



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Profile

**July – September 2017
Quarterly Report**

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Contents

| | |
|--|----|
| Corporate Updates | 3 |
| Quality and Patient Safety | 8 |
| Performance Overview | 11 |
| Health and Wellbeing | 12 |
| Primary Care | 19 |
| Mental Health | 27 |
| Social Care | 32 |
| Social Care - Disabilities | 34 |
| Social Care – Older Persons | 39 |
| National Ambulance Service | 44 |
| Acute Hospitals | 48 |
| Finance | 60 |
| Human Resources | 67 |
| Escalation Report | 71 |
| Acute Hospitals | 74 |
| Appendices | 82 |
| Appendix 1: Performance and Accountability Framework | 83 |
| Appendix 2: Data Coverage Issues | 84 |
| Appendix 3: Hospital Groups | 85 |
| Appendix 4: Community Health Organisations | 86 |

Corporate Updates

Clinical Strategy and Programmes

The following is a mid-year update on progress against the priorities and priority actions from the National Service Plan.

Progress on the establishment and development of Integrated Care

- The ICP Patient Flow has progressed the National Patient Flow Improvement Programme in two proof of concept sites
- The ICP for Children has progressed work on the design of a screening programme for Developmental Dysplasia of the Hip and a consultant-delivered services pilot in Waterford.
- The ICP for Older People is working with six sites testing care pathways for frail older people and progressing the development of six new sites
- A high level vision for change document for the ICP for Chronic Disease was approved by HSE leadership.

Nurses and midwives with authority to prescribe

Within NSP 2017 the Office of Nursing and Midwifery services priorities where to provide an increase to 940 the number of nurses and midwives with authority to provide medicines and increase to 310 the number of nurses and midwives with authority to prescribe ionising radiation (x-ray).

| | 2016 Baseline | Additional YTD 2017 | Total at June 2017 | Target 2017 | Status |
|----------|---------------|---------------------|--------------------|-------------|-----------|
| Medicine | 870 | 59 | 929 | 940 | On target |
| Ionising | 287 | 19 | 306 | 310 | On target |

Caring Behaviours System for Ireland (CBAS-I)

Throughout the first six months of 2017 the Caring Behaviours Assurance System-Ireland programme has been expanded to the Midland Regional Hospital Portlaoise and to Naas General Hospital. A total of 30 quality champions have been trained from these hospitals. Second CBAS-I programmes were facilitated in Galway University Hospital and Portlinculla University Hospital. A total of 25 new quality champions were trained from these sites.

Progress on the National Clinical Programmes

Within the NSP 2017 Clinical Strategy and Programmes aim to develop further service shaping documents such as models of care, guidelines and pathway, and support implementation of same across Hospital Groups and CHOs.

In the first half of 2017, the following has taken place:

Models of care

- Ophthalmology approved
- Model of Care for Specialist Mental Health Service for Older Person approved
- Rheumatology model of care – undergoing approval
- Rehabilitation Medicine – final draft stages
- Diabetes – update in progress
- Dermatology – final draft stages

Approved Reports, Guidelines and Pathways

- Renal Dialysis Dependency Report
- National guideline for swallow screening in Stroke
- National Policy for Pronouncement of Expected Death by Registered Nurses
- Rapid Discharge Pathway for Patients Who wish to Die at Home
- Guideline for the care and management of a central venous access device for a child in the community
- Medications guidelines for Obs & Gynae Vol 1 - antimicrobial prescribing
- Medication guidelines for Obs & Gynae Vol 2 - antimicrobial safety in pregnancy and lactation

Children First National Office

Introduction

Commencement of Children First Action 2015 due December 2017.

Children First Governance Structure in Place and Implemented

- National and Divisional Oversight Committees are in place
- Children First Implementation Committees are established in 7/9 CHO areas. Implementation committees have been established in all Hospital Groups.

HSE Child Protection and Welfare Policy

The HSE Child Protection and Welfare Policy as displayed on the Children First Website have been signed off internally and externally including by the Trade Union Groups.

Children First Training Strategy

The training strategy has been further amended to reduce the need for staff to leave the work place to access training. The following training aids have been developed: -

- Three videos have been developed and are currently being placed on the website. The topics covered are:-
 - Reasonable grounds for concern
 - How to complete a Standard Report Form to report a child protection concern to the Child and Family Agency.
 - Domestic violence impact on children and response of agencies.

Communication Strategy and Children First Website:

The website www.hse.ie/childrenfirst is the repository of most of the resources with leaflets setting out key responsibilities for staff, GP's, parents, children and other relevant parties.

There has been good uptake of the generic eLearning (<http://childrenfirst.hseland.ie/>) by groups as diverse as lone practitioner's, GP practices, nursing homes and NGO sector as examples.

Quality Assurance and Monitoring

- A Certification process for all staff who undertake the HSE Children First e-Learning programme and pass the 10 question sequence on completion is in place.
- An assurance process is in train to ensure that Children First compliance is stated in all service contracts with both funded and contracted services. This includes self-assessments by HSE Funded Agencies of their compliance with Children First. A compliance checklist has been developed by the C.F.N.O. to assist agencies in this regard. An auditing process involving funding managers and Children First Training officers is in development.

HSE Funded Agencies, HSE Contracted Services and Agency Staff

Positive engagement has commenced with Irish Regulatory Bodies to advance the inclusion of Children First Training in the standards for registration and for CPD points.

The Children First National Office is currently engaging with H.R. and other relevant functions to ensure that agency staff to be employed by the HSE must have undertaken Children First Training prior to taking up employment.

Capital - Allocation/Expenditure Analysis

| | Total Profile for Year | Cum Profile for Period Jan - Sept | Expenditure for Period Jan - Sept | Variance for Period Jan - Sept | Expenditure to Sept - as a % of Profile to Sept | Expenditure to Sept - as a % of 2017 Total Profile | Variance as % of Profile Jan - Sept 2017 |
|-----------------|------------------------|-----------------------------------|-----------------------------------|--------------------------------|---|--|--|
| L2(1) | 313.461 | 193.800 | 173.189 | (20.611) | 89.36% | 55.25% | -10.64% |
| L2(2) | 68.000 | 35.700 | 18.300 | (17.400) | 51.26% | 26.91% | -48.74% |
| L3 | 2.539 | 0.000 | 0.000 | 0.000 | 0.00% | 0.00% | 0.00% |
| Total | 384.000 | 229.500 | 191.489 | (38.011) | 83.44% | 49.87% | -16.56% |
| L4 | 55.000 | 31.086 | 29.400 | (1.686) | 94.58% | 53.46% | -5.42% |
| Total | 439.000 | 260.586 | 220.889 | (39.697) | 84.77% | 50.32% | -15.23% |
| Asset Disposals | 1.305 | 1.305 | 0.000 | (1.305) | 0.00% | 0.00% | -100.00% |
| Net | 440.305 | 261.892 | 220.889 | (41.002) | 84.34% | 50.17% | -15.66% |

Construction - L2 (1)

The variance on construction projects for the nine months January to September is €20.611m behind a profile spend of €193.8m (or 10.64% off profile for the period). For Qtr 3 the total expenditure of €173.189m represents 55.25% of the total annual profile (€313.461m).

Construction - L2 (2) - (New Childrens Hospital)

Expenditure in the period January-September was €18.3m compared to a profile of €35.7m a variance of €17.4m. In the period to September this level of expenditure represents 26.91% of the total annual profile (€68m)

ICT (L4)

The variance on ICT projects is standing at 5.42% or €1.686m behind profile for the period January to September. This equates to 94.58% of the January-September ICT profile having been expended in the period under review.

Asset Disposals

Receipts from Sale of Assets (A In A).

The value of sale proceeds in the period Jan-September was €1.305m.

Internal Audit

| | Total Report | No of Recommendations | 75% implemented or superseded after 6 months | 95% Implemented or superseded after 12 months |
|------|--------------|-----------------------|--|---|
| 2014 | 119 | 1064 | | 84% (899 of 1064) |
| 2015 | 110 | 1052 | | 84% (886 of 1052) |
| 2016 | 147 | 1674 | 65% (432 of 666) | 76% (337 of 434) |
| 2017 | 41 | 506 | 0% | 0% |

Help Desk Queries

| | No of Helpdesk Queries 2017 | No of Helpdesk Queries 2016 | % Increase from 2016 |
|--------------|-----------------------------|-----------------------------|----------------------|
| Jan | 139 | 60 | 132% |
| Feb | 149 | 86 | 73% |
| Mar | 157 | 66 | 138% |
| April | 121 | 51 | 137% |
| May | 134 | 98 | 37% |
| June | 162 | 99 | 64% |
| July | 127 | 92 | 38% |
| Aug | 170 | 114 | 49% |
| Sept | 194 | 127 | 53% |
| Total | 1,353 | 793 | 71% |

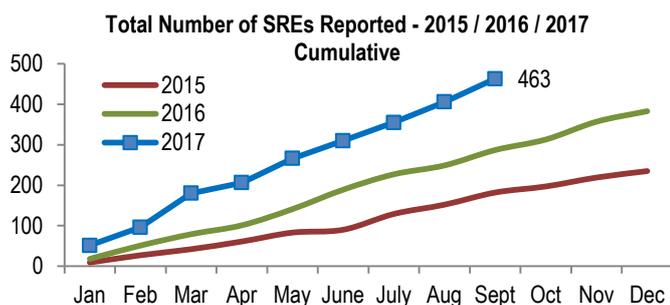
Quality and Patient Safety

Quality and Patient Safety

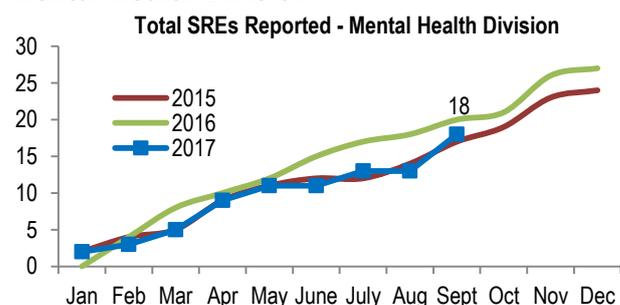
| Serious Reportable Events | Acute Hospitals Division | Social Care Division | Mental Health Division | Other | Total |
|--|--------------------------|----------------------|------------------------|-------|-------|
| No. of SREs Reported September 2017 | 43 | 8 | 5 | 1 | 57 |
| % Reported <24 hours September 2017 | 26% | 38% | 60% | 100% | 32% |
| No. of SREs Reported YTD 2017 | 333 | 107 | 18 | 5 | 463 |
| % Reported <24 hours YTD 2017 | 23% | 31% | 33% | 20% | 25% |
| % compliance 120 day investigations completed* | 4% | 13% | 10% | 0% | 8% |

*based on June YTD 2017

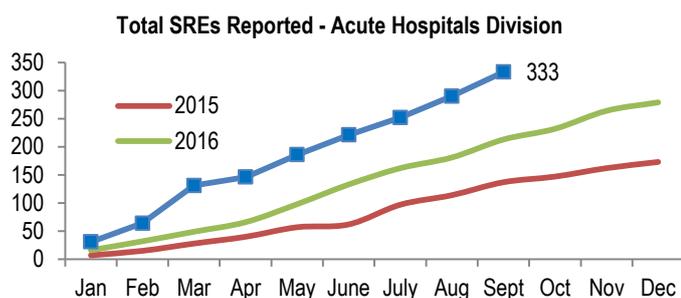
National



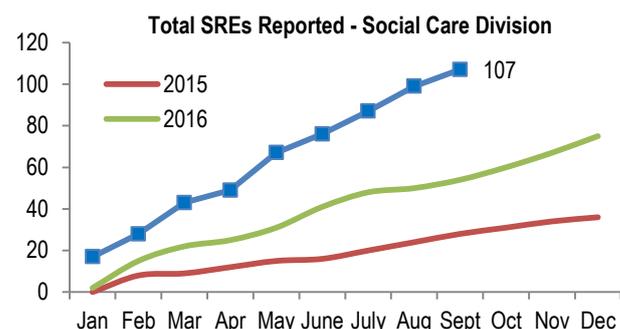
Mental Health Division



Acute Hospitals Division



Social Care Division



Quality Assurance Division Update

Incident Management Training

| Training: | Sept | YTD |
|--------------------------------|------|-----|
| Systems Analysis Investigation | 14 | 298 |
| Incident Management Training | 0 | 16 |
| Human Factors Training | 0 | 16 |
| Find the Evidence Training | 0 | 14 |

Healthcare Audit

| Healthcare Audits: | YTD |
|--------------------|-----|
| Audits in progress | 34 |
| Completed | 27 |

Medical Exposure Radiation Unit (MERU)

| MERU | Sept | YTD |
|-------------------------------------|------|-----|
| Radiation Safety Incidents Reported | 1 | 39 |

Appeals Service

| Appeal Type (YTD) | Received | Processed |
|-----------------------------|--------------|--------------|
| Medical / GP Card | 1,131 | 1,162 |
| Medical / GP Visit Card | 51 | 53 |
| Nursing Home Support Scheme | 290 | 274 |
| CSAR | 53 | 51 |
| Home Care Package | 103 | 102 |
| Home Help | 54 | 51 |
| Other | 89 | 66 |
| Total | 1,771 | 1,759 |

Complaints

| Training: | Sept | YTD |
|---|------|-----|
| Number of complaints officers/support staff trained on the Complaints Management System | 64 | 234 |
| Number of Complaints logged on CMS | 42 | 462 |
| Number of Review Officers trained in YSYS review officer training | 0 | 104 |

| Complaints: | Sept | YTD |
|--|------|-----|
| Number of complaints resolved under Part 3 Disabilities Act 2005 | 29 | 310 |

Your Service Your Say

Your Service Your Say is the management of service user feedback for comments, compliments and complaints. The aim is to ensure that the HSE's feedback process is accessible, flexible and responsive to the needs of service users.

The revised policy was approved by the Leadership Team at its October meeting and will be formally launched in November 2017.

National Incident Management System (NIMS)

Phase II development of NIMS is due to conclude by end January 2018. Planning for Phase III is now underway. This Phase will have a greater focus on the culture of reporting and the use of incident data as part of Quality and Patient Safety oversight.

After Action Reviews (AAR)

An After Action Review training programme has been developed in partnership with the RCSI Institute for Leadership. This programme was informed by work undertaken by University College Hospital London and will support staff in their response to incidents reported. The first cohort (16 staff from 3 pilot sites) will commence training in November 2017 and there is a commitment to train a further 112 staff in 2018.

National Independent Review Panel

The National Independent Review Panel for serious incidents involving people with disabilities has been established. The Chair and Panel Members have been appointed.

Healthcare Audit

A rapid appraisal has been undertaken to inform priorities for Healthcare Audit in 2018. The Healthcare Audit Team is currently being expanded.

Quality Improvement Division Update

CHO Quality and Safety Committee Development

The Quality Improvement Division (QID) are providing advice and support to CHO's in respect of Committee best practice as per Quality and Safety Committee Guidance and Resources provided in October 2016. QI Projects are underway in some CHO's and QID has also established a Learning Set for CHO Quality and Safety Committee Development (monthly conference call to share learning and experiences) and this has been successful in sharing information, providing peer to peer support and has provided an effective networking channel for CHO Quality and Safety leads. The Quality Improvement Division working with the National Quality and Safety Leads for Primary Care, Mental Health and Social Care provided sample Terms of Reference for the Quality and Safety committee's for adaption within each CHO.

Preventing VTE (blood clots) in hospitals national improvement collaborative

A HSE initiative has achieved substantial improvements in blood clot prevention for in-patients in 27 hospitals. Blood clots, or Venous ThromboEmbolism (VTE), consist of Deep Venous Thrombosis (DVT) in the legs, which may travel to the lungs causing a Pulmonary Embolism (PE). At least 60% of all blood clots occur during or in the 90 days after hospitalisation. Approximately 70% of these are preventable if patients at risk of blood clots receive the appropriate prevention.

The Preventing VTE in Hospitals collaborative, led by the HSE Quality Improvement Division, equipped participating hospitals' multidisciplinary teams with knowledge, skills and coaching support in quality improvement and in blood clot prevention, enabling them to engage with patients, staff and other sites to improve care in their hospitals. Teams tested and implemented changes to their processes, resulting in an increase in the percentage of patients receiving appropriate prevention by 24 hours into the patient's admission from a median of 61% to 81% for the collaborative as a whole. This means approximately 35,000 more hospital patients per year will get the blood clot prevention that is appropriate for them, which should lead to substantial reductions nationally in the number of patients developing blood clots.

The HSE Quality Improvement Division and hospitals are continuing to work to ensure further improvement, sustainability and spread of the initiative. The HSE QID is also working with Thrombosis Ireland, a patient forum, to pilot patient information and with Acutes to develop and pilot a key performance indicator for VTE.

Performance Overview

Heat Maps Key:

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

| Performance RAG Rating | Finance RAG Rating | HR – Absence | HR – Indicative workforce |
|-------------------------------------|--|----------------------------|--|
| Red ● > 10% of target | Red ● $\geq 0.75\%$ of target | Red ● $\geq 4\%$ | Red ● $\geq 1.5\%$ of target |
| Amber ● $> 5\% \leq 10\%$ of target | Amber ● $\geq 0.10\% < 0.75\%$ of target | Amber ● $\geq 3.7\% < 4\%$ | Amber ● $\geq 0.5\% < 1.5\%$ of target |
| Green ● $\leq 5\%$ of target | Green ● $< 0.10\%$ of target | Green ● $< 3.7\%$ | Green ● $< 0.5\%$ of target |
| Grey ● No result expected | | | |

Graph Layout:

Target 2017 
Trend 2016/2017 
Trend 2015/2016 

Design Layout:

The Performance Overview table provides an update on the YTD performance

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

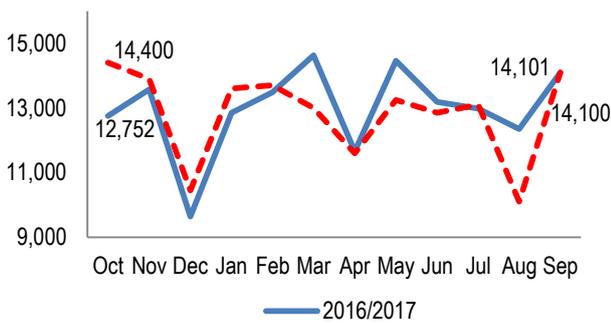
The Balanced Scorecard/Heat Map provides the YTD results with the results for last three months provided in the final three columns

Health and Wellbeing

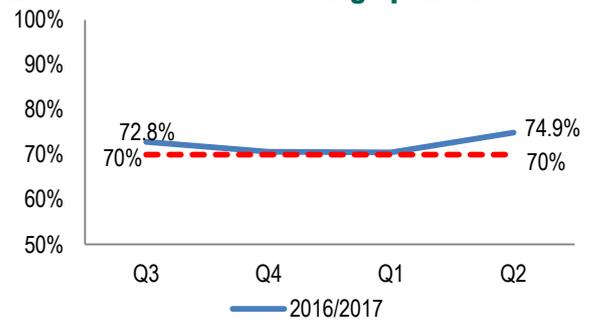
Health and Wellbeing Division

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|-----------------------------|------|---------------------|--------------------|---------|----------|-------------|
| Environmental Health – food inspections | 24,750 YTD/ 33,000 FYT | Q | 16,105 | 24,639 | +8,534 | 25,761 | -1,122 ↓ |
| BreastCheck - number of eligible women who had a mammogram | 115,300 YTD/ 155,000 FYT | M | 105,607 | 119,708 | +14,101 | 105,920 | +13,788 ↑ |
| BreastCheck - % screening uptake rate | >70% | Q-1Q | 70.5% | 72.6% | +2.1% | 75.2% | -2.6% ↓ |
| CervicalCheck - number of eligible women who had screening | 188,000 YTD/ 242,000 FYT | M | 181,974 | 203,860 | +21,886 | 197,417 | +6,443 ↑ |
| CervicalCheck - % with at least one satisfactory screening in a five year period | >80% | Q-1Q | 79.7% | 79.7% | 0% | 79.5% | +0.2% ↑ |
| BowelScreen - number of people who completed a satisfactory FIT test | 79,500 YTD / 106,875 FYT | M | 82,414 | 92,238 | +9,824 | 81,076 | +11,162 ↑ |
| BowelScreen - % client uptake rate | >43% YTD/ >45% FYT | Q-1Q | 41.2% | 40.5% | -0.7% | 38.2% | +2.3% ↑ |
| Diabetic RetinaScreen - number of people who participated | 65,282 YTD / 87,000 FYT | M | 62,471 | 71,578 | +9,107 | 66,256 | +5,322 ↑ |
| Diabetic RetinaScreen - % uptake rate | >56% | Q-1Q | 60.7% | 65.8% | +5.1% | 57.5% | +8.3% ↑ |

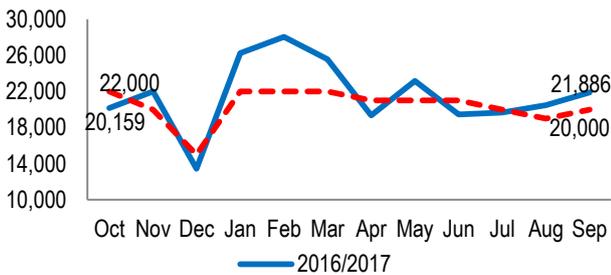
BreastCheck-number who had a mammogram



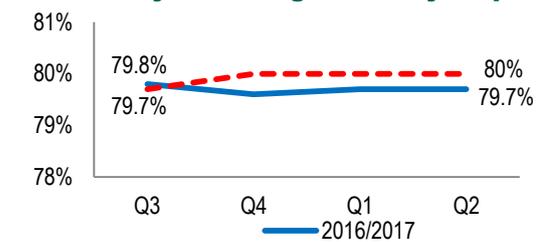
BreastCheck - % screening uptake rate



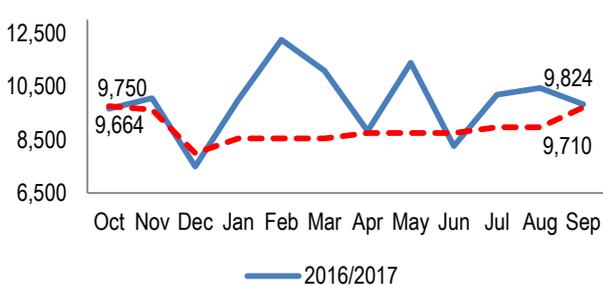
CervicalCheck-number who had screening



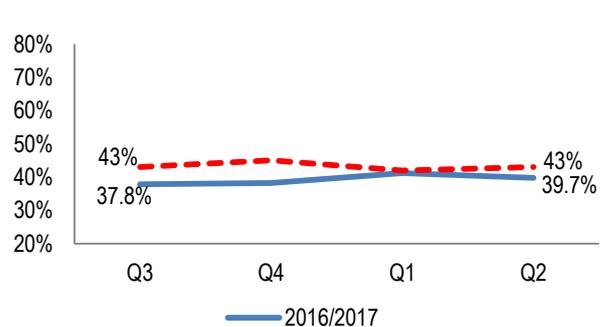
CervicalCheck- % with at least one satisfactory screening in a five year period



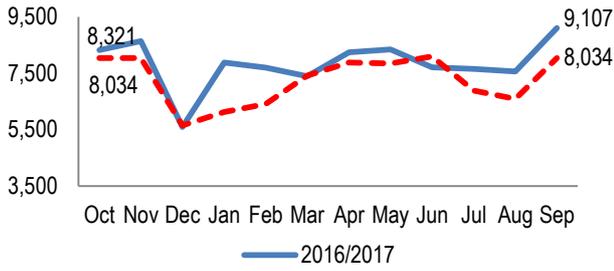
BowelScreen-number who completed a FIT test



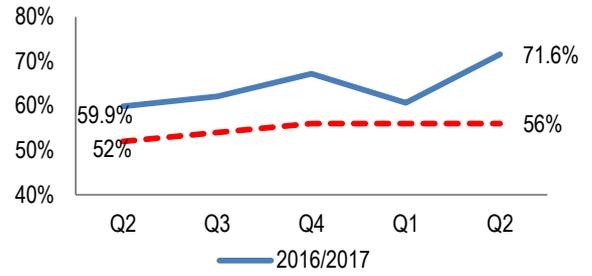
BowelScreen - % client uptake rate



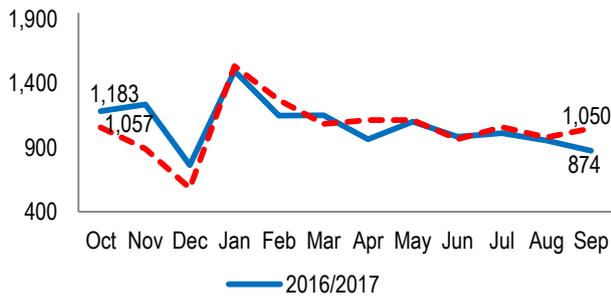
Diabetic RetinaScreen - number who participated



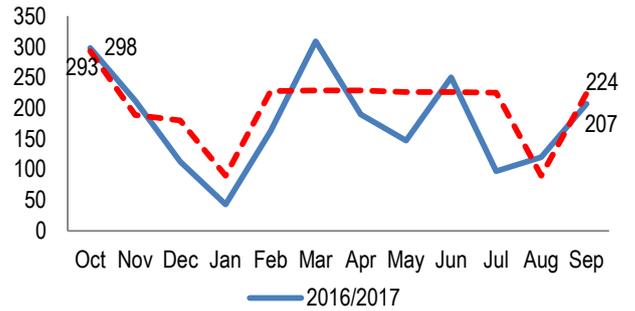
Diabetic RetinaScreen - % uptake rate



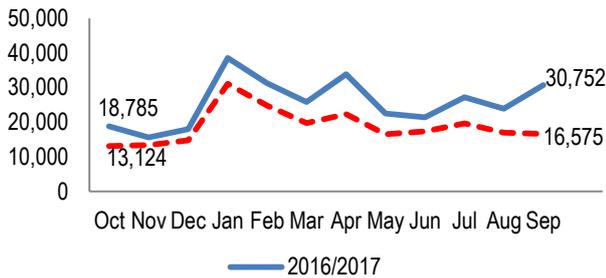
Tobacco - smokers receiving intensive cessation support



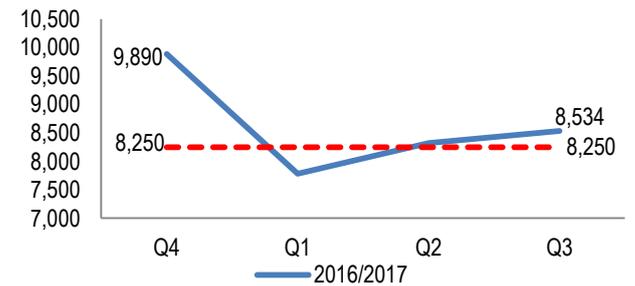
Number of people completing a structured patient education programme for diabetes



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



Environmental Health – food inspections



Divisional Update

Healthy Ireland (HI)

The Health and Wellbeing Division continues to support the development of *Healthy Ireland* implementation plans in the CHOs and Hospital Groups. HI Implementation plan development and implementation is underway in the following hospital groups; Saolta, University Limerick, RCSI and Ireland East with the Dublin Mid Leinster Hospital Group on target to launch their HI plan in October 2017.

