

Building a high quality health service for a healthier Ireland

**Care | Compassion | Trust | Learning**



Health Service

# Performance Report

## January/February 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 Departments

- There were **219,073** emergency presentations year to date, an increase of **8.2%** on the same period 2015.
- **80%** of patients waited 9 hours or less in February, with **66.2%** admitted or discharged within 6 hours. In January, **78.9%** of patients waited 9 hours or less, with **65%** admitted or discharged within 6 hours.
- The number waiting greater than 24 hours decreased from **4,696** in January to **3,931** in February. **1,220** patients over 75 years were waiting greater than 24 hours in February, a decrease of 279 on January.
- There was an increase of 6% nationally in the number of patients over 65 years presenting to ED in February 2016 with a number of sites showing increases well beyond that level.

## Inpatient, Daycase and Outpatient Waiting lists

- Waiting lists for inpatient/daycase procedures and outpatient appointments have risen since December 2015.
- At the end of February there were **3,079** patients waiting greater than 15 months for inpatient/daycase procedures compared to **2,115** in January. Outpatient waiting lists over 15 months increased from **13,763** at the end of January to **17,693** in February.

## Delayed Discharges

- The number of delayed discharges in February was **556**, a slight decrease on January (559).

## Cancer Services

- **97.4%** urgent breast cancer referrals seen within 2 weeks in February, a decrease from January **99.5%** (Target 95%).
- **85.3%** rapid access lung referrals seen within 10 working days in February, a decrease from January **88.2%** (Target 95%).
- **53%** rapid access prostate referrals seen within 20 working days in February, a decrease from January **64.2%** (Target 90%).

## Ambulance ECHO and DELTA Response Times

- **78%** of ECHO calls and **56%** of DELTA calls were responded to within 18 minutes, 59 seconds in February. The ECHO response times have improved since December however the DELTA response times are the same as December. This remains in escalation by the National Performance Oversight Group and remedial actions are being taken to address the drop in performance.

## Quality and Patient Safety

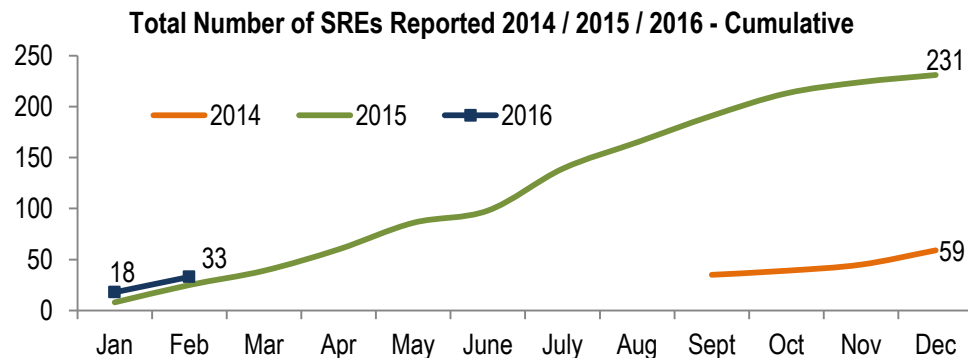
# Quality and Patient Safety

## National Incident Management Training

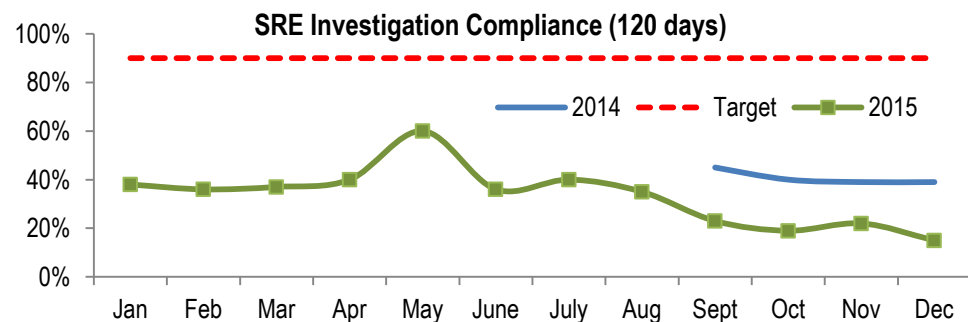
- **104** staff were trained in Systems Analysis Investigations and **12** staff were trained in Safety Incident Management during February 2016, **29** in January.

## Serious Reportable Events – National

- The total number of SREs reported during February 2016 was **33**, **16** in January.



% of investigations completed within 120 days of notification of the event to the Senior Accountable Officer continues to be monitored on a monthly basis.



## Healthcare Audit

- **5** healthcare audits are in progress.
- Review of Healthcare Audit procedures document has been amended following evaluation of 2015 audits.

## Medical Exposure Radiation Unit

- The National Pregnancy Protocol Workshop took place to initiate the development of a national policy for the management of potentially pregnant patients receiving medical ionizing radiation.
- 9 notifiable incidents have been reported year to date.
- The following reports were published during February 2016: *2014 Annual Report for the National Radiation Safety Committee, Dosimetry Audit Report, DXA Report and Incidents reported to the Medical Exposure Radiation Unit in Diagnostic Radiology (including Nuclear Medicine) and Radiotherapy 2013 - 2015.*

## Complaints

- A review of complaint handling process within Mental Health Services is currently being undertaken. Consultation with key stakeholders and service users is underway including HSE staff, the Office of the Ombudsman, Mental Health Commission and Mental Health Reform.
- The National Steering Team has been established to review the HSE Policy 'Your Service Your Say'.
- The Complaints Management Review Officer Training Programme was finalised and the first CHO / Hospital Groups have been selected for training in March.
- A 70% response rate was received from CHO / Hospital Groups on update of actions in relation to the Ombudsman Report 'Learning to Get Better' Action Plan.

## Appeals Service

- **475** new notifications of appeal were received year to date.
- **474** appeals were processed year to date.

Appeal Type	Received 2016	Processed 2016
Medical / GP Card (General Scheme)	336	327
Medical / GP Visit Card (>70s scheme)	17	23
Nursing Home Support Scheme	65	65
CSAR	9	13
Home Care Package	19	21
Home Help	10	5
Other	19	20
Total	<b>475</b>	<b>474</b>

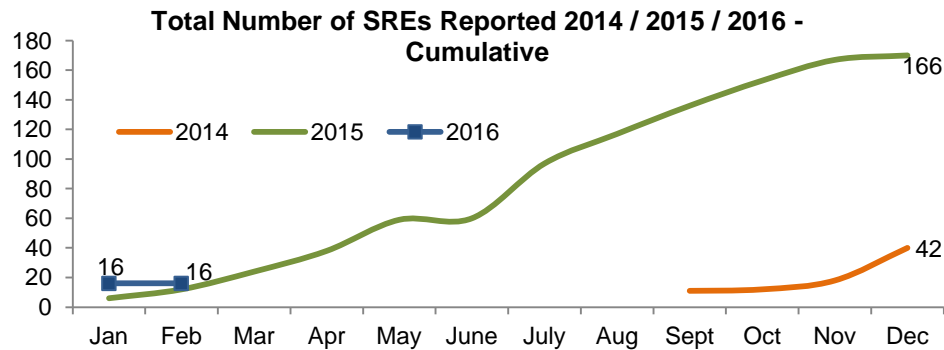
## National Incident Management System (NIMS)

- Phase II roll out of NIMS continues across the HSE and its funded Agencies

# Serious Reportable Events Divisions

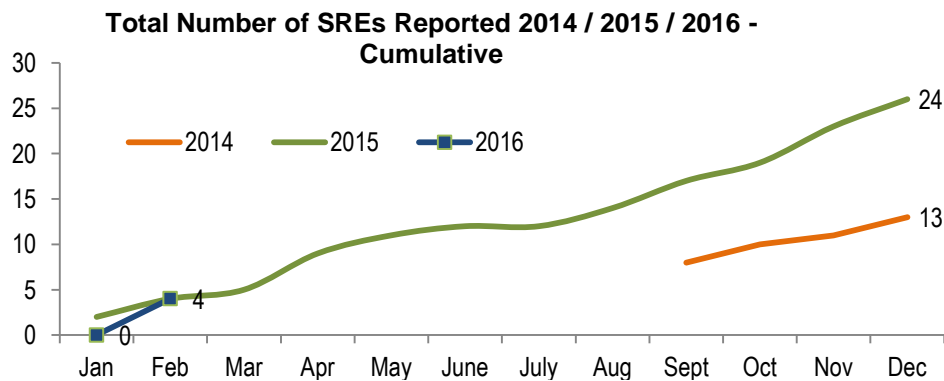
## Acute Hospitals Division

- The total number of SREs reported during February 2016 was **16**, **16** in January.
- Since reporting commenced **240** SREs have been reported by the Division



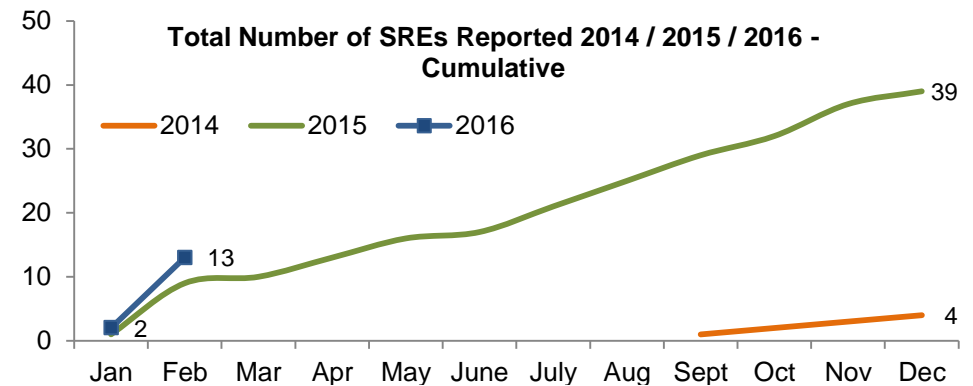
## Mental Health Division

- There were **4** new SREs reported during February 2016, **0** in January.
- Since reporting commenced **41** SREs have been reported by the Division.



## Social Care Division

- The total number of SREs reported during February 2016 was **13**, **2** in January.
- Since reporting commenced **58** SREs have been reported by the Division.



## Primary Care Division

- There were no new SREs reported in 2016.

## National Ambulance Service

- There were no new SREs reported in 2016.

## Health & Wellbeing Division

- There were no new SREs reported in 2016.

## SRE Compliance (Cumulative)

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

Division	Acute Hospitals	Social Care	Mental Health	Other	Total
% Compliance	15%	36%	65%	0%	24%

# Quality Improvement Division

The Information and Analysis Unit, Quality Improvement Division, have launched the Quality Profile Toolkit on [www.qualityprofiles.ie](http://www.qualityprofiles.ie)

The Quality profile is timely, comprehensive, reliable information that describes the quality of care provided in a way that drives and demonstrates improvement.

## Benefits:

1. The Quality Profile provides the CEO / senior most accountable person with the most relevant evidence on the quality of care provided by their service;
2. The healthcare organisation itself chooses the measures that are most relevant in understanding the quality of their services;
3. The healthcare organisation looks at its performance over time to identify opportunities for improvement and, the effect of improvement activities.

## Toolkit:

**Resource 1 - Principles of the Quality Profile** this document provides more detail on how a Quality Profile helps to drive and demonstrate improvement

**Resource 2 – Features of the Quality Profile** this document describes key features of the Quality Profile

**Resource 3 - Quality Profile Development Flowchart** provides detail on each step in your journey to develop your Quality Profile

**Resource 4 - Examples of national measures aligned to the themes of the National Standards for Safer Better Healthcare** including measures from HSE National Service Plan, national audits and regulator standards

**Resource 5 - Examples of local measures aligned to the themes of the National Standards for Safer Better Healthcare** these local measures were identified by the early adopter site, St. Brendans Community Nursing Unit, Loughrea

**Resource 6 - Measurement for Improvement Guide** this is a key resource when considering how to present your data for improvement, including how to create run charts

**Resource 7 - How to ensure your Quality Profile** provides a comprehensive picture of Quality (defined as safe, effective, person centred and leading to better health and wellbeing)

**Resource 8 – Storyboard Guide and examples**

**Social Care and Quality Improvements Divisions' Toolbox for Quality Improvement.**

The HSE Social Care Division (SCD) and Quality Improvement Division (QID) have jointly resourced an SCD/QID Quality Improvement Programme to work with residential services for adults with intellectual disabilities. The Social Care Division (SCD) and the Quality Improvement Division (QID) have published a Quality Improvement Toolbox with a range of resources to support the efforts of residential services in implementing good practice and improving the delivery of quality safe services. It includes tools, guides, policies, templates, and signposts to online resources from HIQA, the HSE, and other national bodies where relevant. It is aligned to the 18 Outcomes upon which services are inspected by HIQA against regulations and standards. In particular, the Toolbox includes a number of Clinical Governance tools and guides that were specifically adapted for adult ID residential services by the SCD/QID Project Team. The SCD/QID Team can help guide services to the appropriate relevant documents within the Toolbox that align with prioritised service needs. Project Team members also have examples of where some of these national documents have been adapted for local implementation.”



# 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

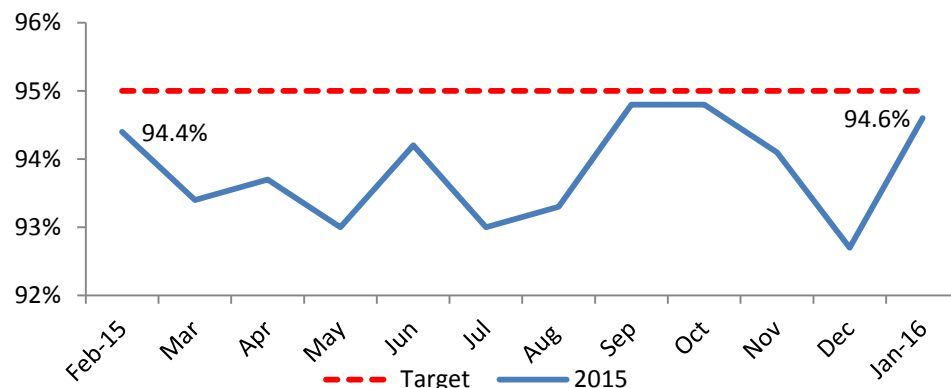
Red ● ≥ 1.5% of target  
Amber ● ≥ 0.5% < 1.5% of target  
Green ● < 0.5% of target

## Health and Wellbeing

## Child Health

### Child development health screening (month in arrears)

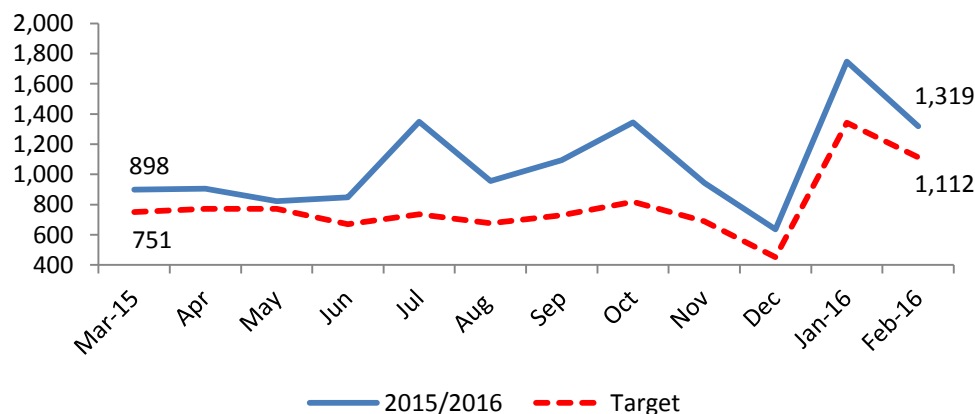
- **94.6%** before 10 months. **92.7%** in December (Target 95%)
- **Above target:** CHOs 2, 5 and 9 were above the target YTD and all other CHOs were within 5% of the target YTD



## Tobacco

### Smokers receiving intensive cessation support

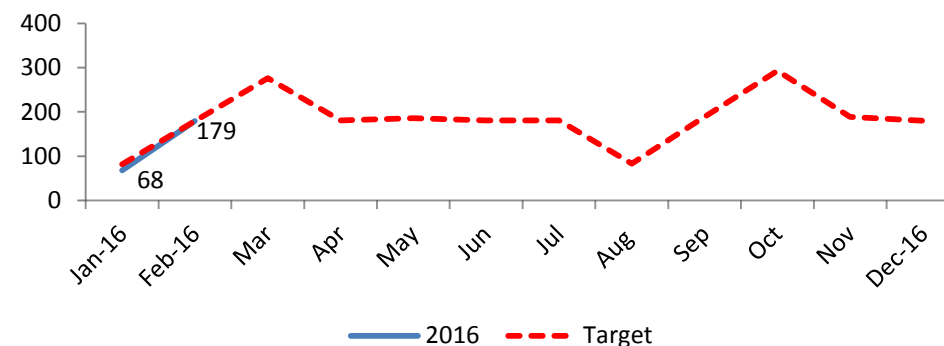
- **1,319** received support. **1,746** in January. (Target 1,112)
- **3,065** YTD (Target YTD 2,453)



## Healthy Eating Active Living

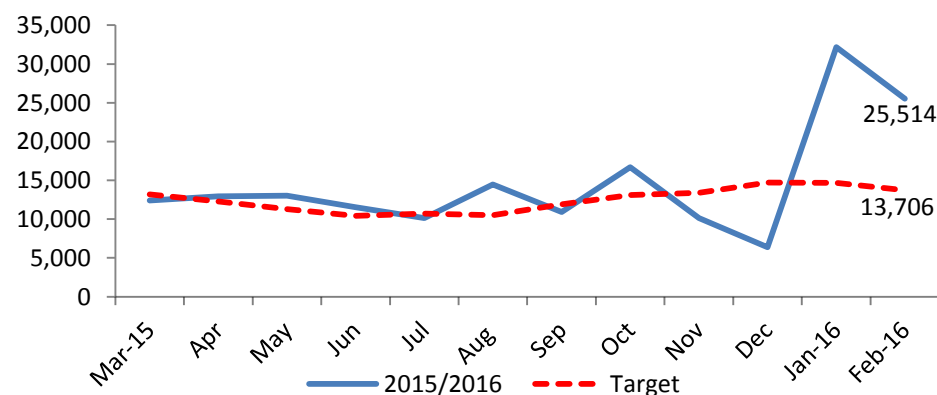
### No. of people completing a structured patient education programme for diabetes

- **179** people completed education programmes. **68** in January. (Target 179)
- **247** YTD, **-5.4%** from YTD target (Target YTD 261)



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

- **25,514** runs were completed in February. **32,157** in January. (Target 13,706)
- **57,671** runs YTD (Target YTD 28,383)



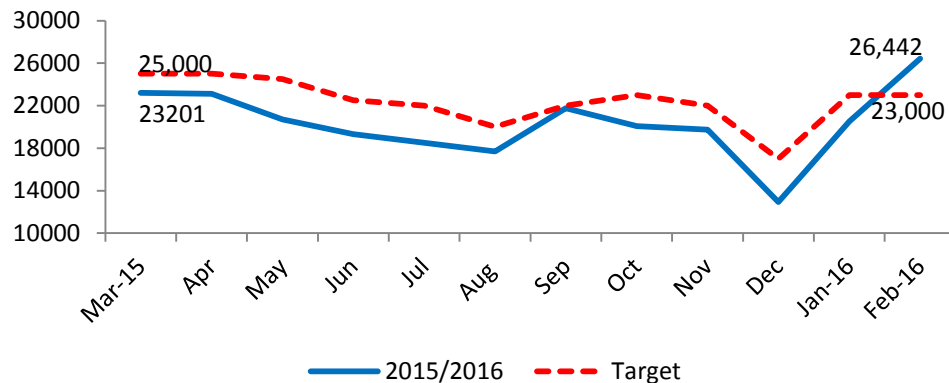
# Screening Services

## BreastCheck

- **13,657** of eligible women had a mammogram. **11,779** in January. (Target 12,850)
- **25,436** YTD, 0.6% below target (Target YTD 25,600)

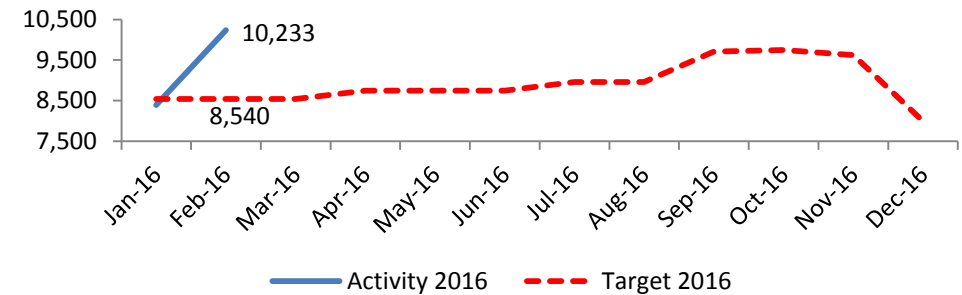
## CervicalCheck

- **26,442** women had CervicalCheck screening. **20,513** in January. (Target 23,000)
- **46,955** YTD, 2.1% above target (Target YTD 46,000)



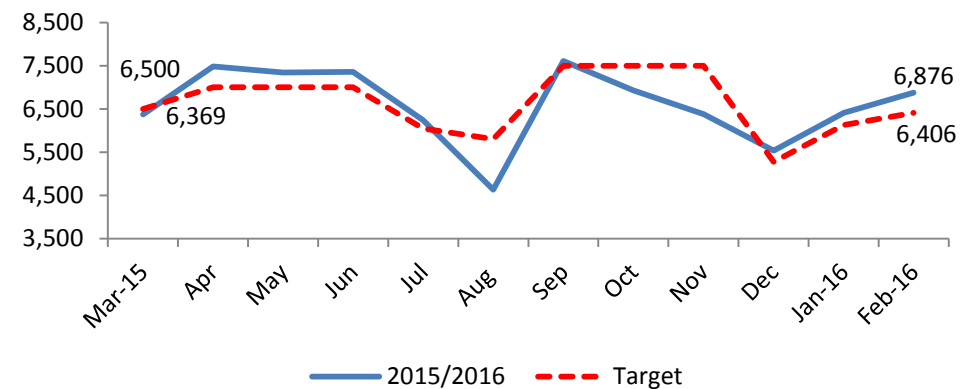
## BowelScreen

- **10,233** completed a satisfactory FIT test. **8,392** in January. (Target 8,540)
- **18,625** YTD, 9% above target (Target YTD 17,080)



## Diabetic RetinaScreen

- **6,876** participated in Diabetic RetinaScreen. **6,405** in January. (Target 6,406)
- **13,281** YTD, 6% above target (Target YTD 12,529)



# Health and Wellbeing Commentary

## Child Developmental Health Screening

The majority of CHOs continue to demonstrate improvement in uptake rates, which is reflected in the National figures. The national uptake rate for February 2016 was 94.6%, which is an increase of 1.6% on the same period 2015.

