



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Performance Profile

**January - March 2017  
Quarterly Report**

**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

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

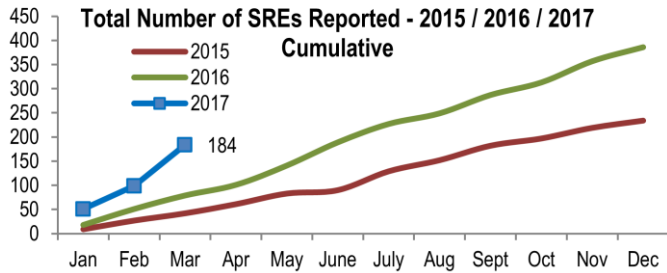
# Quality and Patient Safety

# Quality and Patient Safety

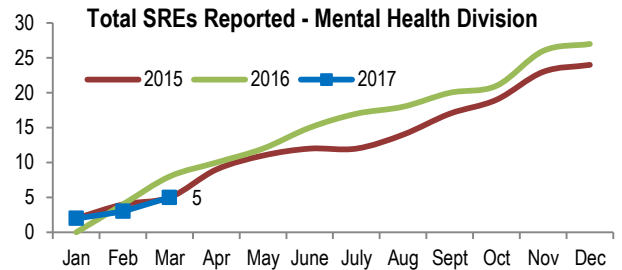
Serious Reportable Events	Acute Hospitals Division	Social Care Division	Mental Health Division	Other	Total
No. of SREs Reported March 2017	68	15	2	0	85
% Reported <24 hours March 2017	1%	0%	0%	0%	1%
No. of SREs Reported YTD 2017	133	45	5	1	184
% Reported <24 hours YTD 2017	14%	22%	20%	0	16%
% compliance 120 day investigations completed*	3%	18%	0%	0%	4%

\*based on January - December 2016

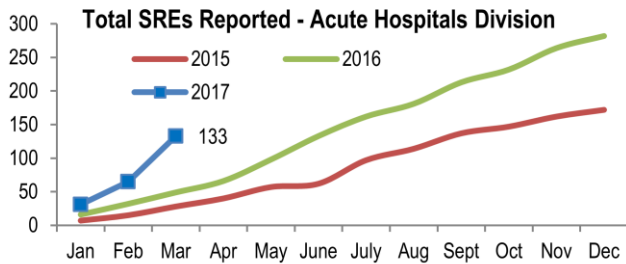
## National



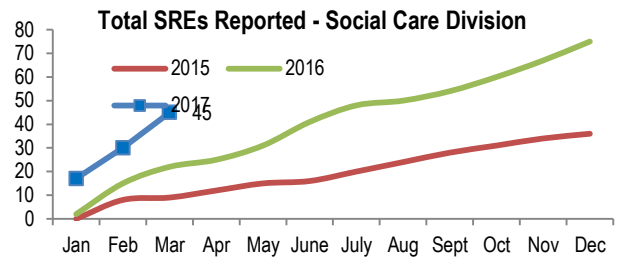
## Mental Health Division



## Acute Hospitals Division



## Social Care Division



## Quality Assurance Division Update

### Incident Management Training

Training:	Staff Trained
Systems Analysis Investigation (YTD)	43

### Healthcare Audit

Healthcare Audits:	Audits
Audits in progress (YTD)	16
Completed (YTD)	8

### Medical Exposure Radiation Unit (MERU)

MERU	Incidents
Radiation Safety Incidents Reported (YTD)	17

### Appeals Service

Appeal Type (YTD)	Received	Processed
Medical / GP Card	393	435
Medical / GP Visit Card	21	22
Nursing Home Support Scheme	102	95
CSAR	22	14
Home Care Package	37	37
Home Help	20	13
Other	29	22
<b>Total</b>	<b>624</b>	<b>638</b>

## Complaints

### Complaints Management System Training

Training:	Staff Trained
CMS Users trained to date	18

### Complaints Training for Review Officers

Training:	Staff Trained
Complaint Training for Review Officers	57

## Quality Improvement Division Update

### Governance

#### **Quality and Safety Committees: Guidance and Resources Publication**

The Quality Improvement Division recently launched an updated guidance for Quality and Safety Committees. The issuing of this updated publication follows a comprehensive consultation process with various stakeholders. This publication reflects the health services reform programme and includes additional resources and templates which can be adapted in the establishment or review of Quality and Safety committees. The guidance is a one stop shop for information, templates and resources for Quality and Safety Committee and it is ready for the adaption to the specific context of each service and is available on [www.qualityimprovement.ie](http://www.qualityimprovement.ie)

### Medication Safety

Venous thromboembolism (VTE) is the most common preventable cause of in-hospital death. Alongside the mortality risk, hospital-acquired VTE can also lead to permanent harm. Preventing VTE (blood clots) in Hospitals Improvement Collaborative commenced in September 2016. The Safermeds Medication Safety Programme and colleagues from HSE Quality Improvement are working with multidisciplinary teams from 31 adult acute hospitals to progress these projects nationally. The team are building their understanding of VTE prevention, evaluating the evidence base connected with this issue, and using this to develop their local approach to VTE prevention.

### Decontamination

The Quality Improvement Division (QID) published the results of a “Review of Endoscope Decontamination in Acute Hospitals” in April 2016. The Review identified over reliance on manufacturers to provide educational support for endoscope decontamination personnel.

The QID provided seed funding to support the development of a two blended learning, Minor Awards in Endoscope Decontamination Practice and decontamination of surgical instruments at FETAC level 6 in partnership with the Department of Science in the Institute of Technology Tallaght. Donations of equipment from industry partners, valued at €300,000 were given to IT Tallaght to develop a laboratory to support practical experimental and experiential learning for students.

90 HSE students have received academic training in decontamination practice from September 2015 to date, with 45 students receiving funding from QID and 45 from their own local facility supporting capability and enhancing patient safety. The QID proposal to develop a Minor Award for decontamination practitioners in Primary Care Dental, GP and Podiatry practices is being progressed.

<http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Medical-Devices/decontamination/>

# 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 ● ≥ 0.75% of target
- Amber ● ≥ 0.10% < 0.75% of target
- Green ● < 0.10% 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

## Graph Layout

- Target 2017
- Trend 2016/2017
- Trend 2015/2016

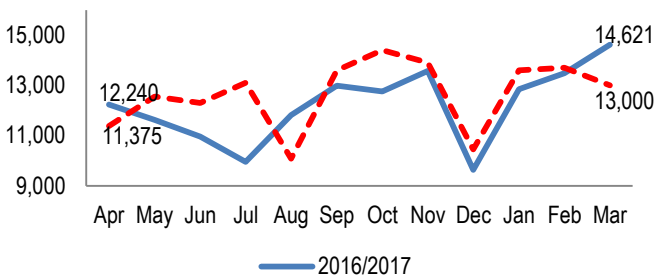


# Health and Wellbeing

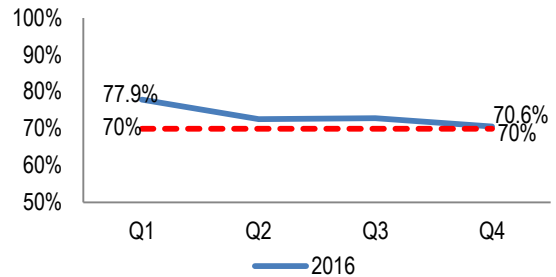
# Health and Wellbeing Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Environmental Health – food inspections	8,250 YTD/ 33,000 FYT	Q		7,785			
BreastCheck - number of eligible women who had a mammogram	40,300 YTD/ 155,000 FYT	M	26,335	40,956	+14,621	36,348	+4,608 ↑
BreastCheck - % screening uptake rate	>70%	Q-1Q	74.4%	73.4%	-1.0%		
CervicalCheck - number of eligible women who had screening	66,000 YTD/ 242,000 FYT	M	54,294	79,325	+25,031	68,048	+11,277 ↑
CervicalCheck - % with at least one satisfactory screening in a five year period	>80%	Q-1Q	79.6%	79.6%	0%		
BowelScreen - number of people who completed a satisfactory FIT test	25,620 YTD / 106,875 FYT	M	22,245	33,324	+11,080	27,099	+6,225 ↑
BowelScreen - % client uptake rate	>45%	Q-1Q	38.1%	38.1%	0%		
Diabetic RetinaScreen - number of people who participated	19,949 YTD / 87,000 FYT	M	15,578	22,969	+7,391	20,097	+2,872 ↑
Diabetic RetinaScreen - % uptake rate	>56%	Q-1Q	59.1%	61%	+2.0%		

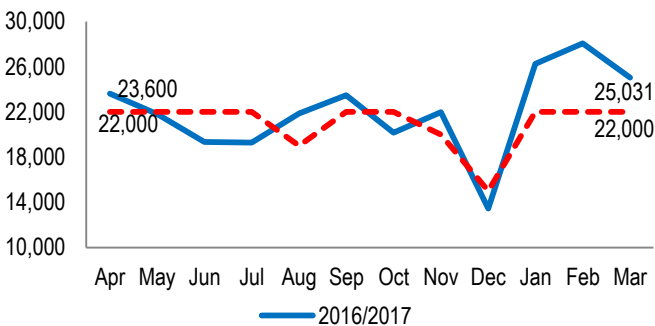
## BreastCheck-number who had a mammogram



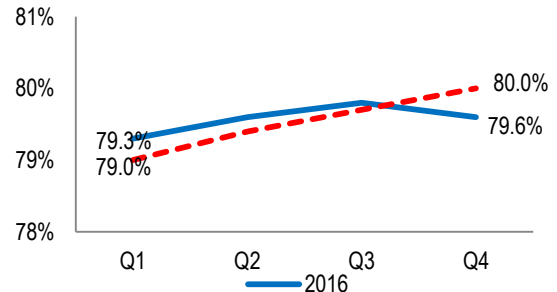
## BreastCheck - % screening uptake rate



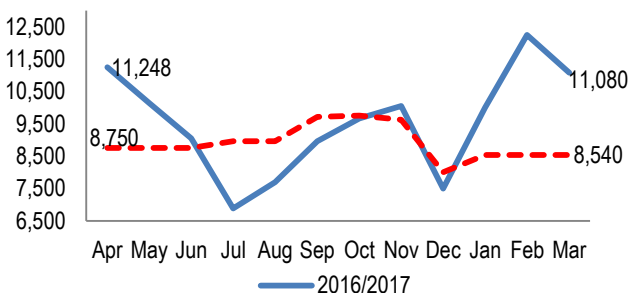
## CervicalCheck-number who had screening



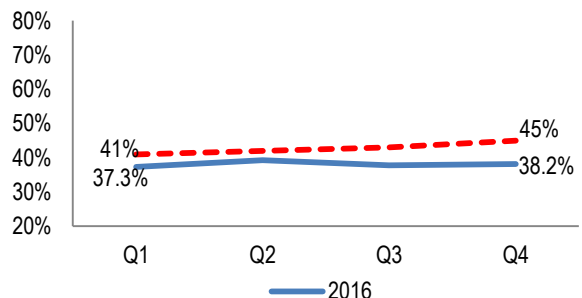
## CervicalCheck- % with at least one satisfactory screening in a five year period



## BowelScreen-number who completed a FIT

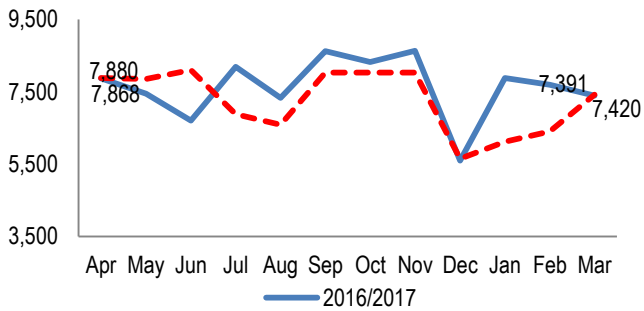


## BowelScreen - % client uptake rate

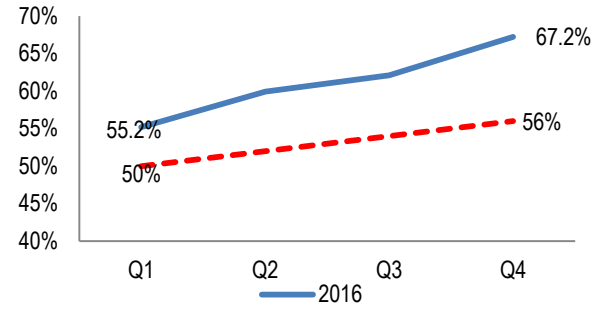




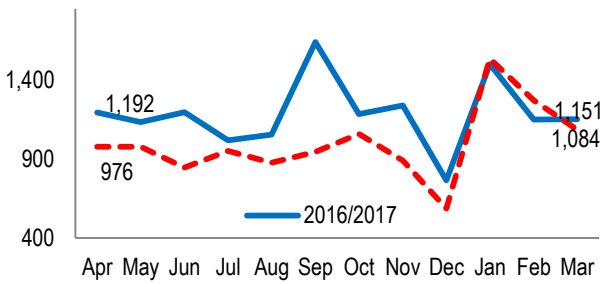
**Diabetic RetinaScreen - number who participated**



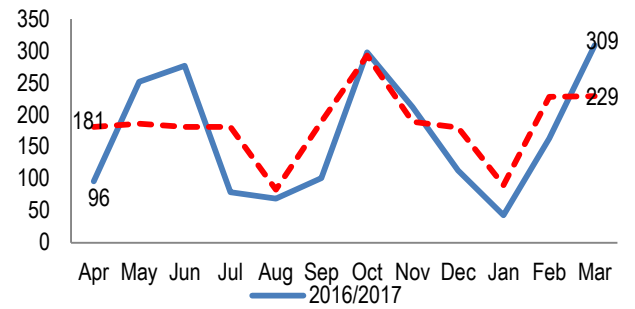
**Diabetic RetinaScreen - % uptake rate**



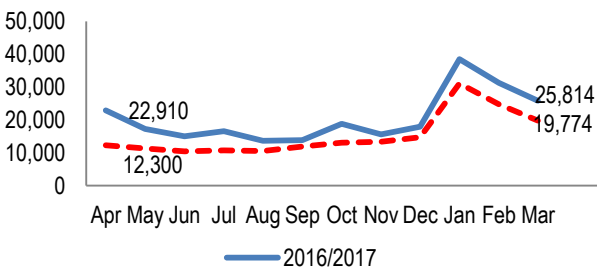
**Tobacco - smokers receiving intensive cessation support**



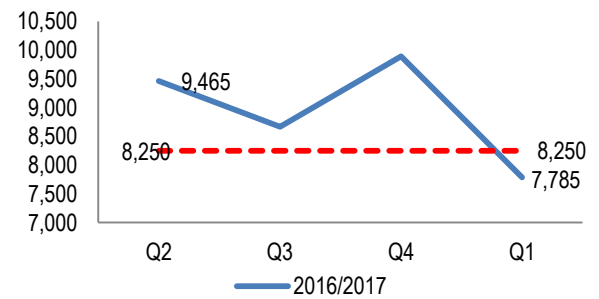
**Number of people completing a structured patient education programme for diabetes**



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



**Environmental Health – food inspections**



## Divisional Update

### Healthy Ireland (HI)

Good progress being made with the development of Dublin Mid Leinster (DML) Hospital Group Implementation plan to achieve launch in Q2. Staff HI Communication sessions completed in all DML hospitals. Engagement with the Heads of Health & Wellbeing continued to determine optimal ways of collaborative working during the development of the 9 CHO implementation plans. CHO4 have commenced their communication sessions with staff.

Two national information sessions have been held with Heads of H&WB on the proposed national actions for each of the NPPPs for consideration for inclusion in all the plans. Development of a HI Annual Report has commenced and we are working towards a draft for review in Q2, 2017. Staff HI Communication road shows are progressing well and a plan for a staff HI website is being developed.

We are working in partnership with IHSI programme to strengthen the project management process and monitoring of HI Project deliverables in the DOP 2017.

### National Screening Services

#### BreastCheck

40,956 eligible women have had a mammogram YTD. This is +656 ahead of the expected level of activity for the period. A number of new radiographers started during Q1 increasing screening capacity and enabling a reduction in the accumulation of women due their initial/subsequent screens by 5,000 women (from 19,000 at the beginning of January 2017 to 14,000 women YTD).

#### CervicalCheck

The number of women having one or more smear tests in a Primary Care setting is +20.2% ahead of target YTD and this can be attributed to the following factors:

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

NSS will continue to monitor this increased activity closely over the coming weeks.

#### BowelScreen

The number of clients who have completed a satisfactory FIT test is ahead of expected activity by +23.1% YTD. Encouragingly more clients are returning completed FIT tests to the BowelScreen programme and this increased activity will continue to be monitored over the coming weeks.

#### Diabetic RetinaScreen

The number of clients screened with final grading results is ahead of expected activity by +15.1% YTD. This is the third successive month activity has been ahead of expectations. Encouragingly more diabetic clients are attending screening and this increased activity will continue to be monitored over the coming weeks.

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

Nationally the uptake rate for 6in1 at 24 months is good at 94.9% (target 95%) for YTD 2016 (reported quarterly in arrears). CHOs 1, 2, 4, 5, 7, 8 are exceeding the target and the CHOs 3, 6, 9 are within 5% of target for the reporting period.

Nationally the uptake rate for MMR at 24 months is 92.5% (target 95%) for YTD 2016 (reported quarterly in arrears). Performance varies with CHOs 2 and 7 exceeding target, CHOs 1,3,4,5,6,8 within 5% of target

whereas CHO 9 is performing at 89.4% for the period and the variation in performance trend being experienced in some local areas is being followed up with the relevant CHOs.

## **Chronic Disease Management**

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

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

244 people completed the X-PERT programme in March and 371 people have completed the programme YTD. This performance is +33.9% ahead of target YTD (target: 277 people).

65 people completed the DESMOND structured patient education programme for diabetes in CHO 1, 2 and 3 in March, and 144 people have completed the programme YTD. This performance is -45.4% behind target YTD (target: 270 people) and performance will be monitored over the coming months. The main contributing factor relates to the availability of dieticians to support the delivery of these programmes.

## **Tobacco**

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

The HSE Quit Programme has one goal - to give smokers the help and support they need to quit smoking for good. In March, 1,151 smokers received intensive smoking cessation support. YTD 3,798 smokers received intensive smoking cessation support. This figure is slightly below (-2.3%) expected activity YTD (Target: 3,888). It is important to note this metric tracks the performance of intensive cessation support services through both the QUIT (telephone helpline and on line cessation services) and face to face cessation services. As previously reported, this KPI is sensitive to any temporary dip in face to face service provision as there may be no cover available for practitioners in cases of unplanned absence or vacancies arising.

## **Physical Activity**

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

This year's Operation Transformation (OT) programme encouraged people to participate in local parkruns. 95,625 members of the general public have completed a 5km Parkrun YTD. This is +26.4% above target (75,649) and represents an increase of nearly +22.7% when compared to the same period last year (57,671 – 5km parkruns completed). As previously reported, funding for parkrun is fixed via grant aid agreement so activity levels above target will not create an additional financial liability for the HSE in 2017.

## **Environmental Health**

7,785 food inspections were carried out during Q1 (target: 8,250) which is -5.6% behind expected activity for the period. A total of 71 initial tobacco sales to minors test purchase inspections were carried out during Q1 (target: 96) which is -26% below expected activity for the period. 1 establishment had a test purchase (sunbed) inspection (target: 8). The performance of test purchase metrics is impacted by the availability of minors to carry out the test purchases. No mystery shopper inspections were carried out for Sunbeds (target: 8) during Q1. It is anticipated the target for these four metrics will be achieved in 2017.