A series of priority actions have been agreed with the national policy priority programme leads and related workstreams of alcohol; sexual health; tobacco free Ireland; healthy childhood; mental health and wellbeing; positive ageing; healthy eating and active living; making every contact count; self-management support; staff health and wellbeing. These priority actions will be included in each of the *CHO Healthy Ireland Implementation Plans* and are aligned to the HSE's overarching *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*.

A Healthy Ireland fund was established by the Department of Health this year under a national initiative to improve health and wellbeing. This new fund, which was allocated a 'kick start' funding level of €5 million in Budget 2017, aims to support partnership working to assist implementation of key national policies and plans under Healthy Ireland dealing with issues such as physical activity, obesity prevention and creating a tobacco-free society.

Working in collaboration with the Department of Health, the Health and Wellbeing Division supported the 33 Local Community Development Committees (LCDC's) around the country to develop HI funding applications aligned to their local economic development plan and the key national policies and plans under Healthy Ireland.

National Screening Services

BreastCheck

The numbers of eligible women have had a mammogram YTD is 119,708. This is ahead of the expected activity target YTD by +3.8% (YTD target: 115,300). A number of new radiographers have started this year and on-going recruitment of vacant posts has led to an increase in screening numbers during 2017. To support the timely BreastCheck screening of all eligible women, a tender process for the provision of additional mammography services for Dublin/North Leinster has been completed and extra screening is anticipated to start date in November 2017. Additionally, an agreement has been reached to commence weekend screening across the BreastCheck units.

CervicalCheck

The number of women having one or more smear tests in a Primary Care setting YTD is 203,860. This performance is ahead of the expected activity target YTD by +8.4% (YTD target: 188,000). NSS are monitoring this increased activity.

BowelScreen

The number of clients who have completed a satisfactory FIT test is 92,238. This performance is ahead of the expected activity target YTD by +16.0% (YTD target: 79,500). Encouragingly more clients are returning completed FIT tests to the BowelScreen Programme and this increased activity is being monitored by NSS.

Diabetic RetinaScreen

The number of clients screened with final grading results is 71,578. This performance is ahead of the expected activity target YTD by +9.6% (YTD target: 65,282). More diabetic clients are attending screening than expected and this increased activity continues to be monitored by NSS

Immunisations (MMR and 6in1 at 24 months)

Nationally the uptake rate for 6in1 at 24 months is at 94.6% (target 95%) for Q2 2017 (reported quarterly in arrears). CHOs 1, 2, 4, 5, and 8 are either achieving or exceeding the target YTD. CHOs 3, 6, 7, 9 are within 5% of target YTD.

Nationally the uptake rate for MMR at 24 months is 92.2% (target 95%) for Q2 2017 (reported quarterly in arrears). CHOs 1, 2, 3, 4, 5, 6, 7 and 8 are within 5% of target YTD whereas CHO 9 is performing at 87.5% YTD. Uptake in some CHOs requires further follow up and this is being progressed.

Chronic Disease Management

Completion of a structured patient education programme for diabetes

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

1,079 people have completed the X-PERT programme YTD in CHOs 4, 5, 6, 7, 8 & 9. This performance is ahead of the expected activity target YTD by +12.6% (YTD target: 958 people).

447 people completed the DESMOND structured patient education programme for diabetes in CHO 1, 2 and 3 YTD. This performance is below the expected activity target YTD by -44.7% (YTD target: 809 people) and performance continues to be monitored. The main factor contributing to this performance relates to the availability of dieticians to support the delivery of these programmes in these areas. The Division is working with colleagues in the Primary Care Division to address this issue.

Tobacco

Smokers receiving intensive cessation support

The HSE Quit Programme has one goal - to give smokers the help and support they need to quit smoking for good. In September 2017, 874 smokers received intensive smoking cessation support. YTD 9,690 smokers have received intensive smoking cessation support. This performance is slightly below the expected activity target YTD by -4.7% (YTD target: 10,173). This metric tracks the performance of intensive cessation support services through both the QUIT (telephone helpline and on line cessation services) and face to face cessation services. This KPI is sensitive to any temporary dip in face to face service provision resulting from a lack of cover for practitioners in cases of unplanned absence or vacancies which may arise.

Physical Activity

5km Parkruns completed by the general public in community settings

This year's Operation Transformation (OT) programme encouraged people to participate in local Parkruns. YTD 255,278 members of the general public have completed a 5km Parkrun. This performance is above the expected activity target YTD by +38% (YTD target: 185,038). Compared to the same period last year, an additional +7,691 members of the general public have completed a 5km Parkrun YTD 2017.

Environmental Health Service

Food business establishments are routinely inspected to assess compliance with official food control requirements. To date 24,639 official food control surveillance inspections of food businesses have been carried out. This performance is slightly below the expected activity target YTD by 111 inspections (YTD target: 24,750).

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. 306 retail premises have had a tobacco test purchase inspection YTD. This performance is ahead of the expected activity target YTD by 18 inspections (YTD target: 288). Test purchases of sunbed establishments are carried out in premises with volunteer minors to assess compliance with sunbed control legislation. 28 establishments had a test purchase (sunbed) inspection YTD. These establishments include any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds. This performance is ahead of the expected activity target YTD by 4 inspections (YTD target: 24). Test purchase metrics are impacted by the availability of minors to carry out the test purchases.

A mystery shopper inspection is conducted to test the compliance of a sunbed business with other parts of the legislation that may not be verified satisfactorily during a physical inspection. 15 establishments had a mystery shopper inspection for sunbeds to date (YTD target: 24). This performance is ahead of the expected activity target YTD by 9 mystery shopper inspections.

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. YTD 97.8% of consultation requests from planning authorities received a response from the Environmental Health Service (target: 100%).

Manufacturers, importers and distributors are required to notify the HSE of Electronic Cigarettes and/or Refill Containers that are not safe, not of good quality or not in conformity with the E.U. (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2016. The HSE, as the market surveillance authority, is required to assess the notifications and take appropriate action. No notifications have been received to date.

93.8% of environmental health complaints received by the Environmental Health Service from the public have been risk assessed within 1 working day (target: 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. To date 1,845 drinking water samples have been taken to assess this compliance (YTD target: 1,971).

Health and Wellbeing Balanced Scorecard/Heat Map

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|------------------|--|---------------------|----------------------------|--------------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | | | | | | |
| | Investigations completed within 120 days ¹ | M | 90% | NA | | | | | | | | | | | | | |
| | Service User Experience | | | | | | | | | | | | | | | | |
| | Complaints investigated within 30 working days ² | Q | 75% | 87% | 16% | | | | | | | | | | 84% | 96% | 77% |
| | Environmental Health | | | | | | | | | | | | | | | | |
| | Food Inspections | Q | 24,750 | 24,639 | -0.4% | | | | | | | | | | 7,785 | 8,320 | 8,534 |
| Access | National Screening | | | | | | | | | | | | | | | | |
| | Breastcheck - % screening uptake rate | Q-1Q | >70% | 72.6% | 3.7% | | | | | | | | | | 70.6% | 70.5% | 74.9% |
| | Cervicalcheck - % with at least one satisfactory screening in a five year period | Q-1Q | >80% | 79.7% | -0.4% | | | | | | | | | | 79.6% | 79.7% | 79.7% |
| | Bowelscreen- % screening uptake rate | Q-1Q | >43% | 40.5% | -5.7% | | | | | | | | | | 38.2% | 41.2% | 39.7% |
| | Diabetic RetinaScreen - % screening uptake rate | Q-1Q | >56% | 65.8% | 17.5% | | | | | | | | | | 67.2% | 60.7% | 71.6% |
| Finance | Net Expenditure variance from plan | | | | | | | | | | | | | | | | |
| | Total | M | €153,946 | €148,499 | -3.54% | | | | | | | | | | -2.36% | -2.87% | -3.54% |
| | Pay | M | €74,139 | €71,124 | -4.07% | | | | | | | | | | -1.86% | -2.70% | -4.07% |
| | Non-pay | M | €84,157 | €81,699 | -2.92% | | | | | | | | | | -3.13% | -3.04% | -2.92% |
| | Service Arrangements (02.10.2017) | | | | | | | | | | | | | | | | |
| | Number signed | M | 100% | 93.15% | 6.85% | | | | | | | | | | 99.27% | 95.77% | 93.15% |
| | Monetary value signed | M | 100% | 98.61% | 1.39% | | | | | | | | | | 99.73% | 98.91% | 98.61% |
| HR | Absence | | | | | | | | | | | | | | | | |
| | Overall | M-1M | 3.50% | 3.54% | 1.14% | | | | | | | | | | 3.97% | 4.16% | |

¹ Data under review

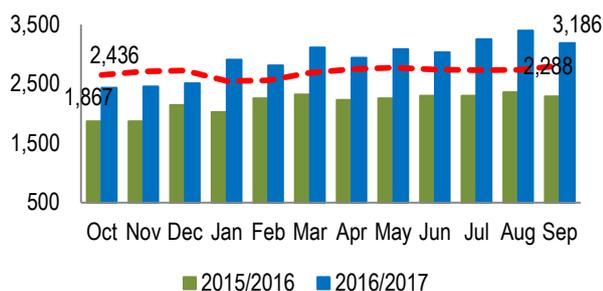
² This covers all of Community Healthcare

Primary Care

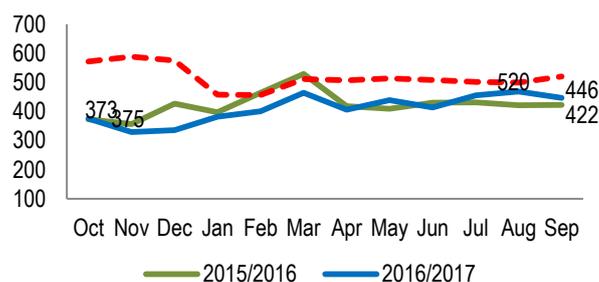
Primary Care Division

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|---|---------------------------------|------|---------------------------|--------------------------|---------|-------------|----------------|
| Total CIT | 24,316YTD/ 32,860FYT | M | 24,525 | 27,711 | +3,186 | 20,432 | + 7,279 ↑ |
| Early Discharge CIT | 4,472YTD/ 6,072FYT | M | 3,428 | 3,874 | +446 | 3,925 | - 51 ↓ |
| Child Health – new born visited within 72 hours | 98% | Q | 98% | 98.4% | + 0.4% | 97.5% | + 0.9% ↑ |
| Child Health - developmental screening 10 months | 95% | M-1M | 92.9% | 92.9% | | 93% | - 0.1% ↓ |
| Medical card turnaround within 15 days | 96% | M | 56% | 82.2% | + 26.2% | 98.5% | - 16.3% ↓ |
| Speech and Language Therapy access within 52 weeks | 100% | M | 96% | 96.2% | + 0.2% | 96.4% | - 0.2% ↓ |
| Physiotherapy access within 52 weeks | 98% | M | 92.1% | 92.1% | | 97.3% | -5.2% ↓ |
| Occupational Therapy access within 52 weeks | 92% | M | 75.4% | 75.5% | + 0.1% | 80.8% | -5.4% ↓ |
| Access to palliative inpatient beds | 98% | M | 97.9% | 97.8% | -0.1% | 97.1% | +0.7% ↑ |
| Access to palliative community services | 95% | M | 92.5% | 92.8% | +0.3% | 91.9% | +0.9% ↑ |
| Access to substance misuse treatment (over 18 years) | 100% | Q-1Q | 97.3% | 98% | +0.7% | 97% | +1% ↑ |
| Access to substance misuse treatment (under 18 years) | 100% | Q-1Q | 97.9% | 98.6% | +0.7% | 95% | +3.6% ↑ |

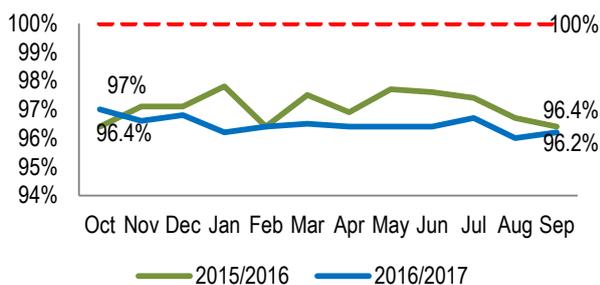
Total CITs



Early Discharge CIT



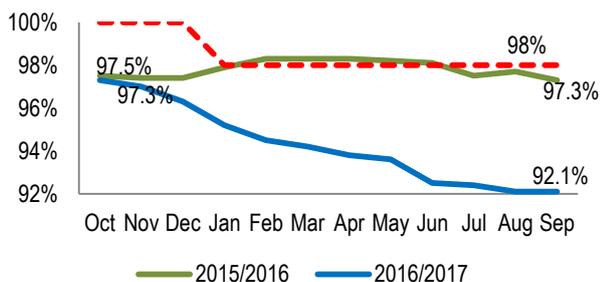
SLT access within 52 weeks



SLT waiting list

| SLT | Assessment Waiting List | | | Treatment Waiting List | | |
|------------|-------------------------|--------|--------|------------------------|-------|-------|
| | July | Aug | Sep | July | Aug | Sep |
| ≤ 52 weeks | 12,851 | 11,862 | 11,623 | 7,683 | 7,548 | 7,326 |
| > 52 weeks | 436 | 499 | 464 | 529 | 551 | 501 |
| Total | 13,287 | 12,361 | 12,087 | 8,212 | 8,099 | 7,827 |

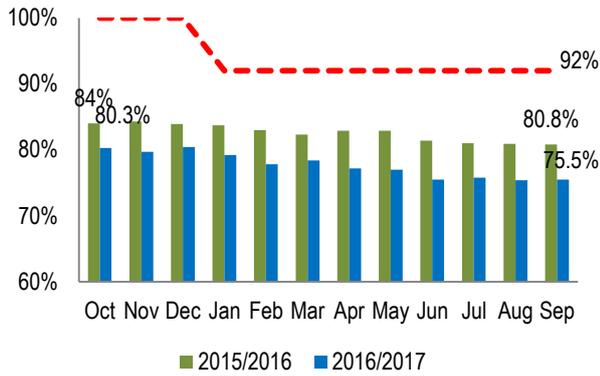
Physiotherapy access within 52 weeks



Physiotherapy Assessment Waiting List

| Assessment WL | July | August | September |
|-----------------------|--------|--------|-----------|
| ≤ 12 weeks | 21,321 | 21,676 | 20,701 |
| >12 weeks ≤ 26 weeks | 7,413 | 7,613 | 7,424 |
| > 26 weeks ≤ 39 weeks | 2,762 | 2,998 | 3,135 |
| >39 weeks ≤ 52 weeks | 1,822 | 1,833 | 1,583 |
| > 52 weeks | 2,735 | 2,908 | 2,805 |
| Total | 36,053 | 37,028 | 35,648 |

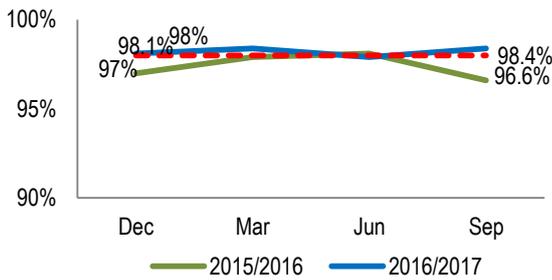
Occupational Therapy access within 52 weeks



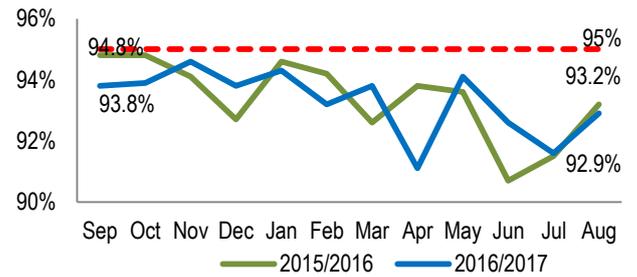
Occupational Therapy Assessment Waiting List

| Occupational Therapy Assessment WL | July | August | September |
|------------------------------------|--------|--------|-----------|
| ≤ 12 weeks | 9,722 | 9,421 | 9,139 |
| >12 weeks ≤ 26 weeks | 6,993 | 7,144 | 7,311 |
| > 26 weeks ≤ 39 weeks | 3,986 | 4,271 | 4,574 |
| >39 weeks ≤ 52 weeks | 2,808 | 2,879 | 2,868 |
| > 52 weeks | 7,496 | 7,753 | 7,751 |
| Total | 31,005 | 31,468 | 31,643 |

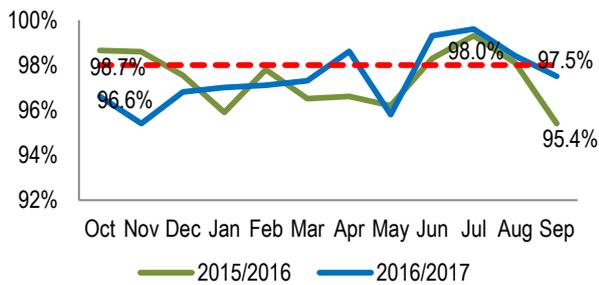
Child Health – new borns visited within 72 hours



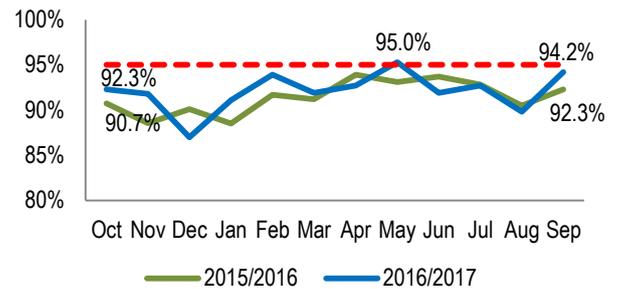
Child Health – developmental screening 10 months



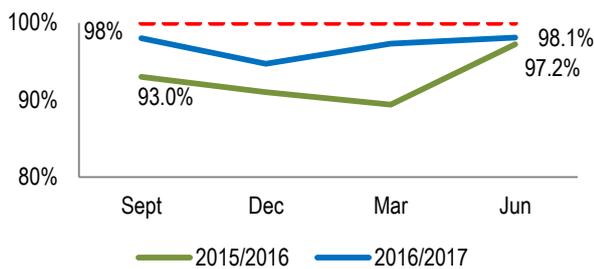
Access to palliative inpatient beds



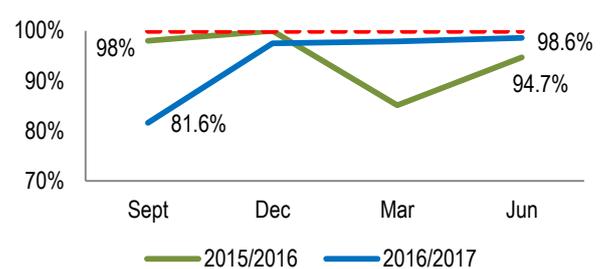
Access to palliative community services



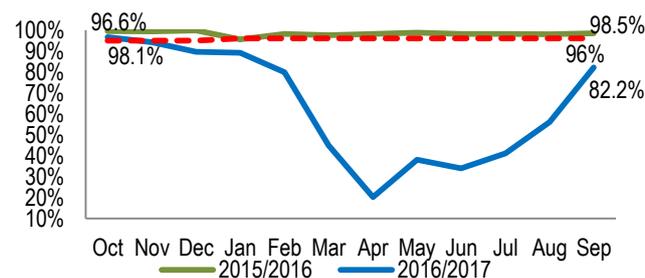
Access to substance misuse treatment (over 18 years)



Access to substance misuse treatment (under 18 years)



Medical card turnaround within 15 days



Service level performance

| Performance area | Best performance | Outliers |
|---|------------------------------------|------------------------------------|
| Total CIT | CHO7 618, CHO5 576, CHO3 569 | CHO6 159, CHO8 215, CHO2 271 |
| Early Discharge CIT | CHO2 107, CHO3 78, CHO4 73 | CHO6 9, CHO9 28, CHO5 50 |
| Child Health – new born visited within 72 hours | CHO4 99.7%, CHO5 99.4%, CHO2 99.2% | CHO8 97.2%, CHO9 97.2%, CHO6 97.8% |
| Child Health – developmental screening 10 months | CHO9 95.2%, CHO7 94.3%, CHO2 93.9% | CHO3 85.6%, CHO6 91.4%, CHO1 92.3% |
| Speech and Language Therapy access within 52 weeks | CHO6 100%, CHO5 99%, CHO9 98.7% | CHO4 90.7%, CHO7 91.3%, CHO2 95.4% |
| Physiotherapy access within 52 weeks | CHO4 100%, CHO7 99.2%, CHO6 98.9% | CHO2 78.6%, CHO8 88.4%, CHO3 93.4% |
| Occupational Therapy access within 52 weeks | CHO3 97.6%, CHO9 83.9% CHO7 82.5% | CHO1 63.7%, CHO8 66.6%, CHO4 68.8% |
| Access to palliative inpatient beds | CHO3 100%, CHO4 100%, CHO5 100% | CHO9 94.1%, CHO6 95.8%, CHO7 96.2% |
| Access to palliative community services | CHO5 97.2%, CHO1 96.1%, CHO3 95.8% | CHO4 85.8%, CHO6 87.3%, CHO7 88.6% |
| Access to substance misuse treatment (over 18 years) | CHO6 100%, CHO7 100%, CHO8 100% | CHO3 71.4%, CHO4 91.3%, CHO1 93.1% |
| Access to substance misuse treatment (under 18 years) | CHO7 100%, CHO8 100%, CHO9 100% | CHO2 83.3% |

Divisional Update

QPS Serious Reportable Events

There was one serious reportable event reported in September 2017.

Community Intervention Teams

CIT referrals are 14% ahead of target YTD. This represents a 35.6% increase compared to the same period last year.

CIT Early discharge is 13.4% below target YTD at 3,874 compared to the target of 4,472. The number of referrals in the early discharge category has changed for a number of reasons including:

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

Child Health screening 10 months

CHO9 is ahead of target at 95.2%. CHO3 remains below target at 85.6%. CHO3 performance for the same period last year was 82.90%. Performance in the remaining CHOs is within a range of 91.4% to 93.5%. The remaining CHOs are therefore green on the balanced score card/heat map.

PCRS Medical Card Turnaround within 15 days

The YTD position is 82.2% compared to a target of 96% and the prior month YTD position in August of 56%. Staff turnover remains an issue for National Medical Care Unit (NMCU) with a high level of attrition within the department affecting processing. New recruits are being trained to fill the vacant posts.

PCRS Medical Officer Reviews

Where the income was in excess of the qualifying limits and a medical assessment was required, 68% of applications sent for Medical Officer case review in Sept 2017 were processed and issued within 5 working days. The shortage of Medical Officers during September, which is one of the busiest times of the year for doctors in the community with the school immunisation programme, is responsible for the drop in performance, but with the recruitment of 2 WTE doctors underway, there will be less reliance on part time community doctors in future.

Speech and Language Therapy (SLT) Access within 52 weeks

The National YTD position is 96.2% compared to a target of 100% and the prior month YTD position in August of 96.0%. The outturn in 2016 was 96.8%. CHO4 and CHO7 are amber on the balanced scorecard / heat map at 90.7%, and 91.3% respectively.

Physiotherapy Access within 52 Weeks

The National YTD position is 92.1%. The outturn in 2016 was 95.9%. Referrals YTD are 2.0% lower than expected activity YTD and 0.2% lower than the same period last year. CHO2 is red on the balanced scorecard at 78.6%. CHO8 is amber on the balanced scorecard at 88.4%.

Occupational Therapy Access within 52 weeks

The National YTD position is 75.5% compared to a target of 92%. The outturn in 2016 was 80.40%. Referrals YTD are 4.1% lower than expected activity and 2.5% lower than the same period last year. CHOs have reported a number of contributing factors impacting on access to services. A National Service Improvement Group has been established in relation to Occupational Therapy Services and is expected to report at the end of October 2017. In the interim, each of the Chief Officers and Heads of Primary Care has prepared a diagnostic assessment of the issues specific to their CHO and their specific plans to address same.

