



# Performance Profile October - December 2023



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

# Corporate Updates

## Emergency Management Update

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

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

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

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

**SEVESO:** Work is ongoing in cooperation with the two other Principle Response Agencies to review external emergency plans for Seveso sites. In 2023, there are 18 sites to be reviewed and exercised in accordance with "Chemical Act (Control of Major Accident Hazards involving dangerous substances) Regulations 2015".

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

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

**COVID-19 Excess Mortality:** Local monitoring of mortality rates continue and any emerging system pressures that arise in the acute or community setting assessed. National EM staff continue to work collaboratively with the Acute Hospital division, Public Health staff and cross government and agency partners to plan for and determine mitigation measures. Regional inter-agency Mass Fatality Groups continue to be situationally aware.

**Crowd Events:** Engagement is ongoing whereby event organisers and local authorities are proposing crowd events within the regions - as per adherence to the planning act requirements. The event season is well underway and again this year there is an increase in the number of events that would have occurred pre COVID 19. The regional offices are monitoring these events to ensure that there is no impact on health services locally.

**High Consequence Infectious Disease (HCID) Planning:** High Consequence Infectious Disease Planning actively continues between Emergency Management and the HPSC Health Threats Preparedness programme in the form of a Steering Group, a Clinical Advisory Group and three work streams. Exercise Dearg (a multi-stakeholder) table-top exercise covering a number of HCID scenarios recently took place, with outputs informing operational planning. Planning also continues with International partners with a recent training trip to the rescEU HCID Medevac capacity in Norway.

**Hospital Major Emergency Plans:** Work continues on pilot test of the Hospital Major Emergency Plan (HMEP) activation procedure as per the HMEP template with NEOC and Hospitals continues. Emergency Management organised and coordinated two Major Emergency Exercises, using the EMERGO training system. Both exercises were conducted in June for UL hospital group. These exercises focused on the development of response procedures. Members from the NAS SLT Control and tactical and operational staff took part.

**Emergency Management training for NAS staff:** A working group with EM and NAS West membership continues to progress a work programme for the delivery of EM training to NAS staff. Emergency Management organised and coordinated two Major Emergency Exercises, using the EMERGO training system. Both exercises were conducted in June for NAS. These exercises focused on the development of response procedures around the new NAS structure. Members from the NAS SLT Control and tactical and operational staff took part.

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

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

**Government Task Force (GTF) on Emergency Planning:** EM continues to support the work of the GTF and updates are provided on key health related areas.

**Wexford General Hospital:** EM continues to support the recovery and restoration process of Wexford General Hospital post fire on site and subsequent hospital evacuation. Reviews and debriefs of individual services / functions re: HSE organisational response are ongoing.

**Pandemic Planning Group:** EM is represented on the Pandemic Planning Group. EM and internal stakeholders are collaboratively working to create an operationally focused Pandemic Plan for the HSE. This plan will outline clear operational actions and coordinating instructions, for implementation at each stage of pandemic response.

**OCR Phase II:** EM continues to work on the development of BCM policy and guidance documents as part of the approved Phase II of OCR.

## EU and North South Unit Update

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

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

### Cross Border/EU Work

- Participation in the new EU funding programme EU4Health information webinars, attendance at EU4Health Liaison Group meetings and engagement with D/Health on this.
- Multiple engagement with relevant HSE services to create awareness of EU4Health open calls, joint actions & procurement opportunities available under the 2023 Work Programme and identify potential projects. Also, co-ordination from a HSE perspective with multiple external stakeholders on the EU4Health programme such as D/Health and HRB.
- Ongoing engagement with D/Health on the development of the 2024 EU4Health Work Programme
- Support successful EU4Health Projects approved under the 2021, 2022 & 2023 Work Programmes and continue to advise participant HSE Service Areas on EU Programme management matters.

- Ongoing engagement with D/Taoiseach and D/Health on Shared Island Fund
- On behalf of D/Health, undertake a HSE-wide mapping exercise of Investment areas and possible all-island projects for support under Shared Island Fund. Specialist Services list of possible investment priorities for HSE. Substantial return of 43 possible investment priorities received from Community Operations, Chief Clinical Officer, Mental Health etc. Ongoing engagement with D/Health on consideration of investment priorities.
- Ongoing collaboration with HSE Research & Evidence Division (EU4H LEAR) on HSE participation in EU4Health Programme
- Lead Partner – In 2023 the HSE has received €5.7m Interreg VA funding at Q4 2023. The accumulated total received since the start of the Interreg VA Programme is €19.9m. A total of €11.5m has been paid to Project Partners. The iRecover Project finished Q1 2023.
- Non-Lead Partner Interreg VA Projects - HSE has a total of €1.6m at Q4 2023. The iSIMPATY Project finished in Q1 2023.
- Collaboration with Health Authorities on a cross border basis to develop cross border proposals for support by PEACEPLUS programme 2022-2027 - €80m + in EU funding available for border counties. First Draft JEMS Applications made available to CAWT Management Board & Secretariat in September 2023. Six Projects under development in advance of the opening of Health & Social Care Investment 4.1 PEACEPLUS CALL for Projects in Q1 2024. Project Thematics are: Childrens Services (Autism/Mental Health), Frailty, Mental Health (Resilience), Obesity, Cardiology and Addiction Services. Addiction Proposal will be submitted to 'Addiction' specific call under Inv Area 4.1 opening in Q1 2024. Gross Value of Projects to be submitted to SEUPB expected to be in the order of €55m. HSE reps will ensure alignment within future EU funding programmes with Sláintecare principles such as the new Health Regions.
- As Lead Partner for CAWT led PEACEPLUS Projects, EUNS Unit will assume new responsibility for First Level Control function (FLC). Unit currently working closely with CAWT Finance Forum and CAWT Finance Manager in agreeing acceptable system within the HSE to comply with the requirements of the Programme.
- Discussions with D/Health on future EU funded programmes.

- Support CAWT Strategy Groups in progressing PEACEPLUS Priorities
- Ongoing work with CAWT Governance sub-group.
- Other North South work including Centre for Cross Border Studies, Ulster University School of Medicine etc. on behalf of the HSE
- On-going CAWT Management Board and Secretariat meetings and associated meetings
- Ongoing Cross Border SLA and MOU meetings including North West Cancer Centre
- Ongoing Interreg VA support such as iSimpathy outside of CAWT
- Ongoing meetings with SEUPB as Lead Partner for EU funded projects
- Ongoing Finance meetings between CAWT and HSE on various EU funded projects.
- Discussions with D/Health on mainstreaming of Interreg VA projects.
- Progression of mainstreaming opportunities emerging from Interreg VA 2017 – 2022 for HSE.

## Brexit

- Brexit continues to pose a risk with the ongoing uncertainty related to service continuity, divergence etc.
- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's Brexit Co-ordinator.
- Chair of the HSE Brexit Working Group and continued involvement with D/Health Brexit and UK Strategic Oversight Group meetings as HSE link person.
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLAs and MOUs
- Ongoing discussions with D/Health colleagues regarding the Memorandum of Understanding relating to the Common Travel Area and its impacts on Cross Border Healthcare provision.
- On HSE Brexit behalf, engagement with Professional Regulations Unit D/Health on new legislation to rectify the anomaly that Brexit created which is preventing medical students from NI & GB Universities from applying for IE internships post-graduation.
- On HSE Brexit behalf, engagement with D/Health on divergence on recognition of qualifications, in the first instance, Pharmacists. Co-

ordinated meeting in HSE to produce paper on the topic, including Assistant National Director, Cancer Control Programme; Assistant National Director of Recruitment, Reform and Resourcing and Chief Pharmacist, Acute Hospitals Drugs Management Programme, Acute Operations. Paper submitted to D/Health in Q3 2022.

## Blended Working

- Implementation of HSE Blended working policy – in place within the Unit since summer 2023. Policy to be reviewed again by end Q1 2024.

## Next Steps & Key Outcomes – 1<sup>st</sup> Quarter 2024

- Fully implement the HSE's Blended working policy
- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets.
- Work with CAWT Management Board on Mainstreaming Planning of Interreg VA successful pilots
- Ongoing review and support for cross border and all-island projects not funded by Interreg VA.
- Continue to support the HSE work in conducting detailed analysis of the implications of Brexit.
- Ongoing engagement with HSE Brexit Steering Group as Chair.
- Prepare Brexit briefings and updates for A/Secretary General scheduled meetings.
- As Brexit Workstream lead, prepare replies for PQs, media queries
- Ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- As part of the Brexit Preparations evaluate and report on compliance with the European Commission, Brexit Readiness Notices as requested by the National Director with responsibility for Brexit.
- Continuous review of the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the D/Health. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare

right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek D/Health assurance of continuity of service including Brexit-proofing of SLAs/MOUs by HSE legal services.

- In conjunction with HSE partners and the Management Board and Secretariat, work with CAWT partners to draw up detailed business cases in preparation for the opening of calls for proposals under the Health & Social Care Investment Area 4.1 of the Peace Plus programme.
- Continue work on i-Simpathy, EU funded project.
- Participation in the University of Ulster's Medical School Stakeholder Advisory Board
- Engagement with D/Health, HRB and HSE on the EU4health funding programme
- Engagement with D/Taoiseach on Shared Island initiative. Support ongoing collaboration with D/Health and HSE colleagues in identifying appropriate strategic healthcare projects for consideration under Shared Island.
- Continue to work closely with HSE Comms/Health Matters to promote the work of the Unit, as well as EU Funded Projects and Programmes
- Participation in North South eHealth Steering Group
- Participation in EU4health Liaison Group
- Participation in monthly meetings with D/Health International Unit on the strategy for overall North South health co-operation
- Ongoing engagement with D/Health and possibly D/Taoiseach on development of a cross border Specialist Services list.
- Outside of the Health & Social Care element in PEACEPLUS there are wider opportunities for the HSE in the Programme such as SMART Towns, Sustainable Energy & Strategic Planning. Engage with external stakeholders on possibilities.
- Continue to engage with D/Health & HRB supporting the development of projects under the 2023 EU4Health work programme & promote the positive impacts of approved projects supported under previous years' work programmes.
- Support line division in DoH on the development of the 2024 EU4Health Work Programme

- Ongoing monitoring of Brexit issues such as HR Recognition of Qualifications, and new legislation to allow NI and GB medical students to work in IE
- Lead Partner – Submission of Lead Partner Consolidated quarterly reports for the Acute, CoH Sync, iRecover and MACE projects.



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

2023 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2023	Cum Profile for Period Jan - Dec	Expenditure for Period Jan - Dec	Variance for Period Jan - Dec	Expenditure to Dec as % of Dec YTD Profile	Expenditure to Dec as % of Annual Profile	Variance to Dec as % of Dec YTD Profile
M02 - Buildings & Equipment -Non Covid19	645.450	645.450	677.002	(31.553)	104.89%	104.89%	-4.89%
M04 - Buildings & Equipment - Covid19	50.000	50.000	50.000	0.000	100.00%	100.00%	0.00%
M02 - New Children's Hospital	224.950	224.950	176.686	48.264	78.54%	78.54%	21.46%
	920.400	920.400	903.689	16.711	98.18%	98.18%	1.82%
M03 - Info Systems for Health Agencies	170.000	170.000	170.299	(0.299)	100.18%	100.18%	-0.18%
	1090.400	1090.400	1073.988	16.412	98.49%	98.49%	1.51%
Asset Disposals	1.516	1.516	0.000	1.516	0.00%	0.00%	100.00%
<b>Net</b>	<b>1091.916</b>	<b>1091.916</b>	<b>1073.988</b>	<b>17.928</b>	<b>98.36%</b>	<b>98.36%</b>	<b>1.64%</b>

### CONSTRUCTION – M02 - Building & Equipment – Non Covid19

The variance on general construction projects for the twelve months to December 2023 is -4.89% (or € 31.553m) ahead of profile. In the year to the end of December the total expenditure of € 677.002m represents 104.89% of the total annual profile for 2023.

### CONSTRUCTION – M04 - Building & Equipment – Covid19

There is no variance on Covid19 construction projects for the twelve months to December 2023. In the year to the end of December the total expenditure of € 50.00m represents 100% of the total annual profile for 2023.

### CONSTRUCTION – M02 - (National Children's Hospital)

The variance on the National Children's Hospital project for the twelve months to December 2023 is 21.46% (or € 48.264m) behind profile. In the year to the end of December the total expenditure of € 176.686m represents 78.54% of the total annual profile for 2023.

### Information Systems for Health Agencies - M03

The variance on ICT projects for the twelve months to December 2023 is -0.18% (or € 0.299m) ahead of profile. In the year to the end of December the total expenditure of € 170.299m represents 100.18% of the total annual profile for 2023.

### Asset Disposals:

Income from sale of assets in the twelve months to December 2023 amounted to € 1.516m.

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

Service Area	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Acute Hospitals(Hospital groups)	293,881,381	303,705,131	313,909,569	206,028,817
Community Healthcare	48,928,879	60,504,096	704,392,618	697,479,448
National Services	2,088,085,774	1,964,923,343	1,817,442,958	1,846,359,229
<b>Total</b>	<b>2,430,896,034</b>	<b>2,329,132,570</b>	<b>2,835,745,144</b>	<b>2,749,867,494</b>

## Implementation of Internal Audit Recommendations\* @ Q4 2023

	75% Implemented or superseded within 6 months			95% Implemented or superseded within 12 months		
	Closed	Total	YTD	Closed	Total	YTD
<b>Overall Total</b>	<b>948</b>	<b>1390</b>	<b>68%</b>	<b>1243</b>	<b>1513</b>	<b>82%</b>
CHO 1	35	54	65%	77	90	86%
CHO 2	52	66	79%	88	98	90%
CHO 3	25	31	81%	17	23	74%
CHO 4	63	96	66%	57	80	71%
CHO 5	36	59	61%	81	105	77%
CHO 6	33	49	67%	57	66	86%
CHO 7	163	190	86%	176	183	96%
CHO 8	83	110	75%	88	110	80%
CHO 9	112	129	87%	134	138	97%
National Director Community Ops	55	59	93%	63	70	90%
<b>Total Community Services</b>	<b>657</b>	<b>843</b>	<b>78%</b>	<b>838</b>	<b>963</b>	<b>87%</b>
Dublin Midlands Hospital Group	21	52	40%	21	43	49%
Ireland East Hospital Group	24	70	34%	31	52	60%
RCSI Hospital Group	36	53	68%	42	44	95%
Saolta Hospital Group	57	77	74%	69	84	82%
South South West Hospital Group	27	77	35%	45	74	61%
University of Limerick Hospital Group	25	27	93%	31	32	97%
National Ambulance Service	0	11	0%	15	28	54%
National Director Acute Ops	22	43	51%	23	38	61%
<b>Total Acute</b>	<b>212</b>	<b>410</b>	<b>52%</b>	<b>277</b>	<b>395</b>	<b>70%</b>

	75% Implemented or superseded within 6 months				95% Implemented or superseded within 12 months		
	Closed	Total	YTD		Closed	Total	YTD
Chief Executive Officer	4	6	67%		0	0	N/A
Chief Information Officer	0	0	N/A		8	8	100%
Chief Operations Officer	14	26	54%		19	24	79%
Compliance / QAV / Gov & Risk	6	6	100%		3	3	100%
Estates	4	4	100%		4	9	44%
Finance	7	22	32%		14	17	82%
HBS - Finance	33	57	58%		24	34	71%
Human Resources	11	16	69%		16	18	89%
Integrated Operations Planning	0	0	N/A		24	24	100%
PCRS	0	0	N/A		2	2	100%
Strategy & Research	0	0	N/A		14	16	88%
<b>Total Corporate</b>	<b>79</b>	<b>137</b>	<b>58%</b>		<b>128</b>	<b>155</b>	<b>83%</b>

\*The target is to have at least 75% of internal audit recommendations implemented within 6 months of the audit report, and 95% within 12 months. The KPI results are calculated on a quarterly basis, with the reference periods being: 75% - recommendations issued in the quarter ended 6 months previously; 95% - recommendations issued in the quarter ended 12 months previously. The YTD result is the cumulative performance for the quarters YTD.

## Performance Achievement December 2023 Report

### Notes on Performance Achievement Report

Dataset provides a quarterly report of the number of initial Performance Achievement meetings undertaken across services.

Report collated on 10th of the month following the end of each quarter.

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

### Acute data caveats

Three Hospital Groups did not respond\* (with a direct submission from a Voluntary Hospital in one Hospital Group).

### Community data caveats

Three CHO areas did not respond\* (with direct submissions from a number of Section 38 Agencies in one CHO area).

### Corporate data caveats

Seven Corporate / National Services did not respond.

### Nursing & Midwifery PDP data caveats

Digital PDP completions reported via HSeLanD have not been included pending formal confirmation from the ONMSD and NMPDU that HSeLanD is able to deliver PDP reporting that is aligned with the reporting requirement for Performance Achievement.

### Impact of Fórsa Industrial Action

\*Performance Achievement returns were significantly impacted by the ongoing Fórsa action, with PA explicitly being cited re nonengagement.

Fórsa members were advised not to attend or participate in performance achievement meetings or preparatory work for these meetings. A number of services did not submit any returns for consolidation in direct response.

Delivery Area	Headcount Dec 2023	Total completed Q1	Total completed Q2	Total completed Q3	Total completed Q4	% completed YTD 2023
Total Health Service	163,792	4,280	4,185	2,423	1,885	7.8%
National Ambulance Service	2,378	8	0	0	0	0.3%
Children's Health Ireland	5,010	338	109	0	0	8.9%
Dublin Midlands Hospital Group	14,636	2	562	0	26	4.0%
Ireland East Hospital Group	17,366	800	387	205	183	9.1%
RCSI Hospital Groups	12,622	196	77	10	199	3.8%
Saolta University Hospital Group	13,370	238	122	86	125	4.3%
South/South West Hospital Group	15,535	93	53	120	50	2.0%
University of Limerick Hospital Group	6,154	262	181	167	107	11.7%
Other Acute Services	155	17	17	7	8	31.6%
Acute Services	87,226	1,954	1,508	595	698	5.5%

Delivery Area	Headcount Dec 2023	Total completed Q1	Total completed Q2	Total completed Q3	Total completed Q4	% completed YTD 2023
CHO 1	7,601	121	151	0	0	3.6%
CHO 2	7,093	25	19	0	0	0.6%
CHO 3	6,251	175	145	234	158	11.4%
CHO 4	10,960	327	609	425	0	12.4%
CHO 5	7,176	103	136	122	224	8.2%
CHO 6	4,347	128	188	12	128	10.5%
CHO 7	8,554	242	148	231	217	9.8%
CHO 8	8,029	76	48	54	0	2.2%
CHO 9	8,416	387	217	279	43	11.0%
Other Community Services	883	0	19	30	11	6.8%
Community Services	69,310	1,584	1,680	1,387	781	7.8%
National Services & Central Functions	7,256	742	997	441	406	35.6%

## Respect and Dignity (A)

Performance Area	Reporting Level	Freq	Target / Expected Activity 2023	Outturn 2023	SPLY	SPLY Change
% of staff who complete the HSE-land Respect and Dignity at Work module	National	Annual	80%	89%	60%	29%

The HSeLanD Dignity at Work mandatory programme is required to be completed by all HSE and Section 38 staff once in a **three year rolling period**. Accordingly, the 89% in the attached relates to completions between 2021 and 2023 and is based on the headcount as at the end of December 2023. In the past we produced figures based on WTE, but we changed to Head Count this year as it is probably more accurate, but the result is less favourable.

## Annual compliance statements (A)

Performance Area	Reporting Level	Freq	Target 2023	Outturn 2023
% annual compliance statements signed	National	Annual	100%	100%

# Cross-Service Domains

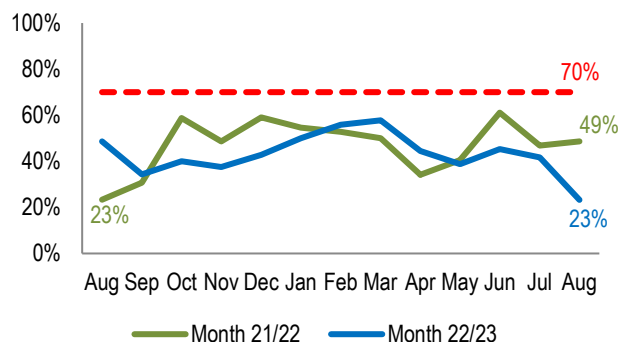
## Quality and Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period12M/ 4Q	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring (included: Category 1, who was involved=service user)	<b>National</b>		<b>M</b>	<b>883</b>	<b>69</b>	<b>66</b>	<b>55</b>
	Acute Hospital Services		M	523	41	43	30
	Community Services		M	360	28	23	25
% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident*	<b>National</b>	<b>70%</b>	<b>M</b>	● <b>43%</b>	<b>45%</b>	<b>42%</b>	<b>23%</b>
	Acute Hospital Services	70%	M	● 49%	58%	48%	31%
	Community Services	70%	M	● 21%	9%	22%	7%
% of reported incidents entered onto NIMS within 30 days of notification of the incident (reported @ October 2023)	<b>National</b>	<b>70%</b>	<b>Q</b>	● <b>77%</b>	<b>75%</b>	<b>78%</b>	<b>84%</b>
	Acute Hospital Services	70%	Q	● 76%	74%	75%	83%
	Community Services	70%	Q	● 78%	76%	80%	84%
Extreme and major incidents as a % of all incidents reported as occurring **	<b>National</b>	<b>&lt;1%</b>	<b>Q</b>	● <b>0.5%</b>	<b>0.5%</b>	<b>0.4%</b>	<b>0.5%</b>
	Acute Hospital Services	<1%	Q	● 0.6%	0.6%	0.5%	0.6%
	Community Services	<1%	Q	● 0.4%	0.5%	0.4%	0.5%

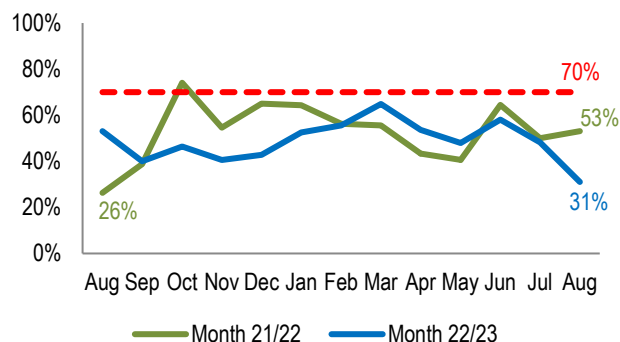
\* Current - reflecting compliance for incidents notified in August 2023. Current 12M rolling period reflecting compliance September 2022 - August 2023.

\*\* Current - reflecting compliance for incidents occurring in Q4 2023. Current 4Q rolling period reflecting compliance Q1-Q4 2023

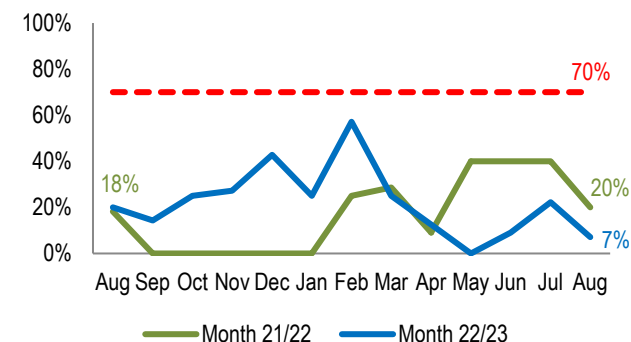
**% of serious incidents requiring review completed within 125 days of notification of the incident - National**



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



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



## Serious Reportable Events

Service Area	Total SRE occurrence (in-month) Dec 2023	Nov 2023	Oct 2023	Sep 2023	Aug 2023	Jul 2023	Jun 2023	May 2023	Apr 2023	Mar 2023	Feb 2023	Jan 2023
Acute Hospitals [inc. National Ambulance Service]	42	46	44	46	49	45	50	77	59	72	50	82
Community Services	15	16	17	15	26	24	28	19	21	21	21	23
<b>Total*</b>	<b>57</b>	<b>62</b>	<b>61</b>	<b>61</b>	<b>75</b>	<b>69</b>	<b>78</b>	<b>96</b>	<b>80</b>	<b>93</b>	<b>71</b>	<b>105</b>

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

57 SREs were reported as occurring in December 2023 and registered in NIMS up to 8<sup>th</sup> January 2024. 29 SREs were reported as patient falls, 23 were reported as Stage 3 or 4 pressure ulcers and the remaining 5 SREs reported comprised 3 SRE categories.

## Your Service Your Say' Policy

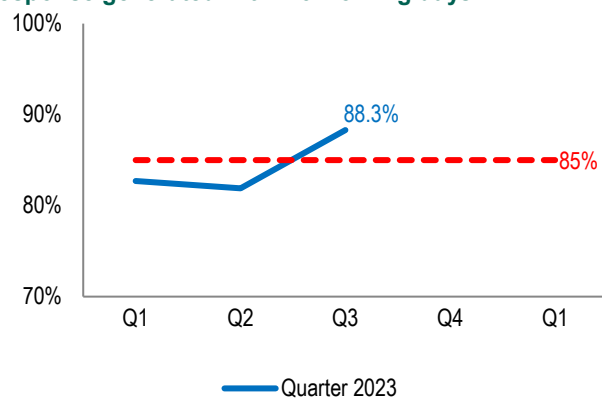
Performance are	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD	Current (-2)	Current (-1)	Current
% of complaints where an Action Plan is identified as necessary, is in place and progressing (Q3 2023 @ 04.01.24)	<b>National</b>	<b>65%</b>	<b>Q</b>	● 87.7%	<b>90.4%</b>	<b>85.3%</b>	<b>87.3%</b>
	Acute Hospital Services	65%	Q	● 88.2%	90.2%	86.3%	87.8%
	Community Services	65%	Q	● 80.2%	95.2%	69%	80.4%



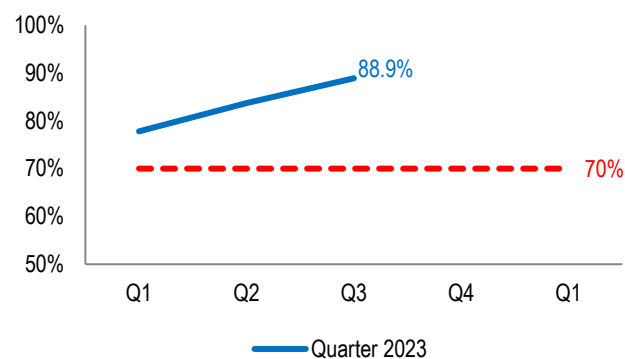
## Safeguarding

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of community concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team and an initial response has been generated by a social worker on the Safeguarding and Protection Team within 3 working days	85%	Q-1M	● 88.3%				81.9%	88.3%	CHO1, 2, 4, 6, 7 & 9 reached target	CHO8 (69.2%), CHO5 (75.5%), CHO3 (78.8%)
% of service concerns that have been reviewed by a social worker on the CHO Safeguarding and Protection Team where a response has been sent to the notifying service within 10 working days	70%	Q-1M	● 88.9%				83.7%	88.9%	CHO1, 2, 3, 4, 6, 7, 8 & 9 reached target	CHO5 (69.9%),

**% of community concerns reviewed and initial response generated within 3 working days**



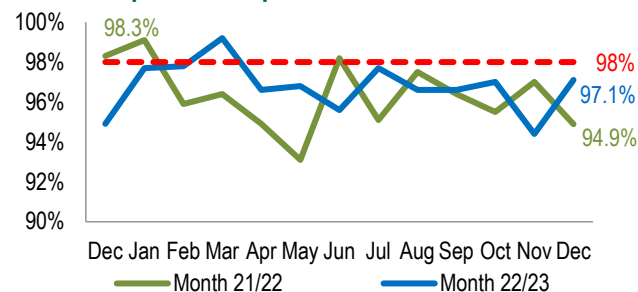
**% of service concerns reviewed with response sent to the notifying service within 10 working days**



## Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to specialist inpatient bed within 7 days	98%	M	● 96.9%	96.1%	+0.8%	97.0%	94.4%	97.1%	CHO1,2,3,4 & 5 reached target	CHO9 (86.7%), CHO7 (91.5%), CHO6 (96.7%)
Access to specialist palliative care services in the community provided within 7 days	80%	M	● 78.9%	80.5%	-1.6%	80.2%	81.7%	76.6%	CHO2 (98.1%), CHO9 (97.1%), CHO8 (84.3%)	CHO1 (55.2%), CHO3 (60.9%), CHO6 (66.2%)
Number accessing specialist inpatient beds within seven days	4,000 YTD/ 4,000 FYT	M	● 4,420	4,053	+367	385	355	369	% Var CHO5 (48.2%), CHO1 (25%), CHO9 (21.2%)	% Var CHO7 (-5.6%), CHO4 (-0.6%)
Number of patients who received specialist palliative care treatment in their normal place of residence in the month	3,484 YTD/ 3,484 FYT	M	● 3,905	3,723	+182	4,028	3,980	3,905	% Var CHO7 (40.4%), CHO4 (26.5%), CHO1 (26.4%)	% Var CHO3 (-4.6%), CHO5 (-1.3%)

### Access to palliative inpatient beds



### Palliative Care Update

#### Access to Palliative Inpatient Beds

The national year to date position is 96.9% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral, compared to the performance target of 98% (PAC1A).

\* Data return rate 100%

#### Access to Palliative Community Service

The national year to date position is 78.9% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days, compared to the performance target of 80%. (PAC9A).

\* Data return rate 100%

#### Children's Palliative Care

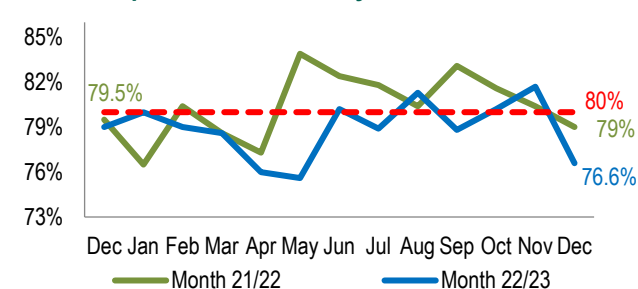
The number of children in the care of the specialist palliative care teams in December 2023 is 72 compared to the expected activity of 60 (PAC39).

\* Data return rate 100%.

The number of children in the care of the Children's Nurse Co-Ordinators was 326 in December 2023. Compared to the expected activity of 320. (PAC37).

\* Data return rate 100%.

### Access to palliative community services

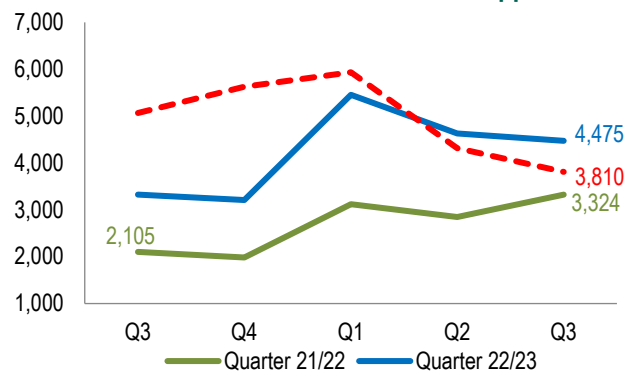


# Enhancing Prevention and Early Intervention

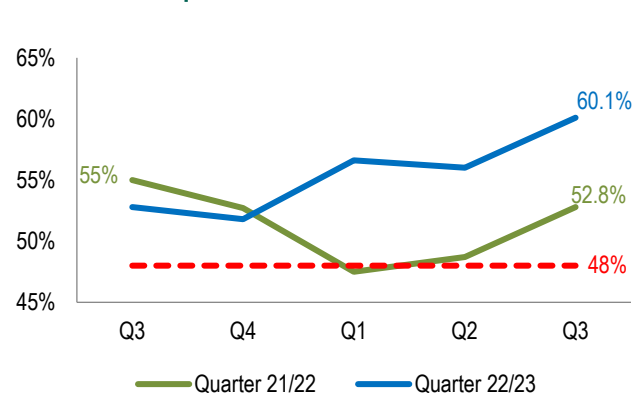
## Health and Wellbeing

Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of smokers who received intensive cessation support	14,058 YTD/ 18,849 FYT	Q-1Q	● 14,557	9,287	+5,270	5,454	4,628	4,475	(%Var) DM HG (238.5%), IE HG (80.5%), Nat Quitline (45.6%)	(%Var) SAOLTA HG (-82.9%), UL HG (-51.9%), CHO6 (-30.4%)
% of smokers on cessation programmes who were quit at four weeks	48%	Q-1Q	● 57.5%	49.7%	+7.8%	56.6%	56%	60.1%		

Tobacco smokers – intensive cessation support



% of smokers quit at four weeks



## Health and Wellbeing Update

### MECC

Healthcare staff continue to complete the MECC Training Programme consisting of an eLearning component and an Enhancing Your Skills Workshop. Targets are under achieved nationally, due to pressures in the healthcare system. 3,062 staff completed the eLearning in 2023, reaching 53% of the annual target (HWB94). In 2023, 1,423 staff completed the Enhancing Your Skills Workshop, 24% ahead of the annual target (HWB95).

Under performance is due to reduced engagement by healthcare professionals across community and acute services due to additional pressures in the system. There is reduced support from managers to release staff for training and support MECC implementation within their service. Time pressures are frequently noted as a barrier to complete eLearning. To reduce time barriers, the MECC eLearning training programme certification has been modified, with the support of HOS and the Chronic Disease Management Programme. The eLearning now takes a total time of 3 hours (reduced from 4 hours) covering the six core modules;

2 x Health Behaviour Change; 'Introduction to Behaviour Change' and 'Skills into Practice'

4 x Topic Modules on 'Tobacco', 'Alcohol & Drugs', 'Healthy Eating' and 'Physical Activity'.

The two new modules on 'Overweight & Obesity' and 'Mental Health & Wellbeing' are available on completion of the core modules. Completion of the additional modules is encouraged and will now provide additional certification. It is expected that this change to the eLearning will have an impact on KPI returns.

Nine posts to support MECC implementation were recruited and are actively engaging with services to implement MECC. There has been some staff turnover with these posts, which may also impact MECC outcomes.

A MECC Implementation Guide was published in November 2022, to support MECC implementation and provide clarity on roles and responsibilities within the process. A MECC Signposting Document was published in Q2 2023 to further support MECC implementation.

The HRB Applied Partnership Award entitled "Implementation of Making Every Contact Count (MECC): Developing a collaborative strategy to optimise and scale-up MECC" has produced a policy brief with nine key recommendations to successfully roll-out the programme in Ireland. An implementation plan to address these recommendations will be published in Q1 2024. Amongst the nine recommendations is to 'Have local MECC champions to model best practice and share experiences'. CHO DNCC, with the support of the National MECC team, organized a 'Making Every Contact Count Champions Event' in April 2023. This event was promoted via communications channels in Q2 such as Health and Wellbeing Ezine and was published in the Health Matters publication in Autumn. A second Champions Event is taking place in CHO DNCC in March, on foot of the last event. The MECC Programme are coordinating a MECC Webinar in Q2, with the aim of promoting the next MECC Implementation Plan and to highlight examples of good practice nationally. Communications to promote webinar will be circulated, following an article in Health Matters later in the year.

MECC Briefing paper was submitted to EMT in February 2023 with senior leadership endorsing their commitment to drive MECC Implementation across the HSE.

