

Building a high quality health service for a healthier Ireland

Care | Compassion | Trust | Learning



Health Service

# Performance Report

## August/September 2016

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

# Key Performance Messages

The Performance Report for 2016 has been designed to provide an overview of key metric data with trends for each division. It covers:

- Key Performance Areas
- High level commentary providing diagnosis, context and action around particular key performance areas
- Balanced Scorecard metrics presented on a Heat Map
- Areas of Escalation - Red (National Performance Oversight Group) or Black (Director General).

## Emergency Care

- There were **1,023,637** emergency presentations year to date, an increase of **5.8%** on expected activity.
- **81.9%** of patients waited 9 hours or less in September, with **68%** admitted or discharged within 6 hours. In August, **83%** of patients waited 9 hours or less, with **69%** admitted or discharged within 6 hours.
- **2,980** waited greater than 24 hours in September with **2,404** in August. **810** patients over 75 years were waiting greater than 24 hours in September.

## Inpatient, Daycase and Outpatient Waiting lists

- Waiting lists for inpatient/daycase procedures and outpatient appointments have risen since December 2015.
- At the end of September there were **8,956** patients waiting greater than 15 months for inpatient/daycase procedures compared to **8,242** in August. Outpatient waiting lists over 15 months increased from **43,382** at the end of August to **46,878** in September.

## Delayed Discharges

- The number of delayed discharges in September was **629**, a decrease on August total of **638**.

## Cancer Services

- **86.9%** urgent breast cancer referrals seen within 2 weeks in September, an increase from August **84.4%** (Target 95%).
- **76%** rapid access lung referrals seen within 10 working days in September, a decrease from August **80.6%** (Target 95%).
- **61.6%** rapid access prostate referrals seen within 20 working days in September, an increase from August **49.8%** (Target 90%).

## Urgent Colonoscopy

- There were no urgent colonoscopy breaches in September.

## Home Care Services

- **7,919,541** home help hours have been provided YTD, **0.6%** ahead of target (**7,876,055**) and **97,993** hours more than September YTD 2015.
- **15,327** people received home care packages in September, **-0.8%** below target **15,450** and **505** people more than September 2015.

## Community Intervention Teams (CITs)

- **2,288** referrals to CITs in September, **2,359** in August (Target 2,069).

## Medical Card/GP Visit Card applications

- **98.5%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).

## Finance

- As of the 30<sup>th</sup> September 2016 the HSE has expenditure of €10.035 billion against a budget of €10.017 billion leading to a deficit of €18.1m or 0.18%.
- Operational Service Areas represent €10.5m of the overall deficit with Pensions & Demand Led Areas contributing a net year to date deficit of €7.6m.

# Quality and Patient Safety

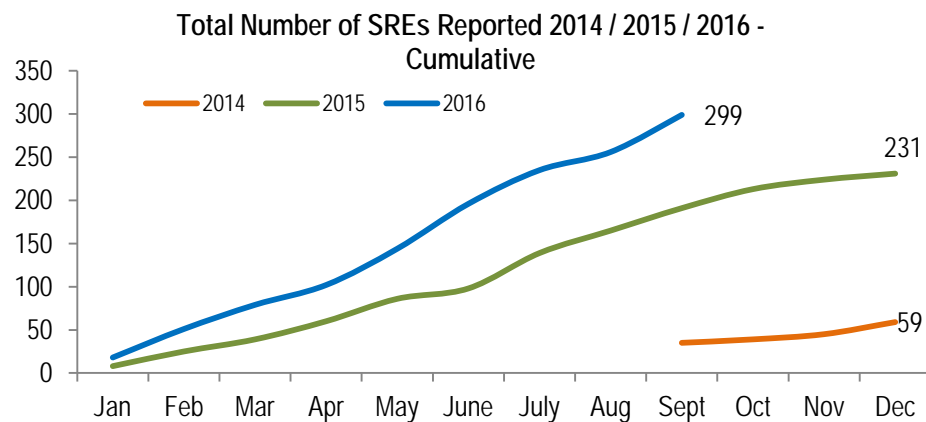
# Quality and Patient Safety

## National Incident Management Training

- **127** staff completed *Day 1* Systems Analysis Investigation training year to date. A further **108** staff completed *Day 2* and **26** staff completed the full *3 Day* programme.
- **155** staff have been trained in Safety Incident Management year to date.

## Serious Reportable Events - National

- The total number of SREs reported during September 2016 was **43** (299 year to date).



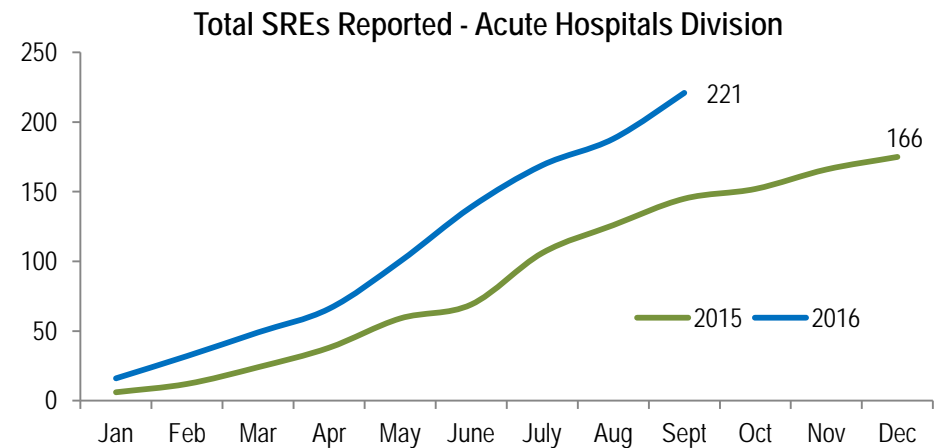
## Compliance

- **34%** of all Serious Reportable Events were notified within 24 hours to the Senior Accountable Officer to date in 2016.
- **96** SREs, which were reported during January - June 2016, were due to have Investigations completed by the end of September 2016. 1% compliance has been reported. Several actions are on-going to improve divisional compliance.

## Serious Reportable Events - HSE Divisions

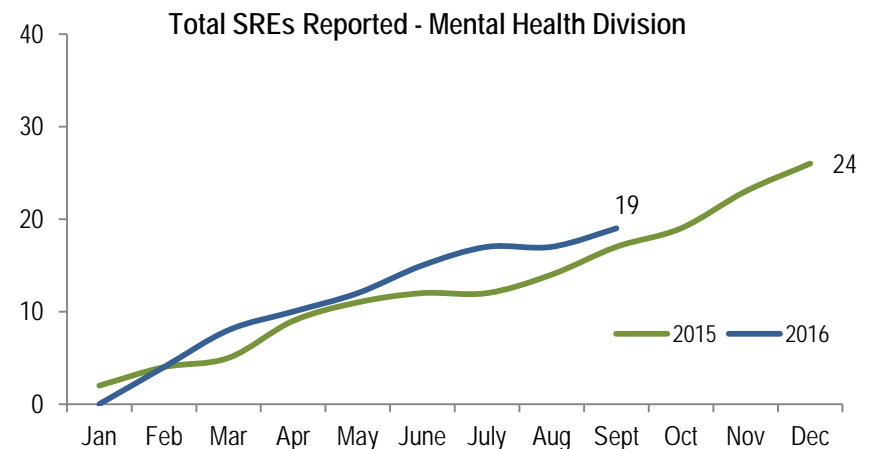
### Acute Hospitals Division

- The total number of SREs reported during September 2016 was **33**.



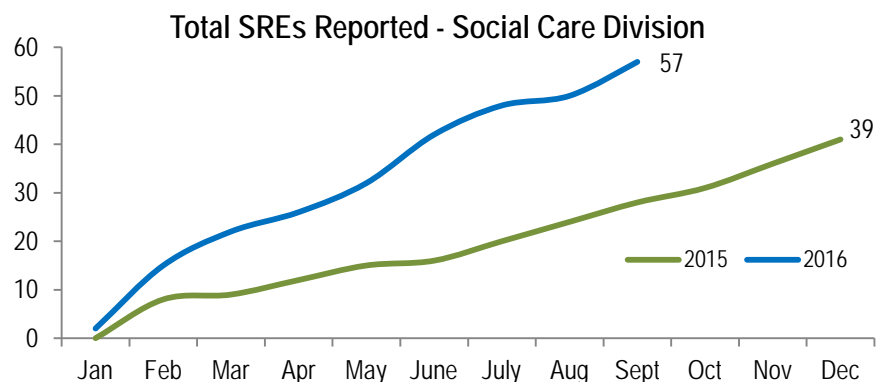
## Mental Health Division

- The total number of SREs reported during September 2016 was **2**.



## Social Care Division

- The total number of SREs reported during September 2016 was **7**.



## SRE Compliance (Cumulative 2016)

% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer

| Division     | Acute Hospitals | Social Care | Mental Health | Other | Total |
|--------------|-----------------|-------------|---------------|-------|-------|
| % Compliance | 35%             | 23%         | 58%           | 50%   | 34%   |

## National Incident Management System (NIMS)

Phase II roll out of NIMS is progressing well

- 433 change requests are being reviewed by the National Steering Group.
- Standard quarterly reports for Hospital Groups and Community Health Organisations are under development.
- Revised location Hierarchy has been implemented.

## Healthcare Audit

- A total of 32 audits have been completed across five areas of health and social care services year to date. 15 audits were ongoing during September 2016.
- The development of Healthcare Audit Standards and Training Programme continued during September 2016.

## Medical Exposure Radiation Unit

- The recording, review and analysis of medical ionizing radiation incidents are on-going. 26 notifiable incidents have been reported to MERU in 2016 to date.
- The MERU team continue to engage with the State Claims Agency on the pilot of radiological incident reporting framework for public hospitals.

## Complaints

- The roll out of stage 1 Train the Trainer 'NIMS Complaints Module' programme within CHO / Hospital Groups is now complete with 31 Trainers trained.
- 45 Review Officers have been trained to date.
- The first draft of revised 'Your Service Your Say' policy has been circulated to the national steering team for feedback.
- Phase II Review Officer training programme for Q4 2016 has been developed and circulated to CHO / Hospital Groups.

## Appeals Service

- 2,003** new notifications of appeal were received year to date.
- 1,964** appeals were processed year to date.

| Appeal Type                           | Received 2016 | Processed 2016 |
|---------------------------------------|---------------|----------------|
| Medical / GP Card (General Scheme)    | 1,306         | 1,279          |
| Medical / GP Visit Card (>70s scheme) | 83            | 87             |
| Nursing Home Support Scheme           | 327           | 313            |
| CSAR                                  | 31            | 39             |
| Home Care Package                     | 110           | 109            |
| Home Help                             | 72            | 60             |
| Other                                 | 74            | 77             |
| <b>Total</b>                          | <b>2,003</b>  | <b>1,964</b>   |

# Operational Performance Overview

## Performance RAG Rating

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

## Finance RAG Rating

Red ● 1.0% > of target  
Amber ● ≥ 0.33% < 1.0% of target  
Green ● < 0.33% of target

## HR – Absence

Red ● ≥ 4%  
Amber ● ≥ 3.7% < 4%  
Green ● < 3.7%

## HR – Indicative workforce

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

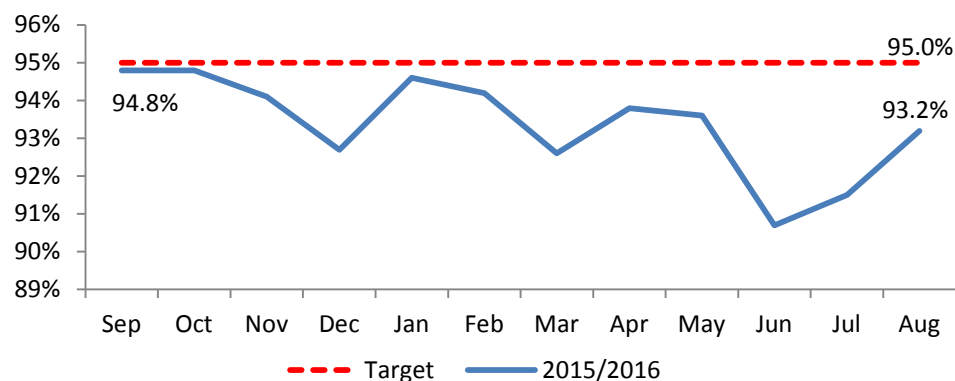
# Health and Wellbeing



# Child Health

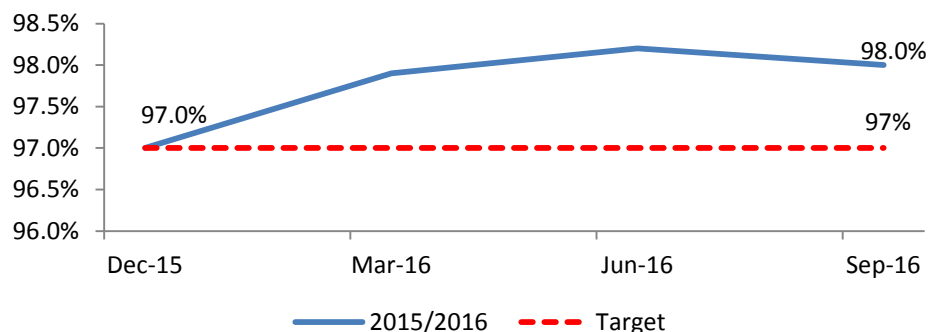
## Child development health screening (month in arrears)

- **93.2%** before 10 months. **91.5%** in July. **93.0% YTD** (Target 95%)
- **Above target:** CHOs 5 and 8 were above the target YTD and all other CHOs were within 5% of the target except CHO3 at 82.9%.
- **Data Gap:** CHO9 Dublin North West



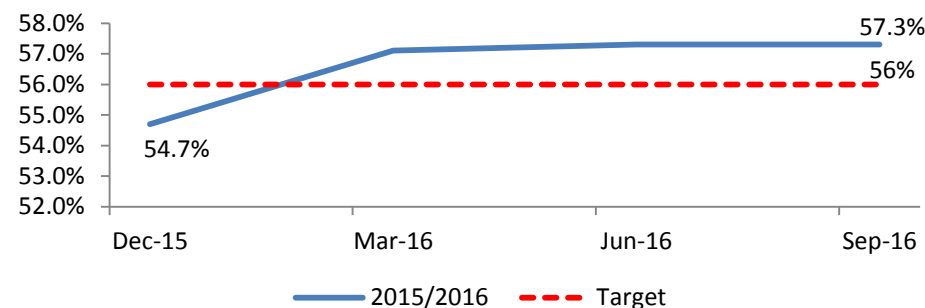
## % of babies visited by a PHN within 72 hours (Quarterly)

- **98.0%** visited within 72hrs. **98.1%** in Q2 2016. (Target 97%)
- **98%** YTD all CHOs reported above 97% target except CHO's 1 and 9 who reported 96.1% and 92.0% respectively
- **Data Gap:** CHO7 Dublin South West, CHO9 Dublin North West



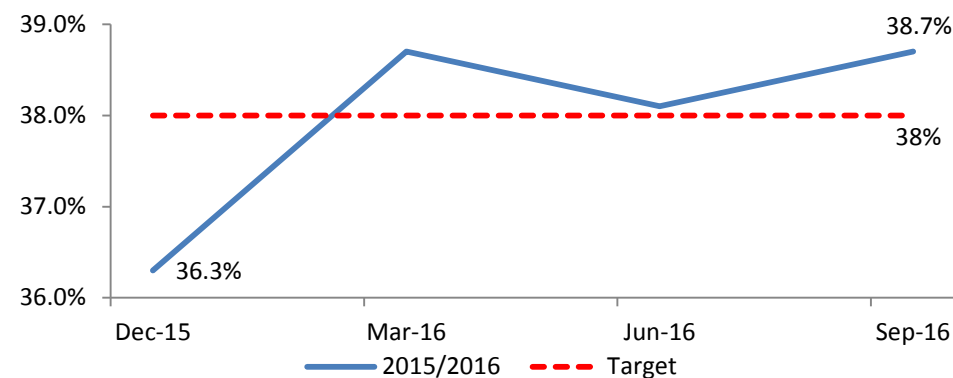
## % of babies breastfed at first PHN visit (Quarterly)

- **57.5%** breastfed at first visit. **57.3%** in Q2 2016 (Target 56%)
- **57.3%** YTD, CHOs 1, 2, 3, 7 and 8 reported below target, CHO1 the lowest at 44.5% and highest reported was CHO6 with 70.6%
- **Data Gap:** CHO7 Dublin South West, CHO9 Dublin North West



## % of babies breastfed at 3 month PHN visit (Quarterly)

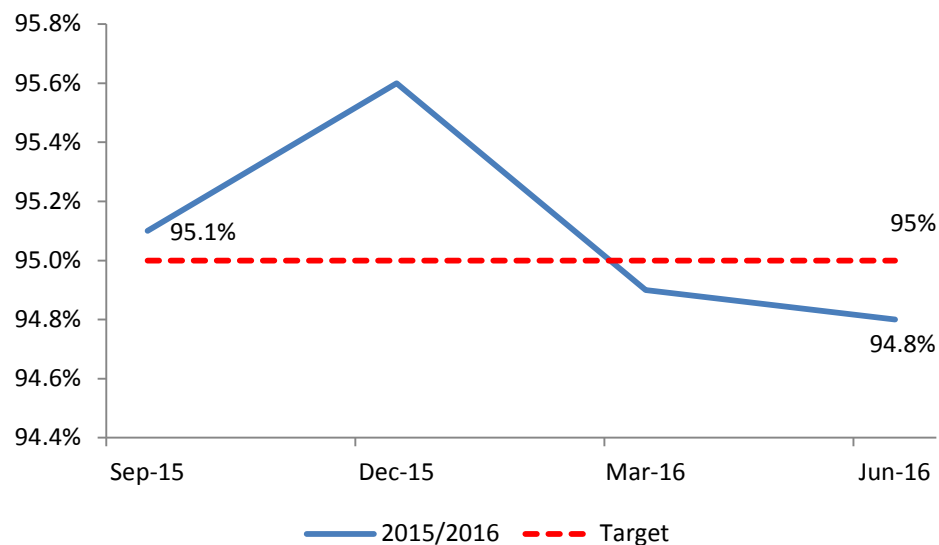
- **38.7%** breastfed at 3mth visit. **38.1%** in Q2 2016 (Target 38%)
- **38.5%** YTD CHOs 1,2,3,7 and 8 reported below target, CHO1 the lowest at 24.8% and highest reported was CHO4 with 55.7%
- **Data Gap:** CHO7 Dublin South West, CHO9 Dublin North West



# Immunisations and Vaccines

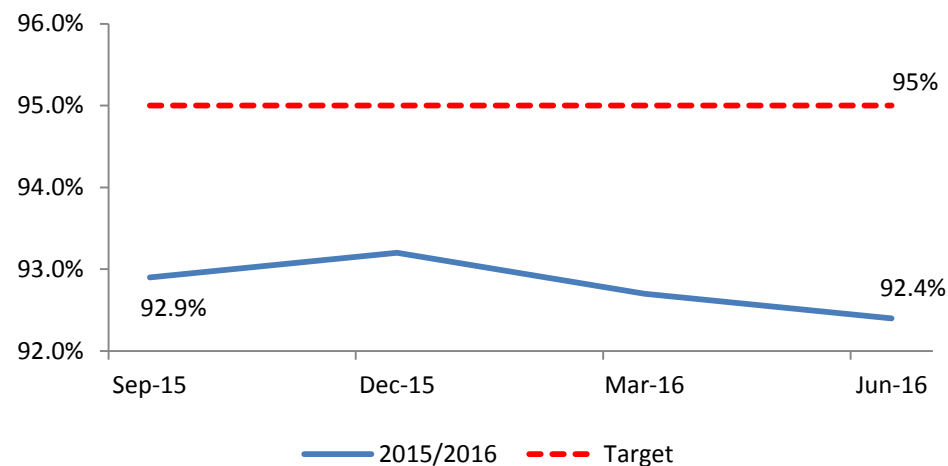
% of children aged 24mths who have received (6 in 1)  
(Quarterly in arrears)

- **94.8%** of children received the 6 in 1 vaccine. **94.9%** in Q1 2016 (Target 95%)
- **94.9%** YTD CHO 3, 6 and 9 reported below target YTD at 94.7%, 93.6%, and 92.0% respectively. CHO2 has the highest number vaccinated at 97%.



% of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (Quarterly in arrears)

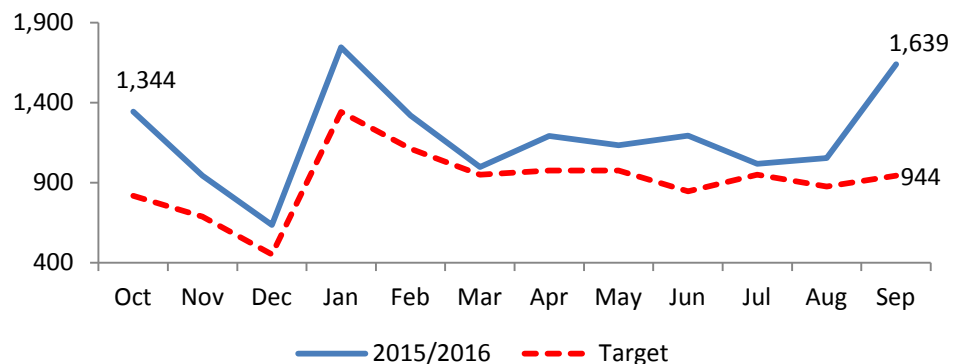
- **92.4%** of children received the MMR vaccine. **92.7%** in Q1 2016 (Target 95%)
- **92.6%** YTD, all CHOs have performed below target YTD. The lowest reported result is CHO9 at 89%.



## Tobacco

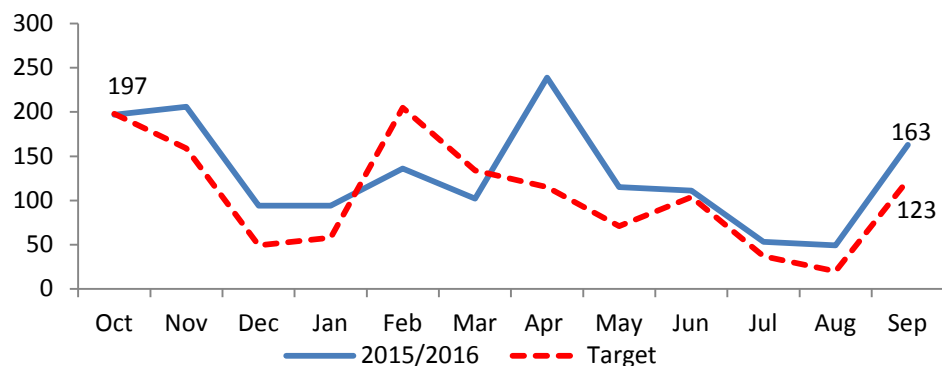
### Smokers receiving intensive cessation support

- **1,639** received support. **1,054** in August. (Target 944)
- **11,291** YTD (Target YTD 8,968), CHOs 3 and 6 are below target at -63.2% and -2.4% respectively, the National Quitline is performing above target at 81.7%.



### Frontline staff trained in brief intervention smoking cessation

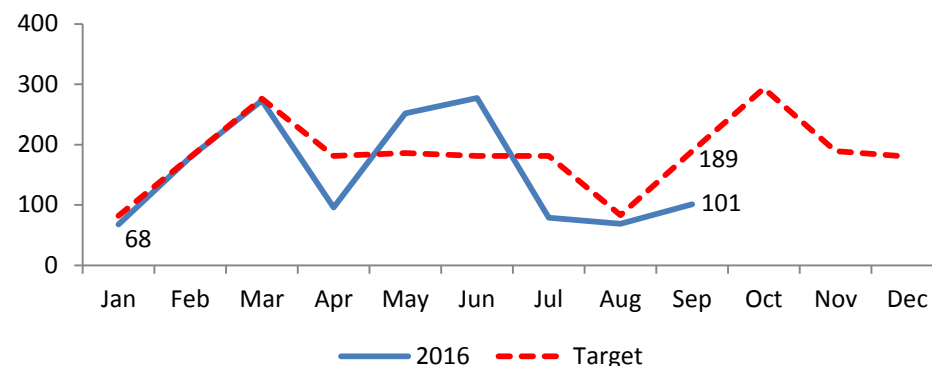
- **163** received training. **49** in August. (Target 123)
- **1,062** YTD, 22.5% ahead of target (Target YTD, 867), CHOs performing below target include CHOs 1, 5, 7 and 8 at 0% variance. CHO5 reported the lowest performance at -60.9% below target.



## Healthy Eating Active Living

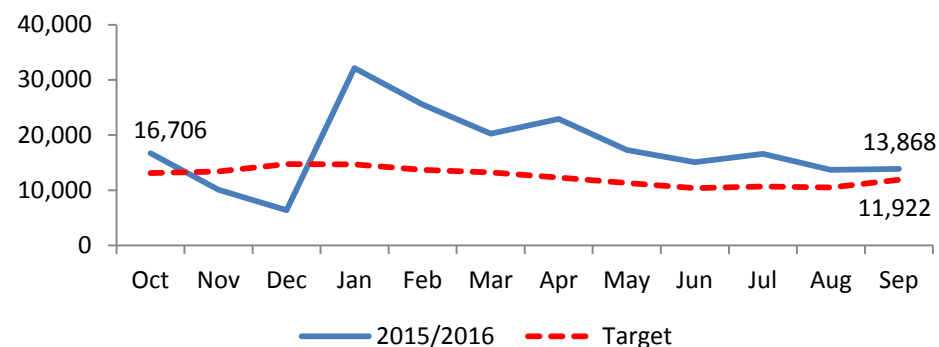
### No. of people completing a structured patient education programme for diabetes

- **101** people completed education programmes. **69** in August. (Target 189)
- **1,394** YTD, -9.4% below target (Target YTD 1,538)



### No. of 5k Parkruns completed by the general public in community settings

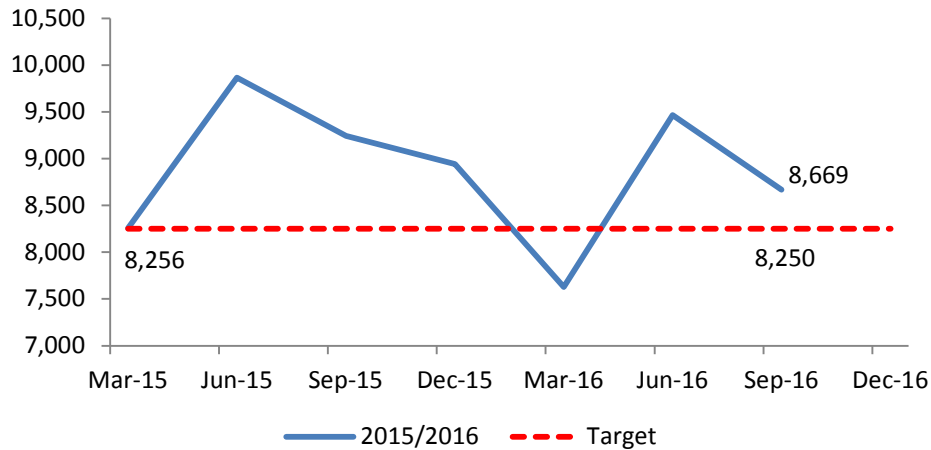
- **13,868** runs took place in September. **13,705** in August (Target 11,922)
- **177,347** runs YTD, 63.1% ahead of target (Target YTD 108,738)



# Environmental Health

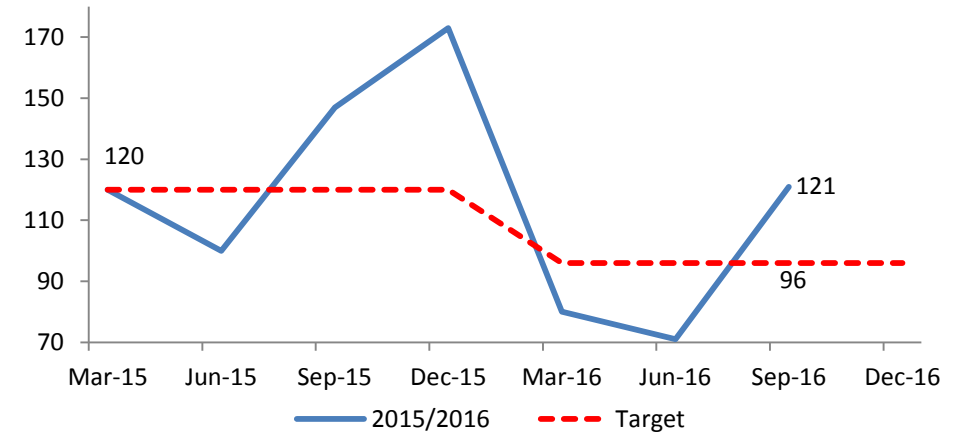
## Food control planned and planned surveillance inspections of food businesses (Quarterly)

- **8,669** inspections. **9,465** in June 2016 (Target 8,250)
- **25,761** YTD, +4.1% ahead of target (Target YTD 24,750)



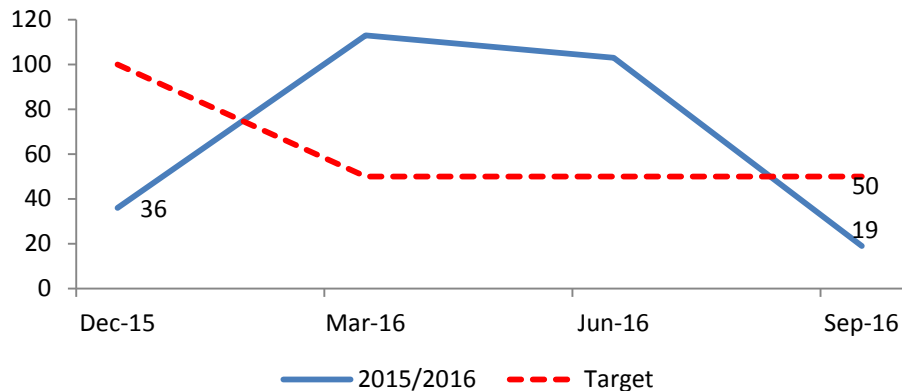
## Tobacco sales to minors test purchase inspections (Quarterly)

- **121** test purchases. **71** in Q2 2016 (Target 96)
- **272** YTD, -5.6% from target (Target YTD 288)



## Establishments inspected under Sunbeds Act (Quarterly)

- **19** establishments inspected. **103** in Q2 2016 (Target 50)
- **235** YTD, +56.7% ahead of target (Target YTD 150)



# Screening Services

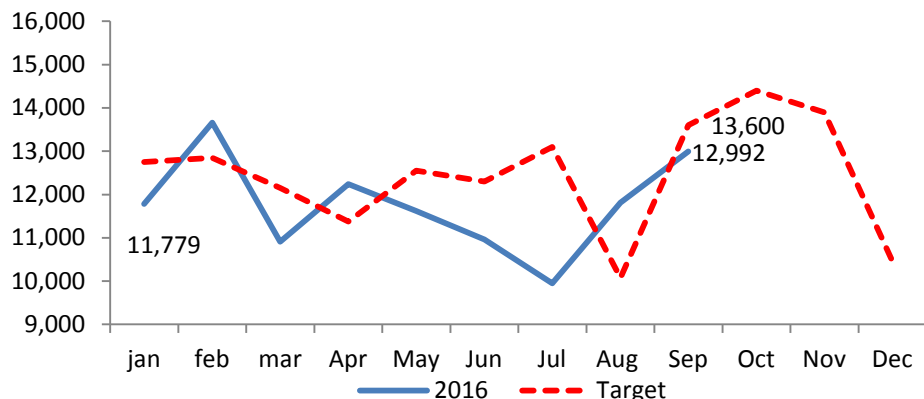
## National Screening uptake rates (Quarterly in arrears)

| National Screening Service Uptake Rates              | Expected Activity / Target | National YTD | % Var YTD |
|--|----------------------------|--------------|-----------|
| % BreastCheck screening uptake rate                  | >70%                       | 75.2%        | 7.4%      |
| % of client uptake rate in the BowelScreen programme | >42%                       | 38.2%        | -9.0%     |
| % Diabetic RetinaScreen uptake rate                  | >52%                       | 57.5%        | 10.6%     |

# Screening Services

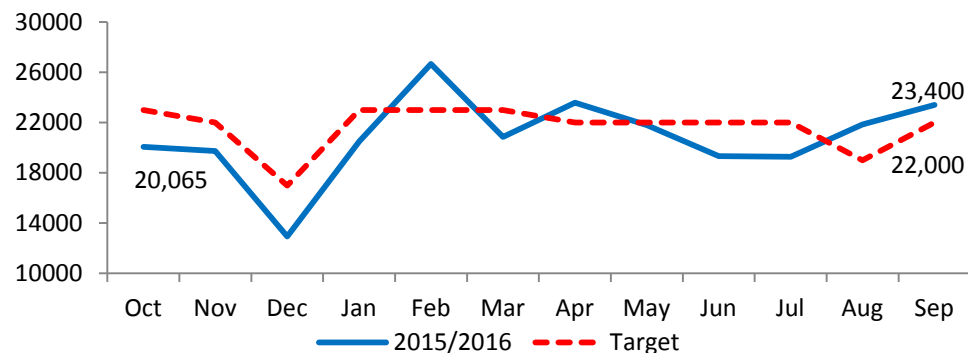
## BreastCheck

- **12,992** eligible women had a mammogram. **11,810** in August. (Target 13,600)
- **105,920** women YTD, -4.4% below target (Target YTD 110,750)



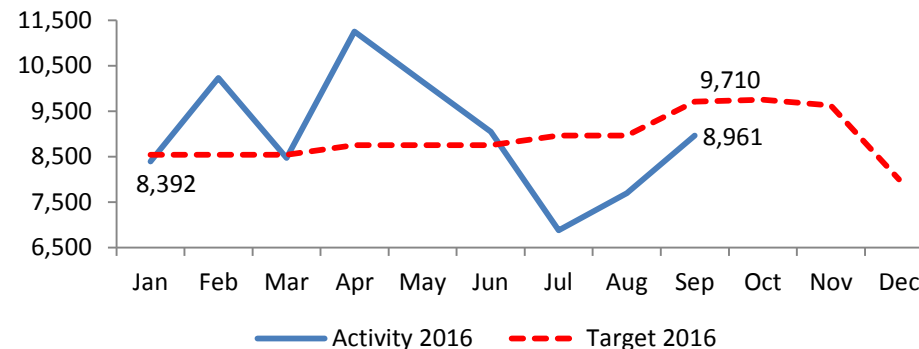
## CervicalCheck

- **23,400** women had CervicalCheck screening. **21,861** in August. (Target 22,000)
- **197,336** YTD, -0.3% below target (Target YTD 198,000)



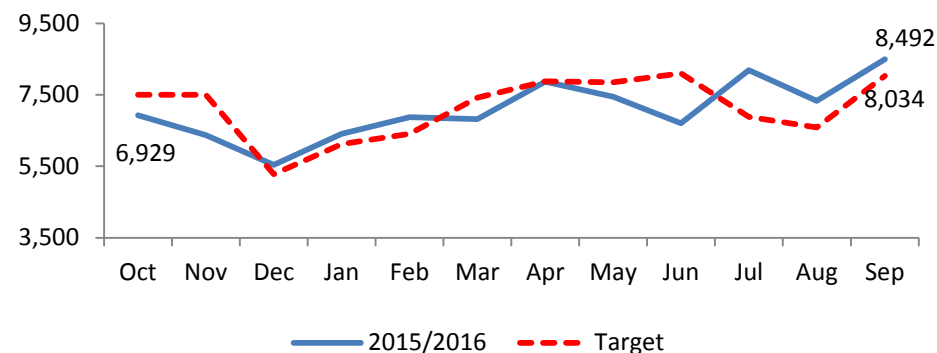
## BowelScreen

- **8,961** completed a satisfactory FIT test. **7,697** in August. (Target 9,710)
- **81,076** YTD, 2.0% above target (Target YTD 79,500)



## Diabetic RetinaScreen

- **8,492** participated in Diabetic RetinaScreen. **7,331** in August. (Target 8,034)
- **66,125** YTD, 1.3% above target (Target YTD 65,282)



# Health and Wellbeing Commentary

## Healthy Ireland

The implementation of Healthy Ireland in the Health Services continued to make good progress. The Policy Priority Programme Teams were strengthened with the appointment of Project Managers. The appointments of the Heads of Health and Wellbeing is complete but for one area and some have started to take up their positions in the CHOs. The Making Every Contact Count (MECC) Framework was progressed to final draft stage and the consultation phase for the self Management Support model is now complete and the preparation of that report commenced.

Saolta continues their implementation and published a Health & Wellbeing Staff Training Plan. The UL Hospital Group launched their plan and is now revising their governance structure for an implementation focus. Development of the HI Plans continues in the IE Group, the RCSI and CHO 4.

The third Networking Event for HSE representatives on Local Community Development Committees (LCDCs) was held. This event was attended by representatives from the DOE and the DOH. A final draft of the review of the health related elements of Local Economic and Community Plans was presented at this event.

The submissions for the Staff Health & Wellbeing fund were evaluated and all Hospital Group and CHOs received funding for a variety of staff activities.

## National Screening Service

The screening uptake rates for the BreastCheck and Diabetic Retina Screen programmes are currently ahead of their expected activity targets YTD, performing at +7.4% and +10.6% above target YTD.. The BowelScreen uptake rate is currently behind its expected activity target YTD. BowelScreen advertising and promotion is ongoing and encourages all eligible clients to participate in the programme by completing and

returning their home test kit. Performance across the screening programmes continues to be closely monitored, with a reported improvement in performance in Q3 compared to last quarter for BreastCheck (eligible women had a mammogram), CervicalCheck (women had a screening), BowelScreen (completed a satisfactory FIT test) and in participation in Diabetic Retina Screen. Saturday clinics continue in the BreastCheck Eccles Unit to assist in the achievement of screening targets and the NSS HR department has launched a LinkedIn campaign to assist in the recruitment of radiographers. This campaign will extend its geographical scope to improve likelihood of success in the BreastCheck Eccles Unit to assist in the achievement of screening targets and clearing backlogs.

## Child Health Metrics

Data gaps are being reported by CHO 9 in the Child Health Developmental, Breastfeeding and PHN 72 hour visit metrics, and by CHO 7 in the Breastfeeding and PHN 72 hour visit metrics. The non return of data is being attributed to staff vacancies in these areas and CHOs are engaging with the Primary Care Division seeking approval to fill these vacancies to address this challenge.

