,753.2	44.5	2.5%	1.4	10.6	5.6	(0.2)	3.2	(4.1)	31.6	6.3	(9.8)
RHA D: HSE South West	1,341.0	1,312.2	28.8	2.2%	4.1	2.0	7.8	(0.7)	2.2	(3.5)	20.4	5.1	(8.6)
RHA E: HSE Mid West	779.2	768.6	10.6	1.4%	0.6	1.2	3.3	(2.4)	1.1	(1.6)	7.3	2.0	(0.9)
RHA F: HSE West and North West	1,702.2	1,665.5	36.7	2.2%	(2.5)	9.0	3.8	2.6	2.6	(3.6)	26.5	7.0	(8.7)
RHA Subtotal	**10,394.3**	**10,146.6**	**247.6**	**2.4%**	**23.3**	**44.7**	**23.4**	**2.1**	**20.9**	**(19.4)**	**177.0**	**35.9**	**(60.2)**
National Schemes / National Services	3,476.3	3,570.8	(94.5)	-2.6%	(4.0)	(0.3)	1.2	0.2	1,038.6	0.2	(1,092.7)	(37.6)	0.0
Corporate Centre	3,056.2	3,342.9	(286.8)	-8.6%	(43.3)	1.2	0.4	36.4	(16.8)	(21.1)	(217.3)	(25.7)	(0.7)
Other Subtotal	**6,532.5**	**6,913.8**	**(381.3)**	**-5.5%**	**(47.3)**	**0.9**	**1.6**	**36.6**	**1,021.8**	**(20.9)**	**(1,310.0)**	**(63.3)**	**(0.7)**
Grand Total	**16,926.7**	**17,060.4**	**(133.7)**	**-0.8%**	**(24.0)**	**45.6**	**25.1**	**38.7**	**1,042.6**	**(40.3)**	**(1,133.0)**	**(27.5)**	**(60.9)**

Includes Primary Care: Demand Led Schemes. These schemes will be reflected by RHA in subsequent versions.

RHA		Control Limit €m	Aug Variance to Expenditure limits %	Sept Variance to Expenditure limits %	Movement YTD Sept V Aug %
RHA A: HSE Dublin and North East		2,975.6	2.8%	3.1%	11.3%
RHA B: HSE Dublin and Midlands		3,246.7	2.2%	2.4%	9.9%
RHA C: HSE Dublin & South East		2,343.9	2.4%	2.5%	6.5%
RHA D: HSE South West		1,754.3	1.9%	2.2%	15.7%
RHA E: HSE Mid West		1,030.5	1.3%	1.4%	7.8%
RHA F: HSE West and North West		2,233.2	2.2%	2.2%	-0.8%
National Schemes / National Services		4,807.9	-1.7%	-2.6%	54.5%
Corporate Centre		4,593.5	-7.7%	-8.6%	11.3%
Grand Total		**22,985.7**	**-0.5%**	**-0.8%**	

* Includes Primary Care: Demand Led Schemes. These schemes will be reflected by RHA in subsequent versions.

% Reduction in Spend required for remaining 2024 to Adhere to Control Limit*				
RHA	Oct %	Nov %	Dec %	Average %
RHA A: HSE Dublin and North East	5.0%	4.9%	3.7%	4.5%
RHA B: HSE Dublin and Midlands	1.3%	2.7%	-2.5%	0.5%
RHA C: HSE Dublin & South East	2.9%	2.8%	2.6%	2.8%
RHA D: HSE South West	3.6%	3.1%	2.7%	3.2%
RHA E: HSE Mid West	0.2%	0.2%	-0.5%	0.0%
RHA F: HSE West and North West	0.8%	0.8%	0.9%	0.8%
National Schemes / National Services	-7.4%	-10.3%	-8.7%	-8.8%
Corporate Centre	-17.2%	-17.4%	-17.6%	-17.4%
Projected Actuals Total	**-3.7%**	**-4.3%**	**-4.9%**	**-4.3%**

*Based on extrapolated August & September Expenditure

RHA*		Control Limit €m	September Budget €m	Increase/(Decrease) €m	Increase/(Decrease) %
RHA A: HSE Dublin and North East		2,975.6	2,701.5	274.1	10.1%
RHA B: HSE Dublin and Midlands		3,246.7	2,841.2	405.6	14.3%
RHA C: HSE Dublin & South East		2,343.9	2,108.1	235.8	11.2%
RHA D: HSE South West		1,754.3	1,573.8	180.5	11.5%
RHA E: HSE Mid West		1,030.5	903.2	127.3	14.1%
RHA F: HSE West and North West		2,233.2	1,971.9	261.2	13.2%
National Schemes / National Services		4,807.9	4,417.1	390.8	8.8%
Corporate Centre		4,593.5	4,509.1	84.4	1.9%
Grand Total		**22,985.7**	**21,026.0**	**1,959.7**	**9.3%**

*Excludes disabilities.