Palliative Care IPU

In September 2017, 97.5% of admissions (out of a target of 98%) to a specialist inpatient unit were admitted within 7 days. Five CHO's performed at 100% with all admissions within 7 days. The National YTD position is 97.8%. Compared to September 2016, access within 7 days to specialist palliative care inpatient beds decreased by 2.2%. Improvements are noted in CHO1, CHO2, CHO6, and CHO7. Improvements are noted in the number of people who had to wait over 7 days for admission to a Specialist inpatient unit. The numbers have improved by 30% on the same period YTD 2016.

Palliative Care Community

In September 2017, 94.2% of patients who waited for Specialist Palliative care services in a community setting waited less than 7 days (out of a target of 95%). This is an improvement on August (89.8%) of 4.4%. Five CHO's are performing above the target. Performance YTD in September was 92.7% which is an improvement of 0.8% on YTD for the same period last year. YTD Improvements are noted in CHO1, CHO2, CHO3, CHO5, CHO7 and CHO8 versus September YTD 2016. The number of people who had to wait over 7 days for Specialist palliative care in the community has improved by 11.73% on the same period YTD 2016.

Substance Misuse

% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment

As at the end of the reporting period the national performance target was 100% with an activity rate of 98.1% which is a variance of -1.9%. Of note, CHO's 6, 7, 8 and 9 reached the target of 100% while CHO's 1, 2, 3, 4, and 5 were below target by -6.9%, -2.5%, -28.6%, -8.7% and -0.3% respectively.

% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment

As at the end of the reporting period, the national performance target was 100% with an activity rate of 98.6% which is a variance of -1.4%. Of note, CHO's 1, 4, 5, 7, 8 and 9 reached the target of 100% while CHO 2 was below target by -16.7%. There was no activity recorded for CHO's 3 and 6.

Opioid Substitute Treatment

- 9731 patients received Opioid Substitute Treatment (excluding prisons) for the reporting period which includes 4193 patients being treated by 356 GPs in the community.
- 690 pharmacies catering for 6819 patients.
- 82 HSE clinics providing Opioid Substitute Treatment and an additional 10 prison clinics were provided in the prison service.
- 67 new patients commenced Opioid Substitute Treatment during the reporting period (8 in General Practice, 48 in HSE clinics and 11 in the prison clinics)

- The majority of Opioid Substitution Treatment (OST) KPIs are on target with the exception of transfers. Reasons behind the below target transfer of stabilised clients to the lowest level of complexity (Level 1) from clinics and Level 2 GPs have been discussed at CHO Performance Meetings and will be reviewed through the National Addiction Advisory Governance Group.

Screening and Brief Interventions for problem alcohol and substance use

The expected number of staff trained in SAOR Screening and Brief Interventions for problem alcohol and substance use for 2017 is 778. Of note are CHOs 1, 4 and 9 who had a variance of 305.6%, 46% and 81.7% respectively. CHO 6 had a variance of -100% which can be attributed to the delivery of training and reporting on training for CHOs 6 and 7 in one return. To date, 793 have been trained nationally, which is 1.9% more than expected for the year. The variance can be attributed to the SAOR Train the Trainer Programme in CHOs 6, 7 and 9 which increased the number of trainers available to deliver SAOR training in CHOs 6, 7 and 9.

Needle Exchange

- No. of pharmacies recruited: This KPI is on Target. Optimum would be that another pharmacy is recruited in Waterford and Drogheda.
- No. of UIs/month: 6.8% above target
- No. of packs given out per month: below target but because of the variety of packs being given out each month (single needle, 3 needle pack, 10 needle pack) the focus has been switched to the next two KPIs.
- No. of clean needles given out in total each month: 5.8% above target. Pharmacists are trained to ensure clients have adequate needles to match their anticipated drug use and are asked to encourage clients to plan ahead and collect sufficient needles. This is balanced against giving out excess needles which may lead to waste and drug related litter.
- No. of clean needles per UI per month: This is on target for the reasons mentioned above.
- No. of packs returned: Less than target/expected as the number of packs given out is less than target/expected. (refer to % returns below)
- % of returns of packs returned: 38.7% which is above target and 12% improvement on last year. This may in part due to a specific Returns Action Plan initiated by the PNEX team in Q1 which included targeted PNEX pharmacy returns training, encouragement of pharmacy to client education on safe sharps disposal/return, distribution of PNEX Returns Bulletins to specific pharmacies outlining how to improve returns and face-to-face outreach work with clients regarding safe disposal and drug related litter.

Homeless Services

At a national level , it is evident that the Homeless KPI's for Quarter 3 have improved considerably on the previous two Quarters in 2017, in that (a) Service Users with Medical Cards have increased to 82 % (National Target 75%),(b) Health Needs Assessments have increased to 76%(Target 85%) and (c)Health Needs supported through the hostel network have increased to 82% (Target 80%).It would appear that there is an issue with the calculation of Metric 2 i.e. Services Users assisted to acquire a Medical Card, which is currently being investigated with the BIU.

Areas of Improvement/Areas of Risk

Primary Care

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

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

The work of the National Service Improvement Groups in relation to Occupational Therapy and Physiotherapy Services is progressing. It is now expected that the groups will report at the end of October 2017.

Primary Care Balanced Scorecard/Heat Map

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|--|---|---------------------|----------------------------|--------------|-----------|------------|------------|-------|-------|------------|-------|------------|-------|-------|--------------|--------------|---------|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | | | | | | |
| | Investigations completed within 120 days ³ | M | 90% | NA | | | | | | | | | | | | | |
| | Service User Experience | | | | | | | | | | | | | | | | |
| | Complaints investigated within 30 working days ⁴ | Q | 75% | 87% | 16% | | | | | | | | | | 84% | 96% | 77% |
| | Community Intervention Teams | | | | | | | | | | | | | | | | |
| | Total CIT | M | 24,316 | 27,711 | 14% | No Service | 1,977 | 4,751 | 2,840 | 5,139 | 1,331 | 5,707 | 1,701 | 4,265 | 3,251 | 3,397 | 3,186 |
| | Early Discharge CIT | M | 4,472 | 3,874 | -13.4% | No Service | 889 | 779 | 656 | 618 | 41 | 316 | 284 | 291 | 455 | 468 | 446 |
| Access | Child Health | | | | | | | | | | | | | | | | |
| | Child Health – new borns visited within 72 hours | Q | 98% | 98.4% | 0.4% | 98.7% | 99.2% | 97.3% | 99.7% | 99.4% | 97.8% | 99% | 97.2% | 97.2% | 98.6% | 97.9% | 98.8% |
| | Child screening 10 months | M-1M | 95% | 92.9% | -2.2% | 92.3% | 93.9% | 85.6% | 93.4% | 93% | 91.4% | 94.3% | 93.5% | 95.2% | 92.6% | 91.6% | 92.9% |
| | PCRS | | | | | | | | | | | | | | | | |
| | Medical card turnaround within 15 days | M | 96% | 82.2% | -14.4% | | | | | | | | | | 41.1% | 56% | 82.2% |
| | Therapy Waiting Lists | | | | | | | | | | | | | | | | |
| | SLT access within 52 weeks | M | 100% | 96.2% | -3.8% | 97.9% | 95.4% | 98.6% | 90.7% | 99% | 100% | 91.3% | 98.1% | 98.7% | 96.7% | 96% | 96.2% |
| | Physiotherapy access within 52 weeks | M | 98% | 92.1% | -6% | 94.3% | 78.6% | 93.4% | 100% | 98.6% | 98.9% | 99.2% | 88.4% | 95.1% | 92.4% | 92.1% | 92.1% |
| | Occupational Therapy access within 52 weeks | M | 92% | 75.5% | -17.9% | 63.7% | 78.5% | 97.6% | 68.8% | 74% | 79.7% | 82.5% | 66.6% | 83.9% | 75.8% | 75.4% | 75.5% |
| | Palliative Care | | | | | | | | | | | | | | | | |
| Access to palliative inpatient beds | M | 98% | 97.8% | -0.2% | 99.6% | 99.6% | 100% | 100% | 100% | 95.8% | 96.2% | No Service | 94.1% | 99.6% | 98.4% | 97.5% | |
| Access to palliative community services | M | 95% | 92.8% | -2.4% | 96.1% | 95.7% | 95.8% | 85.8% | 97.2% | 87.3% | 88.6% | 95.4% | 94.2% | 92.7% | 89.8% | 94.2% | |
| Social Inclusion - access to substance misuse treatment | | | | | | | | | | | | | | | | | |
| Access to substance misuse treatment (over 18 years) | Q-1Q | 100% | 98% | -2% | 93.1% | 97.5% | 71.4% | 91.3% | 99.7% | 100% | 100% | 100% | 100% | 97.3% | 98% | | |
| Access to substance misuse treatment (under 18 years) | Q-1Q | 100% | 98.6% | -1.4% | 100% | 83.3% | No Service | 100% | 100% | No Service | 100% | 100% | 100% | 97.9% | 98.6% | | |

³ Data under review.

⁴ This refers to all of Community Healthcare.

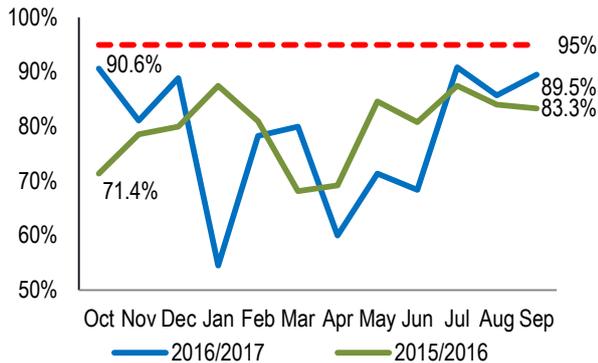
| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---|---------------------|----------------------------|--------------|-----------|-------|-------|-------|-------|-------|-------|--------|-------|--------|--------------|--------------|---------|
| Finance | Net Expenditure variance from plan | | | | | | | | | | | | | | | | |
| | Total | M | €2,846,824 | €2,858,180 | 0.40% | 5.11% | 3.94% | 0.95% | 1.77% | 0.84% | 0.17% | -0.46% | 0.58% | -2.03% | 0.46% | 0.11% | 0.40% |
| | Pay | M | €471,313 | €466,994 | -0.92% | | | | | | | | | | -1.07% | -0.44% | -0.92% |
| | Non-pay | M | €2,395,273 | €2,416,638 | 0.89% | | | | | | | | | | 1.28% | 0.46% | 0.89% |
| | Income | M | -€19,762 | -€25,453 | 28.80% | | | | | | | | | | 44.76% | 30.10% | 28.80% |
| | Service Arrangements (02.10.2017) | | | | | | | | | | | | | | | | |
| | Number signed – Primary Care | M | 100% | 71.51% | 28.49% | | | | | | | | | | 78.66% | 78.66% | 71.51% |
| | Monetary value signed – Primary Care | M | 100% | 99.66% | 0.34% | | | | | | | | | | 98.81% | 98.81% | 99.66% |
| | Number signed – Social Inclusion | M | 100% | 96.86% | 3.14% | | | | | | | | | | 96.46% | 96.46% | 96.86% |
| | Monetary value signed – Social Inclusion | M | 100% | 98.51% | 1.49% | | | | | | | | | | 98.60% | 98.60% | 98.51% |
| Number signed – Palliative Care | M | 100% | 86.36% | 13.64% | | | | | | | | | | 82.42% | 86.36% | 86.36% | |
| Monetary value signed – Palliative Care | M | 100% | 98.96% | 1.04% | | | | | | | | | | 98.96% | 98.96% | 98.96% | |
| HR | Absence | | | | | | | | | | | | | | | | |
| | Overall | M-1M | 3.50% | 4.45% | -27.14% | 4.65% | 4.16% | 5.16% | 2.61% | 4.37% | 5.00% | 4.82% | 5.00% | | 4.41% | 4.55% | |

Mental Health

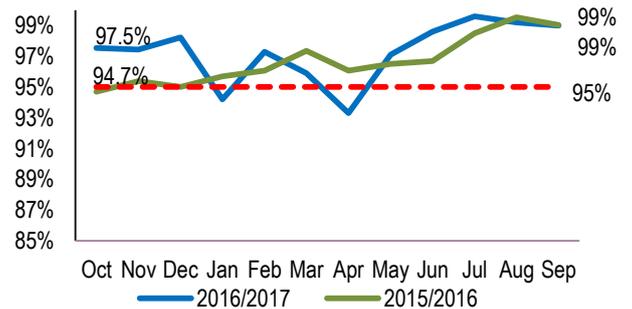
Mental Health Division

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|---------------------------|------|---------------------|--------------------|--------|----------|-------------|
| Admission of Children to CAMHs | 95% | M | 72.4% | 73.9% | +1.5% | 80.7% | -6.8% |
| CAMHs Bed Days Used | 95% | M | 96.6% | 96.9% | +0.3% | 97.2% | -0.3% |
| CAMHs waiting list | 2,599 | M | 2,409 | 2,333 | -76 | 2,228 | +105 |
| CAMHs waiting list > 12 months | 0 | M | 342 | 317 | -25 | 178 | +139 |
| Adult Mental Health – time to first seen | 75% | M | 74.7% | 74.3% | -0.4% | 73.1% | +1.2% |
| Psychiatry of Old Age – time to first seen | 95% | M | 95.7% | 95.5% | -0.2% | 97% | -1.5% |

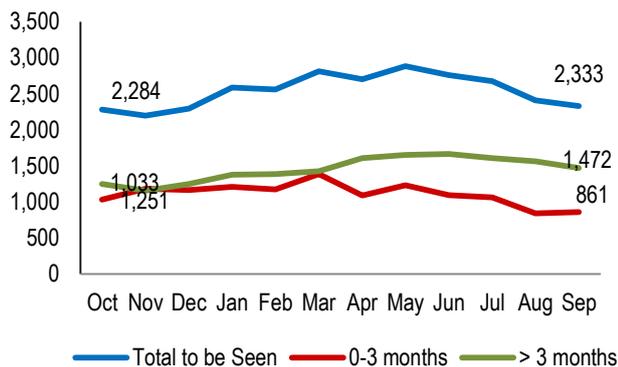
Admission of Children to CAMHs



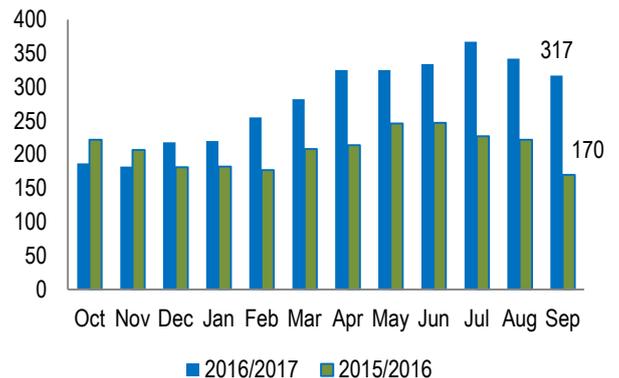
Bed days used in Child Adolescent Acute Inpatient Units as a total of bed days



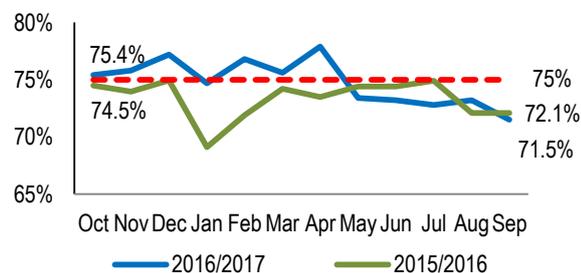
CAMHs waiting list



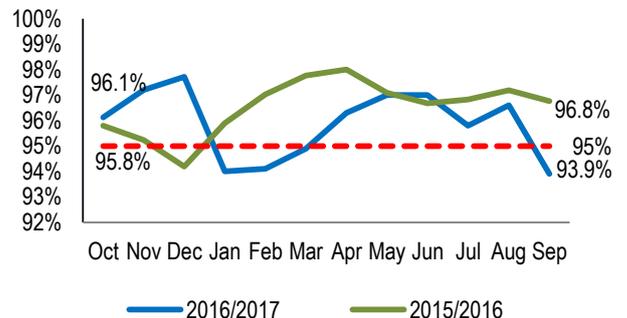
CAMHs waiting list > 12 months



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



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



Service level performance

| Performance area | Best performance | Outliers |
|--|---|---|
| CAMHs Bed Days Used | CHO 2, 3, 4, 6, 7, 8 & 9 (100%) | CHO5 (91.8%) |
| CAMHs waiting list > 12 months | CHO 2,6 & 7 (0) | CHO4 (196), CHO3 (43) & CHO1 (40) |
| Adult Mental Health – time to first seen | CHO5 (90.4%), CHO2 (89.1%) & CHO6 (79.9%) | CHO9 (58.1%), CHO8 (60%) & CHO7 (62%) |
| Psychiatry of Old Age – time to first seen | CHO6 (98.9%), CHO2 & 3 (98.5%) | CHO4 (73.2%), CHO9 (80.7%) & CHO8 (92.6%) |

Divisional Update

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

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

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

Child Adolescent Acute Inpatient Units (CAMHs)

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

In September, 89.5% of children were admitted to child and adolescent inpatient units, as against 85.7% in August.

In September, 99% of the total bed days used for child admissions were in Child and Adolescent Acute Inpatient Units, against 99.2% in August, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to an absolute minimum. Performance year to date continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

Access to Child and Adolescent Mental Health Services

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

The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The >12 month waiting list increases are mostly restricted to CHO 1, 3, 4, and 8.

As has been indicated previously the increases in waiting lists relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness. It is worth noting that the Department of Public Expenditure & Reform have given approval to recruit 120 new Assistant Psychology posts

into Primary Care. This initiative will have a significant impact on building capacity within Primary Care to address early assessment and triage of young people that are currently being referred to CAMHS teams.

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

Mental Health Balanced Scorecard/Heat Map

| | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---|----------------------------|--------------|-----------|-------|-------|-------|-------|-------|-------|--------|-------|--------|--------------|--------------|---------|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | | | | | |
| | Investigations completed within 120 days ⁵ | | | | | | | | | | | | | | | |
| | M | 90% | 10% | -88.9% | | | | | | | | | | | | |
| | Service User Experience | | | | | | | | | | | | | | | |
| Complaints investigated within 30 working days ⁶ | | | | | | | | | | | | | | | | |
| | Q | 75% | 87% | 16% | | | | | | | | | | 84% | 96% | 77% |
| Access | CAMHs | | | | | | | | | | | | | | | |
| | Admission of children to CAMHs inpatient units | | | | | | | | | | | | | | | |
| | M | 95% | 73.9% | -22.2% | | | | | | | | | | 90.9% | 85.7% | 89.5% |
| | Bed days used | | | | | | | | | | | | | | | |
| | M | 95% | 96.9% | 2% | 98.8% | 99.4% | 92.6% | 98.2% | 83.9% | 100% | 98.1% | 98.1% | 95.6% | 99.6% | 99.2% | 99.9% |
| Finance | Time to first seen | | | | | | | | | | | | | | | |
| | General Adult Teams | | | | | | | | | | | | | | | |
| | M | 75% | 74.3% | -0.9% | 75.8% | 90.6% | 72.8% | 67.1% | 86.2% | 83.2% | 67.9% | 65.7% | 61.7% | 72.7% | 73.1% | 71.5% |
| | Psychiatry of Old Age Teams | | | | | | | | | | | | | | | |
| | M | 95% | 95.5% | 0.5% | 94.7% | 99.4% | 97.9% | 86.9% | 98.9% | 98.8% | 97.4% | 94.9% | 84.4% | 95.8% | 96.6% | 93.9% |
| HR | CAMHs > 12 months | | | | | | | | | | | | | | | |
| | Waiting > 12 months | | | | | | | | | | | | | | | |
| | M | 0 | 317 | >100% | 40 | 0 | 43 | 196 | 2 | 0 | 0 | 35 | 1 | 367 | 342 | 317 |
| | Net Expenditure variance from plan | | | | | | | | | | | | | | | |
| HR | Total | | | | | | | | | | | | | | | |
| | M | €630,687 | €633,585 | 0.46% | 0.14% | 7.39% | 1.06% | 1.17% | 1.77% | 1.95% | -1.58% | 4.71% | -0.52% | 1.03% | 1.32% | 0.46% |
| | Pay | | | | | | | | | | | | | | | |
| | M | €502,098 | €503,175 | 0.21% | | | | | | | | | | 0.74% | 1.12% | 0.21% |
| HR | Non-pay | | | | | | | | | | | | | | | |
| | M | €142,990 | €144,610 | 1.13% | | | | | | | | | | 1.89% | 1.81% | 1.13% |
| | Income | | | | | | | | | | | | | | | |
| | M | -€14,402 | -€14,200 | -1.40% | | | | | | | | | | -0.41% | -0.67% | -1.40% |
| HR | Service Arrangements (02.10.2017) | | | | | | | | | | | | | | | |
| | Number signed | | | | | | | | | | | | | | | |
| | M | 100% | 85.41% | 14.59% | | | | | | | | | | 90.59% | 86.67% | 85.41% |
| | Monetary value signed | | | | | | | | | | | | | | | |
| | M | 100% | 66.01% | 33.99% | | | | | | | | | | 48.24% | 65.92% | 66.01% |
| HR | Absence | | | | | | | | | | | | | | | |
| | Overall | | | | | | | | | | | | | | | |
| | M-1M | 3.50% | 4.43% | -26.57% | 4.97% | 3.60% | 6.38% | 3.18% | 4.98% | 4.01% | 4.22% | 5.00% | 4.20% | 4.23% | 4.40% | |
| | EWTD Compliance | | | | | | | | | | | | | | | |
| HR | <24 hour shift | | | | | | | | | | | | | | | |
| | M | 100% | 91.7% | -8.8% | 66.7% | 100% | 100% | 88.4% | 95.2% | 94.9% | 100% | 100% | 80.2% | 97.7% | 97.5% | 91.7% |
| <48 hour working week | | | | | | | | | | | | | | | | |
| | M | 95% | 88.8% | -7.6% | 66.7% | 90.9% | 100% | 75.4% | 76.2% | 97.4% | 100% | 97.9% | 81.6% | 81.6% | 88.8% | |

⁵ Data under review.

⁶ This covers all of Community Healthcare

Social Care

Social Care Balanced Scorecard/Heat Map

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|------------------|---|---------------------|----------------------------|--------------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | | | | | | |
| | Investigations completed within 120 days ⁷ | M | 90% | 13% | -85.5% | | | | | | | | | | | | |
| | Service User Experience | | | | | | | | | | | | | | | | |
| | Complaints investigated within 30 working days ⁸ | Q | 75% | 87% | 16% | | | | | | | | | | 84% | 96% | 77% |
| | Safeguarding | | | | | | | | | | | | | | | | |
| | % of Prelim Screenings for Adults Aged 65 Years and Older (new KPI) | Q-1Q | 100% | 98.7% | -1.3% | 100% | 100% | 85.7% | 100% | 100% | 100% | 100% | 100% | 80% | | 78.5% | 98.7% |
| | % of Prelim Screenings for Adults Under 65 Years (new KPI) | Q-1Q | 100% | 97.4% | -2.6% | 93.9% | 96.6% | 98.7% | 98.6% | 99.3% | 98.6% | 98% | 95.6% | 96.4% | | 83.9% | 97.4% |
| HR | Absence | | | | | | | | | | | | | | | | |
| | Overall | M-1M | 3.50% | 5.17% | -47.71% | 6.62% | 5.32% | 5.28% | 4.68% | 6.25% | 4.15% | 4.68% | 6.51% | 3.82% | 5.15% | 5.27% | |

⁷ Data under review.