In CHO 8 local performance in Louth was below target by -8.9% YTD. This performance is being attributed to the high level of non attendance at scheduled appointments in that area. In CHO 3 local performance in Limerick was below target by -11.1% YTD and is being followed up locally.

The pro-active programme of regular engagement with the underperforming CHOs will continue during 2016 to support the local areas achieve the national target of 95%.

## Healthy Eating and Active Living

Parkrun organise free weekly timed runs on weekend mornings in various parkland locations all over the country. The runs are open to all and every event is organised by a group of local volunteers. This is the first year we have measured and reported upon the number of 5km Parkruns completed by the general public in community settings in the HSE Performance Report.

## National Screening Service

Performance trends across the screening programmes will be closely monitored over the coming months.

## Sexual Health

TUSLA and the HSE Sexual Health and Crisis Pregnancy Programme published new research. The **SENYPIC** report (Sexual Health & Sexuality Education Needs of Young People in Care) was published on March 10<sup>th</sup>. This study describes the sexual education and sexual health needs of young people in care in Ireland, the approaches used by professionals engaged in providing such sexuality education and sexual healthcare and the challenges they experience in undertaking this work. There are six reports in the series and they are available online at:

<http://www.crisispregnancy.ie/research-policy/research-reports/list-of-research-reports/>

# Health and Wellbeing 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	December	January	February
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%	NA													
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer															
	M	90%	NA													
Quality & Safety	<b>National Screening Service</b>															
	Cervicalcheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic															
	M in arrears	>90%	100%	11.1%												
Quality & Safety	<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															
	M in arrears	95%	95%	-0.4%	94.6%	96.4%	91.1%	94.6%	98.3%	93.2%	93.8%	94.5%	95.0%	92.7%	94.6%	
Access	<b>Health Promotion</b>															
	Tobacco Control – No. of smokers who received intensive cessation support from a cessation counselor <sup>1</sup>															
	M	2,453	3,065	24.9%	190	0	13	57	31	76	220	129	155	635	1746	1,319
Finance	<b>Budget Management including savings</b>															
	<b>Net Expenditure variance from plan (within budget 0.33%)</b>															
	- % variance - from budget															
	M	€29,081	€28,363	-2.47%										-6.93%	-2.13%	-2.47%
	- % variance - Pay (Direct)															
	M	€15,027	€14,498	-3.52%										-4.25%	-3.65%	-3.52%
	- % variance - Pay (Agency)															
	M	€46	€31	-32.07%										5.27%	-85.56%	-32.07%
	- % variance - Pay (Overtime)															
	M	€40	€30	-24.74%										-0.34%	-47.15%	-24.74%
Finance	- % variance - Non Pay															
	M	€15,042	€14,845	-1.31%										-8.91%	-0.90%	-1.31%
	- % variance – Income															
	M	-€989	-€981	-0.82%										0.02%	-8.42%	-0.82%
	<b>Service Arrangements</b>															
	No and % of Service Arrangements signed (24/02/16)															
	M	100%	16 10.96%	89.04%										95.36%	1.96%	10.96%
	€ value and % of Service Arrangements signed (24/02/16)															
	M	100%	€2,659 27.31%	72.69%										96.24%	1.35%	27.31%

<sup>1</sup> National figures include the National Quitline result of 859  
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		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	December	January	February
HR	<b>% Absenteeism<sup>2</sup></b>																
	Overall	M in arrears	3.50%	5.06%	44.57%										4.97%	5.06%	
	Medical/Dental			0.21%	-94%											0.21%	
	Nursing			0.74%	-78.85%											0.74%	
	Health and Social Care Professional			5.46%	56%										4.57%	5.46%	
	Management/Admin			5.53%	58%										2.51%	5.53%	
	General Support staff			1.85%	-47.14%										1.21%	1.85%	
	Other Patient and Client staff			5.80%	65.71%											5.80%	
	<b>Staffing Levels and Costs</b>																
	WTE change from previous month	M		1,272	-11											-5	-11
	Variance from funding staffing thresholds	M		Data not yet available													

<sup>2</sup> absence rates have now been changed to reflect actual results achieved per division rather than being reflective of all community health care  
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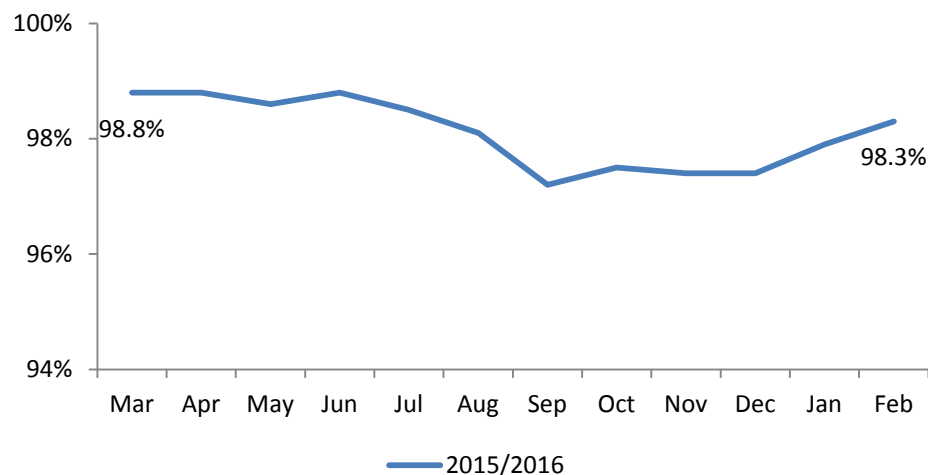
## Primary Care



# Therapy Waiting Lists

## Physiotherapy Assessment Waiting List

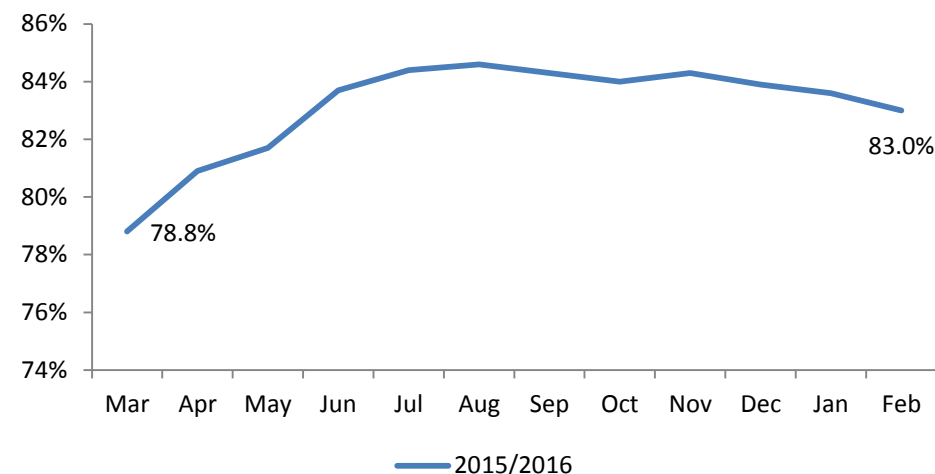
- **98.3% waiting ≤ 52 weeks. 97.9% in January. (Target 100%)**
- **Above target:** CHO5 (100%), CHO6 (100%) & CHO4 (99.9%)
- **Below target:** CHO2 (97.9%) & CHO3 (91.9%)
- Data incomplete from January to March 2015
- **New metric 2016**



Physiotherapy Assessment W/L	Dec	Jan	Feb
≤ 12 weeks	18,421	17,380	18,741
>12 weeks ≤ 26 weeks	6,548	5,711	5,963
>26 weeks ≤ 39 weeks	1,880	1,944	1,869
>39 weeks ≤ 52 weeks	801	1057	711
> 52 weeks	747	566	470
<b>Total</b>	<b>28,397</b>	<b>26,658</b>	<b>27,754</b>

## Occupational Therapy Assessment Waiting List

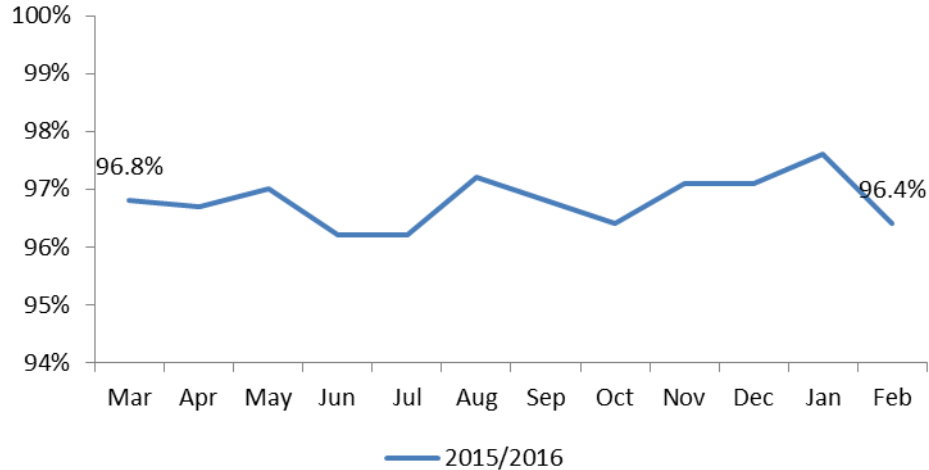
- **83% waiting ≤ 52 weeks. 83.6% in January (Q1 Target 85%)**
- **Above target:** CHO3 (99.3%), CHO6 (96.8%) & CHO9 (91.5%)
- **Below target:** CHO4 (71%), CHO5 (81.4%) & CHO8 (75.3%)
- Data gaps in 2015
- **New metric 2016**



OT Assessment W/L	Dec	Jan	Feb
≤ 12 weeks	8,311	8,417	8,796
>12 weeks ≤ 26 weeks	5,316	5,521	6,046
>26 weeks ≤ 39 weeks	2,968	3,331	3,351
>39 weeks ≤ 52 weeks	2,047	2,169	2,183
> 52 weeks	3,576	3,800	4,159
<b>Total</b>	<b>22,218</b>	<b>23,238</b>	<b>24,535</b>

## Speech and Language Therapy Assessment Waiting List

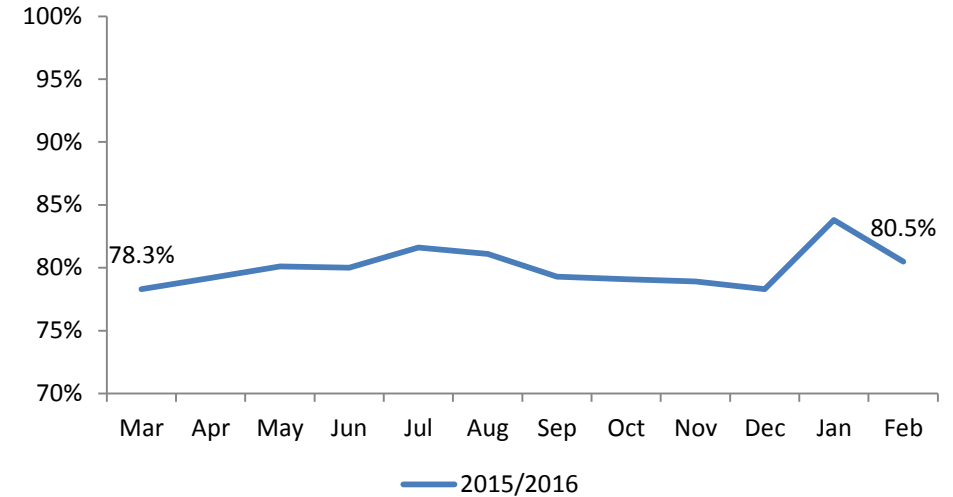
- **96.4% waiting ≤ 52 weeks. 97.8% in January (Target 100%)**
- **Above target:** CHO1 (100%), CHO5 (100%) & CHO8 (99.9%)
- **Below target:** CHO2 (96.1%), CHO4 (89.3%) & CHO6 (85.8%)
- **New metric 2016**



SLT Assessment W/L	Dec	Jan	Feb
≤ 52 weeks	14,781	13,566	13,819
> 52 weeks	436	305	519
<b>Total</b>	<b>15,217</b>	<b>13,871</b>	<b>14,338</b>

## Speech and Language Therapy Treatment Waiting List

- **80.5% waiting ≤ 52 weeks. 80.4% in January (Q1 Target 85%)**
- **Above target:** CHO1 (100%), CHO6 (99.6%) & CHO9 (99.4%)
- **Below target:** CHO4 (64.8%), CHO5 (62.8%)
- **New metric 2016**

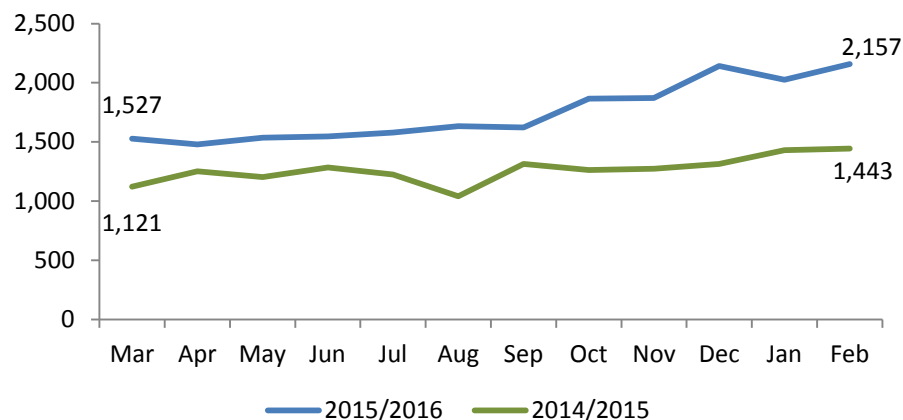


SLT Treatment W/L	Dec	Jan	Feb
≤ 52 weeks	7,066	7,560	7,416
> 52 weeks	1,958	1,841	1,802
<b>Total</b>	<b>9,024</b>	<b>9,401</b>	<b>9,218</b>

## Community Intervention Teams (CITs)

### Number of referrals

- **2,157** in February. **2,026** in January (Target 1,809)
- **4,183** year to date (Target YTD 3,626)
- **Above target:** CHO3 (82%), CHO7 (50.9%) and CHO8 (33.1%)
- **Below target:** CHO3 (-8.2%), CHO5 (-22.2%) and CHO6 (-1%)
- Expected activity change from 26,355 to 24,202 in 2016

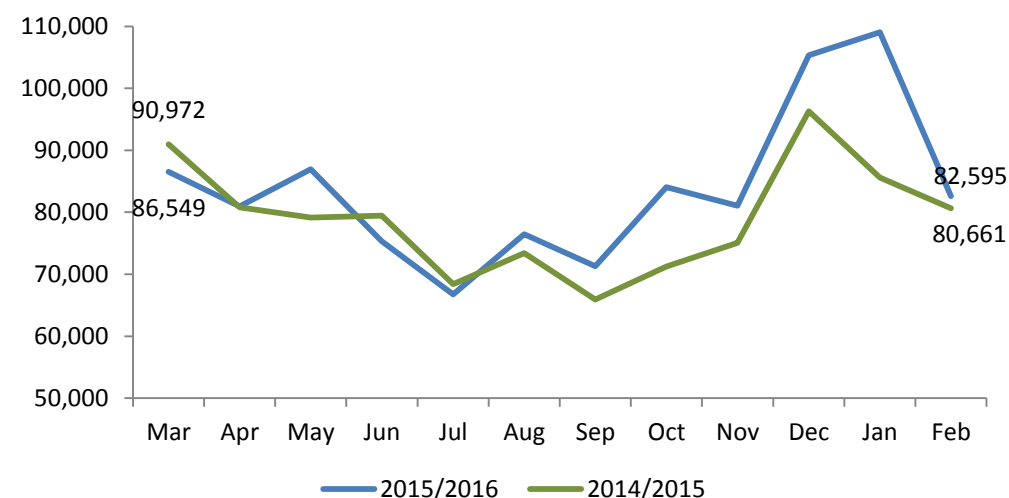


CITs	Dec	Jan	Feb
Admission Avoidance	60	109	89
Hospital Discharge	1,362	1,298	1,414
Early Discharge	427	390	398
Other	293	229	256
<b>National</b>	<b>2,142</b>	<b>2,026</b>	<b>2,157</b>

## GP Out of Hours Services

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

- **82,595** in February. **109,063** in January. (Target 80,182)
- **191,658** year to date (Expected Activity YTD 164,199)
- **Above target:** CareDoc (29.5%), ShannonDoc (27.2%) and SouthDoc (24.3%)
- Midoc data unavailable for February
- Expected activity change from 959,455 to 964,770 in 2016



Reduced Out of Hours Services	Dec	Jan	Feb
National	5,847	5,345	4,210*

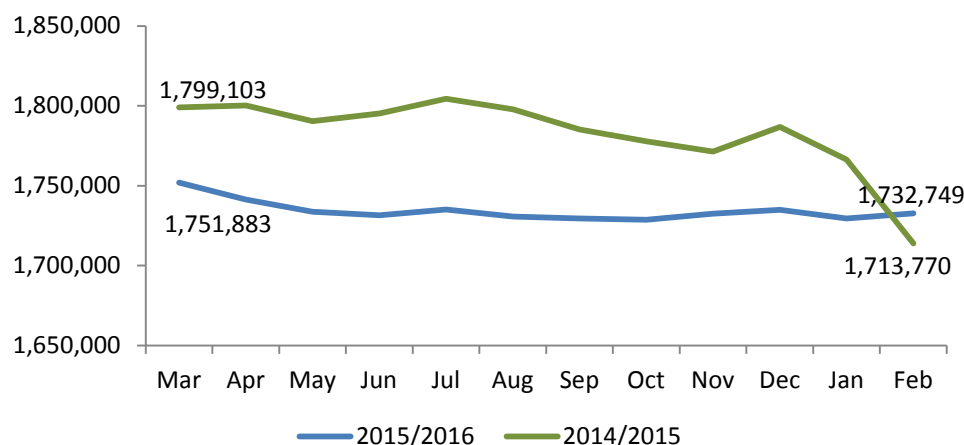
\*January/February data - Eastdoc outstanding

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

- **1,732,749** people are covered. **1,729,486** in January (Target 1,713,770)
- Of these, 102,118 are covered by a discretionary medical card
- Expected activity change from 1,722,395 to 1,675,767 in 2016

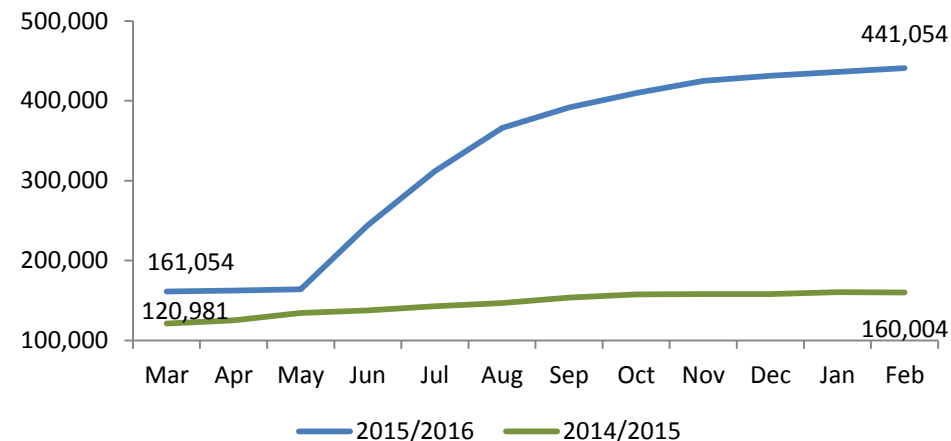


## Medical Card/GP Visit Card applications

- **98.2%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **98.7%** of Medical Card / GP visit card applications, assigned for Medical Officer review, **processed within 5 days** has been exceeded (Target 90%).
- **85.5%** 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)
- **92%** processed without financial error. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

## Number of persons covered by GP Visit Cards

- **441,054** people are covered. **436,089** in January (Target 444,020)
- Of these, **41,973** are covered by a discretionary GP Visit card
- Expected activity change from 412,588 to 485,192 in 2016



## Under 6 GP Visit Cards

- Became available on 1st July 2015
- **241,876** cards have been issued as at 21<sup>st</sup> March, 2016.

## Over 70s GP Visit Cards

- Became available on 1st August 2015
- **54,326** cards have been issued as at 21<sup>st</sup> March, 2016.

## Social Inclusion

### Opioid Substitute Treatment (month in arrears)

- 9,522 patients received treatment (excluding prisons) as of the end of January which includes 4,090 patients being treated by **351** GPs in the community.
- 649 pharmacies dispensed treatment catering for 6,618 patients.
- **77** HSE clinics were providing treatment and an additional **11** prison clinics were provided in the prison service.
- 54 new patients commenced treatment during January (6 in General Practice, 35 in HSE clinics and 13 in the prison clinics).
- The majority of opioid substitution treatment (OST) KPI's 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 GP's should be reported on at performance meetings.

## Primary Care Commentary

### Quality Performance Indicators

The National Primary Care Quality and Safety Dashboard will be reviewed quarterly at Performance Meetings with the Chief Officers during 2016 commencing April. CHO areas continue to submit monthly quality & safety returns and now have the capacity to run reports to monitor and review returns for their own area.