**\*Data return 100%**

### Tobacco smokers – intensive cessation support

Nationally, 14,557 smokers received intensive cessation support from a cessation counsellor at end of quarter 3 2023 (this metric is reported quarterly in arrears), which is +3.5% above the target of 14,058 smokers for that same period (HWB27).

CHOs 1, 3 and 4 have exceeded their targets to end of Q3. Underperformance is noted within CHOs 2 (-11.6%), 5 (-14.6%), 6 (-30.4%), 7 (-26.4%), 8 (-15.2%) & 9 (-21.1%) as well as within the RCSI (-5.8%), UL (-51.9%) and Saolta (-82.9%) Hospital Groups.

The National Quitline continued to perform well in Q3 with (+113.6%) of the annual target achieved at the end of Q3 (HWB101)

**\*Data return 100%**

### Online Cessation Support Services

7,798 (+30%) people received online cessation support services to the end of Q4 2023 (HWB101) i.e. signed up for and subsequently activated a QUIT Plan on [www.quit.ie](http://www.quit.ie). There was strong performance in online activity and traffic to [www.quit.ie](http://www.quit.ie) throughout 2023 as a result of our new media campaign '*Take Back Control*', which launched in January across TV/Radio/Social.

**\*Data return 100%**

### % of smokers quit at four weeks

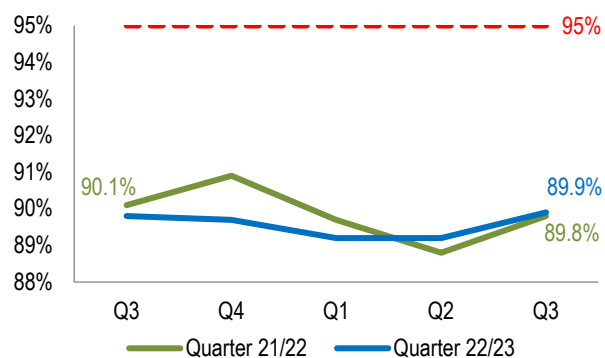
This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks and is reported quarterly, one quarter in arrears. Nationally, 57.5% of smokers remained quit at four weeks YTD September 2023, which is above target (+19.8% HWB26). This metric is a key quality metric and shows strong performance for the stop smoking service.

**\*Data return 100%**

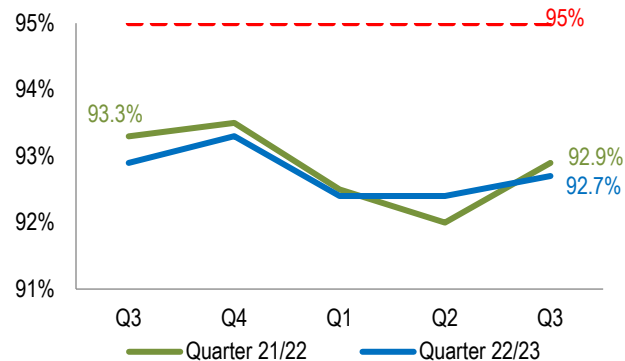
## Public Health

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of children aged 24 months who have received (MMR) vaccine	95%	Q-1Q	●	<b>89.4%</b>	89.9%	-0.1%	89.2%	89.2%	89.9%	No CHO reached target	CHO1 (81.7%), CHO9 (86.8%), CHO8 (87.5%)
% of children aged 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	<b>92.5%</b>	92.5%	+0%	92.4%	92.4%	92.7%	CHO7 (96.9%), CHO4 (95.5%)	CHO1 (86%), CHO9 (90.2%), CHO5 (90.4%)

% of children 24 months – (MMR) vaccine



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



## Public Health Update

### Population Health Protection – Immunisation and Vaccinations

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

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

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

Levels of coverage of primary childhood immunisation programmes (including 6 in 1 and MMR vaccines) have been lower than target for seven successive quarters. The impact of the pandemic accounts for some of the challenges over this time, including disruptions to vaccine programmes delivered through primary care. Wider concerns about vaccine safety emerged as a key factor across the population here and in many countries during the pandemic, consequent to issues of multiple COVID-19 vaccine requirements (resulting in vaccine fatigue), associated 'anti-vax' campaigns, which may impact on willingness to accept all vaccines not just those linked to COVID-19. And populations may have different

perceptions of risk consequent to lack of visibility or awareness of some VPDs (due to overwhelming impact in media coverage of COVID-19 up until recently).

A Vaccine Task Force was established in December 2023 under the direction of the National Director of Public Health to coordinate activities to understand key drivers for low coverage of primary childhood immunisations (including examining data sources for coverage) and to inform strategies to increase coverage especially among higher risk populations. This work identified specific areas e.g. border counties, which had lowest vaccine coverage as well as specific populations and settings which required targeted intervention e.g. vulnerable migrants especially those in congregate settings. Work is in train to promote vaccinations among target populations and settings and to increase access. However, since January 2024, there has been concern about a rising risk from measles, due to outbreaks in several European countries, including UK which coupled with low MMR vaccine increased in the risk of importation of cases and sustained community transmission of measles. On January 31, under the direction of the Director of National Health Protection, a National Incident Management Team was convened to coordinate action to increase coverage of MMR in target populations especially children (according to national vaccine schedule), young adults (identified as vulnerable consequent to serological survey), health & care workers, vulnerable migrants (especially those in congregate settings), and specific areas, especially the border counties. The IMT developed a vaccine strategy and associate business case which is going before Cabinet on March 5th for approval. Depending on outcome of this proposal, it is anticipated that a communication strategy will be launched in early March to drive target population to vaccinators in primary care, occupational health services (for health and care workers), student health services (for university and college students) and HSE vaccine clinics (to be delivered by COVID-19 vaccinators). This programme will run for 12 weeks in the first instance.

To be determined but hopeful of positive increase in coverage secondary to coordinated efforts under the Measles IMT and in collaboration with the Vaccine Task Force. Focus will initially be on MMR but it is hoped that a 'rising tide lifting all boats' effect will be seen with parents of young children re-engaging in primary childhood immunisation programmes and other groups engaging in catch-up programmes appropriately. This will be reviewed with collection of data.



The new regional structures coming into effect in 2024 also present an opportunity for stronger accountability and performance improvement for vaccine uptake at regional level.

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

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

Nationally, the uptake rate for the 6-in-1 vaccine YTD (Q3 2023) (this metric is reported quarterly in arrears), is 92.5% against a target of 95% (-2.6%) (HWB4).

**\*Data return 100%**

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

Nationally, the uptake rate for the Measles, Mumps, Rubella (MMR) YTD (Q3 2024) (this metric is reported quarterly in arrears), is 89.4% against a target of 95% (-5.9%) (HWB8).

**\*Data return 100%**

## COVID-19 Programme

### Testing, Tracing and Vaccination Programme

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
<b>COVID-19 Vaccination Programme – Uptake % uptake of booster doses for eligible adult population by approved cohorts:</b>	75%	M	●	<b>61%</b>	N/A	N/A	42%	56%	61%
● * > 70 years									
● **Healthcare workers	>50%	M	●	<b>13%</b>	N/A	N/A	9%	12%	13%
● *Immunocompromised > 5 Years	>50%	M	●	<b>31%</b>	N/A	N/A	14%	28%	31%
● * > Long Term Residential Care Facilities (LTRCFs) (All ages)	75%	M	●	<b>80%</b>	N/A	N/A	63%	78%	80%

Note: Reporting will be in line with cohorts as approved by NIAC in the context of public health recommendations.

\* Data is based on administrations for Autumn Winter Campaign 2023 (Starting on 18th of Sept to 31<sup>st</sup> Dec)

\*\* This key performance indicator will be reported from 2nd Oct 2023 onwards.

### Vaccination Programme Summary

- Covid-19 vaccination for the over 70s is based on 2022 census data.
- COVID-19 vaccine uptake for Health and Care Workers is based on NIAC guidelines, HCWs will receive a Booster in Autumn Winter 2023.
- COVID-19 vaccine uptake for Long Term Residential Care facilities - Residents of Residential Care Facilities Who Avail of the HSE Fair Deal Scheme (All ages)

## National Screening Service

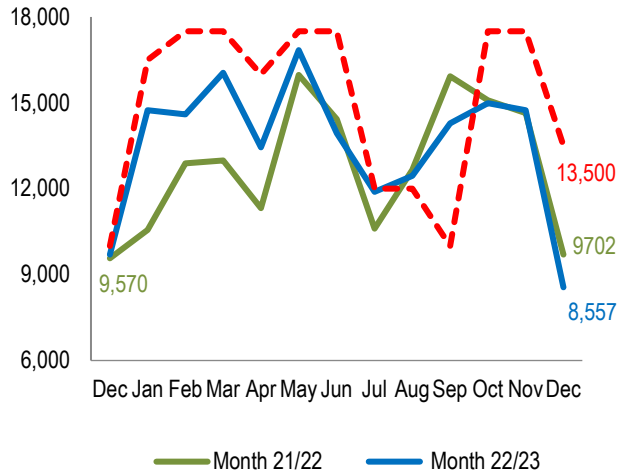
### National Screening Service Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD		Current (-2)	Current (-1)	Current
Quality & Safety	<b>Breastcheck</b>								
	% BreastCheck screening uptake rate	Q-1Q	70%	65.7% [A]	-6.2%		74.4%	61.4%	62%
Access and Integration	<b>CervicalCheck</b>								
	No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	M	264,000	234,046 [R]	-11.3%		17,451	26,869	13,125

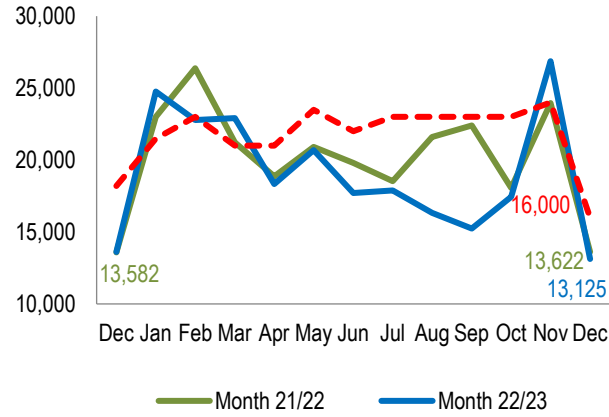
Note: Due to a 3 week process involved, the current month's provisional data and last month's actual data is available at the end of each month following the report period (29<sup>th</sup>/30<sup>th</sup>)

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who have had a complete mammogram	185,000 YTD/ 185,000 FYT	M	●	<b>166,519</b>	156,786	+9,733	14,989	14,739	8,557
BreastCheck - % screening uptake rate	70%	Q-1Q	●	<b>65.7%</b>	69.4%	-3.7%	74.4%	61.4%	62%
CervicalCheck -No. of unique women who have had one or more satisfactory cervical screening tests in a primary care setting	264,000 YTD/ 264,000 FYT	M	●	<b>234,046</b>	248,369	-14,323	17,451	26,869	13,125
Cervical Check - % eligible women with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	<b>73.5%</b>	73%	+0.5%	73.7%	73.2%	73.4%
BowelScreen - number of clients who have completed a satisfactory FIT test	140,000 YTD/ 140,000 FYT	M	●	<b>149,385</b>	125,529	+23,856	12,887	13,415	8,550
Bowelscreen - % uptake rate	45%	Q-1Q	●	<b>48.1%</b>	44.2%	+3.9%	49.4%	51.1%	44.2%
Diabetic RetinaScreen - number of clients screened with final grading result	110,000 YTD/ 110,000 FYT	M	●	<b>121,168</b>	113,134	+8,034	12,203	11,707	8,350
Diabetic RetinaScreen - % uptake rate	69%	Q-1Q	●	<b>57.4%</b>	56.5%	+0.9%	55.9%	57.4%	58.6%

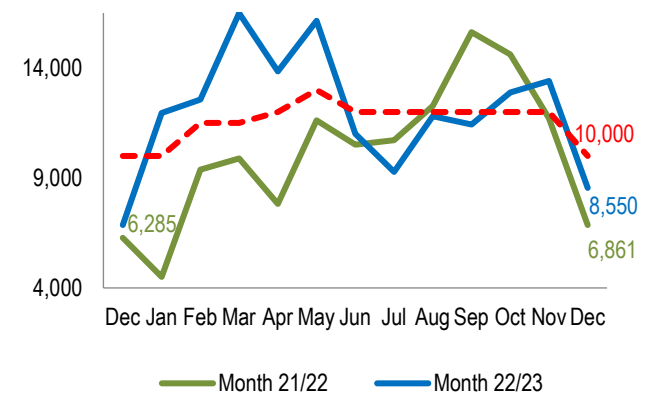
**BreastCheck-number who had a mammogram**



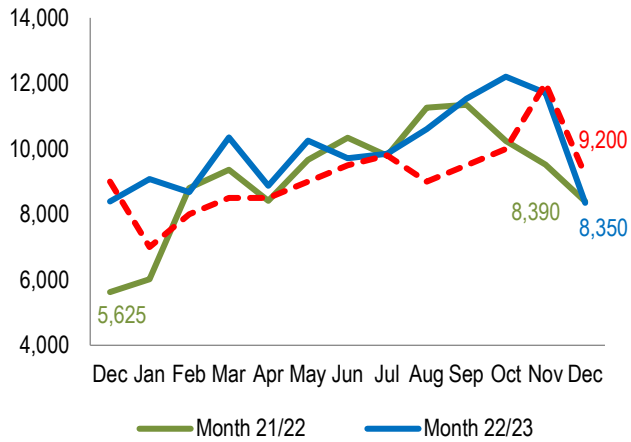
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period December 2023 was 8,557 against a target of 13,500 which is below the target by 4,943 (36.6%).
- The number of women who had a complete mammogram year to date (Jan-December 2023) was 166,519 against a target of 185,000 which is below the target by 18,481 (10.0%).
- Uptake for Q3 was 62.0%
- The proportion of women offered an assessment appointment within 2 weeks of notification of an abnormal mammographic result in Q3 was 46.5%

The invitations of Initial, Subsequent and DNA clients have been managed in an effort to optimise appointment uptake following the Covid-19 pandemic.

The shortages of Breast Radiologists and Radiographers are continuing to impact recovery to delayed invitations to the BreastCheck programme. Overcoming delays to invitations for BreastCheck screening is dependent on meeting the critical challenge of staff recruitment and retention. This remains the case and is not likely to change in the immediate future. This is an issue for Radiology/Radiography across the HSE. Increased Assessment Recall rates are contributing towards delays in issuing assessment clinic appointments. In some BreastCheck Units this is further exacerbated by reduced staffing across histopathology and surgery. This is impacting our ability to offer surgery within 21 days.

### CervicalCheck

- The number of unique women who had one or more screening tests in a primary care setting in the period December 2023 notified to report date was 13,125 which is below the published target of 16,000 by 2,875 (18.0%)
- The number of unique women who had one or screening tests in a primary care setting year to date (Jan-December 2023) was 234,046 which is below the target of 264,000 by 29,954 (11.3%).
- Programme coverage for women aged 25-65 is 73.4%

- Programme coverage for women aged 25-60 is 78.1%
- In Q3 98.4% of women were issued their result within four weeks of a cervical screening test

The programme is operating within standard performance measures. The majority of women are receiving their results within 4 weeks from screening test and in many cases as early as 2 weeks (depending on HPV detected or not).

CervicalCheck continues to promote screening uptake across multiple platforms and to target specific populations where uptake is lower. A national radio and print media campaign commenced in September to encourage women to check the register and book their test if it is overdue.

### BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (December 2023) was 8,550 which is below the target of 10,000 by 1,450 (14.5%).
- The number of men and women who have completed a satisfactory BowelScreen FIT test year to date (Jan-December 2023) was 149,385 which is above the target of 140,000 by 9,385 (6.7%).
- Uptake for Q3 was 44.2%

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was below the  $\geq 90\%$  target at 59% within 20 working days in December 2023. Eight of the fifteen contracted colonoscopy centres which were offering colonoscopies in December 2023 met the expected KPI of 90% within 20 days.

BowelScreen monitors colonoscopy capacity; invitations to participate are issued based on maximising available capacity.

## Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period December 2023 was 8,350 which is below the target of 9,200 by 850 clients (9.2%).
- The number of diabetics screened with a final grading result year to date (Jan-December 2023) was 121,168 which was above the target of 110,000 by 11,168 (10.2%).
- Uptake for Q3 was 58.6%
- In Q4 93.5% of clients were issued their results within 3 weeks.

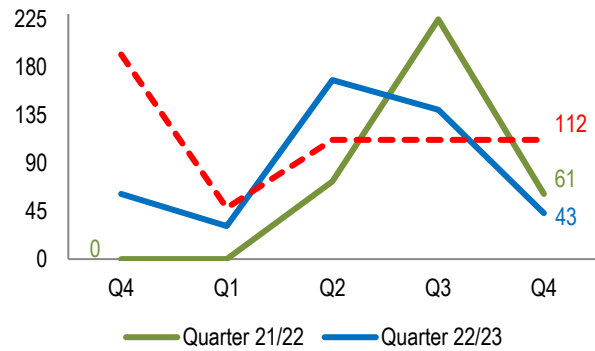
Higher than planned screening & grading figures for 2023 are in part attributed to the active roll out of the CDM programme with GP's.

The programme continues to invite participants for screening. The programme has recently introduced a systematic screening pathway for women with diabetes who become pregnant.

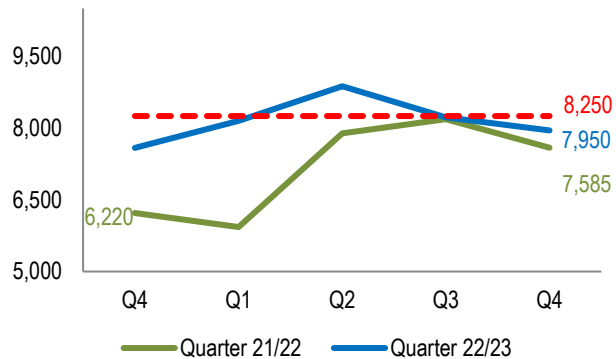
## Environmental Health

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of initial tobacco sales to minors test purchase inspections carried out	384 YTD/ 384 FYT	Q	●	382	359	+23	168	140	43
Number of official food control planned, and planned surveillance, inspections of food businesses	33,000 YTD/ 33,000 FYT	Q	●	33,198	29,587	+3,611	8,873	8,226	7,950

### Number of initial tobacco sales to minors



### Number of inspections of food businesses



## Environmental Health Update

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 33,198 Planned and Planned Surveillance Inspections were carried out by the end of Q4. This equates to 100% of the Q4 target.

Of those Planned and Planned Surveillance inspections that were carried out, 20% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory).

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

Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products. 98% of all complaints received by the NEHS by the end of Q4 were risk assessed within 1 working day. (Target is 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Responding to complaints remains a key priority.

The National Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. By the end of Q4, 2,322 drinking water samples were taken to assess compliance which is a 6% shortfall of the target. Non achievement of the target was likely to be part influenced by plants being offline and not fluoridating which is outside of the control of the HSE

39 Inspections of E Cigarette Manufacturers, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is 98% of the Q4 target.

50 Sunbed Premises received a planned inspection in Q4. This equates to 100% of the target for Q4.

29 Test Purchase and 23 Mystery Shopping Inspections were completed in Q3 and Q4 to assess compliance with the Sunbeds Act. This equates to 181% of the Test Purchase Inspections and 144% of the Mystery Shopping Inspections for this period. (Such test purchases normally carried out during the summer months when minors are available)

43 Test purchases of cigarettes were completed in Q4 which is 45% of the quarterly target. These are normally carried out during the summer months when minors are available.



# Community Services Scorecard/Heatmap

## Community Services 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>																	
	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	21% [R]	-70%										9%	22%	7%	
	% of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	78% [G]	11.4%										76%	80%	84%	
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.4% [G]	-60%										0.5%	0.4%	0.5%	
	<b>Service User Experience (Q3 2023 @ 20.11.23)</b>																	
	Complaints investigated within 30 working days	Q	75%	64% [R]		32% [R]	71% [A]	79% [G]	100% [G]	97% [G]	100% [G]	86% [G]	35% [R]	59% [R]				
	<b>Child Health</b>																	
	Child development assessment within 12 months	M-1M	95%	88.4% [A]	-6.9%	83.7% [R]	85.3% [R]	88.7% [A]	91.5% [G]	86.1% [A]	84.7% [R]	83.7% [R]	95.8% [G]	90.4% [G]	89.5%	91.3%	90.3%	
	% of infants visited within 72 Hours	Q	99%	98.6% [G]	-0.4%	98.8% [G]	98.8% [G]	98.2% [G]	99.4% [G]	99.8% [G]	97.8% [G]	99.6% [G]	96.1% [G]	99.6% [G]	98.6%	98.8%	98.4%	
	% of infants breastfed exclusively at three month PHN visit	Q-1Q	36%	32.1% [R]	-10.9%	24.8% [R]	26.3% [R]	26.4% [R]	39.2% [G]	30.9% [R]	41.3% [G]	34.9% [G]	30.2% [R]	33.2% [A]	32.1%	32.9%	31.4%	
	% of children aged 24 months who have received MMR vaccine	Q-1Q	95%	89.4% [A]	-5.9%	83.2% [R]	92.9% [G]	89.6% [A]	92.1% [G]	89.5% [A]	90% [A]	93.6% [G]	86% [A]	86.6% [A]	89.2%	89.2%	89.9%	
	<b>CAMHs – Bed Days Used</b>																	
	% of bed days used	M	>95%	99.3% [G]	4.5%	99.5% [G]	100% [G]	100% [G]	99.5% [G]	93.4% [G]	99.4% [G]	100% [G]	100% [G]	99.6% [G]	99.3%	99.9%	99.9%	
<b>Disability Services</b>																		
Congregated Settings	M	73	70 [G]	-4.1%	21 [R]	4 [R]	9 [G]	16 [G]	0 [R]	1 [R]	9 [G]	2 [G]	8 [G]	4	0	21		
<b>Healthy Ireland</b>																		
% of smokers on cessation programme who were quit at four weeks	Q-1Q	48%	57.5% [G]	19.8%										56.6%	56%	60.1%		

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Access and Integration	<b>Therapy Waiting Lists</b>																	
	Physiotherapy access within 52 weeks	M	94%	82.8% [R]	-12%	91.6% [G]	75.4% [R]	89.3% [G]	88.7% [A]	70% [R]	98.8% [G]	91% [G]	76% [R]	82.2% [R]	80.3%	82%	82.8%	
	Occupational Therapy access within 52 weeks	M	95%	71.5% [R]	-24.7%		66.2% [R]	88.7% [A]	85.5% [A]	75.5% [R]	97% [G]	68% [R]	66.2% [R]	57.8% [R]	72.2%	71.2%	71.5%	
	SLT access within 52 weeks	M	100%	83.7% [R]	-16.3%	69.3% [R]	98% [G]	91% [A]	100% [G]	81.9% [R]	97.9% [G]	81.3% [R]	83.3% [R]	75% [R]	85.8%	85.2%	83.7%	
	Podiatry treatment within 52 weeks	M	77%	67.3% [R]	-12.6%	55.1% [R]	77.6% [G]	79.8% [G]	66.8% [R]	31.2% [R]	100% [G]	No Service	36.2% [R]	55.7% [R]	66.6%	66.3%	67.3%	
	Ophthalmology treatment within 52 weeks	M	64%	55.3% [R]	-13.6%	53.9% [R]	66.3% [G]	41.6% [R]	38.9% [R]	53.8% [R]	100% [G]	100% [G]	95.8% [G]	100% [G]	54.6%	55.2%	55.3%	
	Audiology treatment within 52 weeks	M	75%	76.2% [G]	1.6%	91.1% [G]	72.9% [G]	68.5% [A]	74% [G]	83.1% [G]	62.8% [R]	63.5% [R]	83.2% [G]	93.8% [G]	75.9%	76.5%	76.2%	
	Dietetics treatment within 52 weeks	M	80%	70.1% [R]	-12.3%	95.1% [G]	57.4% [R]	73.9% [A]	75.6% [A]	73.5% [A]	88.2% [G]	60.3% [R]	53.1% [R]	91.4% [G]	70.5%	68.8%	70.1%	
	Psychology treatment within 52 weeks	M	81%	59.9% [R]	-26.1%	50.5% [R]	52.3% [R]	90.5% [G]	42.7% [R]	86.9% [G]	80.5% [G]	41.8% [R]	82.9% [G]	65.5% [R]	59.8%	59.3%	59.9%	
	<b>Nursing</b>																	
	% of new patients accepted onto the nursing caseload and seen within 12 weeks	M-1M	100%	96.5% [G]	-3.5%	96% [G]	99.8% [G]	96.2% [G]	95.3% [G]	98.7% [G]	91% [A]	95.7% [G]	98.3% [G]	96.4% [G]	93.9%	96.5%	96.5%	
	<b>Mental Health</b>																	
	% of urgent referrals to CAMHS responded to within 3 working days	M	≥90%	92.8% [G]	3.2%	99.7% [G]	100% [G]	100% [G]	86.1% [G]	76.4% [R]	80% [R]	98.3% [G]	99.6% [G]	88.1% [G]	88.8%	88.2%	93.3%	
	% seen within 12 weeks by GAMHT	M	≥75%	68.7% [A]	-8.5%	84.5% [G]	87.5% [G]	63.6% [R]	68.7% [A]	71.9% [G]	64.2% [R]	68.1% [A]	62.4% [R]	48.7% [R]	68.4%	69.1%	69.9%	
	% seen within 12 weeks by POLL Mental Health Teams	M	≥95%	89.4% [A]	-5.9%	96.2% [G]	97.4% [G]	94.8% [G]	69.1% [R]	96.7% [G]	95.2% [G]	65.5% [R]	86.3% [A]	75% [R]	88.5%	89.1%	89%	
<b>Disability Act Compliance</b>																		
% of assessments completed within timelines	Q	100%	13% [R]	-87%	9.6% [R]	17% [R]	3.8% [R]	15.5% [R]	30.4% [R]	5.3% [R]	0.4% [R]	27.5% [R]	2.4% [R]	13.7%	10.9%	11.0%		
<b>Disability Emergency Supports</b>																		
No. of new emergency places provided to people with a disability	M	43	160 [G]	272.1%										22	15	18		
No. of in home respite supports for emergency cases	M	447	465 [G]	4%										17	7	4		

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Access and Integration	<b>Disability Respite Services</b>																	
	No. of day only respite sessions accessed by people with a disability	Q-1M	24,444	32,439 [G]	76.9%	5,114 [G]	7,428 [G]	1,606 [G]	1,305 [A]	3,496 [G]	953 [G]	399 [R]	3,891 [G]	8,247 [G]	9,537	12,410	10,492	
	No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q-1M	5,758	5,908 [G]	2.6%	305 [R]	606 [R]	453 [R]	785 [G]	857 [G]	348 [R]	824 [G]	818 [G]	912 [G]	6,086	5,803	5,908	
	No. of overnights (with or without day respite) accessed by people with a disability	Q-1M	129,396	115,149 [G]	18.6%	3,758 [R]	23,755 [G]	10,625 [G]	13,524 [G]	7,206 [G]	11,264 [G]	13,962 [G]	17,574 [G]	13,481 [G]	37,008	39,986	38,155	
	<b>Home Support Hours</b>																	
	Number of hours provided	M	22,000,000	22,115,738 [G]	0.5%	2,537,443 [G]	2,224,539 [A]	1,905,399 [G]	2,810,156 [A]	1,923,461 [A]	1,949,137 [G]	2,517,814 [G]	2,647,683 [G]	3,600,106 [G]	1,920,511	1,971,705	2,012,498	
	No. of people in receipt of home support	M	55,910	55,652 [G]	-0.5%	4,840 [G]	6,378 [G]	5,022 [G]	7,512 [R]	5,466 [R]	4,050 [G]	7,197 [G]	7,766 [G]	7,421 [G]	54,321	55,351	55,652	
	<b>Delayed Transfers of Care</b>																	
	Number of beds subject to Delayed Transfers of Care	M	≤350	356 [R]	1.7%										550	510	356	
	<b>Homeless</b>																	
% of service users assessed within two weeks of admission	Q	85%	87.4% [G]	2.8%	98.2% [G]	100% [G]	78.6% [A]	68.5% [R]	92.5% [G]	100% [G]	97.4% [G]	97% [G]	94.7% [G]	87.2%	90.8%	87.4%		
<b>Substance Misuse</b>																		
% of substance misusers (<18 years) - treatment commenced within one week	Q-1Q	100%	94.5% [A]	-5.5%	100% [G]	93.3% [A]		57.1% [R]	100% [G]	80.8% [R]	87.5% [R]	96.8% [G]	99.2% [G]	94.2%	92.4%	97.8%		
% of substance misusers (> 18 years) - treatment commenced within one month	Q-1Q	100%	96.1% [G]	-3.9%	96.5% [G]	99.2% [G]	88.2% [R]	93.7% [A]	99.7% [G]	97.5% [G]	99.8% [G]	72.1% [R]	81.5% [R]	95.4%	96%	96.9%		
Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>																	
	Net expenditure (pay + non-pay - income)	M	≤0.1%	8,393,582	0.54% [A]	2.23% [R]	0.56% [A]	0.73% [A]	2.91% [R]	3.36% [R]	0.39% [A]	1.16% [R]	1.68% [R]	0.87% [R]			0.54%	
	Pay expenditure variance from plan	M	≤0.1%	4,045,127	-0.85% [G]	1.75% [R]	1.18% [R]	-1.21% [G]	0.38% [A]	0.75% [A]	1.87% [R]	-1.16% [G]	0.10% [A]	-1.38% [G]			-0.85%	
	Non-pay expenditure	M	≤0.1%	4,919,137	2.30% [R]	3.34% [R]	-0.36% [G]	1.97% [R]	6.71% [R]	6.32% [R]	-0.88% [G]	5.44% [R]	5.09% [R]	4.14% [R]			2.30%	
	Gross expenditure (pay and non-pay)	M	≤0.1%	8,964,264	0.85% [R]	2.26% [R]	0.36% [A]	0.72% [A]	3.13% [R]	3.27% [R]	0.51% [A]	1.56% [R]	2.15% [R]	1.10% [R]			0.85%	

		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>Service Arrangements (Q4 2023 @ 22.04.24)</b>																
	%of monetary value signed	M	100%	81.63%	-18.37%										63.57%	72.41%	81.63%
	<b>Internal Audit</b>																
	% of recommendations implemented within 12 months	Q	95%	87% [A]	-8.4%										85%	86%	87%
	<b>Attendance Management</b>																
<b>Workforce</b>	% absence rates by staff category (non Covid)	M	≤4%	5.58% [R]	39.5%	7.34% [R]	4.21% [R]	6.09% [R]	5.57% [R]	6.49% [R]	4.68% [R]	5.44% [R]	5.85% [R]	4.98% [R]	5.70%	5.93%	6.30%
	% absence rates by staff category (Covid)	M	NA	0.59%		0.67%	0.41%	0.55%	0.55%	0.72%	0.57%	0.69%	0.71%	0.45%	0.59%	0.46%	0.71%

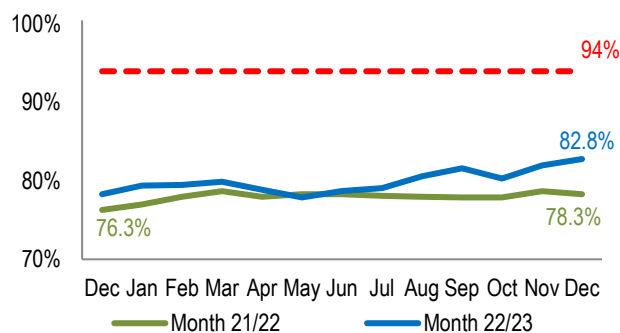
# Enhancing Community Services

## Primary Care Services

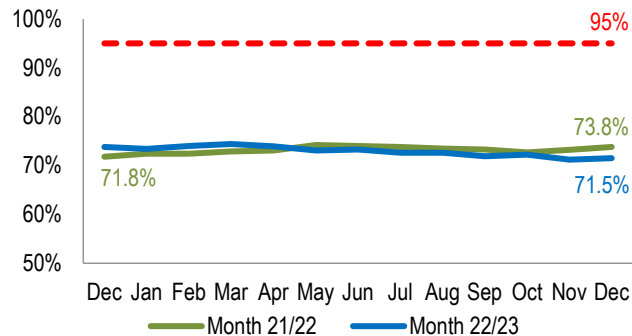
### Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Physiotherapy access within 52 weeks	94%	M	● <b>82.8%</b>	78.3%	+4.5%	80.3%	82%	82.8%	CHO6 (98.8%), CHO1 (91.6%), CHO7 (91%)	CHO5 (70%), CHO2 (75.4%), CHO8 (76%)
Occupational Therapy access within 52 weeks	95%	M	● <b>71.5%</b>	73.8%	-2.3%	72.2%	71.2%	71.5%	CHO6 (97%), CHO3 (88.7%), CHO4 (85.5%)	CHO9 (57.8%), CHO8 & 2 (66.2%), CHO7 (68%)
Speech and Language Therapy access within 52 weeks	100%	M	● <b>83.7%</b>	87.8%	-4.1%	85.8%	85.2%	83.7%	CHO4 (100%), CHO2 (98%), CHO6 (97.9%)	CHO1 (69.3%), CHO9 (75%), CHO7 (81.3%)
Podiatry access within 52 weeks	77%	M	● <b>67.3%</b>	64.6%	+2.7%	66.6%	66.3%	67.3%	CHO6 (100%), CHO3 (79.8%), CHO2 (77.6%)	CHO5 (31.2%), CHO8 (36.2%), CHO1 (55.1%)
Ophthalmology access within 52 weeks	64%	M	● <b>55.3%</b>	51.7%	+3.6%	54.6%	55.2%	55.3%	CHO6, 7 & 9 (100%), CHO8 (95.8%), CHO2 (66.3%)	CHO4 (38.9%), CHO3 (41.6%), CHO5 (53.8%)
Audiology access within 52 weeks	75%	M	● <b>76.2%</b>	75.8%	+0.4%	75.9%	76.5%	76.2%	CHO9 (93.8%), CHO1 (91.1%), CHO8 (83.2%)	CHO6 (62.8%), CHO7 (63.5%), CHO3 (68.5%)
Dietetics access within 52 weeks	80%	M	● <b>70.1%</b>	62.7%	+7.4%	70.5%	68.8%	70.1%	CHO1 (95.1%), CHO9 (91.4%), CHO6 (88.2%)	CHO8 (53.1%), CHO2 (57.4%), CHO7 (60.3%)
Psychology access within 52 weeks	81%	M	● <b>59.9%</b>	65.7%	-5.8%	59.8%	59.3%	59.9%	CHO3 (90.5%), CHO5 (86.9%), CHO8 (82.9%)	CHO7 (41.8%), CHO4 (42.7%), CHO1 (50.5%)

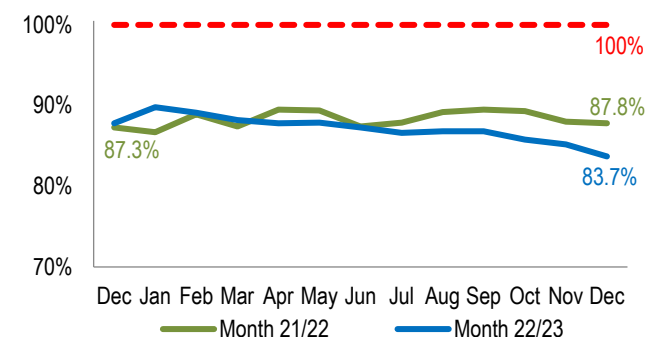
#### Physiotherapy Access within 52 weeks