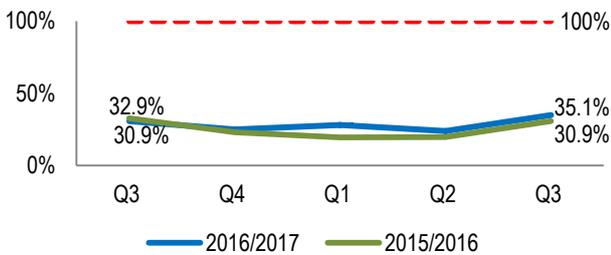
⁸ This refers to all of Community Healthcare

Social Care - Disabilities

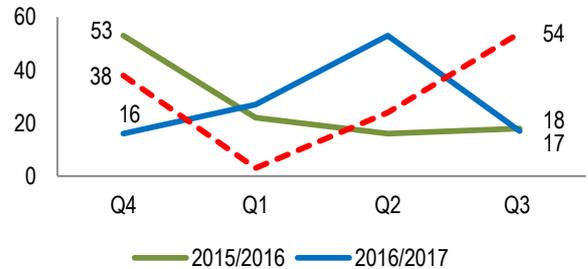
Social Care Division- Disabilities

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|------------------------------|------|---------------------|--------------------|---------|-----------|-------------|
| % of Disability Network Teams established | 100% | M | 0 | 0 | | 0 | |
| Number of Disability Network Teams established | 43 YTD/ 73 FYT | M | 0 | 0 | | 0 | |
| Disability Act Compliance | 100% | Q | 25.8% | 29.7% | +3.9% | 23.6% | +6.1% |
| Congregated Settings | 54 YTD/ 223 FYT | Q | 80 | 97 | 17 | 57 | +40 |
| % of Preliminary Screenings- Adults 65 years and older | 100% | Q-1Q | 78.5% | 98.7% | +20.2% | | |
| PA hours | 706,977 YTD/ 1,413,954 FYT | Q-1M | 362,661 | 728,497 | 365,836 | 754,258 | -25,761 |
| Home Support | 1,379,228 YTD/ 2,758,461 FYT | Q-1M | 731,318 | 1,405,998 | 674,680 | 1,471,410 | -65,412 |
| Respite No of overnights | 91,258YTD/ 182,505 FYT | Q-1M | 40,639 | 80,631 | 39,992 | 90,861 | -10,230 |
| Respite No of day only respite sessions | 20,505 YTD / 40,998 FYT | Q-1M | 10,521 | 21,276 | 10,755 | 22,351 | -1,075 |
| HIQA | 80% | Q-1M | 78.4% | 78.4% | 0% | 61.7% | 16.7% |

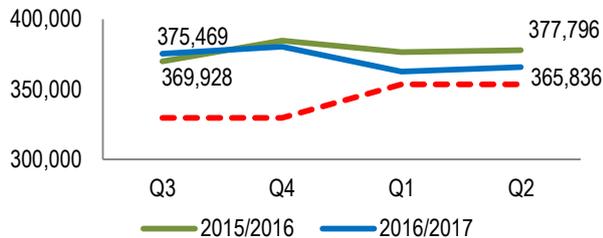
Disability Act Compliance



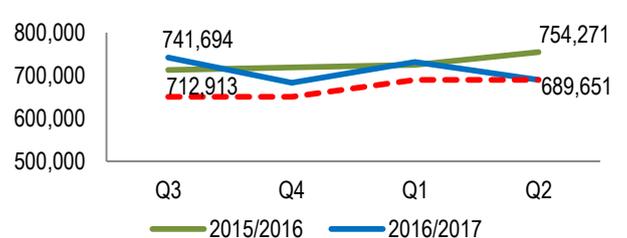
Congregated Settings



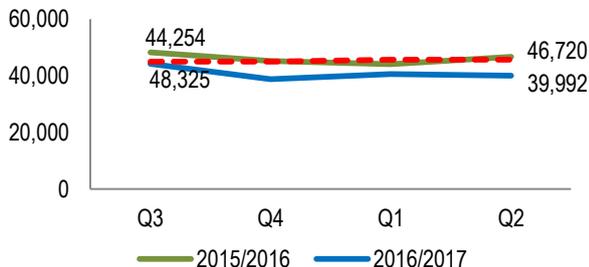
PA Hours (Q2 2017)



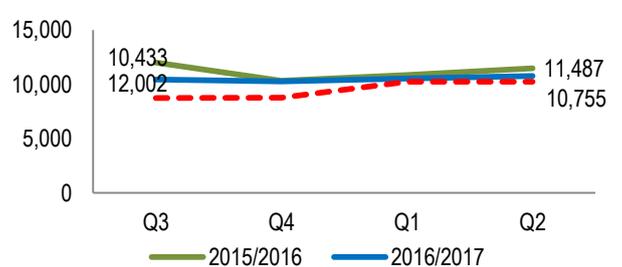
Home Support Hours (Q2 2017)



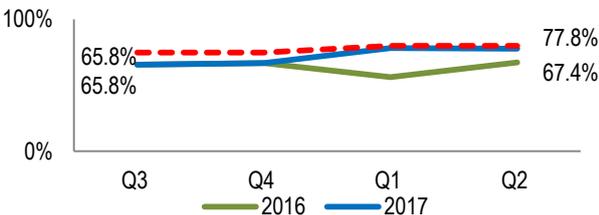
Respite No. of Overnights (Q2 2017)



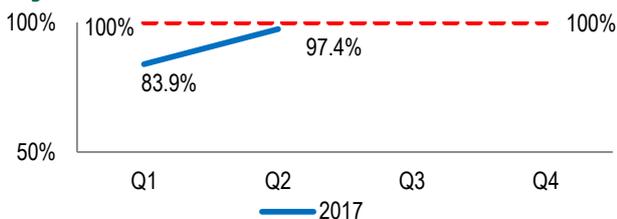
Respite No. of day only Respite (Q2 2017)



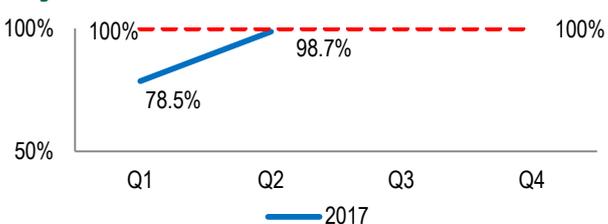
HIQA (Q2 2017)



% of Preliminary Screenings for adults under 65 years



% of Preliminary Screenings for adults aged 65 years and over



New Emergency Places and Supports Provided to People with a Disability

| | Expected Activity 2017 | Expected Activity Q3 YTD* | Actual YTD** September |
|---|------------------------|---------------------------|------------------------|
| Number of new emergency places provided to people with a disability | 185 | 150 | 96 |
| Number of new home support/in home respite supports for emergency cases | 210 | 160 | 56 |
| Total number of new residential emergency and support places | 395 | 310 | 152 |

* Profiles available for each quarter

** Data is indicative and pending validation at this point

The table above identifies, that activity levels are below overall target at the end of Q3, this is partly due to the work involved in securing suitable places at acceptable prices. To date the cost of these places in 2017 are greater than originally profiled due to the high level of complex cases coming through the system, this results in less volume in all categories at higher than budgeted rates. A process of verification of data submitted is currently underway with each CHO to ensure all emergency places are being recorded correctly and align with resources given in 2017 (€16.2m).

Service level performance

| Performance area | Best performance | Outliers |
|--|--|--|
| Disability Act Compliance | CHO 2 -11.9%, CHO 3 -34.2%, CHO 1 -54.7% | CHO 7 -94.3%, CHO 6 -82.3%, CHO , -78.2% |
| Congregated Settings | CHO 4 25.9% | CHO 2 -88.2%, CHO 1 -50% |
| % of Preliminary Screenings- Adults 65 years and older | CHO 1, 2, 4, 5, 6, 7, 8 all achieved the 100% target | CHO 9 80%, CHO 3 85.7% |
| % of Preliminary Screenings – Adults under 65 years | CHO 5 99.3%, CHO 3 98.7%, CHO 4 & CHO 6 98.6% | CHO 1 93.9%, CHO 8 95.6%, CHO 9 96.4% |

Divisional Update

Progressing Disability Services (0-18 Teams)

A total of 56 networks of the 129 network teams planned are in place. A number of improvement actions are being implemented across the HSE to ensure full implementation of the Disability Network Teams by end 2017 including:

- **Network Team Manager Post(s)** are being established to provide Network Team Co-ordination/support. It is critical to note that the central impediment to implementing the Networks and Team Manager Posts is a HR/IR matter. Furthermore, Impact has issued correspondence to the HSE stating clearly that no implementation was to take place until HSE/HR/IR establish a forum for dealing with impact/their members concerns. Engagement is on-going through a process with HSE Corporate Employee Relations Services and the WRC to resolve all issues and agreement on the grading for this post has now been agreed with Dept of Health, and a meeting on this issue has been arranged with IMPACT for October 2017. It is considered that following this meeting, progress can then be made in advertising and filling these posts, and progressing the establishment of the Network Teams.
- **Disability Act Compliance** rates are improving with 29.7% compliance in Q3 2017, in comparison to 23.6% at Q3 2016. In addition the total number of applications 'overdue for completion' has reduced for the first time since the Act commenced.
- **Standardised approach to Assessment of Need** and consistency of approach with regard to process and procedures of Assessment of Need. National operating procedures to streamline the operational approach

to Assessment of Need with a targeted implementation of July 2017. Due to the judicial review outcomes and AON review process outcomes the implementation date has been revised to October 2017.

- **Consultation Assessment on National Guidelines for Assessment of Need** (including assessment of ASD) - The National Social Care Division through the office of the Head of Operation is liaising with the DoH and taking into account legal advice in relation to same.
- **Improvement Plans at CHO level re Assessment of Need Waiting List** - Each CHO now has a specific improvement plan which sets out clear actions which will lead to an elimination of current waiting times. The Disability Act 2005 sets out the requirement for assessments to be completed within 3 months of the date of receipt in relation to this category. It is expected that overdue assessments in this category will be completed by end of December 2017. Work remains on-going across all 9 CHOs in relation to the improvement/elimination of assessments in relation to the clinical assessments/long waiters process and a target of 50% completion by end of December 2017 has been set for CHOs where clinical assessments/long waiters remain to be addressed.
- **Additional supports at national level** – A team of three National Disability Specialists (NDS) is now in place working with CHOs on a CHO basis in relation to Children's Disability Services. In addition the team members have been assigned individual responsibility in relation to Disability Compliance, IT Steering Group and the Access and Inclusion Model.
- **Training and Support** - A specialist training and support resource has been made available to the NDS team for deployment at CHO level. This will enable capacity building with frontline professionals.

Congregated Settings

Activity in relation to Q3 reflects a total of 97 people transitioned from congregated settings at the end of September. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing and the undertaking of necessary works to ensure HIQA compliance.

Performance Notice

CHO 1

CHO1 has been in escalation in relation to its financial and overall performance since April. A Performance Notice was issued by the HSE to the Chief Officer of CHO1 on the 21st June 2017. The Notice set out the HSE's performance expectations in respect of the CHO1's year-end financial position and its overall performance. To date the Social Care Division has provided extensive ongoing support to CHO1 through a programme of in-depth engagement and recommended improvement actions. Work is on-going with CHO1 in relation to the improvement plan to address the current underperformance and the CHO has met targets in relation to service provision. It is planned to review the performance of CHO1 at year end and consider the potential of closing out the Improvement Plan assuming that the CHO has met all targets set out.

CHO2 Aras Attracta

While it is acknowledged that significant progress has been made to date over the period 2015 & 2016 concerns have arisen as to 2017 performance in CHO2 Aras Attracta. Since these concerns emerged early in the year, the Social Care Division together with the support of the Quality Improvement Division have provided significant additional supports both by way of interventions and also capital and revenue resources. A Performance Notice was issued in July to the Chief Officer of CHO2 in respect of Aras Attracta in relation to the above matters and in particular Regulatory Concerns (HIQA) and underperformances issues in relation to same. The Division is continuing to monitor and support CHO2 in relation to meeting the requirements of the Performance Notice through the Improvement Plan to address the current underperformance.

St. John of God Community Services

As a result of a number of concerns of the HSE in relation to service delivery at SJOGCS which have been on-going and the subject of meetings, correspondence and reports, a First Notification Letter was issued to SJOGCS on the 26th July 2017 in accordance with the Service Arrangement. The Notification Letter sets out the HSE's performance expectations in respect of SJOGCS in relation to HIQA Regulatory Compliance, HSE Internal Audit Report Findings and Recommendations, Financial Management/Controls and Reported Deficits and Service Performance. The HSE and SJOGCS are engaged in a National Task Forces process which clearly sets out improvement actions across four key action improvement areas.

Disabilities Balanced Scorecard/Heat Map

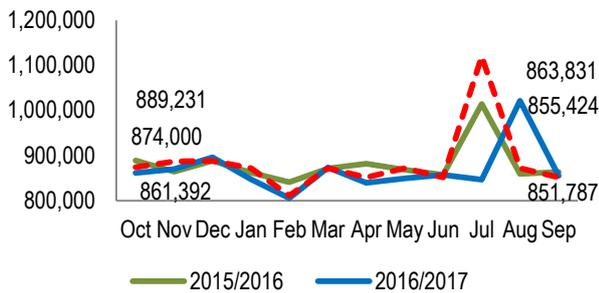
| | Reporting Frequency | Expected Activity/Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current | |
|--|--|--------------------------|--------------|------------|---------|--------|---------|---------|---------|---------|---------|---------|---------|--------------|--------------|---------|---------|
| Quality & Safety | HIQA Compliance | | | | | | | | | | | | | | | | |
| | HIQA Compliance | Q-1M | 80% | 78.4% | -2% | | | | | | | | | | | | |
| | Safeguarding & Screening | | | | | | | | | | | | | | | | |
| | % of Prelim Screenings for Adults Aged 65 Years and Over | Q-1Q | 100% | 98.7% | -1.3% | 100% | 100% | 85.7% | 100% | 100% | 100% | 100% | 100% | 80% | | 78.5% | 98.7% |
| % of Prelim Screenings for Adults Under 65 Years | Q-1Q | 100% | 97.4% | -2.6% | 93.9% | 96.6% | 98.7% | 98.6% | 99.3% | 98.6% | 98% | 95.6% | 96.4% | | 83.9% | 97.4% | |
| Access | Disability Network Teams 0-18 years | | | | | | | | | | | | | | | | |
| | % established | M | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Number established | M | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Disability Act | | | | | | | | | | | | | | | | |
| | Disability Act Compliance | Q | 100% | 29.7% | -70.3% | 45.3% | 88.1% | 65.8% | 25.9% | 26.8% | 17.7% | 5.7% | 43.4% | 21.8% | 28.1% | 24% | 35.1% |
| | Congregated Settings | | | | | | | | | | | | | | | | |
| | Congregated Settings | Q | 54 | 97 | 79.6% | 5 | 2 | 3 | 34 | 9 | 9 | 13 | 11 | 11 | 27 | 53 | 17 |
| | Supports in the Community | | | | | | | | | | | | | | | | |
| | PA Hours | Q-1M | 706,972 | 728,497 | 3% | 69,467 | 138,082 | 148,525 | 59,517 | 56,431 | 10,780 | 12,608 | 80,151 | 152,937 | 380,389 | 362,661 | 365,836 |
| Home Support Hours | Q-1M | 1,379,228 | 1,405,998 | 1.9% | 149,985 | 96,578 | 71,546 | 107,857 | 126,619 | 175,904 | 223,839 | 239,163 | 214,510 | 721,004 | 731,318 | 674,680 | |
| Respite Overnights | Q-1M | 91,258 | 80,631 | -11.6% | 4,896 | 19,611 | 7,162 | 12,025 | 5,384 | 5,702 | 11,603 | 8,926 | 5,322 | 40,443 | 40,639 | 39,992 | |
| Respite Day Only Sessions | Q-1M | 20,505 | 21,276 | 3.8% | 2,055 | 2,992 | 9,704 | 942 | 784 | 685 | 2,439 | 727 | 948 | 10,361 | 10,521 | 10,755 | |
| Finance | Net Expenditure variance from plan | | | | | | | | | | | | | | | | |
| | Total | M | €1,250,664 | €1,276,633 | 2.08% | 3.31% | 0.08% | 2.18% | 1.78% | 1.62% | 1.35% | 3.40% | 3.21% | 2.19% | 2.07% | 2.19% | 2.08% |
| | Pay | M | €474,977 | €482,324 | 1.55% | | | | | | | | | | 1.60% | 1.74% | 1.55% |
| | Non-pay | M | €812,603 | €829,688 | 2.10% | | | | | | | | | | 2.04% | 2.08% | 2.10% |
| | Income | M | -€36,915 | -€35,378 | -4.16% | | | | | | | | | | -4.60% | -6.04% | -4.16% |
| | Service Arrangements (02.10.2017) | | | | | | | | | | | | | | | | |
| | Number signed | M | 100% | 87.75% | 12.25% | | | | | | | | | | 80.75% | 83.29% | 87.75% |
| Monetary value signed | M | 100% | 90.13% | 9.87% | | | | | | | | | | 82.35% | 89.87% | 90.13% | |

Social Care – Older Persons

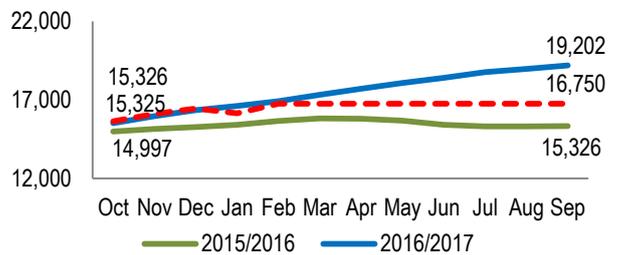
Social Care Division - Older Persons

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|---------------------------|------|---------------------|--------------------|----------|-----------|-------------|
| % of Preliminary Screenings – Adults 65 years and older(new KPI) | 100% | Q-1Q | 78.5% | 98.7% | +20.2% ↑ | | |
| % of Preliminary Screenings – Adults under 65 years(new KPI) | 100% | Q-1Q | 83.9% | 97.4% | +13.5% ↑ | | |
| Home Help Hours | 7,974,347 YTD /10.57m FYT | M | 6,941,287 | 7,796,711 | +855,424 | 7,919,823 | -123,112 ↓ |
| Home Care Packages | 16,750 YTD /16,750 FYT | M | 18,976 | 19,202 | +226 | 15,326 | +3,876 ↑ |
| Number of people being funded under NHSS | 23,416 YTD/ 23,603 FYT | M | 23,110 | 23,078 | -32 | 23,054 | +24 ↑ |
| Delayed Discharges | < 475 | M | 573 | 564 | -9 ↑ | 629 | -65 ↑ |

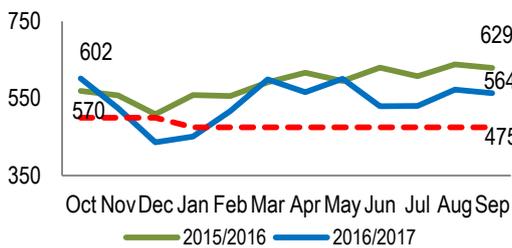
Number of home help hours provided



Number of persons in receipt of a Home Care Package



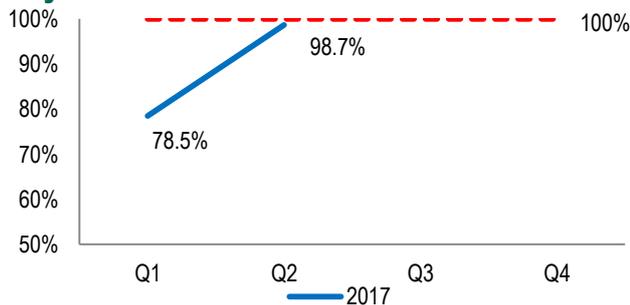
Delayed Discharges



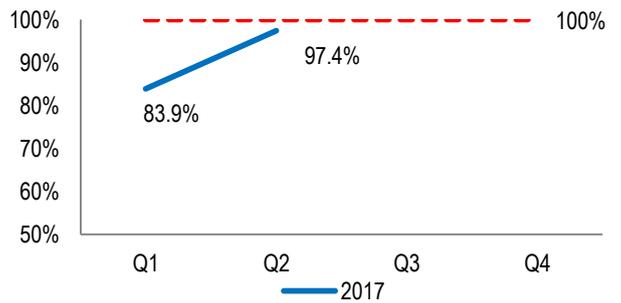
Delayed Discharges by Destination

| | Over 65 | Under 65 | Total | Total % |
|------------------------|------------|------------|------------|-------------|
| Home | 80 | 30 | 110 | 19.5% |
| Long Term Nursing Care | 296 | 41 | 337 | 59.8% |
| Other | 60 | 57 | 117 | 20.7% |
| Total | 436 | 128 | 564 | 100% |

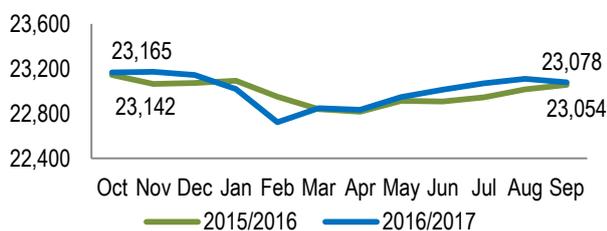
% of Preliminary Screenings for adults aged 65 years and over



% of Preliminary Screenings for adults under 65 years



Number of persons funded under NHSS in long term residential care



NHSS Overview

| | | July | Aug | Sept | YTD 2017 | Sept 16 |
|---------------|--|--------|--------|--------|----------|---------|
| | No. of new applicants | 711 | 809 | 751 | 7,617 | 766 |
| | National placement list for funding approval | 260 | 405 | 510 | 510 | 481 |
| | Total no. people funded under NHSS in LTRC | 23,068 | 23,110 | 23,078 | 23,078 | 23,054 |
| Private Units | No. of new patients entering scheme | 521 | 463 | 474 | 4,833 | 491 |
| | No. of patients Leaving NHSS | 457 | 422 | 478 | 4,733 | 416 |
| | Increase | 64 | 41 | -4 | 100 | 75 |
| Public Units | No. of new patients entering scheme | 147 | 139 | 120 | 1,382 | 134 |
| | No. of patients Leaving NHSS | 145 | 131 | 129 | 1,407 | 128 |
| | Net Increase | 2 | 8 | -9 | -25 | 6 |

*Note: In addition to the leavers above there were a further 139 leavers (19 in Sept.) from Contract Beds/Subvention/Section 39 savers beds

Service level performance

| Performance area | Best performance | Outliers |
|--|--|---|
| % of Preliminary Screenings- Adults 65 years and older | CHO's 1,2,4,5,6,7 and 8 achieved the target(100%) | CHO 9 80%, CHO 3 85.7% |
| % of Preliminary Screenings- Adults under 65 years | No CHO achieved the 100% target. CHO 5 99.3%, CHO 3 98.7%, CHO 4 & CHO 6 98.6% | CHO 1 93.9%, CHO 8 95.6%, CHO 9 96.4% |
| Home Help Hours | CHO 9 10.4%, CHO 2 4.6%, CHO 4 0.9% | CHO 6 -23.3%, CHO 7 -13.6%, CHO 5 -12.9% |
| Home Care Packages | CHO 2 50.7%, CHO 6 27%, CHO 7 26.8% | All CHO's are exceeding their targets. |
| Delayed Discharges | National Children's Hospital at Tallaght (0), Ennis, Nenagh, St John's and University Hospital Kerry (1). | St. James's (58), Beaumont (51) & Our Lady of Lourdes Drogheda (38) |

Divisional Update

Delayed Discharges

The end of September 2017 Delayed Discharge figure is 564. In September, there were 110 people waiting to go home and of these the number of people awaiting HH and HCP was 64 (8 were approved with funding awaited – 5 aged over 65 and 3 aged under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

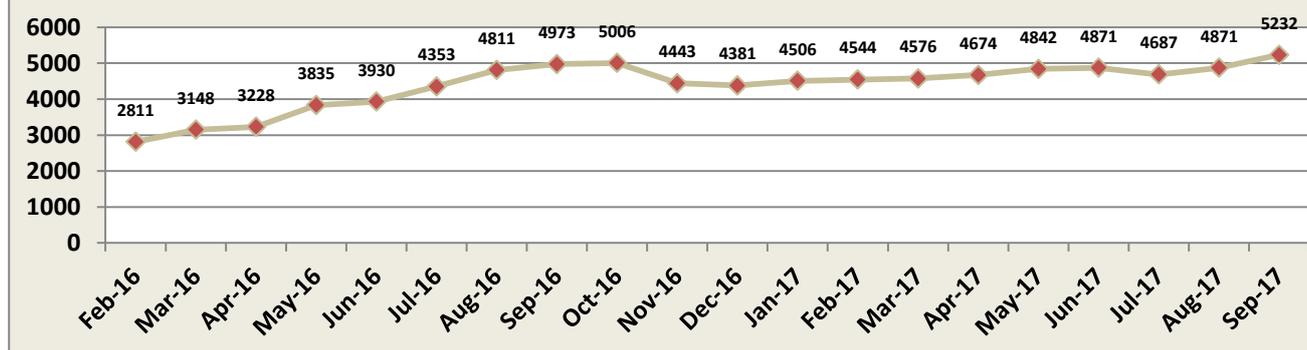
All hospitals continue to have access to an unlimited number of Transitional Care Beds. The total National approved for August is 686 with a total YTD of 5,883.

Home Care

HCP activity is over target (+14.6%) and HH Hours activity is slightly under target (-2.2%) at the end of September. All CHOs are working to ensure the best use of available funding to support the greatest number of people requiring home care services. As greater numbers of lower value HCPs are approved to support greater numbers of clients, the target is being exceeded.

In addition to the above some CHOs are experiencing capacity issues in terms of availability of home care staff. In such cases where appropriate, the home care service may be delivered through the HCP scheme to enable the person to return to, or remain at home. This results in some CHOs being below target in relation to home help and above target on HCPs (Note: CHO 5, 6 & CHO 7). CHO 2 is exceeding both HH and HCP targets this month as lower value HCPs are being approved but such arrangements are being carefully managed within the overall home care resources available in the CHO.

Total No of People on Waiting Lists for HH Hours & HCP's



Whilst additional Home Care funding is acknowledged and has been targeted to support home support services, demand for home care continues to exceed the level of service that can be funded and waiting lists for HH and HCP have become a feature of the service as resources have not kept pace with population growth. The CHO waiting lists for the end of September 2017 indicates that 5,232 people were waiting for home care. All those waiting are assessed and if appropriate provided with a service as soon as possible, having regard to their assessed needs. In addition people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised. The table above demonstrates the result of increased demographics on home care services.

NHSS

In September 2017, the Nursing Homes Support Scheme funded 23,078 long term public and private residential places, and when adjusted for clients not in payment, there were 24,066 places supported under the scheme. The number of people funded under the scheme is below the profile for September of 23,416. There is an increase of 24 in the number of people supported under the scheme when compared to the same period last year. This is a 0.1% increase in activity year on year.

The target for 2017 is for 23,603 people to be supported under the scheme at year end and it is not anticipated that this target will be achieved, as a result of less applications received (-5%) under the scheme and a higher level of people leaving (6%) the scheme than expected during the year.

The target of maintaining the wait time for funding approval at no more than 4 weeks is being achieved, a significant reduction from the October 2014 wait time of 15 weeks. This target has consistently been achieved since April 2015 mainly due to additional funding provided for the scheme. The number on the placement list at the end of September 2017 is 510, again a significant reduction from the numbers waiting in October 2014 (2,135).

A total of 6,276 people were approved for funding under the scheme in the first nine months of 2017 compared to 6,327 people approved for the same period last year. This is a decrease of 51 approvals or 0.8% year on year.

