



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

February 2015



Accountability Framework 2015

The February Performance Report for 2015 reflects the strengthened accountability processes that have been put in place as part of the new **Accountability Framework** and **Balanced Scorecard** approach which will be the basis for the Performance Reports each month.

This enhanced governance and accountability framework for 2015 makes explicit the responsibilities of all managers to deliver on the targets set out in the National Service Plan.

The Balanced Scorecard

The Balanced Score Card is an approach to strategic performance measurement and management that is designed to improve overall organisational performance by linking service delivery to the organisation's strategic priorities.

The HSE's Balanced Score Card looks at performance in four ways;

1. **Access** to services;
2. The **quality** and **safety** of those services,
3. **Financial** resources expended to provide services
4. **Workforce** and Human Resources.

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

The introduction of this Framework is an important development and one which will support the implementation of our new health service structures, the Community Healthcare Organisations and the Hospital Groups.

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Performance Overview

Introduction

Implementation of the Accountability Framework 2015 continued during February and Performance Agreements are in place between the Director General and the Divisional National Directors.

Performance Management arrangements are being finalised with the Hospital Groups and the Community Healthcare Organisations.

Throughout the month of February, the healthcare system continued to experience significant demand for both hospital and community services. While overcrowding in our hospitals has eased since January and is trending downwards, it remains higher than at this point last year and patients continue to experience lengthy delays in emergency departments.

The number of delayed discharges has fallen from a peak of 850 on 4th January to 705 at the end of February. Additional funding of €74m has been provided to alleviate pressures in acute hospitals and in particular to provide additional nursing home placements.

In mental health services, difficulty in filling staff vacancies remains a significant challenge to the delivery of timely and appropriate care.

Financial management is a key focus in 2015. Potential risks to breakeven at the end of the year are currently being assessed and remedial actions sought.

Accountability Framework

In line with the Accountability Framework 2015, the Escalation process was activated in April for areas of underperformance in respect of February data.

Escalation took place in relation to financial underperformance for Social Care.

In Acute Hospitals escalation took place in respect of financial underperformance and waiting lists as well as colonoscopy breaches. Remedial action plans and financial recovery plans have been requested in respect of individual underperforming hospitals

The response to underperformance will be differentiated and includes:

Staffing decisions

Monitoring of improvement actions

Access to additional funding for development and capital funding

Participation in additional activities

Further detail in relation to the escalation process will be reported on in the March performance report.

Summary by Service Area

The summary by service area provides an overview of the February position for activity performance under quality and access for Hospital, Pre Hospital and Community Health services.

Acute Hospitals Services

Emergency Departments

Emergency Departments remained under pressure during the month of February. The highest number of patients recorded during February on trolleys peaked at 446 on 18th February.

Of the ED attendances reported through Patient Experience Time (PET) during February, 54,473 or 65.5% were either admitted or discharged within 6 hours and 66,019 or 79.3% within 9 hours. A total of 4,079 or 4.9% patients attending ED experienced delays of over 24 hours, an increase over the January figure of 4%.

Overall emergency attendances year to date are 2.1% (4,370) less than the same period in 2014 though the daily average attendance is up 5% (+177 per day) in February 2015 when compared to January 2015. Emergency admissions for February show a daily average of 1,242 which was also slightly up on January (1,222). Overall emergency admissions data indicates a decrease in activity by approximately 4.7% (3,598) when compared to the data provided for the same period in 2014.

It should be noted however that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

However the age profile of patients attending and being admitted to hospitals during the month has also changed considerably with a significantly higher number of frail elderly patients with complex medical needs. The number of patients who had finished their acute stay and whom were deemed to require alternative care either long term care, rehabilitation or home care support was recorded at 705 at the end of February. The term “delayed discharges” is used to describe this delay.

The number of delayed discharges has fallen from a peak of 850 on 4th January to 705 at the end of February. Additional funding of €74m has been provided to alleviate pressures in acute hospitals and in particular to provide additional nursing home placements.

There has been an improvement in the average length of medical delayed discharges from 7.1 in January to 7 in February. The average length of stay of all discharges, including surgical is 5.5 in February. The number of delayed discharges continues to impact on medical average length of stay.

Emergency Department overcrowding continues to be a key area of focus.

In February 63% ambulances were clear within 30 minutes and 94% were clear in 60 minutes. However all hospital groups experienced ambulances delayed at points for more than 2 hours in February.

An implementation group between acute hospitals and National Ambulance Service is working to improve performance and ensure the appropriate operating procedures are in place to address ambulance turnaround times.

Waiting Lists

The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest so that by year end nobody will wait longer than 18 months at the end of June, and with no patients waiting longer than 15 months by year end for an inpatient, day case treatment or for an outpatient appointment.

71.6% of adults were waiting less than 8 months for an inpatient or day case procedure during the month. There were 1,105 adults (1.9%) waiting greater than 18 months and 231 adults (0.4%) waiting greater than 24 months.

56.2% of children were waiting less than 20 weeks for an inpatient or day case procedure in February and there were 64 children (1.1%) waiting greater than 18 months and 10 children (0.2%) waiting greater than 24 months.

82.1% of patients were waiting less than 52 weeks for an outpatient appointment. 27,001 patients (6.8%) were waiting over 18 months and 8,272 patients (2.1%) were waiting over 24 months.

A structured approach has been put in place to oversee the achievement of the national targets for waiting lists at hospital group level.

Colonoscopy

There is a 4 week access target for an urgent colonoscopy and a policy of zero tolerance applies to any breaches. At the end of February it was reported that 114 people did not have their procedure within 4 weeks. These 114 breaches were across three hospitals: St. Vincent's University Hospital 10, Tallaght Hospital 101 and Letterkenny General 3. Of the 114 reported Urgent Colonoscopy waiting over 28 days in February, 104 of these patients were new breaches compared to the number of 22 reported at the end of January.

As of 23rd March 107 of these patients have had their procedure. The procedure was complete for the remaining 7 by 14th April.

Cancer Services

Nationally cancer services continue to develop and results show:

- Symptomatic breast cancer – 94.5% (1,124 of 1,189 attendances) seen within 2 weeks (target 95%)
- Lung cancer assessment – 89.0% (235 of 264 attendances) within 10 working days (target 95%)
- Prostate rapid access service – 64.8% (138 of 213 attendances), within 20 working days (Target 90%) There have been additional consultant appointments made [due to be filled in April and June 2015] to deal with capacity issues in Waterford. There has also been a submission from Cork to have an additional consultant appointed.
- Radiotherapy – 87.7% (264 of 301 attendances) within 15 working days

The national results do however mask some low performance areas in specific sites and for specific cancer areas. These are actively being followed up and action plans being developed.

Pre Hospital Emergency Services

Advanced Quality Assurance Audits were carried out in all ambulance control centres

The percentage of ECHO calls which arrived at scene within 18 minutes 59 seconds was 78% (January data) against a target of 80%. North Leinster exceeded the target, with a result of 83%.

The percentage of DELTA calls which arrived at scene within 18 minutes 59 seconds was 65% (January data) against a target of 80%.

2,954 people were transported by intermediate care vehicle (ICV), this equates to 77% of all calls. The target is >70%.

Community Healthcare Services

Health & Wellbeing

Child Health

At the end of February 92.3% (9,818 out of 10,637) of children reaching 10 months have completed their child health developmental screening.

Smoking

The number of smokers who received intensive smoking cessation support was 2,154 for January and February combined.

Screening

Screening activity up to the end of February shows that:

- 23,882 women have had a mammogram screen as part of BreastCheck screening
- 52,756 women have had a cervical smear test through CervicalScreen
- 10,385 people with diabetes have had a retina screen as part of Diabetic RetinaScreen

Primary Care

Community Intervention Teams (CIT) had 1,443 contacts with people requiring service in the community in February, 267 more than in February 2014. In addition 151 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services.

425 primary care team arrangements are in place which enables primary care providers to coordinate care for patients. Of these 272 are considered structured Primary Care Teams (PCTs), where formal clinical meetings take place with the GP in attendance.

Of those who applied for a medical or GP visit card in 2015 96% were processed within 15 days. 1,758,050 people have a medical card and 160,004 a GP visit card.

General Practitioners out of hour services (GPs) received 80,661 contacts outside their core hours of work.

Palliative Care

3,162 people received specialist palliative care in their place of residence in the community. 86.6% (627) of the patients referred for this service in February were provided with this within 7 days against a target of 95%. 12.8% (93) received the service within 8-28 days.

411 patients received treatment in specialist palliative care inpatient units. 96.9% (248) of patients referred for a service in February were admitted within 7 days of referral against a target of 98%. 2.3% (6) received the service within 8-28 days.

340 children received an outreach palliative care service.

Mental Health

The level of vacancies and difficulty in recruiting and retaining skilled staff poses a significant challenge to service provision, quality and access, particularly in Child and Adolescent Mental Health services.

The temporary solution to this risk is the use of agency staff and overtime which also presents challenges in meeting targets in the area of finance and workforce. Additionally, there is now an increasing difficulty in accessing agency medical staff with resulting vacant posts adding to this challenge.

Mental Health services, Adult and Older Persons

75% of adult's mental health referrals which were accepted were seen within 12 weeks, on target.

92% of people who had their referral accepted by the psychiatry of old age service were seen within 12 weeks against a target of >95%.

Child and Adolescent Mental Health

In 2015, the objective for improved performance for the year is for >72% of accepted referrals to Child and Adolescent Community Mental Health Teams to be seen within three months together with an overall 5% reduction in the waiting list combined with a position where no-one is waiting over 12 months at end of December 2015.

In February, 74% of children and adolescents with accepted referrals, were seen within 12 weeks against a target of >72%.

In February, there were 1,701 children and adolescents waiting for a first appointment for longer than three months, of which, 438 children or adolescents were waiting more than 12 months.

Social Care

Disability Services

Significant reform of disability services is underway, and reform programmes such as the 0-18s disability programme, the transition of clients from congregated to community settings, and the VFM programme have appropriate project management structures in place to monitor and manage progress. Progress against the agreed action plan for each, along with progress on the balanced scorecard is used in monthly performance reviews with Chief Officers.

The quality and safety of our services is paramount. In late 2014, serious allegations of totally unacceptable behaviour and attitudes towards residents in Unit 3, Aras Attracta were brought to our attention. As soon as we became aware of the serious issues, immediate action was taken including putting in place the arrangements to ensure a safe and caring home for the residents in Aras Attracta, ongoing communication and meetings with families of the residents involved and carrying out a full assurance review of all of the units in the facility under an independent chairman.

Disability Act Compliance:

The Disability Act 2005 provides for an assessment of the needs of children under the age of six who are considered to have a disability. The assessment of need is carried out or arranged by Assessment of Need Officers. The Act provides that the assessment must be started within 3 months of receipt of a completed application and must be completed within a further three months. The target for this is that 100% of assessments will be completed within the timeframes outlined in the regulations. Performance against this is monitored quarterly.

Older Persons services

13,407 people received a home care packages in February 2015.

791,523 home help hours were provided in February (daily average (28 days) – 28,268.67). 831,830 provided in January (daily average (31 days) – 26,833.22). The overall expenditure in Home Help and Home Care Packages is over target at the end of February 2015. Some activity variation is visible in the monthly report due to the payroll variations associated with the shorter month. The delivery of HCPs were prioritised over the winter to assist in hospital discharges and the higher costs associated reflect the increasing level of dependency of patients supported with HCPs and subsequent service requirements to enable discharge during this period of increased demand.

187 new referrals for Elder Abuse were received, 25.2% of which are categorised as psychological abuse and 20.5% as financial abuse. The YTD total for new referrals stands at 397.

Quality Assurance and Verification

As described in the National Service Plan 2015, the National Quality Assurance and Verification Division (QAV) was established as a key component of the HSE's Quality Enablement Programme. This Programme is designed to strengthen both the Improvement and Assurance aspects of Quality.

Some key developments of the Division progressed during February 2015 include:

Health Care Audit

- The healthcare audit function has transferred to QAV and is a core element of the overall approach to quality assurance

National Incident Management and Learning Team (NIMLT)

- NIMLT has transferred to QAV and is supporting Divisions in managing a range of serious incidents.
- NIMLT is also delivering training in Safety Incident Management and System Analysis Investigations.

Serious Reportable Events (SREs)

Formal reporting of SREs commenced in March 2014. There were 84 reports from that time up to the end of February 2015. There were 17 new Serious Reportable Events notified in February of which 7 occurred in February 2015. Progress on reporting and investigation of SREs continues to be monitored on a monthly basis and reporting is improving month on month.

Financial overview

Summary Financial Overview (see detailed overview page 99)

Budget 2015 provides a more realistic funding level for the health services as part of a two year programme to put the health services on a more sustainable financial footing. The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 **budget**. It provides funding levels similar to 2008/2009. Health services net **costs** can increase by a maximum of €77m in 2015 which is approximately 0.5%.

The national service plan (NSP2015) set out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identified that in addition to this €130m the health services had a further residual financial challenge of circa €100m based on the projected 2014 closing expenditure level. Given the final 2014 expenditure level this residual challenge is now circa €140m.

This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

Financial Performance in February 2015

	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	Variance €'000	% Var Act v Tar
Acute Hospitals Division	4,001,406	677,904	650,197	27,708	4%
National Ambulance Service	144,139	22,895	22,761	135	1%
Health & Wellbeing Division	201,379	28,367	29,116	(749)	-3%
Primary Care Division (Note 1)	941,789	153,650	151,673	1,978	1%
Mental Health Care Division	756,956	119,729	119,596	133	0%
Social Care Division	2,989,676	496,398	482,671	13,727	3%
National Cancer Control Programme	10,664	467	431	36	8%
Clinical Strategy & Programmes (incl NMPDU)	30,059	2,766	3,714	(947)	-26%
Quality Improvement Division	7,701	559	911	(351)	-39%
National Services	294,557	41,254	42,503	(1,249)	-3%
Total Direct Service Provision	9,378,325	1,543,991	1,503,572	40,419	3%
Statutory Pensions	432,905	69,971	68,347	1,624	2%
Pension Levy	(220,870)	(35,841)	(35,791)	(50)	0%
Statutory Pensions & Statutory Pension Levy (Note 2)	212,034	34,130	32,556	1,575	5%
State Claims Agency	96,000	22,303	20,701	1,602	8%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	392,648	379,315	13,333	4%
Demand Led Local Schemes (Note 1)	218,338	37,559	35,603	1,956	5%
Non Core Services (Note 2)	2,582,446	452,510	435,619	16,891	4%
Non Core Services Provision (Note 2)	2,794,481	486,640	468,175	18,465	4%
Held Funds	8,194				
Accelerated Income (Note 3)	(50,000)				
Grand Total	12,131,000	2,030,631	1,971,747	58,885	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,378,325	1,543,991	1,503,572	40,419	3%

Note 1: Demand Led Services includes PCRS, Demand Led Services and the State Claims Agency

Note 2: The non core services listed above are demand driven

Note 3: This represents a HSE cash acceleration target

As of February 2015 the health service has recorded net spend on an income and expenditure basis of €2.030 billion against a budget of €1.971 billion. This leads to a total deficit of €58.8m of which €18.4m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €40.4m within core services primarily within Acute Hospitals and Social Care.

Service Level arrangements - Position as at 7th April 2015

- 2014 Service Arrangements are completed for 2,678 out of 3,084 (86.8%)
- 2014 Service Arrangements are completed for €3,007m out of €3,178m (94.6%)

Conclusion

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

However the sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions in January and February that the plan requires in part because our focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed.

The impact of unfunded regulatory driven pressures is also a significant factor within the disability and elderly services that make up social care.

The €40.4m February deficit in our core services is located entirely within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.

Human Resources Overview

Employment Indicative workforce number Compliance/Pay Envelopes

A funded workforce baseline is being completed. This will include the equivalent workforce numbers for direct, agency and overtime funded pay. This information will in future reports form the basis of an assessment of reported WTEs and pay costs.

An initial indicative direct funded employment workforce number of 99,541 WTEs has been identified, but this is under review and may change when budgets and affordability is further assessed.

The Health Sector is 561 WTEs above this initial direct employment indicative workforce number of 99,541 WTEs.

Most Divisions are below or marginally above their direct funded employment indicative workforce number. Acute Services are some 620 WTEs above their 2015 average direct funded employment indicative workforce number level with employment growth of +509 WTEs YTD.

WTE Overview by Division	WTE Jan 2015	Indicative workforce number Feb 2015	WTE Feb 2015	WTE Change since Jan 2015	WTE Variance Feb 2015	% WTE Variance Feb 2015
Acute Services	49,841	49,631	50,251	+410	+620	+1.3%
Ambulance Services	1,613	1,611	1,603	-10	-8	-0.5%
Health & Wellbeing	1,236	1,279	1,235	-1	-44	-3.4%
Primary Care	10,089	10,344	10,130	+41	-214	-2.1%
Mental Health	9,273	9,262	9,332	+60	+70	+0.8%
Social Care	24,834	24,816	24,935	+100	+119	+0.5%
Corporate & HBS	2,618	2,598	2,615	-2	+17	+0.7%
Total Health Service	99,505	99,541	100,102	+598	+561	+0.6%

Absence Rates

Latest monthly National Absence rate for December 2014 is **4.33%**, up on last month reflecting seasonal factors, and the lowest for the month of December to date. This compares with previously published December rates of 5.77% (2008), 5.03% (2009), 4.86% (2010), 5.09% (2011), 4.78% (2012) and 4.71% (2013). In addition to continued management focus on attendance management, the impact of the changes to the paid sick leave scheme effective from the 31st March this year, appear to have accelerated the downward trend seen over the last number of years.

New Service Developments

There are some 765 WTEs of new service developments planned or in process to be filled rolled forward from 2014. These reflect posts still outstanding from agreed services developments over the period 2010 to 2014.

European Working Time Directive

In February 2015 hospitals nationally have reported a 93.9% compliance rate with a maximum 24 hour shift for all NCHD's. 14 hospitals are 100% compliant in February with a further 16 hospitals reporting compliance at 90% or above. 6 hospitals are reporting below 90% compliance – Mullingar (51%), Louth County (33%), Tullamore (80%), Portlaoise (84%), Portlincula (88%), and Mayo (89%)

In February 2015 hospitals nationally have reported a 68% compliance with an average 48 hour working week for all NCHD's. 4 hospitals are 100% compliant (Cappagh, Eye & Ear, St. Columcille's, Rotunda,). 7 hospitals are reporting below 50% compliance – Coombe (19%), Portlaoise (43%), Tallaght (47%), Louth County (33%), OLOL (28%), Portlincula (36%), and Tullamore 46%



Hospital & Pre Hospital Care



Acute Services



Acute Services

The reorganisation of the acute hospital system is a HSE reform priority in line with Government policy. The Hospital Groups continues to develop and progress the recommendations and associated governance and management arrangements of the report *The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts*.

Forty eight acute hospitals form the seven Hospital Groups that provide the broad range of inpatient, outpatient, emergency and diagnostic services for a population of almost 4.6m people. Ireland is ageing faster than the rest of Europe and this is having the highest impact on demand for services.

The National Cancer Control programme (NCCP) will continue to implement the strategy for cancer control in Ireland and to plan, support and monitor the delivery of cancer services nationally.

Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Surgery	% day case for Elective laparoscopic Cholecystectomy	>60%	40.0%	-33.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	87.0%	-8.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	93.5%	-1.6%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	90.2%	-5.0%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	59.7%	-33.7%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	86.5%	-3.9%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	71.6%	-28.4%
	% of children waiting <20 weeks for an elective procedure	100%	56.2%	-43.8%
Inpatient admissions	Elective inpatient admissions	15,817	15,729	-0.6%
	Emergency inpatient admissions*	76,694	72,693	-5.2%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	82.1%	-17.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.6	-30%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	66.1%	-30.4%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	79.9%	-20.1%
	% of all attendees at ED who are in ED >24 hours	0%	4.5%	-4.5%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	69%	-1.4%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	5% red	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	58.2%	-40%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	92.8%	-7.2%
Delayed Discharges	% reduction of people subject to delayed discharges	15% red	-15.4%	-15.4%
Discharges	No of inpatient discharges	107,060	103,115	-3.7%
	No of day case discharges	138,251	139,481	0.9%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	Data Not Available
ALOS	Medical ALOS	5.8	7.2	-22.4%
	Surgical ALOS	5.1	5.4	-5.9%

*It should be noted that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€650,197	€677,905	€27,708(4%)
	• Pay	€535,655	€552,085	€16,430(3%)
	• Pay – Agency	€24,997	€36,762	€11,795(47%)
	• Pay – Overtime	€24,656	€27,174	€2,517(10%)
	Non Pay	€ 242,294	€ 255,721	€13,427(6%)
	Income	€-144,721	€-147,074	€2,353(2%)
NCCP	Net expenditure	€431	€467	€36 (8%)
Service Arrangements	% and number of 2014 Service Arrangements signed	100%	17(100%)	0.0%
	€ value of 2014 Service Arrangements signed	100%	€1,698,166,153	0.0%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.10%	17%
Absence Staffing levels and Costs	Medical/Dental	3.50%	0.80%	-77%
	Nursing	3.50%	4.80%	37%
	Health and Social Care Professional	3.50%	3.00%	-14.20%
	Management/Administration	3.50%	3.80%	8.50%
	General Support Staff	3.50%	5.20%	48%
	Other Patient and Client Care Staff	3.50%	6.30%	80%
	% variance from HSE workforce Indicative workforce number(within approved funding levels)	≤0% (49,631)	50,251	620(1.3%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%		
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%		

Data quality and validity

All hospitals have completed returns for February 2015.

St. James's has reclassified day case and inpatient admissions from January 2015.

St. Luke's Radiation Oncology Network has submitted previously unreturned day case activity which has resulted in a significant increase in day cases being reported in 2015. This additional day case activity has now been submitted for 2014 and is reflected in outturn 2014 and SPLY (same period last year). The additional activity is not reflected in the 2015 target for day cases.