## Child Developmental Health Screening

The majority of CHOs continue to demonstrate a high level of uptake rate, which is reflected in the National figures at 93% YTD (target 95%). CHOs 5 and 8 were above the target YTD and all other CHOs were within 5% of the target except CHO3 at 82.9%. CHO3 have set out a plan to improve their performance in this area by Q4 2016 and there has been a demonstrable improvement in performance (+7.7%) when compared to July.

## % of Babies Breastfed at 1<sup>st</sup> and 3 month PHN visits

Whilst performance varies across the areas, some CHOs are reporting very strong uptake rates. This is reflected in the national uptake rates

which are ahead of the expected targets for both visits YTD by +1.3% and +0.5% respectively.

### % of Babies Visited by a PHN within 72 hours

The majority of CHOs continue to demonstrate strong performances against the 97% target and this is reflected in the overall national figure at 98% YTD. The majority of CHOs are performing above target YTD with the exception of CHO1 and CHO9 who all reported activity  $\leq$  5% below target YTD. CHO3 performance has improved significantly from 94.8% in June to 99.2% in September.

### Health Promotion – Tobacco

Smokers receiving cessation support continues to perform well at +25.9% above target. The number of frontline staff trained in brief intervention smoking cessation varies significantly across the areas. The national uptake rates increased significantly in September, are performing at +22.5% above target. Regular engagement with the underperforming CHOs continues to encourage the local areas to move towards the achievement of their targets.

### Immunisations

Nationally the uptake rates in MMR at 24 months and 6 in1 at 24 months are good at 92.4% and 94.8% respectively for June 2016. HPV vaccination rates are significantly behind target across all CHOs, and an active media campaign is being developed to improve awareness and education in relation to the benefits of the vaccine with the objective of positively influencing uptake rates going forward.

Flu Vaccination rates among staff are significantly below target for the flu season 2015/2016. Data is being formally reported in this performance report for the 2015/16 campaign.

Final preparatory work is underway to formally launch the 2016/17 Flu campaign. This year's campaign will target the challenges encountered in increasing uptake levels last year with each CHO required to develop a flu

plan. Staff vaccination clinics will be held in CHOs with a focus on 'peer to peer' vaccination training and clinics. Additionally poster campaigns; text messaging, screen saver reminders and other innovative ideas will be utilised to encourage staff to get the flu vaccine.

### Environmental Health

Sunbed inspection activity continues to perform well to date with 235 establishments inspected which is +56.7% against target YTD. Tobacco Control test purchase inspections are dependent on minor availability which fluctuates during the year thus impacting on performance. This seasonal fluctuation can be seen with 121 inspections in this quarter as compared to 71 inspections reported in June. Performance trends continue to be monitored. The number of food inspections carried out is +4.1% above target YTD.

### Healthy Eating Active Living

138,680 Parkruns were completed in September. This includes approximately 110,000 individuals running to date. The weekly 5km events have become part of the local communities, and continue to support local people to achieve their 30 minutes of moderate physical activity on 5 days of the week as outlined in the National Physical Activity Guidelines for adults. We have commenced the establishing of the Junior Parkrun Network with three already underway in Ballina, Albert Park and Rush Co. Dublin. Parkrun continues to expand its network with 55 adult Parkruns and further being developed on a regular basis. This is reflected in the National figures which are performing at +63.1% ahead of target.



# Health and Wellbeing Balanced Scorecard/Heat Map

|                                     | Reporting Frequency   | Expected Activity / Target  | National YTD | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |     |
|-------------------------------------|---|---|--------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|-----|
| <b>Quality &amp; Safety</b>         | <b>Serious Reportable Events</b>  |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     |   | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     | M   | 99%   | NA           |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     |   | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer  |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     | M   | 90%   | NA           |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     | <b>Service User Experience</b>  |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     |   | % of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>1</sup>  |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     | Q   | 75%   | 81%          | 8%             |       |       |       |       |       |       |       |       |       |              | 80%          | 82%     | 81% |
|                                     | <b>National Screening Service</b>   |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     |   | Breastcheck: % women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer  |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| Bi 1 qtr in arrears                 | >90%  | 95.7%   | 6.3%         |                |       |       |       |       |       |       |       |       |       |              | 95.7%        |         |     |
|                                     | Cervicalcheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic  |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| M <sup>2</sup>                      | >90%  | 100%  | 11.1%        |                |       |       |       |       |       |       |       |       |       | 100%         | <sup>3</sup> | 100%    |     |
| <b>Public Health – Immunisation</b> |   |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
|                                     | % of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute)          |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| A                                   | 40%   | 22.5%   | -43.8%       |                |       |       |       |       |       |       |       |       |       |              | 23.4%        | 22.5%   |     |
|                                     | % of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (LTCF community) |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| A                                   | 40%   | 26.6%   | -33.5%       |                |       |       |       |       |       |       |       |       |       |              | 25.7%        | 26.6%   |     |
|                                     | % children aged 24 months who have received 3 doses of the 6 in 1 vaccine   |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| Q in arrears                        | 95%   | 94.9%   | -0.1%        | 95.3%          | 97.0% | 94.7% | 95.2% | 95.0% | 93.6% | 95.4% | 95.9% | 92.0% | 94.9% | 94.8%        |              |         |     |
|                                     | % children aged 24 months who have received the MMR vaccine   |   |              |                |       |       |       |       |       |       |       |       |       |              |              |         |     |
| Q in arrears                        | 95%   | 92.6%   | -2.5%        | 93.1%          | 94.8% | 92.3% | 93.1% | 93.2% | 91.8% | 92.7% | 93.8% | 89.0% | 92.7% | 92.4%        |              |         |     |

<sup>1</sup> This covers all Community Healthcare

<sup>2</sup> Note: The reporting frequency has moved from month in arrears to monthly as and from August 2016

<sup>3</sup> No urgent cases this month



|  | Reporting Frequency   | Expected Activity / Target | National YTD | % Variance YTD | CHO 1   | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8    | CHO 9 | Current (-2) | Current (-1) | Current  |          |
|--|---|----------------------------|--------------|----------------|---------|-------|-------|-------|-------|-------|-------|----------|-------|--------------|--------------|----------|----------|
| <b>Health Promotion and Improvement</b>  | % of smokers on cessation programmes who were quit at one month   | Q in arrears               | 45%          | 49.2%          | 9.3%    |       |       |       |       |       |       |          |       | 49.0%        | 49.4%        |          |          |
|  | % of newborn babies visited by a PHN within 72 hours of discharge from maternity services <sup>4</sup>  | Q                          | 97%          | 98.0%(i)       | 1.0%    | 96.5% | 99.7% | 96.7% | 99.8% | 99.9% | 98.6% | 97.1%(i) | 97.2% | 96.7%(i)     | 97.9%        | 98.1%    | 98.0%(i) |
|  | <b>Public Health</b>  |                            |              |                |         |       |       |       |       |       |       |          |       |              |              |          |          |
|  | % of children reaching 10 months within the reporting period who have had a child developmental health screening on time or before reaching 10 months of age <sup>3</sup> | M in arrears               | 95%          | 93.0%(i)       | -2.1%   | 94.9% | 93.7% | 82.9% | 94.1% | 95.0% | 94.1% | 92.6%    | 95.2% | 92.5%(i)     | 91.5%        | 93.2%(i) |          |
| % uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card | A   | 75%                        | 55.4%        | -26.1%         | 51.4%   | 52.8% | 57.3% | 54.5% | 59.2% | 67.2% | 49.5% | 60.3%    | 50.2% | 59.4%        | 60.2%        | 55.4%    |          |
| <b>Access</b>  | <b>National Screening Service</b>   |                            |              |                |         |       |       |       |       |       |       |          |       |              |              |          |          |
|  | Breastcheck: % Breastcheck screening uptake rate  | Q in arrears               | >70%         | 75.2%          | 7.4%    |       |       |       |       |       |       |          |       | 77.9%        | 72.6%        |          |          |
|  | Cervical Check: % eligible women with at least one satisfactory Cervicalcheck screening in a 5 year period <sup>5</sup>   | Q in arrears               | >79.4%       | 79.5%          | 0.1%    |       |       |       |       |       |       |          |       | 79.3%        | 79.6%        |          |          |
|  | BowelScreen: % of client uptake rate in the Bowelscreen programme   | Q in arrears               | >42%         | 38.2%          | -9.0%   |       |       |       |       |       |       |          |       | 37.3%        | 39.3%        |          |          |
|  | Diabetic Retinascreen: % Diabetic Retinascreen uptake rate  | Q in arrears               | >52%         | 57.5%          | 10.6%   |       |       |       |       |       |       |          |       | 55.2%        | 59.9%        |          |          |
| <b>Health Promotion and Improvement - Tobacco</b>  |   |                            |              |                |         |       |       |       |       |       |       |          |       |              |              |          |          |
|  | No. of smokers who received intensive cessation support from a cessation counsellor <sup>6</sup>  | M                          | 8,968        | 11,291         | 25.9%   | 1,567 | 185   | 113   | 726   | 241   | 604   | 1,739    | 868   | 1,017        | 1,054        | 1,639    |          |
| <b>Finance</b>   | <b>Budget Management including savings - Net Expenditure variance from plan (within budget Finance 0.33%)</b>   |                            |              |                |         |       |       |       |       |       |       |          |       |              |              |          |          |
|  | - % variance - from budget  | M                          | €143,305     | €136,082       | -5.04%  |       |       |       |       |       |       |          |       |              | -1.86%       | -4.34%   | -5.04%   |
|  | - % variance - Pay (Direct)   | M                          | €71,818      | €66,314        | -7.66%  |       |       |       |       |       |       |          |       |              | -3.65%       | -7.36%   | -7.66%   |
|  | - % variance - Pay (Agency)   | M                          | €197         | €115           | -41.90% |       |       |       |       |       |       |          |       |              | -50.57%      | -50.93%  | -41.90%  |
|  | - % variance - Pay (Overtime)   | M                          | €183         | €262           | 42.99%  |       |       |       |       |       |       |          |       |              | 25.79%       | 33.92%   | 42.99%   |
| - % variance - Non Pay   | M   | €75,836                    | €74,170      | -2.20%         |         |       |       |       |       |       |       |          |       | 0.02%        | -1.13%       | -2.20%   |          |

<sup>4</sup> (i) Incomplete data, see Appendix 2

<sup>5</sup> Note: The reporting frequency has moved from Quarterly to Quarterly in Arrears as and from September 2016

<sup>6</sup> Tobacco Cessation: National quitline 3,910

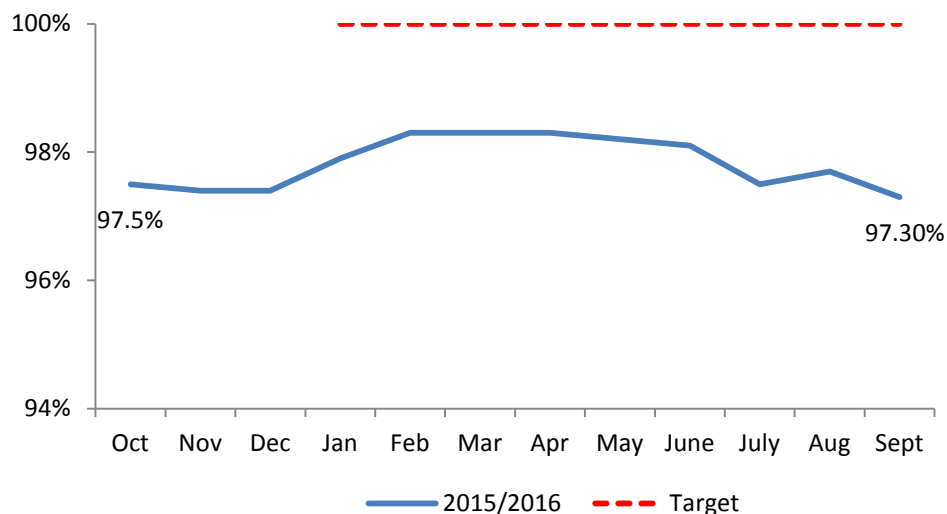
|    |   | Reporting Frequency            | Expected Activity / Target | National YTD           | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |        |
|----|---|--------------------------------|----------------------------|------------------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|--------|
|    | - % variance – Income                                   | M                              | -€4,349                    | -€4,402                | 1.22%          |       |       |       |       |       |       |       |       |       | 0.14%        | -1.63%       | 1.22%   |        |
|    | <b>Service Arrangements</b>                             |                                |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |        |
|    | No and % of Service Arrangements signed (03/10/16)      | M                              | 100%                       | 143<br>91.08%          | 8.92%          |       |       |       |       |       |       |       |       |       |              | 95.24%       | 93.33%  | 91.08% |
|    | € value and % of Service Arrangements signed (03/10/16) | M                              | 100%                       | €10,203<br>97.12%      | 2.88%          |       |       |       |       |       |       |       |       |       | 98.39%       | 98.21%       | 97.12%  |        |
| HR | <b>% Absenteeism</b>                                    |                                |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |        |
|    | Overall   |                                |                            | 4.34%                  | -24.00%        |       |       |       |       |       |       |       |       |       |              | 4.17%        | 3.51%   |        |
|    | Medical/Dental  |                                |                            | 0.05%                  | 98.57%         |       |       |       |       |       |       |       |       |       |              | 0.27%        | 0.00%   |        |
|    | Nursing   |                                |                            | 0.70%                  | 80.00%         |       |       |       |       |       |       |       |       |       |              | 0.00%        | 0.00%   |        |
|    | Health and Social Care Professional                     | M in arrear                    | 3.50%                      | 4.62%                  | -32.00%        |       |       |       |       |       |       |       |       |       |              | 4.71%        | 4.03%   |        |
|    | Management/Admin  |                                |                            | 4.83%                  | -38.00%        |       |       |       |       |       |       |       |       |       |              | 4.54%        | 2.90%   |        |
|    | General Support staff                                   |                                |                            | 2.46%                  | 29.70%         |       |       |       |       |       |       |       |       |       |              | 0.35%        | 7.16%   |        |
|    | Other Patient and Client staff                          |                                |                            | 2.06%                  | 41.14%         |       |       |       |       |       |       |       |       |       |              | 0.39%        | 0.36%   |        |
|    | <b>Staffing Levels and Costs</b>                        |                                |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |        |
|    |   | WTE change from previous month | M                          |                        | 1,355          | 19    |       |       |       |       |       |       |       |       |              | 1            | 5       | 19     |
|    | Variance from funding staffing thresholds               | M                              | 0.50%                      | Data not yet available |                |       |       |       |       |       |       |       |       |       |              |              |         |        |

# Primary Care

# Therapy Waiting Lists

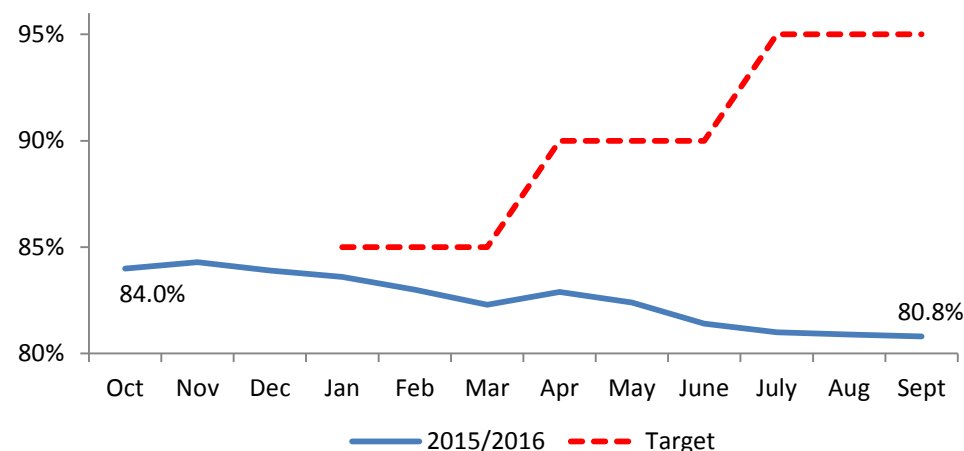
## Physiotherapy Assessment Waiting List

- **97.3%** waiting **≤ 52 weeks**. **97.7%** in August (Target 100%)
- **Above target:** CHO4 & CHO6 (100%)
- **Below target:** CHO1 (96.9%), CHO2 (92.5%) & CHO3 (93.3%)
- Target applicable from 2016 only



## Occupational Therapy Assessment Waiting List

- **80.8%** waiting **≤ 52 weeks**. **80.9%** in August (Q3 Target 95%)
- **Above target:** CHO3 (99.6%)
- **Below target:** CHO1 (75.4%), CHO4 (72.8%) & CHO8 (74.7%)
- Data gaps in 2015
- Target applicable from 2016 only

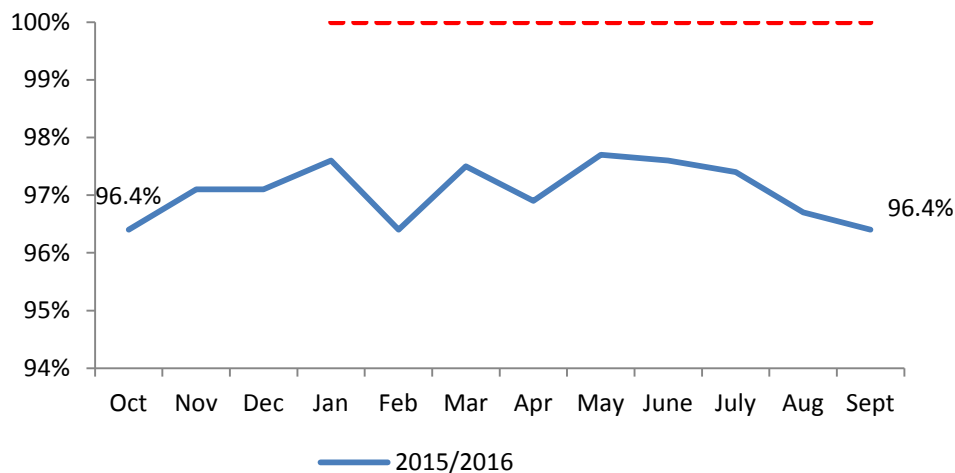


| Physiotherapy Assessment W/L | July          | August        | Sept          |
|------------------------------|---------------|---------------|---------------|
| ≤ 12 weeks                   | 20,512        | 20,175        | 20,659        |
| >12 weeks ≤ 26 weeks         | 7,317         | 7,440         | 7,586         |
| >26 weeks ≤ 39 weeks         | 2,013         | 2,251         | 2,333         |
| >39 weeks ≤ 52 weeks         | 1,036         | 1,193         | 1,141         |
| > 52 weeks                   | 794           | 735           | 881           |
| <b>Total</b>                 | <b>31,672</b> | <b>31,794</b> | <b>32,600</b> |

| OT Assessment W/L    | July          | August        | Sept          |
|----------------------|---------------|---------------|---------------|
| ≤ 12 weeks           | 9,357         | 9,138         | 8,759         |
| >12 weeks ≤ 26 weeks | 6,528         | 6,661         | 7,094         |
| >26 weeks ≤ 39 weeks | 3,444         | 3,798         | 3,863         |
| >39 weeks ≤ 52 weeks | 2,359         | 2,607         | 2,364         |
| > 52 weeks           | 5,075         | 5,256         | 5,252         |
| <b>Total</b>         | <b>26,763</b> | <b>27,460</b> | <b>27,332</b> |

## Speech and Language Therapy Assessment Waiting List

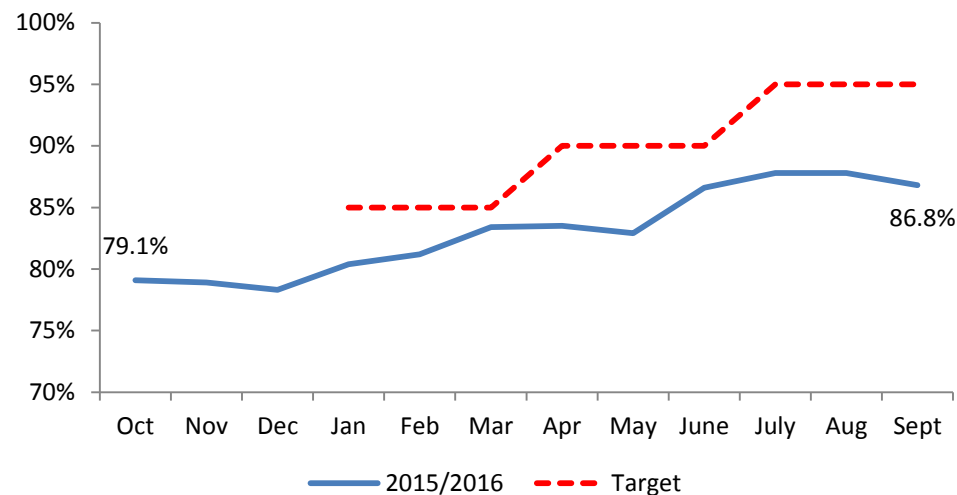
- **96.4%** waiting  $\leq$  **52 weeks**. **96.7%** in August (Target 100%)
- **Above target:** CHO1 (100%) & CHO5 (100%)
- **Below target:** CHO2 (91.7%), CHO6 (92.0%) & CHO7 (93.4%)
- Target applicable from 2016 only



| SLT Assessment W/L | July          | August        | Sept          |
|--------------------|---------------|---------------|---------------|
| $\leq$ 52 weeks    | 14,458        | 12,764        | 12,847        |
| $>$ 52 weeks       | 393           | 435           | 474           |
| <b>Total</b>       | <b>14,851</b> | <b>13,199</b> | <b>13,321</b> |

## Speech and Language Therapy Treatment Waiting List

- **86.8%** waiting  $\leq$  **52 weeks**. **87.8%** in August (Q3 Target 95%)
- **Above target:** CHO1 (100%), CHO6 (100%) & CHO9 (98.5%)
- **Below target:** CHO2 (85.6%), CHO4 (85.8%) & CHO5 (72.2%)
- Target applicable from 2016 only

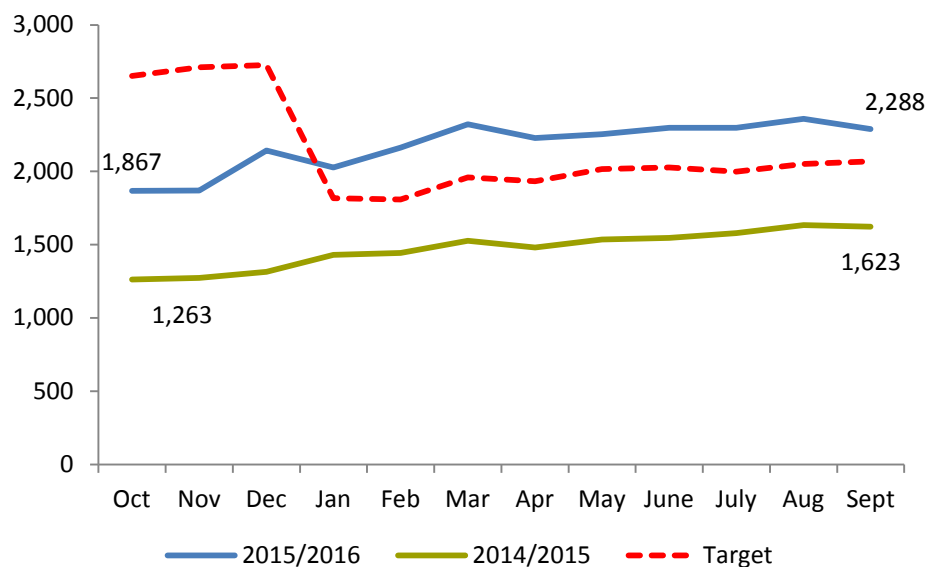


| SLT Treatment W/L | July         | August       | Sept         |
|-------------------|--------------|--------------|--------------|
| $\leq$ 52 weeks   | 7,550        | 7,882        | 7,506        |
| $>$ 52 weeks      | 1,047        | 1,093        | 1,141        |
| <b>Total</b>      | <b>8,597</b> | <b>8,975</b> | <b>8,647</b> |

## Community Intervention Teams (CITs)

### Number of referrals

- **2,288** in September. **2,359** in August (Target 2,069)
- **20,231** YTD (Target YTD 17,677)
- **Above target:** CHO4 (121.5%), CHO7 (16.5%) and CHO2 (11.8%)
- **Below target:** CHO5 (-3.5%)

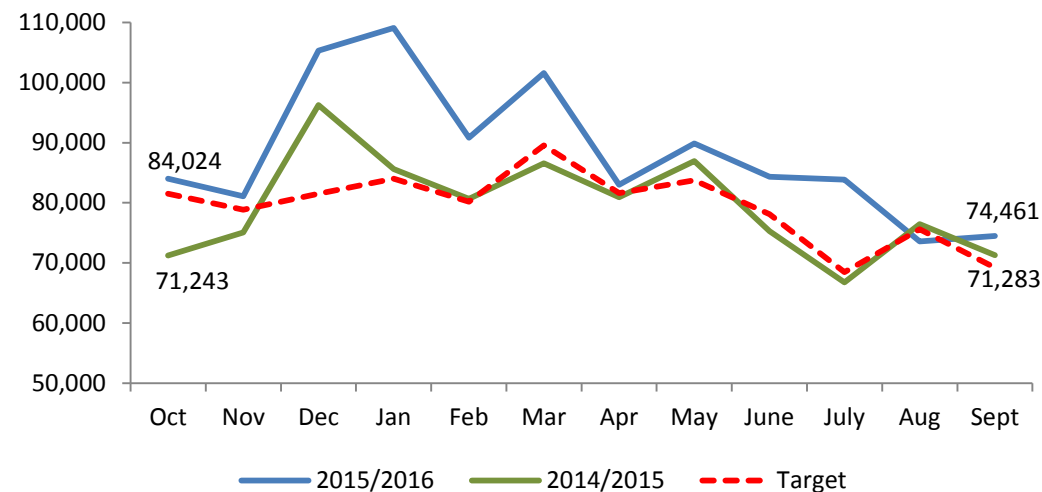


| CITs   | July         | August       | Sept         |
|--|--------------|--------------|--------------|
| Admission Avoidance                          | 70           | 72           | 84           |
| Hospital Avoidance                           | 1,516        | 1,634        | 1,567        |
| Early Discharge                              | 431          | 421          | 422          |
| Unscheduled referrals from community sources | 280          | 232          | 215          |
| <b>National</b>                              | <b>2,297</b> | <b>2,359</b> | <b>2,288</b> |

## GP Out of Hours Services

### No. of contacts with GP Out of Hours Services

- **74,461** in September. **73,568** in August (Target 69,215)
- **790,494** YTD (Expected Activity YTD 710,472)
- **Above target:** CareDoc (23.0%), MIDoc (13.5%) and Shannondoc (13.6%)
- CareDoc commenced new service in Sligo on 7<sup>th</sup> February, 2016



### Reduced Out of Hours Services

| Additional hours from Reduced Out of Hours Services | July  | August | September | YTD    |
|---|-------|--------|-----------|--------|
| National  | 4,637 | 2,897* | 3,062*    | 42,324 |

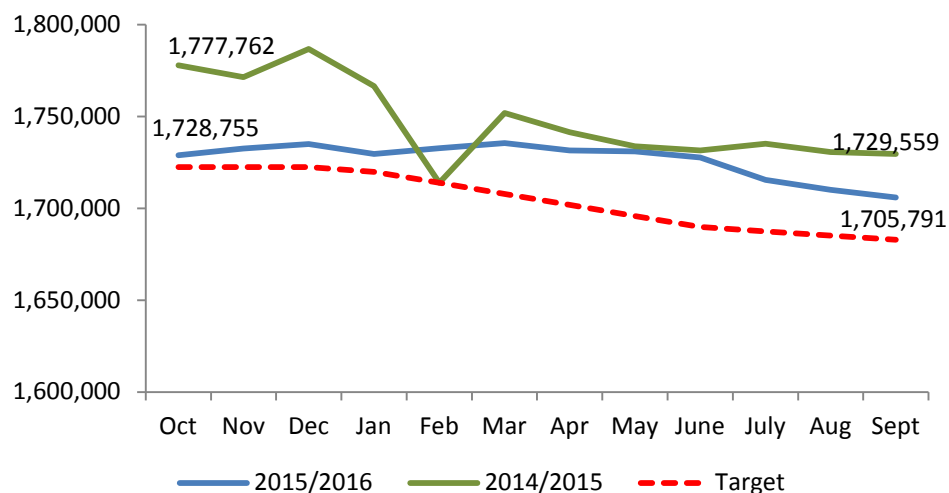
\*Dubdoc figures not available

Reduced hours services operate from 6pm-10pm on weekdays and 10am-6pm on weekends and bank holidays

# Medical Cards/GP Visit Cards

## Number of Persons covered by Medical Cards

- **1,705,791** people are covered. **1,709,957** in August (Target 1,682,779)
- Of these, **111,904** are covered by a discretionary medical card



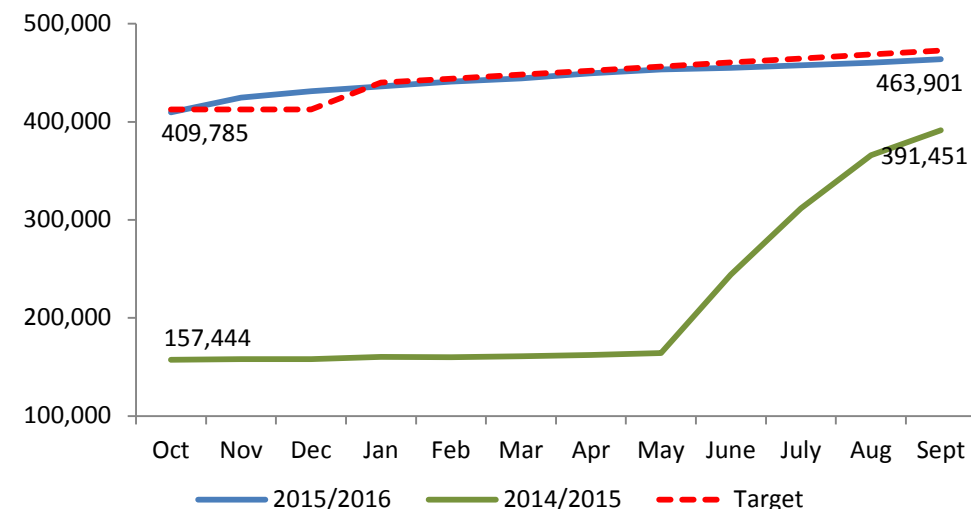
## Medical Card/GP Visit Card applications

- **98.5%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **83.2%** of Medical Card / GP visit card applications, assigned for Medical Officer review, **processed within 5 days** has not met the target (Target 90%).

**78.1% of Medical Card applications** were accurately processed by the National Medical Card Unit staff (Target 95%). (based on a sample 5-10% of all applications processed). In September, new staff started in the NMCU. A 100% check of applications processed by the new staff members was undertaken and therefore a higher % error rate was noted.

## Number of persons covered by GP Visit Cards

- **463,901** people are covered. **460,427** in August (Target 472,840)
- Of these, **44,320** are covered by a discretionary GP Visit card



- **90.1%** processed without financial error in September 2016. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

## Under 6 GP Visit Cards

- Became available on 1st July 2015
- **243,557** people are currently covered as at 1<sup>st</sup> October, 2016

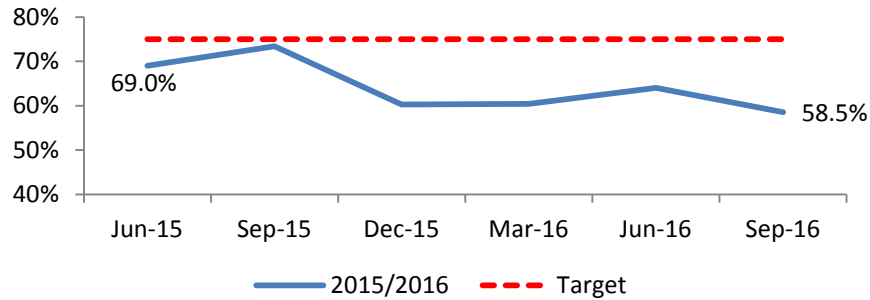
## Over 70s GP Visit Cards

- Became available on 1st August 2015
- **89,329** people are currently covered as at 1<sup>st</sup> October, 2016

## Orthodontics

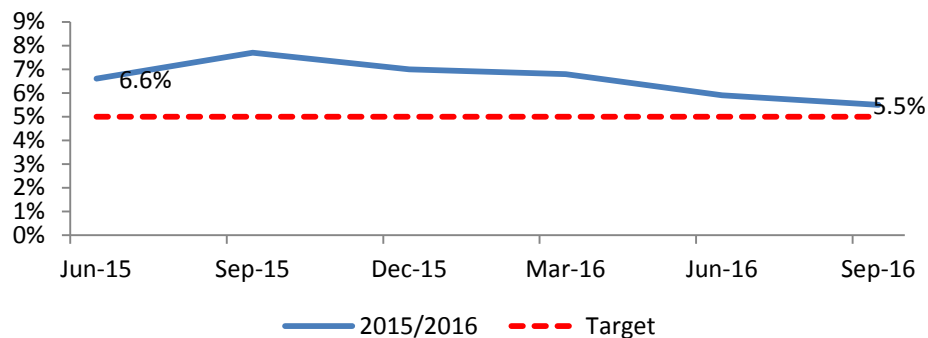
% of Referrals seen for assessment within 6 months (Quarterly)

- **1,531 (58.5%)** in Q3 2016, **2,246 (64.0%)** in Q2 2016 (Target 75%)
- **Above target:** DML (84%) & DNE (100%)
- **Below target:** South (53.1%) and West (35.0%)



Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V) (Quarterly)

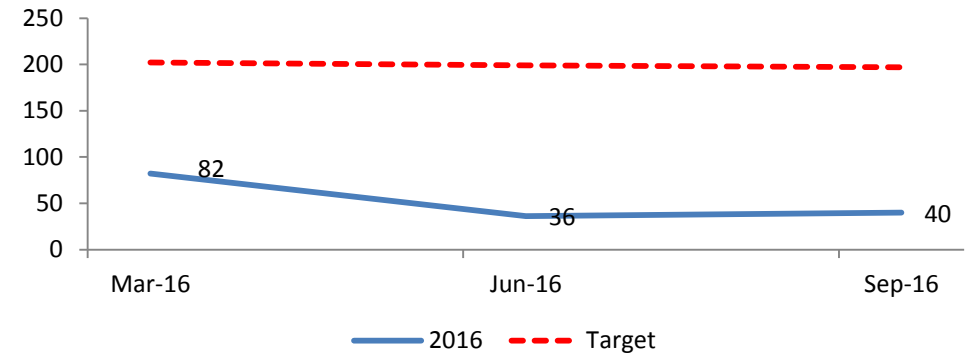
- **936 (5.5%)** in Q3 2016, **1,047 (5.9%)** in Q2 2016 (Target <5%)
- **Above target:** DML (10.9%) & DNE (8.3%)
- **Below target:** South (3.3%) & West (0%)



## Health Amendment Act: Services to Persons with State acquired Hepatitis C

No. of patients who were reviewed (Quarterly)

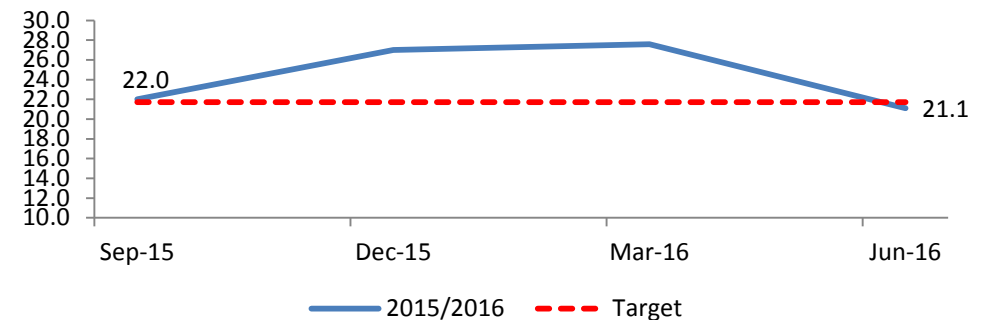
- **40** in Q3 2016, **36** in Q2 2016, YTD 158. (Target 197)



## Healthcare Associated Infections: Medication Management

Consumption of antibiotics in community settings (defined daily doses per 1,000 population) (Quarterly in arrears)

- **21.1** in Q2 2016, **27.6** in Q1 2016 (Target <21.7)





## Social Inclusion

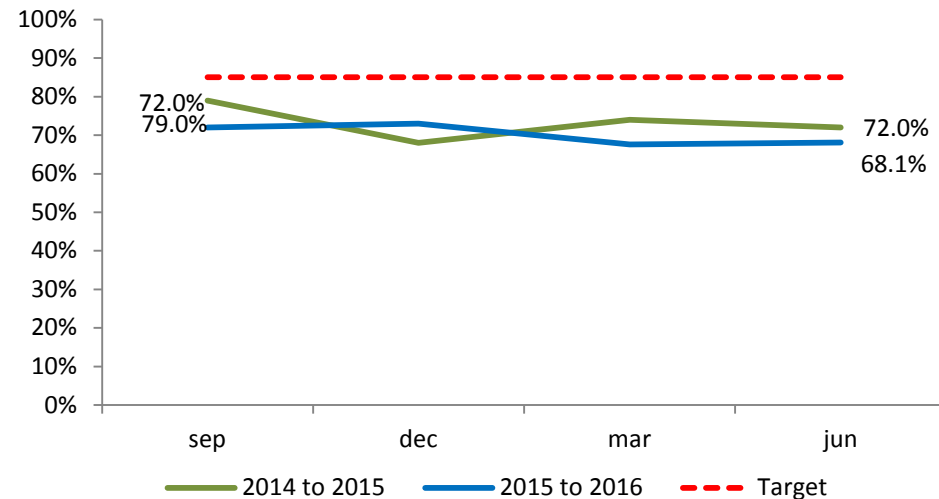
### Traveller Health

#### Awareness of type 2 Diabetes & Cardiovascular health (Quarterly)

- **3,252** in Q3 2016, **3,689** in Q2 2016 (Target 3,470)
- **Above target:** CHO2 10.2%, CHO4 72.5% & CHO9 92.0%
- **Below target:** CHO1, 3, 5, 6, 7 & 8

### Homeless services

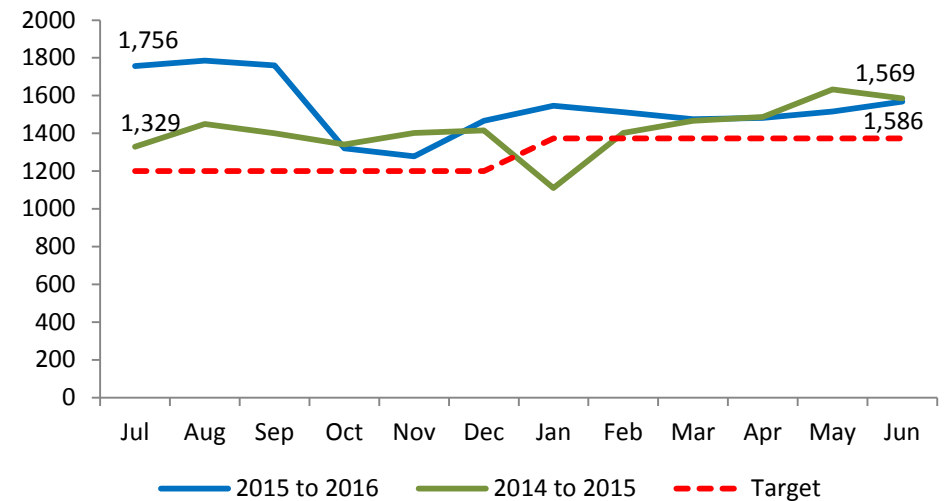
- **Admitted and assessed as part of HNA within 2 weeks** (Quarterly)
- **68.1%** in Q3 2016, **67.7%** in Q2 2016 (Target 85%)
- **Above target:** CHO2 100%, CHO3 92.4%, CHO5 93.9%
- **Below target:** CHO1, 4, 6, 7 & 8 & 9



## Needle exchange

#### Individuals attending needle exchange (Quarterly in arrears)

- **1,569** in Q2 2016, **1,475** in Q1 2016 (Target 1,731)
- **Below target:** CHO1 43 (Target 58), CHO3 274 (Target 314) CHO5 291 (Target 372) CHO9 443 (Target 465)
- Data returned tri monthly, quarterly in arrears



# Primary Care Commentary

## Quality Performance Indicators

No serious reportable events were reported for this Division during September 2016.

