



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Performance Profile

**April - June 2017  
Quarterly Report**

**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

## Contents

Quality and Patient Safety .....	3
Performance Overview .....	5
Health and Wellbeing .....	6
Primary Care .....	12
Mental Health .....	20
Social Care .....	24
National Ambulance Service .....	37
Acute Hospitals .....	41
Finance .....	52
Human Resources .....	59
Escalation Report .....	63
Appendices .....	76
Appendix 1: Performance and Accountability Framework .....	77
Appendix 2: Data Coverage Issues .....	78
Appendix 3: Hospital Groups .....	80
Appendix 4: Community Health Organisations .....	81

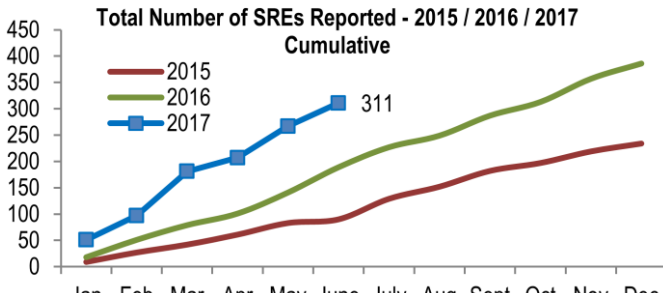
# Quality and Patient Safety

# Quality and Patient Safety

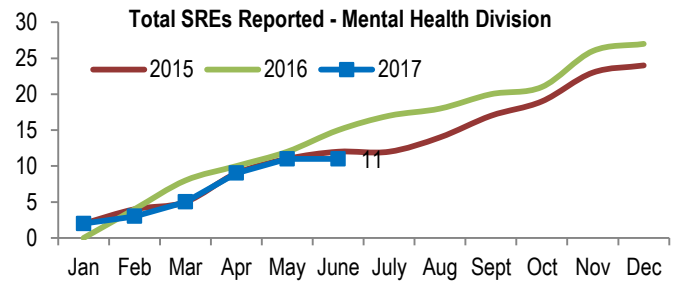
Serious Reportable Events	Acute Hospitals Division	Social Care Division	Mental Health Division	Other	Total
No. of SREs Reported June 2017	35	9	0	0	44
% Reported <24 hours June 2017	37%	11%	-	-	32%
No. of SREs Reported YTD 2017	221	77	11	2	311
% Reported <24 hours YTD 2017	19%	29%	18%	0%	21%
% compliance 120 day investigations completed*	0%	5%	0%	0%	2%

\*based on March YTD 2017

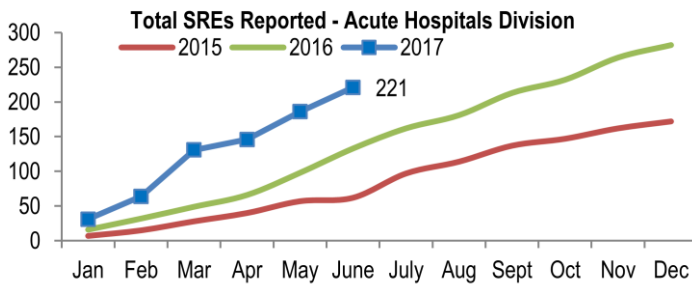
## National



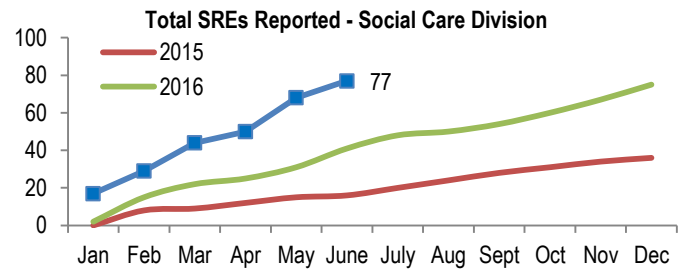
## Mental Health Division



## Acute Hospitals Division



## Social Care Division



## Quality Assurance Division Update

### Incident Management Training

Training:	June	YTD
Systems Analysis Investigation	64	270
Incident Management Training	0	16

### Healthcare Audit

Healthcare Audits:	YTD
Audits in progress	20
Completed	24

### Medical Exposure Radiation Unit (MERU)

MERU	June	YTD
Radiation Safety Incidents Reported	4	32

### Appeals Service

Appeal Type (YTD)	Received	Processed
Medical / GP Card	736	778
Medical / GP Visit Card	37	39
Nursing Home Support Scheme	189	184
CSAR	45	41
Home Care Package	75	73
Home Help	35	36
Other	58	41
<b>Total</b>	<b>1,175</b>	<b>1,192</b>

## Complaints

Training:	June	YTD
Number of complaints officers trained on the Complaints Management System	18	116
Number of Review Officers trained in YSYS review officer training	0	94

Complaints:	June	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	48	197

# Performance Overview

## Heat Maps Key:

The table below provides details on the ruleset for the Red, Amber, Green (RAG) rating on the divisional heat maps

Performance RAG Rating	Finance RAG Rating	HR – Absence	HR – Indicative workforce
Red ● > 10% of target	Red ● ≥ 0.75% of target	Red ● ≥ 4%	Red ● ≥ 1.5% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target	Amber ● ≥ 3.7% < 4%	Amber ● ≥ 0.5% < 1.5% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target	Green ● < 3.7%	Green ● < 0.5% of target
Grey ● No result expected			

## Graph Layout:

Target 2017	
Trend 2016/2017	
Trend 2015/2016	

## Design Layout:

The Performance Overview table provides an update on the YTD performance

The Graphs and Service Level Performance table provides an update on the in-month performance

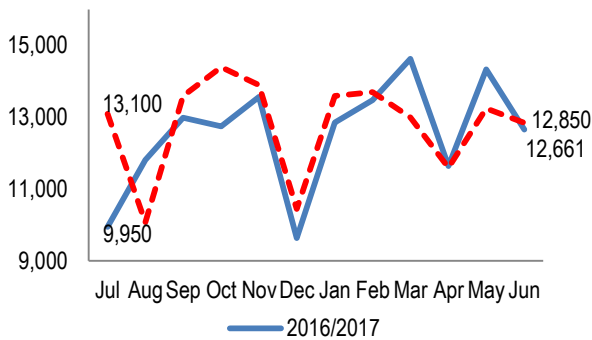
The Balanced Scorecard/Heat Map provides the YTD results with the results for last three months provided in the final three columns

# Health and Wellbeing

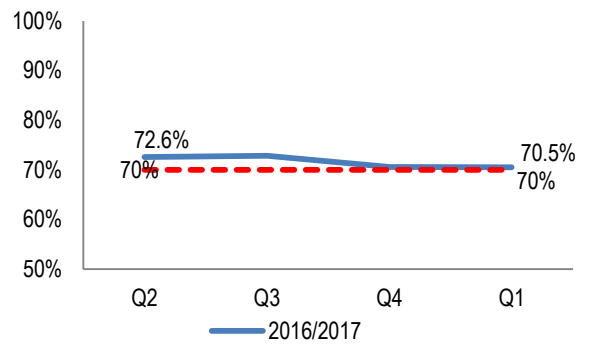
# Health and Wellbeing Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Environmental Health – food inspections	16,500 YTD/ 33,000 FYT	Q	7,785	16,105	+8,320	17,092	-987 ↓
BreastCheck - number of eligible women who had a mammogram	78,000 YTD/ 155,000 FYT	M	66,944	79,605	+12,661	71,168	+8,437 ↑
BreastCheck - % screening uptake rate	>70%	Q-1Q	73.4%	70.5%	-2.9%	77.9%	-7.4% ↓
CervicalCheck - number of eligible women who had screening	129,000 YTD/ 242,000 FYT	M	122,368	141,634	+19,266	132,792	+8,842 ↑
CervicalCheck - % with at least one satisfactory screening in a five year period	>80%	Q-1Q	79.6%	79.7%	0.1%	79.3%	0.4% ↑
BowelScreen - number of people who completed a satisfactory FIT test	51,870 YTD / 106,875 FYT	M	53,527	61,795	+8,268	57,535	+4,260 ↑
BowelScreen - % client uptake rate	>42% YTD/ >45% FYT	Q-1Q	38.1%	41.2%	+3.1%	37.3%	+3.9% ↑
Diabetic RetinaScreen - number of people who participated	43,780 YTD / 87,000 FYT	M	39,556	47,261	+7,705	42,111	+5,150 ↑
Diabetic RetinaScreen - % uptake rate	>56%	Q-1Q	61%	60.7%	-0.3%	55.2%	+5.5% ↑

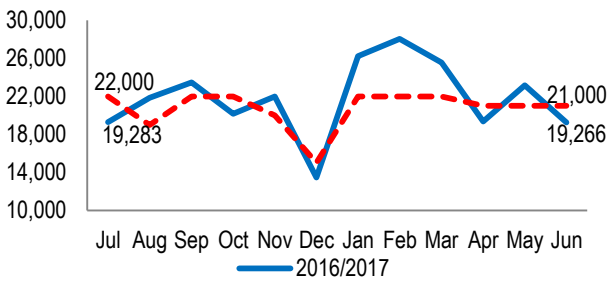
**BreastCheck-number who had a mammogram**



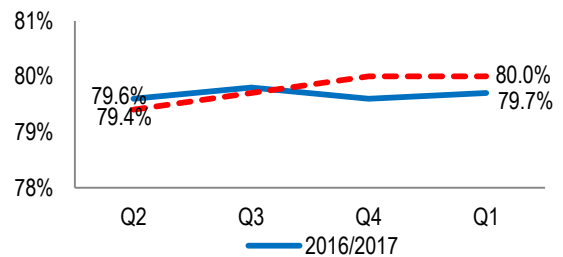
**BreastCheck - % screening uptake rate**



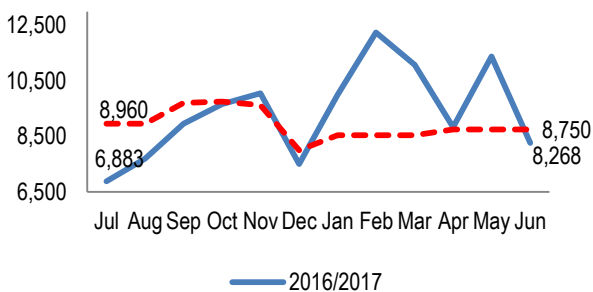
**CervicalCheck-number who had screening**



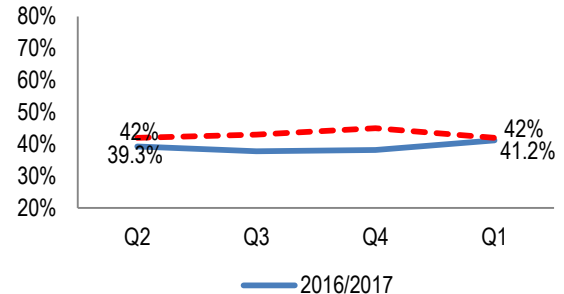
**CervicalCheck- % with at least one satisfactory screening in a five year period**



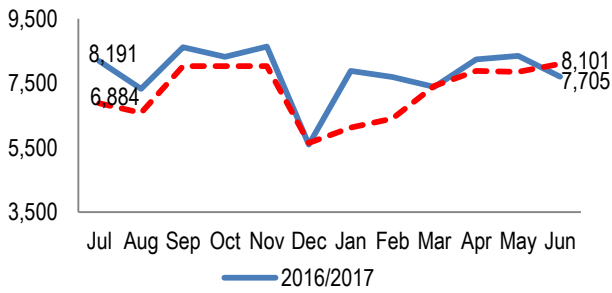
**BowelScreen-number who completed a FIT**



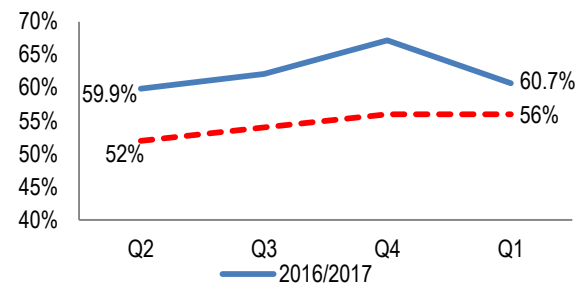
**BowelScreen - % client uptake rate**



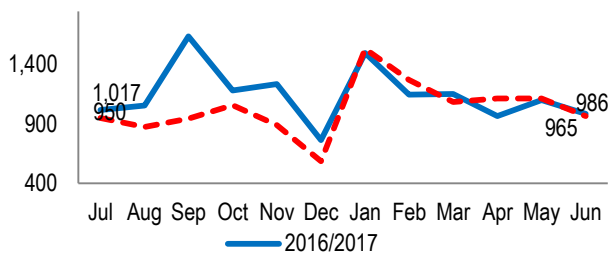
**Diabetic RetinaScreen - number who participated**



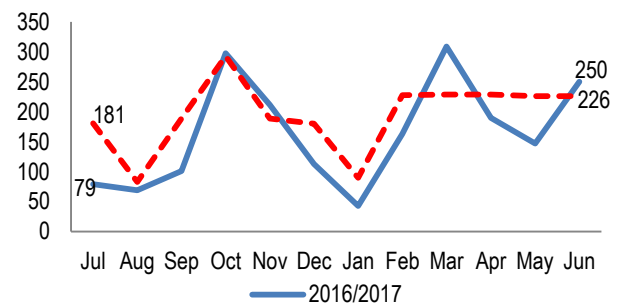
**Diabetic RetinaScreen - % uptake rate**



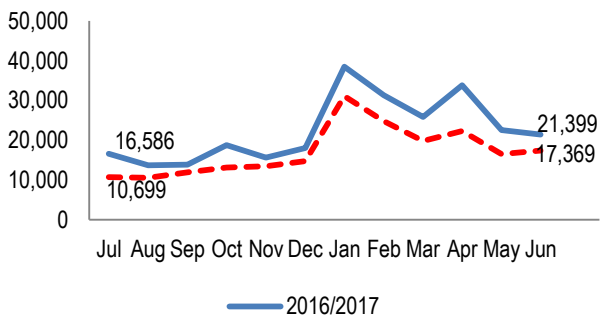
**Tobacco - smokers receiving intensive cessation support**



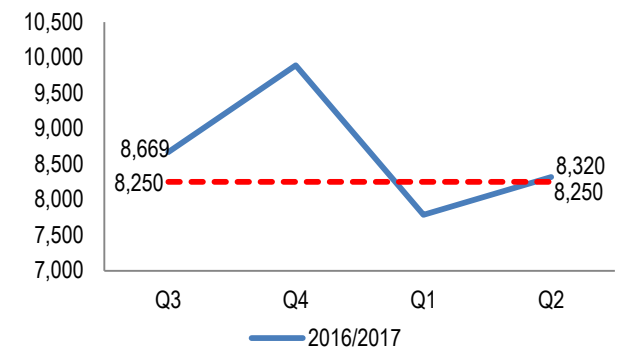
**Number of people completing a structured patient education programme for diabetes**



**Number of 5k Parkruns completed by the general public in community settings**



**Environmental Health – food inspections**





## **Divisional Update**

### **Healthy Ireland (HI)**

The Health and Wellbeing Division continues to work with CHOs to support the development and completion of HI Implementation Plans for each CHO by year end. Healthy Ireland, staff communication and consultation sessions concluded in CHO's 2, 5, 7, 8 and 9 and commenced in CHO 1. These staff communication and consultation sessions increase staff knowledge on Healthy Ireland and engagement in the development of CHO implementation plans.

### **National Screening Services**

#### **BreastCheck**

The number of eligible women having a mammogram is (+2.1%) ahead of expected activity YTD. The number of Radiographers working with the BreastCheck Programme has increased from 58 WTE in December 2016 to 64 WTE at the end of June 2017. The on-going recruitment and filling of vacant posts has led to an increase in screening numbers during the first six months of the year. This increased screening is demonstrable in the programmes overall activity YTD and the reduction in the backlog of initial / subsequent women due to be invited for screening aged 50-65 years which has reduced from 18,861 in January 2017 to 15,097 in June 2017. The reduction in the backlog can be attributed to the hiring of additional radiography staff and the operation of Saturday clinics in the Eccles Unit, Dublin. There is also an initiative due to start in August where weekend screening will take place across all four units to address the backlog with a combination of existing NSS employees and outsourced suppliers.

#### **CervicalCheck**

The number of women having one or more smear tests in a Primary Care setting is +9.8% (+12,634 women) ahead of expected activity YTD. This can be attributed to the following factors:

- The annual promotional campaign centred on European Cervical Cancer Awareness (ECCA) Week at the end of January 2017 was the most successful to date in terms of positive media coverage. Women of all ages responded by making appointments and attending for cervical screening.
- A significant number of new women were registered in the last quarter of 2016, mostly 25 year olds, and subsequently invited to screening. In the run-up to Christmas 2016 many of these women have deferred making an appointment and attending for screening until January and February 2017.
- The proportion of women screened who are aged 45 years or older has increased slightly. The response to re-call letters among this cohort of women appears to be slightly higher than it was previously (and had been projected). This cohort of women is increasingly on 5-year re-call.

NSS are continuing to monitor this increased activity. HIQA published a Health Technology Assessment of HPV testing for cervical cancer screening on 29<sup>th</sup> June. This HTA is being closely examined by the National Screening Service. The necessary planning required to implement the proposed changes has commenced and is being discussed with the Department of Health. HPV testing is likely to be implemented in Q4 2018.

#### **BowelScreen**

The number of clients who have completed a satisfactory FIT test is ahead of expected activity by +19.1% (+9,925 clients) YTD. Encouragingly more clients are returning completed FIT tests to the BowelScreen Programme and this increased activity is being monitored by NSS.

#### **Diabetic RetinaScreen**

The number of clients screened with final grading results is ahead of expected activity by +8% (+3,481 clients) YTD. This is the sixth successive month activity has been ahead of expectations. Encouragingly more diabetic clients are attending screening and this increased activity is being monitored by the National Screening Service.

### **Immunisations (MMR and 6in1 at 24 mths)**

Nationally the uptake rate for 6in1 at 24 months is good at 94.6% (target 95%) for Q1 2017 (reported quarterly in arrears). CHOs 1, 2, 4, 7, 8 are exceeding the target and the CHOs 3, 6, 9 are within 4% of target for the reporting period.

Nationally the uptake rate for MMR at 24 months is 92.3% (target 95%) for Q1 2017 (reported quarterly in arrears). Performance varies with CHOs 2 and 7 exceeding target, CHOs 1, 3, 4, 5, 6 and 8 within 5% of target

whereas CHO 9 is performing at 89.4% for the period. Uptake in some CHOs requires further follow up and this is being progressed.

## **Chronic Disease Management**

### **Completion of a structured patient education programme for diabetes**

The HSE delivers two national structured patient education programmes for diabetes; the X-PERT Programme and the DESMOND Programme. Both Programmes have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self-manage their diabetes. X-PERT is a 17 hour group structured patient education programme delivered by a Dietician over a 6 week period. Six CHOs (4, 5, 6, 7, 8 & 9) run the X-PERT programme. DESMOND is a 6 hour structured programme jointly facilitated by a Dietician and a Nurse. Three CHOs (1, 2, and 3) run the DESMOND Programme.

223 people completed the X-PERT programme in June 2017 and 640 people have completed the programme YTD. This performance is +30.1% ahead of target YTD (target: 688 people).

27 people completed the DESMOND structured patient education programme for diabetes in CHO 1, 2 and 3 in June 2017, and 253 people have completed the Programme YTD. This performance is -50.6% behind target YTD (target: 855 people) and performance continues to be monitored. The main contributing factor relates to the availability of dieticians to support the delivery of these programmes.

## **Tobacco**

### **Smokers receiving intensive cessation support**

The HSE Quit Programme has one goal - to give smokers the help and support they need to quit smoking for good. In June 2017, 986 smokers received intensive smoking cessation support. YTD 6,850 smokers received intensive smoking cessation support. This figure is slightly below (-3.3%) expected activity YTD (Target: 7,083). It is important to note this metric tracks the performance of intensive cessation support services through both the QUIT (telephone helpline and on line cessation services) and face to face cessation services. This KPI is sensitive to any temporary dip in face to face service provision resulting from a lack of cover for practitioners in cases of unplanned absence or vacancies arising.

## **Physical Activity**

### **5km Parkruns completed by the general public in community settings**

This year's Operation Transformation (OT) programme encouraged people to participate in local parkruns. 173,400 members of the general public have completed a 5km Parkrun YTD. This is +31.5% above target (131,817) and represents an increase of +30.2% when compared to the same period last year (133,188 people completed 5km parkruns).

## **Environmental Health**

8,320 food inspections were carried out during Q2 (target: 7,855) which is +5.9% ahead of expected activity for the period. A total of 91 initial tobacco sales to minors test purchase inspections were carried out during Q2 (target: 96) which is -5.2% below expected activity for the period. 2 establishments had a test purchase (sunbed) inspection during Q2 (YTD target: 16). Performance of test purchase metrics are impacted by the availability of minors to carry out the test purchases. 6 mystery shopper inspections were carried out for Sunbeds during Q2 (YTD target: 16). It is anticipated the target for these four metrics will be achieved in 2017. YTD 93.5% of environmental health complaints received from the public were risk assessed within one working day (target 95%).

## Health and Wellbeing Balanced Scorecard/Heat Map

		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 & Safety	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days <sup>1</sup>	M	90%	NA													
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>2</sup>	Q	75%	93%	24%											89%	98%
	<b>Environmental Health</b>																
	Food Inspections	Q	16,500	16,105	-2.4%										9,890	7,785	8,320
Access	<b>National Screening</b>																
	Breastcheck - % screening uptake rate	Q-1Q	>70%	70.5%	0.7%										72.8%	70.6%	70.5%
	Cervicalcheck - % with at least one satisfactory screening in a five year period	Q-1Q	>80%	79.7%	-0.4%										79.8%	79.6%	79.7%
	Bowelscreen- % screening uptake rate	Q-1Q	>42%	41.2%	-4.1%										37.8%	38.2%	41.2%
	Diabetic RetinaScreen - % screening uptake rate	Q-1Q	>56%	60.7%	8.5%									62.1%	67.2%	60.7%	
Finance	<b>Net Expenditure variance from plan</b>																
	Total	M	€99,058	€97,026	-2.05%										-2.76%	-1.92%	-2.05%
	Pay	M	€47,892	€47,144	-1.56%										-2.21%	-1.86%	-1.56%
	Non-pay	M	€54,057	€52,418	-3.03%										-3.79%	-2.62%	-3.03%
	<b>Service Arrangements (26.06.2017)</b>																
	Number signed	M	100%	98.54%	1.46%									94.85%	95.62%	98.54%	
	Monetary value signed	M	100%	97.94%	2.06%									91.08%	96.04%	97.94%	
HR	<b>Absence</b>																
	Overall	M-1M	3.50%	3.30%	5.71%									3.18%	2.82%		

<sup>1</sup> Data under review.