In the first nine months of 2017, 7,617 applications were received and 6,215 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 85 or 1.4% in the number of new clients supported under the scheme when compared to the same period in 2016. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation and Government policy.

Safeguarding

CHO 3 & 9 are appearing as under compliant due to low volumes of referrals in this age category. This is solely based on the low number of referrals in this age category. For example - 6 out of 7 for CHO 3 giving a compliance rate of 85.71%. Overall compliance is significantly up at 98.74% nationally.

Older Persons Balanced Scorecard/Heat Map

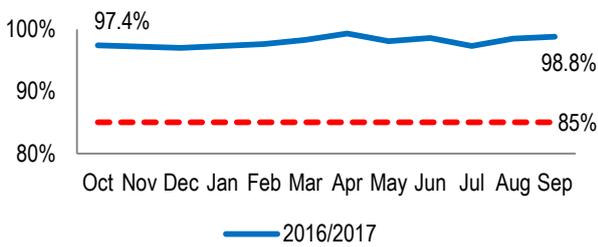
| | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current | |
|--|---|----------------------------|--------------|-----------|--------|-----------|-----------|---------|-----------|---------|---------|---------|---------|--------------|--------------|-----------|---------|
| Access | Home Care Services | | | | | | | | | | | | | | | | |
| | Home Help Hours | M | 7,974,347 | 7,796,711 | -2.2% | 1,073,094 | 1,012,415 | 695,659 | 1,527,994 | 856,903 | 261,131 | 479,651 | 922,209 | 967,655 | 846,539 | 1,021,593 | 855,424 |
| | Home Care Packages | M | 16,750 | 19,202 | 14.6% | 1,349 | 1,890 | 1,114 | 1,549 | 1,221 | 2,191 | 2,753 | 2,623 | 4,512 | 18,761 | 18,976 | 19,202 |
| | NHSS | | | | | | | | | | | | | | | | |
| | Number of people funded under NHSS | M | 23,416 | 23,078 | -1.4% | | | | | | | | | | 23,068 | 23,110 | 23,078 |
| Finance | Delayed Discharges | | | | | | | | | | | | | | | | |
| | Number of people subject to Delayed Discharge | M | < 475 | 564 | -18.7% | | | | | | | | | | 531 | 573 | 564 |
| | Net Expenditure variance from plan | | | | | | | | | | | | | | | | |
| | Total | M | €586,559 | €599,124 | 2.14% | -0.08% | 4.36% | 1.91% | 0.89% | 1.50% | 3.89% | 5.83% | 2.64% | 1.93% | 1.91% | 1.92% | 2.14% |
| | Pay | M | €517,246 | €513,212 | -0.78% | | | | | | | | | | -1.04% | -0.59% | -0.78% |
| Non-pay | M | €354,776 | €368,524 | 3.87% | | | | | | | | | | 3.52% | 3.16% | 3.87% | |
| Income | M | -€285,464 | -€282,612 | -1.00% | | | | | | | | | | -1.42% | -1.08% | -1.00% | |
| Service Arrangements (02.10.2017) | | | | | | | | | | | | | | | | | |
| Number signed | M | 100% | 98.78% | 1.22% | | | | | | | | | | 98.38% | 97.55% | 98.78% | |
| Monetary value signed | M | 100% | 98.92% | 1.08% | | | | | | | | | | 98.80% | 98.91% | 98.92% | |

National Ambulance Service

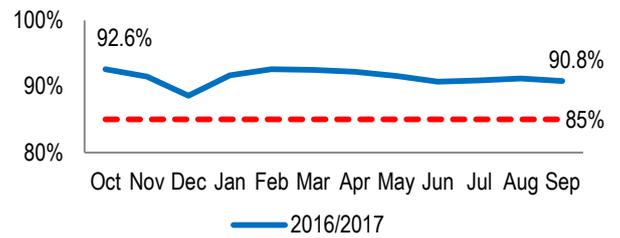
National Ambulance Service

| Performance area | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|---|---------------------------|------|---------------------|--------------------|---------|----------|-------------|
| Allocation of Resource within 90 seconds - ECHO | 85% | M | 98.1% | 98.2% | +0.1% ↑ | 93.9% | +4.3% ↑ |
| Allocation of Resource within 90 seconds - DELTA | 85% | M | 91.7% | 91.6% | -0.1% ↓ | 88.1% | +3.5% ↑ |
| Response Times - ECHO | 80% | M | 83.5% | 83.1% | -0.4% ↓ | 81.3% | +1.8% ↑ |
| Response Times - DELTA | 80% | M | 62.5% | 62.4% | -0.1% ↓ | 60.8% | +1.6% ↑ |
| % turnaround delays escalated (where ambulances not cleared in 60mins) | 100% | M | 99% | 98.9% | -0.1% ↓ | 94.3% | +4.6% ↑ |
| ROSC | 40% | Q-1Q | 38.8% | 41.6% | +2.8% ↑ | 48% | -6.4% ↓ |

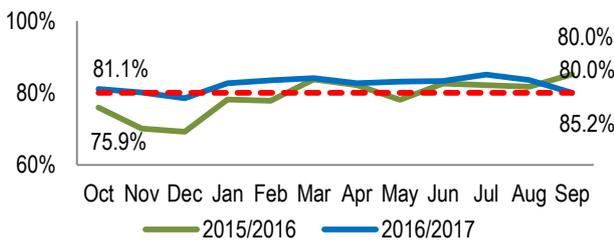
Allocation of Resource within 90 seconds – ECHO



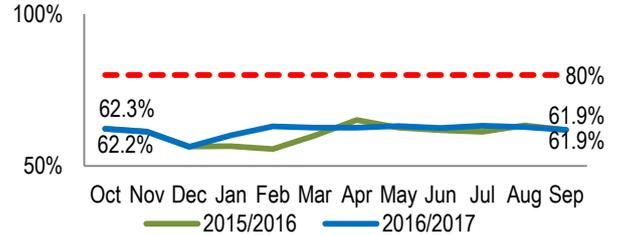
Allocation of Resource within 90 seconds DELTA



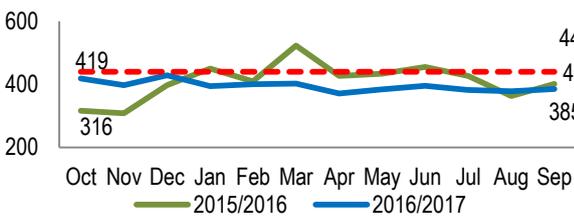
Response Times (within 18 minutes, 59 seconds) – ECHO



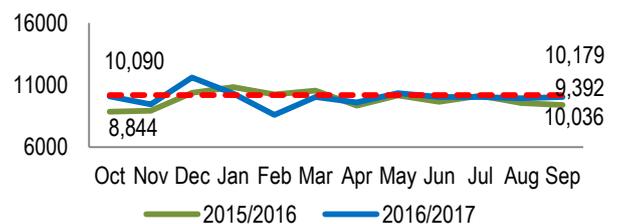
Response Times (within 18 minutes, 59 seconds) – DELTA



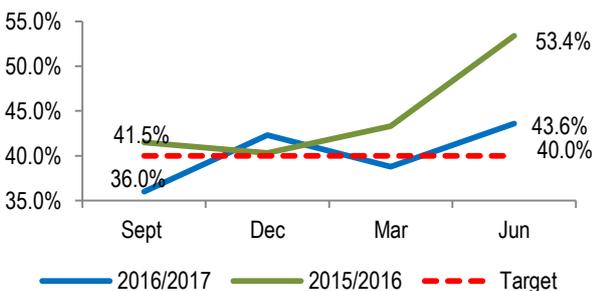
Call Volume (arrived at scene) – ECHO



Call Volume (arrived at scene) – DELTA



ROSC



Service level performance

| Performance area | Best performance | Outliers |
|--|---|--|
| Allocation of Resource within 90 seconds - ECHO | South 100%, West 100%, North Leinster 97.8% | |
| Allocation of Resource within 90 seconds - DELTA | West 92.7%, South 91.8%, North Leinster 88.9% | |
| Response Times - ECHO | North Leinster 83.8%, Dublin Fire Brigade 80.1%, Western Area 81.6% | South 73.7% |
| Response Times - DELTA | North Leinster 66.5% | Western Area 64.2%, Southern Area 61.4%, Dublin Fire Brigade 54.7% |

Divisional Update

What do these figures show?

- Activity volume for AS1⁹ and AS2¹⁰ calls received this month has increased by 1,255 (5%) since the same month last year.
- The daily average call rate was 884. (30 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was on target at 80% this month. This is - 4% compared to last month.
- ECHO calls decreased by 4% (17) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was 62% this month. This is ↓ 1% compared to last month.
- Nationally there was an 11% (1,020) increase in DELTA call activity compared to the same month last year.

⁹ AS1 – 112/ 999 emergency and urgent calls

¹⁰ AS2 - Urgent calls received from a general practitioner or other medical sources

National Ambulance Service Balanced Scorecard/Heat Map

| | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | North Leinster | South | West | Dublin Fire Brigade | Current (-2) | Current (-1) | Current | |
|------------------|---|----------------------------|--------------|-----------|----------------|-------|-------|---------------------|--------------|--------------|---------|--------|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | |
| | Investigations completed within 120 days | M | 90% | NA | | | | | | | | |
| | Service User Experience | | | | | | | | | | | |
| | Complaints investigated within 30 working days | Q | 75% | 28% | -62.7% | | | | | 57% | 21% | 11% |
| | Resource Allocation within 90 seconds | | | | | | | | | | | |
| | ECHO | M | 85% | 98.2% | 15.5% | 97.1% | 99.4% | 98.8% | | 97.3% | 98.5% | 98.8% |
| DELTA | M | 85% | 91.6% | 7.7% | 89.2% | 92.8% | 93.8% | | 90.8% | 91.2% | 90.8% | |
| ROSC | Return of Spontaneous Circulation | | | | | | | | | | | |
| | Q-1Q | 40% | 41.6% | 4% | | | | | 38.8% | 43.6% | | |
| Access | Response Times - within 18 minutes, 59 seconds | | | | | | | | | | | |
| | ECHO | M | 80% | 83.1% | 3.8% | 85.3% | 80.1% | 81.1% | 84.1% | 85.1% | 83.6% | 80.0% |
| | DELTA | M | 80% | 62.4% | -22% | 65.1% | 62.2% | 63.5% | 58.4% | 63.3% | 62.9% | 61.9% |
| Finance | Net Expenditure variance from plan | | | | | | | | | | | |
| | Total | M | €118,001 | €115,950 | -1.74% | | | | | -0.29% | -0.24% | -1.74% |
| | Pay | M | €88,899 | €86,931 | -2.21% | | | | | -0.29% | -0.05% | -2.21% |
| | Non-pay | M | €29,371 | €29,304 | -0.23% | | | | | -0.22% | -0.75% | -0.23% |
| HR | Absence | | | | | | | | | | | |
| | Overall | M-1M | 3.50% | 5.95% | -70% | | | | | 5.72% | 6.37% | |

Acute Hospitals

Acute Hospitals

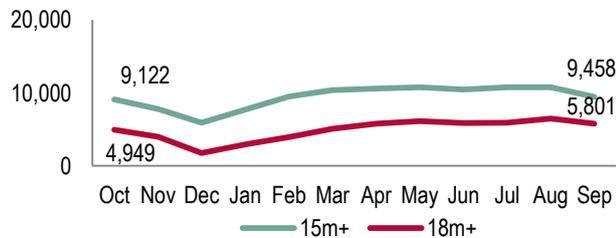
Overview of Key Acute Hospital Activity

| Activity Area | Result YTD Sept 2017 | Expected Activity YTD | Result YTD Sept 2016 | SPLY % Var | Result Jul | Result Aug | Result Sept |
|-------------------------|----------------------|-----------------------|----------------------|------------|------------|------------|-------------|
| Emergency Presentations | 1,060,997 | 1,051,628 | 1,034,108 | +2.6% | 118,953 | 116,090 | 117,861 |
| New ED Attendances | 883,122 | 881,161 | 863,911 | +2.2% | 99,438 | 96,717 | 98,214 |
| OPD Attendances | 2,505,270 | 2,606,993 | 2,527,798 | -0.9% | 267,254 | 282,351 | 275,508 |

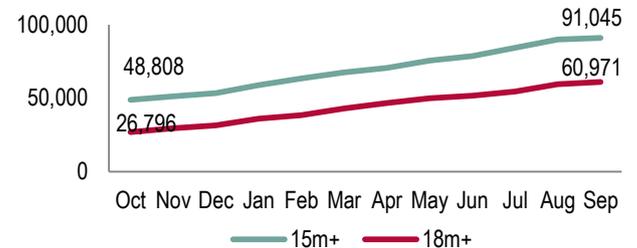
| Activity Area (HIPE data month in arrears) | Result YTD Aug 2017 | Expected Activity YTD | Result YTD Aug 2016 | SPLY % Var | Result Jun | Result Jul | Result Aug |
|--|---------------------|-----------------------|---------------------|------------|------------|------------|------------|
| Inpatient [IP] Discharges/ | 423,300 | 426,743 | 424,176 | -0.2% | 53,923 | 52,582 | 52,753 |
| Day Case [DC] Discharges | 714,576 | 709,871 | 705,458 | +1.3% | 90,782 | 87,626 | 90,007 |
| IP & DC Discharges | 1,137,876 | 1,136,614 | 1,129,634 | +0.7% | 144,705 | 140,208 | 142,760 |
| % IP | 37.2% | 37.5% | 37.5% | -0.9% | 37.3% | 37.5% | 37% |
| % DC | 62.8% | 62.5% | 62.5% | +0.6% | 62.7% | 62.5% | 63% |
| Emergency IP Discharges | 288,281 | 288,014 | 285,499 | +1% | 36,269 | 35,321 | 35,677 |
| Elective IP Discharges | 61,534 | 62,096 | 61,351 | +0.3% | 8,283 | 7,831 | 7,854 |
| Maternity IP Discharges | 73,485 | 76,633 | 77,326 | -5% | 9,371 | 9,430 | 9,222 |

| Waiting Lists | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|---------------------------|------|---------------------|--------------------|--------|----------|-------------|
| Inpatient adult waiting list within 15 months | 90% | M | 82.7% | 83.6% | +0.9% | 85.2% | -1.6% |
| Daycase adult waiting list within 15 months | 95% | M | 89.4% | 91.1% | +1.7% | 89.5% | +1.6% |
| Inpatient children waiting list within 15 months | 95% | M | 82.5% | 82.2% | -0.3% | 91.1% | -8.9% |
| Daycase children waiting list within 15 months | 97% | M | 85.3% | 87.2% | +1.9% | 92.5% | -5.3% |
| Outpatient waiting list within 52 weeks | 85% | M | 74.3% | 73.9% | -0.4% | 82.1% | -8.1% |

Inpatient and Day Case Waiting List

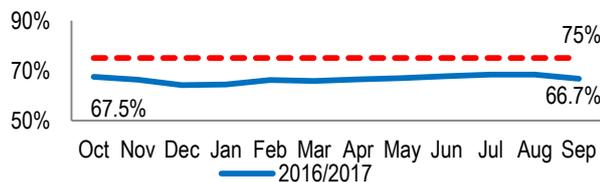


Outpatient Waiting List

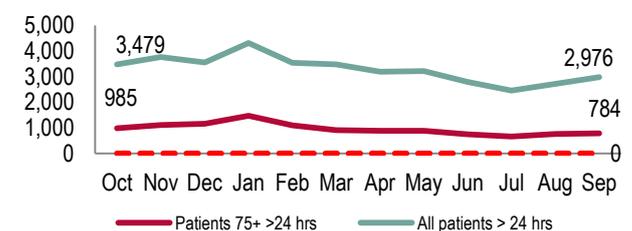


| Patient Experience Time | Target/ Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|--|---------------------------|------|---------------------|--------------------|--------|----------|-------------|
| % 75 years within 9 hours | 100% | M | 63% | 62.9% | -0.1% | 63.2% | -0.3% |
| % 75 years within 24 hours (new KPI) | 100% | M | 92.5% | 92.6% | +0.1% | | |
| % in ED < 24 hours | 100% | M | 96.9% | 96.9% | | 96.7% | +0.2% |
| % within 6 hours | 75% | M | 66.8% | 66.8% | | 67.7% | -0.9% |
| % who leave before completion of treatment | < 5% | M | 5.4% | 5% | -0.4% | 5.3% | -0.3% |

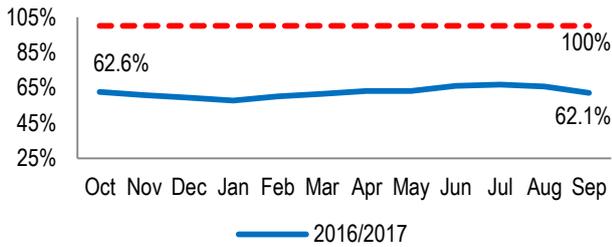
% patients admitted or discharged within 6 hours



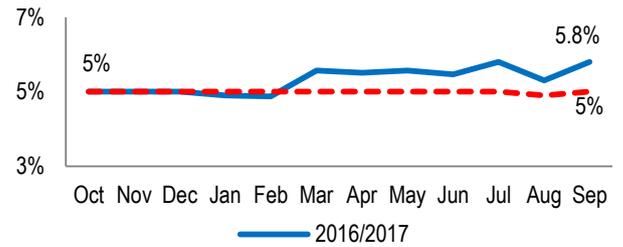
ED over 24 hours



% patients over 75 years admitted or discharged within 9 hours

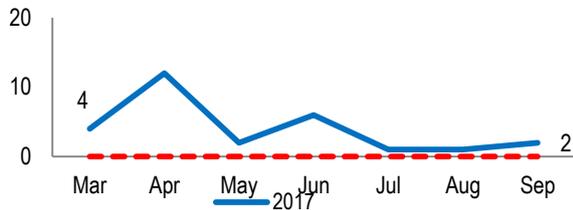


% of patients who leave before completion of treatment

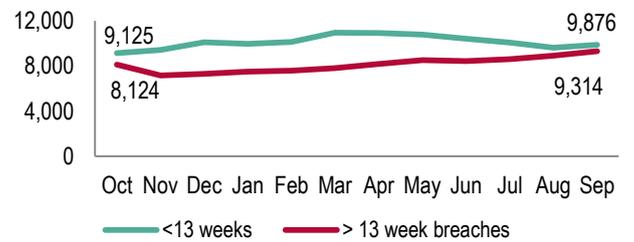


| Colonoscopy | Target/Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|---|--------------------------|------|---------------------|--------------------|---------|----------|-------------|
| Urgent colonoscopy – number of people waiting > 4 weeks (new KPI) | 0 | M | 54 | 56 | +2 ↓ | | |
| Routine Colonoscopy within 13 weeks | 70% | M | 51.9% | 51.5% | -0.4% ↓ | 50.1% | +1.4% ↑ |

Urgent Colonoscopy – number of people waiting > 4 weeks



Number on waiting list for GI Scopes

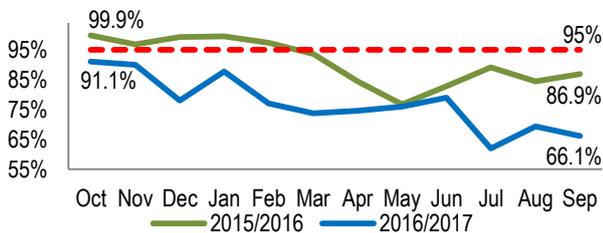


| | Number deemed suitable for colonoscopy in September | Number scheduled over 20 working days in September |
|-----------------------------------|---|--|
| Bowel Screen Colonoscopy Activity | 285 | 191 |

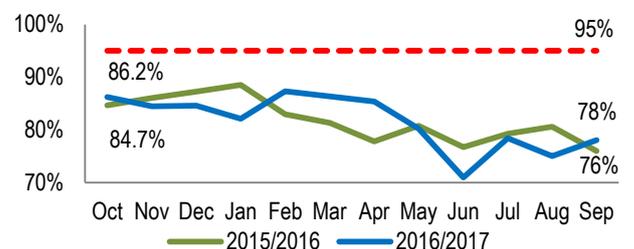
| Cancer Services | Target/Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | SPLY YTD | SPLY Change |
|---|--------------------------|------|---------------------|--------------------|---------|----------|-------------|
| Urgent breast cancer within 2 weeks | 95% | M | 75% | 74.1% | -0.9% ↓ | 88.3% | -14.2% ↓ |
| Routine breast cancer within 12 weeks | 95% | M | 70.6% | 70.8% | +0.2% ↑ | 74% | -3.2% ↓ |
| Lung Cancer within 10 working days* | 95% | M | 80.9% | 80.7% | -0.2% ↓ | 80.4% | +0.3% ↑ |
| Prostate cancer within 20 working days* | 90% | M | 52.9% | 53.6% | +0.7% ↑ | 53.7% | -0.1% ↓ |
| Radiotherapy within 15 working days | 90% | M | 75.3% | 76% | +0.7% ↑ | 84.8% | -8.8% ↓ |

*Results for Lung and Prostate Cancer do not include Galway data

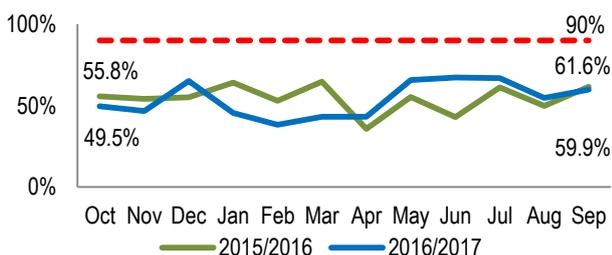
Breast Cancer within 2 weeks



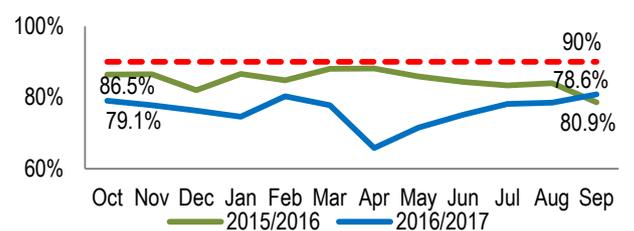
Lung Cancer within 10 working days



Prostate Cancer within 20 working days

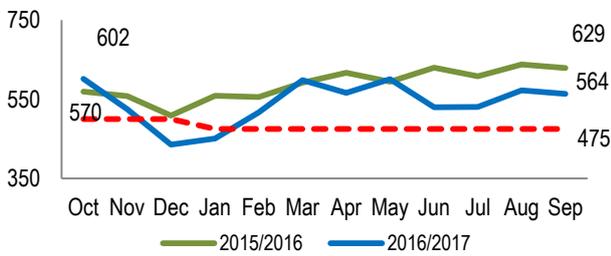


Radiotherapy within 15 working days



| Performance Area | Target/Expected Activity | Freq | Previous Period YTD | Current Period YTD | Change | | SPL Y YTD | SPLY Change | |
|---|--------------------------|------|---------------------|--------------------|--------|---|-----------|-------------|---|
| HCAI – Rate of new cases of Staph. Aureus infection (new KPI) | <1 | M | 0.8 | 1.1 | +0.3 | ↓ | | | |
| HCAI – rate of new cases of C Difficile infection (new KPI) | < 2 | M | 2.5 | 2.3 | -0.2 | ↑ | | | |
| Maternity Safety Statements | 100% | M-2M | 78.9% | 63.2% | -15.7% | ↓ | 94.7% | -31.5% | ↓ |
| Medical Readmission Rates (new KPI) | 11.1% | M-1M | 11% | 11.1% | +0.1% | ↑ | | | |
| Surgical Readmission Rates | < 3% | M-1M | 2% | 2% | | | 2.1% | -0.1% | ↑ |
| Hip Fracture Surgery within 48 hours | 95% | M-1M | 84.9% | 84.9% | | | 85% | -0.1% | ↓ |
| Medical Average Length of Stay | 6.3 days | M-1M | 6.8 | 6.8 | | | 6.8 | | |
| Surgical Average Length of Stay | 5 days | M-1M | 5.3 | 5.3 | | | 5.4 | -0.1 | ↑ |
| Ambulance Clearance Times < 60 minutes | 95% | M | 92.6% | 92.7% | +0.1% | ↑ | 93.4% | -0.7% | ↓ |
| Elective Laparoscopic Cholecystectomy | > 60% | M-1M | 45.7% | 45.8% | +0.1% | ↑ | 43.1% | +2.7% | ↑ |
| Number of beds subject to Delayed Discharge | <475 | M | 573 | 564 | -9 | ↑ | 629 | -65 | ↑ |

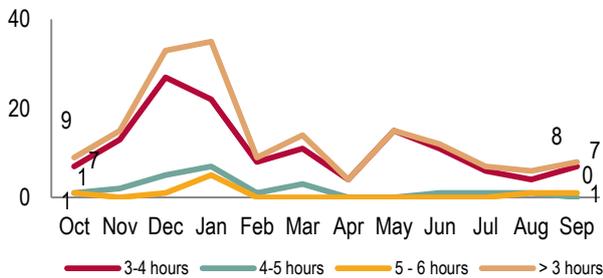
Delayed Discharges



Delayed Discharges by destination

| | Over 65 | Under 65 | Total | Total % |
|------------------------|------------|------------|------------|-------------|
| Home | 80 | 30 | 110 | 19.5% |
| Long Term Nursing Care | 296 | 41 | 337 | 59.8% |
| Other | 60 | 57 | 117 | 20.7% |
| Total | 436 | 128 | 564 | 100% |