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 2,157 referrals in February, there were 24 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 83 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 98.18%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days has been exceeded at 98.71%.

The target for % of Medical Card applications which are accurately processed by the National Medical card Unit staff has not been met at 85.5%. However, the % processed without financial error equals 92%. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

# 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	December	January	February
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%	NA													
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA													
	<b>Community Intervention Teams</b>																
	Community Intervention Teams (number of referrals)	M	3,626	4,183	15.4%		135	714	415	350	195	1,361	193	820	2,142	2,026	2,157
Access	<b>GP Activity</b>																
	No of contacts with GP Out of Hours service	M	164,199	191,658 (i)	16.7%										105,322	109,063	82,595(i)
	<b>Speech &amp; Language Therapy</b>																
	% on waiting lists for assessment ≤ 52 weeks (to be updated)	M	100%	96.4%	-3.6%	100%	96.1%	97.8%	89.3%	100.0%	85.8%	96.2%	99.9%	97.6%	NA	97.8%	96.4%
	% on waiting list for treatment ≤ 52 weeks (to be updated)	M	85%	80.5%	-5.4%	100%	97.6%	77.1%	64.8%	62.8%	99.6%	87.3%	91.6%	99.4%	NA	76.6%	80.5%
	<b>Physiotherapy</b>																
	% on waiting list for assessment ≤ 52 weeks	M	100%	98.3%	-1.7%	98.5%	96.6%	94.5%	99.9%	100%	100%	98.9%	99.1%	98.8%	NA	97.9%	98.3%
	<b>Occupational Therapy:</b>																
	% on waiting list for assessment ≤ 52 weeks	M	85%	83.0%	-2.3%	84.2%	84.4%	99.3%	71%	81.4%	96.8%	90.2%	75.3%	91.5%	NA	83.6%	83.0%
	<b>Primary Care Reimbursement Scheme</b>																
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	M	95%	98.2%	3.3%										99.8%	95.6%	98.2%
	No. of persons covered by Medical Cards	M	1,713,770	1,732,749	1.1%										1,734,853	1,729,486	1,732,749
	No. of persons covered by GP Visit Cards	M	444,020	441,054	-0.7%										431,306	436,089	441,054

		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	December	January	February
	<b>Social Inclusion</b>																
	Opioid substitution treatment (outside prisons)	M in arrears	9,537	9,522	0%	90	132	278	426	150	976	3,682	566	2,922	9,497	9,537	9,522
Finance	<b>Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)</b>																
	% variance - from budget	M	€601,817	€604,878	0.51%	6.71%	7.43%	3.80%	1.98%	1.72%	1.28%	1.76%	3.02%	1.46%	-0.24%	1.47%	0.51%
	- % variance - Pay (Direct)	M	€98,587	€100,967	2.41%										-1.38%	2.49%	2.41%
	- % variance - Pay (Agency)	M	€1,884	€2,476	31.41%										52.87%	15.43%	31.41%
	- % variance - Pay (Overtime)	M	€502	€536	6.73%										10.43%	8.50%	6.73%
	- % variance - Non Pay	M	€526,995	€528,694	0.32%										-0.03%	1.37%	0.32%
	- % variance – Income	M	-€24,134	-€25,129	4.12%										-0.29%	3.48%	4.12%
	Primary Care	M	€124,291	€125,805	1.22%	6.49%	6.26%	4.98%	2.10%	1.69%	1.30%	1.56%	3.39%	1.86%	-1.14%	2.20%	1.22%
	Social Inclusion	M	€21,048	€21,229	0.86%	19.12 %	-0.78%	1.22%	1.34%	1.99%	4.93%	0.89%	-2.58%	-0.53%	1.29%	-0.70%	0.86%
	Palliative Care	M	€11,946	€12,391	3.73%	4.81%	34.78%	0.37%	1.79%	1.61%	-12.93%	4.17%	3.59%	-0.05%		4.21%	3.73%
	PCRS	M	€404,442	€405,633	0.29%										-0.17%	1.62%	0.29%
	Community Demand Led Schemes	M	€40,090	€39,820	-0.67%										0.91%	-2.02%	-0.67%
	<b>Service Arrangements</b>																
	No and % of Service Arrangements signed – Primary Care (24/02/16)	M	100%	18 9.68%	90.32%										87.70%	3.41%	9.68%
	€ value and % of Service Arrangements signed- Primary Care (24/02/16)	M	100%	€6,857 20.16%	79.84%										97.10%	16.45%	20.16%
	No and % of Service Arrangements signed – Social Inclusion (24/02/16)	M	100%	166 31.96%	68.04%										94.26%	7.04%	32.96%
	€ value and % of Service Arrangements signed- Social Inclusion (24/02/16)	M	100%	€28,160 33.77%	66.23%										95.36%	8.20%	33.77%
HR	<b>% Absenteeism<sup>3</sup></b>																
	Overall	M in	3.50%	4.86%	38.85%	5.81	4.16%	4.85%	3.30%	5.04%	4.90%	5.28%	5.00%	4.55%	4.80%	4.86%	

<sup>3</sup> absence rates have now been changed to reflect actual results achieved per division rather than being reflective of all community health care  
Health Service Performance Report January/February 2016

		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	December	January	February
		arrears				%											
	Medical/Dental			3.41%	-2.57%	5.84%	2.82%	0.68%	2.02%	2.85%	6.62%	3.15%	1.43%	8.51%	2.60%	3.41%	
	Nursing			5.05%	44.28%	6.25%	4.93%	4.15%	3.30%	5.68%	3.29%	5.63%	6.55%	4.34%	5.32%	5.05%	
	Health and Social Care Professional			3.98%	13.71%	5.20%	4.00%	6.10%	3.50%	4.90%	4.30%	3.20%	4.10%	2.70%	4.17%	3.98%	
	Management/Admin			5.51%	57.42%	5.82%	5.15%	6.19%	3.83%	4.46%	7.47%	5.13%	5.85%	4.19%	4.09%	5.51%	
	General Support staff			4.62%	32%	7.50%	1.40%	4.20%	8.20%	10.10%	2.20%	4.10%	0.30%	4.70%	5.27%	4.62%	
	Other Patient and Client staff			6.95%	98.57%	4.72%	2.24%	5.46%	2.48%	5.59%	5.59%	10.25%	3.92%	13.44%	5.13%	6.95%	
<b>Staffing Levels and Costs</b>																	
WTE change from previous month		M		10,506	26	5	2	3	7	5	5	-8	11	0		39	26
Variance from funding staffing thresholds		M		Data not yet available													

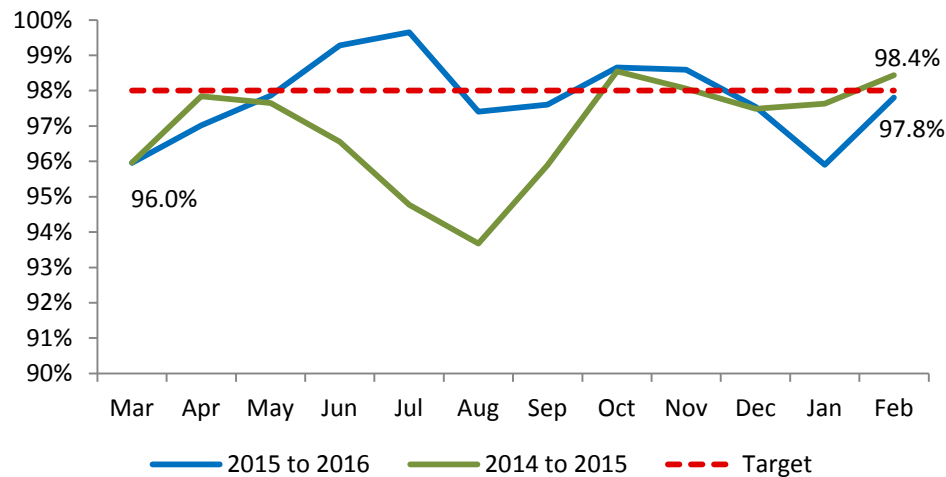


## Palliative Care

# Access to Services

## Access to specialist inpatient bed

- **97.8%** waited  $\leq 7$  days. **95.9%** in January. **96.8%YTD** (Target 98%)
- Number of patients admitted within 7 days increased from **302** in January to **312** in February
- **99.4%** of patients were admitted within 14 days
- **Above target:** CHO1,2,3,4,& 5 achieved 100%
- **Below target:** CHO6 82.4%, CHO7 96.4%, CHO9 96.4%

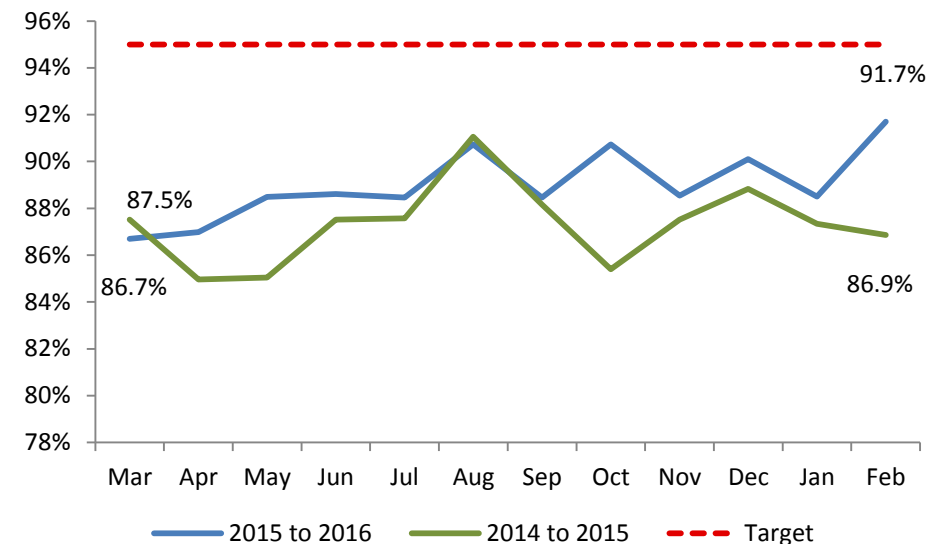


## Children in the care of the children's outreach nursing team/specialist palliative care team

- **397** children recorded. **413** in January. (Target 320)
- **Above target:** 7 CHO's performed above target.
- **Below target:** Increased 2016 targets for CHO1 and CHO9 expected to be met when new nurses start in position.

## Specialist palliative care services in the community

- **91.7%** waited  $\leq 7$  days. **88.5%** in January. **90.1% YTD**. (Target 95%).
- Number of patients seen within 7 days increased from **703** in January to **759** in February
- **98.3%** of patients were seen within 14 days
- **Above target:** CHO2 97.9%, CHO4 96.5%, CHO8 96.3%
- **Below target:** CHO1 91.1%, CHO3 85.1%, CHO6 71.4%, CHO7 86.0% & CHO9 92.9%



## Specialist palliative care services in the community

- **3,435** patients in the community 3,405 in January. (Target 3,309)
- Increase of 30(0.9%) on January.
- **Above target:** (% Var YTD): CHO3, 4, 6, & 8.

# 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	December	January	February
Access	Access to specialist inpatient bed within 7 days	M	98%	96.8%	-1.2%	100%	95.0%	100%	100%	100%	91.7%	91.8%		95.2%	97.5%	95.9%	97.8%
	Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	90.1%	-5.1%	91.8%	96.3%	86.6%	94.6%	96.1%	71.2%	79.7%	92.7%	92.0%	90.1%	88.5%	91.7%
	No of patients in receipt of specialist palliative care in the community	M	3,309	3,435	3.8%	370	408	466	560	432	250	225	434	287	3,270	3,405	3,435
	No. of children in the care of the children's outreach nursing team / specialist palliative care team)	M	370	397(i)	7.3%	12	31	(i)	41	40	15	181	50	27	411	413	397(i)
Finance	<b>Budget Management including savings</b>																
	<b>Net Expenditure variance from plan (within budget 0.33%)</b>																
	% variance - from budget	M	€11,946	€12,391	3.73%	4.81%	34.78%	0.37%	1.79%	1.61%	-12.93%	4.17%	3.59%	-	0.60%	4.23%	3.73%
	- % variance - Pay (Direct)	M	€5,947	€6,087	2.36%										1.99%	6.82%	2.36%
	- % variance - Pay (Agency)	M	€161	€197	22.69%										9.28%	14.92%	22.69%
	- % variance - Pay (Overtime)	M	€116	€119	2.84%										8.77%	28.96%	2.84%
	- % variance - Non Pay	M	€7,425	€7,633	2.79%										1.66%	0.04%	2.79%
	- % variance – Income	M	-€1,632	-€1,508	-7.59%										12.23%	-8.40%	-7.59%
	<b>Service Arrangements</b>																
	No and % of Service Arrangements signed (24/02/16)	M	100%	7 31.82%	68.18%										78.26%	18.18%	31.82%
	€ value and % of Service Arrangements signed (24/02/16)	M	100%	€22,901 22.41%	77.59%										59.12%	22.12%	22.41%

## Acute Hospitals

# Overview of key acute hospital activity

Activity Area	Result YTD February 2015	Result YTD February 2016	SPLY % Var	Against expected activity YTD	Result Dec 2015	Result Jan 2016	Result Feb 2016
Emergency Presentations	202,423	219,073	8.2% (16,650)	9.2% (18,459)	109,194	110,915	108,158
New ED attendances	266,636	284,327	8.5% (14,526)	8.5% (14,600)	92,539	94,343	91,564
OPD Attendances	538,559	554,813	3% (16,254)	4.8% (25,302)	242,503	271,857	282,956

Activity Area	Result YTD January 2015	Result YTD January 2016	SPLY % Var	Against expected activity YTD	Result Nov 2015	Result Dec 2015	Result Jan 2016
Inpatients discharges*	51,616	52,001	0.7% (385)	0.7% (384)	52,261	53,374	52,001
Day case discharges*	82,985	84,413	1.7% (1,428)	2% (1,637)	88,671	80,571	84,413
Inpatient & Day Cases*	134,601	136,414	1.3% (1,813)	1.5% (2,021)	140,932	133,945	134,614
% Inpatient*	38.3%	38.1%	-0.2%		37.1%	39.8%	38.1%
% Day Cases*	61.7%	61.9%	0.2%		62.9%	60.2%	61.9%

Elective Inpatient Discharges	6,910	6,778	-1.9% (-132)	-2% (-141)	8,296	7,358	6,778
Emergency Inpatient Discharges	34,440	35,587	3.3% (1,147)	3.3% (1,154)	34,460	36,359	35,587
Maternity Inpatient Discharges	10,266	9,636	-6.1% (-630)	-6.1% (-629)	9,505	9,657	9,636

From January 2016 all metrics above 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 January discharges fully coded by the end of February, therefore HIPE data is reported one month in arrears.

# Inpatients and Daycases

## Inpatient Discharges (January)

- **52,001** discharges, **53,374** reported in December.
- **0.7%** more than the same period last year.

## Day Cases (January)

- **84,413** day cases, **80,571** reported in December.
- **1.7%** more than the same period last year.

## Elective Inpatient Discharges (January)

- **6,778** elective discharges, **7,358** reported in December.
- **-1.9%** less than the same period last year.

## Emergency Inpatient Discharges (January)

- **35,587** emergency discharges, **36,359** reported in December.
- **3.3%** more than the same period last year.

## Maternity Inpatient Discharges (January)

- **9,636** maternity discharges, **9,657** reported in December.
- **-6.1%** less than the same period last year.

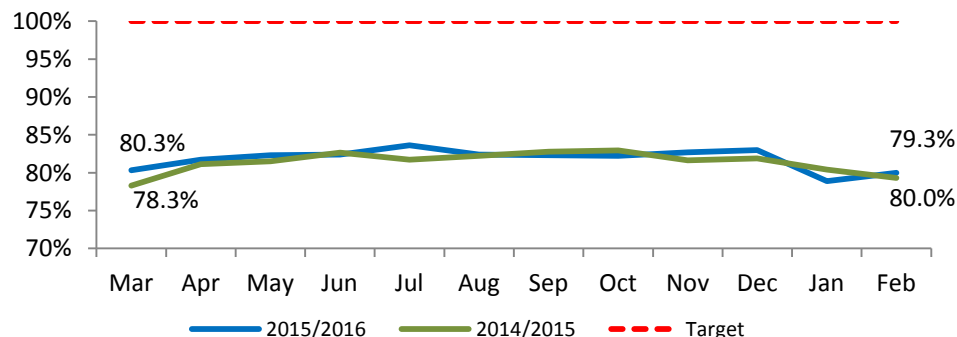
# Emergency Departments

## Numbers attending ED

- **98,935** attended ED, **101,759** in January (200,694 YTD)
- **91,564** were new attendances, **94,343** in January (185,907 YTD)

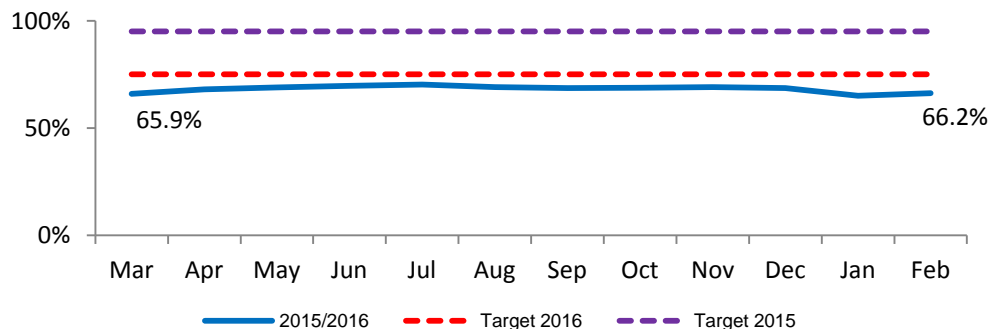
## Admitted or discharged within 9 hours

- **75,620 (80%)** were admitted or discharged within 9 hours. **77,255 (78.9%)** in January (Target 100%).
- Connolly data only until 17th February



## Admitted or discharged within 6 hours

- **62,530 (66.2%)** within 6 hours. **63,619 (65%)** in January (Target 75%)

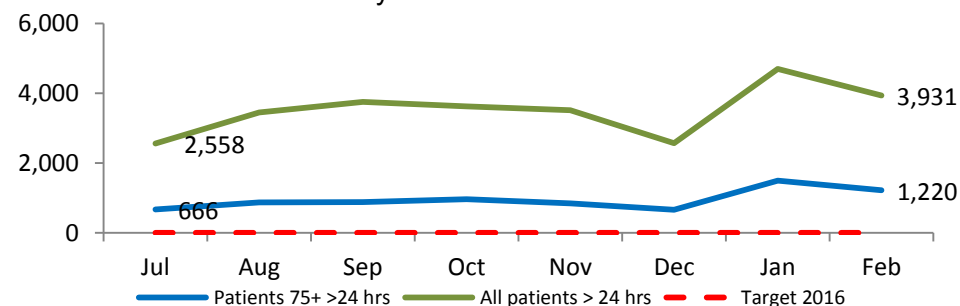


## Over 75 years of age in ED over 9 hours

- **4,483** waited over 9 hours (based on 24 of 26 hospitals), **4,873** in January

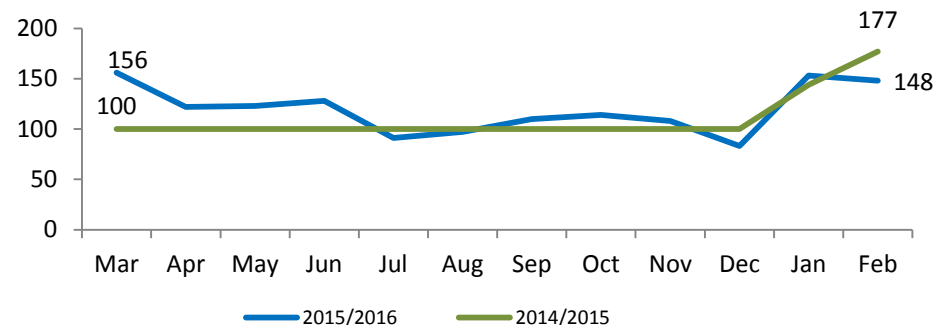
## ED over 24 hours

- **3,931** waited more than 24 hours, **4,696** in January
- **1,220** over 75 years of age waited for more than 24 hours. **1,499** in January
- **Below target > 24 hours** (3 outliers): St Vincents 429, Naas 238 and Beaumont 365
- **Below target over 75 years of age** (3 outliers): Limerick 126, St. Vincent's 180 and Galway 186



## Average over 9 hours awaiting admission

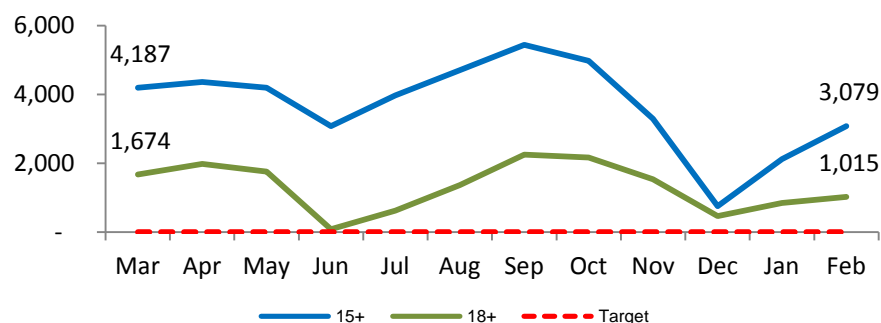
- **148** was the average daily number of patients waiting for over 9 hours, **153** in January.