Waterford Breast Cancer data not available for February

Limerick Prostate Cancer data not available for February

Cork Radiotherapy data not available for February

Acute Services Heat Map

	National	Ireland East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
Quality	Surgery – % day case for Elective Laparoscopic Cholecystectomy (>60%)	40%	44%	81%	38%	40%	6%	16%
	Hip Fracture – % Emergency Surgery Within 48 hours (95%)	87%	85%	88%	79%	91%	94%	88%
	Surgical Readmission rates (<3%)	2%	2%	3%	2%	2%	1%	2%
	Emergency Medical Readmission rates (<9.6%)	11%	11%	11%	11%	10%	9%	11%
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals (95%)		100%	98.5%	100%	Data Gap	95.8%	92.2%
	Cancer Services – Lung within 10 working days (95%)	90.2%	100%	97.3%	100%	80.2%	85.0%	82.9%
	Cancer Services – Prostate within 20 working days (90%)		43.2%	87.7%	97.8%	9.6%	Data gap	82.8%
	Cancer Services – Radiotherapy within 15 working days (90%)			84.8%		Data gap		89.7%
Access	Inpatient/Day Case waiting times – % Adult waiting < 8 months (100%)	71.6%	70.7%	65.0%	68.6%	71.7%	85.9%	75.0%
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks (100%)	56.2%	56.7%	53.2%	41.1%	61.2%	67.8%	57.1%
	Outpatients – % people waiting < 52 weeks (100%)	82.1%	89.8%	71.5%	89.7%	75.7%	89.1%	75.8%
	Outpatients – New: Return ratio (1:2)	1 : 2.6	1 : 2.3	1 : 3.0	1 : 2.8	1 : 2.8	1 : 3.0	1 : 2.3
	Emergency Care – 6 hour PET (95%)	66.1%	67.4%	54.3%	59.9%	67.5%	55.1%	68.0%
	Emergency Care – 9 hour PET (100%)	79.9%	80.7%	71.1%	74.2%	80.2%	70.2%	82.8%
	Emergency Care – patients in ED GT 24 hours (0%)	4.5%	4.8%	5.2%	7.8%	4.1%	8.0%	2.6%
	Surgical DOSA (70%)	69%	79%	61%	55.0%	75%	79%	55%
	Surgical – Reduction in bed days utilisation (5% reduction)		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	GI – % waiting < 13 weeks routine colonoscopy/ODG (100%)	58.2%	75.6%	38.7%	50.1%	67.2%	84.3%	87.2%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy (100%)	92.8%	96.4%	77.5%	100%	100%	100%	97.7%
	Delayed Discharges (15% reduction)	-15.4%	-11.5%	-16.9%	-18.3%	-8.0%	21.6%	-
	Ambulance Turnaround times (100%)		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	ALOS – Medical (5.8 days)	7.2	7.8	7.5	8.0	6.6	5.8	7.0
	ALOS – Surgical (5.1 days)	5.4	6.3	6.8	5.5	4.5	3.6	5.1

		National	Ireland East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
Finance	% variance – from budget	4%	4%	4%	6%	2%	5%	5%	2%
	% variance – Pay	3%	3%	3%	4%	2%	4%	3%	2%
	% variance – Pay Agency	47%	36%	72%	35%	36%	47%	69%	44%
	% variance – Pay Overtime	10%	16%	15%	15%	-1%	9%	5%	11%
	% variance – Non pay	6%	6%	6%	2%	5%	7%	7%	3%
	% variance – Income	2%	3%	0%	-8%	7%	6%	4%	7%
	% variance of 2014 SA signed (100%)	100%	100%	100%	100%	100%	100%	100%	100%
	& variance € value of 2014 SA signed (100%)	100%	100%	100%	100%	100%	100%	100%	100%
HR	% absence rates rate – Medical Dental (3.5%)	0.80%	0.80%	0.7%	0.70%	0.90%	0.80%	0.50%	1.70%
	% absence rates rate – Nursing (3.5%)	4.80%	4%	4%	5.00%	5.00%	5.80%	4.70%	4.6%
	% absence rates rate – Health and Social Care (3.5%)	3.00%	3.10%	2.6%	2.70%	2.70%	5.20%	3.30%	3.50%
	% absence rates rate – Management/Admin (3.5%)	4%	4%	4.1%	4%	4%	5.80%	4%	4.80%
	% absence rates rate – General Support Staff (3.5%)	5.20%	4.5%	4%	5.10%	5.60%	9.20%	5.10%	6.80%
	% absence rates rate – Other Patient and Client Services (3.5%)	6.30%	5.40%	5.70%	7.70%	6.00%	7.90%	4.80%	4%
	Variance from Indicative workforce number (≤0%)	1.3%	1.1%	1.0%	1.90%	2.0%	1.70%	0.20%	0.70%
	EDWT – <24 hour shift (100%)		95%	95%	94%	95%	90%	95%	93%
EDWT – <48 hour working week (100%)		72%	54%	47%	81%	83%	74%	65%	

Performance RAG Rating

Red ● > 10% of target
Amber ● > 5% ≤ 10% of target
Green ● ≥ 5% of target
Grey ● No result expected

Finance RAG Rating

Red ● 0.5% > of target
Amber ● ≥ 0.25% < 5% of target
Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
Amber ● ≥ 4.02% < 4.73%
Green ● < 4.02%

HR – Indicative workforce number

Red ● ≥ 1.5% of target
Amber ● ≥ 0.5% < 1.5% of target
Green ● < 0.5% of target

Acute Services Update

Quality

Serious Reportable Events

- Number of events reported in February 2015 was 54
- 6 New SRE's were reported in February 2015.
- In 38 cases (70%) the 4 month target for completion of investigations are non compliant
- 21 of the 49 hospitals have reported Serious Reportable Events. That means 28 hospitals have no SREs reported.
- In 13 cases SRE classification code has been reported as 'to be confirmed'

Of these 4 events occurred and were reported in February 2015 and 2 events occurred in January 2015 and were reported in February 2015

The % of emergency readmissions to the same hospital within 28 days (Target $\leq 9.6\%$)

- February 2015 10.0% (February 2014 10.0%, No Change)
- February YTD 2015 11.0% (February YTD 2014 11.0%, No Change)
- January 2015 reported at 10% therefore there has been an improvement of 1% in performance since the last reporting period
- Variance from target -14.6%

The following hospitals have reported a result above 11% in February - 16% Bantry, 15% Mayo. 14% Portiuncula, 13% Connolly, 13% St Lukes Kilkenny, 12% Wexford, Sligo, Kerry & Letterkenny

The % of surgical readmissions to the same hospital within 30 days (Target $< 3\%$)

- February 2015 2%(January 2015 2%, No Change)
- February YTD 2015 2%(February YTD 2015 2%, No Change)
- No change from last reporting period in January 2015 remaining at 2%
- Variance below target is 33%

The following hospitals have reported above the target of 3% - Mullingar remain high again in February at 5%, along with OLOL at 5% and CUH at 4%

Cancer Services

The % of people with symptomatic breast cancer seen within 2 weeks (Target 95%)

- February 2015 94.5% (1,124 of 1,189 attendances), (February 2014 89.5%, Change 5.0%)
- February YTD 2015 93.5% (2,320 of 2,481 attendances) (February YTD 2014 92.4%, Change 1.1%)
- Last reported period January 2015 reported at 92.6% therefore a 1.9% improvement in performance
- Variance from target -1.6%

No data received from Waterford centre.

Letterkenny reporting 60% (15 of 25 attendances seen, 24 should have been seen to achieve target) in February compared to 78.9% in January. Cork reporting 76.3% in February an improvement compared to 64.3% in January.

The service in Cork is working through a high volume of urgent referrals received during January and is aiming to be back within target soon. Discussions still taking place with hospital group in relation to capacity issues in Letterkenny.

The % of people with access to lung cancer assessment within 10 working days (Target 95%)

- February 2015 89.0% (235 of 264 attendances), (February 2014 93.4%, Change -4.4%)
- February YTD 2015 90.2% (480 of 532 attendances), (February YTD 2014 91.4%, Change -1.2%)
- Last reported period January 2015 reported at 91.4% therefore a reduction of 2.4% since the last reporting period
- Variance from target -5.1%

Cork 66.7% (24 of 36 attendances seen, 34 should have been seen to achieve target) and Galway 76.3% (45 of 59 attendances seen, 56 should have been seen to achieve target) have both reduced performance since January. Limerick has improved from 80.6% to 89.7% in February.

Cork is setting up an additional OPD clinic to address needs and achieve targets. Same day CT scans are being scheduled on day of attendance at the clinic for patients that require a CT scan.

The % of patients attending prostate rapid access services within 20 working days (Target 90%)

- February 2015 64.8% (138 of 213 attendances), (February 2014 44.4%, Change 20.8%)
- February YTD 2015 59.7% (246 of 412 attendances), (February YTD 2014 42.7%, Change 17.0%)
- Last reporting period January 2015 reported at 54.3% therefore an improvement in performance of 10.5% since the last reporting period
- Variance from target -33.7%

No data received from Limerick centre.

Access to prostate cancer services is low in some centres. Cork has reported 5.6% (1 of 18 attendances seen, 16 should have been seen to achieve target) in February compared to 11.1% in January. Mater 9.5% (2 of 21 attendances seen, 19 should have been seen to achieve target) and Waterford 16.7% (4 of 24 attendances seen, 22 should have been seen to achieve target) have both improved performance in February.

The percentage of new attendances to prostate clinics with a subsequent diagnosis of prostate cancer in the above centres in February was Mater 71.4%, Waterford 50% and Cork 33.3%

Cork has resource issues due to the volume of patients presenting. Approval received in the South for recruitment of consultant cancer Urologist which will be filled in April 2015.

The % of patients receiving radiotherapy within 15 working days (Target 90%)

- February 2015 87.7% (264 of 301 attendances) (February 2014 92.4%, Change -4.7%)
- February YTD 2015 86.5% (597 of 690 attendances) (February YTD 2014 90.5%, Change -4.0%)
- Last reporting period January 2015 reported at 85.6% therefore an improvement in performance of 2.1% since the last reporting period
- Variance from target -2.6%

No data received from Cork

ST Luke's Radiation Oncology Network (SLRON) 86.2% and Galway 91.1% both showing improvement on January.

Surgery

The % of emergency hip fracture undergoing surgery within 48 hours (Target 95%)

- February 2015 85.0% (February 2014 82.0%, Change 3.0%)
- February YTD 2015 85.0% (February YTD 2014 82.0%, Change 3.0%)
- January 2015 reported at 87.0% therefore a reduction in performance of 2% since the last reporting period
- Variance from target -8.4%

Hospitals reporting lower than national performance for February 2015 are St. James's 67%, Tullamore 70% (an improvement on January), OLOL 76% (An improvement on January), Beaumont 71% and Waterford 76%.

These hospitals also had high trolley and high waiting times in ED in February. Follow up underway with hospitals, this metric does not take into account patients with co morbidities that may require further investigations prior to surgery. Low rates being reported may be due to HIPE completion in individual hospitals.

Cholecystectomy (removal of the gall bladder) performed via laparoscopy (Target >60%) New KPI

- February 2015 44% (New KPI,)
- February YTD 2015 40% (New KPI,)
- January 2015 reported at 41% therefore an improvement in performance in February of 3% since last reporting period
- Variance from target -33.3%

In February 2015 there were 6 hospitals that carried out this procedure on all of their patients on an inpatient basis, Galway, St. Michael's, South Tipperary, Mayo, Louth and UHL
2 of these hospitals had fewer than 3 procedures, Louth and UHL.

Access

Emergency Departments

Issues around performance in Emergency departments are being addressed by the ED taskforce.

Continued application of acute medical pathways and acute surgical pathways are necessary.

Patients who require prolonged observation can be admitted to a Clinical Decision Unit (CDU), but in the absence of this the observation may have to be provided within ED and will therefore be included in the Patient Experience Time (PET) Time.

It is important to note that patients are being actively cared for during their ED attendance.

The % of people who are admitted or discharged from ED within 6 hours (Target 95%)

- February 2015 65.5% (54,473 out of 83,209 attendances) (February 2014 63.3%, Change 2.2%)
- February YTD 2015 66.1% (112,990 out of 170,887 attendances) (February YTD 2014 63.1%, Change 3.0%)
- January 2015 reported at 66.8% therefore a decrease of 1.3% in performance since the last reporting period
- Variance from target -30.4%

While the national performance is 66.1% year to date, the following hospitals have reported performance below 60%. Mater 55.5%, Naas 50.3%, Connolly 46.7%, CUH 58.1%, UHL 55.1% and Galway 55.6%. The following hospitals are also below 60% but have shown improvement from the position at the end of January - St. James's 52%, Tallaght 48%, Beaumont 51.6%.

It is important to note that patients are not 'waiting' for the 6 or 9 hour period, but are being actively cared for during their attendance.

Issues are being addressed by ED taskforce

The % of people who are admitted or discharged from ED within 9 hours (Target 100%)

- February 2015 79.3% (66,019 out of 83,209 attendances) (February 2014 77.7%, Change 1.6%)
- February YTD 2015 79.9% (136,481 out of 170,887 attendances) (February YTD 2014 77.7%, Change 2.2%)
- January 2015 reported at 80.4% therefore a marginal decrease of 0.5% in performance since the last reporting period
- Variance from target -20.1%

While the national performance is 79.9% at the end of February, the following hospitals have reported performance below 70% - Tallaght 67.7% and Connolly 65.3%. The following hospitals are also below 70% but have shown improvement from the position at the end of January St. James's 69.5%, Beaumont 66.3% and Naas 64.4%.

It is important to note that patients are not 'waiting' for the 6 or 9 hour period, but are being actively cared for during their attendance.

ED 9 hour patient experience time is being addressed by the ED taskforce.

The % of people who are in the ED for more than 24 hours (Target 0%)

- February 2015 4.9% (4,097 out of 83,209 attendances) (February 2014 4.9%, No Change)
- February YTD 2015 4.5% (7,631 out of 170,887 attendances) (February YTD 2014 4.8%, Change 0.3%)
- January 2015 reported at 4.0% therefore a deterioration of 0.6% since the last reporting period
- Variance from target -4.5%

A number of hospitals are in excess of 10% year to date. St. Vincent's 11%, Naas 13.2% and Beaumont 13.3%. Connolly are reporting 10.2% which is an improvement on the position at the end of January.

The number of emergency inpatient admissions (Expected Activity 76,694 YTD)

- February 2015 34,785 (February 2014, 36,095, Change 1,310 (-3.6%))
- February YTD 2015 72,693 (February YTD 2014, 76,291, Change 3,598 (-4.7%))
- January 2015 reported at 37,908 therefore a reduction of 3,123 (8.2%) since the last reporting period
- Variance from expected activity -5.2%

Overall emergency admissions data indicates a decrease in activity by approximately 4.7% (3,598) when compared to the data provided for the same period in 2014, however emergency admissions for February show a daily average of 1,242 which was also slightly up on January (1,222).

It should be noted however that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

The number of elective inpatient admissions (Expected Activity 15,817 YTD)

- February 2015, 7,872 (February 2014 7,623, Change 249 (3.3%))
- February YTD 2015, 15,729 (February YTD 2014 16,016, Change 287 (-1.8%))
- January 2015 reported at 7,857 therefore a slight increase of 15 (0.2%) since the last reporting period
- Variance from expected activity -0.6%

The variance on expected levels is now at -0.6% at the end of February which is a significant change from the end of January when there was a -5.1% variance to expected activity

Curtailement of elective admissions due to ED pressures

Overview of Key activity

Activity Area	Result YTD February 2015	Result YTD February 2014	Compared to SPLY	Against expected activity YTD
Inpatients discharges	103,115	107,382	-4% (4,267)	-3.7% (3,945)
Day case discharges	139,481	144,562	-3.5% (5,081)	0.9% (1,230)
New ED attendances	171,327	175,877	-2.6% (4,550)	-3.1% (5,562)
Emergency Admissions	72,693	76,291	-4.7% (3,598)	-5.2% (4,001)
Elective admissions	15,729	16,016	-1.8% (287)	-0.6% (88)

Colonoscopy

Provision of urgent colonoscopy within 4 weeks (Target 100%)

- February 2015 (114 / 1,581 patients breached) 92.8% (February 2014 100%, Change -7.2%)
- January 2015 reported at 97.3% (43 / 1,610) therefore a change of -4.5% since the last reporting period
- Variance from target -7.2%

3 hospitals reported breaches at the end of February. Tallaght 101, St. Vincent's 10 and Letterkenny 3.

As of March 23rd, 7 of the 114 patients are still waiting for their procedure. All 114 patients that breached are scheduled to have their procedure by 14th April.

Weekly monitoring of Urgent Colonoscopies is now in place and in addition to reporting current breaches; a prospective view of breaches for the following week is also reported so that future breaches can be identified early and acted upon. Tallaght have put a management action plan in place to manage breaches.

Provision of routine colonoscopy/OGD within 13 weeks (Target 100%)

- February 2015 58.2% (5,729 /13,706 patients breached), (February 2014 86.6%, Change -28.4%)
- January 2015 reported at 60% therefore a change of -1.8% in performance since the last reporting period
- Variance from target -41.8%

The following hospitals reported below the national figure of 58.2%: Tullamore 46%, Naas 42.8%, Beaumont 31.1%, Mallow 57.1% and Waterford 38.4%.

Tallaght are reporting 30.6% but this is an improvement on the 26.1% reported by them at the end of January

There were 108 patients waiting greater than 12 months across 9 hospitals. Most significant are Tallaght (48), Tullamore (30), Naas (14) and Portlaoise (8)

There is a capacity issue in both Tallaght and Naas. A group management plan is being implemented between Beaumont and Connolly hospitals. Furthermore additional capacity is being introduced in Naas.

Waiting lists

The Minister for Health has set revised targets for scheduled care in 2015. The Minister's priorities are to develop and implement a plan to address waiting lists with a focus on very long waiters such that:

- By mid-year, no patient will wait longer than 18 months for inpatient and day case treatment or an outpatient appointment,
- By year end no patients waiting greater than 15 months

In order to achieve waiting list targets as identified by the Minister for Health a focused plan has been developed with defined aims and objectives. This involves a structured approach at National and Group level to oversee the achievement of the national targets for waiting lists.

This approach for will involve a hospital group solution, with a collaborative national drive from the acute hospitals division and working in close collaboration with the clinical programme in surgery.

Progress reports of actual validated data will be used against the initial data of the number of patients waiting greater than 18 and 15 months as of end of January 2015 to the end of December 2015 for inpatient and day care treatment.

Use of validated data throughout the lifespan of the project will be crucial to ensure that a performance improvement or performance deterioration trajectory is monitored in the weekly reports.

Other measures in place to improve access and to achieve scheduled care targets include:

- Strict adherence to the National Waiting List Protocols.
- Progress the movement of patients to the appropriate settings – overnight to day care and day care to minor ops rooms as outlined in the National Clinical Programme in Surgery
- Continued efforts to reduce the AvLOS for surgery.
- Strict adherence to chronological scheduling.
- Routine validation of all waiting lists
- Continuous validation of lists for all patients waiting >6 months.
- Introduction of centralised booking systems where required.
- Pooling of lists where clinically appropriate.
- Effective utilisation of Model 2 Hospitals for low complexity day case/ambulatory care procedures or OPD clinics where it is deemed clinically appropriate.

The % of adults waiting less than 8 months (Target 100%)

- February 2015 71.6% (16,760/58,980 adults breached), (February 2014 92.2%, Change -20.6%)
- January 2015 reported at 73.2% therefore a change of -1.6% since the last reporting period
- Variance from target -28.4%

The following hospitals have reported below the national level for February 2015. Beaumont 63.6%, Tallaght 69.3%, St. James's 59.5%, Mater 63%, Tullamore 68.3%, Waterford 65.8%, CUH 66.1%, OLOL 60.4%, Cappagh 69.7%.

231 patients waiting greater than 24 months, most significant– St. Vincent's (75), Beaumont (47), St. James's (51), Galway (25), Tallaght (15), Mater (10). These 231 patients are spread across 11 specialties most significant are General Surgery (92), Vascular Surgery (29), ENT (24), Neurosurgery (18), Orthopaedic (18), Urology (11).

A national action plan has been drafted to address patients waiting longer than 18 months.

The % of children waiting less than 20 weeks (Target 100%)

- February 2015 56.2% (2,590/5,912 children breached), (February 2014 84.0%, Change -27.8%)
- January 2015 reported at 57.0% therefore a marginal change of -0.8% in performance since the last reporting period
- Variance from target -43.8%

The following hospitals have reported below the national level for February 2015. Beaumont 48.1%, Cavan 34.1%, Tullamore 52.9%, Waterford 48.9%, OLOL 41.1% , Eye & Ear 47.2%, Letterkenny 47.2% and Crumlin 47.8%

64 children waiting greater than 18 months – Crumlin (57), Waterford (3), Beaumont (2) and Galway (2). These 64 patients are across 5 specialties – Orthopaedics (34), Respiratory (21), ENT (3), Ophthalmology (4) and Cardiology (2)

There is spinal surgery waiting in Crumlin due to theatre and staffing issues, an initiative is underway to address the waiting list in 2015.

The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- February 2015 82.1% (71,547/399,399 patients breached), (February 2014 95.8%, Change -13.7%)
- January 2015 reported at 83.2% therefore a change of -1.1% since the last reporting period
- Variance from target/expected activity -17.9%

The following hospitals have reported well below the national level for February 2015. Eye & Ear 67.3%, Tallaght 68.6%, Waterford 65.6%, Letterkenny 69.3%

482 patients are waiting in excess of 48 months across 15 hospitals. Most significant are Waterford (112), Letterkenny (101), Galway (90), CUH (65) and St. Columcille's (46). The 482 patients are spread across 19 specialties with the most significant being General Surgery (90), Dermatology (81), Orthopaedics (62) and Endocrinology (58)

In February 2015 the number of new referrals has decreased by 0.9% (594 patients) compared to February 2014.

Overview of numbers waiting over 15 months and 18 months

Adult Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 15 months	3,022	58,980	5.1%	1.0%
Over 18 months	1,105	58,980	1.9%	0.5%
Over 24 Months	231	58,980	0.4%	0.2%
Child Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 15 months	241	5,912	4.1%	0.9%
Over 18 months	64	5,912	1.1%	0.2%
Over 24 Months	10	5,912	0.2%	0.2%
Outpatient Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 15 months	45,402	399,399	11.4%	0.7%
Over 18 months	27,001	399,399	6.8%	0.5%
Over 24 Months	8,277	399,399	2.1%	0.2%

The ratio of new to return patients seen in outpatients (Target 1:2)

- February 2015 is 1 : 2.5 (February 2014 1 : 2.5, No Change)
- February YTD 2015 is 1 : 2.6 (February YTD 2014 1 : 2.5, Change -0.1)
- January 2015 reported at 1 : 2.7 therefore an improvement of 0.1 on the last reporting period
- Variance from target -30%

There are wide variations in the new : return ratio reported by hospitals. A number of hospitals have reported well in excess of the 1 : 2.6 national ratio at the end of February. Eye & Ear 4.4, Portlaoise 4.7, Naas 4.1, Ennis 3.9

Specialties with expected high return rate, Neurology, Rheumatology and Dermatology are all included. Implementation of OPD guidelines will improve the new: return ratio during 2015 and improve performance

Average length of stay

The Medical average length of stay for patients (Target 5.8 days)

- February 2015 7.0 days (February 2014 7.1 days, Change 0.1 days (1.4%))
- February YTD 2015 7.2 days (February YTD 2014 7.0 days, Change -0.2 days (-2.9%))
- January 2015 reported 7.1 days therefore an improvement in performance of 0.1 days on the last reporting period
- Variance from target -24.1%

Significant variances in February for some of the major acute hospitals are Mater 10.6 days, St. Vincent's 11.5 days, St. James's 13.4 days, Waterford 10.3 days. Beaumont reported 13.6 days which is an improvement on position in January.

Mater and St. Vincent's to increase MAU operation to 7 days in 2015.

The surgical average length of stay for patients (Target 5.1 days)

- February 2015 5.1 days (February 2014 4.6 days, Change 0.5 days (-10.9%))
- February YTD 2015 5.4 days (February YTD 2014 4.9 days, Change 0.5 days (-10.2%))
- January 2015 reported at 5.1 days therefore a change of -0.3 days
- Variance from target -5.9%

Hospitals have individual targets which make up the national target of 5.1 days. Hospitals with variances from target in February are Mater 12.3 days, St. Vincent's 6.8 days, St. James's 10.8 days, Beaumont 7.4 days, Wexford 6.3 days, OLOL 6.7 days, Galway 6.5 days and Cappagh 6.7 days

The Surgical ALOS is adjusted to take into account day case conversion and this may have impacted on rates for January. Follow up required with the hospitals above.

Surgery

The % of elective surgical inpatients who had principal procedure conducted on day of admission

- February 2015 70% (February 2014 69%, Change 1%)
- February YTD 2015 69% (February YTD 2014 66%, Change 3%)
- January 2015 reported at 68% therefore an improvement in performance of 2% on the last reporting period
- Variance from target -1.4%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Some of the hospitals reporting below their own targets in February are St. James's 29%, Kerry 53%, Galway 44% St. Luke's 64%, St. Vincent's 69%, South Tipperary 68%, Letterkenny 51% and Portiuncula 60%

Discharges

The number of Inpatient Discharges (Expected Activity 107,060 YTD)

- February 2015 49,863 (February 2014 51,352, Change 1,489 (-2.9%))
- February YTD 2015 103,115 (February YTD 2014 107,382, Change 4,267 (-4.0%))
- January 2015 reported at 53,252 therefore a decrease of 3,389 (-6.4%) on the last reporting period. However February is a shorter month.
- Variance from expected activity -3.7%

There are wide variances across a lot of hospitals and a 3.7% decrease on expected levels. This is an improvement on the position at the end of January when activity was -4.7% from expected levels.

The number of day case discharges (Expected Activity 138,251 YTD)

- February 2015 69,229 (February 2014 70,255, Change -1,026 (-1.5%))
- February YTD 2015 139,481 (February YTD 2014 144,562, Change -5,081 (-3.5%))
- January 2015 reported at 70,252 therefore a decrease of 1,023 (-1.5%) on the last reporting period
- Variance from expected activity 0.9%

There has been some additional activity in St. Luke’s Radiation Oncology Network that was previously not returned. This has resulted in day case activity now being ahead of expected levels by 0.9%.

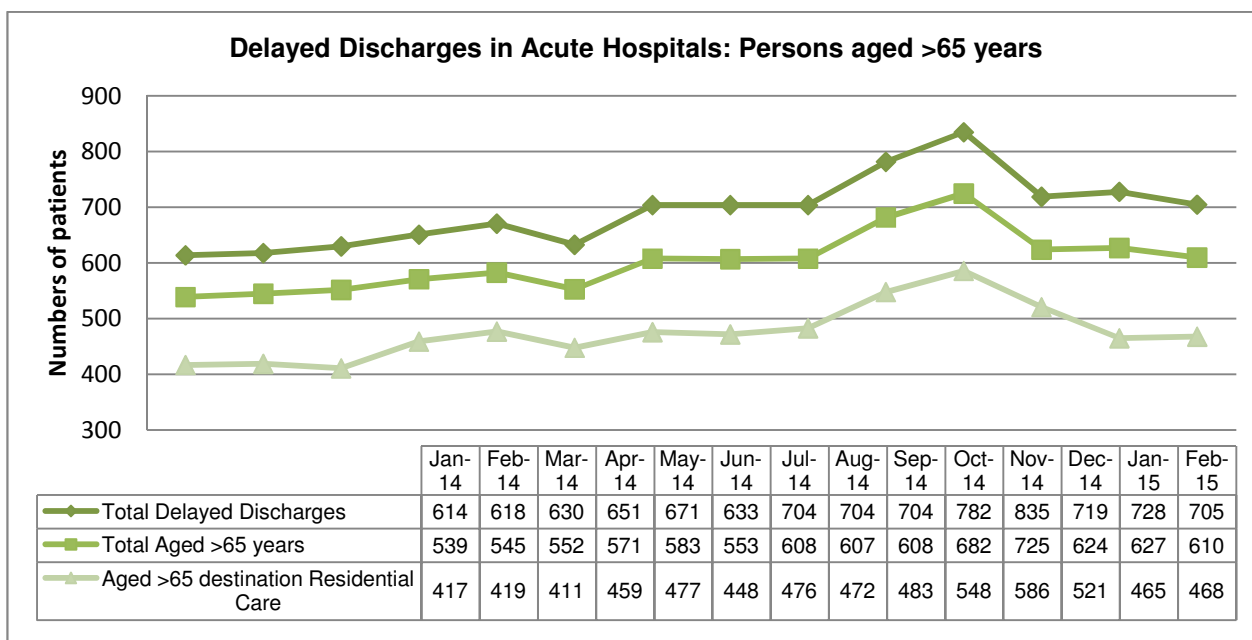
The numbers of people who are in hospital after being clinically discharged – Delayed Discharges (Target 15% reduction)

- February 2015 705 (February 2014 574, Change 131 (-22.8%))
- January 2015 reported at 728 therefore an improvement of 23 delayed discharges (3.2%) on the last reporting period
- Variance from target -15.4%

The hospitals who are more than 15.4% away from national result are Naas, Tallaght, Connolly, OLOL, CUH, St. Vincent’s, St. James’s, Kerry, Mercy, St. Columcille’s and Galway

The number of people aged 65 and older medically discharged in acute hospitals

As of the end of February, there were 601 patients aged 65 and over medically discharged in acute hospitals. Of these 77.9% (n=468) are awaiting Long Term Residential Care, 11.7% increase on February 2014 (source Delayed Discharges National Report, 24 Feb 2015).