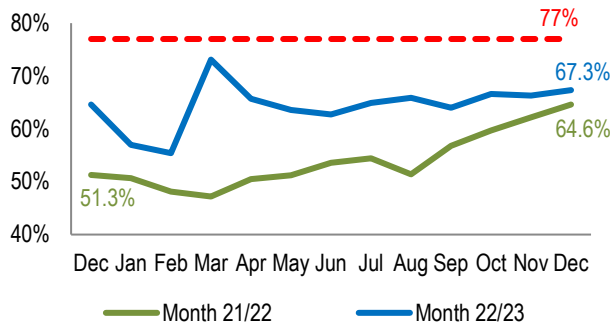
#### Occupational Therapy Access within 52 weeks



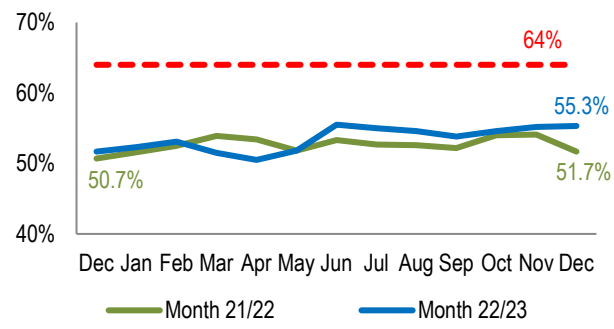
#### SLT Access within 52 weeks



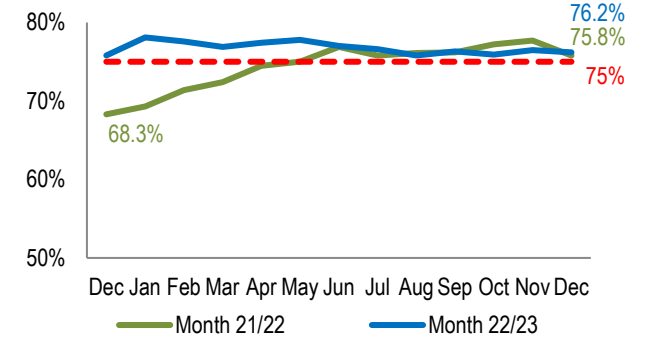
**Podiatry Access within 52 weeks**



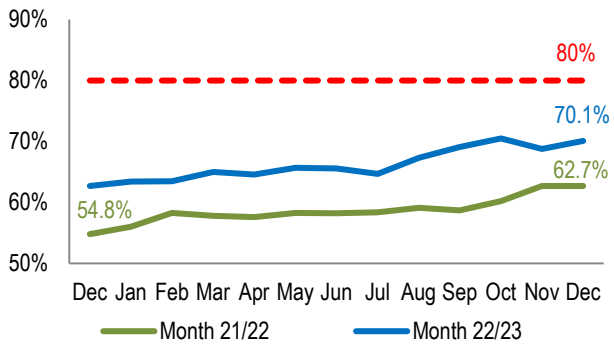
**Ophthalmology Access within 52 weeks**



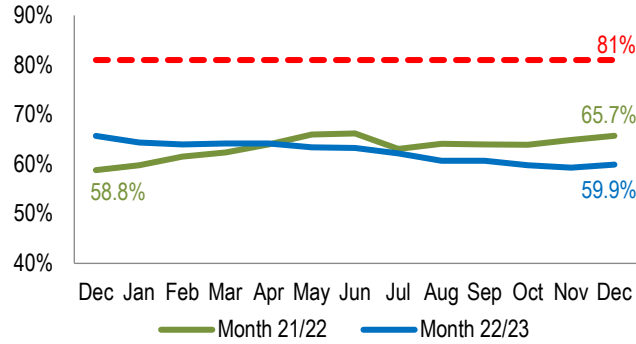
**Audiology Access within 52 weeks**



**Dietetics Access within 52 weeks**



**Psychology Access within 52 weeks**





## Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>Physiotherapy</b>					
Number seen	587,604	507,114	-13.7%	482,065	25,049
Total number waiting	42,173	63,819	51.3%	66,003	-2,184
% of new seen waiting < 12 weeks	81%	72.9%	-10%	75.5%	-2.6%
Number waiting > 52 weeks		11,003		14,353	-3,350
<b>Occupational Therapy</b>					
Number seen	389,256	344,932	-11.4%	336,291	8,641
Total number waiting	34,093	35,275	3.5%	35,250	25
% of new seen waiting < 12 weeks	71%	63.5%	-10.6%	64.7%	-1.2%
Number waiting > 52 weeks		10,054		9,233	821
<b>*Speech &amp; Language Therapy</b>					
Number seen	282,312	185,770	-34.2%	192,514	-6,744
Total number waiting	17,645	19,848	12.5%	19,554	294
Number waiting > 52 weeks		3,240		2,376	864

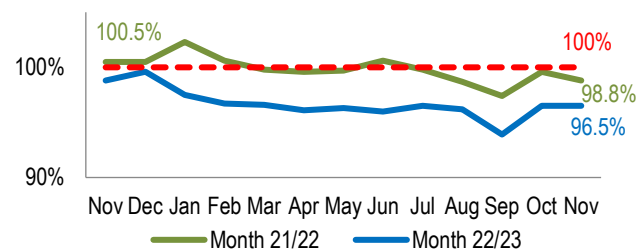
Treatment Waiting List	Target/ Expected Activity YTD	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	9,868	8,060	-18.3%	8,008	52
Number waiting > 52 weeks		1,836		1,791	45
<b>Podiatry</b>					
Number seen	85,866	64,396	-25%	66,785	-2,389
Total number waiting	4,619	9,118	97.4%	7,018	2,100
% waiting < 12 weeks	33%	18.5%	-43.9%	23.4%	-4.9%
Number waiting > 52 weeks		2,979		2,487	492
<b>Ophthalmology</b>					
Number seen	79,836	99,872	25.1%	79,974	19,898
Total number waiting	20,204	17,500	-13.4%	21,006	-3,506
% waiting < 12 weeks	19%	21.1%	11.2%	18.9%	2.2%
Number waiting > 52 weeks		7,822		10,156	-2,334
<b>Audiology</b>					
Number seen	54,216	56,322	3.9%	53,273	3,049
Total number waiting	18,810	24,820	32%	20,891	3,929
% waiting < 12 weeks	30%	23.5%	-21.6%	24.9%	-1.4%
Number waiting > 52 weeks		5,908		5,054	854
<b>Dietetics</b>					
Number seen	68,640	69,869	1.8%	65,495	4,374
Total number waiting	17,417	23,461	34.7%	32,344	-8,883
% waiting < 12 weeks	40%	26.9%	-32.8%	23.6%	3.3%
Number waiting > 52 weeks		7,005		12,071	-5,066
<b>Psychology</b>					
Number seen	49,757	41,290	-17%	42,532	-1,242
Total number waiting	10,532	20,902	98.5%	16,047	4,855
% waiting < 12 weeks	36%	15.8%	-56.2%	19.5%	-3.7%
Number waiting > 52 weeks		8,384		5,501	2,883

\*SLT reports on both assessment and treatment waiting list

## Nursing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients accepted onto caseload and seen within 12 weeks	100%	M-1M	● 96.5%	98.8%	-2.3%	93.9%	96.5%	96.5%	CHO2 (99.8%), CHO5 (98.7%), CHO8 (98.3%)	CHO6 (91%), CHO4 (95.3%), CHO7 (95.7%)

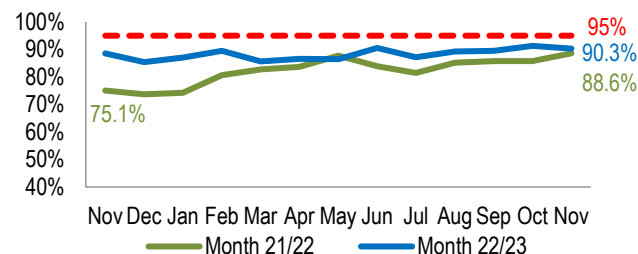
### Nursing – access within 12 weeks



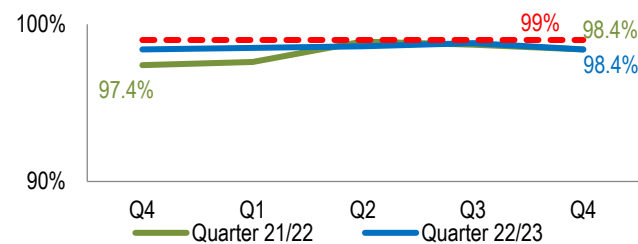
## Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental assessment within 12 months	95%	M-1M	● 88.4%	83.7%	+4.7%	89.5%	91.3%	90.3%	CHO6 (97.9%), CHO2 (96.3%), CHO8 (95.7%)	CHO1 (80.4%), CHO7 (82.1%), CHO4 (88.1%)
% of infants visited by a PHN within 72 hours of discharge	99%	Q	● 98.6%	98.4%	+0.2%	98.6%	98.8%	98.4%	CHO3, 5 & 7 (100%), CHO9 (99.9%), CHO4 (99.7%)	CHO8 (95.3%), CHO6 (96.9%), CHO1 (97.9%)
% of infants breastfed exclusively at three month PHN visit	36%	Q-1Q	● 32.1%	31.1%	+1%	32.1%	32.9%	31.4%	CHO6 (39.7%), CHO7 (35.8%), CHO4 (34.8%)	CHO3 (25.1%), CHO1 (25.6%), CHO2 (27.2%)

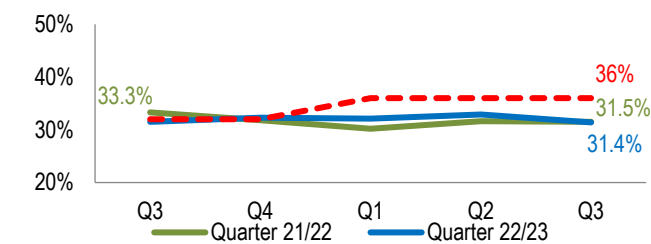
### Developmental assessment within 12 months



### % of Infants visited by a PHN within 72 hours of discharge



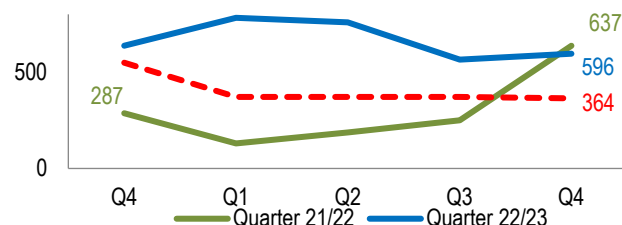
### % of Infants breastfed exclusively at 3 month PHN visit



## Dietetics and Chronic Disease Management

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	1,480 YTD/ 1,480 FYT	Q	● 2,702	1,204	+1,498	759	565	596	CHO2 (321.5%), CHO3 (177.3%), CHO6 (119.4%)	CHO1 (-53.4%), CHO4 (-49.4%), CHO7 (-20.4%)

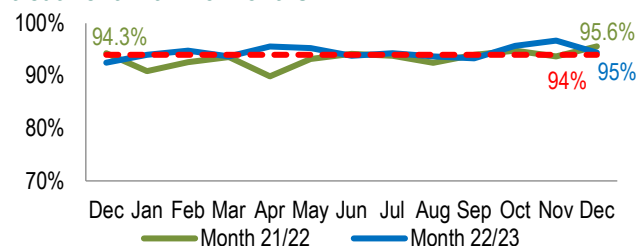
### Number who have completed type 2 diabetes education programme



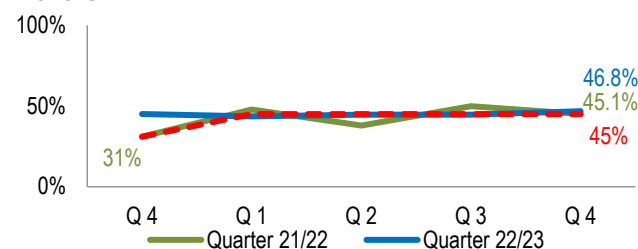
## Oral health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 month	94%	M	● 94.6%	93.2%	+1.4%	95%	95.3%	95%	CHO6, 7 & 9 (100%), CHO3 (98.2%), CHO4 (97.6%)	CHO5 (77.2%), CHO8 (81.1%), CHO2 (90.3%)
Orthodontics - % seen for assessment within 6 months	45%	Q	● 46.8%	45.1%	+1.7%	44.7%	44.6%	46.8%	DNE (81.8%), DML (53.4%), West (42.4%)	South (25.6%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 20.5%	19.1%	+1.4%	23.4%	23.4%	20.5%	DML (8.5%)	South (29.8%), DNE (18.5%), West (12%)

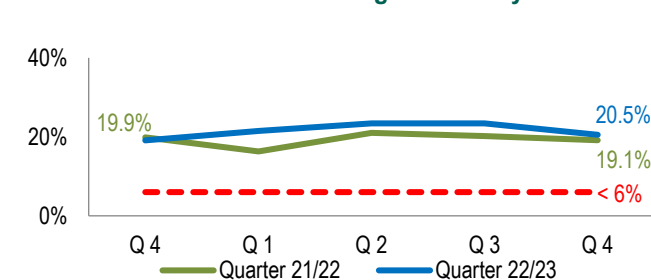
### Oral Health: % of new patients who commenced treatment within 3 months



### Orthodontics: % seen for assessment within 6 months



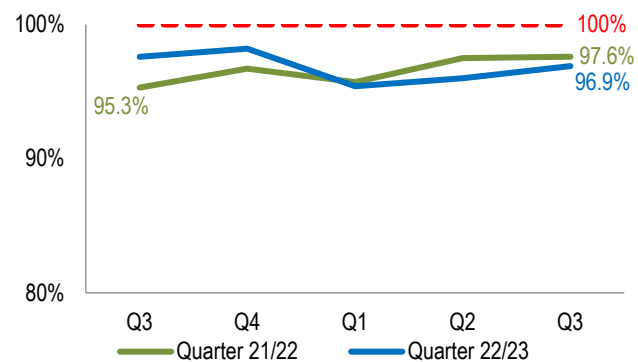
### Orthodontics: treatment waiting list > four years



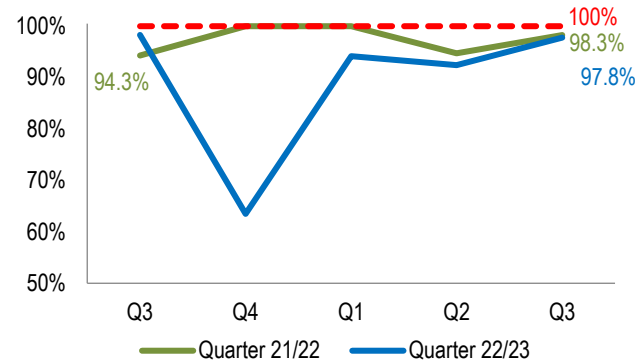
## Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	Q-1Q	● 96.1%	96.9%	-0.8%	95.4%	96%	96.9%	CHO3 (100%), CHO5 (99.7%), CHO7 (99.6%)	CHO8 (70%), CHO4 (91.2%), CHO9 (93.8%)
%. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	Q-1Q	● 94.5%	98%	-3.5%	94.2%	92.4%	97.8%	CHO1, 2, 5, 6, 7, 8 & 9 reached target	CHO4 (33.3%)
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	85%	Q	● 87.4%	87.8%	+0.4%	87.2%	90.8%	87.4%	CHO6 (100%), CHO2 (100%), CHO1 (98.2%)	CHO4 (68.5%), CHO3 (78.6%)

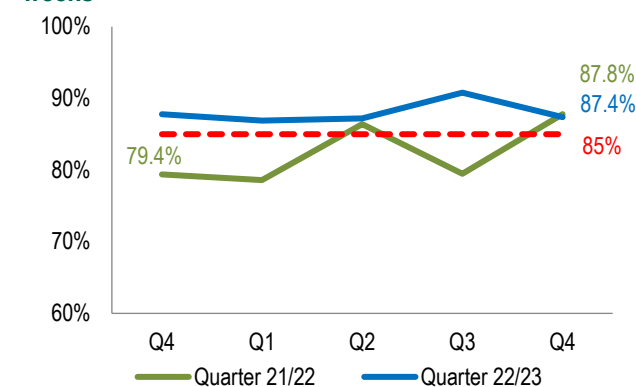
% access to substance misuse treatment (>18 years)



% access to substance misuse treatment (>18 years)



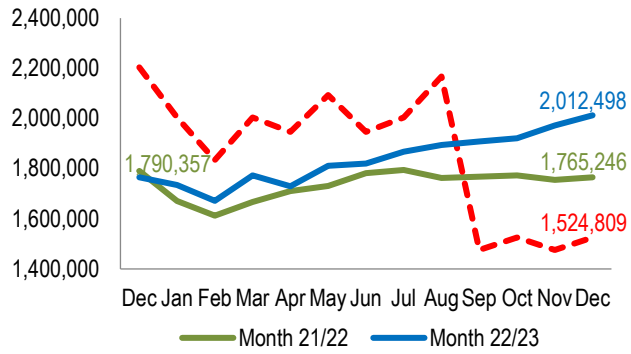
% Homeless health needs assessed within two weeks



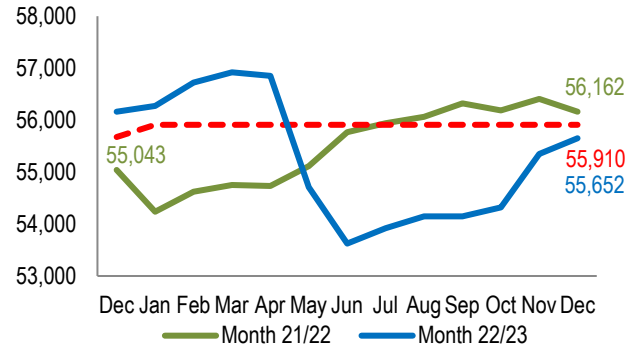
## Older Persons' Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	22m YTD/ 22m FYT	M	●	<b>22,115,738</b>	20,792,772	+1,322,966	1,920,511	1,971,705	2,012,498	(%Var): CHO7 (8.6%), CHO9 (6%), CHO6 (5.9%)	(%Var): CHO5 (-9%), CHO2 (-6.2%), CHO4 (-5.9%)
No. of people in receipt of Home Support	55,910 YTD/ 55,910 FYT	M	●	<b>55,652</b>	56,162	-510	54,321	55,351	55,652	(%Var): CHO8 (15.4%), CHO7 (9.6%), CHO1 (5.2%)	(%Var): CHO5 (-19.7%), CHO4 (-12.4%), CHO2 (-1.9%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	<b>74</b>	80	-6	75	72	74		
No. of persons funded under NHSS in long term residential care	22,712 YTD/ 22,712 FYT	M	●	<b>23,285</b>	22,769	+516	23,176	23,272	23,285		
No. of NHSS beds in public long stay units	4,501 YTD/ 4,501 FYT	M	●	<b>4,471</b>	4,432	+39	4,477	4,482	4,471	(%Var): CHO9 (18.2%), CHO3 (8.3%), CHO8 (2.5%)	(%Var): CHO6 (-14.8%), CHO7 (-10.8%), CHO2 (-1.9%)
No. of short stay beds in public units	2,182 YTD/ 2,182 FYT	M	●	<b>1,601</b>	1,504	+97	1,707	1,610	1,601	(%Var): No CHO reached target	(%Var): CHO7 (-71.4%), CHO8 (-50%), CHO4 (-33.9%)
No. of beds subject to Delayed Transfers of Care	≤350	M	●	<b>356</b>	525	-169	550	510	356	Cavan, Mallow, Cappagh (0)	CUH (36), SUH (22), SJH (21)
No. of persons in receipt of payment for transitional care	916	M-1M	●	<b>1,296</b>	1,175	+121	1,203	1,284	1,296		

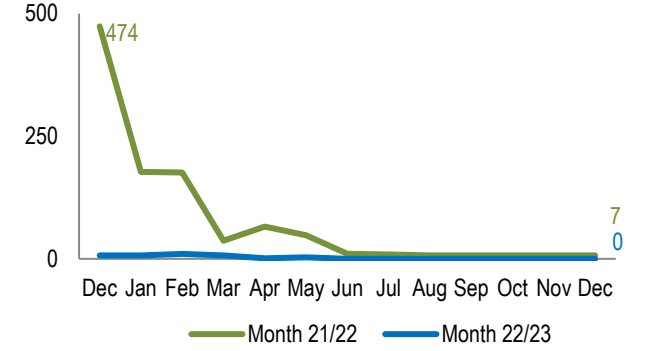
### Number of Home Support Hours Provided



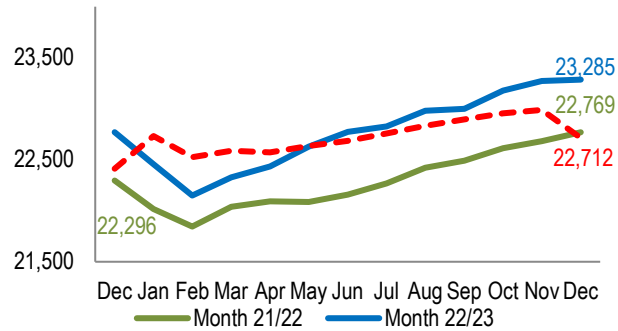
### Number of people in receipt of Home Support



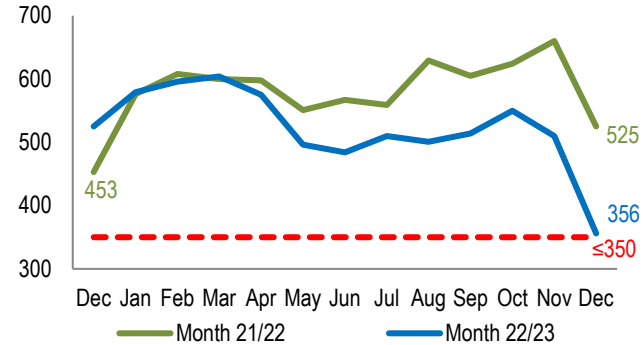
### Number waiting on funding for Home Support



### Number of persons funded under NHSS in long term residential care



### Delayed Transfers of Care



### Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	27	18	45	12.6%
Residential Care	85	20	105	29.5%
Rehab	26	29	55	15.4%
Complex Needs	22	17	39	11.0%
Housing/Homeless	11	25	36	10.1%
Legal complexity	43	13	56	15.7%
Non compliance	6	5	11	3.1%
COVID-19	8	1	9	2.5%
<b>Total</b>	<b>228</b>	<b>128</b>	<b>356</b>	<b>100%</b>

## NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY	SPLY Change
	No. of new applicants	10,487	10,203	+284	814	883	681	735	-54
	National placement list for funding approval	376	299	+77	494	357	376	299	+77
	Waiting time for funding approval	4 weeks	4 weeks	0 weeks	4 weeks	4 weeks	4 weeks	4 weeks	0 weeks
	Total no. people funded under NHSS in LTRC	23,285	22,769	+516	23,176	23,272	23,285	22,769	+516
Private Units	No. of new patients entering scheme	7,539	7,146	+393	667	687	605	686	-81
	No. of patients Leaving NHSS	7,061	6,643	+418	514	599	581	613	-32
	Increase	+478	+503	-25	+153	+88	+24	+73	-49
Public Units	No. of new patients entering scheme	1,562	1,361	+201	147	140	126	144	-18
	No. of patients Leaving NHSS	1,524	1,394	+130	124	132	137	129	+8
	Net Increase	+38	-33	+71	+23	+8	-11	+15	-26

# Mental Health Services



## Mental Health Services

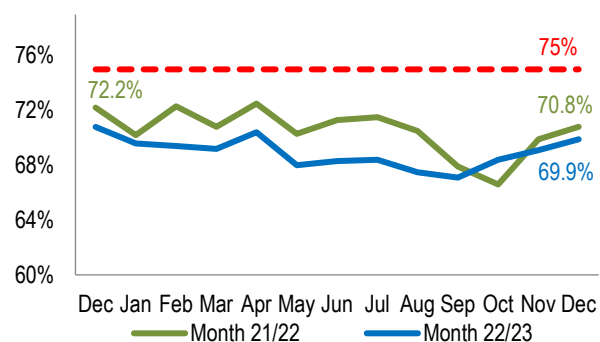
### General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	46,774YTD/ 46,707FYT	M	●	48,827	46,707	+2,120	4,171	4,248	3,173		
Number of referrals seen	29,482YTD/ 29,482FYT	M	●	26,573	25,861	+712	2,342	2,195	1,670		
% seen within 12 weeks	≥ 75%	M	●	68.7%	70.3%	-1.6%	68.4%	69.1%	69.9%	CHO1 (86.6%), CHO2 (85.8%), CHO5 (82.2%)	CHO9 (50.8%), CHO8 (56%), CHO3 (66.7%)

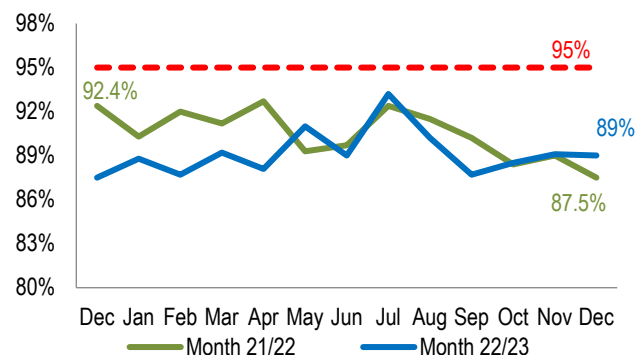
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	12,239YTD/ 12,238FYT	M	●	12,625	12,031	+594	1,058	1,088	776		
Number of referrals seen	9,883YTD/ 9,883FYT	M	●	7,688	7,903	-215	584	726	486		
% seen within 12 weeks	≥ 95%	M	●	89.4%	90.3%	-0.9%	88.5%	89.1%	89%	CHO2 (98.9%), CHO1 (96.2%), CHO8 (93.2%)	CHO4 (72.5%), CHO6 & CHO9 (75%), CHO7 (81.6%)

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



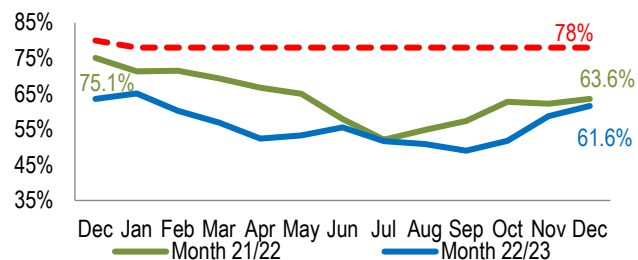
Psychiatry of Later Life: % offered an appointment and seen within 12 weeks



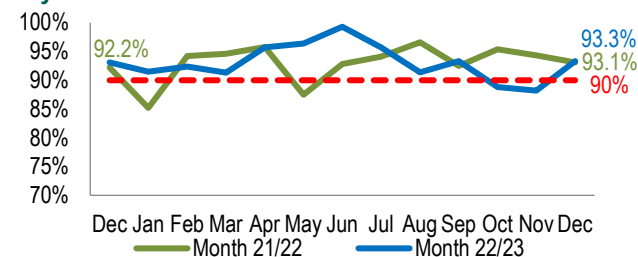
## Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	>85%	M	●	<b>94.2%</b>	91.6%	+2.6%	81.3%	95.2%	95.2%		
CAMHs Bed Days Used	>95%	M	●	<b>99.3%</b>	98.6%	+0.7%	99.3%	99.9%	99.9%	CHO1, 2, 3, 4, 5, 6, 7, 8 & 9 reached target	
% seen within 12 weeks	≥78%	M	●	<b>55.7%</b>	63%	-7.3%	51.8%	58.7%	61.6%	CHO3 (82.8%), CHO2 (80%), CHO6 (72.7%)	CHO5 (33.7%), CHO4 (50.7%), CHO9 (63%)
CAMHs –% seen within 12 months	≥95%	M	●	<b>91%</b>	95.5%	-4.5%	90.6%	89%	91.2%	CHO1, 2, 3, 6, 7, 8 & 9 reached target	CHO4 (65.7%), CHO5 (78.2%)
% of urgent referrals to CAMHs Teams responded to within three working days	≥90%	M	●	<b>92.8%</b>	92.7%	+0.1%	88.8%	88.2%	93.3%	CHO1, 2, 3, 4, 7, 8 & 9 reached target	CHO6 (66.7%) CHO5 (70.6%)
CAMHs waiting list	4,211	M	●	<b>3,759</b>	4,293	-534	3,785	3,785	3,759	CHO2 (163), CHO9 (214), CHO5 (232)	CHO4 (943), CHO8 (639), CHO6 (601)
CAMHs waiting list > 12 months	0	M	●	<b>568</b>	603	-35	639	566	568	CHO1 & CHO9 (0)	CHO4 (295), CHO8 (134), CHO3 (60)
No of referrals received	21,224TD/ 21,224FYT	M	●	<b>23,874</b>	21,761	+2,113	2,364	2,330	1,903		
Number of referrals seen	12,635YTD/ 12,635 FYT	M	●	<b>12,338</b>	10,957	+1,381	1,158	1,142	821		

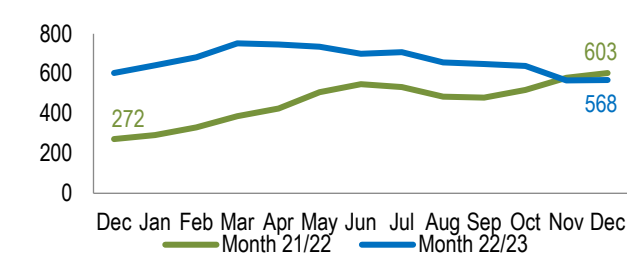
**% offered and appointment and seen within 12 weeks**



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



**Waiting List > 12 months**

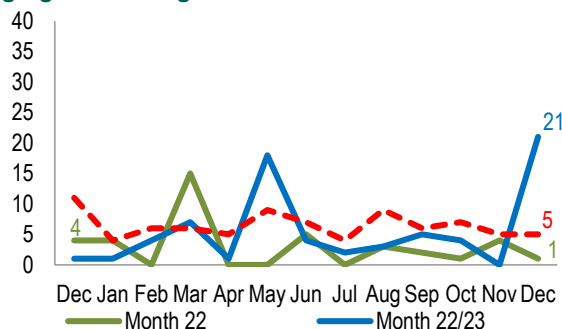


# Disability Services

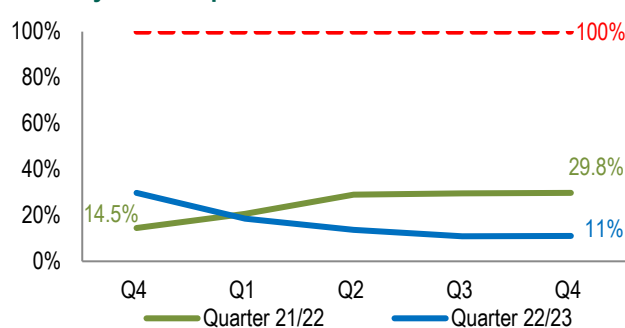
## Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Movement from Congregated Setting to community settings	73 YTD/ 73 FYT	M	● 70	35	+35	4	0	21	(% Var): CHO7 (50%), CHO4 (33.3%), CHO3 (12.5%)	(% Var): CHO5 (-100%), CHO6 (-87.5%), CHO2 (-33.3%)
Disability Act Compliance	100%	Q	● 13%	24.5%	-11.5%	13.7%	10.9%	11%	(% Var): No CHO reached target	(% Var): CHO7 (-99.6%), CHO9 (-97.6%), CHO3 (-96.2%)
Number of requests for assessment of need received for Children	6,555 YTD/ 6,555 FYT	Q	● 8,472	6,755	+1,717	2,224	1,954	2,260	(% Var): CHO6 (117.8%), CHO2 (80.3%), CHO8 (59.7%)	(% Var): CHO3 (-50.6%), CHO1 (-11.5%), CHO9 (11.4%)

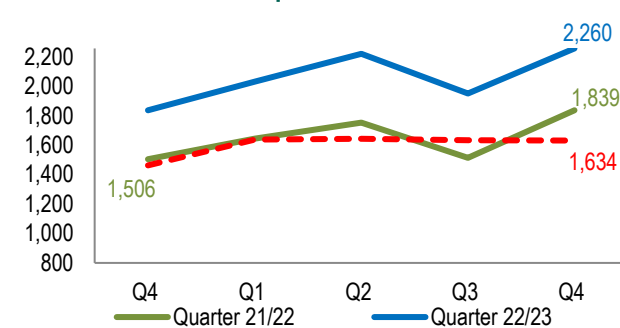
### Congregated Settings



### Disability Act Compliance



### Assessment of Need Requests

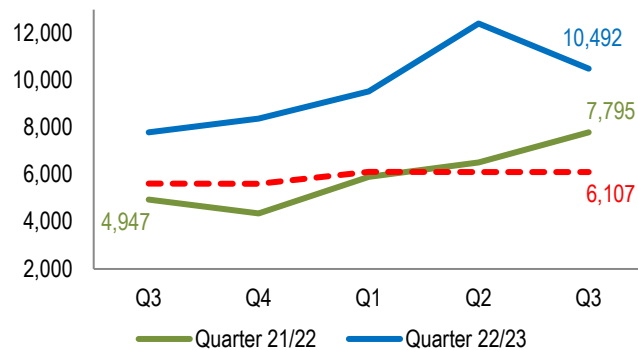


## Residential and Emergency Places and Support Provided to People with a Disability

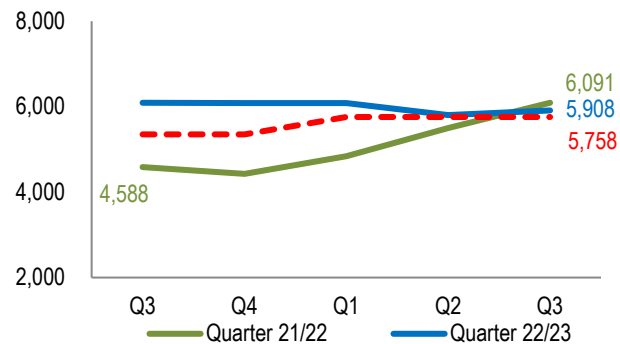
Performance area	Freq	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of new emergency places provided to people with a disability	M	43	43	● 160	103	+57	22	15	18
Number of in home respite supports for emergency cases	M	447	447	● 465	439	+26	17	7	4
Number of residential places for people with a disability (including new planned places)	M	8,305	8,305	● 8,400	8,283	+117	8,376	8,385	8,400

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite sessions	18,336 YTD/ 24,444 FYT	Q-1M	●	<b>32,439</b>	20,211	+12,228	9,537	12,410	10,492	(% Var): CHO9 (1,441.5%), CHO8 (269.2%), CHO2 (96.9%)	(% Var): CHO7 (-51.2%), CHO4 (-8.7%), CHO5 (-0.1%)
Number of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,758 YTD/ 5,758 FYT	Q-1M	●	<b>5,908</b>	6,091	-183	6,086	5,803	5,908	(% Var): CHO5 (86.3%), CHO9 (53.5%), CHO8 (30.9%)	(% Var): CHO2 (-45.1%), CHO1 (-36.3%), CHO3 (-20.9%)
Respite – Number of overnights	97,052 YTD/ 129,396 FYT	Q-1M	●	<b>115,149</b>	98,315	+16,834	37,008	39,986	38,155	(% Var): CHO6 (76.8%), CHO8 (67.1%), CHO9 (29.4%)	(% Var): CHO1 (-30.9%), CHO2 (-2%), CHO5 (-1.8%)
Number of Home Support Hours delivered	2.34mYTD/ 3.12m FYT	Q-1M	●	<b>2,634,241</b>	2,514,023	+120,218	827,772	913,535	892,934	(% Var): CHO3 (107.1%), CHO2 (31.4%), CHO4 (19.6%)	(% Var): CHO7 (-12.3%), CHO6 (-6.1%), CHO5 (-2.8%)
Number of Personal Assistance Hours delivered	1.32m YTD/ 1.77m FYT	Q-1M	●	<b>1,215,903</b>	1,331,560	-115,657	432,015	418,283	365,606	(% Var): CHO6 (63.7%), CHO9 (21.8%), CHO5 (12%)	(% Var): CHO1 (-60%), CHO7 (-40.8%), CHO3 (-25.9%)

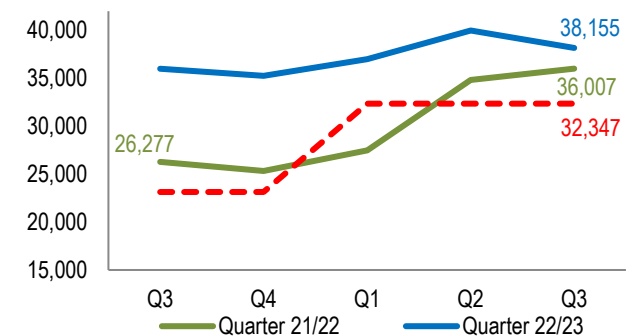
Respite: Day Only



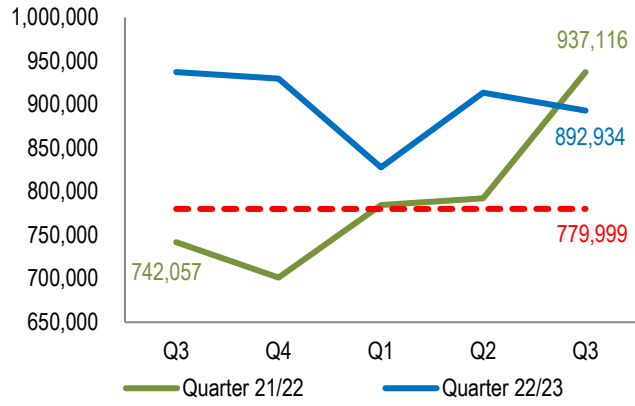
Number of people with a disability in receipt of respite services



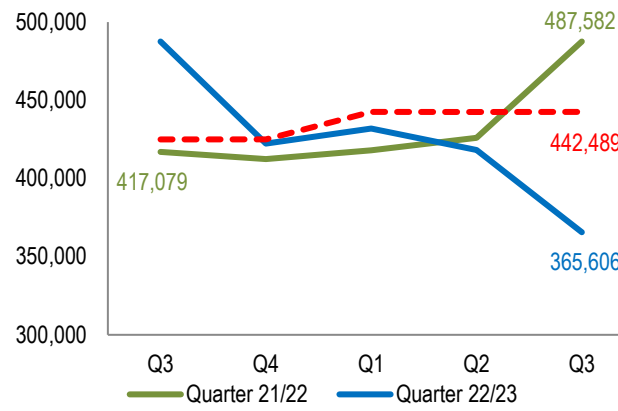
Respite: Overnights



### Home Support Hours



### Personal Assistance Hours



# Community Services Update

## Community Services Update

Community based care is currently undergoing substantial reform in line with Sláintecare. This includes strategies such as Enhanced Community Care, Progressing Disability Services and Sharing the Vision for mental health services. The move to the new Region structure over the coming months will present more opportunities to design services around the needs of individuals, their families and local communities and also to bring about greater integration with acute services.

