



Performance Profile

April - June 2018
Quarterly Report

Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

Contents

Executive Summary	3
Corporate Updates	6
Quality and Patient Safety	9
Performance Overview	17
Community Healthcare	18
Community Healthcare Services National Scorecard/Heatmap.....	19
Primary Care Services.....	21
Mental Health Services.....	24
Disability Services.....	25
Older Persons' Services	27
Health and Wellbeing Services.....	30
Community Healthcare Services Update.....	31
Acute Services	40
Acute Hospitals National Scorecard/Heatmap	41
Acute Hospitals Services	43
Cancer Services	47
National Screening Services	48
Pre-Hospital Emergency Care Services	49
Acute Hospitals Services Updates	50
National Services	55
National Services Update	57
Finance	60
Human Resources	67
Escalation Report	72
Appendices	85
Appendix 1: Report Design Overview.....	86
Appendix 2: Data Coverage Issues	87
Appendix 3: Hospital Groups.....	89
Appendix 4: Community Health Organisations.....	90

Executive Summary

Executive Summary

The Performance Profile is published on a quarterly basis and provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources. The results for key performance indicators are provided on a heat map and in table and graph format together with a commentary update on performance.

Emergency Care

- There were 728,638 emergency presentations year to date compared to 707,716 for the same period last year, an increase of 3%.
- 96% of patients were seen within 24 hours year to date and 90.1% of those aged 75 years and over. 2,929 waited greater than 24 hours in June compared to 5,537 January. This improvement was also reflected in the number aged 75 and over waiting greater than 24 hours from 1,922 in January to 855 in June.
- In June, 81.6% of patients waited 9 hours or less and 67% waited 6 hours or less to be admitted or discharged. In January it was 76.2% and 61.7% respectively.

Routine Colonoscopies/Urgent Colonoscopies

- 56.7% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There have been 159 patient breaches year to date

Inpatient, Day Case & Outpatient Waiting Lists

At the end of June compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 90%), compliance 83.1%.
- Adult Day Case < 15 months (target 95%), compliance 91.4%.
- Children's Inpatient, 15 months (target 90%), compliance 86.8%.
- Children's Day Case < 15 months (target 90%), compliance 85.4%.
- Outpatients < 52 weeks (target 80%), compliance 71%.

Delayed Discharges

- Delayed Discharges at the end of June were 578 compared with 530 for the same period last year.

Cancer Services

- 73.5% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 78.1% for the same period last year.
- 77.3% of prostate cancer referrals were seen within 20 working days year to date compared with 50.6% for the same period last year.

Disability Services

- 400,297 PA Hours were delivered in quarter 1, 33,831 hours more than the same period last year.
- 753,440 Home Support were delivered in quarter 1, 22,122 more than the same period last year.

Older Persons Services

- Home Support hours delivered year to date is 8,341,485, (-0.5%) below expected activity, however the number of people, in receipt of home support services continues to increase with 52,812 people availing of the service in June, 4.6% above expected activity
- 1,169 persons were supported through transitional care in May
- The target of maintaining the wait time for NHSS funding approval at no more than 4 weeks has consistently been achieved since April 2015 with a current wait time in 2018 of 2-3 weeks.

Mental Health Services

- CAMHS and Psychiatry of Later Life targets for first appointments offered and first appointments seen year to date were all on or ahead of national targets in 2018 to date.
- 95.6% of all Bed Days of Children were in CAMHS Units up to the end of June 2018 ahead of the target of 95%.

Primary Care Services

- CIT referrals remain ahead of ahead of target by 24.6%.
- 94.8% of physiotherapy referrals, 95.5% of speech and language referrals and 76.1% of occupational therapy referrals accessed the services within 52 weeks.
- 91.9% of babies received their developmental screening checks within 10 months and 97.7% of new born babies were visited by a Public Health Nurse within 72 hours.
- There have been 548,896 contacts with GP out of Hours services to the end of June; this is 5.8% ahead of expected activity and 3% more than the same period last year.

Health & Wellbeing Services

- Nationally, 55.1% of smokers are QUIT at on one month ahead of the National target of 45%.
- 94.8% of children aged 24 months received 3 doses of the 6 in 1 vaccine and this performance was slightly behind the expected activity target of 95%.

Corporate Updates

Corporate Updates

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2018	Cum Profile for Period Jan-June 2018	Expenditure for Period Jan-June 2018	Variance for Period Jan-June 2018	Expenditure in Qtr 2 as % of Qtr 2 Profile	Expenditure to June as % of 2018 Annual Profile
L2(1) Buildings & Equipment	347.461	109.530	113.515	3.985	103.64%	32.67%
L2(2) – New Children's Hospital	68.000	40.470	39.862	(0.608)	98.50%	58.62%
L3- Buildings and Equipment (National Lottery)	2.539	0.000	0.000	0.000	0.00%	0.00%
Total	418.000	150.000	153.377	3.377	102.25%	36.69%
L4 – Info Systems for Health Agencies	60.000	21.604	17.523	(4.081)	81.11%	29.21%
	478.000	171.604	170.900	(0.704)	99.59%	35.75%
Asset Disposals	2.127	2.127	0.000	2.127	0.00%	0.00%
Net	480.127	173.731	170.900	1.423	98.37%	35.59%

Construction - L2 (1)

Variance on construction projects for the first six months of the year is 3.64% (or €3.985m) ahead of profile. At end of Qtr 2 the total expenditure of €113.515m represents 32.67% of the total annual profile.

Construction - L2 (2) - (New Children's Hospital)

Expenditure in the period Jan-June amounted to €39.862m which is €.608m behind the profile of €40.470 for the period. This expenditure also represents 58.62% of the total annual profile (€68m)

ICT (L4)

Variance on ICT projects is €4.081m behind profile for the period Jan-June. Expenditure to end Qtr 2 of €17.523m equates to 81.11% of the Jan-June ICT profile having been expended in the period and 29.21% of the annual profile.

Asset Disposals

Receipts from Sale of Assets: The value of income received from sale proceeds in the period Jan-June was €2.127m

Governance and Compliance

The Spend Under Management (SUM) is reported to the HBS Governance Committee under the 'Measures for Success' metrics measured in regard to the implementation of the HBS Strategy Actions.

The figure for Q1 2018 was €1.1bil (58%) and this is unchanged for Q2 2018.

Help Desk Queries

Q2 2018 Metrics	No of Helpdesk Queries 2018	No of Helpdesk Queries 2017	% Increase from 2017
Apr	177	121	46
Mar	193	134	44
June	179	162	10
Total	549	417	32

Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	% increase
Acute Hospitals (Hospital Groups)	276,768,340	287,615,824	3.92%
Community Healthcare	21,462,434	22,026,497	2.63%
National Services	947,551,613	946,993,092	-0.06%
Total	1,245,782,387	1,256,635,413	0.87%

Internal Audit (as at 31st March 2018)

	Total Report	No of Recommendations	75% implemented or superseded after 6 months	95% implemented or superseded after 12 months
2014	136	1,281	N/A	91%
2015	116	1,119	N/A	90%
2016	154	1,761	63%	82%
2017	146	1,669	66%	84%
2018	37	289	N/A	N/A

Quality and Patient Safety

Quality and Patient Safety

	National	Acute Hospitals	NAS	Community Healthcare	Social Care	Mental Health	Primary Care
Number of Serious Incidents reported as occurring - June 2018	49	27	0	22	6	16	0
% notified within 24 hours of occurrence – June 2018	31%	19%	-	45%	83%	31%	-
Number of Serious Incidents reported as occurring YTD 2018	356	213	4	139	28	107	4
% notified within 24 hours of occurrence – YTD 2018	17%	16%	25%	19%	32%	17%	0%
% Serious Incidents requiring review completed within 125 calendar days of occurrence*	2%	1%	50%	0%	0%	0%	0%

* reflecting compliance YTD February 2018

KPI - % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer was introduced in 2018 and is defined as any incident that results in a rating of major or extreme severity. Data is reported from the National Incident Management System, the primary reporting system across the HSE and HSE funded agencies. The report is run by date of occurrence and figures are subject to change. The system has been aligned to complement the new Incident Management Framework (IMF), which was launched in January 2018 and is being rolled out across the system.

Serious Reportable Events

51 SREs were reported on the National Incident Management System (NIMS) as occurring during June 2018.

Division	Total SRE Occurrence
Acute Hospitals	29
Community Services	22*
Grand Total	51

* Social Care (15), Mental Health (7)

27 SREs reported as patient falls and **11** as Stage 3 or 4 Pressure Ulcers. The remaining **13** SREs reported comprised **8** SRE categories with a volume of **<5** in each category.

Medical Exposure Radiation Unit (MERU)

MERU	June	YTD
Radiation Safety Incidents Reported	2	29

Healthcare Audit

Healthcare Audits	In Progress	Completed
Healthcare Audits in progress / completed YTD	18	27

Appeals Service

1,192 new notifications of appeal were received. **1,156** appeals were processed in the period 1 January – 30th June 2018:

Appeal Type	Received	Processed
Medical / GP Card (General Scheme)	797	792
Medical / GP Visit Card (>70s scheme)	24	22
Nursing Home Support Scheme	256	218
CSAR	24	26
Home Care Package	6	12
Home Help	43	38
Other	42	48
Total	1,192	1,156

Complaints

Training:	June	YTD
Number of complaints officers/support staff trained on the Complaints Management System	14	69
Number of Complaints logged on CMS	172	1,558
Number of Review Officers trained in YSYS review officer training	17	51

Complaints:	June	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	44	*305

Note: updated YTD figure for Complaints Resolved under Part 2 Disabilities Act 2005 following audit conducted.

Quality Improvement Division Update

Launch of the 5th National Data Report

The National Data Report was launched at the Annual Histopathology Quality Improvement Programme Workshop on 14 June 2018. This is the fifth report of national anonymised aggregate data, giving an indication of the quality of histopathology practice in Ireland and enabling individual laboratories to compare their performance against the national average.

Please find the report using the following link;

<https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2018/07/Publisher-Doc-Histo-NDR-2018-Reads-VERY-FINAL-VERSION.pdf>

Thanks to the programme, Ireland can now report on national metrics in histopathology, making it the first country in the world to do so. The workshop received media coverage in Medical Independent, the photos can be found on their website: <https://www.medicalindependent.ie/album.aspx?contentid=102819>.

The keynote speaker was the Adjunct Professor of Pathology from Vanderbilt University Medical Center in Nashville, USA. His keynote address was entitled 'High Reliability Practice and Safety Culture' and was both informative and thought provoking. He was very impressed with the programme stating that:

"with its annual nationwide quality evaluation system, the Irish Histopathology National Quality Improvement Programme really embodies Peter Drucker's statement 'What Gets Measured, Gets Improved.' I am confident that this programme will continue to improve quality and patient safety in Ireland. Really impressive!"

For the first time a patient advocate was invited to the workshop to share his perspective. A Patient Advocate spoke about his personal journey following his diagnosis with cancer and the important role played by histopathologists in the whole process. He used his own poetry, written during this challenging period in his life, to punctuate this talk and give deeply personal insights into both his physical and mental state and his interactions with medical professionals during this journey.

Incorporating a new and improved way to view data

For the first time, in 2018, the HSE is visually presenting data using a method known as Statistical Process Control (SPC) charts to provide information in a format that enhances quality of care evaluation and promotes its improvement. This is collaboration between the Quality Improvement Division and the Corporate Reporting team.

There are two common mistakes in interpreting data:

1. Interpreting noise (or random variation within a normal range) as a signal requiring action.
2. Failing to detect (and react if appropriate) to a signal when it is present.

Methods such as comparing one time period against another can lead to these mistakes.

Previously, the HSE introduced time series charts (charts which display data over time) to help overcome this challenge. Statistical Process Control (SPC) methodology is the next step in this evolution. SPC charts facilitate better interpretation and can prevent both the mistake of overreaction and failure to react when necessary.