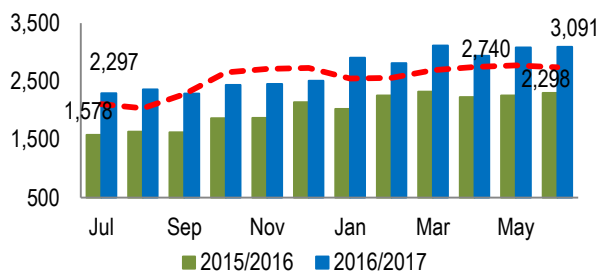
<sup>2</sup> This covers all of Community Healthcare

# Primary Care

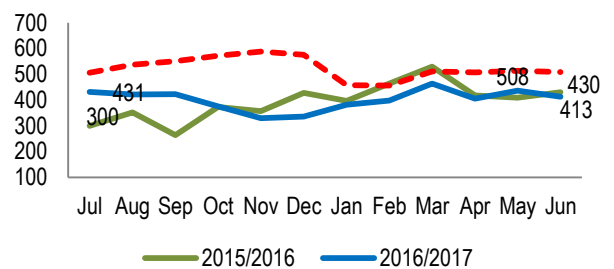
## Primary Care Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Total CIT	16,053YTD/ 32,860FYT	M	14,844	17,935	+3,091	13,382	+4,553 ↑
Early Discharge CIT	2,952TD/ 6,072FYT	M	2,085	2,498	+ 413	2,647	-149 ↓
Child Health – new borns visited within 72 hours.	97%	Q	98.6%	98%	-0.6%	98%	0%
Child Health - developmental screening 10 months	95%	M-1M	93.1%	93.3%	+0.2%	93.8%	-0.5% ↓
Medical card turnaround within 15 days	96%	M	38.1%	34%	-4.1%	98.2%	- 64.2% ↓
Speech and Language Therapy access within 52 weeks	100%	M	96.4%	96.4%	0%	97.6%	- 1.2% ↓
Physiotherapy access within 52 weeks	98%	M	93.6%	92.5%	-1.1%	98.1%	- 5.6% ↓
Occupational Therapy access within 52 weeks	92%	M	77%	75.5%	-1.5%	81.4%	-5.9% ↓
Access to palliative inpatient beds	98%	M	97.2%	97.5%	+0.3%	96.8%	+0.7% ↑
Access to palliative community services	95%	M	93.1%	92.9%	-0.2%	91.9%	+1.0% ↑
Access to substance misuse treatment (over 18 years)	100%	Q-1Q	94.7%	97.3%	+2.6%	89%	+8.3% ↑
Access to substance misuse treatment (under 18 years)	100%	Q-1Q	97.5%	97.9%	+0.4%	85%	+12.9% ↑

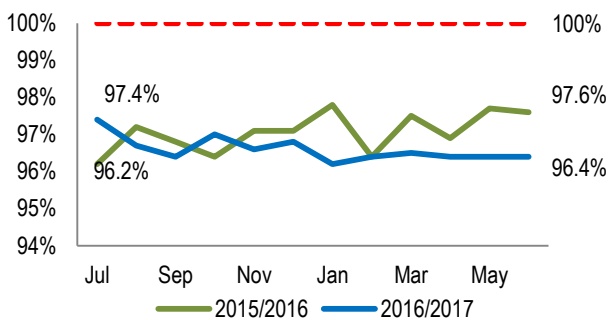
### Total CITs



### Early Discharge CIT



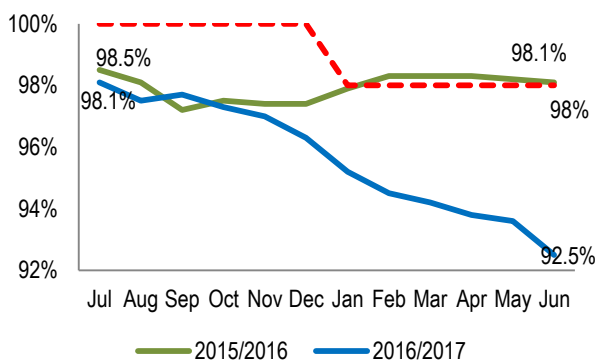
### SLT access within 52 weeks



### SLT waiting list

SLT	Assessment Waiting List			Treatment Waiting List		
	April	May	June	Apr	May	June
≤ 52 weeks	13,084	12,895	12,909	7,586	7,513	7,635
> 52 weeks	489	485	483	422	420	540
Total	13,573	13,380	13,392	8,008	7,933	8,175

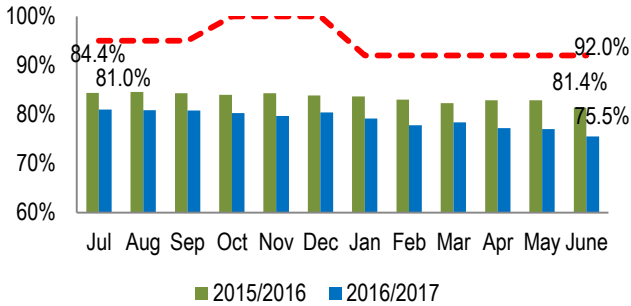
### Physiotherapy access within 52 weeks



### Physiotherapy Assessment Waiting List

Physiotherapy Assessment WL	April	May	June
≤ 12 weeks	21,744	23,251	21,715
>12 weeks ≤ 26 weeks	7,129	7,066	7,135
> 26 weeks ≤ 39 weeks	3,316	3,031	2,780
>39 weeks ≤ 52 weeks	1,597	1,945	2,044
> 52 weeks	2,229	2,415	2,746
Total	36,015	37,708	36,420

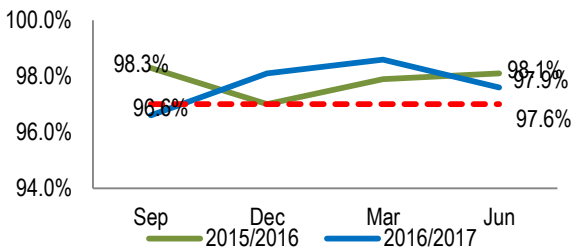
### Occupational Therapy access within 52 weeks



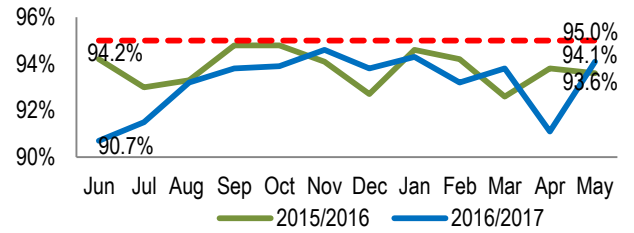
### Occupational Therapy Assessment Waiting List

Occupational Therapy Assessment WL	April	May	June
≤ 12 weeks	9,497	9,367	9,391
>12 weeks ≤ 26 weeks	6,356	6,929	7,296
> 26 weeks ≤ 39 weeks	3,804	4,030	3,942
>39 weeks ≤ 52 weeks	2,784	3,047	2,867
> 52 weeks	6,620	6,966	7,608
Total	29,061	30,339	31,104

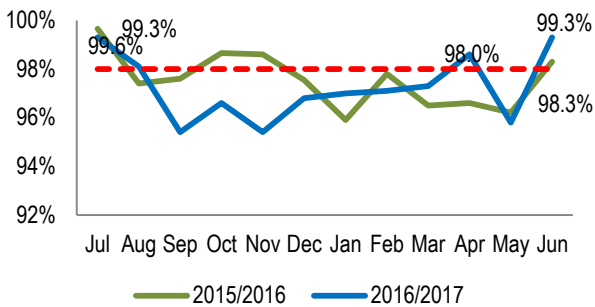
### Child Health – new borns visited within 72 hours



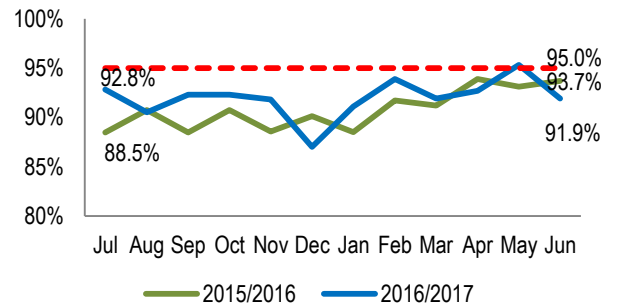
### Child Health – developmental screening 10 months



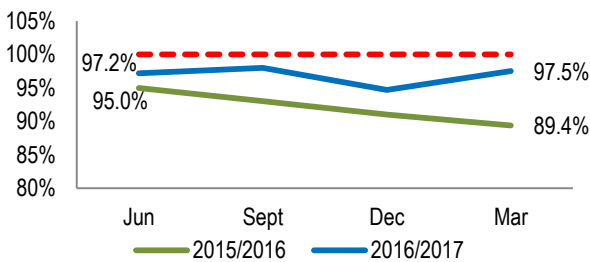
### Access to palliative inpatient beds



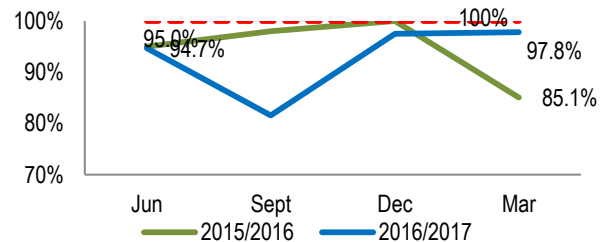
### Access to palliative community services



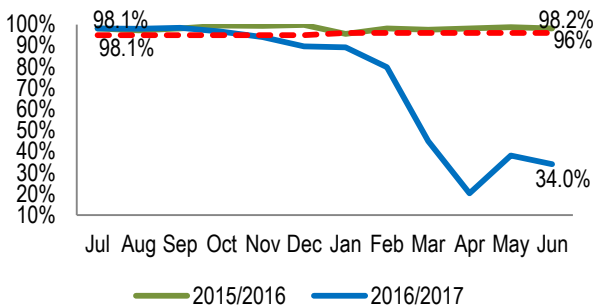
### Access to substance misuse treatment (over 18 years)



### Access to substance misuse treatment (under 18 years)



### Medical card turnaround within 15 days



## Service level performance

Performance area	Best performance	Outliers
Total CIT	CHO7 611, CHO5 597, CHO3 499	CHO6 136, CHO8 137, CHO1 304
Early Discharge CIT	CHO2 104, CHO4 77, CHO3 76	CHO6 3, CHO9 , 25, CHO8 27
Child Health – new borns visited within 72 hours.	CHO4 99.6%, CHO2 99.2%, CHO5 99.1%	CHO1 96.3%, CHO8 96.7%, CHO3 96.8%
Child Health – developmental screening 10 months	CHO9 95.3%, CHO7 95%, CHO4 94.3%	CHO3 84.1%, CHO1 91.7%, CHO6 92.7%
Speech and Language Therapy access within 52 weeks	CHO3 99.2%, CHO1 99.1%, CHO5 98.9%	CHO6 91.1%, CHO4 91.5%, CHO7 92%
Physiotherapy access within 52 weeks	CHO4 99.8%, CHO6 99.4%, CHO5 99.3%	CHO2 78.9%, CHO3 88%, CHO8 92%
Occupational Therapy access within 52 weeks	CHO3 98%, CHO9 81.5% CHO7 79.8%	CHO4 66.7%, CHO8 68.8%, CHO1 74.5%
Access to palliative inpatient beds	CHO3 100%, CHO4 100%, CHO5 100%	CHO8 95.4%, CHO9 93.2%
Access to palliative community services	CHO5 97.5%, CHO1 97.1%, CHO8 96.8%	CHO4 85.7%, CHO6 87.4%, CHO8 87.7%
Access to substance misuse treatment (over 18 years)	CHO2 100%, CHO6 100%, CHO7 100%	CHO3 73.5%, CHO8 92.8%, CHO9 98%
Access to substance misuse treatment (under 18 years)	CHO2 100%, CHO7 100%, CHO8 100%	CHO1 88.9%, CHO5 94.1%

## Divisional Update - Primary Care

**QPS Serious Reportable Events:** There were no serious reportable events reported in June 2017.

### Community Intervention Teams

CIT referrals are 11.7% ahead of target YTD. This represents a 34.0% increase compared to the same period last year.

CIT Early discharge is 15.4% below target YTD at 2,498 compared to the target of 2,952. The number of referrals in the early discharge category has changed for a number of reasons including:

- Changes in clinical practice – Some patients are prescribed newer anti-coagulation medication which does not require a nurse visit for monitoring. CIT previously received a higher number of referrals for acute monitoring.
- Some patients referred from a hospital ward have now been categorised as hospital avoidance as their hospital stay is complete and the CIT intervention avoids their return to a day ward/ OPD appointment.

It should be also noted that there was an incomplete return from CIT Louth in CHO8. In CHO2, Galway and Roscommon are below target overall, however, the number of early discharge referrals in Galway and early discharge as a percentage of the total in both teams is high. These patients are likely to have greater needs and require a higher number of CIT visits than those in other categories which would explain a drop in overall numbers.

### Child Health screening 10 months

CHO9 is ahead of target at 95.3%. CHO3 remains below target at 84.1%. The remaining CHOs are close to the target of 95% and are therefore green on the balanced score card/heat map. There is a SAMO vacancy post in Clare (CHO3) which has been re-advertised by the National Recruitment Service as the post failed to attract any interest from the first recruitment campaign. Interviews are scheduled for week commencing August 21st 2017. CHO3 is developing a plan to move to a Nurse led service for 7-9 month checks with progression to a Doctor led clinic if required. CHO3 is awaiting formal sign off of the revised document Best Health for Children. In the interim CHO3 is engaging with PMO and DPHNs to identify the training requirements necessary to implement the revised schedule which changes the 7-9 month check to a 10 month check and specifies it is nurse led.

### **PCRS Medical Card Turnaround within 15 days**

The YTD position is 34.0% against a target of 96% and the prior month YTD position of 38.1% in May. The NMCU is on target to clear the backlog in application processing by the end of July. All new applications, as well as applications for Under 6s GPVC and Over 70s GPVC and DCA medical cards were all processed within the target. The fact that these were prioritised meant that no one who had eligibility for a card was unduly delayed.

### **Speech and Language Therapy (SLT) Access within 52 weeks**

The National YTD position is 96.4% compared to a target of 100% and the prior month YTD position in May of 96.4%. There are currently 483 clients awaiting initial assessment for longer than 12 months. 314 are aged 0-18 and require a Multi-Disciplinary Team (MDT) assessment. Referrals YTD are 0.9% ahead of the expected activity YTD and 0.5% lower than the same period last year.

- CHO4: All clients awaiting an initial assessment for longer than 12 months are awaiting a Multi-Disciplinary Team assessment.
- CHO6: There are no long waiters awaiting initial assessment in Primary Care services in CHO6. All long waiters recorded in Wicklow are Beechpark clients. The plan for Beechpark will require a conjoint approach between Primary Care and Social Care. In light of CHO6 Primary Care pay bill, a funding issue to service this waiting list also arises.
- CHO7: The long waiters in CHO7 are mainly in Social Care. In Dublin South West, long waiters are arising from demands in School Age Teams and Early Intervention Teams, especially the waiting list for assessment as this is an MDT process

### **Physiotherapy Access within 52 Weeks**

The National YTD position is 92.5% compared to the target of 98% and the prior month YTD position in May of 93.6%. The outturn in 2016 was 95.9%. Referrals YTD are 1.9% lower than expected activity YTD and 0.5% lower than the same period last year.

- CHO2: Performance has been impacted by the overall reduction in the numbers of therapists in 2016 and ongoing maternity leave vacancies.
- CHO3: The service had up to 50% unfilled posts in 2016 due to resignations and maternity leaves. A business case is being prepared to address the greater than 52 weeks and greater than 26 weeks waiting lists. The focus of resources continues to be on the Priority 1 patients. A local initiative to focus on patients greater than 12 months will commence in September.

### **Occupational Therapy Access within 52 weeks**

The National YTD position is 75.5% compared to a target of 92%. The outturn in 2016 was 80.40%. A National Service Improvement Group has also been established in relation to Occupational Therapy Services and work is ongoing with each CHO in relation to their current position. External support is being sought to provide a rapid assessment on how to address inefficiencies.

### **Palliative Care IPU**

In June, 99.3% of admissions to a specialist inpatient unit were admitted within 7 days compared to the target of 98%. The outturn in 2016 was 96.8%. Four CHO's performed at 100% with all admissions within 7 days. Five CHO's are exceeding the target. The National YTD position is 97.5%. Improvements are noted in CHO6.

### **Palliative Care Community**

In June, 91.9% of patients who waited for Specialist Palliative care services in a community setting waited less than 7 days compared to the target of 95%. The outturn in 2016 was 91.5%. Five CHO's are performing above the target. In CHO6 the YTD performance is 87.4% but continues to show significant improvement.

### **Social Inclusion - Access to Substance Misuse Treatment (over 18 Years)**

Data returned for January, February and March 2017 indicates that nationally, 1,078 people over the age of 18 years commenced treatment following assessment during this period with 97.3% of them (1,049) commencing treatment within one calendar month.



### **Social Inclusion - Access to Substance Misuse Treatment (under 18 Years)**

Data returned for January, February and March 2017 Indicates that nationally, 95 young people under the age of 18 years commenced treatment following assessment during this period with 98% of them (93) commencing treatment within one week. CHO's 2, 4, 6/7, 8 and 9 met the 100% target with CHO3 having zero activity.

Note: The under 18 treatment service in CHO7 also covers CHO6.

### **Areas of Improvement/Areas of Risk**

#### **Primary Care**

€5m full year funding was allocated to CHOs in June 2017 in relation to stretch metrics to facilitate the achievement of KPI targets.

SLT waiting lists include a number of clients who are awaiting MDT assessment / intervention. This means that the additional 83 posts provided under NSP 2016 will not address this group of clients as they cannot be seen until the MDT team is available and there are staffing deficits in other disciplines.

The work of the National Service Improvement Group's in relation to Occupational Therapy and Physiotherapy Services is progressing. It is expected that the group will report in September/October 2017.

## Primary Care Balanced Scorecard/Heat Map

		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 & Safety	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days <sup>3</sup>	M	90%	NA													
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>4</sup>	Q	75%	93%	24%											89%	98%
	<b>Community Intervention Teams</b>																
	Total CIT	M	16,053	17,935	11.7%	No Service	1,309	2,950	1,896	3,255	878	3,791	1,023	2,833	2,936	3,080	3,091
	Early Discharge CIT	M	2,952	2,498	-15.4%	No Service	541	516	417	435	26	211	144	208	405	436	413
<b>Child Health</b>																	
Child Health – new borns visited within 72 hours	Q	97%	98.0%	1.0%	96.3%	99.2%	96.8%	99.6%	99.1%	97.9%	98.8%	96.7%	97.3%		98.6%	97.5%	
Child screening 10 months	M-1M	95%	93.3%	-1.8%	91.7%	93.8%	84.1%	94.3%	94.0%	92.7%	95%	94.1%	95.3%	93.8%	91.1%	94.1%	
Access	<b>PCRS</b>																
	Medical card turnaround within 15 days	M	96%	34.0%	-64.6%										20.3%	38.1%	34.0%
	<b>Therapy Waiting Lists</b>																
	SLT access within 52 weeks	M	100%	96.4%	-3.6%	99.1%	95.5%	99.2%	91.5%	98.9%	91.1%	92.0%	98.4%	98.8%	96.4%	96.4%	96.4%
	Physiotherapy access within 52 weeks	M	98%	92.5%	-5.7%	94.7%	78.9%	88.0%	99.8%	99.3%	99.4%	98.6%	92.0%	96.2%	93.8%	93.6%	92.5%
	Occupational Therapy access within 52 weeks	M	92%	75.5%	-17.9%	74.5%	79.4%	98.0%	66.7%	74.7%	77.6%	79.8%	68.8%	81.5%	77.2%	77.0%	75.5%
	<b>Palliative Care</b>																
Access to palliative inpatient beds	M	98%	97.5%	-0.5%	99.5%	99.3%	100.0%	100.0%	100.0%	95.4%	95.4%	No Service	93.2%	98.6%	95.8%	99.3%	
Access to palliative community services	M	95%	92.9%	-2.2%	97.1%	95.4%	96.2%	85.7%	97.5%	87.4%	87.7%	96.8%	93.2%	92.7%	95.3%	91.9%	

<sup>3</sup> Data under review.

