



# Performance Profile April - June 2021



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*\*Unavailable due to cyber-attack*

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

# Executive Summary

## Executive Summary

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

Unavailable due to cyberattack

# Corporate Updates

## \*Capital – Allocation/Expenditure Analysis

\* Data unavailable due to cyber-attack

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

| Service Area                     | Q1 2021         | Q2 2021       |
|----------------------------------|-----------------|---------------|
| Acute Hospitals(Hospital groups) | € 317,320,699   | € 212,729,574 |
| Community Healthcare             | € 99,733,539    | € 165,921,591 |
| National Services                | € 753,919,482   | € 538,013,048 |
| Total                            | € 1,170,973,719 | € 916,514,616 |

## Internal Audit

| 75% Implemented or superseded within 6 months |   |  |  |   | 95% Implemented or superseded within 12 months |   |  |  |   |   |   |  |  |   |  |   |  |
|---|---|--|--|---|--|---|--|--|---|---|---|--|--|---|--|---|--|
|   | 2020<br>Position<br>at 30th<br>Sept<br>2020 | 2020<br>Position<br>at 30th<br>Dec<br>2020 | 2020<br>Position<br>at 31st<br>March<br>2021 | 2020<br>Position<br>at 30th<br>June<br>2021 | 2018<br>Position<br>at 30th<br>June<br>2020    | 2018<br>Position<br>at 30th<br>Sept<br>2020 | 2018<br>Position<br>at 30th<br>Dec<br>2020 | 2018<br>Position<br>at 31st<br>March<br>2021 | 2018<br>Position<br>at 30th<br>June<br>2021 | 2019<br>Position<br>at 30th<br>June<br>2020 | 2019<br>Position<br>at 30th<br>Sept<br>2020 | 2019<br>Position<br>at 30th<br>Dec<br>2020 | 2019<br>Position<br>at 31st<br>March<br>2021 | 2019<br>Position<br>at 30th<br>June<br>2021 | 2020<br>Position<br>at 31st<br>March<br>2021 | 2020<br>Position<br>at 30th<br>June<br>2021 |  |
| <b>Total</b>                                  | <b>46%</b>                                  | <b>58%</b>                                 | <b>70%</b>                                   | <b>56%</b>                                  | <b>95%</b>                                     | <b>95%</b>                                  | <b>95%</b>                                 | <b>97%</b>                                   | <b>97%</b>                                  | <b>77%</b>                                  | <b>80%</b>                                  | <b>77%</b>                                 | <b>86%</b>                                   | <b>88%</b>                                  | <b>50%</b>                                   | <b>53%</b>                                  |  |
| CHO 1   | N/A   | 81%  | 77%  | 59%   | 98%  | 98%   | 98%  | 98%  | 98%   | 38%   | 59%   | 73%  | 72%  | 72%   | N/A  | 16%   |  |
| CHO 2   | N/A   | N/A  | 50%  | 67%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | N/A   | 22%   | 61%  | 96%  | 97%   | N/A  | N/A   |  |
| CHO 3   | N/A   | N/A  | 85%  | 85%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 71%   | 88%   | 88%  | 88%  | 88%   | N/A  | N/A   |  |
| CHO 4   | N/A   | N/A  | 79%  | 59%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 100%  | 100%  | 80%  | 80%  | 80%   | N/A  | N/A   |  |
| CHO 5   | N/A   | N/A  | N/A  | 17%   | 96%  | 96%   | 98%  | 98%  | 98%   | 60%   | 94%   | 90%  | 91%  | 100%  | N/A  | N/A   |  |
| CHO 6   | N/A   | N/A  | N/A  | N/A   | 98%  | 98%   | 98%  | 98%  | 98%   | 98%   | 94%   | 94%  | 95%  | 95%   | N/A  | N/A   |  |
| CHO 7   | 98%   | 100%                                       | N/A  | 63%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 100%  | 100%  | 93%  | 93%  | 93%   | 100%   | 100%  |  |
| CHO 8   | 0%  | 0%   | 100%   | 0%  | 99%  | 99%   | 99%  | 99%  | 99%   | 83%   | 73%   | 65%  | 79%  | 82%   | 0%   | 13%   |  |
| CHO 9   | 0%  | 86%  | N/A  | 30%   | 93%  | 93%   | 93%  | 93%  | 93%   | 100%  | 68%   | 61%  | 83%  | 83%   | 100%   | 100%  |  |
| National Mental Health                        | N/A   | N/A  | N/A  | N/A   | 100%   | 100%  | 100%                                       | 100%   | 100%  | N/A   | 100%  | 100%                                       | 100%   | 100%  | N/A  | N/A   |  |
| National Primary Care                         | N/A   | 100%                                       | 100%   | 100%  | N/A  | N/A   | N/A  | N/A  | N/A   | N/A   | 21%   | 90%  | 100%   | 100%  | N/A  | N/A   |  |
| National Director Community Ops               | N/A   | N/A  | 20%  | 20%   |  |   |  |  |   |   |   |  |  |   | N/A  | N/A   |  |
| <b>Total Community Services</b>               | <b>53%</b>                                  | <b>65%</b>                                 | <b>78%</b>                                   | <b>55%</b>                                  | <b>99%</b>                                     | <b>99%</b>                                  | <b>99%</b>                                 | <b>99%</b>                                   | <b>99%</b>                                  | <b>80%</b>                                  | <b>82%</b>                                  | <b>78%</b>                                 | <b>88%</b>                                   | <b>90%</b>                                  | <b>51%</b>                                   | <b>45%</b>                                  |  |
| Dublin Midlands Hospital Group                | 86%   | 86%  | N/A  | N/A   | 100%   | 100%  | 96%  | 100%   | 100%  | 89%   | 89%   | 89%  | 100%   | 100%  | 88%  | 88%   |  |
| Ireland East Hospital Group                   | 50%   | 58%  | N/A  | 100%  | 67%  | 67%   | 67%  | 67%  | 67%   | 50%   | 100%  | 100%                                       | 100%   | 100%  | 56%  | 56%   |  |
| National Children's Hospital Group            | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   | N/A  | N/A  | N/A   | N/A   | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   |  |
| RCSI Hospital Group                           | 0%  | 0%   | 0%   | 0%  | 90%  | 100%  | 100%                                       | 100%   | 100%  | 100%  | 82%   | 82%  | 82%  | 82%   | 0%   | 0%  |  |
| Saolta Hospital Group                         | 0%  | 0%   | 11%  | 60%   | 86%  | 87%   | 88%  | 92%  | 92%   | 62%   | 62%   | 70%  | 76%  | 76%   | 0%   | 63%   |  |
| South South West Hospital Group               | 22%   | 38%  | 25%  | 60%   | 67%  | 72%   | 72%  | 84%  | 90%   | 44%   | 44%   | 35%  | 35%  | 55%   | 64%  | 82%   |  |
| University of Limerick Hospital Group         | 75%   | 88%  | 63%  | 77%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 100%  | 100%  | 70%  | 70%  | 91%   | 75%  | 75%   |  |

| 75% Implemented or superseded within 6 months |   |  |  |   | 95% Implemented or superseded within 12 months |   |  |  |   |   |   |  |  |   |  |   |     |
|---|---|--|--|---|--|---|--|--|---|---|---|--|--|---|--|---|-----|
|   | 2020<br>Position<br>at 30th<br>Sept<br>2020 | 2020<br>Position<br>at 30th<br>Dec<br>2020 | 2020<br>Position<br>at 31st<br>March<br>2021 | 2020<br>Position<br>at 30th<br>June<br>2021 | 2018<br>Position<br>at 30th<br>June<br>2020    | 2018<br>Position<br>at 30th<br>Sept<br>2020 | 2018<br>Position<br>at 30th<br>Dec<br>2020 | 2018<br>Position<br>at 31st<br>March<br>2021 | 2018<br>Position<br>at 30th<br>June<br>2021 | 2019<br>Position<br>at 30th<br>June<br>2020 | 2019<br>Position<br>at 30th<br>Sept<br>2020 | 2019<br>Position<br>at 30th<br>Dec<br>2020 | 2019<br>Position<br>at 31st<br>March<br>2021 | 2019<br>Position<br>at 30th<br>June<br>2021 | 2020<br>Position<br>at 31st<br>March<br>2021 | 2020<br>Position<br>at 30th<br>June<br>2021 |     |
| National Ambulance Service                    | N/A   | N/A  | N/A  | N/A   | 100%   | 100%  | 100%                                       | 100%   | 100%  | N/A   | N/A   | 0%   | 0%   | 0%  | N/A  | N/A   |     |
| National Director Acute Ops                   | 54%   | 62%  | N/A  | N/A   |  |   |  |  |   |   |   |  |  |   | 62%  | 62%   |     |
| <b>Total Acute</b>                            | 45%   | 49%  | 26%  | 57%   | 87%  | 89%   | 89%  | 93%  | 94%   | 79%   | 81%   | 67%  | 69%  | 77%   | 53%  | 63%   |     |
| Chief Information Officer                     | N/A   | N/A  | 67%  | 65%   | 86%  | 84%   | 84%  | 86%  | 86%   | 51%   | 57%   | 75%  | 89%  | 89%   | N/A  | N/A   |     |
| Compliance / QAV                              | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   | N/A  | N/A  | N/A   | N/A   | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   |     |
| Estates                                       | N/A   | N/A  | N/A  | 75%   | N/A  | N/A   | N/A  | N/A  | N/A   | N/A   | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   |     |
| Finance                                       | N/A   | N/A  | N/A  | N/A   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 82%   | 92%   | 90%  | 90%  | 90%   | N/A  | N/A   |     |
| HBS - Estates                                 | N/A   | N/A  | N/A  | N/A   | 86%  | 86%   | 86%  | 98%  | 98%   | 100%  | 100%  | 100%                                       | 100%   | 100%  | N/A  | N/A   |     |
| HBS - Finance                                 | 0%  | 40%  | 100%   | 100%  | 100%   | 100%  | 100%                                       | 100%   | 100%  | N/A   | N/A   | N/A  | N/A  | N/A   | 100%   | 100%  |     |
| HBS - HR                                      | N/A   | N/A  | N/A  | 0%  | 100%   | 100%  | 100%                                       | 100%   | 100%  | N/A   | N/A   | 65%  | 94%  | 100%  | N/A  | N/A   |     |
| HBS - Procurement                             | 0%  | 56%  | 100%   | N/A   | 90%  | 90%   | 90%  | 90%  | 90%   | 95%   | 95%   | 90%  | 95%  | 100%  | 50%  | 78%   |     |
| Health and Wellbeing                          | N/A   | N/A  | N/A  | N/A   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 100%  | 100%  | 100%                                       | 100%   | 100%  | 100%   | N/A   | N/A |
| Human Resources                               | 0%  | 31%  | 80%  | 42%   | 100%   | 100%  | 100%                                       | 100%   | 100%  | 83%   | 82%   | 82%  | 87%  | 87%   | 0%   | 0%  |     |
| National Screening Service                    | N/A   | N/A  | 100%   | 100%  | 33%  | 33%   | 33%  | 78%  | 78%   | N/A   | N/A   | N/A  | N/A  | N/A   | N/A  | N/A   |     |
| National Services                             | 0%  | 0%   | 25%  | 25%   |  |   |  |  |   |   |   |  |  |   | 0%   | 100%  |     |

## National Health and Safety Helpdesk

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

| Q2 2021 Metrics | No of Helpdesk Queries 2021                           | No of Helpdesk Queries 2020 | % Increase from 2020 |
|-----------------|---|-----------------------------|----------------------|
| <b>Apr</b>      | 146   | 68                          | 115                  |
| <b>May</b>      | 42 (not operational post 14th May due to cyberattack) | 114                         |                      |
| <b>June</b>     | Not operational due to cyberattack                    | 129                         |                      |
| <b>Total</b>    | 186   | 311                         |                      |



## Performance Achievement Q2 Report

| Service Delivery Area                             | WTE Apr 2021   | Total completed Q1 | Total completed Q2 | % completed to date 2021 |
|---|----------------|--------------------|--------------------|--------------------------|
| <b>Total Health Service</b>                       | <b>128,999</b> | <b>1,365</b>       | <b>1,497</b>       | <b>2%</b>                |
| National Ambulance Service                        | 2,044          | 0                  |                    | 0%                       |
| Children's Health Ireland                         | 3,834          | 0                  | 0                  | 0%                       |
| Dublin Midlands Hospital Group                    | 11,471         | 562                | 53                 | 5%                       |
| Ireland East Hospital Group                       | 13,227         | 101                |                    | 1%                       |
| RCSI Hospitals Group                              | 10,484         | 0                  |                    | 0%                       |
| Saolta University Hospital Care                   | 10,201         | 0                  | 2                  | 0%                       |
| South/South West Hospital Group                   | 11,596         | 0                  | 12                 | 0%                       |
| University of Limerick Hospital Group             | 4,769          | 105                | 246                | 7%                       |
| other Acute Services                              | 679            | 0                  |                    | 0%                       |
| <b>Acute Services</b>                             | <b>68,304</b>  | <b>768</b>         | <b>313</b>         | <b>2%</b>                |
| CHO 1   | 5,847          | 70                 | 88                 | 3%                       |
| CHO 2   | 5,747          | 54                 | 43                 | 2%                       |
| CHO 3   | 4,757          | 7                  | 83                 | 2%                       |
| CHO 4   | 8,684          | 0                  |                    | 0%                       |
| CHO 5   | 5,577          | 0                  |                    | 0%                       |
| CHO 6   | 3,524          | 33                 | 801                | 24%                      |
| CHO 7   | 6,812          | 0                  |                    | 0%                       |
| CHO 8   | 6,444          | 0                  |                    | 0%                       |
| CHO 9   | 6,996          | 134                |                    | 2%                       |
| other Community Services                          | 748            | 0                  |                    | 0%                       |
| <b>Community Services</b>                         | <b>55,134</b>  | <b>298</b>         | <b>1,015</b>       | <b>2%</b>                |
| Health & Wellbeing                                | 561            | 0                  |                    | 0%                       |
| Corporate   | 3,618          | 299                | 169                | 13%                      |
| Health Business Services                          | 1,382          | 0                  |                    | 0%                       |
| <b>H&amp;WB Corporate &amp; National Services</b> | <b>5,561</b>   | <b>299</b>         | <b>169</b>         | <b>8%</b>                |

### Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of Performance Achievements undertaken across services. Report collated on 19th July due to ransomware attack. Percentage is weighted against the service WTE as per previous April 2021 census report. All Areas noted the low level of returns for Q2 2021 is due to the impact on services as a result of the ransomware attack.

# Quality and Patient Safety

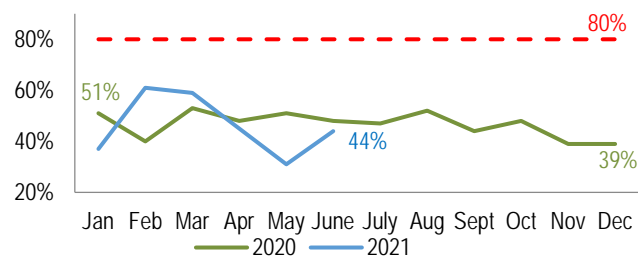
## Quality and Patient Safety

| Performance area   | Reporting Level                        | Target/Expected Activity | Freq | Current Period YTD | Current (-2) | Current (-1) | Current |      |
|--|--|--------------------------|------|--------------------|--------------|--------------|---------|------|
| Serious Incidents –<br>Number of incidents reported as occurring                                       | National                               |                          |      | 478                | 55           | 32           | 16      |      |
|  | Acute Hospitals (incl NAS, NSS & NCCP) |                          |      | 286                | 32           | 19           | 11      |      |
|  | Community Healthcare                   |                          |      | 192                | 23           | 13           | 5       |      |
| Serious Incidents –<br>Incidents notified within 24 hours of occurrence                                | <b>National</b>                        | 80%                      | M    | ●                  | 47%          | 45%          | 31%     | 44%  |
|  | Acute Hospitals (incl NAS, NSS & NCCP) | 80%                      | M    | ●                  | 50%          | 53%          | 26%     | 36%  |
|  | Community Healthcare                   | 80%                      | M    | ●                  | 41%          | 35%          | 38%     | 60%  |
| Serious Incidents -<br>Review completed within 125 calendar days*                                      | <b>National</b>                        | 70%                      | M    | ●                  | 15%          | 19%          | 13%     | 20%  |
|  | Acute Hospitals (incl NAS, NSS & NCCP) | 70%                      | M    | ●                  | 18%          | 16%          | 18%     | 18%  |
|  | Community Healthcare                   | 70%                      | M    | ●                  | 10%          | 33%          | 4%      | 27%  |
| Extreme and major incidents as a % of all incidents reported as occurring                              | <b>National</b>                        | <1%                      | Q    | ●                  | 0.9%         | -            | 0.9%    | 0.8% |
|  | Acute Hospitals (incl NAS, NSS & NCCP) | <1%                      | Q    | ●                  | 1.0%         | -            | 1.0%    | 0.9% |
|  | Community Healthcare                   | <1%                      | Q    | ●                  | 0.9%         | -            | 0.9%    | 0.8% |
| % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS** | <b>National</b>                        | 90%                      | Q    | ●                  | 64%          | -            | -       | 64%  |
|  | Acute Hospitals (incl NAS, NSS & NCCP) | 90%                      | Q    | ●                  | 62%          | -            | -       | 62%  |
|  | Community Healthcare                   | 90%                      | Q    | ●                  | 63%          | -            | -       | 63%  |
|  | National Ambulance Service             | 90%                      | Q    | ●                  | 90%          | -            | -       | 90%  |

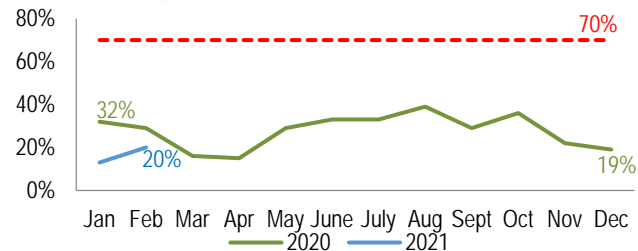
\* Current - reflecting compliance February 2021, Current Period YTD reflecting compliance YTD February 2021

\*\*Data relates to March data

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



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



## Serious Reportable Events

| Service Area                                      | Total SRE Occurrence (in-month) |
|---|---------------------------------|
| Acute Hospitals [inc. National Ambulance Service] | 10                              |
| Community Services                                | 5                               |
| <b>Total</b>                                      | <b>15</b>                       |

15 SREs were reported as occurring in June 2021. 5 SREs were reported as patient falls and the remaining 7 SREs reported comprised 4 SRE categories.