Procurement – expenditure (non-pay) under management

Service Area	Q3 2024
Acute Hospitals	€390,476,863
Community Healthcare	€1,089,257,954
National Services	€2,571,925,199
Total	**€4,051,660,017**

Human Resources

Health Sector Workforce
Absence & turnover

People

KPI	Target	Frequency	Current	Current YTD	SPLY YTD	SPLY % Change	HSE Dublin & Midlands	HSE Dublin & North East	HSE Dublin & South East	HSE Mid West	HSE South West	HSE West & North West
NA	≤4%	M	5.66%	5.61%	5.02%	+11.74%	5.53%	5.21%	5.31%	6.58%	5.80%	6.63%

Non COVID Absence rates %

Key Messages | September 2024:

- **Excluding COVID-19 absence**, this months' absence rate is **5.66%**, which is **0.02%** higher than the rate reported last month. This months' data is higher than the rates reported in previous years i.e. 5.1% (2023) 5.1% (2022), 4.8% (2021).
- Reporting frequency is under review.

KPI	Target	Frequency	Current	Current YTD	SPLY YTD	SPLY % Change	HSE Dublin & Midlands	HSE Dublin & North East	HSE Dublin & South East	HSE Mid West	HSE South West	HSE West & North West
NA	NA	Q	1.7%	3.5%	6.9%	-49.3%	1.9%	1.7%	1.8%	1.8%	1.6%	1.5%

Turnover rates

Key Messages | Q2 2024:

- The Turnover Rate for Q3 2024 is will be included in next month's report.
- The reported Turnover Rate for Q2 2024 stands at 1.7%. Comparatively, the Turnover rate has decreased when comparing it against the previous quarter Q1 2024 (1.8%) by 0.1%. Turnover has also decreased from the rate reported in the same period last year (2.2%) by 0.5%, and shows a 0.7% decrease from the rate reported for Q2 2022 (2.4%).

WTE Limits Report

Staff Category	Dec 2023 Baseline	WTE September 24	Change YTD		Dec 2024 Limit	Dec 2024 WTE Variance	Dec 24 % Limit Variance		Sept 2024 Limit		Sept 24 WTE / Limit Variance	Sept 24 % WTE / Limit Variance
					December 2024 Limits						**YTD 2024 Limits**	
Total	**126,442**	**125,854**	**-588**		**128,762**	**-2,908**	**-2.3%**		**127,129**		**-1,275**	**-1.0%**
HSE Dublin & Midlands	25,305	25,611	+307		25,725	-114	-0.4%		25,427	⚑	+184	+0.7%
HSE Dublin & North East	24,511	24,437	-74		24,775	-338	-1.4%		24,607		-170	-0.7%
HSE Dublin & South East	20,240	20,344	+104		20,701	-357	-1.7%		20,403		-60	-0.3%
HSE Midwest	9,286	9,221	-65		9,538	-317	-3.3%		9,326		-105	-1.1%
HSE South West	16,565	16,358	-208		16,793	-435	-2.6%		16,681		-323	-1.9%
HSE West & North West	20,392	19,851	-541		20,825	-974	-4.7%		20,494		-643	-3.1%
National Services and Schemes	3,654	3,678	+24		3,713	-35	-0.9%		3,656	⚑	+22	+0.6%
Corporate Centre	6,489	6,355	-134		6,693	-338	-5.0%		6,535		-180	-2.8%