Ambulances

The % of ambulances that have a time interval of less than 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call

- January 2015 65% of ambulances were clear within 30 minutes.
- February 2015 63% of ambulances were clear within 30 minutes.

In January 94% of the total 19,990 calls has crews and vehicles clear within 60minutes

In February 94% of the total 18,542 calls has crews and vehicles clear within 60minutes

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	Plan €'000	Variance €'000	% Variance Actual v Target €'000
RCSI Dublin North East	610,000	106,235	100,276	5,959	5.9%
Dublin Midlands	749,071	127,141	121,671	5,469	4.5%
Ireland East	784,198	135,631	130,499	5,132	3.78%
South / South West	691,033	115,132	112,430	2,702	2.34%
Saolta University Health Care	637,399	108,778	104,056	4,722	4.34%
UL Hospitals	256,545	44,426	42,349	2,077	4.6%
Children's Hospital Group	219,069	37,355	36,690	665	1.78%
Regional & National Services	54,091	3,207	2,225	982	30.62%
Total	4,001,406	677,904	650,197	27,708	4.08%

The annual allocation to acute hospitals in NSP 2015 reflects the first year of a planned 2-year programme which will seek to address some of the underlying funding issues in the sector. This allowed for a more realistic budget to be set for acute services in the current year. However, it was not possible to set the budget at the full level of the 2014 outturn (NSP 2015 set acute budgets at 0.8% below the 2014 projected spend) and acute hospitals still face significant cost pressures in 2015.

The acute hospitals division is reporting a €17m deficit for the month of February and a cumulative year-to-date overspend of €27.7m. It is too early to draw any conclusions as to the likely year end position based on 2 months' data. However, it is clear that there have been exceptional pressures on capacity and costs in January and February. These relate primarily to the very high level of delayed discharges during the period and the necessary response in terms of staffing and capacity. For these reasons, it has been difficult to implement planned cost reduction measures in the first two months of the year. Specifically, financial targets for 2015 included a reduction in excess capacity, either within the hospital system or in terms of acute-funded transition beds, which could be phased out. This has not been possible and there has been significant pressure to bring on additional staff to maintain or expand bed capacity. Potential additional funding has been signaled in respect of delayed discharges and this would help to alleviate the staffing and capacity pressures within the sector.

Service Arrangements

100% of 2014 Service Arrangements are completed to the value of €1,698m

Workforce overview

Human Resource Management	Children's	Dublin Midlands	Ireland East	RCSI HG	Saolta	South/ South West	University of Limerick	Acute Services
Direct Staff WTE	2,814.32	9,408.73	10,111.82	7,759.04	7,874.89	9,111.70	3,144.69	50,251.44
Direct Staff Indicative workforce number	2,794.00	9,317.00	9,997.00	7,616.00	7,858.00	8,932.00	3,091.00	49,631.00
Direct Staff WTE Indicative workforce number Variance	20	92	115	143	17	180	54	620
Direct Staff WTE Indicative workforce number Variance %	0.73%	0.98%	1.15%	1.88%	0.21%	2.01%	1.74%	1.25%
2015 Development posts								85
2015 Development posts filled								0
% 2015 Development posts filled								0%
pre-2015 Development posts								570
pre-2015 Development posts filled								449.8
% pre-2015 Development posts filled								78.9%
Direct Staff Headcount	3,020	10,810	11,188	8,370	8,804	10,073	3,514	55,802
Absence rates - Medical /Dental	1.7%	0.7%	0.8%	0.7%	0.5%	0.9%	0.8%	0.8%
Absence rates - Nursing	4.6%	4.0%	3.6%	5.0%	4.7%	5.0%	5.8%	4.8%
Absence rates - Health & Social Care	3.5%	2.6%	3.1%	2.7%	3.3%	2.7%	5.2%	3.0%
Absence rates - Management Admin	4.8%	4.1%	3.6%	3.9%	3.6%	3.6%	5.8%	3.8%
Absence rates - General Support Staff	6.8%	3.9%	4.5%	5.1%	5.1%	5.6%	9.2%	5.2%
Absence rates - Other Patient & Client Care	3.7%	5.7%	5.4%	7.7%	4.8%	6.0%	7.9%	6.3%
Absence rates - Overall	4.1%	3.6%	3.4%	4.1%	4.0%	4.1%	5.7%	4.1%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	93%	95%	95%	94%	95%	95%	90%	
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	65%	54%	72%	47%	74%	81%	83%	



National Ambulance Service



National Ambulance Service

The National Ambulance Service (NAS) is the statutory pre-hospital emergency care provider for the HSE.

Serving a population of almost 4.6 million people, the service responds to over 290,000 ambulance calls each year. The NAS employs over 1,600 staff across 100 locations and has a fleet of approximately 500 vehicles.

The NAS is implementing a significant reform agenda which mirrors many of the strategic changes underway in ambulance services internationally as they strive for high performance, efficiency and cope with a continuously increasing demand on services.

Priorities in 2015 include the completion of the major National Control Centre Project, the elimination of on call in the West, the procurement of an electronic patient care record system and service costs associated with mechanical cardiopulmonary resuscitation (CPR) and defibrillator devices.

The new NAS national emergency operations centre opened in Tallaght during January as a result of a significant capital and personnel investment. This was a seamless move from the existing regional control centres with a project team involving NAS, estates, ICT, HR and procurement

National Ambulance Services Balanced Score Card

Quality		Target YTD	YTD	% Var0 YTD
Serious Reportable Events	Performance reporting in development			
Audit	% of control centres that carry out Advanced Quality Assurance Audits	100%	100%	0%
Access		Target YTD	YTD	% Var YTD
Emergency response Times	Emergency Response - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less.	80%	78%	-3%
	Emergency Response - % of Clinical Status 1 Delta incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less.	80%	65%	-19%
Intermediate Care Vehicles	% of all transfers which are provided through the Intermediate Care Vehicle Service	≥70%	77%	10%
Ambulance Turnaround Times	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	100%	40%	-60%
Finance		Target YTD ('000)	YTD ('000)	% Var YTD ('000)
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€22,760	€22,895	€134 (1%)
	• Pay	€16,778	€16,757	€-20 (0%)
	• Pay – Agency	€0	€104	€104 (100%)
	• Pay – Overtime	€1,374	€2,411	€1,037(75%)
	Non-pay (including procurement savings)	€6,018	€6,155	€137 (2.28%)
	Income	€37	€19	€18 (-50%)
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category	3.5%	5.9%	68%
	% absence rates by staff category - Management/Administration	3.5%	3.4%	-2.8%
	% absence rates by staff category - General Support Staff	3.5%	2.9%	-17%
	% absence rates by staff category - Other Patient and Client Care Staff	3.5%	6.1%	74%
Staffing levels	Variance from HSE workforce indicative workforce number (within approved funding levels)	1,611	1,603	-8 (-0.5%)
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			

National Ambulance Services Heat Map

		National	North Leinster	Dublin Fire Brigade	South	West
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes or less (80%)	78%	83%	76%	79%	73%
	Emergency Response - % of Clinical Status 1 Delta responded to by a patient carrying vehicle in 18 minutes or less (80%)	65%	67%	66%	63%	60%
	Intermediate Care Vehicles (970%)	77%				
	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework (100%)	40%				
Finance	% variance - Budget	0.59%				
	% variance - Pay (Direct/Agency/Overtime)	0%				
	% variance - Non pay (including procurement savings)	2%				
	% variance – Income	-50%				
HR	% absence rates rate - Management/Admin (3.5%)	3.4%				
	% absence rates rate - General Support staff (3.5%)	2.9%				
	% absence rates rate - Other Patient and Client staff (3.5%)	6.1%				
	% variance from indicative workforce number (3.5%)	-0.5%				

Performance RAG Rating

Red	●	> 10% of target
Amber	●	> 5% ≤ 10% of target
Green	●	≥ 5% of target
Grey	●	No result expected

Finance RAG Rating

Red	●	0.5% > of target
Amber	●	≥ 0.25% < 5% of target
Green	●	< 0.25% of target

HR – Absence

Red	●	≥ 4.73%
Amber	●	≥ 4.02% < 4.73%
Green	●	< 4.02%

HR – Indicative workforce number

Red	●	≥ 1.5% of target
Amber	●	≥ 0.5% < 1.5% of target
Green	●	< 0.5% of target

National Ambulance Services Update

Quality

Serious Reportable Events

- There was 1 reportable event up to February 2015 which occurred in January 2015

The % of Control Centers that carry out Advanced Quality Assurance Audits (Target 100%)

- January performance 100%, KPI commenced in Jan 15
- Change from last reporting period 0%
- Variance from expected activity 0%

Access

Total of AS1 and AS2 (Emergency Ambulance) calls – including ECHO and DELTA

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
National	24,105	24,018	24,782	24,087	27,082	25,352
North Leinster	7,652	7,759	8,197	7,965	9,022	8,236
Dublin Fire Brigade	5,829	6,178	5,948	6,066	6,584	6,111
South	5,329	5,066	5,246	5,153	5,861	5,527
West	5,295	5,015	5,391	4,903	5,615	5,478

Daily average volume of AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA

	Sep	Oct	Nov	Dec	Jan
National 2009	700	710	719	810	747
National 2010	751	706	662	752	756
National 2011	711	699	691	783	643
National 2012	723	717	723	819	708
National 2013	788	775	751	816	765
National 2014	801	799	803	874	778
National 2015					818
Days in Month	30	31	30	31	31

Outline of Demand Patterns

Total Activated Calls	Jan14	Jan 15	Number Diff	% diff
AS1 & AS2	24,114	25,352	1,238	5%
ECHO	258	311	53	21%
DELTA	7,734	8,409	675	9%

Emergency Response Times

% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18mins or less (Target 80%)

- ECHO January 2015 78% of ambulances arriving at scene within the target timeframe, 76% in Jan 2014 activated calls within this time band. Change 2% increase
- Change from December 2014 0%
- Variance from expected activity -2%

The Western region has the most significant variance from target at 73%, 7% below target. North Leinster achieve a performance above the 80% target of 83%.

Region	Jan-15
North Leinster	83%
Dublin Fire Brigade	76%
South	79%
West	73%

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 21% (53), compared to last year

The outcome of the National Ambulance Service Capacity Review will inform the strategic planning process.

Emergency Response Times –The % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes or less (Target 80%)

- DELTA 65% in January 2015 arriving at scene (61.5% in January 2014 activated calls, 3.5% increase)
- Change from December 2014 1% increase
- Variance from expected activity 15%

Region	Jan-15
North Leinster	67%
Dublin Fire Brigade	66%
South	63%
West	60%

Nationally there was a 9% (675) increase in 2015 in the number of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

The outcome of the National Ambulance service capacity review will inform the strategic planning process, going forward; performance improvement action planning is ongoing.

The % of transfers which are provided through the Intermediate Care Vehicles (ICV) services (Target >70%)

- 77% in January 2015
- Change from January 2014 3% increase
- Variance from expected activity 7%

Intermediate Care Services

In January, 77% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles.

This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

Total Number of Patient Transfer Calls Each Month

Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug14	Sep14	Oct 14	Nov 14	Dec 14	Jan 15
4,411	4,023	4,083	4,115	4,351	3,776	4,079	3,633	4,061	4,317	3908	3795	3,857

National AS3 (Patient Transfer) Call Volumes Emergency Ambulance and Intermediate Care Vehicles

	EA	ICV	Total AS3 Calls	% ICV Transfer
Jul-14	943	3,136	4,079	77%
Aug-14	879	2,754	3,633	76%
Sep-14	968	3,093	4,061	76%
Oct-14	921	3,396	4,317	79%
Nov-14	832	3,076	3,908	79%
Dec-14	836	2,959	3,795	78%
Jan-15	903	2,954	3,857	77%

Ambulance Turnaround Times

The % delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process/flow path in the ambulance turnaround framework (Target 100%)

The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

Ambulance turnaround data is currently manually aggregated across multiple CAD systems. The analogue system, where used, may not accurately record / reflect the data because it is an ageing technology and is one of the reasons NAS is migrating to digital platforms. NAS is developing a more robust solution to data requirement in the new national CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.

Finance

	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Variance Actual v Target €'000
Southern Regional Ambulance	18,057	3,230	2,914	316	11%
South Eastern Regional Ambulance	13,548	2,150	2,193	(43)	-2%
Western Regional Ambulance	14,330	2,286	2,187	99	5%
North Western Regional Ambulance	10,463	1,833	1,607	226	14%
Mid Western Regional Ambulance	11,970	2,007	1,933	74	4%
North Eastern Regional Ambulance	12,270	2,173	1,980	192	10%
South Western Regional Ambulance	0	0	0	0	0%
Midland Regional Ambulance	10,218	1,705	1,656	49	3%
East Coast Regional Ambulance	26,361	4,248	4,261	(13)	0%
Regional Ambulance Services	117,216	19,632	18,732	900	5%
Office of the National Director	8,058	548	1,141	(594)	-52%
National Ambulance College	1,992	330	322	8	3%
Emergency Care Control	16,872	2,386	2,565	(179)	-7%
Office of the Assistant National Director	26,922	3,264	4,028	(765)	-19%
Total Regional Ambulance Service	144,139	22,895	22,761	135	1%

Financial Commentary

Overtime levels in January & February continued to increase in the National Ambulance Service with a budget overrun of €1.04m, that is, actual year to date February expenditure of €2.41m versus year to date budget of €1.37m. Managers were advised of the upward trend in overtime and are focused on addressing the issue.

Some elements of non pay expenditure which increased in January were once off in nature. The non pay expenditure in February has subsequently decreased and together with cost containment measures now introduced this is being actively managed.

Workforce overview

Human Resource Management		National Ambulance Service
Staff levels and costings	Direct Staff WTE	1,603
	Direct Staff Indicative workforce number	1,611
	Direct Staff WTE Indicative workforce number Variance	8
	Direct Staff WTE Indicative workforce number Variance %	0.5%
	Funded Indicative workforce number	N/A
	2015 Development posts	67
	2015 Development posts filled	0
	% 2015 Development posts filled	0
	pre-2015 Development posts	187
	pre-2015 Development posts filled	179.7
	% pre-2015 Development posts filled	96.1%
	Direct Staff Headcount	
	Absence rates - Management Admin	3.4%
	Absence rates - General Support Staff	2.9%
	Absence rates - Other Patient & Client Care	6.1%
	Absence rates - Overall	5.9%



Community Health Care



Health & Wellbeing



Health & Wellbeing

Improving the health and wellbeing of Ireland's population is a key Government priority and is one of four pillars of healthcare reform.

Collaborative working ensures that all reforms, strategic and service developments are focus to help people to stay healthy and well, reduce health inequalities and protect people from threats to their health and wellbeing.

In 2015, the focus is on key risk factors for chronic disease and ill-health in areas that can be modified. These include areas such as tobacco smoking, alcohol misuse, physical inactivity, obesity and wellbeing. These can be tackled through excellent governance and cross-divisional accountability and the further implementation of *Healthy Ireland* principles and actions across the organisation.

Health & Wellbeing Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Child Health	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	92.3%	-2.8%
Screening	BreastCheck - No of women screened (no. of women aged 50-64 who have had a mammogram)	24,400	23,882	-2.1%
	CervicalCheck - No of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	48,000	52,756	9.9%
	Diabetic RetinaScreen - No of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	11,200	10,385	-7.3%
Tobacco Control	No of smokers who received intensive cessation support from a cessation counsellor	1,940	2,154	11%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€29,116	€28,367	€-749(-3%)
	• Pay	€14,774	€14,487	€-287(-2%)
	• Pay – Agency	€213	€ 225	€13 (6%)
	• Pay – Overtime	€45	€43	€-2(-5%)
	Non pay	€15,467	€14,715	€752 (-5%)
	Income	€-1,125	€-835	€289 (-26%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	144(88.9%)	11.1%
	€ value of 2014 Service Arrangements signed	100%	€9,119 (94%)	6%
Human Resources		Target YTD	YTD	Var YTD
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Absence *	% absence rates by staff category	3.5%	5.9%	
	Management/Administration		3.4%	
	General Support Staff		2.9%	
	Other Patient and Client Services		6.1%	
Staffing levels	Variance from HSE workforce Indicative workforce number(within approved funding levels)	≤0% (1,279)	1,235	44(-3.4%)

Data quality and validity

Tobacco intensive cessation support service is provided in CHOs, Hospital Groups and from National QUIT team. In February the number of smokers receiving cessation support is 11% above target, this increase includes revised figures for January, previous months data is now included in YTD figures. Work is ongoing with the individual services to improve the timeliness of data returns. NSS have provided confirmed January data, February data remains provisional until the validation process is complete and will be confirmed in next months reporting.

Health & Wellbeing Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Child Health - development at 10 months (95%)	92.3%	96.7%	97.0%	87.9%	94.0%	88.7%	87.6%	92.0%	91.6%	93.8%
	BreastCheck screening (24,400)	23,882									
	CervicalCheck screening (48,000)	52,756									
	Diabetic RetinaScreening (11,200)	10,385									
	Tobacco Control (intensive cessation support) (1,940)	2,154									
Finance	% and € variance - Pay	-2%									
	% and € variance - Pay (Agency)	6%									
	% and € variance - Pay (Overtime)	-5%									
	% and € variance - Non Pay (including procurement savings)	-5%									
	% and € variance - Income	-26%									
	% and of SA signed (100%)	88.9%									
	€ value of SA signed (100%)	94.0%									
HR	% absence rates rate (3.5%)	4.8%									
	% absence rates rate – Health & Social Care	4.7%									
	% absence rates rate - Management Admin	5.9%									
	% absence rates rate – General Support Staff	0.3%									
	Variance from indicative workforce number (≤0%)	-3.4%									

Performance RAG Rating

Red	●	> 10% of target
Amber	●	> 5% ≤ 10% of target
Green	●	≥ 5% of target
Grey	●	No result expected

Finance RAG Rating

Red	●	0.5% > of target
Amber	●	≥ 0.25% < 5% of target
Green	●	< 0.25% of target

HR – Absence

Red	●	≥ 4.73%
Amber	●	≥ 4.02% < 4.73%
Green	●	< 4.02%

HR – Indicative workforce number

Red	●	≥ 1.5% of target
Amber	●	≥ 0.5% < 1.5% of target
Green	●	< 0.5% of target

Health and Wellbeing Update

Quality

Serious Reportable Events

- No Serious Reportable Events have occurred or were reported for this Division during February 2015

Access

The % of children who have had 10 month developmental screening before reaching 10 months of age (Target 95%)

- February 2015 shows 93.0% (n= 4,970) children had developmental screening
- 92.3% (n= 9,818) YTD 2015, 91.6% YTD 2014, .8% ahead of the same period last year
- January 2015 was 91.6%, (change 1.4%)
- Variance from target YTD -2.8%

At CHO level:

- CHOs 1, 2, 4, 7, 8 and 9 were above or within 5% of the target of 95%.
- CHOs 3, 5 and 6 were within between 5% and 10% of the target.

Within the CHO's, there are variations across geographical areas with regard to the achievement of the target. These outlying performance areas can be attributed to a number of factors. The reason's for lower than expected performance has been raised with the relevant CHOs (areas 3, 5 and 6) at our monthly performance meetings.

All areas which were identified for further enquiry in the last reporting cycle are reporting improved uptake levels this month. Overall, CHO 7 moved from lower than expected activity (in January) to within 5% of the target. We are continuing to work with colleagues to further develop plans for improvement.

The number of women who have had a BreastCheck screen (Target YTD 24,400)

- In February 12,293 women had mammogram screening as part of BreastCheck screening
- 23,882 women were screened YTD 2015, this is -8.2% (n=2,133) less than the same period last year
- January 2015 confirmed figures show 11,589 women screened, February data shows an increase in the numbers screened (n=704)
- Variance from target YTD is -2.1%

The aim is to screen 140, 000 women during the year.

The number of women who have had a CervicalCheck screen in a primary care setting (Target YTD 48,000)

- In February 26,324 women had CervicalCheck screening in a primary care setting
- 52,756 women were screened YTD 2015, this is 2.5% ahead of the same period last year (n=51,465)
- January 2015 confirmed figures show 26,432 women screened, marginally above February (n=108)
- Variance from target YTD is 9.9%

The variance is due to the demand led nature of the programme and patterns of attendance rather than a trend of increasing participation.

The number of clients invited to BowelScreen (no. of first invitations sent to individuals in the eligible age range 60-69 known to the programme (Target YTD 33,334)

- In February 16,228 invites were sent to clients to participate in BowelScreen
- 32,472 clients were invited YTD 2015, this is 39.4% (n=9,172) ahead of the same period last year
- January 2015 showed 16,244 clients invited, marginally above February invites (n=16)
- Variance from target YTD is -2.6%

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Target YTD 11,200)

- In February 5,130 clients participated in Diabetic RetinaScreen
- 10,385 clients have been screened YTD 2015
- January 2015 showed 5,255 clients screened, marginally above February (n=125)
- Variance from target YTD is -7.3%

The variance is due to the demand led nature of the programme and patterns of attendance.

The number of smokers who received cessation support from a counsellor (Target YTD 1,940)

- 987 Smokers received intensive cessation support in February 2015
- 2,154 smokers received support YTD 2015, 9.1% ahead of same period last year (n=1,974)
- January 2015 showed 1,167 (when late returns were included), 180 smokers above February return
- Variance from target YTD is 11%

Tobacco Control intensive cessation support data includes support provided within hospital groups, community services and the QUIT team.

Since 1st January the QUIT team now provide an integrated support service over the phone, online, through social media, SMS, and email. The online service includes the interactive QUIT.ie website, talking to the QUIT team via Live Chat, and using our online QUITplan. This complements the face-to face HSE QUIT services provided in hospitals and community services around the country, providing one-to-one and group support for smokers.

The number of frontline healthcare staff trained in brief intervention smoking cessation (Target YTD, 198)

- 205 healthcare staff were trained in brief intervention smoking cessation in February 2015
- 243 healthcare staff received training YTD 2015, -17.3% (n=51) below of same period last year
- January 2015 showed 38 healthcare staff trained, 167 more staff received training in February
- Variance from target YTD is 22.7%

A further 90 undergraduate dentists and nurses were trained in Brief Intervention skills during the month. (not included in metric analysis as undergraduates are not counted under frontline healthcare staff)

Key Activities for February

National Screening Service (NSS)

CervicalCheck

The European Cervical Cancer Prevention Week (ECCPW) took place from 26 January to 1 February 2015. “Pearl of Wisdom” brooches were offered to callers to the CervicalCheck Information Line and during the week. Over 50% of the brooches requested were for new women to the programme. During the ECCPW which showed there was positive effect from the media coverage and over 1,000 new women opted in to the programme by either registering with the call centre or self-registering online through the website. All of the above increased the awareness of the CervicalCheck programme.

BreastCheck

Radiographer appraisals have been completed and clinical updates commenced, thus maintaining quality imaging in the programme.

Health Promotion and Improvement

Sexual Health Advice & Guidance (SHAG week)

The Sexual Health Communications working group was established to co-ordinate sexual health communications work in line with the forthcoming Sexual Health Strategy. It was agreed by the working group to co-ordinate Sexual Health Advice & Guidance (SHAG) week in partnership with the Union of Students in Ireland and that this campaign would be the priority focus in quarter 1. The focus for quarter 1 was as follows:

- The SHAG campaign was rolled out nationally with a focus in 4 campuses (DIT, WIT, NUIG, and CIT) via the SHAG Roadshow from the 9th until the 12th of February.
- The launch of SHAG week was held at the ‘Johnny’s Got You Covered’/Spin 1038 Comedy Gig on the 5th of Feb. 40,000 SHAG packs were distributed to college campuses nationwide and further 7k condom packs supplemented the SHAG roadshow.
- A pilot onsite STI screening initiative ran in 2 colleges during the week – DIT & Carlow IT supported by the Guide Clinic in St James with 171 students screened for STIs. A total of 9 students across the two colleges tested positive for Chlamydia.

The membership of the Sexual Health Communications group includes: the HSE Crisis Pregnancy Programme, AIDS West, Dublin AIDS Alliance, SpunOut.ie, the HSE Gay Men’s Health Service, the Sexual Health Centre Cork, BelongTo, Gay Health Network, SpunOut.ie and GOSHH (Gender, Orientation, Sexual Health, HIV).