# Waiting Lists

## Inpatient and Day case Waiting List

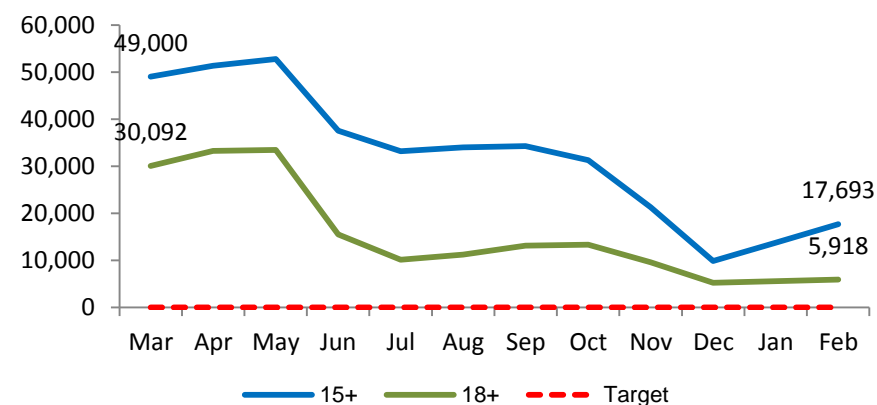
- **71,559** waiting for an inpatient/day case procedure. **69,649** in January
- **1,015** waiting over **18 months**. **847** in January
- **3,079** waiting over **15 months**. **2,115** in January
- **Below target** > 18 months: Beaumont 360, Drogheda 105 & Tallaght Adults 98
- **Below target** > 15 months: Drogheda 153, Beaumont 713 & Galway 642



Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		18,037	7,277	2,893	935	64,036
Child IPDC	3,598	1,801	565	186	80	7,523
OPD		111,878	45,952	17,693	5,918	390,410

## Outpatient Waiting List Update

- **390,410** waiting for outpatient appointments. **383,713** in January
- **5,918** waiting over **18 months**. **5,635** in January
- **17,693** waiting over **15 months**. **13,763** in January
- **Below target** > 18 months: St Columcille's 302, Beaumont 1,130, Letterkenny 527, Mayo 215 & Tullamore 561
- **Below target** > 15 months: St Columcilles 444, Beaumont 2,499 & Mayo 514

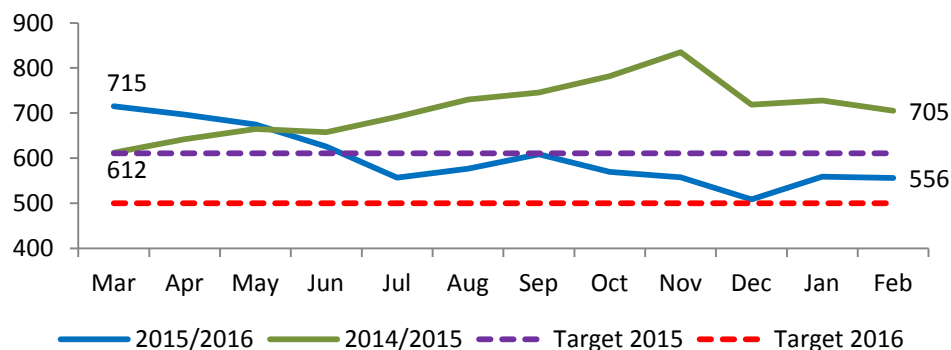




## Delayed Discharges

### Number of Delayed Discharges

- **556** Delayed Discharges. **559** in January (Target 500).
- **Best Performers:** St. Vincent's 36, Tallaght 20 & Connolly 25
- **Outliers:** St James 70 (65), Mater 56 (49) & Waterford 25 (13)



Delayed Discharges by Destination (26/01/2016)	Over 65	Under 65	Total No.	Total %
Home	43	12	55	9.89%
Long Term Nursing Care	367	45	412	74.10%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	62	27	89	16.01%
<b>Total</b>	<b>472</b>	<b>84</b>	<b>556</b>	<b>100%</b>

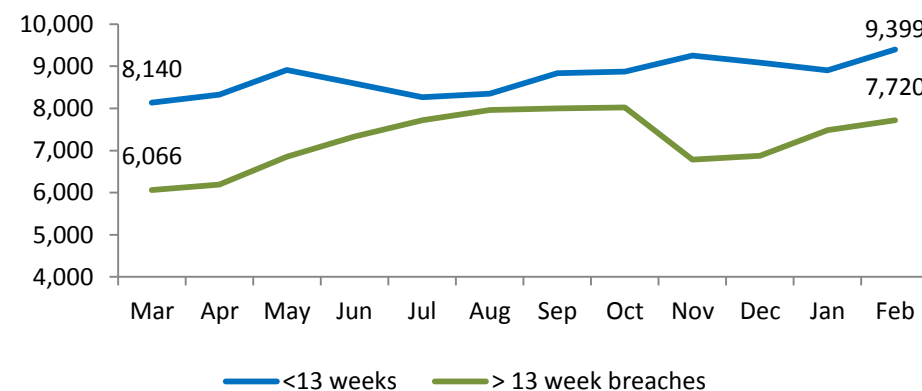
## GI Scopes

### Urgent Colonoscopy (<28 days)

- 1 breach reported in last week of February (the breach occurred in the Mater and had subsequently been seen the following week). 9 breaches reported in last week of January.

### Numbers on waiting list for GI Scopes

- **17,119** on the waiting list for routine colonoscopy. **16,390** in January
- **7,720** waiting over 13 weeks. **7,484** in January
- **54.9%** waiting less than 13 weeks. **54.3%** in January (<sup>4</sup>Target 70%)



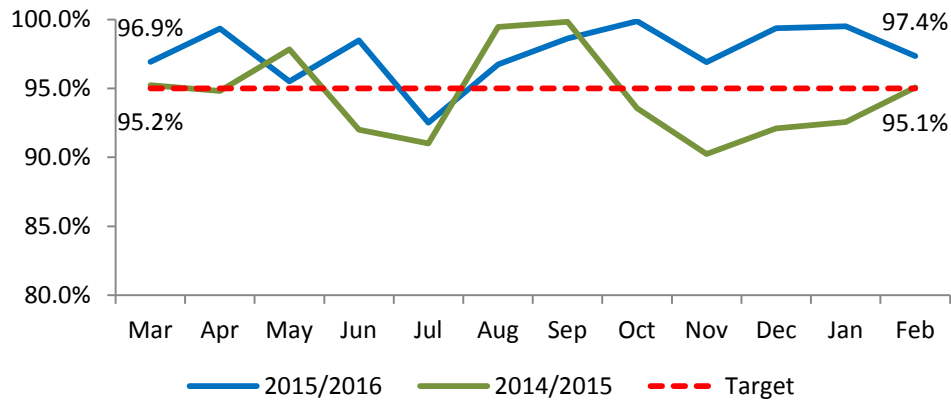
### Surveillance Scopes

- **4,828** planned scopes with date in the past, **4,489** in January.
- **29,417** planned scopes with date in the future, **7,484** in January.
- **2,598** planned without date, **2,660** in January.

# Cancer Services

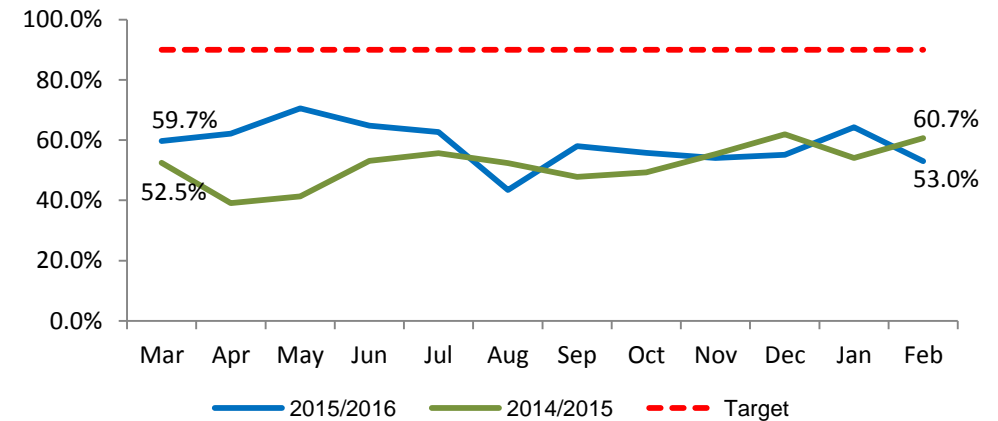
## Breast cancer assessment within 2 weeks

- **97.4%** triaged as urgent were seen within 2 weeks of referral. **99.5%** in January. **98.4%** YTD (Target 95%)



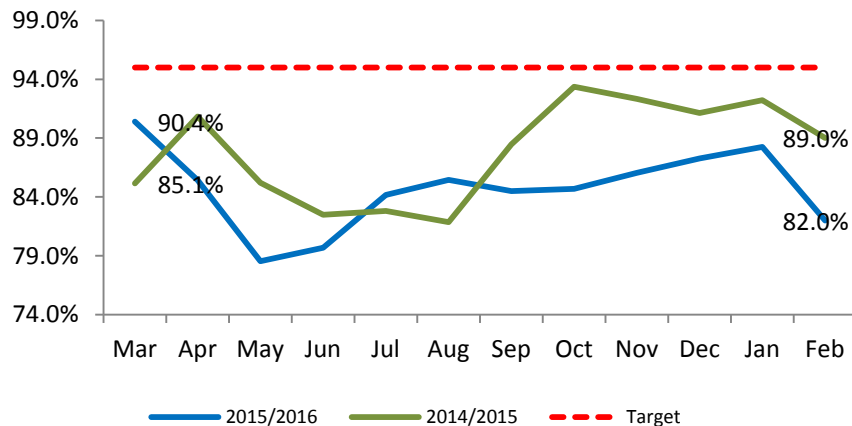
## Prostate cancer assessment within 20 working days

- **53%** were seen within 20 working days. **64.2%** in January & **57.8%** YTD (Target 90%)



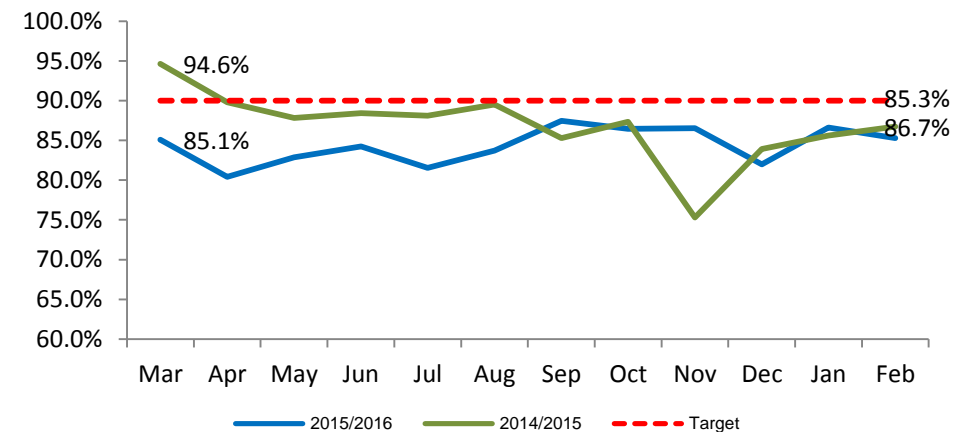
## Lung cancer assessment within 10 working days

- **82.0%** were seen within 10 working days. **88.2%** in January & **84.9%** year to date (Target 95%).



## Radiotherapy within 15 working days

- **85.3%** were seen within 15 working days. **86.6%** in January & **85.9%** year to date (Target 90%).

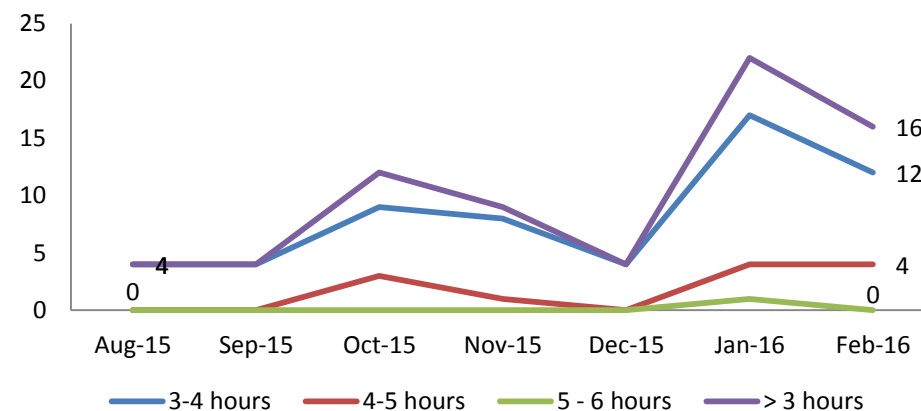


## Cancer Services Review

	Target	Feb 2016	Feb 2015	Feb YTD 2016	Best and Outliers (in the reporting month)
Breast	95%	97.4%	95.1%	98.4%	- St. James's (90.1%) & Cork (94.1%) failed to meet the target - Beaumont, St. Vincent's, Waterford and Limerick 100%
Lung	95%	82.0%	89%	84.9%	- St. Vincent's and Waterford 100% - Mater (96.7%) - Cork (62.8%), Galway (76.5%), Beaumont (88.6%), St. James's (92.9%), Limerick (56.3%)
Prostate	90%	53%	60.7%	57.8%	- St. Vincent's (95.8%), Galway (92.2%) - Waterford (1.6%), Limerick (20%), Cork (25%), Beaumont (60%), St. James's (60%) & Mater (80.8%).
Radiotherapy	90%	85.3%	86.7%	85.9%	- Limerick (91.5%) and Waterford (100%) - Cork (66.2%), Galway (83.6%), SLRON (89.5%)

## Ambulance Turnaround Times

- 16 ambulances had turnaround times > 3 hours. 22 in January.
- 17,985 (92.8%) ambulances had turnaround times within 60 mins; 19,383 (92.1%) in January. (Target 95% ≤ 60mins)



Turnaround Times	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
3-4 hours	4	4	9	8	4	17	12
4-5 hours	0	0	3	1	0	4	4
5 - 6 hours	0	0	0	0	0	1	0
> 3 hours	4	4	12	9	4	22	16

# Acute Hospitals Commentary

## Emergency Department (ED) Performance

The ED Task Force identified a number of key actions to be undertaken in order to address the challenges that arose post Christmas in 2015. Specifically the following initiatives were adopted;

- Winter Planning – earlier/whole system approach across the 7 hospital groups and CHOs. Funding for 300 beds was provided of which 220 were open at the end of February and a further 22 beds opened in March.
- Reduction in delayed discharges of the order of 200 cases 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.
- 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.

There was a sustained increase in ED attendances in February 2016 in the order of 11%. Within this overall increase there was an increase of 6% in the over 65s. It is acknowledged that this cohort of patients has a higher propensity to be admitted and is more likely to have ongoing care needs. The incidence of flu like illness was higher than the corresponding period in 2015 and the peak occurred at an earlier time than last year. While ED performance deteriorated in the second week in January, it recovered by the end of week 3 and the improvement was sustained until the end of February. The 30 day moving average for trolleys was 0.9% higher at the end of February 2016 compared with the corresponding period in 2015.

The Winter Planning process 2015/2016 had a positive impact in terms of integrated discharge planning between hospitals and community services, improved collaboration in terms of identifying patients for discharge, targeting additional community capacity, intensifying the use of CIT/OPAT and earlier implementation of hospital internal escalation processes. 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 and an increase in the number of patients with complex care needs.

## 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 79% in February 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

- Hospitals were 100% compliant with the National Service Plan 2016 target that 95% of adults and children are waiting less than 15 months for an inpatient/day case procedure – actual compliance 95.7%.
- Hospitals were 100% compliant with the National Service Plan 2016 target that 85% of patients are waiting less than 12 months for first access to outpatient services – actual compliance 88.2%.
- Hospitals were 95.5% compliant with the National Service Plan 2016 target that 100% of patients are waiting less than 15 months for first access to outpatient services.
- A process improvement programme is required in hospitals that have patients waiting in excess of 15 months for an inpatient/day case procedure or first access to outpatient services. This includes chronological scheduling, clinical and administrative validation and optimisation of existing capacity.
- 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. The second initiative is offering GP diagnostic services to reduce the referrals to the Outpatients Department for such services.

## Colonoscopies

- Urgent colonoscopies – there was one breach in February. This was addressed with the hospital concerned and there was no harm to the patient.
- Routine colonoscopies – compliance with 13 week target for routine patients was 55% in February. Key challenges relate to the growth in the endoscopy waiting list by approximately 480 per month and limitations in existing capacity.
- A National Endoscopy Working Group was established following the appointment of National Endoscopy Lead in March 2016. The Working Group will examine demand capacity management, standardised referral criteria, process improvement in scheduling and validation.

## Cancer Data

- Lung cancer - 82% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate - 53% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer - 100% 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 – 97.4%.
- Radiotherapy - 85.3% 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	December	January	February
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%	28%	-71.7%										
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer													
	M	90%	NA											
	<b>Safe Care</b>													
	% maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month													
	M in arrears	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%		100%	
	<b>Colonoscopy / Gastrointestinal Service</b>													
	% of people waiting < 4 weeks for an urgent colonoscopy (Zero tolerance)													
	M	100%	99.9%	-0.1%	99.6%	100%	100%	100%	100%	100%	100%	100%	99.3%	99.9%
	<b>Effective Care</b>													
	<b>Re-admission</b>													
	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge													
	M in arrears	10.8%	10.8%	0.0%	11.1%	11.8%	11.0%	10.6%	8.4%	11.4%		9.6%	10.8%	
	% of surgical re-admissions to the same hospital within 30 days of discharge													
	M in arrears	<3%	2.1%	30.0%	1.8%	2.8%	2.5%	1.9%	1.7%	2.1%		2.0%	2.1%	
	<b>Surgery</b>													
	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)													
	M in arrears	95%	84.6%	-10.9%	86.1%	94.9%	89.7%	78.5%	72.2%	86.0%		87.5%	84.6%	
	% day case rate for Elective Laparoscopic Cholecystectomy													
	M in arrears	>60%	44.3%	-26.2%	75.4%	70.6%	40.0%	42.1%	0.0%	14.9%		40.6%	44.3%	
	% of elective surgical inpatients who had principal procedure conducted on day of admission													
	M in arrears	75%	72.8%	-2.9%	84.7%	59.8%	62.0%	75.8%	89.6%	63.2%		66.6%	72.8%	
	<b>Emergency Care and Patient Experience Time</b>													
	% of all attendees at ED < 24 hours (Zero tolerance)													
	M	100%	95.4%	-4.6%	94.7%	95.3%	93.4%	94.8%	91.7%	97.3%	99.7%		95.2%	95.8%
	% of patients 75 years or over who were admitted or discharged from ED within 9 hours													
	M	100%	57.8%	-42.2%	61.7%	52.5%	50.0%	55.9%	34.9%	71.9%			57.9%	57.9%
	<b>Average Length of Stay</b>													

		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	December	January	February
	Medical patient average length of stay (contingent on < 500 delayed discharges)	M in arrears	7	6.7	4.3%	6.7	8.2	7.0	6.5	5.6	6.0		6.2	6.7	
	Surgical patient average length of stay	M in arrears	5.2	5.2	0.0%	5.2	6.5	6.2	4.5	4.4	4.5		5.8	5.2	
Access	<b>Outpatients</b>														
	Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	M	1:2	1:2.4	-25.0%	1:2	1:2.7	1:2.5	1:2.5	1:3.2	1:2.3	1:2.6		2.5	2.4
	<b>Inpatient, Day Case and Outpatient Waiting Times</b>														
	% of adults waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	95.5%	0.5%	97.0%	95.9%	89.9%	95.6%	98.9%	95.8%			99.3%	95.5%
	% of children waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	97.5%	2.7%	100.0%	99.8%	94.6%	98.6%	98.4%	91.6%	98.6%		99.1%	98.5%
	% of children waiting < 20 weeks for an elective procedure (inpatient and day case)	M	60%	52.5%	-12.5%	63.2%	46.2%	63.7%	58.5%	54.1%	52.6%	50.3%	55.9%	52.5%	52.2%
	% of people waiting < 52 weeks for first access to OPD services	M	85%	89.3%	5.0%	92.5%	88.4%	87.6%	88.1%	91.5%	88.0%	90.5%	90.1%	89.3%	88.2%
	<b>Colonoscopy / Gastrointestinal Service</b>														
	% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	M	70%	54.3%	-22.4%	50.9%	39.1%	44.1%	63.2%	82.8%	70.4%	50.7%	56.9%	54.3%	54.9%
	<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%	65.5%	-12.7%	66.9%	56.4%	60.6%	64.7%	48.8%	68.6%	87.7%	68.6%	65.0%	66.2%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	100%	79.4%	-20.6%	80.3%	72.8%	74.4%	77.8%	65.2%	84.1%	96.5%	83.0%	78.9%	80.0%
	<b>Delayed Discharges</b>														
	No. of beds subject to delayed discharges	M	<500	556	-11.2%	163	116	134	87	18	38		509	559	556
	<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%	98.4%	3.6%	99.3%	94.1%	100.0%	98.3%	97.5%	99.7%		99.4%	99.5%	97.4%
	<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%	84.9%	-8.7%	97.5%	95.7%	84.6%	84.5%	54.5%	83.5%		87.3%	88.2%	82.0%
	<b>Prostate Cancer</b>														