Sep 24 WTE / Limit Variance
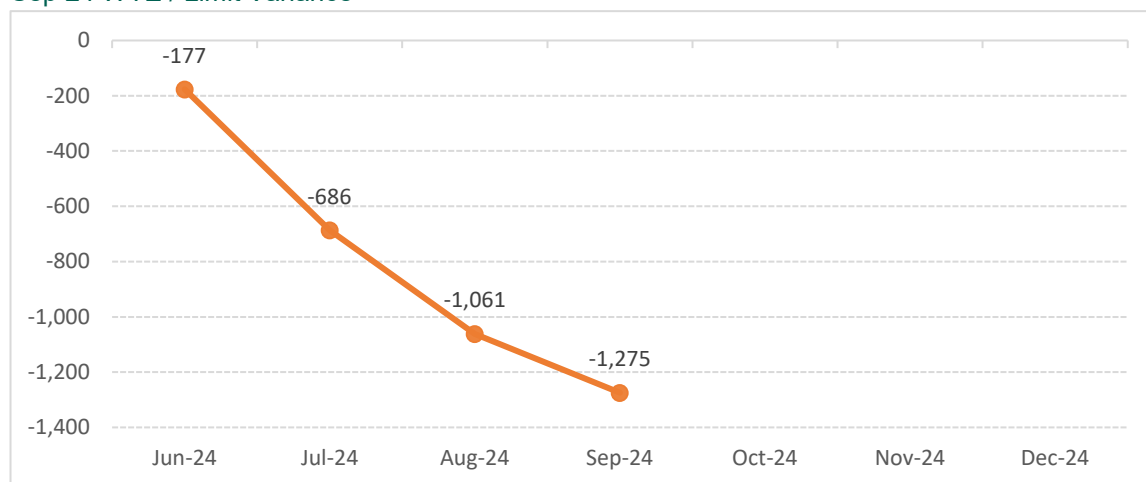
Key Messages | September 2024

*Current limits are for DoH funded services only i.e. excluding disability services (DECIDY)

a. New Developments issued are 1,902 WTE (from the 2,350 SP WTE plus 418 WTE (all Safe Nurse Staffing Agency) = total **2,768 WTE**

b. **At September the variance to December is -2,908 WTE & -1,275 WTE at September.**

c. % of new developments onboarded is 30% equating to a total of **686 WTE.**

d. **At Regional Level – all Regions are currently reporting under the WTE Limit at December with 2 areas reporting over the WTE Limit at September (DM +184 & NSS +22 WTE)**

e. At Staff Category level

i. Medical & Dental is reporting ahead of WTE Limit at December +235 WTE.

ii. Medical & Dental at September +383 against allocated limit

*Figures are as reported for month end

🚩 A red flag denotes an area where an excess is recorded in WTE limits.

Development Posts

Region	Developments & Agency Conversion				Onboarded			
	NSP 2024	Agency Safe Nurse Staffing	Total Devs Allowance		NSP 2024*	Agency Safe Nurse Staffing*	Total Devs Onboarded YTD*	% Devs in place
Total	**1,902**	**418**	**2,320**		**573**	**114**	**686**	**30%**
HSE Dublin & Midlands	294	126	420		90	32	122	29%
HSE Dublin & North East	225	39	264		84	12	96	36%
HSE Dublin & South East	348	113	461		106	58	164	35%
HSE Midwest	245	8	252		39	1	40	16%
HSE South West	209	19	227		105	11	116	51%
HSE West & North West	319	114	433		102	0	102	24%
National Services and Schemes	58	0	58		2	0	2	3%
Corporate Centre	204	0	204		46	0	46	23%

Key Messages | September 2024

There are potentially 3,310 WTE new developments to be processed (1,850 LOD, 500 REV, 418 SSN, 542 agency conversion), the final tranches of which will issue shortly).

% of new developments onboarded (in place) is **30%** equating to a total of **686 WTE.**

These figures are sourced from HR Sharepoint 2024 Developments database

Onboarded: Details the number of posts where it has been confirmed through HR Sharepoint by an entity/ region development posts are onboarded.

*Figures are at a point in time (i.e previous month end)

European Working Time Directive (EWTD)

	Target / Expected Activity 2024 (<24 hour shift)	% Compliance with 24 hour shift	Target / Expected Activity 2024 (<48 hour working week)	% Compliance with 48 hour working week
Acute Hospitals - NCHDs	97%	94.2%	95%	82.3%
Mental Health - NCHDs	97%	93.3%	95%	90.9%
Disability Services – social care workers	95%	71%	95%	85%