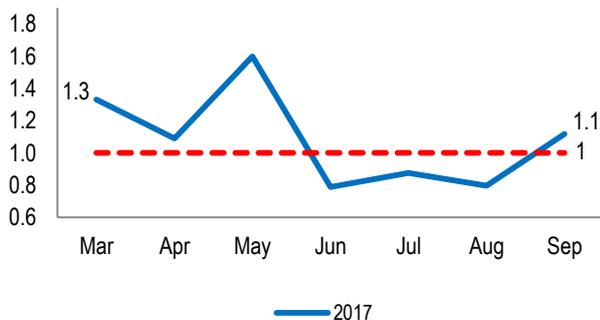
Ambulance Turnaround Times



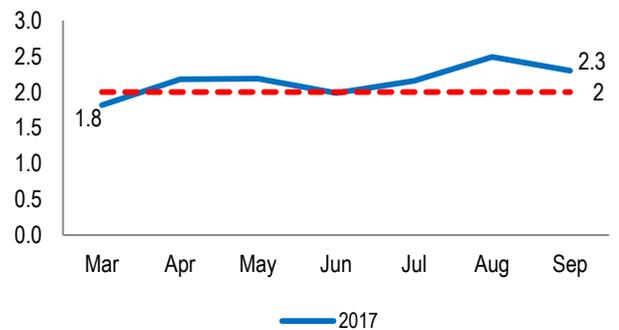
Ambulance Turnaround Times breakdown

| | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sept 17 |
|-------------|--------|--------|--------|--------|--------|---------|
| 3-4 hours | 4 | 15 | 11 | 6 | 4 | 7 |
| 4-5 hours | 0 | 0 | 1 | 1 | 1 | 0 |
| 5 - 6 hours | 0 | 0 | 0 | 0 | 1 | 1 |
| > 3 hours | 4 | 15 | 12 | 7 | 6 | 8 |

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



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



Service level performance

| Performance Area | Best performance | Outliers |
|--|--|--|
| Inpatient adult waiting list within 15 months | 23 out of 39 hospitals achieved target | Ennis (50%), Tullamore (69.6%) & St James (76.3%) |
| Daycase adult waiting list within 15 months | 29 out of 41 hospitals achieved target | Roscommon (80.1%), Galway (82.2%) & University Hospital Limerick & CUMH (83%) |
| Inpatient children waiting list within 15 months | 13 out of 21 hospitals achieved target | Sligo (70.6%), National Children's Hospital at Tallaght Hospital (72.7%) & OLH Crumlin (75.8%) |
| Daycase children waiting list within 15 months | 25 out of 32 hospitals achieved target | Nenagh (80%), OLH Crumlin (80.1%) & National Children's Hospital at Tallaght (81.9%) |
| Outpatient waiting list within 52 weeks | 11 out of 45 hospitals achieved target | Croom (55.4%), RVEEH (56%) & Waterford (60.4%) |
| % 75 years within 9 hours PET | St Luke's Hospital Kilkenny (94.6%), Mayo (84.3%), Portlaoise and Wexford (80.9%). | University Hospital Limerick (43%), Galway (46.8%) & Tallaght (47.1%). |
| % 75 years within 24 hours PET | Mayo (100%), St Lukes' Kilkenny & Letterkenny (99.8%) and Portluncula (99.7%). | University Hospital Limerick (77.4%), Galway (80.8%) & Mater (83.9%). |
| % within 6 hours PET | St Luke's Hospital Kilkenny (91.9%), National Children's Hospital, Tallaght (89.8%) & OLH Crumlin (85.4%). | Tallaght (46.4%), St James's (50.1%) & Connolly (54.5%). |
| % who leave before completion of treatment | 20 out of 30 hospitals achieved target | Mater (20.6%), St. James's (17.5%) & Tallaght (13.3%) |
| Urgent colonoscopy – number waiting > 4 weeks | 37 out of 39 hospitals achieved target | Cork University Hospital (1) and University Hospital Kerry (1) |
| Routine Colonoscopy within 13 weeks | 21 out of 39 hospitals achieved target | Naas General Hospital (17.6%), Galway University Hospital (33.7%) & Mayo (34.6%) |
| Urgent breast cancer within 2 weeks | 5 out of 9 hospitals achieved target | St James's (12.9%), Mater (23.4%), Cork (62.6%) & Waterford (75.8%) |
| Routine breast cancer within 12 weeks | Beaumont, Limerick & St Vincent's (100%) | Letterkenny (12.7%), Waterford (40.3%) & Mater (58%). |
| Lung Cancer within 10 working days | St Vincent's, Mater (100%) & St James's (97%). | Beaumont (59%), Limerick (59.5%) & Cork (70.3%). Galway data outstanding |
| Prostate cancer within 20 working days | St Vincent's (100%), Waterford (96.8%) & Beaumont (91.2%). | St James's (3.3%), Limerick (14.8%) & Cork (34.3%) Galway data outstanding. |
| Radiotherapy within 15 working days | Mid Western Radiation Oncology Centre, Limerick , UPMC, Whitfield, Waterford (100%) & Galway (94.3%). | Cork (52%) & SLRON Network (80.5%). |
| HCAI rates - Staph. Aureus | 36 out of 48 hospitals achieved target | Children's University Hospital Temple (4.2), St James's & OLH Crumlin (4.1) & Cavan/ Monaghan (2.9). |
| HCAI rates – Cdiff | 33 out of 48 hospitals achieved target | Croom (13.0), St James's (6.7) and South Tipperary (6.0). |
| Medical Readmission Rates | 27 out of 38 hospitals achieved target | Mayo University Hospital (15.6%), Wexford (14.9%) & Sligo(14.3%) |
| Surgical Readmission Rates | 38 out of 40 hospitals achieved target | Letterkenny (4.1%) & OLOL Drogheda (3.8%). |
| Hip Fracture Surgery within 48 hours | 7 out of 16 hospitals achieved target | Cork (48.3%), Beaumont (64.3%) & Tullamore (83.3%). |
| Medical Average Length of Stay | 9 out of 35 hospitals achieved target | St Michael's (12.3), Roscommon (11.9) & (Beaumont (10.7)). |
| Surgical Average Length of Stay | 14 out of 34 hospitals achieved target | St James (9.7),Wexford (7.9) & Cork (7.4) |
| Ambulance Clearance Times < 60 minutes | 21 out of 34 hospitals achieved target | Letterkenny (82.9%), Galway (83.1%) & Waterford (84.4%). |
| Elective Laparoscopic Cholecystectomy | 14 out of 36 hospitals achieved target | 9 out of 36 hospitals are at 0% |
| Number of beds subject to Delayed Discharge | National Children's Hospital at Tallaght (0), Ennis, Nenagh, St John's and University Hospital Kerry (1). | St. James's (58), Beaumont (51) & Our Lady of Lourdes Drogheda (38) |

Divisional Update

Emergency Department (ED) Performance

- New ED attendances increased by 2.2% when ED attendances Year to Date September 2017 are compared with Year to Date September 2016.
- ED PET less than 24 hours (all patients) was 97.1% in September 2017.
- ED PET less than 9 hours (all patients) was 81.0% in September 2017. ED PET less than 9 hours for patients aged 75+ was 62.1% in September 2017.

ED Congestion Escalation Directive

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

Reduction in Delayed Discharges (DD)

There were 564 Delayed Discharges at the end of September 2017. Additional funding for winter 2017 measures will provide for the following;

- 45 additional home care packages every week from mid October 2017 for a 26 week period
- 20 additional transitional care bed approvals per week for 12 acute hospitals from mid October 2017 to support the discharge of patients from acute care but may require further convalescence before returning home or for patients awaiting their application to be processed under the Nursing Home Support Scheme.

These measures are expected to result in a reduction in Delayed Discharges but this will take a number of weeks.

European Working Time Directive

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, and including representation from DOH, further improvements were observed during 2016 with an increase in compliance from 76% in December 2015 to 81% in December 2016 with an average 48 hour working week for all NCHDs. In 2017, the compliance has been consistent at 82%. Based on preliminary data for September 2017, the compliance is 85%.

The critical success factors in effecting sustained improvements are as follows;

- Targeting those sites where performance was well below the national average.
- Focus on increasing intern compliance in all sites.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had delivered sustained improvements.

As a result of recent site visits, further improvement plans have been agreed with individual sites aimed at effecting increased compliance in specific specialties and grades. These sites will be subject to further verification visits before the end of the year. It is expected that this will contribute to an increase in overall compliance by year end.

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

Day Case Discharges (including dialysis)

The number of day case procedures Year to Date August 2017 was 714,576 versus 705,458 for the same period in 2016, that is, an increase of 9,118 (1.3%) cases. The number of day cases Year to Date August 2017 was 0.7% higher than the Year to Date target of 709,871.

Inpatient Discharges

The number of inpatient discharges was 423,300 Year to Date August 2017 versus 424,176 for the corresponding period in 2016, that is, a decrease of 876 (0.2%) cases.

Elective Inpatient Discharges

There were 61,534 elective inpatient discharges for the period January to August 2017 versus 61,351 for the same period in 2016, that is, an increase of 0.3%. Elective inpatient discharges were 0.9% lower than the target of 62,096 for the period January to August 2017.

Emergency Inpatient Discharges

There were 288,281 emergency inpatient discharges Year to Date August 2017 and 285,499 for the corresponding period in 2016, that is, an increase of 1%. Emergency discharges were 0.1% higher than the Year to Date August 2017 target of 288,014.

Maternity Inpatient Discharges

Maternity inpatient discharges were 73,485 Year to date August 2017 and 77,326 for the corresponding period in 2016, that is, a decrease of 3,841 (5%) patient discharges.

It should be noted that the February 2017 data had one day less than February 2016 having regard to the fact that 2016 was a leap year.

Colonoscopies

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

The following deliverables are complete;

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

Cancer Services

The National Cancer Control Programme undertook an in depth review of the performance of Symptomatic Breast Clinics and Rapid Access Clinics for prostate and lung cancer services in designated cancer centres in 2016 (Phase 1). The purpose of the review was to identify opportunities to improve the performance of these clinics. The improvement initiatives identified include the introduction of a systematic and consistent approach to enhancing access to these clinics having regard to national policy guidelines.

Phase 2 of the project will focus on the implementation of the improvement initiatives by the eight cancer sites. The improvement initiatives will be implemented in waves having regard to resource requirements and timeframe for delivery. The Wave I initiatives are currently being implemented in the eight cancer centres. The core objective of these initiatives is to drive process improvement, efficiency and enhance the patient pathway.

Waiting Lists

Inpatient/Day Case Waiting Lists

The Department of Health approved an Inpatient/Day Case waiting list improvement plan for 2017. Under this Plan 31,600 patients have come off the waiting list which exceeded the target of 29,838.

Action Plan for Scoliosis

The Action Plan for Scoliosis aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. The Plan addresses treatment of children requiring both spinal fusion and other spinal procedures and includes insourcing in the Children's Hospital Group and the broader public hospital sector, as well as outsourcing initiatives, including private providers nationally and abroad. In tandem, the HSE is working to develop a long-term sustainable solution for scoliosis and paediatric orthopaedic cases. In relation to scoliosis, to date this year approximately 303 (October) surgeries have taken place.

Outpatient Waiting Lists

The OPD Waiting List Action Plan focused on reducing the number of patients who would be waiting 15 months or more for outpatient appointments by the end of October 2017. The plan aimed to remove over 95,000 patients from the Outpatient Waiting List representing a 5% increase in activity over last year. Since the beginning of February to the end of October 2017, almost 100,000 patients have come off the Waiting List under this plan, reaching and exceeding the target.

Healthcare Associated Infections (HCAI)

There were 31 hospitals with no cases of Staphylococcus Aureus Blood Stream Infection and 24 hospitals with no cases of Clostridium Difficile related diarrhoea reported in August. There were 32 hospital acquired Staphylococcus Aureus Blood Stream Infections in HSE hospitals and 71 cases of Clostridium Difficile associated diarrhoea.

In May 2017, the HSE established a national response team led by the Health and Wellbeing Division to coordinate and support response efforts to deal with the challenge of Carbapenemase Producing Enterobacteriaceae (CPE) within the wider context of HCAI AMR. The national response team is working with senior nominated staff at Hospital Group level to give effect to this response.

A small number of hospitals have shown increased rates of Clostridium Difficile infection, particularly Model 4 hospitals. While it is accepted that there is a greater intrinsic risk of hospital acquired infection in Level 4 hospitals as they provide care for the most complex and vulnerable patients, the increased rate requires review and oversight to ensure that appropriate surveillance and isolation measures are being implemented fully. The Acute Hospitals Division is working with Health and Wellbeing and the individual hospitals to determine key causal factors and agree additional actions, as appropriate.

Performance and Accountability Framework

The Performance and Accountability Framework sets out the means by which the HSE and Hospital Groups are held to account for their performance across the four domains of the Balanced Scorecard which includes financial performance. Under the Performance and Accountability Framework there is provision for formal escalation of individual hospitals that are underperforming. When a hospital is escalated, Accountable Officers are expected to ensure managers reporting to them are notified and that the appropriate remedial actions are being taken and monitored. The timeframes for improvement are also set out.

The Mater Misericordiae University Hospital was escalated to black escalation under the HSE's Performance and Accountability Framework following a review of its financial performance in January and February. The Ireland East Hospitals Group continued to monitor the hospital's performance on a monthly basis thereafter. The Ireland East Hospitals Group subsequently issued a Performance Notice to the Hospital in June 2017. The Group commissioned a diagnostic review of the Hospital which examined internal process as well as financial performance and this was completed in September. The Mater Misericordiae University Hospital has accepted the recommendations and agreed a detailed work plan to deliver them. A Benefits Realisation model has been designed to track performance and ensure financial performance and process targets are met. The growth in complex activity such as transplant, interventional cardiology and urology is posing significant cost pressures in the current year as the activity is beyond the funding provided under ABF. The hospital continues to focus on reducing overtime and agency costs and effecting improvements in bed days used.

St James's Hospital was escalated to black escalation in April 2017 based on a monthly assessment of its financial performance in Quarter 1/2017. The Dublin Midlands Hospitals Group subsequently issued a Performance Notice to the hospital in June. There was some stabilisation in financial performance in June and

July with deterioration in its financial performance in August. A second Performance Notice was issued by the Dublin Midlands Hospitals Group CEO to St James's Hospital in September due to no evidence of traction in the cost containment areas identified in the Financial Stabilisation Plan. There is evidence in the September accounts of some traction in relation to pay costs. However, the improvements will take time and in reality the full benefits will not be seen until the beginning of 2018. There was evidence of a reduction in several non pay areas in September.

Acute Hospitals Balanced Scorecard/Heat Map

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | Ireland East | Midlands Dublin | RCSI | South West South/ | UL | Saolta | Children's | Current (-2) | Current (-1) | Current | |
|---|--|---------------------|----------------------------|--------------|-----------|--------------|-----------------|-------|-------------------|-------|--------|------------|--------------|--------------|---------|--|
| Quality & Safety | Serious Reportable Events | | | | | | | | | | | | | | | |
| | Investigations completed within 120 days ¹¹ | M | 90% | 4% | -95.5% | | | | | | | | | | | |
| | Service User Experience | | | | | | | | | | | | | | | |
| | Complaints investigated within 30 working days | Q | 75% | 61% | -18.7% | | | | | | | | 71% | 56% | 44% | |
| | HCAI Rates - Staph. Aureus | M | < 1 | 1.1 | -11.8% | 0.9 | 2.0 | 0.9 | 0.4 | 1.2 | 0.6 | 3.6 | 0.9 | 0.8 | 1.1 | |
| | HCAI Rates - C Difficile | M | < 2 | 2.3 | -15.0% | 3.1 | 3.0 | 1.7 | 3.2 | 1.6 | 1.2 | 0.0 | 2.2 | 2.5 | 2.3 | |
| | % of ED patients who leave before completion of treatment | M | < 5% | 5% | 0% | 6.7% | 9.2% | 4.7% | 4.3% | 5.5% | 3.7% | 2.5% | 5.8% | 5.3% | 5.8% | |
| | Urgent colonoscopy - number waiting > 4 weeks (zero tolerance) | M | 0 | 56 | | 39 | 1 | 0 | 6 | 0 | 5 | 5 | 1 | 1 | 2 | |
| | Implementation of NEWS | Q | 100% | 97.4% | -2.6% | 100% | 83.3% | 100% | 100% | 100% | 100% | | 93.2% | 97.6% | 97.4% | |
| | Implementation of IMEWS | Q | 100% | 100% | 0% | 100% | 100% | 100% | 100% | | 100% | | 100% | 100% | 100% | |
| | Maternity safety statements | M-2M | 100% | 63.2% | -36.8% | 50% | 50% | 0% | 100% | 0% | 100% | | 63.2% | | | |
| | Readmission Rates - Medical | M-1M | 11.1% | 11.1% | 0% | 11.1% | 11.2% | 10.8% | 11.1% | 9% | 12.5% | | 10.3% | 11% | 10.4% | |
| | Readmission Rates - Surgical | M-1M | < 3% | 2% | 33.3% | 1.8% | 2.7% | 2.5% | 1.9% | 1.5% | 2% | | 1.9% | 1.8% | 1.8% | |
| | Hip fracture surgery within 48 hours | M-1M | 95% | 84.9% | -10.6% | 94% | 88.1% | 85.1% | 79.8% | 71.3% | 90.1% | | 82.2% | 83.9% | 85% | |
| | Avlos – Medical (site specific targets) | M-1M | 6.3 days | 6.8 | -7.9% | 6.8 | 8.6 | 7.2 | 6.5 | 5 | 6.4 | | 6.7 | 6.5 | 6.7 | |
| | Avlos – Surgical (site specific targets) | M-1M | 5 days | 5.3 | -6% | 5.8 | 6.9 | 5.8 | 4.5 | 4.9 | 4.6 | | 5.4 | 5.1 | 5.2 | |
| Radiotherapy treatment within 15 working days | M | 90% | 76% | -15.6% | | 70.4% | | 71.5% | 99.5% | 89.6% | | 78.2% | 78.5% | 80.9% | | |

¹¹ Data under review

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | Ireland East | Midlands Dublin | RCSI | South West South/ | UL | Saolta | Children's | Current (-2) | Current (-1) | Current |
|--------|--|---------------------|----------------------------|--------------|-----------|--------------|-----------------|-------|-------------------|-------|--------|------------|--------------|--------------|---------|
| Access | PET - 75 years or older within 9 hours | M | 100% | 62.9% | -37.1% | 68.6% | 59.3% | 57.3% | 58.7% | 42.7% | 74% | | 66.8% | 65.7% | 62.1% |
| | PET - 75 years or older within 24 hours (zero tolerance) | M | 100% | 92.6% | -7.4% | 93.1% | 93.1% | 94.7% | 90.8% | 78.2% | 95.5% | | 94.8% | 93.9% | 93.5% |
| | PET - ED within 24 hours (zero tolerance) | M | 100% | 96.9% | -3.1% | 96.9% | 95.9% | 97.9% | 95.4% | 93.1% | 98.2% | 99.6% | 97.6% | 97.3% | 97.1% |
| | PET - ED within 6 hours | M | 75% | 66.8% | -10.9% | 69.7% | 58.5% | 62.5% | 65.4% | 55.6% | 68.6% | 87.3% | 68.4% | 68.4% | 66.7% |
| | Routine Colonoscopy within 13 weeks | M | 70% | 51.5% | -26.5% | 56.1% | 38.2% | 83.3% | 57.9% | 53.3% | 44.6% | 56.3% | 54% | 51.9% | 51.5% |
| | Elective Laparoscopic Cholecystectomy | M-1M | >60% | 45.8% | -23.7% | 60.4% | 54.5% | 49.7% | 46.3% | 6.7% | 27.2% | | 45.2% | 42.7% | 43.9% |
| | Inpatient Adult within 15 months | M | 90% | 83.6% | -7.1% | 91% | 75.3% | 85% | 85.6% | 96.6% | 78.6% | | 83.1% | 82.7% | 83.6% |
| | Daycase Adult within 15 months | M | 95% | 91.1% | -4.1% | 94% | 88.2% | 99.1% | 92.7% | 89% | 87% | | 89.1% | 89.4% | 91.1% |
| | Inpatient Child within 15 months | M | 95% | 82.2% | -13.5% | 98.1% | 99.5% | 86.8% | 90.6% | 98.2% | 74.1% | 79.9% | 84% | 82.5% | 82.2% |
| | Daycase Child within 15 months | M | 97% | 87.2% | -10.1% | 98.7% | 100% | 100% | 94.1% | 95.4% | 85.6% | 84% | 85.5% | 85.3% | 87.2% |
| | Outpatient within 52 weeks | M | 85% | 73.9% | -13.1% | 78.4% | 72.2% | 79% | 69.8% | 71.5% | 75.9% | 67.8% | 74.8% | 74.3% | 73.9% |
| | Ambulance Clearance Times within 60 minutes | M | 95% | 92.7% | -2.4% | 94.5% | 96.6% | 96.3% | 90.4% | 87.5% | 96.7% | 98.6% | 94.1% | 93.5% | 93.5% |
| | Number of beds subject to Delayed Discharge (zero tolerance site specific targets) | M | <475 | 564 | -18.7% | 165 | 114 | 130 | 69 | 9 | 63 | 14 | 531 | 573 | 564 |
| | Urgent Breast Cancer within 2 weeks | M | 95% | 74.1% | -22% | 84.2% | 21% | 99.9% | 71.2% | 100% | 74.2% | | 61.9% | 69.3% | 66.1% |
| | Routine Breast Cancer within 12 weeks | M | 95% | 70.8% | -25.5% | 84.4% | 43.2% | 99.7% | 64.6% | 98.3% | 47.7% | | 68% | 67.2% | 72.2% |
| | Lung Cancer within 10 working days | M | 95% | 80.7% | -15.1% | 99% | 95.7% | 71.2% | 63.9% | 63.9% | 91.7% | | 78.4% | 75% | 78% |
| | Prostate Cancer within 20 working days | M | 90% | 53.6% | -40.4% | 49.3% | 1% | 89.2% | 42.6% | 9.7% | 98.9% | | 67% | 54.8% | 59.9% |

| | | Reporting Frequency | Expected Activity / Target | National YTD | % Var YTD | Ireland East | Midlands Dublin | RCSI | South West South/ | UL | Saolta | Children's | Current (-2) | Current (-1) | Current |
|------------------------|---|---------------------|----------------------------|--------------|-----------|--------------|-----------------|--------|-------------------|--------|--------|------------|--------------|--------------|---------|
| Finance | Net Expenditure variance from plan | | | | | | | | | | | | | | |
| | Total | M | €3,322,772 | €3,503,872 | 5.45% | 6.25% | 4.20% | 6.10% | 5.46% | 7.82% | 5.14% | 3.50% | 4.99% | 5.28% | 5.45% |
| | Pay | M | €2,727,180 | €2,771,461 | 1.62% | 1.92% | 0.83% | 1.53% | 0.90% | 4.43% | 2.19% | 0.87% | 1.34% | 1.56% | 1.62% |
| | Non-pay | M | €1,296,309 | €1,384,567 | 6.81% | 9.83% | 4.95% | 9.33% | 5.32% | 3.62% | 7.19% | 3.30% | 7.48% | 6.89% | 6.81% |
| | Income | M | -€700,716 | -€652,155 | -6.93% | -4.08% | -6.50% | -7.40% | -10.18% | -9.34% | -4.80% | -13.18% | -4.92% | -6.13% | -6.93% |
| | Service Arrangements (02.10.2017) | | | | | | | | | | | | | | |
| | Number signed | M | 100% | 100% | 0% | | | | | | | | | 100% | 100% |
| Monetary value signed | M | 100% | 100% | 0% | | | | | | | | | 100% | 100% | 100% |
| HR | Absence | | | | | | | | | | | | | | |
| | Overall | M-1M | 3.50% | 3.87% | -10.57% | 3.65% | 3.72% | 3.93% | 3.95% | 5.34% | 3.73% | 3.68% | 3.71% | 3.82% | |
| | European Working Time Directive (EWTB) | | | | | | | | | | | | | | |
| Within 24 hours | M | 100% | 98.1% | -2.3% | 98.3% | 98.6% | 97.7% | 99.8% | 98.2% | 96.8% | 95.2% | 97.7% | 97.5% | 98.1% | |
| < 48 hour working week | M | 95% | 81.6% | -11% | 74.6% | 75.6% | 77.8% | 90.7% | 89.0% | 91.0% | 63.2% | 81.6% | 81.6% | 81.6% | |

Finance

Introduction

The Letter of Determination, dated 25th October 2016, provides for a net revenue budget for the HSE in 2017 of €13,912m. This represents an increase of €422.1m (3.1%) year on year (2016: €13,489.9m). In addition, a further sum of €36.5m is held by the DoH for additional service initiatives which is released during the year as specific implementation plans are agreed, of which €18.5m has been received to date. This will bring the total revenue budget available in 2017 to €13,948.5m. This represents an overall increase of €458.6m (3.4%) year on year.

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

The HSE fully acknowledges the requirement to operate within the limits of the funding that has been notified. We will prioritise efforts around developing the most efficient models of service delivery, extending controls around the pay bill and other significant cost categories and increasing productivity in order to contain the annual growth in costs that is typical of healthcare systems in Ireland and internationally.