## Appeals Service

744 appeals were received YTD June 2021.

| Appeal Type                                  | Received   | Processed  | Approved   | Partial Approval | Combined % Approved & Partially Approvals |
|--|------------|------------|------------|------------------|---|
| Medical/GP Visit Card (General Scheme)       | 318        | 288        | 69         | 39               | 38%                                       |
| Medical/GP Visit Card (Over 70s Scheme)      | 48         | 42         | 15         | 0                | 36%                                       |
| 16 to 25 Year Old Medical Card/GP Visit Card | 137        | 127        | 37         | 8                | 35%                                       |
| Nursing Home Support Scheme                  | 205        | 153        | 5          | 19               | 16%                                       |
| Blind Welfare Allowance                      | 6          | 4          | 0          | 0                | 0%  |
| CSAR   | 14         | 11         | 1          | 0                | 9%  |
| Home Care Package                            | 0          | 0          | 0          | 0                | -   |
| Home Help                                    | 0          | 0          | 0          | 0                | -   |
| RSSMAC                                       | 1          | 2          | 1          | 0                | 50%                                       |
| Other  | 15         | 11         | 1          | 0                | 9%  |
| <b>Totals</b>                                | <b>744</b> | <b>638</b> | <b>129</b> | <b>66</b>        | <b>31%</b>                                |

## Incident Reporting

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

| Service Area                     | Q1 2021    |
|----------------------------------|------------|
| Acute Hospitals                  | 62%        |
| Community Services               | 63%        |
| National Ambulance Service [NAS] | 90%        |
| <b>National</b>                  | <b>64%</b> |

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

| National        |             |
|-----------------|-------------|
| Q1 2021         | 0.9%        |
| Q2 2021         | 0.8%        |
| <b>YTD 2021</b> | <b>0.9%</b> |

# Performance Overview

# Community Healthcare

## Community Healthcare Services National Scorecard/Heatmap

|   |   | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1   | CHO 2   | CHO 3   | CHO 4   | CHO 5    | CHO 6   | CHO 7   | CHO 8   | CHO 9   | Current (-2) | Current (-1) | Current |  |
|---|---|---------------------|----------------------------|--------------|-----------|---------|---------|---------|---------|----------|---------|---------|---------|---------|--------------|--------------|---------|--|
| Quality and Safety                      | <b>Serious Incidents</b>  |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | Review completed within 125 calendar days                                 | M                   | 70%                        | 10% [R]      | -85.7%    |         |         |         |         |          |         |         |         |         | 33%          | 4%           | 27%     |  |
|   | % of serious incidents being notified within 24 hours of occurrence       | M                   | 80%                        | 41% [R]      | -48.8%    |         |         |         |         |          |         |         |         |         | 35%          | 38%          | 60%     |  |
|   | Extreme and major incidents as a % of all incidents reported as occurring | Q                   | <1%                        | 0.9% [G]     | -10%      |         |         |         |         |          |         |         |         |         |              | 0.9%         | 0.8%    |  |
|   | % of reported incidents entered onto NIMS within 30 days of occurrence    | Q                   | 90%                        | 63% [R]      | -30%      |         |         |         |         |          |         |         |         |         |              |              | 63%     |  |
|   | <b>Service User Experience (Q1 2021 at 27.08.21)</b>                      |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | Complaints investigated within 30 working days                            | Q                   | 75%                        | 64% [R]      | -14.7%    | 62% [R] | 64% [R] | 50% [R] | 72% [G] | 100% [G] | 75% [G] | 96% [G] | 28% [R] | 44% [R] |              |              |         |  |
|   | <b>*Child Health</b>  |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | Child assessment 12 months  | M-1M                |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | New borns visited within 72 Hours   | Q                   |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | % of babies breastfed exclusively at three month PHN visit                | Q-1Q                |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | Children aged 24 months who have received MMR vaccine                     | Q-1Q                |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | <b>*CAMHs – Bed Days Used</b>   |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | % of Bed days used  | M                   |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
|   | <b>*Disability Services</b>   |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
| Congregated Settings                    | Q   |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
| <b>*HIQA Inspection Compliance</b>      |   |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
| Disability Residential Services 2020    | Q-2Q  |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |
| Older Persons Residential Services 2020 | Q-2Q  |                     |                            |              |           |         |         |         |         |          |         |         |         |         |              |              |         |  |

|                        |  | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |  |
|------------------------|--|---------------------|----------------------------|--------------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|--|
| Access and Integration | <b>*Healthy Ireland</b><br>Smokers on cessation programme who were quit at four weeks            | Q-1Q                |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | <b>*Therapy Waiting Lists</b><br>Physiotherapy access within 52 weeks                            | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Occupational Therapy access within 52 weeks  | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | SLT access within 52 weeks   | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Podiatry treatment within 52 weeks   | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Ophthalmology treatment within 52 weeks  | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Audiology treatment within 52 weeks  | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Dietetics treatment within 52 weeks  | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Psychology treatment within 52 weeks   | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | <b>*Nursing</b><br>% of new patients accepted onto the nursing caseload and seen within 12 weeks | M-1M                |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | <b>*Mental Health</b><br>% of urgent referrals to CAMHS responded to within 3 working days       | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | % seen within 12 weeks by GAMHT  | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | % seen within 12 weeks by POLL Mental Health Teams   | M                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | <b>*Disability Act Compliance</b><br>Assessments completed within timelines                      | Q                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |
|                        | Number of requests for assessment of need received for children                                  | Q                   |                            |              |           |       |       |       |       |       |       |       |       |       |              |              |         |  |



|   |  | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1   | CHO 2   | CHO 3   | CHO 4   | CHO 5   | CHO 6   | CHO 7   | CHO 8   | CHO 9   | Current (-2) | Current (-1) | Current |
|---|--|---------------------|----------------------------|--------------|-----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------------|--------------|---------|
| Access and Integration  | <b>*Children's Disability Networks</b>   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | No. of Children's Disability Networks established  | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | <b>*Disability Emergency Supports</b>  |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | No. of new emergency places provided to people with a disability   | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | No. of in home respite supports for emergency cases  | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | <b>Disability Respite Services</b>   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | No. of day only respite sessions accessed by people with a disability  | Q-1M                | 5,241                      | 3,157 [R]    | -39.8%    | 229 [R] | 845 [R] | 437 [R] | 303 [R] | 644 [R] | 95 [A]  | 135 [R] | 389 [R] | 80 [R]  | 4,918        | 3,897        | 3,157   |
|   | No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability) | Q-1M                | 4,392                      | 3,851 [R]    | -12.3%    | 252 [A] | 483 [R] | 229 [R] | 545 [A] | 433 [R] | 336 [R] | 574 [G] | 785 [A] | 214 [R] | 3,523        | 3,949        | 3,851   |
|   | <b>*Home Support Hours</b>   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | Number of hours provided   | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | No. of people in receipt of home support   | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | <b>*Delayed Transfers of Care</b>  |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | Number of beds subject to Delayed Transfers of Care  | M                   |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
|   | <b>*Homeless</b>   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
| % of service users assessed within two weeks of admission                   | Q  |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
| <b>*Substance Misuse</b>  |  |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
| No. of substance misusers (<18 years) - treatment commenced within one week | Q-1Q   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |
| % of substance misusers (> 18 years) - treatment commenced within one month | Q-1Q   |                     |                            |              |           |         |         |         |         |         |         |         |         |         |              |              |         |

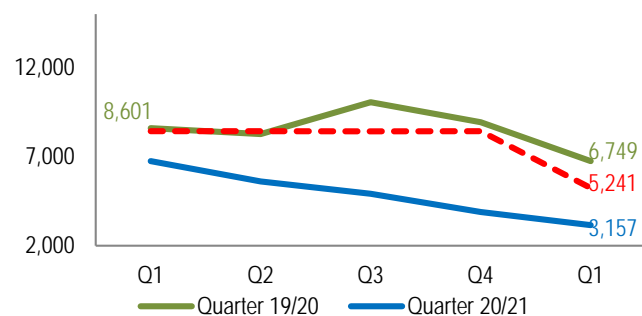
|   |  | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1     | CHO 2     | CHO 3     | CHO 4     | CHO 5     | CHO 6     | CHO 7      | CHO 8     | CHO 9     | Current (-2) | Current (-1) | Current |
|---|--|---------------------|----------------------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|--------------|--------------|---------|
| <b>Finance, Governance &amp; Compliance</b> | <b>Financial Management – Expenditure variance from plan</b>                 |                     |                            |              |           |           |           |           |           |           |           |            |           |           |              |              |         |
|   | Net expenditure (pay + non-pay - income)                                     | M                   | <0.1%                      | 3,370,794    | 1.89% [R] | 4.99% [R] | 5.96% [R] | 6.64% [R] | 4.15% [R] | 4.40% [R] | 4.75% [R] | 1.85% [R]  | 6.39% [R] | 4.33% [R] | 1.64%        | 1.51%        | 1.89%   |
|   | Gross expenditure (pay and non-pay)  | M                   | <0.1%                      | 3,612,009    | 1.38% [R] | 3.46% [R] | 3.90% [R] | 6.13% [R] | 2.84% [R] | 3.58% [R] | 3.88% [R] | 1.20% [R]  | 4.64% [R] | 3.98% [R] | 1.06%        | 0.98%        | 1.38%   |
|   | Pay expenditure variance from plan   | M                   | <0.1%                      | 1,582,252    | 1.68% [R] | 1.57% [R] | 3.25% [R] | 3.85% [R] | 1.22% [R] | 1.26% [R] | 6.64% [R] | 2.47% [R]  | 3.99% [R] | 2.57% [R] | 1.65%        | 1.45%        | 1.68%   |
|   | Non-pay expenditure  | M                   | <0.1%                      | 2,029,757    | 1.15% [R] | 7.88% [R] | 4.48% [R] | 7.58% [R] | 4.41% [R] | 5.91% [R] | 1.09% [R] | -0.59% [G] | 5.49% [R] | 5.81% [R] | 0.61%        | 0.61%        | 1.15%   |
| <b>Finance, Governance &amp; Compliance</b> | <b>*Service Arrangements - unavailable due to cyber-attack</b>               |                     |                            |              |           |           |           |           |           |           |           |            |           |           |              |              |         |
|   | Monetary value signed  | M                   | 100%                       |              |           |           |           |           |           |           |           |            |           |           | 39.32%       |              |         |
|   | <b>Internal Audit</b><br>Recommendations implemented within 12 months (2020) | Q                   | 95%                        | 45% [R]      | -52.63%   |           |           |           |           |           |           |            |           |           | 90%          | 51%          | 45%     |
| <b>Workforce</b>                            | <b>Attendance Management</b>   |                     |                            |              |           |           |           |           |           |           |           |            |           |           |              |              |         |
|   | % absence rates by staff category (non Covid)                                | M                   | <3.5%                      | 4.35% [R]    | 24.29%    | 5.55% [R] | 3.16% [G] | 4.94% [R] | 4.00% [R] | 4.94% [R] | 3.73% [A] | 4.59% [R]  | 4.92% [R] | 3.91% [A] | 4.08%        |              | 4.57%   |
| % absence rates by staff category (Covid)   | M  | NA                  | 1.62%                      |              |           | 1.81%     | 1.32%     | 1.25%     | 1.75%     | 1.83%     | 1.92%     | 1.64%      | 1.72%     | 1.46%     | 0.8%         |              | 0.62%   |

\* Data unavailable due to cyber-attack

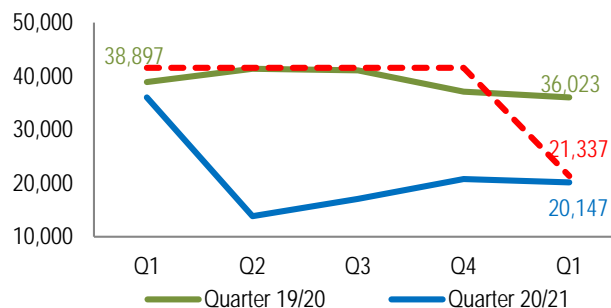
## Disability Services (Q1 2021)

| Performance area   | Target/<br>Expected<br>Activity | Freq |   | Current<br>Period<br>YTD | SPLY<br>YTD | SPLY<br>Change | Current<br>(-2) | Current<br>(-1) | Current | Best performance<br>(in-month)                            | Outliers<br>(in-month)  |
|--|---------------------------------|------|---|--------------------------|-------------|----------------|-----------------|-----------------|---------|---|---|
| Respite –<br>Number of day only<br>respite sessions  | 5,241 YTD/<br>20,958 FYT        | Q-1M | ● | <b>3,157</b>             | 6,749       | -3,592         | 4,918           | 3,897           | 3,157   | (% Var):<br>No CHO reached<br>their target.               | (% Var):<br>CHO9 (-86.4%),<br>CHO1 (-64.1%),<br>CHO7 (-49.1%) |
| Respite –<br>Number of overnights  | 21,337YTD/<br>85,336 FYT        | Q-1M | ● | <b>20,147</b>            | 36,023      | -15,876        | 17,061          | 20,766          | 20,147  | (% Var):<br>CHO1 (20.5%),<br>CHO2 (13.2%),<br>CHO4 (7.9%) | (% Var):<br>CHO9 (-52%),<br>CHO6 (-17.8%),<br>CHO7 (-15.5%)   |
| No. of people with a<br>disability in receipt of<br>respite services (ID /<br>autism and physical<br>and sensory disability) | 4,392 YTD/<br>4,392FYT          | Q-1M | ● | <b>3,851</b>             | 5,704       | -1,853         | 3,523           | 3,949           | 3,851   | (% Var):<br>CHO7 (20.3%)                                  | (% Var):<br>CHO9 (-43.1%),<br>CHO5 (-23.2%),<br>CHO2 (-17.7%) |
| Home Support Hours   | 752,503 YTD/<br>3,010,000 FYT   | Q-1M | ● | <b>709,879</b>           | 792,697     | -82,818        | 745,824         | 770,708         | 709,879 | (% Var):<br>CHO4 (13.6%),<br>CHO2 (8.3%),<br>CHO3 (4.4%)  | (% Var):<br>CHO9 (-29.2%),<br>CHO6 (-17%),<br>CHO7 (-5.8%)    |
| Personal Assistance<br>Hours   | 435,006 YTD/<br>1,740,000 FYT   | Q-1M | ● | <b>419,753</b>           | 445,774     | -26,021        | 443,959         | 466,172         | 419,753 | (% Var):<br>CHO4 (24.8%),<br>CHO2 (0.8%)                  | (% Var):<br>CHO7 (-20.5%),<br>CHO6 (-14.8%),<br>CHO5 (-11.2%) |

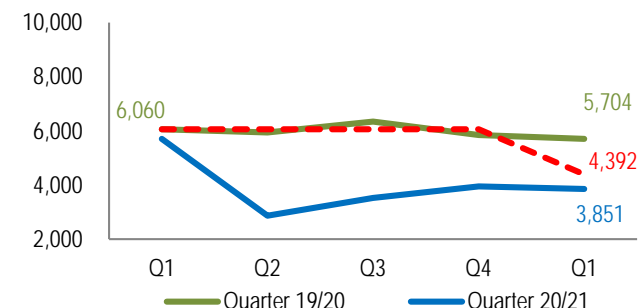
### Respite Day Only



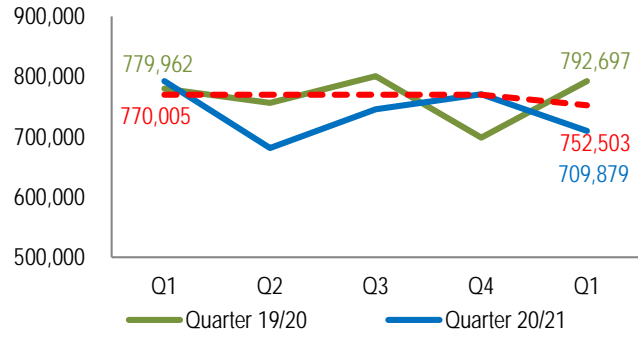
### Respite Overnights



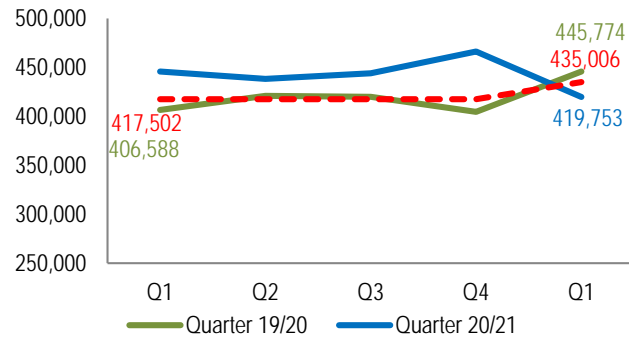
### No. of people with a disability in receipt of respite services



### Home Support Hours



### Personal Assistance Hours

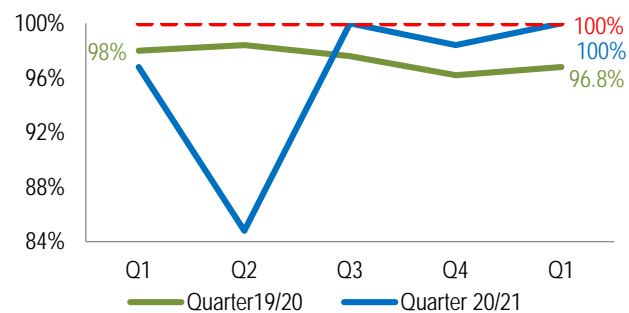


## Disability and Older Persons' Services

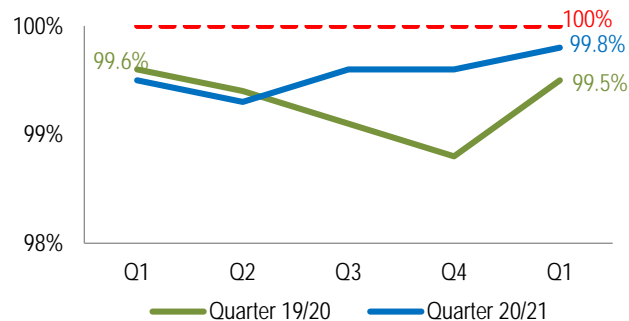
### Safeguarding (Q1 2021)

| Performance area   | Target/ Expected Activity | Freq | Current Period YTD | SPLY YTD | SPLY Change | Current (-2) | Current (-1) | Current | Best performance (in-month)         | Outliers (in-month)        |
|--|---------------------------|------|--------------------|----------|-------------|--------------|--------------|---------|-------------------------------------|----------------------------|
| % of initial assessments for adults aged 65 years and over | 100%                      | Q-1M | ● <b>100%</b>      | 96.8%    | +3.2%       | 100%         | 98.4%        | 100%    | All CHO's achieved target           |                            |
| % of initial assessments for adults under 65 years         | 100%                      | Q-1M | ● <b>99.8%</b>     | 99.5%    | +0.3%       | 99.6%        | 99.6%        | 99.8%   | CHO 1,2,3,4,5,6 & 7 achieved target | CHO9 (99.3%), CHO8 (99.4%) |

% of initial assessments for adults aged 65 and over



% of initial assessments for adults under 65



# Acute Hospitals

## Acute Hospitals National Scorecard/Heatmap

|  | Reporting Frequency   | Expected Activity / Target | National YTD | % Var YTD | Children's Health Ireland | Dublin Midlands | Ireland East | RCSI      | Saolta    | South/South West | UL        | Current (-2) | Current (-1) | Current |      |
|--|---|----------------------------|--------------|-----------|---------------------------|-----------------|--------------|-----------|-----------|------------------|-----------|--------------|--------------|---------|------|
| Quality and Safety   | <b>Serious Incidents</b>  |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | Review completed within 125 calendar days   | M                          | 70%          | 18% [R]   | -74.3%                    |                 |              |           |           |                  |           |              | 16%          | 18%     | 18%  |
|  | % of serious incidents being notified within 24 hours of occurrence                             | M                          | 80%          | 50% [R]   | -37.5%                    |                 |              |           |           |                  |           |              | 53%          | 26%     | 36%  |
|  | Extreme and major incidents as a % of all incidents reported as occurring                       | Q                          | <1%          | 1% [G]    | 0%                        |                 |              |           |           |                  |           |              |              | 1%      | 0.9% |
|  | % of reported incidents entered onto NIMS within 30 days of occurrence                          | Q                          | 90%          | 62% [R]   | -31.1%                    |                 |              |           |           |                  |           |              |              |         | 62%  |
|  | <b>Service User Experience (Q1 2021 at 27.08.21)</b>  |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | Complaints investigated within 30 working days  | Q                          | 75%          | 75% [G]   | 0%                        | 80% [G]         | 88% [G]      | 83% [G]   | 88% [G]   | 61% [R]          | 40% [R]   | 37% [R]      |              |         |      |
|  | <b>*HCAI Rates</b>  |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | Staph. Aureus (per 10,000 bed days)   | M                          | <0.8         |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | C Difficile (per 10,000 bed days)   | M                          | <2           |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | % of acute hospitals implementing the requirements for screening of patient with CPE guidelines | Q                          | 100%         |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | <b>Surgery</b>  |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | Hip fracture surgery within 48 hours of initial assessment)                                     | Q-1Q                       | 85%          |           |                           |                 |              |           |           |                  |           |              |              |         |      |
|  | Surgical re-admissions within 30 days of discharge (site specific targets)                      | M-1M                       | ≤2%          | 1.9% [G]  | -5%                       |                 | 2.8% [R]     | 1.5% [G]  | 1.7% [G]  | 1.9% [G]         | 1.9% [R]  | 2.2% [R]     | 2.1%         | 1.5%    | 1.4% |
| Procedure conducted on day of admission (DOSA) (site specific targets) | M-1M  | 82.4%                      | 78.2% [A]    | -5.1%     |                           | 52.6% [R]       | 89.8% [G]    | 76.7% [G] | 68.1% [A] | 76.8% [A]        | 79.5% [R] | 78.6%        | 78.4%        | 75.4%   |      |
| <b>Medical</b>   |   |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |      |
| Emergency re-admissions within 30 days of discharge                    | M-1M  | ≤11.1%                     | 11.5% [G]    | 3.6%      |                           | 10.7% [G]       | 11.7% [A]    | 10.5% [G] | 11.8% [A] | 12.2% [A]        | 12% [A]   | 11%          | 10.9%        | 10.8%   |      |

|   |  | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | Children's Health Ireland | Dublin Midlands | Ireland East | RCSI      | Saolta    | South/South West | UL        | Current (-2) | Current (-1) | Current |
|---|--|---------------------|----------------------------|--------------|-----------|---------------------------|-----------------|--------------|-----------|-----------|------------------|-----------|--------------|--------------|---------|
| Quality and Safety                      | <b>Ambulance Turnaround</b>                                      |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | Ambulance turnaround < 30 minutes                                | M                   | 80%                        | 31.6% [R]    | -60.5%    | 70.7% [R]                 | 39.4% [R]       | 30.8% [R]    | 42.6% [R] | 14.5% [R] | 19.9% [R]        | 43.9% [R] | 32%          | 31%          | 29.5%   |
|   | % of ambulance turnaround delays escalated – 30 minutes          | M                   | 85%                        | 75.8% [R]    | -10.9%    |                           |                 |              |           |           |                  |           | 74.9%        | 72.9%        | 76.2%   |
|   | <b>*Urgent colonoscopy</b>                                       |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
| Access and Integration                  | Number waiting > 4 weeks (zero tolerance)                        | M                   | 0                          |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | <b>*Routine Colonoscopy</b>                                      |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | % Waiting < 13 weeks following a referral for colonoscopy or OGD | M                   | 65%                        |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | <b>Emergency Department Patient Experience Time</b>              |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | ED within 24 hours (Zero Tolerance)                              | M                   | 97%                        | 98.2% [G]    | 1.3%      | 99.9% [G]                 | 97.2% [G]       | 99% [G]      | 99.6% [G] | 98.4% [G] | 97.6% [G]        | 93.7% [R] | 98.4%        | 98.2%        | 97.9%   |
|   | 75 years or older within 24 hours (Zero Tolerance)               | M                   | 99%                        | 96.3% [R]    | -2.7%     |                           | 95.1% [R]       | 98.2% [R]    | 99.2% [G] | 97.3% [R] | 94.2% [R]        | 85.6% [R] | 96.7%        | 96.6%        | 96%     |
|   | ED within 6 hours  | M                   | 70%                        | 65.6% [A]    | -6.3%     | 91.5% [G]                 | 54.2% [R]       | 74% [G]      | 56.3% [R] | 65% [A]   | 63.7% [A]        | 67.5% [G] | 65.7%        | 65.8%        | 61.7%   |
|   | 75 years or older within 6 hours                                 | M                   | 95%                        | 46.5% [R]    | -51.1%    |                           | 35.7% [R]       | 60.2% [R]    | 32.9% [R] | 50.2% [R] | 41.5% [R]        | 53.1% [R] | 46.4%        | 48.4%        | 43.9%   |
|   | <b>*Waiting times</b>  |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|   | Adult waiting <15 months (inpatient)                             | M                   | 85%                        |              |           |                           |                 |              |           |           |                  |           |              |              |         |
| Adult waiting <15 months (day case)     | M  | 95%                 |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
| Children waiting <15 months (inpatient) | M  | 95%                 |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
| Children waiting <15 months (day case)  | M  | 90%                 |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
| Outpatient < 52 weeks                   | M  | 75%                 |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |



|                                     |   | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD  | Children's Health Ireland | Dublin Midlands | Ireland East | RCSI       | Saolta     | South/South West | UL         | Current (-2) | Current (-1) | Current |       |  |
|-------------------------------------|---|---------------------|----------------------------|--------------|------------|---------------------------|-----------------|--------------|------------|------------|------------------|------------|--------------|--------------|---------|-------|--|
| Access and Integration              | <b>*Delayed Transfers of Care<sup>1</sup></b><br>Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance) | M                   | ≤480                       |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | <b>*Cancer</b>  |                     |                            |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe   | M                   | 95%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Urgent Breast Cancer within 2 weeks   | M                   | 95%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Non-urgent breast within 12 weeks   | M                   | 95%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Lung Cancer within 10 working days  | M                   | 95%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Prostate Cancer within 20 working days  | M                   | 90%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Radiotherapy treatment within 15 working days   | M                   | 90%                        |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | <b>Ambulance Response Times</b>   |                     |                            |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | ECHO within 18 minutes, 59 seconds  | M                   | 80%                        | 78.5% [G]    | -1.9%      |                           |                 |              |            |            |                  |            |              | 79.4%        | 81.6%   | 76.3% |  |
| Delta within 18 minutes, 59 seconds | M   | 70%                 | 50.2% [R]                  | -28.3%       |            |                           |                 |              |            |            |                  |            | 52.3%        | 51.5%        | 46.8%   |       |  |
| Finance, Governance & Compliance    | <b>Financial Management – Expenditure variance from plan</b>  |                     |                            |              |            |                           |                 |              |            |            |                  |            |              |              |         |       |  |
|                                     | Net expenditure (pay + non-pay - income)  | M                   | <0.1%                      | 3,429,138    | 9.39% [R]  | 7.82% [R]                 | 9.96% [R]       | 11.91% [R]   | 10.32% [R] | 11.33% [R] | 13.08% [R]       | 17.15% [R] | 13.09%       | 13.27%       | 9.39%   |       |  |
|                                     | Gross expenditure (pay and non-pay)   | M                   | <0.1%                      | 3,788,134    | 6.18% [R]  | 5.68% [R]                 | 5.80% [R]       | 8.90% [R]    | 7.44% [R]  | 7.38% [R]  | 9.17% [R]        | 10.10% [R] | 9.30%        | 9.33%        | 6.18%   |       |  |
|                                     | Pay expenditure variance from plan  | M                   | <0.1%                      | 2,525,085    | 1.84% [R]  | 1.91% [R]                 | 4.90% [R]       | 6.98% [R]    | 3.83% [R]  | 4.68% [R]  | 4.78% [R]        | 6.84% [R]  | 4.09%        | 4.44%        | 1.84%   |       |  |
|                                     | Non-pay expenditure   | M                   | <0.1%                      | 1,263,049    | 16.07% [R] | 16.27% [R]                | 7.66% [R]       | 13.35% [R]   | 16.54% [R] | 13.41% [R] | 19.31% [R]       | 17.74% [R] | 21.22%       | 20.58%       | 16.07%  |       |  |

<sup>1</sup> Delayed Transfers of Care: Please note the National Rehabilitation Hospital is included in the National total but not reported at group level within the heat map

|                                  |  | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | Children's Health Ireland | Dublin Midlands | Ireland East | RCSI      | Saolta    | South/South West | UL        | Current (-2) | Current (-1) | Current |
|----------------------------------|--|---------------------|----------------------------|--------------|-----------|---------------------------|-----------------|--------------|-----------|-----------|------------------|-----------|--------------|--------------|---------|
| Finance, Governance & Compliance | <b>*Service Arrangements - unavailable due to cyber-attack</b> |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|                                  | Monetary value signed  | M                   | 100%                       |              |           |                           |                 |              |           |           |                  |           | 0.00%        |              |         |
|                                  | <b>Internal Audit</b>  |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|                                  | Recommendations implemented within 12 months (2020)            | Q                   | 95%                        | 63% [R]      | -33.68%   |                           |                 |              |           |           |                  |           | 77%          | 53%          | 63%     |
| Workforce                        | <b>Attendance Management</b>                                   |                     |                            |              |           |                           |                 |              |           |           |                  |           |              |              |         |
|                                  | % absence rates by staff category (Non Covid)                  | M                   | <3.5%                      | 3.87% [A]    | 10.57%    | 3.44% [G]                 | 3.79% [A]       | 3.59% [G]    | 3.74% [A] | 3.86% [A] | 3.90% [A]        | 5.23% [R] | 3.63%        |              | 4.04%   |
|                                  | % absence rates by staff category (Covid)                      | M                   | NA                         | 1.86%        |           | 1.45%                     | 1.83%           | 1.59%        | 2.49%     | 1.87%     | 1.60%            | 2.50%     | 0.82%        |              | 0.55%   |

\* Data unavailable due to cyber-attack

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

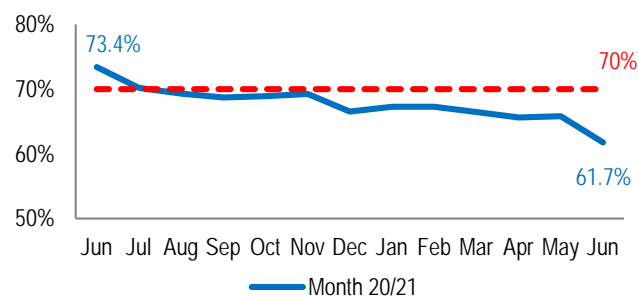
| Activity Area           | Expected Activity YTD | Result YTD 2021 | % Var YTD | Result YTD 2020 | SPLY % Var | Current (-2) | Current (-1) | Current |
|-------------------------|-----------------------|-----------------|-----------|-----------------|------------|--------------|--------------|---------|
| Emergency Presentations | 695,817               | 599,805         | -13.8%    | 607,562         | -1.3%      | 114,831      | 95,503       | 98,890  |
| New ED Attendances      | 575,840               | 495,375         | -14.0%    | 506,822         | -2.3%      | 93,542       | 79,033       | 80,590  |
| OPD Attendances         | 1,570,671             | 1,409,669       | -10.3%    | 1,395,003       | 1.1%       | 244,409      | 191,146      | 208,012 |

| Activity Area (HIPE data month in arrears) | Expected Activity YTD | Result YTD 2021 | % Var YTD | Result YTD 2020 | SPLY % Var | Current (-2) | Current (-1) | Current |
|--|-----------------------|-----------------|-----------|-----------------|------------|--------------|--------------|---------|
| Inpatient discharges                       |                       | 228,232         |           | 224,313         | 1.7%       | 49,702       | 51,484       | 45,962  |
| Inpatient weight units                     |                       | 225,389         |           | 238,484         | -5.5%      | 50,229       | 48,321       | 42,139  |
| Day case (includes dialysis)               |                       | 374,608         |           | 356,840         | 5.0%       | 88,515       | 87,389       | 67,829  |
| Day case weight units (includes dialysis)  |                       | 349,912         |           | 335,238         | 4.4%       | 83,824       | 83,714       | 64,208  |
| IP & DC Discharges                         |                       | 602,840         |           | 581,153         | 3.7%       | 138,217      | 138,873      | 113,791 |
| % IP                                       |                       | 37.9%           |           | 38.6%           | -1.9%      | 36.0%        | 37.1%        | 40.4%   |
| % DC                                       |                       | 62.1%           |           | 61.4%           | 1.2%       | 64.0%        | 62.9%        | 59.6%   |
| Emergency IP discharges                    |                       | 163,348         |           | 158,777         | 2.9%       | 35,333       | 36,191       | 33,693  |
| Elective IP discharges                     |                       | 28,041          |           | 25,299          | 10.8%      | 6,180        | 7,353        | 7,013   |
| Maternity IP discharges                    |                       | 36,844          |           | 40,237          | -8.4%      | 8,189        | 7,941        | 5,256   |
| Inpatient discharges >75 years             |                       | 46,742          |           | 46,428          | 0.7%       | 9,893        | 10,492       | 9,880   |
| Day case discharges >75 years              |                       | 71,457          |           | 66,198          | 7.9%       | 16,546       | 16,554       | 13,134  |

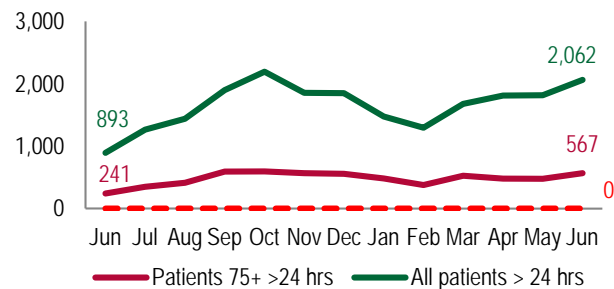
## ED Performance

| Performance area                   | Target/Expected Activity | Freq | Current Period YTD | SPLY YTD | SPLY Change | Current (-2) | Current (-1) | Current | Best performance (in-month)                   | Outliers (in-month)  |
|------------------------------------|--------------------------|------|--------------------|----------|-------------|--------------|--------------|---------|---|--|
| % within 6 hours                   | 70%                      | M    | ● 65.6%            | 69.8%    | -4.2%       | 65.7%        | 65.8%        | 61.7%   | 8 out of 28 hospitals achieved target         | Tallaght – Adults (35.6%), Beaumont (41%), SUH (44.7%)     |
| % 75 years or older within 6 hours | 95%                      | M    | ● 46.5%            | 52.1%    | -5.6%       | 46.4%        | 48.4%        | 43.9%   | St Michaels (89.8%), SLK (74.5%), LUH (62.5%) | Tallaght – Adults (21.9%), Cavan (26.4%), Beaumont (27.8%) |
| % in ED within 24 hours            | 97%                      | M    | ● 98.2%            | 97.7%    | +0.5%       | 98.4%        | 98.2%        | 97.9%   | 16 out of 28 hospitals achieved target        | Tallaght – Adults (93.2%), UHL (93.6%), CUH (94.4%)        |
| % 75 years within 24 hours         | 99%                      | M    | ● 96.3%            | 94.4%    | +1.9%       | 96.7%        | 96.6%        | 96%     | 12 out of 27 hospitals achieved target        | CUH (82.8%), UHL (84.4%), Mullingar (91.9%)                |

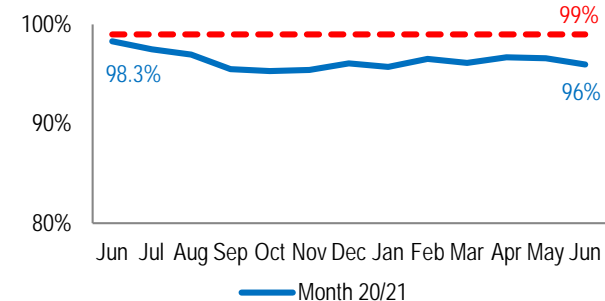
% within 6 hours



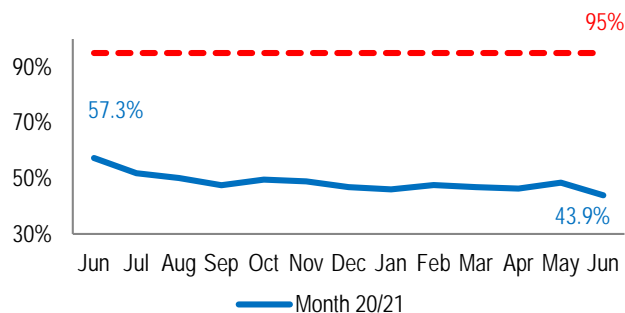
ED over 24 hours



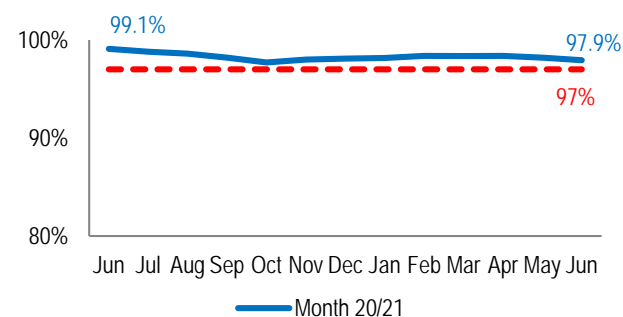
% 75 years within 24 hours



% 75 years within 6 hours



% in ED within 24 hours



## Colonoscopy/Gastrointestinal Service

| Performance area  | Target/<br>Expected<br>Activity | Freq | Current<br>Period<br>YTD | SPLY<br>YTD | SPLY<br>Change | Current<br>(-2) | Current<br>(-1) | Current | Best performance<br>(in-month)        | Outliers<br>(in-month)                       |
|---|---------------------------------|------|--------------------------|-------------|----------------|-----------------|-----------------|---------|---------------------------------------|--|
| Urgent Colonoscopy – no. of new people waiting > 4 weeks    | 0                               | M    |                          |             |                |                 |                 |         |                                       |  |
| Bowelscreen – no. colonoscopies scheduled > 20 working days |                                 | M    | <b>77</b>                | 113         | -36            | 16              | 17              | 24      | 7 out of 14 hospitals achieved target | Ennis, MMUH, SVUH (1), RUH (3), Wexford (13) |
| Colonoscopy and OGD <13 weeks                               | 65%                             | M    |                          |             |                |                 |                 |         |                                       |  |

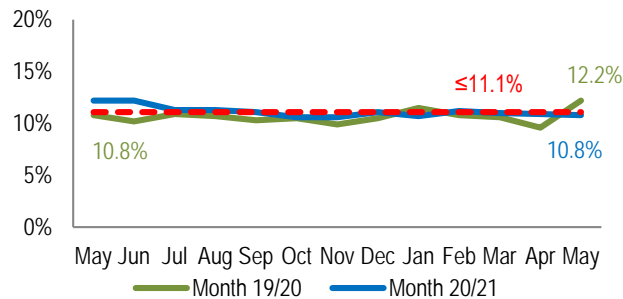
## BowelScreen – Urgent Colonoscopies

|  | Current<br>(-2) | Current<br>(-1) | Current |
|--|-----------------|-----------------|---------|
| Number deemed suitable for colonoscopy | 219             | 180             | 331     |
| Number scheduled over 20 working days  | 16              | 17              | 24      |

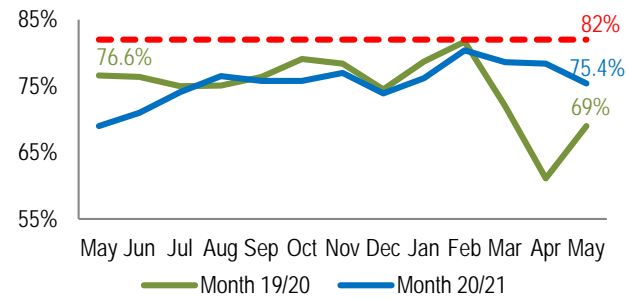
## Surgery and Medical Performance

| Performance area   | Target/Expected Activity | Freq | Current Period YTD | SPLY YTD | SPLY Change | Current (-2) | Current (-1) | Current | Best performance (in-month)            | Outliers (in-month)                               |
|--|--------------------------|------|--------------------|----------|-------------|--------------|--------------|---------|--|---|
| Emergency re-admissions within 30 days of discharge        | ≤11.1%                   | M-1M | ● 11.5%            | 11.5%    | 0%          | 11%          | 10.9%        | 10.8%   | 19 out of 34 hospitals achieved target | Navan (17.4%), Ennis (17.3%), Columcilles (17%)   |
| Procedure conducted on day of admission (DOSA)             | 82.4%                    | M-1M | ● 78.2%            | 74.1%    | +4.1%       | 78.6%        | 78.4%        | 75.4%   | 21 out of 33 hospitals achieved target | St James (11.6%), Croom (44.6%), TUH (52.9%)      |
| Laparoscopic Cholecystectomy day case rate                 | 60%                      | M-1M | ● 43.3%            | 46.6%    | -3.3%       | 41.5%        | 40.6%        | 46.3%   | 12 out of 30 hospitals achieved target | 10 Hospitals (0%)                                 |
| Surgical re-admissions within 30 days of discharge         | ≤2%                      | M-1M | ● 1.9%             | 2%       | -0.1%       | 2.1%         | 1.5%         | 1.4%    | 30 out of 38 hospitals achieved target | Croom (1.5%), SIVUH (1%), SLK & Portlaoise (4.5%) |
| Hip fracture surgery within 48 hours of initial assessment |                          | Q-1Q |                    |          |             |              |              |         |  |   |

Emergency re-admissions within 30 days

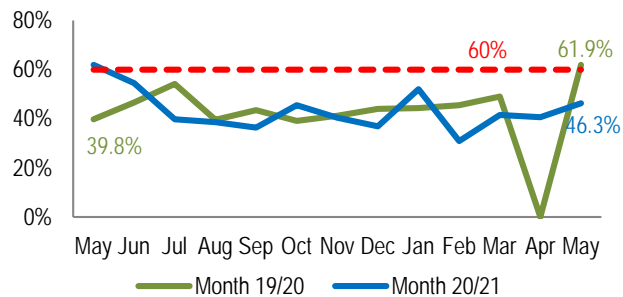


Procedure conducted on day of admissions

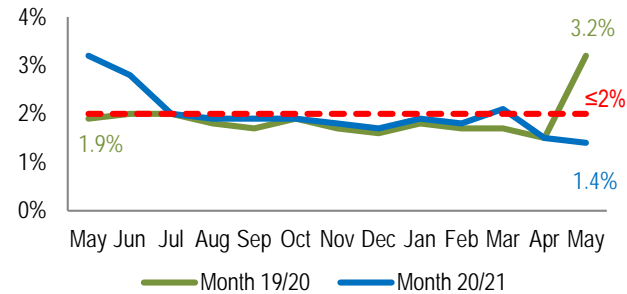


Hip fracture surgery within 48 hours

Laparoscopic Cholecystectomy day case rate



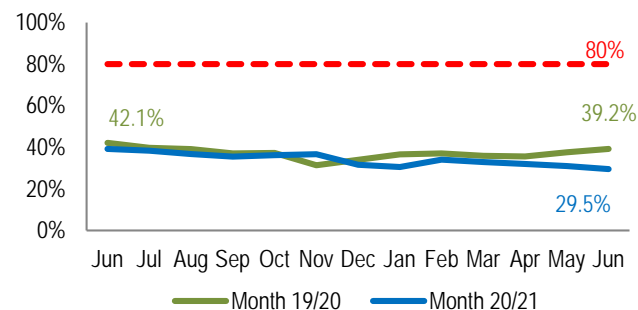
Surgical re-admissions within 30 days



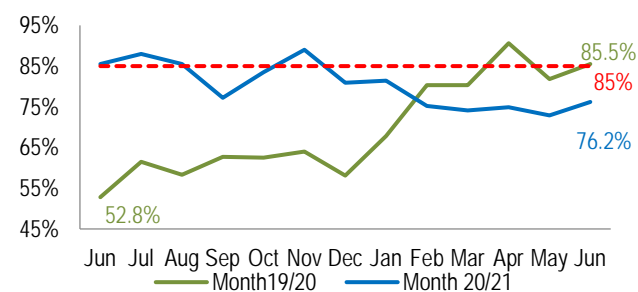
## Ambulance Turnaround

| Performance area   | Target/<br>Expected<br>Activity | Freq | Current<br>Period<br>YTD | SPLY<br>YTD | SPLY<br>Change | Current<br>(-2) | Current<br>(-1) | Current | Best performance<br>(in-month)                  | Outliers<br>(in-month)                        |
|--|---------------------------------|------|--------------------------|-------------|----------------|-----------------|-----------------|---------|---|---|
| % of ambulances that have a time interval ≤ 30 minutes       | 80%                             | M    | ● <b>31.6%</b>           | 37%         | -5.4%          | 32%             | 31%             | 29.5%   | NMH (72.7%),<br>CHI (68.1%),<br>Rotunda (66.7%) | Mayo (8.5%),<br>CUH (10.1%),<br>Sligo (11.4%) |
| Ambulance Turnaround<br>% delays escalated within 30 minutes | 85%                             | M    | ● <b>75.8%</b>           | 80.5%       | -4.7%          | 74.9%           | 72.9%           | 76.2%   |   |   |
| Ambulance Turnaround<br>% delays escalated within 60 minutes | 98%                             | M    | ● <b>96.4%</b>           | 97.1%       | -0.7%          | 96.6%           | 96.5%           | 96.5%   |   |   |