<sup>4</sup> This covers all of Community Healthcare

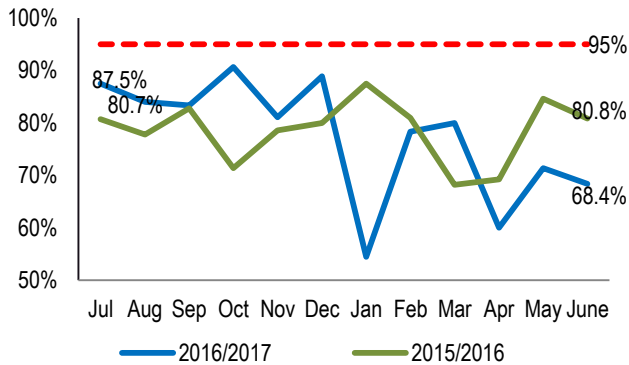
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Social Inclusion - access to substance misuse treatment</b>																
Access to substance misuse treatment (over 18 years)	Q-1Q	100%	97.3%	-2.7%	99.3%	100%	73.5%	95%	98.3%	100%	100%	92.8%	98%	98%	94.7%	97.3%
Access to substance misuse treatment (under 18 years)	Q-1Q	100%	97.9%	-2.1%	88.9%	100%	No service	100%	94.1%	No Service	100%	100%	100%	81.6%	97.5%	97.9%
<b>Net Expenditure variance from plan</b>																
Total	M	€1,883,609	€1,881,358	-0.12%										-0.25%	-0.46%	-0.12%
Pay	M	€304,941	€303,919	-0.34%										-1.86%	-1.44%	-0.34%
Non-pay	M	€1,591,634	€1,598,190	0.41%										0.03%	-0.33%	0.41%
Income	M	-€12,965	-€20,752	60.05%										-0.93%	-1.96%	60.05%
<b>Service Arrangements (26.06.2017)</b>																
Number signed – Primary Care	M	100%	91.76%	8.24%										89.94%	91.30%	91.76%
Monetary value signed – Primary Care	M	100%	98.91%	1.09%										97.71%	98.90%	98.91%
Number signed – Social Inclusion	M	100%	97.21%	2.79%										94.38%	96.79%	97.21%
Monetary value signed – Social Inclusion	M	100%	97.62%	2.38%										95.78%	96.93%	97.62%
Number signed – Palliative Care	M	100%	86.36%	13.64%										81.82%	86.38%	86.36%
Monetary value signed – Palliative Care	M	100%	98.96%	1.04%										98.57%	98.96%	98.96%
<b>Absence</b>																
Overall	M-1M	3.50%	4.50%	-28.57%	4.57%	4.31%	5.27%	2.61%	4.28%	5.12%	4.89%	4.70%		4.20%	4.31%	

# Mental Health

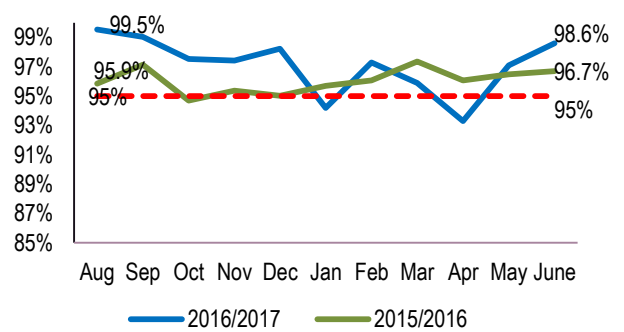
# Mental Health Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Admission of Children to CAMHs	95%	M	68.4%	67.9%	-0.5%	78.6%	-10.7%
CAMHs Bed Days Used	95%	M	95.5%	95.9%	+0.4%	96.4%	-0.5%
CAMHs waiting list	2,599	M	2,885	2,767	-118	2,486	+281
CAMHs waiting list > 12 months	0	M	325	334	+9	247	+87
Adult Mental Health – time to first seen	75%	M	74.4%	75.2%	+0.8%	72.0%	+3.2
Psychiatry of Old Age – time to first seen	95%	M	95.2%	95.4%	+0.2%	97.2%	-1.8%

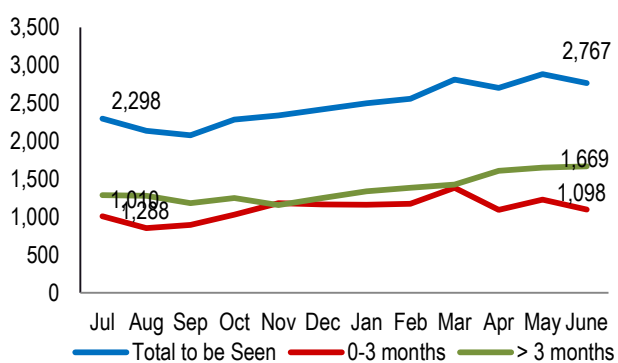
**Admission of Children to CAMHs**



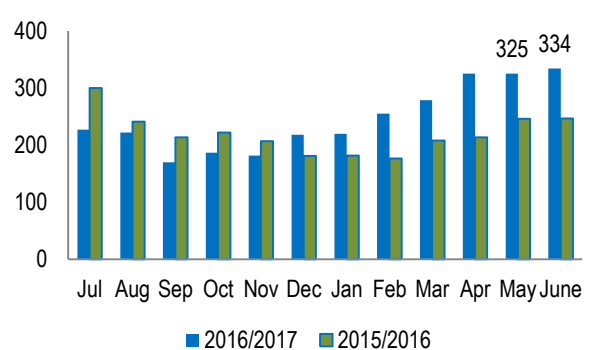
**Bed days used in Child Adolescent Acute Inpatient Units as a total of bed days**



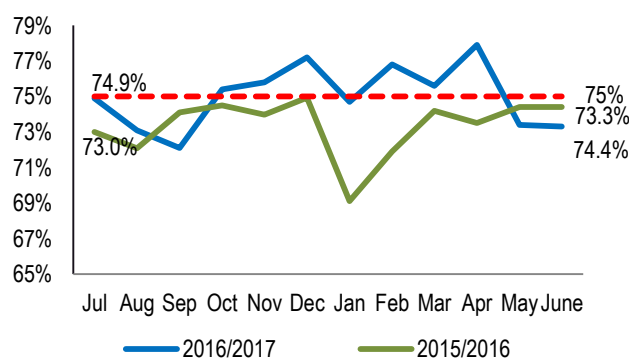
**CAMHs waiting list**



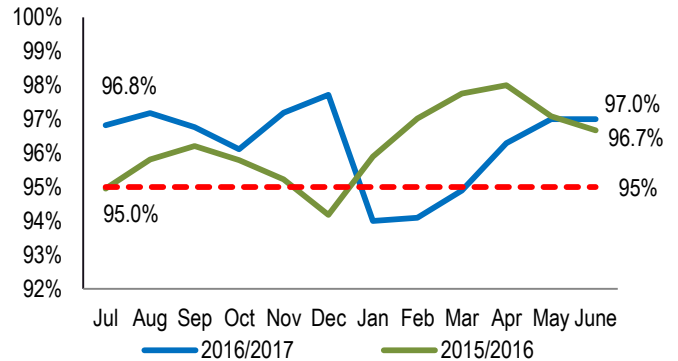
**CAMHs waiting list > 12 months**



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



**Psychiatry of Old Age – % offered an appointment and seen within 12 weeks**



## Service level performance

Performance area	Best performance	Outliers
CAMHs Bed Days Used	CHO 1, 2, 3, 4, 6, 7 & 8 (100%)	CHO 5 (9.1%) & CHO 9 (92.4%)
CAMHs waiting list > 12 months	CHO 2, 5 & 6 (0)	CHO 1 (97), CHO 4(68) & CHO 3 (36)
Adult Mental Health – time to first seen	CHO 2 (90.5%), CHO 5(86.4%) & CHO 6 (83.8%)	CHO 9 (63.3%), CHO 8 (67.3%) & CHO4 (68.1%)
Psychiatry of Old Age – time to first seen	CHO 5 & 6 (100%), CHO 2 (99.0%)	CHO 4 (86.4%), CHO 7(93.9%)

### Divisional Update

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs. The MH Division continues to work with CHOs to maximise and ensure the most effective use of resources. There is work on-going with the HSE HR partners and the National Recruitment Service to attract and retain staff within mental health services. The recruitment challenges are having a significant budgetary impact in the CHO's as a result of high medical and nursing agency costs.

It should be noted that, notwithstanding the recruitment challenges, the performance in both General Adult and Psychiatry of Old Age services is generally good.

However, an issue arising is the cost of external placements, where no suitable service exists, in the CHO's. This issue is causing concern as it is driving cost in the CHO's and is an issue that is being addressed by the MHD through the performance management process with the CHO's and the ELS process.

### Child Adolescent Acute Inpatient Units (CAMHs)

A key concern for CAMHS inpatient units is the recruitment issues identified above. As a result of recruitment challenges in both Medical and CAMHS nursing staff it has been necessary to reduce the numbers of CAMHS inpatient beds. This issue is being addressed through the CAMHS service improvement process and is a high priority for the MHD. A challenge arising will be to continue to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

In June, 68.4% of children who were admitted were admitted to child and adolescent inpatient units, as against 71.4% in May. In June, 98.6% of bed days used was in Child and Adolescent Acute Inpatient Units, against 97.1% in May. Performance year to date continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

### CAMHS - Access to Child and Adolescent Mental Health Services

The CAMHS Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting. A monthly CAMHS Consultant vacancy profiling exercise has commenced. The purpose of this activity is to gather monthly data on CAMHS medical vacancies across all 66 community CAMHS teams.

These increases relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness. The Department of Public Expenditure have given approval to recruit 120 new Assistant Psychology posts into Primary Care. This initiative will have a significant impact on building capacity within Primary Care to address early assessment and triage of young people that are currently ending up on secondary care CAMHS waiting lists.

Each CHO with waiting lists > 12 months (CHOs 1, 3, 4 & 8) has been asked by the Service Improvement Lead and National Director to provide management plans to address their respective lists. On-going work is continuing within each CHO area to focus efforts on reducing the >12 month lists utilising existing resources to balance emerging acute needs with that of those waiting for long periods. Despite on-going recruitment campaigns, this work continues to present significant challenges while current vacancies, particularly in CAMHS Consultant posts and increasingly CAMHS nursing posts remain unfilled.

## Mental Health Balanced Scorecard/Heat Map

	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 & Safety	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days <sup>5</sup>	M	90%	0%	-100%												
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>6</sup>	Q	75%	93%	24%											89%	98%
	<b>CAMHs</b>																
Admission of children to CAMHs inpatient units	M	95%	67.9%	-28.5%										60.0%	71.4%	68.4%	
Bed days used	M	95%	95.9%	0.9%	98.9%	99.1%	88.0%	97.6%	80.2%	100.0%	97.6%	97.6%	95.6%	93.3%	97.1%	98.6%	
Access	<b>Time to first seen</b>																
	General Adult Teams	M	75%	75.2%	0.3%	77.5%	90.5%	73.3%	68.1%	86.4%	83.8%	69.5%	67.3%	63.3%	77.9%	73.4%	73.3%
	Psychiatry of Old Age Teams	M	95%	95.4%	0.4%	93.2%	99.4%	98.3%	87.8%	99.7%	99.4%	96.4%	94.1%	85.2%	96.3%	97.0%	97.0%
	<b>CAMHs &gt; 12 months</b>																
Waiting > 12 months	M	0	334	<100%	97	2	38	170	0	0	0	27	0	325	325	334	
Finance	<b>Net Expenditure variance from plan</b>																
	Total	M	€411,922	€417,170	1.27%										-0.02%	0.93%	1.27%
	Pay	M	€328,628	€331,623	0.91%										-0.14%	0.74%	0.91%
	Non-pay	M	€92,813	€95,143	2.51%										0.83%	1.71%	2.51%
	Income	M	-€9,519	-€9,596	0.81%										4.25%	2.15%	0.81%
	<b>Service Arrangements (26.06.2017)</b>																
	Number signed	M	100%	87.13%	12.87%										83.33%	84.62%	87.13%
Monetary value signed	M	100%	45.28%	54.72%										36.96%	36.18%	45.28%	
HR	<b>Absence</b>																
	Overall	M-1M	3.50%	4.55%	-30.00%	4.98%	3.62%	6.84%	3.45%	5.02%	3.21%	4.74%	5.02%	4.59%	4.22%	4.13%	
	<b>EWTD Compliance</b>																
<24 hour shift	M	100%	91.4%	-8.6%	59.3%	100.0%	100.0%	81.4%	100.0%	92.3%	98.3%	100.0%	81.1%	93.9%	92.9%	91.37%	
<48 hour working week	M	95%	84.6%	-10.9%	55.9%	90.9%	100.0%	62.8%	90.5%	92.3%	91.3%	73.6%	87.8%	87.7%	87.7%	84.60%	

<sup>5</sup> Data under review.

<sup>6</sup> This covers all of Community Healthcare

# Social Care



## Social Care Balanced Scorecard/Heat Map

		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 & Safety	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days <sup>7</sup>	M	90%	5%	-94.5%												
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>8</sup>	Q	75%	93%	24%											89%	98%
	<b>Safeguarding</b>																
	% of Prelim Screenings for Adults Aged 65 Years and Older (new KPI)	Q-1Q	100%	78.5%	-21.5%	100.0%	59.3%	100.0%	76.9%	100.0%	88.1%	68.4%	59.1%	86.7%			78.5%
	% of Prelim Screenings for Adults Under 65 Years (new KPI)	Q-1Q	100%	83.9%	-16.1%	97.6%	77.5%	100.0%	95.3%	91.3%	93.5%	59.4%	91.3%	100.0%			83.9%
HR	<b>Absence</b>																
	Overall	M-1M	3.50%	5.18%	-48.00%	6.26%	5.59%	5.16%	4.71%	6.07%	4.39%	4.81%	6.43%	3.84%	5.04%	5.23%	

<sup>7</sup> Data under review.

<sup>8</sup> This refers to all of Community Healthcare

# Social Care - Disabilities

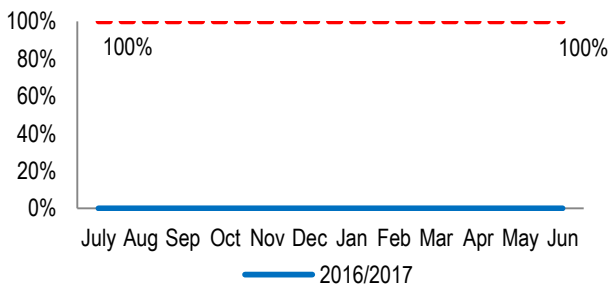
## Social Care Division- Disabilities

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
% of Disability Network Teams established	100%	M	0	0		0	
Number of Disability Network Teams established*	21 YTD/ 73 FYT	M	0	0		0	
Disability Act Compliance	100%	Q	28.1%	25.8%	-2.3%	19.7%	+6.1% ↑
Congregated Settings	31 YTD/ 223 FYT	Q	27	77	50 ↑	40	+37 ↑
% of Preliminary Screenings – Adults 65 years and older (new KPI)	100%	Q-1Q		78.5%			
% of Preliminary Screenings – Adults under 65 years (new KPI)	100%	Q-1Q		83.9%			
HIQA Compliance (Q1 2017)	80%	Q		78.4%			
PA Hours (Q1 2017)	353,483	Q - 1M	380,389	364,486	-4.2% ↓		
Home Support Hours (Q1 2017)	689,615	Q - 1M	721,004	730,420	1.3% ↑		
Respite Overnights (Q1 2017)	45,627	Q - 1M	40,443	40,597	0.4% ↑		
Respite Day Only Sessions (Q1 2017)	10,250	Q - 1M	10,361	10,521	1.5% ↑		

\*Starting from a base of 56 teams, 73 teams due to be established in 2017 (Total 129)

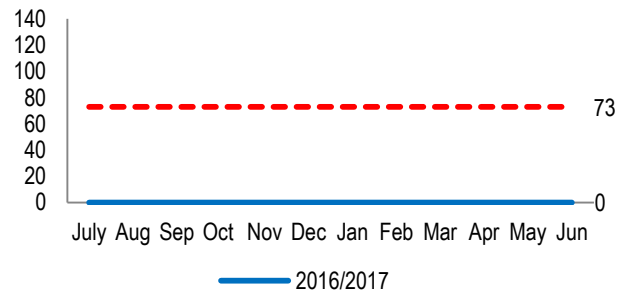
### % Disability Network Teams established

There were no Disability Network Teams established in June 2017.

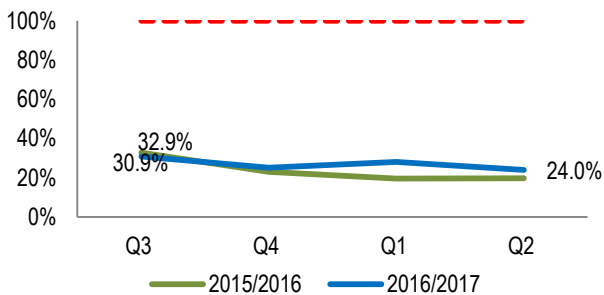


### No. of Disability Network Teams established

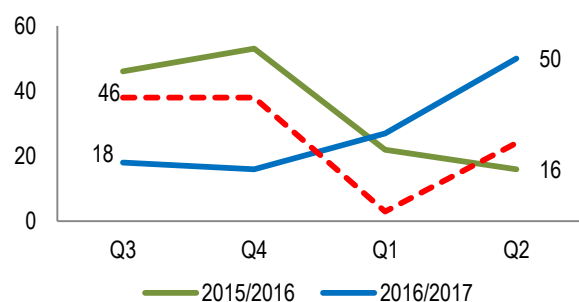
There were no Disability Network Teams established in June 2017.



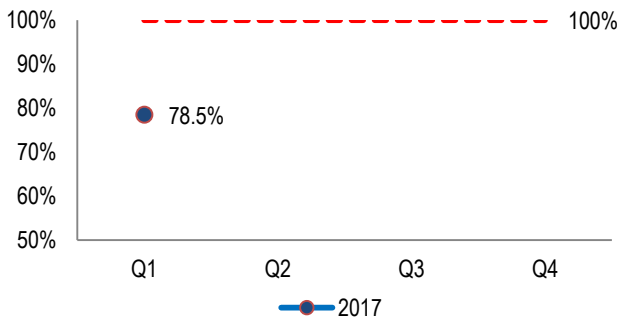
### Disability Act Compliance



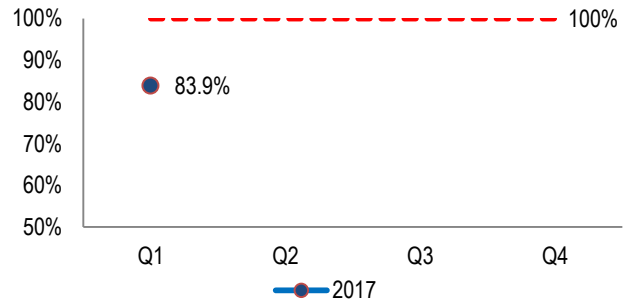
### Congregated Settings



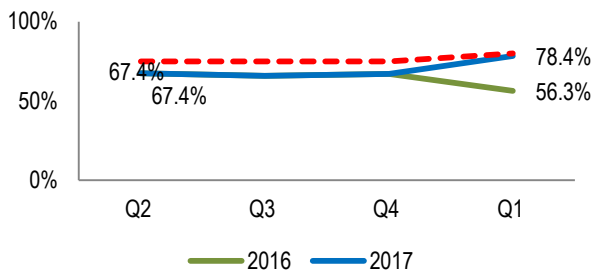
### % of Preliminary Screenings for adults aged 65 years and over



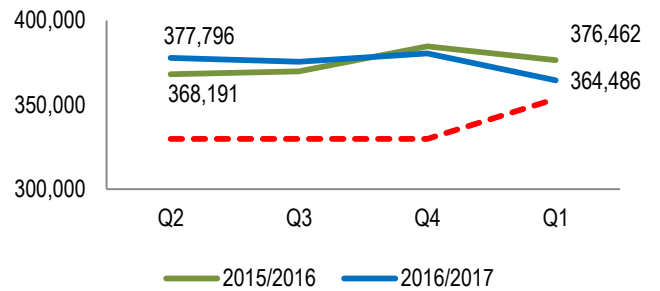
### % of Preliminary Screenings for adults under 65 years



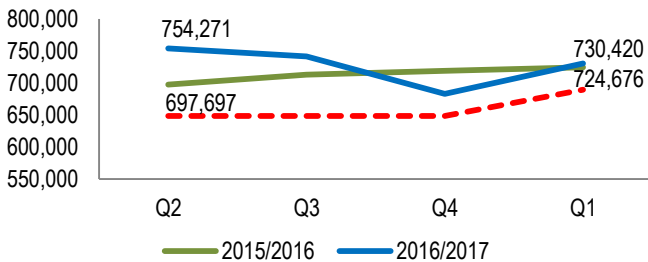
### HIQA Compliance (Q1 2017)



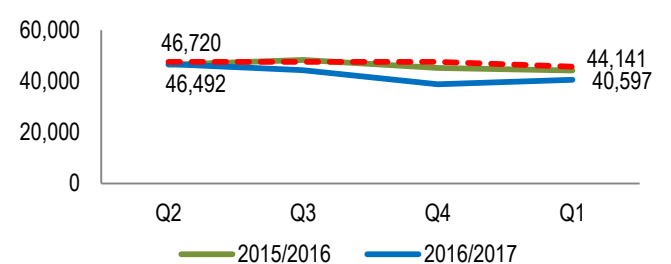
### PA Hours (Q1 2017)



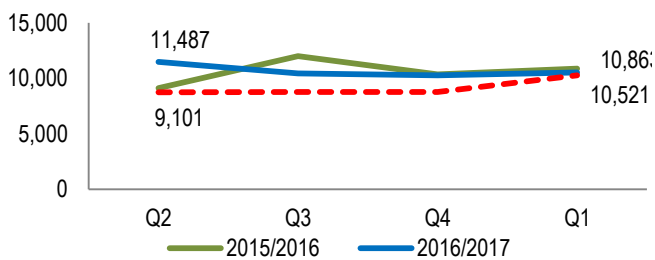
### Home Support Hours (Q1 2017)



### Respite No. of Overnights (Q1 2017)



### Respite No. of day only Respite (Q1 2017)



## New Emergency Places and Supports Provided to People with a Disability

	Expected Activity 2017	Expected Activity YTD*	Actual YTD**
Number of new emergency places provided to people with a disability	185	75	58
Number of new home support/in home respite supports for emergency cases	210	60	28
<b>Total number of new residential emergency and support places</b>	<b>395</b>	<b>135</b>	<b>86</b>

\* Profiles available for each quarter

\*\* Data is indicative and pending validation at this point

## Service level performance

Performance area	Best performance	Outliers
% of Disability Network Teams established		There were no Disability Network Teams established in June 2017.
Disability Act Compliance	CHO2 93.9%, CHO3 59.8%, CHO1 53.8%	CHO9 2.2%, CHO7 3.7%, CHO4 7.7%
Congregated Settings	CHO4 30, CHO7 11, CHO9 9	CHO1 5
Safeguarding and Screening – Adults 65 years and older	CHO1, 3 & 5 achieved the target (100%)	CHO8 59.1%, CHO2 59.3%, CHO7 68.4%
Safeguarding and Screening – Adults under 65 years	CHO3 & 9 100%, CHO1 97.6%, CHO4 95.3%	CHO7 59.4%, CHO2 77.5%
PA Hours	CHO 7 20.7%, CHO 1 8.5%, CHO 5 8.1%	CHO 6 -12.6%, CHO 4 -2.9%
Home Support Hours	CHO 7 44.3%, CHO 6 12.4%, CHO 9 9.7%	CHO 8 -16.7%, CHO 3 -7.4%, CHO 1 -6.6%
Respite No. of Overnights	CHO 8 9.2%, CHO 7 3.3%	CHO 9 -41.3%, CHO 5 -37.2%, CHO 1 -20.3%
Respite No. of day only Respite	CHO3 64.7%, CHO 8 59.6%, CHO 5 28.4%	CHO 6 -45.5%, CHO 1 -34.2%, CHO 9 -28.2%,

## Divisional Commentary

### Progressing Disability Services (0 – 18 Teams)

- A total of 56 networks of the 129 network teams planned are in place. A number of improvement actions are being implemented across the HSE to ensure full implementation of the Disability Network Teams by end 2017 including:
- Network Team Manager Post(s) are being established to provide Network Team Co-ordination/support and line management responsibilities are being put in place.
- Discussion is on-going in relation to the implementation of National Access Policy which is central to the successful implementation of Progressing Disability Services and seamless operation of the Disability and Primary Network Teams.
- The National Social Care Division is putting in place substantial resources to form a National Implementation Team to work with CHOs on an agreed “CHO LINK/patch basis”.
- A dedicated training and capacity building post is in place (via Enable Ireland). This resource will work with the National Team and across the CHOs in terms of providing training and capacity building for “CHO Local Implementation Teams” as well as eLearning opportunities.
- Work is on-going within the National Disability Team and Estates to identify facilities to be made available in each CHO to host the Disability Network Teams.
- A total of 75 posts, deemed as critical to the formation of Disability Network Teams have been approved to be filled across the CHOs. 67 of these posts are now filled, with the remaining 8 posts at varying stages in the HSE recruitment process.