## Health and Wellbeing Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days	M	90%	NA													
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>1</sup>	Q	75%	71%	-5.3%												
	<b>Environmental Health</b>																
	Food Inspections	Q	8,250	7,785	-5.6%										8,669	9,890	7,785
Access	<b>National Screening</b>																
	Breastcheck - % screening uptake rate	Q-1Q	>70%	73.4%	4.8%										72.6%	72.8%	70.6%
	Cervicalcheck - % with at least one satisfactory screening in a five year period	Q-1Q	>80%	79.6%	-0.5%										79.6%	79.8%	79.6%
	Bowelscreen- % screening uptake rate	Q-1Q	>45%	38.1%	-15.4%										39.3%	37.8%	38.2%
	Diabetic RetinaScreen - % screening uptake rate	Q-1Q	>56%	61.0%	9.0%									59.9%	62.1%	67.2%	
Finance	<b>Net Expenditure variance from plan</b>																
	Pay	M	€24,170	€23,013	-4.79%										-3.13%	-7.22%	-4.79%
	Non-pay	M	€26,193	€26,612	1.60%										-5.56%	-3.16%	1.60%
	Income	M	-€1,437	-€1,243	-13.56%										-10.05%	-24.44%	-13.56%
	<b>Service Arrangements (27.03.17)</b>																
	Number signed	M	100%	93.43%	6.57%									3.36%	51.45%	93.43%	
	Monetary value signed	M	100%	88.64%	11.36%									14.51%	61.46%	88.64%	
HR	<b>Absence</b>																
	Overall	M-1M	3.5%	4.24%	-21.41%										4.67%	3.81%	
	<b>Staffing Levels and Costs</b>																
	Adherence to funded staff thresholds	M	0.50%	Data not yet available													

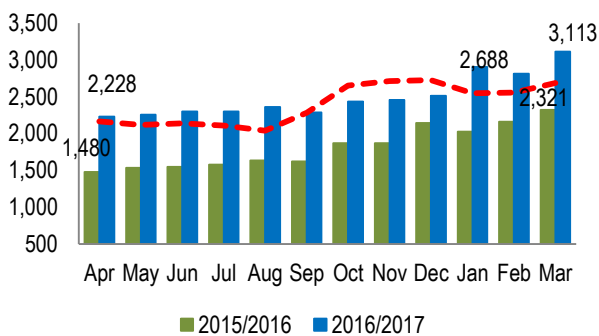
<sup>1</sup> This covers all of Community Healthcare  
Health Service Performance Profile – January to March 2017 Quarterly Report

# Primary Care

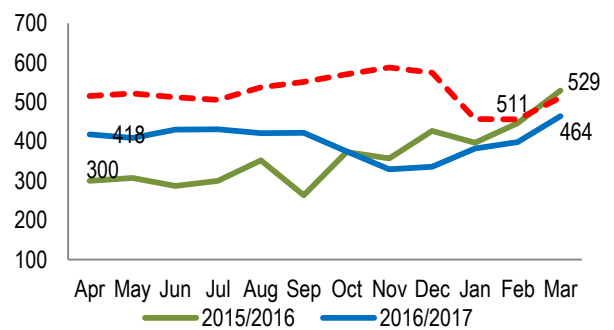
## Primary Care Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Total CIT	7,794YTD/ 32,861FYT	M	5,715	8,828	+3,113	6,602	+2,226 ↑
Early Discharge CIT	1424YTD/ 6,072FYT	M	780	1,244	+464	1,390	-146 ↓
Child Health – new borns visited within 72 hours	97%	Q	97.7%	98.6%	+0.9%	97.9%	+0.7 ↑
Child Health - developmental screening 10 months	95%	M-1M	94.3%	93.7%	-0.6%	94.4%	-0.7% ↓
Medical card turnaround within 15 days	96%	M	79.8%	44.9%	-34.9%	97.6%	-52.7% ↓
Speech and Language Therapy access within 52 weeks	100%	M	96.4%	96.6%	+0.2%	97.5%	-0.9% ↓
Physiotherapy access within 52 weeks	98%	M	94.5%	94.2%	-0.3%	98.3%	-4.1% ↓
Occupational Therapy access within 52 weeks	92%	M	77.8%	78.4%	+0.6%	82.3%	-3.9% ↓
Access to palliative inpatient beds	98%	M	97%	97.1%	+0.1%	96.6%	+0.5% ↑
Access to palliative community services	95%	M	92.4%	92.3%	-0.1%	90.3%	+2.0% ↑
Access to substance misuse treatment (over 18 years)	100%	Q-1Q	97.2%	94.7%	-2.5%	91.1%	+3.6% ↑
Access to substance misuse treatment (under 18 years)	100%	Q-1Q	81.4%	97.5%	+16.1%	100%	-2.5% ↓

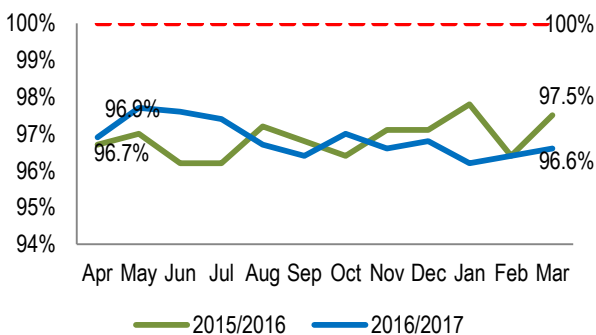
### Total CITs



### Early Discharge CIT



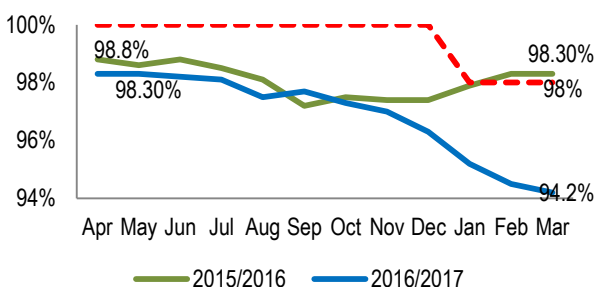
### SLT access within 52 weeks



### SLT waiting list

SLT	Assessment Waiting List			Treatment Waiting List		
	Jan	Feb	Mar	Jan	Feb	Mar
≤ 52 weeks	13,556	13,354	14,048	7,498	7,670	7,534
> 52 weeks	529	494	498	370	432	338
Total	14,085	13,848	14,546	7,868	8,102	7,872

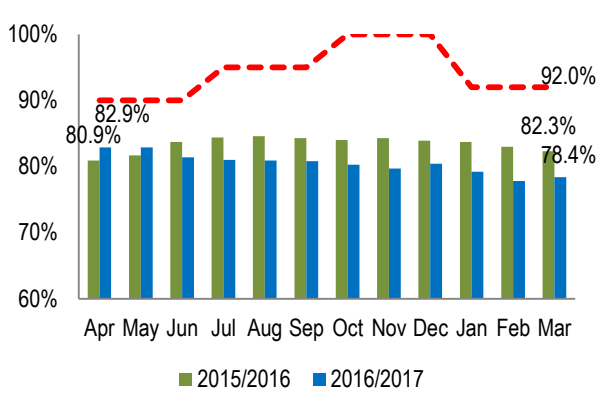
### Physiotherapy access within 52 weeks



### Physiotherapy Assessment Waiting List

Physiotherapy Assessment WL	Jan	Feb	Mar
≤ 12 weeks	18,762	19,140	21,754
>12 weeks ≤ 26 weeks	7,563	7,474	6,408
> 26 weeks ≤ 39 weeks	2,767	2,999	3,026
>39 weeks ≤ 52 weeks	1,461	1,601	1,691
> 52 weeks	1,511	1,814	2,021
Total	32,064	33,028	34,900

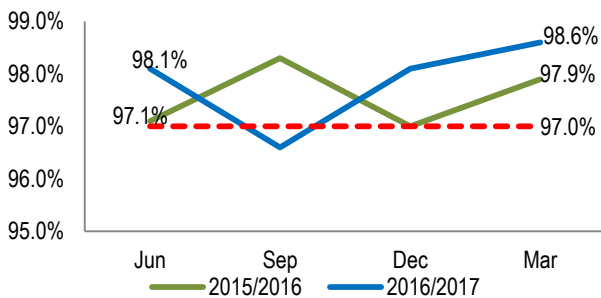
### Occupational Therapy access within 52 weeks



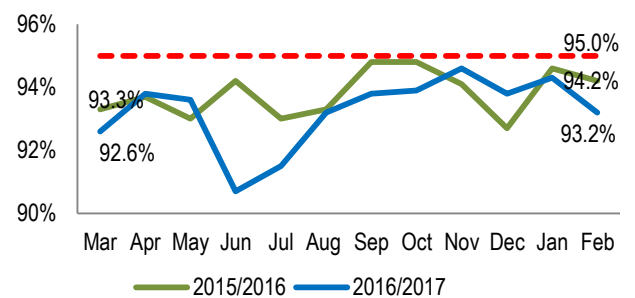
### Occupational Therapy Assessment Waiting List

Occupational Therapy Assessment WL	Jan	Feb	Mar
≤ 12 weeks	8,873	9,000	10,038
>12 weeks ≤ 26 weeks	6,366	6,567	6,246
> 26 weeks ≤ 39 weeks	4,410	4,277	3,985
>39 weeks ≤ 52 weeks	2,991	2,973	3,083
> 52 weeks	5,946	6,525	6,438
Total	28,586	29,342	29,790

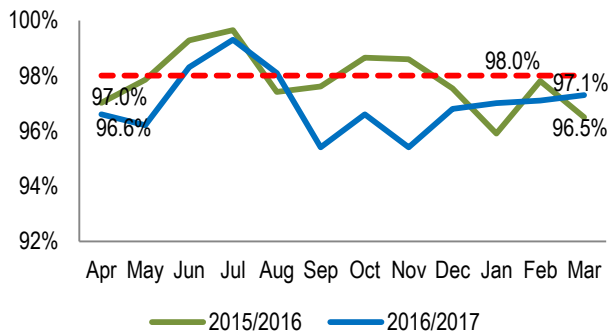
### Child Health – new borns visited within 72 hours



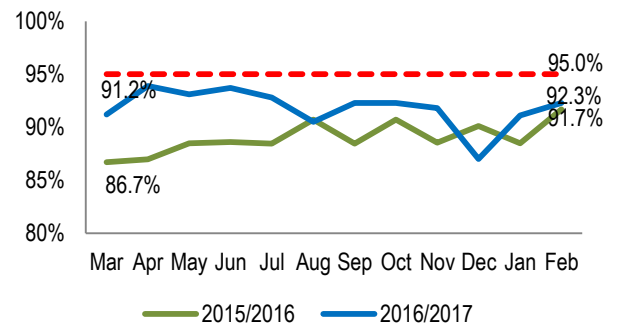
### Child Health – developmental screening 10 months



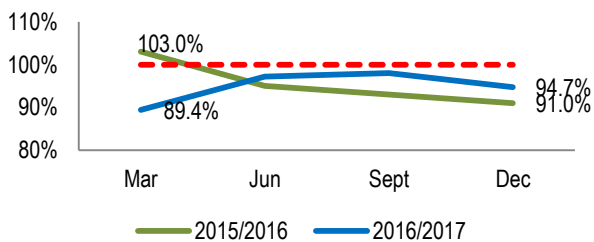
### Access to palliative inpatient beds



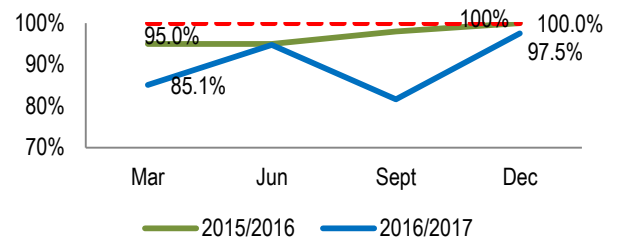
### Access to palliative community services



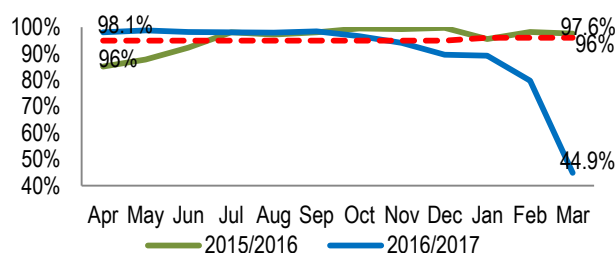
### Access to substance misuse treatment (over 18 years)



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



### Medical card turnaround within 15 days



## Service level performance

Performance area	Best performance	Outliers
Total CIT	CHO5 42.8%, CHO6 41.5%, CHO3 26.5%	CHO2 -2.4%, CHO7 -2.0%
Early Discharge CIT	CHO2 30.9%, CHO5 27.4%, CHO4 8.0%	CHO8 -67.8%, CHO6 -62.5%, CHO7 -56.5%
Child Health – new borns visited within 72 hours	CHO5 101.7%, CHO4 99.6%, CHO7 99.2%	CHO3 95.2%, CHO8 97.3%, CHO1 97.9%
Child Health – developmental screening 10 months	CHO5 96.7%, CHO2 95.5%, CHO9 95.3%	CHO3 82.4%, CHO6 91.6%, CHO1 94.1%
Speech and Language Therapy access within 52 weeks	CHO1 99.5%, CHO8 99.4%, CHO5 99%	CHO6 89.3%, CHO7 93.3%, CHO4 93.3%
Physiotherapy access within 52 weeks	CHO6 100%, CHO4 99.9%, CHO7 98.9%	CHO2 82.6%, CHO3 88.5%, CHO1 95.2%
Occupational Therapy access within 52 weeks	CHO3 99%, CHO7 84.2%, CHO6 82.9%	CHO4 69.3%, CHO8 72.1%, CHO1 76.1%
Access to palliative inpatient beds	CHO1, 100%, CHO2 100%, CHO3 100%	CHO9 89.1%, CHO6 95.7% CHO7 98.3%
Access to palliative community services	CHO5 99%, CHO2 96.9% CHO8 96.9%,	CHO4 84%, CHO6 85.3% CHO7 87%
Access to substance misuse treatment (over 18 years)	CHO9 100%, CHO6 100%, CHO5 97.8%	CHO3 65.5%, CHO2 93.4%, CHO1 94%
Access to substance misuse treatment (under 18 years)	CHO2 100%, CHO5 100%, CHO7 100%	CHO1 75%

## Divisional Update - Primary Care

### Primary Care

**QPS Serious Reportable Events:** There was one serious reportable event reported in the first quarter for 2017.

### Community Intervention Teams:

CIT referrals are 13.3% ahead of target YTD. This is a 33.7% increase YTD compared with the same period last year.

The YTD position in relation to CIT Early discharge is 12.6% behind target at 1,244 compared to the target of 1,424. The number of referrals in the early discharge category has changed for a number of reasons including:

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

**Child Health Screening 10 months:** 8 out of 9 CHOs are meeting the target. CHO3 is below target at 82.1% but is developing a plan to move to a nurse led service in line with other CHOs.

**PCRS Medical Card Turnaround within 15 days:** The YTD position is 44.9% compared to a target of 96%. There are currently a number of staff vacancies within the National Medical Card Unit (NMCU). This has recently contributed to a delay with processing currently taking longer than the 15 working-day target. The vacancies will be filled over the coming weeks. However given the necessary investment in training that will be required, the processing backlog will require a period of two further months to clear.

**Speech and Language Therapy (SLT) Access within 52 weeks:** The National YTD position is 96.6% compared to a target of 100%. CHO4, CHO6 and CHO7 are noted as being below target on the balanced scorecard / heat map.



The majority of the remaining clients awaiting initial assessment require a Multi-Disciplinary Team (MDT) assessment. Referrals YTD are 4.5% higher than the expected activity YTD and 3.1% higher than the same period last year.

**Physiotherapy Access within 52 Weeks:** The National YTD position is 94.2% compared to the target of 98%. Referrals YTD are 0.8% higher than the expected activity YTD and 2.9% higher than the same period last year.

**Occupational Therapy Access within 52 weeks:** The National YTD position is 78.4% compared to a target of 92%. Referrals YTD are in line with expected activity but are 2.2% higher than the same period last year. CHOs have reported a number of contributing factors impacting on access to services. A National Service Improvement Group has been established in relation to Occupational Therapy Services and work is ongoing with each CHO in relation to their current position.

### **Palliative Care**

97.1% of accepted referrals (out of a target of 98%) to a specialist inpatient unit were admitted within 7 days.

### **Social Inclusion**

During the reporting period, 94.7% of people over 18 years of age commenced treatment within one month of assessment. Issues that are impacting performance include the volume of presentations at a given time, low base and availability to take up appointment.

During the reporting period, 97.5% of people under 18 years of age commenced treatment within one week of assessment.

**Data Coverage Issues:** The roll-out of the new LINK National Drug Treatment Reporting System database and subsequent issues associated with the changeover resulted in data coverage issues in CHO4. The Health Research Board has undertaken to provide assistance as required. Work is underway to resolve all data coverage issues.

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

#### **Primary Care**

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

A National Service Improvement Group has been established in relation to Occupational Therapy and Physiotherapy Services. It is expected that the group will report in September 2017.

#### **Palliative care**

Compared to March 2016, access within seven days to a specialist palliative care inpatient bed improved by 1.2%.

Compared to March 2016, seven day access to specialist palliative care in the community improved by 1.2%.