The National Primary Care Quality and Safety Dashboard is reviewed quarterly at Performance Meetings with the Chief Officers.

10 key dashboard indicators have been selected for monitoring and review by the National Primary Care Quality and Safety Committee. The National Primary Care Quality and Safety Committee have also commenced work on identifying potential Primary Care outcome measures for development in 2<sup>nd</sup> half 2016.

A collaborative and cross divisional approach between the Divisions, State Claims Agency, Quality Assurance and Verification Division and Communications will focus on driving phase 2 of NIMS rollout during 2016.

## Community Intervention Teams

In addition to the 2,288 referrals in September, there were 45 patients referred to the CIT in South Tipperary which was set up on a short term basis on 20<sup>th</sup> January 2016, and 108 patients referred to the OPAT Programme.

## PCRS

The target for % of properly completed Medical Card / GP visit card applications processed within a 15 working day turnaround time has been exceeded at 98.5%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days has not been met at 83.2%.

The target for % of Medical Card applications which are accurately processed by the National Medical Card Unit staff has not been met at 78.1%. However, the % processed without financial error equals 90.1%.

All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

# Social Inclusion Commentary

## Opioid Substitute Treatment (month in arrears)

- **9,652** patients received treatment (excluding prisons) as of the end of August which includes 4,150 patients being treated by 350 GPs in the community.
- **665** pharmacies dispensed treatment catering for **6,704** patients.
- **80** HSE clinics were providing treatment and an additional 10 prison clinics were provided in the prison service.
- **63** new patients commenced treatment during August (12 in General Practice, 42 in HSE clinics and 9 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..

## Opioid Substitute Treatment Waiting Times (month in arrears):

We are not in a position to provide a commentary due to a full suite of data not being returned plus there is an issue with the quality of some of the data. See appendix 2: Data Coverage Issues for further details.

## Substance Misuse & Alcohol (quarter in arrears)

Due to the roll-out of the new LINK NDTRS database and subsequent issues associated with the changeover have culminated in some CHO

areas having an inability to provide the PIs for Quarter 2 2016 on time. The HRB have undertaken to provide full PI Q2 at the same time as PI Q3.

### No of people trained in SAOR (Screening and Brief Intervention for problem alcohol and substance use)

The operational plan target is 300 people to be trained in SAOR in 2016. This was exceeded in the first quarter. 7 CHOs are over performing with 1 CHO underperforming. The remaining CHO is CHO 6, which has '0' projection for 2016 and this is the case thus far. The 3 highest over performers were: CHO 2 (+1123%), CHO 5 (+445%), CHO 8 (+791%), CHO 3 is underperforming at -27%.

### Pharmacy Needle Exchange (PNex) (quarter in arrears)

- Currently operating at 107 pharmacies which is 12 less than yearly target. Plans in train to recruit additional pharmacies in Cork, Waterford, Limerick, and Kerry next quarter. Note all pharmacists who wish to participate must now complete the accredited training offered in conjunction with the HSE and IOP in order for an SLA to be offered.
- The number of unique individuals attending pharmacy needle exchange appears to have reached a plateau at around 1,500 a month (-9% below target nationally) with a slight variance over monthly reporting periods.
- The number of needle exchange provided remains consistent at around 3,900 a month (14% above target nationally). Ratio of balance of 10 packs to 3 packs is approx 1:1.7.
- Nationally the average no. of needle/syringe packs per person has declined from last year and may be influenced by a number of factors including clients in treatment accessing packs (this has been reported and discussed at pharmacist training sessions); clients may be getting packs from different pharmacies; and clients may not be regular injectors/users.

- The percentage rate of needles returned remains below target. Return rates differ in each CHO area which may indicate that culture and geography (distance to the service) may play a role in returns. Drug Related Litter (DRL) reports have decreased which may be due to PNex pharmacist education of clients and also due to multi-disciplinary focus groups in place in many areas e.g. Limerick, Cork, Midlands and Waterford.

### Homeless Services

The Homelessness KPI's for Quarter 3 2016 have improved very slightly in overall terms compared to Quarter 2, but are still below target in that:

- Service Users with Medical Cards has decreased from 74% to 70% (National Target 75%)
- Services Users assisted to acquire a Medical Card has increased from 54% to 59% (National Target 70%)
- Health Needs Assessed have remained the same at 68% (Target 85%)
- Health Needs Supported through the hostel network has decreased marginally from 78% to 77% (Target 80%)

Whilst the transient and chaotic nature of homelessness resulting in an increase in one night stays / short term stays, non HRC compliance, and other issues pertaining to homelessness can justifiably explain variances in targets, there is some scope for improvement. The Homeless Advisory Governance Group will undertake a review of KPI data by CHO area at the next meeting in November 2016 to seek improved performance in achieving targets for the final quarter of 2016.

### Traveller Health

Primary Healthcare Projects continue to achieve and exceed targets in relation to targeted health information and awareness raising sessions with members of the Travelling community. A full review of Traveller KPIs is currently underway and new KPIs are in development.

# Primary Care Balanced Scorecard/Heat Map

|   |   | Reporting Frequency | Expected Activity/Target | National YTD | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |  |
|---|---|---------------------|--------------------------|--------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|--|
| Quality & Safety  | <b>Serious Reportable Events</b>  |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
|   | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) | M                   | 99%                      | 0%           | -100%          |       |       |       |       |       |       |       |       |       |              |              |         |  |
|   | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer  | M                   | 90%                      | NA           |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
|   | <b>Service User Experience</b>  |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
|   | % of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>7</sup>  | Q                   | 75%                      | 81%          | 8%             |       |       |       |       |       |       |       |       |       | 80%          | 82%          | 81%     |  |
|   | <b>Safety Incident reporting</b>  |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
|   | % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>6</sup>   | Q                   | 90%                      | 42%          | -53.3%         | 47%   | 51%   | 53%   | 31%   | 19%   | 57%   | 21%   | 49%   | 40%   | 37%          | 44%          | 43%     |  |
|   | <b>Healthcare Associated Infections: Medication Management</b>  |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
| Consumption of antibiotics in community settings (defined daily doses per 1,000 population) | Q in arrears  | <21.7               | 21.1                     | -2.8%        |                |       |       |       |       |       |       |       |       |       | 27.6         | 21.1         |         |  |
| <b>Community Intervention Teams</b>   |   |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
| Community Intervention Teams (number of referrals)  | M   | 17,677              | 20,231                   | 14.4%        | No Service     | 720   | 3,664 | 2,242 | 2,177 | 920   | 5,796 | 838   | 3,874 | 2,297 | 2,359        | 2,288        |         |  |
| <b>Health Amendment Act: Services to persons with state acquired Hepatitis C</b>            |   |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
| No. of patients who were reviewed   | Q   | 598                 | 158                      | -73.6%       |                |       |       |       |       |       |       |       |       |       | 82           | 36           | 40      |  |
| <b>Access</b>   |   |                     |                          |              |                |       |       |       |       |       |       |       |       |       |              |              |         |  |
| No of contacts with GP Out of Hours service   | M   | 710,472             | 790,494                  | 11.3%        |                |       |       |       |       |       |       |       |       |       | 83,832       | 73,568       | 74,461  |  |

<sup>7</sup> This covers all Community Healthcare

|   | Reporting Frequency   | Expected Activity/Target | National YTD | % Variance YTD | CHO 1  | CHO 2 | CHO 3 | CHO 4  | CHO 5  | CHO 6  | CHO 7  | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current   |        |
|---|---|--------------------------|--------------|----------------|--------|-------|-------|--------|--------|--------|--------|-------|-------|--------------|--------------|-----------|--------|
| <b>Speech &amp; Language Therapy</b>  | <b>% on waiting lists for assessment ≤ 52 weeks</b>   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | 100%                     | 96.4%        | -3.6%          | 100.0% | 91.7% | 97.2% | 93.7%  | 100.0% | 92.0%  | 93.4%  | 99.6% | 98.5% | 97.4%        | 96.7%        | 96.4%     |        |
|   | <b>% on waiting list for treatment ≤ 52 weeks</b>   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | Q3 95%                   | 86.8%        | -8.6%          | 100.0% | 85.6% | 90.0% | 85.8%  | 72.2%  | 100.0% | 89.9%  | 94.7% | 98.5% | 87.8%        | 87.8%        | 86.8%     |        |
|   | <b>Physiotherapy</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | <b>% on waiting list for assessment ≤ 52 weeks</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | 100%                     | 97.3%        | -2.7%          | 96.9%  | 92.5% | 93.3% | 100.0% | 99.9%  | 100.0% | 99.8%  | 97.4% | 99.8% | 97.5%        | 97.7%        | 97.3%     |        |
|   | <b>Occupational Therapy:</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | <b>% on waiting list for assessment ≤ 52 weeks</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | Q3 95%                   | 80.8%        | -15.0%         | 75.4%  | 87.1% | 99.6% | 72.8%  | 77.2%  | 89.4%  | 88.4%  | 74.7% | 82.0% | 81.0%        | 80.9%        | 80.8%     |        |
| <b>Orthodontics:</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| <b>% of referrals seen for assessment within 6 months</b>   |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| Q   | 75%   | 61.0%                    | -18.6%       |                |        |       |       |        |        |        |        |       |       | 60.40%       | 64.0%        | 58.5%     |        |
| <b>Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)</b> |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| Q   | <5%   | 5.5%                     | 9.4%         |                |        |       |       |        |        |        |        |       |       | 6.8%         | 5.9%         | 5.5%      |        |
| <b>Primary Care Reimbursement Scheme</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| <b>% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround</b>    |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | 95%   | 98.5%                    | 3.7%         |                |        |       |       |        |        |        |        |       |       | 98.1%        | 98.0%        | 98.5%     |        |
| <b>No. of persons covered by Medical Cards</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | 1,682,779   | 1,705,791                | 1.4%         |                |        |       |       |        |        |        |        |       |       | 1,715,497    | 1,709,957    | 1,705,791 |        |
| <b>No. of persons covered by GP Visit Cards</b>   |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | 472,840   | 463,901                  | -1.9%        |                |        |       |       |        |        |        |        |       |       | 457,708      | 460,427      | 463,901   |        |
| <b>Social Inclusion</b>   |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| <b>Opioid substitution treatment (outside prisons)</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M arrears   | 9,515   | 9,652                    | 1.4%         | 92             | 136    | 282   | 462   | 469    | 988    | 3,673  | 588    | 2,962 | 9,627 | 9,652        |              |           |        |
| <b>Finance</b>  | <b>Budget Management including savings – Net Expenditure variance from plan (within budget 0.33%)</b> |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | <b>% variance - from budget</b>   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | €2,792,357               | €2,784,457   | -0.28%         | 4.84%  | 4.90% | 2.54% | 2.35%  | 2.92%  | 1.51%  | -0.89% | 2.51% | 1.82% | -0.03%       | 0.00%        | -0.28%    |        |
|   | <b>- % variance - Pay (Direct)</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | €457,309                 | €462,767     | 1.19%          |        |       |       |        |        |        |        |       |       |              | 1.69%        | 1.28%     | 1.19%  |
|   | <b>- % variance - Pay (Agency)</b>  |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
|   | M   | €8,002                   | €11,820      | 47.71%         |        |       |       |        |        |        |        |       |       |              | 48.05%       | 45.92%    | 47.71% |
| <b>- % variance - Pay (Overtime)</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | €2,277  | €2,541                   | 11.62%       |                |        |       |       |        |        |        |        |       |       | 13.86%       | 13.08%       | 11.62%    |        |
| <b>- % variance - Non Pay</b>   |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | €2,441,197  | €2,436,091               | -0.21%       |                |        |       |       |        |        |        |        |       |       | -0.01%       | 0.10%        | -0.21%    |        |
| <b>- % variance – Income</b>  |   |                          |              |                |        |       |       |        |        |        |        |       |       |              |              |           |        |
| M   | -€108,121   | -€116,208                | 7.48%        |                |        |       |       |        |        |        |        |       |       | 7.43%        | 7.59%        | 7.48%     |        |

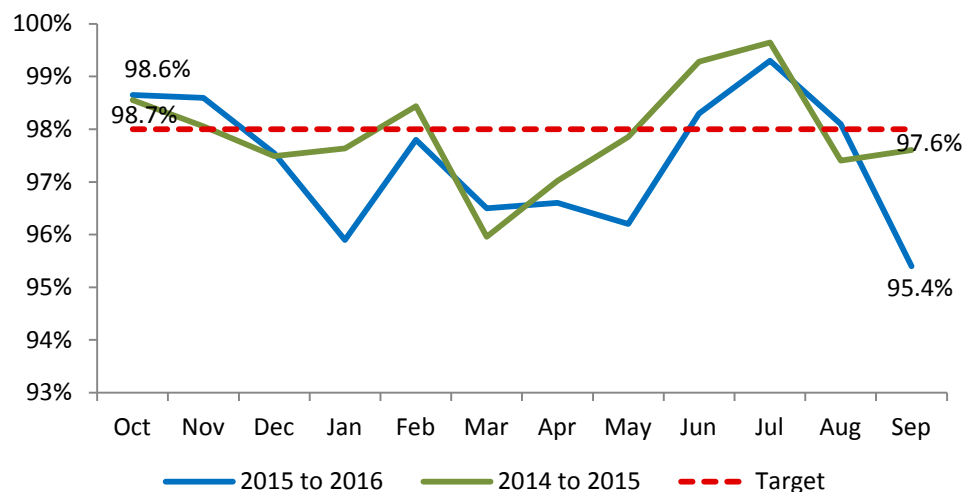
|   |   | Reporting Frequency  | Expected Activity/Target | National YTD      | % Variance YTD | CHO 1 | CHO 2  | CHO 3 | CHO 4 | CHO 5  | CHO 6  | CHO 7  | CHO 8 | CHO 9  | Current (-2) | Current (-1) | Current |        |
|---|---|----------------------|--------------------------|-------------------|----------------|-------|--------|-------|-------|--------|--------|--------|-------|--------|--------------|--------------|---------|--------|
| Service Arrangements                      | Primary Care  | M                    | €573,072                 | €576,234          | 0.55%          | 4.58% | 5.59%  | 3.37% | 2.56% | 3.48%  | 1.22%  | -0.79% | 2.84% | 2.75%  | 0.37%        | 0.37%        | 0.55%   |        |
|   | Social Inclusion  | M                    | €98,303                  | €97,521           | -0.80%         | 5.48% | -2.16% | 0.20% | 1.54% | -1.90% | 9.56%  | 0.22%  | -     | 3.28%  | 0.07%        | 0.62%        | 0.38%   | -0.80% |
|   | Palliative Care   | M                    | €56,611                  | €56,583           | -0.05%         | 8.00% | 3.16%  | 0.36% | 1.54% | 0.14%  | -6.26% | -3.37% | -     | 0.47%  | 1.20%        | 0.36%        | 0.17%   | -0.05% |
|   | PCRS  | M                    | €1,881,272               | €1,870,917        | -0.55%         |       |        |       |       |        |        |        |       |        |              | -0.22%       | -0.14%  | -0.55% |
|   | Community Demand Led Schemes  | M                    | €183,099                 | €183,202          | 0.06%          |       |        |       |       |        |        |        |       |        |              | 0.20%        | 0.01%   | 0.06%  |
|   | No and % of Service Arrangements signed – Primary Care (03/10/16)         | M                    | 100%                     | 202<br>60.30%     | 39.70%         |       |        |       |       |        |        |        |       |        |              | 86.07%       | 75.11%  | 60.30% |
|   | € value and % of Service Arrangements signed- Primary Care (03/10/16)     | M                    | 100%                     | €39,517<br>98.17% | 1.83%          |       |        |       |       |        |        |        |       |        |              | 98.46%       | 98.34%  | 98.17% |
|   | No and % of Service Arrangements signed – Social Inclusion (03/10/16)     | M                    | 100%                     | 517<br>97.55%     | 2.45%          |       |        |       |       |        |        |        |       |        |              | 99.81%       | 97.52%  | 97.55% |
|   | € value and % of Service Arrangements signed- Social Inclusion (03/10/16) | M                    | 100%                     | €82,926<br>98.47% | 1.53%          |       |        |       |       |        |        |        |       |        |              | 99.26%       | 99.23%  | 98.47% |
|   | HR  | <b>% Absenteeism</b> |                          |                   |                |       |        |       |       |        |        |        |       |        |              |              |         |        |
| Overall                                   |   | M in arrears         | 3.50%                    | 4.57%             | -30.57%        | 4.96% | 3.75%  | 5.23% | 2.99% | 5.14%  | 4.87%  | 4.82%  | 4.60% | 4.75%  | 4.54%        | 4.77%        |         |        |
| Medical/Dental                            |   |                      |                          | 2.92%             | 16.57%         | 4.12% | 1.76%  | 0.67% | 1.85% | 3.15%  | 3.91%  | 3.83%  | 2.05% | 5.70%  | 3.08%        | 3.18%        |         |        |
| Nursing                                   |   |                      |                          | 4.89%             | -39.71%        | 4.99% | 4.34%  | 5.13% | 3.00% | 6.76%  | 5.69%  | 4.85%  | 5.25% | 4.85%  | 4.98%        | 5.51%        |         |        |
| Health and Social Care Professional       |   |                      |                          | 3.89%             | -11.14%        | 5.46% | 3.67%  | 5.91% | 2.61% | 4.79%  | 4.62%  | 3.49%  | 3.96% | 2.72%  | 3.55%        | 3.68%        |         |        |
| Management/Admin                          |   |                      |                          | 4.91%             | -40.28%        | 4.69% | 4.40%  | 5.35% | 3.47% | 4.71%  | 4.26%  | 5.50%  | 5.38% | 4.65%  | 4.96%        | 4.90%        |         |        |
| General Support staff                     |   |                      |                          | 4.24%             | -21.14%        | 5.40% | 1.61%  | 5.46% | 3.45% | 4.76%  | 3.47%  | 3.78%  | 4.63% | 5.25%  | 3.75%        | 3.63%        |         |        |
| Other Patient and Client staff            |   |                      |                          | 3.24%             | 7.42%          | 4.65% | 3.96%  | 6.92% | 4.49% | 3.84%  | 6.54%  | 7.14%  | 3.89% | 12.53% | 6.36%        | 6.69%        |         |        |
| <b>Staffing Levels and Costs</b>          |   |                      |                          |                   |                |       |        |       |       |        |        |        |       |        |              |              |         |        |
| WTE change from previous month            |   | M                    |                          | 10,404            | 35             | 10    | -4     | -3    | 16    | 7      | 4      | -3     | 11    | -6     | -19          | -114         | 35      |        |
| Variance from funding staffing thresholds | M   | 0.50%                | Data not yet available   |                   |                |       |        |       |       |        |        |        |       |        |              |              |         |        |

## Palliative Care

# Access to Services

## Access to specialist inpatient bed

- **95.4%** waited ≤ 7 days. **98.1%** in August. **97.1%** YTD (Target 98%)
- Number of patients who waited <7days decreased from **318** in August to **289** in September.
- **6** patients waited >14 days in September, **16** YTD.
- **239** new patients admitted in September, **252** in August, **2,167** YTD
- **Above target:** CHO 3, 4, 5 achieved 100%
- **Below target:** CHO1 80.6%, CHO2 96.6%, CHO6 91.7%, CHO7 94.5%, CHO9 94.1%

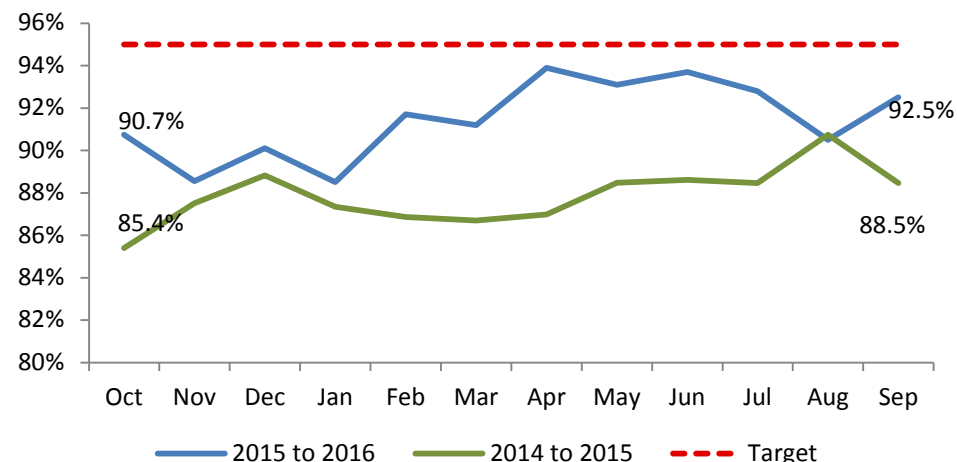


## Children in the care of the children's outreach nursing team/specialist palliative care team

- **373** in the care of the Children's Outreach Nurse/Specialist Paediatric Palliative Care Team, **440** in August. (Target 370)
- CHOs 1 & 9 are each in the process of recruiting an additional CNS

## Specialist palliative care services in the community

- **92.5%** waited ≤ 7 days. **90.5%** in August. **91.9%** YTD (Target 95%)
- **Above target:** CHO3 95.4%, CHO8 96.2%
- **Below target:** CHO1 90.0%, CHO2 92.7%, CHO4 90.8%, CHO5 92.3%, CHO6 93.3%, CHO7 87.7%, CHO9 94.6%



- The number of new patients seen or admitted to community services in September was **800**. Increase of 34 on August.
- **3,528** patients in receipt of community services, **3,516** in August. (Target 3,309). Increase of 12 on August.



# Palliative Care Balanced Scorecard/Heat Map

|   |  | Reporting Frequency | Expected Activity / Target YTD | National YTD | % Variance 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  | Access to specialist inpatient bed within 7 days   | M                   | 98%                            | 97.1%        | -0.9%          | 97.4% | 96.9% | 100.0% | 100.0% | 100.0% | 88.4%  | 95.3%  | No service | 94.9% | 99.3%        | 98.1%        | 95.4%   |
|   | Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital) | M                   | 95%                            | 91.9%        | -3.2%          | 94.1% | 91.2% | 92.8%  | 92.0%  | 96.3%  | 89.1%  | 85.5%  | 91.6%      | 93.6% | 92.7%        | 90.5%        | 92.5%   |
|   | No of patients in receipt of specialist palliative care in the community (in month)  | M                   | 3,309                          | 3,528        | 6.6%           | 367   | 420   | 437    | 623    | 437    | 248    | 237    | 460        | 296   | 3,513        | 3,516        | 3,528   |
|   | No. of children in the care of the children's outreach nursing team / specialist palliative care team) (in month)              | M                   | 370                            | 373(i)       | 0.8%           | 13    | 29    | 32     | 0(i)   | 41     | 16     | 183    | 30         | 29    | 411          | 440          | 373(i)  |
| <b>Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)</b> |  |                     |                                |              |                |       |       |        |        |        |        |        |            |       |              |              |         |
| Finance   | % variance - from budget   | M                   | €56,611                        | €56,583      | -0.05%         | 8.00% | 3.16% | 0.36%  | 1.54%  | 0.14%  | -6.26% | -3.37% | -0.47%     | 1.20% | 0.36%        | 0.17%        | -0.05%  |
|   | - % variance - Pay (Direct)  | M                   | €28,137                        | €28,128      | -0.03%         |       |       |        |        |        |        |        |            |       | 0.57%        | 0.38%        | -0.03%  |
|   | - % variance - Pay (Agency)  | M                   | €786                           | €707         | -10.06%        |       |       |        |        |        |        |        |            |       | -7.18%       | -9.34%       | -10.06% |
|   | - % variance - Pay (Overtime)  | M                   | €539                           | €609         | 13.00%         |       |       |        |        |        |        |        |            |       | 21.49%       | 17.47%       | 13.00%  |
|   | - % variance - Non Pay   | M                   | €34,833                        | €34,684      | -0.43%         |       |       |        |        |        |        |        |            |       | -0.51%       | -0.38%       | -0.43%  |
|   | - % variance – Income  | M                   | -€7,357                        | -€7,252      | -1.43%         |       |       |        |        |        |        |        |            |       | -2.48%       | -1.29%       | -1.43%  |
| <b>Service Arrangements</b>   |  |                     |                                |              |                |       |       |        |        |        |        |        |            |       |              |              |         |
| Finance   | No and % of Service Arrangements signed (03/10/16)   | M                   | 20<br>90.91%                   | 9.09%        |                |       |       |        |        |        |        |        |            |       | 90.91%       | 90.91%       | 90.91%  |
|   | € value and % of Service Arrangements signed (03/10/16)  | M                   | €58,370<br>99.55%              | 0.45%        |                |       |       |        |        |        |        |        |            |       | 99.50%       | 99.50%       | 99.55%  |

# Acute Hospitals

# Overview of key acute hospital activity

| Activity Area           | Result YTD Sept 2016 | Against expected activity YTD | Result YTD Sept 2015 | SPLY % Var    | Result July 2016 | Result Aug 2016 | Result Sept 2016 |
|-------------------------|----------------------|-------------------------------|----------------------|---------------|------------------|-----------------|------------------|
| Emergency Presentations | 1,023,637            | 5.8% (56,121)                 | 978,694              | 4.6% (44,943) | 113,719          | 112,970         | 114,169          |
| New ED attendances      | 865,086              | 4.9% (40,311)                 | 824,829              | 4.9% (40,257) | 96,352           | 95,564          | 95,850           |
| OPD Attendances         | 2,522,200            | 3.2% (79,208)                 | 2,485,389            | 1.5% (36,811) | 259,352          | 285,008         | 289,108          |

From January 2016 all metrics in the table below are using HIPE data which replaces PAS data that was used in published reports in previous years. For comparison purposes 2016 reports will compare against equivalent HIPE data in 2015. In accordance with Healthcare Pricing Office (HPO) requirements hospitals are expected to have all cases coded within 30 days of discharge e.g. all March discharges fully coded by the end of April.

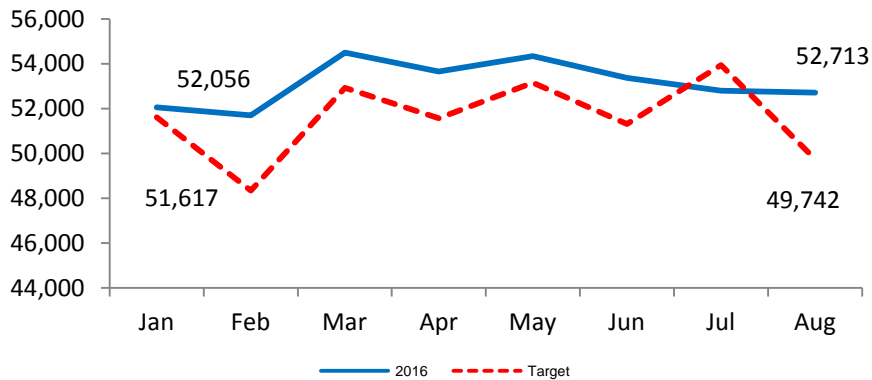
| Activity Area                  | Result YTD August 2016 | Against expected activity YTD | Result YTD August 2015 | SPLY % Var     | Result June 2016 | Result July 2016 | Result August 2016 |
|--------------------------------|------------------------|-------------------------------|------------------------|----------------|------------------|------------------|--------------------|
| Inpatient discharges           | 425,123                | 3% (12,538)                   | 412,649                | 3% (12,474)    | 53,369           | 52,801           | 52,713             |
| Day case discharges            | 701,962                | 4% (26,802)                   | 676,549                | 3.8% (25,413)  | 88,006           | 84,178           | 89,566             |
| Inpatient & Day Cases          | 1,127,085              | 3.6% (39,340)                 | 1,089,198              | 3.5% (37,887)  | 141,375          | 136,979          | 142,279            |
| % Inpatient                    | 37.7%                  |                               | 37.9%                  | -0.2%          | 37.7%            | 38.5%            | 37%                |
| % Day Cases                    | 62.3%                  |                               | 62.1%                  | -0.1%          | 62.3%            | 61.5%            | 63%                |
| Elective Inpatient Discharges  | 62,303                 | -0.6% (-357)                  | 62,298                 | 0% (5)         | 8,140            | 7,957            | 7,948              |
| Emergency Inpatient Discharges | 285,854                | 5.1% (13,815)                 | 272,010                | 5.1% (13,844)  | 35,328           | 35,025           | 35,341             |
| Maternity Inpatient Discharges | 76,966                 | -1.2% (-920)                  | 78,341                 | -1.8% (-1,375) | 9,901            | 9,819            | 9,424              |

# Inpatient and Daycases

(Month in arrears)

## Inpatient Discharges

- **52,713** inpatient discharges. **52,801** reported in July, **425,123** YTD
- **3%** more than the same period last year YTD



## Elective Inpatient Discharges

- **7,948** elective discharges. **7,957** reported in July, **62,303** YTD
- **0%** when compared to the same period last year YTD

## Emergency Inpatient Discharges

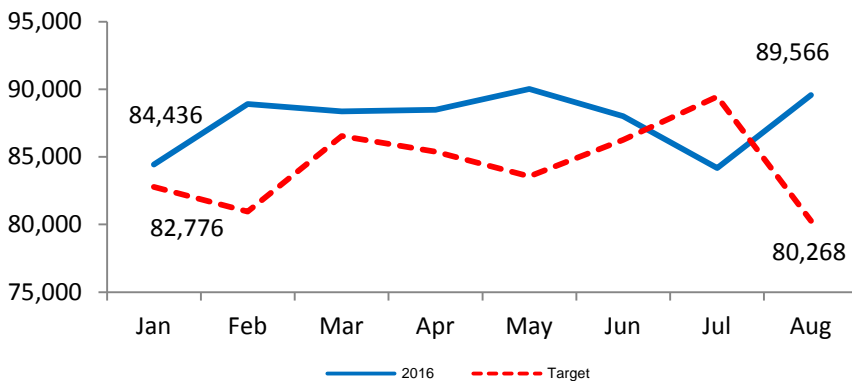
- **35,341** emergency discharges. **35,025** reported in July, **285,854** YTD
- **5.1%** more than the same period last year YTD

## Maternity Inpatient Discharges

- **9,424** maternity discharges. **9,819** reported in July, **76,966** YTD
- **1.8%** less than the same period last year YTD

## Day Cases

- **89,566** day cases. **84,178** reported in July, **701,962** YTD
- **3.8%** more than the same period last year YTD



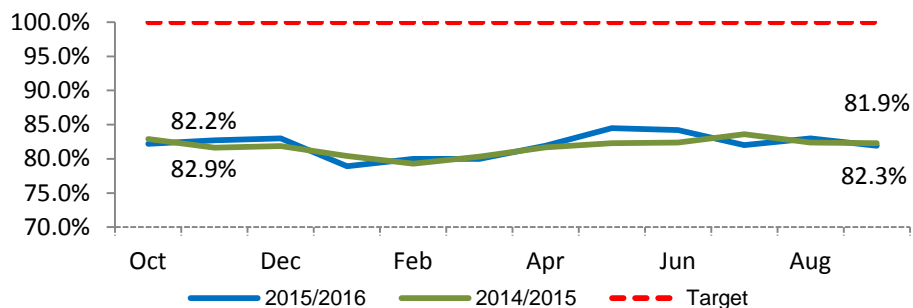
# Emergency Departments

## Numbers attending ED

- **103,836** attended ED, **103,184** in August (Expected 102,262)
- **935,888** YTD attended ED (Expected YTD 896,288)
- **95,850** were new attendances, **95,564** in August **865,086** YTD

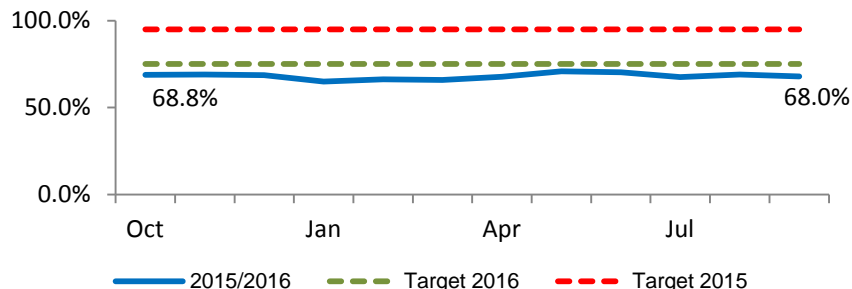
## Admitted or discharged within 9 hours

- **82,337 (81.9%)** within 9 hours, **82,651 (83%)** in August. (Target 100%)
- **738,229 (81.7%)** YTD



## Admitted or discharged within 6 hours

- **68,317 (68%)** within 6 hours, **68,797 (69%)** in August. (Target 75%)
- **611,849 (67.7%)** YTD

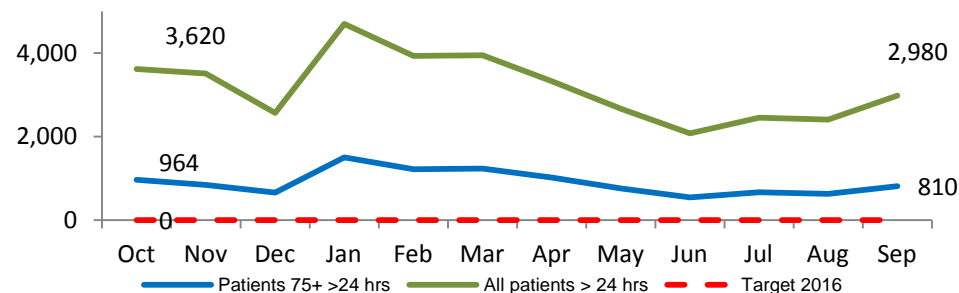


## Over 75 years admitted or discharged within 9 hours

- **7,130 (64%)** within 9 hours, **7,702 (66.6%)** in August (Target 100%)
- **4,017 (36%)** waited over 9 hours, **3,870 (33.4%)** in August. **38,031 (36.8%)** YTD

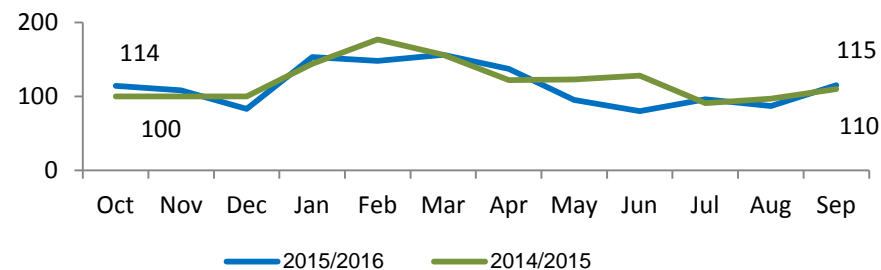
## ED over 24 hours

- **97,502 (97%)** < 24 hours, **97,235 (97.6%)** in August (Target 100%)
- **2,980 (3%)** waited more than 24 hours, **2,404 (2.4%)** in August
- **29,455 (3.3%)** YTD
- **810 (7.3%)** over 75 years of age waited for more than 24 hours. **629 (5.4%)** in August. **8,708 (8.4%)** YTD
- **Below target > 24 hours** (3 outliers): Limerick Hospital 471, Drogheda 308 and Galway 284.
- **Below target over 75 years of age** (3 outliers): Beaumont 89, Limerick 151 and Galway 101.



## Average over 9 hours awaiting admission

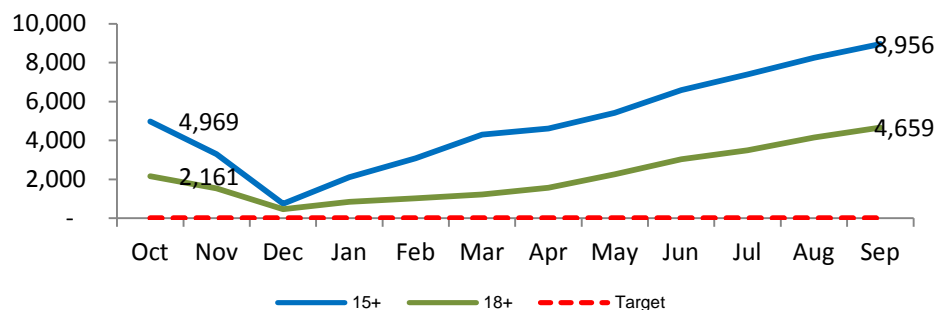
- **115** was the average daily number of patients waiting for over 9 hours, **87** in August.