Another crucial reform for Community Services is the Integrated Community Case Management System (ICCMS) which will provide Community Services staff with real-time, electronic access to comprehensive, up-to date and relevant patient health information facilitating service delivery across all community services nationally and improving patient / service user care and staff experience in line with Sláintecare. The system will also interface with acute and GP systems. Benefits of the programme include improved patient safety and outcomes, real-time decision clinical decision making, service user empowerment, enhanced staff working experience, efficient work practices and significant improvements to data and reporting.

The ICCMS Programme has now commenced the public procurement process and all Programme timelines are currently on track.

It is essential that improvements to community performance data and intelligence is made with greater data quality and insights. The ICCMS will bring about significant opportunities to support teams to understand their performance in offering improved services and more efficient and productive ways of working.

The suspension of the Forsa industrial action in February 2024, has led to resumption of Community Services data being returned to the National Business Information Unit.

However, this resumption of data from September to December 2023 period has been a labour intensive process, as data is manually collected at a local level.

In the month of December 2023 94.8% of Community Service data has been returned and an active process has been put in place to collect any outstanding data, for the next reporting period.

December data suggests that some services are delivering ahead of National Service Plan targets for 2023.

Examples of positive national performance against target are:

- CIT Referrals - In December 2023 there were 95,962 CIT referrals year to date which is +17.9% ahead of the expected year to date target of 81,372
- Ophthalmology – Number of patients seen 99,872 (+25.1%) above target 79,836
- Child & Adolescent Mental Health Service – 92.8% of urgent referrals to CAMHS were responded to within three working days, above the ≥90% target.
- Child & Adolescent Mental Health Inpatient – 99.3% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2023, which is above >95% target
- Older Persons Home Support Services delivered 22,115,738 hours, +0.5% above target and +6.4% ahead of the same period last year

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

### Waiting List Initiatives

It is a key priority of Community Services to help people to access the care and support that they need as soon as possible. There are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services where appropriate.



2024 initiatives in community services as part of this coming year's Waiting List Action Plan are in development and discussion with the Department of Health.

Successful initiatives were delivered in 2023, building on initiatives delivered in previous years. December 2023 year end performance data is being actively collected following the FORSA Industrial Action being lifted and will be reported in the January 2024 report.

### Serious Incidents

There were 25 Category 1 incidents reported by date of incident in December 2023 across the 9 Community Healthcare Organisations. This is below the monthly average of 30 incidents reported per month over the last 12 months.

The % of Category 1 reviews for incidents notified in August 2023 (14 incidents notified) completed within 125 days of notification was 7%. This is a lower than usual monthly completion rate in the last 12 months where monthly completion rates have ranged between 9% - 57%. The twelve month rolling % for this KPI is 21%.

Extreme and Major incidents as a % of all incidents was 0.5% for Quarter 4, 2023, achieving the target of < 1%. The 12 month rolling % for this KPI is 0.4%, also achieving the target. All 9 CHOs and National Social Care have achieved compliance in this KPI over the 12 month rolling period.

### Primary Care

The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At December 2023 the total number of patients seen is +3.8% ahead of the same period in 2022. However there are ongoing performance challenges in some therapy services that are being addressed through the engagement between Primary Care national operations in the engagement calls with heads of services in the CHO's.

One of the factors impacting on the numbers of patients seen is the complexity of people's needs. Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for a prolonged period of time. Another significant factor impacting access performance is the increase in

numbers of referrals across all therapy services which will also impact on numbers waiting. This increase in the number of referrals results in longer waiting times as patients are clinically prioritised.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 91.5% return rate for data across Primary Care Services in December 2023.

Performance is discussed in the individual monthly engagements between the national Head of Operations for Primary Care with the CHO Heads of Service Primary Care. An increasing focus for these discussions are measures for increased productivity in terms of numbers seen per WTE relative to national averages for each service.

### Community Intervention Teams (CIT)

At end of December 2023, there were 95,962 CIT referrals year to date which is +17.9% ahead of the expected year to date activity of 81,372 (PC122).

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

### Child Health Developmental Assessment 12 Months

The national performance at November YTD (Data one month in arrears) is 88.4% compared to a target of 95% (PC153). Performance in November of 90.3% compared to a monthly performance of 91.3% in October.

Note that performance data for this metric is impacted by non-return of data from four LHOs in both October 2023 and November 2023.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2023, in most areas, due to a combination of factors including;

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

- It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses in some areas. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.

Performance will continue to be monitored in 2024 with relevant CHOs including in the monthly engagement meetings

**\* Data return rate 87.5%**

KPI No.	Child Health Performance Activity / KPI	Reporting Frequency	Target/EA YTD	Activity YTD	Sept	Oct	Nov	Dec
PC133	% new born babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	98.6% (Q4 2023)	98.8%			98.4%
PC135	% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	64%	60.5% (Q3 2023)	59.5%			
PC136	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	46%	42.5% (Q3 2023)	42.5%			
PC143	% of babies breastfed exclusively at first PHN visit	Q-1Q	50%	40.7% (Q3 2023)	40.4%			
PC144	% of babies breastfed exclusively at three month PHN visit	Q-1Q	36%	32.1% (Q3 2023)	31.4%			
PC153	% of children reaching 12 months within the reporting period who have had their 9-11 month PHN child health and development assessment on time or before reaching 12 months of age	M-1M	95%	88.4% (YTD Nov 2023)	89.5%	91.3%	90.3%	

### Oral Health

Year to date nationally 94.6% of new Oral Health patients commenced treatment within three months of their scheduled oral health assessment, compared to the target of 94% (PC34A). This is ahead of target and is also +1.5% higher than the same period in 2022.

**\*Data return rate 100%**

### Orthodontics

Nationally 1,613 of Orthodontic patients were seen for assessment within six months of their scheduled oral health assessment, which is 90.9% ahead of the target of 845 (PC24A). This is 90.4% ahead of the same period in 2022 (847).

**\*Data return rate 100%**

### Paediatric Home Care Packages

At end of December 2023, there were 349 Paediatric Home Care Packages in place which is -46.4% below the expected year to date activity of 651 (PC147).

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

### Physiotherapy

82.8% are waiting for assessment ≤ 52 weeks at the end of December 2023, compared to the target of 94% (PC100G).

The number of Physiotherapy patients on waiting list for assessment ≤ 52 weeks will require an additional 7,174 people to be seen to reach the target of 94%

The number of people waiting longer than 52 weeks has decreased by -3.2% from 11,369 in November to 11,003 in December (PC100E).

In 2023 performance for Physiotherapy continued to be monitored including in the monthly Primary Care engagements. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Physiotherapy numbers seen in 2023 are +5.2% higher than in 2022 but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has increased by 4.3% compared to 2022.

Numbers of referrals to date is 197,106 which represents an increase of +34.8% in expected activity (146,172) and +4.3% ahead of the same period last year (189,052) (PC14)

The number of new patients seen for first time assessment at the end of December 2023 is 145,493 which is +1.2% ahead of same period last year position of 143,810 (PC15)

CHOs 1, 4, 5, 7 and 9 are more than 10% away from achieving this year's target for access.

Performance data for Physiotherapy is impacted by non-return of data including non-return from 2 LHOs in October, 3 LHOs in November and 3 LHOs in December.

**\* Data return rate 90.6%**

#### Occupational Therapy (OT)

71.5% are waiting for assessment  $\leq$  52 weeks at the end of December 2023, compared to the target of 95% (PC101G).

The number of Occupational Therapy patients on waiting list for assessment  $\leq$  52 weeks will require an additional 8,290 people to be seen to reach the target of 95%  
The number of people waiting longer than 52 weeks decreased by -7.3% from 10,851 in November to 10,054 in December (PC101E).

In 2023 performance for OT continued to be monitored including in the monthly Primary Care engagements. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Occupational Therapy numbers seen in 2023 are +2.6% higher than in 2022 but there has not been a corresponding reduction in numbers waiting as the number of referrals in 2023 has increased by 5.1% compared to 2022.

Numbers of referrals to date is 94,805 which represents an increase of +22% in expected activity (77,732) and +5.1% ahead of the same period last year (90,199) (PC19)

The number of new patients seen for first time assessment at the end of December 2023 is 88,086 which is +1.7% ahead of same period last year position of 86,637 (PC20)

CHOs 1, 2, 5, 7 and 8 are over 10% away from achieving this year's target for access.

Performance data for Occupational Therapy is impacted by non-return of data including non-return from 1 LHO in September, 4 LHOs in October, 3 LHOs in November and 4 LHOs in December.

**\* Data return rate 87.5%**

#### Speech and Language Therapy (SLT)

83.7% are waiting for assessment  $\leq$  52 weeks at the end of December 2023, compared to the target of 100% (PC116B).

The number of Speech & Language Therapy patients on waiting list for assessment  $\leq$  52 weeks will require an additional 3,240 people to be seen to reach the target of 100%

The number of people waiting for an initial assessment for longer than 52 weeks has increased by +14.6% from 2,827 in November to 3,240 in December (PC116C).

In 2023 performance for SLT continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Speech and Language Therapy numbers seen in 2023 are -3.5% lower than in 2022 but there has not been a reduction in numbers waiting as the number of referrals in 2023 has increased by 1.4% compared to 2022

Numbers of referrals to date is 39,907 which represents an increase of +20.1% in expected activity (33,231) and +1.4% ahead of the same period last year (39,343) (PC113)

The number of new patients seen for first time assessment at the end of December 2023 is 31,227 which is +0.3% ahead of same period last year position of 31,143 (PC115)

CHOs 1, 3, 4, 5, 7, 8 and 9 are more than 10% away from achieving this year's target for access.

Performance data for Speech and Language Therapy is impacted by non-return of data from 2 LHOs in October, November and December.

**\*Data return rate 93.8%**

### Podiatry

67.3% are waiting for treatment  $\leq$  52 weeks at the end of December 2023, compared to the target of 77% (PC104G).

The number of Podiatry patients on waiting list for treatment  $\leq$  52 weeks will require an additional 882 people to be seen to reach the target of 77%

The number of clients waiting longer than 52 weeks has increased by +14.2% from 2,609 in November to 2,979 in December (PC104E).

It is noted that the majority of the recently establish integrated care programmes, data has not been included to date in BIU data reporting for podiatry. Engagement with ECC and BIU has commenced to discuss this.

In 2023 performance for Podiatry continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Podiatry numbers seen in 2023 are -3.6% lower than in 2022 but there has not been a reduction in numbers waiting as the number of referrals in 2023 has increased by 7.5% compared to 2022.

Numbers of referrals to date is 12,846 which represents an increase of +104.6% in expected activity (6,280) and +7.5% ahead of the same period last year (11,949) (PC45)

The number of new patients seen for first time assessment at the end of December 2023 is 7,810 which is -12.5% below the same period last year position of 8,930 (PC47)

CHOs 2, 4, 5 and 8 are over 10% away from achieving this year's target for access  
**NB:** no Podiatry service recorded in CHO 7

Performance data for Podiatry is impacted by non-return of data from 1 LHO in October, 2 LHOs in November and 2 LHOs in December

**\*Data return rate 91.3%**

### Ophthalmology

55.3% are waiting for treatment  $\leq$  52 weeks at the end of December 2023, compared to the target of 64% (PC107G).

The number of Ophthalmology patients on waiting list for treatment  $\leq$  52 weeks will require an additional 1,522 people to be seen to reach the target of 64%

The number of people waiting longer than 52 weeks has increased by +1.6% from 7,700 in November to 7,822 in December (PC107E).

In 2023 performance for Ophthalmology continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level are required to submit performance improvement plans where necessary. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Ophthalmology numbers seen in 2023 are +24.9% higher than in 2022 which has resulted in a reduction in numbers waiting of -16.7% at the end of 2023 compared to the end of 2022. This is in the context of an increase in the number of referrals in 2023 of 8.5% compared to 2022

Numbers of referrals to date is 26,584 which represents an increase of +9% in expected activity (24,397) and +8.5 % ahead of the same period last year (24,505) (PC52)

The number of new patients seen for first time assessment at the end of December 2023 is 29,189 which is +39% ahead of same period last year position of 20,994 (PC54)

CHOs 3 and 9 are over 10% of achieving this year's target for access.

Performance data for Ophthalmology is impacted by non-return of data from 1 LHO in September, 2 LHOs in October, 1 LHO in November and 1 LHO in December

**\*Data return rate 95.7%**

### Audiology

76.2% are waiting for treatment  $\leq$  52 weeks at the end of December 2023, compared to the target of 75% (PC108G).

The number of people waiting longer than 52 weeks has decreased by +1.6% from 6,007 in November to 5,908 in December (PC108E).

In 2023 performance for Audiology continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level are required to submit performance improvement plans where necessary. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Audiology numbers seen in 2023 are +5.7% higher than in 2022 and the numbers waiting has increased by 18.8% at the end of 2023 compared to the end of 2022. This is in the context of an increase in the number of referrals in 2023 of 11.3% compared to 2022.

Numbers of referrals to date is 22,106 which represents an increase of +5.8% in expected activity (20,904) and +11.3% ahead of the same period last year (19,867) (PC59)

The number of new patients seen for first time assessment at the end of December 2023 is 14,553 which is +2.4% ahead of same period last year position of 14,215 (PC61)

CHOs 4 and 6 are over 10% from achieving this year's target for access

**\*Data return rate 100%**

### Dietetics

70.1% are waiting for treatment  $\leq$  52 weeks at the end of December 2023, compared to the target of 80% (PC109G).

The number of Dietetic patients on waiting list for treatment  $\leq$  52 weeks will require an additional 2,313 people to be seen to reach the target of 80%

The number of people waiting longer than 52 weeks has decreased by -5.2% from 7,389 in November to 7,005 in December (PC109E).

In 2023 performance for Dietetics continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Dietetics numbers seen in 2023 are +6.7% higher than in 2022 and the numbers waiting has decreased by 27.5% at the end of 2023 compared to the end of 2022. This is in the context of an increase in the number of referrals in 2023 of 2.7% compared to 2022.

Numbers of referrals to date is 41,695 which represents an increase of +46.2% in expected activity (28,524) and +2.7% ahead of the same period last year (40,602) (PC66)

The number of new patients seen for first time assessment at the end of December 2023 is 26,986 which is +21.2% ahead of same period last year position of 22,259 (PC68)

CHOs 4, 6 and 8 are over 10% of achieving this year's target for access

Performance data for Dietetics in 2023 is impacted by non-return of data including non-return of data from 3 LHOs in October, 4 LHOs in November and 3 LHOs in December.

**\*Data return rate 90.6%**

### Psychology

59.9% are waiting for treatment ≤ 52 weeks at the end of December 2023, compared to the target of 81% (PC103G).

The number of Psychology patients on waiting list for treatment ≤ 52 weeks will require an additional 4,413 people to be seen to reach the target of 81%

The number of people waiting longer than 52 weeks has increased by +0.6% from 8,335 in November to 8,384 in December (PC103E).

In 2023 performance for Psychology continued to be monitored including in the monthly Primary Care engagement. The focus is on increasing numbers seen to drive improvements in waiting lists. The Heat map access trend continues to be monitored at CHO level. A new performance tool was developed in 2023 which shows numbers seen per WTE for each CHO for all therapy services – the rolling data for a 12 month period was provided to each CHO and discussed in the 2023 CHO engagements. Note that Psychology numbers seen in 2023 are -2.9% lower than in 2022 and the numbers waiting has increased by 30.3% at the end of 2023 compared to the end of 2022. This is in the context of an increase in the number of referrals in 2023 of 11.1% compared to 2022.

Numbers of referrals to date is 18,349 which represents an increase of +74.4% in expected activity (10,519) and +11.1% ahead of the same period last year (16,523) (PC38)

The number of new patients seen for first time at the end of December 2023 is 12,057 which is +21.9% ahead of same period last year position of 9,894 (PC40) CHOs 1,2,4,6 and 7 are over 10% of achieving this year's target for access

Performance data for Psychology is impacted by non-return of data from 1 LHO in November and 1 LHO in December.

**\*Data return rate 96.9%**

### Numbers of Patients Seen

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

Number of Patients Seen YTD December 2023 (please note data return rates referred to above)				
Discipline	Target YTD (NSP 2023)	Actual YTD	Actual vs. Target* YTD	Actual vs. SPLY YTD
Physiotherapy (PC125)	587,604	507,114	-13.7%	+5.2%
Occupational Therapy (PC124)	389,256	344,932	-11.4%	+2.6%
SLT (PC126)	282,312	185,770	-34.2%	-3.5%
Podiatry (PC127)	85,866	64,396	-25.0%	-3.6%
Ophthalmology (PC128)	79,836	99,872	+25.1%	+24.9%
Audiology (PC129)	54,216	56,322	+3.9%	+5.7%
Dietetics (PC130)	68,640	69,869	+1.8%	+6.7%
Psychology (PC131)	49,757	41,290	-17.0%	-2.9%

### Social Inclusion

#### Opioid substitution

Social inclusion continues to operate at similar levels to 2022. The total number of clients in receipt of opioid substitution treatment (outside prisons) as of the end of November was 10,449 and is -3.2% below the expected activity level of 10,784 (SI1)

**\* Data return rate 100%**

#### Needle Exchange

The number of unique individuals attending the Pharmacy Needle Exchange Programme at the end of September 2023 (data quarterly in arrears) was 1,393 which represents a decrease of -7.1% in expected activity (1,500) and -18.6% behind the same period last year position of 1,712.

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



## Mental Health

### CAMHS Inpatient Units

Nationally, 196 children there had been admitted to CAMHS inpatient units by the end of December 2023, compared with 218 in same period last year (MH37). Close weekly monitoring at the national level of the activity and waitlist for inpatient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

94.2% of child and adolescent mental health admissions were to child and adolescent acute inpatient units in 2023 YTD which is above the target (>85%) (MH5).

Meanwhile, 99.3% of bed days used by children/adolescents were in Child and Adolescent Acute Inpatient Units YTD in 2023, which is above >95% target (MH57).

The number of children admitted to adult mental health units at the end of December 2023 indicates there was 12 child admissions. This is compared to 20 child admissions to adult units in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay (MH38).

**\* Data return rate 100%**

### Community CAMHS

Nationally there was a decrease of 26 children on the waiting list for community mental health services, from 3,785 in November to 3,759 in December 2023 (MH50). There are 568 children waiting longer than 12 months in December 2023. CHO1 have (0), CHO2 (23), CHO3 (60) CHO4 (295), CHO5 (42), CHO6 (1), CHO7 (13), CHO8 (134) and CHO9 (0) children waiting longer than 12 months to be seen by CAMHS (MH55).

The CAMHS waiting list will require an additional 943 people to be seen to reach the pre pandemic wait list levels of 2,816 (March 2020)

### CAMHS Waitlist:

Waiting list initiatives being delivered within the 2023 WLAP are underway in 6 CHO areas.

In 2023, there was 13,764 referrals accepted to Community CAMHS which is 5.2% more than in in 2022 (MH44)

13,155 new/re-referred appointments were offered which is 12.2% more than the 2022 position (MH45)

Of these 12,338 were seen (MH46) and 817 (6.2%) did not attend their appointment (MH47)

As of the end of December, 55.7% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of  $\geq 78\%$  (MH7). A detailed data analysis has been completed to establish contributory factors behind variances across CHOs. Engagement with CHO management teams', points to general trends, including increased demand for services, in part driven by population growth, recruitment and retention challenges, reduced seasonal capacity during summer months and the prioritisation of urgent referrals. In addition, CHOs have reported local issues, including long-term sick leave among key staff, which are proactively being addressed.

91% of new or re-referred cases were seen within 12 months in community CAMHS services YTD December 2023 (MH72).

The severity of presenting symptoms as well as an assessment of risk is always taken into account in terms of waiting times. Every effort is made to prioritise urgent cases so that the referrals of young people with high risk presentations are addressed as soon as possible.

Nationally, 92.8% of urgent referrals to CAMHS were responded to within three working days, above the  $\geq 90\%$  target. (MH73).

**\* Data return rate 100%**

### Community Adult Mental Health Services

86.6% of referred patients were offered an appointment within 12 weeks in general adult mental health YTD December 2023 against a target of  $\geq 90\%$  (MH1). CHOs 3, 6, 7, 8 and 9 are below target and this was discussed on engagement calls where action plans were discussed. However, Covid-related contingencies make this more challenging to address. 22.5% of people referred to general adult services did not attend (DNA) their appointments.

\* **Data return rate 95.7%**

91.9% of referred patients in Psychiatry of Later Life services were offered an appointment within 12 weeks YTD December 2023 against a target of  $\geq 98\%$  (MH3).

\* **Data return rate 93.7%**

*The data is collected by teams based on a 'count' of service users in the time periods referred to above. The data sets are disconnected from each other and no person-specified connections can be made between data sets. This is very important to keep in mind when analysing and drawing conclusions from the monthly data.*

### Inpatient Adult Mental Health Services (Data recorded quarterly in arrears)

At the end of Q2 2023, the number of admissions to acute adult services was 5,823, which is +1.5% above target (5,738) and +3.6% above same period last year position of 5,618.

Data for inpatient adult services was impacted by non-return of data to the Health Research Board (HRB), subsequently delaying data returns on time to the NBIU. This data gap will be resolved in the next period.

\* **Data return Q3 rate 0%**

## Disability Services

### Residential Places

There were 8,400 residential places for people with a disability in December 2023, which is above target YTD (DIS108). A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also

reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. In addition, "in-year" capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.

**Data return 100%.**

### Emergency Residential Places and Intensive Support Packages

In accordance with NSP 2023, Disability Services committed to developing 43 new emergency residential placements and 447 in home respite supports for emergency cases; this includes 420 packages put in place in 2022 which have been maintained in 2023, plus 27 additional in-home respite packages to children and young adults outlined in NSP 2023. At end of December 2023, 160 new emergency residential places were developed (DIS102) and 465 in home respite supports for emergency cases were delivered (DIS109).

### RT Places

There were 1,981 people (all disabilities) in receipt of Rehabilitative Training in December 2023, which is -13.5% (309) less than the 2,290 profiled target (DIS14). The reduction in the utilisation of the RT placements has prompted the need for a review of RT services which commenced in 2023.

**Data return rate 100%**

### Congregated Settings

The HSE continues to support individuals currently residing in congregated settings, to move into more appropriate community and residential settings. At the end of December there were 70 transitions for the year; the target was to facilitate the movement of 73 people from congregated to community settings in 2023. (DIS55). The target of 73 was achieved in the first weeks of 2024.

The HSE *Time To Move On policy* is supporting people to progress from campus based/ institutional settings to community based homes with support. The on-going commitment of the HSE to the vision of "Time to Move on" has been fundamental in bringing about meaningful and sustainable change for approximately 2,400



individuals since the programme began and is enabling these individuals to live ordinary lives in ordinary places in the community. The original 2012 report identified over 4,000 people living in 72 congregated settings. With the incremental progress made since 2012 to support people to transition to homes in the community, there are now less than 1,600 people remaining in the tracked congregated settings identified in the original report.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, the ongoing challenges recruiting staff across a range of disciplines and grades, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

**Data return rate 100%**

### Disability Act Compliance

The judgement of Ms Justice S Phelan in the case of CTM & JA v the HSE was delivered in March 2022. This judgment found that the Preliminary Team Assessment approach described in the HSE's Standard Operating Procedure for Assessment of Need does not meet the requirements of the Disability Act. This judgement in effect requires the HSE to deliver diagnostic assessments where necessary and appropriate as part of the Assessment of Need process. This ruling has had a significant impact operationally and has resulted in a growth in the numbers of overdue Assessments of Need. The requirement for services to prioritise the statutory Assessment of Need process has also impacted significantly on their capacity to provide necessary intervention / treatment for children with disabilities.

As a result of the Judgement, activity for the 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 8,893 (including 343 applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations).

The HSE's National Clinical Programme for People with Disability (NCPD) has led the process of developing a revised AON Standard Operating Procedure (SOP) incorporating guidance on completion of clinical assessment to replace the

element of the SOP which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This was launched on July 14<sup>th</sup> 2023.

The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. At end of Quarter 4, 2023, 13% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations (DIS3).

The fourth quarter of 2023 has seen a further increase in the number of applications for assessment of need received (8,472 for the year) which is up 29.2% on the profiled target for the period (DIS1).

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

The provision of diagnostic ASD assessments through the Assessment of Need process is the most significant factor in waiting lists for children's disability services. Approximately €11m has been allocated to address waiting lists for clinical assessments in 2023. This funding is being utilised to procure diagnostic ASD assessments from the private sector. In addition, the HSE at local level is using time related savings to source AON assessments privately for children in the order as registered on the AOS (AON information management system).

To address the challenges in outsourcing AON, National Disability Services has completed a tender process and Service Specification for the delivery of Assessment of Need from private providers. This will provide limited additional

private capacity in provision of AONs due to level of private service provider engaged already for AONs. The HSE has also developed AON Administrative Hubs in five CHO Areas and established AON Assessment Hubs in three CHO Areas. Under the *Roadmap for Service Improvement 2023-2026, Disability Services for Children and Young People*, these AON Hubs will be amalgamated into 6 AON Assessment Hubs aligned to the 6 Regional Health Areas.

It is important to note that children do not require an Assessment of Need as defined by the Disability Act (2005) in order to access a Children's Disability Network Team (CDNT) or Primary Care service. They can be referred by a healthcare professional or parent/carer to the CDNT for children with complex needs as a result of their disability, or to Primary Care for children with non-complex needs.

## Older Persons

### Home Support

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

In 2023 the existing competitive tender system for the contracting of home support hours from private companies (indirect service provision/hours) was replaced with an Authorisation Scheme (AS) which facilitates new entrants over the life time of the Scheme with a view to extending capacity.

It provides for fixed pricing and a common framework for the delivery of Home Support Services, with an initial term of 24 months but can potentially remain open-ended. DoH approval to proceed with the Authorisation Scheme was subject to the advancement of sectoral reform incorporating travel time for Home Support Workers (HSWs), addressing the living wage and reform of legacy rates as recommended by the Strategic Workforce Advisory Group.

NSP 2023 provided for the rollover of 2021 target levels of service into 2023, inclusive of the additional 5m hours funded under the Winter Plan and the 230,000 hours associated with the Home Support Pilot. An adjustment of NSP 2023 target

from 23.9m hours to 22m hours was sanctioned by the DoH in order to proceed with the Home Support Authorisation Scheme. It is expected that the 22m hours will be delivered to 55,910 people by year end. It is also expected that 360,000 home support hours provided from Intensive Home Care Packages will be delivered to approximately 235 people by December 2023 (total target of 22.36m hours /56,145 clients).

The December YTD data reported shows that that 22,115,738 hours were provided, a variance of +0.5% (OP53) on target and an increase of +6.4% on the same period last year (SPLY) activity. 55,652 people were in receipt of home support (OP54) (point in time) as at end December. 74 people were in receipt of an Intensive Home Care Package (OP4).

Demand for home support continues to increase due to population growth and the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years' cohort. Waiting lists for Home Support have become a feature of the service, now primarily associated with an increasing capacity issue related to the availability of care staff. Each person on the waiting list has been assessed by the Home Support Service. In the context of increasing demand, priority is given to those being discharged from acute hospitals who are in a position to return home with supports and to those in the community with acute needs. Funding approval is expedited across the system to ensure minimum waiting times.

The CHO waiting list at end of December indicates that no person assessed for Home Support was waiting on funding (OP55) (Preliminary data). 5,863 people were recorded as waiting on care staff, 3,067 (52.3%) of whom were waiting on a new service to be provided, with 2,796 (47.7%) others, currently in receipt of Home Support, waiting on care staff to deliver an additional service.

Significant work is underway to address the challenges associated with capacity issues and carer availability. The HSE advertises on an ongoing basis for Health Care Assistants (Home Support) and recruits as many suitable candidates where possible. The Strategic Workforce Advisory Group on Home Carers & Nursing Home Healthcare Assistants set out a number of Recommendations in their October 2022 published report through which the current workforce crisis in Healthcare Assistants in both residential and Home Support could be addressed

at a cross governmental level. A cross departmental Strategic Workforce Implementation Group (SWIG) has been established with membership comprising the owners and supporters of the Advisory Group's Recommendations. The HSE, as an owner of a number of Recommendations, is represented on the SWIG. The inaugural meeting was held on the 26<sup>th</sup> of August with work underway on drafting an Implementation Plan for review by the Group.

The Home Support Reform and Statutory Scheme Programme was established in August 2022 to progress planning within the HSE for the establishment of the Home Support Statutory Scheme (HSSS) and reform of Home Support Services. The Programme developed an implementation roadmap for the reform of the Home Support Service. The key HSE Home Support reform priorities identified for 2023 relate to Stage 1 and Stage 2 of the reform implementation roadmap which centre on planning for future regulation of Home Support Providers and Home Support Services Scheme, developing a future Home Support Service operating model and progressing the development and implementation of a Home Support Service Client Management and e-rostering system, (HSS-CMeRS) and the National Nursing Home Support Scheme and Statutory Home Support Scheme Information Systems.

**\* Data return rate 100%**

## NHSS

In December 2023 the Nursing Homes Support Scheme funded 23,285 long term public and private residential places, and when adjusted for clients not in payment, there were 24,427 places supported under the scheme. The number of people funded under the scheme is above the profile for December by 573 (to be confirmed).

There is an increase of 516 in the number of people supported under the scheme when compared to the same period last year. This is a 2.3% increase in activity year on year.

The number on the placement list at the end of December 2023 is 376 (December 2022 – 299). This is an increase of 77 (25.8%) on the same period last year.

A total of 8,815 people were approved for funding under the scheme in the twelve months of 2023 compared to 8,557 people approved for the same period last year. This is an increase of 258 approvals or 3% year on year.

In the twelve months of 2023, 10,487 applications were received and 9,101 clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 594 or 7% in the number of starters supported under the scheme when compared to 2022. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2023.

**\* Data return rate 100%**

## Transitional Care Funding

Transitional Care Funding, which is in place to assist Acute Hospitals with the discharge of patients who are finalising their Nursing Home Support Application or in need of a period of convalescence care before returning home, has continued to be in demand in 2023. November YTD 2023, 8,772 people were approved for Transitional Care Funding to discharge from Acute Hospitals to nursing home beds (OP46) against a target of 7,892. Of the 810 approvals in November, 420 were for NHSS applicants and 390 were for convalescence care. Ongoing pressures on acute hospitals and a high sustained DTOC level during the month resulted in an ongoing increased demand on TCB during the month.