### **Disability Act 2005**

The number of requests for Assessments of Need (AON) has increased each year since the introduction of the Disability Act 2007. A total of 6,153 applications have been received in the 12 months to June 2017.

The Social Care Division continues to implement a number of actions at national level to reduce/eliminate AON waiting times including:

- Additional supports at national level - 2 new NDS Specialists appointed thereby creating a team of 3 team members working with CHOs on a patch basis. A specialist training and support resource has also been made available to this team for deployment at CHO level to undertake capacity building with frontline professionals.
- Implementation of National Access Policy – National Social Care Services and Primary Care Services are working to implement an Agreed National Access Policy. This policy, once implemented, will assist in providing timely access to specialist assessment/diagnostics.
- Standardised approach to Assessment of Need and consistency of approach with regard to process and procedures of Assessment of need - National operating procedures to streamline the operational approach to Assessment of Disability will be operational by the end of July 2017. This will include critical work to be undertaken in respect of agreeing an Autism Spectrum Disorder diagnostic assessment pathway. A National Forum for Disability Assessment Officers has been established. The objective of this forum is to ensure consistency of approach amongst key professionals at CHO level.
- Improvement Plans at CHO Level – Each CHO is required to have improvement plans in place to ensure AON waiting times are reduced and that each CHO are Disability Act compliant.

### **Congregated Settings**

Activity from the last quarter (end of March) has been updated to reflect a total of 27 people transitioned. Activity in relation to Q2 reflects a total of 50 people transitioned, bringing the overall total transitioned to 77 at the end of June which is ahead of target. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing and the undertaking of necessary works to ensure HIQA compliance.

### **Performance Notice**

CHO1 has been in escalation in relation to its financial and overall performance since April. A Performance Notice was issued by the HSE to the Chief Officer of CHO1 on the 21st June 2017. The Notice set out the HSE's performance expectations in respect of the CHO1's year-end financial position and its overall performance. CHO1 is required to prepare an improvement plan to address the current underperformance.

## Disabilities Balanced Scorecard/Heat Map

		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 & Safety	<b>HIQA Compliance<sup>9</sup></b>																
	HIQA Compliance	Q	80%	78.4%	-2.0%										65.8%	67.1%	78.4%
Access	<b>Disability Network Teams 0-18 years</b>																
	% established	M	100%	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.00%	0.0%	0.0%	0.00%	0.00%	0.00%
	Number established	M	21	0	-100.0%	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Disability Act</b>																
	Disability Act Compliance	Q	100%	25.8%	-74.2%	53.8%	93.9%	59.8%	7.7%	17.2%	10.6%	3.7%	37.6%	2.2%	25.1%	28.1%	24.0%
	<b>Congregated Settings</b>																
	Congregated Settings	Q	31	77	148.4%	5	1	3	30	9	8	11	1	9	16	27	50
	<b>Supports in the Community<sup>9</sup></b>																
	PA Hours	Q-1M	353,483	364,486	3.1%	35,241	68,952	75,234	29,911	27,102	5,353	6,952	40,764	74,977	375,469	380,389	364,486
	Home Support Hours	Q-1M	689,615	730,420	5.9%	78,578	48,927	32,692	54,055	61,942	86,295	143,421	107,146	117,364	736,500	721,004	730,420
Respite Overnights	Q-1M	45,627	40,597	-11.0%	2,307	9,573	3,556	5,828	2,193	2,841	6,746	4,917	2,636	44,251	40,443	40,597	
Respite Day Only Sessions	Q-1M	10,250	10,521	3.0%	964	1,271	4,746	427	389	351	1,252	407	714	10,431	10,361	10,521	
Finance	<b>Net Expenditure variance from plan</b>																
	Total	M	€834,553	€849,616	1.80%										1.42%	1.68%	1.80%
	Pay	M	€316,909	€321,575	1.47%										3.30%	1.20%	1.47%
	Non-pay	M	€542,558	€551,854	1.71%										-0.10%	1.59%	1.71%
	Income	M	-€24,914	-€23,814	-4.41%										-7.09%	-6.07%	-4.41%
	<b>Service Arrangements (26.06.2017)</b>																
Number signed	M	100%	79.75%	20.25%										74.64%	78.65%	79.75%	
Monetary value signed	M	100%	74.49%	25.51%										64.00%	74.08%	74.49%	

<sup>9</sup> The figures presented are Q1 2017 results

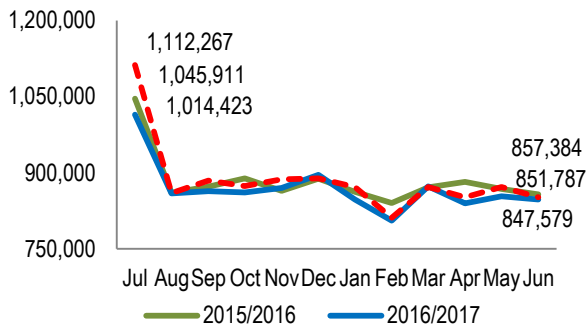
# Social Care – Older Persons



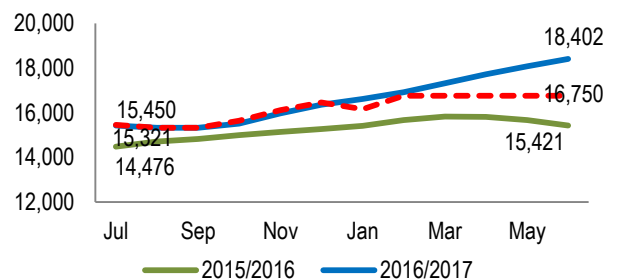
## Social Care Division - Older Persons

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Home Help Hours	5,130,862 YTD/ 10.57m FYT	M	4,220,045	5,067,624	+847,579	5,182,336	114,712 ↓
Home Care Packages	16,750 YTD 16,750 FYT	M	18,077	18,402	+325	15,421	+2,981 ↑
Number of people being funded under NHSS	23,135 YTD/ 23,603 FYT	M	22,948	23,013	+65	22,907	+106 ↑
Delayed Discharges	< 475	M	601	530	-71 ↑	630	-100 ↑
% of Preliminary Screenings- Adults 65 years and older (new KPI)	100%	Q-1Q		78.5%			
% of Preliminary Screenings – Adults under 65 years (new KPI)	100%	Q-1Q		83.9%			

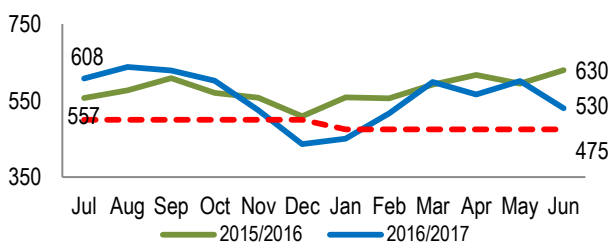
### Number of home help hours provided



### Number of persons in receipt of a Home Care Package



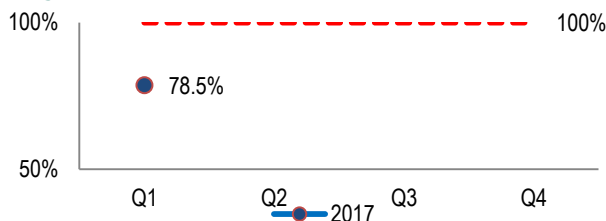
### Delayed Discharges



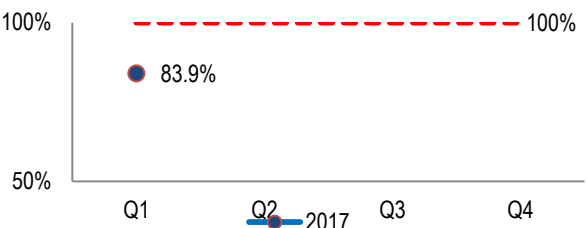
### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	89	31	120	23%
Long Term Nursing Care	269	41	310	58.5%
Other	57	43	100	18.9%
<b>Total</b>	<b>415</b>	<b>115</b>	<b>530</b>	<b>100%</b>

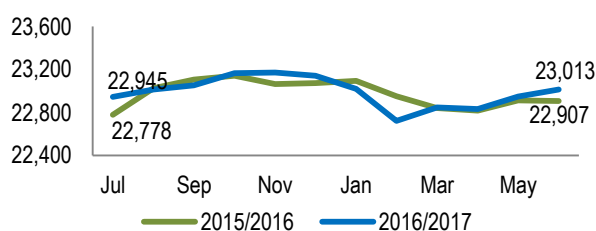
### % of Preliminary Screenings for adults aged 65 years and over



### % of Preliminary Screenings for adults under 65 years



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



## NHSS Overview

		Apr	May	June	YTD 2017	June 16
	No. of new applicants	768	827	806	5,346	806
	National placement list for funding approval	282	336	304	304	511
	Total no. people funded under NHSS in LTRC	22,832	22,948	23,013	23,013	22,907
Private Units	No. of new patients entering scheme	536	554	551	3,375	513
	No. of patients Leaving NHSS	529	448	487	3,376	497
	Increase	7	106	64	-1	16
Public Units	No. of new patients entering scheme	146	158	151	976	142
	No. of patients Leaving NHSS	146	141	135	1,002	153
	Net Increase	0	17	16	-26	-11

\*Note: In addition to the leavers above there were a further 102 leavers (15 in June) from Contract Beds/Subvention/Section 39 savers bed

## Service level performance

Performance area	Best performance	Outliers
Safeguarding and Screening – Adults 65 years and older	CHO1, 3 & 5 achieved the target (100%)	CHO8 59.1%, CHO2 59.3%, CHO7 68.4%
Safeguarding and Screening – Adults under 65 years	CHO3 & 9 100%, CHO1 97.6%, CHO4 95.3%	CHO7 59.4%, CHO2 77.5%
Home Help Hours	CHO 9 9.7%, CHO 2 4%, CHO 1 3.4%	CHO 6 -21.3%, CHO 5 -10.3%, CHO 7 -7.3%
Home Care Packages	CHO 2 38.4%, CHO 6 23.2%, CHO 7 13.3%	CHO 3 -0.4%
Delayed Discharges	Mallow & Ennis have 0 patients, 4 hospitals have 1 patient	St. James's (56), Mater (45) & Beaumont (42)

## Divisional Update

### What do these figures show?

#### Home Care

Home Help Hours reported activity in June 2017 and Year to Date is in line with the profiled target nationally (-2.2% YTD). Home Help (HH) hours delivered is lower in 2017 year to date compared to the same period last year, but this is not unexpected as activity in early 2016 was running above funded levels of activity nationally, due to supporting the acute hospital system in the winter period.

HCP activity is over target (+9.9%) in particular CHOs 2 and 6; however expenditure is being managed within the overall budget for home care services (HH & HCP). Some CHO's have difficulty recruiting Home Help staff and are providing more HCPs.

All CHOs are working to ensure the best use of available funding to support the greatest number of people requiring home care services.

#### Delayed Discharge

The end of June 2017 Delayed Discharge figure is 530, a 12% decrease from the previous week from 601 which is reflective of seasonal changes. In June, there were 120 people waiting to go home and of these the number of people awaiting HH and HCP was 58 (8 were approved with funding awaited – 6 aged over 65 and 2 aged under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

All hospitals continue to have access to an unlimited number of Transitional Care Beds. The total national approved for June is 714 with a total YTD of 3,894.

## NHSS

In June 2017 the Nursing Homes Support Scheme funded 23,013 long term public and private residential places, and when adjusted for clients not in payment, there were 24,143 places supported under the scheme. The number of people funded under the scheme is below the profile for June of 23,135.

There is an increase of 106 in the number of people supported under the scheme when compared to the same period last year. This is a 0.5% increase in activity year on year.

The target for 2017 is for 23,603 people to be supported under the scheme at year end and it is anticipated that this target will be achieved, assuming that the projected demographics are realised.

The target of maintaining the wait time for funding approval at no more than 4 weeks is being achieved, a significant reduction from the October 2014 wait time of 15 weeks. This target has consistently been achieved since April 2015 mainly due to additional funding provided for the scheme. The number on the placement list at the end of June 2017 is 304, again a significant reduction from the numbers waiting in October 2014 (2,135).

A total of 4,478 people were approved for funding under the scheme in the first six months of 2017 compared to 4,270 people approved for the same period last year. This demonstrates an increase of 208 approvals or 4.9% year on year.

In the first six months of 2017, 5,346 applications were received and 4,351 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 200 or 4.8% in the number of new clients supported under the scheme when compared to the same period in 2016. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation and Government policy.

### **Safeguarding**

The Social Care Division continues to analyse identified gaps in reporting, particularly where there is concern based on HIQA notifications and NIMS information.

## Older Persons Balanced Scorecard/Heat Map

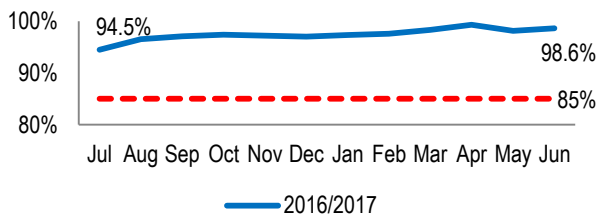
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access	<b>Home Care Services</b>																
	Home Help Hours	M	5,130,862	5,067,624	-1.2%	696,740	667,160	465,223	911,205	568,201	177,540	328,445	615,661	637,448	839,908	853,681	847,579
	Home Care Packages	M	16,750	18,402	9.9%	1,372	1,736	1,103	1,525	1,183	2,125	2,460	2,525	4,373	17,714	18,077	18,402
	<b>NHSS</b>																
	Number of people funded under NHSS	M	23,135	23,013	-0.5%										22,832	22,948	23,013
Access	<b>Delayed Discharges</b>																
	Number of people subject to Delayed Discharge	M	< 475	530	-11.6%										566	601	530
Finance	<b>Net Expenditure variance from plan</b>																
	Total	M	€389,955	€397,187	1.85%										0.74%	1.47%	1.85%
	Pay	M	€341,868	€338,394	-1.02%										-2.18%	-1.48%	-1.02%
	Non-pay	M	€236,845	€243,886	2.97%										2.27%	2.96%	2.97%
	Income	M	-€188,757	-€185,092	-1.94%										-2.61%	-2.00%	-1.94%
	<b>Service Arrangements (26.06.2017)</b>																
	Number signed	M	100%	98.26%	1.74%										95.87%	97.57%	98.26%
Monetary value signed	M	100%	98.53%	1.47%										98.36%	98.49%	98.53%	

# National Ambulance Service

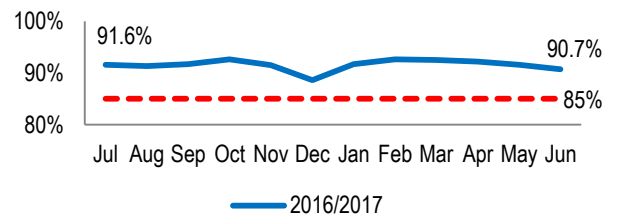
# National Ambulance Service

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Allocation of Resource within 90 seconds - ECHO	85%	M	97.7%	98.2%	+0.5%	↑	93.0%	+0.2%	↑
Allocation of Resource within 90 seconds - DELTA	85%	M	92.4%	91.9%	-0.5%	↓	86.6%	+5.3%	↑
Response Times - ECHO	80%	M	83.4%	83.3%	-0.1%	↓	80.6%	+2.7%	↑
Response Times - DELTA	80%	M	61.9%	62.3%	+0.4%	↑	60.2%	+2.1%	↑
% turnaround delays escalated ( where ambulances not cleared in 60mins)	100%	M	98.8%	98.9%	+0.1%	↑	92.9%	+6.0%	↑
ROSC	40%	Q-1Q	42.3%	38.9%	-3.4%	↓	43.3%	-4.4%	↓

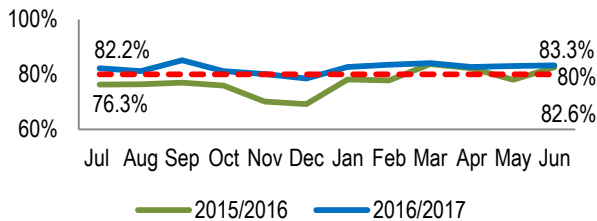
## Allocation of Resource within 90 seconds – ECHO



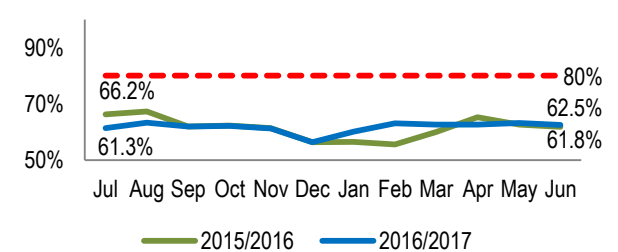
## Allocation of Resource within 90 seconds DELTA



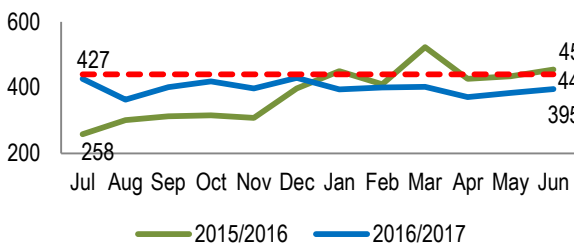
## Response Times (within 18 minutes, 59 seconds) – ECHO



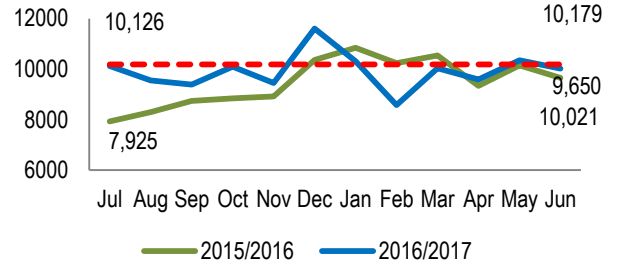
## Response Times (within 18 minutes, 59 seconds) – DELTA



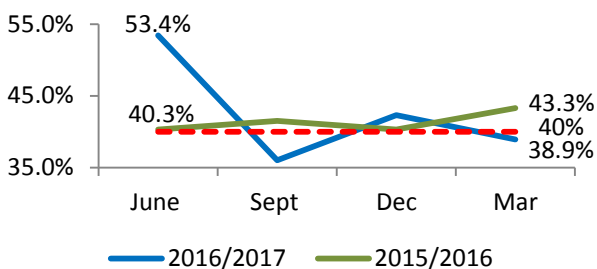
## Call Volume (arrived at scene) – ECHO



## Call Volume (arrived at scene) – DELTA



## ROSC



## Service level performance

Performance area	Best performance	Outliers
Allocation of Resource within 90 seconds - ECHO	South 100% , West 98.7% North Leinster 97.8 %	
Allocation of Resource within 90 seconds - DELTA	South 91.5% , West 93.0%, North Leinster 88.6%	
Response Times - ECHO	North Leinster 88.4% South 81.8 % , Dublin Fire Brigade 82.5%	Western Area 77.3%
Response Times - DELTA	North Leinster 65.8%	Southern Area 63.0%, Western Area 61.8%, Dublin Fire Brigade 58.7%

## Divisional Update

### What do these figures show?

- Activity volume for AS1 and AS2 calls received this month have increased by 1,519 (6%) since the same month last year.
- The daily average call rate was 883. (30 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 83% this month. This is the same as last month.
- ECHO calls decreased by 16% (76) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was 63% this month. This is the same as February, March, April and May of 2017.
- Nationally there was an 8% (762) increase in DELTA call activity compared to same month last year.