## Primary Care Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Quality &amp; Safety</b>	<b>Serious Reportable Events</b>																
	Investigations completed within 120 days	M	90%	NA													
	<b>Service User Experience</b>																
	Complaints investigated within 30 working days <sup>2</sup>	Q	75%	71%	-5.3%												
	<b>Community Intervention Teams</b>																
	Total CIT	M	7,794	8,828	13.3%	No service	575	1,435	924	1,501	440	1,871	606	1,476	2,904	2,811	3,113
	Early Discharge CIT	M	1,424	1,244	-12.6%	No service	233	259	215	242	15	93	64	123	382	398	464
	<b>Child Health</b>																
	New borns visited within 72 hours	Q	97%	98.6%	1.7%	97.9%	99.1%	95.2%	99.6%	101.7%	98.6%	99.2%	97.3%	98.3%	96.6%	98.1%	98.6%
	Child screening 10 months	M-1M	95%	93.7%	-1.3%	93.6%	95.5%	82.1%	94.3%	96.7%	93.1%	94.4%	95.1%	95.3%	93.8%	94.3%	93.2%
<b>Access</b>	<b>PCRS</b>																
	Medical card turnaround within 15 days	M	96%	44.9%	-53.2%										89.2%	79.8%	44.9%
	<b>Therapy Waiting Lists</b>																
	SLT access within 52 weeks	M	100%	96.6%	-3.4%	99.5%	94.7%	98.7%	93.3%	99.0%	89.3%	93.3%	99.4%	97.5%	96.2%	96.3%	96.6%
	Physiotherapy access within 52 weeks	M	98%	94.2%	-3.9%	95.2%	82.6%	88.5%	99.9%	99.4%	100%	98.9%	95.6%	97.7%	95.2%	94.5%	94.2%
	Occupational Therapy access within 52 weeks	M	92%	78.4%	-14.8%	76.1%	82.6%	99.0%	69.3%	77.3%	82.9%	84.2%	72.1%	81.0%	79.2%	77.8%	78.4%
	<b>Palliative Care</b>																
	Access to palliative inpatient beds	M	98%	97.1%	-0.9%	98.9%	100%	100%	100%	100%	98%	96.1%		90.4%	97.0%	97.1%	97.3%
	Access to palliative community services	M	95%	92.3%	-2.9%	95.4%	96.8%	95.6%	84.4%	97.2%	83.4%	88.2%	97.5%	92.5%	91.1%	93.9%	91.9%
	<b>Social Inclusion - access to substance misuse treatment</b>																
Over 18 years	Q-1Q	100%	94.7%	-5.3%	94%	93.4%	65.5%	0%	97.8%	100%	97.2%	94.4%	100%	97.2%	98%	94.7%	

<sup>2</sup> This covers all of Community Healthcare  
Health Service Performance Profile – January to March 2017 Quarterly Report

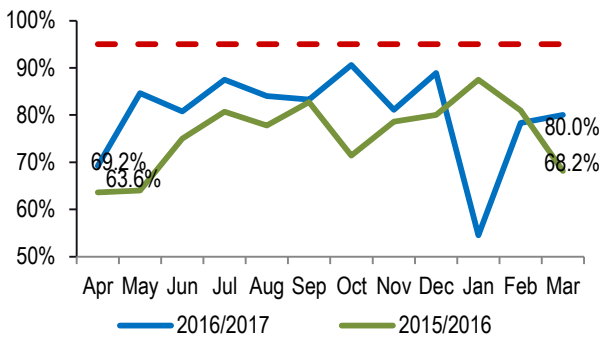
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current					
	Under 18 years	Q-1Q	100%	97.5%	-2.5%	75%	100%	No service	0%	100%	No service	100%	100%	100%	94.7%	81.6%	97.5%				
Finance	<b>Net Expenditure variance from plan</b>																				
	Pay	M	€157,460	€152,955	-2.86%													-3.41%	-2.93%	-2.86%	
	Non-pay	M	€810,177	€806,806	-0.42%														0.28%	0.08%	-0.42%
	Income	M	-€35,589	-€35,430	-0.45%														2.77%	3.34%	-0.45%
	<b>Service Arrangements (27.03.17)</b>																				
	Number signed – Primary Care	M	100%	77.65%	22.35%														6.13%	43.28%	77.65%
	Monetary value signed – Primary Care	M	100%	94.74%	5.26%														0.48%	16.90%	94.74%
	Number signed – Social Inclusion	M	100%	91.57%	8.43%														5.12%	47.40%	91.57%
	Monetary value signed – Social Inclusion	M	100%	92.88%	7.12%														7.30%	41.85%	92.88%
	Number signed – Palliative Care	M	100%	77.27%	22.73%														21.74%	45.45%	77.27%
Monetary value signed – Palliative Care	M	100%	98.47%	1.53%														1.77%	12.49%	98.47%	
HR	<b>Absence</b>																				
	Overall	M-1M	3.50%	4.14%	-18.28%	4.70%	4.59%	5.59%	2.65%	4.87%	4.19%	5.17%	5.22%	0.00%	4.34%	3.95%					
<b>Staffing Levels and Costs</b>																					
	Adherence to funded staff threshold	M	0.50%	Data not yet available																	

# Mental Health

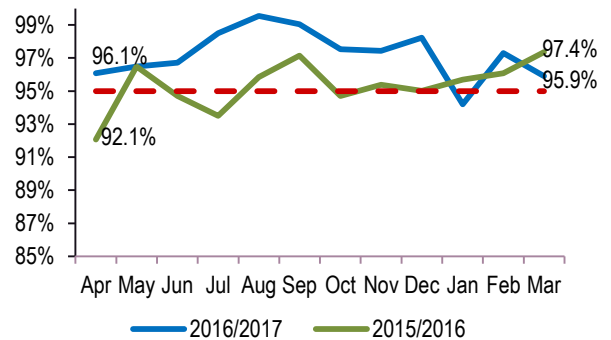
# Mental Health Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Admission of Children to CAMHs	95%	M	64.3%	69.8%	+5.5%	79.5%	-9.7%
CAMHs Bed Days Used	95%	M	95.6%	95.7%	+0.1%	96.4%	-0.7%
CAMHs waiting list	2,599	M	2,560	2,818	+258	2,416	+402
CAMHs waiting list > 12 months	0	M	255	279	+24	208	+71
Adult Mental Health – time to first seen	75%	M	75.6%	75.7%	+0.1%	62.9%	+12.8%
Psychiatry of Old Age – time to first seen	95%	M	94.1%	94.3%	+0.2%	96.9%	-2.6%

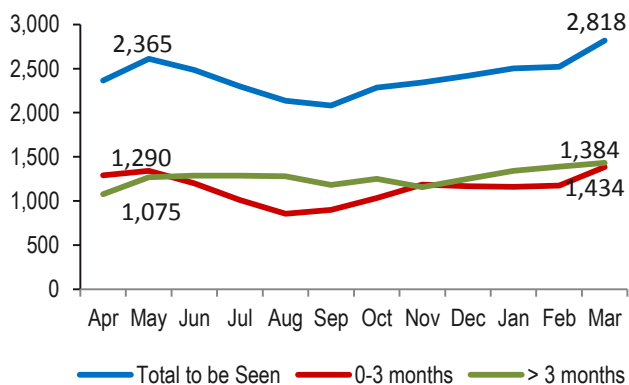
## Admission of Children to CAMHs



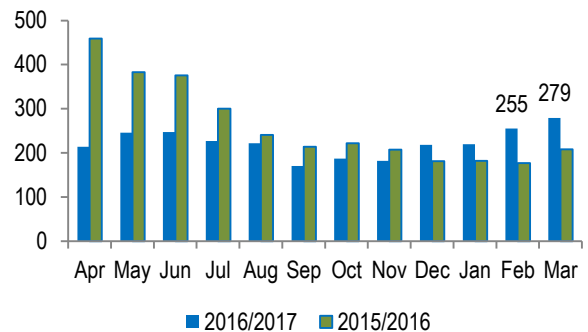
## Bed days used in Child Adolescent Acute Inpatient Units as a total of bed days



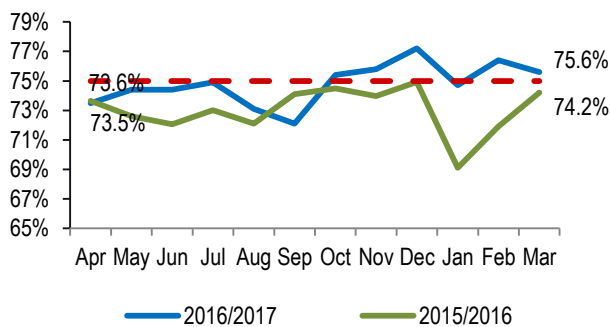
## CAMHs waiting list



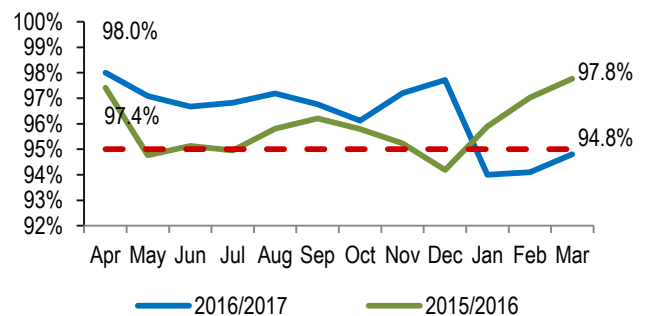
## CAMHs waiting list > 12 months



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



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



## Service level performance

Performance area	Best performance	Outliers
CAMHs Bed Days Used	CHO 1, 2, 4, 6 (100%), CHO 7 (98.4%), CHO 8 (98.0%) & CHO 9 (97.2%)	CHO 3 (81.7%) & CHO 5(80.4%)
CAMHs waiting list > 12 months	CHO 2, 5, 6 & 7 (0)	CHO 4 (128), CHO 1(89) , CHO 3 (45) & CHO 9 (16) & CHO 8 (1)
Adult Mental Health – time to first seen	CHO 2 (89.8%), CHO 5(83.3%) & CHO 6 (83.3%)	CHO 8 (66.2%), CHO 9(68.9%), CHO 7 (69.3%), CHO 4 (72.1%), CHO 3(74.3%) & CHO 1 (74.5%)
Psychiatry of Old Age – time to first seen	CHO 2, 3, 5, 6 & 7 (100%), CHO 1 (98.1%)	CHO 9 (79.8%), CHO 4(87.8%) & CHO 8 (89.3%)

## Divisional Update

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs. The MH Division continues to work with CHOs to maximise and ensure the most effective use of resources.

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 March, 80% of children who were admitted were admitted to child and adolescent inpatient units, as against 78.3% in February.

In March, 95.7% of bed days used was in Child and Adolescent Acute Inpatient Units, against 97.3% in February.

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

The CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing whilst also recognising 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 >12 month waiting list increases are mostly restricted to CHO 1, 3, 4, and 9. These increases relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness. The Assistant Psychology posts into Primary Care were approved in May. This initiative will have a significant impact on building capacity within Primary Care to address early assessment and triage of young people that are currently ending up on secondary care CAMHS waiting lists.

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

**Development Posts:**

The position is as follows:-

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

448.50 or 94% of the 477.5 development posts for 2013 have started.

189 or 75% of the 251.1 development posts for 2014 have started.

124 or 32% of the approximate 390 development posts for 2015 have started.

75 or 20% of the approximate 370 development posts for 2016 have started where 134 of these remaining posts relates to Assistant Psychology posts which have just been approved in early May.

## Mental Health Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current			
Quality & Safety	<b>Serious Reportable Events</b>																		
	Investigations completed within 120 days <sup>3</sup>	M	90%	0%	-100%														
	<b>Service User Experience</b>																		
	Complaints investigated within 30 working days <sup>4</sup>	Q	75%	71%	-5.3%														
	<b>CAMHs</b>																		
Admission of children to CAMHs inpatient units	M	95%	69.8%	-26.5%										54.5%	78.3%	80.0%			
Bed days used	M	95%	95.7%	0.7%	100.0%	100.0%	86.9%	96.5%	82.3%	100.0%	97.8%	97.8%	95.5%	94.2%	97.3%	95.9%			
Access	<b>Time to first seen</b>																		
	General Adult Teams	M	75%	75.7%	0.9%	78.0%	91.1%	72.6%	68.1%	87.0%	84.0%	69.6%	69.0%	64.8%	74.7%	76.4%	75.6%		
	Psychiatry of Old Age Teams	M	95%	94.3%	-0.7%	90.0%	99.5%	99.5%	85.5%	100.0%	100.0%	97.2%	90.9%	81.8%	94.0%	94.1%	94.8%		
	<b>CAMHs &gt; 12 months</b>																		
Waiting > 12 months	M	0	279	>100%	89	0	45	128	0	0	0	1	16	220	255	279			
Finance	<b>Net Expenditure variance from plan</b>																		
	Pay	M	€160,141	€161,817	1.05%										0.75%	1.37%	1.05%		
	Non-pay	M	€44,560	€46,683	4.76%										6.00%	4.38%	4.76%		
	Income	M	-€4,344	-€4,599	5.87%										-6.78%	9.12%	5.87%		
	<b>Service Arrangements (27.03.17)</b>																		
Number signed	M	100%	77.38%	22.62%										0.57%	31.95%	77.38%			
Monetary value signed	M	100%	35.26%	64.74%										0.13%	9.17%	35.26%			
HR	<b>Absence</b>																		
	Overall	M-1M	3.5%	4.83%	-38.00%	5.02%	3.95%	7.56%	3.82%	5.33%	2.30%	6.81%	5.57%	3.13%	4.62%	5.03%			
	<b>Staffing Levels and Costs</b>																		
	Adherence to funded staff threshold	M	0.50%	Data not yet available															
	<b>EWTD Compliance</b>																		
<24 hour shift	M	100%	93.4%	-6.6%										95.2%	92.8%	93.4%			
<48 hour working week	M	95%	87.3%	-8.1%										89.6%	89.8%	87.3%			

<sup>3</sup> Data under review

<sup>4</sup> This covers all of Community Healthcare  
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# Social Care

## Social Care Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Quality &amp; Safety</b>	<b>Serious Reportable Events</b>															
	Investigations completed within 120 days <sup>5</sup>															
	M	90%	18%	-80%												
<b>Service User Experience</b>																
Complaints investigated within 30 working days <sup>6</sup>																
	Q	75%	71%	-5.3%												
<b>Safeguarding</b>																
% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan																
	Q-1Q	100%	92.5%	-7.5%	97.4%	91.9%	97.6%	95.0%	90.3%	83.9%	89.5%	94.6%	90.5%	94.7%	89.6%	91.8%

This heat map relates to metrics that cover all of Social Care

<sup>5</sup> Data under review

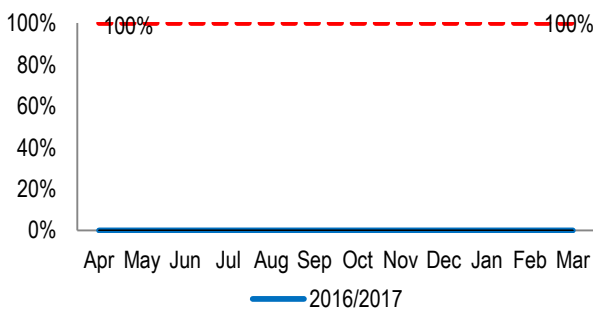
<sup>6</sup> This covers all of Community Healthcare  
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# Social Care - Disabilities

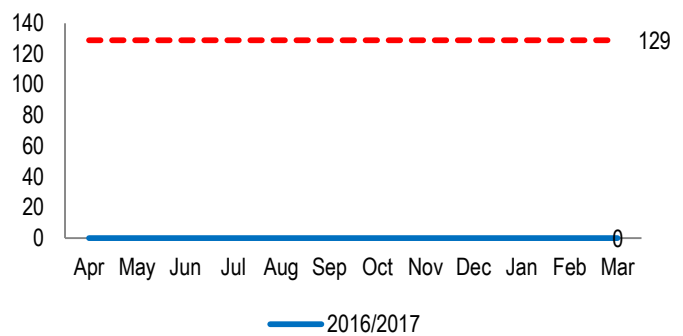
## Social Care Division- Disabilities

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
% of Disability Network Teams established	100%	M	0	0	0	0	0
No. of Disability Network Teams established	18 YTD / 129 FYT	M	0	0	0	0	0
Disability Act Compliance	100%	Q	23.9%	28.1%	4.2% ↑	19.6%	8.5% ↑
Congregated Settings	223	Q	73	3	-70	22	-19 ↓
PA hours (Q4 2016)	1.3m	Q-1M	1,129,727	1,510,116	+380,389	1,482,497	+27,619 ↑
Home Support (Q4 2016)	2.6m	Q-1M	2,207,911	2,928,916	+721,005	2,777,569	+151,347 ↑
Respite No of overnights (Q4 2016)	180,000	Q-1M	135,112	175,555	+40,443	184,891	-9,336 ↓
Respite No of day only respite sessions (Q4 2016)	35,000	Q-1M	32,782	43,143	+10,361	39,320	+3,823 ↑

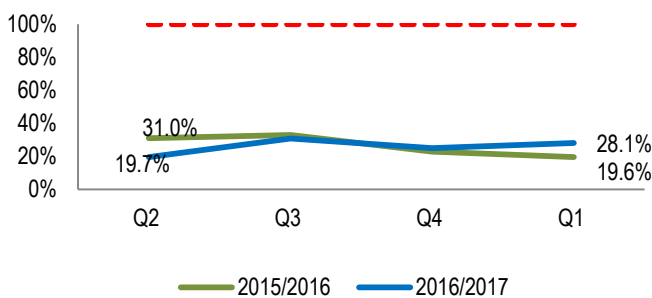
**% Disability Network Teams established**



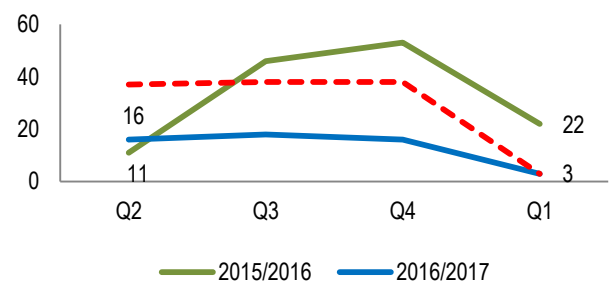
**No. of Disability Network Teams established**



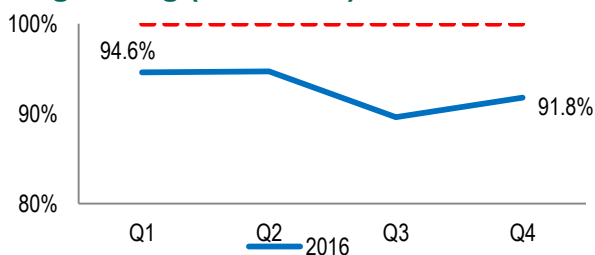
**Disability Act Compliance**



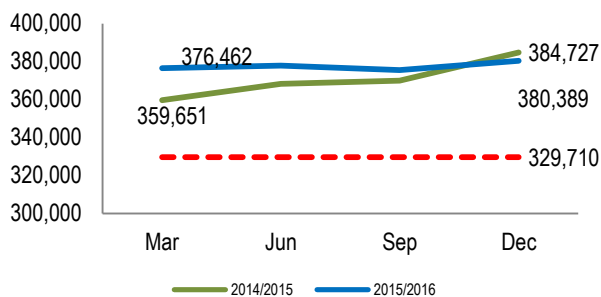
**Congregated Settings**



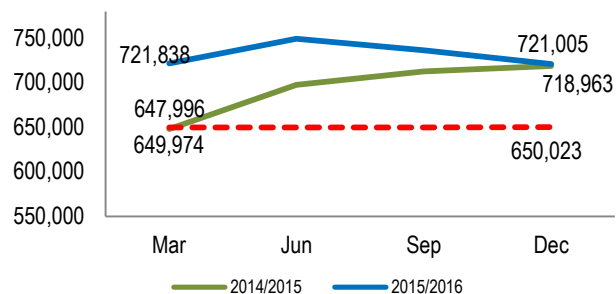
**Safeguarding (2016 Data)**



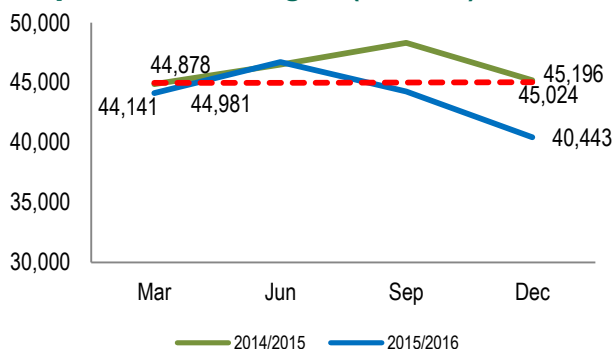
### PA Hours (Q4 2016)



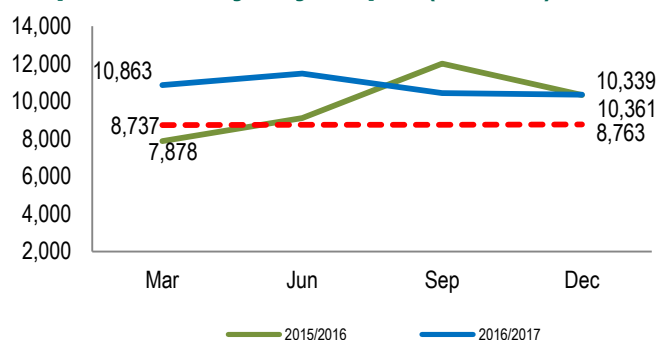
### Home Support Hours (Q4 2016)



### Respite No. of Overnights (Q4 2016)



### Respite No. of day only Respite (Q4 2016)



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

	Expected Activity 2017	Expected Activity Q1	Actual Q1*
Number of new emergency places provided to people with a disability	185	40	36
Number of new home support/in home respite supports for emergency cases	210	25	15
Total number of new residential emergency and support places	395	65	51

\* Data is indicative and pending validation at this point

### Service level performance

Performance area	Best performance	Outliers
% of Disability Network Teams established		There were no Disability Network Teams established in March 2017
Disability Act Compliance	CHO2 96.4%, CHO3 60.0%, CHO1, 52.4%	CHO9 1.4%, CHO6 4.8%, CHO7 5.5%
Congregated Settings	CHO1 3	
PA hours	CHO 7 (65.2%), CHO 3 (21.8%) CHO 2 (17.4%)	CHO 6 (-11.1%)
Home support	CHO 5 (79.6%) CHO8 (32.7%) CHO 4 (15.7%)	CHO 3 (-8.7%) CHO 1 (-7.1%) CHO 7 (0.6%)
Respite No of overnights	CHO 2 (22.1%) CHO 3 (14.9%) CHO 8 (3.3%)	CHO 9 (-24.7%) CHO 6 (-23.2%) CHO 4 (-8.2%)
Respite No of day only respite sessions	CHO 5 (86.6%) CHO 3 (66.3%) CHO 4 (27.9%)	CHO 9 (-32.3%) CHO 6 (-5.1%) CHO 2 (-4.6%)

## **Divisional Commentary**

### **Disability Network Teams**

As of December 2016, 56 networks of the 129 network teams required are in place.