# Waiting Lists

## Inpatient and Day case Waiting List

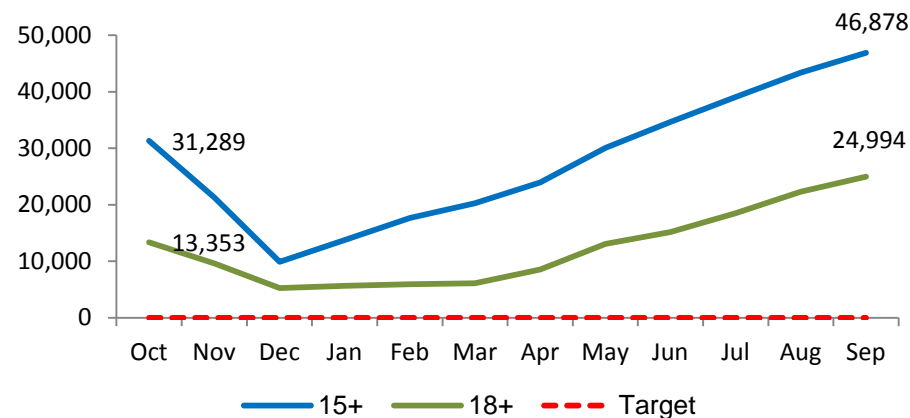
- **78,696** waiting for an inpatient/day case procedure. **78,499** in August
- **4,659 (5.9%)** waiting over **18 months**. **4,143 (5.3%)** in August
- **8,956 (11.4%)** waiting over **15 months**. **8,242 (10.5%)** in August
- **Below target** > 18 months: Galway (1,582), Mater (568), Beaumont (541)
- **Below target** > 15 months: Galway (2,556), Mater (1,051), Beaumont (845)



| Waiting list numbers by time band | Over 20 Weeks | Over 8 Months | Over 12 Months | Over 15 Months | Over 18 Months | Total   |
|-----------------------------------|---------------|---------------|----------------|----------------|----------------|---------|
| Adult IPDC                        |               | 24,674        | 13,789         | 8,312          | 4,410          | 70,772  |
| Child IPDC                        | 4,349         | 2,656         | 1,259          | 644            | 249            | 7,924   |
| OPD                               |               | 141,918       | 78,329         | 46,878         | 24,994         | 438,267 |

## Outpatient Waiting List Update

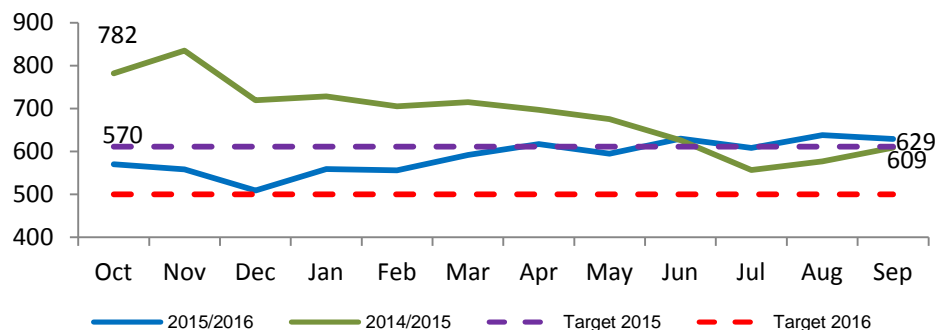
- **438,267** waiting for outpatient appointments. **435,116** in August
- **24,994 (5.7%)** waiting over **18 months**. **22,309 (5.1%)** in August
- **46,878 (10.7%)** waiting over **15 months**. **43,382 (10%)** in August
- **Below target** > 18 months: Beaumont (2,936), Waterford (2,944), Tallaght (2,048), Galway (1,805), Limerick (1,366), South Infirmary (1,598) and Cork (1,674)
- **Below target** > 15 months: Waterford (5,008), Beaumont (4,723), Limerick (4,970), Galway (3,417), Cork (3,070), Tallaght (2,960) and South Infirmary (2,733)



## Delayed Discharges

### Number of Delayed Discharges

- **629** delayed discharges. **638** in August (Target <500)
- **Best Performers:** Mullingar 0 (1), Bantry 3 (5), Portiuncula 1 (2)
- **Outliers:** St. James's 70 (72), Beaumont 85 (88), Mater 57 (70)



| Delayed Discharges by Destination (27/09/2016)   | Over 65    | Under 65   | Total No.  | Total %       |
|--|------------|------------|------------|---------------|
| Home   | 112        | 26         | 138        | 21.9%         |
| Long Term Nursing Care   | 349        | 51         | 400        | 63.6%         |
| Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases) | 55         | 36         | 91         | 14.5%         |
| <b>Total</b>   | <b>516</b> | <b>113</b> | <b>629</b> | <b>100.0%</b> |

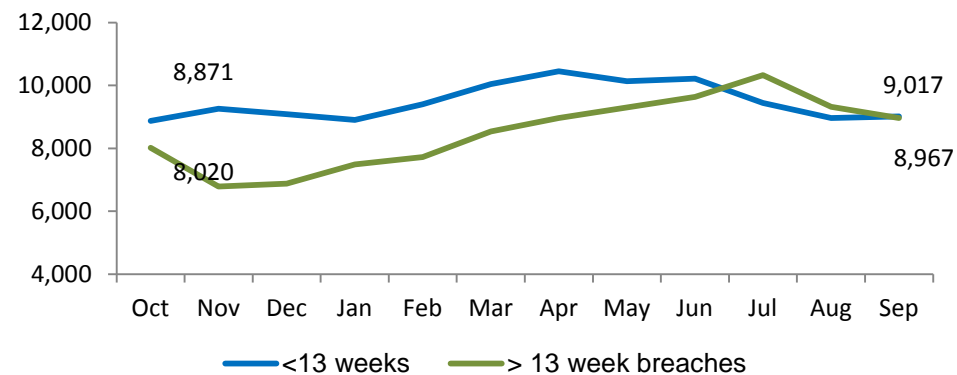
## GI Scopes

### Urgent Colonoscopy (<28 days)

- **1,443 (100%)** < 28 days, **1,440 (100%)** in August (Target 100%)
- **0** breaches in the month of September 2016

### Numbers on waiting list for GI Scopes

- **17,984** on the waiting list for routine colonoscopy or OGD. **18,281** in August
- **8,967** waiting over 13 weeks. **9,316** in August
- **50.1%** waiting less than 13 weeks. **49%** in August (Target 70%)



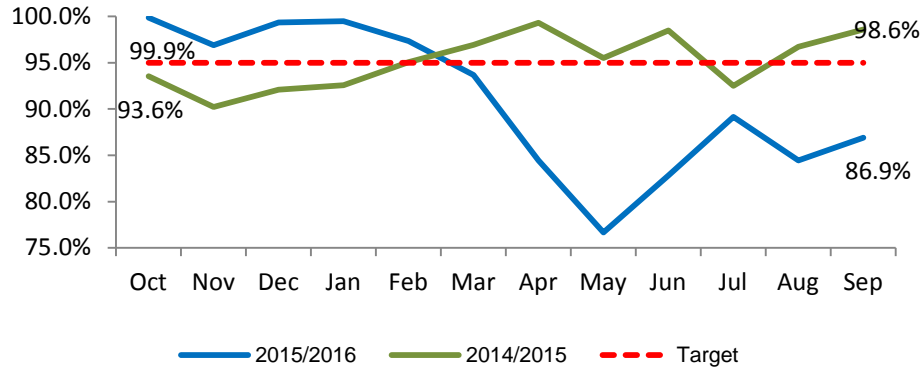
### Surveillance GI Scopes

- **5,905** planned GI scopes with date in the past, **5,970** in August
- **32,888** planned GI scopes with date in the future, **32,435** in August
- **892** planned without date, **768** in August

# Cancer Services

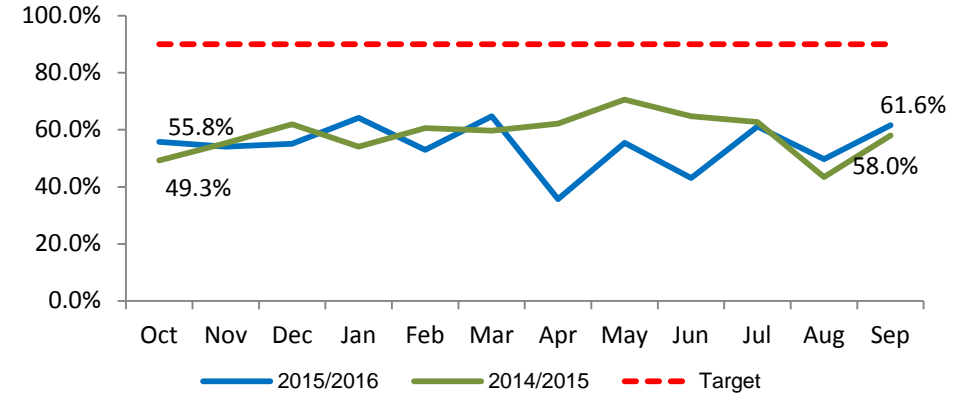
## Breast cancer assessment within 2 weeks

- 86.9% were seen within 2 weeks of referral, **84.4%** in August. **88.3%** YTD (Target 95%).



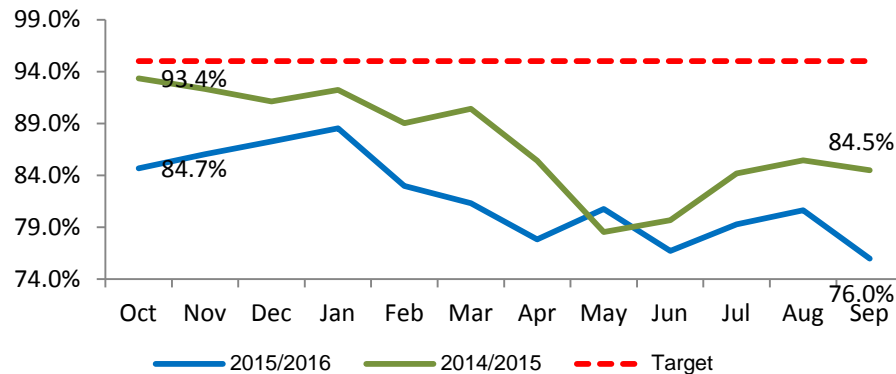
## Prostate cancer assessment within 20 working days

- 61.6% were seen within 20 working days, **49.8%** in August. **53.7%** YTD (Target 90%).



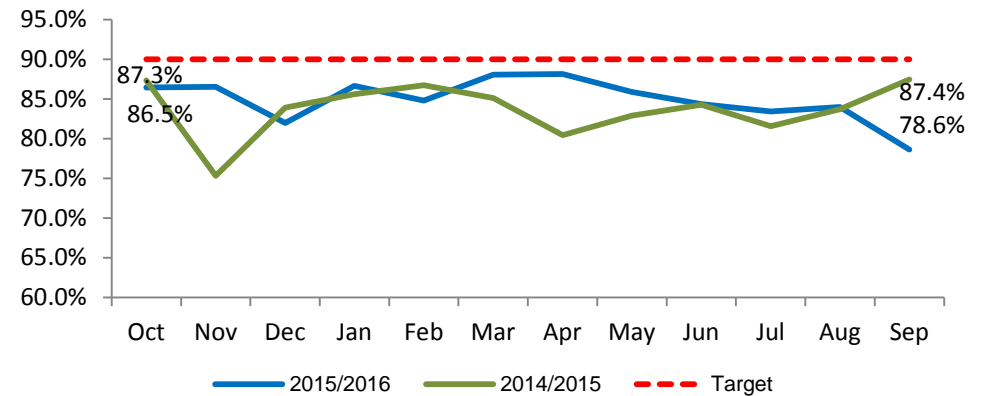
## Lung cancer assessment within 10 working days

- 76% were seen within 10 working days, **80.6%** in August. **80.4%** YTD (Target 95%).



## Radiotherapy within 15 working days

- 78.6% were seen within 15 working days, **84%** in August. **84.8%** YTD (Target 90%).



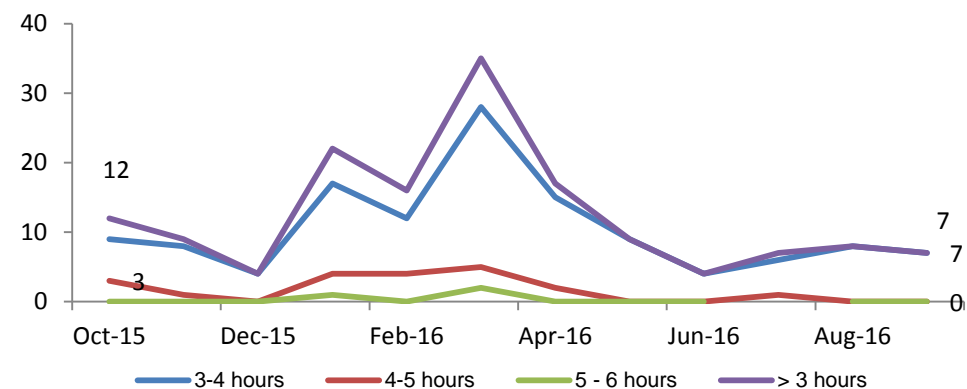


## Cancer Services

| Performance data | Target 2016 | Sept 2016 | Sept YTD 2016 | Sept YTD 2015 | Best and Outliers   |
|------------------|-------------|-----------|---------------|---------------|---|
| Breast           | 95%         | 86.9%     | 88.3%         | 96.2%         | <ul style="list-style-type: none"> <li>• 5 out of the 9 centres have reached the target in Sept.</li> <li>• Waterford 94%, Galway 86.1%, Letterkenny 84.1%, Cork 27.7%.</li> </ul>      |
| Lung             | 95%         | 76%       | 80.4%         | 85.5%         | <ul style="list-style-type: none"> <li>• St Vincent's, Mater, St James's and Waterford reached the target.</li> <li>• Galway 87.1%, Beaumont 64.5%, Limerick 42.9%.</li> </ul>          |
| Prostate         | 90%         | 61.6%     | 53.7%         | 59.9%         | <ul style="list-style-type: none"> <li>• Beaumont and Galway reached the target. Mater 80.8%, St James 41.7%, St Vincent's 34.6%, Waterford 20%, Limerick 15.6% and Cork 0%.</li> </ul> |
| Radiotherapy     | 90%         | 78.6%     | 84.8%         | 84.2%         | <ul style="list-style-type: none"> <li>• Galway 87.1%, SLRON 73.1% and Cork 67.4%.</li> <li>• 100% Waterford and Limerick 100%</li> </ul>   |

## Ambulance Turnaround Times

- 7 ambulances had turnaround times > 3 hours. 8 in August
- 18,474 (94.9%) ambulances had turnaround times within 60 mins; 18,541 (93.6%) August. (Target 95% ≤ 60mins)

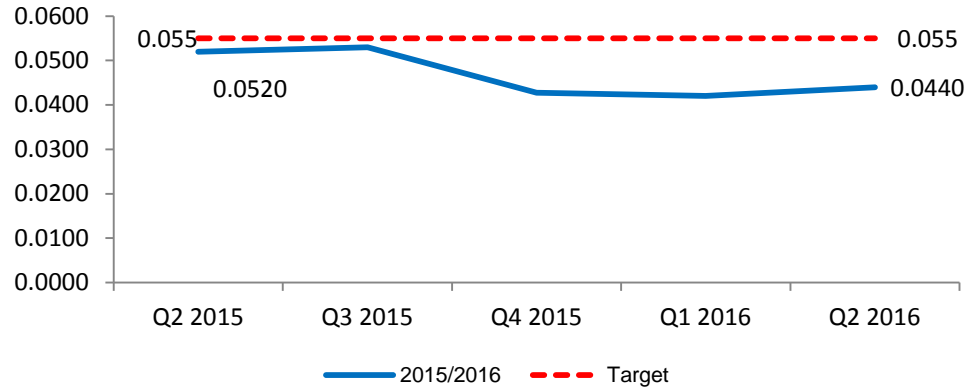


| Turnaround Times | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | June 16 | July 16 | Aug 16 | Sept 16 |
|------------------|--------|--------|--------|--------|--------|---------|---------|--------|---------|
| 3-4 hours        | 17     | 12     | 28     | 15     | 9      | 4       | 6       | 8      | 7       |
| 4-5 hours        | 4      | 4      | 5      | 2      | 0      | 0       | 1       | 0      | 0       |
| 5 - 6 hours      | 1      | 0      | 2      | 0      | 0      | 0       | 0       | 0      | 0       |
| > 3 hours        | 22     | 16     | 35     | 17     | 9      | 5       | 7       | 8      | 7       |

## Health Care Associated Infections

Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days (quarterly in arrears)

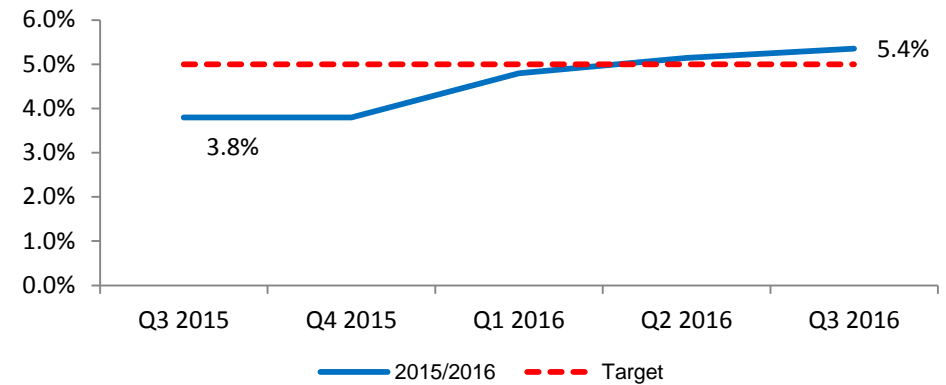
- **0.044** Q2 2016, **0.042** Q1 2016 (Target 0.055)



## Emergency Department

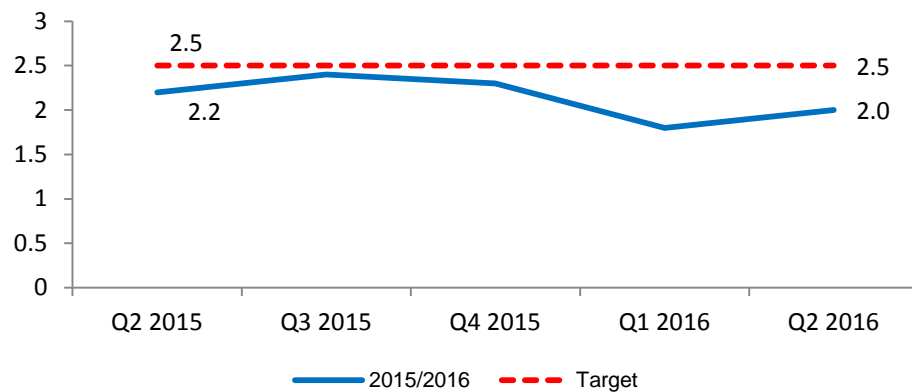
% of ED patients who leave before completion of treatment (quarterly)

- **5.4%** for Q3 2016, **5.1%** Q2 2016 (Target <5%)



Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (quarterly in arrears)

- **2.0** Q2 2016, **1.8** Q1 2016 (Target 2.5)



# Acute Hospitals Commentary

## Emergency Department (ED) Performance

ED PET registrations in September 2016 were 3.3% higher than the corresponding period in 2015. Despite this increase the INMO 30 day moving average for trolleys in September 2016 was lower than the corresponding period in September 2015 by up to 11%.

The ED Task Force identified a number of key actions to be undertaken in order to address the challenges in ED. Specifically the following initiatives were adopted;

- ED Directive – a conjoint directive was signed by the Minister for Health, the Director General and the National Director for the Acute Hospitals Division in November 2015. This was designed to ensure integrated, systematic and timely interventions to avert overcrowding and address long wait times. It provided for distinct stages of escalation with clearly delineated thresholds, actions and owners and the application of fines at individual hospital level for failing to implement the Directive appropriately.
- Reduction in delayed discharges from 830 at end of 2014 to 629 at the end of September 2016 as a result of targeted additional funding for home care packages, transitional care beds and maintaining the Fair Deal wait time at 4 weeks (from a high of 15 weeks at the end of 2014).

Since February there has been an upward pressure on delayed discharges. Key factors relate to challenges in securing appropriate long stay facilities in certain areas, an increase in the number of patients with complex care needs as well as the need to restore access to late 2015/early 2016 levels for Home Care packages, Intensive Home Care packages and home help hours. While the targeted use of Home Care packages has assisted in maintaining the reduction in delayed discharges achieved in 2015, there has been a consistent increase in the number of delayed discharges awaiting funding for home care. However, with the

announcement of additional funding for the Winter Initiative, it is anticipated that this number will reduce in Quarter 4 2016.

## European Working Time Directive (EWTD)

The target set in the National Service Plan 2016 is that 95% of Non Consultant Hospital Doctors (NCHDs) will work a 48 hour week.

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, further improvements were observed during 2015 with an increase from 66% compliance in January 2015 to 80% in September 2016. The critical success factors were as follows;

- Targeting those sites where performance was well below the national average.
- Application of fines in respect of non compliance with 24 hour targets.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had effected sustained improvements, particularly where they may have suffered from structural challenges such as peripherality.

The Acute Hospitals Division has developed a plan to achieve full compliance. It includes targeted actions in terms of under-performing sites, development of clinical networks and national or supra-regional specialist services.

## Inpatient/Day Case and Outpatient Waiting Times

- The National Service Plan 2016 target for inpatients and day cases is that 95% of adults and children will be waiting less than 15 months for an inpatient/day case procedure – actual compliance 89%.
- Hospitals were 82% compliant with the National Service Plan 2016 target that 85% of patients will be waiting less than 12 months for first access to outpatient services.

- Hospitals were 89% compliant with the National Service Plan 2016 target that 100% of patients will be waiting less than 15 months for first access to outpatient services.

It is vital to effectively manage waiting lists so that those waiting the longest are scheduled within the available capacity, once emergency and urgent cases have been dealt with. This increases the need for a process improvement programme in hospitals that will address patients waiting in excess of 15 months for an inpatient/day case procedure or first access to outpatient services. The programme will include chronological scheduling, clinical and administrative validation, day of surgery admission and optimisation of existing capacity.

Hospitals are required to ensure that no inpatient or day case patient will be waiting greater than 36 months for treatment by year end. Hospitals are also required to reduce by 50% inpatient and day case waiting lists for patients waiting 18 months or longer.

There are two conjoint initiatives in planning between the Acute Hospitals and Primary Care Divisions. The first initiative is the re-direction of 10,000 minor operations to primary care settings. There are 24 GPs participating in a minor surgery pilot initiative being run by the ICGP and it is expanding. The participating practices are performing a wide range of surgical procedures. The second initiative is offering GP diagnostic services to reduce the referrals to the Outpatients Department for such services. GP diagnostics - ultrasounds are now available across ten sites nationally. The pilot is currently delivering approximately 1,300 ultrasounds per month.

## Colonoscopies

- Urgent colonoscopies – there were no breaches of the four week waiting time target for an urgent colonoscopy.
- Routine colonoscopies – compliance with 13 week target for routine patients was 50% in September.

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

The National Treatment Purchase Fund Endoscopy Waiting List 2016 was launched in July following collaboration between the Department of Health, the National Treatment Purchase Fund and the HSE. The aim of this initiative is to treat an extra 3,000 urgent cases.

## Cancer Data

- Lung cancer - 76% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate – 61.6% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer – 86.9% compliance with the target for attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals.
- Radiotherapy – 78.6% of patients undergoing radiotherapy treatment commenced treatment within 15 working days of being deemed ready to treat by the Radiation Oncologist.

The key challenge continues to be attracting and retaining consultant staff particularly to urology. The growth in referrals for all specialties is also a challenge.

# Acute Hospitals Balanced Scorecard/Heat Map

|   | Reporting Frequency  | Expected Activity / Target  | National YTD | % Variance YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South/South West YTD | UL YTD | Saolta YTD | Children's YTD | Current (-2) | Current (-1) | Current |        |
|---|--|---|--------------|----------------|------------------|---------------------|----------|----------------------|--------|------------|----------------|--------------|--------------|---------|--------|
| <b>Quality &amp; Safety</b>                   | <b>Serious Reportable Events</b>   |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   |  | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | M  | 99%   | 35%          | -64.7%         |                  |                     |          |                      |        |            |                |              | 33%          | 11%     | 55%    |
|   |  | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer  |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | M  | 90%   | 0%           | -100%          |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | <b>Service User Experience</b>   |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   |  | % of complaints investigated within 30 working days of being acknowledged by the complaints officer   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | Q  | 75%   | 75%(i)       | 0%             |                  |                     |          |                      |        |            |                |              | 70%(i)       | 81%(i)  | 70%(i) |
|   | <b>Safety Incident reporting</b>   |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   |  | % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO  |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| Q   | 90%  | 50%   | -44.4%       | 60%            | 46%              | 60%                 | 28%      | 45%                  | 66%    | 47%        |                | 45%          | 51%          | 52%     |        |
| <b>Safe Care</b>                              |  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | % maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month <sup>8</sup> |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| M (2 mths in arrears)                         | 100%   | 99.7%(i)  | -0.3%        | 100%           | 100%(i)          | 98%(i)              | 100%     | 100%                 | 100%   |            |                | 99.7%(i)     |              |         |        |
| <b>Health Care Associated Infections</b>      |  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| Q in arrears                                  | <0.057   | 0.044   | 22.6%        | 0.037          | 0.037            | 0.094               | 0.025    | 0.077                | 0.038  | 0.078      |                | 0.042(i)     | 0.044        |         |        |
|   | Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used                                  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| Q in arrears                                  | <2.5   | 2.0(i)  | 20%          | 2.4(i)         | 2.3              | 2.1                 | 1.8(i)   | 2.3                  | 1.5    | 0.0        |                | 1.8(i)       | 2.0(i)       |         |        |
| <b>Colonoscopy / Gastrointestinal Service</b> |  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | % of people waiting < 4 weeks for an urgent colonoscopy (zero tolerance)   |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| M   | 100%   | 100%  | 0.0%         | 100%           | 100%             | 100%                | 100%     | 100%                 | 100%   | 100%       |                | 100%         | 100.0%       | 100.0%  |        |
| <b>Effective Care</b>                         |  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | <b>Acute Coronary Syndrome</b>   |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | % STEMI patients (without contraindication to reperfusion therapy) who get PPCI  |   |              |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| 3 mths in arrears                             | 85%  |   |              |                |                  |                     |          |                      |        |            |                | 89.7%        |              |         |        |

<sup>8</sup> (i) – Incomplete data, see Appendix 2

|   | Reporting Frequency                               | Expected Activity / Target | National YTD | % Variance YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South/South West YTD | UL YTD | Saolta YTD | Children's YTD | Current (-2) | Current (-1) | Current |       |
|---|---|----------------------------|--------------|----------------|------------------|---------------------|----------|----------------------|--------|------------|----------------|--------------|--------------|---------|-------|
| <b>Effective Care</b>                                   | <b>Re-admission</b>                               |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M in arrears               | 10.8%        | 10.9%          | 0.9%             | 11.0%               | 11.3%    | 10.9%                | 10.6%  | 9.2%       | 12.0%          |              | 10.5%        | 10.5%   |       |
|   |   | M in arrears               | <3%          | 2.1%           | 30.0%            | 2.0%                | 2.9%     | 2.2%                 | 1.9%   | 1.5%       | 2.0%           |              | 2.0%         | 2.0%    |       |
|   | <b>Surgery</b>                                    |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M in arrears               | 95%          | 85.0%          | -10.5%           | 92.8%               | 86.0%    | 86.1%                | 80.9%  | 74.6%      | 89.0%          |              | 83.8%        | 82.0%   |       |
|   |   | M in arrears               | >60%         | 43.1%          | -28.2%           | 59.2%               | 52.2%    | 51.3%                | 46.8%  | 7.5%       | 17.3%          |              | 44.9%        | 40.7%   |       |
|   |   | M in arrears               | 75%          | 72.4%          | -3.5%            | 83.5%               | 62.7%    | 61.6%                | 76.3%  | 86.6%      | 61.4%          |              | 73.0%        | 71.6%   |       |
|   | <b>Emergency Care and Patient Experience Time</b> |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M                          | 100%         | 96.7%          | -3.3%            | 96.5%               | 96.7%    | 95.3%                | 96.2%  | 93.4%      | 98.1%          | 99.7%        | 97.6%        | 97.6%   | 97%   |
|   |   | M                          | 100%         | 63.2%          | -36.8%           | 66.9%               | 59.2%    | 55.4%                | 61.5%  | 43.4%      | 75.7%          |              | 65.9%        | 66.6%   | 64%   |
|   | <b>Average Length of Stay</b>                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M in arrears               | 7            | 6.8            | 2.9%             | 7.0                 | 8.2      | 7.0                  | 6.3    | 5.3        | 6.3            |              | 6.5          | 6.6     |       |
|   |   | M in arrears               | 5.2          | 5.4            | -3.8%            | 5.9                 | 6.8      | 5.8                  | 4.8    | 4.6        | 4.8            |              | 5.6          | 5.5     |       |
|   | <b>Access</b>                                     | <b>Outpatients</b>         |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M                          | 1:2          | 2.5            | -25.0%           | 2.0                 | 2.7      | 2.6                  | 2.5    | 3.1        | 2.3            | 2.6          | 2.5          | 2.3     | 2.4   |
| <b>Inpatient, Day Case and Outpatient Waiting Times</b> |   |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |       |
|   |   | M                          | 95%          | 88.3%          | -7.1%            | 90.2%               | 87.2%    | 88.4%                | 88.9%  | 90.8%      | 86.1%          |              | 90.1%        | 89.2%   | 88.3% |
|   |   | M                          | 95%          | 91.9%          | -3.3%            | 99.3%               | 100%     | 96.3%                | 93%    | 95.8%      | 89.9%          | 90.4%        | 94%          | 92.4%   | 91.9% |
|   | M   | 60%                        | 45.1%        | -24.8%         | 59.7%            | 57%                 | 41%      | 51.2%                | 49.8%  | 44.3%      | 43%            | 48.8%        | 46%          | 45.1%   |       |
|   | M   | 85%                        | 82.1%        | -3.4%          | 87.3%            | 82.9%               | 79.5%    | 79.6%                | 77.2%  | 84.2%      | 82.3%          | 83.5%        | 83%          | 82.1%   |       |

|  | Reporting Frequency | Expected Activity / Target | National YTD | % Variance YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South/South West YTD | UL YTD | Saolta YTD | Children's YTD | Current (-2) | Current (-1) | Current |
|--|---------------------|----------------------------|--------------|----------------|------------------|---------------------|----------|----------------------|--------|------------|----------------|--------------|--------------|---------|
| <b>Colonoscopy / Gastrointestinal Service</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD   | M                   | 70%                        | 50.1%        | -28.4%         | 58.5%            | 33.7%               | 47.8%    | 57.6%                | 81.8%  | 55.1%      | 64.1%          | 47.8%        | 49%          | 50.1%   |
| <b>Emergency Care and Patient Experience Time</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % of all attendees at ED who are discharged or admitted within 6 hours of registration   | M                   | 75%                        | 67.7%        | -9.7%          | 68.6%            | 59.8%               | 62.3%    | 66.5%                | 57.1%  | 71%        | 89.2%          | 67.5%        | 69%          | 68%     |
| % of all attendees at ED who are discharged or admitted within 9 hours of registration   | M                   | 100%                       | 81.7%        | -18.3%         | 82%              | 76.7%               | 76.9%    | 80%                  | 72.1%  | 86.2%      | 97.0%          | 82%          | 83%          | 81.9%   |
| <b>Delayed Discharges</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| No. of beds subject to delayed discharges (Individual Hospital Group target)   | M                   | <500                       | 638          | -27.6%         | 176              | 119                 | 188      | 72                   | 13     | 67         | 3              | 608          | 638          | 629     |
| <b>Symptomatic Breast Cancer Services</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals (zero tolerance)   | M                   | 95%                        | 88.3%        | -7.1%          | 98.9%            | 60.5%               | 99.9%    | 81.6%                | 98.6%  | 88.3%      |                | 89.2%        | 84.4%        | 86.9%   |
| <b>Lung Cancer</b>   |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % 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 (zero tolerance)   | M                   | 95%                        | 80.4%        | -15.7%         | 99.1%            | 94.5%               | 82.3%    | 65.6%                | 52.3%  | 91.1%      |                | 79.3%        | 80.6%        | 80.4%   |
| <b>Prostate Cancer</b>   |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % 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 (zero tolerance)  | M                   | 90%                        | 53.7%        | -40.3%         | 76.6%            | 35.2%               | 57%      | 14.5%                | 15.2%  | 79.6%      |                | 61.1%        | 49.8%        | 61.6%   |
| <b>Radiotherapy</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) (zero tolerance) | M                   | 90%                        | 84.8%        | -5.8%          |                  | 83.4%               |          | 73.8%                |        | 87.%)      |                | 83.4%        | 84%          | 78.6%   |
| <b>Ambulance Turnaround Times</b>  |                     |                            |              |                |                  |                     |          |                      |        |            |                |              |              |         |
| % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)                               | M                   | 95%                        | 93.4%        | -1.7%          | 95.1%            | 96.4%               | 96.1%    | 91.2%                | 94.2%  | 87.4%      | 94.3%          | 93.8%        | 93.6%        | 94.1%   |



|   | Reporting Frequency   | Expected Activity / Target | National YTD            | % Variance YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South/South West YTD | UL YTD | Saolta YTD | Children's YTD | Current (-2) | Current (-1) | Current |        |
|---|---|----------------------------|-------------------------|----------------|------------------|---------------------|----------|----------------------|--------|------------|----------------|--------------|--------------|---------|--------|
| Finance   | <b>Budget Management including savings- Net Expenditure variance from plan (within budget ( 0.33%))</b> |                            |                         |                |                  |                     |          |                      |        |            |                |              |              |         |        |
|   | - % variance - from budget  | M                          | €3,251,098              | €3,277,751     | 0.82%            | 0.19%               | 1.10%    | 0.67%                | 0.43%  | 2.97%      | 1.19%          | 0.18%        | 6.92%        | 0.60%   | 0.82%  |
|   | - % variance - Pay (Direct)   | M                          | €2,635,929              | €2,637,117     | 0.05%            | 0.04%               | -0.20%   | 0.10%                | -0.38% | 1.31%      | 0.27%          | -0.04%       | 3.84%        | -0.31%  | 0.05%  |
|   | - % variance - Pay (Agency)   | M                          | €114,498                | €156,059       | 36.30%           | 42.76%              | 46.85%   | 33.13%               | 24.55% | 35.75%     | 26.80%         | 174.32%      | 34.41%       | 35.60%  | 36.30% |
|   | - % variance - Pay (Overtime)   | M                          | €111,876                | €130,274       | 16.44%           | 17.28%              | 36.58%   | 8.44%                | 4.13%  | 39.84%     | 16.61%         | 9.25%        | 16.54%       | 16.68%  | 16.44% |
|   | - % variance - Non Pay  | M                          | €1,269,509              | €1,270,741     | 0.10%            | 0.50%               | 0.65%    | 0.11%                | 0.88%  | 0.44%      | -1.50%         | -1.96%       | 7.45%        | 0.27%   | 0.10%  |
|   | - % variance – Income   | M                          | -€737,474               | -€717,981      | -2.64%           | 1.87%               | -3.41%   | -2.05%               | -1.50% | -6.30%     | -9.90%         | -3.24%       | -2.89%       | -2.73%  | -2.64% |
|   | Regional and National Services  | M                          | €34,842                 | €44,316        | 27.19%           |                     |          |                      |        |            |                |              | -77.64%      | 29.77%  | 27.19% |
|   | Net Expenditure variance from plan (incl Regional & National Services)                                  | M                          | €3,285,939              | €3,322,066     | 1.10%            |                     |          |                      |        |            |                |              | 0.67%        | 0.94%   | 1.10%  |
|   | NCCP  | M                          | €1,944                  | €1,937         | -0.37%           |                     |          |                      |        |            |                |              | 1.16%        | 0.63%   | -0.37% |
|   | Acute Hospitals private charges – Debtor Days – Consultant Sign-off                                     | M                          | 90%15days by 31/12/2016 | 39             | 49%              |                     |          |                      |        |            |                |              | 47%          | 48%     | 49%    |
|   | Acute Hospitals private income receipts variance from Actual v Plan                                     | M                          | ≤5%                     | €489,928       | 0%               |                     |          |                      |        |            |                |              | 0%           | 0%      | 0%     |
|   | <b>Service Arrangements</b>   |                            |                         |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| No and % of Service Arrangements signed (03/10/16)      | M   | 100%                       | 17 100%                 | 0%             |                  |                     |          |                      |        |            |                | 100%         | 100%         | 100%    |        |
| € value and % of Service Arrangements signed (03/10/16) | M   | 100%                       | €1,751,618 100%         | 0%             |                  |                     |          |                      |        |            |                | 100%         | 100%         | 100%    |        |
| <b>% Absenteeism</b>                                    |   |                            |                         |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| Overall   |   |                            | 4.08%                   | -16.57%        | 3.88%            | 3.80%               | 4.20%    | 4.00%                | 6.11%  | 3.78%      | 4.02%          | 3.94%        | 3.92%        |         |        |
| Medical/Dental  |   |                            | 0.87%                   | 75.14%         | 0.61%            | 0.77%               | 0.88%    | 1.13%                | 0.97%  | 0.87%      | 1.12%          | 0.65%        | 0.76%        |         |        |
| Nursing   |   |                            | 4.69%                   | -34.00%        | 4.31%            | 4.02%               | 5.23%    | 4.61%                | 6.83%  | 4.62%      | 4.58%          | 4.52%        | 4.64%        |         |        |
| Health and Social Care Professional Management/Admin    | M in arrears  | 3.50%                      | 3.22%                   | 8.00%          | 3.15%            | 3.21%               | 2.79%    | 3.95%                | 4.03%  | 2.64%      | 3.18%          | 2.99%        | 3.17%        |         |        |
| General Support staff                                   |   |                            | 4.02%                   | -14.85%        | 3.88%            | 3.92%               | 4.38%    | 3.64%                | 4.83%  | 3.81%      | 4.44%          | 3.81%        | 3.50%        |         |        |
| Other Patient and Client staff                          |   |                            | 5.37%                   | -53.42%        | 5.63%            | 5.17%               | 5.02%    | 5.46%                | 6.53%  | 4.86%      | 6.59%          | 5.89%        | 5.29%        |         |        |
|   |   |                            | 6.14%                   | -75.42%        | 5.77%            | 6.15%               | 6.98%    | 3.95%                | 10.19% | 4.73%      | 5.51%          | 5.70%        | 6.01%        |         |        |
| <b>Staffing Levels and Costs</b>                        |   |                            |                         |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| WTE change from previous month                          | M   |                            | 53,524                  | 98             | -26              | 65                  | 26       | 10                   | -20    | 12         | 31             | -113         | 118          | 98      |        |
| Variance from funding staffing thresholds               | M   | 0.50%                      | Data not yet available  |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| <b>EWTD Compliance</b>                                  |   |                            |                         |                |                  |                     |          |                      |        |            |                |              |              |         |        |
| EWTD - <24 hour shift                                   | M   | 100%                       | 96%                     | -4%            | 97%              | 99%                 | 96%      | 96%                  | 91%    | 98%        | 85%            | 97%(I)       | 97%(I)       | 96%     |        |
| EWTD - <48 hour working week                            | M   | 95%                        | 80%                     | -15.8%         | 76%              | 70%                 | 71%      | 89%                  | 97%    | 93%        | 66%            | 79%(I)       | 80%(I)       | 80%     |        |