RTE documentary - 'The Camden Mile'

The Think Contraception outreach crew were filmed in action as part of an RTE observational documentary entitled 'The Camden Mile'. The programme is one hour documentary, looking at the life of the Camden Street area of Dublin - the eclectic mix of life in the area, from businesses, to residents, to those who socialise in the area. The crew were filmed on Valentines night getting ready to activate and also in action distributing protection packs (condom & sexual health information) on Camden Street. The crew also engaged with the target audience via the digital 'Get Protected' game which tests the user’s ability to fight off STI monsters by collecting condoms. The project manager was filmed briefing the staff on the requirements for the night. The documentary is due to be aired at the end of April.

Healthy Ireland (HI)

Work continued on the development of the National Healthy Ireland Implementation Plan during the period and will be considered by the HSE Leadership Team in March. Work continued in the Saolta Group during the period in documenting progress to date with implementation of their Healthy Ireland Plan.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Variance Act v Tar
Total	201,379	28,367	29,116	(749)	-3%

The budget surplus reported by Health and Wellbeing is related to the non pay budget in the Office of the National Director which is profiled to December 2015, pending a final decision on how and when the funding is to be allocated across the Health and Wellbeing services. The National Cancer Screening Programme will allocate approximately €8m to acute hospitals as the screening programmes expand throughout the year. The Crisis Pregnancy Programme will also be allocating budgets to services for specific targeted programmes. The income targets for 2015 were based on the actual income generated in 2014. The division will not achieve the current 2015 income targets set and a restatement of these targets is required. This will not impact on the overall net budget position.

It is anticipated that the Health and Wellbeing division will breakeven in 2015.

Service Level Arrangements

Position as at 7th April 2015

2014 Service Arrangements are completed for 153 out of 161 (95%)

2014 Service Arrangements are completed for €9,641m out of €9,803m (98.3%)

Workforce overview

Human Resource Management		
Staff levels and costings	Direct Staff WTE	1,235
	Direct Staff Indicative workforce number	1,279
	Direct Staff WTE Indicative workforce number Variance	44
	Direct Staff WTE Indicative workforce number Variance %	-3.43%
	2015 Development posts	34**
	Direct Staff Headcount	1388
	Absence rates – Health & Social Care	4.7%
	Absence rates - Management Admin	5.9%
	Absence rates - General Support Staff	0.3%
	Absence rates - Overall	4.8%

** This figure will be amended following finalisation of the Health and Wellbeing funded workforce plan for 2015



Primary Care



Primary Care Services

The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

- Safe and of the highest quality
- Responsive and accessible to patients and clients
- Highly efficient and represent good value for money
- Well integrated and aligned with the relevant specialist services

Work has been underway to realise this vision whereby the health of the population is managed, as far as possible, within a primary care setting, with patients very rarely requiring admission to a hospital. This approach is now aligned with the *Healthy Ireland* framework, noting the importance of primary care to the delivery of health improvement gains.

A key priority for 2015 is the implementation of the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014*, including the establishment of CHOs.

Primary Care Balanced Score Card

Quality		Target	YTD	% Var
		YTD		YTD
Serious Reportable Events	Performance reporting under development			
Primary Care				
Physiotherapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Occupational Therapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Oral Health	% of new patients whose treatment is completed within 9 months of assessment		N/A	
PCRS				
Medical Cards	% of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	96.0%	6.7%
	% of Medical Cards/GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	90%	65.9%	-26.8%
Access		Target	YTD	% Var
		YTD		YTD
Community Intervention Teams	Admission Avoidance (includes OPAT)	186	103	-44.60%
	Hospital Avoidance	1,885	1,592	--15.5%
	Early discharge (includes OPAT)	908	680	--25.1%
	Other	634	498	-21.5%
GP Activity	No. of contacts with GP Out of Hours	155,090	166,262	7.20%
Opioid substitution treatment	Total number of clients in receipt of opioid substitution treatment (outside prisons)	9,400	9,386	0%
	Total number of clients in receipt of opioid substitution treatment (prisons)	490	509	4%
Medical Cards	No of persons covered by Medical Cards as at 31 st December	1,722,395	1,758,050	2.10%
	No of persons covered by GP Visit Cards as at 31 st December	412,588	160,004	-61.20%
Finance		Budget	Actual YTD	% Var
		YTD €'000	€'000	YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€119,243	€121,764	€2,521(2%)
	• Pay	€81,227	€83,441	€2,214(3%)
	• Pay – Agency	€1,627	€2,608	€981 (60%)
	• Pay – Overtime	€150	€158	€9 (6%)
	Non pay	€42,472	€43,167	€695 (2%)
	Income	€-4,509	€-4,897	€-388 (9%)
Social Inclusion	Net Expenditure variance from plan	€20,302	€20,467	€165(1%)
PCRS	Net Expenditure variance from plan	€379,315	€392,650	€13,335(4%)
Demand Led Schemes	Net Expenditure variance from plan	€35,603	€37,559	€1,956 (5%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	752 (80.3%)	19.7%
	€ value of 2014 Service Arrangements signed	100%	€129.123 (81.5%)	18.5%
Human Resources		Target	YTD	Var
		YTD		YTD
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing levels	Variance from HSE workforce Indicative workforce number (within approved funding levels)	≤0% (10,344)	10,130	214 (-2.1%)

Primary Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Physiotherapy (80%)	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Occupational Therapy (80%)	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Opioid substitution treatment (outside prisons) (9,400)	9,386	75	108	247	367	380	979	3,741	548	2,941
	Opioid substitution treatment (prisons) (490)	509									
Access	CIT - Admission Avoidance (includes OPAT) (186)	103		0	33	10	12	12	5	0	31
	CIT - Hospital Avoidance (1,885)	1,592		1	255	80	160	112	774	0	210
	CIT - Early discharge (includes OPAT) (908)	680		63	152	46	82	61	89	32	155
	CIT Activity - Other (634)	498		0	148	54	5	5	0	0	286
	GP Activity (155,090)	166,262									
Finance	% variance - Budget	2%									
	% and € variance - Pay	3%									
	% and € variance - Pay (Agency)	60%									
	% and € variance - Pay (Overtime)	6%									
	% and € variance - Non Pay (including procurement savings)	2%									
	% and € variance - Income	9%									
	% variance of SA signed (100%)	80.30%									
	% variance € value of SA signed (100%)	81.50%									
HR	Variance from Indicative workforce number (≤0%)	-2.07%									

NB: The CIT Access data will change as the profile has been remapped and submitted to the BIU

Performance RAG Rating

Red ● > 10% of target
 Amber ● > 5% ≤ 10% of target
 Green ● ≥ 5% of target
 Grey ● No result expected

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 5% of target
 Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
 Amber ● ≥ 4.02% < 4.73%
 Green ● < 4.02%

HR – Indicative workforce number

Red ● ≥ 1.5% of target
 Amber ● ≥ 0.5% < 1.5% of target
 Green ● < 0.5% of target

Data Quality and Validity

The following **Improvement Plan** is in place and continued improvement will result:

- Chief Officers were circulated regarding the new metrics and data collection requirements generally; there is full awareness in the system
- The specific issues regarding the collection of data for February were discussed by the National Director and Chief Officers at the February monthly performance review meetings and followed with correspondence reiterating requirements
- Chief Officers are developing local plans to address their local data collection issues
- Data pathways from the CHO delivery system to the BIU are being examined and clarified by BIU
- A review of the current processes for involvement of and engagement with CHO managers regarding all aspects of data collection is underway
- Further engagement with all Primary Care Metrics Leads to immediately address queries from the delivery system.
- A communications plan has provided further clarification on issues between the Data Manager/Office of Chief Officers and service managers regarding their metrics
- The Primary Care Business Analyst is liaising with all Metric Leads to map their existing systems for collecting metrics
- The Primary Care Division is implementing an IT based Workload Management System which will automatically generate all client-related metrics.
- Occupational Therapy and Physiotherapy metrics are under development and sufficient data was not available in the February performance cycle to provide a CHO or national view.

Primary Care Services

Quality

Serious Reportable Events

- Number of events reported up to February 2015 was 1
- No new events listed in February 2015.
- For the one case listed an investigation commenced January 2014 and is non compliant with 4 month target for completion of investigation.

Quality Performance Indicators

A suite of key quality and safety performance indicators (Standard 3.2) in line with the National Standards for Safer Better Health Care have been developed together with a National Quality Dashboard. The Dashboard will involve analysing trends in the quality and safety information, monitoring and will provide a tool for informed decision making, focused learning and planning. It will be used by and with Chief Officers at Performance Meetings and will support accountability and provide assurances around the quality and safety of primary care services.

The initial Dashboard will go live on 31st March 2015 and COs will be allowed 5 weeks to upload information on 28 KPIs initially for submission in May and the performance meetings at the end of May.

Access

Community Intervention Teams – total activity (includes OPAT provided by CITs) (Target YTD 3,613)

- 1,443 February 2015, 1,176 February 2014 (22.7% increase) (n=267)
- 2,873 YTD 2015, 2,400 YTD 2014 (19.7% increase) (n=473)
- 1,443 February 2015, 1,430 January 2015 (0.9% increase) (n=13)
- YTD variance from expected activity -20.5% (n=740)

Currently CIT services are available in all CHOs with the exception of CHO 1. YTD 2015, CIT's have increased the overall number of referrals versus the same period in 2014 by 22.7% (267 patients). There has been an increase of 13 patients seen on the January figures.

Note: OPAT delivered by a CIT nurse it is included both in the target and activity figures. OPAT delivered by a private provider is not included in either target or activity figures.

Community Intervention Teams – Admission Avoidance (includes OPAT provided by CITs) (Target YTD 186)

- 56 February 2015, 32 February 2014 (75% increase) (n=24)
- 103 YTD 2015, 87 YTD 2014 (18.4% increase) (n=16)
- 56 February 2015, 47 January 2015 (19.1% increase) (n=9)
- YTD variance from expected activity -44.6% (n=83)

So far this year 103 patients have been seen by CITs in the Admission Avoidance category. Target YTD for this category is 186 patients.

CHO 3 is performing above target at 65.0% (33 patients seen out of a projected target of 20). All other CHOs are performing under target in relation to admission avoidance.

Note: OPAT delivered by a CIT nurse it is included both in the target and activity figures. OPAT delivered by a private provider is not included in either target or activity figures.

Community Intervention Teams – Hospital Avoidance (Target YTD 1,885)

- 804 February 2015, 653 February 2014 (22.7% increase) (n=151)
- 1,592 YTD 2015, 1,328 YTD 2014 (19.9% increase) (n=264)
- 804 February 2015, 788 January 2015 (2% increase) (n=16)
- YTD variance from expected activity -15.5% (n=293)

So far this year 1,592 patients have been seen by CITs in the Hospital Avoidance category. Target YTD for this category is 1,885.

CHOs 3 and CHO 4 are performing above target at 28.8% and 14.3% respectively. All other CHOs are performing under target in relation to hospital avoidance.

Community Intervention Teams – Early Discharge (includes OPAT provided by CITs) (Target YTD 908)

- 332 February 2015, 323 February 2014 (2.8% increase) (n=9)
- 680 YTD 2015, 594 YTD 2014 (14.5% increase) (n=86)
- 332 February 2015, 348 January 2015 (-4.6% decrease) (n=16)
- YTD variance from expected activity -25.1% (n=288)

So far this year 680 patients have been seen by CITs in the Early Discharge category. Target YTD for this category is 908.

CHOs 2, 3, 5, 6 are performing above target. CHO 2 (65.8%) and CHO 6 (117.9%) are performing particularly well. CHO 4 (-32.4%), CHO 7 (-68.2%) and CHO 9 (-41.1%) are under target.

Community Intervention Teams – Other (Target YTD 634)

- 251 February 2015, 168 February 2014 (49.4% increase) (n=83)
- 498 YTD 2015, 391 YTD 2014 (27.4% increase) (n=107)
- 251 February 2015, 247 January 2015 (1.6% decrease) (n=4)
- YTD variance from expected activity -21.5% (n=136)

So far this year 498 patients have been seen by CITs in the 'Other' category. Target YTD for this category is 634.

GP Activity – number of contacts with GP out of hours (Target YTD 155,090)

- 80,661 February 2015, 78,152 February 2014 (3.2% increase) (n=2,509)
- 166,262 YTD 2015, 158,921 YTD 2014 (4.6% increase) (n=7,341)
- 80,661 February 2015, 85,601 January 2015 (-5.8% decrease) (n=4,940)
- YTD variance from expected activity 7.2% (n=11,172)

The GP Out of hours service has not yet been mapped to CHOs. All services are performing above target with Kdoc 37.9% above target and Ddoc 12.6% above target.

PCT – Primary Care Teams (Target YTD 485)

- 272 February 2015, 328 February 2014 (-17.0% decrease) (n=56)
- 272 YTD 2015, 328 YTD 2014 (-17.0% decrease) (n=56)
- 272 February 2015, 266 January 2015 (2.2% increase) (n=6)
- YTD variance from expected activity -43.9% (n=213)

Primary Care Teams are considered operational once GPs are attending the clinical team meetings. The non engagement of GPs at these meetings is reflected in the reduced numbers of teams reported in operation.

The actual number of teams in place but not holding clinical meetings where a GP was in attendance was circa 425. Clinical information is exchanged/shared on a one-to-one basis or by telephone between the GP and other members of the team. The definition of what constitutes a PCT is being reviewed by the National Primary Metrics Steering Group to reflect the actual reality of practice.

All CHOs are performing under target with CHO 7 and CHO 8 significantly under target at -78.1% and -63.1% respectively.

No. of patient referrals for a physiotherapy service (Target YTD 31,119)

- 15,703 February 2015, 14,533 February 2014 (8.1% increase) (n=1,170)
- 31,231 YTD 2015, 30,617 YTD 2014 (2.0% increase) (n=614)
- 15,703 February 2015, 15,528 January 2015 (1.1% increase) (n=175)
- YTD variance from expected activity 0.4% (n=112)

CHO 6 had 2,017 patient referrals against a YTD target of 1,668 (20.9% above target)

No. of patients seen for a first time assessment by the physiotherapy service (Target YTD 27,242)

- 12,441 February 2015, 12,659 February 2014 (-1.7% decrease) (n=218)
- 26,205 YTD 2015, 27,051 YTD 2014 (-3.8% decrease) (n=846)
- 12,441 February 2015, 13,764 January 2015 (-9.6% decrease) (n=1,323)
- YTD variance from expected activity -3.8% (n=1,031)

No of patients treated by the physiotherapy service in the month (Target 34,993)

- 35,288 February 2015, 34,013 February 2014 (3.7% increase) (n=1,275)
- Data reported point in time, YTD position same as monthly position
- 35,288 February 2015, 33,582 January 2015 (5.0% increase) (n=1,706)
- YTD variance same as monthly variance, point in time metric

No. of face to face contacts/visits by physiotherapy service (Target 130,174)

- 62,809 February 2015, 64,336 February 2014 (-2.4% decrease) (n=1,527)
- 123,020 YTD 2015, 130,406 YTD 2014 (-5.7% decrease) (n=7,386)
- 62,809 February 2015, 60,211 January 2015 (-4.3% decrease) (n=2,598)
- YTD variance from expected activity -5.5% (n=7,154)

The % of referrals seen for a physiotherapy assessment within 12 weeks (Target YTD 80%)

- Physiotherapy metrics are under development and sufficient data was not available in the February performance cycle to provide a CHO or national view.

The % of referrals seen for an occupational therapy assessment within 12 weeks (Target YTD 80%)

- Occupational Therapy metrics are under development and sufficient data was not available in the February performance cycle to provide a CHO or national view.

Social Inclusion

The number of clients in receipt of opioid substitution treatment (outside of prison) (Target 9,400)

- 9,386 February 2015, 9116 February 2014 (3% increase) (n=270)
- 9,386 YTD 2015, 9116 YTD 2014 (3% increase) (n=270)
- Variance from expected activity <1% (n=14)

In February, 9386 patients received Opioid Substitute Treatment (OST) (excluding prisons) which includes 3959 patients being treated by 342 GPs in the community

Opioid Substitution Treatment (OST) was dispensed by 628 pharmacies catering for 6,408 patients. There were 73 HSE clinics providing OST and an additional 10 clinics were provided in the prison service. 70 new patients commenced OST (9 in General Practice, 49 in HSE clinics and 12 in the prison clinics).

The number of clients in receipt of opioid substitution treatment (in prison) (Target 490)

- 509 February 2015, 475 February 2014 (4% increase) (n=34)
- 509 YTD 2015, 475 YTD 2014 (4% increase) (n=34)
- Variance from expected activity 4% (n=19)

Primary Care Reimbursement Service

Quality

96% of properly completed Medical/GP Visit Card applications were processed within the 15 day turnaround (Target YTD 90%)

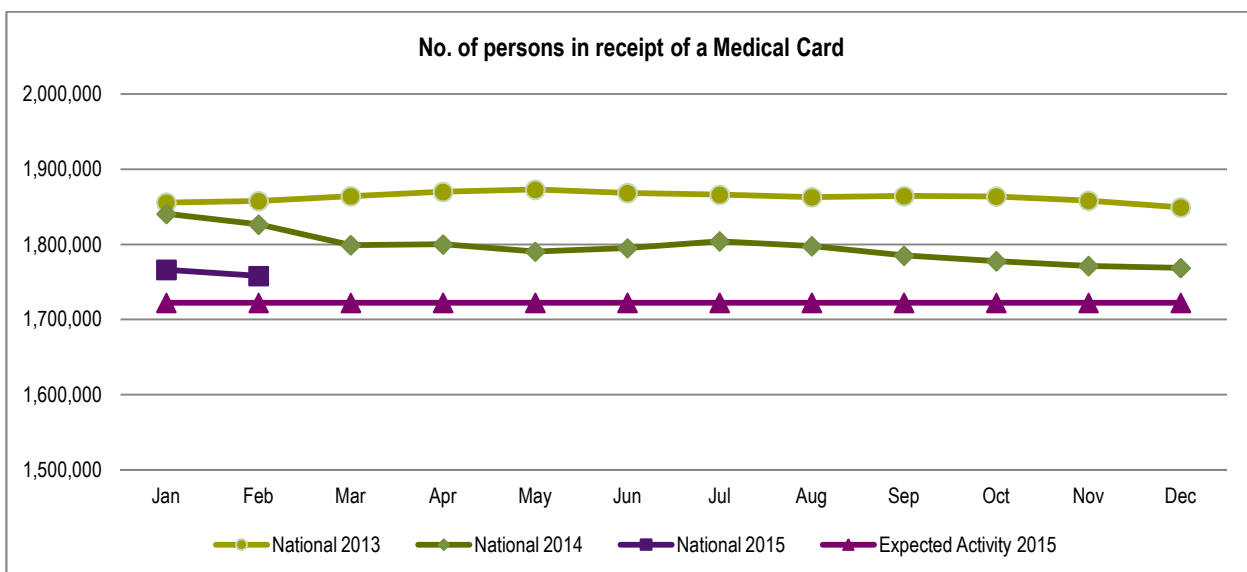
- 96% February 2015, 96.1% February 2014 (-0.1% decrease) (n= not available)
- Data reported point in time only YTD not applicable
- 96% February 2015, 97.9% January 2015 (-1.1% decrease) (n=not available)
- YTD variance from expected activity 6.7% (n=not available)

Access

The number of persons covered by Medical Cards (Target YTD 1,722,395)

- 1,758,050 February 2015, 1,826,578 February 2014 (-3.8% decrease) (n=68,528)
- 1,758,050 YTD 2015, 1,826,578 YTD 2014 (-3.8% decrease) (n=68,528)
- 1,758,050 February 2015, 1,766,432 January 2015 (-0.5% decrease) (n=8,382)
- YTD variance from expected activity 2.1% (n=35,655)

Of the total number of persons covered by a medical card, 81,265 people were covered by a discretionary medical card. The Eligibility and Schemes Unit are completing a reforecast for 2015 which will be concluded by the end of March. It is anticipated that the forecast number of cards and monthly profile will change when the re-forecast is completed.



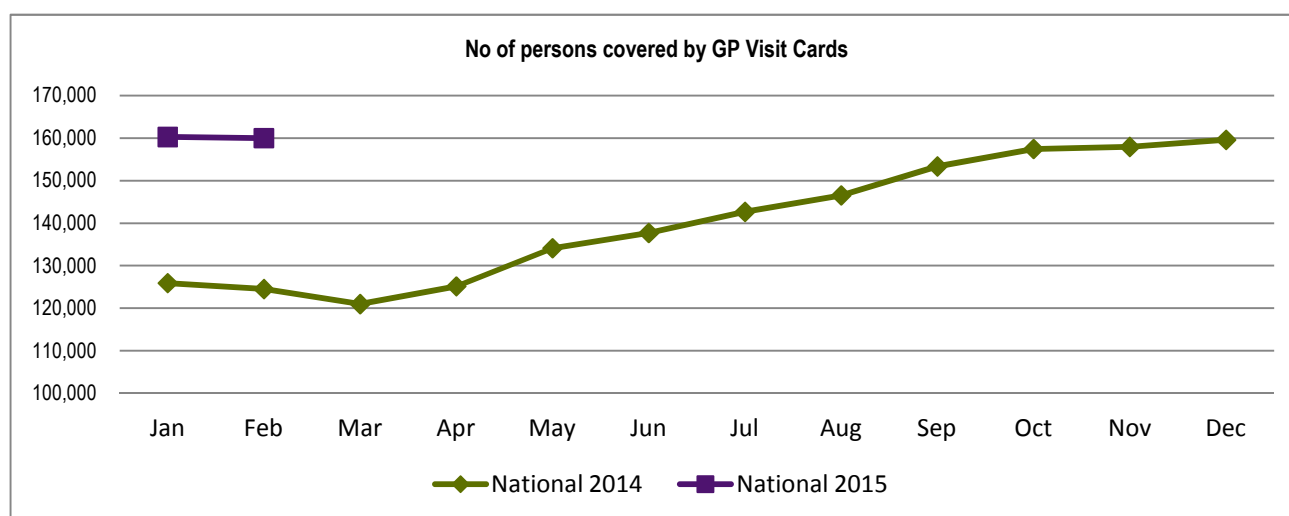
No of persons covered by Medical Cards ('000)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	1,856	1,858	1,864	1,870	1,873	1,869	1,866	1,863	1,865	1,864	1,858	1,849
National 2014	1,841	1,827	1,799	1,800	1,790	1,795	1,804	1,798	1,785	1,778	1,771	1,769
National 2015	1,766	1,758										
Expected Activity 2015	1,722	1,722	1,722	1,722	1,722	1,722	1,722	1,722	1,722	1,722	1,722	1,722

The number of persons covered by GP Visit Cards (Target YTD 412,588)

- 160,004 February 2015, 124,512 February 2014 (28.5% increase) (n=35,492)
- 160,004 YTD 2015, 124,512 YTD 2014 (28.5% increase) (n=35,492)
- 160,004 February 2015, 160,276 January 2015 (-0.2% decrease) (n=272)
- YTD variance from expected activity -61.2% (n=252,584)

Of these 36,874 were covered by a discretionary GP Visit card. The Eligibility and Schemes Unit are completing a reforecast for 2015 which will be concluded by the end of March. It is anticipated that the forecast number of cards and monthly profile will change when the re-forecast is completed.

The target for 2015 was set inclusive of all children aged under 6 becoming eligible for a GP visit card. This target will need to be reviewed until this cohort comes on stream.



No. persons covered by GP visit cards ('000)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2014	126	126	121	125	134	138	143	147	153	157	158	160
National 2015	160	160										
Expected Activity 2015	413	413	413	413	413	413	413	413	413	413	413	413

Summary of Movement in Medical Cards	
Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of February 2015	1,758,050
Net decrease	-10,650
Entirely new medical cards issued/upgraded	20,151
Medical cards reinstated	13,237
Medical cards not renewed or deemed ineligible	-39,345
Medical cards where eligibility moved to GP Visit	-4,690
Reconciliation	-3
Net decrease	-10,650

Summary of Removals in Medical Cards	
Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	30,238
Full response, no longer eligible	4,307
Deceased	3,916
Removed by GP	884
Total	39,345

Summary of Movement in GP Visit Cards	
Movement in GPVCs	
GP Visit cards as of 1 January 2015	159,576
GP Visit cards at the end of February	160,004
Net increase	428
Entirely new GP visit cards issued	8,010
GP Visit cards reinstated	2,627
GP Visit cards not renewed or deemed ineligible	-5,359
GP Visit Cards where eligibility moved to Medical Card	-4,850
Reconciliation	0
Net increase	428

Finance

Primary Care (incl Multi Care)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	74,569	12,734	11,995	740	6%
CHO 2	77,224	12,747	12,483	264	2%
CHO 3	52,232	8,447	8,444	3	0%
CHO 4	95,214	15,799	15,402	397	3%
CHO 5	72,726	11,974	11,827	148	1%
CHO 6	50,473	8,548	8,127	422	5%
CHO 7	69,910	12,250	11,320	930	8%
CHO 8	96,871	15,956	15,650	306	2%
CHO 9	67,918	11,327	11,091	235	2%
Regional & National	88,961	11,982	12,905	-923	-7%
Total	746,097	121,764	119,243	2,521	2.0%

Social Inclusion	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	2,180	398	353	45	13%
CHO 2	6,118	980	989	(9)	-1%
CHO 3	8,083	1,342	1,307	35	3%
CHO 4	14,169	2,283	2,290	(7)	0%
CHO 5	7,779	1,241	1,253	(12)	-1%
CHO 6	2,552	424	412	11	3%
CHO 7	45,148	7,565	7,421	144	2%
CHO 8	3,739	588	610	(22)	-4%
CHO 9	33,859	5,589	5,586	3	0%
Regional & National	467	57	79	(22)	-28%
Total	124,095	20,467	20,302	165	1%

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,682,630	287,378	289,595	(2,217)	-1%
Drug Payment Scheme	62,849	11,573	9,885	1,688	17%
Long Term Illness Scheme	117,459	28,629	16,892	11,737	69%
High Tech	197,738	37,286	33,001	4,285	13%
Dental Treatment Services	75,000	10,407	11,450	(1,043)	-9%
Health Amendment Act	1,775	286	255	31	12%
Community Ophthalmic Scheme	31,577	4,731	4,821	(90)	-2%
Methadone Treatment	19,966	3,387	3,048	339	11%
Childhood Immunisation	7,785	979	1,188	(209)	-18%
Doctors Fees/ Allowances	6,675	569	1,021	(452)	-44%
Hardship	13,455	2,324	2,258	66	3%
OPAT	5,511	600	922	(322)	-35%
Oncology Drugs / Medicines	11,500	1,449	1,929	(480)	-25%
HEP C Drugs & Medicines	30,000	2,355	2,353	2	0%
ADHD	4,188	695	696	(1)	0%
Total	2,268,108	392,648	379,315	13,333	4%

Financial Commentary (Corporate Analysis)

The Primary Care division excluding Demand Led Schemes and Palliative Care has a year to date adverse variance of €2.66m. This compares with an adverse variance of €0.50m in the previous month. The largest overspends are in Area 1 €0.78m, Area 6 €0.433m and Area 7 €1.07m.