**\* Data return rate 100%**

# Acute Care Scorecard/Heatmap

## Acute Care 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>															
	% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident	M	70%	49% [R]	-30%								58%	48%	31%	
	% of reported incidents entered onto NIMS within 30 days of notification of the incident	Q	70%	76% [G]	8.6%								74%	75%	83%	
	Extreme and major incidents as a % of all incidents reported as occurring	Q	<1%	0.6% [G]	-40%								0.6%	0.5%	0.6%	
	<b>Service User Experience (Q3 2023 @ 20.11.23)</b>															
	Complaints investigated within 30 working days	Q	75%	73% [A]		75% [G]	90% [G]	66% [R]	82% [G]	45% [R]	51% [R]	60% [R]				
	<b>HCAI Rates</b>															
	Staph. Aureus (per 10,000 bed days)	M	<0.8	0.8 [G]	0%	0.6 [G]	1.0 [R]	0.8 [G]	0.8 [G]	0.7 [G]	0.8 [G]	0.8 [G]	0.5	0.9	0.9	
	C Difficile (per 10,000 bed days)	M	<2	2.2 [A]	7.6%	0.5 [G]	1.9 [G]	2.1 [A]	2.4 [R]	1.8 [G]	2.3 [R]	3.3 [R]	2.3	2.2	2.7	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	89.6% [R]	-10.4%	100% [G]	85.7% [R]	91.7% [A]	100% [G]	83.3% [R]	80% [R]	100% [G]	95.8%	91.7%	89.6%	
<b>Surgery</b>																
*Hip fracture surgery within 48 hours of initial assessment	Q-1Q															
Surgical re-admissions within 30 days of discharge (site specific targets)	M-1M	≤2%	1.7% [G]	-14.3%		2.6% [R]	1.2% [G]	1.7% [G]	1.7% [G]	1.6% [G]	2.3% [R]	1.9%	1.7%	1.6%		
Procedure conducted on day of admission (DOSa) (site specific targets)	M-1M	82.4%	80.7% [G]	-2.1%		72.2% [A]	91.3% [G]	81.9% [G]	65.4% [A]	86.6% [R]	68.2% [R]	80.8%	81%	80.6%		

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current			
	<b>Medical</b>																	
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.9% [A]	6.8%		11.8% [A]	11.1% [G]	10.9% [G]	12.3% [R]	12.6% [R]	12.9% [R]	11.9%	11.5%	11.1%			
	<b>Urgent colonoscopy</b>																	
	Number waiting > 4 weeks (zero tolerance)	M	0	1,266 [R]		0 [G]	185 [R]	422 [R]	0 [G]	574 [R]	29 [R]	56 [R]	8	35	150			
<b>Access and Integration</b>	<b>Routine Colonoscopy</b>																	
	% Waiting < 13 weeks following a referral for colonoscopy or OGD	M	65%	66% [G]	1.5%	30.5% [R]	45.5% [R]	64.4% [G]	99.8% [G]	73.9% [G]	67.1% [G]	70.7% [G]	62.6%	65.1%	66%			
	<b>Emergency Department Patient Experience Time</b>																	
	ED within 24 hours (Zero Tolerance)	M	97%	95.9% [R]	-1.2%	98.8% [G]	93.9% [R]	96.2% [R]	97.2% [G]	96.1% [R]	95.6% [R]	93.1% [R]	96.2%	96.2%	96.6%			
	75 years or older within 24 hours (Zero Tolerance)	M	99%	91.4% [R]	-7.6%		91.7% [R]	92% [R]	93.8% [R]	91.5% [R]	90.4% [R]	83.7% [R]	93.3%	93.5%	93.7%			
	ED within 6 hours	M	70%	57.1% [R]	-18.4%	77.4% [G]	50.5% [R]	64.1% [A]	48.2% [R]	51.4% [R]	58.6% [R]	54.8% [R]	58.2%	58.0%	57.1%			
	75 years or older within 6 hours	M	95%	36.4% [R]	-61.6%		34.3% [R]	49.0% [R]	27.8% [R]	29% [R]	36.7% [R]	34% [R]	37.3%	37.2%	35.9%			
	<b>Waiting times</b>																	
	Adult waiting < 9 months (inpatient) New KPI	M	90%	73.6% [R]	-18.2%			70.2% [R]	74.4% [R]	83.5% [A]	60.1% [R]	74.6% [R]	97.4% [G]	71.3%	72.2%	73.6%		
	Adult waiting < 9 months (day case) New KPI	M	90%	81.6% [A]	-9.3%			79.5% [R]	81.8% [A]	90.5% [G]	79.1% [R]	76.2% [R]	95.5% [G]	79.8%	81.2%	81.6%		
Children waiting <9 months (inpatient) New KPI	M	90%	63.6% [R]	-29.4%	51.8% [R]	100% [G]	65.9% [R]	97.4% [G]	92.1% [G]	96.2% [G]	53.3% [R]	64.9%	64.5%	63.6%				
Children waiting < 9 months (day case) New KPI	M	90%	69.3% [R]	-23%	64.5% [R]	100% [G]	85.3% [A]	100% [G]	74.6% [R]	82.1% [A]	70.2% [R]	73%	70.6%	69.3%				
Outpatient waiting < 15 months New KPI	M	90%	86.6% [G]	-3.8%	83.3% [A]	88.5% [G]	85.2% [A]	99.5% [G]	81.1% [A]	83.1% [A]	93.5% [G]	84.6%	85.6%	86.6%				

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
Access and Integration	<b>Delayed Transfers of Care</b> Number of beds subject to Delayed Transfers of Care (site specific targets) (Zero Tolerance)	M	≤350	356 [R]	1.7%	10	52	85	21	71	106	11	550	510	356	
	<b>Cancer</b>															
	Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	M	95%	79.8% [R]	-16%		73.5% [R]	90% [A]	99.5% [G]	63.2% [R]	71.3% [R]	90.3% [G]	76.3%	88.3%	90.7%	
	Urgent Breast Cancer within 2 weeks	M	95%	77.7% [R]	-18.2%		64.1% [R]	87.1% [A]	99.9% [G]	57.9% [R]	72.3% [R]	97.1% [G]	71%	86.6%	91.6%	
	Non-urgent breast within 12 weeks	M	95%	72.4% [R]	-23.8%		97.5% [G]	59.8% [R]	99.7% [G]	60.4% [R]	65.5% [R]	90.9% [G]	74.6%	78.6%	83.5%	
	Lung Cancer within 10 working days	M	95%	84% [R]	-11.6%		98.9% [G]	99% [G]	96.1% [G]	67.2% [R]	70.1% [R]	69.2% [R]	88.1%	90%	85.6%	
	Prostate Cancer within 20 working days	M	90%	86.5% [G]	-3.9%		96.3% [G]	98.8% [G]	99.4% [G]	90.5% [G]	68.8% [R]	77.9% [R]	94.7%	96.1%	91.1%	
	Radiotherapy treatment within 15 working days	M	90%	63.1% [R]	-29.9%		48.1% [R]			74.7% [R]	78.5% [R]	86.1% [G]	63%	64.5%	63%	
	<b>Ambulance Response Times</b>															
	ECHO within 18 minutes, 59 seconds	M	75%	72.5% [G]	-3.3%									72.9%	71.8%	72.2%
Delta within 18 minutes, 59 seconds	M	45%	44.2% [G]	-1.7%									45.2%	47.1%	41.1%	
Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>															
	Net expenditure (pay + non-pay - income)	M	≤0.1%	8,829,386	3.93% [R]	1.70% [R]	3.95% [R]	3.13% [R]	1.25% [R]	3.48% [R]	4.98% [R]	4.61% [R]			3.93%	
	Pay expenditure variance from plan	M	≤0.1%	6,433,084	2.84% [R]	0.87% [R]	3.40% [R]	2.53% [R]	0.25% [A]	3.38% [R]	3.91% [R]	4.33% [R]			2.84%	
	Non-pay expenditure	M	≤0.1%	3,333,746	4.10% [R]	3.59% [R]	3.81% [R]	3.38% [R]	3.07% [R]	3.11% [R]	5.51% [R]	3.64% [R]			4.10%	
Gross expenditure (pay and non-pay)	M	≤0.1%	9,766,830	3.26% [R]	1.67% [R]	3.55% [R]	2.81% [R]	1.13% [R]	3.29% [R]	4.47% [R]	4.09% [R]			3.26%		

		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	
	<b>Service Arrangements (Q4 2023 @ 22.04.24)</b>															
	% of monetary value signed	M	100%	84.92%	-15.08%								14.68%	69.93%	84.92%	
	<b>Internal Audit</b>															
	% of recommendations implemented within 12 months	Q	95%	70% [R]	-26.3%								75%	66%	70%	
Workforce	<b>Attendance Management</b>															
	% absence rates by staff category (Non Covid)	M	≤4%	4.91% [R]	22.75%	4.22% [R]	4.97% [R]	4.37% [R]	4.81% [R]	5.06% [R]	4.78% [R]	6.46% [R]	5.06%	5.00%	5.37%	
	% absence rates by staff category (Covid)	M	NA	0.55%		0.77%	0.68%	0.43%	0.48%	0.57%	0.45%	0.71%	0.57%	0.46%	0.66%	

\*Note: Unavailable Due to Industrial Action



# Acute Care

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

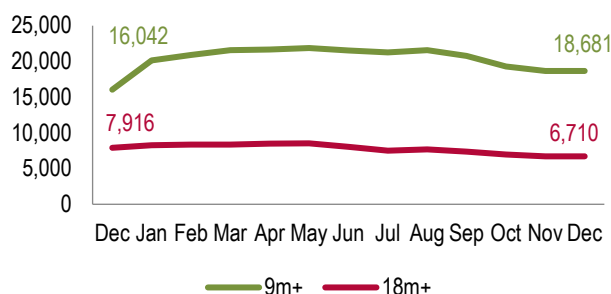
Activity Area	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,666,536	1,694,512	1.7%	1,665,231	1.8%	147,921	144,781	143,931
New ED Attendances	1,350,913	1,359,100	0.6%	1,356,895	0.2%	118,133	116,650	117,413
OPD Attendances	3,389,402	3,651,940	7.7%	3,441,381	6.1%	323,939	338,000	243,835

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Current Period YTD	% Var YTD	SPLY YTD	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	580,192	593,897	2.4%	556,973	6.6%	53,866	54,708	55,847
Inpatient weight units	588,445	594,903	1.1%	573,575	3.7%	52,858	53,140	54,948
Day case (includes dialysis)	1,043,124	1,104,124	5.8%	1,025,811	7.6%	100,412	102,940	108,272
Day case weight units (includes dialysis)	1,018,491	1,110,504	9%	1,019,969	8.9%	102,479	103,756	107,659
IP & DC Discharges	1,623,316	1,698,021	4.6%	1,582,784	7.3%	154,278	157,648	164,119
% IP	35.7%	35.0%	-2.1%	35.2%	-0.6%	34.9%	34.7%	34.0%
% DC	64.3%	65.0%	1.2%	64.8%	0.3%	65.1%	65.3%	66.0%
Emergency IP discharges	415,402	423,119	1.9%	396,117	6.8%	37,936	38,393	39,951
Elective IP discharges	77,158	80,109	3.8%	70,575	13.5%	7,692	7,791	7,917
Maternity IP discharges	87,632	90,668	3.5%	90,280	0.4%	8,238	8,524	7,979
Inpatient discharges >75 years	125,814	132,425	5.3%	119,687	10.6%	11,909	11,957	12,656
Day case discharges >75 years	216,402	221,546	2.4%	209,637	5.7%	20,475	20,813	21,464

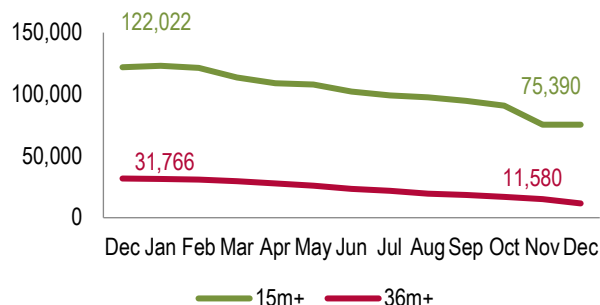
## Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 9 months (New KPI)	90%	M	● 73.6%	71%	+2.6%	71.3%	72.2%	73.6%	16 out of 37 hospitals reached target	SLK (28.6%), Portlaoise (47.6%), GUH (54.6%)
Day case adult waiting list within 9 months (New KPI)	90%	M	● 81.6%	80.5%	+1.1%	79.8%	81.2%	81.6%	21 out of 42 hospitals reached target	UHW (68.5%), SJH (69.2%) CUH (71.4%)
Inpatient children waiting list within 9 months (New KPI)	90%	M	● 63.6%	64.7%	-1.1%	64.9%	64.5%	63.6%	11 out of 18 hospitals reached target	LUH (0%), CHI (51.8%), UHL (53.3%)
Day case children waiting list within -9 months (New KPI)	90%	M	● 69.3%	77.5%	-8.2%	73%	70.6%	69.3%	17 out of 26 hospitals reached target	CHI (64.5%), Cappagh (66.7%), CUH (66.8%)
Outpatient waiting list within 15 months (New KPI)	90%	M	● 86.6%	79.1%	+7.5%	84.6%	85.6%	86.6%	28 out of 44 hospitals reached target	St Columille's (49.8%), RVEEH (75.4%), GUH (77.2%)

### Inpatient & Day Case Waiting List



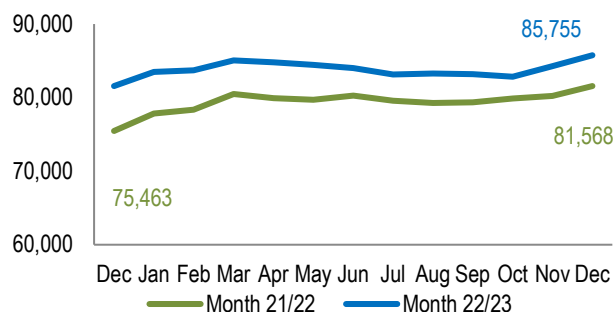
### Outpatient Waiting List



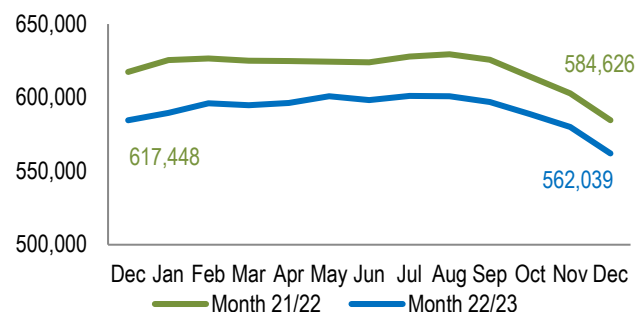
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>9 Mths	>15 Mths
Adult IP	18,450	18,556	-106	4,867	2,731
Adult DC	57,300	54,053	3,247	10,515	4,803
Adult IPDC	<b>75,750</b>	<b>72,609</b>	<b>3,141</b>	<b>15,382</b>	<b>7,534</b>
Child IP	4,010	3,871	139	1,461	845
Child DC	5,995	5,088	907	1,838	684
Child IPDC	<b>10,005</b>	<b>8,959</b>	<b>1,046</b>	<b>3,299</b>	<b>1,529</b>
OPD	562,039	584,626	-22,587	152,477	75,390

### Total No. on Inpatient & Day Case Waiting List



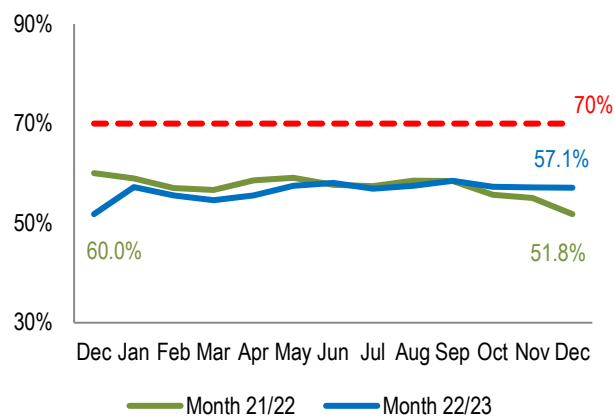
### Total No. on Outpatient Waiting List



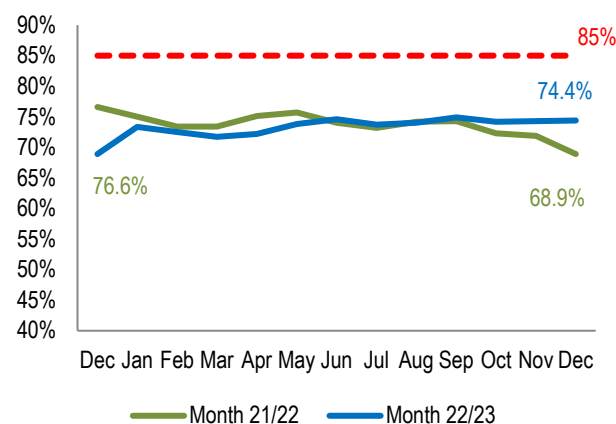
## ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-)	Current (-)	Current	Best performance	Outliers
% admitted or discharged within 6 hours	70%	M	● 57.1%	56.9%	0.2%	58.2%	58.0%	57.1%	6 out of 28 hospitals	SUH (36.6%), Tallaght - Adults (37.7%), Beaumont (39.9%)
% 75 years+ admitted or discharged within 6 hours	95%	M	● 36.4%	35.8%	+0.6%	37.3%	37.2%	35.9%	St Michaels (80%), SLK (58.3%), Tullamore (53%)	LUH (19.4%), SUH (19.8%), Tallaght - Adults (24.7%)
% admitted or discharged within 9 hours	85%	M	● 73.8%	73.2%	+0.6%	75%	75%	74.4%	6 out of 28	Tallaght - Adults (54.2%), SUH (57.5%), Naas (57.6%)
% 75 years+ admitted or discharged within 9 hours	99%	M	● 54.5%	52.4%	+2.1%	55.7%	55.7%	54.5%	St Michaels (97.5%), Tullamore (78%), SLK (74%)	LUH (37.5%), SUH (37.6%), Tallaght - Adults (41.4%)
% in ED admitted or discharged within 24 hours	97%	M	● 95.9%	95.4%	+0.5%	96.2%	96.2%	96.6%	15 out of 28 hospitals	Tallaght - Adults (91.5%), SUH, SVUH (92.9%)
% 75 years+ admitted or discharged within 24 hours	99%	M	● 91.4%	88.9%	+2.6%	93.3%	93.5%	93.7%	9 out of 27 hospitals	UHL (85.1%), OLOL (85.5%), GUH, SUH (85.7%)

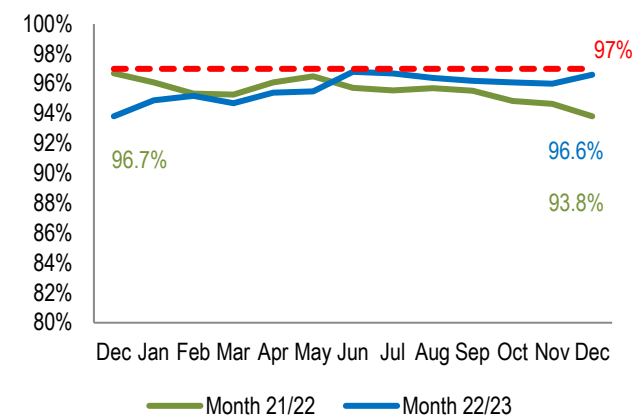
% admitted or discharged within 6 hours



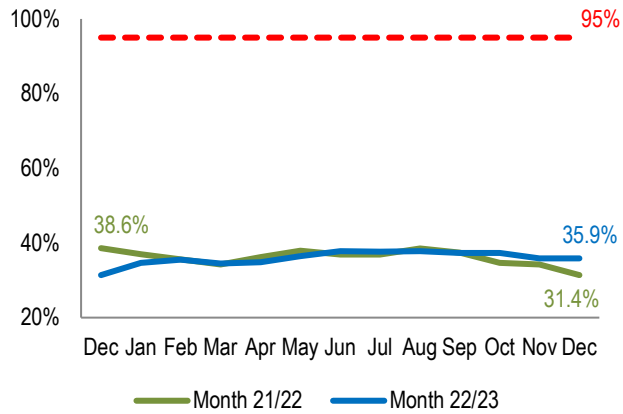
% admitted or discharged within 9 hours



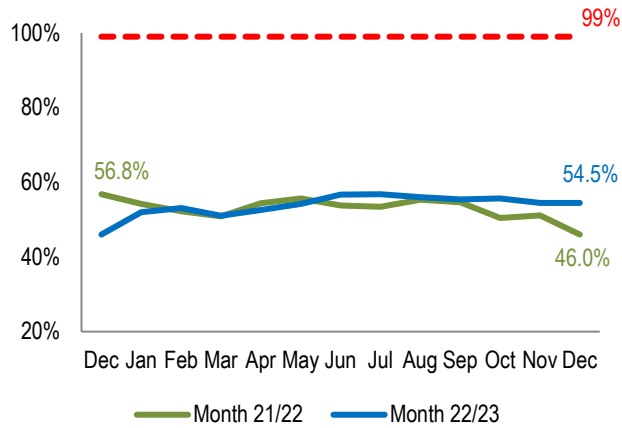
% in ED admitted or discharged within 24 hours



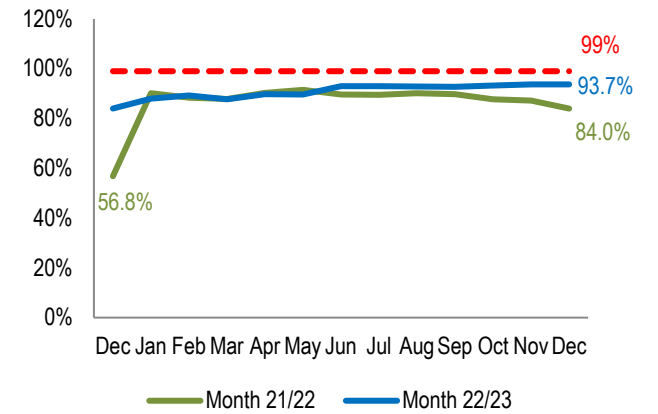
**% 75 years+ admitted or discharged within 6 hours**



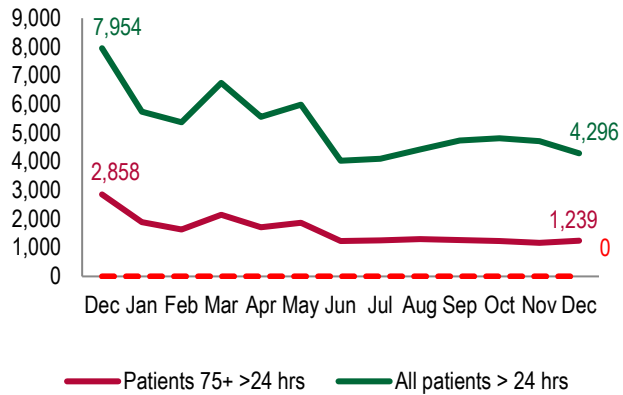
**% 75years+ admitted or discharged within 9 hours**



**% 75 years+ admitted or discharged within 24 hours**



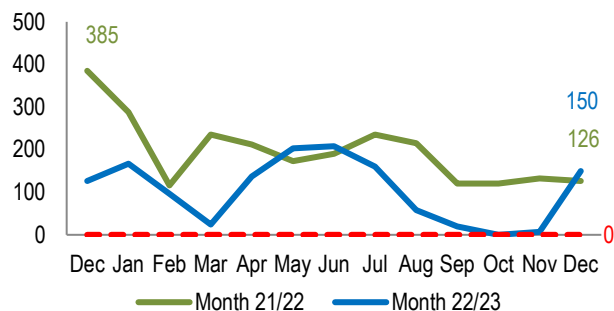
**Number in ED waiting over 24 hours**



## Colonoscopy

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers	
Urgent Colonoscopy – no. of new people waiting > 4 weeks	0	M	●	<b>1,266</b>	2,177	-911	8	35	150	33 out of 38 have 0	MUH (76), Portlaoise (38), Roscommon (22)
Bowelscreen – no. colonoscopies scheduled > 20 working days		M		<b>891</b>	524	+367	77	102	88	8 out of 15 hospitals	(SVUH (27), SUH (7), Mercy (3))
Colonoscopy and OGD <13 weeks	65%	M	●	<b>66%</b>	61.3%	+4.7%	62.6%	65.1%	66%	27 out of 37 hospitals	SJH (30.1%), CHI (30.5%), Tallaght - Adults (44.8%)
% of people waiting < 9 months for an elective procedure GI scope New KPI	95%	M	●	<b>95.1%</b>	94.5%	+0.6%	94.1%	95%	95.1%	29 out of 37 hospitals	CHI (72.2%), Portlaoise (77.3%), SJH (87.6%)

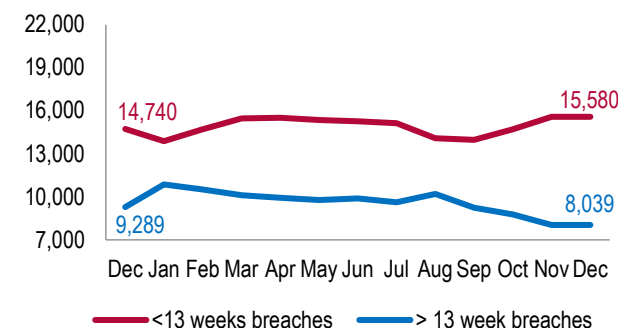
### Urgent Colonoscopy – No. of new people waiting



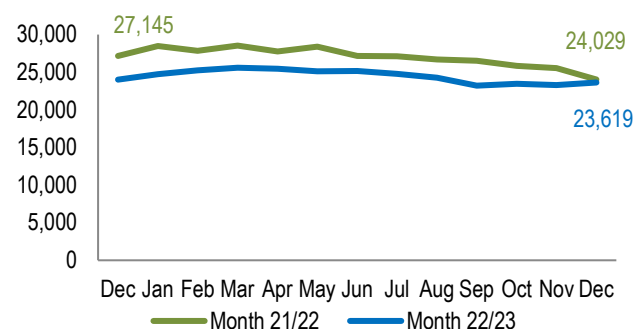
### BowelScreen: Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	307	376	214
Number scheduled over 20 working days	77	102	88

### No. on waiting list for Colonoscopy and OGD



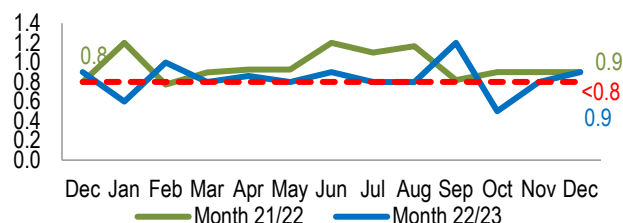
### Total No. on waiting list for Colonoscopy and OGD



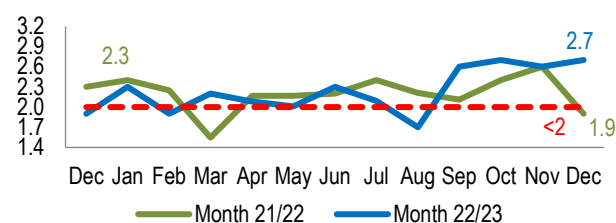
## HCAI Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<0.8	M	● 0.8	1.0	-0.2	0.5	0.9	0.9	29 out of 46 hospitals	CWUIH (3.1), Naas (2.5), UHW (2.3)
Rate of new cases of C Difficile infection	<2	M	● 2.2	2.2	0.0	2.3	2.2	2.7	27 out of 46 hospitals	Nenagh (11.4), TUH (8.5), Wexford (8.0)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	● 89.6%	89.6%	0%	95.8%	91.7%	89.6%	43 out of 48 hospitals	1 hospitals didn't achieve the target. 4 hospitals didn't submit data.

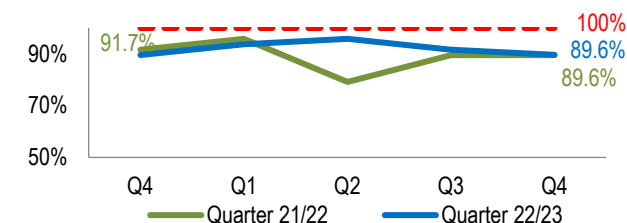
### Rate of Staph. Aureus bloodstream infections



### Rate of new cases of C Difficile associated diarrhoea



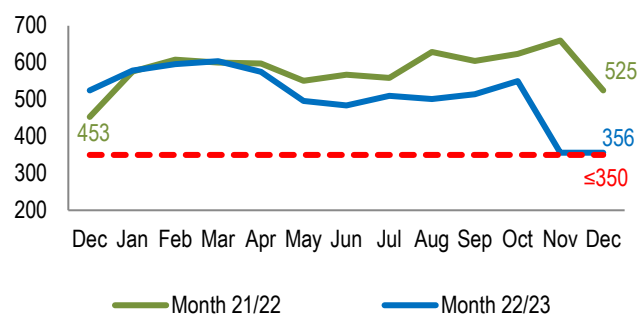
### Requirements for screening with CPE Guidelines



## Delayed Transfers of Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to delayed transfers of care	≤350	M	● 356	525	-169	550	510	356	Cavan, Mallow, Cappagh (0)	CUH (36), SUH (22), SJH (21)

### Delayed Transfers of Care



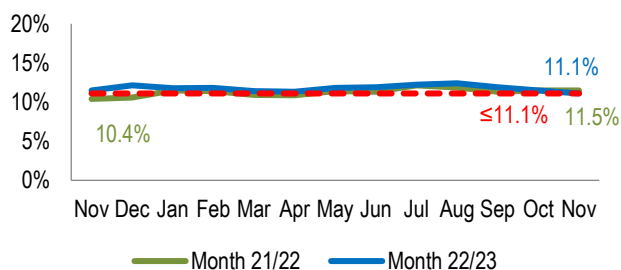
### Delayed Transfers of Care by Category

	Over 65	Under 65	Total	Total %
Home	27	18	45	12.6%
Residential Care	85	20	105	29.5%
Rehab	26	29	55	15.4%
Complex Needs	22	17	39	11%
Housing/Homeless	11	25	36	10.1%
Legal complexity	43	13	56	15.7%
Non compliance	6	5	11	3.1%
COVID-19	8	1	9	2.5%
<b>Total</b>	<b>228</b>	<b>128</b>	<b>356</b>	<b>100%</b>

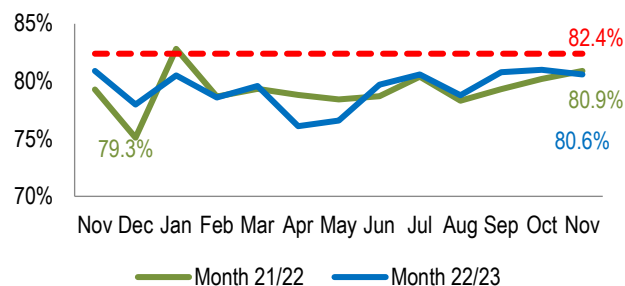
## Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.9%	11.4%	+0.5%	11.9%	11.5%	11.1%	18 out of 34 hospitals	Tullamore (15%), CUH, Wexford (14.3%)
Procedure conducted on day of admission (DOSA)	82.4%	M-1M	● 80.7%	79.5%	+1.2%	80.8%	81%	80.6%	27 out of 34 hospitals	Croom (32%), Mullingar (50%), SJH (47.8%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 48%	46.6%	+1.4%	44.4%	45.5%	47.3%	13 out of 31 hospitals	6 out of 31 hospitals (0%)
Surgical re-admissions within 30 days of discharge	≤2%	M-1M	● 1.7%	1.7%	0%	1.9%	1.7%	1.6%	29 out of 40 hospitals	Croom (1.4%), SIVUH (0.9%), UHL (4.1%)

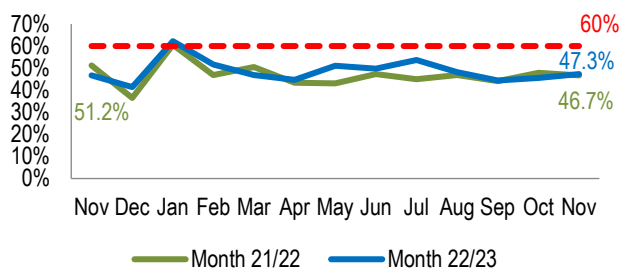
### Emergency re-admissions within 30 days



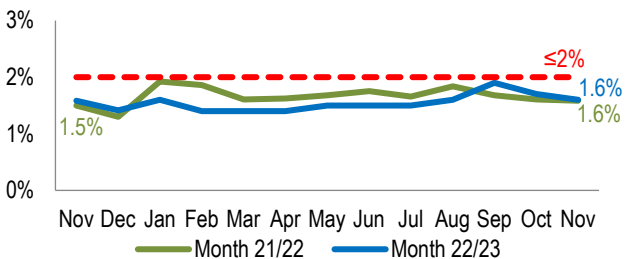
### Procedure conducted on day of admissions



### Laparoscopic Cholecystectomy day case rate



### Surgical re-admissions within 30 days

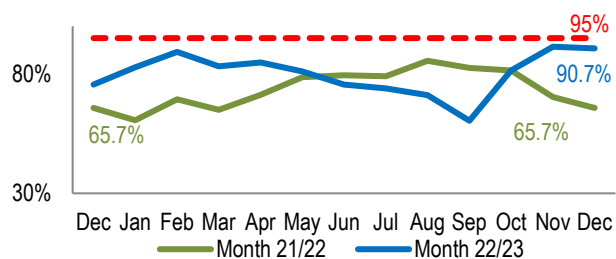




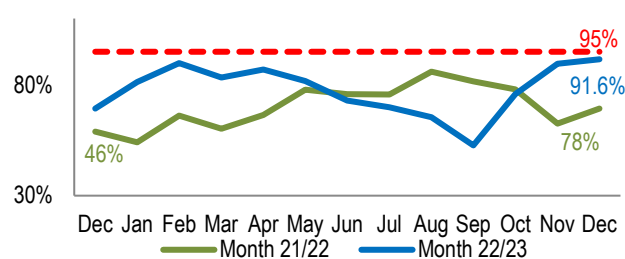
## Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers	
% of new patients attending Rapid Access Breast (urgent), Lung and Prostate Clinics within recommended timeframe	95%	M	●	<b>79.8%</b>	74.8%	+5%	76.3%	88.3%	90.7%	SVUH (100%), Beaumont (98.9%), CUH (95.5%)	MMUH (63.1%), LUH (88%), GUH (88.9%)
Urgent breast cancer within 2 weeks	95%	M	●	<b>77.7%</b>	70.7%	+7%	71%	86.6%	91.6%	6 out of 9 hospitals reached the target	MMUH (40.9%), LUH (88%), SJH (89.1%)
Non-urgent breast within 12 weeks	95%	M	●	<b>72.4%</b>	51.5%	+20.9%	74.6%	78.6%	83.5%	4 out of 9 hospitals reached the target	LUH (16.7%), CUH (21%), SVUH (85.2%)
Lung Cancer within 10 working days	95%	M	●	<b>84%</b>	90.7%	-6.7%	88.1%	90%	85.6%	4 out of 8 hospitals reached the target	UHW (61.5%), GUH (71.1%), CUH (84.2%)
Prostate cancer within 20 working days	90%	M	●	<b>86.5%</b>	81.8%	+4.6%	94.7%	96.1%	91.1%	6 out of 8 hospitals reached the target	GUH (35.3%), UHL (77.8%)
Radiotherapy within 15 working days	90%	M	●	<b>63.1%</b>	69.8%	-6.7%	63%	64.5%	63%	UHW (91.7%)	SLRON (50%), Atlnelgelvin (64.7%), UHL (70.7%)

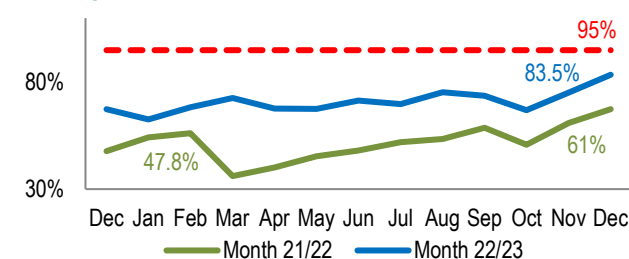
Rapid Access within recommended timeframe



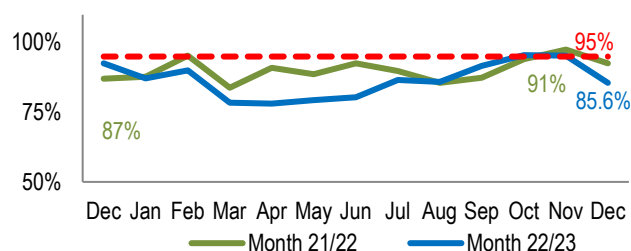
Breast Cancer within 2 weeks



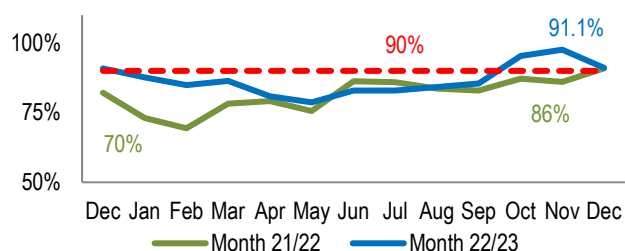
Non-urgent breast within 12 weeks



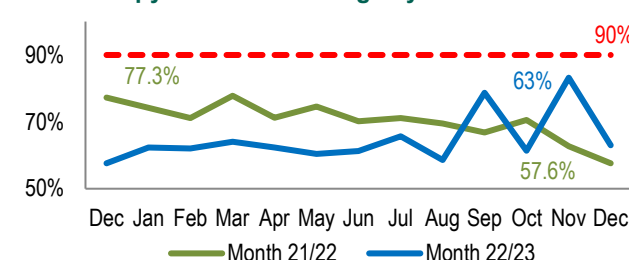
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



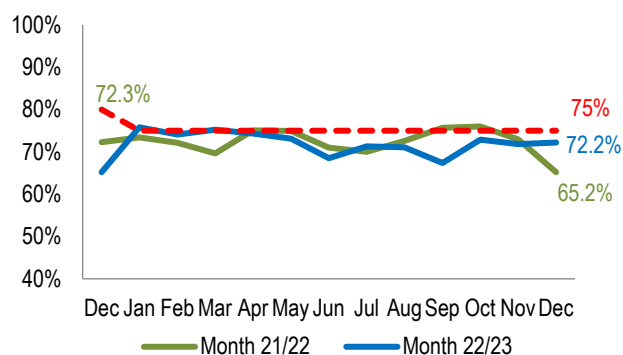
Radiotherapy within 15 working days



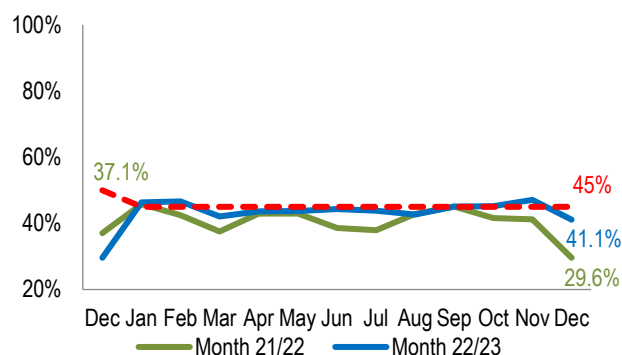
## National Ambulance Service

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	75%	M	● 72.5%	72.2%	0.3%	72.9%	71.8%	72.2%		North Leinster (74.4%), South (73.9%), West (67.1%)
Response Times – DELTA	45%	M	● 44.2%	40.5%	3.7%	45.2%	47.1%	41.1%		West (41.7%), North Leinster (37.8%) South (43.6%)
Return of spontaneous circulation (ROSC)	40%	Q	● 40.8%	37.4%	3.4%	38.6%	43.9%	42.2%		

### Response Times – ECHO



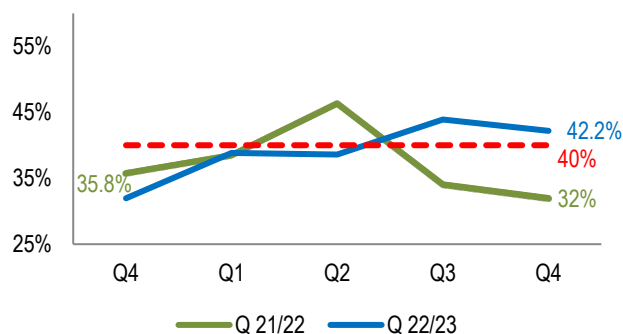
### Response Times – DELTA



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

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	6,784	5,708	-15.9%	6,608	-900
DELTA	162,180	140,184	-13.6%	157,582	-17,398

### ROSC



## Acute Care Update

### Emergency Care

**All Emergency Presentations:** The total number of Emergency presentations (including Local injury units) for December 2023 was **143,931**.