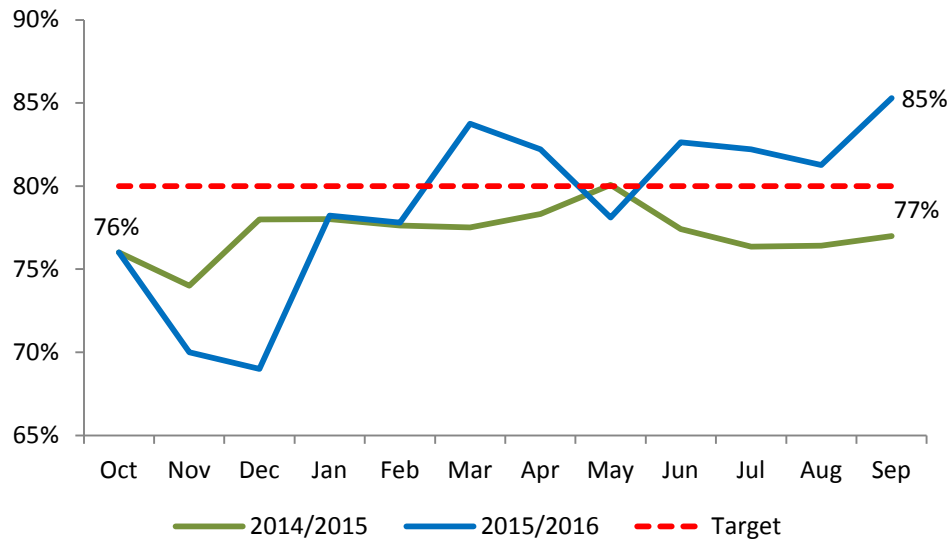


# National Ambulance Service

# Response Times

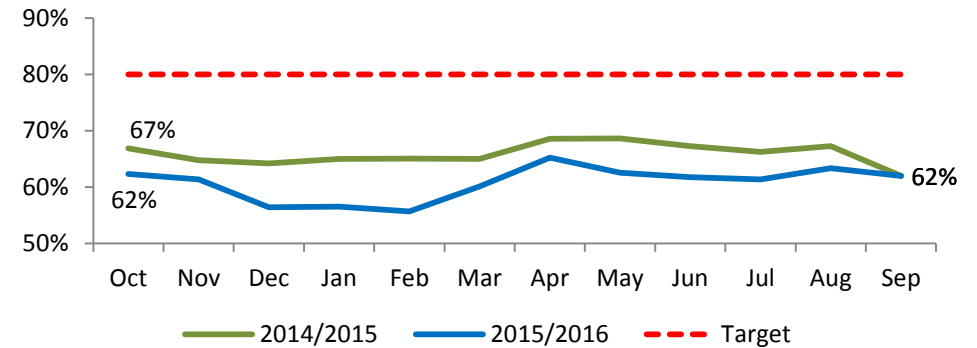
## ECHO Response Times

- **85% (342)** arriving at scene within 18 minutes, 59 seconds or less. **81% (295)** in August. **81%YTD (Target 80%)**.
- **Improvers:** Southern Region 87%, Western Region 77%, North Leinster 87%
- **97%** ECHO calls had a resource allocated within 90 seconds (target 85%)



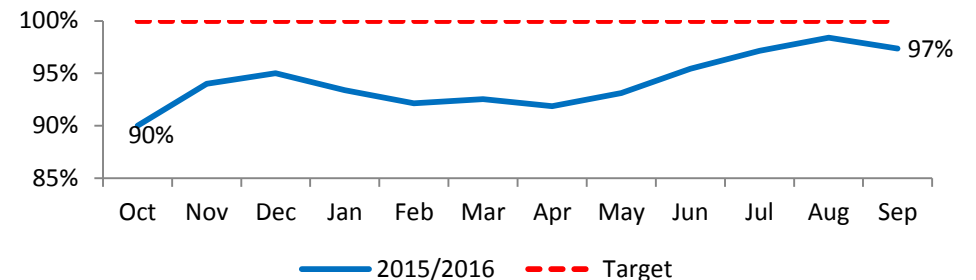
## DELTA Response Times

- **62% (5,821)** arriving at scene within 18 minutes, 59 seconds or less. **63% (6,051)** in August. **61%YTD (Target 80%)**.
- **Improvers:** North Leinster 67%, Southern Area 63%
- **Disimprovers:** Dublin Fire Brigade 57%
- **92%** DELTA calls had a resource allocated within 90 seconds (target 85%)



## Volume of Escalations

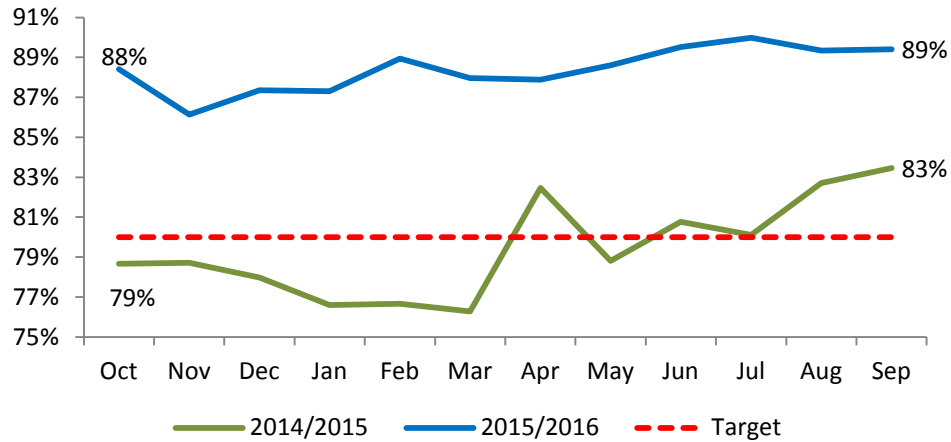
- **97%** of ambulance turnaround delays were escalated (YTD **97%**), **98%** in August (Target 100%)



# ICV Services

## Intermediate Care Vehicle (ICV) Transfers

- **89%** of transfers provided through ICV (**YTD 89%**), **89%** in August (Target > 80%)

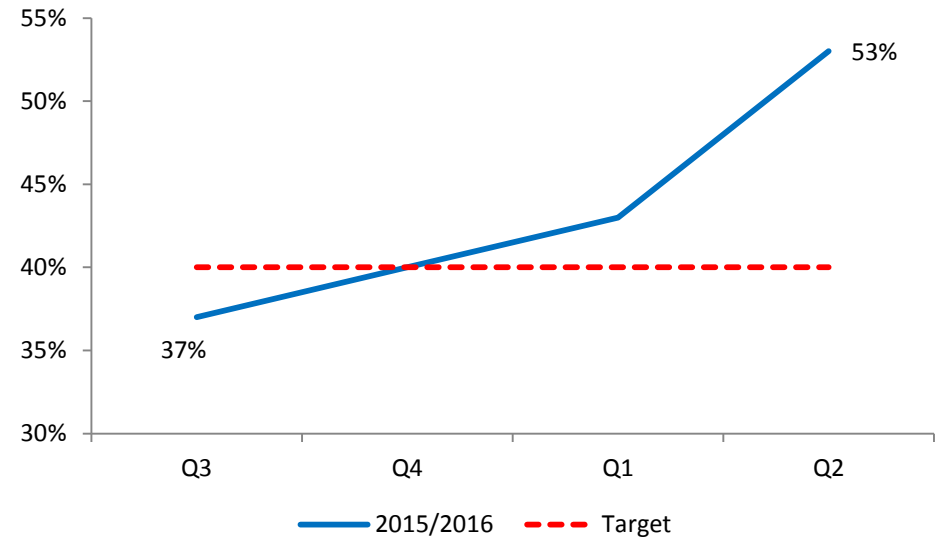


|                                  | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sept |
|----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| Number of Patient Transfer Calls | 2,671 | 2,506 | 2,451 | 2,367 | 2,570 | 2,384 | 2,305 | 2,477 | 2511 |
| ICV                              | 2,332 | 2,229 | 2,156 | 2,080 | 2,277 | 2,134 | 2,074 | 2,213 | 2245 |
| % ICV Transfer                   | 87%   | 89%   | 88%   | 88%   | 89%   | 90%   | 90%   | 89%   | 89%  |

# ROSC

Return of spontaneous circulation (ROSC) at hospital bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (quarterly in arrears)

- **53%** in Q2 2016, **43%** in Q1 2016



# Ambulance Services Commentary

An up-to-date suite of performance reports continues to be rolled out from the new CAD system. This month, the total number of AS1<sup>9</sup> and AS2<sup>10</sup> calls received was 25,273; activity volume this month is comparable to the same month last year but has increased by 3% year to date. The daily average call rate is 842 (30 days in this month).

ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 85% this month. This is up 4% on last month. ECHO calls have increased by 28% (421), compared to the same month last year. Year to date activity has increased by 51%, despite the same level of resources being in place to meet this need.

DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 65% in 18 minutes and 59 seconds was 62%. Nationally there was a 6% (569) increase in DELTA call activity compared to same month last year. Year to date activity is up 22% (16,838), with the same level of resources in place to meet this demand.

Key challenges in achieving the performance target are:

- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. In comparison to the same month last year there is a 6% increase in delays in vehicles being released and having crews and vehicles available to respond to further calls within 30 minutes or less.
- Continued staffing pressures and an increase in the overall number of emergency calls, at 3% year to date.

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<sup>9</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>10</sup> AS2 - Urgent calls received from a general practitioner or other medical sources

# Ambulance Services Balanced Scorecard/Heat Map

|  |   | Reporting Frequency | Expected Activity / Target | National YTD | % Variance YTD | North Leinster | South | West | Dublin Fire Brigade | Current (-2) | Current (-1) | Current |
|--|---|---------------------|----------------------------|--------------|----------------|----------------|-------|------|---------------------|--------------|--------------|---------|
| Quality & Safety   | <b>Serious Reportable Events</b>  |                     |                            |              |                |                |       |      |                     |              |              |         |
|  | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) | M                   | 99%                        | 100%         | 0%             |                |       |      |                     | NA           | NA           | 100%    |
|  | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer  | M                   | 90%                        | NA           |                |                |       |      |                     |              |              |         |
|  | <b>Service User Experience</b>  |                     |                            |              |                |                |       |      |                     |              |              |         |
|  | % of complaints investigated within 30 working days of being acknowledged by the complaints officer   | Q                   | 75%                        | 62%          | -17.3%         |                |       |      |                     | 46%          | 76%          | 76%     |
|  | <b>Safety Incident reporting</b>  |                     |                            |              |                |                |       |      |                     |              |              |         |
|  | % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO  | Q                   | 90%                        | 76%          | -15.6%         |                |       |      |                     | 72%          | 72%          | 82%     |
|  | <b>Audit</b>  |                     |                            |              |                |                |       |      |                     |              |              |         |
| National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits   | M   | 100%                | 100%                       | 0%           |                |                |       |      | 100%                | 100%         | 100%         |         |
| National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance  | M   | 90%                 | 91%                        | 2%           |                |                |       |      | 89%                 | 90%          | 93%          |         |
| <b>ROSC</b>  |   |                     |                            |              |                |                |       |      |                     |              |              |         |
| Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation | Q in arrears  | 40%                 | 49%                        | 22%          |                |                |       |      | 40%                 | 43%          | 53%          |         |
| Access   | <b>Emergency Response</b>   |                     |                            |              |                |                |       |      |                     |              |              |         |
|  | % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less   | M                   | 80%                        | 81%          | 1%             | 83%            | 79%   | 74%  | 87%                 | 82%          | 81%          | 85%     |
|  | % of Echo calls which have a resource allocated within 90 seconds of call start   | M                   | 85%                        | 94%          | 10%            |                |       |      |                     | 95%          | 97%          | 97%     |
|  | % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less  | M                   | 80%                        | 61%          | -24%           | 62%            | 60%   | 59%  | 61%                 | 61%          | 63%          | 62%     |
|  | % of Delta calls which have a resource allocated within 90 seconds of call start  | M                   | 85%                        | 88%          | 3%             |                |       |      |                     | 92%          | 91%          | 92%     |
|  | <b>Intermediate Care Services:</b>  |                     |                            |              |                |                |       |      |                     |              |              |         |
| % of all transfers provided through the Intermediate Care Service  | M   | 80%                 | 89%                        | 11%          |                |                |       |      | 90%                 | 89%          | 89%          |         |

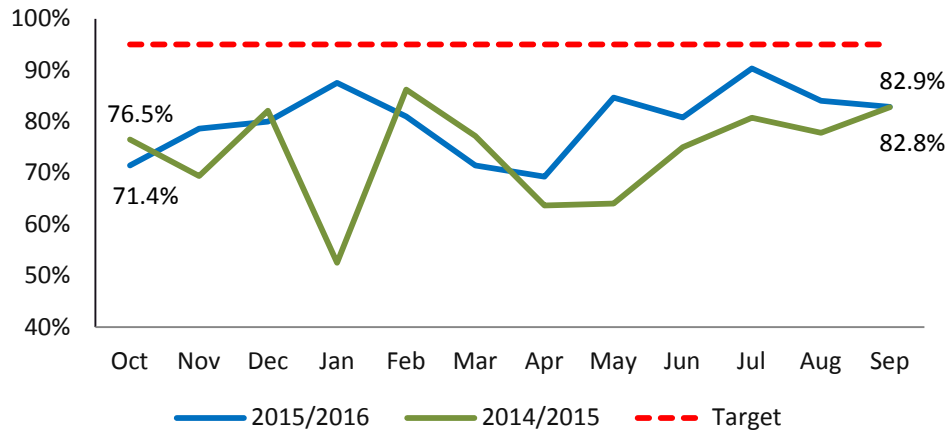
|                                  |   | Reporting Frequency | Expected Activity / Target | National YTD           | % Variance YTD | North Leinster | South  | West   | Dublin Fire Brigade | Current (-2) | Current (-1) | Current |
|----------------------------------|---|---------------------|----------------------------|------------------------|----------------|----------------|--------|--------|---------------------|--------------|--------------|---------|
|                                  | % of ambulance turnaround delays escalated, where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework | M                   | 100%                       | 97%                    | -3%            |                |        |        |                     | 97%          | 98%          | 97%     |
|                                  | <b>Budget Management including savings - Net Expenditure variance from plan (within budget) ( 0.33%)</b>  |                     |                            |                        |                |                |        |        |                     |              |              |         |
| Finance                          | % variance - from budget  | M                   | €113,648                   | €111,114               | -2.23%         |                |        |        |                     | -0.98%       | -1.59%       | -2.23%  |
|                                  | - % variance - Pay (Direct)   | M                   | €84,148                    | €81,432                | -3.23%         |                |        |        |                     | -2.03%       | -1.57%       | -3.23%  |
|                                  | - % variance - Pay (Agency)   | M                   | €0                         | €284                   | 100%           |                |        |        |                     | 100%         | 100%         | 100%    |
|                                  | - % variance - Pay (Overtime)   | M                   | €5,086                     | €12,730                | 150.28%        |                |        |        |                     | 149.00%      | 151.46%      | 150.28% |
|                                  | - % variance - Non Pay  | M                   | €29,770                    | €29,983                | 0.72%          |                |        |        |                     | 2.01%        | -1.54%       | 0.72%   |
|                                  | - % variance – Income   | M                   | -€270                      | -€301                  | 11.65%         |                |        |        |                     | 3.51%        | 8.74%        | 11.65%  |
| HR                               | <b>% Absenteeism</b>  |                     |                            |                        |                |                |        |        |                     |              |              |         |
|                                  | Overall   |                     |                            | 6.88%                  | -96.57%        | 8.65%          | 5.56%  | 5.53%  |                     | 5.76%        | 7.14%        |         |
|                                  | Management/Admin  | M in arrears        | 3.50%                      | 5.02%                  | -43.42%        | 1.40%          | 17.56% | 5.80%  |                     | 1.67%        | 6.97%        |         |
|                                  | General Support staff   |                     |                            | 22.99%                 | -556.85%       | 24.89%         | 1.59%  | 32.75% |                     | 21.05%       | 10.67%       |         |
|                                  | Other Patient and Client staff  |                     |                            | 6.20%                  | -77.14%        | 7.13%          | 5.83%  | 5.15%  |                     | 5.78%        | 7.26%        |         |
| <b>Staffing Levels and Costs</b> |   |                     |                            |                        |                |                |        |        |                     |              |              |         |
|                                  | WTE Change from previous month  | M                   |                            | 1,685                  | -12            |                |        |        |                     | 0            | -14          | -12     |
|                                  | Variance from funding staffing thresholds   | M                   | 0.50%                      | Data not yet available |                |                |        |        |                     |              |              |         |

# Mental Health

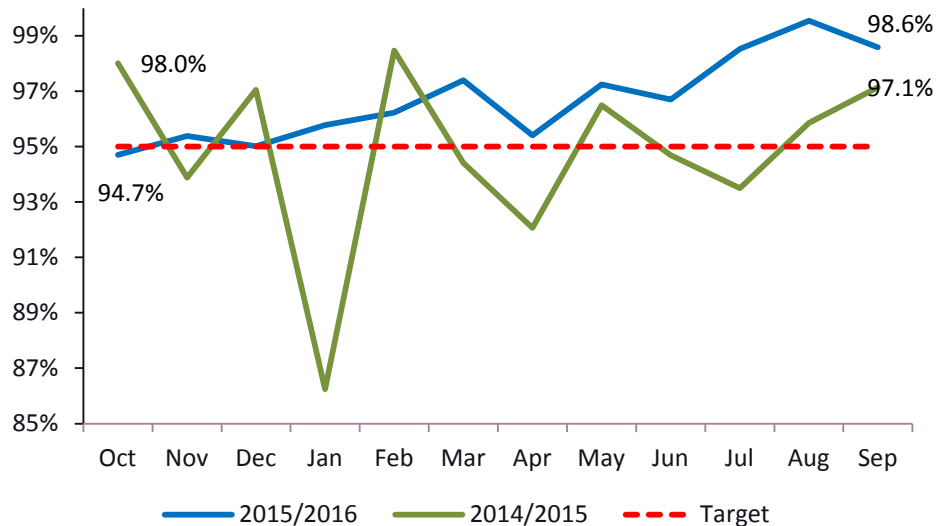
# Child and Adolescent Mental Health Services (CAMHs)

## Admission of children to CAMHs Inpatient Units

- **82.9% admitted, 84.0% in August. 81.2% YTD (Target 95%)**

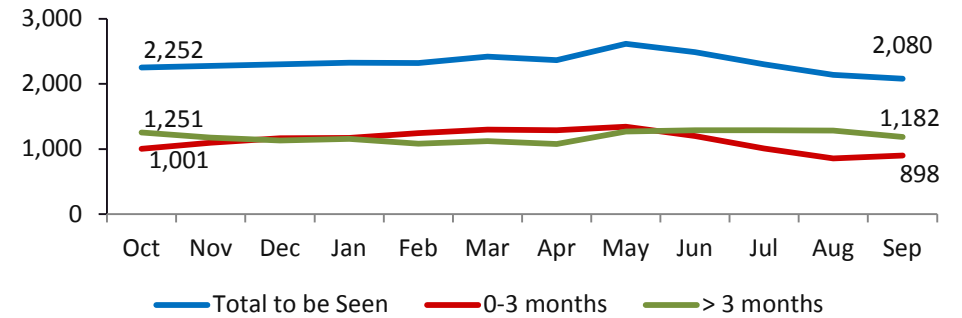


- **98.6% bed days used in Child Adolescent Acute Inpatient Units as a total of bed days. 99.5% in August. 97.2% YTD (Target 95%)**

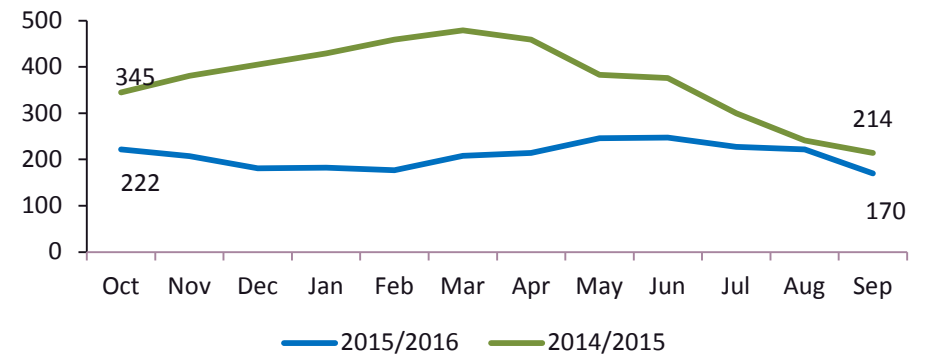


## CAMHs Waiting List

- **2,080** referred to be seen, **2,137** in August (down 57 on August)
- **1,182 waiting > 3 months for a first appointment, 1,281** in August (down 99 on August)
- **Demand exceeds expected activity:** CHO1 (287), CHO2 (7), CHO4 (307), CHO8 (113)
- **Data gaps:** CHO4 (1 team), CHO5 (1 team), CHO7 (2 teams) and CHO9 (1 team)



- **170** (10% of waiting list) **waiting >12 months** for an appointment. **222** in August. (Target 0)
- **Outliers:** CHO1(69), CHO3 (25), CHO4 (64) and CHO9 (12)
- **Data gaps:** CHO4 (1 team), CHO5 (1 team), CHO7 (2 teams) and CHO9 (1 team)

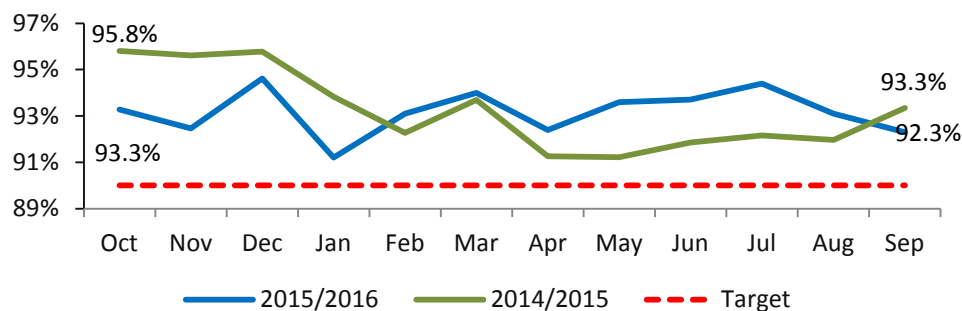




## General Adult MH

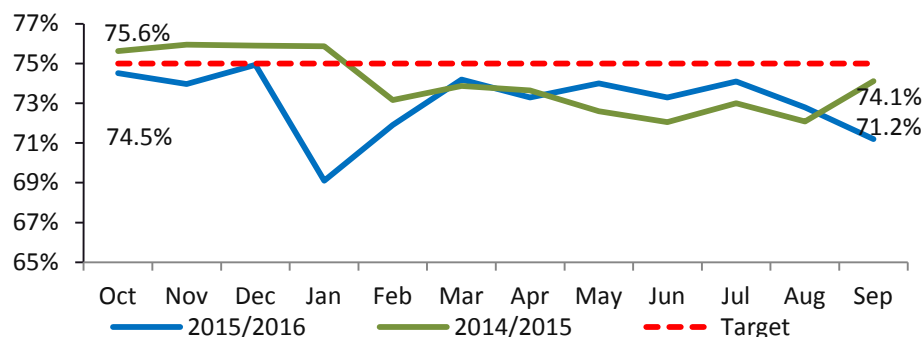
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **92.3%** of referrals/re-referrals, **93.1%** in August. **93.0%** YTD (Target >90%)
- **Above target:** CHOs 1, 2, 3, 5, 6 and 8 all performed above target
- **Below target:** CHO4 at 81.6%, CHO7 at 88.2% CHO9 at 87.3%
- **Data gaps:** CHO2 (2 teams); CHO 7 (2 teams)



Referrals / re-referrals offered first appointment and Seen within 12 weeks / 3 months

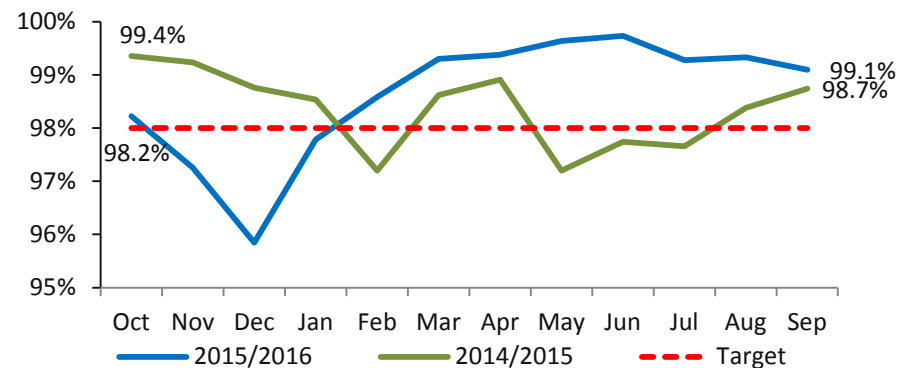
- **71.2%** of referrals/re-referrals, **72.8%** in August. **72.6%** YTD (Target >75%)
- **Above target:** CHO2 (88.3%), CHO5 (87.9%) & CHO6 (78.1%)
- **Below target:** CHO4 (57.4%), CHO9 (62.0%) & CHO8 (63.7%)
- **Data gaps:** CHO2 (2 teams); CHO 7 (2 teams)



## Psychiatry of Old Age MH

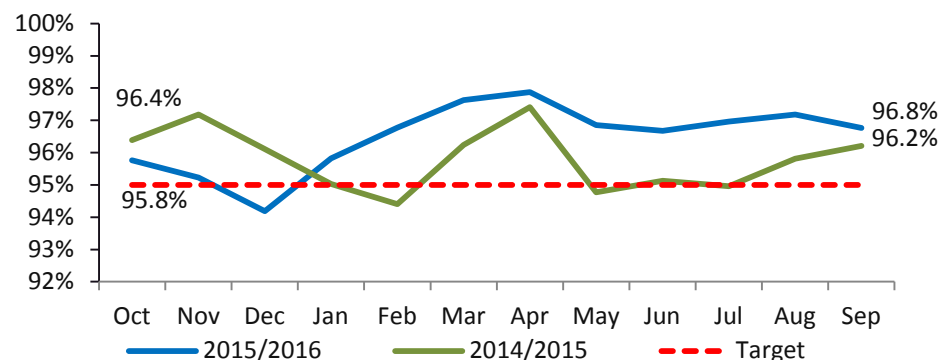
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **99.1%** of referrals/re-referrals, **99.3%** in August. **99.1%** YTD (Target >98%)
- **Above target:** CHOs 1, 2, 3, 4, 5, 6, 7, with CHOs 1-7 at 100%
- **Below target:** CHO8 (95.7%), CHO9 (96.4%)



Referrals/re-referrals offered first appointment and Seen within 12 weeks / 3 months

- **96.8%** of referrals/re-re-referrals, **97.2%** in August. **97%** YTD (Target >95%)
- **Above target:** CHOs 2, 3, 5, 6, 7, 9 with CHOs 5,6,7 at 100%
- **Below target:** CHO1 (92.9%), CHO4 (86.1%) and CHO 8 (91.4%)



## Mental Health Commentary

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.

Mental Health Services can expect a higher than average DNA rate linked to clinical presentation. However, the Division continues to work with CHOs to maximise attendance to ensure the most effective use of resources.

### Child Adolescent Acute Inpatient Units (CAMHs)

The priority for the Division is to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

- In September, 82.9% of children who were admitted were admitted to child and adolescent inpatient units, as against 84% in August.
- In September 2016, 98.6% of bed days used were in Child and Adolescent Acute Inpatient Units, against 99.5% in August.

Performance continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

### CAMHS

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

In September, 72.9% of appointments were offered within 12 weeks/3 months (Target 78%), 69% in August. Of appointments offered and seen 68.2% were within 12 weeks/3 months (Target 72%), 61.2% in August. To date nationally, 13.5% of patients Did Not Attend (DNA) their first appointment offered.

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. The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The waiting list increases are mostly restricted to CHO 1, 3, 4, and CHO 9. These increases relate significantly to availability of primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.

As previously reported, each CHO with waiting lists > 12 months has been written to by the National Director to provide management plans to address their respective lists. Work is currently taking place within each area and this seems to be producing positive results in the September waiting list figures. Within the >12 month list, a reduction of 52 cases have been noted across the 9 CHO areas. Across the entire waiting list for CAMHS, there were 57 fewer cases in September when compared with August.

The ongoing oversight of the waiting list for CAMHS remains a key priority for the MH Division and performance management is continuing within this key performance area.

### Adult Mental Health Services

#### General Adult Community Mental Health Team (GAMHT)

Nationally, performance against **% offered first appointment within 12 weeks / 3 months** exceeds the target.

In September, performance against **% offered first appointment and seen within 12 weeks / 3 months** is below the 75% target at 71.2%. 24.5% of patients Did Not Attend (DNA) their first appointment offered, with high DNA rates ranging from 34.1% in CHO 4 to 33.7% in CHO 8. CHOs are reporting that they are making significant efforts in the management of DNAs some of which relate to areas with particular socioeconomic groups.

## Psychiatry of Old Age Team (POA)

Nationally performance exceeds target for % **offered first appointment within 12 weeks / 3 months.**

Nationally performance exceeds target for % **offered first appointment and Seen within 12 weeks / 3 months.**

CHOs which had been underperforming are beginning to improve their performance as their recruitment challenges are being addressed.

### **Development Posts:**

The position at the end of September 2016 was as follows:-

402.5 or 97% of the 416 development posts for 2012 have started.

445.50 or 93% of the 477.5 development posts for 2013 have started.

167 or 67% of the 251.1 development posts for 2014 have started.

The allocation of the posts from the 2015 Programme for Government €35m has been finalised. Approximately 390 posts have been funded from the €35m in 2015 including 60 previously unfunded posts already in place.

18 new development posts have started with the majority of remainder notified to NRS.

# Mental Health Balanced Scorecard/Heat Map

|  |  | Reporting Frequency | Expected Activity / Target | National YTD | % Variance YTD | CHO 1     | CHO 2  | CHO 3 | CHO 4 | CHO 5 | CHO 6     | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|--|--|---------------------|----------------------------|--------------|----------------|-----------|--------|-------|-------|-------|-----------|-------|-------|-------|--------------|--------------|---------|
| Quality & Safety   | <b>Serious Reportable Events</b>   |                     |                            |              |                |           |        |       |       |       |           |       |       |       |              |              |         |
|  | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)  | M                   | 99%                        | 58%          | -41.4%         |           |        |       |       |       |           |       |       |       | 0%           | NA           | 0%      |
|  | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer   | M                   | 90%                        | 0%           | -100%          |           |        |       |       |       |           |       |       |       |              |              |         |
|  | <b>Service User Experience</b>   |                     |                            |              |                |           |        |       |       |       |           |       |       |       |              |              |         |
|  | % of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>11</sup>  | Q                   | 75%                        | 81%          | 8%             |           |        |       |       |       |           |       |       |       | 80%          | 82%          | 81%     |
|  | <b>Safety Incident reporting</b>   |                     |                            |              |                |           |        |       |       |       |           |       |       |       |              |              |         |
|  | % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>11</sup>   | Q                   | 90%                        | 42%          | -53.3%         | 47%       | 51%    | 53%   | 31%   | 19%   | 57%       | 21%   | 49%   | 40%   | 37%          | 44%          | 43%     |
|  | <b>CAMHs</b>   |                     |                            |              |                |           |        |       |       |       |           |       |       |       |              |              |         |
|  | Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units. | M                   | 95%                        | 81.2%        | -14.5%         |           |        |       |       |       |           |       |       |       | 90.3%        | 84.0%        | 82.9%   |
|  | % of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units            | M                   | 95%                        | 97.2%        | 2.3%           | 97.7%     | 100.0% | 99.1% | 97.3% | 95.1% | 99.9%     | 99.5% | 87.0% | 99.4% | 98.5%        | 99.5%        | 98.6%   |
| <b>% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:</b> |  |                     |                            |              |                |           |        |       |       |       |           |       |       |       |              |              |         |
| General Adult Teams <sup>12</sup>  | M  | 90%                 | 93.0% (i)                  | 3.3%         | 90.9%          | 99.5% (i) | 96.1%  | 89.5% | 93.9% | 98.3% | 90.1% (i) | 94.3% | 85.8% | 94.4% | 93.1%        | 92.3%(i)     |         |

<sup>11</sup> This covers all Community Healthcare

<sup>12</sup> (i)- Incomplete data. See Appendix 2

|   | Reporting Frequency   | Expected Activity / Target | National YTD | % Variance 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  | Psychiatry of Old Age Teams   | M                          | 98%          | 99.1%          | 1.1%    | 98.5% | 100.0%    | 100.0% | 93.6%     | 100.0%    | 100.0% | 98.7%     | 98.3%  | 98.8%        | 99.3%        | 99.3%   | 99.1%    |
|   | Child and Adolescent Community Mental Health Teams <sup>12</sup>  | M                          | 78%          | 75.1% (i)      | -3.7%   | 59.2% | 96.8%     | 84.0%  | 63.7% (i) | 80.7% (i) | 73.9%  | 63.4% (i) | 78.2%  | 68.3% (i)    | 74.6%        | 69.0%   | 72.9%(i) |
|   | <b>% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:</b> |                            |              |                |         |       |           |        |           |           |        |           |        |              |              |         |          |
|   | General Adult Teams <sup>12</sup>   | M                          | 75%          | 72.6% (i)      | -3.2%   | 76.2% | 86.0% (i) | 70.4%  | 61.5%     | 87.4%     | 80.1%  | 74.3% (i) | 65.5%  | 59.9%        | 74.1%        | 72.8%   | 71.2%(i) |
|   | Psychiatry of Old Age Teams   | M                          | 95%          | 97.0%          | 2.1%    | 95.5% | 98.5%     | 99.4%  | 80.9%     | 99.3%     | 100.0% | 97.9%     | 93.2%  | 98.1%        | 97.0%        | 97.2%   | 96.8%    |
|   | Child and Adolescent Community Mental Health Teams <sup>12</sup>  | M                          | 72%          | 65.7% (i)      | -8.7%   | 57.4% | 92.0%     | 81.0%  | 56.6% (i) | 68.4% (i) | 58.4%  | 51.2% (i) | 65.5%  | 58.6% (i)    | 65.6%        | 61.2%   | 68.2%(i) |
|   | <b>% of new (including re-referred) cases offered appointment and DNA in the current month</b>              |                            |              |                |         |       |           |        |           |           |        |           |        |              |              |         |          |
|   | General Adult Teams <sup>12</sup>   | M                          | 18%          | 22.9% (i)      | 27.2%   | 17.5% | 13.6% (i) | 27.2%  | 33.3%     | 6.8%      | 18.4%  | 18.3% (i) | 30.5%  | 32.3%        | 22.5%        | 23.3%   | 24.5%(i) |
|   | Psychiatry of Old Age Teams   | M                          | 3%           | 2.3%           | -23.0%  | 3.4%  | 1.5%      | 0.6%   | 14.6%     | 0.7%      | 0.0%   | 0.8%      | 5.4%   | 1.2%         | 2.5%         | 2.4%    | 2.7%     |
|   | Child and Adolescent Community Mental Health Teams <sup>12</sup>  | M                          | 10%          | 13.5% (i)      | 35.0%   | 4.4%  | 5.7%      | 3.0%   | 12.3% (i) | 14.0% (i) | 20.8%  | 23.6% (i) | 17.7%  | 14.7% (i)    | 13.6%        | 12.7%   | 7.4%(i)  |
| Access  | <b>Total no. to be seen or waiting to be seen by CAMHS</b>  |                            |              |                |         |       |           |        |           |           |        |           |        |              |              |         |          |
|   | Total no. to be seen for a first appointment at the end of each month <sup>12</sup>                         | M                          | 2,449        | 2,080 (i)      | -15.1%  | 411   | 21        | 265    | 479 (i)   | 116 (i)   | 316    | 118 (i)   | 236    | 118 (i)      | 2,298        | 2,137   | 2,080(i) |
|   | Total no. to be seen (0-3 months) <sup>12</sup>   | M                          | 1,308        | 898 (i)        | -31.3%  | 124   | 14        | 91     | 172 (i)   | 78 (i)    | 165    | 83 (i)    | 123    | 48 (i)       | 1,010        | 856     | 898(i)   |
|   | Total no. on waiting list for a first appointment waiting > 3 months <sup>12</sup>                          | M                          | 1,141        | 1,182 (i)      | 3.6%    | 287   | 7         | 174    | 307 (i)   | 38 (i)    | 151    | 35 (i)    | 113    | 70 (i)       | 1,288        | 1,281   | 1,182(i) |
| Total No. on waiting list for a first appointment waiting > 12 months <sup>12</sup> | M   | 0                          | 170 (i)      | >100%          | 69      | 0     | 25        | 64 (i) | 0 (i)     | 0         | 0 (i)  | 0         | 12 (i) | 227          | 222          | 170(i)  |          |
| Finance   | <b>Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)</b>       |                            |              |                |         |       |           |        |           |           |        |           |        |              |              |         |          |
|   | % variance - from budget  | M                          | €593,573     | €588,292       | -0.89%  | 0.80% | 6.40%     | 3.17%  | 2.41%     | 0.91%     | 4.38%  | 4.18%     | 5.78%  | 0.81%        | -0.01%       | -0.74%  | -0.89%   |
|   | - % variance - Pay (Direct)   | M                          | €483,030     | €475,299       | -1.60%  |       |           |        |           |           |        |           |        |              | -1.31%       | -1.64%  | -1.60%   |
|   | - % variance - Pay (Agency)   | M                          | €11,475      | €31,349        | 173.19% |       |           |        |           |           |        |           |        |              | 166.59%      | 169.47% | 173.19%  |
|   | - % variance - Pay (Overtime)   | M                          | €11,543      | €16,057        | 39.11%  |       |           |        |           |           |        |           |        |              | 37.26%       | 37.55%  | 39.11%   |

|   | Reporting Frequency | Expected Activity / Target | National YTD           | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---------------------|----------------------------|------------------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| - % variance - Non Pay                                  | M                   | €124,284                   | €125,197               | 0.73%          |       |       |       |       |       |       |       |       |       | 3.67%        | 1.58%        | 0.73%   |
| - % variance – Income                                   | M                   | -€14,634                   | -€13,158               | -10.08%        |       |       |       |       |       |       |       |       |       | -10.35%      | -10.24%      | -10.08% |
| <b>Service Arrangements</b>                             |                     |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| No and % of Service Arrangements signed (03/10/16)      | M                   | 100%                       | 156<br>80.41%          | 19.59%         |       |       |       |       |       |       |       |       |       | 87.97%       | 79.66%       | 80.41%  |
| € value and % of Service Arrangements signed (03/10/16) | M                   | 100%                       | €53,519<br>79.02%      | 20.98%         |       |       |       |       |       |       |       |       |       | 78.58%       | 78.66%       | 79.02%  |
| <b>% Absenteeism</b>                                    |                     |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| Overall   |                     |                            | 4.61%                  | -31.71%        | 5.50% | 3.98% | 6.39% | 3.28% | 4.82% | 6.54% | 5.00% | 4.45% | 3.98% | 4.26%        | 4.34%        |         |
| Medical/Dental  |                     |                            | 2.49%                  | 28.85%         | 1.61% | 2.15% | 1.02% | 2.79% | 4.58% | 1.58% | 4.29% | 2.19% | 1.11% | 2.01%        | 2.33%        |         |
| Nursing   |                     |                            | 5.05%                  | -44.28%        | 6.10% | 4.82% | 8.36% | 3.53% | 4.50% | 6.67% | 5.61% | 4.26% | 4.51% | 4.79%        | 4.93%        |         |
| Health and Social Care Professional                     | M in arrears        | 3.50%                      | 3.85%                  | -10.00%        | 5.51% | 3.72% | 3.41% | 3.14% | 4.49% | 0.67% | 4.70% | 4.89% | 2.65% | 4.00%        | 3.67%        |         |
| Management/Admin  |                     |                            | 3.99%                  | -14.00%        | 3.24% | 3.08% | 4.01% | 2.64% | 4.24% | 4.48% | 7.91% | 3.71% | 4.06% | 2.98%        | 3.24%        |         |
| General Support staff                                   |                     |                            | 5.06%                  | -44.52%        | 6.60% | 3.77% | 3.62% | 2.72% | 5.90% | 1.02% | 6.66% | 7.03% | 5.78% | 3.62%        | 3.64%        |         |
| Other Patient and Client staff                          |                     |                            | 4.29%                  | -22.57%        | 6.06% | 3.19% | 8.83% | 3.17% | 6.05% | 6.46% | 1.81% | 5.03% | 4.04% | 4.12%        | 4.06%        |         |
| <b>Staff Levels and Costs</b>                           |                     |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| WTE change from previous month                          | M                   |                            | 9,464                  | 6              | 6     | 2     | 14    | -1    | 9     | -3    | -7    | 5     | -23   | -26          | -30          | 6       |
| Variance from funding staffing thresholds               | M                   | 0.50%                      | Data not yet available |                |       |       |       |       |       |       |       |       |       |              |              |         |
| <b>EWTD Compliance (24 of 27 providers)</b>             |                     |                            |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| EWTD- <24 hour shift                                    | M                   | 100%                       | 93%                    | -7%            |       |       |       |       |       |       |       |       |       | 93%(i)       | 94%(i)       | 93%     |
| EWTD - <48 hour working week                            | M                   | 95%                        | 93%                    | -2.1%          |       |       |       |       |       |       |       |       |       | 92%(i)       | 92%(i)       | 93%     |

## Social Care

## Safeguarding

% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy

- 100% Q3 2016, 100% Q2 2016 (target 100%)

% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy

- **77.8%** Q3 2016, **22.2%** Q2 2016 (target 100%)

% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and protection Teams accompanied by an interim Safeguarding Plan (Quarterly in arrears)

- **91.5%** in Q2 2016, **85%** in Q1 2016 (target 100%)

## Safeguarding Commentary

CHO 6 through the Offices of the Head of Social Care has requested and received a comprehensive training plan for the remainder of 2016 & 2017 to ensure that appropriate support and training is provided to Designated Officers and Front Line Staff (awareness training) across both Older Persons Services and Disability Services. This training is particularly focused on the Voluntary Sector where the range and complexity of services poses a challenge to continuity of approach to Safeguarding. The Head of Social Care is reviewing this situation on a regular basis with the Principal Social Worker for the Safeguarding Team.