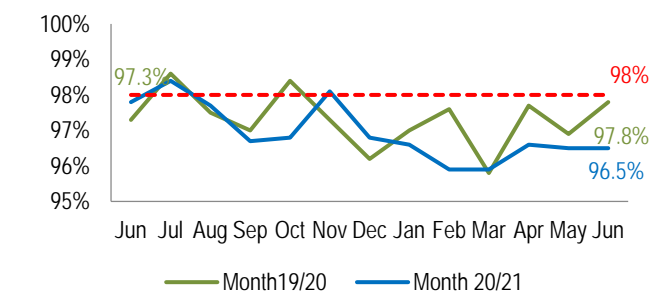
Ambulance Turnaround - within 30 minutes



Delays Escalated - within 30 minutes



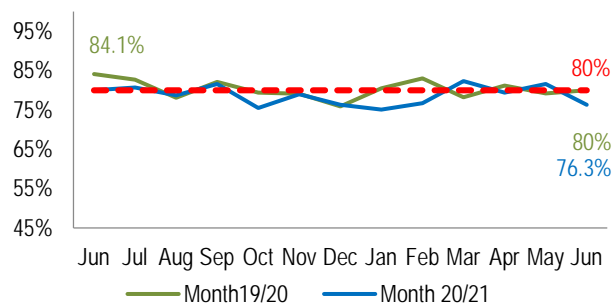
Delays Escalated - within 60 minutes



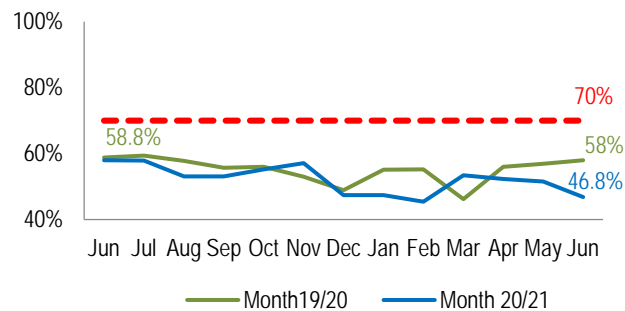
## Pre-Hospital Emergency Care Services

| Performance area                         | Target/Expected Activity | Freq | Current Period YTD | SPLY YTD | SPLY Change | Current (-2) | Current (-1) | Current | Best performance (in-month) | Outliers (in-month)  |
|--|--------------------------|------|--------------------|----------|-------------|--------------|--------------|---------|-----------------------------|--|
| Response Times – ECHO                    | 80%                      | M    | ● 78.5%            | 80.4%    | -1.9%       | 79.4%        | 81.6%        | 76.3%   |                             | Dublin Fire Brigade (75.7%), North Leinster (77.2%), South (76.6%), West (75.0%) |
| Response Times – DELTA                   | 70%                      | M    | ● 50.2%            | 54.1%    | -3.9%       | 52.3%        | 51.5%        | 46.8%   |                             | Dublin Fire Brigade (32.3%), North Leinster (54.2%), South (4.9%), West (53.1%)  |
| Return of spontaneous circulation (ROSC) | 40%                      | Q-1Q |                    | 36.6%    | 47.9%       | -11.3%       | 40.5%        | 41.4%   | 36.6%                       |  |

### Response Times – ECHO



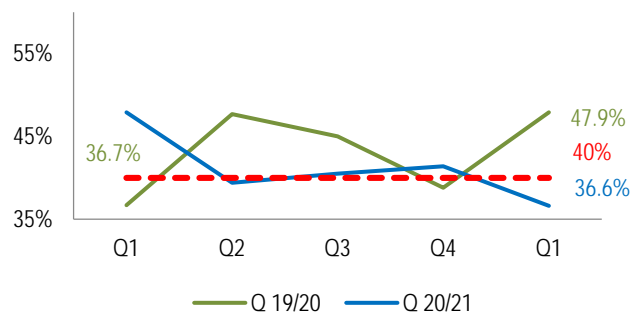
### Response Times – DELTA



### Call Volumes (arrived at scene)

|       | Target/Expected Activity | Current Period YTD | % Var YTD | SPLY YTD | SPLY change |
|-------|--------------------------|--------------------|-----------|----------|-------------|
| ECHO  | 2,466                    | 2,681              | 8.7%      | 2,582    | 99          |
| DELTA | 62,520                   | 54,638             | -12.6%    | 56,857   | -2219       |

### Return of Spontaneous Circulation (ROSC)





## Acute Hospital Services Update

The Cyber attack in May had a significant and sustained effect on the HSE in terms of its capacity to schedule and treat patients in all settings. With specific reference to ED and OPD, there were particular challenges on reporting on their activity. Accordingly adjustments have been made to 2019 and 2020 data to ensure that the report provides a meaningful analysis of activity and trends.

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

- **ED Attendances:** Based on the 26 hospitals that have returned data in respect of June 2021, there were 109,085 ED attendances in June 2021. This is an increase of 22.9% when compared with June 2020 and an increase of 12.9% when compared with June 2019.
- The number of attendances in June 2021 are up 20.6% versus target (90,450).
- There are a number of factors contributing to the increase in ED attendances. These include
  - the impact on GPs of their participation in vaccination programmes,
  - the inability of GPs to access Healthlink as a result of the Cyber Attack and
  - Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase. Similar trends have been observed in other jurisdictions during the Pandemic.
- **Patient Experience Time:** 97.9% of all patients attending ED were seen within 24 hours in June 2021 which exceeds the NSP target of 97%. This compares with 99.1% in June 2020. 96.7% of patients were seen within target in June 2019.
- ED Patient Experience Time less than 24 hours for patients aged 75+ was 96.0% in June 2021, this is below the NSP target of 99.0%. This compares with 98.3% in June 2020 and an increase on 92.1% in June 2019.
- The significant increase in the number of patients presenting to ED has resulted in longer wait times for admitted and non-admitted patients.

### Delayed Transfers of Care (DTC)

- The number of delayed transfers of Care for June 2021 is not available due to the Cyber-Attack

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

**Caveat re All Activity Data:** National data for April and May 2021 is incomplete due to data gaps caused by the Cyber-attack. From our review of the data, there were particular challenges in relation to the reporting of dialysis activity. The level of data incompleteness is unquantifiable, therefore all comparisons with prior periods should be treated with caution

#### Inpatient Discharges

- There were 230,605 inpatient discharges year to date May 2021 and 224,313 for the corresponding period in 2020 which is an increase of 2.8%. Activity YTD May 2021 is down on the same period in 2019 by 15.0%.
- This increase of 2.8% year to date is attributable to a recovery from April 2021 as inpatient activity January to March 2021 was down on the equivalent period in 2020 by 11.5% and down on January to March 2019 by 5.4%.

#### Day Case Discharges (including dialysis)

- There were 384,409 Day case discharges year to date May 2021 and 356,914 for the corresponding period in 2020 which is an increase of 7.7%. When YTD May 2021 is compared with YTD May 2019, the activity is down 16.8%.
- During the period January to March 2021 a significant decrease in activity was seen to the order of 15.5% when compared with 2020 and 18.0% lower than 2019. This related to the clinical decision to curtail elective activity in response to the third surge and also the impact of COVID outbreaks at individual hospital sites
- In April, based on available information there is evidence of an increase in activity (1.8% higher than the previous month March 2021)
- As a result of the Cyber-attack in May it was necessary to cancel a number of procedures as it was not possible to access patient data for scheduling cases or to review diagnostic or other information relevant to patient management. In addition there are significant gaps in the data, so we are unable to report on actual activity for May 2021

### Elective Inpatient Discharges

- There were 28,036 elective inpatient discharges year to date May 2021 and 25,299 for the corresponding period in 2020 which is an increase of 10.8%. YTD May 2021 was down 23.2% on the same period in 2019.
- January to March 2021 was 32.4% and 33.3% lower than the same period in 2020 and 2019 respectively, available data shows an increase in April and May 2021 when compared with 2020.
- The impact of the Cyber-attack in May 2021 on elective activity was significant as hospitals were unable to schedule patients in May and June 2021, had no access to patient electronic data and were unable to retrieve electronic records.
- Following the Cyber-attack, an agreement was made with the private hospitals (Safety Net 3 Agreement (SN3)). This arrangement with the private hospitals has offset the loss of elective work in the public system particularly in relation to elective work. Services at private hospitals for patient care were accessed in response to the loss of service associated with the Cyber-attack. This has included access to chemotherapy and radiotherapy services for urgent cases. The SN3 arrangement facilitates access to services from the private system while addressing the backlogs associated with the Cyber-attack. Additionally, access to private diagnostics companies is provided to support the reduction in and the loss of radiology on acute sites.

### Emergency Inpatient Discharges

- There were 164,541 emergency inpatient discharges year to date May 2021 and 158,777 for the corresponding period in 2020 which is an increase of 3.6%. Year to date May 2021 activity is lower than 2019 by 11.7%.
- January to March 2021 is down 8.7% when compared with the same period in 2020; while available data for April and May 2021 shows a recovery, the true extent is hard to see without a complete data set for the period.

### Maternity Inpatient Discharges

- There were 38,557 maternity inpatient discharges year to date May 2021 and 40,237 for the corresponding period in 2020 which is a decrease of 4.2% and a decrease of 13.2% when compared with year to date May 2019.
- The activity in April and May show a slight increase in activity when compared with 2020 however due to the incompleteness of data, it is not possible to state if there is a recovery during this period.

### Outpatient Department Attendances

Based on the 45 hospitals that returned data in respect of June 2021, the following is the position:

- The number of new and return outpatient attendances was 242,898 in June 2021 versus 210,275 for the corresponding period in 2020, which is an increase of 15.5% and an increase of 5.5% when compared with the same period in 2019.
- New and return outpatient attendances June 2021 were 1.5% ahead of 2021 target of 239,202. This is despite the significant challenges faced by the acute hospitals during the third surge and the Cyber-attack
- Virtual Clinics: Virtual patients' engagement has become a key element of delivering outpatient care in a COVID environment with numbers of patients being seen averaging c.75,000 from January to March 2021. Ability to maintain this level of activity through virtual patient engagement was impacted by the Cyber-attack.

### Waiting Lists

A key issue for the remainder 2021 is the residual impact of the Cyber-attack and the on-going impact of COVID-19 on waiting lists. The HSE has developed an access to care plan to year end which is aimed at delivering improvements in OPD, Inpatient and Day Case and Scope waiting lists. It includes targeting additional public activity, the use of private hospitals and improved processes for managing waiting lists including validation. The ongoing requirements in terms of occupancy and safe distancing, and the potential for COVID related outbreaks for staff absences, will pose ongoing challenges in terms of meeting these targets. The HSE continues to work closely with the NTPF through commissioning of public and private work and validation of waiting lists.

As part of the HSE's response to the Cyber-attack, to support scheduled and unscheduled care activities during this period there has been an expansion of access to radiology diagnostics through the existing framework between Primary Care and private providers. This response was put in place the week following the Cyber-attack and remains in place for all hospitals currently.

### Inpatient/Day Case Waiting Lists

The number of patients on Inpatient and Day Case Waiting Lists at the end of June 2021 is not available due to the Cyber-Attack.

### Colonoscopy Waiting List

The number of patients on Waiting Lists at the end of June 2021 is not available due to the Cyber-Attack.

In addition to the unavailability of complete data relating to Scope activity, the Cyber-attack has had significant adverse effects on our ability to deliver scope activity.

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

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

### Outpatient Waiting Lists

The number of patients on Outpatient Waiting Lists at the end of June 2021 is not available due to the Cyber-Attack.

### Citywest

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

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

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

In June 2021, 1,820 patients were seen in the Citywest Campus. A total of 10,824 patients have been seen year to date in 2021. Active initiatives include:

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

### Connected Health Proposal Citywest

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

The Programme has been developed and adapted with safety in mind and is in line with the government regulations associated with social distancing and other

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

### **BowelScreen**

The BowelScreen target is that 90% of patients are scheduled within 20 days. In June 2021, 331 invitations issued of which 92.7% were scheduled within the target time of 20 days. The target has been exceeded each month in 2021 to date.

### **Cancer Services**

#### **Symptomatic Breast Cancer Clinics**

Data relating to June 2021 activity at Symptomatic Breast Cancer Clinics is not available due to the Cyber-attack.

#### **Rapid Access Clinics for Lung Cancer Services**

Data relating to June 2021 activity at Rapid Access Lung Clinics is not available due to the Cyber-attack.

#### **Rapid Access Clinic for Prostate Cancer Services**

Data relating to June 2021 activity at Rapid Access Prostate Clinics is not available due to the Cyber-attack.

### **Radiotherapy**

Data relating to June 2021 activity at Radiotherapy Centres is not available due to the Cyber-attack.

### **Healthcare Associated Infections (HCAI)**

Data relating to the number of Healthcare Associated Infections in June 2021 is not available due to the Cyber-attack.

### **National Ambulance Service**

- Activity volume for AS1<sup>2</sup> and AS2<sup>3</sup> calls received this month has increased by 3,058 calls (11%) compared to the same month last year (June 2020).
- The daily average call rate for AS1<sub>1</sub> and AS2<sub>2</sub> calls received this month was 1,025 (30 days this month).
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 76% this month. This is a decrease of 6% compared to last month May 2021.
- ECHO calls increased by 11% (45) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 70% in 18 minutes and 59 seconds was below target at 47% this month.
- Nationally there was a 27% (2,598) increase in DELTA call activity compared to the same month last year.
- 81% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Ambulance Turnaround times at Emergency Departments' dis-improved in June, demonstrating a continuation of the downward trajectory seen to date. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
  - 30% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 38% of vehicles being released within 30 minutes or less last year (June 2020),

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<sup>2</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>3</sup> AS2 - Urgent calls received from a general practitioner or other medical sources

- 80% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 88% of vehicles being released within 60 minutes or less last year (June 2020).

## Human Resources

### WTE Data

National HR: April employment data was severely impacted by the Cyber-attack, consequently this month's workforce report offers a combined view of May and June employment levels in order to assess the two month impact on census reporting of the Cyber-attack period.

The WTE for Acute Operations in June 2021 was 68,945, this was an increase of 641 WTE on April 2021, (a 0.9% increase). This represents an increase of 2,506 WTE YTD and an increase of 2,720 compared to June 2020. There were increases across all staff categories in June. The largest increase was in the Health & Social Care Professionals category which grew by 1.9%, followed by a 1.5% increase in Management & Administrative, 1.2% in General Support, 1.1% in Patient & Client Care, 0.6% in Nursing & Midwifery and 0.1% in Medical & Dental.

All Hospital Groups are showing growth this month. SSWHG shows the largest increase (+166 WTE), followed by Saolta (+112 WTE), ULHG (+78 WTE), DMHG (+62 WTE), RCSI (+53), IEHG (+48) and CHI (+38 WTE).

### Absence Data for May

The total absence rate for Acute Operations in May was 4.3%, a 0.2% reduction from April; of this figure 0.6% (14.7% of the total) was Covid related. This is in line with the overall Health Service absence rate for May (4.4%, of which 0.6% was Covid related). At Staff Category level, Patient & Client Care reports the highest total absence rate in May at 6% followed by General Support (5.8%) and Nursing and Midwifery (5.1%). Medical & Dental was the category with the lowest total absence rate at 1%. Of the seven Hospital Groups, ULHG had the highest rate of absence in April with 4.9% while Saolta had the lowest with 4.0% (a reduction of 0.4% since April).

### Note:

The narrative represents adjusted figures prepared by BIU to address the significant data gaps.

# Finance

## Introduction

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

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

This year we are working to strengthen our general operational capacity in our community and hospital services, focusing on quality and patient safety, patient

and service user involvement, data and analytics, risk management, financial management, safeguarding, eHealth, and procurement compliance.

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

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

## Financial Performance

**Table 1 - Net Expenditure by Division – YTD June 2021**

| June 2021                            | YTD Actual Spend vrs YTD Budget |                |                |              |              |             | YTD Variance Analysed As: |                       |
|--------------------------------------|---------------------------------|----------------|----------------|--------------|--------------|-------------|---------------------------|-----------------------|
|                                      | Approved Allocation             | YTD Actual     | YTD Budget     | YTD Variance | YTD Variance |             | Covid-19 Related Variance | Core related variance |
|                                      | €m                              | €m             | €m             | €m           | %            |             | €m                        | €m                    |
| Acute Operations                     | 6,582.8                         | 3,429.1        | 3,134.8        | 294.4        | ●            | 9.4%        | 206.9                     | 87.5                  |
| Community Services                   | 7,096.7                         | 3,370.8        | 3,308.3        | 62.5         | ●            | 1.9%        | 139.9                     | (77.3)                |
| Other Operations/Services            | 2,174.3                         | 870.0          | 1,091.0        | (221.0)      | ●            | -20.3%      | (217.8)                   | (3.2)                 |
| Total Operational Service Areas      | 15,853.8                        | 7,669.9        | 7,534.0        | 135.9        | ●            | 1.8%        | 128.9                     | 7.0                   |
| Total Pensions & Demand Led Services | 4,582.3                         | 2,329.5        | 2,275.2        | 54.2         | ●            | 2.4%        | 106.0                     | (51.8)                |
| <b>Overall Total</b>                 | <b>20,436.1</b>                 | <b>9,999.4</b> | <b>9,809.2</b> | <b>190.1</b> |              | <b>1.9%</b> | <b>234.9</b>              | <b>(44.8)</b>         |

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

The HSE's financial position at the end of June 2021 shows a YTD deficit of €190.1m, with a significant element of this being driven by the direct impacts of the 3rd COVID-19 surge. Within this €190.1m deficit, acute operations have a YTD deficit of €294.4m, community services a deficit of €62.5m, pensions and demand led services a deficit of €54.2m and other operations are showing a surplus of (€221.0m) (mainly COVID-19 related).

- Of the total YTD deficit of €190.1m, €234.9m has been categorised by service areas as directly attributable to COVID-19 expenditure and (€44.8m) surplus as attributable to core expenditure.
- Of the COVID-19 deficit to the end of June of €234.9m, €206.9m is in acute operations, €139.9m in community services, €106m (of which PCRS is €104.2m) is in Pensions & Demand Led Areas with offsetting surpluses in other operations/services of (€217.8m).
- The COVID-19 related surplus of (€217.8m) in other operational services is primarily in relation to held funding not yet distributed to services in relation to three specific expenditure items: Testing & Tracing Programme, COVID-19 supports and COVID-19 Vaccinations. Costs in relation to these three expenditure items have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. Included in the (€217.8m), there is a surplus of (€75.8m) in the Testing & Tracing Programme, a surplus of (€89.1m) in regional services relating to COVID-19 support funding, and a surplus in health and wellbeing of (€67.5m) relating to COVID-19 Vaccinations.