Work remains on-going across all CHO's in relation to the undertaking of critical enablers to ensure full implementation within the following headings; - Team Management & Project Implementation, ongoing Training & Capacity Building of Teams, Family Consultation and ongoing Engagement.

Additional resources of a team of 3 project managers have been assigned to lead out on the implementation of '*Progressing Disabilities*'. Each project manager having responsibility for 3 to 4 CHO's.

There have been a number of implementation challenges identified and improvement actions are being progressed to ensure full implementation by the end of 2017 including the Establishment of Team Managers Posts, Formation of Disability Networks, Facilities and Filling of Therapy Posts.

### **Disability Act Compliance**

The number of requests for Assessments of Need (AON) has increased each year since the introduction of the Disability Act 2007. In Q1 2017 1,727 requests for AON were received an increase of 8.2% on the same period last year. There was a 71% increase in the number of referrals received between 2011 and 2016. In addition a High Court ruling in December 2009 opened eligibility by the HSE to all children after 1st of June 2012. This has resulted in a steady increase in the number of children aged five and over requiring assessment as a percentage of all applications received.

The Social Care Division and the DoH have been working together to prioritise the implementation of the progressing disability programme of integrated network teams. This will streamline needs between primary care and children's disability services, improve responsiveness of the service to individuals and their families, improve integration with education, and early years' programmes and reduce the level of application for assessment of need.

A key driver relating to increased Assessment of Need (AON) rates of presentation relates to referrals from the Education sector as a gateway to specialist educational supports. It is anticipated that AON referrals may decrease moving forward as an assessment of need is not necessarily required for additional resources within the educational system from September 2017. The Social Care Division will monitor this area in order to assess any differential arising in terms of rates of referrals for AON.

In Q1 2017 28% (194) assessments were completed within the regulatory timelines representing an increase from 19.6% from the same period last year.

A number of specific improvements are being implemented across CHO 4, 7 and 9 given the escalation status of those CHO's and the extent of the numbers waiting. These specific initiatives are being incorporated into the overall plan for the progressing disability network teams.

The Social Care Division at national level has significantly enhanced national supports for CHO's where AON and Progressing Disability Services are concerned. Specifically, this team has been enhanced with the reassignment of an additional two National Disability Specialists with a specific role in supporting all CHO's in developing AON improvements plans and to monitor implementation on behalf of the Division. It is expected that all CHO's will have tailor made Improvements plan fully in place by Quarter 2017.

### **Congregated Settings**

The Social Care Division continues to work with CHO's to facilitate the transition of 223 residents from centres across the nine CHO's. A total of three residents transferred from CHO1 this period in line with planned target. Disability specialists have been assigned to the nine CHO's to support CHO's in relation to the achievement of required targets for decongregation for 2017.

### **Supports in the Community**

Activity in both Personal Assistance Hours and Home Support Hours delivered were ahead of target in 2016. People with disabilities are now living longer and living with a range of complex needs. In line with national policy and Transforming Lives, the focus in recent years has been to enable people with disabilities to live lives of their choosing. The provision of PA and HS hours is an essential component of this.

In addition, the increase in PA and Home Support reflect the increased provision of 'in-home' respite (using enhanced PA and Home Support), in comparison with residential respite. This is also reflected in the number of clients in receipt of 'day only' respite.

## Disabilities Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current		
<b>Access</b>	<b>Disability Network Teams 0-18 years</b>																	
	% established	M	100%	0.0%	-100%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
	Number established	M	18	0	-100%	0	0	0	0	0	0	0	0	0	0	0		
	<b>Disability Act</b>																	
	Disability Act Compliance	Q	100%	28.1%	-71.9%	52.4%	96.4%	60.0%	11.7%	18.7%	4.8%	5.5%	36.5%	1.4%	30.9%	25.1%	28.1%	
	<b>Congregated Settings</b>																	
	Congregated Settings	Q	3	3	0%	3	0	0	0	0	0	0	0	0	17	16	3	
	<b>Supports in the Community</b>																	
	PA Hours	Q-1M	1.3m	1,510,116	14.5%	143,092	280,013	323,642	130,972	106,535	21,796	28,715	170,300	305,051	377,796	375,469	380,389	
	Home Support Hours	Q-1M	2.6m	2,903,663	11.7%	312,711	176,004	129,033	218,531	378,309	312,939	399,659	574,277	427,453	749,572	736,501	721,005	
Respite Overnights	Q-1M	180,000	173,891	-3.4%	11,065	39,536	14,585	24,666	13,155	12,873	25,696	17,965	16,014	46,720	44,251	40,443		
Respite Day Only Sessions	Q-1M	35,000	43,059	23%	5,371	5,969	16,361	2,590	1,926	2,083	5,469	1,076	2,298	11,488	10,431	10,361		
<b>Finance</b>	<b>Net Expenditure variance from plan</b>																	
	Pay	M	€158,254	€158,089	-0.10%										-2.48%	-0.92%	-0.10%	
	Non-pay	M	€269,636	€275,349	2.12%										1.89%	0.60%	2.12%	
	Income	M	-€12,847	-€13,098	1.95%										-4.96%	-1.10%	1.95%	
	<b>Service Arrangements (27.03.17)</b>																	
Number signed	M	100%	67.86%	32.14%										6.57%	27.43%	67.86%		
Monetary value signed	M	100%	50.66%	49.34%										1.10%	5.51%	50.66%		
<b>HR</b>	<b>Absence</b>																	
	Overall	M-1M	3.50%	5.40%	-54.28%	5.44%	6.00%	5.49%	4.92%	6.32%	4.55%	5.32%	6.62%	4.67%	5.85%	4.95%		
<b>Staffing Levels and Costs</b>																		
Adherence to funded staff threshold	M	0.50%	Data not yet available															

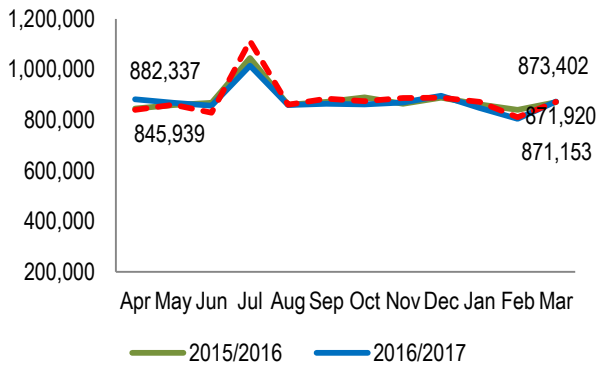


# Social Care – Older Persons

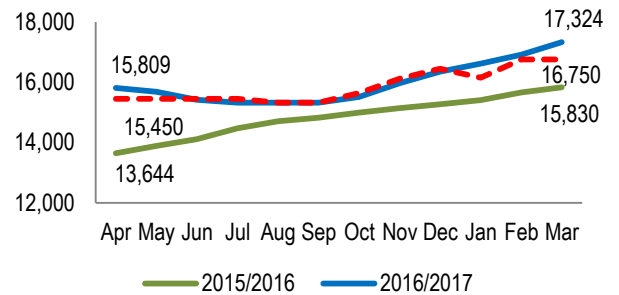
## Social Care Division - Older Persons

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Home Help Hours	2,555,369 YTD/ 10.57m FYT	M	1,653,134	<b>2,526,536</b>	<b>+873,402</b>	2,574,300	-47,764 ↓
Home Care Packages	16,750 YTD 16,750 FYT	M	16,918	<b>17,324</b>	<b>+406</b>	15,830	+1,494 ↑
Number of people being funded under NHSS	23,019 YTD/ 23,603 FYT	M	22,721	<b>22,840</b>	<b>+119</b>	22,847	-7 ↓
Delayed Discharges	< 475	M	517	599	+82 ↓	592	+7 ↓

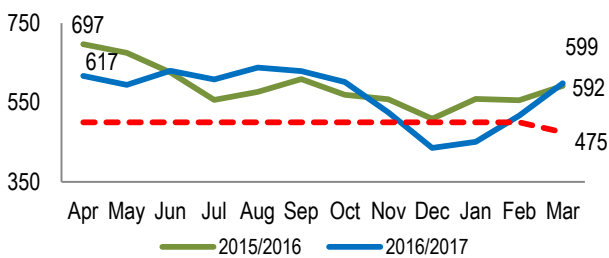
### Number of home help hours provided



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



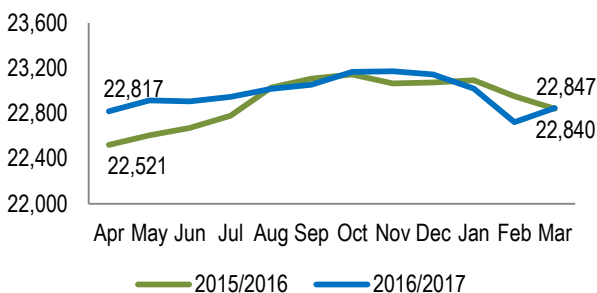
### Delayed Discharges



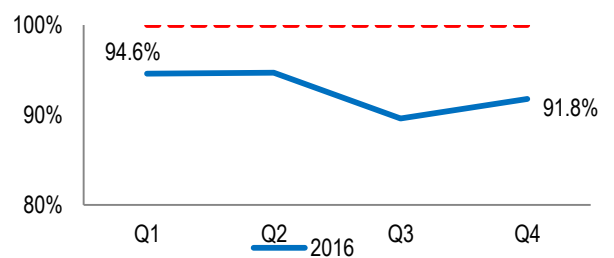
### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	89	31	120	20.0%
Long Term Nursing Care	328	45	373	62.3%
Other	68	38	106	17.7%
<b>Total</b>	<b>485</b>	<b>114</b>	<b>599</b>	<b>100%</b>

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



### Safeguarding (2016 Data)



## NHSS Overview

		Jan	Feb	Mar	YTD 2017	Mar 16
	No. of new applicants	1,064	933	948	2,945	886
	National placement list for funding approval	471	501	257	257	491
	Total no. people funded under NHSS in LTRC	23,019	22,721	22,840	22,840	22,847
Private Units	No. of new patients entering scheme	567	548	619	1,734	492
	No. of patients Leaving NHSS	620	780	512	1,912	533
	Increase	-53	-232	107	-178	-41
Public Units	No. of new patients entering scheme	173	165	183	521	110
	No. of patients Leaving NHSS	222	207	151	580	156
	Net Increase	-49	-42	32	-59	-46

\*Note: In addition to the leavers above there were a further 65 leavers (20 in March) from Contract Beds/Subvention/Section 39 savers beds.

## Service level performance

Performance area	Best performance	Outliers
Home Help Hours	CHO 9 9.5%, CHO 1 3.8%, CHO 2 3.4%	CHO 6 -19.4%, CHO 5 -11.6%, CHO 8 -3.5%
Home Care Packages	CHO 2 23%, CHO 6 16.6%, CHO 5 3.8%	CHO 3 -9.1%, CHO 4 - 6.8%,
Delayed Discharges	Portlaoise, Ennis & Nenagh all have 1 patient, Temple Street & National Children's Hospital at Tallaght Hospital have 0 patients	St. James's (63), Beaumont (50) & Mater (45)

## Divisional Update

- Trend in Home Help (HH) hour's activity similar to activity for same period in 2016
- Reported activity in March and YTD in line with the profiled target nationally and slightly improved on previous reporting period (-1.1% YTD from 1.8% end of Feb).
- National Division is continuing to engage with CHOs where HCP activity is not meeting targets to align service delivery with increased targets

## Delayed Discharges

- End of March 2017 figure is 599 compared to 517 at the end of February.
- Of the 120 people waiting to go home, the number of people awaiting HH and HCP was 54, of these 8 were approved with funding awaited with the remainder awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.
- The overall numbers waiting for Home Care has decreased compared to 2016 (87 end Sep to 54 end March)
- All hospitals continue to have access to an unlimited number of Transitional Care Beds. The total national approved for March 2017 is 819 with a total YTD of 2,597.
- All hospitals are continuing to adhere to an agreed standardised process in managing delayed discharges due to legal reasons/ward of courts cases. At end of March, 35 patients approved for Ward of Court funding.

## NHSS

- Number of people funded under scheme is below the March profile of 23,019 however same has increased by 119 people month on month.
- There has been a significant reduction in numbers on the placement list (257 in March.)
- Increase of 282 (13.8%) funding approvals in first 3 months of year compared to same period last year
- 2,255 new clients supported by the scheme (increase of 206 people/10.1% versus same period last year.
- New clients will continue to be approved within the limit of resources available in accordance with the legislation and Government policy.

**Areas of Improvement/Areas of Risk**

Service providers in a number of CHOs are experiencing significant difficulty in recruiting suitable home care workers leading to a lower level of provision. This is a feature of improved economic performance and higher employment levels in competitive areas of the workforce. Work remains ongoing to manage same.

## Older Persons Balanced Scorecard/Heat Map

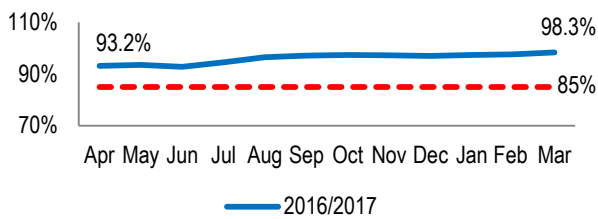
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Access</b>	<b>Home Care Services</b>																
	Home Help Hours	M	2,555,369	2,526,536	-1.1%	349,268	329,887	235,996	454,003	278,915	90,405	171,696	299,919	316,446	847,673	805,461	873,402
	Home Care Packages	M	16,750	17,324	3.4%	1,360	1,542	1,006	1,414	1,136	2,012	2,196	2,398	4,260	16,613	16,918	17,324
	<b>NHSS</b>																
	Number of people funded under NHSS	M	23,019	22,840	-0.8%										23,019	22,721	22,840
<b>Finance</b>	<b>Delayed Discharges</b>																
	Number of people subject to Delayed Discharge	M	< 475	599	-26.1%										451	517	599
	<b>Net Expenditure variance from plan</b>																
	Pay	M	€169,164	€165,536	-2.14%										-2.82%	-2.58%	-2.14%
	Non-pay	M	€116,987	€119,658	2.28%										-2.15%	0.23%	2.28%
Income	M	-€94,580	-€91,479	-3.28%										-4.36%	-1.77%	-3.28%	
<b>HR</b>	<b>Service Arrangements (27.03.17)</b>																
	Number signed	M	100%	86.95%	13.05%									21.01%	57.21%	86.95%	
	Monetary value signed	M	100%	92.60%	7.40%									10.59%	34.01%	92.60%	
<b>HR</b>	<b>Absence</b>																
	Overall	M-1M	3.50%	5.40%	-54.28%	5.44%	6.00%	5.49%	4.92%	6.32%	4.55%	5.32%	6.62%	4.67%	5.85%	4.95%	
<b>HR</b>	<b>Staffing Levels and Costs</b>																
	Adherence to funded staff threshold	M	0.50%														

# National Ambulance Service

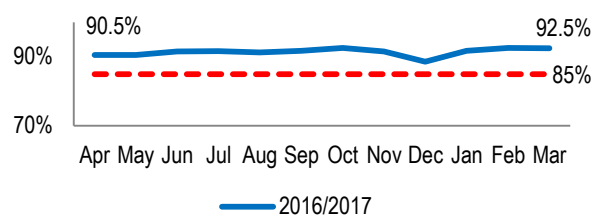
# National Ambulance Service

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Allocation of Resource within 90 seconds - ECHO	85%	M	97.4%	97.7%	+0.3%	92.7%	+5%
Allocation of Resource within 90 seconds - DELTA	85%	M	92.1%	92.4%	+0.3%	82.7%	+9.7%
Response Times - ECHO	80%	M	83.1%	83.4%	+0.3%	80.2%	+3.2%
Response Times - DELTA	80%	M	61.5%	61.9%	+0.4%	57.4%	+4.5%
% turnaround delays escalated ( where ambulances not cleared in 60mins)	100%	M	98.9%	98.8%	-0.1%	92.7%	+6.1%
ROSC	40%	Q-Q1	36.0%	44.1%	8.1%	39.7%	4.4%

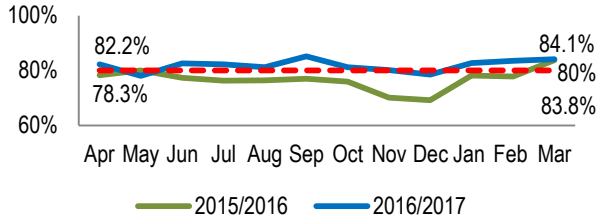
## Allocation of Resource within 90 seconds – ECHO



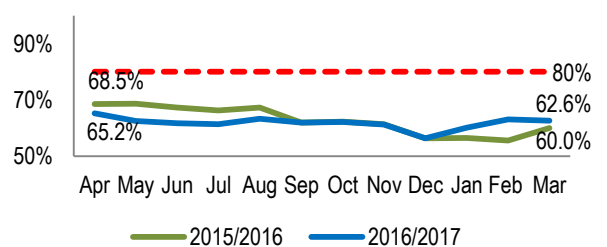
## Allocation of Resource within 90 seconds DELTA



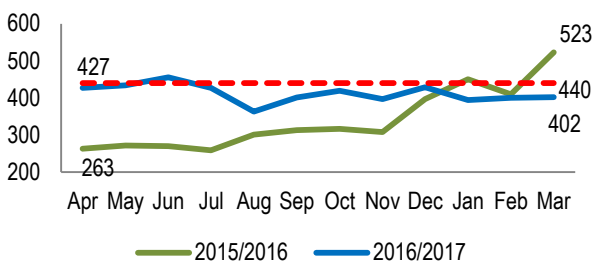
## Response Times (within 18 minutes, 59 seconds) – ECHO



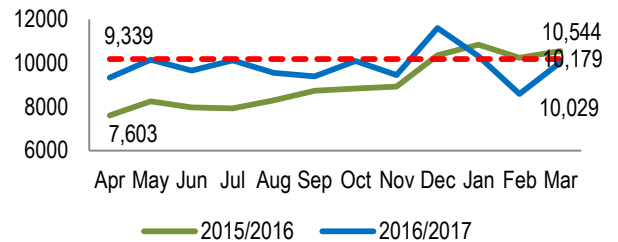
## Response Times (within 18 minutes, 59 seconds) – DELTA



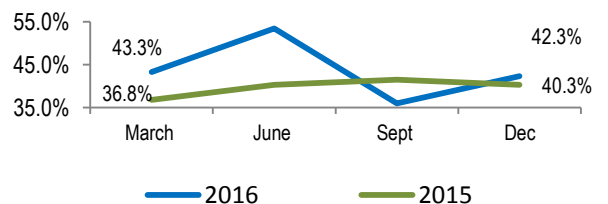
## Call Volume (arrived at scene) – ECHO



## Call Volume (arrived at scene) – DELTA



## ROSC



## Service level performance

Performance area	Best performance	Outliers
Allocation of Resource within 90 seconds - ECHO	South 98.8% , West 97.5% North Leinster 98.4 %,	
Allocation of Resource within 90 seconds - DELTA	South 93.4% , West 94.7 % , North Leinster 91.5 %	
Response Times - ECHO	South 78.4 % , Dublin Fire Brigade 86.2%	Western Area 81.2 % , North Leinster 88.1%,
Response Times - DELTA	North Leinster 66.8%	Western Area 63.3%, Dublin Fire Brigade 58.8,%Southern Area 60.1%

## Divisional Update

- Activity volume for AS1 and AS2 calls received this month has decreased by 589 (2%) since the same period last year.
- The daily average call rate was 859.
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 84% this month.
- ECHO calls decreased by 24% (130) compared to the same period last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was 63% this month.
- Nationally there was a 5% (504) decrease in DELTA call activity compared to same period last year.