Rates of health care associated infections (S. aureus bloodstream infection and C. difficile infection) and admissions to Child & Adolescent Mental Health Units have been analysed and displayed using Statistical Process Control (SPC) methods. An SPC chart consists of data plotted in order, usually over time (months for the HCAI and CAMHS data). It includes a centre line based on the average of the data. It also includes upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

SPC charts are used internationally in healthcare to distinguish between special and common causes of variation. Common cause variation is the expected or random variation that occurs throughout the healthcare system. Special cause variation is unusual or unexpected variation that can occur because of specific circumstances, and is unlikely to have occurred by chance alone. The probability of any data point falling outside of the control limits due to random variation is very small, and is a signal of special cause or unexpected variation. In addition to a point outside of the control limits, there are four other SPC rules which suggest variation very unlikely to occur by chance alone. Identifying and

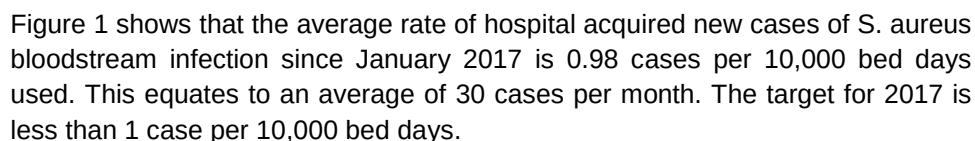
examining special cause variation may provide an opportunity to learn from the cause of the variation and to take action that will lead to an improvement.

An SPC funnel plot is an SPC chart showing variation across a system (e.g. variation among hospitals). Data are ordered by denominator size rather than by time. In the case of the HCAI and CAMHS data hospitals are ordered by the total bed days used from lowest to highest. Data points that are above or below the control limits in a funnel plot are an indication of special cause variation.

Statistical Process Control methods are already in use in some hospitals and areas within the HSE. In addition the National Performance Oversight Group used SPC in the most recent performance review cycle. Feedback from these groups has been extremely positive with the Director General commenting – ‘once you understand the SPC, you will never want to go back to RAG or other methods of analysis and display’. Given the positive feedback on the usefulness and enhanced interpretation of data, QID will continue to work in partnership to extend the use of Statistical Process Control methods in HSE. Further information on SPC and resources are available on www.hse.ie/eng/about/who/qid/.

Hospital acquired new cases of *S. aureus* bloodstream infection per 10,000 bed days used

Figure 1: National rate of hospital acquired new cases of S. aureus bloodstream infection



Health Service Performance Profile April to June 2018 Quarterly Report

Figure 2 below is a funnel plot showing the variation in the rate of hospital acquired new cases of *S. aureus* bloodstream infection among hospitals for the past 12 months (July 2017 – June 2018).

Rate per 10,000 BDU

St Vincent's, 1.73

St James's, 1.66

● Rate per 10,000 Bed Days — Centreline (Mean) UCL LCL

The rates for all hospitals were within the expected range of variation for this indicator, with the exception of St Vincent's Hospital and St James's Hospital where the total rates of hospital acquired cases of *S. aureus* bloodstream infection over the past 12 months were above the upper control limit. This is unlikely to have occurred by chance alone and is an indicator of unexpected

variation. The rate for Our Lady of Lourdes Hospital Drogheda was below the lower control limit. The rates for all other hospitals were within the control limits.

Hospital acquired new cases of C. difficile infection per 10,000 bed days used

Figure 3 below is a statistical process control chart showing the national rate of hospital acquired new cases of C. difficile infection per 10,000 bed days used between January 2017 and June 2018.

Figure 3: National rate of hospital acquired new cases of C. difficile infection

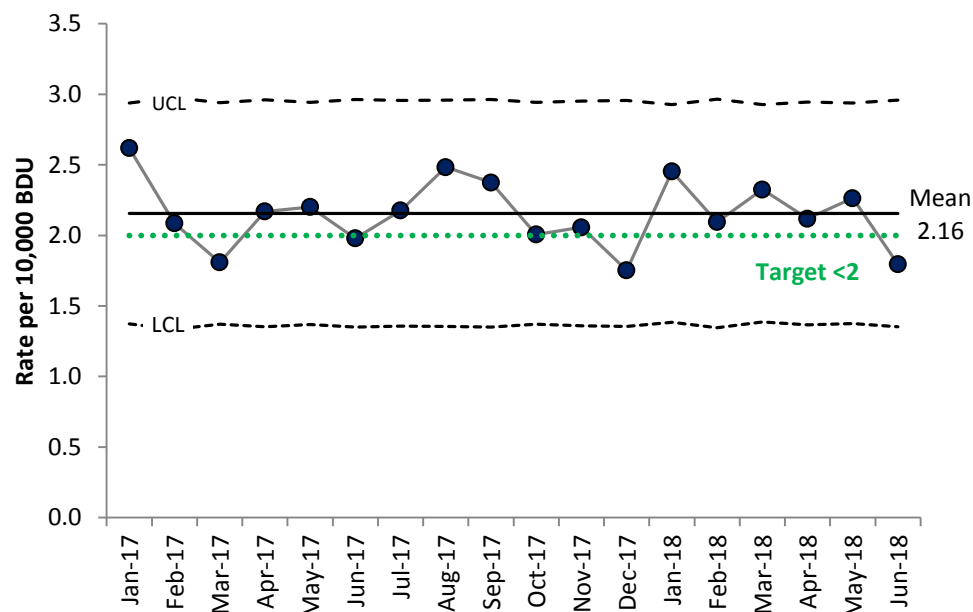
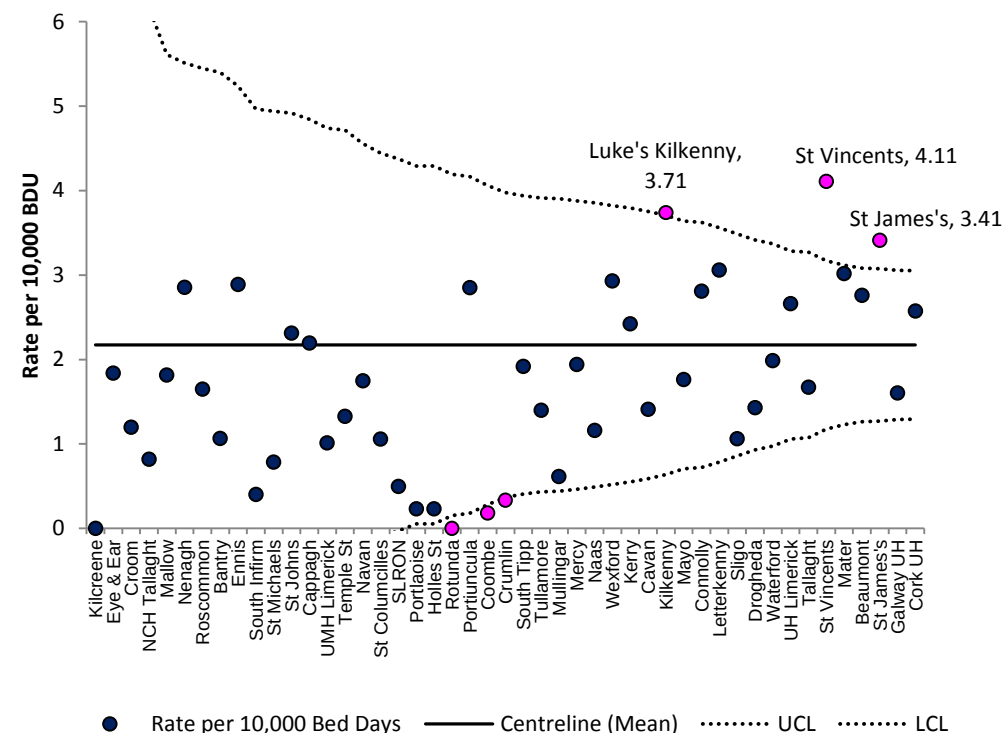


Figure 3 shows that the average rate of hospital acquired new cases of C. difficile infection since January 2017 is 2.16 cases per 10,000 bed days used. This equates to an average of 66 cases per month. The target for 2017 is less than 2 cases per 10,000 bed days.

The variation in the rate of hospital acquired new cases of C. difficile infection from month to month is within the expected range; i.e. the rate is stable. No data points fall outside the control limits. It is expected that the monthly rate will fluctuate between 1.4 and 3 cases per 10,000 bed days by chance alone.

Figure 4 below is a funnel plot showing the variation in the rate of hospital acquired new cases of C. difficile infection among hospitals for the past 12 months (July 2017 – June 2018).

Figure 4: Rate of hospital acquired new cases of C. difficile infection by hospital



Note: Data for Louth County Hospital is not displayed due to the low number of bed days used.

Figure 4 shows that the total rates of hospital acquired new cases of C. difficile infection over the past 12 months for St Vincent's Hospital, St Luke's Hospital Kilkenny and St James's Hospital were above the upper control limit, indicating an unexpectedly high number of cases. The rates for the Rotunda Hospital, the Coombe Women and Infants University Hospital, and Our Lady's Children's Hospital, Crumlin were below the lower control limit. The rates for all other hospitals were within the expected range of variation for this indicator.

Child & Adolescent Mental Health Services (CAMHS)

Figure 5 below is a statistical process control chart showing the national rate of admissions of children to CAMHS inpatient units as a proportion of the total admissions of children to mental health inpatient units between January 2017 and June 2018.

Figure 5: National percentage of admissions of children to CAMHS

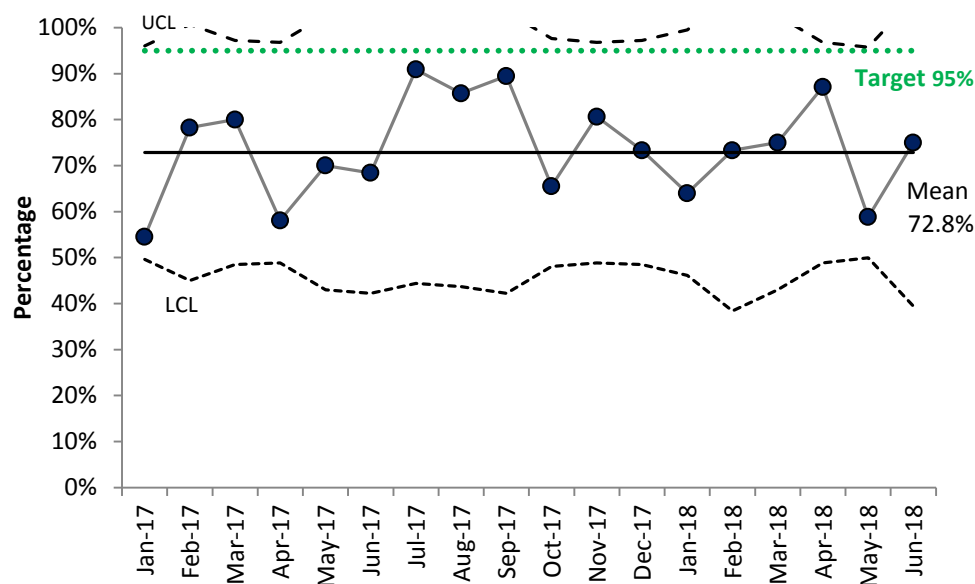


Figure 5 shows that the national rate of admissions of children to CAMHS inpatient units as a proportion of the total admissions of children to mental health inpatient units since January 2017 is 72.8%. There are an average of around 25 admissions of children per month to HSE mental health inpatient units, and so this equates to an average of almost 7 admissions of children to adult mental health inpatient units each month. The target for 2017 is for 95% of admissions of children to be to CAMHS units.

The variation in the rate of admissions of children to CAMHS units from month to month is within the expected range; i.e. the rate is stable, although below the target. No data points fall outside the control limits. Due to the relatively small number of admissions per month, it is expected that the monthly rate will fluctuate between approximately 45% and 100%. Therefore the target may be

achieved on occasion by chance alone and may not necessarily indicate a real improvement.