Performance Achievement Q3 2024 Report

Service Delivery Area	Headcount Aug 2024	Total completed Q1	Total completed Q2	Total completed Q3	Total completed Q4	% completed YTD 2024
Total Health Service	**166,894**	**3,375**	**5,695**	**4,929**	**0**	**8.4%**
National Ambulance Service	2,423	0	0	0		0.0%
Children's Health Ireland	4,993	467	0	0		9.4%
Dublin Midlands Hospital Group	16,682	200	241	470		5.5%
Ireland East Hospital Group	14,972	423	125	281		5.5%
RCSI Hospitals Group	18,995	142	284	148		3.0%
Saolta University Hospital Care	13,278	167	221	381		5.8%
South/South West Hospital Group	11,344	82	281	98		4.1%
University of Limerick Hospital Group	6,324	319	252	159		11.5%
other Acute Services	132	17	26	23		50.0%
Acute Services	**89,143**	**1,817**	**1,430**	**1,560**	**0**	**5.4%**
CHO 1	7,645	0	537	275		10.6%
CHO 2	7,360	42	43	299		5.2%
CHO 3	6,616	0	1,339	1,007		35.5%
CHO 4	11,239	300	627	736		14.8%
CHO 5	7,118	60	107	45		3.0%
CHO 6	4,337	203	389	100		16.0%
CHO 7	8,631	100	210	142		5.2%
CHO 8	8,080	80	280	88		5.5%
CHO 9	8,666	117	163	166		5.1%
other Community Services	869	16	36	45		11.2%
Community Services	**70,561**	**918**	**3,731**	**2,903**	**0**	**10.7%**
National & Central Services	7,190	640	534	466		22.8%
National Services & Central Functions	**7,190**	**640**	**534**	**466**	**0**	**22.8%**

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

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

1.1 [R]	0.9 [G]

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

Performance RAG Rating		Finance RAG Rating	
Red ●	> 10% of target	Red ●	≥ 0.75% of target
Amber ●	> 5% ≤ 10% of target	Amber ●	≥ 0.10% <0.75% of target
Green ●	≤ 5% of target	Green ●	< 0.10% of target
Workforce Absence RAG Rating			
Red ●	> 4.2% of target		
Amber ●	> 4% ≤ 4.2% of target		
Green ●	≤ 4% of target		

Performance Table:

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

Graphs:

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

Graph Layout:	
Target	--------
Month 23/24	——
Month 22/23	——

Service Commentary:

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

Appendix 2: Data Coverage Issues

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

Service Area	KPI Title	Data Coverage Issues
'Your Service Your Say' Policy	Complaints investigated within 30 working days	HSE Dublin and North East - National Orthopaedic Hospital Cappagh HSE Dublin and Midlands - Midland Regional Hospital Portlaoise HSE Dublin and Midlands - Midland Regional Hospital Mullingar HSE Dublin and South East - National Rehab HSE Dublin and South East - Royal Victoria Eye & Ear Hospital HSE Dublin and South East - St Columcille's Hospital HSE Dublin and South East - St Vincent's University Hospital HSE Dublin and South East - Wexford General Hospital HSE West and North West - Mayo University Hospital
Health & Wellbeing	**Immunisations and Vaccines** **HWB4** % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Non Returns (Q4 2023, Q1 2024, Q2 2024) – CHO3 (Clare, Limerick, North Tipperary / East Limerick) (Q2 2024) CHO1 (Cavan/Monaghan) & CHO8 (Louth & Meath)
Health & Wellbeing	**Immunisations and Vaccines** **HWB8** % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Returns (Q4 2023, Q1 2024, Q2 2024) – CHO3 (Clare, Limerick, North Tipperary / East Limerick) (Q2 2024) CHO1 (Cavan/Monaghan) & CHO8 (Louth & Meath)
BreastCheck	% of women offered hospital admission for treatment in BreastCheck host hospital within three weeks of diagnosis of breast cancer - HWB37 (BA-1Q)	No data available due to transition to a new Patient Management system (AIRE)
Palliative Care Inpatient Service	Access to specialist inpatient bed within seven days during the reporting year- PAC1A	No Service in CHO 8
Palliative Care Inpatient Service	No. accessing specialist inpatient bed within seven days (during the reporting year)- PAC33	No Service in CHO 8
Older Persons	**OP53** No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	Non Returns (May, June, July, August & September) - CHO2, Galway
Older Persons	**OP54** No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	Non Returns (May, June, July, August & September) - CHO2, Galway
Older Persons	**OP4** Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	Non Returns (May, June, July, August & September) - CHO2, Galway
Older Persons	**OP40** % of clients in receipt of an IHCP with a key worker assigned	Non Returns (May, June, July, August & September) - CHO2, Galway