## Areas of Improvement/Areas of Risk

- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact.
- Delays in hospitals have a knock on effect of slowing paramedic's abilities to tend to the seriously ill and injured patients efficiently.
- When a diversion from a hospital is put in place and ambulances are routed to other hospitals, the extra time crews have to spend on the road does not help the National Ambulance Service's ability to meet its response time targets.
- When waiting in Emergency Departments takes a number of hours, and paramedics wait with their patients until they can be handed over, they may not have breaks until hours into their shifts and rarely finish shifts on time.
- Continued staffing pressures.



## National Ambulance Service Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current	
Quality & Safety	<b>Serious Reportable Events</b>											
	Investigations completed within 120 days	M	90%	NA								
	<b>Service User Experience</b>											
	Complaints investigated within 30 working days	Q	75%	54%	-28%							
	<b>Resource Allocation within 90 seconds</b>											
	ECHO	M	85%	97.7%	14.9%	96.1%	99.3%	98.3%		97.3%	97.6%	98.3%
	DELTA	M	85%	92.4%	8.7%	90.1%	93.5%	94.7%		91.7%	92.6%	93.0%
<b>ROSC</b>												
Return of Spontaneous Circulation	Q-1Q	40%	42.0%	5.0%					53%	36%	42%	
Access	<b>Response Times - within 18 minutes, 59 seconds</b>											
	ECHO	M	80%	83.4%	4.2%	84.6%	83.2%	80.0%	85.0%	82.7%	83.5%	84.1%
	DELTA	M	80%	61.9%	-22.6%	63.8%	62.0%	62.6%	58.8%	60.1%	63.1%	62.6%
Finance	<b>Net Expenditure variance from plan</b>											
	Pay	M	€27,974	€27,985	0.04%					-1.69%	-2.18%	0.04%
	Non-pay	M	€9,575	€9,373	-2.12%					-9.02%	-7.80%	-2.12%
Income	M	-€89	-€84	-6.32%					-68.36%	-47.36%	-6.32%	
HR	<b>Absence</b>											
	Overall	M-1M	3.50%	6.47%	-84.85%	8.15%	7.72%	5.32%		6.92%	6.03%	
<b>Staffing Levels and Costs</b>												
Adherence to funded staff threshold	M	0.50%	Data not yet available									

# Acute Hospitals

# Acute Hospitals

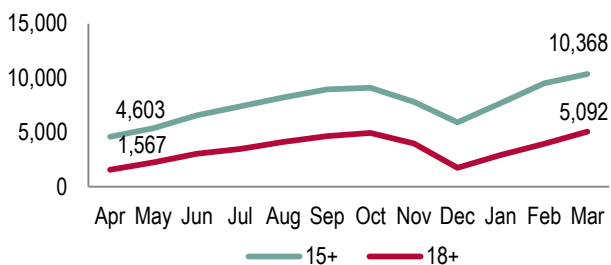
## Overview of Key Acute Hospital Activity

Activity Area	Result YTD Mar 2017	Expected Activity YTD	Result YTD Mar 2016	SPLY % Var	Result Jan	Result Feb	Result Mar
Emergency Presentations	336,368	344,221	337,801	-0.4%	110,687	102,875	122,806
New ED Attendances	279,912	289,616	283,638	-1.3%	92,447	85,868	101,597
OPD Attendances	848,769	859,147	830,667	2.2%	282,245	268,706	297,818

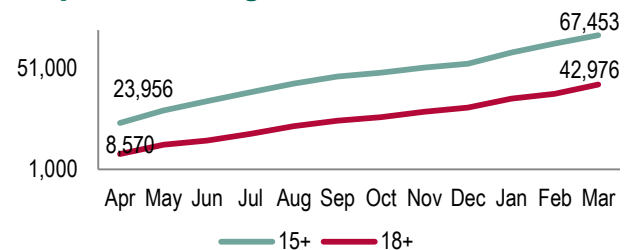
Activity Area (HIPE data month in arrears)	Result YTD Feb 2017	Expected Activity YTD	Result YTD Feb 2016	SPLY % Var	Result Dec	Result Jan	Result Feb
Inpatient [IP] Discharges/	103,108	102,767	103,735	-0.6%	53,934	52,659	50,449
Day Case [DC] Discharges	169,277	172,165	173,471	-2.4%	78,445	86,617	82,660
IP & DC Discharges	272,385	274,932	277,206	-1.7%	132,379	139,276	133,109
% IP	37.9%	37.4%	37.4%		40.7%	37.8%	37.9%
% DC	62.1%	62.6%	62.6%		59.3%	62.2%	62.1%
Emergency IP Discharges	69,859	70,004	70,419	-0.8%	37,226	36,188	33,671
Elective IP Discharges	15,428	14,180	14,371	7.4%	7,042	7,073	8,355
Maternity IP Discharges	17,821	18,583	18,945	-5.9%	9,666	9,398	8,423

Waiting Lists	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Inpatient adult waiting list within 15 months	90%	M	85.4%	84.2%	-1.2%	↓	90.7%	-6.5%	↓
Daycase adult waiting list within 15 months	95%	M	89.9%	89.3%	-0.6%	↓	95.1%	-5.8%	↓
Inpatient children waiting list within 15 months	95%	M	89%	87.8%	-1.2%	↓	94.9%	-7.1%	↓
Daycase children waiting list within 15 months	97%	M	88.5%	87.2%	-1.3%	↓	98%	-10.8%	↓
Outpatient waiting list within 52 weeks	85%	M	78.8%	78%	-0.8%	↓	86.9%	-8.9%	↓

### Inpatient and Day Case Waiting List

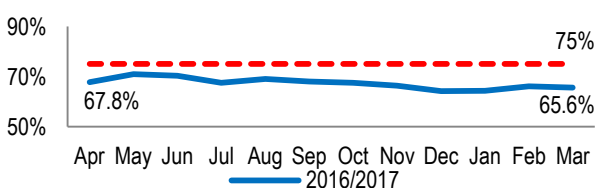


### Outpatient Waiting List

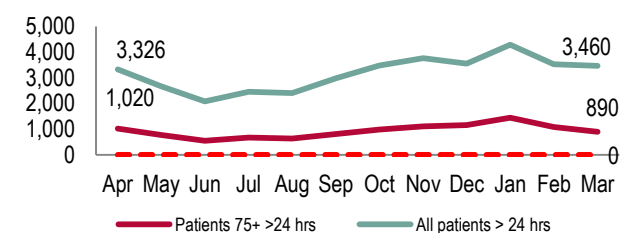


Patient Experience Time	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
% 75 years within 9 hours	100%	M	58.4%	59.4%	+1.0%	↑	58.0%	+1.4%	↑
% 75 years within 24 hours (new KPI)	100%	M	89.1%	90.3%	+1.2%	↑			
% in ED < 24 hours	100%	M	95.8%	96.2%	+0.4%	↑	95.6%	+0.6%	↑
% within 6 hours	75%	M	65.2%	65.3%	+0.1%	↑	65.5%	-0.2%	↓
% who leave before completion of treatment	< 5%	M	4.9%	5%	+0.1%	↑	5.3%	-0.3%	↓

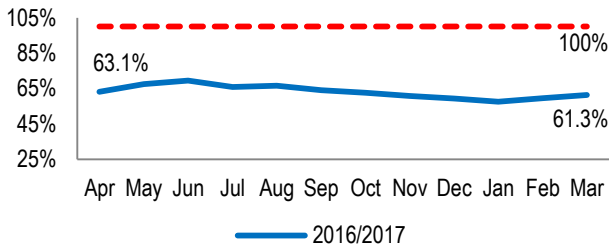
### % patients admitted or discharged within 6 hours



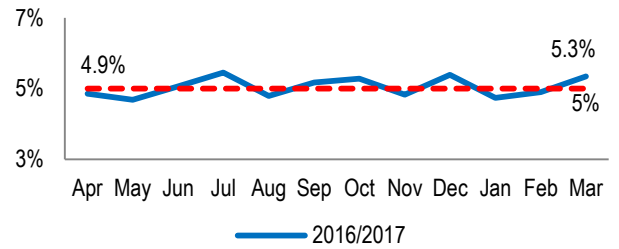
### ED over 24 hours



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

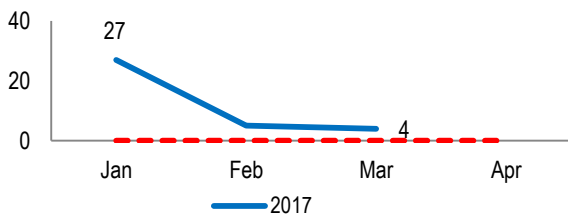


**% of patients who leave before completion of treatment**

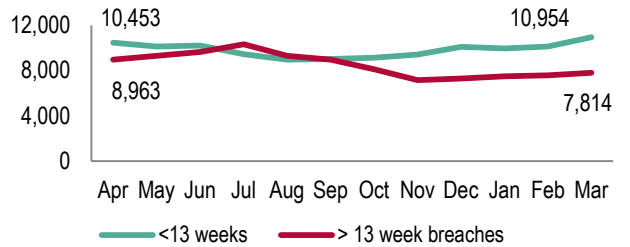


Colony	Target/Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
<b>Colonoscopy</b>							
Urgent colonoscopy – number of people waiting > 4 weeks (new KPI)	0	M	5	4	-1 ↑		
Routine Colonoscopy within 13 weeks	70%	M	57.2%	58.4%	+1.2% ↑	54%	+4.4% ↑

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

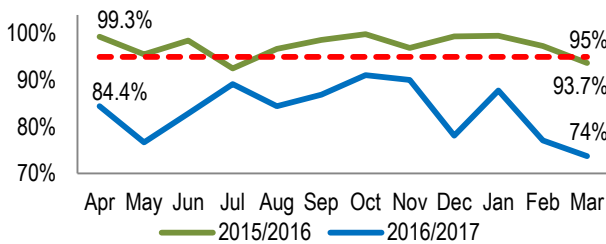


**Number on waiting list for GI Scopes**

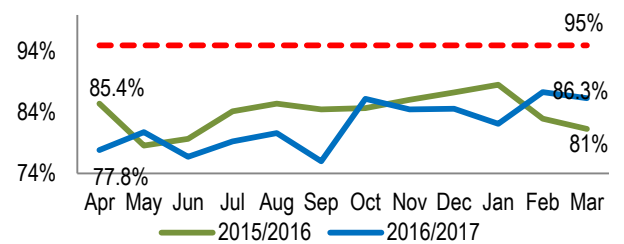


Cancer Services	Target/Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Urgent breast cancer within 2 weeks	95%	M	82.4%	79.3%	-3.1% ↓	96.8%	-17.6% ↓
Routine breast cancer within 12 weeks	95%	M	74.4%	75%	+0.5% ↑	82.1%	-7.1% ↓
Lung Cancer within 10 working days	95%	M	84.6%	85.2%	+0.6% ↑	84.2%	+1% ↑
Prostate cancer within 20 working days	90%	M	44.7%	42.3%	-2.4% ↓	59.8%	-17.5% ↓
Radiotherapy within 15 working days	90%	M	77.5%	77.3%	-0.2% ↓	86.6%	-9.3% ↓

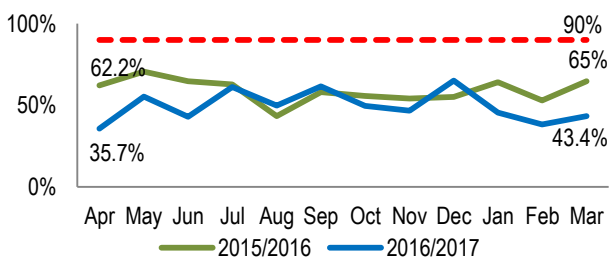
**Breast Cancer within 2 weeks**



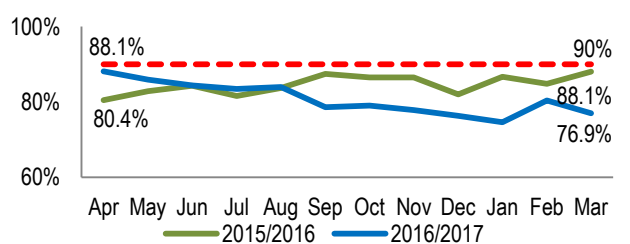
**Lung Cancer within 10 working days**



**Prostate Cancer within 20 working days**

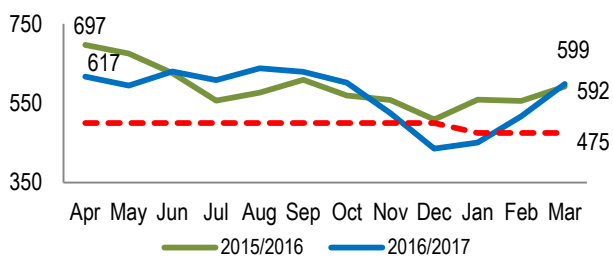


**Radiotherapy within 15 working days**



Performance Area	Target/Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
HCAI – Rate of new cases of Staph. Aureus infection (new KPI)	<1	M	1.0	1.3	+0.3	↓			
HCAI – rate of new cases of C Difficile infection (new KPI)	< 2	M	2.1	1.8	-0.3	↑			
Implementation of NEWS	100%	Q	91.7%	92.7%	1%	↑	95.7%	-3.1%	↓
Implementation of iMEWS	100%	Q	100%	100%	0.0%		100%	0.0%	
Maternity Safety Statements	100%	M-2M	94.7%	100%	+5.3%	↑	100%		
Medical Readmission Rates	11.1%	M-1M	10.8%	10.9%	+0.1%	↑			
Surgical Readmission Rates	< 3%	M-1M	2.1%	2.1%			2.0%	+0.1%	↓
Hip Fracture Surgery within 48 hours	95%	M-1M	87.6%	87.9%	+0.3%	↑	84.4%	+3.5%	↑
Medical Average Length of Stay	6.3 days	M-1M	6.8	6.9	+0.1	↓	6.8	+0.1	↓
Surgical Average Length of Stay	5 days	M-1M	5.1	5.2	+0.1	↓	5.3	-0.1	↑
Ambulance Clearance Times < 60 minutes	95%	M	90.8%	91.2%	+0.4%	↑	92.3%	-1.1%	↓
Elective Laparoscopic Cholecystectomy	> 60%	M-1M	48.6%	46.6%	-2%	↓	43.4%	+3.2%	↑
Number of beds subject to Delayed Discharge	<475	M	517	599	+82	↓	592	+7	↓

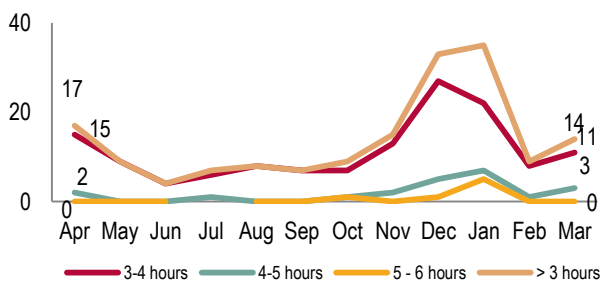
### Delayed Discharges



### Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	89	31	120	20.0%
Long Term Nursing Care	328	45	373	62.3%
Other	68	38	106	17.7%
<b>Total</b>	<b>485</b>	<b>114</b>	<b>599</b>	<b>100%</b>

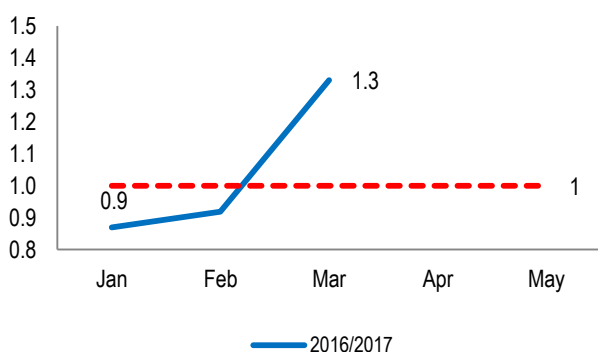
### Ambulance Turnaround Times



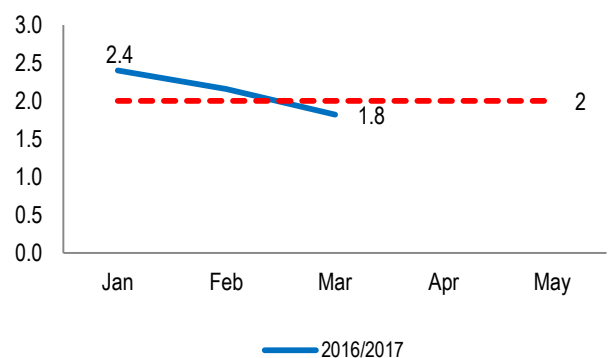
### Ambulance Turnaround Times breakdown

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
3-4 hours	7	13	27	22	8	11
4-5 hours	1	2	5	7	1	3
5-6 hours	1	0	1	5	0	0
> 3 hours	9	15	33	35	9	14

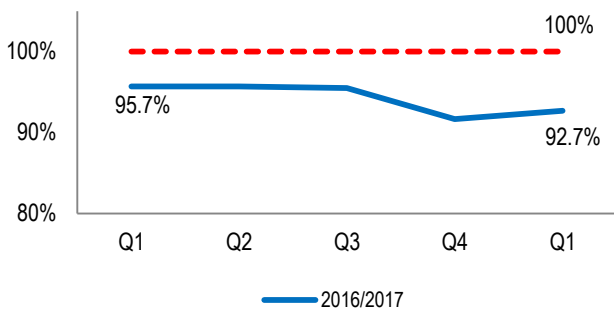
### Rate of Staph. Aureus bloodstream infections in Acute Hospital per 10,000 bed days



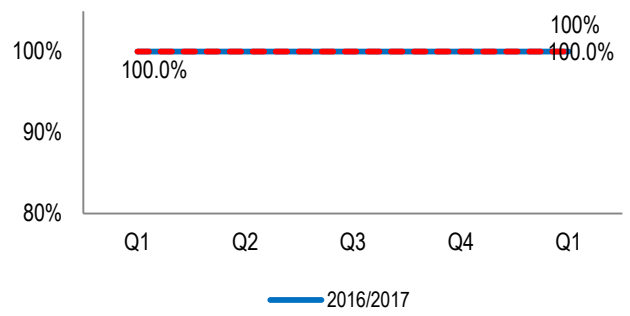
### Rate of new cases of Clostridium Difficile associated diarrhoea in Acute Hospitals per 10,000 bed days used