Figure 6 below is a statistical process control chart showing the national rate of bed days used in CAMHS inpatient units as a proportion of the total bed days of children in mental health inpatient units between January 2017 and June 2018.

Figure 6: National bed days used in CAMHS units as a percentage of total bed days

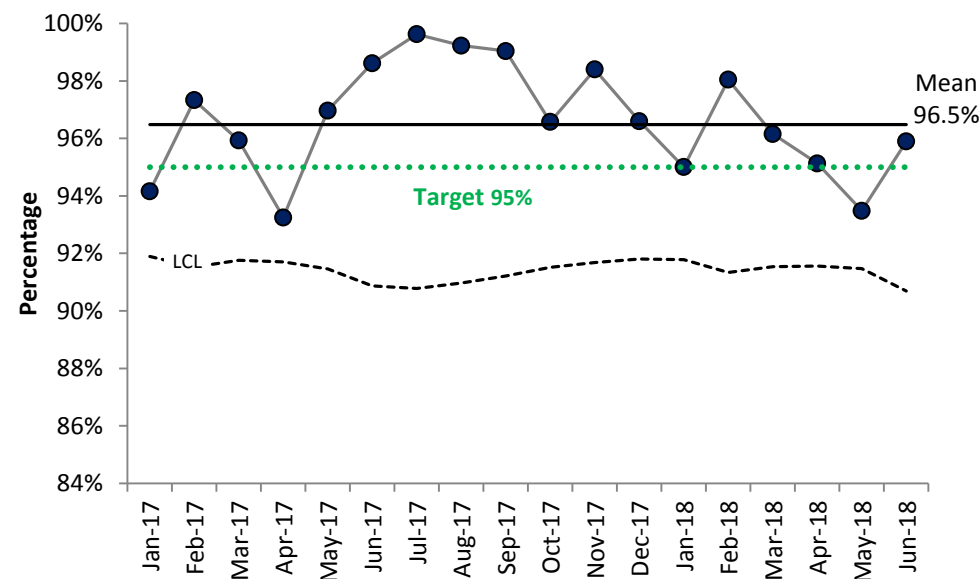


Figure 6 shows that since January 2017, 96.5% of bed days used by children in HSE mental health inpatient units have been in CAMHS inpatient units. This is above the target of 95%. This equates to an average of around 1,700 bed days of children per month in HSE mental health inpatient units, with 60 of these spent in adult mental health inpatient units each month.

The variation in the proportion of bed days in CAMHS units from month to month is within the expected range; i.e. the rate is stable. No data points fall below the lower control limit (there is no upper control limit in this chart). The average rate of 96.5% is above the target of 95%, but it can be expected that the monthly rate

will fluctuate between approximately 91% and 100%. This means that the rate may occasionally fall below the target while remaining above the lower control limit due to chance alone.

Figure 7 below is a funnel plot showing the variation in the rate of bed days used in CAMHS inpatient units as a proportion of the total bed days rate among CHOs for the most recent 3 months (April - June 2018).

Figure 7: Bed days used in CAMHS units as a percentage of total bed days by CHO

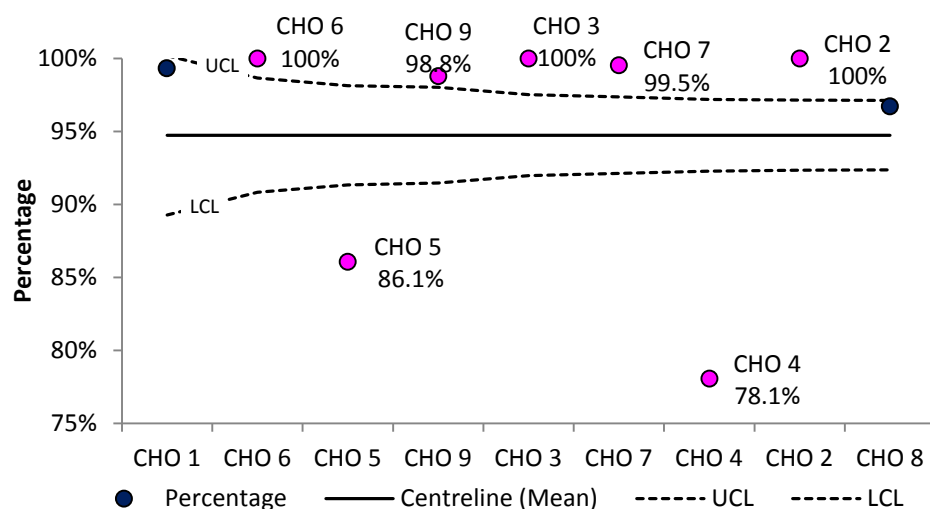


Figure 7 shows that the variation in the proportion of bed days used in CAMHS units among CHOs over the last 3 months is greater than expected, with the rates for 7 of the 9 CHOs falling outside the control limits. The rates for CHOs 2, 3, 6, 7 and 9 were above the upper control limit indicating performance that is better than expected relative to the national average. The rates for CHOs 4 and 5 are below the lower control limit indicating an unexpectedly low rate of bed days used in CAMHS unit as a percentage of total bed days in these CHOs. This variation is unlikely to have occurred by chance alone.

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Incidents																
	Review completed within 125 calendar days	M	90%	0% [R]	-100%												
	Service User Experience																
	Complaints investigated within 30 working days	Q	75%	37% [R]	-50.0%	0% [R]	57% [R]	50% [R]	30% [R]	0% [R]	25% [R]	0% [R]	43% [R]	0% [R]			
	Child Health																
	Child screening 10 months	M-1M	95%	91.9% [G]	-3.2%	89.4% [A]	90.8% [G]	81.8% [R]	93% [G]	92.3% [G]	90.6% [G]	92.8% [G]	95.2% [G]	94.5% [G]	91.7%	90.7%	92.4%
	New borns visited within 72 hours	Q	98%	97.7% [G]	-0.3%	96.9% [G]	98.8% [G]	99.1% [G]	100% [G]	100.3% [G]	88.8% [A]	99.5% [G]	96.6% [G]	95.3% [G]	96.5%	96.7%	98.7%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	92.5% [G]	-2.6%	92.2% [G]	94.8% [G]	93.8% [G]	93.1% [G]	92.6% [G]	89% [A]	91.4% [G]	95.2% [G]	91.5% [G]	92.2%	92.3%	92.5%
Access & Integration	CAMHs – Bed Days Used																
	Bed days used	M	95%	95.6% [G]	0.6%	89.2% [A]	100.0% [G]	99.0% [G]	88.4% [A]	81.1% [R]	100.0% [G]	99.2% [G]	98.3% [G]	97.6% [G]	95.1%	93.5%	95.9%
	Healthy Ireland																
	Smokers on cessation programme who were quit at one month	Q-1Q	45%	55.1% [G]	22.4%										50.4%	58.8%	55.1%
	Therapy Waiting Lists																
	SLT access within 52 weeks	M	100%	95.5% [G]	-4.5%	93.9% [A]	98.2% [G]	100% [G]	89.5% [R]	99.1% [G]	98% [G]	90.2% [A]	96.4% [G]	99.1% [G]	95.8%	95.7%	95.5%
	Physiotherapy access within 52 weeks	M	93%	94.8% [G]	1.9%	92.8% [G]	94.9% [G]	99.7% [G]	100% [G]	95.2% [G]	100% [G]	91.5% [G]	92% [G]	93% [G]	95.2%	95.3%	94.8%
	Occupational Therapy access within 52 weeks	M	85%	76.1% [R]	-10.5%	68.1% [R]	85.1% [G]	99.2% [G]	66.8% [R]	77.1% [A]	84.4% [G]	79.4% [A]	67.7% [R]	81.3% [G]	76.7%	76.7%	76.1%
	CAMHs – Access to First Appointment																
	First appointment within 12 months	M	100%	95.4% [G]	-4.6%	93.8% [A]	99.8% [G]	95.1% [G]	84.6% [R]	99.4% [G]	97.6% [G]	97.9% [G]	96.9% [G]	98.2% [G]	94.7%	93.9%	94.9%
	Delayed Discharges																
	Number of beds subject to Delayed Discharge (zero tolerance)	M	500	578 [R]	15.6%										599	595	578

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Finance, Governance & Compliance	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	10.1% [R]	-89.9%	35.6% [R]	67.0% [R]	30.9% [R]	1.5% [R]	4.3% [R]	21.3% [R]	2.1% [R]	16.3% [R]	3.2% [R]	12.7%	11.3%	9.0%
	Home Support Hours																
	Number of hours provided	M	8,385,875	8,341,485 [G]	-0.5%	800,458 [R]	869,108 [A]	706,649 [G]	1,246,595 [G]	920,434 [G]	645,870 [G]	968,106 [G]	773,288 [R]	1,410,976 [G]	1,387,923	1,391,448	1,428,545
	Financial Management – Expenditure variance from plan ¹																
	Net expenditure (total)	M	≤0.1%	2,772,653	1.47% [R]	4.07% [R]	4.21% [R]	0.94% [R]	1.92% [R]	3.41% [R]	3.08% [R]	5.06% [R]	2.79% [R]	1.88% [R]	1.20%	1.25%	2.44%
	Gross expenditure (pay and non-pay)	M	≤0.1%	3,025,342	1.59% [R]	3.34% [R]	3.42% [R]	1.18% [R]	1.91% [R]	3.07% [R]	2.66% [R]	4.11% [R]	2.78% [R]	1.65% [R]	1.37%	1.45%	2.48%
	Non-pay expenditure	M	≤0.1%	1,653,318	2.58% [R]	9.83% [R]	4.62% [R]	3.28% [R]	3.00% [R]	5.42% [R]	4.50% [R]	8.13% [R]	5.06% [R]	4.47% [R]	2.42%	2.52%	4.21%
	Financial Management - Service Arrangements																
	Monetary value signed	M	100%	82.87%	-17.13%										66.3%	73.68%	82.87%
Workforce	Funded Workforce Plan																
	Pay expenditure variance from plan	M	≤0.1%	1,372,023	0.43% [A]	0.79% [R]	2.19% [R]	-1.86% [G]	0.84% [R]	0.94% [R]	1.25% [R]	1.54% [R]	1.20% [R]	-0.40% [G]	0.13%	0.20%	0.43%
	Attendance Management																
	% absence rates by staff category (overall)	M-1M	≤3.5%	5.15% [R]	47.14%	6.55% [R]	4.38% [R]	5.94% [R]	4.30% [R]	5.64% [R]	4.59% [R]	4.97% [R]	6.00% [R]	4.51% [R]	4.86%	4.53%	4.62%
	European Working Time Directive (EWTD) Compliance																
	<48 hour working week – Mental Health	M	95%	92% [G]	-3.2%	65.7% [R]	89.6% [A]	100% [G]		96.9% [G]	100% [G]	100% [G]	95.8% [G]	88.5% [A]	90.2%	84.9%	92%
	<48 hour working week – Other Agencies (Social Care)	M	90%	92% [G]	2.2%	100% [G]				100% [G]		100% [G]		80% [R]	95.8%	96%	92%

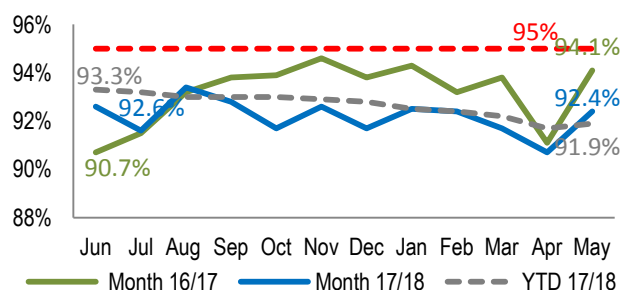
¹ National YTD includes CHO1-9 and other community services
Health Service Performance Profile April to June 2018 Quarterly Report