CHO 9 Disability Services in North Dublin have established a Parent Forum that represents young adults with Autism and meets quarterly to advance client related issues.

CHO 9 has a residents council in all residential units within which is chaired by an advocate from SAGE (Support & Advocacy Service for Older Persons). Meetings are held quarterly and the minutes are forwarded to the Director / Assistant Director of Nursing for comment and action.



# Social Care Balanced Scorecard/Heat Map

|  |   | Reporting Frequency | Expected Activity / Target YTD | National YTD | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|--|---|---------------------|--------------------------------|--------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| Quality & Safety   | <b>Serious Reportable Events</b>  |                     |                                |              |                |       |       |       |       |       |       |       |       |       |              |              |         |
|  | % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) | M                   | 99%                            | 23%          | -76.8%         |       |       |       |       |       |       |       |       |       | 33%          | 0%           | 0%      |
|  | % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer  | M                   | 90%                            | 6%           | -93.3%         |       |       |       |       |       |       |       |       |       |              |              |         |
|  | <b>Service User Experience</b>  |                     |                                |              |                |       |       |       |       |       |       |       |       |       |              |              |         |
|  | % of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>13</sup>   | Q                   | 75%                            | 81%          | 8%             |       |       |       |       |       |       |       |       |       | 80%          | 82%          | 81%     |
|  | <b>Safety Incident reporting</b>  |                     |                                |              |                |       |       |       |       |       |       |       |       |       |              |              |         |
|  | % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO <sup>13</sup>  | Q                   | 90%                            | 42%          | -53.3%         | 47%   | 51%   | 53%   | 31%   | 19%   | 57%   | 21%   | 49%   | 40%   | 37%          | 44%          | 43%     |
|  | <b>Safeguarding</b>   |                     |                                |              |                |       |       |       |       |       |       |       |       |       |              |              |         |
| % of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan                          | Q in arrears  | 100%                | 88.7%                          | -11.3%       | 96.2%          | 91.1% | 92.3% | 83.6% | 89.7% | 95.1% | 81.5% | 87.0% | 88.4% | 85%   | 91.5%        |              |         |
| % of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy                    | from Q2   | 100%                | 77.8.0%                        | -22.2%       |                |       |       |       |       |       |       |       |       |       | 22.2%        | 77.8%        |         |
| % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy | from Q2   | 100%                | 100.0%                         | 0.0%         |                |       |       |       |       |       |       |       |       |       |              | 100%         |         |

This heatmap relates to metrics that cover all of Social Care

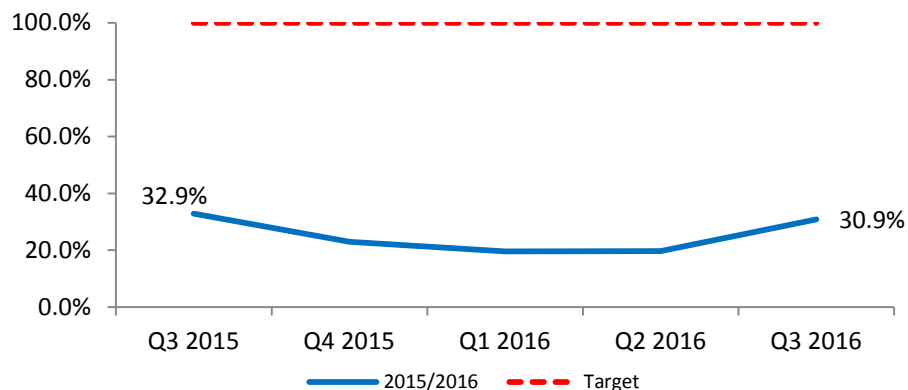
<sup>13</sup> This covers all Community Healthcare

## **Social Care – Disability Services**

# Disability Services

Disability Act Compliance - % Assessments completed within the timelines as provided for in the regulations (Quarterly)

- **30.9%** assessments completed within timelines, **19.7%** in Q2 2016. **23.6%** year to date (Target 100%)
- Above target: None. All CHOs performing below target
- Below target: CHO1 (48.1%), CHO2 (97.6%), CHO3 (66.1), CHO4 (18.5%), CHO5 (13%), CHO6 (35.7%), CHO7 (11.5%), CHO 8 (42.3%), CHO 9 (2.9%)



Number of Childrens Disability Network Teams established (0-18s) (Monthly)

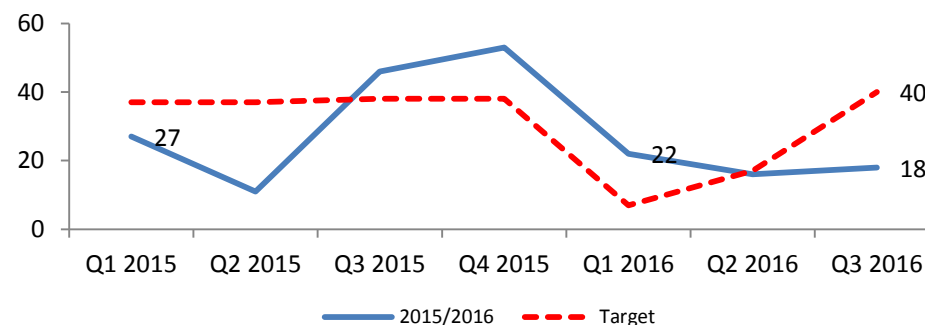
- **0** Disability Network Teams established
- Target YTD 49, Full year 75
- Targets to be achieved across CHO's are profiled yearly and not monthly. As a result of same there can be months where from a monthly view it appears targets are not being achieved albeit it that the yearly target is being achieved.

% compliance with inspected outcomes following HIQA inspection of Disability Residential Units (Quarterly)

- **66%** of outcomes assessed by HIQA were compliant. (Target 75%)
- This refers to published reports only

Number of people who transitioned from Congregated to Community settings (Quarterly)

- **18** people transitioned in Q3. **56** people YTD (Target **64** people YTD)
- Below target: CHO3 (-25%), CHO4 (-43.5%), CHO5 (-12.5), CHO8 (-58.3%)
- Above target: CHO 6 (50%), and CHO 7 (250%)
- Target for Q3 are not applicable for CHO9
- CHO5, CHO8 and CHO9 had no transitions for Q3



## % of school leavers and RT graduates who have been provided with a placement

Placements are offered to clients during the months of September to December. In this regard the full reporting of this metric will be in December 2016. To ensure accurate reporting for the future, the reporting of this metric has been amended to reflect annual reporting in 2017

## Service User Experience

% of CHO's who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services

- **22.2%** September (Target 100%)
- CHO 3 and CHO 4 have a plan in place on how they will implement their *approach* to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services

# Disability Services Commentary

## Disability Act Compliance

Since the commencement of Part 2 of the Disability Act in June 2007 the HSE has endeavored to meet its legislative requirements as set out in the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1<sup>st</sup> June 2002, the number of children aged five and over, and therefore of school-going age, has risen steadily as a percentage of all applications received.

This is reflected in the increasing number of applications for assessment received under the Act each year since the Act was introduced, as outlined in the table below:

|   | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Number of Completed Applications Received | 1,137 | 2,535 | 2,525 | 3,100 | 3,349 | 3,505 | 4,261 | 4,908 | 5,818 |
| Assessment Reports Completed              | 61    | 1,392 | 1,700 | 2,104 | 2,592 | 2,291 | 2,422 | 3,251 | 3,318 |
| Service Statements Completed              |       |       |       |       | 2,560 | 2,225 | 2,470 | 2,343 | 2,239 |

The number of applications received in Q1 – Q3 2016 was 4,260 – which would indicate that more than 6,000 applications will be received in 2016. The Act outlines the statutory timelines under which applications under the Act are to have assessments completed. The HSE National Service Plan 2016 (page 84) sets a target of 100% ‘assessments completed within the timelines as provided for in the regulation’. This target of 100% has never been achieved and the number of applications for assessments under the Act has increased significantly since its implementation.

It has been agreed to establish a ‘Working Group’ to examine the issues/current practice involved in the continued poor performance against targets in this activity with a view to identifying best practice and issuing recommendations and updating guidelines to improve performance against this measure.

Representation on this Group relates to the areas where good practice exists as well as areas where significant challenges have emerged which have affected the Areas ability to deliver in line with Part 2 of the Act.

It should also be noted that the Department of Health as part of its workplan for 2016 has agreed to review the Implementation of Part two of the Disability Act. The HSE will assess the outcome of same.

## Number of Children’s Disability Network Teams established (0-18s)

CHO3, CHO 4, CHO5 and CHO8 are below target in Quarter 3. Work remains ongoing to address all Issues contributing to ‘delays’ in meeting Q3 targets

In CHO 8 discussions are on-going between the HSE and St. John of Gods services on the transfer of staff and client files to a re-configured team are on-going. Further work is required to address challenges in relation to accommodation, and funding for same.

## % compliance with inspected outcomes following HIQA inspection of Disability Residential Units

Following engagement with HIQA over the past months a regular schedule of reports has been arranged to help communicate to the Quality & safety team information to include:

- Location listing for Disability and Older Persons (OSV listings)
- Monitoring Reports (All inspections including legacy information and monthly going forward)
- Actions (all actions following inspections with due dates)

Work will now begin to develop a platform to help manage and report on this information while also developing the HIQA Disability Inspections - % Compliance Run Chart which will give a more accurate and evidence based method of view Compliance Rates

There were 7,890 outcomes inspected in reports published from January 2014 to the beginning of October 2016 (HSE provided and HSE-funded). The 2016 Service Plan target for compliance with inspected outcomes following HIQA inspection of Disability Residential Units is 75%.

## Number of people who transitioned from Congregated to Community settings

The number of people 'transitioned' from congregated settings is -12.5% below target Nationally - (56 actual V 64 target).

All Areas are continuing to make progress against targets for people to transition to community living . Due to the fluid processes involved in supporting individuals to move, the estimated timeframes can be impacted. Leading to some moves progressing more quickly and others encountering delays.

Blockages and delays can arise due to:

- Delays in acquisition and fit out of accommodation
- HIQA registration delays
- Personal choice of residents and their families
- Unforeseen changes in support needs ( person's care needs substantially change i.e. require hospital admission )

Currently all CHO Areas are continuing to work towards targets and it is anticipated they will be fully met by year end.

## RT Training

A number of 'Mental Health' day places have been included in CHO 2 over the last number of years and in May 2016 they were removed from the 'Disability' data return. Therefore, the number of Rehab Training places in Disabilities has been reduced to 2,422. The number of persons availing of these places at Sept 2016 was 2,433 – which indicates that the vast majority of these placements are 'full-time'.

# Disability Services Balanced Scorecard/Heat Map

|  | Reporting Frequency  | Expected Activity / Target YTD                       | National YTD | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9  | Current (-2) | Current (-1) | Current |
|--|--|--|--------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------------|--------------|---------|
| <b>Quality and Safety</b>  | <b>Service User Experience</b>   |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | % of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum / Service User Panel or equivalent for Disability Services |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | from Q3  | 100%   | 22.0%        | -78.0%         | 0%    | 0%    | 100%  | 100%  | 0%    | 0%    | 0%    | 0%    | 0%     |              |              | 22%     |
|  | <b>HiQA Inspections</b>  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| % compliance with inspected outcomes following HIQA inspection of Disability Residential Units |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| Q  | 75%  | 65.8%  | -12.3%       | 53.0%          | 63.8% | 68.5% | 40.8% | 59.0% | 59.1% | 81.1% | 78.3% | 61.1% | 56.3%  | 67.4%        | 65.8%        |         |
| <b>Congregated Settings</b>  |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| Facilitate the movement of people from congregated to community settings                       |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| Q  | 160  | 56   | -12.5%       | 3              | 4     | 6     | 13    | 7     | 3     | 14    | 5     | 1     | 22     | 16           | 18           |         |
| <b>Access</b>  | <b>Progressing Disability Services for Children and Young People (0-18s) Programme</b>   |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | No of children's disability network teams established  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | M  | 100% (129/129)<br>Note 56 of 129 already established | 0            | -100.0%        | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0      | 0            | 0            | 0       |
| <b>Disability Act Compliance</b>   |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| % of assessments completed within the timelines as provided for in the regulations             |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| Q  | 100%   | 23.6%  | -76.4%       | 43.6%          | 76.4% | 51.7% | 17.4% | 12.8% | 23.0% | 7.8%  | 24.7% | 2.5%  | 19.6%  | 19.7%        | 30.9%        |         |
| <b>Finance</b>   | <b>Budget Management including savings - Net Expenditure variance from plan (within budget)</b>  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | % variance - from budget   |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | M  | €1,195,045   | €1,207,163   | 1.01%          | 7.47% | 5.88% | 4.92% | 3.74% | 8.02% | 4.10% | 9.93% | 8.21% | 3.36%  | 0.27%        | 0.60%        | 1.01%   |
|  | - % variance - Pay (Direct)  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | M  | €448,859   | €463,122     | 3.18%          |       |       |       |       |       |       |       |       |        | 2.55%        | 2.93%        | 3.18%   |
|  | - % variance - Pay (Agency)  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
|  | M  | €17,118  | €29,526      | 72.48%         |       |       |       |       |       |       |       |       |        | 60.01%       | 67.80%       | 72.48%  |
| - % variance - Pay (Overtime)  |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| M  | €4,134   | €6,772   | 63.82%       |                |       |       |       |       |       |       |       |       | 61.84% | 62.06%       | 63.82%       |         |
| - % variance - Non Pay   |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| M  | €797,571   | €789,711   | -0.99%       |                |       |       |       |       |       |       |       |       | -1.72% | -1.54%       | -0.99%       |         |
| - % variance - Income  |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| M  | -€70,687   | -€67,579   | -4.40%       |                |       |       |       |       |       |       |       |       | -5.42% | -5.13%       | -4.40%       |         |
| <b>Service Arrangements</b>  |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| No and % of Service Arrangements signed (03/10/16)   |  |  |              |                |       |       |       |       |       |       |       |       |        |              |              |         |
| M  | 100%   | 691<br>92.63%  | 7.37%        |                |       |       |       |       |       |       |       |       | 96.33% | 89.77%       | 92.63%       |         |

|   | Reporting Frequency | Expected Activity / Target YTD | National YTD           | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---------------------|--------------------------------|------------------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| € value and % of Service Arrangements signed (03/10/16) | M                   | 100%                           | €1,084,088<br>93.75%   | 6.25%          |       |       |       |       |       |       |       |       |       | 93.75%       | 98.73%       | 93.75%  |
| <b>% Absenteeism</b>                                    |                     |                                |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| Overall   |                     |                                | 5.09%                  | -45.42%        | 6.90% | 4.98% | 5.60% | 4.69% | 5.70% | 3.65% | 5.09% | 6.37% | 4.20% | 5.01%        | 5.09%        |         |
| Medical/Dental  |                     |                                | 2.02%                  | 42.28%         | 0.01% | 0.40% | 0.96% | 0.06% | 0.14% | 3.69% | 1.28% | 0.00% | 4.31% | 1.05%        | 0.68%        |         |
| Nursing   |                     |                                | 5.64%                  | -61.14%        | 6.94% | 6.58% | 5.85% | 5.07% | 5.86% | 4.84% | 5.16% | 6.91% | 4.61% | 5.45%        | 5.42%        |         |
| Health and Social Care Professional                     | M in arrears        | 3.50%                          | 3.78%                  | -8.00%         | 4.63% | 4.62% | 4.47% | 5.02% | 6.27% | 2.93% | 2.99% | 4.31% | 2.90% | 3.63%        | 3.46%        |         |
| Management/Admin  |                     |                                | 3.58%                  | 2.28%          | 4.75% | 3.68% | 3.62% | 3.79% | 5.53% | 2.84% | 3.30% | 4.16% | 2.56% | 3.16%        | 3.29%        |         |
| General Support staff                                   |                     |                                | 4.67%                  | -33.42%        | 6.36% | 3.72% | 5.72% | 4.26% | 5.70% | 2.35% | 5.17% | 4.69% | 4.75% | 4.72%        | 4.57%        |         |
| Other Patient and Client staff                          |                     |                                | 5.60%                  | -60.00%        | 7.39% | 4.56% | 5.81% | 5.07% | 5.58% | 4.11% | 5.71% | 7.04% | 4.94% | 5.60%        | 5.87%        |         |
| <b>Staffing Levels and Costs</b>                        |                     |                                |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| WTE change from previous month                          | M                   |                                | 16,915                 | 131            | 11    | 13    | 19    | 1     | 5     | 25    | 18    | 9     | 31    | 50           | -22          | 131     |
| Variance from funding staffing threshold                | M                   | 0.50%                          | Data not yet available |                |       |       |       |       |       |       |       |       |       |              |              |         |

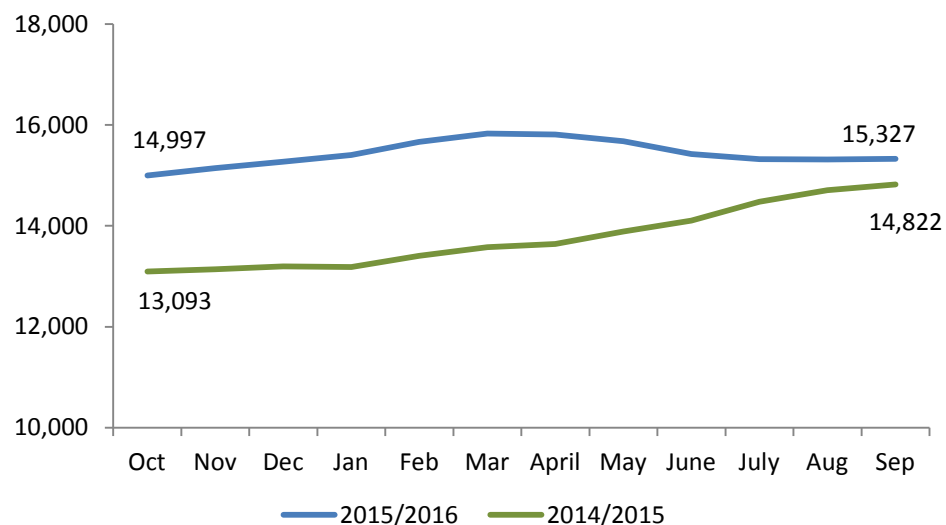


## **Social Care – Older Persons**

# Home Care Packages

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

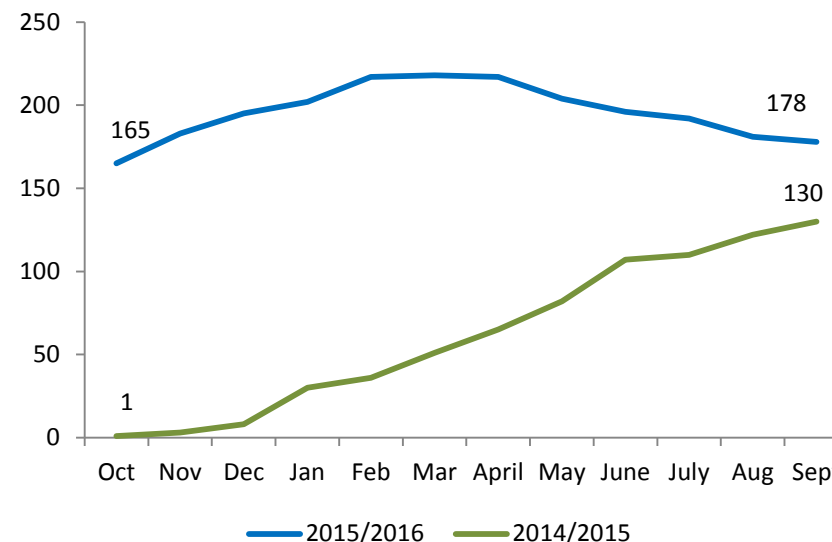
- **15,327** in September, **15,319** persons in August, (Expected 15,450)
- **Above Expected:** CHO 1 (8.2%), CHO 4 (0.7%), CHO 6 (1.1%) CHO 8 (3.1%)
- **Below Expected** (% var YTD): CHO 2 (-1.4%), CHO 3 (-5.7%), CHO 5 (-5.2%) CHO 7(-7.9%) CHO 9 (-1.1%)
- Expected Activity Change from 13,200(13,800 with DDI HCPs included) in 2015 to 15,450(with DDI HCPs included) in 2016.
- Expected Activity at 31<sup>st</sup> December 2016 is revised to 16,450 persons in receipt having regard to additional funding approved in 2016 for home care and the 2016/17 Winter Initiative. The Winter Initiative provides additional HCPs on a weekly basis for 10 named acute hospitals from October 2016 to February 2017. Activity to year end is being re-profiled to achieve this increased level of activity. Next month's report will reflect the re-profiled expected activity.



## Number of persons in receipt of an Intensive Home Care Package

- **178** persons in September, **181** persons in August, (Expected 130) , (Expected 130 for HSE funded IHCPs)
- In September HSE funding was providing for **144** IHCPs
- In addition, Atlantic Philanthropies funding was providing for **34** IHCPs
- Total **178** IHCPs

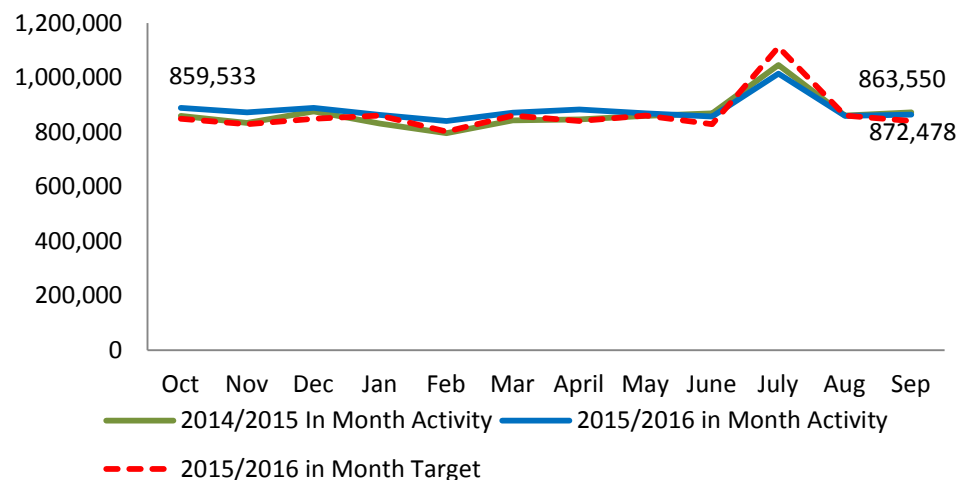
Expected Activity Change from 190 in 2015 to 130 in 2016 - graph shows actual activity (including both HSE funded and Atlantic Philanthropies funded IHCPs). Activity to the year end will be managed to maximise the use of the available resources and support greater numbers of persons with dementia to remain at home.



## Home Help Hours

### Number of home help hours provided

- **863,550 hours** in September, **859,233** hours provided in August, (**Expected Activity 840,569**)
- **7,919,541 YTD** (Expected Activity YTD 7,876,055)
- **Above target:** CHO1 (4.7%), CHO2 (10.6%), CHO3 (2.4%), CHO 8 (7.9%),
- **Below target:** (% var YTD): CHO4 (-9.1%), CHO 5 (-0.7%), CHO6 (-2.8%), CHO 7 (-4.3%) and CHO 9 (-0.7%)
- Expected Activity Change from 10,300,000 in 2015 to 10,437,000 in 2016. Peak in July 2015 graph below reflects additional pay period adjusted for in July in CHOs 1, 4 & 7 and will come back in line in August.

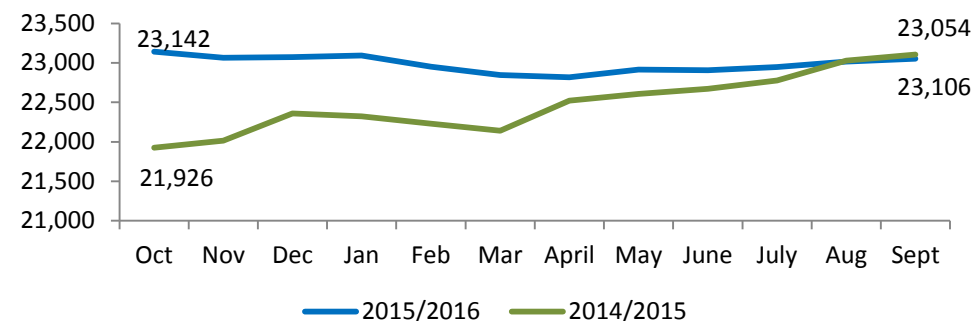


- The increased Expected Activity for 2016 ( 10,570,000 hours ) having regard to additional funding approved in 2016 for home care is being re-profiled to year end in order to achieve this increased level of activity in 2016. Next month's report will reflect the re-profiled expected activity.

## Nursing Home Support Scheme

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

- **23,054** in September, **23,015** in August, (Expected Activity 23,450-revised to 22,989 July 2016)
- Expected Activity has been revised to an average of 22,989 for 2016, based on trends for the six months to the end of June 2016



### NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients

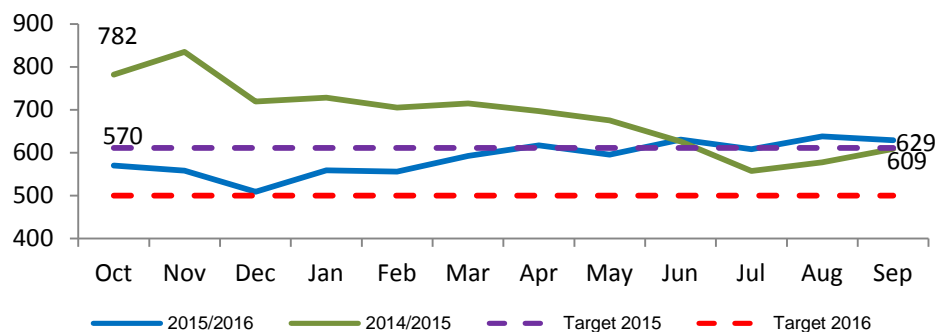
|               |  | May    | Jun    | July   | Aug    | Sept   | YTD 2016 | Sept-15 |
|---------------|--|--------|--------|--------|--------|--------|----------|---------|
|               | No. of new applicants                        | 865    | 806    | 775    | 864    | 766    | 7,867    | 768     |
|               | National placement list for funding approval | 531    | 511    | 478    | 501    | 481    | 481      | 197     |
|               | Total no. people funded under NHSS in LTRC   | 22,914 | 22,907 | 22,945 | 23,015 | 23,054 | 23,054   | 23,106  |
| Private Units | No. of new patients entering scheme          | 619    | 513    | 526    | 555    | 491    | 4,852    | 522     |
|               | No. of patients Leaving NHSS                 | 494    | 497    | 469    | 447    | 416    | 4,572    | 440     |
|               | Net Increase                                 | 125    | 16     | 57     | 108    | 75     | 280      | 82      |
| Public Units  | No. of new patients entering scheme          | 127    | 142    | 140    | 133    | 134    | 1,278    | 142     |
|               | No. of patients Leaving NHSS                 | 148    | 153    | 147    | 160    | 128    | 1,400    | 125     |
|               | Net Increase                                 | -21    | -11    | -7     | -27    | 6      | -122     | 17      |

Note: In addition to the leavers above there were a further 177(42 in Sept) from Contract Beds/Subvention/Section 39 savers beds.

# Delayed Discharges

## Number of Delayed Discharges

- **629** delayed discharges. **638** in August (Target <500)
- **Best Performers:** Mullingar 0 (1), Ennis 2 (2), Portiuncula 3 (1)
- **Outliers:** St. James's 70 (72), Beaumont 85 (88), Mater 57 (70)



| Delayed Discharges by Destination (27/09/2016) | Over 65    | Under 65   | Total No.  | Total %       |
|--|------------|------------|------------|---------------|
| Home*  | 112        | 26         | 138        | 21.9%         |
| Long Term Nursing Care                         | 349        | 51         | 400        | 63.6%         |
| Other**  | 55         | 36         | 91         | 14.5%         |
| <b>Total</b>                                   | <b>516</b> | <b>113</b> | <b>629</b> | <b>100.0%</b> |

\*Of which 87 were waiting for home care (12 under 65y; 75 over 65y). 47 (6 under 65y) of the 87 were approved & waiting for funding for home care; 40 clients needs were being assessed/applications being processed (including 6 under 65y).

\*\* (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)

Winter Initiative funding available from October is expected to improve this position having regard in particular to the availability of additional home care packages to target 10 specific acute hospitals. The total additional HCPs to be provided is 50 per week from 1<sup>st</sup> October to 30<sup>th</sup> December amounting in total to 650 additional HCPs to year end bringing the overall HCP activity to 16,450 (clients in receipt of a HCP) by year end from the September level of 15,327.

Furthermore there will be increased availability of Transitional Care Beds amounting to 15 per week from 1<sup>st</sup> October to 31<sup>st</sup> December for 5 specific hospitals.

On a once off basis funding is also provided to support 18 delayed discharges due to legal reasons/wards of courts to transfer from acute care on an interim basis.

The provision of 152 approvals per week for transitional Care Beds will continue to all hospitals.

## Service User Experience

% of CHO's who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Older Persons Services

- **33.3%** Q3 2016 (Target 100%)
- CHO 1, CHO 4 and CHO 8 have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Older Persons Services

# Older Persons Commentary

## No of NHSS beds in Public Long Stay Units

The current NHSS beds is 5,233 (balance scorecard 5,255) due to a reduction of 22 beds – these are temporary bed closures due to refurbishment in a specific unit.

No of short stay beds in Public Long Stay Units is 1,993, 12 below the expected activity target of 2,005. These are permanent bed closures.

## Home Help Hours

HH Hours Activity YTD Sept 2016 is 0.6% above YTD Target nationally.

Activity and costs across the CHOs for home help services (and the HCP scheme) are being managed to year end to ensure that activity levels are achieved nationally within the available resources (including the additional funding provided generally for home care in 2016 and specifically under the Winter Initiative 2016/7 targeted at 10 named hospitals). The 2016 expected activity levels of 10.57m home help hours and 16,450 persons in receipt of a HCP including the additionality, has been re-profiled for delivery in the period October – December 2016.

The number of Home Help Hours activity for CHO 4 is currently under target. The CHO using a decision support framework, has devised a detailed plan to manage the waiting lists, while simultaneously bringing the number of home help hours back to budgeted allocations whilst remaining within budget. When measured against the agreed re-profiled position the amount of Home Help Hours being delivered in CHO 4 is in line with this position.