**% of Hospitals with implementation of NEWS in all clinical areas of acute Hospitals and single specialty hospitals**



**% of maternity units/ hospitals with implementation of IMEWS**



## Service level performance

Performance Area	Best performance	Outliers
Inpatient adult waiting list within 15 months	22 out of 37 hospitals achieved target	Ennis (42.5%), Tullamore (73.6%) & Beaumont (76.5%)
Daycase adult waiting list within 15 months	26 out of 40 hospitals achieved target	Roscommon (81.6%), Limerick (82.4%) & Galway (82.9%)
Inpatient children waiting list within 15 months	15 out of 21 hospitals achieved target	Mercy (66.7%), National Children's Hospital at Tallaght Hospital (80.4%) & OLH Crumlin (80.8%)
Daycase children waiting list within 15 months	20 out of 30 hospitals achieved target	OLH Crumlin (80.1%), Waterford (81.2%) & Galway (81.3%)
Outpatient waiting list within 52 weeks	17 out of 44 hospitals achieved target	Croom (60.9%), Waterford (66.1%) & St Columcilles (66.4%)
% 75 years within 9 hours PET	St Luke's Hospital Kilkenny (94.5%), Portiuncula University Hospital (83.5%) & Wexford (82.1%),	Mercy, Cork (39.7%), Limerick (43.3%) & St James (43.8%)
% 75 years within 24 hours PET	St Luke's Hospital Kilkenny & Portiuncula achieved target. Sligo (99.8%)	Limerick (80.7%), Galway (80.9%) & Mercy (85.2%)
% within 6 hours PET	St Luke's Hospital Kilkenny (89.9%), Temple Street (87.5%) & National Children's Hospital at Tallaght Hospital (82%)	St. James's (45%), Tallaght Hospital – Adults (47.3%) & Mercy (51%)
% who leave before completion of treatment	18 out of 29 hospitals achieved target	St. James's (20%), Mater (15.7%) & Mercy (9.4%)
Urgent colonoscopy – number waiting > 4 weeks	37 out of 39 hospitals achieved target	St Columcilles (3), Portiuncula (1)
Routine Colonoscopy within 13 weeks	18 out of 38 hospitals achieved target	Naas General Hospital (25.7%), Waterford (30.7%) & Portlaoise (37.1%)
Urgent breast cancer within 2 weeks	4 out of 9 hospitals achieved target	Cork (29.9%), Letterkenny (13.3%) & St James (10.5%)
Routine breast cancer within 12 weeks	Beaumont & St. Vincent's (100%), Limerick (99.5%)	Galway (24.8%), Waterford (31.1%) & Letterkenny (39.1%)
Lung Cancer within 10 working days	Mater, St Vincent's, Galway & Waterford achieved target	St James's (90.6%), Limerick (68.4%), Cork (50%) & Beaumont (81.4%)
Prostate cancer within 20 working days	Beaumont (100%) and Galway (98.4%)	Limerick (6.9%), Mater (7%) & St James's (0%)
Radiotherapy within 15 working days	Galway (90%), Mid Western Radiation Oncology Centre, Limerick (100%) & UPMC, Whitfield, Waterford (100%)	SLRON Network (69.5%) Cork (76.1%)
HCAI rates - Staph. Aureus	34 out of 48 hospitals achieved target	Nenagh (6.4), Naas (5.37) & Limerick (3.89)
HCAI rates – Cdiff	34 out of 48 hospitals achieved target	Portlaoise (7.7), Navan (7.1) & Bantry (6.4)
Medical Readmission Rates	26 out of 38 hospitals achieved target	St Columcilles (15%), & Sligo (13.9%)
Surgical Readmission Rates	36 out of 40 hospitals achieved target	Portiuncula (5%), Drogheda (4%) & St Lukes Kilkenny (3.5%)
Hip Fracture Surgery within 24 hours	4 out of 16 hospitals achieved target	Sligo (71.4), Beaumont, Mayo & Limerick all at (75%)
Medical Average Length of Stay	10 out of 35 hospitals achieved target	Beaumont (12.8), St Michaels (11.5) & St Vincent's (11.1)
Surgical Average Length of Stay	12 out of 34 hospitals achieved target	St James (10.3), St Vincents (9.7) & Mater (8.4)
Ambulance Clearance Times < 60 minutes	17 out of 34 hospitals achieved target	Mayo (79.5%), Galway (80.5%) & Portiuncula (82.3%)
Elective Laparoscopic Cholecystectomy	13 out of 37 hospitals achieved target	11 out of 37 hospitals are at 0%
Number of beds subject to Delayed Discharge	Portlaoise, Ennis & Nenagh all have 1 patient, Temple Street & National Children's Hospital at Tallaght Hospital have 0 patients	St. James's (63), Beaumont (50) & Mater (45)
IMEWS	19 out of 19 hospitals achieved target	

Performance Area	Best performance	Outliers
NEWS	38 out of 41 hospitals achieved target	No return from 6 hospitals

## Divisional Update

### Emergency Department (ED) Performance

New ED attendances reduced by 1.3% when ED attendances Year to Date March 2017 are compared with Year to Date March 2016.

ED PET less than 24 hours (all patients) improved from 96.1% in February to 96.8% at the end of March 2017.

ED PET less than 9 hours (all patients) improved from 80.5% in February 2017 to 80.7% in March 2017. ED PET less than 24 hours for patients aged 75+ improved from 89.9% in February 2017 to 92.6% in March 2017.

### ED Congestion Escalation Directive

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

### Reduction in Delayed Discharges (DD)

The Winter Initiative provided funding to reduce Delayed Discharges to no more than 500 by 31 December 2016. The target was achieved with 436 patients in the Delayed Discharges category at 31 December 2016. Subsequent performance after the funded period deteriorated with Delayed Discharges at 599 at the end of March 2017.

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

### HSE's Winter Plan 2016/2017

#### a. Opening of additional beds

An additional 98 acute hospital beds in the following locations; Beaumont Hospital (10), University Hospital Galway (28), Mater Misericordiae (15), St Luke's Hospital, Kilkenny (8), and Midlands Regional Hospital, Tuallmore (12), Midlands Regional Hospital, Mullingar (7) and Mercy University Hospital (18). All of these beds are open with the exception of the beds in St Luke's Hospital, Kilkenny which are due to open in mid-April.

#### b. Transitional Care Beds

Transitional Care Bed approvals in 2016 were 109 per week, but due to a higher level of demand, approvals were maintained at 152 approvals per week. This level of demand was maintained with the Winter Plan funding and an additional 15 Transitional Care Beds were made available to 5 specific hospitals between October 2016 and February 2017.

#### c. Provision of additional diagnostic capacity for GPs

Additional diagnostic capacity (such as ultrasound and x ray) was available to GPs through existing private providers in the following locations; Wexford, Portlaoise, Limerick and Letterkenny.

#### d. All patients admitted have a defined care plan and a predicted date of discharge and that community supports are in place to enable early discharges

Community Healthcare Organisations (CHOs) worked with Discharge Co-Ordinators in each hospital to estimate the likely demand and maintain timely and effective patient flow.

### European Working Time Directive

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

The critical success factors were as follows;

- Targeting those sites where performance was well below the national average.



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

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

- **Day Case Discharges**  
The number of day case discharges in February 2017 was 82,660 versus 88,968 in February 2016, that is, a decrease of 7.09%.
- **Inpatient Discharges**  
The number of inpatient discharges in February 2017 was 50,449 versus 51,687 in February 2016, that is, a decrease of 2.4%.
- **Emergency Discharges**  
Emergency discharges decreased from to 34,848 in February 2016 to 33,671 in February 2017, that is, a decrease of 3.4%.
- **Elective Discharges**  
Elective Discharges were 8,355 in February 2017 versus 7,628 in February 2016, that is, an increase of 9.5% predominantly in the Dublin Midlands Hospitals Group and Saolta University Health Care Group. It should be noted that coding issues have been identified in the Dublin Midlands Hospitals Group and in the Saolta University Health Care Group and as a result elective inpatient discharges may be overstated and these cases may be either day case or emergency activity.

The February 2017 data has one day less than February 2016 having regard to the fact that 2016 was a leap year.

### **Colonoscopies**

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

A number of deliverables are complete. The phase 1 capacity and demand analysis is complete. The National Endoscopy Programme has commenced a national review of all endoscopy services to assess the current quality of services and improvement requirements. The national review process will be based on the internationally validated Global Rating System (GRS). This national review is being externally assured by the Joint Accreditation Group (JAG).

The NTPF published a GI Endoscopy direct referral pathway in January 2017. This pathway is a section of the overarching National Inpatient, Day Case, Planned Procedure Waiting List Management Protocol. The protocol is complete and is applicable to referrals received to endoscopy units from outpatients, ED, private entities and GPs.

### **Cancer Data**

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

A review of cancer services across all cancer centres was undertaken by the National Cancer Control Programme in 2016. The aim of the review was to ensure the introduction of systematic and consistent approaches to service provision in line with policy and clinical guidelines. The improvement opportunities identified during the review focused on individual clinics' performance, its people, processes and systems. A report was prepared with recommendations for Hospitals and Hospital Groups to support sustainable improvement in clinics' performance. Implementation of the plan will commence in Quarter 3.

## Acute Hospitals Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Dublin Midlands	RCSI	South/ South West	UL	Saolta	Children's	Current (-2)	Current (-1)	Current	
<b>Quality &amp; Safety</b>	<b>Serious Reportable Events</b>														
	Investigations completed within 120 days <sup>7</sup>	M	90%	3%	-97%										
	<b>Service User Experience</b>														
	Complaints investigated within 30 working days	Q	75%	64%	-14.7%										
	HCAI Rates - Staph. Aureus	M	< 1	1.3	-33.1%	0.6	2.4	1.4	1.2	2.8	0.7	0.0	0.9	0.9	1.3
	HCAI Rates - C Difficile	M	< 2	1.8	9.1%	1.6	2.2	0.5	2.8	0.9	2.2	0.0	2.4	2.2	1.8
	% of ED patients who leave before completion of treatment	M	< 5%	5.0%	-0.2%	5.9%	8.7%	4.1%	4.3%	6.1%	3.4%	2.8%	4.7%	4.9%	5.3%
	Urgent colonoscopy - number waiting > 4 weeks (zero tolerance)	M	0	4	4	3	0	0	0	0	1	0	27	5	4
	Implementation of NEWS	Q	100%	92.7%	-7.3%	100%	57.1%	100%	100%	100%	100%	100%	95.5%	91.7%	92.7%
	Implementation of IMEWS	Q	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Maternity safety statements	M-2M	100%	100%	0%	100%	100%	100%	100%	100%	100%		100%		
	Readmission Rates - Medical	M-1M	11.1%	10.9%	-1.8%	10.8%	10.7%	10.6%	11.4%	8.9%	12.5%		New KPI	10.8%	10.3%
	Readmission Rates - Surgical	M-1M	< 3%	2.1%	30%	1.8%	2.2%	2.5%	2.1%	1.5%	2.1%		1.8%	2.1%	1.9%
	Hip fracture surgery within 48 hours	M-1M	95%	87.9%	-7.5%	94.3%	92.9%	88%	84.5%	73%	92.6%		83.8%	87.6%	88.3%
Avlos – Medical (site specific targets)	M-1M	6.3 days	6.9	-9.5%	7.1	7.9	7.6	6.5	5.2	6.5		7.1	6.9	6.8	
Avlos – Surgical (site specific targets)	M-1M	5 days	5.2	-4%	5.8	6.1	5.9	4.4	4.7	4.8		6.1	5.1	5.3	
Radiotherapy treatment within 15 working days	M	90%	77.3%	-14.1%		70.1%		76.9%	100%	90.3%		74.6%	80.4%	76.9%	
<b>Access</b>	PET - 75 years or older within 9 hours	M	100%	59.4%	-40.6%	64.6%	53.2%	54.5%	55.4%	41%	72.1%		57.5%	59.5%	61.3%
	PET - 75 years or older within 24 hours (zero tolerance)	M	100%	90.3%	-9.7%	91.6%	90.6%	91%	86.8%	78.8%	94.3%		88.4%	89.9%	92.6%
	PET - ED within 24 hours (zero tolerance)	M	100%	96.2%	-3.8%	96.4%	94.8%	96.6%	94%	93.2%	97.9%	99.6%	95.5%	96.1%	96.8%

<sup>7</sup> Data under review

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Dublin Midlands	RCSI	South/South West	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
PET - ED within 6 hours Routine Colonoscopy within 13 weeks Elective Laparoscopic Cholecystectomy  Inpatient Adult within 15 months Daycase Adult within 15 months Inpatient Child within 15 months Daycase Child within 15 months Outpatient within 52 weeks Ambulance Clearance Times within 60 minutes Number of beds subject to Delayed Discharge (zero tolerance site specific targets)  Urgent Breast Cancer within 2 weeks Routine Breast Cancer within 12 weeks Lung Cancer within 10 working days Prostate Cancer within 20 working days	M	75%	65.3%	-12.9%	68.1%	57.4%	61.5%	63.7%	51.9%	66.9%	85.8%	64.3%	66.1%	65.6%
	M	70%	58.4%	-16.6%	71.6%	45.4%	59%	61%	71.2%	57.9%	51.1%	57%	57.2%	58.4%
	M-1M	>60%	46.6%	-22.3%	61.4%	61.4%	48.6%	44%	4.7%	26%		40.9%	48.6%	45%
	M	90%	84.2%	-6.4%	91.7%	77.6%	79.3%	87.6%	91.4%	82.3%		87.8%	85.4%	84.2%
	M	95%	89.3%	-6%	89.4%	87.2%	96%	89%	89.3%	87.8%		91.7%	89.9%	89.3%
	M	95%	87.8%	-7.6%	100%	100%	90.3%	91.4%	97.4%	89.3%	84%	91.3%	89%	87.8%
	M	97%	87.2%	-10.1%	98.9%	100%	92%	89.4%	99.7%	84.4%	84.7%	90%	88.5%	87.2%
	M	85%	78%	-8.2%	83.6%	77.6%	80.8%	73.3%	73.9%	80.4%	73.8%	79.7%	78.8%	78%
	M	95%	91.2%	-4.0%	92.9%	94.8%	95.9%	87.7%	91.9%	83.4%	95.8%	90.1%	91.7%	91.9%
	M	<475	599	-26.1%	158	116	149	82	8	82	4	451	517	599
	M	95%	79.3%	-16.6%	99.7%	24.8%	99.8%	70.8%	100%	72.4%		87.7%	77%	73.7%
	M	95%	75%	-21.1%	90.5%	33.6%	99.8%	81.1%	97%	46.7%		76.9%	71.8%	76.1%
	M	95%	85.2%	-10.3%	99.5%	95%	78.3%	74.6%	71.1%	90.2%		82.1%	87.3%	86.3%
	M	90%	42.3%	-53%	24%	0%	100%	13.9%	7.5%	97.6%		45.5%	38.2%	43.4%
	Finance	<b>Net Expenditure variance from plan</b>												
M		€887,796	€894,099	0.71%	0.66%	-0.23%	1.44%	0.28%	2.76%	1.14%	-0.26%	0.92%	0.73%	0.71%
M		€414,293	€447,979	8.13%	10.24%	6.96%	10.60%	5.30%	7.50%	8.98%	6.02%	3.99%	5.34%	8.13%
M		-€221,271	-€213,839	-3.36%	-1.93%	4.78%	-5.81%	-7.84%	-6.55%	-4.04%	-6.93%	9.54%	6.61%	-3.36%
<b>Service Arrangements (27.03.17)</b>														
M	100%	58.82%	41.18%									0.00%	0.00%	58.82%
M	100%	61.10%	38.90%									0.00%	0.00%	61.10%
HR	<b>Absence</b>													
	M-1M	3.50%	4.34%	-0.24%	3.95%	4.35%	4.38%	4.26%	6.10%	4.11%	4.42%	4.59%	4.10%	
<b>Staffing Levels and Costs</b>														
M	0.50%	Data not yet available												

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Dublin Midlands	RCSI	South/ South West	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
<b>European Working Time Directive (EWTD)</b>														
Within 24 hours	M	100%	96.9%	-3.1%	95.9%	98.1%	95.8%	99.5%	90.7%	97.9%	94.8%	97.3%	97.5%	96.9%
< 48 hour working week	M	95%	83.2%	-12.4%	82.9%	71.3%	77.6%	91.1%	89.1%	90.3%	65.0%	82.5%	81.9%	83.2%

# Finance

## Introduction

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

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

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

## Financial Performance

The HSE had expenditure of €3.406 billion against a budget of €3.375 billion for the first three months of 2017 leading to a deficit of (€31.6m) or (0.93%).

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Variance €000s	
Acute Hospitals Division	4,459,359	1,128,632	1,081,697	46,935	4.3%
National Ambulance Service & Emergency Mgt	158,080	37,274	37,461	(186)	-0.5%
Health & Wellbeing Division	212,508	48,383	48,925	(543)	-1.1%
Primary Care Division (Note 1)	1,017,224	244,821	249,357	(4,536)	-1.8%
Mental Health Division	836,902	203,901	200,358	3,543	1.8%
Social Care Division	3,394,460	834,294	830,847	3,447	0.4%
National Cancer Control Programme (NCCP)	12,284	633	2,167	(1,533)	-70.8%
Clinical Strategy & Programmes Division	40,410	6,258	7,538	(1,280)	-17.0%
Quality Assurance & Verification	4,874	244	877	(633)	-72.1%
Quality Improvement Division	8,826	1,474	2,140	(667)	-31.2%
Other National Divisions / Services	319,038	70,490	75,421	(4,931)	-6.5%
<b>Total Operational Service Areas</b>	<b>10,463,964</b>	<b>2,576,405</b>	<b>2,536,788</b>	<b>39,617</b>	<b>1.56%</b>
Pensions	405,289	85,891	95,670	(9,780)	-10.2%
State Claims Agency	224,092	61,333	56,023	5,309	9.5%
Primary Care Reimbursement Service (Note 1)	2,556,493	617,596	621,877	(4,281)	-0.7%
Demand Led Local Schemes (Note 1)	248,049	62,081	60,967	1,114	1.8%
Overseas Treatment	14,091	3,050	3,491	(441)	-12.6%
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,448,015</b>	<b>829,950</b>	<b>838,029</b>	<b>(8,078)</b>	<b>-0.96%</b>
<b>Grand Total</b>	<b>13,911,979</b>	<b>3,406,355</b>	<b>3,374,816</b>	<b>31,538</b>	<b>0.93%</b>

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

There is a net deficit within Operational Services of €39.6m or 1.56%. This includes a deficit of €46.9m in Acute Hospitals which is offset by surpluses in a number of other operational and service divisions.

Pensions and Demand Led Areas have a net surplus of (€8.1m). Within this, the State Claims Agency has a deficit of (€5.3m), Pensions have a surplus of (€9.8m) while the Primary Care Reimbursement Service is showing a year to date surplus of (€4.3m). Demand Led Schemes have a deficit of €1.1m while Overseas Treatment is showing a small surplus.

## Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	683,022	179,320	169,016	10,304	6.1%
Dublin Midlands	826,992	210,381	206,913	3,468	1.7%
Ireland East	873,164	224,826	214,387	10,440	4.9%
South / South West	747,819	190,020	182,074	7,946	4.4%
Saolta University Health Care	710,903	182,221	173,867	8,354	4.8%
UL Hospitals	276,491	73,146	68,068	5,079	7.5%
National Childrens Hospital	270,234	68,324	66,493	1,831	2.8%
Regional & National Services	70,733	394	879	(486)	-55.2%
<b>Total</b>	<b>4,459,359</b>	<b>1,128,632</b>	<b>1,081,697</b>	<b>46,935</b>	<b>4.3%</b>

Acute Hospital Service (AHD) had expenditure of €1,128.6m against a budget of €1,081.7m leading to an adverse variance of €46.9m (4.3%). The deficit is principally driven by a shortfall in achieving stretched income targets and an equivalent variance in non-pay.