Primary Care Services

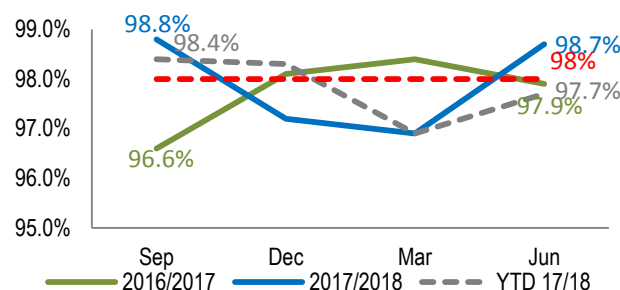
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Total CIT	16,736YTD/ 38,180FYT	M	20,861	17,877	+2,984	3,374	3,752	3,603	(%Var):CHO5 (58.3%), CHO2 (56%), CHO6 (54.6%)	(%Var):CHO8 (-2.8%), CHO7 (-1.9%), CHO9 (0.2%)
Child Health - developmental screening 10 months	95%	M- 1M	91.9%	93.3%	-1.4%	91.7%	90.7%	92.4%	CHO8 (95.6%), CHO5 (95%), CHO7 (94.6%)	CHO3 (83.6%), CHO6 (86.2%), CHO1 (88.6%)
% of newborn babies visited by a PHN within 72 hours	98%	Q	97.7%	98.2%	-0.5%	96.5%	96.7%	98.7%	CHO5 (101.1%), CHO4 (100.2%), CHO3 (100%)	CHO6 (96.1%), CHO9 (96.4%), CHO8 (96.9%)
Speech and Language Therapy access within 52 weeks	100%	M	95.5%	96.4%	-0.9%	95.8%	95.7%	95.5%	CHO3 (100%), CHO5 (99.1%), CHO9 (99.1%)	CHO4 (89.5%), CHO7 (90.2%), CHO1 (93.9%)
Physiotherapy access within 52 weeks	93%	M	94.8%	92.5%	+2.3%	95.2%	95.3%	94.8%	CHO4 (100%), CHO6 (100%), CHO3 (99.7%)	CHO7 (91.5%), CHO8 (92%), CHO1 (92.8%)
Occupational Therapy access within 52 weeks	85%	M	76.1%	75.5%	+0.6%	76.7%	76.7%	76.1%	CHO3 (99.2%), CHO2 (85.1%), CHO6 (84.4%)	CHO4 (66.8%), CHO8 (67.7%), CHO1 (68.1%)
Access to palliative inpatient beds within 7 days	98%	M	98.5%	97.5%	+1%	98.8%	99.7%	97.3%	CHO1 (100%), CHO2 (100%), CHO3 (100%)	CHO9 (88.1%), CHO7 (98%)
Access to palliative community services within 7 days	95%	M	88.4%	93%	-4.6%	91.6%	85.5%	89%	CHO2 (98.9%), CHO5 (98.9%), CHO1 (93.9%)	CHO3 (71%), CHO4 (82.2%), CHO6 (83.1%)

Note: Activity for newborn babies visited within 72 hours exceeds 100% for CHO4 & CHO5. This is due to new babies moving into these areas.

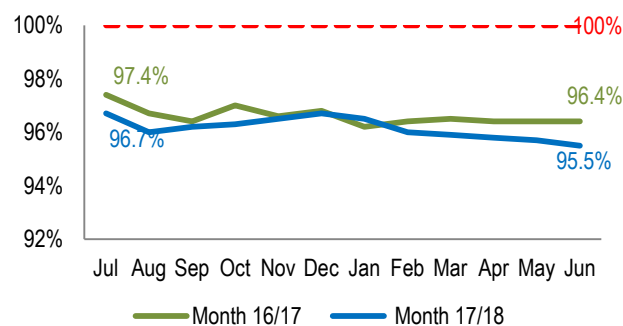
Child Health – developmental screening 10 months



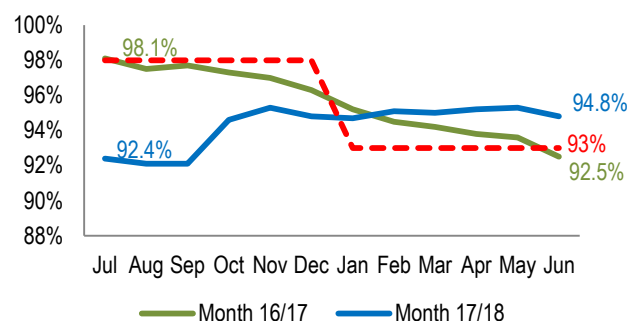
Child Health – new borns visited within 72 hours



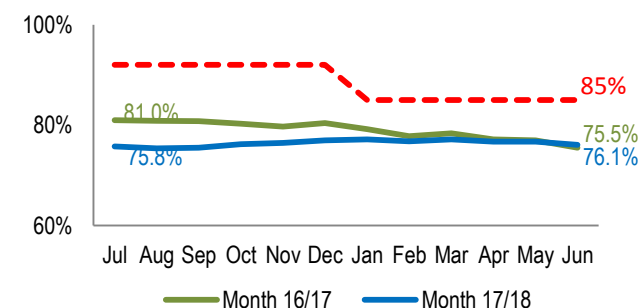
SLT access within 52 weeks



Physiotherapy access within 52 weeks



Occupational Therapy access within 52 weeks



No. of Patients Seen

	Current (-2)	Current (-1)	Current
Physiotherapy	48,166	53,235	47,218
Occupational Therapy	30,605	32,096	29,333
SLT	24,745	26,741	22,967
Podiatry	6,870	8,077	6,796
Ophthalmology	8,581	8,812	7,947
Audiology	4,463	4,505	3,902
Dietetics	5,387	5,812	4,935
Psychology	3,537	4,097	3,586

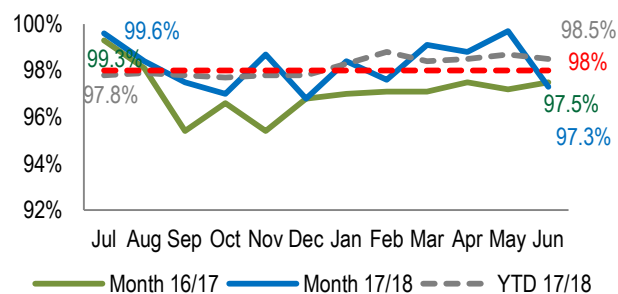
Assessment Waiting Lists

		Current (-2)	Current (-1)	Current
Physiotherapy	≤ 52 weeks	31,221	32,803	32,369
	> 52 weeks	1,575	1,608	1,792
	% > 52 weeks	4.8%	4.7%	5.2%
	Total	32,796	34,411	34,161
Occupational Therapy	≤ 52 weeks	24,024	24,056	23,868
	> 52 weeks	7,308	7,309	7,493
	% > 52 weeks	23.3%	23.3%	23.9%
	Total	31,332	31,365	31,361
Speech and Language Therapy	≤ 52 weeks	13,959	14,132	14,302
	> 52 weeks	615	631	672
	% > 52 weeks	4.2%	4.3%	4.5%
	Total	14,574	14,763	14,974

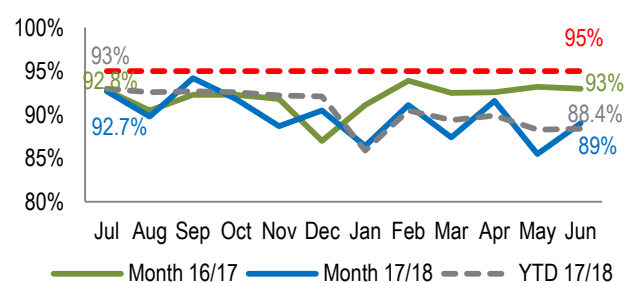
Treatment Waiting Lists

		Current (-2)	Current (-1)	Current
Speech and Language Therapy	≤ 52 weeks	7,300	7,491	7,266
	> 52 weeks	484	498	628
	% > 52 weeks	6.2%	6.2%	8.0%
	Total	7,784	7,989	7,894
Podiatry	≤ 52 weeks	3,094	2,833	2,738
	> 52 weeks	845	930	959
	% > 52 weeks	21.5%	24.7%	25.9%
	Total	3,939	3,763	3,697
Ophthalmology	≤ 52 weeks	12,042	12,282	12,474
	> 52 weeks	8,210	8,449	8,675
	% > 52 weeks	40.5%	40.8%	41.0%
	Total	20,252	20,731	21,149
Audiology	≤ 52 weeks	12,724	13,190	13,203
	> 52 weeks	1,832	2,074	2,095
	% > 52 weeks	12.6%	13.6%	13.7%
	Total	14,556	15,264	15,298
Dietetics	≤ 52 weeks	10,903	10,848	11,243
	> 52 weeks	4,667	4,904	4,925
	% > 52 weeks	30.0%	31.1%	30.5%
	Total	15,570	15,752	16,168
Psychology	≤ 52 weeks	6,247	6,360	6,117
	> 52 weeks	2,179	2,144	1,938
	% > 52 weeks	25.9%	25.2%	24.1%
	Total	8,426	8,504	8,055

Access to palliative inpatient beds



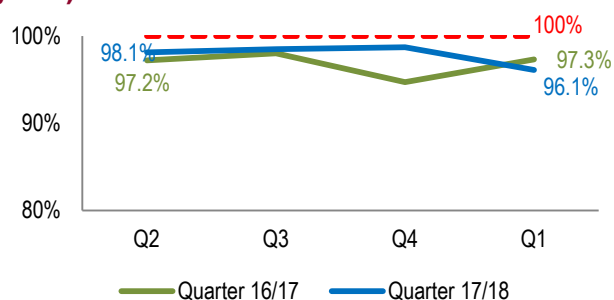
Access to palliative community services



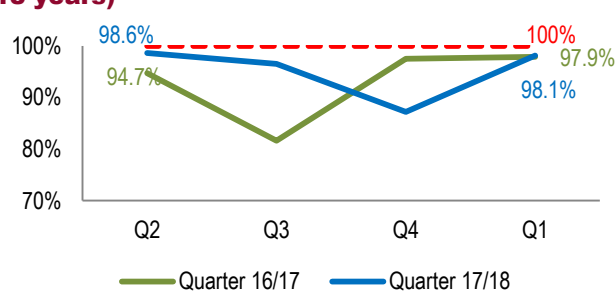
Number Accessing Palliative Care Services

	Current (-2)	Current (-1)	Current
Specialist Inpatient Beds	328	343	288
Specialist treatment in normal place of residence	3,336	3,479	3,446

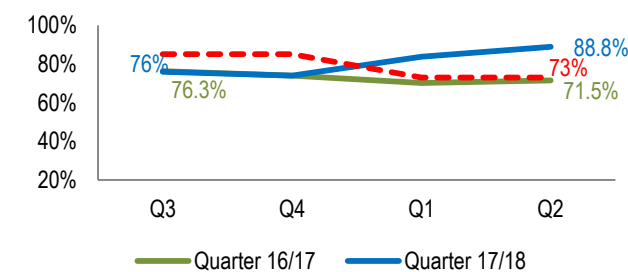
Access to substance misuse treatment (over 18 years)



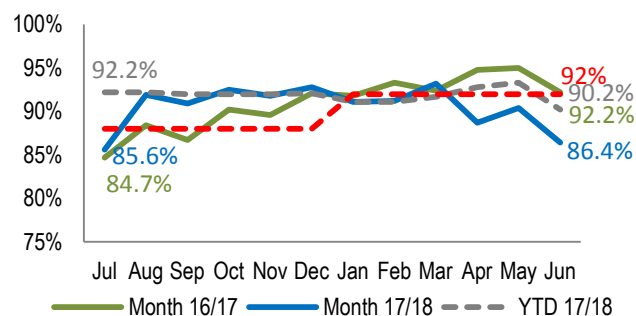
Access to substance misuse treatment (under 18 years)