		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	December	January	February
	% 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%	57.8%	-39.1%	84.6%	60.0%	39.6%	15.5%	17.4%	94.3%		55.1%	64.2%	53.0%
	<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%	85.9%	-9.5%		87.8%		75.3%		88.5%		82%	86.6%	85.3%
	<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%	92.4%	-2.7%	94.5%	95.6%	94.5%	89.9%	95.5%	87.4%	93.5%		92.1%	92.8%
Finance	<b>Budget Management including savings</b> <b>Net Expenditure variance from plan (within budget ( 0.33%))</b>														
	- % variance - from budget	M	€667,496	€712,034	6.67%	6.10%	6.04%	7.15%	4.25%	15.06%	8.27%	3.28%	0.64%	5.49%	6.67%
	- % variance - Pay (Direct)	M	€556,023	€575,381	3.48%	2.95%	3.29%	4.13%	1.53%	7.38%	5.08%	1.70%	1.71%	3.20%	3.48%
	- % variance - Pay (Agency)	M	€25,379	€33,666	32.65%	59.06%	44.26%	18.53%	15.28%	28.42%	27.82%	135.54%	37.40%	22.02%	32.65%
	- % variance - Pay (Overtime)	M	€25,444	€28,539	12.16%	20.56%	9.22%	6.78%	-0.39%	37.08%	18.54%	5.54%	9.53%	15.01%	12.16%
	- % variance - Non Pay	M	€257,659	€273,737	6.24%	6.95%	2.50%	6.17%	5.45%	19.41%	5.80%	4.25%	1.86%	2.55%	6.24%
	- % variance – Income	M	-€164,634	-€155,607	-5.48%	-3.20%	-9.01%	-5.84%	-2.79%	-0.85%	-12.26%	-2.36%	6.96%	-7.57%	-5.48%
	Regional and National Services	M	€6,358	€10,626	67.13%								-35.32%	438.96%	67.13%
	Net Expenditure variance from plan (incl Regional & National Services)	M	€673,855	€722,660	7.24%								0.31%	6.28%	7.24%
	NCCP	M	€448	€428	-4.53%								8.74%	-4.37%	-4.53%
	Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	90% @ 15 days by 31/12/16	46	57%									55%	57%
	Acute Hospitals private income receipts variance from Actual v Plan	M	≤ 5%	€88,296	0%										
HR	<b>Service Arrangements</b> No and % of Service Arrangements signed(24/02/16)	M	100%	0	100%								82.35%	0%	0%
	€ value and % of Service Arrangements signed(24/02/16)	M	100%	0	100%								83.89%	0%	0%
	<b>% Absenteeism</b> Overall	M in	3.50%	4.62%	32.00%	4.18%	4.07%	4.49%	4.30%	10.33%	3.94%	4.65%	3.93%	4.62%	



		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	December	January	February	
	Medical/Dental	arrears		0.95%	-72.85%	0.93%	0.88%	0.73%	1.23%	0.78%	0.94%	1.08%	0.89%	0.95%		
	Nursing			5.23%	49.42%	4.64%	4.16%	6.02%	5.30%	9.50%	4.44%	5.18%	4.82%	5.23%		
	Health and Social Care Professional			3.42%	2.28%	3.27%	3.56%	2.87%	4.59%	3.64%	2.57%	3.40%	3.04%	3.42%		
	Management/Admin			4.80%	37.14%	4.37%	4.62%	5.09%	2.89%	11.94%	3.94%	5.35%	3.64%	4.80%		
	General Support staff			5.52%	57.71%	5.97%	5.19%	4.50%	5.28%	7.16%	5.89%	7.05%	5.21%	5.52%		
	Other Patient and Client staff			7.52%	114.85%	6.21%	6.61%	7.25%	4.06%	18.93%	5.72%	9.18%	5.09%	7.52%		
	Staffing Levels and Costs															
	WTE change from previous month	M		53,067	528	107	59	128	26	90	113	4		159	528	
	Variance from funding staffing thresholds	M	0.50%	Data not yet available												
	EWTD Compliance															
EWTD - <24 hour shift <sup>5</sup>	M	100%	96%(i)	-3%	96%	98%	94%	99%	91%	96% (i)	86%	97%(i)	96% (i)	96%(i)		
EWTD - <48 hour working week	M	95%	79%(i)	-14.7%	76%	68%	63%	90%	98%	93% (i)	68%	76%(i)	79%(i)	79%(i)		

<sup>5</sup> EWTD compliance is calculated on returns from 39 out of 40 hospitals  
Health Service Performance Report January/February 2016

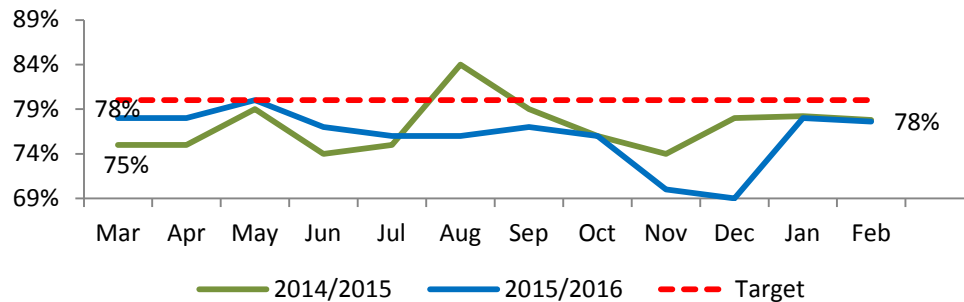
## National Ambulance Service

In 2016 the National Ambulance Service has been able to move to in the month reporting.  
Prior to this metrics were reported a month in arrears.

## Response Times

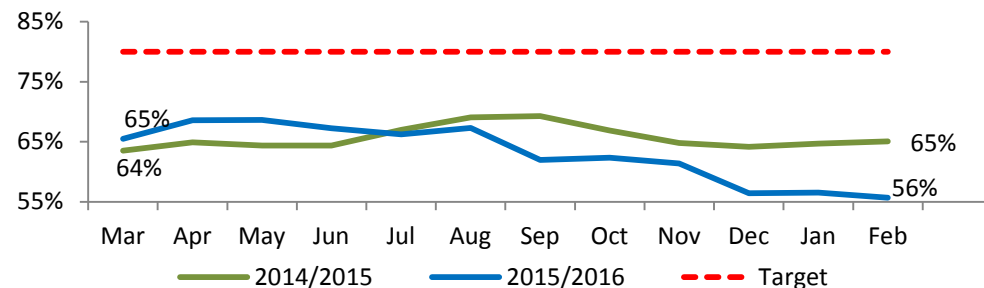
### ECHO Response Times

- **78% (319)** arriving at scene within 18 minutes, 59 seconds or less. **78% (352)** in January (Target 80%).
- **Improvers:** Southern Area 79%, Western Area 74%
- **Disimprovers:** North Lenister 76%, Dublin Fire Brigade 83%
- 94% ECHO calls had a resource allocated within 90 seconds (target 85%)



### DELTA Response Times

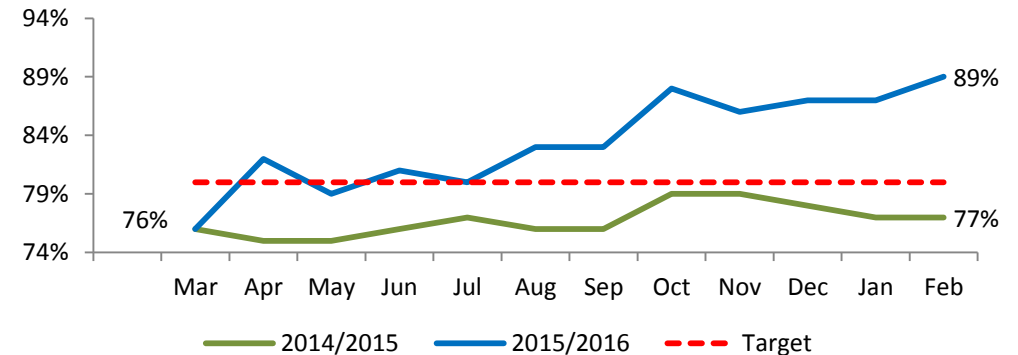
- **56% (5,699)** arriving at scene within 18 minutes, 59 seconds or less. **57% (6,124)** in January (Target 80%).
- **Improvers:** Southern Area 55%
- **Disimprovers:** Western Area 55%, Dublin Fire Brigade 57%
- 84% DELTA calls had a resource allocated within 90 seconds (target 85%)



## ICV Services

### Intermediate Care Vehicle (ICV) Transfers

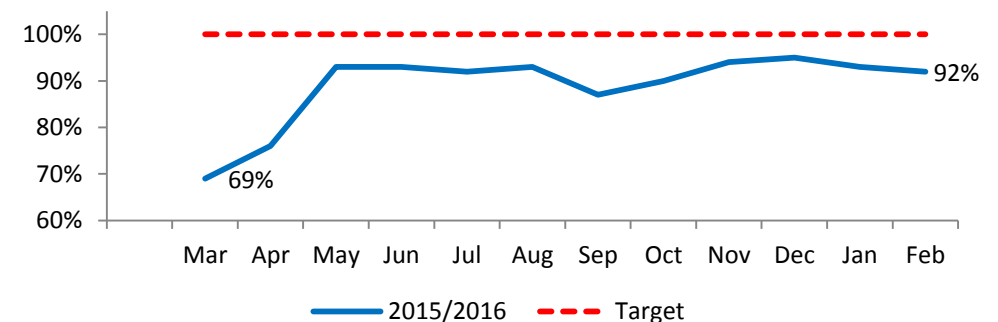
- **89%** of transfers provided through ICV (YTD **89%**), **87%** in January (Target > 80%).



	Sept	Oct	Nov	Dec	Jan	Feb
Number of Patient Transfer Calls	2,661	2,605	2,214	2,286	2,671	2,506
ICV	2,221	2,303	1,907	1,997	2,332	2,229
% ICV Transfer	83%	88%	86%	87%	87%	89%

### Volume of Escalations

- 92% of ambulance turnaround delays were escalated (YTD 92%), 93% in January (Target 100%)



# Ambulance Services Commentary

Significant milestones were achieved this month as the Eircode data was successfully loaded on the new MIS C3 Computer Aided Dispatch (CAD) database. This automation assists call takers in performing their role as identifying the location of the emergency and pinpointing this location on the Ordnance Survey Ireland mapping is expedient. An up-to-date suite of performance reports were also rolled out this month to the operational managers as part of the second phase of the new computer system implementation in the National Emergency Operations Centre (NEOC) in Tallaght and Ballyshannon.

In February 2016, the total number of AS1 and AS2 calls received was 25,254; activity is ↑7% (1,690) compared to the same month last year. Activity is ↑6% YTD. The daily average call rate is 871.

Our performance for the outcome of patients with life-threatening cardiac arrest (ECHO incidents) is on target in that 40% of our patients who have a witnessed cardiac arrest have a pulse on arrival at hospital, called ROSC. This is the first patient outcome measure for pre-hospital emergency care services in Ireland.

We are also close to target in getting to 80% of our ECHO (life-threatening cardiac or respiratory arrest) incidents in 18 minutes 59 seconds. We achieved 78% in February, an improvement of 2% on the previous month. There has also been an increase in the number of Echo incidents by 35% (on 2015 call levels), despite the same resource being in place to meet this need.

We are still having difficulties in getting to 65% of our DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents in the target of 18 minutes 59 seconds. We achieved 56% in February, a 1% decrease on last month. The key factors that are contributing to this performance issue are:

- A technical systems issue that is being addressed, which is understating our performance

- An increase in the number of DELTA calls by 30%(2,441) on 2015 levels partially attributed to a change in triage protocols implemented Jan 2016 that brings a higher number of calls into the Delta call category
- Continued pressures on ED departments resulting in extended turnaround times; there has been an 8% increase in turnaround delays on 2015 levels. Currently 10 ambulances per day are not available due to ED pressures.
- Continued staffing pressures with 120 vacancies, and an increase in the overall number of emergency calls, at 6% year to date.

As a result the DELTA response time performance has been escalated in line with the HSE accountability framework and a number of steps have been taken to improve performance including:

- Correction of the technical issue that is understating performance
- Accelerating the deployment of a performance reporting system (C3) to increase visibility of performance to Operations Managers
- Establishment of improvement targets for each of the three NAS Operational Areas with improvement plans to support this
- Daily review by Area Operation Managers of services experiencing the greatest difficulty
- Weekly review of progress with Senior HSE and NAS management in line with our escalation framework

A project group was established to review and develop an appropriate set of measures for pre hospital emergency care to strike a balance between patient outcomes, response times and patient satisfaction. This group will be chaired by Philip Crowley, National Director Quality Improvement Division.

# Ambulance Services Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Dec ember	January	February
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%	NA								
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA								
	<b>Audit</b>											
	National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%							
Access	National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	94%	5%							
	<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%	78%	-2%	78%	76%	73%	86%	69%	78%	78%
	% of Echo calls which have a resource allocated within 90 seconds of call start	M	85%	94%	11%						92%	94%
	*% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	56%	-30%	56%	54%	56%	59%	56%	57%	56%
	% of Delta calls which have a resource allocated within 90 seconds of call start	M	85%	84%	-2%						83%	84%
	<b>Intermediate Care Services:</b>											
	% of all transfers provided through the Intermediate Care Service	M	80%	89%	11%					87%	87%	89%
Finance	% 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%	92%	-8%					95%	93%	92%
	<b>Budget Management including savings</b>											
	<b>Net Expenditure variance from plan (within budget)</b>											
	% variance - from budget	M	€24,086	€24,075	-0.04%					0.97%	0.26%	-0.04%
	- % variance - Pay (Direct)	M	€17,640	€17,680	0.22%					0.43%	1.34%	0.22%

HR		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Dec ember	January	February
	- % variance - Pay (Agency)	M	€0	€53	100%					100%	100%	100%
	- % variance - Pay (Overtime)	M	€1,114	€2,798	151.21%					173.57%	147.78%	151.21%
	- % variance - Non Pay	M	€6,472	€6,565	1.44%					2.48%	-2.87%	1.44%
	- % variance – Income	M	-€26	-€169	545.49%					0.77%	-7.41%	545.49%
HR	<b>% Absenteeism</b>											
	Overall	M in arrears	3.50%	8.47%	142%					9.11%	8.47%	
	Management/Admin			5.95%	70%	1.07%	21.01%	7.27%		2.98%	5.95%	
	General Support staff			26.38%	653.71%	26.38%					26.38%	
	Other Patient and Client staff			5.27%	50.57%	5.27%					5.27%	
	WTE Change from previous month			1,673	-14	-6	-3	-3			-8	-14
	Variance from funding staffing thresholds		0.50%	Data not yet available								

# Ambulance Services Balanced Scorecard/Heat Map – January 2016

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade
Quality & Safety	National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%				
	National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	91%	2%				
Access	% of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	78%	-2%	80%	73%	73%	88%
	% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	57%	-29%	56%	53%	56%	61%
	% of ECHO calls which have a resource allocated within 90 seconds of call start	M	85%	92%	8%				
	% of DELTA calls which have a resource allocated within 90 seconds of call start	M	85%	83%	-3%				
	<b>Intermediate Care Services:</b> % of all transfers provided through the Intermediate Care Service	M	80%	87%	9%				
	% 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%	93%	-7%				

In 2016 the National Ambulance Service has been able to move to in the month reporting. Prior to this metrics were reported a month in arrears.

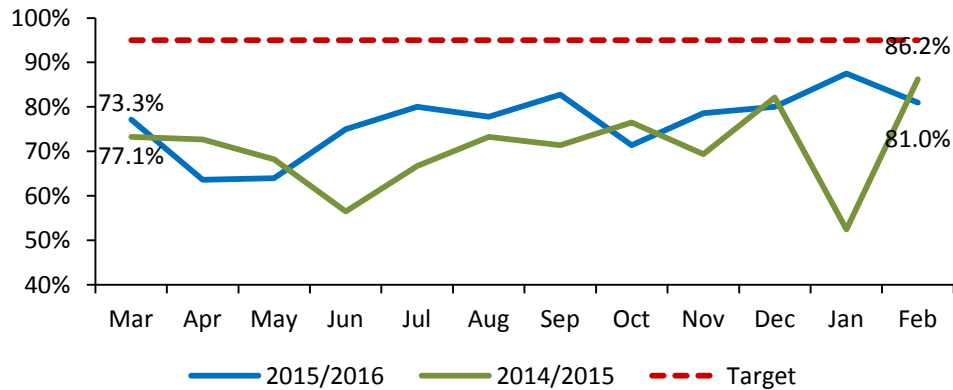
## Mental Health



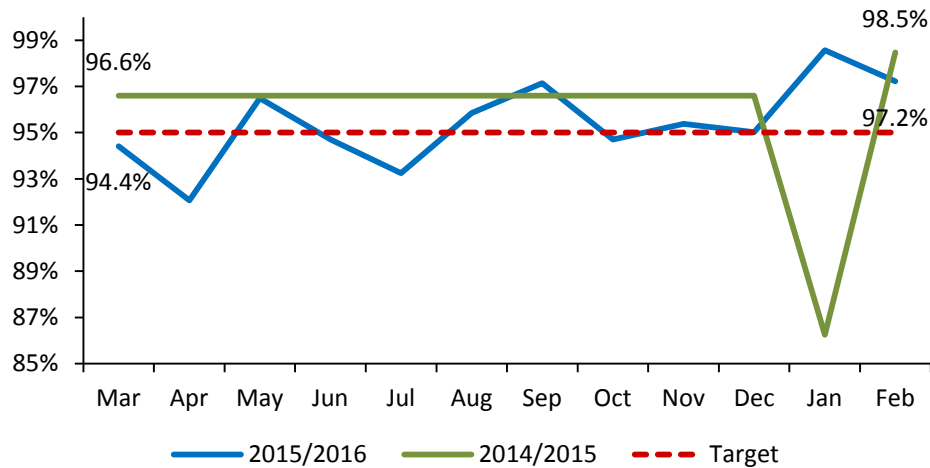
# Child and Adolescent Mental Health Services (CAMHs)

## Admission of children to CAMHs Inpatient Units

- **81% admitted to Child Adolescent Acute Inpatient Units** down from **87.5%** in January. **83.3% YTD** (Target 95%)

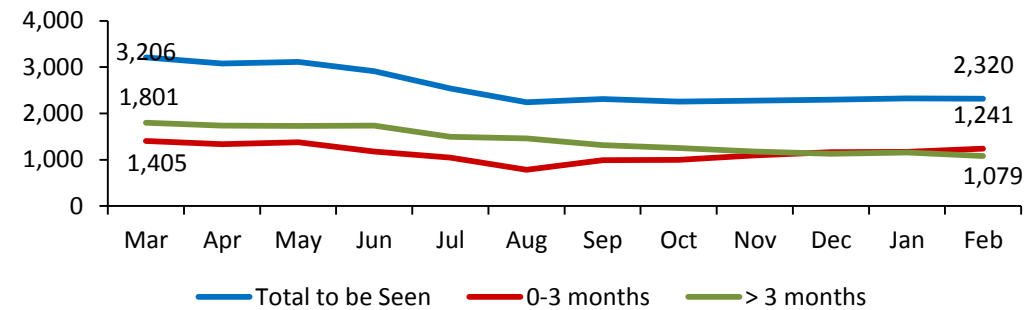


- **97.2% bed days used** in Child Adolescent Acute Inpatient Units as a total of bed days. **98.6%** in January. **97.8% YTD** (Target 95%)

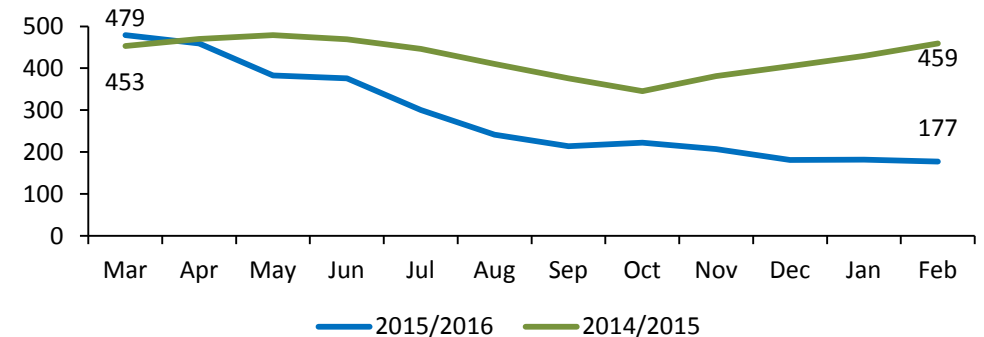


## CAMHs Waiting List

- **2,320** referred to be seen by CAMHS Teams in February, (down 5 from January)
- **1,079 waiting longer than 3 months for a first appointment**, (down **78** from January)
- **Demand exceeds expected activity:** CHO1 (266), CHO4 (286) & CHO9 (122)



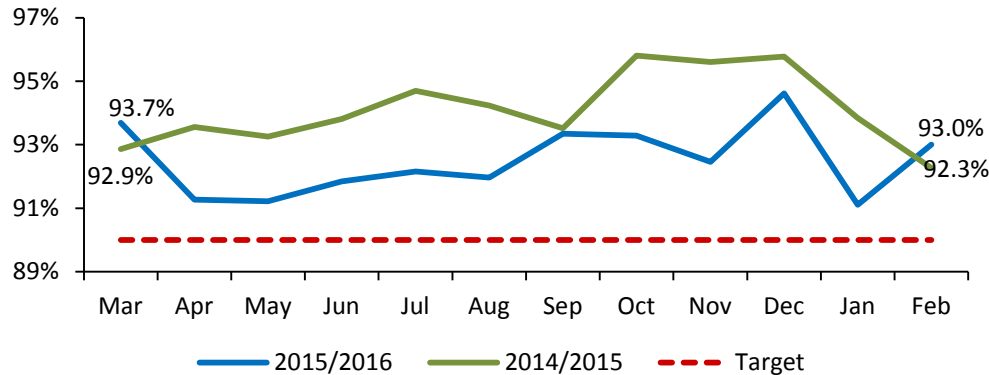
- **177** (8% of waiting list) **waiting more than 12 months** for an appointment. **182** in January. (Target 0)
- **Outliers:** CHO1(59), CHO3 (17), CHO4 (61), CHO7(10) & CHO9 (30)



## General Adult MH

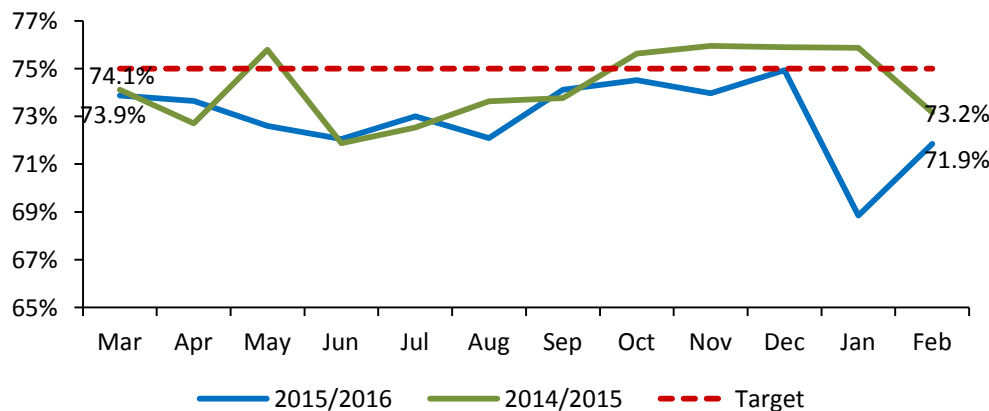
### Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **93%** of referrals/re-referrals. **91.2%** in January. **92.2%** YTD (Target 90%)
- **Above target:** CHO2 (99.6%), CHO6 (99.4%) & CHO8 (95.2%)
- **Below target:** CHO9 (76.1%) & CHO7 (88.2%)