## National Ambulance Service Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current	
Quality & Safety	<b>Serious Reportable Events</b>											
	Investigations completed within 120 days	M	90%	NA								
	<b>Service User Experience</b>											
	Complaints investigated within 30 working days	Q	75%	39%	-48%					57%	11%	
	<b>Resource Allocation within 90 seconds</b>											
	ECHO	M	85%	98.2%	15.5%	97.1%	99.4%	98.7%		99.3%	98.1%	98.6%
	DELTA	M	85%	91.9%	8.1%	89.7%	93.1%	94.1%		92.2%	91.6%	90.7%
<b>ROSC</b>												
Return of Spontaneous Circulation	Q-1Q	40%	38.9%	-2.8%					36.1%	42.3%	38.9%	
Access	<b>Response Times - within 18 minutes, 59 seconds</b>											
	ECHO	M	80%	83.3%	4.1%	84.5%	81.4%	80.1%	84.5%	82.7%	83.1%	83.3%
	DELTA	M	80%	62.3%	-22.1%	65.1%	62.4%	63.1%	58.1%	62.6%	63.2%	62.5%
Finance	<b>Net Expenditure variance from plan</b>											
	Total	M	€76,439	€76,689	0.33%					-0.72%	0.27%	0.33%
	Pay	M	€57,368	€57,206	-0.28%					-0.74%	0.27%	-0.28%
	Non-pay	M	€19,250	€19,677	2.22%					-0.75%	0.09%	2.22%
HR	<b>Absence</b>											
Overall	M-1M	3.50%	6.06%	-73.14%	7.81%	6.40%	5.24%		5.78%	5.41%		



# Acute Hospitals

# Acute Hospitals

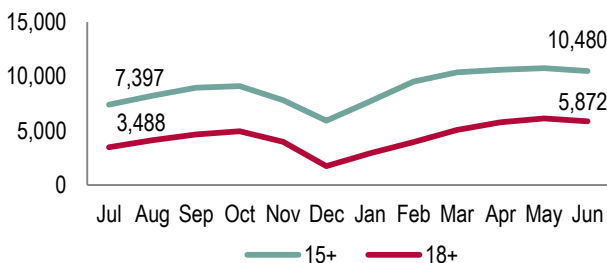
## Overview of Key Acute Hospital Activity

Activity Area	Result YTD Jun 2017	Expected Activity YTD	Result YTD Jun 2016	SPLY % Var	Result Apr	Result May	Result Jun
Emergency Presentations	707,379	701,626	688,837	2.7%	118,581	130,335	119,392
New ED Attendances	588,039	588,061	575,928	2.1%	98,824	107,613	99,177
OPD Attendances	1,680,157	1,745,856	1,693,825	-0.8%	249,133	306,404	275,723

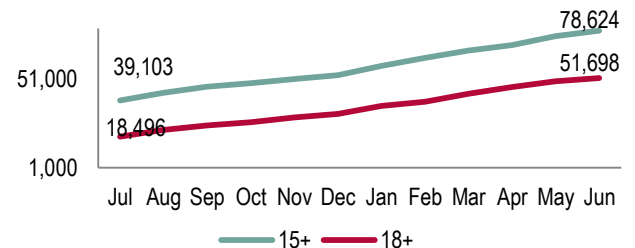
Activity Area (HIPE data month in arrears)	Result YTD May 2017	Expected Activity YTD	Result YTD May 2016	SPLY % Var	Result Mar	Result Apr	Result May
Inpatient [IP] Discharges/	264,619	266,557	266,114	-0.6%	56,021	51,163	55,706
Day Case [DC] Discharges	444,227	443,579	441,595	0.6%	94,207	82,207	95,525
IP & DC Discharges	708,846	710,136	707,709	0.2%	150,228	133,370	151,231
% IP	37.3%	37.5%	37.6%	-0.7%	37.3%	38.4%	36.8%
% DC	62.7%	62.5%	62.4%	0.4%	62.7%	61.6%	63.2%
Emergency IP Discharges	181,499	181,017	180,029	0.8%	38,413	34,929	38,479
Elective IP Discharges	38,210	38,051	38,158	0.1%	8,390	7,517	8,321
Maternity IP Discharges	44,910	47,489	47,927	-6.3%	9,218	8,717	8,906

Waiting Lists	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Inpatient adult waiting list within 15 months	90%	M	84%	83.9%	-0.1%	↓	88.1%	-4.2%	↓
Daycase adult waiting list within 15 months	95%	M	88.9%	89.6%	+0.7%	↑	92.2%	-2.6%	↓
Inpatient children waiting list within 15 months	95%	M	85.8%	84.7%	-1.1%	↓	93%	-8.3%	↓
Daycase children waiting list within 15 months	97%	M	87.3%	86.7%	-0.6%	↓	96.8%	-10.1%	↓
Outpatient waiting list within 52 weeks	85%	M	76.9%	75.5%	-1.4%	↓	84.3%	-8.8%	↓

### Inpatient and Day Case Waiting List

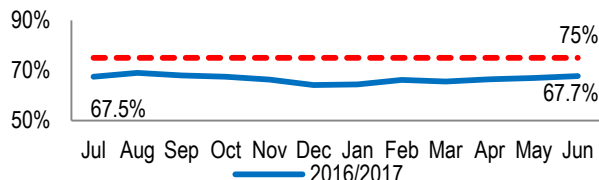


### Outpatient Waiting List

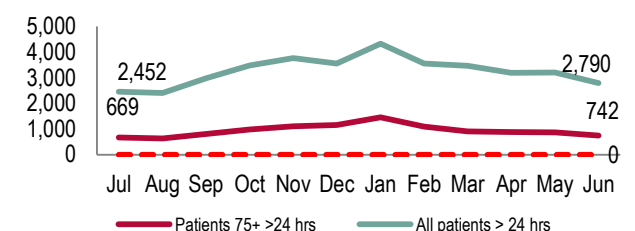


Patient Experience Time	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
% 75 years within 9 hours	100%	M	61.1%	61.9%	+0.8%	↑	62.2%	-0.3%	↓
% 75 years within 24 hours (new KPI)	100%	M	91.4%	91.9%	+0.5%	↑			
% in ED < 24 hours	100%	M	96.5%	96.7%	+0.2%	↑	96.5%	+0.2%	↑
% within 6 hours	75%	M	66%	66.3%	+0.3%	↑	67.6%	-1.3%	↓
% who leave before completion of treatment	< 5%	M	5.4%	5%	-0.4%	↑	5%		

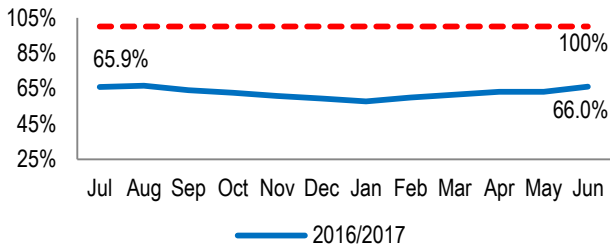
### % patients admitted or discharged within 6 hours



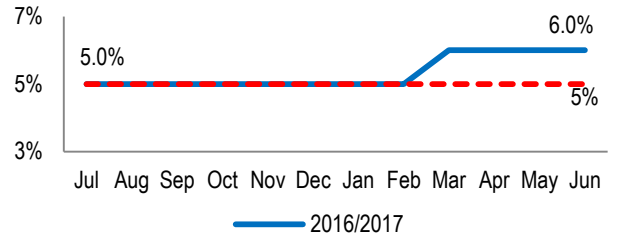
### ED over 24 hours



**% patients over 75 years admitted or discharged within 9 hours**

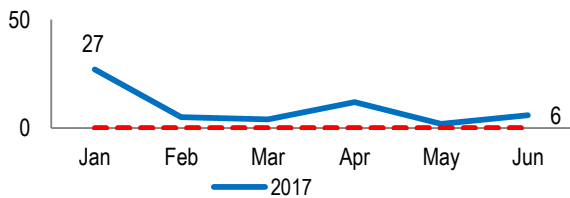


**% of patients who leave before completion of treatment**

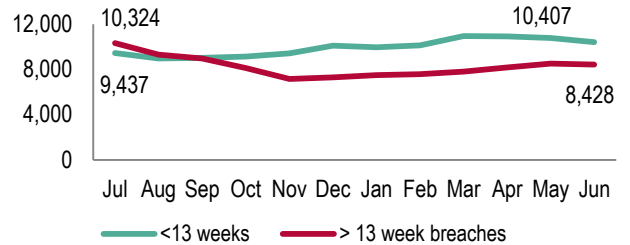


Colonoscopy	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Urgent colonoscopy – number of people waiting > 4 weeks (new KPI)	0	M	2	6	+4 ↓		
Routine Colonoscopy within 13 weeks	70%	M	55.9%	55.3%	-0.6% ↓	51.5%	+3.8% ↑

**Urgent Colonoscopy – number of people waiting > 4 weeks**



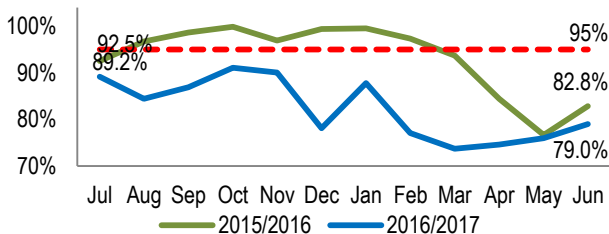
**Number on waiting list for GI Scopes**



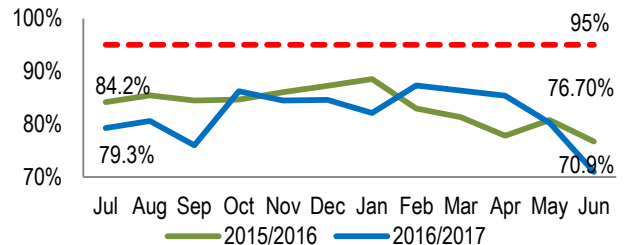
	Number deemed suitable for colonoscopy in June	Number scheduled over 20 working days in June
BowelScreen Colonoscopy Activity	275	149

Cancer Services	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Urgent breast cancer within 2 weeks	95%	M	77.7%	77.9%	+0.2% ↑	89%	-11.1% ↓
Routine breast cancer within 12 weeks	95%	M	72.6%	71.6%	-1% ↓	79.4%	-7.8% ↓
Lung Cancer within 10 working days	95%	M	84.0%	82.1%	-1.9% ↓	81.2%	+0.9% ↑
Prostate cancer within 20 working days	90%	M	47.3%	50.6%	+3.3% ↑	52%	-1.4% ↓
Radiotherapy within 15 working days	90%	M	74.1%	74.3%	+0.2% ↑	86.4%	-12.1% ↓

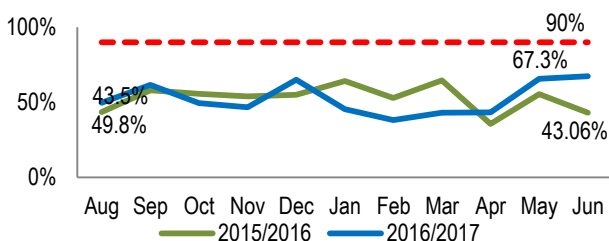
**Breast Cancer within 2 weeks**



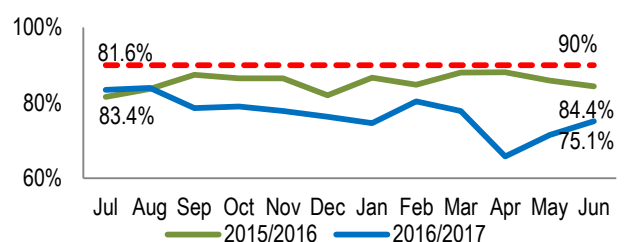
**Lung Cancer within 10 working days**



**Prostate Cancer within 20 working days**

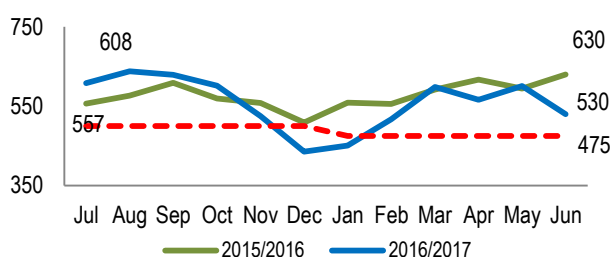


**Radiotherapy within 15 working days**



Performance Area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
HCAI – Rate of new cases of Staph. Aureus infection (new KPI)	<1	M	1.6	0.8	-0.8	↑	
HCAI – rate of new cases of C Difficile infection (new KPI)	< 2	M	2.2	2.0	-0.2	↑	
Implementation of NEWS	100%	Q	93.2%	100%	+6.8%	↑	95.7%
Implementation of iMEWS	100%	Q	100%	100%	0.0%		100%
Maternity Safety Statements	100%	M-2M	84.2%	94.7%	+10.5%	↑	94.7%
Medical Readmission Rates (new KPI)	11.1%	M-1M	10.8%	10.9%	+0.1%	↓	
Surgical Readmission Rates	< 3%	M-1M	2.1%	2.1%			2.1%
Hip Fracture Surgery within 48 hours	95%	M-1M	86.4%	85.5%	-0.9%	↓	86.7%
Medical Average Length of Stay	6.3 days	M-1M	6.9	6.9			6.8
Surgical Average Length of Stay	5 days	M-1M	5.3	5.3			5.3
Ambulance Clearance Times < 60 minutes	95%	M	92.5%	92.2%	-0.3%	↓	93.2%
Elective Laparoscopic Cholecystectomy	> 60%	M-1M	46.4%	46.2%	-0.2%	↓	43.6%
Number of beds subject to Delayed Discharge	<475	M	601	530	-71	↑	630

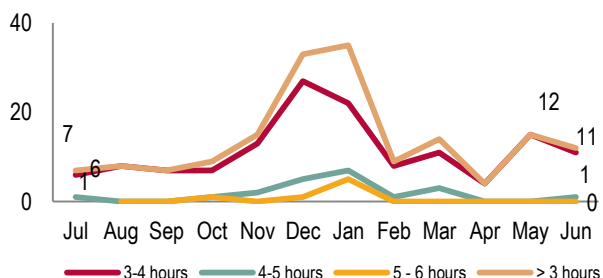
### Delayed Discharges



### Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	89	31	120	22.6%
Long Term Nursing Care	269	41	310	58.5%
Other	57	43	100	18.9%
<b>Total</b>	<b>415</b>	<b>115</b>	<b>530</b>	<b>100%</b>

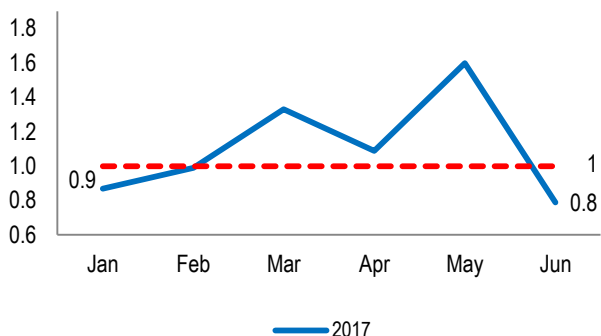
### Ambulance Turnaround Times



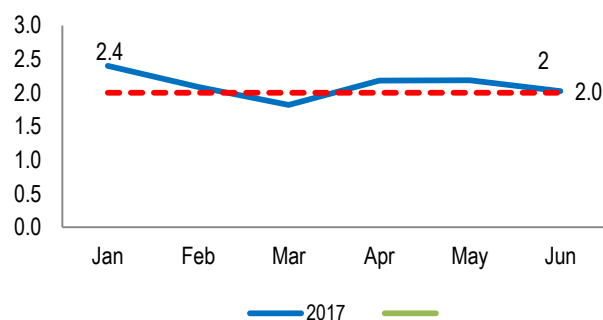
### Ambulance Turnaround Times breakdown

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
3-4 hours	22	8	11	4	15	11
4-5 hours	7	1	3	0	0	1
5 - 6 hours	5	0	0	0	0	0
> 3 hours	35	9	14	4	15	12

### Rate of Staph. Aureus bloodstream infections in Acute Hospital per 10,000 bed days



### Rate of new cases of Clostridium Difficile associated diarrhoea in Acute Hospitals per 10,000 bed days used



## Service level performance

Performance Area	Best performance	Outliers
Inpatient adult waiting list within 15 months	19 out of 37 hospitals achieved target	Ennis (5.3%), St James (71.5%) & Kilcreene (74.4%)
Daycase adult waiting list within 15 months	28 out of 41 hospitals achieved target	RVEEH (80.9%), Roscommon (81.6%) & Limerick (81.7%)
Inpatient children waiting list within 15 months	11 out of 21 hospitals achieved target	Mercy (50%), National Children's Hospital at Tallaght Hospital (77.7%) & OLH Crumlin (77%)
Daycase children waiting list within 15 months	21 out of 30 hospitals achieved target	OLH Crumlin (79.5%), Galway (84.7%) & Waterford (86.7%)
Outpatient waiting list within 52 weeks	13 out of 45 hospitals achieved target	Croom (58.2%), Cork University Maternity (61.3%), & RVEEH (62.1%)
% 75 years within 9 hours PET	St Luke's Hospital Kilkenny (94.9%), Mayo General Hospital (87.4%) & Letterkenny Hospital (88.2%)	University Hospital Limerick (42.1%), Drogheda (49.4%), Naas (51.5%)
% 75 years within 24 hours PET	Letterkenny (100%), St Luke's Kilkenny, St James's, Sligo, Connolly (99.8%) & Mayo (99.6%)	University Hospital Limerick (77.5%), Mater (81.9%) & Naas (82.2%).
% within 6 hours PET	Children's University Hospital Temple Street (92.9%), National Children's Hospital, Tallaght (92.4%) & St Luke's Hospital Kilkenny (91.3%)	University Hospital Limerick (47.2%), Beaumont (53.3%) & St James's (53.4%)
% who leave before completion of treatment	22 out of 29 hospitals achieved target	St. James's (17%), Mater (20%), & Tallaght (11%)
Urgent colonoscopy – number waiting > 4 weeks	36 out of 39 hospitals achieved target	National Childrens Hospital, Tallaght (3), Mater (2) & Mallow General Hospital (1)
Routine Colonoscopy within 13 weeks	19 out of 39 hospitals achieved target	Naas General Hospital (24.6%), Waterford (27.4%) & Mayo (29.3%)
Urgent breast cancer within 2 weeks	5 out of 9 hospitals achieved target	St James's (17.9%), Letterkenny (24.2%) & Mater (57.4%)
Routine breast cancer within 12 weeks	Beaumont & St. Vincent's & Limerick (100%).	Waterford (29.8%), St James's (32.8%) & Mater (38.9%)
Lung Cancer within 10 working days	St Vincent's & St James's (100%), Mater (95.2%)	Cork (18.4%), Beaumont (45.9%) & Limerick (52.4%).
Prostate cancer within 20 working days	Beaumont & Galway (100%)	St James's (0%), Limerick (13.8%), Mater (29.5%), & Waterford (41.3%).
Radiotherapy within 15 working days	Mid Western Radiation Oncology Centre, Limerick & UPMC, Whitfield, Waterford (100%)	SLRON Network (69.5%), Galway (88.1%) & Cork (56.6%)
HCAI rates - Staph. Aureus	37 out of 47 hospitals achieved target	OLH Crumlin (4.16), University Hospital Kerry (3.60), and St Lukes Rathgar (2.73)
HCAI rates – Cdiff	27 out of 47 hospitals achieved target	Nenagh Hospital (7.1), CUH Temple St (4.42) and UHL Limerick (4.0)
Medical Readmission Rates	27 out of 38 hospitals achieved target	Mayo University Hospital (14.3%), Sligo (13.8%) & St Columcilles (13.9%)
Surgical Readmission Rates	33 out of 40 hospitals achieved target	LOL Drogheda (5.4%), Tullamore (4.4%) & Mullingar (3.8%)
Hip Fracture Surgery within 48 hours	4 out of 16 hospitals achieved target	University Hospital Limerick (64%), Cork (70.6%) & St James (73.3%)
Medical Average Length of Stay	10 out of 35 hospitals achieved target	Roscommon (11.3), Beaumont (10.7) & St Vincents (10.6)
Surgical Average Length of Stay	11 out of 34 hospitals achieved target	St James (10.4), Mater (9.2) & Cork (8.7)
Ambulance Clearance Times < 60 minutes	17 out of 34 hospitals achieved target	Galway (83.1%), Letterkenny (85.2%) & Portluncula (87.1%)
Elective Laparoscopic Cholecystectomy	11 out of 36 hospitals achieved target	6 out of 36 hospitals are at 0%
Number of beds subject to Delayed Discharge	Mallow & Ennis have 0 patients, 4 hospitals have 1 patient	St. James's (56), Mater (45) & Beaumont (42)

## **Divisional Update**

### **Emergency Department (ED) Performance**

- New ED attendances increased by 2.1% when ED attendances Year to Date June 2017 are compared with Year to Date June 2016.
- ED PET less than 24 hours (all patients) improved from 97.2% in May 2017 to 97.3% in June 2017.
- ED PET less than 9 hours (all patients) improved from 81.7% in May 2017 to 82.3% in June 2017. ED PET less than 9 hours for patients aged 75+ improved from 63.1% in May 2017 to 66% in June 2017.

### **ED Congestion Escalation Directive**

A conjoint Directive was signed by the Minister for Health, the Director General and the National Director for Acute Hospital Services in November 2015. It provides for distinct stages of escalation with clearly delineated thresholds, actions and owners.

### **Reduction in Delayed Discharges (DD)**

The Winter Initiative provided funding to reduce Delayed Discharges to no more than 500 by 31 December 2016. The target was achieved with 436 patients in the Delayed Discharges category at 31 December 2016. Subsequent performance after the funded period deteriorated with Delayed Discharges at 530 at the end of June 2017.

Funding to support the discharge of complex patients from acute hospitals was made available as part of the winter initiative funding and the outcome was the discharge of 20 patients from acute hospital facilities.

### **European Working Time Directive**

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, further improvements were observed during 2016 with an increase in compliance from 76% in December 2015 to 81% in December 2016 with an average 48 hour working week for all NCHDs. Compliance with the 48 hour week in June was 82%.

The critical success factors were as follows;

- Targeting those sites where performance was well below the national average.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had effected sustained improvements, particularly where they may have suffered from structural challenges such as peripherality.

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

#### **Day Case Discharges**

The number of day case procedures Year to Date May 2017 was 444,227 versus 441,595 for the same period in 2016, that is, an increase of 2,632 (0.6%) cases.

#### **Inpatient Discharges**

The number of inpatient discharges was 264,619 Year to Date May 2017 versus 266,114 for the corresponding period 2016 that is, a decrease of 1,495 cases (0.6%).

#### **Emergency Discharges**

Emergency discharges Year to Date May 2017 were 181,499 and 180,029 for the corresponding period in 2016, that is, an increase of 0.8%.

#### **Elective Discharges**

Elective discharges were 38,210 for the period January to May 2017 versus 38,158 for the same period in 2016, that is, an increase of 52 (0.14%). Elective inpatient discharges were 0.4% higher than the target for the period January to May 2017.

It should be noted that coding issues have been identified in the Dublin Midlands Hospitals Group and in the Saolta University Health Care Group and as a result elective inpatient discharges may be overstated and these cases may be either day case or emergency activity. The February 2017 data had one day less than February 2016 having regard to the fact that 2016 was a leap year.

## Colonoscopies

A national Endoscopy Working Group was established following the appointment of a National Endoscopy Lead. The priority areas for the National Endoscopy Working Group are: capacity and demand analysis, referral pathways, validation and scheduling, quality assurance and training and liaison with the bowel screen service.

The following deliverables are complete;

- I. Capacity and Demand Analysis  
The phase 1 Capacity and Demand study is complete. An independent assessment of future GI endoscopy capacity requirements across hospitals has been commissioned by the HSE to complement the Phase 1 Capacity and Demand study. The purpose of the study is as follows;
  - a. Outline what the required endoscopy capacity will be over the next three to ten years across all Hospital Groups.
  - b. Provide further information for utilising the Smaller Hospitals Framework.
  - c. Inform likely future Bowel Screen requirements.
  - d. Support and contribute to the work of the National Endoscopy Working Group and the National Clinical Lead for Endoscopy.
- II. Referral Pathway
  - a. The NTPF published a GI Endoscopy direct referral pathway in January 2017. This pathway is a section of the overarching National Inpatient, Day Case, Planned Procedure Waiting List Management Protocol. The protocol is complete and is applicable to referrals received by endoscopy units from outpatients, ED, private entities and GPs.
  - b. Phase 1 of a GP eReferral demonstrator project on Healthlink is complete. Phase 2 commenced with GP practices referring to St Vincent's University Hospital, Beaumont Hospital, Mater Misericordiae University Hospital and University Hospital Limerick. Phase 2 is expected to conclude by the end of Quarter 3 2017.

## Cancer Data

The key challenge continues to be attracting and retaining consultant staff particularly in relation to urology. In comparison to international levels there is a significant shortfall of Urologists in Ireland. This is particularly prevalent outside the Greater Dublin Area. There are some resource issues in regional Rapid Access Prostate Clinics as a result. The growth in new referrals to Rapid Access Lung Clinics is also a challenge.

A review of cancer services across all cancer centres was undertaken by the National Cancer Control Programme in 2016. The aim of the review was to ensure the introduction of systematic and consistent approaches to service provision in line with policy and clinical guidelines. The improvement opportunities identified during the review focused on individual clinics' performance, its people, processes and systems. A report was prepared with recommendations for hospitals and Hospital Groups to support sustainable improvement in clinics' performance. The implementation of the recommendations has commenced in some hospitals.