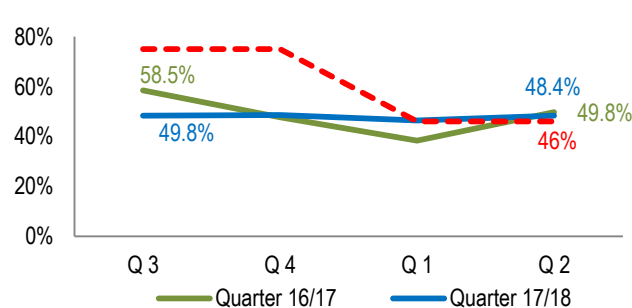
Homeless Services - Service Users health needs assessed within 2 weeks of admission



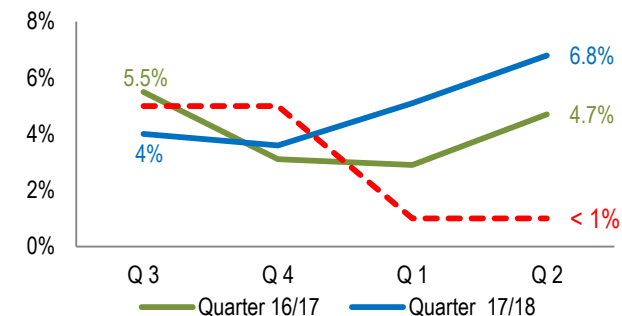
Oral Health - % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



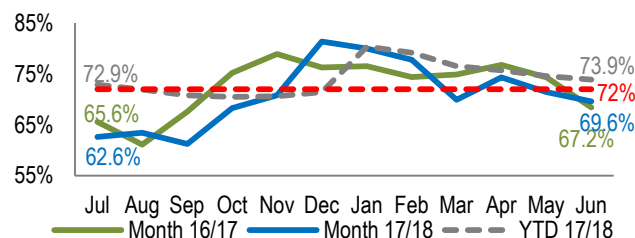
Orthodontics: proportion on treatment waiting list longer than four years



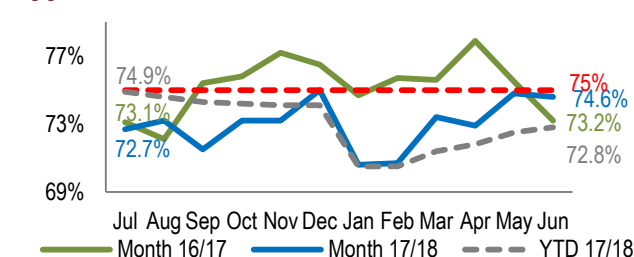
Mental Health Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Admission of Children to CAMHS	95%	M	71.6%	67.5%	+4.1%	87.1%	58.8%	75%		
CAMHS Bed Days Used	95%	M	95.6%	95.9%	-0.3%	95.1%	93.5%	95.9%	CHO 1, 2, 3, 6, 7, 9 (100%)	CHO4 (68.3%)
CAMHS waiting list	2,441	M	2,715	2,760	-45	2,679	2,777	2,715	CHO2 (17)	CHO4 (751), CHO6 (468), CHO8 (382)
CAMHS – first appointment within 12 months (new KPI)	100%	M	95.4%	96.3%	-0.9%	94.7%	93.9%	94.9%	CHO 2, 6, 8 (100%)	CHO4 (78.6%), CHO9 (94%), CHO6 (94%),
CAMHS waiting list > 12 months	0	M	334	334	0	352	342	334	CHO 2 (0)	CHO4 (211), CHO8 (57), CHO3 (44)
Adult Mental Health – Seen within 12 weeks	75%	M	72.8%	75.2%	-2.4%	72.9%	74.8%	74.6%	CHO2 (90.2%), CHO6 (89.3%), CHO5 (87%)	CHO9 (58.5%), CHO9 (59.3%), CHO4 (69.5%)
Psychiatry of Later Life – Seen within 12 weeks	95%	M	94.7%	95.5%	-0.8%	94.1%	92.3%	94.9%	CHO 5, 7, 8 (100%)	CHO4 (83.9%), CHO9 (85.9%), CHO3 (94.7%)

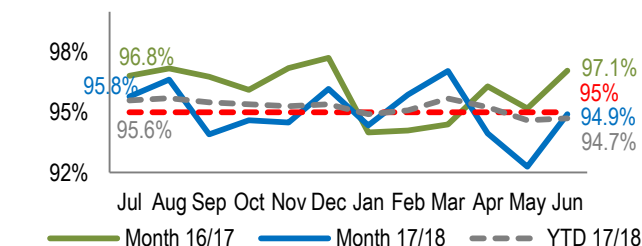
CAMHS – % offered an appointment and seen within 12 weeks



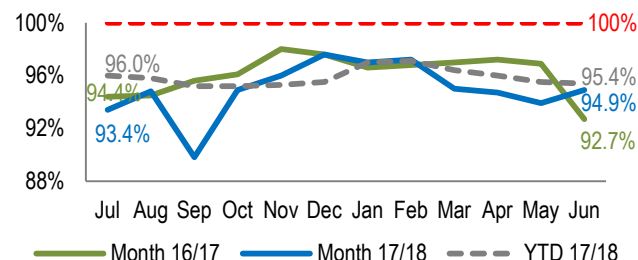
Adult Mental Health – % offered an appointment and seen within 12 weeks



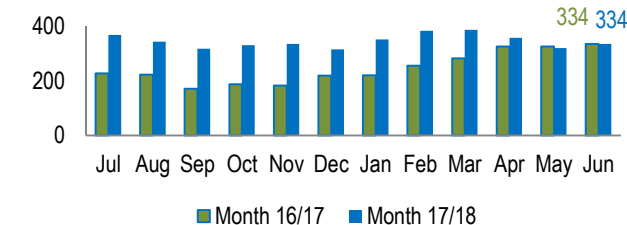
Psychiatry of Later Life – % offered an appointment and seen within 12 weeks



CAMHS – first appointment within 12 months



CAMHS waiting list > 12 months



Number of Referrals Seen

	Current (-2)	Current (-1)	Current
General Adult	2,324	2,606	2,173
Psychiatry of Later Life	728	722	622
CAMHS	872	1,112	765
Total	3,924	4,440	3,560

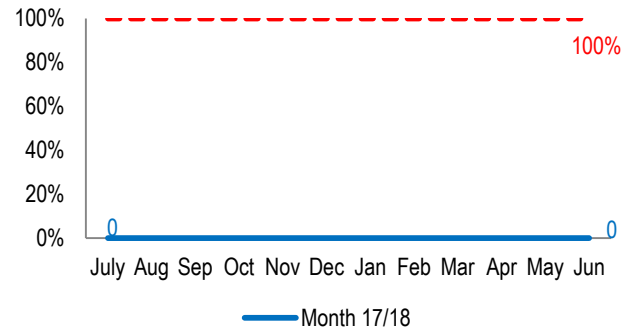
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of Disability Network Teams established	100%	M	0%	0%	0	0%	0%	0%		
Number of Disability Network Teams established	0 YTD/ 82 FYT	M	0	0	0	0	0	0		
Disability Act Compliance	100%	Q	10.1%	25.8%	-15.7%	12.7%	11.3%	9.0%		(% Var): CHO4 (-98.5%), CHO7 (-97.9%), CHO9 (-96.8%)
Congregated Settings	45YTD/ 170FYT	Q	51	80	-29	50	29	22	(% Var): CHO1 (50.0%) CHO2 reached target	(% Var): CHO4 (-100.0%), CHO8 (-50.0%), CHO5 (-46.2%)
Respite No of day only respite sessions	10,630 YTD/ 42,552 FYT	Q-1M	7,564	7,717	-153	9,514	7,233	7,564	(% Var): CHO8 (13.7%), CHO5 (9.3%), CHO7 (3.2%)	(% Var): CHO3 (-55.2%), CHO6 (-49.5%), CHO1 (-31.1%)
Respite No of overnights	45,632 YTD/ 182,505 FYT	Q-1M	39,009	40,639	-1,630	42,757	37,749	39,009		(% Var): CHO6 (-32.9%), CHO5 (-28.1%), CHO7 (-18.0%)
Home Support Hours	732,493 YTD/ 2,930,000 FYT	Q-1M	753,440	731,318	+22,122	753,522	707,998	753,440	(% Var): CHO7 (40.2%), CHO5 (30.3%), CHO6 (11.2%)	(% Var): CHO8 (-17.0%), CHO1 (-15.6%), CHO2 (-7.5%)
Personal Assistance Hours	364,996 YTD/ 1,460,000 FYT	Q-1M	400,297	366,466	+33,831	381,307	395,450	400,297	(% Var): CHO5 (70.2%), CHO7 (67.7%), CHO8 (9.2%)	(% Var): CHO6 (-14.9%), CHO1 (-1.1%)

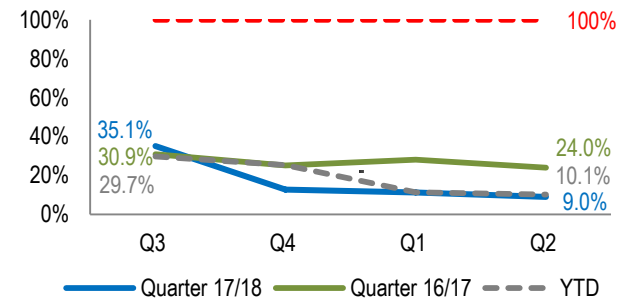
New Emergency Places and Support Provided to People with a Disability

	Expected Activity Full Year	Expected Activity Q2 YTD	Current Period YTD	Current (-2)	Current (-1)	Current
No. of new emergency places provided to people with a disability	130	70	94	19	10	10
No. of new home support/ in home respite supports for emergency cases	255	169	113	23	18	12
Total no. of new Emergency and Support Cases	385	239	207	42	28	22

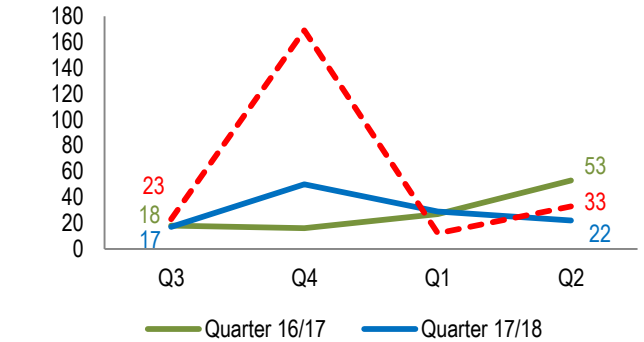
% of Disability Network Teams Established



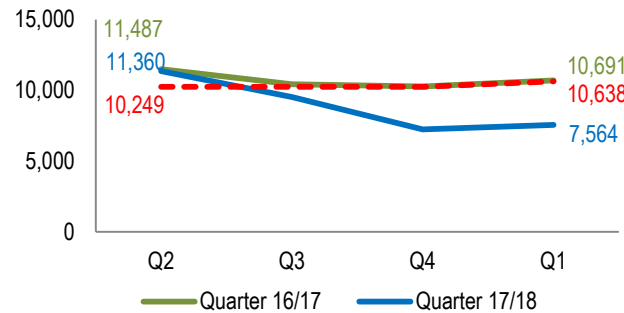
Disability Act Compliance



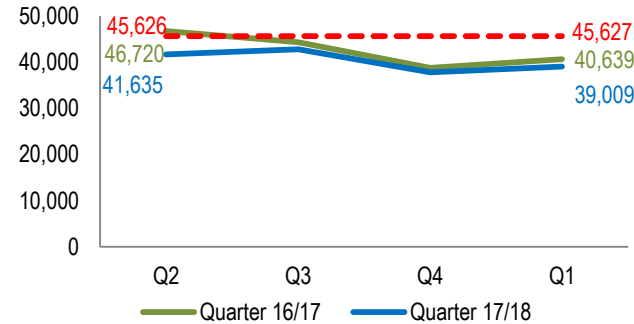
Congregated Settings



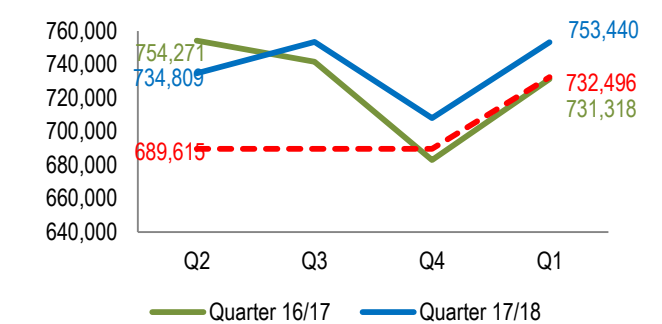
Respite Day Only (Q1 2018)