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

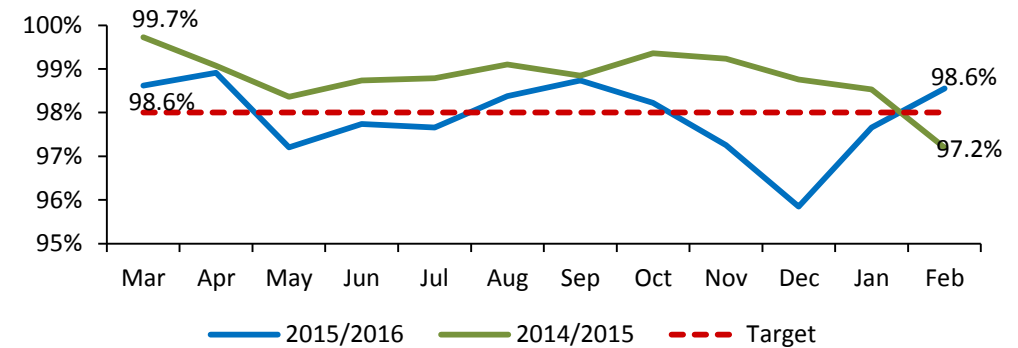
- **71.9%** of referrals/re-referrals. **69.1%** in January. **70.5%** YTD (Target 75%).
- **Above target:** CHO5 (84.7%), CHO6 (82.5%) & CHO2 (81%)
- **Below target:** CHO9 (50.5%), CHO3 (64.4%) & CHO4 (64.7%)



## Psychiatry of Old Age MH

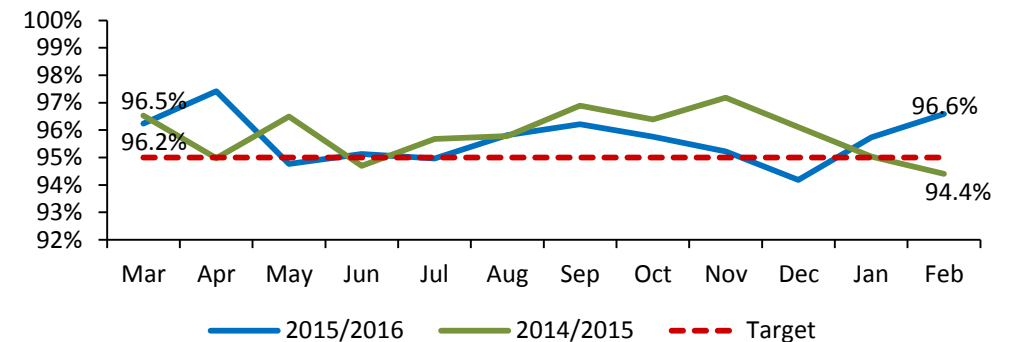
### Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **98.6%** of referrals/re-referrals. **97.7%** in January. **98.2%** YTD (Target 95%).
- **Above target:** CHO 1, 2, 3, 5, 6, 7 & 9 (100%)
- **Below target:** CHO4 (71.4%)



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

- **96.6%** of referrals/re-referrals. **95.8%** in January. **96.2%** YTD (Target 95%).
- **Above target:** CHO1 (100%), CHO3 (100%) & CHO6 (100%)
- **Below target:** CHO4 (68.6%) & CHO7 (87.5%)



# 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 February, 81% of children who were admitted were admitted to child and adolescent inpatient units, as against 87.5% in January.
- In February 2016, 97.2% of bed days used were in Child and Adolescent Acute Inpatient Units which is a slight dis-improvement on the 98.6% in January. However, 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 February, 70.2% of appointments were offered within 12 weeks/3 months (Target 78%), 76.4% in January. Of appointments offered and seen 58.4% were within 12 weeks/3 months (Target 72%), 63% in January. Nationally, 16.9% 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 focus of resources to address those waiting over 12 months is reported by CHOs as impacting on the performance of the community mental health teams in seeing people within the target of three months.

## 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 February, performance against **% offered first appointment and seen within 12 weeks / 3 months** is below the target, but is an improved performance on January. High DNA rates range from 34.1% in CHO 9 to 32.2% in CHO 3.

### 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 February 2016 was as follows:-

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

435 or 91% of the 477.5 development posts for 2013 have started.

131 or 52% of the 251.1 development posts for 2014 have started.

The allocation of the posts from the 2015 Programme for Government €35m is not yet finalised. However, 8 of the posts allocated have started.

# 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	December	January	February	
Quality & Safety	Serious Reportable Events																	
	% 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%	75%	-24.2%												
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer		M	90%	NA													
	CAMHs																	
	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%	83.3%	-12.3%										80.0%	87.5%	81%
	% 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%	97.8%	3.0%	94.9%	100.0%	99.5%	99.6%	99.5%	100%	99.2%	93.2%	98.3%	95.0%	98.6%	97.2%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:																	
	General Adult Teams	M	90%	92.2%	2.4%	90.2%	99.8%	94.2%	91.6%	91.2%	94.1%	88.1%	94.2%	78.1%	94.6%	91.2%	93.0%	
	Psychiatry of Old Age Teams	M	98%	98.2%	0.2%	93.6%	100.0%	100.0%	77.4%	100%	100%	96.3%	98.6%	100%	95.8%	97.7%	98.6%	
	Child and Adolescent Community Mental Health Teams	M	78%	73.1%	-6.3%	61.8%	100.0%	74.8%	62.8%	81.4%	69.8%	64.8%	80.4%	82.4%	78.1%	76.4%	70.2%	
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:																	
	General Adult Teams	M	75%	70.5%	-6.0%	78.8%	77.2%	68.9%	62.3%	84.1%	77.2%	73.7%	65.1%	52.4%	74.9%	69.1%	71.9%	
	Psychiatry of Old Age Teams	M	95%	96.2%	1.2%	100%	98.8%	100%	68.6%	99.1%	100%	87.5%	92.4%	98.8%	94.2%	95.8%	96.6%	
	Child and Adolescent Community Mental Health Teams	M	72%	60.6%	-15.8%	61.1%	93.5%	74.8%	56.3%	70.8%	47.9%	48.7%	70.7%	70.4%	62.8%	63.0%	58.4%	
	% of new (including re-referred) cases offered appointment and DNA in the current 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	December	January	February
	General Adult Teams	M	18%	24.1%	33.9%	13.7%	22.6%	27.2%	33.2%	7.1%	17.5%	17.3%	30.6%	35.6%	21.3%	25.1%	23.2%
	Psychiatry of Old Age Teams	M	3%	2.2%	-25.2%	2.3%	1.4%	0.0%	5.7%	0.8%	0.0%	7.4%	8.2%	1.2%	2.0%	2.5%	2.0%
	Child and Adolescent Community Mental Health Teams	M	10%	17.2%	72.0%	2.3%	6.5%	0.0%	12.3%	10.6%	29.8%	23.8%	13.9%	13.4%	22.5%	17.6%	16.9%
Access	Total no. to be seen or waiting to be seen by CAMHS																
	Total no. to be seen for a first appointment at the end of each month	M	2,449	2,320	-4.7%	439	22	231	506	97	374	241	208	202	2,298	2,325	2,320
	Total no. to be seen (0-3 months)	M	1,308	1,241	-5.1%	173	19	98	220	70	265	179	137	80	1,166	1,168	1,241
	Total no. on waiting list for a first appointment waiting > 3 months	M	1,141	1,079	-4.2%	266	3	133	286	27	109	62	71	122	1,132	1,157	1,079
	Total No. on waiting list for a first appointment waiting > 12 months	M	0	177	>100%	59	0	17	61	0	0	10	0	30	181	182	177
Finance	Budget Management including savings Net Expenditure variance from plan (within budget 0.33%)																
	% variance - from budget	M	€126,739	€126,818	0.06%	1.08%	7.95%	3.55%	2.15%	-0.93%	4.23%	2.84%	10.70%	1.03%	-0.90%	0.01%	0.06%
	- % variance - Pay (Direct)	M	€102,650	€102,657	0.01%										-1.81%	2.22%	0.01%
	- % variance - Pay (Agency)	M	€2,365	€6,231	163.50%										132.77%	144.63%	163.50%
	- % variance - Pay (Overtime)	M	€2,499	€3,288	31.59%										29.77%	45.94%	31.59%
	- % variance - Non Pay	M	€27,206	€26,911	-1.08%										1.66%	-9.51%	-1.08%
	- % variance – Income	M	-€3,260	-€2,924	-10.30%										-6.12%	-15.23%	-10.30%
	Service Arrangements																
	No and % of Service Arrangements signed (24/02/16)	M	100%	23 13.22%	86.8%										80.00%	1.69%	13.22%
	€ value and % of Service Arrangements signed (24/02/16)	M	100%	€2,026 3.04%	96.96%										72.38%	0.23%	3.04%
HR	% Absenteeism <sup>6</sup>																
	Overall	M in arrears	3.50%	5.14%	46.85%	5.23%	5.55%	6.30%	3.37%	5.18%	7.01%	5.91%	4.94%	4.87%	4.80%	5.14%	
	Medical/Dental			2.25%	-35.71%	1.05%	4.44%	0.93%	2.47%	4.05%	0.00%	2.48%	0.64%	2.14%	2.60%	2.25%	

<sup>6</sup> absence rates have now been changed to reflect actual results achieved per division rather than being reflective of all community health care  
Health Service Performance Report January/February 2016

		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	December	January	February
	Nursing			5.43%	55.14%	5.76%	6.30%	8.24%	3.77%	4.31%	5.91%	6.77%	4.60%	5.19%	5.32%	5.43%	
	Health and Social Care Professional			5.15%	47.14%	4.30%	5.90%	4.00%	2.10%	4.90%	0.00%	10.20%	6.00%	4.70%	4.17%	5.15%	
	Management/Admin			4.47%	27.71%	3.96%	3.09%	4.97%	2.36%	6.10%	17.00%	0.00%	4.16%	7.54%	4.09%	4.47%	
	General Support staff			5.84%	66.85%	8.20%	6.20%	4.90%	3.50%	7.70%	0.00%	5.70%	7.10%	4.60%	5.27%	5.84%	
	Other Patient and Client staff			4.22%	20.57%	3.94%	4.59%	6.03%	3.88%	5.50%	8.49%	0.00%	6.67%	3.71%	5.13%	4.22%	
	<b>Staff Levels and Costs</b>																
	WTE change from previous month	M		9518.42	113	-3	15	11	15	31	-2	10	5	1		31	113
	Variance from funding staffing thresholds	M	0.50%	Data not yet available													
	<b>EWTD Compliance</b>																
	EWTD <sup>7</sup> - <24 hour shift	M	100%	92% (i)	-9%										90%(i)	91% (i)	92% (i)
	EWTD - <48 hour working week	M	95%	92% (i)	-2.1%										96%(i)	92% (i)	92% (i)

<sup>7</sup> EWTD compliance is calculated on returns from 26 of 27 providers  
Health Service Performance Report January/February 2016

## **Social Care – Disability Services**

# Disability Services Commentary

## HSE Workshop on Accelerating the Implementation of the Transforming Lives Reform agenda in 2016 across Priority Sites

A workshop was held in February to support voluntary service providers and the HSE in addressing one of the key priorities in the 2016 National Service Plan for the Social Care Division. In 2016, the CHOs are required to have Action Plans prepared by the end of Q1 in respect of 14 named priority centres, that will demonstrate how these centres will move during the year to new community based models of service in line with *Transforming Lives* agenda for 160 residents whilst supporting the improvement and compliance with the *National Standards for Residential Services for Children and Adults with Disabilities* for the remaining parts of their services. These plans will be linked to the €20million allocated in 2016 for capital funding in the disability sector and will identify requirements for transitional resources from the Service Reform Fund, as well as demonstrating that existing services will be reconfigured to maximise resources in line with the policy.

To support the CHOs and providers, a comprehensive suite of Project Action plan template documents was developed and launched at the workshop. This was supported by presentations and a detailed questions and answers session that focused on the Capital Funding Programme, Project Management Processes and the Service Reform Fund.

## Completed transition of all individuals from Grove House Service

The HSE in CHO Area Cork Kerry, have now successfully supported all residents in Grove House to transition from the congregated setting to other accommodation appropriate to their needs. The process of transitioning residents commenced in 2014 and the HSE worked in partnership with COPE Foundation and a number of other service providers to support all the residents to move to alternate arrangements in line with their individual assessed support needs and transition plans.

The HSE's Grove House service was a regional service, providing residential and residential respite services to over 30 adults with intellectual disabilities with complex case needs

## School Leavers

A profiling exercise has now been completed for all 1490 young people leaving school or graduating from RT programmes in 2016 that will have a requirement for a HSE funded day service. The results of the profiling exercise are now being analysed and the outcome of that analysis will inform the allocation of resources to meet this need. This is the first time that the sector has used a standardised profiling tool to capture the needs of school leavers.

## Progressing Disability Services (0-18s programme)

*National Policy on Access to Services for children with a disability or developmental delay* has been signed off nationally by Disabilities and Primary Care. An induction programme is being developed now to support reconfigured Children's Disability Network Teams to implement the policy consistently across the country. This will provide clear signposting for referrers, parents and staff on most appropriate service for each child. The policy and in particular the decision making tool will be evaluated after one year.



## Disability Services Balanced Scorecard/Heat Map

[illegible]

<sup>8</sup> This covers all Social Care

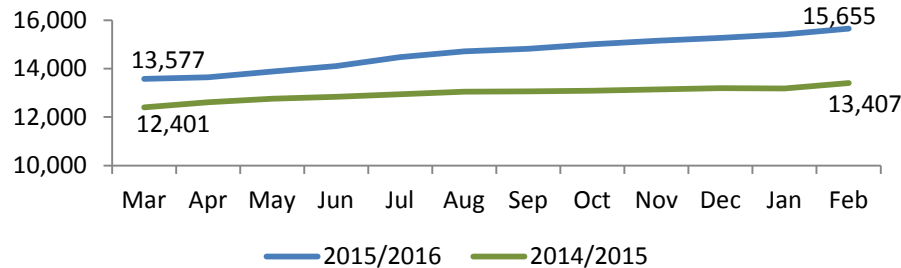
<sup>9</sup> absence rates have now been changed to reflect actual results achieved per division rather than being reflective of all community health care

## **Social Care – Older Persons**

## Home Care Packages

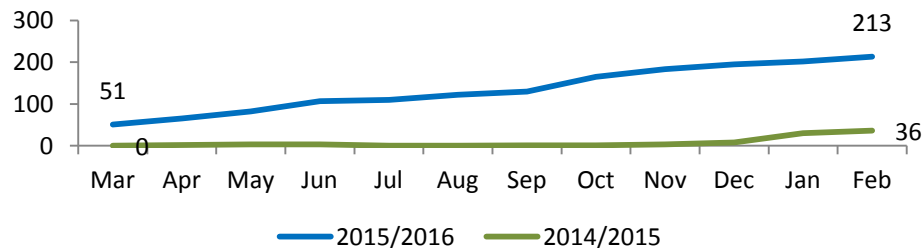
### Number of persons in receipt of a Home Care Package

- **15,665** persons in February, **15,409** in January (Expected 15,450).
- **Above Expected** (% var YTD): CHO 1 (5.7%), CHO 2 (4.2%), CHO 3 (4.9%), CHO 7 (7.2%), CHO 8 (1.5%)
- **Below Expected** (% var YTD): CHO4 (-0.4%), CHO 5 (-1.8%), CHO 6 (-3.4%), CHO 9 (-1.1%)  
Actual activity is dependent on value of resources required by individual applicants
- Expected Activity Change from 13,200 in 2015 to 15,450 in 2016



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

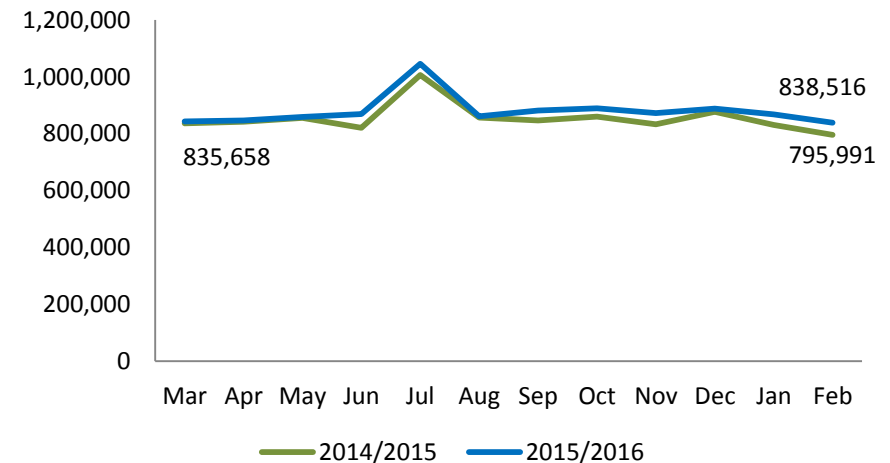
- **213** persons in February, **202** in January (Expected 130)
- Expected Activity Change from 190 in 2015 to 130 in 2016 funded by HSE with potential for approx. 60 dementia specific IHCPs funded by Atlantic Philanthropies.



## Home Help Hours

### Number of home help hours provided

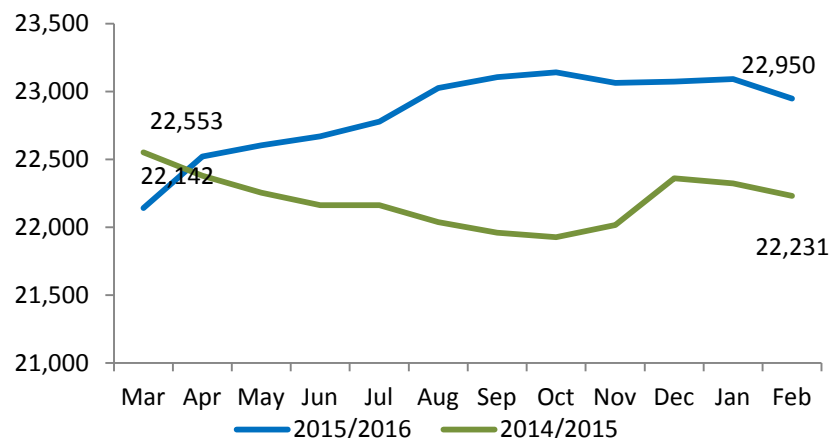
- **838,516** hours provided in February (fewer days in February), **862,424** in January (Expected Activity 801,335).
- **1,700,940** YTD (Expected Activity YTD 1,661,517), activity above target by 39,423 hours YTD.
- **Above target:** (% var YTD): CHO1 (8.8%) CHO 2 (12.4%), CHO 3 (6.8%), CHO 5 (1.2%), CHO 8 (11.3%), CHO 9 (2.4%)
- **Below target:** (% var YTD): CHO4 (-11.76%) related to lower number of higher cost hours, CHO6 (-2.5%) and CHO 7 (-2.4%)
- Expected Activity Change from 10,300,000 in 2015 to 10,437,000 in 2016. Peak in July in graph below reflects additional pay period adjusted for in July in CHO 4



# Nursing Home Support Scheme

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

- **22,950** in February, **23,093** in January (Expected Activity 23,450)
- Expected Activity Change from 22,361 in 2015 to 23,450 in 2016



- **22,950** February 2016, **22,231** February 2015
  - **719** more than February 2015 (3.2% increase)
  - Anticipated that the target of 23,450 will be met by year end assuming demographic increase of 3.1%
  - Wait time for February **4 weeks** – on target
  - 422 on waiting list (↓ from 2,135 in October 2014)

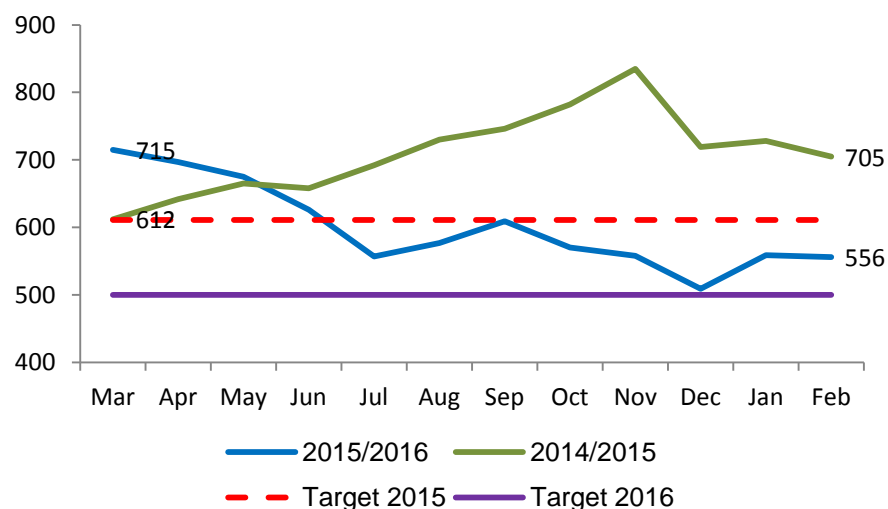
NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients						
		Jan	Feb	YTD 2016	Feb-16	Feb-15
	No. of new applicants	991	1,002	1,993	1,002	959
	National placement list for funding approval	243	422		422	1,378
	Total no. people funded under NHSS in LTRC	23,093	22,950		22,950	22,231
Private Units	No. of new patients entering scheme	560	548	1,108	548	484
	No. of patients Leaving NHSS	542	622	1,164	622	510
	Net Increase	18	-74	-56	-74	-26
Public Units	No. of new patients entering scheme	172	167	339	167	155
	No. of patients Leaving NHSS	144	205	349	205	182
	Net Increase	28	-38	-10	-38	-27

Note: In addition to the leavers above there were a further 57 leavers (31 in February) from Contract Beds/Subvention/Section 39 savers beds.