# Older Persons Balanced Scorecard/Heat Map

|  | Reporting Frequency  | Expected Activity / Target YTD | National YTD | % Variance YTD | CHO 1     | CHO 2     | CHO 3   | CHO 4     | CHO 5   | CHO 6   | CHO 7   | CHO 8   | CHO 9   | Current (-2) | Current (-1) | Current |
|--|--|--------------------------------|--------------|----------------|-----------|-----------|---------|-----------|---------|---------|---------|---------|---------|--------------|--------------|---------|
| <b>Quality &amp; Safety</b>  | <b>Service User Experience</b>   |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | % of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum / Service User Panel or equivalent for Disability Services |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | from Q3  | 100%                           | 33.3%        | -66.7%         |           |           |         |           |         |         |         |         |         |              |              | 33.3%   |
| <b>Access</b>  | <b>Home Care Packages</b>  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs   |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | M  | 15,450                         | 15,327       | -0.8%          | 1,336     | 1,124     | 886     | 1,405     | 853     | 1,689   | 1,831   | 2,198   | 4,005   | 15,321       | 15,319       | 15,327  |
|  | Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | M  | 130                            | 178          | 36.9%          | 3         | 35        | 10      | 25        | 7       | 15      | 16      | 14      | 53      | 192          | 181          | 178     |
|  | <b>Home Help</b>   |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | No. home help hours provided for all care groups (excluding provision of hours from HCP's)   |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | M  | 7,035,486                      | 7,919,541    | 0.6%           | 1,100,671 | 1,053,527 | 709,268 | 1,501,104 | 912,979 | 293,767 | 531,188 | 970,686 | 846,352 | 1,014,423    | 859,233      | 863,550 |
| No. of people in receipt of home help hours (excluding provision from HCPs)          |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | 47,800   | 47,933                         | 0.3%         | 5,263          | 5,968     | 3,433     | 7,830   | 5,700     | 2,962   | 5,125   | 6,751   | 4,901   | 48,038  | 47,803       | 47,933       |         |
| <b>NHSS</b>  |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| No. of people being funded under NHSS in long term residential care during the month |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | 22,989   | 23,054                         | 0.3%         |                |           |           |         |           |         |         |         |         | 22,945  | 23,015       | 23,054       |         |
| No. of NHSS beds in Public Long Stay Units   |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | 5,255  | 5,233                          | -0.4%        | 534            | 587       | 346       | 1,046   | 556       | 386     | 642     | 629     | 507     | 5,255   | 5,255        | 5,233        |         |
| No. of short stay beds in Public Long Stay Units                                     |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | 2,005  | 1,933                          | -0.6%        | 395            | 254       | 184       | 336     | 275       | 165     | 187     | 96      | 101     | 2,005   | 2,005        | 1,933        |         |
| <b>Finance</b>   | <b>Budget Management including savings - Net Expenditure variance from plan (within budget)</b>  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | % variance - from budget   |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | M  | €560,209                       | €560,119     | -0.02%         | 6.04%     | 17.11%    | 7.30%   | 1.86%     | 8.35%   | 9.78%   | 13.05%  | 10.74%  | 8.08%   | 0.01%        | 0.07%        | -0.02%  |
|  | - % variance - Pay (Direct)  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
|  | M  | €501,255                       | €503,019     | 0.35%          |           |           |         |           |         |         |         |         |         | 0.76%        | 0.54%        | 0.35%   |
|  | - % variance - Pay (Agency)  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | €16,940  | €24,815                        | 46.49%       |                |           |           |         |           |         |         |         |         | 42.24%  | 45.06%       | 46.49%       |         |
| - % variance - Pay (Overtime)  |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | €4,554   | €5,565                         | 22.19%       |                |           |           |         |           |         |         |         |         | 21.33%  | 22.08%       | 22.19%       |         |
| - % variance - Non Pay   |  |                                |              |                |           |           |         |           |         |         |         |         |         |              |              |         |
| M  | €341,906   | €336,529                       | -1.57%       |                |           |           |         |           |         |         |         |         | -2.16%  | -1.84%       | -1.57%       |         |

|   | Reporting Frequency | Expected Activity / Target YTD | National YTD           | % Variance YTD | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 | Current (-2) | Current (-1) | Current |
|---|---------------------|--------------------------------|------------------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------|--------------|---------|
| - % variance – Income                                   | M                   | -€286,536                      | -€283,413              | -1.09%         |       |       |       |       |       |       |       |       |       | -1.21%       | -1.25%       | -1.09%  |
| <b>Service Arrangements</b>                             |                     |                                |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| No and % of Service Arrangements signed (03/10/16)      | M                   | 100%                           | 1,027<br>97.53%        |                |       |       |       |       |       |       |       |       |       | 98.68%       | 93.38%       | 97.53%  |
| € value and % of Service Arrangements signed (03/10/16) | M                   | 100%                           | €167,329<br>99.74%     |                |       |       |       |       |       |       |       |       |       | 99.97%       | 99.80%       | 99.74%  |
| <b>% Absenteeism</b>                                    |                     |                                |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| Overall   |                     |                                | 5.09%                  | -45.42%        | 6.90% | 4.98% | 5.60% | 4.69% | 5.70% | 3.65% | 5.09% | 6.37% | 4.20% | 5.01%        | 5.09%        |         |
| Medical/Dental  |                     |                                | 2.02%                  | 42.28%         | 0.01% | 0.40% | 0.96% | 0.06% | 0.14% | 3.69% | 1.28% | 0.00% | 4.31% | 1.05%        | 0.68%        |         |
| Nursing   |                     |                                | 5.64%                  | -61.14%        | 6.94% | 6.58% | 5.85% | 5.07% | 5.86% | 4.84% | 5.16% | 6.91% | 4.61% | 5.45%        | 5.42%        |         |
| Health and Social Care Professional                     | M in arrears        | 3.5%                           | 3.78%                  | -8.00%         | 4.63% | 4.62% | 4.47% | 5.02% | 6.27% | 2.93% | 2.99% | 4.31% | 2.90% | 3.63%        | 3.46%        |         |
| Management/Admin  |                     |                                | 3.58%                  | 2.28%          | 4.75% | 3.68% | 3.62% | 3.79% | 5.53% | 2.84% | 3.30% | 4.16% | 2.56% | 3.16%        | 3.29%        |         |
| General Support staff                                   |                     |                                | 4.67%                  | -33.42%        | 6.36% | 3.72% | 5.72% | 4.26% | 5.70% | 2.35% | 5.17% | 4.69% | 4.75% | 4.72%        | 4.57%        |         |
| Other Patient and Client staff                          |                     |                                | 5.60%                  | -60.00%        | 7.39% | 4.56% | 5.81% | 5.07% | 5.58% | 4.11% | 5.71% | 7.04% | 4.94% | 5.60%        | 5.87%        |         |
| <b>Staffing Levels and Costs</b>                        |                     |                                |                        |                |       |       |       |       |       |       |       |       |       |              |              |         |
| WTE change from previous month                          | M                   |                                | 9,752                  | 9              | -3    | 7     | -4    | 23    | -5    | 6     | -7    | -8    | 0     | 6            | -14          | 9       |
| Variance from funding staffing thresholds               | M                   | 0.50%                          | Data not yet available |                |       |       |       |       |       |       |       |       |       |              |              |         |

# Finance



## Introduction

Budget 2016 was the second part of a multiyear programme to place the health services on a more sustainable financial footing and accordingly this is the second year in which an additional budget allocation was made available to the health services.

A Revised Estimate for Health was approved by the Oireachtas on July 7<sup>th</sup> 2016, representing a revised revenue allocation for Health of €13,489.9m for 2016. Within this amount a sum of €98.5m was held by the Department of Health to fund specific new developments outlined in NSP 2016 (€58.5m) and to support additional Winter Initiatives in 2016 (€40m). This funding is being released on the approval of implementation plans that support the additional service investment. The maximum amount of revenue expenditure that may be incurred by the HSE as at 30<sup>th</sup> September 2016 is €13,429.2m.

The additional investment of €500m notified to the HSE has been most welcome and represents a significant commitment to ensuring that our health and social care services are placed on a sustainable financial footing for 2016.

The early notification of this additional funding has also been helpful as it allows the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements to underpin this level of investment.

The HSE has revised the Performance and Accountability Framework to reflect recommendations made in the recent review and also to incorporate enhanced accountability arrangements in respect of this additional €500m investment in 2016. The revised framework has been agreed with the Department of Health and the Department of Public Expenditure & Reform and enhanced monitoring, reporting, supports and interventions have been introduced alongside the revised service allocations. A staged allocation process has been designed to control the release of these additional funds in 2016 with funding being contingent on evidence of sustained delivery against credible financial plans. Any residual overruns against expenditure limits in 2016 will be applied as a first charge on the relevant budget in 2017.

Within Operational Services it is for the HSE and the Hospital Groups / Community Healthcare Organisations to ensure that appropriate management effort and attention is applied to maximising the delivery of agreed measures and overall budgetary performance. The additional investment has allowed for achievable targets to be set, initially via notification of maximum expenditure limits and has required written commitments to be received from each Hospital Group CEO and Chief Officer that they will operate within the limits of the funding notified. Underpinning these commitments is a set of credible financial plans which demonstrates how a balanced financial position will be achieved by year end and outlines the associated reporting, monitoring and control arrangements.

Allied to this the HSE has also prioritised its efforts around strengthening payroll controls through the development of its Pay and Numbers Strategy. These controls, in addition to measures targeted at reducing waste and increasing productivity, seek to mitigate the on-going annual growth in health and social care costs experienced in Ireland and internationally. Thereafter, to the greatest extent practicable and consistent with the safe delivery of services, we will deliver services at 2015 levels or at an increased level where this is supported by the funding available.

The HSE fully acknowledges the requirement to operate within the limits of the funding notified to it and will ensure this receives the very significant management focus required in 2016.

## Financial Performance

As of the 30<sup>th</sup> September 2016 the HSE has expenditure of €10.035 billion against a budget of €10.017 billion leading to a deficit of €18.1m or 0.18%.

| Expenditure by Category and Division         | Approved Allocation | YTD               |                   |               | % Var Act v Tar |
|--|---------------------|-------------------|-------------------|---------------|-----------------|
|  |                     | Actual            | Plan              | Variance      |                 |
|  | €000s               | €000s             | €000s             | €000s         | €000s           |
| Acute Hospitals Division (Note 2)            | 4,320,786           | 3,322,066         | 3,285,939         | 36,127        | 1.1%            |
| National Ambulance Service & Emergency Mgt   | 152,878             | 111,114           | 113,648           | (2,534)       | -2.2%           |
| Health & Wellbeing Division                  | 197,432             | 136,082           | 143,305           | (7,222)       | -5.0%           |
| Primary Care Division (Note 1)               | 981,458             | 730,338           | 727,987           | 2,352         | 0.3%            |
| Mental Health Division                       | 815,982             | 588,292           | 593,573           | (5,281)       | -0.9%           |
| Social Care Division                         | 3,252,811           | 2,430,892         | 2,432,773         | (1,881)       | -0.1%           |
| National Cancer Control Programme (NCCP)     | 15,482              | 1,937             | 1,944             | (7)           | -0.4%           |
| Clinical Strategy & Programmes Division      | 41,311              | 20,052            | 25,467            | (5,414)       | -21.3%          |
| Quality Assurance & Verification             | 3,137               | 767               | 1,771             | (1,004)       | -56.7%          |
| Quality Improvement Division                 | 7,699               | 4,969             | 5,198             | (229)         | -4.4%           |
| Other National Divisions / Services          | 301,405             | 211,284           | 215,670           | (4,386)       | -2.0%           |
| <b>Total Operational Service Areas</b>       | <b>10,090,380</b>   | <b>7,557,794</b>  | <b>7,547,274</b>  | <b>10,520</b> | <b>0.14%</b>    |
| Pensions                                     | 325,630             | 240,879           | 228,216           | 12,663        | 5.5%            |
| State Claims Agency                          | 198,000             | 171,075           | 166,700           | 4,375         | 2.6%            |
| Primary Care Reimbursement Scheme (Note 1)   | 2,554,449           | 1,870,917         | 1,881,272         | (10,355)      | -0.6%           |
| Demand Led Local Schemes (Note 1)            | 246,682             | 183,202           | 183,099           | 103           | 0.1%            |
| Overseas Treatment                           | 14,090              | 10,959            | 10,156            | 803           | 7.9%            |
| <b>Total Pensions &amp; Demand Led Areas</b> | <b>3,338,851</b>    | <b>2,477,032</b>  | <b>2,469,443</b>  | <b>7,590</b>  | <b>0.31%</b>    |
| <b>Grand Total</b>                           | <b>13,429,231</b>   | <b>10,034,826</b> | <b>10,016,717</b> | <b>18,110</b> | <b>0.18%</b>    |

This September deficit primarily relates to an over spend against profile within Acute Hospitals of €36.1m, Disability Services €12.1m, Pensions and Demand Led Areas €7.6m with offsetting surpluses in NHSS of

€13.9m, Mental Health of €5.3m, Health and Wellbeing of €7.2m, Clinical Strategy & Programmes €5.4m and Other National Divisions/Services €4.4m.

Operational Service Areas represent €10.5m of the overall deficit with Pensions & Demand Led Areas contributing a net year to date deficit of €7.6m. These results are inclusive of revised funding approved by the Oireachtas on July 7<sup>th</sup> and advised to the HSE on July 19<sup>th</sup> 2016 of €500m.

The additional investment of €500m notified to the HSE is most welcome and represents a significant commitment to ensuring that our health and social care services are placed on a sustainable financial footing for 2016. The early notification of this additional funding is also helpful as it allows the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements to underpin this level of investment.

Within the additional investment of €500m notified to the HSE, €40m has been set aside for Winter Initiatives. This funding is currently held by the DOH and will be released in due course. Some expenditure relating to this has already commenced within Divisions.

## Acute Hospitals

| Acute Services Division       | Approved Allocation<br>€'000 | YTD              |                  |                   | % Var<br>Act v Tar<br>€'000 |
|-------------------------------|------------------------------|------------------|------------------|-------------------|-----------------------------|
|                               |                              | Actual<br>€'000  | Plan<br>€'000    | Variance<br>€'000 |                             |
| RCSI Dublin North East        | 633,682                      | 511,290          | 507,876          | 3,414             | 0.7%                        |
| Dublin Midlands               | 773,120                      | 619,068          | 612,308          | 6,760             | 1.1%                        |
| Ireland East                  | 827,072                      | 652,424          | 651,157          | 1,267             | 0.2%                        |
| South / South West            | 709,330                      | 558,066          | 555,697          | 2,369             | 0.4%                        |
| Saolta University Health Care | 662,292                      | 534,302          | 528,010          | 6,292             | 1.2%                        |
| UL Hospitals                  | 259,932                      | 215,387          | 209,181          | 6,206             | 3.0%                        |
| National Childrens Hospital   | 235,034                      | 187,214          | 186,869          | 345               | 0.2%                        |
| Regional & National Services  | 220,324                      | 44,316           | 34,842           | 9,474             | 27.2%                       |
| <b>Total</b>                  | <b>4,320,786</b>             | <b>3,322,066</b> | <b>3,285,939</b> | <b>36,127</b>     | <b>1.1%</b>                 |

Note: the YTD budget figures for the Acute Hospital Division are based on YTD maximum expenditure limits notified to the Hospital Groups

As of 30<sup>th</sup> of September 2016 the Acute Hospital Division has a deficit of €36.1m or 1.1%. One of the most significant elements of the deficits recorded at hospital level relates to a shortfall on the achievement of stretched income targets.

A total of €185m has been provided to the Acute Division as part of the overall additional funding provided by Government in July 2016. This additional investment allows for achievable targets to be set, initially via notification of maximum expenditure limits. It is held at National Director / Regional Level and is being released subject to a number of conditions and in line with the HSE's revised Performance and Accountability framework.

These conditions included a written commitment from each Hospital Group CEO to operate within notified maximum expenditure limits and sustained implementation by each Hospital Group of a revised financial plan that demonstrates how a balanced position will be achieved at the year-end.

## Social Care - Older Persons

| Social Care Older Persons | Approved Allocation<br>€000 | YTD              |                  |                  | % Var<br>Act v Tar<br>€000 |
|---------------------------|-----------------------------|------------------|------------------|------------------|----------------------------|
|                           |                             | Actual<br>€000   | Plan<br>€000     | Variance<br>€000 |                            |
| CHO 1                     | 75,771                      | 59,700           | 56,298           | 3,402            | 6.0%                       |
| CHO 2                     | 62,310                      | 54,631           | 46,648           | 7,983            | 17.1%                      |
| CHO 3                     | 59,599                      | 47,968           | 44,705           | 3,263            | 7.3%                       |
| CHO 4                     | 116,696                     | 89,431           | 87,802           | 1,630            | 1.9%                       |
| CHO 5                     | 62,152                      | 50,438           | 46,551           | 3,887            | 8.4%                       |
| CHO 6                     | 54,151                      | 44,278           | 40,334           | 3,944            | 9.8%                       |
| CHO 7                     | 78,979                      | 67,626           | 59,817           | 7,809            | 13.1%                      |
| CHO 8                     | 56,928                      | 47,364           | 42,771           | 4,592            | 10.7%                      |
| CHO 9                     | 89,653                      | 72,780           | 67,338           | 5,443            | 8.1%                       |
| Regional & National       | 76,794                      | 25,903           | 67,945           | (42,042)         | -61.9%                     |
| <b>Subtotal</b>           | <b>733,033</b>              | <b>560,119</b>   | <b>560,209</b>   | <b>(90)</b>      | <b>0.0%</b>                |
| NHSS                      | 909,838                     | 663,610          | 677,519          | (13,909)         | -2.1%                      |
| <b>Overall Total</b>      | <b>1,642,871</b>            | <b>1,223,729</b> | <b>1,237,728</b> | <b>(13,998)</b>  | <b>-1.1%</b>               |

As of 30<sup>th</sup> of September 2016, Older Persons (including NHSS) has expenditure of €1,223.7m against a budget of €1,237.7m leading to a surplus of €14m / 1.1%.

The year to date surplus arising within the Nursing Home Support Scheme (NHSS/Fair Deal) is reflective of a lower than anticipated number of clients in receipt of support than was originally forecasted.

Managing the year on year growth in demand for community-based social services is one of the key challenges for Older Persons services in 2016. To that end a total of €30m has been provided to Older Persons as part of the overall additional funding provided by Government in July 2016.

The additional investment has allowed for achievable targets to be set and written commitments have been received from each CHO Chief Officer advising that they will operate within the limits of the funding now being notified.

This funding is being held at National Director / Regional Level in the first instance and will be released subject to a number of conditions and in line with the HSE's revised Performance and Accountability framework. This process is currently on-going with funding set to be released once those conditions have been fulfilled.

### Social Care - Disability Services

| Social Care Disability Services | Approved Allocation | YTD              |                  |               | % Var Act v Tar |
|---------------------------------|---------------------|------------------|------------------|---------------|-----------------|
|                                 |                     | Actual           | Plan             | Variance      |                 |
|                                 | €000                | €000             | €000             | €000          | €000            |
| CHO 1                           | 110,187             | 88,562           | 82,407           | 6,155         | 7.5%            |
| CHO 2                           | 149,674             | 118,909          | 112,303          | 6,606         | 5.9%            |
| CHO 3                           | 134,578             | 105,591          | 100,638          | 4,953         | 4.9%            |
| CHO 4                           | 195,147             | 151,562          | 146,094          | 5,468         | 3.7%            |
| CHO 5                           | 139,832             | 112,591          | 104,228          | 8,363         | 8.0%            |
| CHO 6                           | 213,454             | 165,662          | 159,138          | 6,523         | 4.1%            |
| CHO 7                           | 149,939             | 122,501          | 111,432          | 11,069        | 9.9%            |
| CHO 8                           | 178,508             | 144,511          | 133,550          | 10,961        | 8.2%            |
| CHO 9                           | 250,323             | 193,362          | 187,073          | 6,289         | 3.4%            |
| Regional & National             | 88,299              | 3,913            | 58,183           | (54,270)      | -93.3%          |
| <b>Total</b>                    | <b>1,609,940</b>    | <b>1,207,163</b> | <b>1,195,045</b> | <b>12,117</b> | <b>1.0%</b>     |

As of 30th of September 2016, Disability Services has expenditure of €1,207.2m against a budget of €1,195.0m leading to a deficit of €12.1m / 1.0%.

There has been very significant investment in disability services in 2016 to support the full year cost of approved compliance work and emergency places commenced in 2015. Within the overall additional provision of the revised allocation provided by Government €31m has been provided for disability services.

As in the case of other Social Care services this additional funding is held at National Director / Regional Level in the first instance and will be in line with the HSE's revised Performance and Accountability framework and

subject to a number of conditions. This process is currently on-going with funding set to be released once those conditions have been fulfilled.

Any increasing demand for additional / emergency residential placements as well as the changing needs of existing clients needs to be managed within the funding provided in 2016.

### Mental Health

| Mental Health       | Approved Allocation | YTD            |                |                | % Var Act v Tar |
|---------------------|---------------------|----------------|----------------|----------------|-----------------|
|                     |                     | Actual         | Plan           | Variance       |                 |
|                     | €000                | €000           | €000           | €000           | €000            |
| CHO 1               | 66,337              | 49,743         | 49,348         | 395            | 0.8%            |
| CHO 2               | 92,759              | 73,956         | 69,506         | 4,450          | 6.4%            |
| CHO 3               | 58,959              | 45,451         | 44,053         | 1,398          | 3.2%            |
| CHO 4               | 105,663             | 80,998         | 79,094         | 1,904          | 2.4%            |
| CHO 5               | 90,061              | 68,017         | 67,402         | 614            | 0.9%            |
| CHO 6               | 53,199              | 41,123         | 39,396         | 1,727          | 4.4%            |
| CHO 7               | 73,699              | 57,587         | 55,275         | 2,312          | 4.2%            |
| CHO 8               | 82,753              | 64,715         | 61,178         | 3,537          | 5.8%            |
| CHO 9               | 103,948             | 78,057         | 77,433         | 624            | 0.8%            |
| Regional & National | 88,604              | 28,645         | 50,887         | (22,242)       | -43.7%          |
| <b>Total</b>        | <b>815,982</b>      | <b>588,292</b> | <b>593,573</b> | <b>(5,281)</b> | <b>-0.9%</b>    |

The Mental Health Division spent €588.3m in the period ended 30<sup>th</sup> September 2016 against a budget of €593.6m, representing a year to date surplus of €5.3m.

The Division forecasts that it will be within budget at year end. However cost pressures, such as Nursing and Medical Agency and the increasing costs of Private Placements, are likely to be substantially balanced by savings arising from the difficulty in hiring some new / replacement posts.

## Primary Care Division

| Primary Care Division              | Approved Allocation<br>€000 | YTD              |                  |                  | % Var Act v Tar<br>€000 |
|------------------------------------|-----------------------------|------------------|------------------|------------------|-------------------------|
|                                    |                             | Actual<br>€000   | Plan<br>€000     | Variance<br>€000 |                         |
| CHO 1                              | 87,050                      | 67,621           | 64,498           | 3,123            | 4.8%                    |
| CHO 2                              | 92,554                      | 72,616           | 69,223           | 3,393            | 4.9%                    |
| CHO 3                              | 73,728                      | 56,564           | 55,164           | 1,400            | 2.5%                    |
| CHO 4                              | 120,122                     | 92,121           | 90,006           | 2,115            | 2.3%                    |
| CHO 5                              | 83,789                      | 64,485           | 62,653           | 1,832            | 2.9%                    |
| CHO 6                              | 55,791                      | 42,343           | 41,711           | 632              | 1.5%                    |
| CHO 7                              | 149,177                     | 110,611          | 111,599          | (988)            | -0.9%                   |
| CHO 8                              | 121,490                     | 93,124           | 90,847           | 2,278            | 2.5%                    |
| CHO 9                              | 119,845                     | 90,915           | 89,291           | 1,624            | 1.8%                    |
| Regional                           | 14,630                      | 15,589           | 10,809           | 4,779            | 44.2%                   |
| National                           | 55,023                      | 17,635           | 36,617           | (18,983)         | -51.8%                  |
| Corporate Community                | 8,259                       | 6,714            | 5,568            | 1,147            | 20.6%                   |
| <b>Sub Total - Primary Care</b>    | <b>981,458</b>              | <b>730,338</b>   | <b>727,987</b>   | <b>2,352</b>     | <b>0.3%</b>             |
| PCRS                               | 2,554,449                   | 1,870,917        | 1,881,272        | (10,355)         | -0.6%                   |
| DLS                                | 246,682                     | 183,202          | 183,099          | 103              | 0.1%                    |
| <b>Sub Total PCRS &amp; DLS</b>    | <b>2,801,131</b>            | <b>2,054,119</b> | <b>2,064,371</b> | <b>(10,252)</b>  | <b>-0.5%</b>            |
| <b>Total Primary Care Division</b> | <b>3,782,589</b>            | <b>2,784,457</b> | <b>2,792,357</b> | <b>(7,900)</b>   | <b>-0.3%</b>            |

The Primary Care Division spent €2,784m versus a budget of €2,792m in the period ending 30<sup>th</sup> September 2016, leading to a surplus of €7.9m.

The year to date financial position reflects a net underspend of €10.4m within the demand-led area of PCRS which is partially offset by an overspend of €2.4m within the operational service areas. A total of €129m was provided for demand led services within the revised allocation advised to the HSE in July. The deficit in core services is driven by pay and staffing pressures in addition to expenditure on medical surgical supplies. There is also significant expenditure on paediatric home care packages.

CHO areas are working on implementing plans to address any potential over spend at year end. Breakeven across core services also requires strict compliance with the HSE Funded workforce plan which is being applied across all areas having due regard to safe delivery of services.

## Health & Wellbeing

| Health & Wellbeing | Approved Allocation<br>€000 | YTD            |              |                  | % Var Act v Tar<br>€000 |
|--------------------|-----------------------------|----------------|--------------|------------------|-------------------------|
|                    |                             | Actual<br>€000 | Plan<br>€000 | Variance<br>€000 |                         |
| <b>Total</b>       | 197,432                     | 136,082        | 143,305      | (7,222)          | -5.0%                   |

The overall outturn for the Health & Wellbeing Division for the year to date September 2016 was €136.1m against a year to date budget of €143.3m giving a favourable variance of €7.2m.

The Health & Wellbeing division anticipates that the current favourable trend in net expenditure will continue to the year-end.

## Pay and Staffing Framework

As part of its measures to prioritise its efforts around strengthening payroll controls the HSE's 2016 pay bill management & control framework has been introduced throughout the system, which builds on the 2015 pay and numbers strategy. This framework has as an overriding requirement that Divisions and CHOs operate within notified pay budgets. Stringent interim measures were instituted to control the pay bill until detailed funded workforce plans were available. The 2016 Funded Workforce Plans have now been completed and have been submitted to Department of Health Officials. Funded workforce plans include a realistic forecast of pay and staffing levels before remedial actions and also outline plans to bring pay in line with available budget. This represents part of a wider effort to mitigate the continuing annual growth in health and social care costs.



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

These costs are difficult to predict with accuracy and the ability to influence financial performance in these areas is limited. The HSE seeks to ensure that these schemes continue to be managed tightly within the eligibility criteria and other provisions set down in the legislation.

1. The PCRS budget for 2016 was framed by reference to a series of working assumptions. On the basis of revised assumptions / projections to year end a total of €125m has been provided by Government by way of additional funding. Expenditure in the PCRS budget will continue to be the subject of close monitoring and assessment for the remainder of 2016.
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. An additional allocation of €10m has been allocated to this area based on assessed pension costs for the remainder of 2016.
3. The SCA financial plan for 2016 is based on the assumption that in the event that cost trends in SCA vary from the funding level provided to the HSE this will be identified as early as possible. The SCA has been funded with an additional €70m for 2016 which brings its budget to within €7m of the 2015 full year expenditure.
4. The treatment abroad scheme 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. An additional €5m has been provided in respect of overseas treatment from within the additional funding received from Government.

The implications of any emerging variations from the working assumptions underpinning the above budgets will be the subject of engagement with the DoH through the reporting and oversight arrangements which operate in relation to the NSP 2016.

# Human Resources

# Human Resources

## Workforce Position

Overall employment levels at the end of September stands at **105,886 WTEs** up **308 WTEs** from previous month.

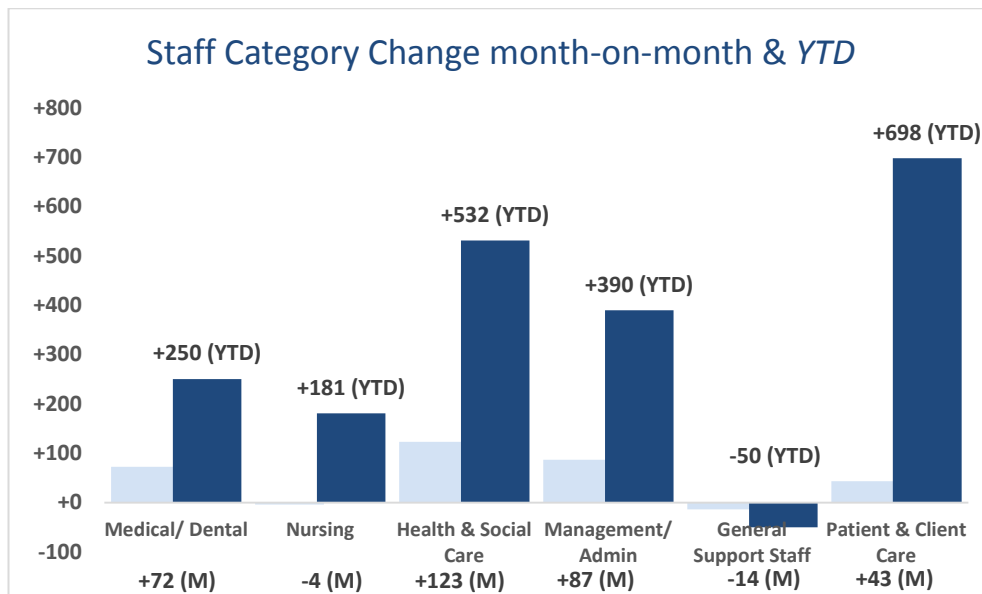
| Division                             | WTE Dec 2015   | WTE Aug 2016   | WTE Sept 2016  | WTE change since Aug 2016 | WTE change since Dec 2015 |
|--------------------------------------|----------------|----------------|----------------|---------------------------|---------------------------|
| <b>Total Health Service Staffing</b> | <b>103,884</b> | <b>105,578</b> | <b>105,886</b> | <b>+308</b>               | <b>+2001</b>              |
| Acute Services                       | 52,555         | 53,426         | 53,524         | +98                       | +969                      |
| Mental Health                        | 9,407          | 9,458          | 9,464          | +6                        | +57                       |
| Primary Care                         | 10,376         | 10,369         | 10,404         | +35                       | +28                       |
| Disabilities                         | 16,103         | 16,784         | 16,915         | +131                      | +812                      |
| Older People                         | 9,682          | 9,743          | 9,752          | +9                        | +70                       |
| Social Care                          | 25,786         | 26,527         | 26,668         | +141                      | +882                      |
| Health & Wellbeing                   | 1,317          | 1,337          | 1,355          | +19                       | +38                       |
| Ambulance Services                   | 1,709          | 1,697          | 1,685          | -12                       | -24                       |
| Corporate & HBS                      | 2,735          | 2,763          | 2,786          | +23                       | +51                       |

| HSE and Voluntary Agencies (Section 38s) | WTE Dec 2015   | WTE Aug 2016   | WTE Sept 2016  | WTE change since Aug 2016 | WTE change since Dec 2015 |
|--|----------------|----------------|----------------|---------------------------|---------------------------|
| <b>Total Health Service Staffing</b>     | <b>103,884</b> | <b>105,578</b> | <b>105,886</b> | <b>308</b>                | <b>2001</b>               |
| Health Service Executive                 | 66,260         | 67,017         | 67,146         | 128                       | 885                       |
| Voluntary Hospitals                      | 23,384         | 23,766         | 23,826         | 60                        | 441                       |
| Voluntary Agencies (Non-Acute)           | 14,240         | 14,795         | 14,915         | 120                       | 675                       |

## Overview by staff group

| Staff Group                  | WTE Dec 2015   | WTE Aug 2016   | WTE Sept 2016  | WTE change since Aug 2016 | % change since Aug 2016 |
|------------------------------|----------------|----------------|----------------|---------------------------|-------------------------|
| Consultants                  | 2,724          | 2,812          | 2,825          | 13                        | 0.5%                    |
| NCHDs                        | 5,717          | 5,831          | 5,881          | 50                        | 0.9%                    |
| Medical other                | 895            | 872            | 881            | 9                         | 1.0%                    |
| Nurse Manager                | 6,947          | 7,125          | 7,153          | 28                        | 0.4%                    |
| Nurse Specialist             | 1,475          | 1,532          | 1,554          | 23                        | 1.5%                    |
| Staff Nurse                  | 24,749         | 24,299         | 24,285         | -14                       | -0.1%                   |
| Public Health Nurse          | 1,501          | 1,486          | 1,495          | 9                         | 0.6%                    |
| Nursing Student              | 387            | 795            | 746            | -49                       | -6.2%                   |
| Nursing other                | 295            | 302            | 301            | -1                        | -0.2%                   |
| Therapists (OT, Physio, SLT) | 4,002          | 4,139          | 4,181          | 43                        | 1.0%                    |
| HSCP other                   | 10,576         | 10,484         | 10,928         | 80                        | 0.7%                    |
| Management                   | 1,327          | 1,405          | 1,424          | 19                        | 1.3%                    |
| Clerical & Administrative    | 14,837         | 15,061         | 15,129         | 68                        | 0.5%                    |
| Ambulance                    | 1,601          | 1,596          | 1,586          | -9                        | -0.6%                   |
| Care                         | 17,359         | 18,019         | 18,072         | 53                        | 0.3%                    |
| Support                      | 9,494          | 9,457          | 9,444          | -14                       | -0.1%                   |
| <b>Total</b>                 | <b>103,884</b> | <b>105,578</b> | <b>105,886</b> | <b>308</b>                | <b>0.3%</b>             |





Details of health service absence rates are detailed in the attached report.

|               | Target | Aug 2015 | Full Year 2015 | Previous Month | Aug 2016 | YTD 2016 | % Medically Certified (Aug 2016) |
|---------------|--------|----------|----------------|----------------|----------|----------|----------------------------------|
| Absence Rates | 3.5%   | 4.3%     | 4.2%           | 4.3%           | 4.4%     | 4.5%     | 89%                              |

### Latest monthly figures (2016)

The August rate at 4.4% is up on the July rate. Previous August rates were

| 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|------|------|------|------|------|------|------|------|
| 5.5% | 5.1% | 4.8% | 4.9% | 4.7% | 4.8% | 4.1% | 4.3% |

### Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- August 2016 absence rate stands at **4.4%** and is up when compared with a rate of **4.3%** for August 2015.
- The 2016 YTD rate is **4.5%** up when compared to August 2015 at **4.3%**.
- The 2015 full-year rate is **4.2%** and is the lowest on record since annual reporting on a health sector-wide basis commenced in 2008. 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 year to October 2015 recorded an overall rate of 4.24%, a decrease from the previous year of 4.42%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the rate recorded to November 2014 was 5.5%

### Annual rates

| 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 5.76% | 5.05% | 4.70% | 4.90% | 4.79% | 4.73% | 4.27% | 4.21% |

## EWTD Compliance

- The data deals with 5,408 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 September 2014 from the same group of hospitals and agencies was 4,904, in September 2015 it was 5,324
- Compliance with a maximum 48 hour week is at 81% as of end September – up 1% from August
- Compliance with 30 minute breaks is at 100% - up 1% from August
- Compliance with weekly / fortnightly rest is at 99% - unchanged from August;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged from August;
- Compliance with a daily 11 hour rest period is at 98% - up 1% from August; This is closely linked to the 24 hour shift compliance above.

# Escalation Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Performance Oversight Group

# Escalation Report

**Level 3 Red**

**Level 4 Black**

## NPOG November 2016

(September 2016 Reporting Cycle)

Final Version 1.0 16<sup>th</sup> November '16

# 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   | % of people waiting > 13 weeks for a routine colonoscopy/OGD | Acute Hospitals |
| 3   | Financial Position: Projected net expenditure to year end    | Acute Hospitals |
| 4   | Financial Position: Pay control acute hospitals              | Acute Hospitals |

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

| No. | Area of escalation   | Division                        |
|-----|--|---------------------------------|
| 1   | Cancer services (Prostate, Lung and Breast)  | Acute Hospitals                 |
| 2   | Radiotherapy – treatment within 15 working days  | Acute Hospitals                 |
| 3   | Urgent colonoscopy - % of people waiting < 4 weeks   | Acute Hospitals                 |
| 4   | Number of delayed discharges over 90 days  | Acute Hospitals and Social Care |
| 5   | Waiting > 18 months for an elective procedure /<br>Waiting >18 months for an OPD appointment | Acute Hospitals                 |
| 6   | Serious Reportable Events (SREs)   | Acute Hospitals                 |
| 7   | Disability Act Compliance  | Social Care                     |
| 8   | Occupational Therapy – Assessment Waiting list ≤ 52 weeks                                    | Primary Care                    |
| 9   | Financial Position: Projected net expenditure to year end                                    | Primary Care                    |
| 10  | Financial Position: Projected net expenditure to year end                                    | Social Care (Disabilities)      |

|     |  |  |
|-----|--|--|
| I   | Register: Areas deescalated from NPOG oversight          |  |
| ii  | Register: Log of changes to services in escalation table |  |
| iii | Register: Completed escalation actions                   |  |

## Services in Escalation

| Service   | Accountable Officer | Escalation Area                     | Level |
|---|---------------------|-------------------------------------|-------|
| Ireland East Hospital Group (Accountable Officer – Mary Day CEO)          |                     |                                     |       |
| Mater Hospital  | Gordon Dunne        | ED > 24 hours                       | Black |
| Midland Regional Hospital Mullingar                                       | Shona Schneeman     | ED > 24 hours                       | Black |
| St Luke's Hospital Kilkenny   | Ann Slattery        | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
|   |                     | Finance                             | Black |
| St. Michael's Hospital  | Seamus Murtagh      | Routine Colonoscopy > 13 weeks      | Black |
| St. Vincent's Hospital  | Michael Keane       | ED > 24 hours                       | Black |
|   |                     | Finance                             | Black |
| Wexford General Hospital  | Lily Byrnes         | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | 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   | ED > 24 hours                       | Black |
|   |                     | Prostate Cancer within 20 days      | Red   |
|   |                     | Breast Cancer within 2 weeks        | Red   |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
| Tallaght Hospital   | David Slevin        | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
|   |                     | Finance                             | Black |
| RCSI Hospital Group (Accountable Officer – Ian Carter CEO)                |                     |                                     |       |
| Beaumont Hospital   | Ian Carter          | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
|   |                     | Finance                             | Black |
|   |                     | Prostate Cancer within 20 days      | Red   |
|   |                     | Lung Cancer within 10 working days  | Red   |
| Cavan General Hospital  | Evelyn Hall         | ED > 24 hours                       | Black |
| James Connolly Hospital   | Margaret Boland     | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
| Louth County Hospital   | Catriona Crowley    | Routine Colonoscopy > 13 weeks      | Black |
| Our Lady of Lourdes Hospital Drogheda                                     | Catriona Crowley    | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
| South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO) |                     |                                     |       |
| Cork University Hospital  | Tony McNamara       | ED > 24 hours                       | Black |
|   |                     | Routine Colonoscopy > 13 weeks      | Black |
|   |                     | Prostate Cancer within 20 days      | Red   |
|   |                     | Lung Cancer within 10 working days  | Red   |
|   |                     | Radiotherapy within 15 working days | Red   |
| Mercy University Hospital Cork  | Sandra Daly         | ED > 24 hours                       | Black |
| South Tipperary General Hospital  | Maria Barry         | ED > 24 hours                       | Black |
| University Hospital Kerry   | Maria Godley        | ED > 24 hours                       | Black |

| Service  | Accountable Officer | Escalation Area                    | Level |
|--|---------------------|------------------------------------|-------|
| University Hospital Waterford  | Richie Dooley       | ED > 24 hours                      | Black |
|  |                     | Routine Colonoscopy > 13 weeks     | Black |
|  |                     | Prostate Cancer within 20 days     | Red   |
| University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO) |                     |                                    |       |
| University Hospital, Limerick  | Colette Cowan       | ED > 24 hours                      | Black |
|  |                     | Finance                            | Black |
|  |                     | Prostate Cancer within 20 days     | Red   |
|  |                     | Lung Cancer within 10 working days | Red   |
| Saoilta Hospital Group (Accountable Officer – Maurice Power CEO)                 |                     |                                    |       |
| Galway University Hospitals  | Chris Kane          | ED > 24 hours                      | Black |
|  |                     | Routine Colonoscopy > 13 weeks     | Black |
| Letterkenny General Hospital   | Sean Murphy         | ED > 24 hours                      | Black |
|  |                     | Breast Cancer within 2 weeks       | Red   |
| Mayo General Hospital  | Catherine Donohoe   | ED > 24 hours                      | Black |
|  |                     | Routine Colonoscopy > 13 weeks     | Black |
| Sligo Regional Hospital  | Grainne McCann      | ED > 24 hours                      | Black |
|  |                     | Finance                            | Black |
| Portiuncula Hospital   | James Keane         | ED>24 hours                        | Black |
| Roscommon Hospital   | Elaine Prendergast  | Routine Colonoscopy > 13 weeks     | Black |
| Childrens Hospital Group (Accountable Officer – Eilish Hardiman CEO)             |                     |                                    |       |
| Children's University Hospital Temple Street                                     | Mona Baker          | ED > 24 hours                      | Black |
|  |                     | Routine Colonoscopy > 13 weeks     | Black |
| National Children's Hospital at Tallaght Hospital                                | David Slevin        | ED > 24 hours                      | Black |
|  |                     | Routine Colonoscopy > 13 weeks     | Black |

|   |               |  |     |
|---|---------------|--|-----|
| CHO 2 (Accountable Officer – Tony Canavan)    |               |  |     |
| Primary Care                                  | Tony Canavan  | Finance  | Red |
| CHO 4 (Accountable Officer – Ger Reaney)      |               |  |     |
| Primary Care                                  | Ger Reaney    | Occupational Therapy Assessment waiting list<br>≤ 52 weeks | Red |
| Social Care                                   | Ger Reaney    | Disability Act Compliance                                  | Red |
| CHO 5 (Accountable Officer – Aileen Colley )  |               |  |     |
| Primary Care                                  | Aileen Colley | Occupational Therapy Assessment waiting list<br>≤ 52 weeks | Red |
| CHO 8 (Accountable Officer – Pat Bennett)     |               |  |     |
| Primary Care                                  | Pat Bennett   | Occupational Therapy Assessment waiting list<br>≤ 52 weeks | Red |
| CHO 9 (Accountable Officer – Gerry O'Neill)   |               |  |     |
| Social Care                                   | Gerry O'Neill | Disability Act Compliance                                  | Red |
| Social Care (Accountable Officer – Pat Healy) |               |  |     |
| Social Care                                   | Pat Healy     | Finance  | Red |

# Areas of Black Escalation (DG oversight)

## ED: Patients waiting in ED > 24 hours and people over 75 years

| Division        | Date first escalated | Last date escalated/ deescalated | Escalation level |
|-----------------|----------------------|----------------------------------|------------------|
| Acute Hospitals | May 2015             |                                  |                  |

### Reason for escalation

Data reported show continuing variation in performance below what is acceptable.