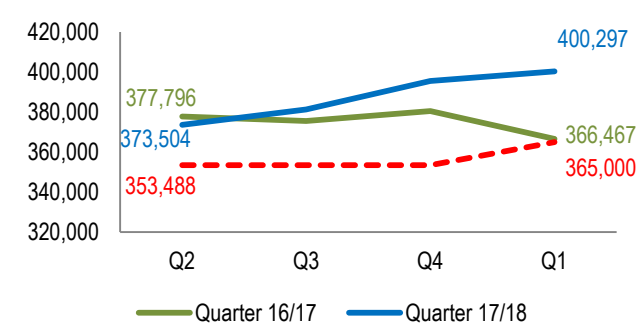
Respite Overnights (Q1 2018)



Home Support Hours (Q1 2018)



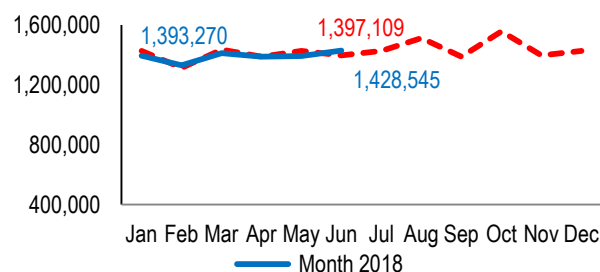
Personal Assistance Hours (Q1 2018)



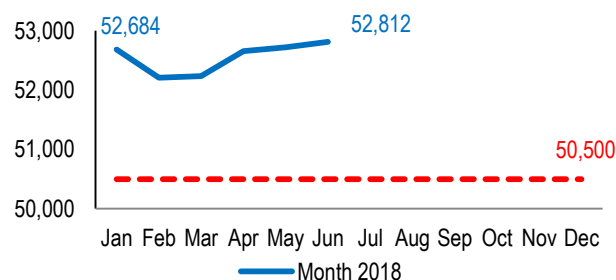
Older Persons' Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours (new KPI)	8,385,875 YTD/ 17.094m FYT	M	8,341,485			1,387,923	1,391,448	1,428,545	(% Var):CHO6 (14.8%), CHO9 (12.2%), CHO7 (1.9%)	(% Var):CHO8 (-11.4%), CHO1 (-10.5%), CHO2 (-9.2%)
No. of people in receipt of Home Support (new KPI)	50,500 FYT	M	52,812			52,659	52,723	52,812	(% Var): CHO7 (87.5%), CHO2 (30.1%), CHO3 (13.5%)	(% Var): CHO9 (-21.9%), CHO1 (-12.9%), CHO6 (-10.4%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	226	232	-6	211	219	226		
No. of persons funded under NHSS in long term residential care	22,855 YTD/ 23,334 FYT	M	22,813	23,013	-200	22,637	22,721	22,813		
No. of NHSS beds in public long stay units	5,096 FYT	M	4,997	4,956	+41	4,998	5,020	4,997	(% Var):CHO1 (3.9%), CHO8 (1.9%), CHO3 (0.9%)	(% Var): CHO9 (-10.1%), CHO2 (-6.5%), CHO5 (-3%)
No. of short stay beds in public long stay units	2,053 FYT	M	1,979	1,850	+129	1,983	1,982	1,979	(% Var):CHO3 (2.2%), CHO1 (1.5%), CHO5 (0.8%)	(% Var): CHO8 (-18.4%), CHO7 (-18.3%), CHO9 (-4.9%)
Delayed Discharges	500	M	578	530	+48	599	595	578	Tallaght-Paeds, Mullingar, Mallow, Nenagh (0)	SJH (68), Beaumont (49) & MMUH (49), Tallaght – Adults (37)
No. of people being supported through transitional care	879	M-1M	1,169	832	+337	1,288	1,256	1,169		

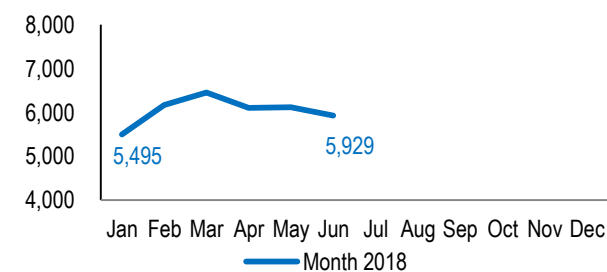
Number of Home Support Hours provided



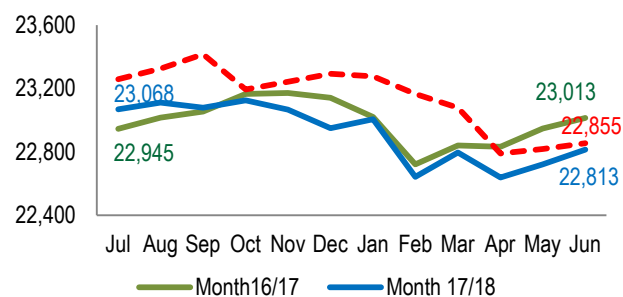
Number of people in receipt of Home Support



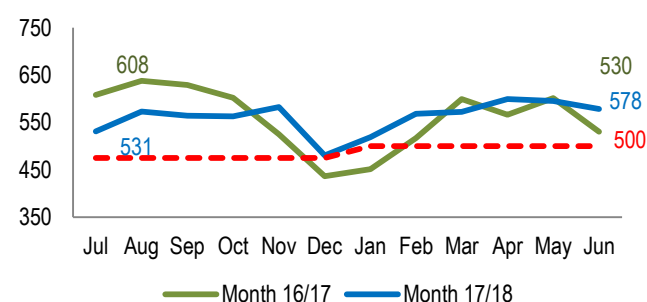
Number Waiting on Funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Discharges



Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	122	36	158	27.3%
Long Term Nursing Care	275	36	311	53.8%
Other	67	42	109	18.9%
Total	464	114	578	100%

In June, of the 578 DD's there were 158 people waiting to go home and of these the number of people awaiting Home Support was 104 (41 were approved with funding awaited –32 over 65 and 9 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

NHSS Overview

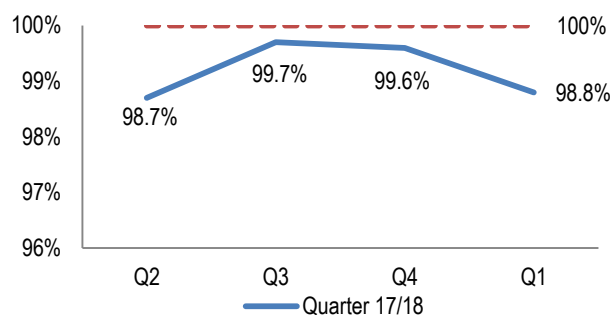
		Current YTD	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	5,590	977	926	768	806	-38
	National placement list for funding approval	430	504	519	430	304	126
	Total no. people funded under NHSS in LTRC	22,813	22,637	22,721	22,813	23,013	-200
Private Units	No. of new patients entering scheme	3,554	563	660	589	551	38
	No. of patients Leaving NHSS	3,638	630	590	484	487	-3
	Increase	-84	-67	70	105	64	41
Public Units	No. of new patients entering scheme	1,091	192	168	136	151	-15
	No. of patients Leaving NHSS	1,080	276	148	138	135	3
	Net Increase	11	-84	20	-2	16	-18

*Note: In addition to the leavers above there were a further 63 leavers (11 in June) from Contract Beds/Subvention/Section 39 savers beds

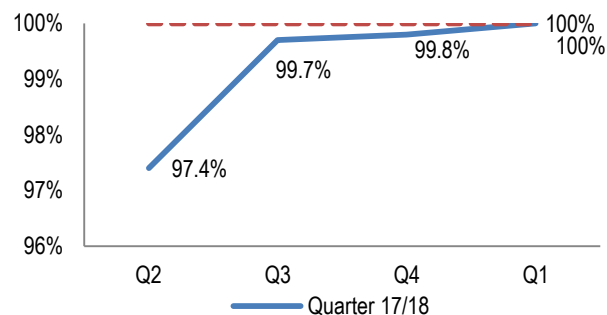
Disability and Older Persons' Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	98.8%	78.5%	+20.3%	99.7%	99.6%	98.8%	CHO1,2,3,4,7,8 & 9 achieved target	CHO5 (95.8%), CHO6 (94.7%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	100%	83.9%	+16.1%	99.7%	99.8%	100%	All CHO's reached 100% target	

% of preliminary screenings for adults aged 65 years and over (Q1 2018)



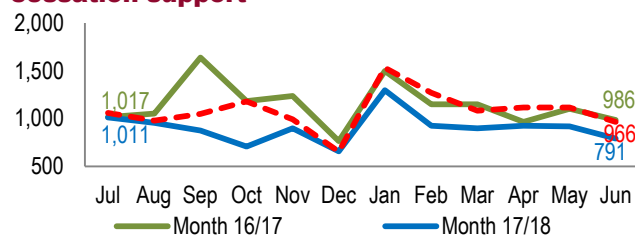
% of preliminary screenings for adults under 65 years (Q1 2018)



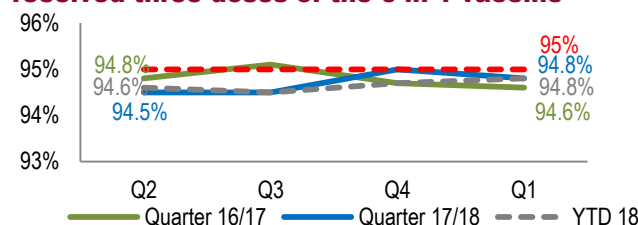
Health and Wellbeing Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers receiving intensive cessation support	7,083 YTD/ 13,000 FYT	M	5,755	6,850	-1,095	926	917	791	(% Var): SSW HG (20.7%), CHO 9 (0%)	(% Var): CHO4 (-45.9%), CHO3 (-38.6%), CHO6 (-37.9%), UL HG (-56.9%), National QuitLine (- 30.7%), RCSI HG (-13.2%)
% of smokers on cessation programmes who were quit at one month	45%	Q-1Q	55.1%	52.5%	+2.6%	50.4%	58.8%	55.1%		
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	94.8%	94.6%	+0.2%	94.5%	95%	94.8%	(% Var): CHO2 (96.6%), CHO3 (96.3%), CHO4 (95.7%)	(% Var): CHO6 (90.6%), CHO7 (93.9%), CHO5 (94.3%)
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	92.5%	92.3%	+0.2%	92.2%	92.3%	92.5%	(% Var): CHO8 (95.2%)	(% Var): CHO6 (89%), CHO7 (91.4%), CHO9 (91.5%),
No. of people completing a structured patient education programme for diabetes	2,256 YTD/ 4,500 FYT	M	1,541	1,102	+439	191	408	279	(% Var): CHO4 (6.9%),	(% Var): CHO5 (-56.6%), CHO9 (-54.9%), CHO2 (-47.8%)
No. of 5k Parkruns completed	206,114 YTD/ 377,001 FYT	M	206,207	173,400	+32,807	35,697	33,441	38,663	(% Var): CHO 7 (29%), CHO 4 (12.3%), CHO 2 (8.2%)	(% Var): CHO 9 (-12.1%), CHO 8 (-11.4%), CHO 5 (-6.4%)