# Delayed Discharges

## Number of Delayed Discharges

- **556** Delayed Discharges. **559** in January (Target 500).
- **Best Performers:** St. Vincent's 36, Tallaght 20 & Connolly 25
- **Outliers:** St James 70 (65), Mater 56 (49) & Waterford 25 (13)



- The national delayed discharge figure has remained consistent to date in 2016 – average 559.
- February figure is 556 - 21% reduction on February 2015 (705).

Delayed Discharges by Destination (23/02/2016)	Over 65	Under 65	Total No.	Total %
Home (23 relate to HH or HCP)	43	12	55	9.89%
Long Term Nursing Care	367	45	412	74.10%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	62	27	89	16.01%
<b>Total</b>	<b>472</b>	<b>84</b>	<b>556</b>	<b>100%</b>

Reference: Acute hospitals delayed discharges report

Social Care continue to address Delayed Discharges through the provision of:

- NHSS – Residential care is continuing to maintain the significant improvements made during 2015 and the waiting times for funding remain at 4 weeks and are not expected to increase during 2016.
- Transitional Care
  - Transitional care funding placements continue to be approved to all hospitals in 2016. Current demand exceeds the funded position - Social Care continues to meet this requirement based on the Winter plan arrangement.
  - Total of 1160 approvals issued.
  - Allows transfer while awaiting NHSS funding or convalescence instead of remaining in acute hospital bed.
  - Demand monitored weekly by Social Care/Acute Hospital Division to provide transitional care within available resources.
- Home Care
  - Prioritised to support discharged from acute services.
  - Level of service will have to be reduced in the coming months to meet budgetary requirements.
- Joint working with Acute Hospital Division (AHD) and Primary Care (PC)
  - Close collaboration with AHD and PC to improve the processes in discharge management, and assist in timely and appropriate discharge

# 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	December	January	February
Access	<b>Home Care Packages</b>															
	Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs															
	M	15,450	15,665	1.4%	1,306	1,188	986	1,389	884	1,613	2,131	2,163	4,005	15,272	15,409	15,655
	Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)															
	M	130	213	63.8%	3	49	10	21	5	14	16	19	76	195	202	213
	<b>Home Help</b>															
	No. home help hours provided for all care groups (excluding provision of hours from HCP's)															
	M	1,661,517	1,700,940	2.4%	232,922	231,403	159,809	297,801	196,585	63,695	113,628	216,406	188,691	888,416	862,424	838,516
	No. of people in receipt of home help hours (excluding provision from HCPs)															
	M	47,800	48,293	1.0%	4,957	6,177	3,859	8,064	5,822	2,875	5,165	6,723	4,651	47,915	48,374	48,293
Finance	<b>NHSS</b>															
	No. of people being funded under NHSS in long term residential care during the month															
	M	23,450	22,950	-2.1%										23,073	23,093	22,950
	No. of NHSS beds in Public Long Stay Units															
	M	5,255	5,255	0.00%	534	609	346	1,046	556	386	642	629	507	5,222	5,255	5,222
	No. of short stay beds in Public Long Stay Units															
	M	2,005	2,005	0.00%	395	254	184	336	275	165	199	96	101	1,947	2,005	2,005
	<b>Budget Management including savings</b>															
	<b>Net Expenditure variance from plan (within budget)</b>															
	% variance - from budget															
	M	€115,962	€121,863	5.09%	4.68%	21.83%	9.63%	0.16%	3.31%	7.42%	9.31%	8.59%	4.20%	-0.06%	5.27%	5.09%
	- % variance - Pay (Direct)															
	M	€108,915	€109,015	0.09%										1.93%	0.47%	0.09%
	- % variance - Pay (Agency)															
	M	€3,775	€4,857	28.65%										52.10%	27.43%	28.65%
	- % variance - Pay (Overtime)															
	M	€999	€1,142	14.41%										16.39%	10.33%	14.41%
	- % variance - Non Pay															
	M	€68,777	€73,063	6.23%										-4.02%	6.26%	6.23%
	- % variance – Income															
	M	-€62,551	-€61,162	-2.22%										-1.29%	-2.17%	-2.22%
	<b>Service Arrangements</b>															
	No and % of Service Arrangements signed (24/02/16)															
	M	100%	217 21.70%	78.30%										84.78%	4.20%	21.70%
	€ value and % of Service Arrangements signed (24/02/16)															
	M	100%	€22,132 13.45%	86.55%										52.30%	4.31%	13.45%

		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	December	January	February
HR	% Absenteeism																
	Overall	M in arrears	3.5%	5.60%	60%	7.94%	5.17%	6.41%	4.98%	6.50%	3.99%	5.00%	6.83%	4.46%	4.80%	5.60%	
	Medical/Dental			1.67%	52.28%	0.00%	0.00%	1.74%	0.00%	0.00%	0.41%	0.46%	0.00%	8.78%	2.60%	1.67%	
	Nursing			6.45%	84.28%	7.98%	5.43%	6.76%	5.66%	8.13%	6.51%	5.80%	6.99%	5.40%	5.32%	6.45%	
	Health and Social Care Professional			4.41%	26%	7.50%	6.20%	6.50%	4.90%	4.70%	3.00%	3.60%	6.30%	3.10%	4.17%	4.41%	
	Management/Admin			3.67%	4.85%	5.40%	4.82%	3.78%	3.33%	4.66%	2.50%	2.80%	4.58%	2.69%	4.09%	3.67%	
	General Support staff			5.55%	58.57%	7.90%	2.60%	6.50%	5.90%	7.90%	2.20%	5.40%	7.90%	4.80%	5.27%	5.55%	
	Other Patient and Client staff			5.83%	66.57%	8.43%	4.92%	6.48%	5.33%	5.86%	3.98%	4.93%	7.05%	4.65%	5.13%	5.83%	
	Staffing Levels and Costs																
	WTE change from previous month	M		25,984	198	11	22	13	25	34	3	17	-17	22		67	198
Variance from funding staffing thresholds	M	0.50%	Data not yet available														

## Escalation Report



# Areas of Black Escalation (DG oversight)

Patients waiting in ED > 24 hours								
Division <b>Acute Hospitals</b>		Date first escalated May 2015		Last date escalated/ deescalated		Escalation level		
<b>Reason for escalation</b>  Escalated based on continued poor performance. Improvement in performance during February 2016.  Remains in Black Escalation as the work of the ED Task Force continues to be led by the Director General.				<b>Current Description of performance (February 2016)</b>				
					<b>Total</b>	<b>&gt; 75 years</b>		
				<b>Dec</b>	2,537	661		
				<b>Jan</b>	4,696	1,499		
				<b>Feb</b>	3,963	1,220		
				<b>James Connolly PET data only available up to 17<sup>th</sup> February</b>				
<b>NPOG Agreed actions</b>				<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Completed</b>	
<b>1</b>	Implementation of the ED Taskforce Action Plan			ND AHD	2015	Ongoing		
<b>2</b>	National ED Congestion Directive issued by Minister for Health and HSE Director General			ND AHD	11.15	Ongoing		
<b>3</b>	National Escalation Framework to be implemented			ND AHD	11.15	Ongoing		
<b>4</b>	The Special Delivery Unit to carry out audits at a number of Emergency Departments to monitor compliance with the framework and identify areas that could be improved			ND AHD	03.02.16	Ongoing		
<b>5</b>	Local action Plans to be put in place following SDU Audits			ND AHD	06.04.16	Ongoing		

Pay Control Acute Hospitals					
Division		Date first escalated	Last date escalated/ deescalated	Reference	Escalation level
Acute Hospitals		April 2016		NE1/4/16	Level 4
Reason for escalation			Current Description of performance (April 2016)		
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).			The NPOG and ND AHD have limited confidence that interim pay controls are being applied across a number of hospitals.		
Director General/ NPOG Agreed actions		Responsible	Date agreed	Due date	Completed
<b>Director General</b>					
1	A Task Force comprising senior personnel from the Acute Hospitals and other Divisions will be established.	ND AHD	20/04/16	25/04/16	
2	The Task Force will (1) put in place arrangements to provide assurance that interim controls are in place (2) Ensure plans are in place and being implemented by each Group to operate within agreed pay limits (3) Produce a report for the Steering Group 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	
<b>NPOG</b>					
1	The list of hospitals to be the subject of specific escalation measures to be notified by the ND AHD to NPOG.	ND AHD	06/04/16	12/04/16	
2	Escalation measures will apply to the named hospitals. Measures will include (1) Removal of delegated authority from named managers to recruit (2) Delegation to recruit will transfer to the ND AHD (3) Defined limits will be set for agency and overtime, (4) Formal performance notices will issue to named voluntary hospitals under the Service Arrangement	ND AHD	06/04/16	13/04/16	
3	Meetings involving the AHD and HG will be held with the CEOs/ GMs of the hospitals in escalation.	ND AHD	06/03/16	15/04/16	
4	NPOG to be provided with a report on the application of interim controls across each hospital. Hospitals not included in the initial escalation measures and that are not assessed to have adequate controls in place will be notified in writing that they have 2 weeks to strengthen these controls after which they may be subject to formal escalation measures.	ND AHD	06/03/16	15/04/16	

5	Other control options including centralising new staff onto a single payroll system to be explored by the ND AHD	ND AHD	06/04/16	Update due 04/05/16	
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% of people waiting < 13 weeks for a routine colonoscopy/OGD										
Division <b>Acute Hospitals</b>		Date first escalated March 2015		Last date escalated/ deescalated September 2015 (Red to Black)			Escalation level			
							Level 4			
<b>Reason for escalation</b> This was escalated due to the large and growing number of patients waiting greater than 13 weeks for a routine colonoscopy/ OGD				<b>Current Description of performance (February 2016)</b>						
					Sep	Oct	Nov	Dec	Jan	Feb
				Total	16,839	16,891	16,038	15,961	16,390	17,119
				>13 w	8,000	8,020	6,783	6,877	7,484	7,720
<b>NPOG Agreed actions</b>				Responsible	Date agreed	Due date		Completed		
1	An Endoscopy improvement working group to be established.			NDAH	06.10.15	03.02.16		Complete		
2	A 2015 targeted initiative with the NTPF for 3 hospitals (3,500 patients waiting longer than 12 months)			ND AH	03.11.15	31.12.15		Complete		
3	Demand Capacity analysis to be undertaken and report presented to NPOG			ND AHD	03.02.16	06.04.16		Overdue		
4	The feasibility of the National Treatment Purchase Fund undertaking additional activity in 2016 to be explored			ND AHD	03.02.16	06.04.16		Overdue		
5	A specific action plan in relation to endoscopy services in Beaumont Hospital to be developed			ND AHD	03.02.16	06.04.16		Overdue		
6	National Lead for Endoscopy services to be appointed			ND AHD	2015	06.04.16		Complete		

Service Arrangements 2015 and 2016						
Division		Date first escalated	Last date escalated/ deescalated		Escalation level	
Acute Hospitals		06.10.15	06.10.15 (Red to Black)		Level 4	
Reason for escalation			Current Description of performance (February 2016)			
Escalated in 2015 on the basis of continued poor performance			This remains in Black Escalation on the basis that 2 hospitals have yet to sign their Service Arrangement.			
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	Delegated authority for managers to fund agencies above 80% of their approved allocation where a signed Service Arrangement is not in place has been revoked. This authority will be exercised directly by the Director General from the 1st March 2016.		DG	02.03.16	14.04.16	

# Areas of Level 3 Red Escalation

Prostate Cancer - patients to be seen within 20 working days											
Division <b>Acute Hospitals</b>		Date first escalated July 2015		Last date escalated/ deescalated March 2016 Deescalated Black to Red			Escalation level				
							Level 3				
Reason for escalation Escalated due to deteriorating performance at a number of Rapid Access Clinics				Current Description of performance (February 2016)							
					Nat	CUH	WRH	UL	SJH	B'mont	
				Dec	55.1%	33.3%	11.0%	10.0%	0.0%	21.4%	
				Jan	64.2%	33.3%	53.3%	14.3%	0.0%	27.3%	
				Feb	53.0%	25.0%	1.6%	20.0%	60.0%	60.0%	
NPOG Agreed actions				Responsible		Date agreed		Due date		Completed	
1	St James's hospital to outsource a number of patients to the private sector. The hospital has advertised for a permanent urology oncology post			ND AH		01.12.15		Ongoing			
2	Waterford Regional: Two new urology surgeons to provide assistance with the Rapid Access Clinics for Prostate Cancer in Waterford and a Prostate Clinic to commence week beginning 8th February 2016.			ND AHD ND CCP		02.03.16		06.04.16		Complete	
3	Beaumont: Hospital to appoint a consultant urologist			ND CCP		02.03.16		06.04.16			
4	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG.			ND CCP		06.04.16		04.05.16			

Lung Service - patients to be seen within 10 working days							
Division		Date first escalated	Last date escalated/ deescalated		Escalation level		
Acute Hospitals		May 2015			Level 3		
Reason for escalation			Current Description of performance (February 2016)				
Escalated as performance continues to be a concern particularly in University Hospital Limerick.				Nat	CUH	UL	GUH
			Dec	87.3%	81.5%	63.6%	83.9%
			Jan	88.2%	97.0%	52.9%	91.3%
			Feb	82.0%	62.8%	56.3%	76.5%
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed	
1	Clear actions to be taken to improve performance across underperforming sites to be provided to NPOG.		ND NCCP	06.01.16	06.04.16	Superseded	
2	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG.		ND CCP	06.04.16	04.05.16		

Urgent colonoscopy - % of people waiting < 4 weeks																																				
Division <b>Acute Hospitals</b>		Date first escalated March 2015			Last date escalated/ deescalated				Escalation level																											
									Level 3																											
Reason for escalation Escalated due to ongoing breaches for urgent colonoscopies which have a 'zero tolerance' target.					Current Description of performance (February 2016)																															
					<table><tr><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td><td>J</td><td>F</td></tr><tr><td>47</td><td>9</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td><td>0</td><td>9</td><td>1</td></tr></table>								M	A	M	J	J	A	S	O	N	D	J	F	47	9	1	0	0	1	1	0	2	0	9	1
M	A	M	J	J	A	S	O	N	D	J	F																									
47	9	1	0	0	1	1	0	2	0	9	1																									
					This remains in Red escalation due to continued breaches.																															
NPOG Agreed actions					Responsible		Date agreed		Due date		Completed																									
1	National Director for Acute Hospitals to issue a written instruction to HG CEOs reminding that this is a 'zero tolerance' target which needs to be reinforced with each hospital in their group.				ND AHD		03.02.16		06.04.16		Complete																									
2	Report on whether any patients who have breached the 4 week target have subsequently been diagnosed with cancer.				ND AHD		03.02.16		06.04.16		Overdue																									
3	Reporting system for urgent colonoscopies to be reviewed to ensure all breaches are reported.				Chair NPOG		06.04.16		04.05.16																											
4	ND AHD to prepare proposal for NPOG on escalation measures and sanctions to apply in the case of breaches to the 'zero tolerance target'				ND AHD		06.04.16		04.05.16																											

Number of delayed discharges over 90 days												
Division <b>Acute Hospitals and Social Care</b>			Date first escalated June 2015		Last date escalated/ deescalated				Escalation level			
									Level 3			
Reason for escalation There was no change in the number of delayed discharges in February 2016.  There were 100 breaches over 90 days in February, this number has improved each month.					Current Description of performance (February 2016)							
						Aug	Sep	Oct	Nov	Dec	Jan	Feb
					Total	577	609	570	558	509	559	556
					> 90 Days	132	131	167	142	126	114	100
NPOG Agreed actions					Responsible		Date agreed		Due date		Completed	
1	A working group comprising of the relevant divisions to be convened to look at the complex needs of these individuals and develop appropriate plans.				ND AH		01.09.15		Ongoing			
2	A central booking arrangement to be in place across the greater Dublin area.				ND AH		02.03.16		Ongoing			
3	The Working Group on delayed discharges will develop a standard definition of what constitutes a delayed discharge for application across all hospitals.				ND AHD/ ND SC		06.04.16		08.06.16			
4	The Working Group on delayed discharges will develop a classification system for delayed discharge beds.				ND AHD/ ND SC		06.04.16		08.06.16			
5	The Working Group on delayed discharges will develop a Plan and estimate of current and future costs for responding to the needs of the cohort of patients who are long term in hospital.				ND AHD/ ND SC		06.04.16		06.07.16			

Serious Reportable Events (SREs)					
Division <b>Acute Hospitals</b>		Date first escalated 03.03.15	Last date escalated/ deescalated April 2016 (Black to Red)		Escalation level <b>Level 3</b>
Reason for escalation Escalated due to continued requirement to improve reporting levels across acute hospitals.			Current Description of performance Deescalated from Black to red in April on foot of actions set out by the ND AHD. SREs will remain continue to be the subject of NPOG oversight.		
<b>NPOG Agreed actions</b>			Responsible	Date agreed	Due date
1	The AHD has commenced a review of data gaps on IIMS with each individual hospital to capture SREs reported as incidents locally. Following this each Group CEO will sign of on the SRE declaration form		ND AH	01.11.15	Ongoing
2	ND AH to revert to the NPOG with a definitive set of actions at HG level for improving the reporting of SRE's. These actions are to include 1. Processes to be put in place at HG level and 2. Wider communication to the hospital system.		ND AH	03.02.16	06.04.16
3	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
4	Audit of SRE process to be undertaken in acute hospitals		ND QAV	12.15	06.16
5	NPOG will consider de-escalating to Red on the basis of concrete actions being identified and notified to the NPOG.		NPOG	03.02.16	06.04.16
					Complete

Waiting > 18 mts for an elective procedure / Waiting >18 months for an OPD appointment										
Division		Date first escalated		Last date escalated/				Escalation level		
Acute Hospitals		October 2015		deescalated				Level 3		
Escalated in 2015 due to focus on reducing > 18 months waiting list by June 2015 and >15 months by December 2015.				Current Description of performance (February 2016)						
				IPDC	Sep	Oct	Nov	Dec	Jan	Feb
				> 15 months	5,442	4,969	3,293	746	2,115	3,079
				> 18 months	2,244	2,161	1,533	459	847	1,015
				OPD	Sep	Oct	Nov	Dec	Jan	Feb
				> 15 months	34,263	31,289	21,282	9,887	13,763	17,693
				> 18 months	13,176	13,353	9,618	5,262	5,635	5,918
NPOG Agreed actions				Responsible		Date agreed		Due date		Completed
1	Hospital groups to prepare clearance plans to achieve full compliance with the 15 months max wait time by year end			ND AH		06.10.15		31.12.15		Complete
2	Financial penalties to be imposed on those hospitals that breached the 18 month max wait time.			ND AH		01.12.15		31.12.15		Complete
3	Waiting List Plan for 2016 to be developed			ND AHD		06.04.16		04.05.16		

Properly completed Medical and GP Visit Cards not processed > 3 months									
Division <b>Primary Care</b>			Date first escalated October 2015		Last date escalated/ deescalated			Escalation level	
								Level 3	
Reason for escalation Escalated in 2015 based on the number of Medical and GP Visit Cards not processed within 3 months  Performance has continued to improve.					Current Description of performance (January 2016)				
					Sep	Oct	Nov	Dec	Jan
1,167	1,111	686	616	443	418				
NPOG Agreed actions					Responsible	Date agreed	Due date	Completed	
1	A recovery plan to be put in place to clear the backlog of applications that remain outstanding for greater than 3 months.				ND PC	06.10.15	Ongoing		
2	To be reviewed at May NPOG meeting with a view to de-escalation.				ND PC	03.02.16	04.05.16		



Ambulance ECHO & DELTA response times										
Division <b>Ambulance Service</b>		Date first escalated February 2016	Last date escalated/ deescalated				Escalation level			
							Level 3			
Reason for escalation This has been escalated to Red by NPOG in March 2016 based on continued underperformance for more than 3 months. (Disimprovement seen in ECHO and DELTA response times since September 2015).			Current Description of performance (February 2016)							
					Sep	Oct	Nov	Dec	Jan	Feb
			ECHO	%	77%	76%	70%	69%	78%	78%
				No	241 of 313	240 of 316	216 of 308	274 of 397	352 of 450	319 of 410
			DELTA	%	62%	62%	61%	56%	57%	56%
	No	5,415 of 8,739	5,512 of 8,844	5,476 of 8,923	5,846 of 10,364	6,124 of 10,837	5,699 of 10,235			
NPOG Agreed actions			Responsible	Date agreed		Due date		Completed		
1	National Director National Ambulance Service to provide a report to the NPOG setting out the reasons for the reported underperformance together with a recovery plan to address underlying issues.		ND NAS	03.02.16		06.04.16		Overdue		

European Working Time Directive (EWTD) 48 hours																														
Division <b>Acute Hospitals</b>			Date first escalated March 2015		Last date escalated/ deescalated			Escalation level																						
								Level 3																						
Reason for escalation 95% of NCHDs have a working week of 48 hours or less and there has been some improvement since December 2016					Current Description of performance (February 2016)																									
										<table><tr><td></td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td></tr><tr><td>National</td><td>73%</td><td>79%</td><td>77%</td><td>77%</td><td>80%</td><td>80%</td></tr><tr><td>Acute</td><td>73%</td><td>76%</td><td>76%</td><td>76%</td><td>79%</td><td>79%</td></tr></table>						Sep	Oct	Nov	Dec	Jan	Feb	National	73%	79%	77%	77%	80%	80%	Acute	73%
	Sep	Oct	Nov	Dec	Jan	Feb																								
National	73%	79%	77%	77%	80%	80%																								
Acute	73%	76%	76%	76%	79%	79%																								
NPOG Agreed actions					Responsible	Date agreed	Due date	Completed																						
1	6 hospital sites to be subject to targeted action in conjunction with the IMO				NDHR	06.10.15	Ongoing																							
2	A comprehensive framework plan to achieve compliance to be developed and submitted to the Department of Health.				ND AHD, HRD	06.01.16	06.04.16																							
3	National Verification Process to continue				ND AH	03.02.16	Ongoing																							