Service Area	KPI Title	Data Coverage Issues
Older Persons	**OP51** No. of home support hours provided from Intensive Home Care Packages	Non Returns (May, June, July, August & September) - CHO2, Galway
Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (No Activity Data 2023 to date)
Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (No Activity Data 2023 to date)
Psychiatry of Later Life	%. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (No Activity Data 2023 to date)
Psychiatry of Later Life	No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (No Activity Data 2023 to date)
Mental Health CAMHS	% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	CAMHS No of referrals received	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	CAMHS Number of new seen	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	CAMHS waiting list	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	CAMHS waiting list > 12 months	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health CAMHS	CAMHS first appointment within 12 months	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)

Service Area	KPI Title	Data Coverage Issues
Mental Health CAMHS	CAMHS % of Urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	Non Return (Sep 2024) CHO 8 (Louth North) Non Return (Sep 2024) CHO 8 (Louth South)
Mental Health Community Adult	% of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	Non Return (Aug 2024) CHO 9 (Curam Clinic Swords)
Mental Health Community Adult	General Adult Mental Health % seen within 12 weeks	Non Return (Aug 2024) CHO 9 (Curam Clinic Swords)
Mental Health Community Adult	General Adult Mental Health Number of Referrals received	Non Return (Aug 2024) CHO 9 (Curam Clinic Swords)
Mental Health Community Adult	General Adult Mental Health Number of Referrals seen	Non Return (Aug 2024) CHO 9 (Curam Clinic Swords)
Mental Health Community Adult	%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Non Return (Aug 2024) CHO 9 (Curam Clinic Swords)
Adult Inpatient Services	No. of admissions to adult acute inpatient units	Non Return (Q4/2023, Q1 & Q2/2024) CHO 4 (Cork University Hospital) Non Return (Q4/2023, Q1 & Q2/2024) CHO 4 (Bantry)
Disability Services	No. of intensive support packages for priority 1 cases	447 intensive support packages for priority 1 cases put in place previously have been maintained in 2024 and are included in January figures
Disability Services	No. of Rehabilitative Training places provided (all disabilities)	Non Return All CHOs (June)
Disability Services	No. of people (all disabilities) in receipt of rehabilitative training (RT)	Non Return All CHOs (June)
Disability Services	No. of people with a disability in receipt of other day services (excl. RT) (adult) (ID / Autism and Physical and sensory disability)	Non Return All CHOs (June)
Disability Services	Number of adults in receipt of HSE funded day service linked to a day service location that are also in receipt of a HSE funded residential placement (including those receiving RT)	Non Return All CHOs (June)
Acute Hospitals	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	MUH and SUH have not provided Hip Fracture data for Q2 2024
Acute Hospitalsp	No. of new people waiting > four weeks for access to an urgent colonoscopy (zero tolerance)	MMUH data is outstanding missing for the 9th and 16th August.

Service Area	KPI Title	Data Coverage Issues
Acute Hospitals	Rate of new cases of hospital acquired Staphylococcus aureus bloodstream infection	Mater Misericordiae University Hospital & Mayo University Hospital HCAI data is outstanding for Sep-24
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	Mater Misericordiae University Hospital & Mayo University Hospital HCAI data is outstanding for Sep-24
Acute Hospitals	No. of new cases of CPE	Mater Misericordiae University Hospital & Mayo University Hospital HCAI data is outstanding for Sep-24
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	CHI at Temple Street (Nov-23- Sep-24), Mater Misericordiae University Hospital & Mayo University Hospital HCAI data is outstanding for Sep-24
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	MRH Portlaoise Q1, Q2, Q3 data outstanding Mercy University Hospital Q1, Q2, Q3 data outstanding Mater Misericordiae University Hospital Q3 data outstanding Mayo University Hospital Q3 data outstanding Tipperary University Hospital Q3 data outstanding
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	MRH Portlaoise Q1, Q2, Q3 data outstanding Mercy University Hospital Q1, Q2, Q3 data outstanding Mater Misericordiae University Hospital Q3 data outstanding Mayo University Hospital Q3 data outstanding Tipperary University Hospital Q3 data outstanding
Acute Hospitals	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included	Altnagelvin outstanding June, July, August & September 24
Acute Hospitals	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	MUH and SUH have not provided Hip Fracture data for Q2 2024

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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