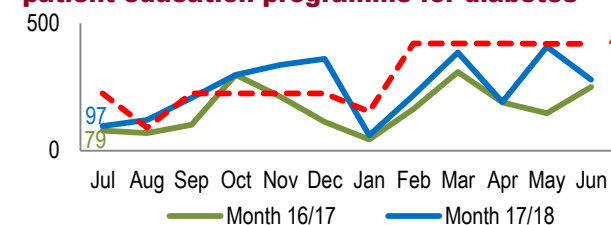
Tobacco - smokers receiving intensive cessation support



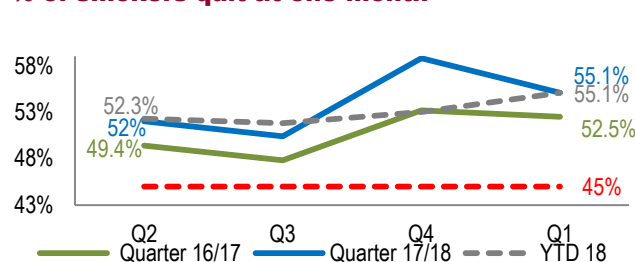
% of children aged 24 months who have received three doses of the 6 in 1 vaccine



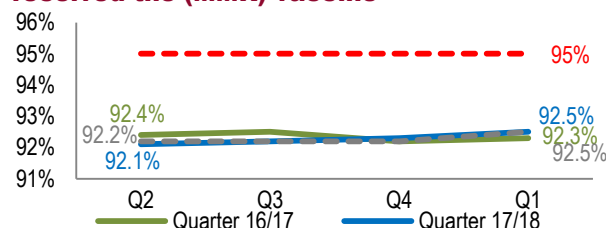
Number of people completing a structured patient education programme for diabetes



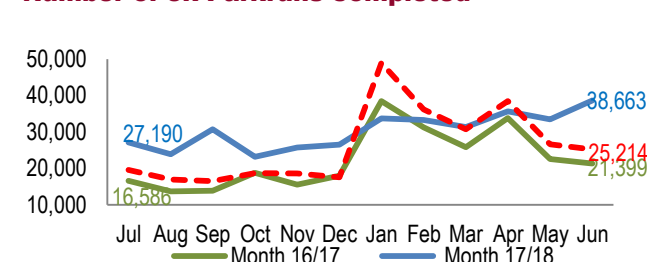
% of smokers quit at one month



% of children aged 24 months who have received the (MMR) vaccine



Number of 5k Parkruns completed



Community Healthcare Services Update

Primary Care Update

Community Intervention Teams (CIT)

There were 20,861 CIT referrals YTD which is 24.6% ahead of the expected activity YTD of 16,736. Six of the Community Healthcare Organisations (CHOs) are ahead of target. CHO7 performance has improved in June but activity YTD at 3,660 is 1.9% below the target of 3,731. CHO 8 is 2.8% below target with activity YTD of 1,241 compared to the target of 1,277.

Child Health Developmental Screening 10 Months

The national YTD position is 91.9% compared to the target of 95%. The prior year YTD outturn was 93.3%. Seven of the nine CHOs are green on the National Scorecard and are within a range of 90.6% to 95.2%. Performance in CHO3 remains red on the National Scorecard with YTD performance at 81.8% compared to the target of 95%. CHO3 performance at June YTD of 81.8% is a marginal improvement compared to prior month of 81.3% but represents a decline in performance of 4.0% compared to the prior year outturn of 85.2%. CHO3 is currently developing an action plan to address the current performance.

Speech and Language Therapy (SLT) Access within 52 weeks

The national YTD position is 95.5% compared to the target of 100%. Performance YTD has declined by 0.2% compared to the prior month YTD performance of 95.7%. The prior year outturn was 96.7%. CHO4 has moved from amber to red in June with a YTD performance of 89.5% compared to 90.6% in the prior month YTD. CHO1 and CHO7 remain amber on the National Scorecard with YTD performances at 93.9% and 90.2% respectively.

There are currently 672 clients awaiting initial assessment for longer than 12 months. The number of clients waiting for initial assessment for longer than 52 weeks has increased by 6.5% from 631 in May 2018 to 672 in June 2018. The number of clients waiting for treatment for longer than 52 weeks has increased by 130 or 26.1% from 498 in May 2018 to 628 in June 2018 with the main increases being 52 in CHO4 and 40 in CHO5.

- CHO1 YTD performance is at 93.9%. The main issue is in Donegal with YTD performance at 88.0% which is 2.8% higher than the prior month YTD performance of 85.6%.
- CHO4 YTD performance has declined by 1.2% to 89.5% when compared to the prior month YTD performance of 90.6%. In the context of the 0-18s SLT waiting list initiative including the further therapy waiting list, there are 1,026 0-18 year old long waiters in CHO4 which represents 49.3% of the national total. The majority of the clients are in two Social Care voluntary providers. There is still only 1 SLT initiative post allocated to the voluntary providers. However, approval has now been granted by CHO4 for one of the voluntary providers to recruit 2 additional posts, the focus of which will be on (i) providing an intervention to 150 clients waiting longer than 18 months and (ii) auditing a further 239 clients waiting longer than 24 months. A plan is awaited from the other voluntary provider and engagement in this regard is ongoing.
- CHO7 YTD performance declined to 90.2% when compared to the prior month YTD performance of 90.7%. The 0-18 long waiters are in Social Care. Social Care is currently working on a management plan to address same. CHO7 continues to advise a number of issues are impacting on waiting lists including;
 - AON backlogs, the completion of AON assessments and the associated backdating of clients on waiting lists.
 - MDT interventions, the lack of capacity within MDT teams and the complexity of caseloads.
 - Staff movement resulting in vacancies within both core staffing and initiative staffing.
 - Maternity leave vacancies.
 - Delays in the recruitment process.
 - Areas of high level of social deprivation and the challenges arising from demographics requiring increased levels of support from clinicians.

Physiotherapy Access within 52 weeks

The national YTD position is 94.8% compared to the target of 93%. This is a slight drop in performance of 0.5% when compared to prior month YTD performance of 95.3%. The prior year YTD outturn was 92.5%. The number of clients waiting longer than 52 weeks has increased by 11.4% from 1,608 in May 2018 to 1,792 in June 2018. All CHOs are green on the national scorecard in relation to this metric.

Occupational Therapy (OT) Access within 52 weeks

The national YTD position is 76.1% compared to the target of 85%. This is a decrease of 0.7% from the prior month YTD performance of 76.7%. The prior year YTD outturn was 75.5%. The number of clients waiting longer than 52 weeks increased by 184 or 2.5% from 7,309 in May 2018 to 7,493 in June 2018. Referrals YTD are 2.0% higher than expected activity YTD and 3.8% higher than the same period last year. CHOs have reported a number of contributing factors impacting on access to services including the following;

- Primary Care practice has traditionally concentrated on recruitment to meet the needs of adults and older people and paediatric services have evolved in response to unmet need.
- The impact of Progressing Disabilities.
- The impact of the Assessment of Need process resulting in a need to prioritise AON clients and longer waiting times for less urgent Primary Care referrals.
- The provision of OT services to children with Autism, in particular those that present with sensory issues is very complex. These children require significantly more therapy time.
- The cumulative impact of the loss of posts and non-filling of maternity leave over the last number of years resulting in significant growth in waiting lists.
- Lack of sustained investment in OT services including a lack of funding for aids and appliances resulting in waiting lists and in some cases a need for reassessment.
- Initiatives such as intensive Home Care Packages and Community Intervention Teams, combined with decreasing length of hospital stays is placing increased demands on Primary Care OT Services, both in terms of the need for rapid response access and the time demands of providing services to clients with complex needs in their home environment.

- Delays in the recruitment process.
- The lack of administrative support resulting in the loss of clinical time.
- The shortage of staff within paediatric OT services.
- The lack of access to appropriate Clinical accommodation is also impacting adversely on some team's capacity (CHO5).

Numbers of Patients Seen

The following is an analysis of the number of patients seen year to date within the therapy disciplines;

Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	291,235	289,127	-0.7%
Occupational Therapy	167,322	178,129	6.5%
SLT	140,574	145,830	3.7%
Podiatry	37,137	41,893	12.8%
Ophthalmology	48,069	51,126	6.4%
Audiology	25,901	25,396	-1.9%
Dietetics	31,844	31,874	0.1%
Psychology	20,304	21,174	4.3%

Palliative Care Update

Access to Palliative Inpatient Beds

In June 2018, 97.3% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Seven CHO's met or surpassed the target of 98% and six CHOs performed at 100%. Compared to June 2017, access within 7 days to specialist palliative care inpatient beds decreased by 2%.

Access to Palliative Community Services

In June 2018 89% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 95%). This is a decline of 3.1% when compared to June 2017. In June 2018 two CHOs performed above the target. Nine individual LHO's across the CHOs reached or surpassed the target. 17 individual areas performed within the accepted 5% variance RAG range. Improvements were noted in 7 areas compared to the same period in 2017. 92 people waited over 7 days for services compared to 65 in the same

period last year. The total number of people in receipt of specialist palliative care services in the home has increased by 4.1% (137) on the same period last year.

Children's Palliative Care

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in June 2018 has decreased by 19 children on the same period last year (77 vs 58).

In the community there were three staff absences with data returned by eight out of 11 staff. In the context of the available data, the number of children in the care of the Children's Nurse Co-Ordinators has decreased by 13.3% (32 children) on June 2017. Both of these services are demand led.

Mental Health Update

The performance in both General Adult and Psychiatry of Old Age services is generally on target

The level of vacancies and difficulty in recruiting and retaining skilled 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. National MH continues to work with CHOs to maximise and ensure the most effective use of resources. There is work on-going with the HSE HR partners and the National Recruitment Service to attract and retain staff within mental health services. The recruitment challenges are having a significant budgetary impact in the CHO's as a result of high medical and nursing agency costs. The impact of not being able to employ Doctors not on Specialist Register is severely affecting CHO 5 in particular

A related issue arising is the cost of external placements where no suitable service exists in the CHOs. This issue is causing concern as it is driving cost in the CHOs. National MH are working on the development of a Specialist Rehabilitation Initiative to support CHOs with this but it is reflective of the increased demand for specialist services and increasing Regulations and Compliance environment.

Child Adolescent Acute Inpatient Units (CAMHS)

- There are on-going issues in terms of accessing CAMHS beds although the annual trend is that this reduces over the summer months and this has been noted in June.
- A capacity review for all four inpatient units has been initiated but issues around data protection have been raised and now need to be cleared before this can be completed. No further work can be carried out until the Autumn on this process
- Recruitment issues identified above apply equally to CAMHS. Two of the four inpatient units have consultant recruitment issues and a third unit has nursing staffing issues which will be covered by agency in the coming months.
- In June 75% of children were admitted to child and adolescent inpatient units,
- In June 96% of the total bed days used for child admissions were in Child and Adolescent Acute Inpatient Units. This reflects the capacity issues in inpatient CAMHS but is likely to improve over the summer months.
- The target reflects our commitment to ensure that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to an absolute minimum.

Access to Child and Adolescent Mental Health Services

- The CAMHS Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting.
- The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. There is a particular focus on CHO4 and also on CHO8 and CHO3.
- Nationally there are 334 children waiting longer than 12 months to be seen. There were 342 children waiting longer than 12 months to be seen in May.
- Waiting lists for CAMHS relate significantly to availability of appropriately trained specialist mental health staff. However CAMHS wait lists are also related to capacities in other parts of the system particularly primary care psychology and disability services where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS

- 114 assistant psychologists have now been recruited to primary care with an additional 20 psychologists also recruited to provide supervision and guidance. A review of the impact on Services is currently being carried out
- The % of U18s seen within 3 months is 74% which is on Target

CAPA (Choice And Partnership Approach) has been adopted by national mental health as a medium term plan to address issues in CAMHS. CAPA is an evidence based service transformation model which has been used internationally. This is being rolled out as a service improvement initiative and will allow us to make the most efficient use of the entire workforce within CAMHS.