**Emergency Department (ED) attendances:** The total number of ED attendances for December 2023 was **127,700**.

### Outpatient Department Attendances

The number of new and return outpatient attendances was **245,601** in December 2023.

**Patient Experience Time (PET):** **96.6%** of all patients attending ED were seen within 24 hours in December 2023, below the NSP target of 97%. This compares with **93.8%** in December 2022.

**ED PET less than 24 hours for patients aged 75+:** was **93.7%** in December 2023, this is below the NSP target of 99%. This compares with **84%** in December 2022.

### Delayed Transfers of Care (DTC)

There were **356** Delayed Transfers of Care at the end of December 2023, a 32.19% decrease from the number of DTCs in December 2022 (**525**).

## Elective Access

### Inpatient and Day Case Waiting Lists

At the end of December 2023, the number of people waiting for an inpatient or day case appointment (IPDC) was **85,755** which represents an increase of **1,468 (1.74%)** on the previous month (November 2023) (**84,287**).

### Colonoscopy/OGD Waiting lists

At the end of December 2023, the number of people on the Colonoscopy/OGD waiting list was **23,619**. This is an increase of **340 (1.46%)** on the number waiting at the end of the previous month November 2023 (**23,279**).

## Outpatient Waiting Lists

The total number of people waiting for an Outpatient appointment was **562,039** at the end of December 2023 which is a decrease of **18,016 (-3.11%)** since November 2023 (**580,055**).

## BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In December 2023, **214** invitations were issued of which **108 (50%)** were scheduled within the target time of 20 days.

## Cancer Services

### Symptomatic Breast Cancer Clinics

Six of the nine Symptomatic Breast Cancer Sites were compliant with the target that 95% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals in December 2023:

- University Hospital Waterford – **100%**
- St. Vincent's University Hospital – **100%**
- University Hospital Limerick – **100%**
- Beaumont Hospital – **99%**
- Cork University Hospital – **96.4%**
- Galway University Hospital – **96.6%**

Three hospitals were below target:

- St. James's Hospital – **89.1%**
- Letterkenny University Hospital – **88%**
- Mater Misericordiae University Hospital – **40.9%**

### Rapid Access Clinics for Lung Cancer Services

Four of the eight hospitals were compliant with the target that 95% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres in December 2023:

- Mater Misericordiae University Hospital – **100%**
- St. Vincent's University Hospital – **100%**
- Beaumont Hospital – **95.7%**
- St. James's Hospital – **95.2%**

Four hospitals were below the target of 95% within 10 days:

- University Hospital Limerick – **87.5%**
- Cork University Hospital – **84.2%**
- Galway University Hospital – **71.1%**
- University Hospital Waterford – **61.5%**

### Rapid Access Clinic for Prostate Cancer Services

Six of the eight hospitals were compliant with the target that 90% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres target in December 2023:

- Mater Misericordiae University Hospital – **100%**
- St. Vincent's University Hospital – **100%**
- Beaumont Hospital – **100%**
- University Hospital Waterford – **100%**
- Cork University Hospital – **97.2%**
- St. James's Hospital – **97.1%**

Two hospitals were below the target of 90% within 20 days:

- University Hospital Limerick – **77.8%**
- Galway University Hospital – **35.3%**

### Radiotherapy

The target is that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat target. In December 2023 compliance was as follows:

- UPMC Waterford – **91.7%**
- Cork University Hospital – **78.7%**

- Galway University Hospital – **72.2%**
- Mid-Western Radiation Oncology Centre Limerick – **70.7%**
- St Luke's Network (SLRON) – **50%**

### National Ambulance Service

**Activity volume:** for AS1 and AS2 calls received this month has increased by 1,674 (37,723) calls (↑5%) compared to the same month last year (December 2022 – 36,049). The daily average call rate for AS1 and AS2 calls received this month was 1,217 (31 days this month).

**PURPLE (ECHO-** life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 75% in 18 minutes and 59 seconds was below target at 72% this month, staying the same compared to last month i.e. November 2023 \*excludes Dublin Fire Brigade

**PURPLE (ECHO)** calls decreased by ↓14% (108) compared to the same month last year (December 2022).

**RED (DELTA-**life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 45% in 18 minutes and 59 seconds was below target at 41% this month, ↓ 6% compared to last month i.e. November 2023. \*excludes Dublin Fire Brigade

**RED (DELTA)** calls decreased by ↓ -0.1% (17) compared to the same month last year (December 2022)

**Intermediate Care Service;** 83% of all inter hospital transfer requests were managed by the NAS, ↑ 4% since November 2023 (79%)

### Human Resources

#### WTE Data for December

The WTE for Acute Operations (which includes the Hospital Groups, National Ambulance Services (NAS) and Other Acute Services) in December 2023 was 79,578, this represents an increase of +590 WTE since November. The headcount in Acute Operations for December 2023 was 87,226.

Five of the six staff categories are showing growth this month. The greatest increase was seen in Nursing & Midwifery (+387 WTE) followed by Health & Social Care Professionals (+81 WTE), Patient & Client Care (+62), Medical & Dental (+36 WTE) and General Support (+3 WTE). Meanwhile Management & Admin decreased by -4 WTE.

All Hospital Groups are showing growth this month. The largest WTE increase was reported in SSWHG (+157 WTE), followed by DMHG (+145 WTE), CHI (+73 WTE), ULHG (+72 WTE), Saolta (+54 WTE), RCSIHG (+38 WTE) and IEHG (+28 WTE). NAS increased by +26 WTE and Other Acute Services decreased by -3 WTE this month.

### **Absence Data for December**

In Acute Services the absence rate was 6.03% of which 0.66% (10.98% of the total) was COVID-19 related. Within Acute Services the highest absence rates were reported in National Ambulance Service at 9.4%, of which 0.68% was COVID-19 related and ULHG at 7.7% of which 0.62% was COVID-19 related. Ireland East Hospital Group had the lowest absence rate reported at 5.09%. Acute Services overall are showing an increase of 0.57% on last month.

Patient & Client Care was the staff category with the highest total absence rate at 8.91% while Medical & Dental had the lowest total absence rate at 1.24%. General Support reported the highest Covid-19 related absence at 0.87% while Medical & Dental had the lowest Covid-19 related absence, at 0.16%.

### **Data Sources**

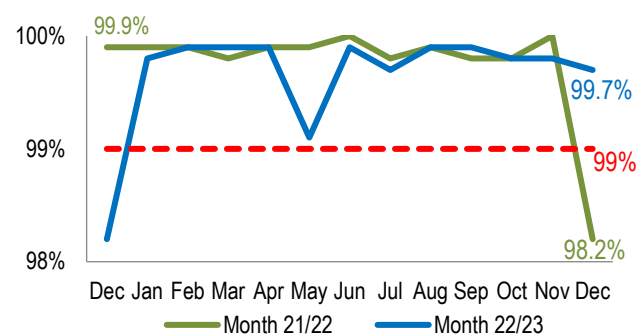
Acute BIU Final MDR  
National Ambulance Service  
National Human Resources  
National BowelScreen Programme

# Primary Care Reimbursement Scheme

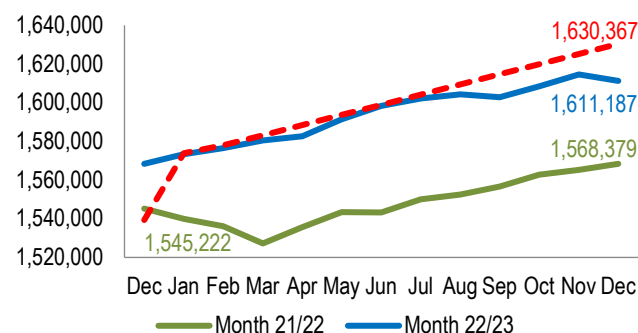
## Primary Care Reimbursement Scheme

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	<b>99.7%</b>	98.2%	+1.5%	99.8%	99.8%	99.7%
Number of persons covered by Medical Cards	1,630,367 YTD/ 1,630,367 FYT	M	●	<b>1,611,187</b>	1,568,379	+42,808	1,608,412	1,614,569	1,611,187
Number of persons covered by GP Visit Cards	1,069,391 YTD/ 1,069,391 FYT	M	●	<b>630,475</b>	535,741	+94,734	609,322	623,037	630,475

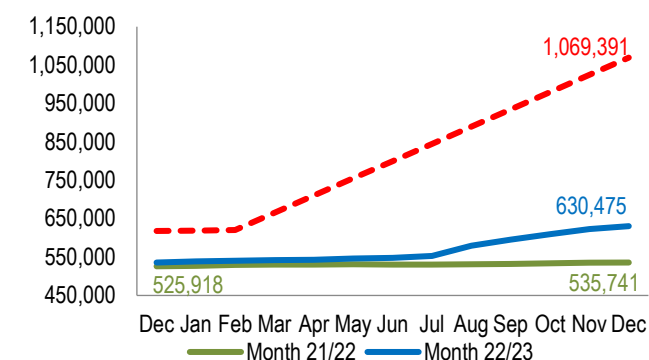
### Medical card turnaround within 15 days



### Number of persons covered by Medical Card



### Number of persons covered by GP Visit cards



## Primary Care Reimbursement Scheme Update

The number of people who held medical card eligibility on 31st December 2023 was 1,611,187, a decrease of 3,382 on the previous month. Overall, eligibility numbers for Medical Cards increased by 42,808 in 2023. The total number of persons with eligibility for a GP visit card on 31st December 2023 was 630,475, an increase of 7,438 on the previous month. Overall, eligibility numbers for GP Visit Cards increased by 94,734 in 2023. As at 31st December 2023, 2,241,662 or 43.5% of the population had medical card or GP visit card eligibility, an increase of 4,056 on the previous month and an overall increase of 137,542 in 2023. (Population figures are based on the CSO 2022 census figure of 5,149,139).

The net increase in Medical Card numbers is reflective of the number of new cards issued to people arriving from Ukraine. Universal access for those aged 6 & 7 accounts for a large part of the increase in eligibility for GP Visit Cards. The extension for the scheme to those on median incomes came late in the year and uptake has been slow to date. The remainder of the increase in GP Visit Cards is accounted for by the demographic increase in the number of people over 70 among other factors.

# Finance



## Introduction

In 2023 the HSE made significant progress in relation to the establishment of the six new Health Regions. These regions commenced operation from February 2024 and have responsibility for the planning and coordinated delivery of health and social care services within their respective defined geographies. This restructuring of the HSE into these six operational regions, supported by enabling functions at the centre, will support the delivery of more efficient, streamlined and productive services.

In delivering this reform, demographic pressures, financial challenges, issues relating to recruitment, training and retaining qualified staff, the need for more investment in technology, and the legacy issues associated with COVID-19 are some of the challenges that persist.

## Financial Overview

At the start of 2023, via the National Service Plan, the HSE received revenue funding of €21.7bn for the provision of health and social care services. By the end of 2023 the total funding from both Department of Health (DoH) and Department of Children, Equality, Disability, Integration and Youth (DCEDIY) was a revenue allocation of €23.5bn. This includes €1.15bn once off funding provided by way of a supplementary estimate for 2023.

## Overall Financial Performance: YTD December 2023

**Table 1 – Net Expenditure by Division – YTD December 2023**

December 2023	Approved Allocation	2023 Actual	2023 Budget	2023 Variance	2023 Variance
	€m	€m	€m	€m	%
Acute Operations	8,495.5	8,829.4	8,495.5	333.9	3.9 %
Community Services	8,348.4	8,393.6	8,348.4	45.2	0.5 %
Other Operations/Services	1,283.2	1,265.9	1,283.2	(17.3)	(1.3%)
<b>Total Operational Service Areas</b>	<b>18,127.1</b>	<b>18,488.9</b>	<b>18,127.1</b>	<b>361.8</b>	<b>2.0 %</b>
Total Pensions & Demand Led Services	5,344.0	5,411.9	5,344.0	67.9	1.3 %
<b>Overall Total</b>	<b>23,471.0</b>	<b>23,900.8</b>	<b>23,471.0</b>	<b>429.7</b>	<b>1.8%</b>
2022 First Charge	-	185.2	-	185.2	
<b>Overall Total</b>	<b>23,471.0</b>	<b>24,085.9</b>	<b>23,471.0</b>	<b>614.9</b>	<b>2.6%</b>

Note 1: The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2023 for the HSE's directly provided services. The deficit of €614.9m in table 1 can be related to the 2023 final AFS figure of €574.6m as follows; €77.5m s.38 voluntary providers deficit beyond approved grants + €0.6m I&E payments in AFS + €36.6m Balance Sheet Adjs = €574.6m HSE AFS deficit.

I. The HSE's financial position at the end of December 2023 shows a **full year deficit of €429.7m** or 1.8%.

Of the €429.7m deficit, the following represent the constituent elements:

- a deficit of €333.9m in Acute Operations,
- a deficit of €45.2m in Community
- a surplus of (€17.3m) in Other Operations / Support Services
- a deficit of €67.9m in Pensions and Demand Led Areas

## Acute Operations

**Table 2a – Acute Operations – December YTD**

Acute Operations	Approved Allocation	2023 Actual	2023 Budget	2023 Variance	2023 Variance
	€m	€m	€m	€m	%
RCSI Hospital Group	1,239.7	1,255.2	1,239.7	15.5	1.3 %
Dublin-Midlands Hospital Group	1,456.5	1,513.9	1,456.5	57.5	3.9 %
Ireland East Hospital Group	1,680.2	1,732.7	1,680.2	52.6	3.1 %
South-South West Hospital Group	1,453.5	1,525.8	1,453.5	72.3	5.0 %
Saolta University Health Care Group	1,292.9	1,337.9	1,292.9	45.0	3.5 %
University of Limerick Hospital Group	580.5	607.3	580.5	26.8	4.6 %
Children's Health Ireland	516.0	524.8	516.0	8.8	1.7 %
Regional & National Services	22.7	55.6	22.7	32.9	144.9 %
Acutes Held/DOH Funds	-	-	-	-	-
<b>Acute Hospital Care</b>	<b>8,241.9</b>	<b>8,553.2</b>	<b>8,241.9</b>	<b>311.2</b>	<b>3.8 %</b>
National Ambulance Service	244.1	242.8	244.1	(1.3)	(0.5%)
Private Hospitals		2.0		2.0	-
Access to Care	9.4	31.4	9.4	22.0	233.7 %
<b>Acute Operations Total</b>	<b>8,495.5</b>	<b>8,829.4</b>	<b>8,495.5</b>	<b>333.9</b>	<b>3.9%</b>

Acute Operations incl. the National Ambulance Service, Private Hospitals and Access to Care has full year 2023 expenditure of €8.829bn against a budget of €8.495bn, leading to a deficit of €333.9m or 3.9%. The National Ambulance Service (NAS) has a surplus of (€1.3m), Private Hospital (Safety Net Agreement) has a deficit of €2.0m and Access to Care has a deficit of €22.0m. The performance by the 2023 hospital groups is illustrated in table 2 above.

Acute hospital services aim to improve the health of the population by providing health services ranging from scheduled care (planned care), unscheduled care (unplanned / emergency care), diagnostic services, specialist services (specific rare conditions or highly specialised areas such as critical care and organ transplant services), cancer services, trauma services, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. The demand for acute hospital services continues to increase in line with a growing and aging population and the cost of this increased activity is reflected in 2023.

Pay deficit is primarily driven by Agency and Overtime due to challenges in recruiting front line staff and agency is required to ensure safe staffing levels and provide 'specialling' for frail and confused patients. The backfill of HRA hours as well as FEMPI unwinding are impacting overtime and also contributing to the deficit.

Non-pay inflation continued to significantly contribute to the non-pay deficit. Clinical deficits are highest in Medical and Surgical supplies, Laboratory and Drugs. Medical and Surgical supplies have increased in line with increased activity levels including private hospital and access to care. Drugs analysis indicates this is primarily a demographic issue as IPHA Agreement holds drug prices relatively stable. Non-clinical deficits are across Maintenance, Office Expenses and Professional Services, which include relocation packages for international recruitment campaigns of clinical staff.

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

## Community Operations

**Table 3 – Community Operations – December YTD**

Community	Approved Allocation	2023 Actual	2023 Budget	2023 Variance	2023 Variance
	€m	€m	€m	€m	%
Primary Care	1,324.0	1,332.7	1,324.0	8.7	0.7 %
Social Inclusion	228.7	223.4	228.7	(5.3)	(2.3%)
Palliative Care	139.4	138.6	139.4	(0.7)	(0.5%)
<b>Primary Care Division Total</b>	<b>1,692.1</b>	<b>1,694.8</b>	<b>1,692.1</b>	<b>2.7</b>	<b>0.2 %</b>
<b>Mental Health Division</b>	<b>1,290.0</b>	<b>1,308.0</b>	<b>1,290.0</b>	<b>18.0</b>	<b>1.4 %</b>
Older Persons Services	1,427.9	1,448.4	1,427.9	20.5	1.4 %
Nursing Home Support Scheme	1,125.6	1,092.0	1,125.6	(33.6)	(3.0%)
<b>Older Persons Services Division Total</b>	<b>2,553.5</b>	<b>2,540.3</b>	<b>2,553.5</b>	<b>(13.2)</b>	<b>(0.5%)</b>
<b>Health &amp; Wellbeing Community Division</b>	<b>43.2</b>	<b>44.1</b>	<b>43.2</b>	<b>0.9</b>	<b>2.1 %</b>
<b>Quality &amp; Patient Safety Community Division</b>	<b>29.8</b>	<b>26.9</b>	<b>29.8</b>	<b>(2.9)</b>	<b>(9.9%)</b>
<b>Community Operations - Regional/National - Central</b>	<b>0.6</b>	<b>0.7</b>	<b>0.6</b>	<b>0.1</b>	<b>22.3 %</b>
<b>CHO HQs &amp; Community Services</b>	<b>36.9</b>	<b>46.9</b>	<b>36.9</b>	<b>10.1</b>	<b>27.3 %</b>
<b>Community Total excluding Disability</b>	<b>5,646.0</b>	<b>5,661.8</b>	<b>5,646.0</b>	<b>15.7</b>	<b>0.3 %</b>
<b>Disability Services</b>	<b>2,702.4</b>	<b>2,731.8</b>	<b>2,702.4</b>	<b>29.5</b>	<b>1.1 %</b>
<b>Community Total including Disability</b>	<b>8,348.4</b>	<b>8,393.6</b>	<b>8,348.4</b>	<b>45.2</b>	<b>0.5 %</b>

Community Operations 2023 expenditure is €8.394bn against a budget of €8.348bn, leading to a deficit of €45.2m or 0.5%. The performance by care area is illustrated in table 3 above.

Community healthcare spans Primary Care Services, Social Inclusion Services, Older Persons' and Palliative Care Services, Disability Services and Mental Health Services and is provided to children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by GPs, Public Health Nurses, a wide range of therapy staff and HSCPs through primary care teams and CHNs. Community healthcare services are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. These services are delivered to people in local communities as close as possible to their homes.

### Primary Care Services

Core operational services within Primary Care, Social Inclusion and Palliative Care (excluding Demand Led Local Schemes) has full year expenditure of €1.695bn against a budget of €1.692bn leading to a deficit of €2.7m or 0.2%.

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. Developed as part of implementing Sláintecare, the Enhanced Community Care (ECC) Programme aims to ensure all HSE primary and community care services work in an integrated way to meet population health needs across Ireland, to reduce dependence on hospital services and provide access to consultant-led specialist services in the community.

A year end pay surplus is related to the pace of recruitment, shortage of clinical resources and the filling of some of these new ECC posts from within the existing cohort of staff. Adverse variances across non-pay expenditure, which are currently offset by these temporary pay surpluses will pose challenges as recruitment of vacant posts progresses. Ukrainian support costs are included in the overall figures above.

### Mental Health Services

Mental Health (MH) expenditure for 2023 is €1.308bn against a budget of €1.290bn leading to a deficit of €18.0m or 1.4%. The main areas driving non-pay expenditure variances in Mental Health are infection control and COVID-19 placements, while within pay, the deficits relate to agency and overtime as Mental Health continued to experience gaps in staffing which are filled through agency and overtime and these carry a premium cost.

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.

### Older Persons Services

Older Persons Services, including NHSS, has full year expenditure of €2.540bn against a budget of €2.553bn leading to a surplus of (€13.2m) or (0.5%).

Older Persons Services provide a wide range of services including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible (Nursing Homes Support Scheme). These services are delivered directly by the HSE or

through service arrangements with voluntary, not-for-profit and private providers. This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

### Disability Services

Disability Services expenditure for 2023 is €2.732bn against a budget of €2.702bn, leading to a deficit of €29.5m or 1.1%. Disability Services are delivered through HSE services, section 38 / section 39 and not-for-profit providers. Disability Services are provided to those with physical, sensory, intellectual disability and autism in residential, home support and personal assistance services, clinical / allied therapies, neuro-rehabilitation services, respite, day and rehabilitative training. The cost in Disability Services is primarily driven by the clients need and the complexity of each individual case presenting.

Following a Government decision, and subject to the relevant legislative changes, responsibility for policy, functions and funding relating to specialist community-based disability services has transferred to the Minister for Children, Equality, Disability, Integration and Youth (MCEDIY) in 2023.

### Other Operational Services

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

December 2023	Approved Allocation	2023 Actual	2023 Budget	2023 Variance	2023 Variance
	€m	€m	€m	€m	%
Chief Clinical Office	505.1	450.0	505.1	(55.1)	(10.9%)
Health & Wellbeing Division	10.9	10.9	10.9	0.0	0.0 %
Operational Performance & Integration	79.9	96.7	79.9	16.8	21.0 %
Testing & Tracing	69.6	48.5	69.6	(21.1)	(30.4%)
Support Services	617.7	659.9	617.7	42.1	6.8 %
<b>Overall Total</b>	<b>1,283.2</b>	<b>1,265.9</b>	<b>1,283.2</b>	<b>(17.3)</b>	<b>(1.3%)</b>

### Chief Clinical Office

Chief Clinical Office has full year expenditure of €450.0m against a budget of €505.1m, leading to a surplus of (€55.1m) or (10.9%).

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

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

### Health and Wellbeing Services

Health and Wellbeing National Services are reporting a breakeven position for 2023 with many of these services now reported under the Chief Clinical Office.

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

Our public health teams played a major role in responding to the COVID-19 pandemic. Public health teams worked closely with the wider health system to mitigate and limit the spread of the virus using evidence-based strategies, guidance, disease surveillance and health intelligence developed nationally. Public health also supported end-to-end COVID-19 testing, contact tracing, outbreak management, surveillance and reporting delivered in a manner to specifically protect the health of our population from the threat of repeat waves of the virus. This was undertaken in partnership with the HSE's Testing and Tracing programme.

### Operational Performance & Integration

Operational Performance and Integration has full year expenditure of €96.7m against a budget of €79.9m, leading to a deficit of €16.8m or 21.0%. The Operational Performance and Integration teams drive integration across Integrated Operations, supporting and enhancing service delivery and performance, and generating actionable insights to enable data-driven decision making.

### Testing and Tracing

Testing and Tracing 2023 expenditure is €48.5m against a budget of €69.6m, leading to a surplus of (€21.1m) or (30.4%), all of which was directly attributable to COVID-19 expenditure.

As the COVID-19 pandemic moves to endemic status, Test and Trace is transitioning to a new operating model, in line with public health guidance. This model monitors levels of infections of COVID-19 through enhanced surveillance systems and the introduction of a clinical pathway for testing based on clinical need.

### Support Services

Support Services has a full year 2023 expenditure of €659.9m against a budget of €617.7m, leading to a deficit of €42.1m or 6.8%. The bulk of these costs giving rise to the spend represents essential supports provided by the national functions to support direct service provision.

## Pensions and Demand Led Services

**Table 5 – Pensions & Demand Led Services – December YTD**

Pensions & Demand Led Services	Approved Allocation	2023 Actual	2023 Budget	2023 Variance	2023 Variance
	€m	€m	€m	€m	%
Pensions	753.1	792.7	753.1	39.6	5.3 %
State Claims Agency	510.0	512.1	510.0	2.1	0.4 %
Primary Care Reimbursement Service	3,699.1	3,701.0	3,699.1	2.0	0.1 %
Demand Led Local Schemes	324.9	342.8	324.9	17.9	5.5 %
Treatment Abroad and Cross Border Directive	48.3	55.4	48.3	7.1	14.7 %
EHIC (European Health Insurance Card)	8.6	7.9	8.6	(0.7)	(7.7%)
<b>Pensions &amp; Demand Led Services Total</b>	<b>5,344.0</b>	<b>5,411.9</b>	<b>5,344.0</b>	<b>67.9</b>	<b>1.3 %</b>

Pensions and Demand Led Services 2023 expenditure is €5.412bn against a budget of €5.344bn, leading to a deficit of €67.9m or 1.3%.

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. Given the statutory and policy basis for the various schemes, the cost can vary from plan depending on a number of factors outside of the health service's direct control.

Demand Led Local Schemes costs are showing a year on year growth rate of 10% predominantly across Drug Refunds, High Tech Medicines and Hardship Medicines. The 2023 deficit is primarily driven by expenditure on Aids and Appliances, Beds and Wheelchairs, driven by a combination of population growth and inflationary pressures surpassing any additional funding allocations.

### Conclusion

The National Service Plan (NSP) was published on 14 February 2024 outlining the health and social care services that will be provided within the 2024 allocated budget of €23.520bn. Of this €23.520bn, €2.8bn has been provided by the Department of Children, Equality, Disability, Integration and Youth in respect of specialist disability services with a balance of €20.7bn provided by the Department of Health. This is a €997.5m or 4.6% increase on the level of recurring budget provided for these services in 2023 with a further €918.7m provided in once-off funding.

However, despite this welcome investment, the cost of running our existing services at current levels will be a significant challenge in the context of the total funding available to the health service in 2024. We are seeking to minimise the level of financial deficit by focusing on improving our financial controls particularly around staffing levels, maintaining current service levels while growing service levels in areas where this has been specifically funded, making savings, and improving productivity.

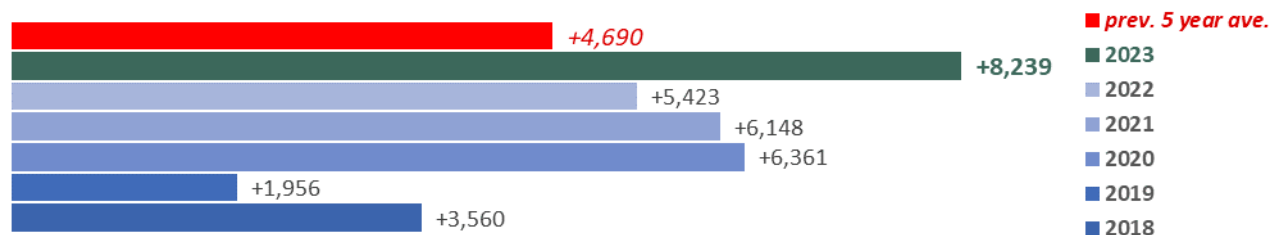
# Human Resources



## Health Sector Workforce

### Headlines

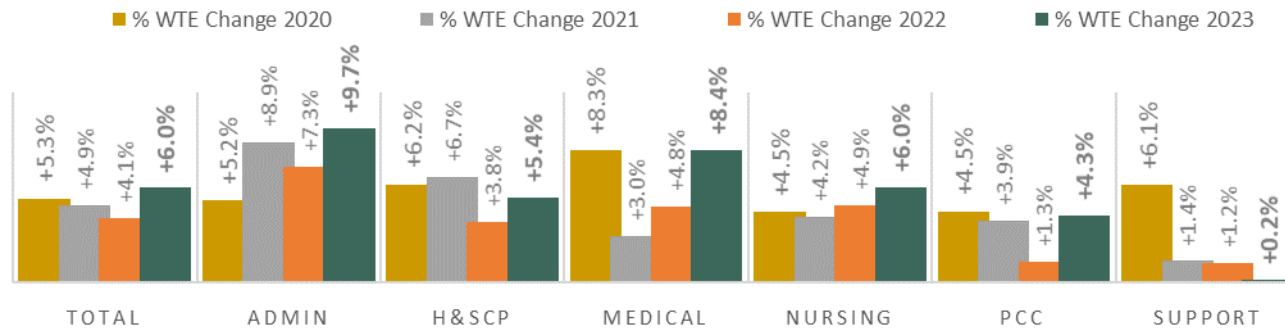
Employment levels at the end of December 2023, show there were 145,985 WTE (equating to 163,792 personnel) directly employed in the provision of Health & Social Care Services by the HSE and Section 38 hospitals & agencies. Full-year 2023 employment growth is **+8,239 WTE**. This is the **largest annual increase on record**, ahead of the 2020 COVID driven increase of **+6,361 WTE** and **76% above** the five year average.



The change for Dec 2023 is **+933 WTE (Dec 2022 +525 WTE)**, and brings the overall increase since December 2019 to **+26,172 WTE (+21.8%)**. The staff category reporting the greatest increase is **Nursing & Midwifery at +8,038 WTE (+21.0%)**, with Staff Nurse/ Staff Midwife reporting the greatest staff group WTE increase at **+4,668 WTE (+18.2%)**. The staff category with the greatest **percentage increase** is **Management & Administrative at +34.8% / +6,553 WTE**.

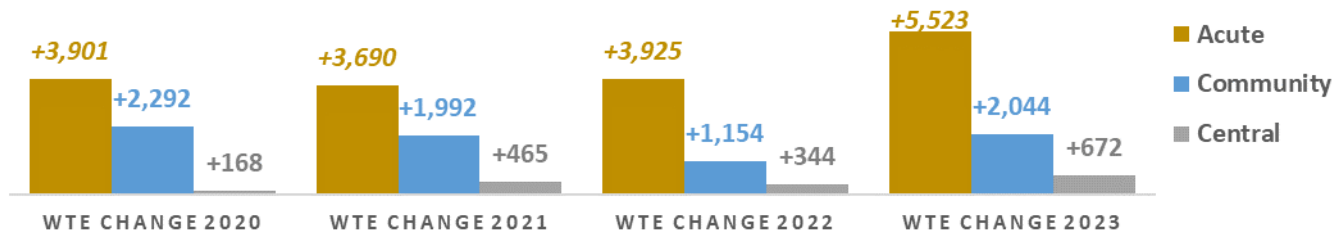
### Key findings by Staff Category & Staff Group: December 2023

- **Nursing & Midwifery** are reporting the largest increase this month at **+527 WTE**. The largest increase is in Staff Nurse/ Staff Midwife at **+510 WTE** followed by Nurse/ Midwife Manager **+45 WTE**, Nurse/ Midwife Specialist & AN/MP **+29 WTE** and Nursing/ Midwifery other **+4 WTE**. The Nursing/ Midwifery Student staff group are reporting a decrease of **-59 WTE**, followed by and Public Health Nurse **-1 WTE**.
- **Health & Social Care Professionals** are reporting an increase of **+135 WTE**. Therapy Professions are reporting the largest increase of **+55 WTE** followed by H&SC, Other **+43 WTE**, Social Workers **+14 WTE**, Health Science/ Diagnostics **+10 WTE**, **Psychologists +7 WTE** and Pharmacy **+6**. There is no WTE change reported for the Social Care staff group.
- **Patient & Client Care** are also reporting an increase of **+135 WTE**. Health Care Assistants are reporting the greatest increase at **+92 WTE** followed by Ambulance Staff **+19 WTE**, Care, other **+16 WTE** and Home Helps **+8 WTE**.
- **Management & Administrative** continue to report an increase this month, of **+92 WTE**. The **greatest increase** is reported in Clerical (III & IV) **+46 WTE** followed by Administrative/ Supervisory (V to VII) **+43 WTE**. Management (Grade VIII & above) are reporting a marginal increase this month of **+3 WTE**.
- **Medical & Dental** are reporting an increase of **+45 WTE**. SHO/ Interns are reporting the largest increase of **+31 WTE** followed by, Consultants **+11 WTE** and Medical/ Dental, other **+8 WTE**. Registrars are reporting a decrease of **-5 WTE**.
- **General Support** are the only staff category reporting a decrease of **-1 WTE**. Maintenance/Technical are reporting an increase of **+2 WTE**, Support are reporting a decrease of **-4 WTE**.