## Acute Operations

**Table 2 - Acute Operations - June YTD**

| June 2021<br>Acute Operations         | Approved<br>Allocation | YTD<br>Actual  | YTD<br>Budget  | YTD<br>Variance | YTD<br>Variance | YTD Variance                               |  |
|---------------------------------------|------------------------|----------------|----------------|-----------------|-----------------|--|--|
|                                       | €m                     | €m             | €m             | €m              | %               | Attributable to Covid-19 Expenditure<br>€m | Attributable to Core Expenditure<br>€m |
| RCSI Hospital Group                   | 915.7                  | 494.3          | 448.0          | 46.3            | 10.3%           | 23.1                                       | 23.2                                   |
| Dublin-Midlands Hospital Group        | 1,059.5                | 568.9          | 517.4          | 51.5            | 10.0%           | 23.1                                       | 28.4                                   |
| Ireland East Hospital Group           | 1,169.2                | 647.3          | 578.4          | 68.9            | 11.9%           | 40.3                                       | 28.6                                   |
| South-South West Hospital Group       | 996.3                  | 559.4          | 494.7          | 64.7            | 13.1%           | 35.3                                       | 29.4                                   |
| Saolta University Health Care Group   | 935.5                  | 516.3          | 463.8          | 52.5            | 11.3%           | 27.7                                       | 24.9                                   |
| University of Limerick Hospital Group | 406.1                  | 235.4          | 200.9          | 34.5            | 17.1%           | 17.4                                       | 17.1                                   |
| Children's Health Ireland             | 375.5                  | 197.9          | 183.5          | 14.4            | 7.8%            | 1.7  | 12.7                                   |
| Regional & National Services          | 537.1                  | 33.2           | 157.6          | (124.4)         | -78.9%          | (45.2)                                     | (79.3)                                 |
| <b>Acute Hospital Care</b>            | <b>6,394.9</b>         | <b>3,252.7</b> | <b>3,044.4</b> | <b>208.3</b>    | <b>6.8%</b>     | <b>123.4</b>                               | <b>84.9</b>                            |
| National Ambulance Service            | 187.9                  | 99.1           | 90.4           | 8.7             | 9.6%            | 6.1  | 2.6                                    |
| Private Hospitals                     | -                      | 77.4           | -              | 77.4            | 0.0%            | 77.4                                       | -                                      |
| <b>Acute Operations Total</b>         | <b>6,582.8</b>         | <b>3,429.1</b> | <b>3,134.8</b> | <b>294.4</b>    | <b>9.4%</b>     | <b>206.9</b>                               | <b>87.5</b>                            |



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

### Acute Hospital Care

- A YTD deficit of €294.4m, which includes a deficit of €208.3m in acute hospital care, a deficit of €8.7m in the national ambulance service and a deficit of €77.4m in private hospitals.
- The YTD deficits on the NAS and private hospitals has been categorised as directly attributable to COVID-19 expenditure.
- Of the YTD deficit of €208.3m, €123.4m deficit has been categorised as directly attributable to COVID-19 expenditure and €84.9m deficit as attributable to core expenditure.
- There was 2,454 additional wte's for YTD June in Acutes Operations overall, (June monthly only 526 wte's), which was mainly as a result of COVID-19.
- Deficit of €123.4m in COVID-19 arose due to increased activity and expenditure due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19, and mainly relates to:
  - Pay deficit of €123.4m, mainly comprised of a payroll deficit of €24.6m, an overtime deficit of €8.8m and an agency deficit of €21.9m.
    - Pay deficit of €24.6m due to secondments to areas such as vaccination and the recruitment of staff, in response to COVID-19.
    - Overtime deficit of €8.8m - Medical overtime is the main cost driver for overtime costs.
    - Agency deficit of €21.9m due to the backfilling of absent staff by agency/locum. In addition, some of the staffing of the additional beds may have been filled by agency staff, pending on-boarding of permanent staff.
  - Non Pay deficits in the following areas: medical and surgical supplies deficit of €19.6m, maintenance deficit of €11.8m, cleaning & washing deficit of €10.4m, professional services deficit of €8.6m, drugs and medicine deficit of €6.2m and capitation payments deficit of €2.8m
  - COVID-19 patients require significant CT scanning and other diagnostics which are driving clinical non-pay.
- Deficit of €84.9m reported against core, however €73.9m of this deficit is in income which is attributed to COVID-19 factors.
  - Pay surplus of (€24.3m), mainly comprised of a payroll surplus of (€60.9m), and overtime deficit of €11.3m and an agency deficit of €9.1m.
    - A payroll surplus (basic pay) of (€60.9m), due to (i) recruitment delays in on-boarding staff with a consequential impact on agency and overtime – see below; and (ii) the re-profiling of budget associated with new developments which have yet to start - i.e. new beds, Alternative Pathways & Restart
    - An overtime deficit of €11.3m and an agency deficit of €9.1m. Both of these items are impacted by the need to backfill COVID-19 absences and to fill posts associated with the provision of new services (i.e. new beds, Alternative Pathways & Restart) pending on-boarding with permanent staff etc.
  - Non Pay deficits in the following areas: drugs and medicine deficit of €12.8m, cleaning & washing deficit of €3.9m, maintenance deficit of €5.9m, patient transport deficit of €2.6m and professional services deficit of €4.1m.
  - Bad & doubtful debts deficit of €13.1m due to bad debts has presented as a cost pressure for a number of years. Nevertheless, the charge this year has increased significantly. This is likely to be COVID-19 driven, given that patients are exempted from charges if they have a COVID-19 diagnosis during the hospital stay.
- The €73.9m YTD deficit on income is mainly attributable to maintenance charges of €94.6m owing to the reduction in hospital activity due to the 3<sup>rd</sup> & 4<sup>th</sup> surges of COVID-19. This deficit has increased in June as acute hospitals are unable to invoice insurers due to the recent cyber security attack.
- Many of the initiatives introduced in acute settings under COVID-19 are considered to be permanent in nature

## Private Hospitals

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

➤ Expenditure on SN2 amounts to €77.4m for YTD June. This is an estimated cost. There is no funding stream / budget for SN2 or SN3.

## Community Operations

**Table 3 – Community Operations - June YTD**

| June 2021<br>Community                                 | Approved<br>Allocation | YTD<br>Actual  | YTD<br>Budget  | YTD<br>Variance | YTD<br>Variance | YTD Variance                                   |   |
|--|------------------------|----------------|----------------|-----------------|-----------------|--|---|
|  | €m                     | €m             | €m             | €m              | %               | Attributable to Covid-<br>19 Expenditure<br>€m | Attributable to Core<br>Expenditure<br>€m |
| Primary Care   | 1,088.7                | 528.9          | 478.5          | 50.3            | 10.5%           | 83.7   | (33.3)                                    |
| Social Inclusion                                       | 177.1                  | 87.9           | 86.3           | 1.6             | 1.8%            | 3.6  | (2.1)                                     |
| Palliative Care  | 115.7                  | 53.8           | 54.6           | (0.8)           | -1.4%           | 0.4  | (1.1)                                     |
| <b>Primary Care Division Total</b>                     | <b>1,381.4</b>         | <b>670.5</b>   | <b>619.4</b>   | <b>51.1</b>     | <b>8.3%</b>     | <b>87.7</b>                                    | <b>(36.6)</b>                             |
| <b>Mental Health Division</b>                          | <b>1,088.1</b>         | <b>529.1</b>   | <b>525.9</b>   | <b>3.2</b>      | <b>0.6%</b>     | <b>8.3</b>                                     | <b>(5.1)</b>                              |
| Older Persons Services                                 | 1,264.0                | 548.2          | 562.5          | (14.4)          | -2.6%           | 23.8   | (38.1)                                    |
| Nursing Home Support Scheme                            | 1,087.3                | 517.6          | 534.9          | (17.4)          | -3.2%           | 2.0  | (19.3)                                    |
| <b>Older Persons Services Division Total</b>           | <b>2,351.3</b>         | <b>1,065.8</b> | <b>1,097.5</b> | <b>(31.7)</b>   | <b>-2.9%</b>    | <b>25.7</b>                                    | <b>(57.4)</b>                             |
| <b>Disability Services</b>                             | <b>2,231.7</b>         | <b>1,083.0</b> | <b>1,047.2</b> | <b>35.8</b>     | <b>3.4%</b>     | <b>14.9</b>                                    | <b>20.9</b>                               |
| <b>Health &amp; Wellbeing Community Division</b>       | <b>17.9</b>            | <b>7.7</b>     | <b>6.9</b>     | <b>0.8</b>      | <b>11.8%</b>    | <b>1.2</b>                                     | <b>(0.3)</b>                              |
| <b>Quality &amp; Patient Safety Community Division</b> | <b>8.0</b>             | <b>1.9</b>     | <b>2.3</b>     | <b>(0.4)</b>    | <b>-18.8%</b>   | <b>-</b>                                       | <b>(0.4)</b>                              |
| <b>CHO HQs &amp; Community Services</b>                | <b>18.4</b>            | <b>12.9</b>    | <b>9.1</b>     | <b>3.8</b>      | <b>41.2%</b>    | <b>2.1</b>                                     | <b>1.6</b>                                |
| <b>Community Total</b>                                 | <b>7,096.7</b>         | <b>3,370.8</b> | <b>3,308.3</b> | <b>62.5</b>     | <b>1.9%</b>     | <b>139.9</b>                                   | <b>(77.3)</b>                             |

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

- Community Services has year-to-date expenditure of €3,370.8m against a year-to-date budget of €3,308.3m leading to a YTD deficit of €62.5m or 1.9%. Of the YTD deficit of €62.5m, €139.9mm deficit has been categorised as directly attributable to COVID-19 expenditure and an offsetting surplus of (€77.3m) attributable to core expenditure.

### Primary care services

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

- A YTD deficit €51.1m of which €87.7m deficit has been categorised as directly attributable to Covid-19 expenditure and (€36.6m) surplus as attributable to core expenditure.
- Deficit of €87.7m in COVID-19 arose due to increased activity and expenditure due to the third surge of COVID-19, and mainly relates to:
  - COVID-19 total deficit of €87.7m, comprised of deficit in COVID-19 costs €72.2m and a deficit in vaccinations of €15.5m, largely driven by vaccine centres operating at full capacity.
  - Pay deficit of €26.6m which is largely driven by additional hours / agency costs to backfill staff / increased activity / sick leave etc. This deficit also includes a pay deficit in relation to vaccinations of €8.5m.
  - Grants to Outside agencies deficit of €13.8m in relation to payments for supports to Section 38/39 organisations of €5.7m and GP Co-operatives of €8.1m.
  - Professional services of €9.5m due to clinical and non-clinical professional service associated with vaccination centres and community support hubs including payments to GPs
  - Maintenance deficit of €7.2m due to set up costs and security costs associated with establishment of vaccination centres/community support hubs
- Surplus of (€36.6m) in core due to planned services not occurring as a result of the third surge of COVID-19, and mainly relates to
  - Pay surplus of (€4.3m), mainly comprised of a payroll surplus of (€13.0m) and agency deficit of €7.0m.
    - Pay surplus of (13.0m) across CHO areas are due to non-filling/delayed filling of posts
    - Agency deficit of €7.0m due to services being provided by agency staff due to vacant posts
  - Miscellaneous surplus of (€32.3m) which is mainly due to budget profiling on the Enhanced Community Care (ECC) funding. There has been slower than anticipated roll out of projects due to delays in recruitment, and also impacted by Covid-19 and the Cyber-attack.
  - Paediatric homecare packages of (€4.0m)
  - Travel surplus of (€2.4m) due to travel restrictions
  - Medical & surgical supplies of €4.7m

Paediatric Home Care Packages – June YTD Costs of €9.4m have been incurred in the CHO's. Funding for this service was centralised in 2019 and €41.0m is held centrally, which is allocated to each area to cover expenditure throughout the year. There has been a significant fall from planned number of cases being supported due to the COVID-19 pandemic. There are 538 cases in place YTD June, which represents an increase of 25 in the year.

## Mental Health Services

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

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

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

- A YTD deficit of €3.2m of which €8.3m deficit has been categorised as directly attributable to COVID-19 expenditure and (€5.1m) surplus as attributable to core expenditure.
- Deficit of €8.3m in COVID-19 due to increased activity and expenditure due to the third surge of COVID-19, and mainly relates to:
  - Pay deficit of €4.7m, mainly comprised of a payroll deficit of €1.3m and agency deficit of €2.9m.
    - Payroll deficit of €1.3m due to additional hours / increased part time hours / TOIL in Nursing/Medical/Support staff grades which were required due to increase infection control requirements and covering sick leave
    - Agency deficit of €2.9m predominately relates to Nursing/Medical/Support agency requirements to fill gaps in rosters in acute units due to increased activity and sick leave.
  - Capitation payments deficit of €0.7m due to increased private placements required to free up bed capacity in residential units to cater for increased activity and to help with social distancing requirements.
  - Cleaning & Washing deficit of €0.8m - Increased cleaning costs due to deep cleaning requirements in MH residential units and the purchase of cleaning equipment.
  - Maintenance deficit of €0.8m - Acute unit reconfiguration, setting up and fitting out of isolation pods. Building works to facilitate social distancing and isolation of patients.
  - Travel and Subsistence deficit of €0.5m.
- Surplus of (€5.1m) in core due to services not occurring as a result of the third surge of COVID-19, and mainly relates to:
  - Pay surplus of (€0.2m), mainly comprised of a payroll surplus of (€4.6m) and agency deficit of €4.3m
    - Payroll surplus of (€4.6m), as mental health continues to experience gaps in recruiting and retaining staff with vacancies which are filled through agency and overtime mainly Medical, Nursing and Support staff
    - Agency deficit of €4.3m - a growing level of service is being provided by agency staff due to the shortages of qualified permanent HSE staff
  - Travel surplus of (€2.8m) due to travel restrictions
  - Education & training surplus of (€1.6m) due to delayed training initiatives due to COVID-19 restrictions.

- Professional services surplus of (€1.7m)
  - Light & heat deficit of €0.7m
- Surpluses will balance as the year progresses and services are restored to pre-COVID-19 levels. COVID-19 expenditure is continuing at an average expenditure rate of circa €2.0m per month.

### Older Persons services

Older persons services provide a wide range of services including home supports, community supports, intermediate care (both residential and in the home), as well as short stay and long stay care when remaining at home is no longer feasible (Nursing Homes Support Scheme, NHSS). This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

#### Older Persons services

- A YTD surplus of (€14.4m) in Older Persons Services, of which €23.7m deficit has been categorised as directly attributable to COVID-19 expenditure and (€38.1m) surplus as attributable to core expenditure.
- Deficit of €23.7m in COVID-19 due to increased activity and expenditure due to the third surge of COVID-19, and mainly relates to
  - Payroll costs of €15.7m of which agency costs is €10.6m due to staff absences, redeployment, additional staff due to infection prevention and control procedures and isolation beds.
  - Miscellaneous of €4.9m
  - Cleaning and washing of €2.0m
- Surplus of (€38.1m) in core due to services not occurring as a result of the third surge of COVID-19, and mainly relates to
  - (€44.3m) surplus in Home support, as a result of some services being suspended due to COVID-19 shielding
  - €30.7m deficit in Residential Care due to reduced bed numbers and actual cost of care in excess of paid rate. Units are operating at below 95% capacity; June occupancy is 87%, resulting in reduced NHSS income.
  - (€24.5m) surplus in Other, which is mainly due to the following:
    - Surpluses arising in transitional care beds of (€6.0m), complex cases of (€0.4m) and intensive homecare packages of (€1.0m). These surpluses are expected to reduce as activity increases through 2021, and as budget profiles are amended.
    - Surplus of (€16.0m) in “Other”, which is due to budget profiling of new developments, and is a timing issue and not an actual saving, and will balance out as the year progresses and costs matched to budgets and services restored.

#### NHSS (included in Older Persons above)

- Of the YTD of surplus (€17.4m) in NHSS, €2.0m deficit has been categorised as directly attributable to COVID-19 expenditure and (€19.3m) surplus as attributable to core expenditure.
- Deficit of €2.0m in COVID-19 due to Capitation Payments.
- Surplus of (€19.3m) in core is due to patients not availing of the NHSS scheme which are currently 742 below the levels set in the NSP due to COVID-19, 783 starters below NSP levels and 44 leavers above NSP levels.

## Disability services

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

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

- A YTD deficit of €35.8m of which €14.9m deficit has been categorised as directly attributable to COVID-19 expenditure and €20.9m deficit as attributable to core expenditure.
- Deficit of €14.9m in COVID-19 due to increased activity and expenditure due to the third surge of COVID-19, and mainly relates to:
  - Pay deficit of €6.0m is largely driven by additional hours / agency costs to fill gaps in rosters / increased activity / sick leave etc. and also the cost incurred in increasing the capacity in day services resumption to normal levels of service
  - Capitation payments deficit of €4.6m in relation to costs of complex cases arising due to transferring individuals from acute settings, underlying clinical risk/challenges of the individual having been exacerbated by COVID-19, inability to support the individual's requirements in a community-based setting due to COVID-19
  - Grants to outside agencies deficit of €2.7m in relation to payments to Section 38/39 organisations for a combination of pay and non-pay costs (similar to costs noted in bullets above)
- Deficit of €20.9m in core expenditure mainly due to:
  - Pay surplus of (€2.8m) due to vacant posts
  - Capitation payments deficit of €17.2m due to increased payments to support Section 38/39 organisations, including payments for residential placements
  - Grants to outside agencies deficit of €6.0m in relation to payments to Section 38/39 organisations for a combination of pay and non-pay costs.
- 4 new emergency residential placements were put in place in June 2021 (including 1 COVID-19 related place), with a YTD total of 41 new places (including 14 COVID-19 related places).
- YTD expenditure on 41 new emergency residential placements of approximately €3.7m, with an estimated 2021 full year cost of €10.0m

## Chief Clinical Officer

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

| June 2021<br>Chief Clinical Office         | Approved Allocation | YTD Actual  | YTD Budget  | YTD Variance | YTD Variance  | YTD Variance                               |  |
|--|---------------------|-------------|-------------|--------------|---------------|--|--|
|  | €m                  | €m          | €m          | €m           | %             | Attributable to Covid-19 Expenditure<br>€m | Attributable to Core Expenditure<br>€m |
| Clinical Design & Innovation               | 9.8                 | 2.3         | 4.4         | (2.1)        | -47.7%        | 0.2  | (2.3)                                  |
| Office of Nursing & Midwifery Services     | 34.6                | 13.6        | 15.6        | (2.0)        | -13.0%        | 0.0  | (2.1)                                  |
| Quality Assurance & Verification           | 6.3                 | 2.6         | 3.1         | (0.5)        | -16.4%        | 0.0  | (0.5)                                  |
| Quality Improvement Division               | 8.3                 | 3.7         | 4.1         | (0.4)        | -10.1%        | -  | (0.4)                                  |
| National Health and Social Care Profession | 2.3                 | 0.8         | 1.1         | (0.3)        | -28.0%        | -  | (0.3)                                  |
| National Doctors Training & Planning       | 27.9                | 10.4        | 13.8        | (3.4)        | -24.4%        | 0.1  | (3.4)                                  |
| National Cancer Control Programme (NCCP)   | 33.1                | 3.1         | 3.8         | (0.7)        | -18.8%        | -  | (0.7)                                  |
| <b>Chief Clinical Office Total</b>         | <b>122.2</b>        | <b>36.4</b> | <b>45.9</b> | <b>(9.4)</b> | <b>-20.6%</b> | <b>0.3</b>                                 | <b>(9.7)</b>                           |

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, through the various divisions within the remit of the CCO, as per table 4 above.

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

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

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

- Clinical Design & Innovation has a YTD surplus of (€2.1m) primarily in core related expenditure, which mainly relates to:
  - Pay surplus of (€0.8m) due to recruitment delays in filling vacancies
  - Grants to outside agencies surplus of (€1.1m) due to the timing of payments of Section 38/39 organisations.
- Office of Nursing & Midwifery Services has a YTD surplus of (€2.0m) primarily in core related expenditure, which mainly relates to:
  - Pay surplus of (€1.0m) due to actual WTE numbers trending below budgeted level
  - Education and training surplus of (€0.8m) due to lower training activity as a result of lower WTE level and also COVID-19 impact (reduction) on training activities.
- National doctors training & planning (NDTP) has a YTD surplus of (€3.4m) primarily in core related expenditure, which mainly relates to:
  - Education and training surplus of (€3.0m) comprising of educational Supports of (€1.1m) and NDCH Training of (€1.8m)

## National Screening Service

Table 5- National Screening Service – June YTD

| June 2021<br>National Screening Service | Approved Allocation | YTD Actual | YTD Budget | YTD Variance | YTD Variance | YTD Variance                         |                                  |
|---|---------------------|------------|------------|--------------|--------------|--------------------------------------|----------------------------------|
|   | €m                  | €m         | €m         | €m           | %            | Attributable to Covid-19 Expenditure | Attributable to Core Expenditure |
|   |                     |            |            |              |              | €m                                   | €m                               |
| National Screening Service              | 103.2               | 41.7       | 40.3       | 1.4          | 3.5%         | 0.0                                  | 1.4                              |

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

- National Screening Service has a YTD deficit of €1.4m in core related expenditure, which mainly relates to:
  - Pay surplus of (€0.4m) due to vacancies in medical staff.
  - Non-pay deficit of €1.8m relates to programmes that have restarted and are eliminating their backlog, mainly in cervical screening and breast check.

## Health and Wellbeing

Table 6 – Health and Wellbeing – June YTD

| June 2021<br>Health & Wellbeing        | Approved Allocation | YTD Actual   | YTD Budget   | YTD Variance  | YTD Variance  | YTD Variance                         |                                  |
|--|---------------------|--------------|--------------|---------------|---------------|--------------------------------------|----------------------------------|
|  | €m                  | €m           | €m           | €m            | %             | Attributable to Covid-19 Expenditure | Attributable to Core Expenditure |
|  |                     |              |              |               |               | €m                                   | €m                               |
| Health Protection Surveillance Service | 7.2                 | 3.3          | 2.6          | 0.8           | 30.4%         | 0.9                                  | (0.1)                            |
| Health Protection Vaccines             | 196.6               | 83.4         | 149.4        | (66.0)        | -44.2%        | (64.5)                               | (1.5)                            |
| Public Health                          | 32.3                | 16.6         | 15.1         | 1.5           | 9.7%          | 3.9                                  | (2.5)                            |
| Health Promotion                       | 8.6                 | 3.1          | 4.0          | (0.9)         | -22.4%        | -                                    | (0.9)                            |
| Research & Evidence                    | 10.1                | 5.4          | 4.9          | 0.5           | 10.2%         | 0.1                                  | 0.3                              |
| Health & Wellbeing - (Regional)        | 9.5                 | 5.0          | 4.7          | 0.3           | 7.3%          | 0.0                                  | 0.3                              |
| Crisis Pregnancy Agency                | 7.6                 | 2.4          | 2.8          | (0.4)         | -15.5%        | 0.0                                  | (0.4)                            |
| Health & Wellbeing Nat Dir Off         | 2.3                 | 0.8          | 0.9          | (0.1)         | -10.8%        | 0.0                                  | (0.1)                            |
| <b>Health &amp; Wellbeing Total</b>    | <b>274.1</b>        | <b>120.0</b> | <b>184.4</b> | <b>(64.4)</b> | <b>-34.9%</b> | <b>(59.5)</b>                        | <b>(4.9)</b>                     |

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



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

- A YTD surplus of (€64.4m) of which (€59.5m) surplus has been categorised as directly attributable to COVID-19 expenditure and (€4.9m) surplus as attributable to core expenditure.
- Surplus of (€59.5m) in COVID-19 which is mainly due to the timing of budget distribution relating to the COVID-19 vaccine programme. This budget relates to costs that have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. This is only a timing issue rather than an actual saving.
- Surplus of (€4.9m) in core expenditure, mainly due to the temporary suspension of the school's programmes. These programmes have resumed now that the schools have reopened.