Local Demand Led Schemes

The February year to date budget overrun on Demand Led Schemes was €1.95m. The main drivers of this variance were Hardship Medicines €1.3m and Drug Refunds €0.66m.

Factors which may be contributing to the spike in Demand Led Schemes may be the increase in home oxygen rentals and administration sets to facilitate early discharge from Hospital settings.

PCRS

The PCRS year to date Feb adverse variance is €13.33m compared with a deficit of €8.26m in January 2015.

The main cost drivers are High Tech Medicines €12.40m and Long Term Illness scheme €11.73m. There are some savings against budget on GMS Pharmacy Drugs/Medicines with a year to date favorable variance of €12.60m. Savings where they arise are likely to be driven by the impact of pricing arrangements agreed in 2014 feeding in to the current year.

Agency Costs

Agency expenditure in the CHO areas has increased by €0.035m in the month, an increase of 2.4%. Overtime expenditure is relatively stable. There has been a significant increase in agency spend in Area 7 and Area 8 with an increase in spend of €0.10m and €0.04m respectively.

The division has a targeted agency saving of €4.31m in a full year and this is profiled for delivery from March onwards.

Service Level Arrangements

Position as at 7th April 2015

2014 Service Arrangements are completed for 834 out of 946 (88.2%)

2014 Service Arrangements are completed for €141.1m out of €159.8m (88.3%)

Workforce overview

Human Resource Management		
Staff levels and costings	Direct Staff WTE	10,130
	Direct Staff Indicative workforce number	10,344
	Direct Staff WTE Indicative workforce number Variance	214
	Direct Staff WTE Indicative workforce number Variance %	-2.07%
	Funded Indicative workforce number	
	2015 Development posts	12
	2015 Development posts filled	0
	% 2015 Development posts filled	0%
	pre-2015 Development posts	287
	pre-2015 Development posts filled	269
	% pre-2015 Development posts filled	93.7%
	Direct Staff Headcount	12,178
	Absence rates – Medical/Dental	1.9%
	Absence rates - Nursing	5.2%
	Absence rates – Health and Social Care	3.9%
	Absence rates - Management Admin	4.8%
	Absence rates - General Support Staff	5.7%
	Absence rates - Other Patient & Client Care	5.5%
	Absence rates – Overall*	5.0%

*Absence rates relate to all of community health

Staff indicative workforce numbers and WTE's

Actual 31/01/15*	Indicative workforce number 28/2/15*	Actual 28/2/15*	Variance
10089	10344	10130	+ 41

*adjusted to include Palliative Care

The Employment figures for 2015 onwards include all grades excluding Home Helps. The direct indicative workforce number does not include conversion to Agency. CFO's office has advised that there will be a further indicative workforce number known as the fully funded indicative workforce number which includes conversion to agency.

The process of re-mapping to divisions is continuing. February adjustments include re-mapping of palliative care to primary care. The current position shows a 2.07% variance below indicative workforce number; however this will adjust upwards with the impact of agency conversion.

DEVELOPMENT POSTS

Development posts	Pre-2015	% Filled
No. posts filled/start dates agreed	248.5	94%
No. posts accepted/start dates to be agreed	1.0	0%
No. at final stages of recruitment	.5	0%
No. recruitment ongoing/ unable to fill/on hold	14.5	5%

All posts are now filled in CHOs 2, 4 and 6 and funding has been drawn down and allocated accordingly. Posts remain to be filled in the following CHO CHOs:

CHO1: 0.5 post

CHO 3: 1 post

CHO 5: 1 post

CHO 7: 8 posts

CHO 8: 1 post

CHO 9: 4.5 posts

Development posts	2015	Target
Primary Care	12	Q2
Palliative Care	11	Q3-4



Palliative Care



Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and management of pain and other physical, psychosocial and spiritual problems. In recent years, the scope of palliative care has broadened and includes not only cancer related diseases but supporting people through non-malignant and chronic illness also.

The HSE continues to work towards the implementation of the recommendations contained in national policy and strategic documents. In 2015 engagement will continue with the voluntary providers and the Irish Hospice Foundation to address the gaps identified in service provision.

The Integrated Care Programmes (ICPs) are core to operational delivery and reform. Palliative Care recognises the potential for the ICPs to improve integration of services, access and outcomes, and commits to actively supporting the development and implementation of the priority work streams of the five ICPs in 2015.

Palliative Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Community Home Care	% of patients provided with a service in their place of residence within 7 days	95%	87%	-10%
	No of patients in receipt of specialist palliative care in the community	3248	3162	-3%
Inpatient waiting times	% of patients admitted within 7 days of referral	98%	97%	2%
Day Care	No of patients in receipt of specialists palliative day care services	349	349	0%
Paediatric Services	No of children in care of the Children's Outreach Nursing services	320	340	6%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 12,128	€ 11,420	€-708 (6%)
	• Pay	€ 5,884	€ 5,704	€-180 (3%)
	• Pay – Agency	€ 213	€212	€-1 (0%)
	• Pay – Overtime	€ 127	€ 117	€-10 (-8%)
	Non pay	€7,604	€7,214	€-390 (-5%)
	Income	€-1,577	€-1,698	€-122 (8%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	144 (88.9%)	11.1%
	€ value of 2014 Service Arrangements signed	100%	€48m (88.4%)	11.6%
Human Resources		Target YTD	YTD	% Var YTD
HR Development Areas	Performance reporting in development (Workforce and Action Plan, Absence, Staffing levels, Culture and Staff Engagement, and Learning and Development)			

Palliative Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days (95%)	86%	81%	94%	85%	96%	88%	88%	67%	90%	72%
	Community Home Care - No of patients in receipt of specialist palliative care in the community (3,248)	3162	349	366	400	503	396	236	250	437	223
	Inpatient waiting times - % of patients admitted within 7 days of referral (98%)	97%	90%	96%	100%	100%	100%	100%	99%		95%
	Day Care - No of patients in receipt of specialists palliative day care services (349)	349	13	37	42	116	0	28	42		70
	Paediatric Services - No of children in care of the Children's Outreach Nursing services (320)	363	14	18	26	27	35	14	146	44	39
Finance	% variance – from budget	-6%									
	% variance – Pay (Direct/Agency/Overtime)	-3%									
	% variance – Non pay (including procurement savings)	-5%									
	% variance – Income	8%									
	% variance of 2014 SA signed (100%)	88.9%									
	% variance of € value of 2014 SA signed (100%)	88.4%									

Performance RAG Rating

- Red ● > 10% of target
- Amber ● > 5% ≤ 10% of target
- Green ● ≥ 5% of target
- Grey ● No result expected

Finance RAG Rating

- Red ● 0.5% > of target
- Amber ● ≥ 0.25% < 5% of target
- Green ● < 0.25% of target

HR – Absence

- Red ● ≥ 4.73%
- Amber ● ≥ 4.02% < 4.73%
- Green ● < 4.02%

HR – Indicative workforce number

- Red ● ≥ 1.5% of target
- Amber ● ≥ 0.5% < 1.5% of target
- Green ● < 0.5% of target

Palliative Care Update

Quality

The % of patients provided with a specialist palliative care service in their place of residence within 7 days (Target 95%)

- 86.6% (n=627) February 2015, 90.1% (n=665 February) 2014 (-5.7% decrease) (n=38)
- 85.7% (n=1,300) YTD 2015, 90.9% (n=1,419) YTD 2014 (-8.4% decrease) (n=119)
- 86.6% (n=627) February 2015, 84.9% (n=673) January 2015 (-6.8% decrease) (n=46)
- YTD variance from expected activity -10% (n=141)

CHO 4 (95.4%) and CHO 5 (97.7%) are performing above target. All other CHOs are under target with CHO 7 (66.7%) and CHO 9 (73.9%) being particular outliers.

A target of 95% has been set for 2015 – an increase from the 88% target set in 2014. It is acknowledged that some Areas have staffing issues and will struggle to reach the higher target set for 2015. Additional staff resources have been allocated, through the 2015 Operational Plan, but it will take some months for these posts to come on stream.

Comments on CHOs performing at less than 90%

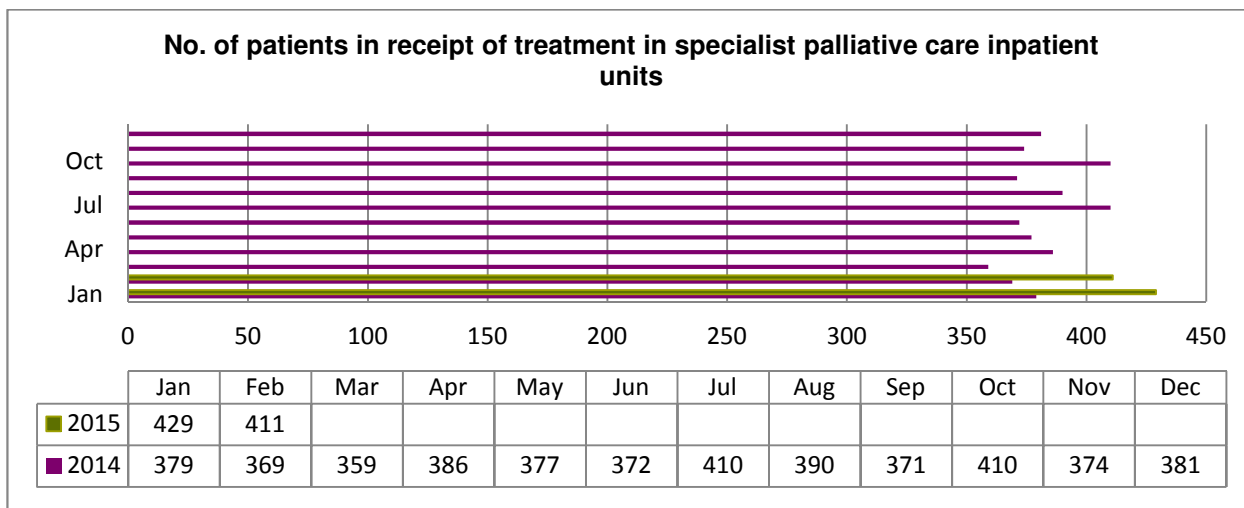
- CHO 1 (82%) - there appears to be a problem in one LHO rather than across the CHO. This will be addressed with the service.
- CHO 3 (85%) - an issue has been identified regarding the interpretation / reporting of the metric. This will be resolved for March.
- CHO 5 (88%) - there appears to be a problem in one LHO rather than across the CHO with activity down in February. However, since the beginning of the year 43 patients have been seen against the target of 47 and this is an increase on the same period last year. An additional CNS has been allocated.
- CHO 6 (88%) - 2 out of the 3 LHOs will struggle to meet the target. An additional CNS has been allocated.
- CHO 7 (67%) - 3 out of the 4 LHOs will struggle to meet the target. 2 additional CNSs have been allocated.
- CHO 8 (90%) - there is a problem in one LHO rather than across the CHO. A recruitment process commenced at the end of 2014.
- CHO 9 (72%) - performance has improved significantly in two LHOs i.e. January was 53% and 77% and February was 88% and 86% so activity is going in the right direction. One LHO has deteriorated since January 71% vs 65%. If there is an increased number of urgent referrals in one LHO area that will mean less non-urgent referrals will be seen in another LHO. The CHO 2 will struggle to meet the target and 2 additional CNSs have been allocated.

The % of patients admitted to a specialist palliative care inpatient bed within 7 days of referral (Target 98%)

- 96.9% (n=248) February 2015, 90.1% (n=228) February 2014 (8.8% increase) (n=20)
- 97.3% (n=537) YTD 2015, 95.1% (n=466) YTD 2014 (15.2% increase) (n=71)
- 96.9% (n=248) February 2015, 98.0% (n=289) January 2015 (-14.2% decrease) (n=41)
- YTD variance from expected activity 2.4% (n=13)

All CHOs are performing at 100% with the exception of CHO 1 (79.3%). 29 patients required a service and 23 received it within the 7 days target and 4 within 8-28 days.

The numbers of patients receiving treatment in specialist palliative care inpatient units has increased by 11.5% (n=42) compared to the same period in 2014.

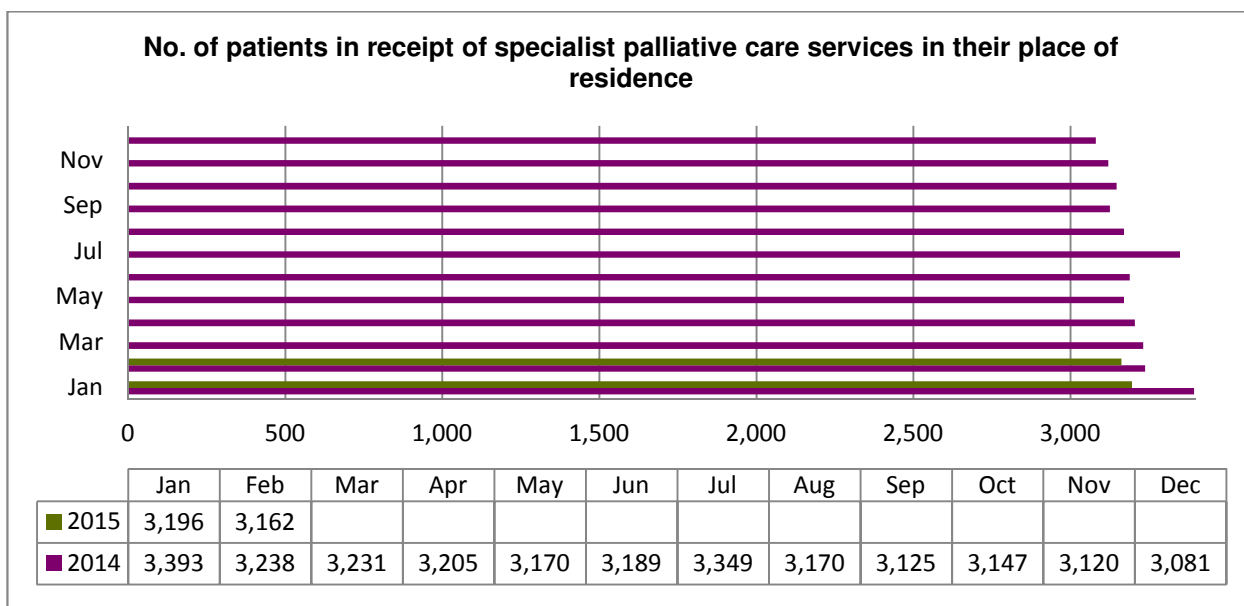


Access

The number of patients in receipt of a specialist palliative care service in the community (Target 3,248 Monthly)

- 3,162 February 2015, 3,238 February 2014 (-2.3% decrease) (n=76)
- 3,162 February 2015, 3,196 January 2015 (-1.1% decrease) (n=34)
- YTD variance from expected activity -2.6% (n=86)

The numbers of patients receiving specialist palliative care treatment in their place of residence (home, nursing home, non acute hospital) has decreased by -2.3% (n=76) compared to the same period in 2014.



349 patients availed of specialist palliative day care services in February (335 in January), with all CHOs meeting or exceeding their target.

The number of children in care of the Children's Outreach Nursing services (Expected Activity 320 Monthly)

- 340 February 2015, 287 February 2014 (18.5% increase) (n=53)
- 340 February 2015, 319 January 2015 (6.6% increase) (n=21)
- YTD variance from expected activity -6.3% (n=20)

Finance

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	5,783	915	933	(18)	-2%
CHO 2	5,164	824	835	(10)	-1%
CHO 3	11,639	1,881	1,881	(0)	0%
CHO 4	8,124	1,351	1,349	2	0%
CHO 5	1,281	206	207	(1)	0%
CHO 6	644	85	104	(19)	-18%
CHO 7	22,831	3,581	3,792	(211)	-6%
CHO 8	4,535	739	735	5	1%
CHO 9	10,278	1,746	2,172	(426)	-20%
Regional & National	1,317	90	119	(30)	-25%
Total	71,597	11,420	12,128	(708)	-6%

Finance Commentary

A year to date February 2014 surplus of €708,000 was reported for Palliative Care. This includes a favorable variance of €0.28m in respect of Our Lady's Hospice Harold's Cross.

There is no significant variance in any region but there are adverse variances in agency spend of €0.02m and €0.10m in Areas 1 and 7 respectively.

Service Level Arrangements

Position as of 7th April 2015

2014 Service Arrangements are completed for 153 out of 162 (95%)

2014 Service Arrangements are completed for €48.8m out of €54.7m (89.3%)



Mental Health Services



Mental Health Services

The vision for mental health services is to support the population to achieve their optimal mental health through the following key priorities:

- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Design integrated, evidence based and recovery focused Mental Health Services.
- Deliver timely, clinically effective and standardised safe Mental Health Services in adherence to statutory requirements.
- Promote the mental health of the population in collaboration with other services and agencies including reducing loss of life by suicide.
- Enable the provision of Mental Health Services by highly trained and engaged staff and fit for purpose infrastructure.

Mental Health Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Responsive Services	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units	>95%	69%	-28%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by			
	- General Adult Teams	>90%	92%	3%
	- Psychiatry of Old Age Teams	>99%	97%	-2%
	- Child and Adolescent Community mental Health Teams	>78%	82%	5%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by			
	- General Adult Teams	>75%	75%	-5%
	- Psychiatry of Old Age Teams	>75%	92%	-4%
- Child and Adolescent Community Mental Health Teams	>72%	74%	2%	
Access		Target YTD	YTD	% Var YTD
CAMHS	Reduction in the number of children and adolescents on waiting lists to be seen by Community CAMHS teams			
	Target: Overall reduction of >=5% (with a particular focus on the elimination of waiting lists of greater than 12 months)	2,632	3,001	14%
	No. And % on waiting list for first appointment at end of each month by wait time			
	i) <3 months	1,153	1,300	13%
	ii) 3-6 months	534	610	14%
	iii) 6-9 months	331	342	3%
	iv) 9-12 months	614	311	-49%
v) >12 months	0	438	>100%	
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€119,596	€119,729	€133 (0%)
	• Pay	€97,663	€96,940	€-724 (-1%)
	• Pay – Agency	€3,585	€4,812	€1,228 (34%)
	• Pay – Overtime	€2,429	€3,022	€593 (24%)
	Non pay	€25,016	€25,555	€539 (2%)
	Income	€-3,244	€ -2,916	€328 (-10%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	136(64.2%)	35.8%
	€ value of 2014 Service Arrangements signed	100%	€30.78 m (54.4%)	45.6%

Human Resources		Target YTD	YTD	% Var YTD
Absence	Variance from HSE workforce Indicative workforce number (within approved funding levels)	<0% (9,262)	9,332	70 (0.76%)
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	88%	12%
	< 48 hour working week	100%	93%	7%

Mental Health Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Admissions of children to adult MH units (>95%)	69%									
	General Adult Community MHT's - offered appoint within 12 weeks (>90%)	92%	85%	97%	95%	94%	95%	99%	82%	94%	90%
	Psychiatry of Old Age MHT's - offered appoint within 12 weeks (>99%)	97%	95%	100%	100%	82%	100%	100%	98%	98%	100%
	CAMHS offered appoint within 12 weeks (>78%)	82%	74%	93%	88%	71%	92%	78%	76%	84%	73%
	General Adult Community MHT's - offered appoint and seen within 12 weeks (>75%)	75%	72%	85%	71%	73%	94%	76%	70%	66%	67%
	Psychiatry of Old Age MHT's - offered appoint and seen within 12 weeks (>75%)	92%	95%	100%	100%	82%	100%	100%	100%	98%	100%
	CAMHS offered appoint and seen with 12 weeks (>72%)	74%	66%	86%	88%	62%	80%	67%	73%	65%	63%
Access	No on CAMHS waiting list (2,632)	3,001	390	50	410	535	228	524	385	263	216
	No and % on CAMHS waiting list (< 3 months) (1,153)	1,300	148	32	113	203	101	319	182	124	78
	No and % on CAMHS waiting list (3-6 months) (534)	610	84	3	102	94	13	114	73	68	59
	No and % on CAMHS waiting list (6-9 months) (331)	342	46	5	49	56	20	54	49	48	15
	No and % on CAMHS waiting list (9-12 months) (614)	311	51	1	58	78	18	27	24	23	31
	No and % on CAMHS waiting list (> 12 months) (Zero Tolerance)	438	61	9	88	104	76	10	57	0	33
Finance	% variance - from budget	0%									
	% variance - Pay	1%									
	% variance - Pay (Agency)	34%									
	% variance - Pay (Overtime)	24%									
	% variance - Non pay (including procurement savings)	2%									
	% variance – Income	-10%									
	% variance of 2014 SA signed (100%)	64.2%									
	% variance € value of 2014 SA signed (100%)	54.4%									
HR	% variance from Indicative workforce number (<0%)	0.76%									
	EWTD % NCHD's on <24 hour shift (100%)	88%									
	EWTD % NCHD's on <48 working week (100%)	93%									

Performance RAG Rating

Red	●	> 10% of target
Amber	●	> 5% ≤ 10% of target
Green	●	≥ 5% of target
Grey	●	No result expected

Finance RAG Rating

Red	●	0.5% > of target
Amber	●	≥ 0.25% < 5% of target
Green	●	< 0.25% of target

HR – Absence

Red	●	≥ 4.73%
Amber	●	≥ 4.02% < 4.73%
Green	●	< 4.02%

HR – Indicative workforce number

Red	●	≥ 1.5% of target
Amber	●	≥ 0.5% < 1.5% of target
Green	●	< 0.5% of target

Mental Health Update

Quality

Serious Reportable Events

- Number of events reported up to February 2015 was 16
- Of these, 2 events occurred and were reported in February 2015
- In 10 cases (63%) the 4 month target for completion of investigations are non compliant

The % of admissions of children to Child Adolescent Acute Inpatient Units (CAMHs) as a % of total number of admissions of children to Mental Health Acute Inpatient Units (Target 95%)

- 86% (n=25) February 2015, 62% (n=15) February 2014 (11% increase) (n=10)
- 69% (n=46) YTD 2015, 75% (n=31) YTD 2014
- 86% (n=25) February 2015, 58% (n=21) January 2015 (28% increase)
- YTD variance from target -28 %

In February, there were 29 Child and Adolescent acute inpatient admissions, 4 patients were to approved adult mental health inpatient units and of these admissions, of which 2 (50%) were 17 years or older. The percentage of admissions in February reached 86% against the targeted 95% and represents a significant improvement from 58% in January.

In 2015 to date, there had been a total of 67 children and adolescents admitted, 46 (69%) were to age appropriate Acute Child and Adolescent Inpatient Units. 21 (31%) were to approved adult mental health inpatient units, the majority as voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of these 90% were 16/17 years old and a third were discharged within 2 days and two thirds within a week.

Some of these admissions relate to a crisis admission where no adolescent bed is immediately available. Distance to the nearest CAMHs in-patient unit can also be a factor when immediate clinical assessment and treatment may be the requirement. In some cases, the presenting clinical needs of the young person, (who may be nearly 18 years old) may be more appropriately assessed and treated in an adult unit.

The % of accepted General Adult Team's referrals offered first appointment within 12 weeks (Target 90%)

- 91% February 2015 (data not available February 2014)
- 92% YTD 2015
- 91% February 2015, 93% January 2015 (2% decrease)
- YTD variance from target (3% increase)

The General Adult Community Mental Health Teams are performing 3% year to date above target nationally. There can be variations in performance at team level and the outliers for this metric are CHO 1 (85%) and CHO 7 (82%) increasing from 80% in January and where performance in five of the 21 teams is reducing the overall performance relating to specific resource issues for those teams. Improvement in

performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment within 12 weeks (Target 99%)

- 98% February 2015, (data not available February 2014)
- 97% YTD 2015,
- 98% February 2015, 96% January 2015 (2% increase)
- YTD variance from target (2% decrease)

The majority of the Psychiatry of Old Age teams nationally offer a first appointment within 12 weeks. An outlier for this metric is CHO 4 (82%). The POA team has been short consultant, nursing and administrative support staff negatively affecting performance and additional resources are planned to address these gaps.