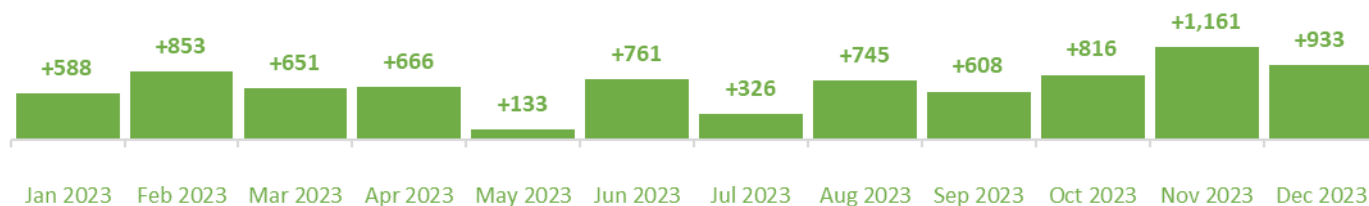
### Key findings Operations: December 2023

- Of note a number of S38 voluntary agencies, totalling circa 4,825 WTE combined have been rolled forward owing to the impact of the current industrial action, to maintain comparability. This list of agencies is noted in the tables below.
- Overall in this period **Acute Services** is reporting an increase of **+590 WTE** followed by **Community Services +264 WTE** and **National Services & Central Functions +78 WTE**.
- At Care Group level, Acute Hospital Services reported an increase of **+564 WTE** followed by Disabilities **+118 WTE**, National & Central Services **+71 WTE**, Mental Health **+54 WTE**, Older People **+46 WTE**, Primary Care **+39 WTE**, Ambulance Services **+26 WTE**, Health & Wellbeing **+8 WTE**, **CHO operations +3 WTE** and Community Health & Wellbeing **+3 WTE**.
- The increase in Disabilities this month is notable, and for which the full year WTE is now at +662 WTE which may be attributable in part to the recruitment derogation for these services specifically as per the CEO Memo.
- The **largest** WTE increase this month is reported in *South-South West Hospital Group* at **+157 WTE** followed by *Dublin Midlands Hospital Group* at **+145 WTE**. In Community Services CHO 4 is reporting the largest increase **+66 WTE** followed by CHO 9 **+37 WTE**.



## Monthly Change by Care Group:

Date	WTE change	NAS	Acute Hospitals	Acute Services	CHWB	Mental Health	Primary Care	Disabilities	Older People	Comm Ops	Community Services	National Services & Central Functions
2023	+8,239	+254	+5,269	+5,523	+69	+385	+573	+662	+207	+149	+2,044	+672
DEC 2023	+933	+26	+564	+590	+3	+54	+39	+118	+46	+3	+264	+78
NOV 2023	+1,161	+16	+787	+803	+4	+94	+46	+78	+48	+22	+291	+66
OCT 2023	+816	+40	+338	+379	+16	+23	+165	+41	+96	+14	+355	+82
SEP 2023	+608	+38	+339	+377	+3	+43	+121	+16	-8	+10	+185	+46
AUG 2023	+745	-11	+758	+747	+3	+23	-97	+9	+39	-7	-31	+29
JUL 2023	+326	+34	+277	+311	-23	-54	+59	+5	-41	+15	-39	+54
JUN 2023	+761	+5	+387	+392	+8	-16	+55	+152	+83	+0	+283	+86
MAY 2023	+133	+5	+123	+128	-22	+32	-73	+53	-77	+43	-43	+48
APR 2023	+666	+26	+370	+396	-13	+52	+104	+102	-28	+14	+232	+38
MAR 2023	+651	-8	+508	+500	+19	+49	+100	-9	-48	+3	+114	+38
FEB 2023	+853	+24	+530	+555	+57	+12	+16	+108	+75	+15	+282	+16
JAN 2023	+588	+58	+287	+345	+13	+74	+38	-12	+23	+16	+152	+92
DEC 2022	+525	-12	+462	+450	+16	+1	-6	+59	-9	+4	+65	+10

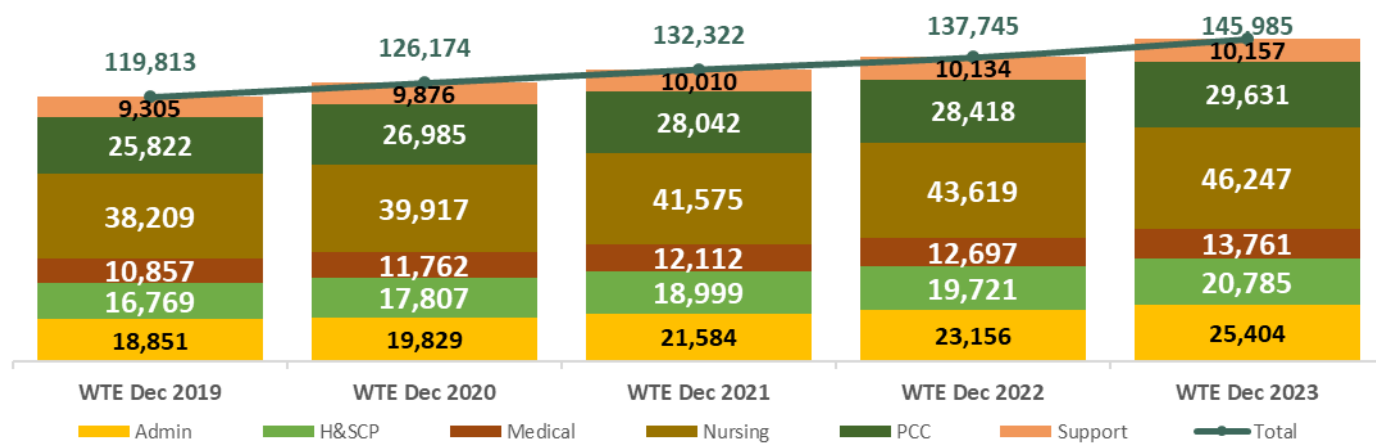


Further details are shown in the charts & tables below.

## By Staff Group: December 2023

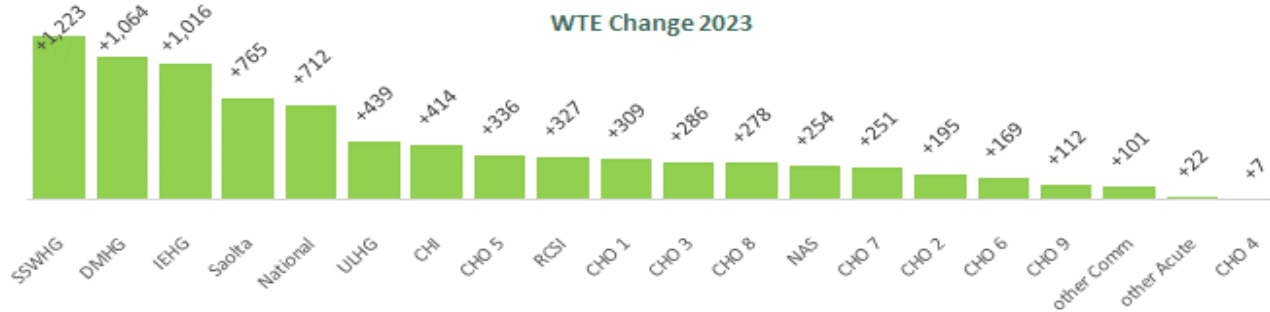
Staff Category / Group	WTE Dec 2019	WTE Dec 2022	WTE Nov 2023	WTE Dec 2023	WTE Change 2023	WTE change since Nov 2023	WTE Change Dec 2019 to Dec 2023	% WTE Change 2023	% WTE change Dec 2019 to Dec 2023	No. Dec 2023
<b>Total Health Service</b>	<b>119,813</b>	<b>137,745</b>	<b>145,052</b>	<b>145,985</b>	<b>+8,239</b>	<b>+933</b>	<b>+26,172</b>	<b>+6.0%</b>	<b>+21.8%</b>	<b>163,792</b>
Consultants	3,250	3,869	<b>4,235</b>	<b>4,246</b>	+377	+11	+996	+9.7%	+30.6%	4,595
Registrars	3,681	4,353	<b>4,645</b>	<b>4,640</b>	+287	-5	+959	+6.6%	+26.0%	4,773
SHO/ Interns	3,115	3,661	<b>4,058</b>	<b>4,089</b>	+428	+31	+974	+11.7%	+31.3%	4,150
Medical/ Dental, other	811	813	<b>778</b>	<b>786</b>	-27	+8	-25	-3.4%	-3.0%	1,129
<b>Medical &amp; Dental</b>	<b>10,857</b>	<b>12,697</b>	<b>13,717</b>	<b>13,761</b>	<b>+1,064</b>	<b>+45</b>	<b>+2,904</b>	<b>+8.4%</b>	<b>+26.7%</b>	<b>14,647</b>
Nurse/ Midwife Manager	7,986	9,345	<b>9,865</b>	<b>9,910</b>	+565	+45	+1,924	+6.0%	+24.1%	10,708
Nurse/ Midwife Specialist & AN/MP	1,993	2,974	<b>3,551</b>	<b>3,580</b>	+606	+29	+1,587	+20.4%	+79.6%	3,901
Staff Nurse/ Staff Midwife	25,687	28,757	<b>29,845</b>	<b>30,355</b>	+1,598	+510	+4,668	+5.6%	+18.2%	34,016
Public Health Nurse	1,539	1,504	<b>1,493</b>	<b>1,492</b>	-12	-1	-47	-0.8%	-3.1%	1,775
<i>Nursing/ Midwifery awaiting registration</i>	225	305	<b>287</b>	<b>220</b>	-85	-67	-5	-27.8%	-2.0%	230
<i>Post-registration Nurse/ Midwife Student</i>	293	237	<b>232</b>	<b>232</b>	-5	+0	-61	-2.0%	-20.9%	241
<i>Pre-registration Nurse/ Midwife Intern</i>	136	170	<b>104</b>	<b>112</b>	-58	+8	-23	-34.0%	-17.3%	223
Nursing/ Midwifery Student	654	712	<b>623</b>	<b>564</b>	-147	-59	-89	-20.7%	-13.6%	694
Nursing/ Midwifery other	350	327	<b>341</b>	<b>345</b>	+18	+4	-5	+5.6%	-1.4%	390
<b>Nursing &amp; Midwifery</b>	<b>38,209</b>	<b>43,619</b>	<b>45,719</b>	<b>46,247</b>	<b>+2,628</b>	<b>+527</b>	<b>+8,038</b>	<b>+6.0%</b>	<b>+21.0%</b>	<b>51,484</b>
<i>Dietitians</i>	574	756	<b>828</b>	<b>843</b>	+87	+15	+269	+11.5%	+46.8%	960
<i>Occupational Therapists</i>	1,597	1,945	<b>2,024</b>	<b>2,048</b>	+103	+24	+451	+5.3%	+28.2%	2,283
<i>Orthoptists</i>	35	40	<b>39</b>	<b>38</b>	-1	-1	+3	-3.4%	+9.5%	49
<i>Physiotherapists</i>	1,851	2,227	<b>2,369</b>	<b>2,369</b>	+142	+0	+518	+6.4%	+28.0%	2,700
<i>Podiatrists &amp; Chiropodists</i>	72	121	<b>127</b>	<b>125</b>	+4	-1	+54	+3.7%	+75.3%	143
<i>Speech &amp; Language Therapists</i>	1,103	1,231	<b>1,258</b>	<b>1,276</b>	+45	+18	+174	+3.6%	+15.7%	1,467
Therapy Professions	5,232	6,320	<b>6,645</b>	<b>6,700</b>	+380	+55	+1,468	+6.0%	+28.1%	7,602
Health Science/ Diagnostics	4,497	5,052	<b>5,204</b>	<b>5,214</b>	+162	+10	+717	+3.2%	+16.0%	5,797
Social Care	2,710	3,171	<b>3,221</b>	<b>3,221</b>	+50	+0	+511	+1.6%	+18.9%	3,772
Pharmacy	1,038	1,323	<b>1,413</b>	<b>1,419</b>	+96	+6	+381	+7.3%	+36.7%	1,587
Psychologists	1,004	1,120	<b>1,231</b>	<b>1,238</b>	+118	+7	+234	+10.6%	+23.3%	1,392
Social Workers	1,166	1,430	<b>1,545</b>	<b>1,559</b>	+129	+14	+393	+9.0%	+33.7%	1,727
H&SC, Other	1,122	1,306	<b>1,391</b>	<b>1,434</b>	+128	+43	+312	+9.8%	+27.8%	1,630
<b>Health &amp; Social Care Professionals</b>	<b>16,769</b>	<b>19,721</b>	<b>20,650</b>	<b>20,785</b>	<b>+1,064</b>	<b>+135</b>	<b>+4,017</b>	<b>+5.4%</b>	<b>+24.0%</b>	<b>23,507</b>

Staff Category / Group	WTE Dec 2019	WTE Dec 2022	WTE Nov 2023	WTE Dec 2023	WTE Change 2023	WTE change since Nov 2023	WTE Change Dec 2019 to Dec 2023	% WTE Change 2023	% WTE change Dec 2019 to Dec 2023	No. Dec 2023
Management (VIII & above)	1,845	2,446	<b>2,536</b>	<b>2,539</b>	+92	+3	+693	+3.8%	+37.6%	2,590
Administrative/ Supervisory (V to VII)	5,205	7,737	<b>8,844</b>	<b>8,887</b>	+1,151	+43	+3,682	+14.9%	+70.7%	9,326
Clerical (III & IV)	11,801	12,974	<b>13,932</b>	<b>13,978</b>	+1,005	+46	+2,178	+7.7%	+18.5%	15,665
<b>Management &amp; Administrative</b>	<b>18,851</b>	<b>23,156</b>	<b>25,312</b>	<b>25,404</b>	<b>+2,248</b>	<b>+92</b>	<b>+6,553</b>	<b>+9.7%</b>	<b>+34.8%</b>	<b>27,581</b>
Support	8,131	8,913	<b>8,905</b>	<b>8,901</b>	-12	-4	+770	-0.1%	+9.5%	10,289
Maintenance/ Technical	1,173	1,221	<b>1,253</b>	<b>1,255</b>	+34	+2	+82	+2.8%	+7.0%	1,299
<b>General Support</b>	<b>9,305</b>	<b>10,134</b>	<b>10,158</b>	<b>10,157</b>	<b>+23</b>	<b>-1</b>	<b>+852</b>	<b>+0.2%</b>	<b>+9.2%</b>	<b>11,588</b>
Health Care Assistants	17,508	19,309	<b>20,163</b>	<b>20,255</b>	+946	+92	+2,747	+4.9%	+15.7%	23,321
Home Help	3,565	3,782	<b>3,719</b>	<b>3,728</b>	-54	+8	+162	-1.4%	+4.6%	5,337
Ambulance Staff	1,828	1,932	<b>2,085</b>	<b>2,104</b>	+172	+19	+276	+8.9%	+15.1%	2,152
Care, other	2,922	3,395	<b>3,529</b>	<b>3,545</b>	+149	+16	+623	+4.4%	+21.3%	4,175
<b>Patient &amp; Client Care</b>	<b>25,822</b>	<b>28,418</b>	<b>29,496</b>	<b>29,631</b>	<b>+1,213</b>	<b>+135</b>	<b>+3,809</b>	<b>+4.3%</b>	<b>+14.7%</b>	<b>34,985</b>



## By Service Delivery Area: December 2023

Service / HG & CHO	WTE Dec 2019	WTE Dec 2022	WTE Nov 2023	WTE Dec 2023	WTE Change 2023	WTE change since Nov 2023	WTE Change Dec 2019 to Dec 2023	% WTE Change 2023	% WTE change Dec 2019 to Dec 2023	No. Dec 2023
<b>Total</b>	<b>119,813</b>	<b>137,745</b>	<b>145,052</b>	<b>145,985</b>	<b>+8,239</b>	<b>+933</b>	<b>+26,172</b>	<b>+6.0%</b>	<b>+21.8%</b>	<b>163,792</b>
National Ambulance Service	1,933	2,067	<b>2,295</b>	<b>2,321</b>	+254	+26	+388	+12.3%	+20.1%	2,378
Children's Health Ireland	3,602	4,108	<b>4,448</b>	<b>4,522</b>	+414	+73	+919	+10.1%	+25.5%	5,010
Dublin Midlands Hospital Group	10,819	12,326	<b>13,245</b>	<b>13,390</b>	+1,064	+145	+2,571	+8.6%	+23.8%	14,636
Ireland East Hospital Group	12,503	14,889	<b>15,876</b>	<b>15,904</b>	+1,016	+28	+3,401	+6.8%	+27.2%	17,366
RCSI Hospitals Group	9,663	11,267	<b>11,556</b>	<b>11,594</b>	+327	+38	+1,931	+2.9%	+20.0%	12,622
Saolta University Hospital Care	9,253	11,327	<b>12,038</b>	<b>12,091</b>	+765	+54	+2,838	+6.8%	+30.7%	13,370
South/South West Hospital Group	10,527	12,723	<b>13,789</b>	<b>13,946</b>	+1,223	+157	+3,419	+9.6%	+32.5%	15,535
University of Limerick Hospital Group	4,146	5,222	<b>5,589</b>	<b>5,661</b>	+439	+72	+1,514	+8.4%	+36.5%	6,154
other Acute Services	91	127	<b>151</b>	<b>148</b>	+22	-3	+57	+17.1%	+62.7%	155
<b>Acute Services</b>	<b>62,538</b>	<b>74,055</b>	<b>78,988</b>	<b>79,578</b>	<b>+5,523</b>	<b>+590</b>	<b>+17,040</b>	<b>+7.5%</b>	<b>+27.2%</b>	<b>87,226</b>
CHO 1	5,468	6,398	<b>6,678</b>	<b>6,707</b>	+309	+29	+1,239	+4.8%	+22.6%	7,601
CHO 2	5,545	5,972	<b>6,161</b>	<b>6,167</b>	+195	+6	+623	+3.3%	+11.2%	7,093
CHO 3	4,357	5,069	<b>5,324</b>	<b>5,356</b>	+286	+32	+999	+5.7%	+22.9%	6,251
CHO 4	8,189	8,961	<b>8,902</b>	<b>8,968</b>	+7	+66	+779	+0.1%	+9.5%	10,960
CHO 5	5,277	5,805	<b>6,127</b>	<b>6,141</b>	+336	+14	+864	+5.8%	+16.4%	7,176
CHO 6	3,378	3,620	<b>3,757</b>	<b>3,789</b>	+169	+32	+411	+4.7%	+12.2%	4,347
CHO 7	6,514	7,215	<b>7,440</b>	<b>7,466</b>	+251	+26	+951	+3.5%	+14.6%	8,554
CHO 8	6,135	6,514	<b>6,781</b>	<b>6,792</b>	+278	+11	+657	+4.3%	+10.7%	8,029
CHO 9	6,582	7,230	<b>7,306</b>	<b>7,342</b>	+112	+37	+760	+1.6%	+11.5%	8,416
other Community Services	640	740	<b>827</b>	<b>840</b>	+101	+14	+200	+13.6%	+31.2%	883
<b>Community Services</b>	<b>52,085</b>	<b>57,523</b>	<b>59,302</b>	<b>59,567</b>	<b>+2,044</b>	<b>+264</b>	<b>+7,482</b>	<b>+3.6%</b>	<b>+14.4%</b>	<b>69,310</b>
<b>National &amp; Central Services</b>	<b>5,190</b>	<b>6,168</b>	<b>6,762</b>	<b>6,840</b>	<b>+672</b>	<b>+78</b>	<b>+1,650</b>	<b>+10.9%</b>	<b>+31.8%</b>	<b>7,256</b>



### By Administration: December 2023

HSE / S38	WTE Dec 2019	WTE Dec 2022	WTE Nov 2023	WTE Dec 2023	WTE Change 2023	WTE change since Nov 2023	WTE Change Dec 2019 to Dec 2023	% WTE Change 2023	% WTE change Dec 2019 to Dec 2023	No. Dec 2023
<b>Total</b>	<b>119,813</b>	<b>137,745</b>	<b>145,052</b>	<b>145,985</b>	<b>+8,239</b>	<b>+933</b>	<b>+26,172</b>	<b>+6.0%</b>	<b>+21.8%</b>	<b>163,792</b>
<b>Health Service Executive</b>	<b>76,898</b>	<b>89,227</b>	<b>94,083</b>	<b>94,696</b>	<b>+5,469</b>	<b>+613</b>	<b>+17,798</b>	<b>+6.1%</b>	<b>+23.1%</b>	<b>105,769</b>
<b>Section 38 Hospitals</b>	<b>26,690</b>	<b>30,874</b>	<b>32,984</b>	<b>33,210</b>	<b>+2,336</b>	<b>+226</b>	<b>+6,520</b>	<b>+7.6%</b>	<b>+24.4%</b>	<b>36,402</b>
<b>Section 38 Voluntary Agencies</b>	<b>16,225</b>	<b>17,645</b>	<b>17,985</b>	<b>18,079</b>	<b>+434</b>	<b>+94</b>	<b>+1,854</b>	<b>+2.5%</b>	<b>+11.4%</b>	<b>21,621</b>

Note: A number of S38 Voluntary agencies, *totalling circa 4,825 WTE combined*, failed to make a census return this month [Aurora, Brothers of Charity Clare, Brothers of Charity Waterford, Brothers of Charity West Region, Peamount Hospital, St John of Gods Drumcar] likely owing to the Forsa industrial action and the most recent census return was rolled forward in order to maintain comparability.

## Health Sector Absence Rates: December 2023

This report provides the overview of the reported National Health Sector Absence Rates for December 2023.

The reported absence rate for December 2023 stands at **6.35%**.

- This months' absence rate is showing an increase of **0.59%** when compared with the **previous month** (including COVID-19).
- **Excluding COVID-19 absence**, this months' absence rate is **5.69%** which is **0.37%** higher than the rate reported last month. This months' data is lower than the rate reported in 2022 (6.07%) but higher than the rates reported in previous years i.e. 4.9% (2021), 4.3% (2020) and 5.1% (2019).
- **Including COVID-19 absence<sup>1</sup>**, this month's absence rate is showing a decrease of **0.95%** when compared to the same month in 2022. Notably COVID-19 absence rate has increased this month reporting at 0.66% compared with 0.45% last month.

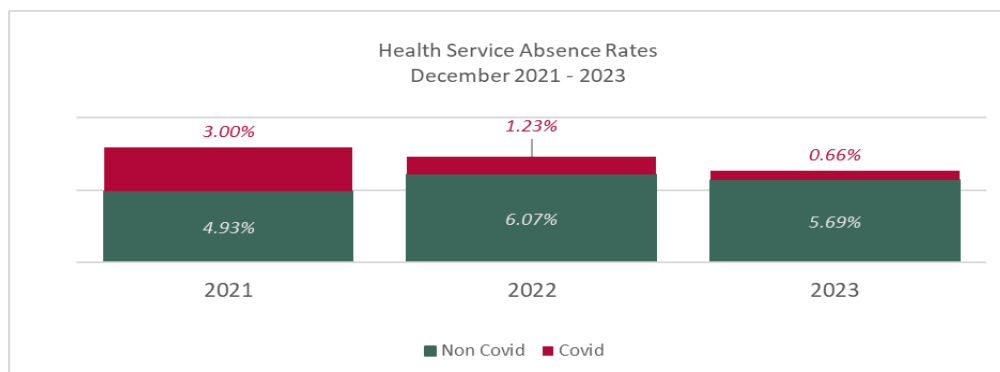
When compared with the National Service Plan KPI target of **≤4%** excluding COVID-19, this months' absence rate of **5.7%** is **1.7%** above this target.

These figures are reflected in the attached National Absence Report.

Year/ month	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	KPI Target
<b>2023 Year To Date</b>	<b>4.51%</b>	<b>0.62%</b>	<b>5.12%</b>	<b>0.55%</b>	<b>5.67%</b>	≤4%
Change in Month	+0.25%	+0.12%	+0.37%	+0.22%	<b>+0.59%</b>	
December 2023	4.91%	0.77%	5.69%	0.66%	<b>6.35%</b>	
November 2023	4.66%	0.65%	5.31%	0.45%	<b>5.76%</b>	
December 2022	5.20%	0.87%	6.07%	1.23%	<b>7.30%</b>	
Full Year 2022	4.40%	0.61%	5.01%	2.09%	<b>7.10%</b>	

<sup>1</sup> COVID-19 SLWP applies for the duration of the HSE recommended 'stay at home period' following a positive COVID-19 test result (whatever duration is in place at the time of the absence). The maximum limit for SLWP is currently 5 calendar days to reflect the latest public health advice as of 18 April 2023. Any periods of COVID-19 related illness which extend beyond the HSE guidance to 'stay at home', (currently five calendar days) following a positive COVID-19 test, will be treated as ordinary sick leave as set out in HR Circular 013 2023. A temporary scheme of paid leave for eligible public health service employees who ceased to be entitled to SLWP from 1<sup>st</sup> July 2022, and are currently unfit for work due to post Covid-19 infection. The eligibility criteria and conditions governing this temporary scheme are set out in HR Circular 14/2023





**Latest monthly figures (December 2023)**

Health Service Absence Rate - by Staff Category: Dec 2023	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last Month	% Non Covid-19 absence	% Covid-19 absence
			RAG Rating	Value					
<b>Total</b>	<b>4.91%</b>	<b>0.77%</b>	●	<b>5.69%</b>	<b>0.66%</b>	<b>6.35%</b>	<b>+0.59%</b>	<b>89.54%</b>	<b>10.46%</b>
Medical & Dental	1.14%	0.31%	●	1.45%	0.20%	1.65%	+0.06%	87.88%	12.12%
Nursing & Midwifery	5.25%	1.04%	●	6.28%	0.77%	7.05%	+0.59%	89.09%	10.91%
Health & Social Care Professionals	4.39%	0.59%	●	4.98%	0.61%	5.59%	+0.86%	89.08%	10.92%
Management & Administrative	4.53%	0.49%	●	5.02%	0.53%	5.55%	+0.69%	90.45%	9.55%
General Support	5.94%	0.73%	●	6.68%	0.81%	7.48%	+0.13%	89.22%	10.78%
Patient & Client Care	6.51%	0.93%	●	7.44%	0.81%	8.25%	+0.49%	90.18%	9.82%

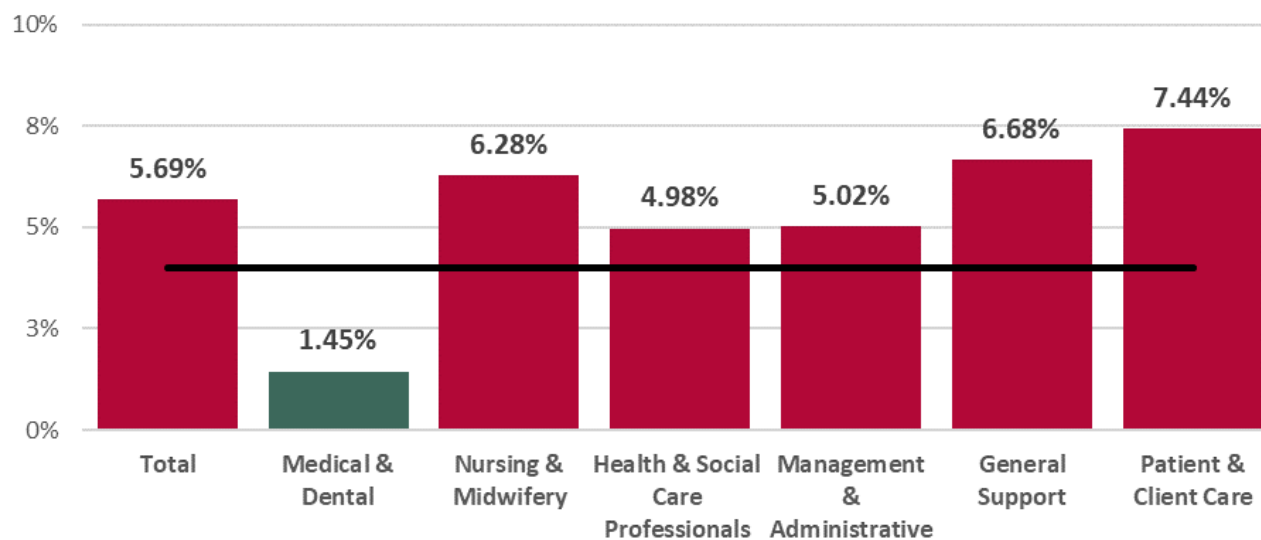
\*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

Health Service Absence Rate - by Staff Category: Dec 2023	Covid-19 absence			% Non Covid-19 absence			Total absence rate		
	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22
<b>Total</b>	<b>0.66%</b>	<b>0.45%</b>	<b>1.23%</b>	<b>5.69%</b>	<b>5.31%</b>	<b>6.07%</b>	<b>6.35%</b>	<b>5.76%</b>	<b>7.30%</b>
Medical & Dental	0.20%	0.16%	0.42%	1.45%	1.43%	1.63%	1.65%	1.59%	2.05%
Nursing & Midwifery	0.77%	0.53%	1.46%	6.28%	5.93%	6.87%	7.05%	6.47%	8.33%
Health & Social Care Professionals	0.61%	0.36%	1.14%	4.98%	4.37%	4.87%	5.59%	4.73%	6.01%
Management & Administrative	0.53%	0.32%	1.01%	5.02%	4.54%	5.30%	5.55%	4.86%	6.30%
General Support	0.81%	0.59%	1.28%	6.68%	6.76%	7.53%	7.48%	7.35%	8.81%
Patient & Client Care	0.81%	0.59%	1.45%	7.44%	7.18%	7.70%	8.25%	7.76%	9.15%

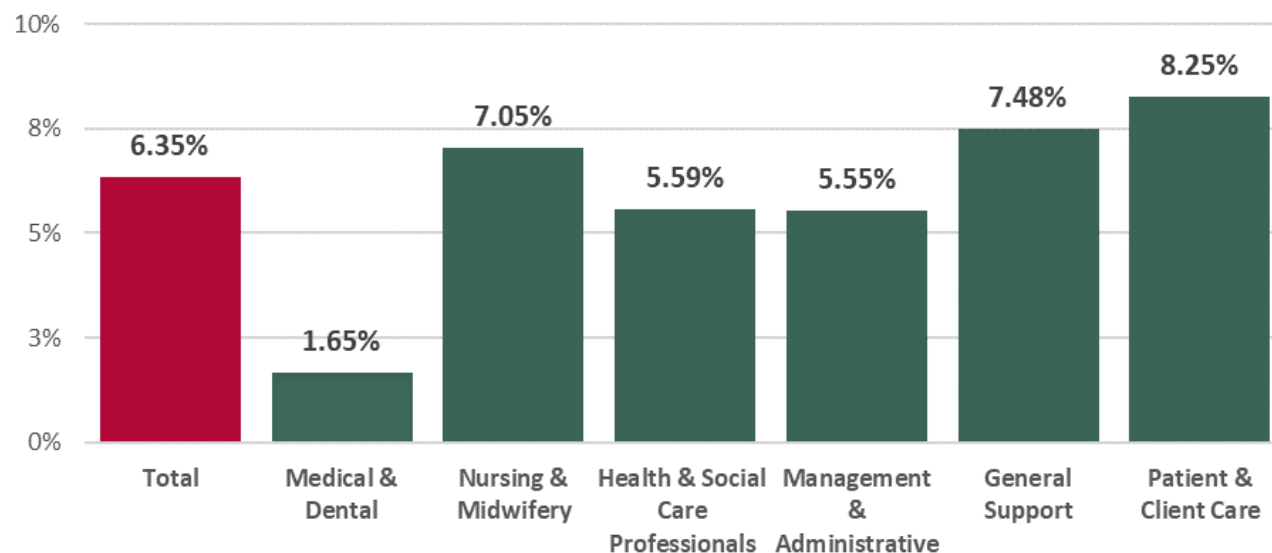
### Key findings by Staff Category

- **Patient & Client Care** reports the **highest** total absence rates at **8.25%** with 0.81% related to COVID-19 absence (9.82%). This is **an increase of 0.49%** when compared to last month and **a decrease of 0.9%** when compared to last year.
- **General Support** reports a total absence rate of **7.48%** with 0.81% related to COVID-19 absence (10.78%). This is **an increase of 0.13%** when compared to last month and **a decrease of 1.33%** compared to last year
- **Nursing & Midwifery** reports a total absence rate of **7.05%** with 0.77% related to COVID-19 absence (10.91%). This is **a decrease of 0.59%** when compared to last month and **a decrease of 1.28%** compared to last year
- **Health & Social Care Professionals** reports a total absence rate of **5.59%** with **0.61%** related to COVID-19 absence (10.92%). This is **an increase of 0.86%** when compared to last month and **a decrease of 0.42%** compared to last year
- **Management & Administrative** reports a total absence rate of **5.55%** with 0.53% related to COVID-19 absence (9.55%). This is **an increase of 0.69%** when compared to last month and **an decrease of 0.75%** compared to last year
- **Medical and Dental** is reporting the **lowest** total absence rate at **1.65%** in December, with 0.20% related to COVID-19 (12.12%) This is **an increase of 0.06%** when compared to last month and **a decrease of 0.4%** compared to last year
- Based on the KPI, **one** staff category is reporting **within the target** (Medical and Dental) with the remaining five staff categories **above the target**. Details as follows:

Non Covid Absence by Staff Category



Total absence rate by Staff Category



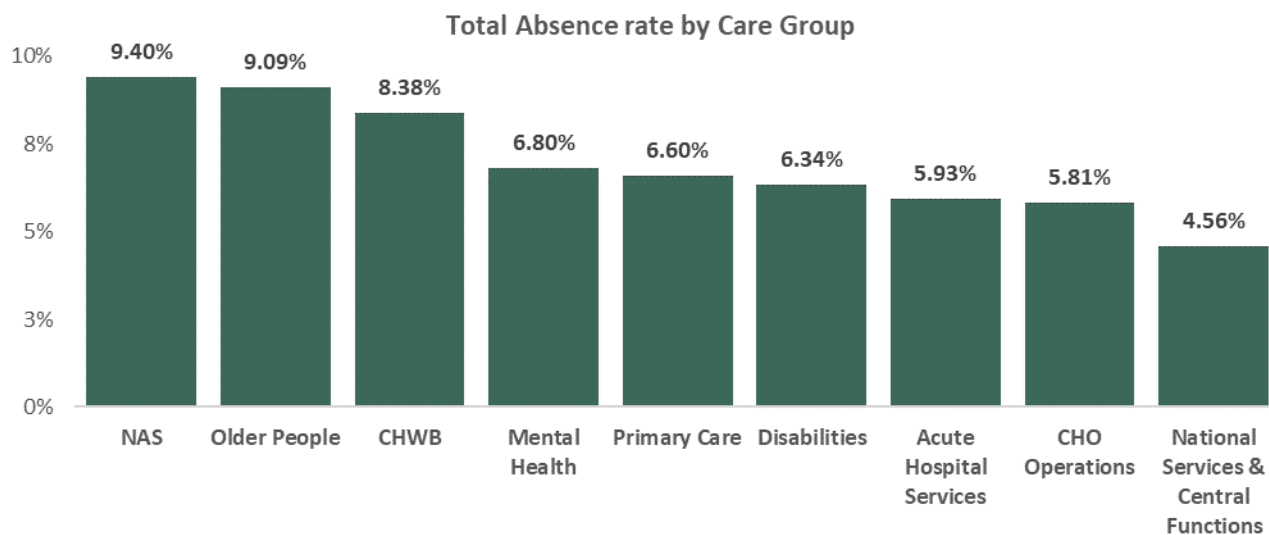
**Key findings Operations:**

December 2023 absence rate stands at **6.35%** of which **4.91%** is certified, **0.77%** Self-Certified with **0.66%** (or 10.46% of all absence) relating to **COVID-19**.