## National Services (Excl. PCRS)

**Table 7 – National Services – June YTD**

| June 2021<br>National Services | Approved<br>Allocation | YTD<br>Actual | YTD<br>Budget | YTD<br>Variance | YTD<br>Variance | YTD Variance                            |                                     |
|--------------------------------|------------------------|---------------|---------------|-----------------|-----------------|---|-------------------------------------|
|                                |                        |               |               |                 |                 | Attributable to Covid-19<br>Expenditure | Attributable to Core<br>Expenditure |
|                                | €m                     | €m            | €m            | €m              | %               | €m                                      | €m                                  |
| Environmental Health           | 57.4                   | 26.8          | 26.9          | (0.2)           | -0.6%           | 0.2                                     | (0.3)                               |
| Emergency Management           | 1.7                    | 0.9           | 0.8           | 0.1             | 12.9%           | 0.1                                     | (0.0)                               |
| EU & North South Unit          | 0.8                    | 0.4           | 0.4           | (0.0)           | -0.2%           | -                                       | (0.0)                               |
| <b>National Services Total</b> | <b>59.8</b>            | <b>28.0</b>   | <b>28.1</b>   | <b>(0.1)</b>    | <b>-0.2%</b>    | <b>0.3</b>                              | <b>(0.4)</b>                        |

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

- EHS has a YTD surplus of (€0.2m) which mainly relates to:
  - Pay surplus of (€1.3m) arising due to staff vacancies
  - Income deficit of €0.9m which relates to a historic income target. Prior to Irish Water being in existence, EHS provided services to county councils and charged for same. Since the creation of Irish Water, the councils provide this service hence the loss of income to EHS.

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

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

### Testing & Tracing

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

- YTD surplus of (€75.8m). This surplus is primarily due to budget distribution relating to the COVID-19 Testing & Tracing programme.
- The Testing programme is also supported by acute & community services across the HSE with an additional expenditure being incurred in service setting such as testing centres and hospital laboratory testing, PCRS for GP consultations and Primary Care for the swabbing centres in the CHOs. These costs will be matched with the centrally held funding in due course, with budget transfers made to the areas/divisions.
- Therefore, as of the 30th June 2021 the centralised reported costs of T&T were €288.1m which was an overspend of €66.2m against the YTD budget. The main reason for this variance was due to an overspend on laboratory testing due in part to higher test numbers as well as a higher than budgeted cost per test.

### Vaccinations

The vaccinations programme is delivered through a network of community vaccination centres, GP practices and pharmacies providing the vaccines directly to patients on an age profile basis as determined by NIAC and NPHET. The programme has a full year budget allocation of €200m, the initial sanction for the programme was €200m which was notified by government decision of 23rd February 2021.

- YTD expenditure on the COVID-19 vaccine rollout programme has been €174m, which includes costs in relation to the vaccines, mass centre centralised costs, GP fees and communication.

## Support Services

Table 8 – Support Services – June YTD

| June 2021<br>Support Services         | Approved<br>Allocation | YTD<br>Actual | YTD<br>Budget | YTD<br>Variance | YTD<br>Variance | YTD Variance                             |                                     |
|---------------------------------------|------------------------|---------------|---------------|-----------------|-----------------|--|-------------------------------------|
|                                       | €m                     | €m            | €m            | €m              | %               | Attributable to Covid-<br>19 Expenditure | Attributable to Core<br>Expenditure |
|                                       |                        |               |               |                 |                 | €m                                       | €m                                  |
| Health Business Services              | 593.0                  | 299.4         | 299.2         | 0.2             | 0.1%            | (2.9)                                    | 3.0                                 |
| Finance                               | 74.9                   | 22.5          | 22.6          | (0.2)           | -0.7%           | 0.3                                      | (0.5)                               |
| Human Resources                       | 62.7                   | 34.6          | 26.5          | 8.1             | 30.7%           | 8.3                                      | (0.2)                               |
| Board of the HSE & Office of the CEO  | 3.9                    | 2.3           | 2.3           | (0.0)           | -0.4%           | -  | (0.0)                               |
| Strategic Transformation Office       | 10.1                   | 3.5           | 3.9           | (0.4)           | -10.2%          | -  | (0.4)                               |
| Legal Services                        | 17.4                   | 8.4           | 7.5           | 1.0             | 13.3%           | 1.4                                      | (0.4)                               |
| Office of the COO & Office of the CSO | 10.9                   | 12.4          | 5.3           | 7.0             | 132.3%          | 6.5                                      | 0.5                                 |
| Compliance                            | 1.4                    | 0.4           | 0.5           | (0.2)           | -29.3%          | -  | (0.2)                               |
| Communications                        | 42.8                   | 16.7          | 22.8          | (6.1)           | -26.7%          | (7.5)                                    | 1.4                                 |
| Audit                                 | 4.5                    | 1.8           | 2.2           | (0.5)           | -21.2%          | 0.0                                      | (0.5)                               |
| Health Repayment Scheme               | 0.5                    | 0.0           | 0.3           | (0.2)           | -93.6%          | -  | (0.2)                               |
| Chief Information Officer             | 107.4                  | 59.0          | 58.1          | 0.9             | 1.5%            | (0.3)                                    | 1.2                                 |
| Regional Services                     | 274.4                  | 0.5           | 82.9          | (82.4)          | -99.4%          | (89.1)                                   | 6.7                                 |
| <b>Support Services Total</b>         | <b>1,203.7</b>         | <b>461.5</b>  | <b>534.2</b>  | <b>(72.7)</b>   | <b>-13.6%</b>   | <b>(83.2)</b>                            | <b>10.5</b>                         |

- YTD surplus of (€72.7m). This surplus is primarily due to COVID-19 held funding, and is only a timing issue rather than an actual saving. This held funding is not yet distributed to services relating to costs that have been incurred in other services across the HSE and will be matched with the centrally held funding in due course.
- **Human Resources** has a YTD deficit of €8.1m, primarily in COVID-19 related expenditure, which mainly relates to:
  - Pay deficit of €6.3m in relation to Nurse on Call deficit of €7.3m.
  - Non Pay deficit of €1.8m, related to professional services in relation to the “winter plan” and the “centre review” projects.
  - Human Resources Division encompasses the following subdivisions: HR Shared Services, Workplace Health & Wellbeing, Corporate Employee Relations Services (CERS), Leadership Education and Talent Development, & National Director Functions plus some other small areas.
  - The HR divisions engage and support managers and staff – eg. recruitment, employee relations, workforce planning, education, training and development of staff. Currently, at the end of June 2021, there were 130,164 WTE directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- **Communications** has a YTD surplus of (€6.1m), of which (€7.5m) surplus has been categorised as directly attributable to COVID-19 expenditure and €1.4m deficit as attributable to core expenditure.
- Surplus of (€7.5m) in COVID-19 mainly relates to:
  - Pay deficit of €1.9m which relates to agency costs associated with staffing the COVID-19 vaccine help line for February – June 2021
  - Non Pay surplus of (€11.5m) in office expenses relates to the timing of the COVID-19 vaccination information campaign. The budget was profiled in the period June YTD, however due to the timing of the vaccine roll out, most of the information campaign activity was delayed until the second half of the year.
- Deficit of €1.4m in core mainly relates to:
  - Non pay deficit of €1.6m related to call centre running costs deficit of €1.3m and IT/Professional Services deficit of €0.3m. This was due to the increased activity in the call centre as service users have become increasingly dependent on the service as a result of changing behaviour in communications
- Communications are the full service in-house communications team for the Irish health service delivered through the following teams: HSE Live, Press & Media, Programmes and Campaigns, Digital, Client Services, and Internal Communications.
- **Office of the Chief Information Officer** has a YTD deficit of €0.9m, primarily in core related expenditure, which mainly relates to:
  - Pay deficit of (€6.2m), mainly due to the timing of recruitment. E-Health recruitment targets have been further impacted by the ransomware attack.
  - Non Pay deficit of €7.4m, due to minor deficits on mobile voice and data and a €7.7m spend on applications support and Maintenance due to the cyber-attack.
  - The OoCIO manages all voice, video and data communications technologies and provides one central management point for all purchases of hardware, software, telecommunications, ICT developments and advisory services.
- The Office of the Chief Information Officer (OoCIO) is the office responsible for the delivery of technology to support and improve healthcare in Ireland
- **Regional Services** has a YTD surplus of (€82.4m), primarily related to Covid-19 held funding not yet distributed, which is relating to costs that have been incurred in other services across the HSE and will be matched with the centrally held funding in due course. This is only a timing issue rather than an actual saving.

## Demand Led Services

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

| June 2021<br>Pensions & Demand Led Services     | Approved Allocation | YTD Actual     | YTD Budget     | YTD Variance | YTD Variance | YTD Variance                         |                                  |
|---|---------------------|----------------|----------------|--------------|--------------|--------------------------------------|----------------------------------|
|   | €m                  | €m             | €m             | €m           | %            | Attributable to Covid-19 Expenditure | Attributable to Core Expenditure |
|   |                     |                |                |              |              | €m                                   | €m                               |
| Pensions  | 592.0               | 294.1          | 293.8          | 0.2          | 0.1%         | -                                    | 0.2                              |
| State Claims Agency                             | 410.0               | 208.7          | 205.0          | 3.7          | 1.8%         | -                                    | 3.7                              |
| Primary Care Reimbursement Service              | 3,269.3             | 1,663.8        | 1,620.6        | 43.1         | 2.7%         | 104.2                                | (61.0)                           |
| Demand Led Local Schemes                        | 271.9               | 138.6          | 135.2          | 3.3          | 2.5%         | 1.9                                  | 1.5                              |
| Treatment Abroad and Cross Border Directive     | 28.6                | 22.1           | 16.9           | 5.2          | 31.1%        | -                                    | 5.2                              |
| EHIC (European Health Insurance Card)           | 10.5                | 2.3            | 3.7            | (1.4)        | -37.5%       | -                                    | (1.4)                            |
| <b>Pensions &amp; Demand Led Services Total</b> | <b>4,582.3</b>      | <b>2,329.5</b> | <b>2,275.2</b> | <b>54.2</b>  | <b>2.4%</b>  | <b>106.0</b>                         | <b>(51.8)</b>                    |

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

### Pensions

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

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

- Pensions has a YTD deficit of €0.2m is comprised of a surplus in Additional Superannuation

- Pension result shows a deficit of €4.9m
- Additional Superannuation Contribution (ASC) (previously known as Pension Levy) YTD result shows a surplus of (€4.7m)
- Neither of these should be extrapolated to determine a possible year end result.
- We have one budget/funds to cover the 4 key aspects of Pensions (Pension payments, Lump sums, Superannuation Income & ASC).
- We move funds between all 4 as we progress through the year (and also between Statutory & Voluntary).
- The nature of Lump sums payable is always volatile and this month sees an increase over May which was impacted severely by the Cyber-attack.
- Pension expenditure is volatile in nature but generally in an upward direction as we approach the end of the year. Costs naturally increase and income drops as the year progresses (due to loss of SA contributors).
- Transition to the Single Public Service Pension Scheme (SPSPS) retirements will see a reduction in the cost of pensions but this will occur gradually over a number of years.
- Covid-19 delayed some retirements in 2020 and may do so again in 2021 as people volunteer to help in the effort to address the pandemic. It also accelerated some other retirements as people became exhausted from their efforts fighting the pandemic.

- Covid-19 also brings some increased pension related income from temporary workers where they pay Superannuation & ASC contributions. This is where we may have rehired some former staff.

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

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

- State Claims Agency has a YTD deficit of €3.7m, however there has been delays in the year in the number of cases processed by the courts services as a result of COVID-19.

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

The PCRS supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, pharmacists and optometrists / ophthalmologists for the free services or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. PCRS also makes payments to suppliers and manufacturers of high tech drugs and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the NCCP and the National Hepatitis C Treatment Programme. PCRS manages the National Medical Card Unit which processes all medical card and GP visit card applications at a national level. It also processes drugs payment scheme (DPS) and long-term

illness (LTI) applications. The schemes are operated by PCRS on the basis of legislation and/or government policy and direction provided by the DoH.

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

- PCRS has a YTD deficit of €43.1m, of which €104.2m deficit has been categorised as directly attributable to COVID-19 expenditure and (€61.0m) surplus as attributable to core expenditure.
- Deficit of €104.2m in COVID-19, mainly due to Covid-19 Vaccination Programme of €46.5m, GP fees and allowances of €43.8m, GMS pharmacy drugs of €7.1m and GMS Pharmacy Fees of €4.0m. The impact of the COVID-19 has been counteracted by reduction in other services resulting from the emergency.
- Significant COVID-19 related costs have occurred with effect from mid-March 2020. The reported year to date costs include costs in respect of the GP support package (primarily for respiratory clinics and COVID-19 telephone consultations), card eligibility extension costs, Vaccinations and direct administrative costs. The costs will increase as the year progresses due to the extension of MC/GPVC eligibility for existing cohort whose eligibility was due to expire in the months of March to August 2020 - the impact on expenditure will continue until the end of August 2021.
- Surplus of (€61.0m) in core expenditure, mainly due to surpluses in GP fees and allowances of (€23.9m), GMS pharmacy fees of (€12.8m), NDMS oncology drugs/medicines of (€4.9m), long term illness scheme of (€5.8m), NDMS Hep C programme of (€7.9m) and Dental Treatment / Prescription Services of (€5.6m). These surpluses are offset by deficits in High Tech Arrangement - Drugs / Medicines of €5.3m and NDMS bespoke funding decisions of €2.3m.
- GMS spend has increased approx. €65m year on year, primarily due to revised terms in the new GP Contractual reform and Covid-19 related expenditure from the 2020 GP support package.

- High Tech drug spend is increasing each year, due to new drugs in addition to full year effect of previous year's newly approved drugs. In addition, year on year number of patients dispensed to continues to rise across most condition types and for all drug types. The demand is primarily across the following conditions: cancer, cystic fibrosis and rheumatology.

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

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

### **Demand Led Local Schemes**

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

- YTD deficit of €3.3m, of which €1.9m has been categorised as being directly attributable to COVID-19 expenditure and €1.5m attributable to core service expenditure.
- Deficit of €1.9m in COVID-19 expenditure, mainly due to home therapy for immunodeficient patients, treatment's now being provided in the home which would previously have been delivered in a hospital setting.
- Deficit of €1.5m in core expenditure, mainly due deficits in Hardship Medicine of €5.6m, High Tech of €2.2m, Long Term illness of €2.0m, with an offsetting surplus in Drug Refunds of (€8.6m).

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

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

accuracy the expenditure and activity patterns of these schemes, particularly in a COVID-19 environment.

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

- YTD deficit of €5.3m, of which €5.4m has is attributable the Treatment Abroad Scheme and (0.1m) is attributable to the Cross Border Directive.
- Treatment Abroad Scheme (TAS) has a YTD deficit of €5.4m, which is mainly driven by:
  - The 2021 Full year budget was reduced by €29.2m
  - Due to COVID-19 travel restrictions, the number of visits undertaken by patients decreased in 2021
  - However, there has been an increase in the number of patients accessing a new technology treatment CART-T. In 2021, TAS funded 20 CART-T therapies.
  - Patients have also availed of other high cost treatments e.g. Paediatric organ transplant, neonatal Extracorporeal membrane oxygenation (ECMO), Inpatient Eating disorder treatment.
- Cross Border Directive (CBD) has a YTD surplus of (0.1m), which is mainly driven by:
  - Due to COVID-19 travel restrictions, numbers of reimbursements has decreased
  - There has also been a reduction in ophthalmology and orthodontic claims but a significant increase in bariatric surgery reimbursement, which have a higher reimbursement value.

## European Health Insurance Card (EHIC)

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

The E125 scheme is for European citizens who are on short term visits to another member state. It is anticipated that the E125 scheme will be in a surplus position at year end with COVID-19 impacting travel within the EU. The E127 scheme is availed of by European citizens who reside on a long term basis in another member state.

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

- YTD surplus of (€1.4m). E125's and E127's received in from participating member states in June were significantly lower than budgeted numbers. As a demand led cost this is open to significant variances month on month. Also, EHIC income received June YTD exceeded budgeted amounts, however as a demand led revenue item, this is subject to significant variances month on month.

## Conclusion

The HSE is an organisation undergoing significant change as well as facing a significant challenge in terms of its response to the current COVID-19 pandemic. There are long-standing challenges in our services, some of which have been further impacted due to COVID-19. Ongoing improvements in efficiency and effectiveness are a normal part of any system and it is assumed that this is the case across the health system, albeit recognising the likely ongoing impact on capacity and capability for same due to the last year of responding to the ongoing pandemic.

The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with the Sláintecare Programme and the Department of Health to deliver this change, by addressing waiting times, shifting care from hospital to community, and improving financial

controls, whilst also operating within a COVID-19 environment for the foreseeable future.

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

With the availability now of effective vaccines, we must continue to be mindful of, and to mitigate, the risk that COVID-19 poses to 'normal' healthcare activities. The on-going COVID-19 pandemic continues to bring uncertainty and complexity to the planning and delivery of services in 2021. Services have been reconfigured in response to the COVID-19 crisis and it is as yet unclear in some areas what the effect of COVID-19 will be on the overall capacity levels of HSE services going forward. The financial and service impact of the delta variant is still uncertain and is a key consideration for the remainder of 2021. This overall complexity will impact financial planning and reporting on financial performance for the remainder of 2021.



# Human Resources

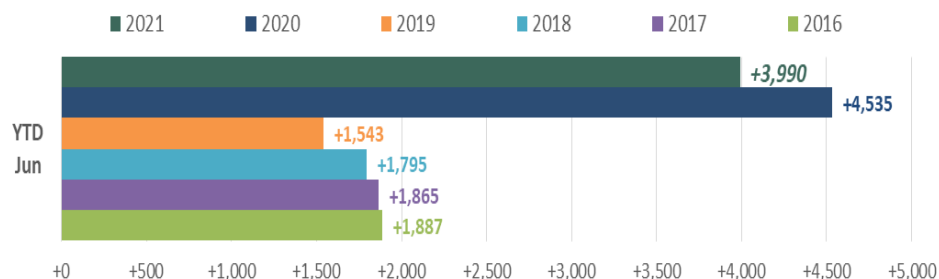
## Health Sector Workforce: 30<sup>th</sup> June 2021

### Headlines

The preparation of the April employment data was severely impacted by the cyber-attack. Consequently this month's workforce report offers a **combined view of May and June** employment levels in order to assess the two month impact on census reporting of the cyber-attack period.

Employment levels at the end of June 2021, show there were 130,164 WTE (equating to 148,901 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

- **+1,165 WTE** is the combined change since 30 April and **+3,990 WTE** year to date. With the exception of 2020 (+4,535 WTE), this is the **largest year-to-June increase** since the establishment of the HSE.

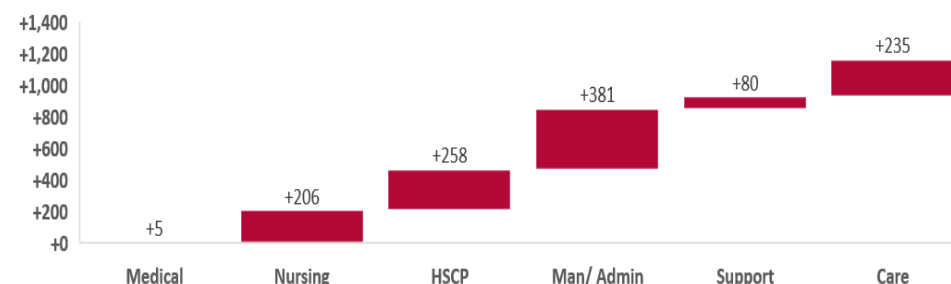


- This latest employment figure represents an **8.61% (+10,347 WTE)** increase over December 2019 (this figure *excludes* non-direct HSE employees *such as* externally contracted Contact Management Programme contact tracers).
- *Excluding Pre-registration Nursing & Midwifery interns* (majority of whom are on-boarded in January/ February each year) YTD growth is **2.6% or +3,264 WTE** with an **8.1% (9,731 WTE)** increase over December 2019.
- The impact of the cyber-attack on reporting can be seen, for example in April across Saolta Hospital Group, showing a significant reduction in WTE, attributable to one Hospital's report of cyber impact on data systems. The recovery on same is evident in the June reporting cycle demonstrating the value of the combined view.