The % of accepted CAMHs Teams referrals offered first appointment within 12 weeks (Target 78%)

- 80% February 2015, (data not available February 2014)
- 82% YTD 2015
- 80% February 2015, 83% January 2015 (3% decrease)
- YTD variance from target (5% increase)

82% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 5% above targeted performance. Outliers for this metric are CHO 4 (71%) and CHO 9 (73%) where across both CHO's, 6 of the 16 teams performance is reducing the overall performance and relates to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted General Adult Team's referrals offered first appointment and seen within 12 weeks (Target 75%)

- 73% February 2015, (data not available February 2014)
- 75% YTD 2015
- 73% February 2015, 76% January 2015 (3% decrease)
- YTD variance from target (0%)

75% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks which is on the target of 75%. Outliers for this metric are CHO 7 (70%), CHO 8 (66%) and CHO 9 (67%). Additionally, service levels have deteriorated in CHO 1 from 70% in January to 66% in February. Under performance relates to the types of resourcing issues mentioned above.

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment and seen within 12 weeks (Target 95%)

- 93% February 2015, (data not available February 2014)
- 92% YTD 2015
- 93% February 2015, 91% January 2015 (2% increase)
- YTD variance from target activity (4% decrease)

The vast majority of teams offer a first appointment within 12 weeks. Patients who do not attend for appointments have an impact on this measure with the 'did not attend' (DNA) rate currently running at 3%. An outlier for this metric is CHO 4 (82%).

The % of accepted CAMHs Teams referrals offered first appointment & seen within 12 weeks (Target 72%)

- 72% February 2015 (data not available February 2014)
- 74% YTD 2015
- 72% February 2015, 75% January 2015 (3% decrease)
- YTD variance from target activity (2% increase)

The vast majority of teams offer a first appointment within 12 weeks; those patients who do not attend their appointments have an impact on this measure with the DNA rate currently running at 3%. Outliers for this metric are CHO 4 (71%) and CHO 9 (73%).

Access

Reduction in the number of children & adolescents on waiting lists to be seen by Community CAMHS teams (Target 2,632)

- 3,001 February 2015, 2,724 February 2014 (10% increase) (n=277)
- 3,001 February 2015, 2,935 January 2015 (2% increase) (n=66)
- Variance from target (14% increase) (n=369)

In 2015, the National Service Plan objective for improved performance for the year is for >72% of accepted referrals to Child and Adolescent Community Mental Health Teams to be seen within three months together with an overall 5% reduction in the waiting list combined with a position where no-one is waiting over 12 months at end December 2015.

In February, there were 1,701 children and adolescents waiting for a first appointment for longer than three months, of which 438 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the target of offering first appointments and seeing individuals within three months is a priority for 2015. There may be a number factors contributing to an individual waiting longer than 12 months. In the context of the CAMHS Service Improvement Project and in consultation with the CHOs

locally, a validation exercise combined with analysis of those on this part of the waiting list is starting at the beginning of April for completion within two weeks.

The number and % of children & adolescents on waiting lists for first appointment at end of each month < 3 months (Expected Activity 1,153, 44%)

- 1,300 (43%) February 2015, 1,205 (45%) February 2014 (8% increase) (n= 95)
- 1,300 (43%) February 2015, 1,248 (41%) January 2015 (8% increase) (n=101)
- Variance from expected activity (13% increase) (n=147)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 3-6 months (Expected Activity 534, 20%)

- 610 (20%) February 2015, 460 (17%) February 2014 (33% increase) (n= 150)
- 610 (20%) February 2015, 535 (18%) January 2015 (14% increase) (n=75)
- Variance from expected activity (14% increase) (n= 76)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 6-9 months (Expected Activity 331 (13%))

- 342 (11%) February 2015, 301 (11%) February 2014 (14% increase) (n= 41)
- 342 (11%) February 2015, 377 (13%) January 2015 (11% decrease) (n=35)
- Variance from expected activity (3% increase) (n=11)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 9-12 months (Expected Activity 614 (23%))

- 311 (10%) February 2015, 305 (11%) February 2014 (2% increase) (n= 6)
- 311 February (10%) 2015, 346 (12%) January 2015 (10% decrease) (n=35)
- Variance from expected activity (49% decrease) (n=303)

The number and % of children & adolescents on waiting lists for first appointment at end of each month > 12 months (Target 0)

- 438 (15%) February 2015, 453 (17%) February 2014 (3% decrease) (n=15)
- 438 (15%) February 2015, 429 January (15%) 2015 (2% increase) (n=9)
- Variance from target activity (>100 % increase) (n=438)

This metric has a target that no team should have a child waiting longer than 12 months.58%* (n=36) of teams have no children waiting longer than 12 months although there are 438 (or 15% of the waiting list) individuals waiting more than 12 months.

Of the 27 teams who have individuals waiting longer than 12 months, 11 teams comprise 76% (332) of those (438) waiting longer than 12 months. This issue is being addressed in the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally. A validation exercise combined with analysis of those on this part of the waiting list is starting at the beginning of April for completion within two week.

* 62 out of 63 teams returned data in February (no return from Wexford North CAMHS)

Finance

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	63,894	10,438	10,459	(21)	0%
CHO 2	88,795	14,334	14,378	(44)	0%
CHO 3	57,082	9,292	9,206	86	1%
CHO 4	99,544	16,564	16,089	475	3%
CHO 5	87,626	14,602	14,192	410	3%
CHO 6	73,768	12,203	12,061	142	1%
CHO 7	72,159	11,853	11,810	43	0%
CHO 8	75,192	12,175	12,472	(297)	-2%
CHO 9	100,793	16,344	16,602	(258)	-2%
Regional & National	38,101	1,924	2,327	-402	-17%
Total	756,956	119,729	119,596	133	0%

Financial Commentary

Mental Health services spent €119.7m in the two months ended February 2015 against a budget of €119.6m, a negative variance of €0.1m, representing 0.12 of 1%.

Key Concerns

- 1) **Pay** - Total pay is under budget by €0.7m or 0.75%. However, this is masking a significant Agency and Overtime over-run.
 - a. **Locum / Agency** - Spend on Agency to end Feb'15 is €1.3m (37%) higher than the plan spend of €3.5m. If this rate of spend continues in 2015, then the annual variance would amount to approximately €16.7m. Assuming some likely improvement in the agency position, this could still yield an overrun of approx. €10m for 2015.
 - b. **Overtime** – Spend on Overtime to end Feb'15 is €597k (25%) higher than the plan spend of €2.4m. If this rate of spend continues in 2015, then the annual variance would amount to approximately €3.7m. Again, assuming some likely improvement in the position, there could be an overrun of approximately €3m.
 - c. **Funded Workforce** – The Actual Funded Workforce as at end Feb'15 amounts to 9,771 consisting of the following;
 - i. 9,213 WTE (HR Reported is 9,329 WTE less EVE Holdings 116 WTE)
 - ii. 323 Agency
 - iii. 235 Overtime
 - iv. Recruitment of Development Posts – The position on the recruitment of Development Posts at end Feb'15 is as follows ;
 - v. 477 posts allocated for 2013 – 403 or 84% have been recruited. Others are at various stages of recruitment with some difficulties in identifying candidates for geographic and qualification reasons.
 - vi. 251 posts allocated for 2014. 64 or 25% of the allocation have accepted posts.

The estimated TRS from these posts is approximately €2.3m from the 2013 posts and €8.5m from the 2014 posts giving a cumulative TRS of €10.8m.

2) First Call on additional 2015 Programme for Government Funding

The Mental Health Division has met with the Department to outline the need to put a first call of approximately €6m on the 2015 Programme for Government Funding to cover underlying unfunded deficits such as –

- a.** CMH - Additional beds brought on stream in order to fully implement the Criminal Law Insanity Act
- b.** Unfunded Private Placements
- c.** Headstrong
- d.** SHIP Counselling Services

Service Level Arrangements

Position as at 7th April 2015

2014 Service Arrangements are completed for 186 out of 204 (91.2%)

2014 Service Arrangements are completed for €53.8m out of €56.m (95.2%)

Workforce overview

Human Resource Management		Mental Health
Staff levels and costings	Direct Staff WTE	9,332
	Direct Staff Indicative workforce number	9,262**
	Direct Staff WTE Indicative workforce number Variance	70
	Direct Staff WTE Indicative workforce number Variance %	0.76%
	Funded Indicative workforce number	0
	2015 Development posts	0
	2015 Development posts filled	0
	% 2015 Development posts filled	0%
	pre-2015 Development posts**	1,144.6
	pre-2015 Development posts filled**	818.0
	% pre-2015 Development posts filled**	71.5%
	Direct Staff Headcount	10,146
	Absence rates – Medical/Dental	1.9%
	Absence rates - Nursing	5.2%
	Absence rates – Health & Social Care Professionals	3.9%
	Absence rates - Management Admin	4.8%
	Absence rates - General Support Staff	5.7%
	Absence rates - Other Patient & Client Care	5.5%
	Absence rates – Overall*	5.0%

*Absence rate refers to all of community health

** The above variance relates to the coding of WTE's and funding relating to a former non statutory provider EVE Holdings now part of the HSE but where it is recorded as Mental Health for Headcount but as Social Care for Finance purposes. This will be rectified in later reports.

Mental Health Analysis of New Service Development Posts

Of the 1,144 development posts for Mental Health from 2012 to 2014:

- 397.5 or 95.5% of the 416 development posts for 2012 have started..
- 405.5 or 85% of the 477 development posts for 2013 have started..
- Of the 251 posts allocated in 2014, 15 have started, a further 31 have agreed start dates and another 93 are at various stages in the recruitment process.



Social Care Services



Social Care

Social care services are focused on:

- Enabling people with disabilities to achieve their full potential including living as independently as possible, while ensuring that people are heard and involved in all stages of the process to plan and improve services.
- Maximising the potential of older people, their families and local communities to maintain people in their own homes and communities, within existing resources.

The over-65 population is growing by approximately 20,000 each year; and the over-85 years population is growing at a rate of 4% annually. A greater move towards primary and community services, as the principal means to meet people's home support and continuing care needs is required to address this growing demand and support acute hospital services.

People with disabilities should have access to the supports they require to achieve optimal independence and control of their lives and to pursue activities and living arrangements of their choice.

Disabilities Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€237,770	€242,408	€4,639 (2%)
	• Pay (Direct/Agency/Overtime)	€95,429	€97,440	€2,011(2%)
	• Pay – Agency	€3,149	€5,136	€1,986(63%)
	• Pay – Overtime	€778	€1,219	€440 (57%)
	Non Pay	€155,903	€157,297	€1,394 (1%)
	Income	€-17,099	€-16,860	€238 (-1%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	521(68.5%)	31.5%
	€ value of 2014 Service Arrangements signed	100%	€553 (49.9%)	50.1%
Human Resources		Target YTD	YTD	Var YTD
HR - development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing Levels	Variance from HSE Workforce Indicative workforce number (within approved funding levels)	<0% (24,816)	24,935	119 (0.07%)

Disabilities Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Finance	% variance - from budget	2%									
	% variance - Pay	2%									
	% variance - Pay (Agency)	63%									
	% variance - Pay (Overtime)	57%									
	% variance of 2014 SA signed (100%)	68.5%									
	% variance € value of 2014 SA signed (100%)	49.90%									
HR	Variance from Indicative workforce number <0%	0.50%									

Performance RAG Rating

Red	●	> 10% of target
Amber	●	> 5% ≤ 10% of target
Green	●	≥ 5% of target
Grey	●	No result expected

Finance RAG Rating

Red	●	0.5% > of target
Amber	●	≥ 0.25% < 5% of target
Green	●	< 0.25% of target

HR – Absence

Red	●	≥ 4.73%
Amber	●	≥ 4.02% < 4.73%
Green	●	< 4.02%

HR – Indicative workforce number

Red	●	≥ 1.5% of target
Amber	●	≥ 0.5% < 1.5% of target
Green	●	< 0.5% of target

Social Care Services: Disability Services

Quality

Serious Reportable Events

- Number of events reported up to February 2015 was 12
- 8 new SREs were reported in February 2015. Of these 1 event occurred and was reported in February 2015.
7 events were reported in February 2015 and occurred in 2013 or 2014.
- In 7 cases (58%) the 4 month target for completion of investigations are non compliant.

Aras Attracta update

The quality and safety of our services is paramount. In late 2014, serious allegations of totally unacceptable behavior and attitudes towards residents in Unit 3, Aras Attracta were brought to our attention. As soon as we became aware of the serious issues, immediate action was taken including:

- Ensuring a safe and caring home for the residents in Aras Attracta with ongoing communication and meetings with families of the residents involved.
- A full assurance review of all of the units in the facility under an independent chairman.

Residential Services – 6 Step Programme

A system-wide programme of measures has been put in place to assure that the quality and safety of services delivered by all service providers in all designated residential centres for people with disabilities, was in line with the requirements of the regulations and standards as inspected by HIQA.

A National Implementation Task Force held its first meeting in December which will drive the implementation of a six step programme and develop long term sustainable and evidence based safeguarding practices and training programmes specific to residential settings. The six steps involved are as follows:

1. Launch of a new policy: *Safeguarding Vulnerable Persons at Risk of Abuse* was launched in December for all HSE and HSE funded services. It builds on and incorporates existing policies in both disability and elder abuse services.
2. Commencing an Evaluation, Quality and Practice Improvement Programme in Disability Residential Centres.
3. Working with families and service users, we initiated a national Volunteer Advocacy Programme in adult disability residential settings. This will be further developed in 2015.
4. We commenced an assurance review (McCoy Review) of all the Units in the Aras Attracta facility.
5. We held the first 'national summit' to help transfer learning and oversight. This had participation from numerous stakeholders and interested parties such as non statutory services, HIQA, National Disability Association, Department of Health etc. It is planned to hold these quarterly in 2015.
6. HIQA published 493 inspection reports during the year. A number of situations arose where poor performance was identified. We established processes to address service improvement requirements and to ensure the safety of residents at all times.

Disability Act Compliance: % of assessments completed within the timelines as provided for in the regulations

The Disability Act 2005 provides for an assessment of the needs of eligible applicants occasioned by their disability. This assessment must commence within three months of receipt of a completed application and must be completed within a further three months. The target for this is 100%.

Congregated Settings: Facilitate the movement of people from congregated to community settings

As part of implementation of the policy report *Time to Move On From Congregated Settings* (aimed at supporting people to move from institutional settings to community settings), it is planned that 150 people will transfer during 2015. The number of people transitioned to community settings is reported quarterly.

Access

No. of rehabilitative training places provided (all disabilities) (Target YTD 2,583)

- 2,583 February 2015, 2583 February 2014 (no change)
- 2,583 YTD 2015, 2,583 YTD 2014
- 2,583 February 2015, 2,583 January 2015
- YTD variance from expected activity is on target

As seen from the analysis, the number of rehabilitative training places is exactly on target YTD.

No. of people (all disabilities) in receipt of rehabilitative training (Target YTD 2,870)

- 2,894 February 2015, 2,880 February 2014 (0.5% increase) (n=14)
- 2,894 YTD 2015, 2,880 YTD 2014 (0.5% increase) (n=14)
- 2,894 February 2015, 2,909 January 2015 (-0.5% decrease) (n=15)
- YTD variance from expected activity 1% (n=24)

As seen from the analysis, the number of people (all disabilities) in receipt of rehabilitative training is as projected.

Proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people

In line with the objectives of the 0-18s disability programme, a two year phased approach to implementation is underway to ensure that all 24 Local Implementation Groups (LIG) have fully reconfigured their children's services into children's disability network teams by the end of 2015. In 2014, 5 of the 24 LIGs completed their work, resulting in the creation of 55 children's disability network teams. A strong project management structure is in place to assist with this significant reform programme. Progress on this reform programme is monitored quarterly.

The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability

The annual target for this is 1.3 million hours. Service users who receive PA hours do so on an ongoing basis, this service is provided primarily by section 39 providers. This metric is reported on a quarterly basis.

The number of Home Support Hours delivered to people with a disability

As per PA hours, service users who receive home support hours do so on an ongoing basis. For this reason, this metric is reported on a quarterly basis, with an annual target of 2.6 million hours for 2015.

The number of respite overnights accessed by people with a disability

This number of respite overnights accessed by people with a disability is reported on a quarterly basis, with an annual target of 190,000 for 2015.

Finance

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	105,159	17,752	16,927	825	5%
CHO 2	137,777	23,138	22,271	867	4%
CHO 3	126,407	20,985	20,424	560	3%
CHO 4	184,136	29,926	29,741	185	1%
CHO 5	128,961	21,154	20,902	252	1%
CHO 6	201,973	34,801	33,533	1,269	4%
CHO 7	150,002	25,294	24,322	972	4%
CHO 8	166,556	27,785	26,986	799	3%
CHO 9	235,316	40,994	39,608	1,386	3%
Regional & National	25,571	579	3,055	(2,476)	-81%
Total	1,461,858	242,408	237,770	4,639	2%

Finance Commentary

There is considerable emerging need in the disability sector specifically in relation to residential special placements. Compliance with regulatory requirements is creating significant financial pressure within the disability sector. There are some variances arising due to phasing of the payment of grants to outside agencies. Agency and overtime expenditure for January and February is running at similar levels to 2014. A phased improvement in agency and overtime spend is planned from April onwards.

Service level arrangements (Position as at 7th April 2015)

2014 Service Arrangements are completed for 618 out of 767 (80.6%)

2014 Service Arrangements are completed for €976m out of €1,113m (87.7%)

Workforce overview

Human Resource Management*		
Staff levels and costings	Direct Staff WTE	24,935
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	119
	Direct Staff WTE Indicative workforce number Variance %	0.48%
	Funded Indicative workforce number	
	2015 Development posts	2
	2015 Development posts filled	0
	% 2015 Development posts filled	0%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	43.5
	% pre-2015 Development posts filled	24.9%
	Direct Staff Headcount	29,042
	Absence rates – Medical/Dental	1.9%
	Absence rates - Nursing	5.2%
	Absence rates – Health and Social Care Professionals	3.9%
	Absence rates - Management Admin	4.8%
	Absence rates - General Support Staff	5.7%
	Absence rates - Other Patient & Client Care	5.5%
	Absence rates – Overall**	5.0%

* The above table is inclusive off Older Persons and Disability Services

**Absence refers to all of community health

Social Care Services - Older Persons Services

Older Persons Services Balanced Score Card

Quality		Target	YTD	% Var
		YTD		YTD
Serious Reportable Events	Performance reporting in development			
Elder Abuse	% of active cases reviewed within 6 months time frame	90%	91.50%	1.70%
Access		Target	YTD	% Var
		YTD		YTD
Home Care Packages	Total no. of persons in receipt of a HCP	13,200	13,407	1.60%
	Intensive HCPs - no. in receipt of an Intensive HCP at a point in time (capacity)	190	36	-81.1%
Home Help Hours	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	1,639,051	1,623,353	-1.0%
Nursing Homes Support Scheme (NHSS)	No. of people being funded under NHSS in long-term residential care during the reporting month	22,231	22,231	-0.6%
Public Beds	No of NHSS Beds in Public Long Stay Units	5,287	5,293	0.10%
Finance		Budget	Actual YTD	% Var
		YTD €'000	€'000	YTD
Budget Management including savings	Net Expenditure variance from plan	€110,767	€119,776	€9,009(8%)
	.. Pay	€103,562	€104,430	€869 (1%)
	.. Pay - Agency	€4,412	€4,914	€502 (11%)
	.. Pay - Overtime	€814	€855	€41 (5%)
	Non pay	€67,884	€73,293	€5,408(8%)
	Income	€-61,038	€-58,642	€2,396 (-4%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	945(83.1%)	16%
	€ value of 2014 Service Arrangements signed	100%	€122,754 (87.2%)	13%
Human Resources		Target	YTD	Var
		YTD		YTD
HR - development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing Levels	Variance from HSE Workforce Indicative workforce number (within approved funding levels)	<0% (24,816)	24,935	119(0.5%)

Older People Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	HCP - No of persons in receipt of a HCP (13,200)	13,407	1,184	1,085	755	1,383	794	1,372	1,606	1,876	3,352
	HCP - No of persons in receipt of an Intensive HCP (190)	36									
	Home Help Hours - hours provided (10.3m)	1,623,353	211,109	186,760	144,273	326,034	191,152	61,264	116,930	203,972	181,858
	NHSS Beds - no of people funded (22,361)	22,231	1,932	2,545	2,031	3,601	2,293	1,957	2,783	2,551	2,538
	No of NHSS Beds in Public Long Stay Units (5,287)	5,293	562	607	346	1,039	567	391	646	660	475
Finance	% variance - from budget	8%									
	% variance - Pay	1%									
	% variance - Pay (Agency)	11%									
	% variance - Pay (Overtime)	5%									
	% and € variance - income	-4%									
	% and € variance - Non Pay (including procurement savings)	8%									
	% variance of 2014 SA signed (100%)	83.1%									
	% variance € value of 2014 SA signed (100%)	87.2%									
HR	% variance from Indicative workforce number (<0%)	0.48%									

Performance RAG Rating

- Red ● > 10% of target
- Amber ● > 5% ≤ 10% of target
- Green ● ≥ 5% of target
- Grey ● No result expected

Finance RAG Rating

- Red ● 0.5% > of target
- Amber ● ≥ 0.25% < 5% of target
- Green ● < 0.25% of target

HR – Absence

- Red ● ≥ 4.73%
- Amber ● ≥ 4.02% < 4.73%
- Green ● < 4.02%

HR – Indicative workforce number

- Red ● ≥ 1.5% of target
- Amber ● ≥ 0.5% < 1.5% of target
- Green ● < 0.5% of target

Social Care Services - Older Persons Services

Quality

Serious Reportable Events

- Number of events reported up to February 2015 was 12
- 8 new SREs were reported in February 2015. Of these 1 event occurred and was reported in February 2015. 7 events were reported in February 2015 and occurred in 2013 or 2014.
- In 7 cases (58%) the 4 month target for completion of investigations are non compliant.

The % of active Elder Abuse cases reviewed within six month timeframe (Target 90%)

- 1,216 February 2015, (comparison with 2014 not available as data collected quarterly in 2014)
- 1,216 YTD 2015
- 1,216 February 2015, 1,316 January 2015 (-7.6% decrease) (n=100)
- YTD variance from expected activity -13.1% (n=184)

In February, 187 new referrals for Elder Abuse were received, 11% were categorised as physical abuse, 25.2% psychological abuse, 20.5% financial, 18.9% neglect. The YTD total for new referrals stands at 397.

Access

The total number of persons in receipt of a Home Care Package (Target 13,200)

- 13,407 February 2015, 12,124 February 2014 (10.5% increase, n=1,283)
- Previous reporting period (January 2015) 13,187 (1.7% increase, n=220)
- YTD variance from expected activity is 1.6% (n=207)

The performance by CHO is: CHO 1 (-1.3%, n =16), CHO 2 (-3.6%, n=40), CHO 3 (4.9%, n=35), CHO 4 (-5.9%, n=87), CHO 5 (-2.0%, n=16), CHO 6 (-3.4%, n=48), CHO 7 (11.5%, n=166), CHO 8 (1.4%, n=26) CHO 9 (5.9%, n=187).

The increased demand for HCPs in January and February 2015 to assist in hospital discharges has resulted in a 1.6% increase from target ytd. 1,283 more HCPs were provided in February 2015 than in February 2014, representing a 10.6% increase. This is also reflected in the financial section, with associated higher costs reflecting the increasing level of dependency of patients supported with HCPs and subsequent service requirements to enable discharge during this period of increased demand.

The number in receipt of an Intensive Home Care Packages (iHCPs) at a point in time (Target 190)

- 36 February 2015, (comparison with 2014 not available as data collection did not commence until April 2014)
- 30 reported in January 2015 (increase of 4.0%, n=6)
- YTD variance from expected activity is – 81.1% (n=154)

Intensive Home Care Packages are being provided by CHO 2 (12), CHO 3 (5), CHO 4 (5) and CHO 6 (5), CHO 7 (1), CHO 9 (8).

The target for iHCPs is 190. It is expected that there will be an incremental increase in the number of iHCPs provided throughout the year as suitable patients are identified, and corresponding suitable services are available to meet the complex needs of these patients.

Contractual arrangements for delivering these intensive home care packages are still under negotiation. It is planned that they will be in place later in the year. In the meantime this dedicated fund is being used for transitional and short term beds to meet the need of people who require support before returning home

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Target YTD 1,639,051 Annual 10.3m)

- 791,523 February 2015, 813,622 February 2014 (-2.7%, n=22,099)
- 1,623,353 YTD 2015, 1,666,942 YTD 2014 (-2.6%, n=43,589)
- 791,523 February 2015, 831,830 January 2015 (-4.8%, n=40,308)
- YTD variance from expected activity -1.0% (n=15,698). YTD variance against an adjusted Feb target to facilitate a 28 day month is -2.5% (n=41,578)

Significant outliers include CHO 2 (-6.2%) and CHO 4 (-7.9%)

Expenditure in relation to home supports has increased to support the discharge of patients from acute hospitals, This has resulted in an increase in dependency levels of patients discharged, with increased demand for higher cost home help hours such to provide weekend and overnight support. Some activity variation is visible in the month report due to the payroll variations associated with the shorter month.