## Waiting Lists

### Inpatient/Day Case Waiting Lists

The Department of Health approved an Inpatient/Day Case waiting list improvement plan for 2017. Under this Plan, through a combination of Service Plan funded hospital activity, public insourcing and private outsourcing, over 29,000 patients or approximately 75% of the total number of patients who would be waiting 15 months or more by October will have come off the waiting list, through treatment or waiting list reviews.

A phased approach to tackling 15 month breaches is being progressed based on available funding and will be targeted at the longest waiters:

- Firstly, it has been agreed by the Department of Health that €5m of the funding allocated to the NTPF in 2017 will be utilised to support immediate reductions in day-case numbers, for those waiting longest for treatment, through out-sourcing. It is expected that over 2,000 patients awaiting day-case procedures will receive treatment from this funding.
- A further €10m has been allocated by the Department of Health to the NTPF in 2017 to support treatment for those patients waiting longest. The Department of Health has identified that this funding should be utilised to purchase additional capacity in both public and private hospitals. The HSE has identified initial

proposals that will allow the NTPF to purchase additional capacity in the public system to treat those patients waiting longest across a number of specialties and hospitals.

The Department of Health has agreed that up to €5m will be targeted at these in-sourcing proposals immediately. It is proposed that the remaining €5m will be used by the NTPF for outsourcing to support treatment of longest waiters in areas that will not benefit from public in-sourcing initiatives. The approach to the use of this funding will be closely monitored and adapted as necessary to ensure timely treatment is made available for the maximum number of patients as the initiatives progress throughout the year.

The HSE also developed a plan with a number of stakeholders to support the reduction of the long waiting times for Scoliosis surgery for children and young people. The purpose of the plan is to ensure that there are no patients waiting over 4 months for their surgery by the end of December 2017. The plan aims to treat over 400 children requiring scoliosis procedures. This plan was also approved by the Department of Health.

### **Outpatient Waiting Lists**

An Outpatients Waiting List improvement plan for 2017 was also approved by the Department of Health. The HSE estimates that between February and October, approximately 90,498 outpatients will come off the waiting list through having their appointment supported by existing HSE Service Plan funding.

Outpatient waiting list initiatives including a focus on effective waiting list management systems, targeted improvements in key specialties and new referral pathways pilot projects will result in the an additional 5,010 patients commencing outpatient assessments and/or treatment. This will mean that approximately 50% of patients who would be waiting longer than 15 months by October 2017 will come off the waiting list, representing an increase of over 5% in activity in that category compared with the previous year.



## Acute Hospitals Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current	
Quality & Safety	<b>Serious Reportable Events</b>															
	Investigations completed within 120 days <sup>10</sup>	M	90%	0.0%	-100%											
	<b>Service User Experience</b>															
	Complaints investigated within 30 working days	Q	75%	59%	-21.3%									71%	59%	
	<b>HCAI Rates - Staph. Aureus</b>	M	< 1	0.8	21.2%	0.8	0.9	0.2	1.1	0.5	0.6	2.5	1.1	1.6	0.8	
	<b>HCAI Rates - C Difficile</b>	M	< 2	2	-1.1%	1.2	2	1.5	2.1	2.9	3.2	1.2	2.2	2.2	2	
	% of ED patients who leave before completion of treatment	M	< 5%	5.0%	0.0%	6%	9%	4%	4%	6%	4%	3%	6%	6%	6%	
	Urgent colonoscopy - number waiting > 4 weeks (zero tolerance)	M	0	6		2	0	0	1	0	0	3	12	2	6	
	Implementation of NEWS	Q	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		0.0%	0.0%	100.0%	
	Implementation of IMEWS	Q	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		0.0%	0.0%	100.0%	
	Maternity safety statements	M-2M	100.0%	94.7%	-5.3%	100%	100%	66.7%	100%	100%	100%		94.7%			
	<b>Readmission Rates - Medical</b>	M-1M	11.1%	10.9%	-1.8%	11.0%	10.9%	10.8%	11.2%	8.9%	12.1%		9.8%	10.3%	10.6%	
	<b>Readmission Rates - Surgical</b>	M-1M	< 3%	2.1%	-30.0%	1.9%	2.6%	2.6%	1.9%	1.6%	2.0%		1.9%	2.0%	2.1%	
	Hip fracture surgery within 48 hours	M-1M	95%	85.5%	-10.0%	95.3%	88.6%	87.7%	81.9%	64.4%	90.1%		84.5%	84.5%	81.5%	
	<b>Avlos – Medical (site specific targets)</b>	M-1M	6.3 days	6.9	-9.5%	6.9	8.7	7.3	6.6	5.1	6.5		6.5	6.8	6.8	
<b>Avlos – Surgical (site specific targets)</b>	M-1M	5 days	5.3	-6.0%	5.8	6.7	5.8	4.5	4.8	4.7		5.3	5.4	5.3		
Radiotherapy treatment within 15 working days	M	90%	74.3%	-17.5%		65.7%		75.9%	99.1%	89.4%		65.8%	71.5%	75.1%		

<sup>10</sup> Data under review

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
Access	PET - 75 years or older within 9 hours	M	100%	61.9%	-38.1%	68.6%	57.4%	56.6%	57.1%	41.1%	73.1%		63.1%	63.1%	66.0%
	PET - 75 years or older within 24 hours (zero tolerance)	M	100%	91.9%	-8.1%	93.0%	92.3%	93.5%	89.2%	78.1%	95.0%		92.7%	93.3%	94.0%
	PET - ED within 24 hours (zero tolerance)	M	100%	96.7%	-3.3%	96.8%	95.6%	97.4%	94.9%	93.1%	98.1%	99.6%	96.9%	97.2%	97.3%
	PET - ED within 6 hours	M	75%	66.3%	-11.6%	70.2%	58.1%	62.1%	64.3%	53.5%	67.4%	86.4%	66.4%	67.0%	67.7%
	Routine Colonoscopy within 13 weeks	M	70%	55.3%	-21.1%	59.3%	40.1%	82.4%	57.3%	57.0%	51.9%	47.7%	57.2%	55.9%	55.3%
	Elective Laparoscopic Cholecystectomy	M-1M	>60%	46.2%	-23.0%	59.3%	56.6%	54.0%	44.7%	7.6%	28.4%		45.6%	45.4%	46.0%
	Inpatient Adult within 15 months	M	90%	83.9%	-6.8%	91.1%	72.8%	88.5%	86.6%	89.0%	81.0%		84.2%	84.0%	83.9%
	Daycase Adult within 15 months	M	95%	89.6%	-5.7%	89.5%	86.1%	99.0%	90.3%	87.5%	87.8%		88.9%	88.9%	89.6%
	Inpatient Child within 15 months	M	95%	84.7%	-10.8%	100.0%	96.1%	85.6%	92.0%	98.8%	84.2%	80.6%	87.2%	85.8%	84.7%
	Daycase Child within 15 months	M	97%	86.7%	-10.6%	98.2%	91.1%	98.8%	91.7%	98.7%	86.9%	83.5%	87.6%	87.3%	86.7%
	Outpatient within 52 weeks	M	85%	75.5%	-11.2%	81.6%	74.7%	78.7%	70.9%	72.0%	77.7%	69.6%	76.9%	76.0%	75.5%
	Ambulance Clearance Times within 60 minutes	M	95%	92.2%	-2.9%	93.5%	95.6%	96.4%	89.5%	93.1%	84.7%	97.0%	93.5%	92.5%	93.5%
	Number of beds subject to Delayed Discharge (zero tolerance site specific targets)	M	<475	530	-11.6%	151	111	117	66	12	66	7	566	601	530
	Urgent Breast Cancer within 2 weeks	M	95%	77.9%	-18.0%	96.4%	24.8%	99.8%	70.4%	100.0%	72.9%		74.6%	76.0%	79.0%
	Routine Breast Cancer within 12 weeks	M	95%	71.6%	-24.6%	86.0%	38.3%	99.5%	69.3%	97.7%	46.4%		72.7%	65.8%	66.6%
	Lung Cancer within 10 working days	M	95%	82.1%	-13.6%	99.0%	95.7%	73.3%	66.5%	65.0%	92.6%		85.4%	80.2%	70.9%
Prostate Cancer within 20 working days	M	90%	50.6%	-43.8%	31.7%	0.0%	100.0%	34.6%	10.8%	98.8%		43.3%	65.8%	67.3%	

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
Finance	<b>Net Expenditure variance from plan</b>														
	Total	M	€2,198,482	€2,302,549	4.73%	5.03%	4.30%	5.66%	4.44%	7.34%	4.84%	2.61%	4.32%	4.52%	4.73%
	Pay	M	€1,805,265	€1,827,702	1.24%	1.45%	0.64%	1.41%	0.48%	3.79%	1.91%	0.70%	0.68%	0.89%	1.24%
	Non-pay	M	€861,554	€924,268	7.28%	8.99%	6.83%	11.33%	5.79%	5.06%	8.00%	2.33%	7.59%	8.54%	7.28%
	Income	M	-€468,337	-€449,419	-4.04%	-1.42%	-3.95%	-2.31%	-6.89%	-7.16%	-2.43%	-9.80%	-3.94%	-2.36%	-4.04%
	<b>Service Arrangements (26.06.17)</b>														
	Number signed	M	100%	100.00%	0.00%									94.12%	100%
Monetary value signed	M	100%	100.00%	0.00%									98.44%	100%	100%
HR	<b>Absence</b>														
	Overall	M-1M	3.50%	3.94%	-12.57%	3.71%	3.83%	4.00%	4.05%	5.42%	3.72%	3.73%	3.72%	3.72%	
	<b>European Working Time Directive (EWTD)</b>														
	Within 24 hours	M	100%	97.5%	-2.5%	97.5%	98.8%	97.3%	99.5%	90.1%	97.6%	94.8%	97.0%	97.2%	97.5%
< 48 hour working week	M	95%	82.3%	-13.4%	76.4%	73.7%	80.8%	91.8%	93.7%	89.7%	65.1%	82.0%	82.5%	82.3%	

# Finance

## Introduction

The Letter of Determination, dated 25th October 2016, provides for a net revenue budget for the HSE in 2017 of €13,912m. This represents an increase of €422.1m (3.1%) year on year (2016: €13,489.9m). In addition, a further sum of €36.5m is being held by the DoH for additional service initiatives which will be released during the year as specific implementation plans are agreed. This will bring the total revenue budget available in 2017 to €13,948.5m. This represents an overall increase of €458.6m (3.4%) year on year.

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding remains a key objective for the HSE in 2017. Each National Director, Hospital Group CEO, CHO Chief Officer and other senior managers will face specific challenges in respect of ensuring the type and volume of safe services are delivered within the resources available.

## Financial Performance - Summary

The HSE is reporting expenditure of €6.959bn against a budget of €6.826bn for the six months ending 30<sup>th</sup> June 2017. This results in a year to date deficit of €132.9m (1.95%). €114.8m of the deficit is reported within Operational Service Areas and €18.1m within Pensions and Demand-Led Areas.

The deficit within Operational Service Areas includes expenditure of approximately €33m arising from the early restoration of LRA €1,000, for which funding decisions have yet to be confirmed. A further €21.8m relates to the historic Accelerated Income Target within the Acute Hospitals Division. If we adjust for these and other, primarily timing issues, of €11.2m, an underlying performance-related variance within Operational Services is identified in the region of €48.8m.

A detailed commentary on financial performance by service area is provided below.

## Financial Performance - Commentary

The HSE had expenditure of €6.959 billion against a budget of €6.826 billion for the first six months of 2017 leading to a deficit of €132.9m or (1.95%).

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Variance €000s	
Acute Hospitals Division	4,465,591	2,302,550	2,198,482	104,068	4.7%
National Ambulance Service & Emergency Mgt	157,987	76,689	76,439	250	0.3%
Health & Wellbeing Division	210,585	97,026	99,058	(2,032)	-2.1%
Primary Care Division (Note 1)	1,022,782	494,906	502,641	(7,735)	-1.5%
Mental Health Division	842,609	417,170	411,922	5,248	1.3%
Social Care Division	3,388,713	1,693,722	1,674,824	18,898	1.1%
National Cancer Control Programme (NCCP)	10,966	1,343	1,541	(198)	-12.9%
Clinical Strategy & Programmes Division	39,082	13,808	15,485	(1,677)	-10.8%
Quality Assurance & Verification	4,819	593	726	(134)	-18.4%
Quality Improvement Division	8,753	4,202	3,550	651	18.4%
Other National Divisions / Services	316,595	145,482	148,038	(2,556)	-1.7%
<b>Total Operational Service Areas</b>	<b>10,468,482</b>	<b>5,247,491</b>	<b>5,132,706</b>	<b>114,785</b>	<b>2.24%</b>
Pensions	403,326	179,906	193,857	(13,951)	-7.2%
State Claims Agency	224,000	136,080	112,015	24,065	21.5%
Primary Care Reimbursement Service (Note 1)	2,554,043	1,260,196	1,258,527	1,669	0.1%
Demand Led Local Schemes (Note 1)	248,037	126,256	122,441	3,815	3.1%
Overseas Treatment	14,091	9,067	6,591	2,476	37.6%
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,443,497</b>	<b>1,711,506</b>	<b>1,693,432</b>	<b>18,074</b>	<b>1.07%</b>
<b>Grand Total</b>	<b>13,911,979</b>	<b>6,958,996</b>	<b>6,826,138</b>	<b>132,858</b>	<b>1.95%</b>

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Pensions & Demand Led Areas

There is a net deficit within Operational Services of €114.8m or 2.2%. This includes a deficit of €104.1m in Acute Hospitals.

Pensions and Demand Led Areas have a net deficit of €18.1m. Within this, the State Claims Agency has a deficit of €24.1m; Pensions have a surplus of (€14m) while the Primary Care Reimbursement Service is showing a deficit of €1.7m. Demand Led Schemes have a deficit of €3.8m while Overseas Treatment is showing a deficit of €2.5m.

The acceleration of public service pay restoration; The January 2017 agreement brings forward the payment of a €1,000 increase (already due for payment in September 2017 under the LRA) to an earlier date of 1<sup>st</sup> April 2017. The accelerated payment applies to public servants:

- On annualised salaries up to €65,000 &
- Who are parties to the Lansdowne Road agreement.

The additional monthly cost to the HSE is €11m per month for the period April – August 2017 or €55m of cost that was not anticipated or funded through the budgeting and service planning process. Receipt of this additional funding is subject to engagement with the Department of Health.

### Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	691,580	361,531	342,159	19,372	5.7%
Dublin Midlands	837,792	431,714	413,903	17,812	4.3%
Ireland East	885,554	458,396	436,443	21,954	5.0%
South / South West	759,696	388,665	372,125	16,541	4.4%
Saolta University Health Care	720,130	372,697	355,491	17,206	4.8%
UL Hospitals	282,320	150,233	139,955	10,278	7.3%
National Childrens Hospital	273,288	138,392	134,867	3,525	2.6%
Regional & National Services	15,232	920	3,538	(2,618)	-74.0%
<b>Total</b>	<b>4,465,591</b>	<b>2,302,550</b>	<b>2,198,482</b>	<b>104,068</b>	<b>4.7%</b>

Acute Hospital Division (AHD) had expenditure of €2,302m against a budget of €2,198m leading to an adverse variance of €104.1m (4.7%), comprised of an income variance of €18.9m and a gross variance of €85.2m.

The table below illustrates the June reported deficit adjusted for known elements. These are either items for which funding is expected, are non-operational in nature or are expected to reverse by year end.

	Gross €m	Income €m	Net €m
<b>June Reported Deficit</b>	<b>85.1</b>	<b>18.9</b>	<b>104.0</b>
Accelerated LRA (Note 1)	-16.2		-16.2
Bad & Doubtful Debts (Note 2)	-8.7		-8.7
Hep C Acceleration (Note 3)	-11.8		-11.8
Other	-5.2		-5.2
Historic Accelerated Income Target (Note 4)		-21.8	-21.8
<b>Amended Gross Deficit</b>	<b>43.2</b>	<b>-2.9</b>	<b>40.3</b>

Note 1: €16.2m relates to unfunded LRA brought forward from Sept to April

Note 2: €8.7m is driven mainly by the behaviour of insurance companies

Note 3: €11.8m relates to the acceleration of the Hep C programme

Note 4: Relates to the historic accelerated income target of €44m

1. Adjusting for the €44m historic accelerated income target of which €21.8m relates to the six months to June, reduces the income variance to a surplus of €2.9m.
2. The gross deficit then reduces to €43.3m when certain factors are considered, such as accelerated LRA (€16.2m), Bad & doubtful debts (€8.7m), HEP C acceleration to June (€11.8m) and other funding/profiling issues (5.2m).
3. The Pay deficit for June YTD is €22.4m of which €16.2m relates to the accelerated pay restoration agreement for which the HSE is awaiting funding. Additionally Non Pay is showing an adverse variance of €62.7m for the half year.
4. Of the total variance €68.5m relates to direct provision of service with €35.6m representing HSE funded providers. 40% of the year to date deficit is concentrated in two Hospital Groups, Ireland East Hospital Group €22.0m, RCSI Hospital Group €19.4m.

There is an overriding requirement for the HSE to maximise the provision of essential services within the totality of the funding available in the AHD. It has also been necessary to provide for stretched savings targets within the acute hospital sector in order to support the delivery of planned level of services.

### Social Care - Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	81,737	40,239	40,192	46	0.1%
CHO 2	74,507	37,913	36,666	1,247	3.4%
CHO 3	66,494	33,231	32,692	539	1.6%
CHO 4	121,592	61,598	59,992	1,606	2.7%
CHO 5	71,953	36,166	35,692	474	1.3%
CHO 6	61,191	30,458	29,279	1,179	4.0%
CHO 7	92,349	46,879	44,918	1,960	4.4%
CHO 8	66,062	33,090	32,567	522	1.6%
CHO 9	101,871	50,708	49,556	1,152	2.3%
Regional & National	50,820	26,905	28,400	(1,494)	-5.3%
<b>Subtotal</b>	<b>788,575</b>	<b>397,187</b>	<b>389,955</b>	<b>7,232</b>	<b>1.9%</b>
NHSS	915,912	446,919	450,316	(3,397)	-0.8%
<b>Overall Total</b>	<b>1,704,487</b>	<b>844,106</b>	<b>840,271</b>	<b>3,836</b>	<b>0.5%</b>

Core services excluding NHSS had expenditure of €397.2m against a budget of €390.0m leading to a deficit of €7.2m. It should be noted that €2.7m of this deficit relates to the accelerated pay restoration agreement for which the HSE is awaiting funding.

NHSS had expenditure of €446.9m against a budget of €450.3m leading to a surplus of (€3.4m) or (0.8%).

Managing the year on year growth in demand for community-based social services has been one of the key challenges for Older Persons services in 2016 and this will continue into 2017.

## Social Care – Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	121,378	62,550	59,277	3,272	5.5%
CHO 2	163,154	80,769	80,773	(5)	0.0%
CHO 3	144,966	72,845	71,545	1,300	1.8%
CHO 4	213,559	106,871	105,891	980	0.9%
CHO 5	156,542	78,281	77,621	660	0.9%
CHO 6	180,521	89,929	89,219	710	0.8%
CHO 7	207,968	106,542	102,878	3,665	3.6%
CHO 8	198,095	100,643	98,239	2,405	2.4%
CHO 9	262,548	132,657	130,192	2,465	1.9%
Regional & National	35,495	18,529	18,919	(390)	-2.1%
<b>Total</b>	<b>1,684,226</b>	<b>849,616</b>	<b>834,553</b>	<b>15,063</b>	<b>1.8%</b>

Disability Services had expenditure of €849.6m against a budget of €834.6m leading to an adverse variance of €15.1m or 1.8%.

Within the total deficit €4.7m relates to pay, this relates to unfunded pay restoration costs. Non Pay is showing an adverse variance of €9.3m. Income has a deficit of €1.1m. The NSP 2017 submission flagged €9m in very stretched savings targets with a high delivery risk. It is now clear that these risks are crystallising.

The variance detailed above is associated with 4 key issues: expenditure associated with HIQA compliance; specific challenges in a small number of larger voluntary providers, emergency placements are running ahead of target in some areas and expected reductions in agency spend have not yet materialised. These variations from plan are being followed up with each Chief Officer through the HSE's Performance Process.

In addition to reprioritising €35m in funding for disability services in 2017 it was also necessary to set further savings targets to ensure the delivery of services. These targets carry a high delivery risk but are necessary in order to ensure that the growing need for residential places is responded to accordingly as well as maintaining funded levels of personal assistant and home support hours.

## Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	72,184	34,823	34,789	33	0.1%
CHO 2	96,189	50,453	47,271	3,182	6.7%
CHO 3	63,406	31,577	31,255	322	1.0%
CHO 4	111,304	55,246	54,419	827	1.5%
CHO 5	94,045	46,840	46,061	779	1.7%
CHO 6	56,004	28,188	27,613	575	2.1%
CHO 7	87,020	42,673	42,959	(286)	-0.7%
CHO 8	88,672	46,168	43,833	2,334	5.3%
CHO 9	109,326	54,582	54,149	433	0.8%
Central Mental Hospital	25,137	12,812	12,465	347	2.8%
Suicide Prevention	9,981	4,740	4,905	(164)	-3.3%
Regional & National	29,341	9,069	12,202	(3,133)	-25.7%
<b>Total</b>	<b>842,609</b>	<b>417,170</b>	<b>411,922</b>	<b>5,248</b>	<b>1.3%</b>



The Mental Health Division spent €417.2m year to date against a budget of €411.9m, representing a variance of €5.2m against planned expenditure. It should be noted that €1.9m of this deficit relates to the accelerated pay restoration agreement for which the HSE is awaiting funding.

Recruitment and retention programmes will continue to be prioritised to maximise the delivery of Mental Health services in 2017 and it is unlikely therefore that the level of once-off savings achieved in 2016 will be available in the current year.

### Primary Care Division

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	89,514	46,090	43,313	2,778	6.4%
CHO 2	96,782	49,017	47,297	1,719	3.6%
CHO 3	78,062	38,641	38,563	77	0.2%
CHO 4	125,959	63,741	62,313	1,427	2.3%
CHO 5	90,435	45,038	44,645	393	0.9%
CHO 6	60,232	29,672	29,634	37	0.1%
CHO 7	154,737	75,970	76,122	(153)	-0.2%
CHO 8	125,771	62,463	62,034	429	0.7%
CHO 9	130,855	63,499	64,296	(797)	-1.2%
Regional	12,097	7,646	6,020	1,627	27.0%
National	58,338	13,128	28,403	(15,275)	-53.8%
<b>Sub Total</b>	<b>1,022,782</b>	<b>494,903</b>	<b>502,641</b>	<b>(7,738)</b>	<b>-1.5%</b>
PCRS	2,554,043	1,260,196	1,258,527	1,669	0.1%
DLS	248,037	126,256	122,441	3,815	3.1%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,802,080</b>	<b>1,386,452</b>	<b>1,380,968</b>	<b>5,484</b>	<b>0.4%</b>
<b>Total Primary Care Division</b>	<b>3,824,862</b>	<b>1,881,355</b>	<b>1,883,609</b>	<b>(2,254)</b>	<b>-0.1%</b>

The Primary Care Division (PCD) spent €1,881m versus a budget of €1,884m leading to an overall surplus of (€2.3m) or (0.1%).