The PR variance is comprised of an income variance of €6.9m and a gross variance of €39.9m (Of which €10.8m relates the accelerated income target). The year to date budget does not reflect €36m of funding released in April by the National Director supporting expenditure in the first quarter. Examples include TAVIs, waiting list work and essential posts. One quarter of this funding, or €9m is available against expenditure in quarter 1 – thereby reducing the deficit to €37.9m.

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

## Social Care - Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	81,510	20,264	20,088	176	0.9%
CHO 2	74,361	18,165	18,184	(20)	-0.1%
CHO 3	66,191	16,207	16,181	26	0.2%
CHO 4	122,155	30,319	29,727	592	2.0%
CHO 5	71,873	17,699	17,741	(42)	-0.2%
CHO 6	61,100	15,108	14,156	952	6.7%
CHO 7	91,712	22,594	22,366	228	1.0%
CHO 8	65,984	15,548	16,000	(452)	-2.8%
CHO 9	101,753	24,756	24,379	377	1.5%
Regional & National	51,462	13,055	12,748	307	2.4%
<b>Subtotal</b>	<b>788,103</b>	<b>193,715</b>	<b>191,571</b>	<b>2,144</b>	<b>1.1%</b>
NHSS	915,912	219,629	223,622	(3,993)	-1.8%
<b>Overall Total</b>	<b>1,704,014</b>	<b>413,344</b>	<b>415,193</b>	<b>(1,850)</b>	<b>-0.4%</b>

Older Persons (including NHSS) had expenditure of €413.3m against a budget of €415.2m leading to a surplus of (€1.9m) or (0.4%).

The number of people supported under the NHSS scheme is down on target by 179 as it was planned that 23,019 people would be supported under the scheme in March. The 22,840 supported to March is an increase of 119 on last month's activity (22,721). The target under the scheme for 2017 is an average of 23,267 people would be supported. It is still anticipated that these targets will be realised assuming the projected demographics are realised

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

### Social Care – Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	121,668	30,492	29,479	1,014	3.4%
CHO 2	160,304	39,609	39,408	201	0.5%
CHO 3	145,130	35,958	35,599	359	1.0%
CHO 4	213,349	52,803	52,580	222	0.4%
CHO 5	156,761	38,715	38,670	45	0.1%
CHO 6	184,718	45,555	44,173	1,382	3.1%
CHO 7	209,484	52,307	51,846	461	0.9%
CHO 8	197,079	49,450	48,304	1,146	2.4%
CHO 9	261,234	65,583	65,326	257	0.4%
Regional & National	40,720	10,478	10,269	209	2.0%
<b>Total</b>	<b>1,690,446</b>	<b>420,950</b>	<b>415,653</b>	<b>5,296</b>	<b>1.3%</b>

Disability Services had expenditure of €421.0m against a budget of €415.7m leading to an adverse variance of €5.3m or 1.3%.

Within the total deficit €0.7m relates to pay which is limited to CHO6. Non Pay is showing an adverse variance of €4.6m which is evenly distributed amongst all 9 CHO's. These variations from plan are being followed up with each Chief Officer through the HSE's Performance Process

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



## Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	71,870	16,965	17,028	(63)	-0.4%
CHO 2	95,826	24,808	23,340	1,468	6.3%
CHO 3	63,025	15,485	15,392	93	0.6%
CHO 4	110,949	27,257	26,866	391	1.5%
CHO 5	94,719	23,112	22,964	148	0.6%
CHO 6	55,876	13,965	13,574	390	2.9%
CHO 7	80,367	19,579	19,691	(112)	-0.6%
CHO 8	88,415	22,636	21,749	887	4.1%
CHO 9	110,642	26,585	26,860	(275)	-1.0%
Central Mental Hospital	25,135	6,361	6,198	163	2.6%
Suicide Prevention	10,567	2,612	2,638	(27)	-1.0%
Regional & National	29,512	4,537	4,058	479	11.8%
<b>Total</b>	<b>836,902</b>	<b>203,901</b>	<b>200,358</b>	<b>3,543</b>	<b>1.8%</b>

The Mental Health Division spent €203.9m year to date against a budget of €200.4m, representing an adverse variance of €3.5m or 1.8%. The overspend is not expected to continue as the year progresses as 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.

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

## Primary Care Division

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	88,688	22,349	21,461	889	4.1%
CHO 2	94,439	23,947	23,110	837	3.6%
CHO 3	76,379	18,600	18,730	(130)	-0.7%
CHO 4	123,701	30,843	30,378	465	1.5%
CHO 5	86,483	21,401	21,217	185	0.9%
CHO 6	58,973	14,782	14,433	348	2.4%
CHO 7	152,771	37,288	37,570	(281)	-0.7%
CHO 8	123,873	30,771	30,382	389	1.3%
CHO 9	129,018	31,279	31,871	(592)	-1.9%
Regional	12,823	4,110	3,179	931	29.3%
National	70,077	9,448	17,026	(7,577)	-44.5%
<b>Sub Total</b>	<b>1,017,224</b>	<b>244,819</b>	<b>249,357</b>	<b>(4,538)</b>	<b>-1.8%</b>
PCRS	2,556,493	617,596	621,877	(4,281)	-0.7%
DLS	248,049	62,081	60,967	1,114	1.8%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,804,542</b>	<b>679,677</b>	<b>682,844</b>	<b>(3,167)</b>	<b>-0.5%</b>
<b>Total Primary Care Division</b>	<b>3,821,766</b>	<b>924,496</b>	<b>932,201</b>	<b>(7,705)</b>	<b>-0.8%</b>

The Primary Care Division (PCD) spent €924.5m versus a budget of €932.2m leading to an overall surplus of (€7.7m) or (0.8%).

Core operational services within Primary Care, Social Inclusion and Palliative Care delivered a surplus of (€4.5m) or (1.8%) year to date with PCRS showing a surplus of (€4.3m) and Demand Led Schemes having a deficit of €1.1m.

The year to date variance is showing a once off benefit relating to time related savings where anticipated expenditure has not yet manifested. This relates mainly to Chronic Disease clinical posts, primary care leases and palliative care beds not coming on stream as anticipated. The timing benefit is in the region of €3m which would have the effect of reducing the reported surplus to (€1.5m). The timing benefit is also masking pressure in areas such as clinical costs and the National Virus Reference Laboratory (NVRL).

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

## Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>Total</b>	212,508	48,383	48,925	(543)	-1.1%

The Health and Wellbeing Division spent €48.4m versus a budget of €48.9m leading to a surplus of (€0.5m) or (1.1%).

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

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

## Pay and Staffing Framework

This framework which was introduced in 2016 has as an overriding requirement that Divisions and CHOs operate within notified pay budgets. This represents part of a wider effort to mitigate the continuing annual growth in health and social care costs. The 2017 pay framework provides Divisions with a realistic pay resource within which they will be required to manage pay in 2017 and beyond.

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

1. The PCRS budget for 2017 has been framed by reference to a series of working assumptions. These have been developed in detailed discussion with the DoH. Expenditure in the PCRS budget will be the subject of close monitoring and assessment from the beginning of 2017. Of the total reported surplus of (€4.2m) to the end of March €2.9m is due to a timing effect relating to hospital reimbursements and is expected to reverse over the next several months.
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provided for in relevant legislation. The funding available to the HSE in 2017 will provide for the cost of 2016 retirees in addition to an estimated 2,850 new retirees, across both the statutory and voluntary sectors. Funding has been fully provided against the current forecast expenditure in this area. In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.
3. The SCA financial plan for 2017 is based on the assumption that, in the event of costs varying from the funding level provided to the HSE, this will be identified as early as possible during 2017.
4. The Treatment Abroad Scheme (TAS) relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect. As with other demand-led services it is difficult to predict expenditure or activity patterns into the future with full accuracy.

# Human Resources

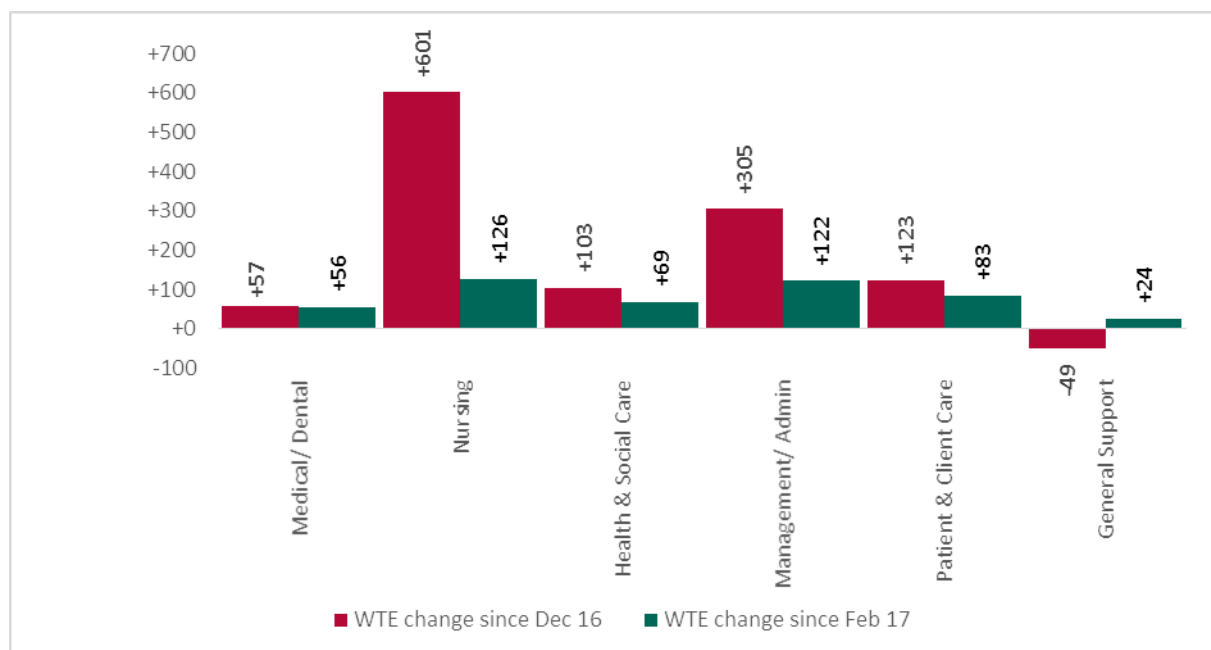
Division	WTE Mar 17	WTE change since Feb 17	% change since Feb 17	change since Dec 2016	% change since Dec 2016
<b>Total Health Service Staffing</b>	<b>108,225</b>	<b>+479</b>	<b>+0.4%</b>	<b>+1,140</b>	<b>+1.1%</b>
Acute Services	54,841	+278	+0.5%	+720	+1.3%
Mental Health	9,757	+40	+0.4%	+163	+1.7%
Primary Care	10,556	-3	+0.0%	+16	+0.2%
Social Care	26,928	+111	+0.4%	+124	+0.5%
Disabilities	17,137	+75	+0.4%	+76	+0.4%
Older People	9,791	+36	+0.4%	+48	+0.5%
Health & Wellbeing	1,410	+20	+1.5%	+27	+1.9%
Ambulance Services	1,771	+17	+1.0%	+27	+1.6%
Corporate & HBS	2,962	+15	+0.5%	+63	+2.2%
Staff Category /Group	WTE Mar 2017	WTE change since Feb 17	% change since Feb 17	change since Dec 2016	% change since Dec 2016
<b>Total Health Service Staffing</b>	<b>108,225</b>	<b>+479</b>	<b>+0.4%</b>	<b>+1,140</b>	<b>+1.1%</b>
<b>Medical/ Dental</b>	<b>9,779</b>	<b>+56</b>	<b>+0.6%</b>	<b>+57</b>	<b>+0.6%</b>
Consultants	2,881	+1	+0.1%	+20	+0.7%
NCHDs	6,091	+52	+0.9%	+31	+0.5%
Medical (other) & Dental	807	+3	+0.4%	+6	+0.7%
<b>Nursing</b>	<b>36,436</b>	<b>+126</b>	<b>+0.4%</b>	<b>+601</b>	<b>+1.7%</b>
Nurse Manager	7,322	+46	+0.6%	+44	+0.6%
Nurse Specialist	1,614	+17	+1.1%	+35	+2.2%
Staff Nurse	24,816	+67	+0.3%	+48	+0.2%
Public Health Nurse	1,484	-4	-0.2%	-15	-1.0%
Nursing Student	897	+1	+0.1%	+492	+121.5%
Nursing (other)	302	-2	-0.5%	-3	-1.1%
<b>Health &amp; Social Care</b>	<b>15,467</b>	<b>+68</b>	<b>+0.4%</b>	<b>+103</b>	<b>+0.7%</b>
Therapists (OT, Physio, SLT)	4,280	+16	+0.4%	+46	+1.1%
Health Professionals (other)	11,187	+52	+0.5%	+57	+0.5%
<b>Management/ Admin</b>	<b>17,071</b>	<b>+122</b>	<b>+0.7%</b>	<b>+305</b>	<b>+1.8%</b>
Management (VIII+)	1,497	+31	+2.1%	+52	+3.6%
Clerical & Supervisory (III to VII)	15,574	+90	+0.6%	+252	+1.7%
<b>General Support</b>	<b>9,399</b>	<b>+24</b>	<b>+0.3%</b>	<b>-49</b>	<b>-0.5%</b>
<b>Patient &amp; Client Care</b>	<b>20,072</b>	<b>+83</b>	<b>+0.4%</b>	<b>+123</b>	<b>+0.6%</b>
Ambulance	1,668	+14	+0.8%	+27	+1.7%
Care	18,405	+69	+0.4%	96	+0.5%

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

- Overall increase seen in March, was +479 WTEs (+0.44%) from February and compares with the increase of +412 WTEs (+0.39%) for the same month last year.
- Direct employment in the HSE recorded an increase of +346 WTEs, (+0.51%) while the Voluntary Hospitals Sector and Voluntary Agencies (Non-Acute) continue to record increases, this month by a further +84 WTEs (+0.34%) and +49 WTEs (+0.32%) respectively.
- Biggest WTE increases were seen in Health Care Assistants and Staff Nurse General grades this month.

### Pay and Numbers Strategy

- HSPC figure of 108,225 WTEs at end of March is 684 WTEs below direct WTE level as set out in the 2017 Health Sector funded workforce plan (March 108,909 WTEs).

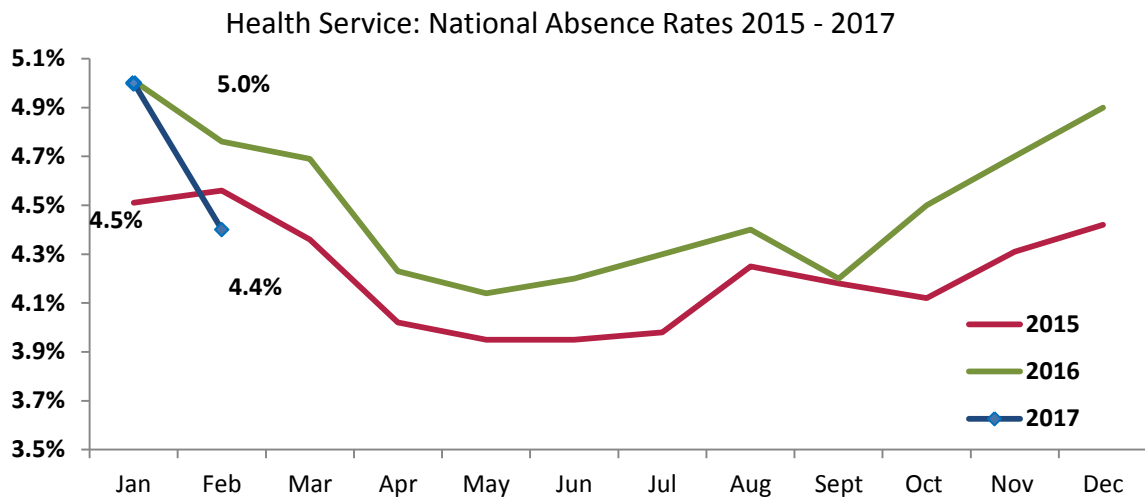


## Absence Rates

Service/ Staff Category [Feb 2017]	Medical /Dental	Nursing	Health & Social Care	Management Admin	General Support Staff	Other Patient & Client Care	Total
Acute Services	0.9%	4.6%	3.0%	3.7%	5.2%	6.1%	4.1%
Mental Health	3.2%	5.4%	3.4%	7.2%	8.5%	5.5%	5.0%
Primary Care	2.4%	4.3%	2.9%	4.3%	5.4%	5.8%	3.9%
Social Care	0.7%	5.4%	4.0%	4.0%	4.8%	5.3%	5.0%
Health & Wellbeing	0.0%	0.0%	4.0%	4.5%	0.0%		3.8%
Ambulance Services	0.0%			0.8%	20.7%	6.0%	6.0%
Corporate & HBS	1.8%	2.0%	2.9%	4.4%	2.0%	1.6%	4.2%
<b>Total</b>	<b>1.2%</b>	<b>4.8%</b>	<b>3.3%</b>	<b>4.11 %</b>	<b>5.2%</b>	<b>5.8%</b>	<b>4.4%</b>

## Annual Rate for 2016 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time, albeit some reversal in 2016, but still well below earlier years' overall rates.
- The 2016 full-year rate is 4.5%. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Latest NHS England absence rates for September 2016 recorded an overall rate of 4.0%, an increase from the previous one of 3.8%. Scotland's NHS absence rate for 2015/2016 was 5.2% while in Wales the rate recorded to November 2016 was 4.8%.
- Of course it needs to be recognised that health sectors' workforce, both here and across Britain, is extremely diverse in terms of occupation and skills when compared with many other public and private sector employers. For instance health sector work is often physically and psychologically demanding, which increases the risk of illness and injury and of course is one of few sectors that operate 24 hours services, for 365 days a year.
- Annual rates; 2008 – 5.8%, 2009 – 5.1%, 2010 – 4.7%, 2011 – 4.9%, 2012 – 4.8%, 2013 – 4.7%, 2014 – 4.3%, 2015 – 4.2% and 2016 - 4.5%
- The notional/opportunity cost of absenteeism for the health services for 2015, using DPER methodology, was assessed as being of the order of €181 million.



### EWTD

- The data deals with 5,022 NCHDs – approximately 90% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in March 2015, noting the absence of the Mater and St James's from 2017 data, was 5,068, in March 2016 it was 5,484;
- Compliance with a maximum 48 hour week is at 84% as of end March – up 1% from February;
- Compliance with 30 minute breaks is at 99% - unchanged from February;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from February;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 97% - unchanged from February;
- Compliance with a daily 11 hour rest period is at 97% - down 1% from February. This is closely linked to the 24 hour shift compliance above.

### Other Items

- Overall employment levels continue to grow in line with increased activity and funding. Employment is now +11,465 WTEs above the lowest level recorded in October 2013, following the general moratorium on recruitment.
- Nursing agency expenditure is showing a reduction of 4% from same period in 2016. However other agency expenditure is well above profile, where the overall gap against budget stood at over €6 million or 7.3% at the end of March. Overtime/On-call is also ahead of budget profile at this time, albeit at a lesser percentage +4.2%. The 2017 Pay and Numbers Strategy envisaged significant reductions in both agency and overtime expenditure in 2017.
- Pay and Numbers Reporting at end of March is within profile with the exception of the Acute Hospital Division.