The number of people in receipt of home help hours (excluding provision of hours from HCPs) (Target 50,000)

- 47,917 February 2015, 45,235 February 2014 (5.9%, n=2,682)
- 47,917 YTD 2015, 45,235 YTD 2014, (5.9%, n=2,682)
- YTD variance from expected activity -4.17% (n=2,083)

The number of people receiving the service has increased considerably on the same period last year. In line with the delayed discharge initiative, additional supports are being put in place to facilitated discharge of patients with higher dependency levels than were previously supported in the home. This has resulted in greater levels of night time and weekend support, resulting in higher cost home help hours being provided.

The number of people being funded under NHSS in long-term residential care during the reporting month (Target 22,361)

- 22,231 February 2015, 22,781 February 2014 (2.4% decrease) (n=550)
- 22,231 YTD 2015, 22,781 YTD 2014 (2.4% decrease) (n=550)
- 22,231 February 2015, 22,324 January 2015 (0.4% decrease) (n=93)
- YTD variance from expected activity -0.6% (n=130)

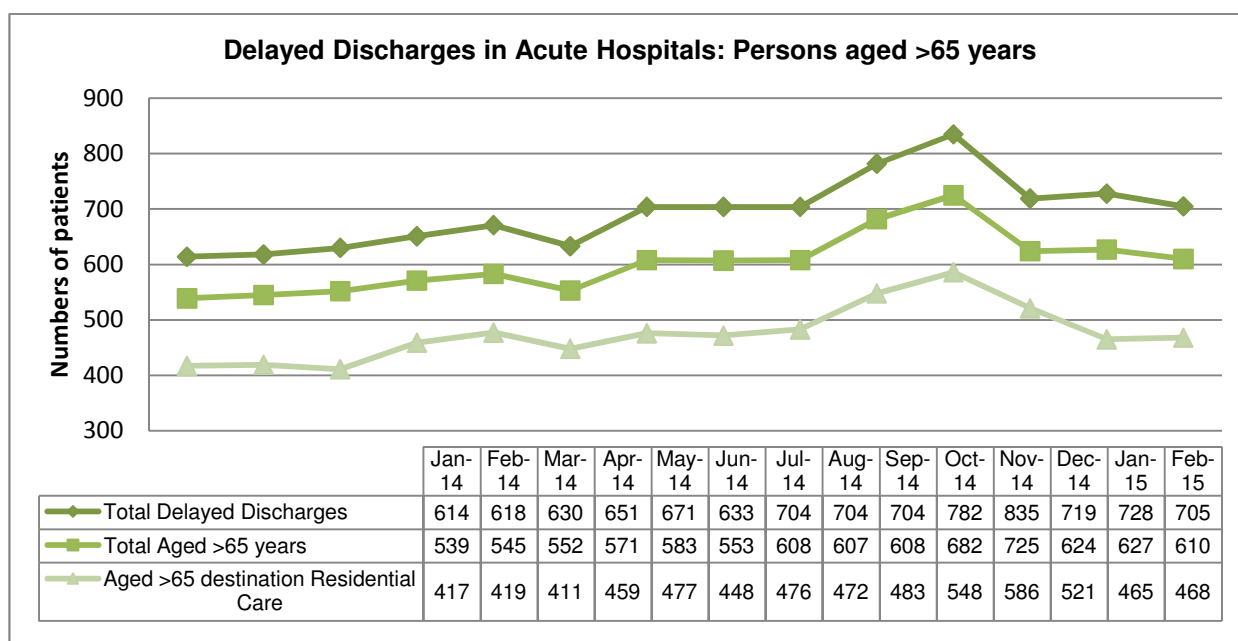
In February 2015 the NHSS funded 22,231 long term public and private residential places, and when adjusted for clients not in payment, there were 23,034 supported under the scheme. The numbers in payment are slightly below the target of 22,361 due to some clients not going in to long term care as quickly as anticipated.

As a result of the additional 300 places accelerated in December 2014 as part of the Delayed Discharges Initiative, the wait time for NHSS funding has reduced to 11 weeks, and it was maintained at that level throughout February. At the end of February, there were 1378 people on the national placement list.

In the first two months of 2015, 1960 applications were received and 1248 new clients were funded under the scheme in public and private nursing homes. This was a net decrease of 129 clients in payment during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. Due to the impact of the ageing population (4% annual growth in over 85s) the demand for places is greater than the resources currently available.

The number of people aged 65 and older medically discharged in acute hospitals

As of the end of February, there were 601 patients aged 65 and over medically discharged in acute hospitals. Of these 77.9% (n=468) are awaiting Long Term Residential Care, 11.7% increase on February 2014 (*source Delayed Discharges National Report, 24 Feb 2015*). The NHSS scheme is operating within the limits of resources available, in accordance with the legislation.



The number of NHSS Beds in Public Long stay unit (Target 5,287)

- 5,293 February 2015, 5,324 February 2014 (-0.6% decrease) (n=31)
- 5,293 February 2015, 5,292 January 2015 (0% decrease) (n=1)
- YTD variance from expected activity -0.1% (n=40)

Finance

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	72,921	12,304	11,687	618	5%
CHO 2	56,306	10,336	9,181	1,156	13%
CHO 3	57,374	9,362	9,387	(25)	0%
CHO 4	119,029	20,683	19,753	930	5%
CHO 5	59,354	10,121	9,727	394	4%
CHO 6	50,955	8,919	8,432	487	6%
CHO 7	77,876	13,239	13,547	(308)	-2%
CHO 8	50,059	9,626	8,565	1,061	12%
CHO 9	83,941	14,310	13,958	351	3%
Regional & National	71,347	10,875	6,529	(4346)	-66%
Total	699,162	119,776	110,767	9,009	8%
Fair Deal	828,657	134,135	134,214	79	0.05%

Finance Commentary

The deficit in older people's services relates to transitional care beds, additional homecare packages and home helps to address delayed discharges in acute hospitals (1,044 beds approved to end of February 2015). Agency and overtime expenditure for January and February are running at similar levels to 2014. It is anticipated that this will improve from March onwards, however the planned savings are dependent on the successful outcome of union negotiations in relation to skill mix in the public residential care units.

Service Level Arrangements

Position as at 7th April 2015

2014 Service Arrangements are completed for 1,003 out of 1,127 (89.0%)

2014 Service Arrangements are completed for €128m out of €141m (91.2%)

Workforce overview

Human Resource Management *		
Staff levels and costings	Direct Staff WTE	24,935
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	119
	Direct Staff WTE Indicative workforce number Variance %	0.48%
	Funded Indicative workforce number	
	2015 Development posts	2
	2015 Development posts filled	0
	% 2015 Development posts filled	0%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	43.5
	% pre-2015 Development posts filled	24.9%
	Direct Staff Headcount	29,042
	Absence rates – Medical/Dental	1.9%
	Absence rates - Nursing	5.2%
	Absence rates – Health and Social Care Professionals	3.9%
	Absence rates - Management Admin	4.8%
	Absence rates - General Support Staff	5.7%
	Absence rates - Other Patient & Client Care	5.5%
	Absence rates – Overall**	5.0%

* The above table is inclusive off Older Persons and Disability Services

**Absence refers to all of community health



Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

Budget 2015, provides a more realistic funding level for the health services and is very welcome as part of a two year programme to put the health services on a more sustainable financial footing. The 2015 challenge comes at a time when the demand for health services is increasing every year, which in turn is driving costs upwards. Since 2006 the population has grown by 8%, the number of people over 65 years of age has increased by 14% however the very elderly population i.e. those over 85 years has increased by circa. 30%. This coupled with current economic conditions and the high level of Medical Cards means the demand for health services and the resulting cost pressures are increasing. Allied to this are the ongoing welcome advances in the development of medical technologies which improve patient outcomes but are very expensive. Examples of this include developments in interventional radiology, a curative drug for Hepatitis C, a new drug for cystic fibrosis, new oral anti-coagulant drugs and developments in orthopaedic implants.

The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 **budget**. It provides funding levels similar to 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,166m, an increase of 5.4%. This increase in funding will in the first instance enable the HSE to deal with the 2014 level of unfunded costs. When account is taken of the 2014 final net expenditure level health services net **costs** can increase by a maximum of €77m in 2015 which is approximately 0.5%.

The national service plan (NSP2015) sets out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identified that in addition to this €130m the health services had a further residual financial challenge of circa €100m based on the projected 2014 closing expenditure level. Given the final 2014 expenditure level this residual challenge is now circa €140m.

This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

The funding received has allowed the allocation of more realistic budgets in 2015 and brings with it a requirement for greater accountability to ensure services are delivered safely and, to the greatest extent possible, within the budget made available to the health service. Building on the work of recent years, the 2015 accountability framework will ensure that performance will be measured against agreed plans, which include financial and service delivery commitments in terms of access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account under this framework and under-performance will be identified and mitigated as early as possible in the year.

Financial Performance in February 2015

As of February 2015 the health service has recorded net spend on an income and expenditure basis of €2.030 billion against a budget of €1.971 billion. This leads to a total deficit of €58.8m of which €18.4m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €40.4m within core services primarily within Acute Hospitals and Social Care.

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000	YTD % var vrs Plan
HSE Funded Providers	1,707,816	293,230	282,955	10,275	4%
HSE Direct Provision	2,293,590	384,675	367,242	17,433	5%
Acute Hospitals Division	4,001,406	677,904	650,197	27,708	4%
National Ambulance Service	144,139	22,895	22,761	135	1%
Health & Wellbeing	201,379	28,367	29,116	(749)	-3%
HSE Funded Providers	7,128	1,230	1,130	100	9%
HSE Direct Provision	738,969	120,534	118,113	2,420	2%
Primary Care	746,097	121,764	119,243	2,521	2%
HSE Funded Providers	0	0	0	0	
HSE Direct Provision	124,095	20,467	20,302	165	1%
Social Inclusion	124,095	20,467	20,302	165	1%
HSE Funded Providers	20,160	3,078	3,360	(282)	-8%
HSE Direct Provision	51,437	8,342	8,768	(426)	-5%
Palliative Care	71,597	11,420	12,128	(708)	-6%
Primary Care Division (Note 1)	941,789	153,650	151,673	1,978	1%
HSE Funded Providers	35,566	5,908	5,906	1	0%
HSE Direct Provision	721,390	113,821	113,690	132	0%
Mental Health Division	756,956	119,729	119,596	133	0%
HSE Funded Providers	28,711	5,658	4,887	771	16%
HSE Direct Provision	670,451	114,118	105,879	8,238	8%
Older Persons	699,162	119,776	110,767	9,009	8%
Nursing Home Support Scheme	828,657	134,214	134,135	79	0%
HSE Funded Providers	382,080	66,019	64,193	1,826	3%
HSE Direct Provision	1,079,777	176,389	173,576	2,813	2%
Disabilities	1,461,858	242,408	237,770	4,639	2%
Social Care Division	2,989,676	496,398	482,671	13,727	3%
National Cancer Control Programme	10,664	467	431	36	8%
Clinical Strategy & Programmes (incl NMPDU)	30,059	2,766	3,714	(947)	-26%
Quality Improvement Division	7,701	559	911	(351)	-39%
National Services	294,557	41,254	42,503	(1,249)	-3%
Total HSE Funded Providers (Note 2)	2,181,462	375,123	362,432	12,692	4%
Total HSE Direct Provision	7,196,864	1,168,868	1,141,140	27,728	2%
Community Healthcare Organisations	3,719,880	629,148	606,077	23,071	4%
Total Direct Service Provision	9,378,325	1,543,991	1,503,572	40,419	3%
Statutory Pensions	432,905	69,971	68,347	1,624	2%
Pension Levy	(220,870)	(35,841)	(35,791)	(50)	0%
Statutory Pensions & Pension Levy (Note 3)	212,034	34,130	32,556	1,575	5%
State Claims Agency	96,000	22,303	20,701	1,602	8%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	392,648	379,315	13,333	4%
Demand Led Local Schemes (Note 1)	218,338	37,559	35,603	1,956	5%
Non Core Services (Note 3)	2,582,446	452,510	435,619	16,891	4%
Total Non Core Services Provision (Note 3)	2,794,481	486,640	468,175	18,465	4%
Held Funds	8,194				
Accelerated Income (Note 4)	(50,000)				
Total	12,131,000	2,030,631	1,971,747	58,885	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,378,325	1,543,991	1,503,572	40,419	3%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division

Note 2: Represents the majority of larger voluntary providers funded under Section.38 of the Health Act including all of the voluntary acute hospitals.

Note 3: The non core services listed above are demand driven

Note 4: This represents a HSE cash acceleration target

Primary Care Reimbursement Service (PCRS), Local Demand Led Schemes (Local DLS), State Claims (SCA) and Pensions

There are a number of expenditure headings (PCRS, Local DLS and SCA) which, due to their legal or technical nature were prepared in NSP2015 on an agreed basis. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision. There is a deficit of €16.8m on these areas at the end of February 2015.

In addition to these costs, similar consideration must be given to pensions costs provided within the HSE which cannot be readily controlled in terms of financial performance and are difficult to predict. The NSP 2015 was prepared on the basis that pension related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. There is a €1.6m reported deficit on pension costs at the end of February however assessment within the statutory and funded s.38 voluntary sector is ongoing to determine the scale of any likely pension issue in 2015.

The combined deficit from demand led cost and pensions is circa €18.4m at the end of February.

Outside of these areas core services, primarily Acutes and Social Care, have deficits of €40.4m at the end of February.

Acutes

NSP 2015 reflects the first year of a planned 2-year programme which will seek to address some of the underlying funding issues within the acute hospital sector. As part of this exercise a more realistic budget for acute services was provided in the 2015 financial settlement. While the increase was welcome it was not possible to set the budget at the full level of the 2014 outturn (NSP 2015 set acute budgets at 0.8% below the 2014 projected spend).

The acute hospitals still face significant cost pressures in 2015. Actual expenditure in the sector increased above the estimate over the final quarter of 2014. In addition, known pay and other cost pressures which will impact during 2015 require to be managed. This indicates that acute hospitals have an average minimum requirement to reduce their costs by 2% -2.5% below 2014 levels.

The level of cost containment required of the acute sector is significant when we look at hospital cost patterns in Ireland and internationally and underpins why NSP 2015 referenced exceptional focus and placed particular emphasis on reduction and conversions of agency spend. The 2015 accountability framework is being implemented to maximise assurance around overall performance including financial performance. Significant additional support is being provided in relation to pay and staffing level data and controls. This is part of the necessary actions to maximise agency and other staff cost reductions and is being monitored closely in 2015.

The acute hospitals division is reporting a €17m deficit for the month of February and a cumulative year-to-date overspend of €27.7m. It is too early to draw any conclusions as to the likely year end position based on 2 months' data. However, it is clear that there have been exceptional pressures on capacity and costs in January and February. These relate primarily to the very high level of delayed discharges during the period and the necessary response in terms of staffing and capacity. For these reasons, it has been difficult to implement planned cost reduction measures in the first two months of the year. Specifically, financial targets for 2015 included a reduction in excess capacity, either within the hospital system or in terms of acute-funded transition beds, which could be phased out. This has not been possible to achieve in January or February, with significant pressure on the system to bring on additional staff to maintain or expand bed capacity. Potential additional funding has being signaled in respect of delayed discharges and this would help to alleviate the staffing and capacity pressures within the acute hospitals.

Social Care – Older Person Services

This group of services has recorded a February Net deficit of €9m of which €6.7m can be directly attributed to unfunded transitional care expenditure. The key cost pressure and financial risk issues which management in this service is seeking to address to the greatest extent possible include:

The pressure caused by the exceptionally high level of delayed discharges in the early months of 2015 coupled with the level of management capacity being tied up in same driving additional costs (including in home support) and mitigating against sufficient energy being available to address service improvement and cost reduction via skill mix changes.

There are challenges to the delivery of the service improvement programme for public long stay units. In respect of this it is intended to introduce a revised skill mix that makes best use of scarce clinical resources and brings costs more in line with the private sector (when adjusted for structural issues) and the typically higher complexity of residents catered for by the public units. Additionally there are very significant industrial relations and change management issues associated with this programme.

Social Care – Disability Services

This group of services has recorded a February Net deficit of €4.6m. The key cost pressure and financial risk issues which management in this service is seeking to address to the greatest extent possible include the underlying cost base which was partly addressed via once-off measures in 2014. There are also significant pay cost pressures around overnight residential staff.

Significant staffing and capital / once-off pressures caused by the enhanced regulatory focus on disability residential services in the absence of the normal multi-annual investment programme which would typically be a necessary part of the lead in to any regulatory development of this nature.

Significant additional costs in relation to the Aras Attracta service following on from issues identified in that service in recent months.

Agency / Pay

Under the pay heading agency spend represents the single biggest challenge this year with an exceptional focus required to deliver on the framework and the minimum savings targets outlined in NSP 2015. The first two months showed a small increase year on year, however in light of the sustained exceptional level of delayed discharges it is still too early to draw a conclusion from this.

After a number of years of pay management through a moratorium the shift to managing staff numbers in line with funded levels will require organisational development and change management. Services who demonstrate an ability to manage within their overall pay funding including meeting targets to decrease agency spend will get greater autonomy over staffing decisions.

Agency costs – February 2015 vs February 2014	
	Total €000
January 2015	27,398
February 2015	28,376
Year to Date Total 2015	55,773
Average monthly costs 2015 YTD	27,887
January 2014	24,943
February 2014	25,252
Year to Date Total 2014	50,195
Average monthly costs 2014 YTD	25,097
Average Total cost 2014	28,384
Total Costs 2014	345,604
Change – YTD Feb 2015 vs YTD Feb 2014	11%
2015 full year forecast based on YTD 2015 expenditure	345,038
2015 Forecast versus 2014 Actual Costs	4,434

National services

National Services February 2015	Approved Allocation	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	% Var vrs Plan
Health Business Services	109,581	17,697	16,960	738	4%
Finance	40,266	5,608	5,610	(3)	0%
Human Resources	49,109	5,941	6,281	(340)	-5%
National Contracts Office	13,756	230	2,283	(2,053)	-90%
Office of Director General/System Reform/Legal Services	25,804	2,759	2,179	580	27%
Corporate Community	4,755	751	631	120	19%
Office of Deputy Director General	3,364	366	314	51	16%
Communications	10,791	1,767	1,738	29	2%
Audit	3,490	419	544	(125)	-23%
Other Regional Services	4,299	747	785	(38)	-5%
Health Repayment Scheme	1,000	454	500	(46)	-9%
Chief Information Officer	28,342	4,516	4,678	(163)	-3%
Total	294,557	41,254	42,503	(1,249)	-3%

Conclusion

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

However the sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions in January and February that the plan requires in part because our focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed.

The impact of unfunded regulatory driven pressures is also a significant factor within the disability and elderly services that make up social care.

The €40.4m February deficit in our core services is located entirely within the acute hospital and social care services and is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.



Human Resources

Human Resources Overview

Work is now well advanced on the development of a National 'People' Strategy for the Health Public Sector, this is informed by the results of the first National Staff Survey and embedded in best practice People Management. Further work is being undertaken on the development of a revised structure and operating model for the HR teams across the HSE at the same time.

The People Strategy is currently being developed through a series of engagement processes with key staff and Union stakeholders but the themes of the strategy are developing as follows:

1. Staff Engagement
2. Work Optimisation
3. Leadership and Management development
4. Learning and Development
5. Knowledge Management and Business Intelligence

A key development strand under Knowledge Management and Business Intelligence will be an overhaul of the people metrics reported in the performance report (PR) and indeed the people metrics reported at all levels in the HSE. These will be based on a balanced scorecard with focus on performance in the areas of Culture, HR Management, Training & Development and Leadership.

The metrics reported in the performance report will be enhanced once this work is completed.

Workforce position

A funded workforce baseline is being completed. This will include the equivalent workforce numbers for direct, agency and overtime funded pay. This information will in future reports form the basis of an assessment of reported WTEs and pay costs.

WTE Overview by Division	WTE Jan 2015	Indicative workforce number Feb 2015	WTE Feb 2015	WTE Change since Jan 2015	WTE Variance Feb 2015	% WTE Variance Feb 2015
Acute Services	49,841	49,631	50,251	+410	+620	+1.3%
Ambulance Services	1,613	1,611	1,603	-10	-8	-0.5%
Health & Wellbeing	1,236	1,279	1,235	-1	-44	-3.4%
Primary Care	10,089	10,344	10,130	+41	-214	-2.1%
Mental Health	9,273	9,262	9,332	+60	+70	+0.8%
Social Care	24,834	24,816	24,935	+100	+119	+0.5%
Corporate & HBS	2,618	2,598	2,615	-2	+17	+0.7%
Total Health Service	99,505	99,541	100,102	+598	+561	+0.6%

- Overall employment levels at the end of February stands at 100,102 WTEs up 598 WTEs from the previous month.
- February is the seventh month in a row to record increased employment levels – up 2,130 (+2.2%) since July 2014.
- Growth is being driven by filling of new service developments much of which carried over from 2013 and 2014, conversion of agency in nursing, Healthcare Assistants and management/admin, in addition to other growth in Nursing (driven by increases in Nurse Managers and student nurse placements not being offset by displacement of staff nurses), Consultants, NCHDs, and senior management and most significantly much of the growth is within the Acute Services Division.
- The Health Sector is 561 WTEs above the initial indicative direct funded employment ceiling of 99,541 WTEs, while the Acute Services Division is over by 640 WTEs.

Absence

The January rate at 4.51% is up on the December rate of 4.33% reflecting seasonal factors and is the lowest January rate on record. Previous January rates were 6.56% (2008), 5.96% (2009), 5.19% (2010), 5.18% (2011), 5.19% (2012), 5.22% (2013) and 4.84% (2014).

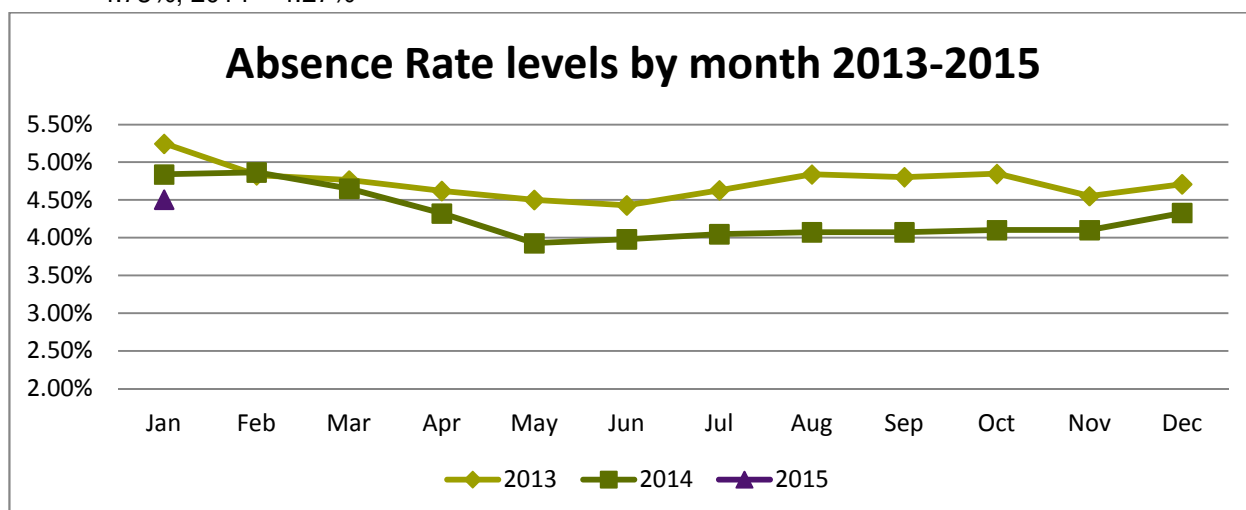
Changes in the paid sick leave scheme which came into effect from the 31st March 2014 are contributing to a positive effect in recorded absence, and building on the general downward trend seen in recent years.

	Target	January 2014	Full Year 2014	Previous month	January 2015	YTD 2015	% Medically Certified (Jan 2015)	% Medically Certified (FY 2014)
Absence Rates	3.50%	4.84%	4.27%	4.33%	4.51%	4.51%	87.17%	90.42%

Note: Absence rates is reported one month in arrears.

Annual Rate for 2015 and Trend Analysis from 2008

- The 2015 YTD rate is for one month only and thus may be too short for comparison purposes. The 2014 full year rate at 4.27% 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 year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the absence rate recorded in September 2014 stood at 5.5%
- Annual rates; 2008 – 5.74%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.27%



Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty.

The HSE's National Service Plan 2015 sets absence rates as a key result area (KRA) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies. The HSE continues to review its current sick leave policies and procedures as well as having a range of current supports and interventions to address challenges being encountered in the whole area of attendance management and absence rates through ill health. The objective of all these actions is to enhance the health sector's capacity to address and manage more effectively absence rates, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absence.

Employment Indicative workforce number Compliance

- The Health Sector is 561 WTEs below the direct employment Indicative workforce number of 99,541 WTEs.
- Most Divisions are below or marginally above their direct funded employment Indicative workforce number. Acute Services are some 207 WTEs above their 2015 average direct funded employment Indicative workforce number level.