Core operational services within Primary Care, Social Inclusion and Palliative Care delivered a surplus of (€7.7m) or (1.5%) year to date with PCRS showing a deficit position of €1.7m and Demand Led Schemes having a deficit of €3.8m.

The year to date variance is showing a once off benefit relating to time related savings where anticipated expenditure has not yet manifested. This relates mainly to Chronic Disease clinical posts, primary care leases and palliative care beds not coming on stream as anticipated. The timing benefit is also masking pressure in areas such as clinical costs and the National Virus Reference Laboratory (NVRL).

While some time related savings were available to PCD during 2016 to help offset pressures in these areas there will be limited opportunity to benefit from such support in 2017. Commentary on the Primary Care Reimbursement Service and Demand Led Local Schemes is provided below.

## Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>Total</b>	<b>210,585</b>	<b>97,026</b>	<b>99,058</b>	<b>(2,032)</b>	<b>-2.1%</b>

The Health and Wellbeing Division spent €97.1m versus a budget of €99.1m leading to a surplus of (€2m) or (2.1%).

This underspend in the first six months is reflective of difficulties in recruiting clinical staff such as public health doctors and radiographers. It also includes a small underspend against the costs of vaccines.

However, it is not expected that savings will continue at this level throughout the year as clinical programmes (such as Bowel-screen and Diabetic Retina Screening) gain momentum and ramp up to capacity and recruitment campaigns are accelerated and intensified.

### Pay and Staffing Framework

The 2017 pay framework provides Divisions with a realistic pay resource within which they will be required to manage pay in 2017 and beyond.

### Demand Led Services: PCRS & DLS / State Claims (SCA) and Pensions

1. The PCRS budget for 2017 has been framed by reference to a series of working assumptions. These have been developed in detailed discussion with the DoH. Expenditure in the PCRS budget will be the subject of close monitoring and assessment from the beginning of 2017. The Primary Care Reimbursement Service is showing a deficit at the end of June.
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provided for in relevant legislation. The funding available to the HSE in 2017 will provide for the cost of 2016 retirees in addition to an estimated 2,850 new retirees, across both the statutory and voluntary sectors, Funding has been fully provided against the current forecast expenditure in this area. In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.
3. The SCA financial plan for 2017 is based on the assumption that, in the event of costs varying from the funding level provided to the HSE, this will be identified as early as possible during 2017.
4. The Treatment Abroad Scheme (TAS) relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect. As with other demand-led services it is difficult to predict expenditure or activity patterns into the future with full accuracy.

# Human Resources

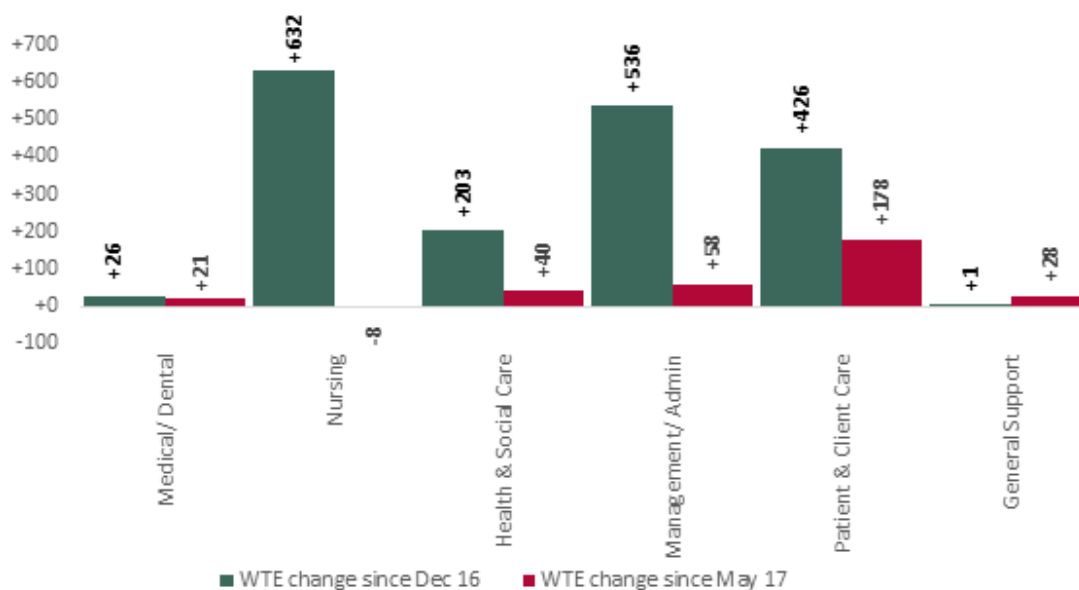
Division	WTE Jun 17	WTE change since May 17	% change since May 17	change since Dec 2016	% change since Dec 2016	WTE change since Dec 2015	% change since Dec 2015
<b>Total Health Service</b>	<b>108,908</b>	<b>+317</b>	<b>+0.3%</b>	<b>+1,823</b>	<b>+1.7%</b>	<b>+5,024</b>	<b>+4.8%</b>
Acute Services	55,242	+169	+0.3%	+1,121	+2.1%	+2,715	+5.2%
Mental Health	9,738	-38	-0.4%	+110	+1.1%	+228	+2.4%
Primary Care	10,618	+18	+0.2%	+78	+0.7%	+242	+2.3%
Social Care	27,063	+122	+0.5%	+259	+1.0%	+1,361	+5.3%
Disabilities	17,295	+135	+0.8%	+234	+1.4%	+1,276	+8.0%
Older People	9,768	-13	-0.1%	+25	+0.3%	+86	+0.9%
Health & Wellbeing	1,444	+8	+0.5%	+61	+4.4%	+122	+9.2%
Ambulance Services	1,814	+15	+0.8%	+70	+4.0%	+105	+6.1%
Corporate	1,560	+18	+1.1%	+60	+4.0%	+185	+13.5%
Health Business Services	1,430	+5	+0.3%	+65	+4.8%	+64	+4.7%
Staff Category /Group	WTE Jun 2017	WTE change since May 17	% change since May 17	change since Dec 2016	% change since Dec 2016	WTE change since Dec 2015	% change since Dec 2015
<b>Total Health Service Staffing</b>	<b>108,908</b>	<b>+317</b>	<b>+0.3%</b>	<b>+1,823</b>	<b>+1.7%</b>	<b>+5,024</b>	<b>+4.8%</b>
<b>Medical/ Dental</b>	<b>9,749</b>	<b>+21</b>	<b>+0.2%</b>	<b>+26</b>	<b>+0.3%</b>	<b>+413</b>	<b>+4.4%</b>
Consultants	2,883	-0	+0.0%	+22	+0.8%	+159	+5.8%
NCHDs	6,058	+9	+0.2%	-2	-0.0%	+244	+4.2%
Medical (other) & Dental	808	+12	+1.5%	+7	+0.8%	+10	+1.2%
<b>Nursing</b>	<b>36,467</b>	<b>-8</b>	<b>-0.0%</b>	<b>+632</b>	<b>+1.8%</b>	<b>+1,114</b>	<b>+3.2%</b>
Nurse Manager	7,382	+30	+0.4%	+104	+1.4%	+436	+6.3%
Nurse Specialist	1,650	+13	+0.8%	+71	+4.5%	+175	+11.9%
Staff Nurse	24,802	+24	+0.1%	+34	+0.1%	+53	+0.2%
Public Health Nurse	1,472	-9	-0.6%	-27	-1.8%	-29	-1.9%
Nursing Student	853	-65	-7.1%	+448	+110.5%	+466	+120.7%
Nursing (other)	308	-1	-0.4%	+3	+0.8%	+13	+4.3%
<b>Health &amp; Social Care</b>	<b>15,566</b>	<b>+40</b>	<b>+0.3%</b>	<b>+203</b>	<b>+1.3%</b>	<b>+989</b>	<b>+6.8%</b>
Therapists (OT, Physio, SLT)	4,346	+20	+0.5%	+112	+2.6%	+344	+8.6%
Health Professionals (other)	11,221	+19	+0.2%	+91	+0.8%	+645	+6.1%
<b>Management/ Admin</b>	<b>17,302</b>	<b>+58</b>	<b>+0.3%</b>	<b>+536</b>	<b>+3.2%</b>	<b>+1,139</b>	<b>+7.0%</b>
Management (VIII+)	1,525	+10	+0.7%	+80	+5.5%	+198	+14.9%
Clerical & Supervisory (III to VII)	15,777	+48	+0.3%	+456	+3.0%	+941	+6.3%
<b>General Support</b>	<b>9,449</b>	<b>+28</b>	<b>+0.3%</b>	<b>+1</b>	<b>+0.0%</b>	<b>-45</b>	<b>-0.5%</b>
<b>Patient &amp; Client Care</b>	<b>20,374</b>	<b>+178</b>	<b>+0.9%</b>	<b>+426</b>	<b>+2.1%</b>	<b>+1,414</b>	<b>+7.5%</b>
Ambulance	1,708	+14	+0.9%	+67	+4.1%	+107	+6.7%
Care	18,667	+164	+0.9%	+358	+2.0%	+1,308	+7.5%

### Health Sector Workforce: June 2017 – Key Messages

- Overall the increase seen in June, of **+317 WTEs** compares with an increase of **+145 WTEs (+0.1%)** for the same month last year and reverses the reduction seen in May.
- Direct employment in the HSE recorded an increase of **+104 WTEs, (+0.15%)**. The Voluntary Hospitals Sector and Voluntary Agencies (Non-Acute) also continue to record increases this month but at a faster rate, by **+62 WTEs (+0.25%)** and **+150 WTEs (+0.99%)** respectively.
- Care Assistants - Disability Services (+115 WTEs) and Staff Nurse General (+108 WTEs) grades recorded the biggest increases in WTEs this month.

## Pay and Numbers Strategy

- HSPC figure of 108,908 WTEs at end of June is 2,066 WTEs below direct WTE level as set out in the 2017 Health Sector funded workforce plan (June 110,974 WTEs). All service divisions are within their projected profile at this time.



## Absence Rates

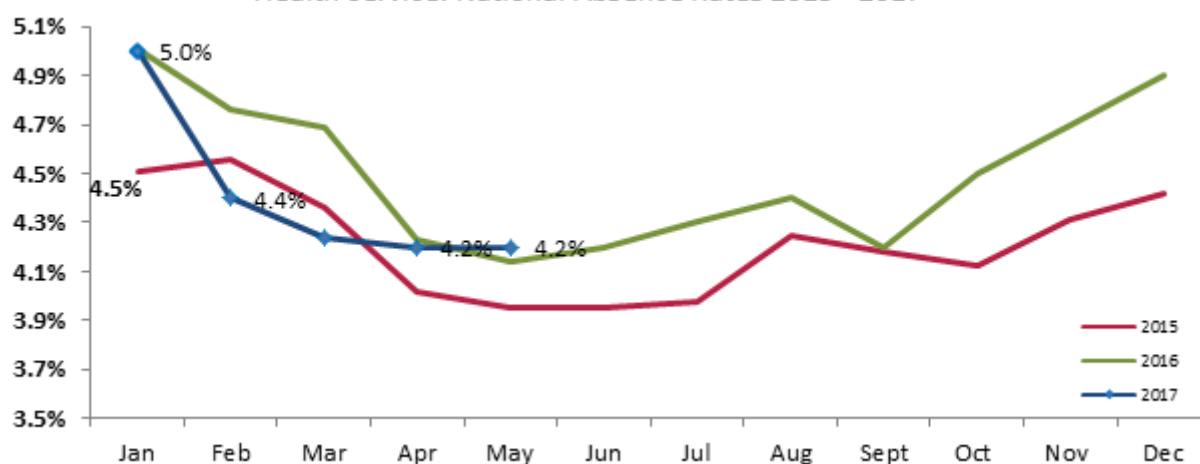
Service / Staff Category [May 2017]	Medical /Dental	Nursing	Health & Social Care	Management Admin	General Support	Patient & Client Care	Overall
Acute Services	1.1%	4.2%	2.6%	3.6%	5.3%	6.1%	<b>3.7%</b>
Mental Health	2.1%	4.4%	3.0%	3.0%	5.1%	5.1%	<b>4.1%</b>
Primary Care	2.5%	5.3%	3.3%	4.0%	6.3%	5.6%	<b>4.3%</b>
Social Care	0.3%	5.8%	3.5%	3.9%	5.5%	5.7%	<b>5.2%</b>
Health & Wellbeing	1.6%	0.0%	3.0%	3.1%	4.3%	2.7%	<b>2.8%</b>
Ambulance Services				1.1%	4.3%	5.6%	<b>5.4%</b>
Corporate & HBS	0.0%	4.8%	1.0%	3.7%	3.0%	0.0%	<b>3.7%</b>
<b>Overall</b>	<b>1.2%</b>	<b>4.6%</b>	<b>3.0%</b>	<b>3.68 %</b>	<b>5.3%</b>	<b>5.8%</b>	<b>4.2%</b>

## Annual Rate for 2016 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time, albeit some reversal in 2016, but still well below earlier years' overall rates.
- The 2016 full-year rate is **4.5%**. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Latest NHS England absence rates for September 2016 recorded an overall rate of 4.0%, an increase from the previous one of 3.8%. Scotland's NHS absence rate for 2015/2016 was 5.2% while in Wales the rate recorded to November 2016 was 4.8%.
- Of course it needs to be recognised that health sectors' workforce, both here and across Britain, is extremely diverse in terms of occupation and skills when compared with many other public and private sector employers. For instance health sector work is often physically and psychologically demanding, which increases the risk of illness and injury and of course is one of few sectors that operate 24 hours services, for 365 days a year.
- Annual rates; 2008 – 5.8%, 2009 – 5.1%, 2010 – 4.7%, 2011 – 4.9%, 2012 – 4.8%, 2013 – 4.7%, 2014 – 4.3%, 2015 – 4.2% and 2016 - 4.5%.

The notional/opportunity cost of absenteeism for the health services for 2015, using DPER methodology, was assessed as being of the order of €181 million.

Health Service: National Absence Rates 2015 - 2017



### European Working Time Directive (EWTB)

National	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTB legal requirement - EU Commission reporting requirement) - All NCHDs
Acute Services	97.5%	82.3%
Mental Health	91.4%	84.6%

- The data deals with 5,496 NCHDs – approximately 98% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in June 2015 was 5,001, in June 2016 it was 5,497;
- Compliance with a maximum 48 hour week is at 82% as of end June – down 1% from May;
- Compliance with 30 minute breaks is at 98% - down 1% from May;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from May;
- Compliance with a maximum 24 hour shift (not an EWTB target) is at 98% - up 1% from May;
- Compliance with a daily 11 hour rest period is at 99% - up 1% from May. This is closely linked to the 24 hour shift compliance above.

# Escalation Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**National Performance Oversight Group  
[NPOG]**

# Escalation Report

**Level 3 Red** **Level 4 Black**

**NPOG August 2017  
(June 2017 Reporting Cycle)**

**Version 8<sup>th</sup> September 2017**



## Escalation Summary

### 1. Areas of Level 4 Escalation Black (DG oversight)

No.	Area of escalation	Division
1	<b>Patients waiting in ED &gt; 24 hours</b>	Acute Hospitals
2	<b>Colonoscopy</b> - % of people waiting > 13 weeks for a routine colonoscopy/OGD and urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
3	<b>Financial Position:</b> Projected net expenditure to year end including pay management	Acute Hospitals

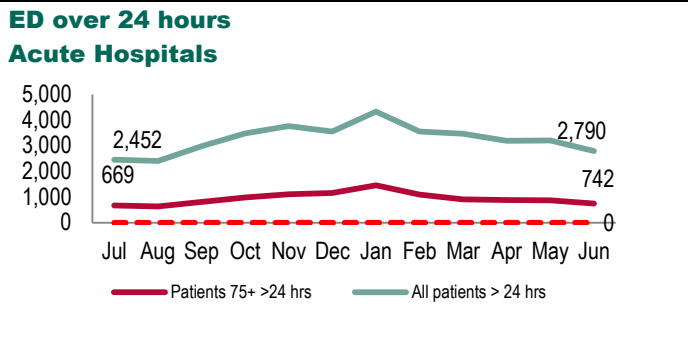
### 2. Areas of Level 3 Escalation RED (NPOG oversight)

No.	Area of escalation	Division
1	<b>Cancer Services</b> – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Hospitals
2	Number of <b>Delayed Discharges</b> over 90 days	Acute Hospitals and Social Care
3	<b>Waiting List</b> > 18 months for an elective procedure / Waiting List >18 months for an OPD appointment	Acute Hospitals
4	<b>Ambulance Turnaround Times</b>	Acute Hospitals
5	<b>Serious Reportable Events (SREs)</b>	Acute Hospitals
6	<b>Assessment of Need (Disability Act Compliance) and Network Teams</b>	Social Care
7	<b>Occupational Therapy</b> – Assessment Waiting list ≤ 52 weeks	Primary Care
8	<b>Financial Position:</b> Projected net expenditure to year end	Social Care (Disabilities)
9	<b>CAMHS</b>	Mental Health

i	<b>Appendix 1: Services in Escalation</b>
ii	<b>Appendix 2: Areas deescalated from NPOG oversight</b>

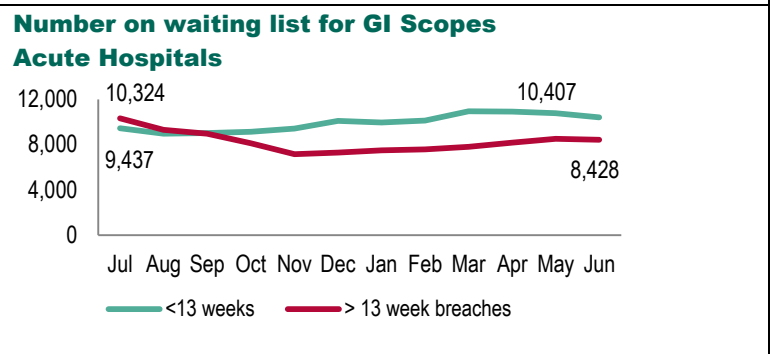
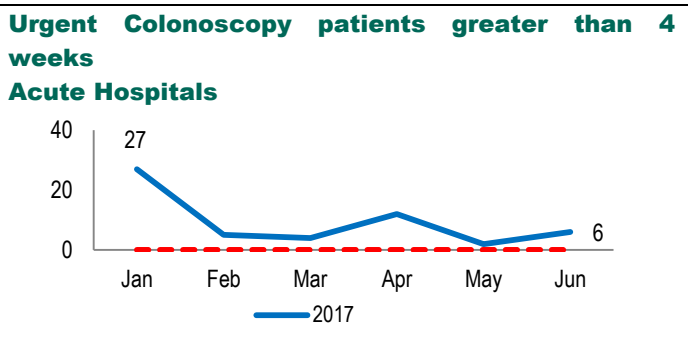
# Performance summary areas of escalation

## Level 4 [Black] escalation

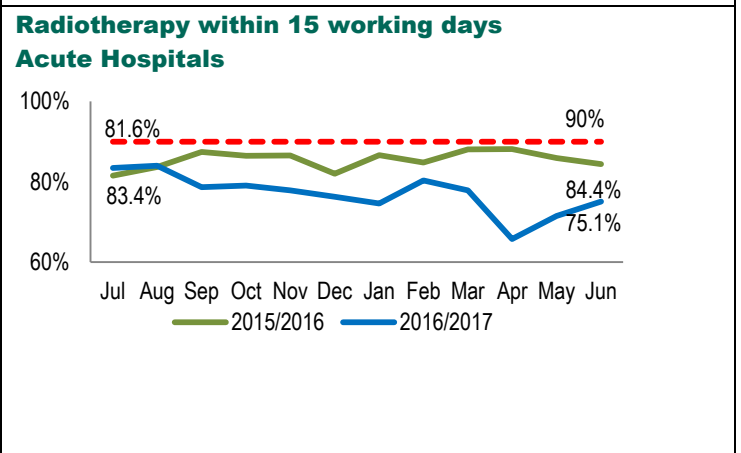
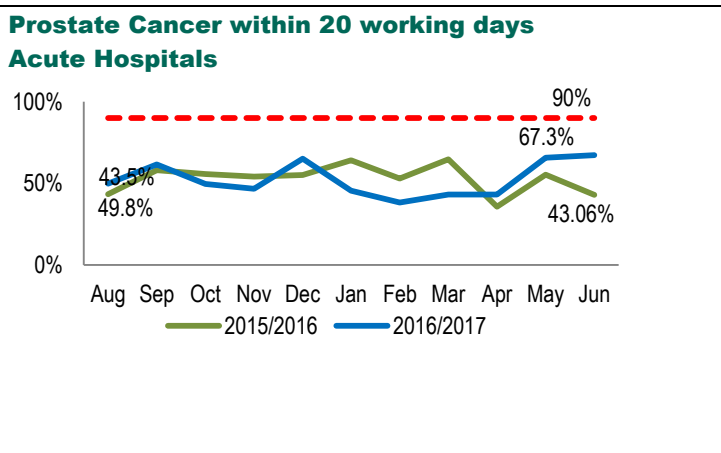
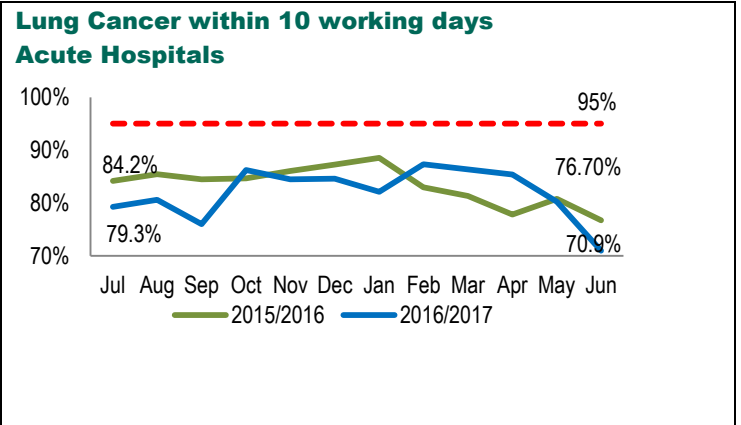
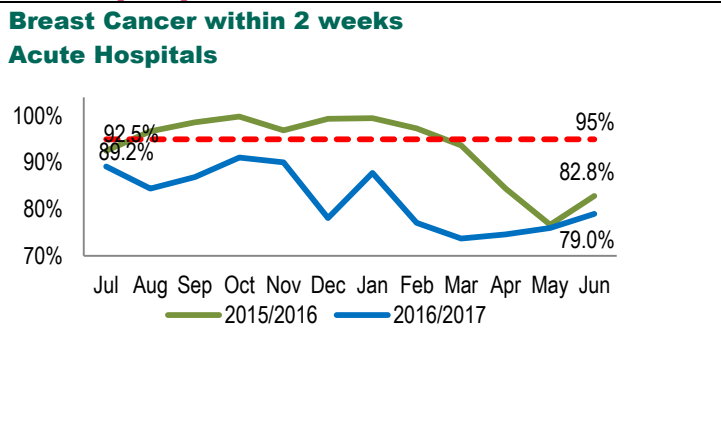