# Escalation Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**National Performance Oversight Group  
[NPOG]**

# Escalation Report

**Level 3 Red**

**Level 4  
Black**

**NPOG May 2017  
(March 2017 Reporting Cycle)**

**17<sup>th</sup> May 2017**



## Escalation Summary

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

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

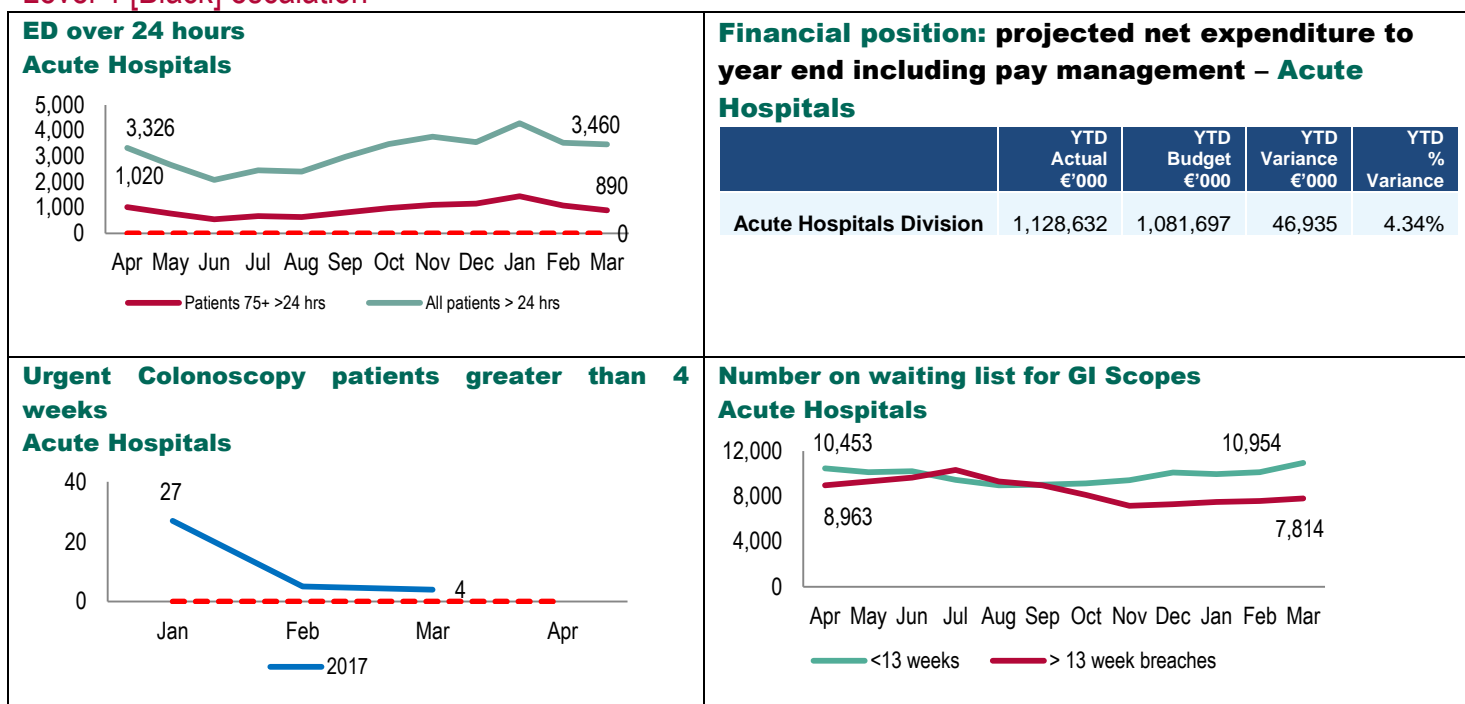
### 2. Areas of Level 3 Escalation RED (NPOG oversight)

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

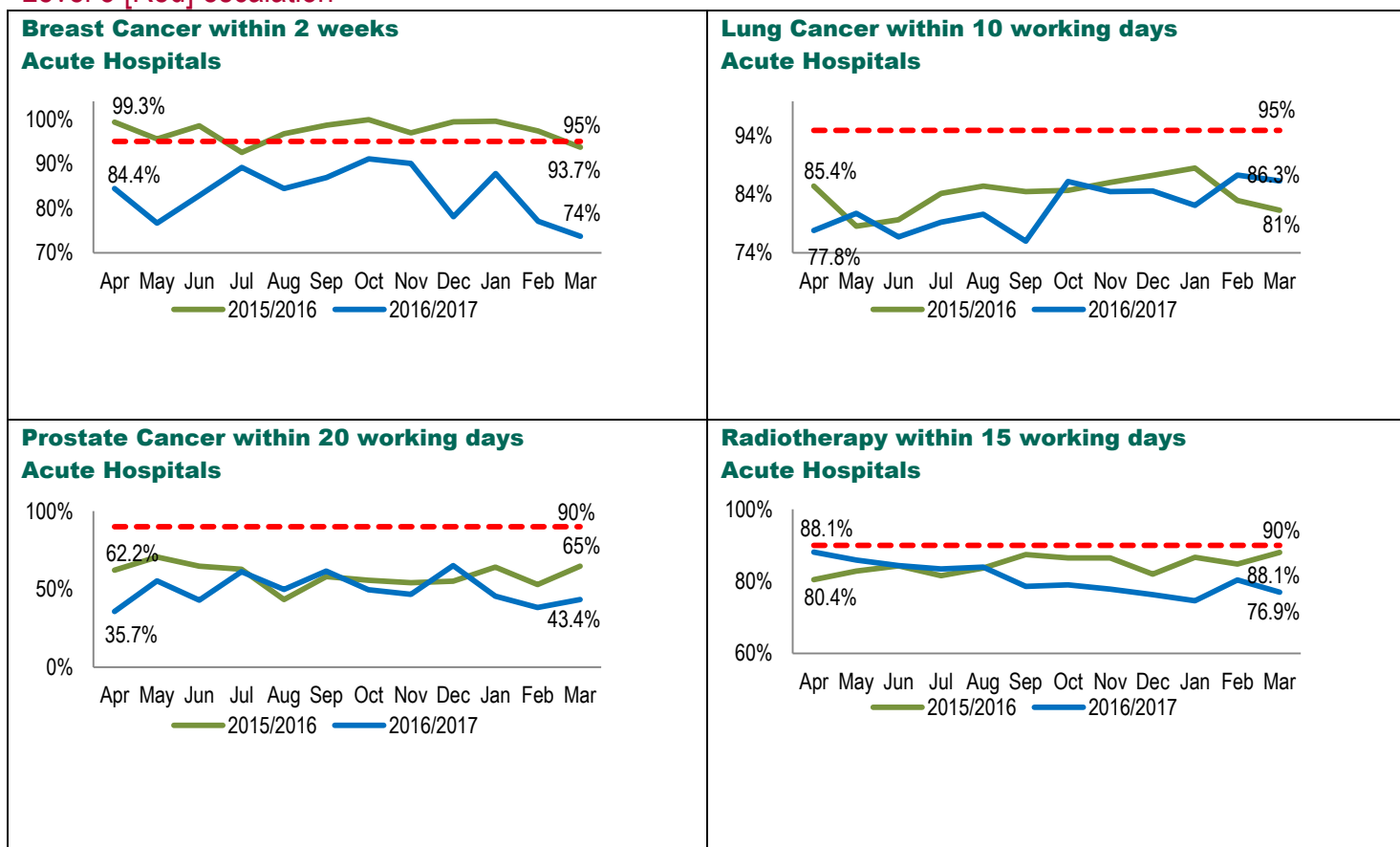
i	<b>Appendix 1: Services in Escalation</b>
ii	<b>Appendix 2: Areas deescalated from NPOG oversight</b>

# Performance summary areas of escalation

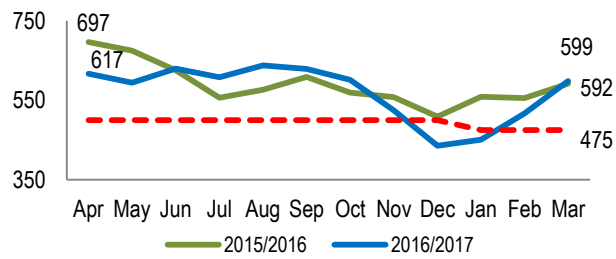
## Level 4 [Black] escalation



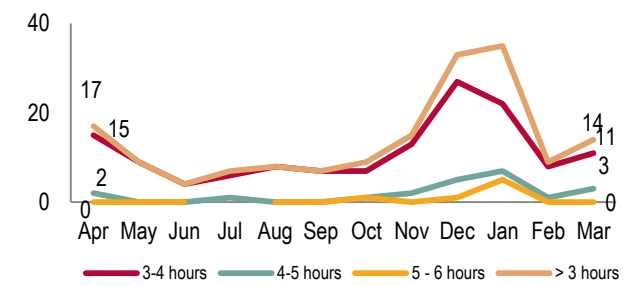
## Level 3 [Red] escalation



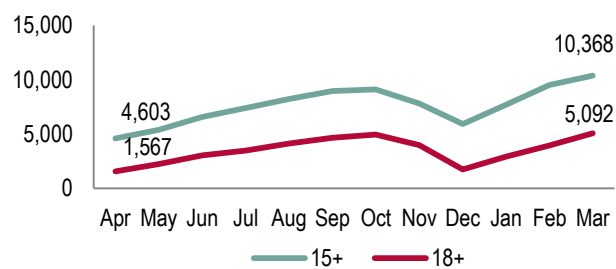
**Delayed Discharges  
Acute Hospitals and Social Care**



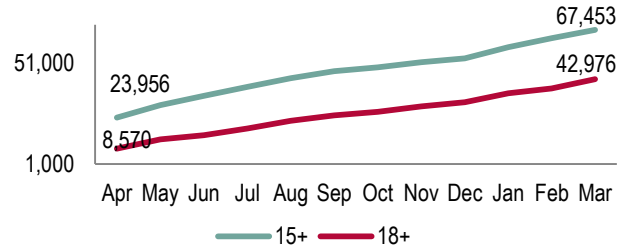
**Ambulance Turnaround Times  
Acute Hospitals and NAS**



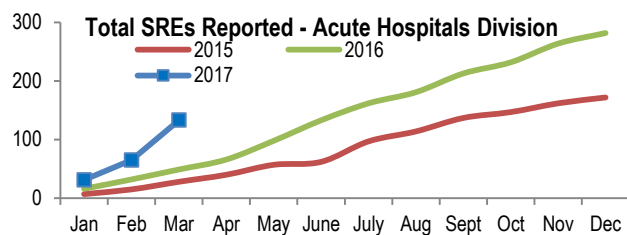
**Inpatient and Day Case Waiting List  
Acute Hospitals**



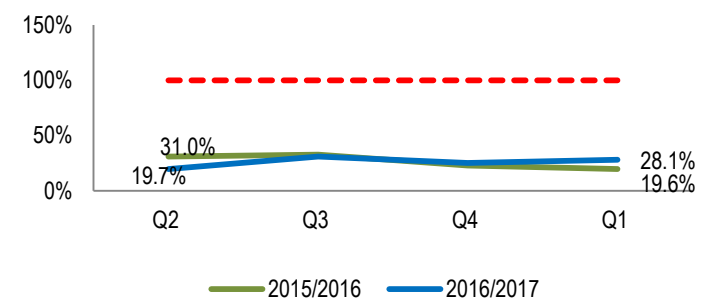
**Outpatient Waiting List  
Acute Hospitals**



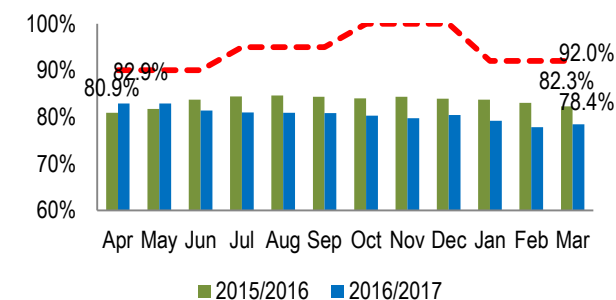
**Total Number of SREs Reported  
Acute Hospitals**



**Disability Act Compliance  
Social Care**



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

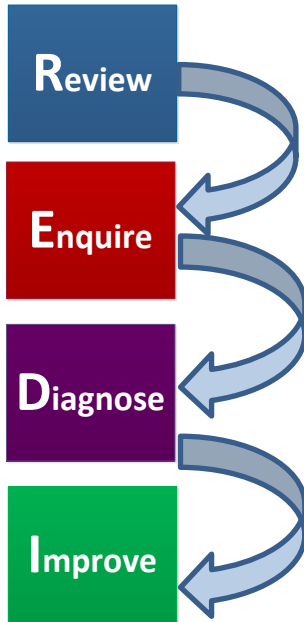


**Financial position: projected net expenditure to  
year end including pay management – Social Care  
(Disabilities)**

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Social Care (Disabilities)	420,950	415,653	5,296	1.27%

## NPOG Review and Improvement process

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



**Stage 1 Review:** Identifying the problem

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

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

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

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

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

<b>Colonoscopy: [% of people waiting &gt; 13 weeks and Urgent]</b>					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		<sup>8</sup> March 2015	Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Enquire:</b> Plan to manage urgent colonoscopy breaches to be provided to NPOG		08.03.17	07.06.17	

<b>Financial position including pay management</b>					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		February 2016	Due to the risks to financial performance within acute hospitals	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Enquire:</b> Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		04.05.16	On going	<i>On going</i>
2	<b>Improve:</b> The delivery plan for the Cost Management Groups and savings targeted for 2017 to be developed.		06.11.16	11.01.17	<i>Complete</i>

<sup>8</sup> Routine colonoscopies escalated Red to Black in September 2015

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

General: Cancer Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals/NCCP		May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AHD ND CCP	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Enquire:</b> A description of the governance and performance management arrangements in place between the AHD and NCCP to be provided to NPOG		22.02.17	07.06.17	
2	<b>Improve:</b> Trajectory for service improvement to be completed		05.04.17	05.07.17	

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

Waiting Lists: > 18 months Inpatient & Day Case and Outpatient					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		October 2015	Escalated due to the continued growth in waiting lists and waiting times	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Waiting List Plan for 2017 to be developed and agreed		08.03.17	03.05.17	

<sup>9</sup> Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.

Ambulance Turnaround Times					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		February 2017	Escalated due to long turnaround in certain hospitals impacting on availability of ambulances for other calls	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Diagnose:</b> A full diagnostic assessment in relation to ambulance turnaround times to be undertaken,		08.02.17	05.04.17	<i>Overdue</i>
2	<b>Improve:</b> Improvement Plan to be developed		08.02.17	03.05.17	<i>Overdue</i>
3	<b>Improve:</b> ND AHD requested to review the current governance arrangements for improving ambulance turnaround times.		08.02.17	05.04.17	<i>Overdue</i>

Serious Reportable Events [SREs]					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		March 2015	Escalated due to concerns about the reporting and investigation of SREs	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> An Improvement Plan in relation to the reporting and investigation of SREs to be developed		08.02.17	05.07.17	

Assessment of Need (Disability Act Compliance) and Network Teams					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care		August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND SC	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Improvement Plan [to include Disability Act Compliance and Establishment of Disability Network Teams] to be developed		02.11.16	04.01.17	<i>Extension 07.06.17</i>

Occupational Therapy: Assessment Waiting List ≤ 52 weeks					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Primary Care		July 2016	Escalated based on continued poor performance	ND PC	
NPOG REDI elements			Date agreed	Due date	Status
1	<b>Improve:</b> Action plan for service improvement and timelines for its implementation to be completed		07.09.16	05.10.16	<i>Overdue</i>
2	<b>Review:</b> A review of service activity and WTE's will be completed on CHO basis cognisant of services delivered under the auspices of primary care and social care		05.04.17	05.07.17	

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



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

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

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

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

## Appendix 2: Areas deescalated from NPOG

No	Area of escalation	Division	Date escalated to NPOG	Date deescalated from NPOG	Notes
1	Service Arrangements	Acute Division	September 2015	06.07.2016	SA for National Maternity Hospital signed
2	Ambulance ECHO and DELTA Response Times	National Ambulance Service	February 2016	08.06.2016	Complete
3	Properly completed Medical and GP Visit Cards not processed > 3 months	Primary Care	October 2016	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND PC
4	European Working Time Directive (EWTD) 48 hours	Acute Hospitals	March 2015	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND AHD
5	Projected net expenditure 2015	Social Care	2015	06.02.2016	Complete
6	Implement Electronic Health Record Solution	Chief Information Office	November 2016	09.11.2016	Remains in Level 2 (Amber) escalation under the oversight of the Chief Information Officer
7	Financial position Primary Care	Primary Care	July 2016	11.01.2017	Referred to CHO 1 & 2 only. CHO 1 de-escalated in November 2016 and CHO 2 removed in January 2017.
8	CAMHS – Assistant Psychology Posts	Primary Care and Mental Health	March 2017	03.05.2017	Sanction received from DPER and DoH

# Appendices

## Appendix 1: Performance and Accountability Framework

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

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

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

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

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

There are four levels of escalation

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

## Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
Palliative Care	Intermediate Care	Non Return - ,Kildare West Wicklow
Palliative Care	Bereavement	Non Return - Dun Laoghaire
Palliative Care	Day Care	Non Return – Wicklow
Palliative Care	Children's Acute Palliative Care Services	Non Return – OLOLH Crumlin
Primary Care	Ophthalmology	Non Return – CHO8 Louth
Primary Care	Oral Health (% of new patients who commenced treatment within three months of assessment)	Non Return – CHO 1 (Sligo Leitrim, Galway) CHO 2 (Roscommon) CHO 3 (Clare, Limerick, North Tipp/East Limerick) CHO 4 (Kerry) CHO7 Kildare West Wicklow CHO 7 (Dublin South City, Dublin West)
Primary Care	PHN (% of new patients accepted onto the caseload and seen within 12 weeks)	Non return – CHO4 North Lee CHO 5 (Carlow/Kilkenny, South Tipp) CHO 6 (Dublin South East) CHO 7 (Dublin South West, Dublin West, Kildare West Wicklow, Dublin South City) CHO 8 (Laois Offaly, Longford Westmeath, Louth, Meath) CHO 9 (Dublin North Central)
Primary Care	Psychology (% of Psychology Patients on the waiting list for treatment < 52 weeks)	Non Return – Dublin South City, Mayo
Primary Care	Orthodontics - % of referrals seen for assessment within 6 months & % Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade 4 and 5)	Non Return - Midlands, North West
Mental Health	General Adult Teams - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 8 – 1 team CHO 9 – 1 team
Mental Health	General Adult Teams - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 8 – 1 team CHO 9 – 1 team
Mental Health	General Adult Teams - % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 8 – 1 team CHO 9 – 1 team
Mental Health	POA - % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 3 - 1 team CHO 7 – 1 team

Division	Metric Name	Data Coverage Issue
Mental Health	POA - % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 3 - 1 team CHO 7 – 1 team
Mental Health	POA - % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 3 - 1 team CHO 7 – 1 team
Acute	Quality Rate of slip, trip or fall incidents as reported to NIMS that were classified as major or extreme	Data not available
Acute	Rate of medication error incidents as reported to NIMS that were classified as major or extreme	Data not available
Acute	HCAI Rates - Staph. Aureus	Cavan & Monaghan data not returned
Acute	HCAI Rates - C Difficile	Cavan & Monaghan data not returned
Acute	Implementation of NEWS	A number of hospitals data not returned

## Appendix 3: Hospital Groups

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital - Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady’s Hospital - Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West Hospital Group	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent’s University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
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
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 of Limerick Hospital Group	University Hospital, Limerick		
	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	
	CHO 2	Sligo	CHO 7	Dublin South City
		Leitrim		Dublin West
CHO 3	Galway	Dublin South West		
	Roscommon	Kildare		
	Mayo	West Wicklow		
CHO 4	Clare	CHO 8	Laois	
	Limerick		Offaly	
	North Tipperary		Longford	
	East Limerick		Westmeath	
CHO 5	North Cork		CHO 9	Louth
	North Lee			Meath
	South Lee	Dublin North Central		
	West Cork	Dublin North West		
	Kerry	Dublin North		
CHO 6	Waterford			
	Wexford			
	Carlow			
	Kilkenny			
	Tipperary South			