Financial Performance

The HSE had expenditure of €10.590 billion against a budget of €10.347 billion for the first nine months of 2017 leading to a deficit of €243.1m or (2.35%).

| Expenditure by Category and Division | Approved Allocation €000s | YTD | | | % Var Act v Tar €000s |
|--|------------------------------|-------------------|-------------------|----------------|-----------------------------|
| | | Actual | Plan | Variance | |
| | | €000s | €000s | €000s | |
| Acute Hospitals Division | 4,474,704 | 3,503,873 | 3,322,772 | 181,101 | 5.5% |
| National Ambulance Service & Emergency Mgt | 157,987 | 115,950 | 118,001 | (2,051) | -1.7% |
| Health & Wellbeing Division | 208,579 | 148,499 | 153,946 | (5,447) | -3.5% |
| Primary Care Division (Note 1) | 1,029,685 | 754,712 | 761,107 | (6,395) | -0.8% |
| Mental Health Division | 852,836 | 633,585 | 630,687 | 2,898 | 0.5% |
| Social Care Division | 3,389,291 | 2,557,518 | 2,519,275 | 38,242 | 1.5% |
| National Cancer Control Programme (NCCP) | 4,228 | 2,146 | 2,471 | (325) | -13.2% |
| Clinical Strategy & Programmes Division | 38,398 | 22,007 | 27,511 | (5,504) | -20% |
| Quality Assurance & Verification | 5,397 | 1,359 | 2,509 | (1,151) | -45.9% |
| Quality Improvement Division | 8,161 | 6,416 | 6,197 | 218 | 3.5% |
| Other National Divisions / Services | 316,324 | 235,005 | 234,562 | 443 | 0.2% |
| Total Operational Service Areas | 10,485,590 | 7,981,068 | 7,779,040 | 202,028 | 2.60% |
| Pensions | 403,209 | 283,644 | 303,317 | (19,673) | -6.5% |
| State Claims Agency | 224,000 | 208,590 | 168,008 | 40,582 | 24.2% |
| Primary Care Reimbursement Service (Note 1) | 2,555,543 | 1,911,853 | 1,900,781 | 11,072 | 0.6% |
| Demand Led Local Schemes (Note 1) | 248,037 | 191,615 | 184,935 | 6,679 | 3.6% |
| Overseas Treatment | 14,091 | 12,954 | 10,549 | 2,405 | 22.8% |
| Total Pensions & Demand Led Areas | 3,444,880 | 2,608,655 | 2,567,590 | 41,064 | 1.60% |
| Grand Total | 13,930,469 | 10,589,723 | 10,346,630 | 243,093 | 2.35% |

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

Note 2: The surplus on NAS is being driven by a profiling issue, €1.5m of the budget to September to be reallocated to the last quarter of the year

There is a net deficit within Operational Services of €202m or 2.6%. This includes a net deficit of €181.1m in Acute Hospitals.

Pensions and Demand Led Areas have a net deficit of €41.1m. Within this, the State Claims Agency has a deficit of €40.6m; Pensions have a surplus of (€19.7m) while the Primary Care Reimbursement Service is showing a deficit of €11.1m. Demand Led Schemes have a deficit of €6.7m while Overseas Treatment is showing a deficit of €2.4m.

The following Pay Cost Pressures, totalling €96m, have crystallised and/or will have an impact in 2017. Receipt of additional funding for each of these pressures is subject to engagement with the Department of Health.

1. €58m – The acceleration of public service pay restoration. The January 2017 agreement which brought forward to April the payment of a €1,000 increase (already due for payment in September 2017 under the LRA). This applies to public servants on annualised salaries up to €65,000 and who are parties to the Lansdowne Road agreement. The additional monthly cost to the HSE is approx €11m per month for the period April – August 2017 or €56.8m, that was not anticipated or funded through the budgeting and service planning process.
2. €13m - NCHD Living Out Allowance,
3. €10.6m - Nursing Agreement,
4. €15.3m –Nursing Incremental Credits, Task Transfer & other allowances.

Acute Hospitals

| | Approved Allocation | YTD | | | % Var Act v Tar |
|-------------------------------|---------------------|------------------|------------------|----------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| RCSI Dublin North East | 691,743 | 547,872 | 516,369 | 31,504 | 6.1% |
| Dublin Midlands | 838,651 | 653,650 | 627,301 | 26,348 | 4.2% |
| Ireland East | 885,257 | 700,574 | 659,390 | 41,184 | 6.2% |
| South / South West | 759,542 | 594,392 | 563,644 | 30,748 | 5.5% |
| Saolta University Health Care | 719,943 | 564,278 | 536,716 | 27,563 | 5.1% |
| UL Hospitals | 282,753 | 228,066 | 211,527 | 16,539 | 7.8% |
| National Children's Hospital | 274,273 | 211,173 | 204,024 | 7,149 | 3.5% |
| Regional & National Services | 22,541 | 3,867 | 3,802 | 65 | 1.7% |
| Total | 4,474,704 | 3,503,873 | 3,322,772 | 181,101 | 5.5% |

Acute Hospital Division (AHD) had expenditure of €3,503m against a budget of €3,322m leading to an adverse variance of €181.1mm (5.5%), comprised of an income variance of €48.5m and a gross variance of €132.5m.

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

1. The income deficit reduces to €29.2m when the following items are considered:
 - €44m historic accelerated income target of which €32.9m relates to the nine months to September
 - A temporary €6.5m income surplus related to the drugs reimbursement , and
 - Other income surplus adjustments of €7m
2. The gross deficit then reduces to €69.9m when certain factors are considered, such as accelerated LRA (€27.7m), NCHD Living Out allowance (€5.3m), Bad & doubtful debts (€14.9m), HEP C acceleration to September (€6.5m) and other funding/profiling issues (€8.3m).
3. The Pay deficit for September YTD is €44.3m of which €27.7m relates to the accelerated pay restoration agreement & €5.3m relates to the NCHD Living Out allowance, both of which the HSE is awaiting funding. Additionally Non Pay is showing an adverse variance of €88.2m.
4. Of the total variance, €119.9m relates to direct provision of service with €61.2m representing HSE funded providers. 57% of the year to date deficit is concentrated in three Hospital Groups, Ireland East Hospital Group €41.2m, South-South West Hospital Group €30.7m and RCSI Hospital Group €31.5m.

| | Gross | Income | Net |
|---|--------------|-------------|--------------|
| | €m | €m | €m |
| September Reported Deficit | 132.5 | 48.5 | 181.1 |
| Accelerated LRA & Living Out Allowance (Note 1) | -33.0 | | -33.0 |
| Bad & Doubtful debts (Note 2) | -14.9 | | -14.9 |
| Hep C acceleration (Note 3) | -6.5 | 6.5 | 0.0 |
| Historic accelerated income target (Note 4) | | -32.9 | -32.9 |
| Other | -8.3 | 7.0 | -1.3 |
| Amended deficit | 69.9 | 29.2 | 99.3 |

Note 1: €27.7m relates to Unfunded LRA brought forward from Sept to April & €4.3m relates to NCHD living put allowance

Note 2: €14.9m is driven mainly by the behaviour of insurance companies.

Note 3: €6.5m relates to the acceleration of the Hep C programme, for which funding is available

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

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

Social Care - Older Persons

| | Approved Allocation | YTD | | | % Var Act v Tar |
|----------------------|---------------------|------------------|------------------|---------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| CHO 1 | 81,870 | 60,825 | 60,875 | (50) | -0.1% |
| CHO 2 | 74,543 | 57,879 | 55,462 | 2,417 | 4.4% |
| CHO 3 | 66,504 | 50,430 | 49,486 | 943 | 1.9% |
| CHO 4 | 121,987 | 91,668 | 90,855 | 813 | 0.9% |
| CHO 5 | 72,179 | 54,602 | 53,796 | 806 | 1.5% |
| CHO 6 | 61,191 | 46,006 | 44,285 | 1,721 | 3.9% |
| CHO 7 | 92,382 | 72,438 | 68,447 | 3,992 | 5.8% |
| CHO 8 | 66,051 | 50,157 | 48,868 | 1,288 | 2.6% |
| CHO 9 | 101,860 | 76,689 | 75,240 | 1,449 | 1.9% |
| Regional & National | 50,338 | 38,430 | 39,245 | (814) | -2.1% |
| Subtotal | 788,904 | 599,124 | 586,559 | 12,565 | 2.1% |
| NHSS | 915,912 | 681,761 | 682,052 | (291) | 0% |
| Overall Total | 1,704,816 | 1,280,885 | 1,268,611 | 12,274 | 1% |

Core services excluding NHSS had expenditure of €599.1m against a budget of €586.5m leading to a deficit of €12.6m. It should be noted that included in this deficit is €6.9m which relates to the accelerated pay restoration agreement for which the HSE is awaiting funding.

NHSS had expenditure of €681.7m against a budget of €682.m leading to a surplus of (€0.3m)

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

Social Care – Disabilities

| | Approved Allocation | YTD | | | % Var Act v Tar |
|---------------------|---------------------|------------------|------------------|---------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| CHO 1 | 124,076 | 94,692 | 91,657 | 3,035 | 3.3% |
| CHO 2 | 164,303 | 122,447 | 122,348 | 99 | 0.1% |
| CHO 3 | 146,029 | 111,004 | 108,640 | 2,364 | 2.2% |
| CHO 4 | 215,507 | 164,042 | 161,171 | 2,871 | 1.8% |
| CHO 5 | 157,489 | 119,273 | 117,374 | 1,899 | 1.6% |
| CHO 6 | 182,062 | 137,781 | 135,950 | 1,831 | 1.3% |
| CHO 7 | 209,593 | 161,725 | 156,405 | 5,320 | 3.4% |
| CHO 8 | 198,988 | 152,948 | 148,188 | 4,760 | 3.2% |
| CHO 9 | 265,404 | 200,443 | 196,147 | 4,296 | 2.2% |
| Regional & National | 21,024 | 12,277 | 12,784 | (507) | -4% |
| Total | 1,684,475 | 1,276,633 | 1,250,664 | 25,968 | 2.1% |

Disability Services had expenditure of €1,276.6m against a budget of €1,250.7m leading to an adverse variance of €25.9m or 2.1%.

Within the total deficit, €7.3m relates to pay; this relates to unfunded pay restoration costs. Non Pay is showing an adverse variance of €17.1m. Income has a deficit of €1.5m. The NSP 2017 submission flagged €9m in very stretched savings targets with a high delivery risk. It is now clear that these risks are crystallising.

The variance detailed above is associated with 4 key issues:

1. Expenditure associated with HIQA compliance;
2. Specific challenges in a small number of larger voluntary providers;
3. Emergency placements are running ahead of target in some areas. However, we are continuing to monitor closely the emergency placements across all CHOs as we enter a period that traditionally puts a lot of pressure on this area.
4. Expected reductions in agency spend have not yet materialised.

These variations from plan are being followed up with each Chief Officer through the HSE's Performance Process. In addition to reprioritising €35m in funding for disability services in 2017 it was also necessary to set further savings targets to ensure the delivery of services. These targets carry a high delivery risk but are necessary in order to ensure that the growing need for residential places is responded to accordingly as well as maintaining funded levels of personal assistant and home support hours.

Mental Health

| | Approved Allocation | YTD | | | % Var Act v Tar |
|-------------------------|---------------------|----------------|----------------|--------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| CHO 1 | 72,842 | 53,567 | 53,493 | 74 | 0.1% |
| CHO 2 | 96,561 | 76,968 | 71,671 | 5,298 | 7.4% |
| CHO 3 | 63,676 | 47,934 | 47,432 | 502 | 1.1% |
| CHO 4 | 113,146 | 85,006 | 84,025 | 981 | 1.2% |
| CHO 5 | 94,572 | 71,565 | 70,322 | 1,242 | 1.8% |
| CHO 6 | 56,429 | 42,673 | 41,858 | 814 | 1.9% |
| CHO 7 | 86,906 | 63,836 | 64,858 | (1,022) | -1.6% |
| CHO 8 | 89,265 | 69,835 | 66,695 | 3,140 | 4.7% |
| CHO 9 | 113,074 | 83,845 | 84,279 | (434) | -0.5% |
| Central Mental Hospital | 25,699 | 19,102 | 19,363 | (261) | -1.3% |
| Suicide Prevention | 9,870 | 6,526 | 7,295 | (769) | -10.5% |
| Regional & National | 30,794 | 12,729 | 19,396 | (6,667) | -34.4% |
| Total | 852,836 | 633,585 | 630,687 | 2,898 | 0.5% |

The Mental Health Division spent €633.6m year to date against a budget of €630.7m, representing an adverse variance of €2.9m, which corresponds to a €1.8m surplus, when the €4.7m deficit relating to the accelerated pay restoration agreement for which the HSE is awaiting funding is considered. The expectation is that Mental Health services will achieve a balanced financial position for 2017.

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

Primary Care Division

| | Approved Allocation | YTD | | | % Var Act v Tar |
|------------------------------------|---------------------|------------------|------------------|----------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| CHO 1 | 90,218 | 69,268 | 65,902 | 3,366 | 5.1% |
| CHO 2 | 97,269 | 74,666 | 71,833 | 2,833 | 3.9% |
| CHO 3 | 78,404 | 59,066 | 58,508 | 558 | 1% |
| CHO 4 | 127,253 | 96,723 | 95,038 | 1,684 | 1.8% |
| CHO 5 | 91,484 | 68,625 | 68,056 | 569 | 0.8% |
| CHO 6 | 60,954 | 45,098 | 45,023 | 75 | 0.2% |
| CHO 7 | 157,041 | 116,307 | 116,843 | (536) | -0.5% |
| CHO 8 | 127,854 | 95,521 | 94,972 | 549 | 0.6% |
| CHO 9 | 129,698 | 93,850 | 95,796 | (1,946) | -2% |
| Regional | 11,907 | 11,232 | 8,916 | 2,316 | 26% |
| National | 57,603 | 24,356 | 40,219 | (15,863) | -39.4% |
| Sub Total | 1,029,685 | 754,712 | 761,107 | (6,395) | -0.8% |
| PCRS | 2,555,543 | 1,911,853 | 1,900,781 | 11,072 | 0.6% |
| DLS | 248,037 | 191,615 | 184,935 | 6,679 | 3.6% |
| Sub Total PCRS & DLS | 2,803,580 | 2,103,468 | 2,085,716 | 17,751 | 0.9% |
| Total Primary Care Division | 3,833,265 | 2,858,180 | 2,846,824 | 11,356 | 0.4% |

The Primary Care Division (PCD) spent €2,858m versus a budget of €2,846m leading to an overall deficit of €11.4m or 0.4%.

Core operational services within Primary Care, Social Inclusion and Palliative Care delivered a surplus of (€6.3m) or (0.8%) year to date with PCRS showing a deficit position of €11m and Demand Led Schemes having a deficit of €6.7m.

The year to date variance is showing a once off benefit relating to time related savings where anticipated expenditure has not yet manifested. This relates mainly to Chronic Disease clinical posts, primary care leases and palliative care beds not coming on stream as anticipated. The timing benefit is also masking cost pressures in core primary care services particularly within medical and surgical supplies, NVRL, GP training and paediatric home care packages to facilitate complex discharges.

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

Health & Wellbeing

| | Approved Allocation | YTD | | | % Var Act v Tar |
|--------------|---------------------|----------------|----------------|----------------|-----------------|
| | | Actual | Plan | Variance | |
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| Total | 208,579 | 148,499 | 153,946 | (5,447) | -3.5% |

The Health and Wellbeing Division spent €148.5m versus a budget of €153.9m leading to a surplus of (€5.4m) or (3.5%).

This underspend in the first nine months is reflective of difficulties in recruiting clinical staff such as public health doctors and radiographers. It is not expected that savings will continue at this level throughout the year as clinical programmes (such as Bowel-screen and Diabetic Retina Screening) gain momentum and ramp up to capacity and recruitment campaigns are accelerated and intensified. Also, vaccination programmes (Rotavirus, Men-B, Flu and HPV) are creating TRS, however, increases in vaccines consumption are expected over the coming months due to the commencement of the flu vaccines programme for winter 2017/2018 and the re-commencement of the schools immunisation programme after the summer break. The consumption for Rotavirus and Men B will also increase in the coming months.

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

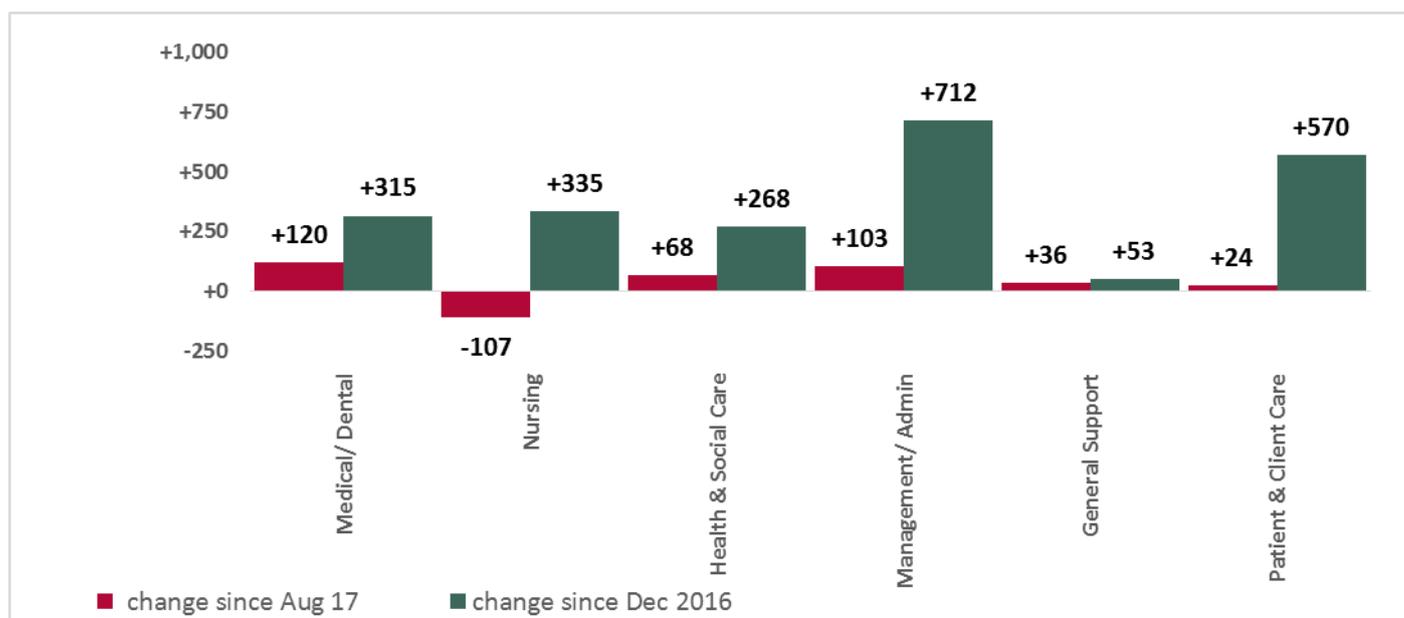
1. The PCRS budget for 2017 has been framed by reference to a series of working assumptions. These have been developed in detailed discussion with the DoH. Expenditure in the PCRS budget is the subject of close monitoring and assessment during 2017.
2. Pension costs incurred within the HSE and HSE-funded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

Human Resources

| Division | WTE Sept 17 | WTE change since Aug 17 | % change since Aug 17 | change since Dec 2016 | % change since Dec 2016 |
|--------------------------------------|----------------|-------------------------|-----------------------|-----------------------|-------------------------|
| Total Health Service | 109,338 | 243 | 0.2% | 2,253 | 2.1% |
| Acute Services | 55,550 | 35 | 0.1% | 1,406 | 2.6% |
| Mental Health | 9,744 | 10 | 0.1% | 115 | 1.2% |
| Primary Care | 10,649 | 102 | 1.0% | 113 | 1.1% |
| Social Care | 27,155 | 70 | 0.3% | 351 | 1.3% |
| Disabilities | 17,394 | 81 | 0.5% | 333 | 1.9% |
| Older People | 9,761 | -11 | -0.1% | 19 | 0.2% |
| Health & Wellbeing | 1,431 | 5 | 0.4% | 48 | 3.5% |
| Ambulance Services | 1,826 | 8 | 0.4% | 82 | 4.7% |
| Corporate | 1,534 | 1 | 0.1% | 53 | 3.6% |
| Health Business Services | 1,449 | 12 | 0.8% | 84 | 6.2% |
| Staff Category /Group | WTE Sept 2017 | WTE change since Aug 17 | % change since Aug 17 | change since Dec 2016 | % change since Dec 2016 |
| Total Health Service Staffing | 109,338 | 243 | 0.2% | 2,253 | 2.1% |
| Medical/ Dental | 10,038 | 120 | 1.2% | 315 | 3.2% |
| Consultants | 2,951 | 38 | 1.3% | 89 | 3.1% |
| NCHDs | 6,286 | 77 | 1.2% | 226 | 3.7% |
| Medical (other) & Dental | 801 | 5 | 0.7% | 0 | 0.0% |
| Nursing | 36,170 | -107 | -0.3% | 335 | 0.9% |
| Nurse Manager | 7,404 | -1 | 0.0% | 126 | 1.7% |
| Nurse Specialist | 1,665 | 19 | 1.2% | 85 | 5.4% |
| Staff Nurse | 24,541 | -54 | -0.2% | -228 | -0.9% |
| Public Health Nurse | 1,514 | 18 | 1.2% | 15 | 1.0% |
| Nursing Student | 744 | -91 | -10.9% | 339 | 83.7% |
| Nursing (other) | 302 | 2 | 0.7% | -3 | -1.0% |
| Health & Social Care | 15,632 | 68 | 0.4% | 268 | 1.7% |
| Therapists (OT, Physio, SLT) | 4,327 | 17 | 0.4% | 93 | 2.2% |
| Health Professionals (other) | 11,305 | 51 | 0.5% | 175 | 1.6% |
| Management/ Admin | 17,479 | 103 | 0.6% | 712 | 4.3% |
| Management (VIII+) | 1,572 | 24 | 1.6% | 127 | 8.8% |
| Clerical & Supervisory (III to VII) | 15,907 | 79 | 0.5% | 585 | 3.8% |
| General Support | 9,500 | 36 | 0.4% | 53 | 0.6% |
| Patient & Client Care | 20,519 | 24 | 0.1% | 570 | 2.9% |
| Ambulance | 1,714 | 6 | 0.4% | 73 | 4.5% |
| Care | 18,805 | 17 | 0.1% | 497 | 2.7% |

Health Sector Workforce: September 2017 – Key Messages

- Overall the increase seen in September, of **+243 WTEs** compares with an increase of **+308 WTEs** for the same month last year.
- Two of the three sectors recorded increases from last month; HSE +270 WTEs, (+0.39%), the Voluntary Agencies (Non-Acute) +81 WTEs (+0.53%) while the Voluntary Hospitals Sector reduced by - 109 WTEs (-0.44%).
- Some of the more significant increases in grade groups and individual grades were seen in; Consultants +38 WTEs, NCHDs +77 WTEs, Grades VIII and GMs +22 WTEs, Radiographers + 13 and Pharmacists +11 WTEs



Pay and Staffing Strategy

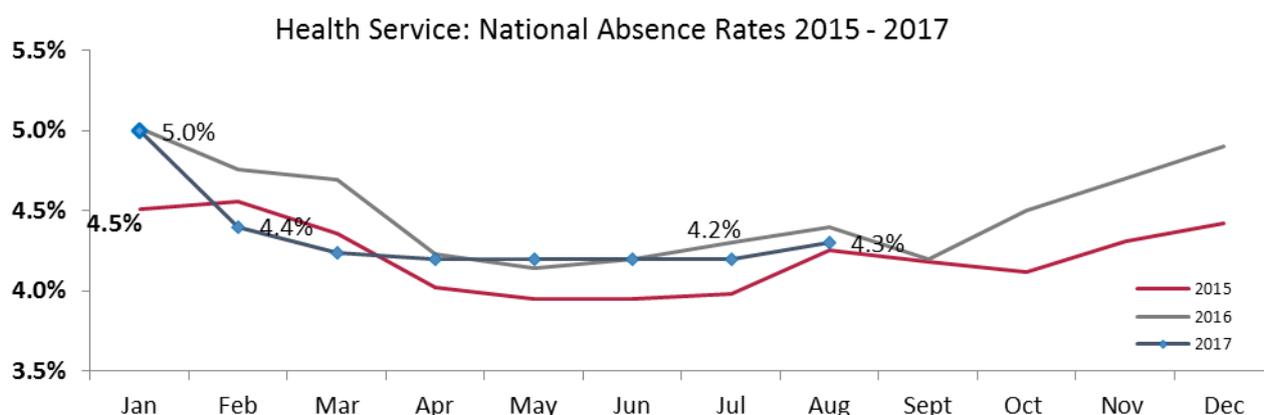
- HSPC figure of 109,338 WTEs at end of September is **1,140 WTEs** below direct WTE level as set out in the 2017 Health Sector funded workforce plan (**September 110,478 WTEs**).
- All service divisions, with the exception of the Acute Hospitals Services (**+437 WTEs**) are within their projected direct employment profile at this time. It should be noted progress or otherwise in agency and overtime conversion will impact on the overall directly reported WTEs.
- Recorded employment levels have increased by **+12,484 WTEs (+12.9%)** since they bottomed out in October 2013.
- Agency expenditure is showing an increase of 7.2% when compared with the same period in 2016. It is also well above profile against the updated funded workforce plan projection to the end of September, where the overall gap against budget stands at €67 million or 32%.
- Overtime/On-call is also ahead of same period in 2016 at +8.1%. The updated 2017 Pay and Staffing Strategy/Funded Workforce Plan envisaged significant reductions in agency and that overtime expenditure in 2017 would be in line with 2016.
- Overall pay expenditure to end of September is ahead of profile by €29.5 million, a variance of 0.52%.