### Key findings by Staff Category (Combined April to June)

- **All staff categories** are showing an increase, April to June (**+1,165 WTE** overall).
- The largest increase was in *Management/ Administrative* **+381 WTE**; +228 WTE of which were Clerical Grades (III & IV), +129 WTE were Grade V to VII with +25 WTE at Grade VIII & above.
- *Health & Social Care Professionals* were the second largest increase at **+258 WTE** spread across all the main groups, with +135 WTE increase in H&SC Other, mainly Vaccinators.
- *Patient & Client Care* increased by **+235 WTE** of which the majority were HCAs (+228 WTE) and Workshop grades (Disability Services) +26 WTE, while Home Helps decreased by -26 WTE.
- *Nursing & Midwifery* increased by **+206 WTE**, with the largest increase in the Staff Nurse/ Midwife grades (+147 WTE), with Nursing and Midwifery Managers up by +40 WTE.
- General Support increased by **+80 WTE** mainly attributable to growth in Medical Laboratory Aides (+45 WTE) and Household Services (+37 WTE).
- Medical & Dental has the lowest growth at **+5 WTE**.
- Further details are shown in the Tables and Graphs below.

By Staff Category since April 2020

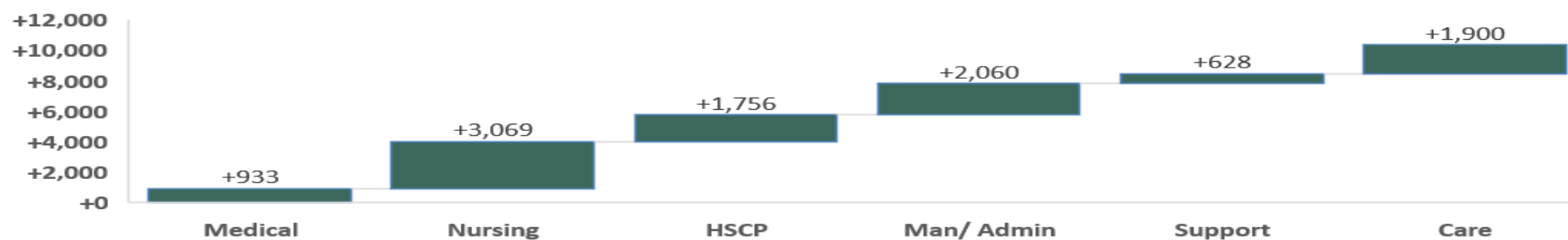


## By Staff Group: June 2021

| Staff Category /Group                           | WTE Dec 2019 | WTE Dec 2020 | WTE Apr 2021 | WTE Jun 2021 | WTE change Apr to May 2021 | WTE change since Apr 2021 | WTE change since Dec 2020 | % change since Dec 2020 | WTE change since Dec 2019 | % change since Dec 2019 |
|---|--------------|--------------|--------------|--------------|----------------------------|---------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| <b>Total Health Service</b>                     | 119,817      | 126,174      | 128,999      | 130,164      | +469                       | +1,165                    | +3,990                    | +3.2%                   | +10,347                   | +8.6%                   |
| <b>Medical &amp; Dental</b>                     | 10,857       | 11,762       | 11,786       | 11,791       | +7                         | +5                        | +29                       | +0.3%                   | +933                      | +8.6%                   |
| Consultants                                     | 3,250        | 3,458        | 3,495        | 3,495        | -15                        | -0                        | +36                       | +1.1%                   | +245                      | +7.5%                   |
| Registrars                                      | 3,679        | 3,876        | 3,955        | 3,952        | +4                         | -3                        | +76                       | +2.0%                   | +272                      | +7.4%                   |
| <i>Senior House Officer</i>                     | 2,390        | 2,623        | 2,557        | 2,577        | +19                        | +20                       | -46                       | -1.7%                   | +187                      | +7.8%                   |
| <i>Interns</i>                                  | 726          | 971          | 962          | 951          | -3                         | -12                       | -21                       | -2.2%                   | +224                      | +30.9%                  |
| SHO/ Interns                                    | 3,116        | 3,594        | 3,519        | 3,528        | +16                        | +8                        | -67                       | -1.9%                   | +412                      | +13.2%                  |
| Medical/ Dental, other                          | 812          | 833          | 817          | 816          | +3                         | -0                        | -17                       | -2.0%                   | +5                        | +0.6%                   |
| <b>Nursing &amp; Midwifery</b>                  | 38,205       | 39,917       | 41,068       | 41,274       | +9                         | +206                      | +1,357                    | +3.4%                   | +3,069                    | +8.0%                   |
| Nurse/ Midwife Manager                          | 7,984        | 8,344        | 8,547        | 8,588        | -31                        | +40                       | +244                      | +2.9%                   | +603                      | +7.6%                   |
| Nurse/ Midwife Specialist & AN/MP               | 1,996        | 2,299        | 2,368        | 2,380        | -12                        | +12                       | +81                       | +3.5%                   | +383                      | +19.2%                  |
| Staff Nurse/ Staff Midwife                      | 25,693       | 26,763       | 27,230       | 27,377       | +36                        | +147                      | +614                      | +2.3%                   | +1,684                    | +6.6%                   |
| Public Health Nurse                             | 1,537        | 1,557        | 1,523        | 1,506        | -4                         | -17                       | -51                       | -3.3%                   | -31                       | -2.0%                   |
| <i>Pre-registration Nurse/ Midwife Intern</i>   | 138          | 28           | 716          | 754          | +27                        | +38                       | +726                      | +2579.2%                | +616                      | +445.4%                 |
| <i>Pre-registration Nurse Intern (COVID-19)</i> | -            | 230          | 12           | 12           | +2                         | +0                        | -218                      | -94.8%                  | +12                       | -100.0%                 |
| <i>Post-registration Nurse/ Midwife Student</i> | 293          | 258          | 268          | 235          | -3                         | -33                       | -22                       | -8.7%                   | -58                       | -19.7%                  |
| <i>Nursing/ Midwifery awaiting registration</i> | 213          | 76           | 49           | 75           | -1                         | +25                       | -1                        | -1.3%                   | -138                      | -64.8%                  |
| Nursing/ Midwifery Student                      | 644          | 592          | 1,046        | 1,077        | +24                        | +31                       | +485                      | +82.0%                  | +433                      | +67.2%                  |
| Nursing/ Midwifery other                        | 350          | 362          | 354          | 347          | -5                         | -7                        | -15                       | -4.2%                   | -3                        | -0.8%                   |
| <b>Health &amp; Social Care Professionals</b>   | 16,774       | 17,807       | 18,273       | 18,530       | +140                       | +258                      | +723                      | +4.1%                   | +1,756                    | +10.5%                  |
| Therapy Professions                             | 5,234        | 5,565        | 5,739        | 5,797        | +32                        | +57                       | +232                      | +4.2%                   | +562                      | +10.7%                  |
| Health Science/ Diagnostics                     | 4,500        | 4,731        | 4,812        | 4,814        | -20                        | +2                        | +84                       | +1.8%                   | +314                      | +7.0%                   |
| Social Care                                     | 2,710        | 2,909        | 2,941        | 2,971        | +26                        | +30                       | +62                       | +2.2%                   | +261                      | +9.6%                   |
| Social Workers                                  | 1,165        | 1,238        | 1,266        | 1,272        | +7                         | +7                        | +34                       | +2.7%                   | +107                      | +9.2%                   |
| Psychologists                                   | 1,004        | 1,066        | 1,082        | 1,085        | -1                         | +2                        | +18                       | +1.7%                   | +80                       | +8.0%                   |
| Pharmacy  | 1,038        | 1,164        | 1,205        | 1,228        | +14                        | +24                       | +65                       | +5.6%                   | +191                      | +18.4%                  |
| H&SC, Other                                     | 1,123        | 1,134        | 1,227        | 1,363        | +83                        | +135                      | +228                      | +20.1%                  | +240                      | +21.4%                  |

| Staff Category /Group                  | WTE Dec 2019 | WTE Dec 2020 | WTE Apr 2021 | WTE Jun 2021 | WTE change Apr to May 2021 | WTE change since Apr 2021 | WTE change since Dec 2020 | % change since Dec 2020 | WTE change since Dec 2019 | % change since Dec 2019 |
|--|--------------|--------------|--------------|--------------|----------------------------|---------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| <b>Management &amp; Administrative</b> | 18,846       | 19,829       | 20,525       | 20,906       | +135                       | +381                      | +1,078                    | +5.4%                   | +2,060                    | +10.9%                  |
| Management (VIII & above)              | 1,842        | 1,969        | 2,035        | 2,060        | +6                         | +25                       | +91                       | +4.6%                   | +219                      | +11.9%                  |
| Administrative/ Supervisory (V to VII) | 5,199        | 5,821        | 6,090        | 6,218        | +65                        | +129                      | +397                      | +6.8%                   | +1,019                    | +19.6%                  |
| Clerical (III & IV)                    | 11,805       | 12,038       | 12,400       | 12,628       | +64                        | +228                      | +590                      | +4.9%                   | +823                      | +7.0%                   |
| <b>General Support</b>                 | 9,416        | 9,876        | 9,965        | 10,045       | +10                        | +80                       | +169                      | +1.7%                   | +628                      | +6.7%                   |
| Support                                | 8,234        | 8,676        | 8,754        | 8,834        | +12                        | +80                       | +158                      | +1.8%                   | +600                      | +7.3%                   |
| Maintenance/ Technical                 | 1,182        | 1,200        | 1,211        | 1,211        | -2                         | -0                        | +11                       | +0.9%                   | +29                       | +2.4%                   |
| <b>Patient &amp; Client Care</b>       | 25,719       | 26,985       | 27,383       | 27,618       | +168                       | +235                      | +633                      | +2.4%                   | +1,900                    | +7.4%                   |
| Health Care Assistants                 | 17,396       | 18,554       | 18,933       | 19,160       | +116                       | +228                      | +607                      | +3.3%                   | +1,765                    | +10.2%                  |
| Home Help                              | 3,569        | 3,543        | 3,442        | 3,416        | +32                        | -26                       | -127                      | -3.6%                   | -153                      | -4.3%                   |
| Ambulance Staff                        | 1,828        | 1,877        | 1,929        | 1,931        | -3                         | +2                        | +54                       | +2.9%                   | +103                      | +5.7%                   |
| Care, other                            | 2,926        | 3,011        | 3,079        | 3,111        | +23                        | +31                       | +100                      | +3.3%                   | +185                      | +6.3%                   |

**By Staff Category since Dec 2019**

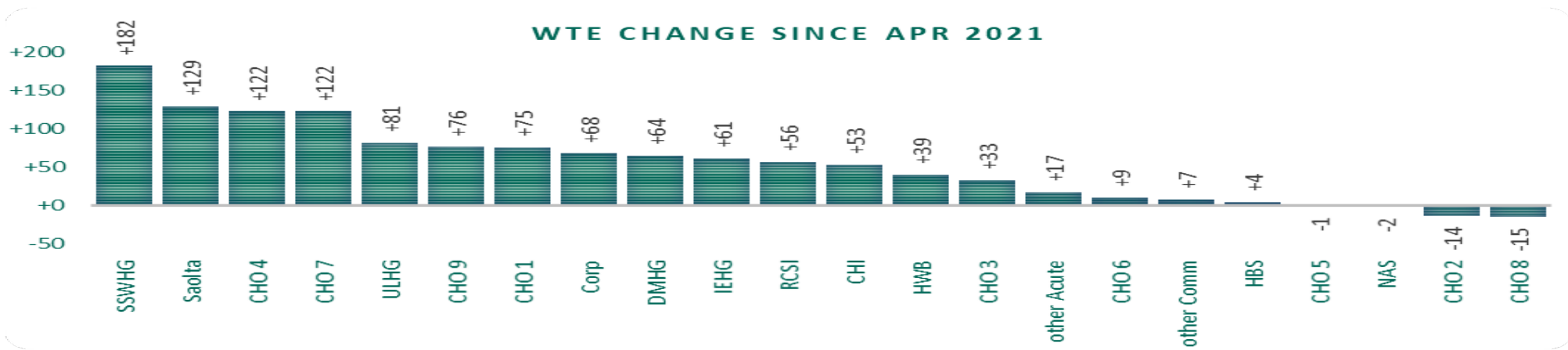


### Operations key findings (refer to tables further below)

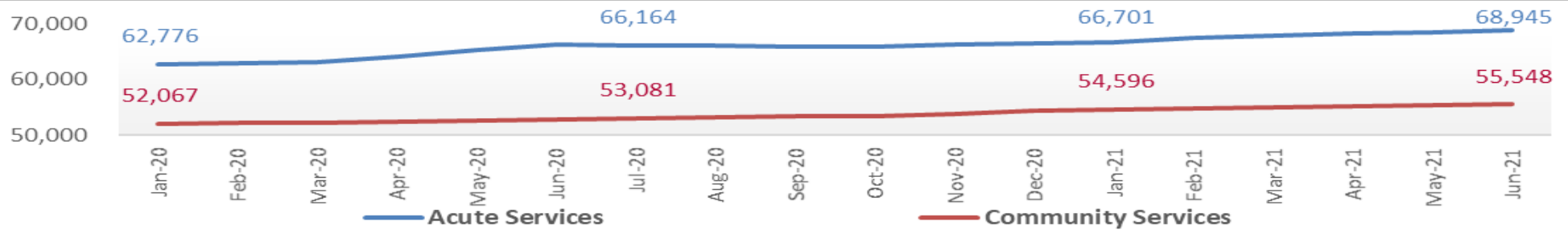
- Overall this period, **Acute Services** is showing an increase of **+641 WTE**.
- Community Services are showing an increase of **+414 WTE** with Primary Care and Disabilities accounting for the majority of the increases.

| Date     | WTE     | Change (from previous) | NAS | Acute Hospital Services | Acute Services | CHWB | Mental Health | Primary Care | Disability | Older People | Comm Services | Corporate Functions | Health Business Service | Health & Well-being | H&WB, Corp. & National |
|----------|---------|------------------------|-----|-------------------------|----------------|------|---------------|--------------|------------|--------------|---------------|---------------------|-------------------------|---------------------|------------------------|
| Jun-21   | 130,164 | +1,165                 | -2  | +643                    | +641           | +6   | -0            | +180         | +209       | +19          | +414          | +68                 | +4                      | +39                 | +110                   |
| Apr-21   | 128,999 | +717                   | -2  | +429                    | +426           | -1   | +15           | +55          | +75        | +67          | +210          | +57                 | +4                      | +19                 | +80                    |
| Mar-21   | 128,283 | +522                   | +10 | +313                    | +322           | +3   | +22           | +61          | +56        | +10          | +151          | +305                | -260                    | +4                  | +49                    |
| Feb-21   | 127,760 | +1,071                 | +55 | +800                    | +854           | +7   | +82           | +137         | +2         | -52          | +177          | +28                 | -6                      | +18                 | +40                    |
| Jan-21   | 126,689 | +515                   | -8  | +270                    | +262           | +3   | +65           | +159         | +37        | -44          | +220          | +13                 | +12                     | +8                  | +33                    |
| Dec-20   | 126,174 | +666                   | -3  | +125                    | +123           | -4   | +18           | +374         | +71        | +87          | +547          | -7                  | -5                      | +8                  | -3                     |
| Nov-20   | 125,508 | +848                   | +11 | +353                    | +364           | +6   | +18           | +248         | +182       | -15          | +440          | +22                 | +8                      | +15                 | +44                    |
| Oct-20   | 124,660 | +92                    | +37 | +59                     | +96            | +5   | -27           | +101         | +67        | -167         | -21           | +5                  | +8                      | +4                  | +17                    |
| Sep-20   | 124,568 | -136                   | +1  | -324                    | -323           | +6   | +38           | +18          | +125       | -34          | +153          | +19                 | +12                     | +2                  | +33                    |
| Aug-20   | 124,705 | +215                   | -3  | +19                     | +16            | +3   | +37           | -15          | +81        | +71          | +176          | +4                  | +15                     | +3                  | +22                    |
| Jul-20   | 124,490 | +138                   | -13 | -58                     | -71            | -4   | -52           | +110         | +37        | +123         | +214          | +10                 | -5                      | -10                 | -4                     |
| Jun-20   | 124,352 | +1,264                 | -6  | +999                    | +994           | +1   | +76           | +35          | +82        | +72          | +266          | +2                  | +5                      | -2                  | +4                     |
| May-20   | 123,088 | +1,385                 | +15 | +1,162                  | +1,177         | +23  | +32           | +30          | +42        | +60          | +187          | +25                 | +6                      | -10                 | +21                    |
| Apr-20   | 121,702 | +1,234                 | +10 | +892                    | +903           | +0   | +70           | +109         | -10        | +103         | +271          | +28                 | +8                      | +23                 | +60                    |
| Mar-20   | 120,469 | +193                   | -9  | +158                    | +149           | -16  | +3            | +7           | -17        | +23          | -0            | +17                 | +4                      | +24                 | +44                    |
| Feb-20   | 120,276 | +331                   | +21 | +215                    | +236           | +3   | +65           | -12          | +22        | -2           | +76           | +13                 | +2                      | +3                  | +19                    |
| Jan-20   | 119,945 | +128                   | -5  | +244                    | +239           | +120 | +68           | -33          | -38        | -139         | -21           | +43                 | -10                     | -122                | -89                    |
| 2021 YTD |         | +3,990                 | +52 | +2,454                  | +2,506         | +18  | +184          | +591         | +378       | -1           | +1,171        | +470                | -246                    | +88                 | +313                   |
| 1 Year   |         | +5,812                 | +82 | +2,627                  | +2,710         | +31  | +217          | +1,427       | +941       | +65          | +2,681        | +523                | -212                    | +110                | +422                   |

- SSWHG (+182 WTE), Saolta (+129) and CHO 4 (+122 WTE) show the largest increases over this period.
- CHO2 (-14 WTE), CHO 8 (-15 WTE), CHO 5 (-1 WTE) and NAS are all showing decreases over the period.
- In the period since December 2019, ULHG (+17%) along with CHO 3 (9.9%) are showing the largest percentage growth across Acute and Community Operations respectively (see further graphs below). Details as follows:



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



## By Service Delivery Area: June 2021

| Service Delivery Area                 | WTE Dec 2019 | WTE Dec 2020 | WTE Apr 2021 | WTE Jun 2021 | WTE change Apr to May 2021 | WTE change since Apr 2021 | WTE change since Dec 2020 | % change since Dec 2020 | WTE change since Dec 2019 | % change since Dec 2019 |
|---------------------------------------|--------------|--------------|--------------|--------------|----------------------------|---------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| Total Health Service                  | 119,817      | 126,174      | 128,999      | 130,164      | +469                       | +1,165                    | +3,990                    | +3.2%                   | +10,347                   | +8.6%                   |
| National Ambulance Service            | 1,933        | 1,990        | 2,044        | 2,042        | -4                         | -2                        | +52                       | +2.6%                   | +109                      | +5.6%                   |
| Children's Health Ireland             | 3,602        | 3,762        | 3,834        | 3,887        | +44                        | +53                       | +125                      | +3.3%                   | +285                      | +7.9%                   |
| Dublin Midlands Hospital Group        | 10,819       | 11,288       | 11,471       | 11,535       | +47                        | +64                       | +247                      | +2.2%                   | +717                      | +6.6%                   |
| Ireland East Hospital Group           | 12,045       | 12,923       | 13,227       | 13,288       | +46                        | +61                       | +365                      | +2.8%                   | +1,243                    | +10.3%                  |
| RCSI Hospitals Group                  | 9,663        | 10,197       | 10,484       | 10,540       | +43                        | +56                       | +342                      | +3.4%                   | +877                      | +9.1%                   |
| Saolta University Hospital Care       | 9,253        | 9,829        | 10,201       | 10,329       | -205                       | +129                      | +500                      | +5.1%                   | +1,076                    | +11.6%                  |
| South/South West Hospital Group       | 10,527       | 11,288       | 11,596       | 11,778       | +74                        | +182                      | +490                      | +4.3%                   | +1,250                    | +11.9%                  |
| University of Limerick Hospital Group | 4,146        | 4,506        | 4,769        | 4,850        | +55                        | +81                       | +343                      | +7.6%                   | +703                      | +17.0%                  |
| other Acute Services                  | 548          | 655          | 679          | 696          | +13                        | +17                       | +41                       | +6.2%                   | +148                      | +27.0%                  |
| Acute Services                        | 62,537       | 66,439       | 68,304       | 68,945       | +113                       | +641                      | +2,506                    | +3.8%                   | +6,407                    | +10.2%                  |
| CHO 1                                 | 5,468        | 5,755        | 5,847        | 5,922        | +61                        | +75                       | +167                      | +2.9%                   | +454                      | +8.3%                   |
| CHO 2                                 | 5,545        | 5,690        | 5,747        | 5,733        | +12                        | -14                       | +43                       | +0.8%                   | +188                      | +3.4%                   |
| CHO 3                                 | 4,357        | 4,610        | 4,757        | 4,789        | +29                        | +33                       | +180                      | +3.9%                   | +433                      | +9.9%                   |
| CHO 4                                 | 8,189        | 8,602        | 8,684        | 8,806        | +92                        | +122                      | +204                      | +2.4%                   | +617                      | +7.5%                   |
| CHO 5                                 | 5,282        | 5,477        | 5,577        | 5,575        | -7                         | -1                        | +98                       | +1.8%                   | +293                      | +5.6%                   |
| CHO 6                                 | 3,378        | 3,465        | 3,524        | 3,533        | +1                         | +9                        | +68                       | +2.0%                   | +155                      | +4.6%                   |
| CHO 7                                 | 6,515        | 6,783        | 6,812        | 6,934        | +38                        | +122                      | +151                      | +2.2%                   | +419                      | +6.4%                   |
| CHO 8                                 | 6,135        | 6,337        | 6,444        | 6,428        | +8                         | -15                       | +91                       | +1.4%                   | +293                      | +4.8%                   |
| CHO 9                                 | 6,582        | 6,950        | 6,996        | 7,072        | +40                        | +76                       | +123                      | +1.8%                   | +490                      | +7.4%                   |
| other Community Services              | 638          | 709          | 748          | 755          | +10                        | +7                        | +46                       | +6.4%                   | +117                      | +18.3%                  |
| Community Services                    | 52,089       | 54,377       | 55,134       | 55,548       | +285                       | +414                      | +1,171                    | +2.2%                   | +3,460                    | +6.6%                   |
| Health & Wellbeing                    | 574          | 511          | 561          | 600          | +21                        | +39                       | +88                       | +17.2%                  | +26                       | +4.5%                   |
| Corporate                             | 3,035        | 3,216        | 3,618        | 3,686        | +43                        | +68                       | +470                      | +14.6%                  | +651                      | +21.5%                  |
| Health Business Services              | 1,583        | 1,631        | 1,382        | 1,386        | +6                         | +4                        | -246                      | -15.1%                  | -197                      | -12.5%                  |
| H&WB Corporate & National Services    | 5,191        | 5,358        | 5,561        | 5,671        | +70                        | +110                      | +313                      | +5.8%                   | +480                      | +9.2%                   |