New Service Developments

- There are approximately 782 WTE new service development posts planned or in the process of being filled, which rolled forward from 2014. These reflect posts from agreed service developments over the period of 2010 – 2014.
- The Mental Health service reports that 868.5 out of a total 1,144 development posts from the years 2012 -2014 have been recruited, some may have future start dates.

European Working Time Directive

In February 2015 hospitals nationally have reported a 93.9% compliance rate with a maximum 24 hour shift for all NCHD's. 14 hospitals are 100% compliant in February with a further 16 hospitals reporting compliance at 90% or above. 6 hospitals are reporting below 90% compliance –Mullingar (51%), Louth County (33%), Tullamore (80%), Portlaoise (84%), Portincola (88%), and Mayo (89%).

In February 2015 hospitals nationally have reported a 68% compliance with an average 48 hour working week for all NCHD's. 4 hospitals are 100% compliant (Cappagh, Eye & Ear, St. Columcille's, Rotunda,). 7 hospitals are reporting below 50% compliance – Coombe (19%), Portlaoise (43%), Tallaght (47%), Louth County (33%), OLOL (28%), Portincola (36%), and Tullamore 46%.

Significant progress in 2014, maintained in early 2015

Implementation of the EWTD is a priority for the HSE. In 2014, actions initiated by the HSE in partnership with the Irish Medical Organisation (IMO) resulted in:

- 27% increase in the number of NCHDs working average of 48 hours a week or less. At end 2013, compliance with a maximum 48 hour week stood at 40%. At end 2014, this had improved to 67% - a 27% increase.
- 17% increase in the number of NCHDs working a maximum 24 hour shift or less. At end 2013, compliance with the requirement for NCHDs to work a maximum 24 hour shift or less stood at 77%. At end 2014, this had improved to 94% - a 17% increase.
- 46% increase in the number of NCHDs receiving 30 minute breaks. At end 2013, compliance with the requirement for 30 minute breaks every 6 hours stood at 53%. At end 2014, this had improved to 99% - a 46% increase.
- 12% increase in the number of NCHDs receiving weekly / fortnightly rest. At end 2013, compliance with the requirement for weekly / fortnightly rest stood at 86%. At end 2014, this had improved to 98% - a 12% increase.
- 19% increase in the number of NCHDs receiving an 11 hour daily rest period or equivalent immediate compensatory rest. At end 2013, compliance with the requirement for an 11 hour daily rest period or equivalent immediate compensatory rest stood at 76%. At end 2014, this had improved to 95% - a 19% increase.
- Monthly EWTD data since September 2014 illustrates that the pace of EWTD compliance (in terms of compliance with the maximum average 48 hour week) is static – and has almost flat lined. In that context, following substantial work practice changes, introduction of new rosters,

introduction of a cohort of protected training time, significant NCHD recruitment (over 400 additional NCHDs in the last two years) and other measures we are working on the basis that the system has probably reached the full extent of EWTD compliance possible in the current service configuration.

Hospital Group Absence Rates January 2015

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Coombe Women & Infants University Hospital	0.27%	3.95%	3.91%	2.97%	3.85%	7.01%	3.60%	78.1%
Midland Regional Hospital, Portlaoise	0.31%	6.50%	1.48%	7.27%	2.72%	5.50%	5.14%	89.0%
Midland Regional Hospital, Tullamore	1.45%	5.52%	3.11%	3.95%	5.84%	6.71%	4.85%	83.2%
Naas General Hospital	0.00%	4.91%	1.94%	2.34%	2.26%	11.85%	4.94%	85.1%
St. James's Hospital	0.40%	4.10%	2.10%	3.40%	5.00%	5.20%	3.40%	82.1%
St. Luke's Hospital, Rathgar	0.69%	2.61%	2.81%	4.29%	7.24%	2.93%	3.53%	75.0%
Tallaght Hospital	0.93%	3.89%	3.43%	4.16%	2.52%	3.24%	3.25%	86.1%
Dublin Midlands HG	0.63%	4.35%	2.64%	3.83%	4.19%	6.05%	3.74%	83.4%
Cappagh National Orthopaedic Hospital	1.55%	5.35%	0.75%	3.35%	10.00%	1.94%	4.20%	91.0%
Mater Misericordiae University Hospital	1.26%	3.67%	3.64%	3.83%	5.53%	4.49%	3.58%	90.3%
Midland Regional Hospital, Mullingar	3.76%	4.49%	3.64%	2.12%	5.43%	12.00%	5.31%	90.8%
National Maternity Hospital	0.31%	3.52%	1.02%	3.68%	2.13%	5.35%	2.88%	85.7%
Our Lady's Hospital, Navan	1.02%	4.61%	2.52%	2.14%	8.31%	8.72%	4.47%	84.9%
Royal Victoria Eye & Ear Hospital	0.56%	3.34%	0.00%	7.05%	6.79%	0.54%	3.77%	92.3%
St. Columcille's Hospital	0.00%	3.57%	1.59%	4.66%	8.91%	2.31%	3.71%	82.6%
St. Luke's General Hospital	1.49%	6.20%	3.71%	4.64%	4.75%	6.37%	4.84%	91.4%
St. Michael's Hospital	0.00%	2.50%	1.87%	1.03%	1.46%	5.28%	2.04%	84.5%
St. Vincent's University Hospital	0.00%	4.10%	3.66%	2.49%	5.64%	2.38%	3.44%	92.1%
Wexford General Hospital	0.08%	4.66%	1.30%	4.02%	4.45%	8.45%	3.90%	82.7%
Ireland East HG	0.91%	4.15%	3.11%	3.39%	5.22%	5.76%	3.77%	89.4%

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Beaumont Hospital	0.41%	5.01%	3.28%	3.49%	3.18%	5.38%	3.67%	82.7%
Cavan General Hospital	1.40%	4.71%	3.90%	3.44%	6.11%	4.32%	4.27%	83.8%
Connolly Hospital	0.50%	3.52%	4.17%	2.70%	4.07%	7.68%	3.48%	88.3%
Louth County Hospital	0.08%	6.36%	0.66%	2.95%	3.46%	7.96%	4.38%	82.7%
Monaghan General Hospital	3.10%	2.71%	5.06%	3.05%	3.36%	20.27%	3.88%	74.9%
Our Lady of Lourdes Hospital	1.58%	5.23%	1.16%	3.21%	7.53%	7.66%	4.58%	84.2%
The Rotunda Hospital	0.81%	4.84%	2.97%	3.27%	5.04%	6.39%	3.98%	83.6%
RCSI HG	0.27%	3.95%	3.91%	2.97%	3.85%	7.01%	3.60%	78.1%
Galway University Hospitals	0.31%	6.50%	1.48%	7.27%	2.72%	5.50%	5.14%	89.0%
Letterkenny General Hospital	1.45%	5.52%	3.11%	3.95%	5.84%	6.71%	4.85%	83.2%
Mayo General Hospital	0.00%	4.91%	1.94%	2.34%	2.26%	11.85%	4.94%	85.1%
Portiuncula Hospital	0.40%	4.10%	2.10%	3.40%	5.00%	5.20%	3.40%	82.1%
Roscommon County Hospital	0.69%	2.61%	2.81%	4.29%	7.24%	2.93%	3.53%	75.0%
Sligo Regional Hospital	0.93%	3.89%	3.43%	4.16%	2.52%	3.24%	3.25%	86.1%
Saolta Healthcare Group HG	0.63%	4.35%	2.64%	3.83%	4.19%	6.05%	3.74%	83.4%
Bantry General Hospital	0.00%	3.09%	0.00%	1.20%	0.00%	6.49%	2.88%	80.1%
Cork University Hospital	0.26%	5.05%	2.47%	3.86%	5.23%	4.91%	3.97%	82.9%
Kerry General Hospital	0.26%	4.53%	4.12%	6.98%	5.60%	0.00%	4.40%	86.6%
Lourdes Orthopaedic Hospital	0.00%	7.04%	0.00%	1.41%	2.47%	0.00%	4.64%	96.3%
Mallow General Hospital	0.36%	6.43%	5.61%	8.99%	6.14%	0.00%	5.88%	89.3%
Mercy University Hospital	0.73%	6.69%	1.58%	3.36%	4.25%	5.51%	4.35%	85.2%
South Infirmary-Victoria University Hospital	0.00%	4.10%	3.66%	2.49%	5.64%	2.38%	3.44%	92.1%
South Tipperary General Hospital	0.62%	4.54%	1.52%	2.71%	5.32%	10.30%	3.80%	86.3%
University Hospital Waterford	0.65%	5.13%	4.71%	2.37%	7.45%	8.02%	4.32%	87.9%
South/ South West HG	0.41%	5.06%	2.99%	3.57%	5.49%	4.92%	4.09%	85.7%
Croom Hospital	0.30%	9.22%	2.37%	11.88%	6.34%	7.47%	7.80%	99.3%
Ennis Hospital	0.00%	7.06%	3.36%	13.87%	2.02%	5.83%	6.95%	98.9%
Nenagh Hospital	6.82%	4.33%	2.85%	2.59%	1.81%	11.76%	5.40%	99.6%
St. John's Hospital	0.00%	3.01%	0.70%	4.92%	9.20%	0.27%	3.70%	94.5%
University Hospital Limerick, Dooradoyle	0.33%	6.07%	5.33%	6.92%	9.62%	9.60%	6.02%	99.2%
University Maternity Hospital	3.70%	5.85%	0.00%	1.65%	5.20%	8.27%	5.45%	99.0%
University of Limerick HG	0.66%	5.89%	4.75%	6.73%	8.30%	8.51%	5.87%	98.9%
Our Lady's Hospice & Care Services	0.00%	4.37%	4.98%	5.85%	4.29%	4.24%	4.38%	89.7%
Palliative Care HG	0.00%	4.37%	4.98%	5.85%	4.29%	4.24%	4.38%	89.7%
Children's University Hospital	2.22%	3.56%	4.30%	4.73%	7.78%	2.01%	3.89%	94.5%
Our Lady's Children's Hospital	0.37%	4.58%	2.44%	3.00%	6.47%	6.27%	3.72%	83.8%
Children's Hospital Group HG	1.10%	4.22%	3.13%	3.76%	6.86%	4.98%	3.78%	87.8%

Community Health Organisation Absence Rates January 2015

HSE Area	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	certified
Carlow/ Kilkenny/ South Tipperary	1.28%	5.86%	3.48%	3.48%	6.30%	4.79%	5.35%	89.41%
Cork	2.11%	4.66%	3.87%	4.29%	3.39%	4.23%	4.04%	71.82%
Donegal	1.97%	6.57%	3.88%	5.75%	8.25%	7.13%	6.41%	92.12%
Dublin City North	1.52%	3.88%	3.92%	2.91%	4.82%	5.43%	4.18%	91.99%
Dublin North	1.00%	3.83%	3.34%	3.29%	3.90%	4.73%	3.81%	93.81%
Dublin South Central	1.02%	4.12%	5.34%	6.27%	5.79%	5.92%	5.49%	82.73%
Dublin South East/ Wicklow	4.49%	4.03%	3.57%	4.59%	3.68%	4.99%	4.66%	85.53%
Dublin South West/Kildare	2.45%	6.26%	3.58%	6.36%	7.50%	6.51%	6.08%	79.31%
Galway/Roscommon	0.77%	5.19%	3.72%	4.79%	9.63%	5.07%	4.73%	92.19%
Louth/ Meath	0.00%	10.54%	7.54%	3.23%	13.15%	4.47%	7.79%	94.77%
Midlands	2.44%	5.99%	3.85%	5.82%	4.56%	6.29%	5.52%	87.90%
Mid West	0.00%	4.32%	3.64%	3.24%	5.84%	4.53%	3.83%	96.73%
Sligo-Leitrim/West Cavan		4.27%	6.00%	3.42%	3.16%	3.57%	3.81%	90.21%
Waterford/ Wexford	0.00%	6.42%	5.05%	3.26%	1.13%	3.42%	4.09%	93.49%
Other HSE Payrolls			0.00%	5.23%	0.00%		5.16%	84.27%
Total	1.87%	5.13%	3.88%	4.74%	5.73%	5.33%	4.96%	86.92%



Appendices

Appendix 1:

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 East 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		Saoita 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 2:

Ireland East Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	>60%	44%	-26.7%
	Surgery: % of surgical readmissions within 30 days	95%	85%	-11%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	<9.6%	11%	-15%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	3%	2%	33.3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	95%	100%	5.3%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.7%	-29.3%
	% of children waiting <20 weeks for an elective procedure	100%	56.7%	-43.3%
Inpatient admissions	Elective inpatient admissions	2,604	2,760	6.0%
	Emergency inpatient admissions	15,192	14,409	-5.2%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	89.8%	-10.2%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.3	-15%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.4%	-29.1%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.7%	-19.3%
	% of all attendees at ED who are in ED >24 hours	0%	4.8%	-4.8%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	82.4%	79%	-4.1%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	11%	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	75.6%	-20.4%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	96.4%	-3.6%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-11.5%	-11.5%
Discharges	No of inpatient discharges	21,903	10,804	-3.7%
	No of day case discharges	27,696	26,601	-4.0%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	7.8	-34.5%
	Surgical ALOS	5.5 days	6.3	-15.6%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€ 130,499	€ 135,631	€5,132 (4%)
	• Pay	€ 108,402	€ 111,260	€2,859 (3%)
	• Pay – Agency	€ 4,655	€ 6,307	€1,653 (36%)
	• Pay – Overtime	€ 5,656	€ 6,534	€878 (16%)
	• Non Pay	€ 47,088	€ 49,895	€2,808 (6%)
	• Income	€-30,370	€-31,557	-€827 (3%)
Human Resources		Target YTD	YTD	Var YTD
Absence and Staffing levels	% absence rates by staff category (3.5%)	3.5%	3.4%	
	Medical/Dental		0.8%	
	Nursing		3.6%	
	Health and Social Care Professional		3.1%	
	Management/Administration		3.6%	
	General Support Staff		4.5%	
	Other Patient and Client Care Staff		5.4%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (9,997)	10,112	115 (1.1%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	95%	-5%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	72%	-28%

Dublin Midlands Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	>60%	81%	35%
	Surgery: % of surgical readmissions within 30 days	95%	88%	-7%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	<9.6%	11%	-15%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	3%	3%	0%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	95%	98.5%	3.7%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	95%	97.3%	2.4%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	65.0%	-35.0%
	% of children waiting <20 weeks for an elective procedure	100%	53.2%	-46.8%
Inpatient admissions	Elective inpatient admissions	2,256	2,052	-9.0%
	Emergency inpatient admissions	11,785	10,299	-12.6%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	71.5%	-28.5%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3.0	-50.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	54.3%	-42.8%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.1%	-28.9%
	% of all attendees at ED who are in ED >24 hours	0%	5.2%	-5.2%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	61.4%	61%	-0.7%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	38.7%	-62.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	77.5%	-22.5%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-16.9%	-16.9%

Access		Target YTD	YTD	% Var YTD
Discharges	No of inpatient discharges	16,865	15,252	-9.6%
	No of day case discharges	27,328	32,822	20.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	7.5	-29.3%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 121,672	€ 127,141	€5,469 (4%)
	• Pay	€ 98,934	€ 101,644	€2,709 (3%)
	• Pay – Agency	€ 4,471	€ 7,689	€3,218 (72%)
	• Pay – Overtime	€ 3,799	€ 4,381	€582 (15%)
	• Non Pay	€ 48,890	€ 51,886	€2,997 (6%)
	• Income	€-31,383	€-31,354	€29 (0%)
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	3.6%	
Absence Staffing levels and Costs	Medical/Dental		0.7%	
	Nursing		4.0%	
	Health and Social Care Professional		2.6%	
	Management/Administration		4.1%	
	General Support Staff		3.9%	
	Other Patient and Client Care Staff		5.7%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (9,317)	9,409	92(1%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	95%	-5%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	54%	-46%

RCSI Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	3%	2%	-33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100%	5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	100%	5.3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	97.8%	8.6%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	68.6%	-31.4%
	% of children waiting <20 weeks for an elective procedure	100%	41.1%	-58.9%
Inpatient admissions	Elective inpatient admissions	1,753	1,676	-4%
	Emergency inpatient admissions	12,231	10,901	-11%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	89.7%	-10.3%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.8	-40.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	59.9%	-36.9%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	74.2%	-25.8%
	% of all attendees at ED who are in ED >24 hours	0%	7.8%	-7.8%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	59.7%	55%	-7.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	16%	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	50.1%	-46.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-18.3%	-18.3%
Discharges	No of inpatient discharges	16,805	15,406	-8.3%
	No of day case discharges	19,103	18,636	-2.4%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	8	-38%
	Surgical ALOS	5.3 days	5.5	-4%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 100,276	€ 106,235	€5,959 (6%)
	• Pay	€ 86,555	€ 89,950	€3,395 (4%)
	• Pay – Agency	€ 6,467	€ 8,740	€2,273 (35%)
	• Pay – Overtime	€ 4,385	€ 5,044	€659 (15%)
	• Non Pay	€ 34,711	€ 35,485	€775(2%)
	• Income	€-24,012	€-22,194	€1,817 (-8%)
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.1%	
Absence Staffing levels and Costs	Medical/Dental		0.7%	
	Nursing		5.0%	
	Health and Social Care Professional		2.7%	
	Management/Administration		3.9%	
	General Support Staff		5.1%	
	Other Patient and Client Care Staff		7.7%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (7,616)	7,759	143 (1.9%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	94%	-6%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	47%	-53%

Saolta University Health Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	3%	2%	-33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	92.2%	-2.9%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	82.9%	-12.8%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	82.8%	-8.0%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	90%	0%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	75.0%	-25.0%
	% of children waiting <20 weeks for an elective procedure	100%	57.1%	-42.9%
Inpatient admissions	Elective inpatient admissions	2,102	2,055	-2.3%
	Emergency inpatient admissions	14,770	15,075	2.1%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	75.8%	-24.2%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.3	-15.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.0%	-28.4%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	82.8%	-17.2%
	% of all attendees at ED who are in ED >24 hours	0%	2.6%	-2.6%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	65.9%	55%	-16.5%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	16%	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	87.2%	-13.4%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	97.7%	-2.3%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-53.8%	-53.8%
Discharges	No of inpatient discharges	17,911	18,017	0.6%
	No of day case discharges	24,547	23,634	-3.7%

Access		Target YTD	YTD	% Var YTD
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	7	-20.7%
	Surgical ALOS	4.3 days	5.1	-18.6%
Finance		Budget YTD ('000)	Actual YTD ('000)	% Var YTD ('000)
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 104,056	€ 108,778	€4,722 (5%)
	• Pay	€ 82,189	€ 84,972	€2,782 (3%)
	• Pay – Agency	€ 2,907	€ 4,913	€2,005 (69%)
	• Pay – Overtime	€ 3,835	€ 4,009	€174(5)
	• Non Pay	€ 37,167	€ 39,870	€2,703 (7%)
	• Income	€-15,301	€-15,840	€-539 (4%)
Human Resources		Target YTD	YTD	Var YTD
Absence Staffing levels and Costs	% absence rates by staff category (M) (3.5%)	3.5%	4.0%	
	Medical/Dental		0.5%	
	Nursing		4.7%	
	Health and Social Care Professional		3.3%	
	Management/Administration		3.6%	
	General Support Staff		5.1%	
	Other Patient and Client Care Staff		4.8%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (7,858)	7,875	17 (0.2%)
Compliance with European Working Time Directive (EWTd)	< 24 hour shift	100%	95%	-5%
Compliance with European Working Time Directive (EWTd)	< 48 hour working week	100%	74%	-26%

South / South West Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	10%	-4%
	Surgery: % of surgical readmissions within 30 days	3%	2%	-33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	76.7%	-19.2%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	80.2%	-15.6%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	9.6%	-89.3%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	Complete Data Not Yet Available for February	
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	71.7%	-28.3%
	% of children waiting <20 weeks for an elective procedure	100%	61.2%	-38.8%
Inpatient admissions	Elective inpatient admissions	4,027	4,393	9%
	Emergency inpatient admissions	14,764	13,791	-7%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	75.7%	-24.3%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.8	-40.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.5%	-28.9%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.2%	-19.8%
	% of all attendees at ED who are in ED >24 hours	0%	4.1%	-4.1%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	72.5%	75%	3%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	14%	Data Not Available	Data Not Available

Access		Target YTD	YTD	% Var YTD
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	67.2%	-34.5%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-8%	-8%
Discharges	No of inpatient discharges	21,426	21,216	-1.0%
	No of day case discharges	27,711	26,414	-4.7%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	6.6	-14%
	Surgical ALOS	4.8 days	4.5	6%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 112,431	€ 115,132	€2,702(2%)
	• Pay	€ 93,919	€ 96,258	€2,339(2%)
	• Pay – Agency	€ 3,768	€ 5,127	€1,359(36%)
	• Pay – Overtime	€ 4,215	€ 4,169	€-46 (-1%)
	• Non Pay	€ 42,791	€ 45,057	€2,266(5%)
	• Income	€-25,337	€-27,205	€-1,868(7%)
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.1%	
Absence Staffing levels and Costs	Medical/Dental		0.9%	
	Nursing		5.0%	
	Health and Social Care Professional		2.7%	
	Management/Administration		3.6%	
	General Support Staff		5.6%	
	Other Patient and Client Care Staff		6.0%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (8,932)	9,112	180 (2.0%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	95%	-5%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	81%	-19%

Children's Hospital Group Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	3%	68.8%
	Surgery: % of surgical readmissions within 30 days	2%		
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of children waiting <20 weeks for an elective procedure	100%	56.6%	-43.4%
Inpatient admissions	Elective inpatient admissions	1,228	1,117	-9.1%
	Emergency inpatient admissions	2,936	2,991	1.9%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	85.7%	-14.3%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.4	-20.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	86.1%	-9.4%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	95.6%	-4.4%
	% of all attendees at ED who are in ED >24 hours	0%	0.6%	-0.6%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission			
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	To Be Confirmed	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	94.0%	-6.0%
Discharges	No of inpatient discharges	4,099	4,024	-1.8%
	No of day case discharges	4,503	4,426	-1.7%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€36,690	€37,335	€665 (2%)
	• Pay	€31,272	€31,962	€690 (2%)
	• Pay – Agency	€91	€131	€40 (44%)
	• Pay – Overtime	€1,255	€1,387	€132 (11%)
	• Non Pay	€12,187	€12,531	€345 (3%)
	• Income	€-8,373	€-8,934	€-561 (7%)
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.1%	
Absence Staffing levels and Costs	Medical/Dental		1.7%	
	Nursing		4.6%	
	Health and Social Care Professional		3.5%	
	Management/Administration		4.8%	
	General Support Staff		6.8%	
	Other Patient and Client Care Staff		3.7%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (2,794)	2,814	20(0.7%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	93%	-7%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	65%	-35%

University of Limerick Hospitals Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	9%	6.3%
	Surgery: % of surgical readmissions within 30 days	3%	1%	-66.7%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	95.8%	0.9%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	85.0%	-10.5%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	Complete Data Not Yet Available for February	
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	85.9%	-14.1%
	% of children waiting <20 weeks for an elective procedure	100%	67.8%	-32.2%
Inpatient admissions	Elective inpatient admissions	1,847	1,676	-9.2%
	Emergency inpatient admissions	5,016	5,227	4.2%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	89.1%	-10.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3.0	-50.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	55.1%	-42.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	70.2%	-29.8%
	% of all attendees at ED who are in ED >24 hours	0%	8.0%	-8.0%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	71.7%	79%	10.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	18%	Data Not Available	Data Not Available
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	84%	-10.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0.0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	21.6%	21.6%
Discharges	No of inpatient discharges	8,051	8,367	3.9%
	No of day case discharges	7,362	6,948	-5.6%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8 days	5.8	0.0%
	Surgical ALOS	3.9 days	3.6	7.7%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€ 42,349	€ 44,426	€2,077 (5%)
	• Pay – Direct	€ 34,020	€ 35,436	€1,416 (4%)
	• Pay – Agency	€ 2,620	€ 3,859	€1,240 (47%)
	• Pay – Overtime	€ 1,509	€ 1,648	€139 (9%)
	• Non Pay	€ 17,600	€ 18,824	€1,224 (7%)
	• Income	€ -9,585	€ -10,200	€-615 (6%)
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	5.7%	
Absence Staffing levels and Costs	Medical/Dental		0.8%	
	Nursing		5.8%	
	Health and Social Care Professional		5.2%	
	Management/Administration		5.8%	
	General Support Staff		9.2%	
	Other Patient and Client Care Staff		7.9%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (3,091)	3,145	54 (1.7%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	90%	-10%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	83%	-17%

Appendix 3:

Community Health Organisations

	Areas included CHO's		Areas included CHO's
CHO 1	Cavan/Monaghan	CHO 6	Dublin South East (2)
	Donegal		Dun Laoghaire (1)
	Sligo/Leitrim/West Cavan		Wicklow (10)
CHO 2	Galway	CHO 7	Dublin South City (3)
	Roscommon		Dublin West (5)
	Mayo		Dublin South West (4)
CHO 3	Clare	CHO 8	Kildare/West Wicklow (9)
	Limerick		Laois/Offaly (11)
	North Tipp/East Limerick		Longford/Westmeath (12)
CHO 4	North Cork	CHO 9	Louth
	North Lee		Meath
	South Lee	Dublin North Central (7)	
	West Cork	Dublin North West (6)	
	Kerry	Dublin North (8)	
CHO 5	Waterford		
	Wexford		
	Carlow/Kilkenny		
	Tipperary South		