Absence Rates

| Service / Staff Category | Medical /Dental | Nursing | Health & Social Care | Management Admin | General Support | Patient & Client Care | Overall |
|--------------------------|-----------------|-------------|----------------------|------------------|-----------------|-----------------------|-------------|
| Acute Services | 0.7% | 4.1% | 2.8% | 3.8% | 5.7% | 6.7% | 3.8% |
| Mental Health | 1.9% | 4.6% | 3.9% | 3.5% | 6.3% | 4.9% | 4.4% |
| Primary Care | 3.6% | 5.5% | 3.8% | 4.4% | 5.1% | 4.9% | 4.5% |
| Social Care | 0.6% | 5.5% | 3.7% | 3.9% | 5.3% | 5.9% | 5.3% |
| Health & Wellbeing | 2.9% | 0% | 4.4% | 4.7% | 2.5% | 1.1% | 4.2% |
| Ambulance Services | | | | 3.7% | 8.3% | 6.5% | 6.4% |
| Corporate & HBS | 10.8% | 6.7% | 0% | 3.8% | 3.8% | 0% | 3.9% |
| Overall | 1% | 4.6% | 3.3% | 3.95 % | 5.6% | 6.1% | 4.3% |

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time, albeit some reversal in 2016, but still well below earlier years' overall rates.
- The 2017 Year-To-Date rate is **4.3%**. Lower than the same period last year at **4.4%**. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Latest NHS England absence rates for September 2016 recorded an overall rate of 4%, an increase from the previous one of 3.8%. Scotland's NHS absence rate for 2015/2016 was 5.2% while in Wales the rate recorded to November 2016 was 4.8%.

- Of course it needs to be recognised that health sectors' workforce, both here and across Britain, is extremely diverse in terms of occupation and skills when compared with many other public and private sector employers. For instance health sector work is often physically and psychologically demanding, which increases the risk of illness and injury and of course is one of few sectors that operate 24 hours services, for 365 days a year.
- Annual rates; 2008 – 5.8%, 2009 – 5.1%, 2010 – 4.7%, 2011 – 4.9%, 2012 – 4.8%, 2013 – 4.7%, 2014 – 4.3%, 2015 – 4.2% and 2016 - 4.5%.
- The notional/opportunity cost of absenteeism for the health services for 2015, using DPER methodology, was assessed as being of the order of €181 million.



European Working Time Directive (EWTB)

| National | % Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs | % Compliance with an average 48 hour working week (EWTB legal requirement - EU Commission reporting requirement) - All NCHDs |
|----------------|---|--|
| Acute Services | 98% | 82% |
| Mental Health | 92% | 89% |

- The data deals with 5,656 NCHDs – approximately 98% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in August 2015 was 5,324, in August 2016 it was 5,559;
- Compliance with a maximum 48 hour week is at 82% as of end September –unchanged from August
- Compliance with 30 minute breaks is at 99% - unchanged from August;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from August;
- Compliance with a maximum 24 hour shift (not an EWTB target) is at 98% - up 1% from August;
- Compliance with a daily 11 hour rest period is at 98% - unchanged from August.

Escalation Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**National Performance Oversight Group
[NPOG]**

Escalation Report

Level 3 Red

**Level 4
Black**

**NPOG November 2017
(September 2017 Reporting Cycle)**

Leadership Version 10th November 2017

Escalation Summary

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

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

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

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

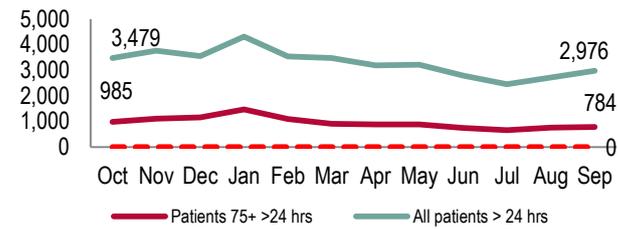
| | |
|----|--|
| i | Appendix 1: Services in Escalation |
| ii | Appendix 2: Areas deescalated from NPOG oversight |

Performance summary areas of escalation

Level 4 [Black] escalation

ED over 24 hours

Acute Hospitals

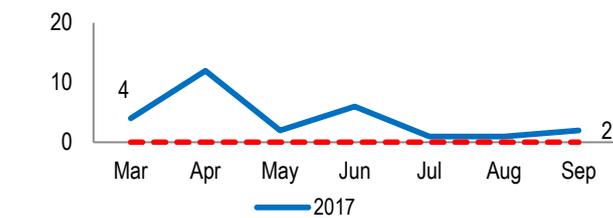


Financial position: projected net expenditure to year end including pay management – Acute Hospitals

| | YTD Actual €'000 | YTD Budget €'000 | YTD Variance €'000 | YTD % Variance |
|--------------------------|---------------------|---------------------|-----------------------|-------------------|
| Acute Hospitals Division | 3,503,873 | 3,322,772 | 181,101 | 5.45% |

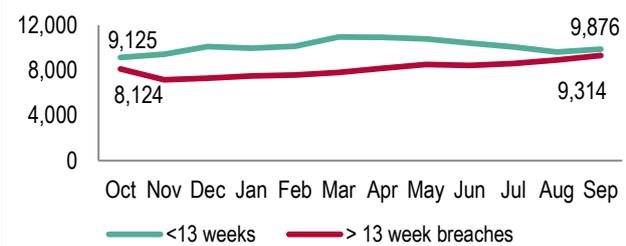
Urgent Colonoscopy patients greater than 4 weeks

Acute Hospitals



Number on waiting list for GI Scopes

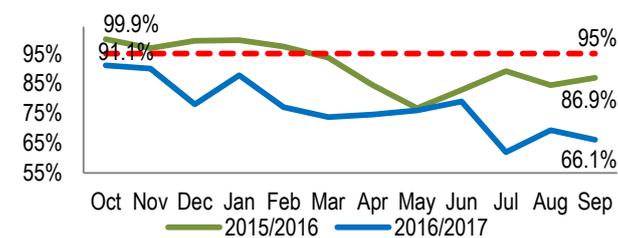
Acute Hospitals



Level 3 [Red] escalation

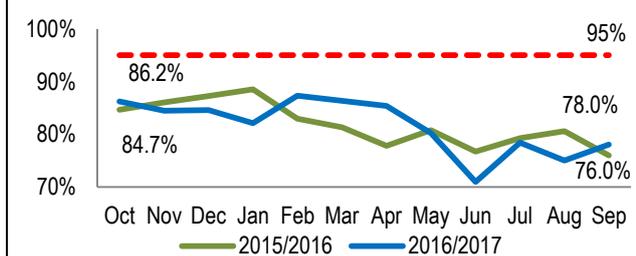
Breast Cancer within 2 weeks

Acute Hospitals



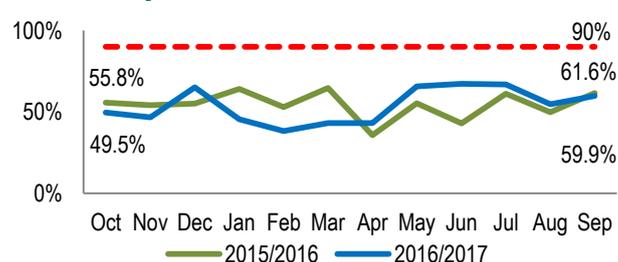
Lung Cancer within 10 working days

Acute Hospitals



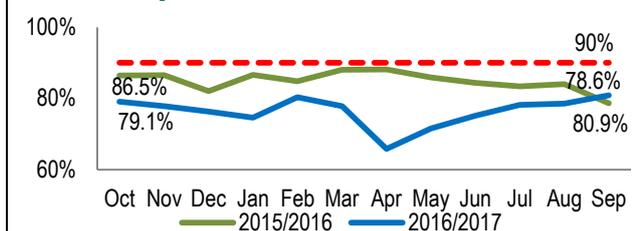
Prostate Cancer within 20 working days

Acute Hospitals

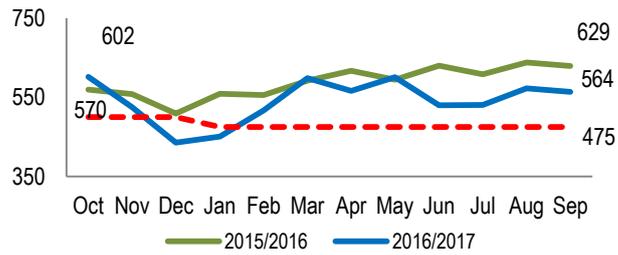


Radiotherapy within 15 working days

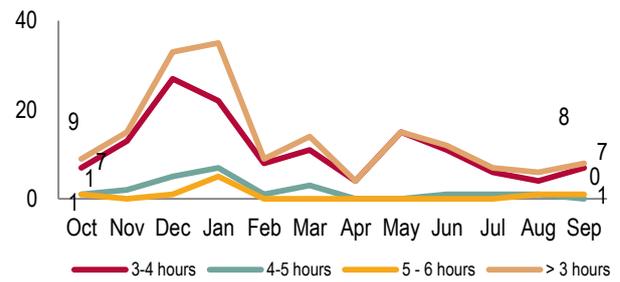
Acute Hospitals



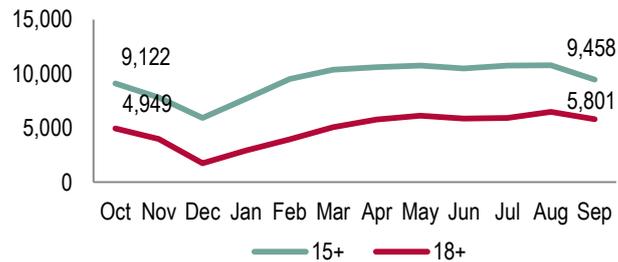
**Delayed Discharges
Acute Hospitals and Social Care**



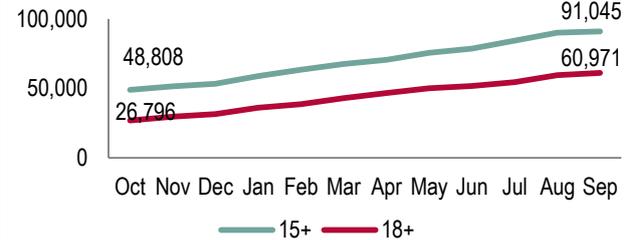
**Ambulance Turnaround Times
Acute Hospitals and NAS**



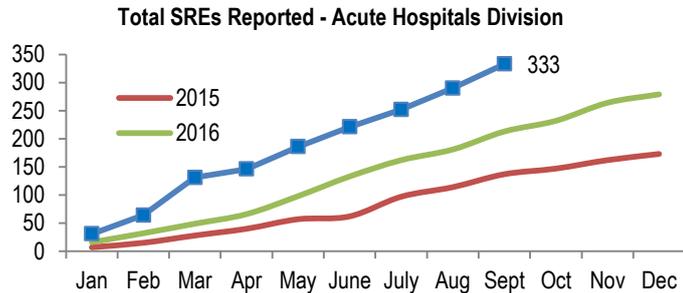
**Inpatient and Day Case Waiting List
Acute Hospitals**



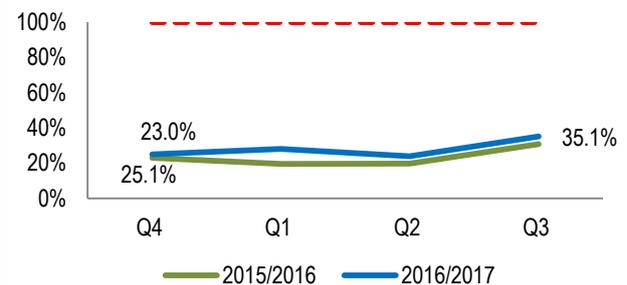
**Outpatient Waiting List
Acute Hospitals**



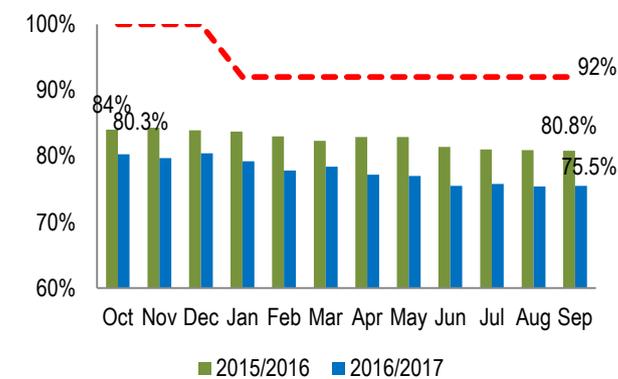
**Total Number of SREs Reported
Acute Hospitals**



**Disability Act Compliance
Social Care**



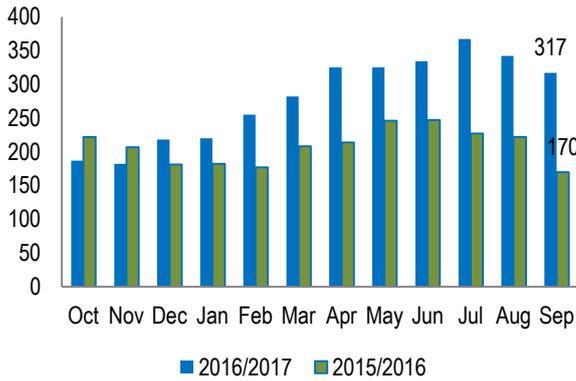
Occupational Therapy – Assessment waiting list ≤ 52 weeks



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

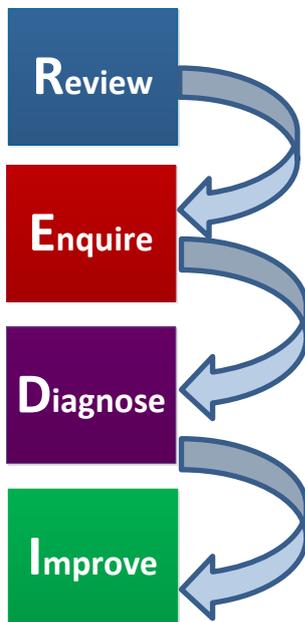
| | YTD Actual €'000 | YTD Budget €'000 | YTD Variance €'000 | YTD % Variance |
|----------------------------|---------------------|---------------------|-----------------------|-------------------|
| Social Care (Disabilities) | 1,276,633 | 1,250,664 | 25,968 | 2.08% |

CAMHs waiting list > 12 months



NPOG Review and Improvement process

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



Stage 1 Review: Identifying the problem

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

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

Stage 4 Improve: Planning for and implementing solutions

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

| ED: Patients waiting in ED > 24 hours and people over 75 years | | | | | |
|--|---|----------------|---|-------------|--------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals | | May 2015 | Due to the number of people continuing to wait in ED for > 24 hours | ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Diagnosis: Under the auspices of the National Patient Flow Improvement Programme the diagnostic, actions and projections for service improvement for projects at Galway and UL hospitals will be completed | | 07.06.17 | on-going | |
| 2 | Diagnosis: Escalation actions in relation to scheduled and un-scheduled care will be aligned with the work on the 3 Year Plan which has been commissioned by the DDG Operations | | 06.09.17 | on-going | |

| Colonoscopy: [% of people waiting > 13 weeks and Urgent] | | | | | |
|--|---|--------------------------|---|-------------|--------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals | | ¹² March 2015 | Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies | ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Review: Monthly review of urgent colonoscopy breach data | | 07.06.17 | on-going | |

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

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

| General: Cancer Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy) | | | | | |
|---|--|------------------------|--|------------------|--------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals/NCCP | | ¹³ May 2015 | Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services | ND AHD ND CCP | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Improve: Trajectory for service improvement cognisant of planning assumptions to be completed | | 05.04.17 | 06.12.17 | |

¹² Routine colonoscopies escalated Red to Black in September 2015

¹³ Lung Cancer May 2015, Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016, Radiotherapy September 2016.

| Delayed Discharges | | | | | |
|---------------------------------|---|----------------|---|------------------|----------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Social Care and Acute Hospitals | | June 2015 | Escalated due to the target for Delayed Discharges > 90 days being breached | ND SC and ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Review: ND AHD to identify opportunities for process improvement in relation to the completion of nursing home applications | | 06.09.17 | 01.11.17 | Complete |

| Waiting Lists: > 18 months Inpatient & Day Case and Outpatient | | | | | |
|--|---|----------------|--|-------------|--------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals | | October 2015 | Escalated due to the continued growth in waiting lists and waiting times | ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Diagnosis: Escalation actions in relation to scheduled and un-scheduled care will be aligned with the work on the 3 Year Plan which has been commissioned by the DDG Operations | | 06.09.17 | on-going | |

| Ambulance Turnaround Times | | | | | |
|----------------------------|---|----------------|---|-------------|--------------------------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals | | February 2017 | Escalated due to long turnaround in certain hospitals impacting on availability of ambulances for other calls | ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Improve: Improvement Plan inclusive of trajectory for service improvement to be developed | | 08.02.17 | 04.10.17 | Progress Report Received |

| Serious Reportable Events [SREs] | | | | | |
|----------------------------------|---|----------------|---|-------------|--------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible | |
| Acute Hospitals | | March 2015 | Escalated due to concerns about the reporting and investigation of SREs | ND AHD | |
| NPOG REDI elements | | | Date agreed | Due date | Status |
| 1 | Review: SRE compliance will be monitored by NPOG on a monthly basis | | 05.07.17 | On-going | |

| Assessment of Need (Disability Act Compliance) and Network Teams | | | | |
|--|--|----------------|---|-------------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible |
| Social Care | | August 2015 | Escalated based on continued underperformance in compliance with Disability Act assessments | ND SC |
| NPOG REDI elements | | | Date agreed | Due date |
| 1 | Enquire: ND HR will support the progression of the Disability Network Team Manager posts | | 04.10.17 | 01.11.17 |

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

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

| CAMHS | | | | |
|--------------------|--|----------------|---|----------------|
| Division | Escalation level | Date escalated | Reason for escalation | Responsible |
| Mental Health | | June 2017 | Dis-improvement in performance (admission to Adult Units and Waiting Lists) | ND MH ND HR |
| NPOG REDI elements | | | Date agreed | Due date |
| 1 | Review: CAMHS service improvement programme is focussed across the entire service and includes clinical pathways of care – update will be provided at year-end | | 04.10.17 | 06.12.17 |
| 2 | Improve: Improvement trajectory for waiting lists > 12 months within the context of specified planning assumptions to be provided | | 04.10.17 | 06.12.17 |

Appendix 1: Services in Escalation – 10th November 2017

| Service | Accountable Officer | Escalation Area | Level |
|--|-----------------------------|-------------------------------------|-------|
| Ireland East Hospital Group (Accountable Officer – Mary Day CEO) | | | |
| Mater Hospital | Gordon Dunne | ED > 24 hours | Black |
| | | Prostate Cancer within 20 days | Red |
| | | Routine Colonoscopy > 13 weeks | Black |
| | | Breast Cancer within 2 weeks | Red |
| | | Finance | Black |
| Midland Regional Hospital Mullingar | Shona Schneemann | Finance | Black |
| St Luke's Hospital Kilkenny | Ann Slattery | Routine Colonoscopy > 13 weeks | Black |
| | | Finance | Black |
| Wexford General Hospital | Lily Byrnes | Routine Colonoscopy > 13 weeks | Black |
| National Maternity Hospital | Dr Rhona Mahony (Master) | Finance | Black |
| Dublin Midlands Hospital Group (Accountable Officer – Susan O'Reilly CEO) | | | |
| Midland Regional Hospital Portlaoise | Michael Knowles | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| Midland Regional Hospital Tullamore | Orlagh Claffey | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| Naas General Hospital | Alice Kinsella | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| St. James's Hospital | Lorcan Birthistle | Prostate Cancer within 20 days | Red |
| | | Breast Cancer within 2 weeks | Red |
| | | Routine Colonoscopy >13 weeks | Black |
| | | Finance | Black |
| Tallaght Hospital | David Slevin | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| St Luke's Radiation Oncology Network | Dr Orla McArdle | Radiotherapy | Red |
| RCSI Hospital Group (Accountable Officer – Ian Carter CEO) | | | |
| Beaumont Hospital | Ian Carter | Lung Cancer within 10 working days | Red |
| | | Prostate Cancer within 20 days | Red |
| | | Finance | Black |
| Connolly Hospital | Margaret Boland | Finance | Black |
| Rotunda Hospital | Prof Fergal Malone (Master) | Finance | Black |
| South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO) | | | |
| Cork University Hospital | Tony McNamara | Routine Colonoscopy > 13 weeks | Black |
| | | Prostate Cancer within 20 days | Red |
| | | Lung Cancer within 10 working days | Red |
| | | Radiotherapy within 15 working days | Red |
| Mercy University Hospital Cork | Sandra Daly | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| | | Finance | Black |
| South Tipperary General Hospital | Maria Barry | ED > 24 hours | Black |
| University Hospital Kerry | Fearghal Grimes | ED > 24 hours | Black |
| University Hospital Waterford | Richard Dooley | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| | | Breast Cancer within 2 weeks | Red |

| Service | Accountable Officer | Escalation Area | Level |
|---|----------------------------|------------------------------------|-------|
| University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO) | | | |
| University Hospital Limerick | Colette Cowan | ED > 24 hours | Black |
| | | Prostate Cancer within 20 days | Red |
| | | Lung Cancer within 10 working days | Red |
| | | Routine Colonoscopy > 13 weeks | Black |
| Ennis Hospital | Colette Cowan | Routine Colonoscopy > 13 weeks | Black |
| University of Limerick Hospital Group including (ULH/ULMH/Nenagh/Ennis) and St John's Hospital Limerick | Colette Cowan/John Cummins | Finance | Black |
| Saolta Hospital Group (Accountable Officer – Maurice Power CEO) | | | |
| Galway University Hospitals | Chris Kane | ED > 24 hours | Black |
| | | Routine Colonoscopy > 13 weeks | Black |
| | | Finance | Black |
| Letterkenny General Hospital | Sean Murphy | Breast Cancer within 2 weeks | Red |
| | | Routine Colonoscopy > 13 weeks | Black |
| Mayo General Hospital | Catherine Donohoe | Routine Colonoscopy > 13 weeks | Black |
| Sligo Regional Hospital | Grainne McCann | Finance | Black |
| Portiuncula Hospital | James Keane | Finance | Black |
| Children's Hospital Group (Accountable Officer – Eilish Hardiman CEO) | | | |
| Our Lady's Children's Hospital Crumlin | Helen Shortt | Routine Colonoscopy > 13 weeks | Black |

| Service | Accountable Officer | Escalation Area | Level |
|---|---------------------|--|-------|
| CHO 1 (Accountable Officer – John Hayes) | | | |
| Primary Care | John Hayes | OT Assessment waiting list ≤ 52 weeks | Red |
| CHO 2 (Accountable Officer – Tony Canavan) | | | |
| Primary Care | Tony Canavan | OT Assessment waiting list ≤ 52 weeks | Red |
| CHO 4 (Accountable Officer – Ger Reaney) | | | |
| Primary Care | Ger Reaney | OT Assessment waiting list ≤ 52 weeks | Red |
| Social Care | Ger Reaney | Assessment of Need (Disability Act Compliance) and Network Teams | Red |
| CHO 5 (Accountable Officer – Aileen Colley) | | | |
| Primary Care | Aileen Colley | OT Assessment waiting list ≤ 52 weeks | Red |
| CHO 6 (Accountable Officer – Martina Queally) | | | |
| Primary Care | Aileen Colley | OT Assessment waiting list ≤ 52 weeks | Red |
| CHO 7 (Accountable Officer – David Walsh) | | | |
| Social Care | David Walsh | Assessment of Need (Disability Act Compliance) and Network Teams | Red |
| CHO 8 (Accountable Officer – Pat Bennett) | | | |
| Primary Care | Pat Bennett | OT Assessment waiting list ≤ 52 weeks | Red |
| CHO 9 (Accountable Officer – Gerry O'Neill) | | | |
| Social Care | Gerry O'Neill | Assessment of Need (Disability Act Compliance) and Network Teams | Red |
| Social Care (Accountable Officer – Pat Healy) | | | |
| Social Care (Disabilities) | Pat Healy | Finance | Red |

Appendices

Appendix 1: Performance and Accountability Framework

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

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

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

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

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

There are four levels of escalation

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

Appendix 2: Data Coverage Issues

| Division | Metric Name | Data Coverage Issue |
|--|---|--|
| Primary Care | Oral Health (% of new patients who commenced treatment within three months of assessment) | Non Return - CHO 3 (Clare, Limerick, North Tipp/East Limerick) |
| | | Non Return - CHO 7 (Kildare/West Wicklow) |
| | PHN (% of new patients accepted onto the caseload and seen within 12 weeks) | Non Return - CHO4 North Lee |
| | | Non Return - CHO 5 (Carlow/Kilkenny, South Tipp) |
| | | Non Return - CHO 6 (Dublin South East) |
| | | Non Return - CHO 7 (Dublin South West, Dublin West, Kildare West Wicklow) |
| | | Non Return - CHO 8 (Laois Offaly, Longford Westmeath, Louth, Meath) |
| | Non Return - CHO 9 (Dublin North Central) | |
| % of psychology patients on the waiting list for treatment \leq to 52 weeks | Non Return – CHO 7 (Dublin South City) | |
| % of psychology patients on waiting list for treatment \leq to 12 weeks. | Non Return – CHO 7 (Dublin South City) | |
| % 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. | Non Return – CHO 7 (Dublin South West) | |
| Palliative Care | Intermediate Palliative Care Services | Non Return – CHO 6 (Wicklow) |
| Social Inclusion | Alcohol Addiction | Non Return CHO 9 (Dublin North Central) |
| Acute Hospitals | % Maternity Units which have completed and published Maternity Patient Safety Statements and discussed at Hospital Management Team each month | Wexford, Rotunda, Cavan, Drogheda, University Maternity Hospital Limerick and Portlaoise |
| Acute Hospitals | % of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres | Galway data outstanding |
| Acute Hospitals | % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres | Galway data outstanding |
| Acute Hospitals | % of hospitals with implementation of IMEWS for pregnant patients | University Maternity Hospital Limerick data outstanding |

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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