- In **Acute Services** the absence rate is **6.03%** of which 0.66% (*10.98% of the total*) is COVID-19 related. Within Acute Services the **highest absence** rates are reported in **National Ambulance Service** at **9.4%**, of which 0.68% is COVID -19 related and **ULHG** at **7.7%** of which 0.62% is COVID-19 related. Acute Services overall are showing an **increase of 0.57%** on last month.
- **Community Services** stands at **7.01%** of which 0.71% (*10.09% of the total*) is also COVID-19 related. Within Community Services, **Older People** is reporting the **highest absence rate** at **9.09%**. Notably Older People are reporting the highest COVID-19 related absence at 1.11%. Community Services overall are showing an **increase of 0.62%** on last month.
- **National Services & Central Functions** rate is **4.56%** of which 0.33% (*7.24% of the total*) is COVID-19 related. National Services & Central Functions overall are showing an **increase of 0.38%** on last month.

Health Service Absence Rate - by Care Group: Dec 2023	Certified absence	Self-certified absence	Non Covid-19 absence		Covid-19 absence	Total absence rate	% Change from last Month	% Non Covid-19 absence	% Covid-19 absence
<b>Total</b>	<b>4.91%</b>	<b>0.77%</b>	●	<b>5.69%</b>	<b>0.66%</b>	<b>6.35%</b>	<b>+0.59%</b>	<b>89.54%</b>	<b>10.46%</b>
Ambulance Services	7.70%	1.02%	●	8.72%	0.68%	9.40%	+2.09%	92.73%	7.27%
Acute Hospital Services	4.40%	0.87%	●	5.26%	0.66%	5.93%	+0.52%	88.83%	11.17%
<b>Acute Services</b>	<b>4.50%</b>	<b>0.87%</b>	●	<b>5.37%</b>	<b>0.66%</b>	<b>6.03%</b>	<b>+0.57%</b>	<b>89.02%</b>	<b>10.98%</b>
Community Health & Wellbeing	7.26%	0.75%	●	8.01%	0.37%	8.38%	+4.37%	95.56%	4.44%
Mental Health	5.47%	0.67%	●	6.13%	0.66%	6.80%	+0.69%	90.25%	9.75%
Primary Care	5.46%	0.52%	●	5.98%	0.62%	6.60%	+1.15%	90.60%	9.40%
Disabilities	5.04%	0.70%	●	5.74%	0.60%	6.34%	+0.22%	90.58%	9.42%
Older People	7.14%	0.84%	●	7.98%	1.11%	9.09%	+0.55%	87.77%	12.23%
CHO Operations	5.11%	0.40%	●	5.51%	0.30%	5.81%	+0.68%	94.87%	5.13%
<b>Community Services</b>	<b>5.63%</b>	<b>0.68%</b>	●	<b>6.30%</b>	<b>0.71%</b>	<b>7.01%</b>	<b>+0.62%</b>	<b>89.91%</b>	<b>10.09%</b>
<b>National Services &amp; Central Functions</b>	<b>3.88%</b>	<b>0.35%</b>	●	<b>4.23%</b>	<b>0.33%</b>	<b>4.56%</b>	<b>+0.38%</b>	<b>92.76%</b>	<b>7.24%</b>

\*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4



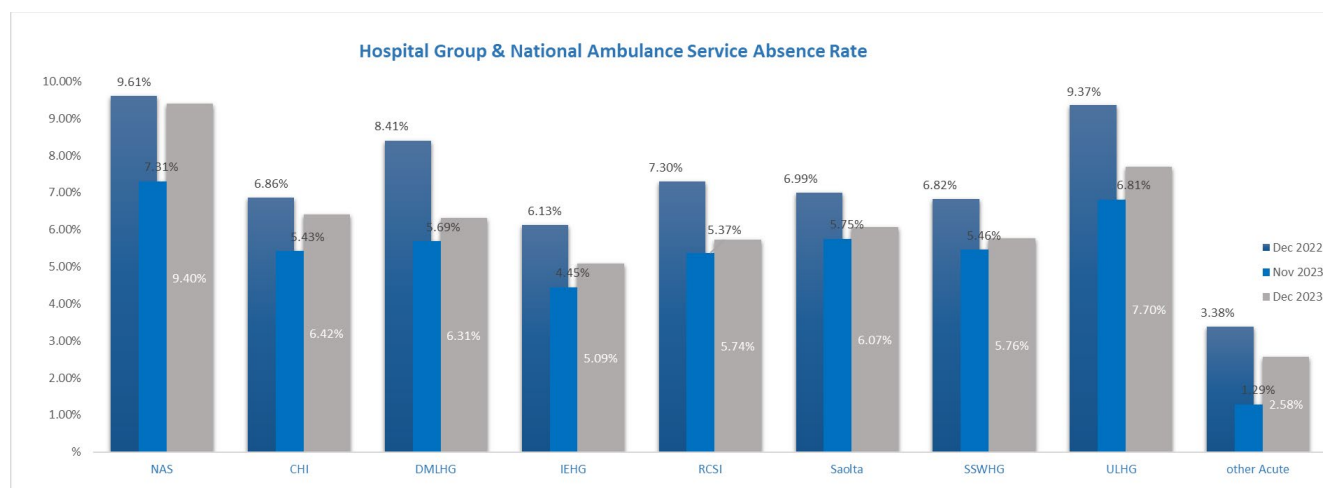
Health Service Absence Rate - Type of Admin by Staff Category: Dec 2023	Certified absence	Self-certified absence	Non Covid-19 absence	Covid-19 absence	Total absence rate	% Change from last month	% Non Covid-19 absence	% Covid-19 absence	
<b>Total</b>	<b>4.91%</b>	<b>0.77%</b>	●	<b>5.69%</b>	<b>0.66%</b>	<b>6.35%</b>	<b>0.59%</b>	<b>89.54%</b>	<b>10.46%</b>
National Ambulance Service	7.70%	1.02%	●	8.72%	0.68%	9.40%	2.09%	92.73%	7.27%
Children's Health Ireland	4.74%	0.75%	●	5.50%	0.92%	6.42%	0.99%	85.66%	14.34%
Dublin Midlands Hospital Group	4.50%	0.92%	●	5.41%	0.89%	6.31%	0.62%	85.83%	14.17%
Ireland East Hospital Group	3.86%	0.67%	●	4.53%	0.56%	5.09%	0.64%	89.00%	11.00%
RCSI Hospitals Group	4.23%	0.78%	●	5.01%	0.73%	5.74%	0.37%	87.27%	12.73%
Saolta University Hospital Care Group	4.37%	1.12%	●	5.50%	0.58%	6.07%	0.32%	90.46%	9.54%
South/South West Hospital Group	4.29%	0.95%	●	5.23%	0.52%	5.76%	0.30%	90.90%	9.10%
University of Limerick Hospital Group	6.24%	0.84%	●	7.09%	0.62%	7.70%	0.89%	92.01%	7.99%
Other Acute Services	2.00%	0.28%	●	2.29%	0.29%	2.58%	1.29%	88.84%	11.16%
<b>Acute Services</b>	<b>4.50%</b>	<b>0.87%</b>	●	<b>5.37%</b>	<b>0.66%</b>	<b>6.03%</b>	<b>0.57%</b>	<b>89.02%</b>	<b>10.98%</b>
CHO 1	7.94%	0.65%	●	8.59%	0.71%	9.31%	0.78%	92.32%	7.68%
CHO 2	5.48%	0.40%	●	5.89%	0.58%	6.46%	0.72%	91.08%	8.92%
CHO 3	5.87%	0.56%	●	6.43%	0.56%	6.99%	0.39%	92.05%	7.95%
CHO 4	5.31%	0.88%	●	6.20%	0.57%	6.76%	0.38%	91.63%	8.37%
CHO 5	6.48%	0.69%	●	7.18%	0.94%	8.12%	1.29%	88.41%	11.59%
CHO 6	4.54%	0.69%	●	5.24%	0.79%	6.02%	0.54%	86.95%	13.05%
CHO 7	4.81%	0.71%	●	5.52%	0.88%	6.40%	0.32%	86.25%	13.75%
CHO 8	5.60%	0.67%	●	6.27%	0.76%	7.02%	0.27%	89.24%	10.76%
CHO 9	5.08%	0.66%	●	5.74%	0.63%	6.36%	0.80%	90.16%	9.84%
Other Community Services	4.43%	1.07%	●	5.50%	0.68%	6.18%	1.82%	89.00%	11.00%
<b>Community Services</b>	<b>5.63%</b>	<b>0.68%</b>	●	<b>6.30%</b>	<b>0.71%</b>	<b>7.01%</b>	<b>0.62%</b>	<b>89.91%</b>	<b>10.09%</b>
<b>National Services &amp; Central Functions</b>	<b>3.88%</b>	<b>0.35%</b>	●	<b>4.23%</b>	<b>0.33%</b>	<b>4.56%</b>	<b>0.38%</b>	<b>92.76%</b>	<b>7.24%</b>

\*Non Covid-19 RAG Rating: Red ● >4.2% Amber ● >4 - ≤4.2 Green ● ≤4

- At Hospital Group level, University of Limerick Hospital Care Group is reporting the highest absence rate at **7.7%**. Ireland East Hospital Group have the lowest absence rate reported at **5.09%**
- At CHO level, CHO 1 is reporting the highest absence rate within at **9.31%**. CHO 6 have the lowest absence rate reported at **6.02%**.

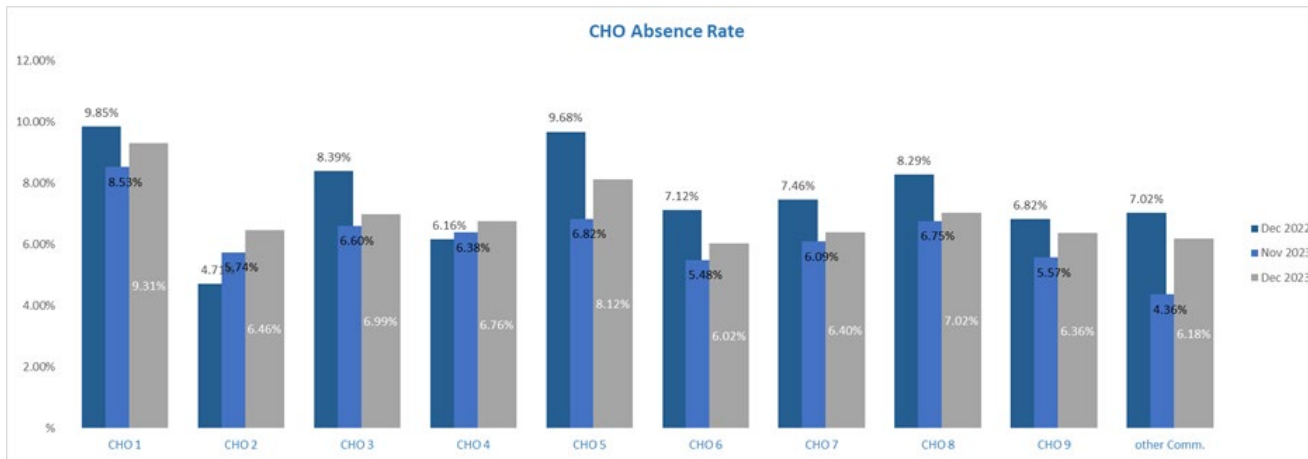
### Acute Services Absence Rate Breakdown: December 2023

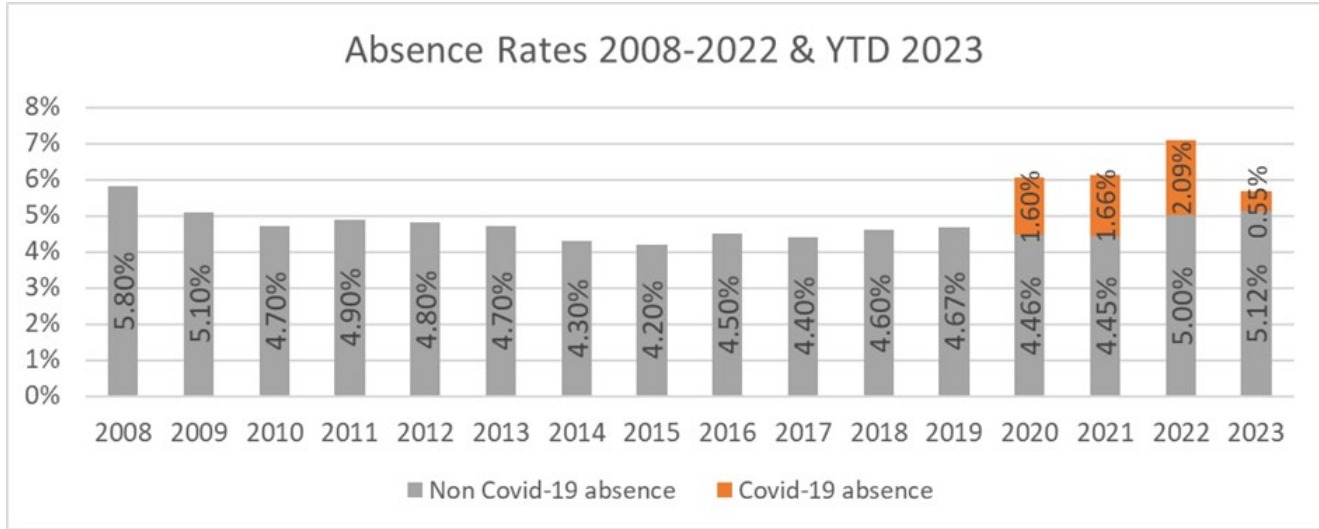
Acute Services	Covid			Non Covid			Total Absence		
	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22
<b>Total</b>	<b>0.66%</b>	<b>0.46%</b>	<b>1.26%</b>	<b>5.37%</b>	<b>5.00%</b>	<b>6.03%</b>	<b>6.03%</b>	<b>5.46%</b>	<b>7.29%</b>
Ambulance	0.68%	0.34%	1.21%	8.72%	6.97%	8.40%	9.40%	7.31%	9.61%
Children's Health Ireland	0.92%	0.72%	1.25%	5.50%	4.71%	5.61%	6.42%	5.43%	6.86%
Dublin Midlands Hospital Group	0.89%	0.57%	1.50%	5.41%	5.12%	6.91%	6.31%	5.69%	8.41%
Ireland East Hospital Group	0.56%	0.34%	1.13%	4.53%	4.11%	5.00%	5.09%	4.45%	6.13%
RCSI Hospitals Group	0.73%	0.38%	1.19%	5.01%	4.99%	6.11%	5.74%	5.37%	7.30%
Saolta University Hospital Care Group	0.58%	0.52%	1.11%	5.50%	5.23%	5.88%	6.07%	5.75%	6.99%
South/South West Hospital Group	0.52%	0.42%	1.38%	5.23%	5.04%	5.44%	5.76%	5.46%	6.82%
University of Limerick Hospital Group	0.62%	0.59%	1.33%	7.09%	6.22%	8.04%	7.70%	6.81%	9.37%
Other Acute Services	0.29%	0.23%	0.17%	2.29%	1.06%	3.21%	2.58%	1.29%	3.38%



### Community Services Absence Rate Breakdown: December 2023

Community Services	Covid			Non Covid			Total Absence		
	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22	Dec-23	Nov-23	Dec-22
<b>Total</b>	<b>0.71%</b>	<b>0.46%</b>	<b>1.25%</b>	<b>6.30%</b>	<b>5.93%</b>	<b>6.27%</b>	<b>7.01%</b>	<b>6.39%</b>	<b>7.52%</b>
CHO 1	0.71%	0.49%	1.54%	8.59%	8.03%	8.31%	9.31%	8.53%	9.85%
CHO 2	0.58%	0.39%	0.63%	5.89%	5.35%	4.08%	6.46%	5.74%	4.71%
CHO 3	0.56%	0.46%	1.03%	6.43%	6.14%	7.36%	6.99%	6.60%	8.39%
CHO 4	0.57%	0.40%	0.81%	6.20%	5.99%	5.34%	6.76%	6.38%	6.16%
CHO 5	0.94%	0.51%	1.72%	7.18%	6.31%	7.96%	8.12%	6.82%	9.68%
CHO 6	0.79%	0.50%	1.39%	5.24%	4.98%	5.73%	6.02%	5.48%	7.12%
CHO 7	0.88%	0.58%	1.55%	5.52%	5.51%	5.91%	6.40%	6.09%	7.46%
CHO 8	0.76%	0.55%	1.38%	6.27%	6.21%	6.90%	7.02%	6.75%	8.29%
CHO 9	0.63%	0.32%	1.23%	5.74%	5.25%	5.59%	6.36%	5.57%	6.82%
other Comm.	0.68%	0.24%	1.16%	5.50%	4.12%	5.87%	6.18%	4.36%	7.02%



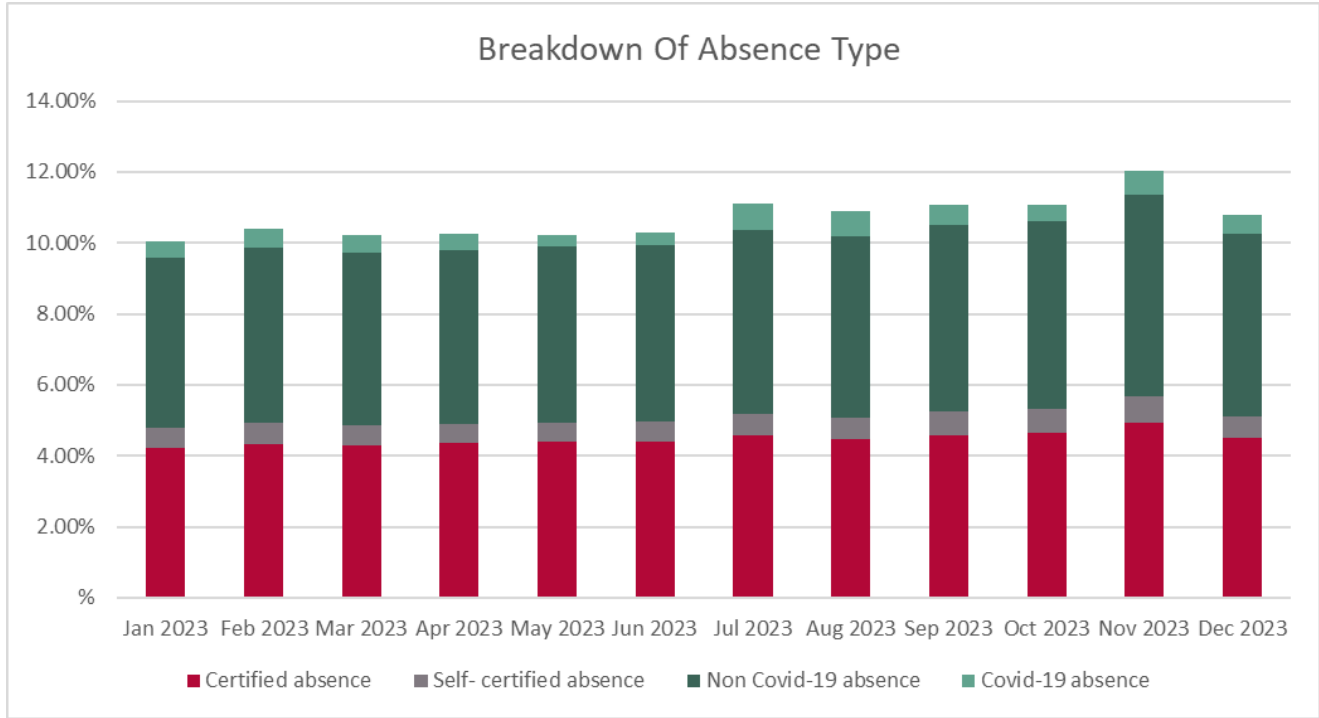


**Year-to-date & trends 2008 – 2023**

The year to date 2023 figure of **5.67%** has also been impacted by COVID-19 related absence with **0.55%** of the 2023 absence rate (or 9.7% of all 2023 absence) accounted for by COVID-19. Details for each year since absence reporting commenced are shown below, demonstrating the impact of COVID-19 related absence in 2020, 2021, 2022 & 2023.

- When compared with previous years, the 2023 Year to Date figure is running at **1.4%** below the previous annual rate. COVID-19 related absence accounts for **0.55%** of absence in 2023. This is notably lower than previous years where COVID-19 absence accounted for **2.1%** in 2022, **1.7%** in 2021 and **1.6%** in 2020. On a like for like basis, **excluding** COVID-19 absence impact, the absence rate is **5%** in 2023 **5%** in 2022, **4.4%** in 2021 and **4.5%** in 2020. Therefore, excluding COVID-19 related absence, the Year to Date absence in 2023 is comparable with that reported in 2022, however with both years reporting higher rates than that reported in 2021 and 2020. Notably, 10 years prior to the outbreak of COVID-19, staff absence rate was running at an average of **4.5%**.





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

### European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	96.6%	87.4%
Mental Health Services	96.7%	92.7%
Other Agencies	72.7%	72.7%

# 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



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

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

### Performance Table:

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

### Graphs:

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

Graph Layout:	
Target	-----
Month 22/23	—————
Month 21/22	—————

### 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
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	No Service in CHO 8
Palliative Care	No. accessing specialist inpatient bed within seven days (during the reporting year)	No Service in CHO 8
Health & Wellbeing	<b>Chronic Disease Mgt (Diabetes)</b> <b>HWB66</b> No. of people attending a HSE funded structured community based healthy cooking programme	Complete Non Return due to industrial action
Health & Wellbeing	<b>Immunisations and Vaccines</b> <b>HWB4</b> % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Non Returns – CHO 1 (Donegal, Sligo Leitrim). CHO 2 (Galway, Mayo & Roscommon)
Health & Wellbeing	<b>Immunisations and Vaccines</b> <b>HWB8</b> % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Returns – CHO 1 (Donegal, Sligo Leitrim). CHO 2 (Galway, Mayo & Roscommon)
Service User Experience	Complaints investigated within 30 working days	National Screening Service
Service User Experience	Complaints investigated within 30 working days	DMHG Midland Regional Hospital, Portlaoise DMHG St. James's Hospital DMHG The Coombe IEHG Mater IEHG National Maternity Hospital IEHG Royal Victoria Eye & Ear Hospital IEHG St Columcille's Saoita Mayo University Hospital
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Oct, Nov, Dec) CHO1 (Donegal, Sligo Leitrim) Non Return (Nov, Dec) CHO5 (Wexford)
Primary Care	Occupational Therapy % of new occupational therapy service users seen for assessment within 12 weeks % of occupational therapy service users on waiting list for assessment ≤ to 52 weeks No of occupational therapy service users seen	Non Return (Oct, Nov, Dec) CHO1 (Cavan Monaghan, Sligo Leitrim) Non Return (Sep, Oct, Nov, Dec) CHO1 (Donegal) Non Return (Oct, Dec) CHO5 (Carlow Kilkenny)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Speech and Language Therapy % of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks % of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks No of speech and language therapy patients seen	Non Return (Oct, Nov, Dec) CHO1 (Sligo Leitrim) Non Return (Oct, Nov, Dec) CHO5 (Waterford)
Primary Care	Dietetics % of dietetic patients on waiting list for treatment ≤ 12 weeks % of dietetic patients on waiting list for treatment ≤ 52 weeks No. of Dietetics patients seen	Non Return (Oct, Nov, Dec) CHO1 (Cavan Monaghan, Sligo Leitrim) Non Return (Oct, Nov) CHO4 (North Cork) Non Return (Nov, Dec) CHO5 (Carlow Kilkenny)
Primary Care	Psychology % of psychology patients on waiting list for treatment ≤ to 12 weeks % of psychology patients on the waiting list for treatment ≤ to 52 weeks No of Psychology patients seen	Non Return (Nov, Dec) CHO1 (Sligo Leitrim)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks % of Ophthalmology patients on the waiting list for treatment < 52 weeks No of Ophthalmology patients seen	No Service CHO 4 (South Lee), CHO6 (Dun Laoghaire, Dublin South East), CHO7 (Dublin South City, Dublin West), CHO8 (Laois/Offaly, Longford/Westmeath), CHO9 (Dublin North, Dublin North West) Non Return (Jun, Jul, Aug) CHO2 (Galway) Non Return (Oct) CHO4 (North Lee) Non Return (Sep, Oct, Nov, Dec) CHO8 (Louth)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks % of Audiology patients on the waiting list for treatment < 52 weeks No of Audiology patients seen	No Service CHO4 (North Lee, North Cork, West Cork, Kerry), CHO6 (Dun Laoghaire, Wicklow), CHO7 (Dublin South City, Kildare West Wicklow, Dublin West), CHO8 (Meath), CHO9 (Dublin North West, Dublin North)
Primary Care	Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks No of Nursing patients seen	Non Return (Nov) CHO1 (Sligo Leitrim) Non Return (Aug, Sep, Oct, Nov, Dec) CHO5 (Wexford) Non Return (Oct, Nov) CHO7 (Dublin South City)
Primary Care	Podiatry % of podiatry patients on waiting list for treatment ≤ to 52 weeks % of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks No of podiatry patients seen	No Service CHO4 (South Lee), CHO5 (Wexford, South Tipperary), CHO6 (Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow), Non Return (Oct, Nov, Dec) CHO1 (Sligo Leitrim) Non Return (Nov, Dec) CHO5 (Carlow Kilkenny)
Primary Care	Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	Non Return (Oct, Nov) CHO1 (Cavan Monaghan) Non Return (Nov) CHO1 (Sligo Leitrim) Non Return (Oct, Nov) CHO2 (Galway) Non Return (Oct) CHO5 (Wexford) Non Return (Oct, Nov) CHO7 (Dublin South City)

Service Area	KPI Title	Data Coverage Issues
Primary Care	Child Health Quarterly % of infants visited by a PHN within 72 hours of discharge from maternity services	Non Return (Sep, Dec) CHO1 (Cavan Monaghan) Non Return (Sep, Dec) CHO3 (North Tipperary East Limerick) Non Return (Sep, Dec) CHO4 (North Lee, South Lee) Non Return (Dec) CHO5 (Carlow Kilkenny) Non Return (Sep, Dec) CHO5 (South Tipperary, Wexford) Non Return (Dec) CHO7 (Dublin South City, Dublin West)
Primary Care	Child Health Quarterly -1 Quarter % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three month PHN visit	Non Return (Jun, Sep) CHO1 (Cavan Monaghan) Non Return (Jun) CHO2 (Galway) Non Return (Jun, Sep) CHO3 (North Tipperary East Limerick) Non Return (Jun) CHO4 (Kerry) Non Return (Jun, Sep) CHO4 (North Lee, South Lee) Non Return (Sep) CHO5 (Carlow Kilkenny) Non Return (Jun, Sep) CHO5 (South Tipperary, Wexford) Non Return (Sep) CHO7 (Dublin South City, Dublin West)
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	No Service - Dublin South East, Wicklow (combined in 1 Return from Dun Laoghaire)
Social Inclusion	Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Non Return Q3 CHO (Meath)
Social Inclusion	Substance Misuse % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return Q3 CHO (Meath)
Mental Health General Adult	Number of referrals received	CHO 1 Donegal Central (December) CHO 2 GR5 Ballinasloe-Portumna (July, August, September, October, December) CHO 5 South Tipperary (September, October, November, December) CHO 5 Waterford West (November, December) CHO 6 SJOG Team C Cluain Mhuire (December) CHO 9 Curam Clinic Swords (August) CHO 9 Killester OPD (August)

Service Area	KPI Title	Data Coverage Issues
Mental Health General Adult	Number of referrals seen	CHO 1 Donegal Central (December) CHO 2 GR5 Ballinasloe-Portumna (July, August, September, October, December) CHO 5 South Tipperary (September, October, November, December) CHO 5 Waterford West (November, December) CHO 6 SJOG Team C Cluain Mhuire (December) CHO 9 Curam Clinic Swords (August) CHO 9 Killester OPD (August)
Mental Health General Adult	% seen within 12 weeks	CHO 1 Donegal Central (December) CHO 2 GR5 Ballinasloe-Portumna (July, August, September, October, December) CHO 5 South Tipperary (September, October, November, December) CHO 5 Waterford West (November, December) CHO 6 SJOG Team C Cluain Mhuire (December) CHO 9 Curam Clinic Swords (August) CHO 9 Killester OPD (August)
Mental Health CAMHS	CAMHS Waiting List	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023) CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Mental Health CAMHS	CAMHS Waiting List > 12 months	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023) CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Mental Health CAMHS	Number of referrals received	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023) CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Mental Health CAMHS	Number of new seen	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023) CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023)

Service Area	KPI Title	Data Coverage Issues
		CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Mental Health CAMHS	CAMHs – first appointment within 12 months	CHO 4 Child and Adolescent ADHD Service Cork/Kerry (No data received in 2023) CHO 4 North Lee West (June, August) CHO 4 South Lee 2 (November) CHO 6 Century Court Team 2 (No data received in 2023)
Psychiatry of Later Life	Number of referrals received	CHO 1 Donegal (December) CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Dun Laoghaire POA (December)
Psychiatry of Later Life	Number of referrals seen	CHO 1 Donegal (December) CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Dun Laoghaire POA (December)
Psychiatry of Later Life	% seen within 12 weeks	CHO 1 Donegal (December) CHO 4 West Cork - Team suspended; no Consultant Psychiatrist (2023 to date) CHO 6 Dun Laoghaire POA (December)
Adult Inpatient	No. of admissions to adult acute inpatient units	CHO 1 Letterkenny (Q3/2023)
Disability Services	Number of in home respite supports for emergency cases	420 in home respite packages put in place for 2022 have been maintained in 2023 and included in January figures.
NAS	NAS3 - Total no. of AS1 and AS2 (emergency ambulance) calls - excludes DFB data from June 2023 NAS6 - Number of clinical status 1 ECHO Calls activated - excludes DFB data from June 2023 NAS7 - Number of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route) - excludes DFB data from June 2023 NAS10 - Total number of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less - excludes DFB data from June 2023 NAS11 - % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less - excludes DFB data from June 2023 NAS12 - Number of clinical status 1 DELTA calls – activated - excludes DFB data from June 2023 NAS13 - Number of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route) - excludes DFB data from June 2023	In recent years, HSE ambulance performance reporting for the Dublin area has also included data shared by Dublin City Council (DCC) in relation to their ambulance service.  The HSE has not had any mechanism to validate DCC data which is collected on a separate Computer Aided Dispatch system.  A Ministerial Task and Finish Group established in 2022 by the Ministers for Health and Housing, Local Government and Heritage to consider the Ambulance Service Delivery Model in Dublin held a series of meetings between February 2023 and June 2023. The Group have confirmed and agreed that the ambulance service delivered by DCC is a statutory service as provided for in Section 25 of the Fire Services Act 1981 and is not subject to any form of service agreement with the HSE. Consequently, the HSE has no governance or oversight over, or accountability or reporting responsibility for ambulance services delivered by DCC. In this



Service Area	KPI Title	Data Coverage Issues
	NAS16 - Total number of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less - excludes DFB data from June 2023 NAS17 - % of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less - excludes DFB data from June 2023	context, HSE ambulance reporting in the Dublin area no longer includes the data shared by DCC.
Acute Hospitals	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Data return still impacted due to Forsa work-to-rule
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Portlaoise, (Nov, Dec-23) No AMAU data returned
Acute Hospitals	% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q2 2023 Stroke data unavailable
Acute Hospitals	% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Q2 2023 Stroke data unavailable
Acute Hospitals	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Q2 2023 Stroke data unavailable
Acute Hospitals	HCAI Rate of new cases of Hospital acquired S. Aureus bloodstream infection	Portlaoise HCAI data outstanding Sep-23 - Dec-23.
Acute Hospitals	Rate of new cases of hospital associated C. difficile infection	Portlaoise HCAI data outstanding Sep-23 - Dec-23.
Acute Hospitals	No. of new cases of CPE	Portlaoise HCAI data outstanding Sep-23 - Dec-23.
Acute Hospitals	Rate of new hospital acquired COVID-19 cases in hospital inpatients	Portlaoise Covid data outstanding Sep-23 - Dec-23. CHI at Temple Street Covid data outstanding Nov-23 - Dec-23
Acute Hospitals	% of acute hospitals implementing the requirements for screening of patients with Carbapenemase-producing Enterobacterales (CPE) guidelines	The following hospitals have data outstanding, MRH Portlaoise (Q1 - Q4), National Maternity Hospital (Q3), Mayo University Hospital (Q1 - Q4), Mercy University Hospital (Q3), UH Kerry (Q4)
Acute Hospitals	% of acute hospitals implementing the national policy on restricted antimicrobial agents	The following hospitals have data outstanding, MRH Portlaoise (Q1 - Q4), National Maternity Hospital (Q3), Mayo University Hospital (Q1 - Q4), Mercy University Hospital (Q3), UH Kerry (Q4)

## Appendix 3: Hospital Groups

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

## 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		<b>Dublin South, Kildare and West Wicklow Community Healthcare</b>
CHO 2	<b>Community Healthcare West</b>	CHO 7	Dublin South City
	Galway		Dublin South West
	Mayo		Dublin West
	Roscommon		Kildare
CHO 3	<b>Mid West Community Healthcare</b>	CHO 8	West Wicklow
	Clare		<b>Midlands Louth Meath Community Healthcare</b>
	Limerick		Laois
	North Tipperary		Offaly
CHO 4	<b>Cork Kerry Community Healthcare</b>	CHO 9	Longford
	Cork		Westmeath
	Kerry		Louth
CHO 5	<b>South East Community Healthcare</b>		Meath
	Carlow		<b>Dublin North City and County Community Healthcare</b>
	Kilkenny		Dublin North Central
	South Tipperary		Dublin North West
	Waterford		Dublin North City
	Wexford		