Remains in Black Escalation and is a focus of the ED Task Force which is co-chaired by Director General.

### Current reported performance (September 2016)

|                     | Jan   | Feb   | March | April | May   | June  | July  | August | Sept  |
|---------------------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| <b>Total</b>        | 4,696 | 3,931 | 3,949 | 3,326 | 2,664 | 2,077 | 2,452 | 2,404  | 2,980 |
| <b>&gt;75 years</b> | 1,499 | 1,214 | 1,236 | 1,020 | 762   | 543   | 669   | 629    | 810   |

ED activity is 5.8% ahead of expected activity YTD (56,121 people)

| NPOG Agreed actions |  | Responsible      | Date agreed | Due date                 | Status          |
|---------------------|--|------------------|-------------|--------------------------|-----------------|
| 1                   | SDU Action plans for 8/12 Hospitals in place. Monitoring visits to be undertaken and a further report to be provided to NPOG.  | ND AHD           | 04.05.16    | 30.11.16                 |                 |
| 2                   | A status report on application of fines for breaches > 24 hours where recommendations of SDU Audits not implemented, to be provided to NPOG once monitoring visits are complete.                             | ND AHD           | 07.09.16    | 30.11.16                 |                 |
| 3                   | A number of actions to address the >24 hour target in ED have been set out in the Winter Initiative Plan 2016/17. Implementation of the Plan and the status of associated actions will be monitored by NPOG. | ND AHD/<br>ND SC | 08.06.16    | 31.09.16<br><br>05.10.16 | *See note below |
| 4                   | Further analysis of the continued growth in ED activity to be commissioned and report to be provided to NPOG. The ND AHD has also been requested to provide firm timelines for completion of this work.      | ND AHD           | 07.09.16    | 05.10.16                 | Outstanding     |

### Note

\* A number of escalation actions agreed with NPOG are now comprehended within the Winter Initiative Plan for 2016/17 and the Escalation Report has been amended to reflect this change.



## Routine colonoscopy: % of people waiting > 13 weeks

|                                    |   |  |  |
|------------------------------------|---|--|--|
| <b>Division</b><br>Acute Hospitals | <b>Date first escalated</b><br>March 2015 | <b>Last date escalated/ deescalated</b><br>September 2015 (Red to Black) | <b>Escalation level</b><br><br>Level 4 |
|------------------------------------|---|--|--|

### Reason for escalation

The large number of patients waiting greater than 13 weeks for a routine colonoscopy/ OGD.

### Current Description of performance (September 2016)

|                 | Jan    | Feb    | Mar    | Apr    | May    | June   | July   | Aug    | Sept   |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Total</b>    | 16,390 | 17,119 | 18,579 | 19,416 | 19,424 | 19,850 | 19,761 | 18,281 | 17,984 |
| <b>&gt;13 w</b> | 7,484  | 7,720  | 8,539  | 8,963  | 9,295  | 9,632  | 10,324 | 9,316  | 8,967  |

| NPOG Agreed actions |   | Responsible | Date agreed | Due date                               | Status  |
|---------------------|---|-------------|-------------|--|---|
| <b>1</b>            | Demand Capacity analysis to be undertaken and report presented to NPOG  | ND AHD      | 03.02.16    | 06.04.16<br><i>(Extended 05.10.16)</i> | <sup>1</sup> See note below<br><b>Outstanding</b> |
| <b>2</b>            | The impact of the BowelScreen Programme to be considered as part of the Demand Capacity analysis.                           | ND AHD      | 07.09.16    | 06.12.16                               |   |
| <b>3</b>            | Informed by the Demand Capacity analysis, an Improvement Plan for endoscopy services to be developed and presented to NPOG. | ND AHD      | 07.09.16    | 06.12.16                               | <sup>1</sup> See note below                       |
| <b>4</b>            | Report on endoscopy waiting list initiative funded by NTPF to be provided to NPOG on monthly basis                          | ND AHD      | 05.10.16    | Monthly                                |   |

### Note

<sup>1</sup> Update provided to NPOG at its November Meeting. The demand capacity analysis including improvement requirements has been completed by the National Clinical Lead and Endoscopy Working Group for 11 sites and being progressed for the remaining sites. The ND AHD has been requested to provide an assessment of the outstanding work, setting out the phases, milestones and timeframes for having the analysis and improvement plan in place.

## Financial position: Projected net expenditure to year end

|                                    |  |   |  |
|------------------------------------|--|---|--|
| <b>Division</b><br>Acute Hospitals | <b>Date first escalated</b><br>February 2016 | <b>Last date escalated</b><br>4 <sup>th</sup> May 2016 (NPOG) | <b>Escalation level</b><br><br>Level 4 |
|------------------------------------|--|---|--|

### Reason for escalation

Given the risks to financial performance within acute hospitals this has been escalated to Level 4 (Black). This means it will be the subject of direct DG oversight.

### Current Description of performance (September 2016)

|             | YTD<br>Maximum<br>Expenditure<br>Limit<br>€'000 | YTD<br>Actual<br>€'000 | YTD<br>Variance<br>€'000 | YTD<br>%<br>Variance | Current<br>Month<br>Maximum<br>Expenditure<br>Limit<br>€'000 | Current<br>Month<br>Actual<br>€'000 | Current<br>Month<br>Variance<br>€'000 | Current<br>Month<br>%<br>Variance |
|-------------|---|------------------------|--------------------------|----------------------|--|-------------------------------------|---------------------------------------|-----------------------------------|
| <b>Jan</b>  | 342,000   | 363,477                | 21,47                    | 6.28%                |  |                                     |                                       |                                   |
| <b>Feb</b>  | 772,660   | 673,855                | 48,806                   | 7.24%                | 331,854  | 359,183                             | 27,328                                | 8.24%                             |
| <b>Mar</b>  | 1,017,615                                       | 1,099,445              | 81,829                   | 8.04%                | 343,761  | 376,785                             | 33,024                                | 9.61%                             |
| <b>Apr</b>  | 1,354,622                                       | 1,466,767              | 112,145                  | 8.28%                | 337,007  | 367,323                             | 30,316                                | 9.00%                             |
| <b>May</b>  | 1,700,063                                       | 1,852,597              | 152,534                  | 8.97%                | 345,441  | 385,830                             | 40,389                                | 11.69%                            |
| <b>June</b> | 2,203,562                                       | 2,218,278              | 14,715                   | 0.67%                | 503,499  | 365,680                             | (137,819)                             | 27.37%                            |
| <b>July</b> | 2,570,511                                       | 2,587,693              | 17,182                   | 0.67%                | 366,949  | 369,416                             | 2,467                                 | 0.67%                             |
| <b>Aug</b>  | 2,929,697                                       | 2,957,137              | 27,441                   | 0.94%                | 359,186  | 369,444                             | 10,258                                | 2.86%                             |
| <b>Sept</b> | 3,285,939                                       | 3,322,066              | 36,127                   | 1.10%                | 356,242  | 364,929                             | 8,687                                 | 2.44%                             |

| NPOG Agreed actions |   | Responsible | Date agreed | Due date | Status                      |
|---------------------|---|-------------|-------------|----------|-----------------------------|
| <b>1</b>            | National Director for Acute Hospitals to provide an update to NPOG in relation to particular areas of financial challenge.  | ND AH       | 03.02.16    | Monthly  |                             |
| <b>2</b>            | Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.  | ND AHD      | 04.05.16    | Ongoing  |                             |
| <b>3</b>            | Enhanced support arrangements including PMO support to be put in place to support cost management groups and to allow for delivery to be tracked. A full update to be provided to NPOG at October 2016 meeting. | ND AHD      | 03.08.16    | 05.10.16 | <sup>1</sup> See note below |

### Note (07.11.16)

<sup>1</sup> Update provided for NPOG meeting on 7<sup>th</sup> November 2016. Further detail on the delivery plan including milestones and anticipated savings to be provided to NPOG.

## Pay control: Acute Hospitals

|                                    |   |   |                              |  |
|------------------------------------|---|---|------------------------------|--|
| <b>Division</b><br>Acute Hospitals | <b>Date first escalated</b><br>April 2016 | <b>Last date escalated</b><br>20 <sup>th</sup> April 2016 | <b>Reference</b><br>NE1/4/16 | <b>Escalation level</b><br><br>Level 4 |
|------------------------------------|---|---|------------------------------|--|

### Reason for escalation

Interim pay control measures were introduced from the 1<sup>st</sup> February 2016. The NPOG has determined together with the ND AHD that interim control measures have not been applied effectively across a number of hospitals. Following the NPOG meeting risks in relation to pay costs in the Acute Hospital system were considered to be such a significant risk that the Director General escalated these concerns to Level 4 Escalation (Black).

### Current Description of performance (September 2016)

(See Finance Report for September 2016).

| Director General/ NPOG Agreed actions |  | Responsible | Date agreed | Due date             | Status                      |
|---------------------------------------|--|-------------|-------------|----------------------|-----------------------------|
| <b>1</b>                              | The Task Force will <b>(1)</b> put in place arrangements to provide assurance that interim controls are in place <b>(2)</b> Ensure plans are in place and being implemented by each Group to operate within agreed pay limits <b>(3)</b> Produce a report for the Steering Group (sub-committee of directorate), provide close out report to steering Group proposing how longer terms actions and controls should be addressed. | ND AHD      | 20.04.16    | 25/04/16 to 31/07/16 | <sup>1</sup> See note below |
| <b>2</b>                              | Meetings involving the AHD and HG will be held with the CEOs/ GMs of the hospitals in escalation   | ND AHD      | 06.03.16    | Ongoing              |                             |
| <b>3</b>                              | Other control options including centralising new staff onto a single payroll system to be explored by the ND AHD   | ND AHD      | 06.04.16    | 04.05.16             | <sup>2</sup> See note below |

### Note:

#### Task Force

<sup>1</sup> Actions 1 and 2 complete. Action 3: Phase 1 Close Out Report to be presented to next meeting of the Steering Group on 11<sup>th</sup> November 2016.

<sup>2</sup> This action is being considered as part of wider range of actions being taken by the Task Force.

## Areas of Level 3 Red Escalation

### General: Cancer services (Prostate, Lung, Breast and Radiotherapy)

General note:

The performance of specific cancer services (**Prostate, Lung, Breast and radiotherapy**) and delivery units has been the subject of focused scrutiny at NPOG in 2016. Because of the persistence and breadth of the issues involved, the NPOG has requested that a formal diagnostic assessment be undertaken and improvement plan developed in the areas outlined below.

| NPOG Agreed actions |   | Responsible       | Date agreed | Due date   | Status     |
|---------------------|---|-------------------|-------------|--|------------|
| 1                   | A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG  | ND CCP/<br>ND AHD | 06.04.16    | 04.05.16<br><br><i>Extension<br/>to 02.11.16</i> | See Note 1 |
| 2                   | A special meeting including NPOG members, and including the National Directors for Acute Hospitals and National Cancer Control Programme will be convened to scrutinise the Improvement Plan prior to its formal submission to NPOG.  | Chair NPOG        | 05.10.16    | 02.11.16   | Complete   |
| 3                   | The Chair of NPOG to write on behalf of NPOG to the National Directors for Acute Hospitals and National Cancer Control Programme requesting a report on how the day to day performance of cancer services is being managed at national, hospital group and hospital levels.                               | Chair NPOG        | 05.10.16    | 02.11.16   | Complete   |
| 4                   | The Chair of NPOG will write to the National Director Acute Hospital Division seeking a report in relation to the management of cancer services in CUH and in particular what management actions have been and are being taken in relation to performance across Prostate, Lung, Breast and radiotherapy. | Chair NPOG        | 07.11.16    | 06.12.16   |            |

**Note:**

<sup>1</sup> The NPOG acknowledged the considerable work undertaken to date in developing the improvement plan across all 8 cancer centres. The first batch of draft Reports and Improvement Plans (Prostate) will issue to the 8 Centres before mid November with all 24 plans issued by early December. The ND NCCP has been asked by NPOG to provide written confirmation by 11<sup>th</sup> November 2016 that the Implementation Plans will contain credible, achievable, measureable and reportable actions which are endorsed by hospitals/hospital groups. Each Plan will also need to set out clearly the cost neutral actions and actions that require funding.

## Prostate Cancer: Patients to be seen within 20 working days

|                                       |  |   |  |
|---------------------------------------|--|---|--|
| <b>Division</b><br>Acute<br>Hospitals | <b>Date first escalated</b><br>July 2015 | <b>Last date escalated/ deescalated</b><br>March 2016<br>Deescalated Black to Red | <b>Escalation level</b><br><br>Level 3 |
|---------------------------------------|--|---|--|

### Reason for escalation

Escalated due to low and variable performance at a number of Rapid Access Clinics.

### Current Description of performance (September 2016)

CUH data o/s

|             | National | CUH   | WRH   | UL    | SJH   | Beaumont | Mater | Vincent's |
|-------------|----------|-------|-------|-------|-------|----------|-------|-----------|
| <b>Jan</b>  | 64.2%    | 33.3% | 53.3% | 14.3% | 0.0%  | 27.3%    | 64.9% | 100.0%    |
| <b>Feb</b>  | 53.0%    | 25.0% | 1.6%  | 20.0% | 60.0% | 60.0%    | 80.8% | 95.8%     |
| <b>Mar</b>  | 64.7%    | 5.3%  | 33.3% | 11.1% | 95.2% | 28.6%    | 88.9% | 100.0%    |
| <b>Apr</b>  | 35.7%    | 6.3%  | 0%    | 31.6% | 36.4% | 15.8%    | 19.5% | 97.3%     |
| <b>May</b>  | 55.4%    | 14.8% | 13.8% | 12.0% | 33.3% | 40.0%    | 82.8% | 100.0%    |
| <b>June</b> | 43.1%    | 21.1% | 14.8% | 0%    | 0%    | 57.4%    | 68.2% | 100.0%    |
| <b>July</b> | 61.1%    | 16.7% | 28.6% | 15.0% | 10.3% | 80.0%    | 97.1% | 90.0%     |
| <b>Aug</b>  | 49.8%    | 7.7%  | 9.1%  | 16.7% | 21.6% | 100.0%   | 92.9% | 3.6%      |
| <b>Sept</b> | 61.6%    | 0%    | 20.0% | 15.6% | 41.7% | 95.8%    | 80.8% | 34.6%     |

## Lung Service: Patients to be seen within 10 working days

|                                    |   |   |  |
|------------------------------------|---|---|--|
| <b>Division</b><br>Acute Hospitals | <b>Date first escalated</b><br>May 2015 | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br><br>Level 3 |
|------------------------------------|---|---|--|

### Reason for escalation

Escalated due to low and variable performance at a number of services.

### Current Description of performance (September 2016)

|             | National | CUH   | UL    | GUH    | Beaumont |
|-------------|----------|-------|-------|--------|----------|
| <b>Jan</b>  | 88.5%    | 97.0% | 52.9% | 93.2%  | 79.4%    |
| <b>Feb</b>  | 83.0%    | 62.8% | 56.3% | 82.0%  | 88.6%    |
| <b>Mar</b>  | 81.3%    | 44.4% | 38.6% | 96.7%  | 96.6%    |
| <b>Apr</b>  | 77.8%    | 15.6% | 55.2% | 92.9%  | 97.3%    |
| <b>May</b>  | 80.8%    | 13.3% | 68.6% | 89.4%  | 100.0%   |
| <b>June</b> | 76.7%    | 17.9% | 55.1% | 89.5%  | 77.5%    |
| <b>July</b> | 79.3%    | 40.0% | 54.0% | 100.0% | 63.9%    |
| <b>Aug</b>  | 80.6%    | 61.2% | 52.6% | 91.7%  | 75.8%    |
| <b>Sept</b> | 76.0%    | 48.6% | 42.9% | 87.1%  | 64.5%    |

## Breast Service: Urgent patients to be seen within two weeks

|   |  |   |                                    |            |        |            |             |            |
|---|--|---|------------------------------------|------------|--------|------------|-------------|------------|
| <b>Division</b><br>Acute Hospitals  | <b>Date first escalated</b><br>July 2016 | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br>Level 3 |            |        |            |             |            |
| Reason for escalation<br>Escalated as performance in St James Hospital and Cork University Hospital is cause for concern. |  |   |                                    |            |        |            |             |            |
| Current Description of performance (September 2016)   |  |   |                                    |            |        |            |             |            |
|   | National                                 |   | CUH                                |            | SJH    |            | Letterkenny |            |
|   | Urgent                                   | Non Urgent                              | Urgent                             | Non Urgent | Urgent | Non Urgent | Urgent      | Non Urgent |
| Apr   | 84.4%                                    | 81.3%                                   | 92.1%                              | 57.1%      | 27.9%  | 79.3%      | 41.1%       | 78.3%      |
| May   | 76.7%                                    | 75.4%                                   | 49.2%                              | 53.4%      | 25.6%  | 42.6%      | 13.8%       | 62.5%      |
| June  | 82.8%                                    | 72.9%                                   | 51.8%                              | 62.3%      | 44.5%  | 40.2%      | 61.1%       | 53.0%      |
| July  | 89.2%                                    | 67.1%                                   | 97.2%                              | 69.9%      | 23.1%  | 27.6%      | 97.8%       | 8.0%       |
| Aug   | 84.4%                                    | 59.7%                                   | 28.8%                              | 63.8%      | 65.8%  | 19.4%      | 100.0%      | 4.6%       |
| Sept  | 86.9%                                    | 61.5%                                   | 27.7%                              | 61.4%      | 99.6%  | 12.3%      | 84.1%       | 61.2%      |

## Radiotherapy: Treatment commenced within 15 working days

|  |   |   |                                    |                 |                             |
|--|---|---|------------------------------------|-----------------|-----------------------------|
| <b>Division</b><br>Acute Hospitals   | <b>Date first escalated</b><br>September 2016   | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br>Level 3 |                 |                             |
| Reason for escalation<br>Escalated as performance in Cork has been below 75% for more than three consecutive months. |   |   |                                    |                 |                             |
| Current Description of performance (September 2016)  |   |   |                                    |                 |                             |
|  | National  |   | Cork                               |                 |                             |
| Apr  | 88.1%   | 72.6%                                   |                                    |                 |                             |
| May  | 85.9%   | 72.5%                                   |                                    |                 |                             |
| June   | 84.4%   | 70.0%                                   |                                    |                 |                             |
| July   | 83.4%   | 73.4%                                   |                                    |                 |                             |
| Aug  | 84.0%   | 87.2%                                   |                                    |                 |                             |
| Sept   | 78.6%   | 67.4%                                   |                                    |                 |                             |
| <b>NPOG Agreed actions</b>   |   | <b>Responsible</b>                      | <b>Date agreed</b>                 | <b>Due date</b> | <b>Status</b>               |
| 1  | Diagnostic assessment of the performance issues involved and Improvement Plan for sustainable change. Initial scoping report to be provided to NPOG by 21 <sup>st</sup> September with timeframe for completion of Improvement Plan to be provided. | ND CCP/<br>ND AHD                       | 07.09.16                           | 05.10.16        | <sup>1</sup> See note below |

### Note (05.10.16):

<sup>1</sup>Performance had improved in August but deteriorated again in September. This will remain in escalation until there is evidence that improvement is sustained.

## Urgent colonoscopy: Numbers waiting > 4 weeks

|                                    |   |   |   |
|------------------------------------|---|---|---|
| <b>Division</b><br>Acute Hospitals | <b>Date first escalated</b><br>March 2015 | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br><br><b>Level 3</b> |
|------------------------------------|---|---|---|

Reason for escalation

Escalated due to ongoing breaches for urgent colonoscopies which have a 'zero tolerance' target

Current Description of performance (September 2016)

|                               | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept |
|-------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|
| <b>Total breaches</b>         | 15  | 20  | 15  | 54  | 24  | 24   | 8    | 9   | 0    |
| <b>Total new pts breaches</b> | 13  | 3   | 12  | 51  | 20  | 19   | 6    | 9   | 0    |

**September was the first month since June 2015 where no breaches were reported.**

| NPOG Agreed actions |   | Responsible | Date agreed | Due date | Status  |
|---------------------|---|-------------|-------------|----------|---------|
| <b>1</b>            | NDAH, NDNCCP and NDCSP to review report on the 2015 breaches and update NPOG if further action is required. | ND AHD      | 07.09.16    | 05.10.16 | Ongoing |

**Note:**

This area of escalation is to be read in conjunction with the Level 4 (Black) Escalation in relation to Routine Colonoscopy waiting times.

## Delayed discharges Number over 90 days

|  |   |   |   |     |                    |                    |                 |                             |      |
|--|---|---|---|-----|--------------------|--------------------|-----------------|-----------------------------|------|
| <b>Division</b><br>Acute Hospitals and Social Care   | <b>Date first escalated</b><br>June 2015  | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br><br><b>Level 3</b> |     |                    |                    |                 |                             |      |
| Reason for escalation<br><br>Escalated due to the target for Delayed Discharges > 90 days being breached |   |   |   |     |                    |                    |                 |                             |      |
| Current Description of performance (September 2016)  |   |   |   |     |                    |                    |                 |                             |      |
|  | Jan   | Feb                                     | Mar   | Apr | May                | June               | July            | Aug                         | Sept |
| <b>Total</b>   | 559   | 556                                     | 592   | 617 | 595                | 630                | 608             | 638                         | 629  |
| <b>&gt; 90 Days</b>  | 114   | 100                                     | 83  | 95  | 114                | 109                | 122             | 120                         | 123  |
| <b>NPOG Agreed actions</b>   |   |   |   |     | <b>Responsible</b> | <b>Date agreed</b> | <b>Due date</b> | <b>Status</b>               |      |
| <b>1</b>   | A number of actions to address Delayed Discharges have been set out in the Winter Initiative Plan 2016/17. Implementation of the Plan and the status of associated actions will be monitored by NPOG. |   |   |     | ND AHD<br>ND SC    | 05.10.16           | 31.12.16        | <sup>1</sup> See note below |      |

**Note:**

<sup>1</sup>A number of escalation actions previously agreed have now been incorporated into the Winter Initiative Plan 2016/17. The implementation of the Winter Initiative Plan will be monitored by NPOG.



## Waiting Lists: > 18 months Inpatient & Day Case/ Outpatient

|                 |                             |   |                         |
|-----------------|-----------------------------|---|-------------------------|
| <b>Division</b> | <b>Date first escalated</b> | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b> |
| Acute Hospitals | October 2015                |   | Level 3                 |

### Reason for escalation

Escalated due to focus on reducing > 18 months waiting list and potential impact of number coming through >15 months figures. (The Minister has set a target of 50% reduction in >18 month waiting lists for Inpatient and Day case by the end of Dec 2016 (13,319 cases).

### Current Description of performance (September 2016)

| IPDC        | Jan    | Feb    | Mar    | Apr    | May    | June   | July   | Aug    | Sept   |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| > 15 months | 2,115  | 3,079  | 4,296  | 4,603  | 5,416  | 6,579  | 7,397  | 8,242  | 8,956  |
| > 18 months | 847    | 1,015  | 1,214  | 1,567  | 2,263  | 3,038  | 3,488  | 4,143  | 4,659  |
| OPD         | Jan    | Feb    | Mar    | Apr    | May    | June   | July   | Aug    | Sept   |
| > 15 months | 13,763 | 17,693 | 20,267 | 23,956 | 30,095 | 34,674 | 39,103 | 43,382 | 46,878 |
| > 18 months | 5,635  | 5,918  | 6,114  | 8,570  | 13,095 | 15,149 | 18,496 | 22,309 | 24,994 |

| NPOG Agreed actions |  | Responsible | Date agreed | Due date | Status |
|---------------------|--|-------------|-------------|----------|--------|
| 1                   | A Waiting List Plan for 2016 has been agreed. Implementation of the Plan and the status of associated actions will be monitored by NPOG. | ND AHD      | 05.10.16    | 31.12.16 |        |

### Note (05.10.16):

<sup>1</sup>A number of escalation actions previously agreed have now been incorporated into the Waiting List Plan 2016.

## Serious Reportable Events (SREs)

|                 |                             |   |                         |
|-----------------|-----------------------------|---|-------------------------|
| <b>Division</b> | <b>Date first escalated</b> | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b> |
| Acute Hospitals | 03.03.15                    | April 2016 (Black to Red)               | Level 3                 |

### Reason for escalation

Escalated due to continued requirement to improve reporting levels across acute hospitals.

### Current Description of performance

SREs continue to be the subject of NPOG oversight.

| NPOG Agreed actions |   | Responsible | Date agreed | Due date | Status  |
|---------------------|---|-------------|-------------|----------|---------|
| 1                   | Update report to be provided to NPOG on a monthly basis on progress in rolling out SRE reporting process. | ND AHD      | 06.04.16    | Monthly  | Ongoing |

## Disability Act: Compliance

|                                |  |   |   |
|--------------------------------|--|---|---|
| <b>Division</b><br>Social Care | <b>Date first escalated</b><br>August 2015 | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br><br><b>Level 3</b> |
|--------------------------------|--|---|---|

Reason for escalation

Escalated based on continued poor performance.

Current Description of performance (September 2016)

|   | Q1<br>2015 | Q2<br>2015 | Q3<br>2015 | Q4<br>2015 | Q1<br>2016 | Q2<br>2016 | Q3<br>2016 |
|---|------------|------------|------------|------------|------------|------------|------------|
| % | 39%        | 31%        | 33%        | 23%        | 19.6%      | 19.7%      | 30.9%      |

| NPOG Agreed actions |  | Responsible | Date agreed              | Due date                                     | Status                      |
|---------------------|--|-------------|--------------------------|--|-----------------------------|
| <b>1</b>            | Implementation plan to be developed and provided to NPOG.  | ND SC       | 04.05.16<br><br>07.09.16 | 03.08.16<br><br><i>Extension to 05.11.16</i> | <sup>1</sup> See note below |
| <b>2</b>            | Implementation Plan will be expanded to include Disability Act Compliance, Establishment of Disability Network Teams and Transition from Congregated settings. | ND SC       | 02.11.16                 | 04.01.17                                     | <sup>1</sup> See note below |

**Note:**

<sup>1</sup> Draft Implementation Plan presented by National Director Social Care and reviewed by NPOG. Agreed more detail is required on improvement actions which will be available to NPOG in January 2017. These will be included in an expanded Improvement Plan.

## Occupational Therapy: Assessment Waiting List ≤ 52 weeks

|                                 |  |   |   |
|---------------------------------|--|---|---|
| <b>Division</b><br>Primary Care | <b>Date first escalated</b><br>July 2016 | <b>Last date escalated/ deescalated</b> | <b>Escalation level</b><br><b>Level 3</b> |
|---------------------------------|--|---|---|

Reason for escalation

Escalated based on continued poor performance (Q3 target 95%, year-end target 100%).

Current Description of performance (September 2016)

|             | National | CHO 4 | CHO 5 | CHO 8 |
|-------------|----------|-------|-------|-------|
| <b>Mar</b>  | 82.3%    | 69.9% | 80.0% | 76.2% |
| <b>Apr</b>  | 82.9%    | 71.4% | 78.9% | 76.8% |
| <b>May</b>  | 82.4%    | 71.6% | 78.3% | 76.7% |
| <b>June</b> | 81.4%    | 69.2% | 77.8% | 76.3% |
| <b>July</b> | 81.0%    | 69.1% | 77.3% | 76.9% |
| <b>Aug</b>  | 80.9%    | 72.5% | 76.3% | 76.7% |
| <b>Sept</b> | 80.8%    | 72.8% | 77.2% | 74.7% |

| NPOG Agreed actions |  | Responsible | Date agreed | Due date | Status                                     |
|---------------------|--|-------------|-------------|----------|--|
| <b>1</b>            | Action plan for service improvement and timelines for its implementation to be completed and provided to NPOG. | ND PC       | 07.09.16    | 05.10.16 | <b>Outstanding</b><br><br>See note 1 below |

**Note:**  
<sup>1</sup> Draft Improvement Plan with National Director Primary Care. The plan will include specific actions being taken in 3 CHO Areas.

## Financial position: Primary Care

|   |   |                            |                       |                 |                         |  |
|---|---|----------------------------|-----------------------|-----------------|-------------------------|--|
| <b>Division</b>   | <b>Date first escalated</b>                                     | <b>Last date escalated</b> |                       |                 | <b>Escalation level</b> |  |
| Primary Care  | July 2016   |                            |                       |                 | Level 3                 |  |
| Reason for escalation   |   |                            |                       |                 |                         |  |
| Given the risks to financial performance within CHO's 1 & 2 this has been escalated to Level 3 (Red). |   |                            |                       |                 |                         |  |
| Current Description of performance (September 2016)   |   |                            |                       |                 |                         |  |
|   | YTD Budget<br>€'000   | YTD Actual<br>€'000        | YTD Variance<br>€'000 | YTD % Variance  |                         |  |
| <b>CHO 2</b>  | 69,223  | 72,616                     | 3,393                 | 4.90%           |                         |  |
| <b>NPOG Agreed actions</b>  |   | <b>Responsible</b>         | <b>Date agreed</b>    | <b>Due date</b> | <b>Completed</b>        |  |
| <b>1</b>  | Diagnostic assessment and Recovery Plan to be provided to NPOG. |                            | ND PC                 | 06.07.16        | 03.08.16                | <sup>1</sup> Complete (See note 1 below) |

### Note (05.10.16):

<sup>1</sup>CHO 1 Removed from escalation. CHO 2 to remain in escalation for review at next NPOG meeting.

## Financial position: Social Care (Disabilities)

|   |  |                            |                       |                 |                         |  |
|---|--|----------------------------|-----------------------|-----------------|-------------------------|--|
| <b>Division</b>   | <b>Date first escalated</b>  | <b>Last date escalated</b> |                       |                 | <b>Escalation level</b> |  |
| Social Care   | November 2016  |                            |                       |                 | Level 3                 |  |
| Reason for escalation   |  |                            |                       |                 |                         |  |
| Given the risk to financial performance within Social Care Division (Disabilities) this has been escalated to Level 3 (Red) |  |                            |                       |                 |                         |  |
| Current Description of performance (September 2016)   |  |                            |                       |                 |                         |  |
|   | YTD Budget<br>€'000  | YTD Actual<br>€'000        | YTD Variance<br>€'000 | YTD % Variance  |                         |  |
| <b>Social Care (Disabilities)</b>   | 1,195,045  | 1,207,163                  | 12,117                | 1.01%           |                         |  |
| <b>NPOG Agreed actions</b>  |  | <b>Responsible</b>         | <b>Date agreed</b>    | <b>Due date</b> | <b>Completed</b>        |  |
| <b>1</b>  | The National Director Social Care has been asked to provide a report to the CFO to bring clarity to the 2016 year end position and therefore to the opening financial challenge for 2017 as set out in the CFO letter dated the 26 <sup>th</sup> October 2016. |                            | ND SC                 | 02.11.16        | 06.12.16                |  |

## Register: Areas deescalated from NPOG

| No | Area of escalation   | Division                   | Date escalated to NPOG | Date deescalated from NPOG | Notes  |
|----|--|----------------------------|------------------------|----------------------------|--|
| 1  | Service Arrangements   | Acute Division             | September 2015         | 06.07.16                   | SA for National Maternity Hospital signed  |
| 2  | Ambulance ECHO and DELTA Response Times                                | National Ambulance Service | February 2016          | 08.06.16                   | Complete   |
| 3  | Properly completed Medical and GP Visit Cards not processed > 3 months | Primary Care               | October 2016           | 04.05.2016                 | Remains in Level 2 (Amber) escalation under the oversight of ND PC                         |
| 4  | European Working Time Directive (EWTD) 48 hours                        | Acute Hospitals            | March 2015             | 04.05.2016                 | Remains in Level 2 (Amber) escalation under the oversight of ND AHD                        |
| 5  | Projected net expenditure 2015   | Social Care                | 2015                   | 06.02.2016                 | Complete   |
| 6  | Implement Electronic Health Record Solution                            | Chief Information Office   | November 2016          | 09.11.2016                 | Remains in Level 2 (Amber) escalation under the oversight of the Chief Information Officer |

# Appendices

## Appendix 1: Accountability Framework

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The National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2016.

The performance indicators against which Divisional performance is monitored are set out in the Balanced Score Cards grouped under Access, Quality & Safety, Finance and People. The key performance indicators are also included in the individual Performance Agreements between the Director General and the National Director.

Performance against the Balanced Scorecards is reported in the monthly published Performance Report. Where the data indicates underperformance in service delivery against targets and planned levels of activity, the National Performance Oversight Group explores this with the relevant National Director at the monthly performance meeting and seeks explanations and remedial actions where appropriate to resolve the issue.

As part of the Accountability Framework an Escalation and Intervention process has been developed and implemented. In the context of the Escalation Framework underperformance 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

The Escalation levels are:

### Level 1 (Yellow)

**A variance emerges.** A variance from plan is identified (Escalated at the level of CHO Chief Officer/ Hospital Group CEO)

### Level 2 (Amber)

**The problem persists.** It becomes harder to fix and potentially spreads to other organizations (Escalated at the level of National Director)

### Level 3 (Red)

**The problem becomes critical.** Accountability to determine support, intervention and recommend sanctions to Director General sits with NPOG

### Level 4 (Black)

**The actions determined by NPOG do not achieve the necessary impact** and actions taken by Director General

## Appendix 2: Data Coverage Issues

| Division             | Metric Name   | Data Coverage Issue  |
|----------------------|---|--|
| Health and Wellbeing | Child Developmental Screening   | CHO9 – Dublin North West   |
| Health and Wellbeing | % of newborn babies visited by a PHN within 72 hours of discharge from maternity services                                       | CHO7 – Dublin South West<br>CHO9 – Dublin North West   |
| Palliative Care      | Total no. children in the care of the Children's Outreach Nurse / Specialist Paediatric Palliative Care Team                    | CHO 4 Cork University Hospital   |
| Acute Hospitals      | % maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month | Coombe and Rotunda outstanding data  |
| Acute Hospitals      | Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used   | Letterkenny outstanding quarter 1  |
| Acute Hospitals      | Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used                     | Cappagh outstanding quarter 2 and SIVH outstanding quarter 1   |
| Acute Hospitals      | % STEMI patients (without contraindication to reperfusion therapy) who get PPCI   | Data outstanding.  |
| Mental Health        | General Adult Teams - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months                   | CHO 2 – 2 teams<br>CHO 7 – 2 teams   |
| Mental Health        | General Adult Teams - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months          | CHO 2 – 2 teams<br>CHO 7 – 2 teams   |
| Mental Health        | General Adult Teams - % of new (including re-referred) cases offered appointment and DNA in the current month                   | CHO 2 – 2 teams<br>CHO 7 – 2 teams   |
| Mental Health        | CAMHS - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months                                 | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months                        | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - % of new (including re-referred) cases offered appointment and DNA in the current month                                 | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - Total no. on waiting list for first appointment   | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - Total no. on waiting list for first appointment 0 – 3 Months  | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - Total no. on waiting list for first appointment > 3 Months  | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| Mental Health        | CAMHS - Total no. on waiting list for first appointment > 12 Months   | CHO 9 - 1 team, CHO 4 – 1 team, CHO 5 – 1 team and CHO 7 – 2 teams   |
| QAV                  | % of complaints investigated within 30 working days of being acknowledged by the complaints officer                             | Dublin Midlands Hospital Group, Ireland East Hospital Group, Children's Hospital Group and UL Hospital Group |



## Appendix 3: Hospital Groups

|  | Hospital   |                                     | Hospital                                     |
|--|--|-------------------------------------|--|
| Ireland East<br>Hospital Group           | Cappagh National Orthopaedic Hospital                | Dublin Midlands<br>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              |                                     |  |
|  | St. Luke's Hospital Kilkenny                         | South/ South West<br>Hospital Group | Bantry General Hospital                      |
|  | St Michael's Hospital Dun Laoghaire                  |                                     | Cork University Hospital                     |
|  | St Vincent's University Hospital Elm Park            |                                     | Kerry General Hospital                       |
|  | Wexford General Hospital                             |                                     | Lourdes Orthopaedic Hospital Kilcreene       |
|  | Mallow General Hospital                              |                                     |  |
|  | Mercy University Hospital Cork                       |                                     |  |
|  | South Tipperary General Hospital                     |                                     |  |
| RCSI Hospital<br>Group                   | Beaumont Hospital including St Josephs               |                                     | South Infirmary University Hospital Cork     |
|  | Cavan General Hospital                               |                                     | Waterford Regional Hospital                  |
|  | Connolly Hospital                                    |                                     |  |
|  | Our Lady of Lourdes Hospital Drogheda                | Saoita Hospital<br>Group            | Galway University Hospitals                  |
|  | Rotunda Hospital                                     |                                     | Letterkenny General Hospital                 |
|  | Portiuncula Hospital General & Maternity Ballinasloe |                                     |  |
|  | Mayo General Hospital                                |                                     |  |
|  | Roscommon County Hospital                            |                                     |  |
| University of Limerick<br>Hospital Group | Croom Hospital                                       |                                     | Sligo General Hospital                       |
|  | Ennis Hospital                                       |                                     |  |
|  | Nenagh Hospital                                      |                                     |  |
|  | St John's Hospital                                   |                                     |  |
|  | University Hospital, Limerick                        |                                     |  |
|  | University Maternity Hospital                        |                                     |  |
| Children's<br>Hospital<br>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      |       |                      |