## Projected net expenditure to year end

Division		Date first escalated		Last date escalated/ deescalated		Escalation level				
Acute Hospitals		February 2016				Level 3				
Reason for escalation				Current Description of performance (February 2016)						
Given the risks to financial performance within acute hospitals this will remain at Red escalation. This means it will continue to be the subject of NPOG oversight.					YTD Budget €'000	YTD Actual €'000	YTD Variance €'000	Current Month Budget €'000	Current Month Actual €'000	Current Month Variance €'000
				J	342,000	363,477	21,477			
				F	772,660	673,855	48,806	331,854	359,183	27,328
NPOG Agreed actions				Responsible	Date agreed	Due date	Completed			
1	Seven cost management groups to be established to develop short and medium terms actions to address specific areas of financial challenge across the acute hospitals.			ND AH	03.02.16	06.04.16	Complete			
2	National Director for Acute Hospitals to provide an update to NPOG in relation to particular areas of financial challenge.			ND AH	03.02.16	Ongoing				
3	An Report setting out the National Director's assessment of the progress being made by the seven cost management groups and additional actions required to ensure they are in a position to deliver on their responsibilities is to be provided to NPOG.			ND AHD	06.04.16	07.04.16				

# Areas of Level 2 Amber\* Escalation

Pay control and financial management					
Division <b>Executive Management Committee</b>		Date first escalated April 2016	Last date escalated/ deescalated	Reference	Escalation level
					Level 2
Reason for escalation Concerns in relation to interim control measures for pay and staffing have been identified in a number of CHOs. The Executive Management Committee (EMC) has escalated this matter to national level for these CHOs who will be subject to increased oversight and control actions.			Current Description of performance (April 2016) CHOs 1, 2 and 8 have been escalated to EMC level and will be subject to enhanced oversight arrangements at national level.		
NPOG Agreed actions		Responsible	Date agreed	Due date	Completed
1	A summary report of the ND SCD's assessment of compliance with interim pay control measures across all CHOs to be provided to NPOG	ND SC	04.04.16	08.04.16	
2	CHO 1, 2 and 8 to provide the ND SC with a robust improvement plan to address the totality of the projected deficit.	Chief Officer	04.04.16	01.05.16	
3	Increased fortnightly oversight arrangements to be put in place between the national division and the 3 CHOs in escalation to monitor pay bill management including recruitment, agency and overtime.	ND SC	04.04.16	Immediate	
4	A project team will be put in place to support the management of a programme of agency conversion in CHOs 1,2 and 8. A GM level project manager from the National HR Division will be assigned for 3 months to support this process.	ND HR	04.04.16	Immediate	

Pay control and financial management					
Division <b>Social Care Division</b>		Date first escalated April 2016	Last date escalated/ deescalated	Reference	Escalation level
					Level 2
Reason for escalation CHO 5 has budgetary challenges associated with specific disability services within in its area.			Current Description of performance		
NPOG Agreed actions		Responsible	Date agreed	Due date	Completed
1	CHO 5 to provide the ND SC with a robust improvement plan to address the totality of the projected deficit across its social care services.	Chief Officer	04.04.16	01.05.16	

\* This records just the areas deescalated to Level 2 Escalation (Amber National Director Oversight) in this reporting cycle or areas of escalation that remain the responsibility of the National Director but for which the NPOG has some concerns in relation to performance.

## Finance

## Introduction

As part of Budget 2016 the HSE will receive a total revenue allocation of €12,987m to provide health and social care services. This represents an overall increase of €817m (6.7%) on the 2015 allocation. Of this amount €97m has been earmarked for specific new service developments, which leaves €12,890m available to the HSE to maintain existing services in 2016. This represents an increase in the region of €67m (0.5%) on the actual expenditure incurred in 2015.

Budget 2016 is the second part of a multiyear programme to put the health services on a more sustainable footing and accordingly this is the second year in which an additional budget allocation has been made available to the health services. Following the years of austerity this additional funding is particularly welcome.

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, price rises etc. A total of €316.1m has been provided towards the expected growth in costs in 2016 of existing services with the balance of 2016 expected cost growth to be dealt with by way of additional savings and other financial measures and assumptions. In respect of all savings and other financial measures the underlying assumptions and the risks around the challenging nature of same particularly in the demand driven PCRS area, have been agreed via extensive engagements with the DoH.

Within Acute Hospitals it is for the HSE and the Hospital Groups to ensure that appropriate management effort and attention is applied to maximising the delivery of savings measures and overall budgetary performance. Thereafter the HSE and DoH acknowledge the shared risks inherent in the extent of the savings targets and the assumptions underpinning them, which have been mutually agreed following extensive engagement in light of the alternative which is service reductions.

Overall the HSE has prioritised its efforts around strengthening payroll controls, reducing waste and increasing productivity in order to mitigate the continuing 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.

Given the scale of the demographic, regulatory and other service pressures it is estimated that across the acute and community healthcare service areas there is a substantial financial risk being managed. Particular attention in the context of the Accountability Framework will be focused in conjunction with the Hospital Groups on driving financial performance across our acute hospitals in light of the scale of the financial challenge.

In addition to the performance areas there are significant financial pressures in the PCRS and other demand led areas that arise as a result of the demographic, economic and other factors. There will also be particular challenges in meeting compliance with regulatory requirements in both the disability and older persons sectors within the funding available. While it is not possible to eliminate these financial risks in full, the HSE will make every effort to manage them to the greatest extent possible within the resources provided.

## Financial Performance

As of February 29<sup>th</sup> 2016 the HSE has expenditure of €2.148 billion against a budget of €2.090 billion leading to a deficit of €58.4m or 2.8%. This February deficit primarily relates to an over spend against profile within Acute Hospitals of €48.8m and Social Care €8.8m.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,122,815	722,660	673,855	48,806	7.2%
National Ambulance Service	151,431	24,075	24,086	(11)	0.0%
Health & Wellbeing Division	206,638	28,363	29,081	(718)	-2.5%
Primary Care Division	972,824	159,425	157,286	2,139	1.4%
Mental Health Division	795,187	126,818	126,739	80	0.1%
Social Care Division	3,182,668	525,063	516,225	8,837	1.7%
National Cancer Control Programme (NCCP)	29,808	428	448	(20)	-4.5%
Clinical Strategy & Programmes Division	44,076	3,480	3,924	(444)	-11.3%
Quality Assurance & Verification	3,178	123	148	(26)	-17.5%
Quality Improvement Division	7,759	1,061	1,113	(52)	-4.7%
Other National Divisions / Services	296,292	42,234	42,288	(53)	-0.1%
Pensions	321,880	48,235	49,676	(1,441)	-2.9%
Demand Led Areas	2,796,875	466,186	464,857	1,329	0.3%
<b>Grand Total</b>	<b>12,931,431</b>	<b>2,148,150</b>	<b>2,089,724</b>	<b>58,426</b>	<b>2.8%</b>
Grand Total (excl Demand Led Areas & Pensions)	9,812,676	1,633,729	1,575,192	58,538	3.7%

## Acute Hospitals

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	627,926	111,728	104,276	7,452	7.1%
Dublin Midlands	768,388	133,460	125,854	7,606	6.0%
Ireland East	814,193	142,462	134,270	8,192	6.1%
South / South West	705,160	120,707	115,790	4,917	4.2%
Saolta University Health Care	654,356	116,209	107,331	8,877	8.3%
UL Hospitals	255,062	47,558	41,331	6,226	15.1%
National Childrens Hospital	230,494	39,910	38,643	1,267	3.3%
Regional & National Services <sup>10</sup>	67,235	10,626	6,358	4,268	67.1%
<b>Total</b>	<b>4,122,815</b>	<b>722,660</b>	<b>673,855</b>	<b>48,806</b>	<b>7.2%</b>

As of February 29<sup>th</sup> 2016 the Acute Hospital Division has a deficit of €48m 7.24%. The NSP 2016 set budgets at €88m<sup>11</sup> or 2% below 2015 spend which is significant in itself but the acute system must also deal with cost pressures going forward. When account is taken of the 2015 cost of services and expected cost growths in 2016 this leaves a preliminary financial risk in the region of €225m before cost-saving and efficiency measures which is currently being validated by hospital groups. The division will take a number of measures to control costs, reduce waste and improve efficiency aimed at minimising any impact on services.

A National Steering Group and associated working groups (WG) has been established to examine potential savings measures within hospitals. These WG are assessing and agreeing proposed savings measures in addition to identifying challenges, risks and dependency issues which will be communicated, from a governance standpoint through a defined monthly reporting arrangement. The targets that need to be achieved in relation to these measures are very challenging and carry significant delivery risk albeit each of the measures represent areas of focus that the HSE would have intended to pursue in 2016 in any event.

<sup>10</sup> Regional and National services comprises corporate offices

<sup>11</sup> NSP 2016 outlined €4,137.4m in available funding as a result of internally commissioned services from other divisions.

## Social Care - Older Persons

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	75,754	12,826	12,252	573	4.7%
CHO 2	61,657	12,308	10,103	2,205	21.8%
CHO 3	59,442	10,740	9,797	943	9.6%
CHO 4	116,608	19,475	19,444	31	0.2%
CHO 5	62,061	10,527	10,189	338	3.3%
CHO 6	53,755	9,829	9,151	679	7.4%
CHO 7	79,697	14,830	13,567	1,263	9.3%
CHO 8	56,910	10,144	9,342	802	8.6%
CHO 9	89,360	15,590	14,961	629	4.2%
Regional & National	59,907	5,593	7,156	(1,563)	-21.8%
<b>Subtotal</b>	<b>715,152</b>	<b>121,863</b>	<b>115,962</b>	<b>5,901</b>	<b>5.1%</b>
NHSS	909,838	143,761	146,594	(2,833)	-1.9%
<b>Overall Total</b>	<b>1,624,990</b>	<b>265,624</b>	<b>262,556</b>	<b>3,068</b>	<b>1.2%</b>

As of February 29<sup>th</sup> 2016 Older Persons (including NHSS) has expenditure of €265.6m against a budget of €262.6m leading to a deficit of €3.1m / 1.2%.

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. The additional funding received in this area, while welcome, does not allow the services to keep pace with the increasing demand and demographic pressures within the community. In the case of home care and transitional care beds the HSE will utilise €20m in expected time related savings from the €58.5m new initiatives monies held by the DoH to keep activity at appropriate levels for 2016. Given the demographic pressures demand and capacity will be reviewed on an on-going basis during the year.

## 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	109,133	18,899	18,372	527	2.9%
CHO 2	147,266	25,427	24,632	795	3.2%
CHO 3	134,201	22,995	22,000	995	4.5%
CHO 4	193,526	32,059	31,726	334	1.1%
CHO 5	138,333	24,085	22,678	1,407	6.2%
CHO 6	210,911	35,499	34,892	607	1.7%
CHO 7	148,133	26,478	24,818	1,660	6.7%
CHO 8	177,245	31,352	29,675	1,677	5.7%
CHO 9	249,179	42,039	40,457	1,582	3.9%
Regional & National	49,751	606	4,420	(3,814)	-86.3%
<b>Total</b>	<b>1,557,678</b>	<b>259,439</b>	<b>253,669</b>	<b>5,770</b>	<b>2.3%</b>

As of February 29<sup>th</sup> 2016 Disability Services has expenditure of €259.4m against a budget of €253.7m leading to a deficit of €5.8m / 2.3%.

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. The implementation of quality improvements and action plans arising from HIQA inspection reports will be ranked and prioritised in 2016. These priorities will need to be kept under review as further demands arise, having regard to the available funding and the relevant regulatory legislation. The increasing demand for additional / emergency residential placements as well as the changing needs of existing clients will need to be managed within the existing numbers and funding. New service users will be accommodated as existing placements become free and additional requirements being included in future funding submissions where they cannot be accommodated within the existing funding level.



## Mental Health

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	65,641	10,834	10,718	116	1.1%
CHO 2	90,764	16,045	14,863	1,182	8.0%
CHO 3	58,445	9,924	9,584	340	3.6%
CHO 4	105,102	17,600	17,230	370	2.1%
CHO 5	89,575	14,548	14,684	(136)	-0.9%
CHO 6	51,310	8,734	8,379	355	4.2%
CHO 7	71,953	12,320	11,979	340	2.8%
CHO 8	78,613	14,318	12,934	1,384	10.7%
CHO 9	103,130	17,159	16,984	175	1.0%
Regional & National	80,653	5,337	9,383	(4,046)	-43.1%
<b>Total</b>	<b>795,187</b>	<b>126,818</b>	<b>126,739</b>	<b>80</b>	<b>0.1%</b>

The Mental Health Division spent €126.8m in the month ended 29th February 2016 against a budget of €126.7m, a variance of €80k, representing 0.06 of 1%. 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 balanced by savings arising from the difficulty in hiring some new / replacement posts.

## Primary Care Division

Primary Care Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	85,799	14,890	13,955	936	6.7%
CHO 2	90,385	15,919	14,817	1,101	7.4%
CHO 3	72,436	12,326	11,875	451	3.8%
CHO 4	119,866	20,045	19,657	388	2.0%
CHO 5	82,938	13,843	13,610	233	1.7%
CHO 6	55,273	9,153	9,037	116	1.3%
CHO 7	147,301	24,550	24,126	424	1.8%
CHO 8	103,173	17,476	16,965	512	3.0%
CHO 9	116,637	19,545	19,264	281	1.5%
Regional	38,715	7,571	6,291	1,280	20.3%
National	60,301	4,106	7,690	(3,584)	-
<b>Sub Total</b>	<b>972,824</b>	<b>159,425</b>	<b>157,286</b>	<b>2,139</b>	<b>1.4%</b>
PCRS	2,417,149	405,633	404,442	1,191	0.3%
DLS	242,636	39,820	40,090	(270)	-0.7%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,659,785</b>	<b>445,453</b>	<b>444,532</b>	<b>921</b>	<b>0.2%</b>
<b>Total Primary Care Division</b>	<b>3,632,609</b>	<b>604,878</b>	<b>601,817</b>	<b>3,060</b>	<b>0.5%</b>

The Primary Care Division (PCD) spent €604.9m versus a budget of €601.8m in the period ending 29<sup>th</sup> February 2016 showing an adverse variance of €3.1m / 0.5%. If we exclude demand led services the core PCD service deficit reduces to €2.1m / 1.4%. This 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. The main expenditure drivers within PCRS are GMS Pharmacy Fees and High Tech Drugs/Medicines with adverse variances of **€4.7m** and **€2.0m** respectively.



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

## Health & Wellbeing

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>Total</b>	<b>206,638</b>	<b>28,363</b>	<b>29,081</b>	<b>(718)</b>	<b>-2.5%</b>

The overall outturn for the Health & Wellbeing Division for the year to date February 2016 was €28.3m against a year to date budget of €29.1m giving a favorable variance of €718k.

Pay year to date is showing an actual of €14.5m against a budget of €15.0m resulting in a favourable variance of €0.5m. Overall non pay is showing an actual of €14.8m against a budget of €15.0m giving favourable variance of €0.2m. Income shows an actual of €1m against a budget of €1m giving a breakeven even outturn year to date.

The Health & Wellbeing division would be projecting a break-even position at 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 have been instituted that seek to control the pay bill until detailed funded workforce plans are available. Funded workforce plans when available will 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 will seek to ensure that these schemes continue to be managed tightly within the eligibility and other provisions set down in the legislation.

1. The PCRS budget for 2016 has been framed by reference to a series of working assumptions. These have been developed in detailed discussion with the DoH. Expenditure in the PCRS budget will be the subject of close monitoring and assessment from the beginning of 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 provide for in relevant legislation.
3. The SCA financial plan for 2016 is based on the assumption that in the event that cost trends in SCA costs vary from the funding level provided to the HSE this will be identified as early as possible during 2016.
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.

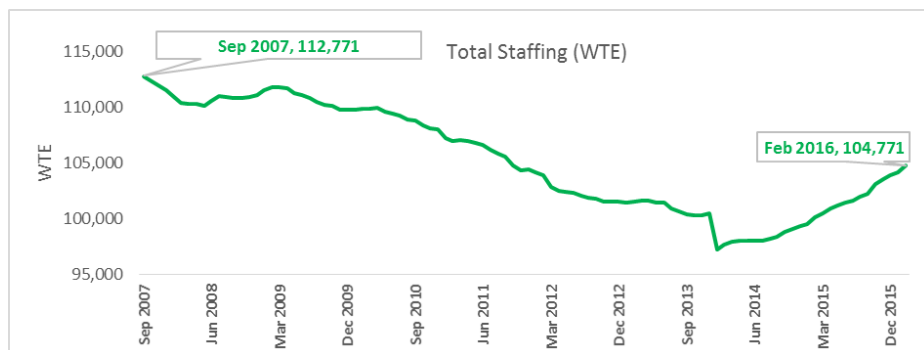
The implications of any emerging variations from the working assumptions underpinning the above budgets will be the subject of engagement with the DoH through the reporting and oversight arrangements which operate in relation to the NSP.

## Human Resources

# Human Resources

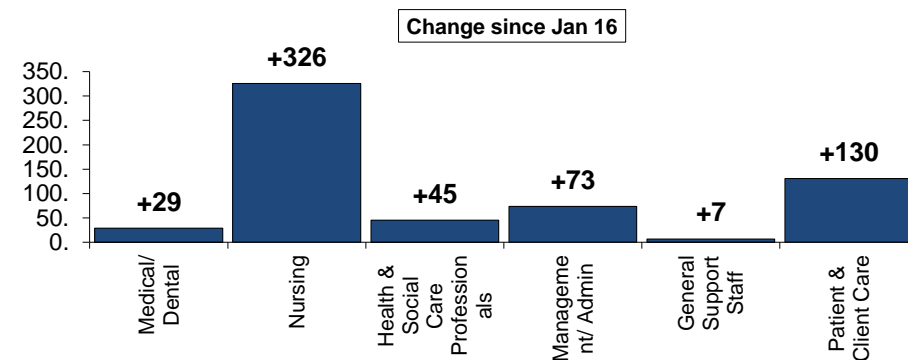
## Workforce Position

Overall employment levels at the end of February 2016 stands at 104,771 WTE, an increase of 611 from the previous month.



Division	WTE Dec 15	WTE Jan 16	WTE Feb 16	Change since Jan 16	Change since Dec 15
<b>Total Health Services</b>	<b>103,884</b>	<b>104,160</b>	<b>104,771</b>	<b>+611</b>	<b>+887</b>
Acute Services	52,539	52,698	53,067	+369	+528
Ambulance Services	1,694	1,687	1,673	-14	-21
Health & Wellbeing	1,283	1,278	1,272	-6	-11
Primary Care	10,442	10,481	10,506	+26	+65
Mental Health	9,405	9,436	9,518	+82	+113
Social Care	25,786	25,853	25,984	+131	+198
Corporate & HBS	2,735	2,728	2,750	+22	+15
Voluntary Agencies (Non-Acute)	14,240	14,320	14,366	+46	+126

## Overview by staff Group



Staff Group	WTE Feb 2016	change since Dec 2015	change since Jan 2016	% change since Dec 2015	% change since Jan 2016
Consultants	2,747	+19	+23	+0.8%	+0.7%
NCHDs	5,710.88	+2	-6	-0.1%	+0.0%
Medical other	900	+8	+6	+0.6%	+0.9%
Nurse Manager	6,990	+39	+44	+0.6%	+0.6%
Nurse Specialist	1,508	+21	+33	+2.2%	+1.4%
Staff Nurse	24,675	+70	-74	-0.3%	+0.3%
Public Health Nurse	1,483	-6	-17	-1.2%	-0.4%
Nursing Student	888.17	+198	+502	+129.8%	+28.6%
Nursing other	301.27	+4	+6	+2.1%	+1.3%
Therapists (OT, Physio, SLT)	4,039	+8	+37	+0.9%	+0.2%
HSCP other	10,691	+38	+115	+1.1%	+0.4%
Management	5,104	+32	+61	+1.2%	+0.6%
Clerical & Administrative	11,173	+41	+47	+0.4%	+0.4%
Ambulance	1,583	-11	-18	-1.1%	-0.7%
Care	17,519	+142	+166	+1.0%	+0.8%
Support	9,457	+7	-36	-0.4%	+0.1%
<b>Total Health Service Staffing</b>	<b>104,771</b>	<b>+611</b>	<b>+887</b>	<b>+0.9%</b>	<b>+0.6%</b>

## Absence Rates

	Target	January 2015	Full Year 2015	Previous Month	January 2016	% Medically Certified (January 2016)
<b>Absence Rates</b>	<b>3.70%</b>	<b>4.51%</b>	<b>4.21%</b>	<b>4.42%</b>	<b>5.01%</b>	<b>86.35%</b>

### Latest monthly figures (January 2016)

The January rate at 5.01% is up on the December rate.

Previous January rates were:

2008	2009	2010	2011	2012	2013	2014	2015
6.89%	5.96%	5.19%	5.12%	5.16%	5.22%	4.84%	4.51%

### 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. January 2016 absence rate stands at 5.01% marginally up from a rate of 4.51% for January 2015.

The 2015 full-year rate is 4.21%, 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

- Compliance with a maximum 48 hour week is at 80% as of end February – unchanged since January
- Compliance with 30 minute breaks is at 98% - down 2% since January
- Compliance with weekly / fortnightly rest is at 99% - unchanged from January
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - up 1% since January;
- Compliance with a daily 11 hour rest period is at 97% - unchanged since January. This is closely linked to the 24 hour shift compliance above

## Appendices

## Appendix 1: Accountability Framework

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

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Division	Metric Name	Data Coverage Issue
Palliative Care	No. of children in the care of the children's outreach nursing team / specialist	CHO 3. LHO's: Clare, Limerick & North Tipperary.
Primary Care	GPOOH	Non return MiDoc
Health and WellBeing	No. of people who have completed a structured patient education programme for diabetes	CHO 4: no return

## Appendix 3: Hospital Groups

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



## Appendix 4: Community Health Organisations

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