## By Division/ Care Group: June 2021

| Care Group                         | WTE Dec 2019 | WTE Dec 2020 | WTE Apr 2021 | WTE Jun 2021 | WTE change Apr to May 2021 | WTE change since Apr 2021 | WTE change since Dec 2020 | % change since Dec 2020 | WTE change since Dec 2019 | % change since Dec 2019 |
|------------------------------------|--------------|--------------|--------------|--------------|----------------------------|---------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
| Total Health Service               | 119,817      | 126,174      | 128,999      | 130,164      | +469                       | +1,165                    | +3,990                    | +3.2%                   | +10,347                   | +8.6%                   |
| Ambulance Services                 | 1,933        | 1,990        | 2,044        | 2,042        | -4                         | -2                        | +52                       | +2.6%                   | +109                      | +5.6%                   |
| Acute Hospital Services            | 60,604       | 64,449       | 66,260       | 66,903       | +117                       | +643                      | +2,454                    | +3.8%                   | +6,299                    | +10.4%                  |
| Acute Services                     | 62,537       | 66,439       | 68,304       | 68,945       | +113                       | +641                      | +2,506                    | +3.8%                   | +6,407                    | +10.2%                  |
| Community Health & Wellbeing       | -            | 144          | 156          | 162          | +3                         | +6                        | +18                       | +12.8%                  | +162                      |                         |
| Mental Health                      | 9,954        | 10,301       | 10,486       | 10,486       | +17                        | -0                        | +184                      | +1.8%                   | +532                      | +5.3%                   |
| Primary Care                       | 10,599       | 11,572       | 11,984       | 12,163       | +100                       | +180                      | +591                      | +5.1%                   | +1,564                    | +14.8%                  |
| Disabilities                       | 18,303       | 18,944       | 19,114       | 19,323       | +93                        | +209                      | +378                      | +2.0%                   | +1,020                    | +5.6%                   |
| Older People                       | 13,233       | 13,415       | 13,395       | 13,414       | +72                        | +19                       | -1                        | +0.0%                   | +182                      | +1.4%                   |
| Social Care                        | 31,535       | 32,359       | 32,509       | 32,737       | +165                       | +228                      | +378                      | +1.2%                   | +1,202                    | +3.8%                   |
| Community Services                 | 52,089       | 54,377       | 55,134       | 55,548       | +285                       | +414                      | +1,171                    | +2.2%                   | +3,460                    | +6.6%                   |
| Health & Well-being                | 574          | 511          | 561          | 600          | +21                        | +39                       | +88                       | +17.2%                  | +26                       | +4.5%                   |
| Corporate Functions                | 3,035        | 3,216        | 3,618        | 3,686        | +43                        | +68                       | +470                      | +14.6%                  | +651                      | +21.5%                  |
| Health Business Service            | 1,583        | 1,631        | 1,382        | 1,386        | +6                         | +4                        | -246                      | -15.1%                  | -197                      | -12.5%                  |
| H&WB Corporate & National Services | 5,191        | 5,358        | 5,561        | 5,671        | +70                        | +110                      | +313                      | +5.8%                   | +480                      | +9.2%                   |



## Health Sector Absence Rates: June 2021

This report provides the overview of the reported National Health Sector Absence Rates for June 2021. Notably this month, the collation of national absence data for June 2021, has been impacted by the cyber attack on the Health Service Executive IT systems, and therefore has resulted in a delay in the publication of Health Sector Absence Rates for this reporting period.

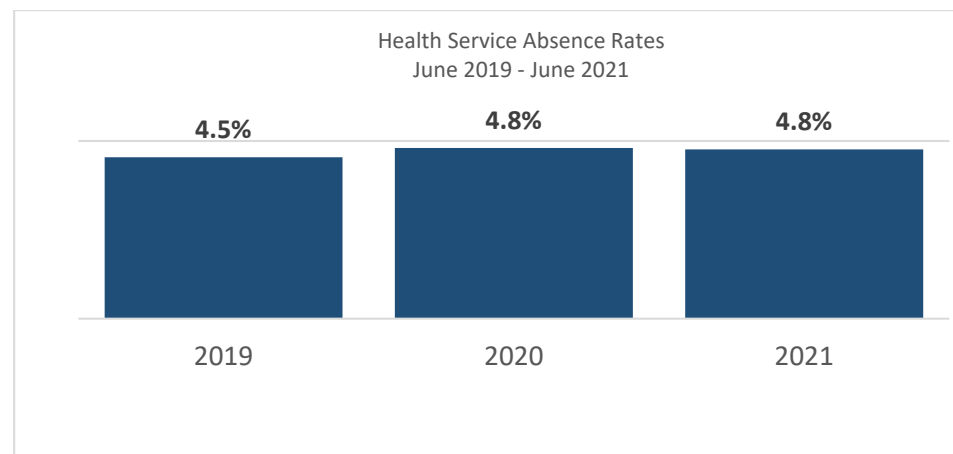
In addition, national absence figures reported for this month may be impacted by system issues due to the cyber-attack.

The reported absence rate for June 2021 stands at 4.8%. This is an increase on the previous month, reported at 4.4%. Overall absence rate continues to be impacted by COVID-19 related absence, this has stayed the same compared to last month, accounting for 0.6% for both months. Excluding COVID-19 absence, this months' absence rate is 4.2% which is higher than last month, compared to an absence rate of 4.0% in the same period last year. However, as noted above, this may be impacted by the cyber attack on HSE IT systems.

These figures are reflected in the attached National Absence Report.

| Benchmark Target | May-21 | Certified Absence June 2021 | Self-Certified Absence June 2021 | COVID-19 June 2021 | Jun-21 | Full Year 2020 | Year to date 2021 |
|------------------|--------|-----------------------------|----------------------------------|--------------------|--------|----------------|-------------------|
| 3.5%             | 4.4%   | 3.7%                        | 0.5%                             | 0.6%               | 4.8%   | 6.1%           | 5.7%              |

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



### Latest monthly figures (June 2021)

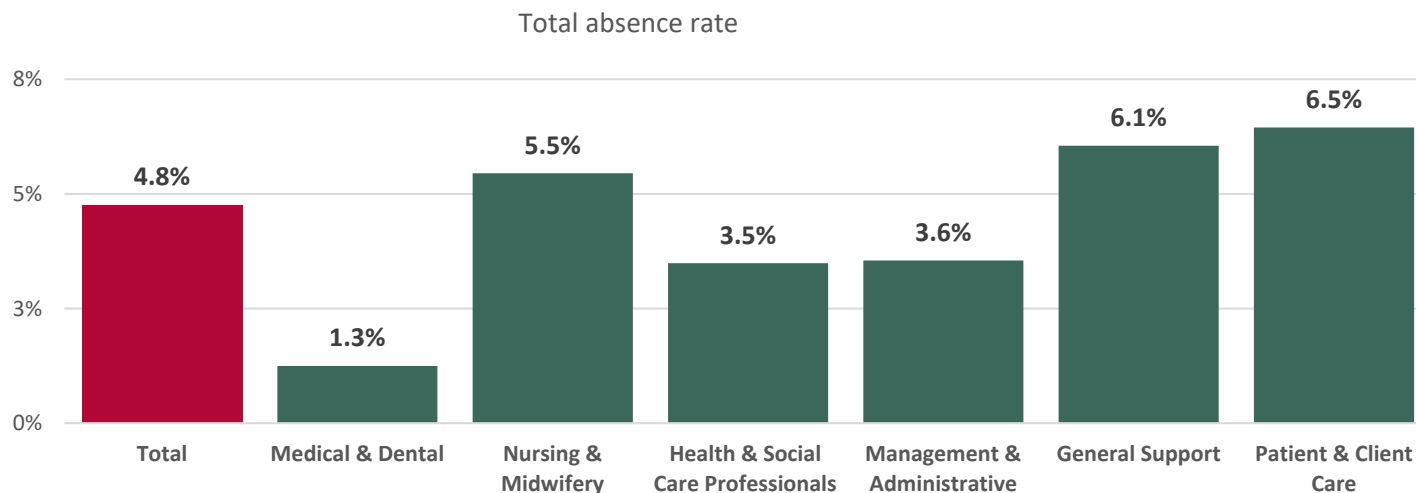
June 2021 absence rate stands at 4.8% of which 3.7% is certified, 0.5% Self-Certified with 0.6% (or 11.8% of all absence) relating to **COVID-19**.

- **Excluding** COVID-19 related absence, the June 2021 absence rate of 4.2% is lower or the same as in previous years'. This excludes June 2020, due to the outbreak of COVID-19 in June 2020, and the lag-time in reporting absence excluding COVID-19. Based on 2019 data, this months' data is showing a 0.2% decrease i.e. 4.2% (2017), 4.2% (2018) 4.4% (2019).
- For **Acute Services** the absence rate is 4.6% of which 0.6% (11.8% of the total) is COVID-19 related. **Community Services** stands at 5.2% of which 0.6% (12% of the total) is also COVID-19 related. **Health & Wellbeing, Corporate & National Services** rate is 2.9% of which 0.2% (5.6% of the total) is COVID-19 related. Details are as follows:

| Health Service Absence Rate - by Care Group: Jun 2021 | Certified absence | Self-certified absence | Non Covid-19 absence | Covid-19 absence | Total absence rate | % Non Covid-19 absence | % Covid-19 absence |
|---|-------------------|------------------------|----------------------|------------------|--------------------|------------------------|--------------------|
| <b>Total</b>  | <b>3.7%</b>       | <b>0.5%</b>            | <b>4.2%</b>          | <b>0.6%</b>      | <b>4.8%</b>        | <b>88.2%</b>           | <b>11.8%</b>       |
| Ambulance Services                                    | 4.9%              | 0.6%                   | 5.4%                 | 0.6%             | 6.1%               | 89.8%                  | 10.2%              |
| Acute Hospital Services                               | 3.5%              | 0.5%                   | 4.0%                 | 0.6%             | 4.5%               | 88.0%                  | 12.0%              |
| <b>Acute Services</b>                                 | <b>3.5%</b>       | <b>0.5%</b>            | <b>4.0%</b>          | <b>0.6%</b>      | <b>4.6%</b>        | <b>88.0%</b>           | <b>12.0%</b>       |
| Community Health & Wellbeing                          | 4.7%              | 0.1%                   | 4.8%                 | 0.9%             | 5.6%               | 84.9%                  | 15.1%              |
| Mental Health   | 3.4%              | 0.4%                   | 3.8%                 | 0.5%             | 4.3%               | 89.1%                  | 10.9%              |
| Primary Care  | 3.5%              | 0.2%                   | 3.7%                 | 0.4%             | 4.1%               | 91.0%                  | 9.0%               |
| Disabilities  | 4.4%              | 0.5%                   | 4.9%                 | 0.6%             | 5.5%               | 89.3%                  | 10.7%              |
| Older People  | 5.3%              | 0.5%                   | 5.8%                 | 1.2%             | 7.0%               | 83.1%                  | 16.9%              |
| <b>Community Services</b>                             | <b>4.1%</b>       | <b>0.4%</b>            | <b>4.6%</b>          | <b>0.6%</b>      | <b>5.2%</b>        | <b>88.0%</b>           | <b>12.0%</b>       |
| Health & Wellbeing                                    | 4.1%              | 0.2%                   | 4.3%                 | 0.2%             | 4.5%               | 94.9%                  | 5.1%               |
| Corporate   | 2.4%              | 0.2%                   | 2.5%                 | 0.2%             | 2.7%               | 93.2%                  | 6.9%               |
| Health Business Services                              | 2.5%              | 0.1%                   | 2.6%                 | 0.0%             | 2.6%               | 100.0%                 | 0.0%               |
| <b>HWB, Corporate &amp; National</b>                  | <b>2.6%</b>       | <b>0.2%</b>            | <b>2.7%</b>          | <b>0.2%</b>      | <b>2.9%</b>        | <b>94.4%</b>           | <b>5.6%</b>        |

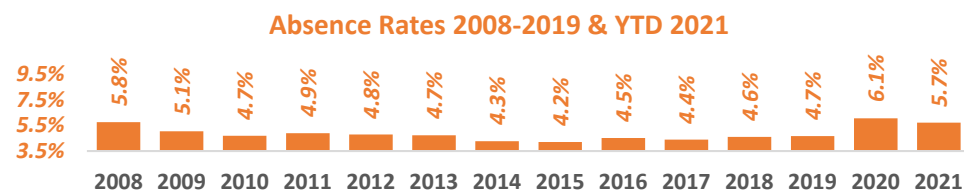
- At **Staff Category** Patient & Client Care reports the highest total absence rate at 6.5% followed by General Support (6.1%) and Nursing and Midwifery (5.5%). Notably, these increases are impacted by COVID-19, with 13.9% of all absence related to COVID-19 in Nursing and Midwifery, followed by 12.3% in Patient Client Care and 10% in General Support. Medical and Dental reported the lowest absence rate at 1.3% in June, however reported the third highest COVID-19 related absence, at 12%. Details as follows:

| Health Service Absence Rate - by Staff Category: Jun 2021 | Certified absence | Self-certified absence | Non Covid-19 absence | Covid-19 absence | Total absence rate | % Non Covid-19 absence | % Covid-19 absence |
|---|-------------------|------------------------|----------------------|------------------|--------------------|------------------------|--------------------|
| <b>Total</b>  | <b>3.7%</b>       | <b>0.5%</b>            | <b>4.2%</b>          | <b>0.6%</b>      | <b>4.8%</b>        | <b>88.2%</b>           | <b>11.8%</b>       |
| Medical & Dental  | 1.0%              | 0.1%                   | 1.1%                 | 0.2%             | 1.3%               | 88.0%                  | 12.0%              |
| Nursing & Midwifery                                       | 4.0%              | 0.7%                   | 4.7%                 | 0.8%             | 5.5%               | 86.1%                  | 13.9%              |
| Health & Social Care Professionals                        | 2.9%              | 0.3%                   | 3.2%                 | 0.3%             | 3.5%               | 90.3%                  | 9.7%               |
| Management & Administrative                               | 3.0%              | 0.3%                   | 3.3%                 | 0.3%             | 3.6%               | 92.5%                  | 7.6%               |
| General Support   | 5.0%              | 0.4%                   | 5.5%                 | 0.6%             | 6.1%               | 90.0%                  | 10.0%              |
| Patient & Client Care                                     | 5.1%              | 0.6%                   | 5.7%                 | 0.8%             | 6.5%               | 87.7%                  | 12.3%              |



### Year-to-date & trends 2008 – 2021

The year to date 2021 figure of 5.7% has also been significantly impacted by COVID-19 related absence with 1.7% of the 2021 absence rate (or 29.8% of all 2021 absence) already accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence both in 2020 and 2021.



- When compared with previous years, the 2021 Year to Date figure appears higher with the exception of 2020. However, this as noted above, is impacted by COVID-19 related absence, accounting for 1.7% of all absence in 2021. On a like for like basis, **excluding** COVID-19 absence impact, the comparison is 4% in 2021 compared to 4.5% in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2021 is lower than that reported in 2020.
- Health service absence rates are detailed in the attached report.

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

### European Working Time Directive (EWTD)

|                        | % Compliance with 24 hour shift | % Compliance with 48 hour working week |
|------------------------|---------------------------------|--|
| Acute Hospitals        | 97.9%                           | 83.9%                                  |
| Mental Health Services | 97.0%                           | 90.8%                                  |
| Other Agencies         | 85.7%                           | 71.4%                                  |

# Appendices

## Appendix 1: Report Design

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

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

### Heat Maps:

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

|     |     |
|-----|-----|
| 1.1 | 0.9 |
| [R] | [G] |

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

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

### Performance Table:

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

### Graphs:

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

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

### Service Commentary:

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

## Appendix 2: Data Coverage Issues

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

| Service Area    | KPI Title  | Data Coverage Issues  |
|-----------------|--|---|
| System Wide     | % of staff who have engaged with and completed a performance achievement meeting with his/her line manager | Acute Data – 2 Hospital Groups did not respond<br>Community Data – 5 CHOs did not respond<br>Corporate Data – 9 Corporate Areas did not respond   |
| System Wide     | Complaints investigated within 30 working days   | Data gaps HG:<br>IEHG: Midland RH Mullingar, Royal Victoria Eye & Ear Hospital<br>SSWHG: South Infirmary Victoria UH<br>Saolta: Portiuncula UH, Roscommon UH, Sligo UH<br>Childrens Health Ireland: CHI at Crumlin  |
| Acute Hospitals | % of medical patients who are discharged or admitted from AMAU within six hours AMAU registration          | Naas, MUH, Navan, PUH, UHK Units closed Feb-20. Cavan & Connolly Unit closed Apr-20. CUH and Mallow April/May 2021. Tallaght adults, St Johns May 2021  |
| Acute Hospitals | A3, A4, A5, A6, A7, A12, A13, A14, A103, A104, A132, A133 and A134 Targets have not been agreed            | Targets for Inpatient Discharges, Day Cases and Levels are not yet available so cannot be included in respective reports at this time.  |
| Acute Hospitals | Activity Area HIPE data  | **The Cyber Attack on the HSE severely disrupted hospital, HPO and HIPE systems. There was no data input during this period 14th May for about 2 weeks. Systems are slowly restoring but bear in mind that HIPE coverage will be severely impacted for the coming months.** |
| Acute Hospitals | Inpatient, Day case and Outpatient Waiting Lists   | Data for June is not available from the NTPF  |
| Acute Hospitals | ED Performance   | Data for is still being updated due to the impact of the cyber-attack on the HSE.   |
| Acute Hospitals | Urgent Colonoscopy – no. of new people waiting > 4 weeks   | Data is currently unavailable due to the cyber-attack on the HSE.   |
| Acute Hospitals | Delayed Transfer of Care   | Data is currently unavailable due to the cyber-attack on the HSE.   |
| Acute Hospitals | Emergency Presentations  | Data currently unavailable for the following hospitals due to the cyber-attack CHI Crumlin, CHI Temple Street, Portlaoise, Tullamore, Naas, Wexford, Connolly, LUH, MUH, PUH, SUH, Mercy.   |
| Acute Hospitals | New ED attendances   | Data currently unavailable for the following hospitals due to the cyber-attack CHI Crumlin, CHI Temple Street, Portlaoise, Tullamore, Naas, Wexford, Connolly, LUH, MUH, PUH, SUH, Mercy.   |
| Acute Hospitals | OPD Attendances  | Data currently unavailable for the following hospitals due to the cyber -attack CHI Crumlin, CHI Temple Street, Portlaoise, Tallamore, Naas, SLRON, NMH, Navan, RVEEH, Wexford, Rotunda, NRH, LUH, MUH, PUH, SUH, CUMH, Mercy, UHK  |

| Service Area    | KPI Title  | Data Coverage Issues   |
|-----------------|--|--|
| Acute Hospitals | Rate of new cases of hospital acquired Staph. Aureus bloodstream infection                       | The data is currently unavailable for April & May due to the impact of the cyber-attack on the HSE, however an update will be provided once the data has been reviewed and signed off by the AMRIC team. |
| Acute Hospitals | Rate of new cases of hospital associated C. difficile infection                                  | As above   |
| Acute Hospitals | No. of new cases of CPE  | As above   |
| Acute Hospitals | Rate of new hospital acquired COVID-19 cases in hospital inpatients                              | As above   |
| Acute Hospitals | Rate of medication incidents as reported to NIMS per 1,000 beds                                  | The data is currently unavailable and an update will be provided in due course.  |
| Acute Hospitals | % hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database) | The data is currently unavailable and an update will be provided in due course.  |
| Acute Hospitals | Cancer Services  | Data is currently unavailable due to the impact of the cyber-attack on the HSE.  |





## Appendix 4: Community Health Organisations

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