**Financial position: projected net expenditure to year end including pay management – Acute Hospitals**

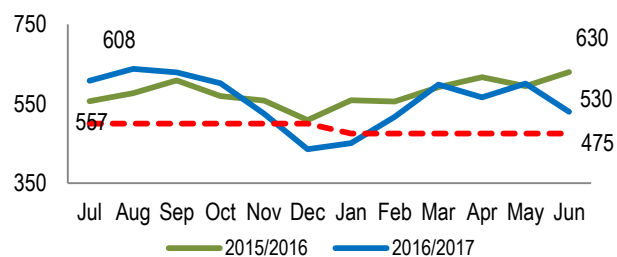
	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Acute Hospitals Division	2,302,550	2,198,482	104,068	4.73%



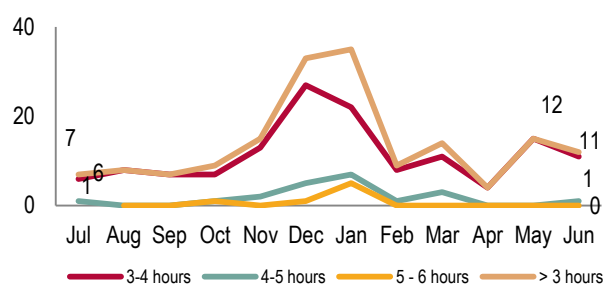
## Level 3 [Red] escalation



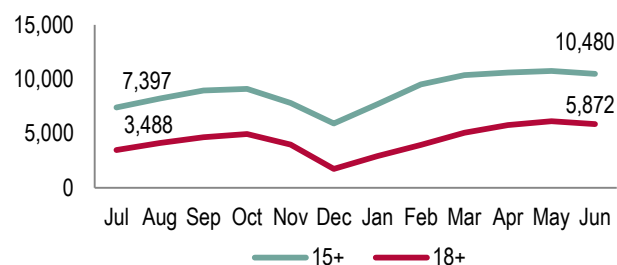
**Delayed Discharges  
Acute Hospitals and Social Care**



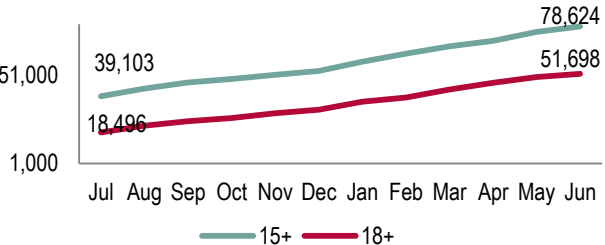
**Ambulance Turnaround Times  
Acute Hospitals and NAS**



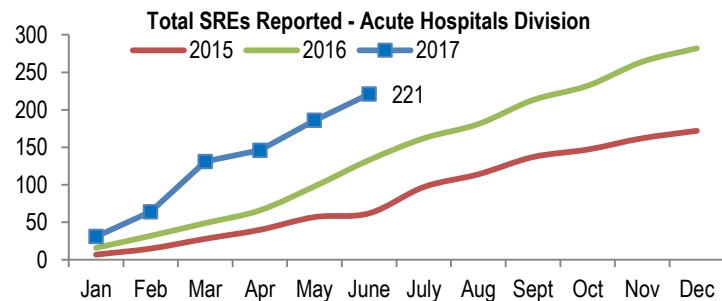
**Inpatient and Day Case Waiting List  
Acute Hospitals**



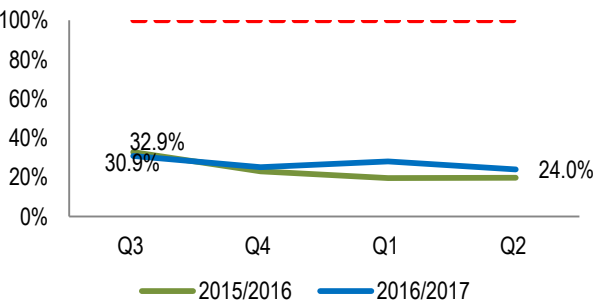
**Outpatient Waiting List  
Acute Hospitals**



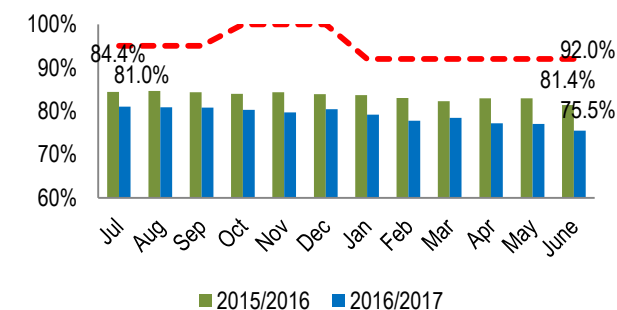
**Total Number of SREs Reported  
Acute Hospitals**



**Disability Act Compliance  
Social Care**



**Occupational Therapy – Assessment waiting list ≤ 52 weeks**

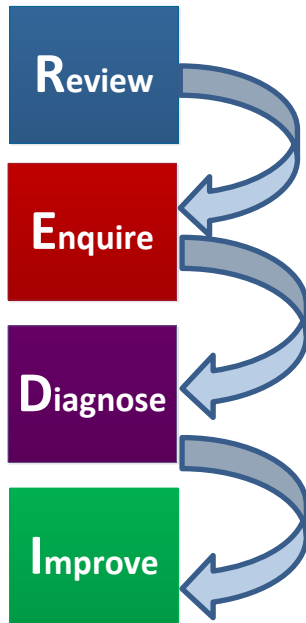


**Financial position: projected net expenditure to year end including pay management – Social Care (Disabilities)**

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Social Care (Disabilities)	849,616	834,553	15,063	1.80%

## NPOG Review and Improvement process

The NPOG Framework for Performance Review and Improvement follows a 4 stage process. These stages are Review, Enquire, Diagnose and Improve [REDI]



**Stage 1 Review:** Identifying the problem

**Stage 2 Enquire:** Getting to a shared agreement on the problem and taking immediate action

**Stage 3 Diagnose:** Getting a deeper assessment of the problem and generating solutions

**Stage 4 Improve:** Planning for and implementing solutions

## Areas of Level 4 [Black] Escalation [Director General oversight]

<b>ED: Patients waiting in ED &gt; 24 hours and people over 75 years</b>					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		May 2015	Due to the number of people continuing to wait in ED for > 24 hours	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Diagnosis:</b> Under the auspices of the National Patient Flow Improvement Programme the diagnostic, actions and projections for service improvement for projects at Galway and UL hospitals will be completed		07.06.17	06.09.17	
2	<b>Improve:</b> Under the auspices of the National Patient Flow Improvement Programme a plan for ED patient flow across Galway and UL hospitals will be completed to design optimal patient flow to deliver safe effective patient care		03.05.17	03.01.18	
3	<b>Review:</b> Proposals for the role of community services in supporting the Patient Flow Improvement Programme will be considered by the National Directors AHD and CSP in consultation with the chair of the EMC		03.05.17	05.07.17	In Progress

<b>Colonoscopy: [% of people waiting &gt; 13 weeks and Urgent]</b>					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		<sup>11</sup> March 2015	Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Review:</b> Monthly review of urgent colonoscopy breach data		07.06.17	On-going	
2	<b>Review:</b> Escalation by ND AHD of urgent colonoscopy breaches in St Columcille's Hospital due to persistent breaches		07.06.17	On-going	Complete

<b>Financial position including pay management</b>					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		February 2016	Due to the risks to financial performance within acute hospitals	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Enquire:</b> Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		04.05.16	On going	On going

<sup>11</sup> Routine colonoscopies escalated Red to Black in September 2015

## Areas of Level 3 [Red] Escalation [NPOG Oversight]

General: Cancer Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals/NCCP		<sup>12</sup> May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AHD ND CCP	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Trajectory for service improvement to be completed		05.04.17	05.07.17	Complete

Delayed Discharges					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care and Acute Hospitals		June 2015	Escalated due to the target for Delayed Discharges > 90 days being breached	ND SC and ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Review:</b> Review current processes within hospitals with regard to completion of NHSS forms to ensure that:- (a) the process commences as soon as possible where it is clear that Long Term Care is indicated i.e. before the patient is declared medically fit for discharge (b) internal processes for securing and submitting documentation are optimal		03.05.17	02.08.17	
2	<b>Improve:</b> Improvement plans will be effected to address any weakness in terms of internal process that are identified from the review		03.05.17	02.08.17	

Waiting Lists: > 18 months Inpatient & Day Case and Outpatient					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		October 2015	Escalated due to the continued growth in waiting lists and waiting times	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> ND to provide proposals in relation to how solutions can be developed and implemented for a selected number of specialities including orthopaedics and ophthalmology		08.03.17	02.08.17	In Progress

<sup>12</sup> Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.

Ambulance Turnaround Times					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		February 2017	Escalated due to long turnaround in certain hospitals impacting on availability of ambulances for other calls	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Improvement Plan inclusive of trajectory for service improvement to be developed		08.02.17	02.08.17	Complete

Serious Reportable Events [SREs]					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		March 2015	Escalated due to concerns about the reporting and investigation of SREs	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> An Improvement Plan in relation to the reporting and investigation of SREs to be developed		08.02.17	05.07.17	Complete
2	<b>Review:</b> SRE compliance will be monitored by NPOG on a monthly basis		05.07.17	On-going	

Assessment of Need (Disability Act Compliance) and Network Teams					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care		August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND SC	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Improvement Plan will be updated following agreement on Assessment of Need National Access Policy and trajectory for service improvement will be added		08.06.17	05.07.17	Complete
2	<b>Improve:</b> Request to communicate with the Chief Officers the requirement to fully implement the National Access Policy across all CHOs		05.07.17	02.08.17	Complete

Occupational Therapy: Assessment Waiting List ≤ 52 weeks					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Primary Care		July 2016	Escalated based on continued poor performance	ND PC	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Action plan for service improvement and timelines for its implementation to be completed		07.09.16	04.10.17	

## Financial position: Social Care (Disabilities)

Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care		November 2016	Risk to financial performance within Social Care Division (Disabilities)	ND SC	
<b>NPOG REDI elements</b>			<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>
1	<b>Improve:</b> Improvement trajectory of Social Care (Disabilities) finance to be monitored monthly		11.01.17	On-going	

## CAMHS

Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Mental Health		June 2017	Dis-improvement in performance (admission to Adult Units and Waiting Lists)	ND MH ND HR	
<b>NPOG REDI elements</b>			<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>
1	<b>Review:</b> ND Mental Health to seek an update on the status of the business case regarding the rate of payment for consultant posts in the CAMHS send by HSE to DoH		07.06.17	05.07.17	Complete
2	<b>Review:</b> ND Human Resources to meet with the ND Mental Health to review recruitment proposal options for consultant and nursing personnel		07.06.17	05.07.17	
3	<b>Enquire:</b> ND Mental Health to assess the implications of the partial approval of business case		05.07.17	06.09.17	



## Appendix 1: Services in Escalation – 8<sup>th</sup> September 2017

Service	Accountable Officer	Escalation Area	Level
<b>Ireland East Hospital Group (Accountable Officer – Mary Day CEO)</b>			
Mater Hospital	Gordon Dunne	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
		Routine Colonoscopy > 13 weeks	Black
		Urgent Colonoscopy	Black
		Finance	Black
Midland Regional Hospital Mullingar	Shona Schneemann	Finance	Black
St Luke's Hospital Kilkenny	Ann Slattery	Routine Colonoscopy > 13 weeks	Black
		Finance	Black
St. Vincent's Hospital	Michael Keane	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
Wexford General Hospital	Lily Byrnes	Routine Colonoscopy > 13 weeks	Black
National Maternity Hospital	Dr Rhona Mahony (Master)	Finance	Black
<b>Dublin Midlands Hospital Group (Accountable Officer – Susan O'Reilly CEO)</b>			
Midland Regional Hospital Portlaoise	Michael Knowles	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Midland Regional Hospital Tullamore	Orlagh Claffey	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Naas General Hospital	Alice Kinsella	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. James's Hospital	Lorcan Birthistle	Prostate Cancer within 20 days	Red
		Breast Cancer within 2 weeks	Red
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
Tallaght Hospital	David Slevin	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St Luke's Radiation Oncology Network	Dr Orla McArdle	Radiotherapy	Red
<b>RCSI Hospital Group (Accountable Officer – Ian Carter CEO)</b>			
Beaumont Hospital	Ian Carter	Lung Cancer within 10 working days	Red
		Finance	Black
Connolly Hospital	Margaret Boland	Finance	Black
Louth County Hospital	Louise O'Hare	Routine Colonoscopy > 13 weeks	Black
Our Lady of Lourdes Hospital Drogheda	Catrina Crowley	ED > 24 hours	Black
Rotunda Hospital	Prof Fergal Malone (Master)	Finance	Black
<b>South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO)</b>			
Cork University Hospital	Tony McNamara	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red

<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
		Radiotherapy within 15 working days	Red
		Breast Cancer within 2 weeks	Red
Mercy University Hospital Cork	Sandra Daly	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Black
University Hospital Kerry	Maria Godley	ED > 24 hours	Black
University Hospital Waterford	Richie Dooley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
Mallow General Hospital	Claire Crowley	Urgent Colonoscopy	Black
<b>University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO)</b>			
University Hospital Limerick	Colette Cowan	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
		Routine Colonoscopy > 13 weeks	Black
University of Limerick Hospital Group including (ULH/UMLH/Nenagh/Ennis) and St John's Hospital Limerick	Colette Cowan/Dr Fearghal Grimes	Finance	Black
<b>Saolta Hospital Group (Accountable Officer – Maurice Power CEO)</b>			
Galway University Hospitals	Chris Kane	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
Letterkenny General Hospital	Sean Murphy	Breast Cancer within 2 weeks	Red
Mayo General Hospital	Catherine Donohoe	Routine Colonoscopy > 13 weeks	Black
Sligo Regional Hospital	Grainne McCann	Finance	Black
Portiuncula Hospital	James Keane	Finance	Black
		Routine Colonoscopy > 13 weeks	Black
<b>Children's Hospital Group (Accountable Officer – Eilish Hardiman CEO)</b>			
Our Lady's Children's Hospital Crumlin	Helen Shortt	Routine Colonoscopy > 13 weeks	Black
National Children's Hospital Tallaght	David Slevin	Urgent Colonoscopy	Black

<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
<b>CHO 1 (Accountable Officer – John Hayes)</b>			
Primary Care	John Hayes	OT Assessment waiting list ≤ 52 weeks	Red
<b>CHO 4 (Accountable Officer – Ger Reaney)</b>			
Primary Care	Ger Reaney	OT Assessment waiting list ≤ 52 weeks	Red
Social Care	Ger Reaney	Assessment of Need (Disability Act Compliance) and Network Teams	Red
<b>CHO 5 (Accountable Officer – Aileen Colley )</b>			
Primary Care	Aileen Colley	OT Assessment waiting list ≤ 52 weeks	Red
<b>CHO 6 (Accountable Officer – Martina Queally )</b>			
Primary Care	Aileen Colley	OT Assessment waiting list ≤ 52 weeks	Red
<b>CHO 7 (Accountable Officer – David Walsh)</b>			
Social Care	David Walsh	Assessment of Need (Disability Act Compliance) and Network Teams	Red
<b>CHO 8 (Accountable Officer – Pat Bennett)</b>			
Primary Care	Pat Bennett	OT Assessment waiting list ≤ 52 weeks	Red
<b>CHO 9 (Accountable Officer – Gerry O’Neill)</b>			
Social Care	Gerry O’Neill	Assessment of Need (Disability Act Compliance) and Network Teams	Red
<b>Social Care (Accountable Officer – Pat Healy)</b>			
Social Care (Disabilities)	Pat Healy	Finance	Red

# Appendices

## Appendix 1: Performance and Accountability Framework

The NPOG will seek assurance, on behalf of the Director General, that National Directors are delivering against priorities. The NPOG will explore, with relevant National Director whether appropriate and timely remedial actions are being taken to address areas of underperformance.

Under the Performance and Accountability Framework there is provision for the formal escalation of individual Hospital Groups, CHOs or other services that are underperforming. Escalation reflects an increased level of concern in relation to performance which requires more intense focus, action and scrutiny in order to bring about improvement.

In the context of the Escalation and Intervention Framework underperformance also includes performance that:

- Places patients or service users **at risk**
- **Fails** to meet the **required standards** for that service
- **Departs** from what is considered **normal practice**.

Performance management and the operation of the Performance and Accountability Framework is expected to be a process managed primarily at the level of the National Ambulance Service, Hospital Groups, CHOs and the PCRS.

There are four levels of escalation

<b>Level 1 (Yellow)</b>	<p><b>A variance emerges.</b> A variance from plan is identified and intervention and support in response to early signs of difficulty is managed at a local level</p>	A decision to escalate an area of underperformance in individual services under their remit <b><i>is made by</i></b> CHO Chief Officers, Hospital Group CEOs or the Head of PCRS.
<b>Level 2 (Amber)</b>	<p><b>The problem persists.</b> It becomes harder to fix and potentially spreads to other organisations. Intervention and support are required at HG or CHO level</p>	A decision to escalate an area of underperformance in individual CHOs, or Hospital Group <b><i>is made by</i></b> the relevant National Director.
<b>Level 3 (Red)</b>	<p><b>The problem becomes critical.</b> The performance issue persists and the level of management responsible has failed to reverse underperformance. Support and / or intervention are required by NPOG.</p>	A decision to escalate an area of underperformance in individual National Divisions <b><i>is made by</i></b> the NPOG in agreement with the relevant National Director. NPOG are responsible in agreement with the relevant National Director for determining the supports, interventions required and for recommending sanctions to Director General.
<b>Level 4 (Black)</b>	<p><b>Prolonged underperformance puts quality, safety and financial sustainability at risk.</b> The actions determined by NPOG do not achieve the necessary impact and action is required by the Director General</p>	A decision to escalate underperformance of individual National Directors/ Divisions <b><i>is made by</i></b> the Director General on the basis of a recommendation by the NPOG.

## Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
Primary Care	% of audiology patients on waiting list for treatment ≤ to 52 weeks % of audiology patients on waiting list for treatment ≤ to 12 weeks	Non Return CHO 5 (Carlow/Kilkenny & South Tipperary )
Primary Care	Oral Health (% of new patients who commenced treatment within three months of assessment)	Non Return – CHO 2 (Roscommon, Galway) CHO 3 (Clare, Limerick, North Tipp/East Limerick) CHO 7 (Kildare/West Wicklow)
Primary Care	PHN (% of new patients accepted onto the caseload and seen within 12 weeks)	Non return – CHO4 North Lee CHO 5 (Carlow/Kilkenny, South Tipp) CHO 6 (Dublin South East) CHO 7 (Dublin South West, Dublin West, Kildare West Wicklow) CHO 8 (Laois Offaly, Longford Westmeath, Louth, Meath) CHO 9 (Dublin North Central)
Primary Care	% of psychology patients on the waiting list for treatment ≤ to 52 weeks % of psychology patients on waiting list for treatment ≤ to 12 weeks	Non Return – Louth
Primary Care	Child Health (% new borns visited within 72 hours)	Non Return CHO 5 (South Tipperary)
Primary Care	Child Health (% new borns visited within 72 hours)	Non Return CHO 7 (Dublin South City, Kildare West Wicklow)
Palliative Care	Specialist Palliative Care Services	Non Return – CHO 6 (Wicklow) CHO 9 (Dublin North Central)
Social Inclusion	Substance Misuse & Alcohol Misuse Access to substance misuse treatment (over 18 years) Access to substance misuse treatment (under 18 years)	Non Return for all of CHO 4
Mental Health	General Adult Teams - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 2 - 1 team CHO 5 – 1 team CHO 8 – 1 team
Mental Health	General Adult Teams - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 2 - 1 team CHO 5 – 1 team CHO 8 – 1 team
Mental Health	General Adult Teams - % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 2 - 1 team CHO 5 – 1 team CHO 8 – 1 team
Mental Health	Psychiatry of Old Age - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 7 – 1 team
Mental Health	Psychiatry of Old Age - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 7 – 1 team

Division	Metric Name	Data Coverage Issue
Mental Health	Psychiatry of Old Age - % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 7 – 1 team
Acute Hospitals	% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Data not available
Acute Hospitals	% of Hospitals with implementation of NEWS in all clinical areas of acute Hospitals and single specialty hospitals	Data not returned for the following hospitals, Mater, Croom, Tallaght Adults Louth, Our Lady of Lourdes Drogheda, Bantry, Cork University Hospital and University Hospital Limerick
Acute Hospitals	% of maternity units/ hospitals with implementation of IMEWS	Data not returned for Our Lady of Lourdes Drogheda
Acute Hospitals	HCAI Rates - Staph. Aureus & C Difficile	Cavan & Monaghan data not returned

## Appendix 3: Hospital Groups

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital - Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady’s Hospital - Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West Hospital Group	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent’s University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
RCSI Hospital Group	Beaumont Hospital including St Josephs		Mercy University Hospital Cork
	Cavan General Hospital		South Tipperary General Hospital
	Connolly Hospital		South Infirmary University Hospital Cork
	Our Lady of Lourdes Hospital Drogheda		Waterford Regional Hospital
	Rotunda Hospital		Saolta Hospital Group
University of Limerick Hospital Group	Croom Hospital	Letterkenny General Hospital	
	Ennis Hospital	Portiuncula Hospital General & Maternity Ballinasloe	
	Nenagh Hospital	Mayo General Hospital	
	St John's Hospital	Roscommon County Hospital	
	University Hospital, Limerick	Sligo General Hospital	
University Maternity Hospital			
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children’s Hospital, Tallaght		



## Appendix 4: Community Health Organisations

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