Older Persons Update

Delayed Discharges – June

The end of June 2018 Delayed Discharge figure is 578 (567 adults). The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place. In June, of the 578 DD's there were 158 people waiting to go home and of these the number of people awaiting Home Support was 104 (41 were approved with funding awaited –32 over 65 and 9 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

Transitional Care

All hospitals continue to have access to an unlimited number of transitional Care Beds. The winter initiative 2017/2018 facilitated an extra 20 approvals per week to designated hospitals. The total national approved for May is 953 with a total YTD of 5,131.

NHSS

In June 2018 the Nursing Homes Support Scheme funded 22,813 long term public and private residential places, and when adjusted for clients not in payment, there were 24,054 places supported under the scheme. The number of people funded under the scheme is slightly below the profile for June of 22,855. There is a decrease of 200 in the number of people supported under the scheme when compared to the same period last year. This is a 0.9% decrease in activity year on year. The target for 2018 is for 23,334 people to be supported under the scheme at year end and it is anticipated that this target will be achieved,

assuming that the projected demographics are realised. The target of maintaining the wait time for funding approval at no more than 4 weeks is being achieved, a significant reduction from the October 2014 wait time of 15 weeks. This target has consistently been achieved since April 2015 mainly due to additional funding provided for the scheme. The number on the placement list at the end of June 2018 is 430 (June 2017 – 304), again a significant reduction from the numbers waiting in October 2014 (2,135). A total of 4,661 people were approved for funding under the scheme in the first six months of 2018 compared to 4,478 people approved for the same period last year. This is an increase of 183 approvals or 4.1% year on year. In the first six months of 2018, 5,590 applications were received and 4,645 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 294 or 6.8% in the number of new clients supported under the scheme when compared to 2017. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation and Government policy.

Home Support

Activity data for Home Support for Older People in 2018 reflects for the very first time the total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency in relation to activity going forward. The bringing together of activity for these two separately funded services was and remains a considerable undertaking, principally in ensuring an accurate reflection of activity in terms of hours.

The NSP 2018 provides for the provision of 17.094m hours. Additional funding provided in relation to Adverse Weather funding received in Q1 and a further allocation to CHO 7 in April increases the full year target by 213,212 hours to 17.307m hours. In June it was expected that the new Home Support Service would deliver 1,428,149 hours (including 31,040 hours relating to funding provided due to adverse weather & additional allocation to CHO 7). The data reported indicates that 1,428,545 hours were provided. As at the end of May there are 52,812 people in receipt of home support and while hours being delivered are under target, there is an increasing number of people in receipt of home support services indicating that a higher number of people are in receipt of the available resource.

Work continues to ensure that each CHO has fully reported all activity funded from the Home Support Service allocation, and to ensure that the allocation of new and additional service hours are undertaken in the most economical way possible having regard to clients assessed needs and service provider capacity. A review of QI data against targets has been undertaken and work is on-going to (a) to confirm that all activity is being accurately recorded and (b) to consider a revision of targets where necessary to ensure that they are more closely aligned to actual activity.

Whilst additional Home Support funding is acknowledged and has been targeted to support home support services, demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥80years, within the over 65 years cohort. The CHO waiting lists for the end of June 2018 indicates that 5,929 (prelim data) people were waiting for home support funding (a reduction of 3% on May figure of 6,118). All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

Disability Update

Progressing Disability Services (0-18 Teams)

- A total of 56 network teams of the 138 network teams planned are in place. The appointment of Children's Disability Network Managers has been identified as a critical enabler to facilitate the continued roll out of this programme. Although an agreement regarding grading for these posts was reached in January 2018 a mediation process with Section 38 and Section 39 agencies was required and concluded on June 26th. The HSE will now work with S38 and S39 agencies to progress recruitment of these posts.
- **Limited and in some cases, lack of Admin support** is comprising team effectiveness and efficiency with clinicians time spent on administration duties
- **Lack of Capital Funding:** preventing colocation of therapists to deliver an interdisciplinary, child and family centred service is significantly reducing optimum team performance and outcomes for children with disabilities and their families

- **Additional supports at national level** – A team of three National Disability Specialists (NDS) is now in place working with CHOs on a CHO basis in relation to Children's Disability Services. In addition the team members have been assigned individual responsibility in relation to Disability Compliance, IT Steering Group and the Access and Inclusion Model.
- **Disability Act Compliance** – The percentage of Assessment Reports completed within statutory timelines is down on Q1 2018. However, the total number of applications 'overdue for completion' continued to reduce during second Quarter 2018.
- **Standardised approach to Assessment of Need** - Revised Standard Operating Procedures for Assessment of Need have been approved by the Social Care Management Team and noted by the HSE Leadership Team. Implementation of this procedure has been deferred pending the outcome of an industrial relation consultation with Forsa. Engagement with relevant professional bodies is also continuing.
- **Improvement Plans at CHO level re Assessment of Need Waiting List** - Each CHO has developed an updated improvement plan which sets out clear actions which will lead to an elimination of current waiting times. Implementation of these plans is linked to the implementation of the Standard Operating Procedure and requires additional resources to address backlogs. The Disability Act 2005 sets out the requirement for assessments to be completed within 6 months of the date of receipt in relation to this category. Work remains on-going across all 9 CHOs in relation to the improvement/elimination of waiting lists for assessments for clinical assessments, with specific focus on those areas with the largest waiting lists (Cork/Dublin areas).

Congregated Settings

A total of 22 people transitioned from congregated settings in Q2; which means the target for Q1 & Q2 has been exceeded. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

Emergency Places

The activity for emergency placements is in excess of target. However, we note concern regarding the low level of activity in the number of new home support/in-home respite supports for emergency cases. This will become an agenda item in the monthly engagements with the CHO Areas.

Performance Notice Updates - Disability Services

St. John of God Community Services:

- The Joint HSE and SJOGCS task force formally approved the SJOGCS “Improvement Plan” on 20th of June (1st meeting held in June 2017)
 - It is important to note that the work of implementing improvements within SJOGCS occurred in parallel to the work of the Task Force
 - The Task Force has been formally stood down having concluded its remit – i.e. to ensure scoping and time-bound actions to respond to a range of organisational concerns as follows:
 - “Governance” - “Regulatory compliance” [including HIQA and Public Pay Policy], “Service Reform” [pace of decongregation] and “Financial Sustainability”
- HSE has now established a joint oversight implementation group to formally monitor the Improvement Plan.
- The main key factors which continue to be progressed include the following:
 - Continued review of New Board Membership and Revised SJOGCS Sub-Board Structures
 - Working to the CEO, a new senior management team will be recruited
 - Significant progress made with regard to HIQA Compliance and decongregation within the two main campus settings- i.e. St Raphael's Celbridge [Co Kildare] and St Mary's Drumcar (Co Louth)
- Areas directly concerned with the HSE Internal Audit Report
 - Public Pay Compliance: See attached docs from SJOGCS. Whilst progress and engagement on Public Pay Compliance is being made, it is at a slow pace and is being led by National HR with support from Disability Operations.
 - Re: Rec 6 of the HSEs IA Report: This relates to having a review of monies owing to SJOGCS from the Hospitaller Group re work undertaken by staff for the latter. This process is drawing to a conclusion and

outcomes will inform the negotiations required regarding the sustainability plans for SJOG CS into the future.

Stewarts Care:

- CHO 7 issued Stewarts Care with a “First Notification” letter in May 2018.
- Stewarts Care Ltd. continues to face very substantial challenges in key performance areas requiring definitive “improvement actions” spanning the following overarching areas.
- Financial Governance and reported deficits
- HIQA Regulatory Compliance
- The HSEs concerns regarding these matters arise from HIQA reports, and secondly reported deficits by Stewarts Care Ltd in addition to legacy issues relating to unacceptable use of client funds. On the latter point, the HSE is aware of Gardaí involvement in this area and the HSE have both confirmed terms of reference and an independent review process to commence at the end of August 2018. Additionally, HSE is aware that these legacy matters are being addressed as per the Chief Executive's correspondence of February 8th to CHO 7 and HIQA Management respectively.
- CHO 7 continue to monitor Stewarts Care around aspects of:

Financial Governance:

- Provide a detailed account of the 2018 projected deficit expenditure in addition to a cost containment plan. This account should outline the steps Stewart Care Ltd will take in response to the projected deficit of c. €5m in 2018 for review by the HSE. Allied to this area, Stewarts Care Ltd should indicate if there is a requirement on the part of the HSE to liaise with the Regulator in terms of putting a stay on expenditure which legitimately could be deferred in 2018 on the basis that consideration is given to same in the context of the 2019 estimates process.
- Outline in detail the Financial Controls and Accountability policies in place within the organisation. This should include a detailed account of the “approvals process” between the Executive in Stewarts Care Ltd. and the Board regarding budgetary matters.
- Give a written commitment to the HSE that Stewarts Care Ltd will in future not accede to any level of unauthorised expenditure unless it has written approval by the Chief Officer in CHO7.

- Provide the HSE with both evidence and assurances (save for the HSEs own action relating to an independent audit) that the measures outlined in the attached correspondence are or have been implemented. Where there are outstanding items for implementation relevant to this area, please provide a timeline by which same will be concluded.

HIQA Regulatory Compliance:

- Provide the HSE with the current Regulatory Improvement Plan for review in light of the above area. Provide assurances to the HSE that areas of non-compliance that are not resource dependent, are being worked on pro-actively by Stewarts Care Ltd.

Health and Wellbeing Update

Tobacco: No. of 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. This metric tracks the performance of intensive cessation support services through both the QUIT (telephone helpline and online cessation services) and face to face cessation services. YTD June 2018, nationally a total of 5,755 smokers received intensive cessation support from a cessation counsellor. This is -18.7% below the YTD expected activity target of 7,083.

Capacity to deliver a face to face cessation support service varies widely across the HGs/CHOs and KPI performance is sensitive to any temporary reduction in face to face capacity resulting from a lack of cover for practitioners in cases of vacancies and unplanned absences which may arise during the reporting period.

Tighter monthly monitoring of this metric is now in place so that timely corrective action can be progressed. This has proved successful again in June with gaps in targets reducing in CHOs and Hospital Groups.

QUIT activity is reporting 14,360 unique visitors to *QUIT.ie* website in June, an increase of 25% compared to the same period in 2017. There were 786 QUIT plan sign ups online, an increase of 20% on the same period in 2017 and an increase of 23% on May 2018. This indicates our communications campaign is successfully signposting smokers to the *QUIT.ie* website and encouraging them to sign up. However, the number of smokers requesting call backs from the *QUIT Line* are lower than expected. Visitors to the *QUIT.ie* website appear to be focusing on text and/ or email support only. GDPR regulations require visitors to

the *QUIT.ie* website to 'opt in' to be contacted and this is being attributed to the reduction in call back activity. The most effective way of highlighting the benefits of the call back phone service on *QUIT.ie* are being explored to address the issue.

Tobacco: % of smokers quit at one month

The percentage of smokers on cessation programmes who were quit at one month YTD in June is 55.1% (target of 45%).

This metric refers to smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. A verified 4 week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10ppm. The -3 or +14 day rule allows for cases where it is not possible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).

Chronic Disease Management: Number of people completing a structured patient education programme for diabetes

The HSE delivers two national structured patient education programmes for diabetes; the X-PERT Programme and the DESMOND Programme. Both programmes have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self-manage their diabetes.

- X-PERT is a 15 hour group structured patient education programme delivered by 1 Community Dietitian educator over a 6 week period with performance reporting 2018 commencing in February. A patient must complete a minimum of 4 X-PERT sessions (out of 6 sessions) for the activity to be reflected in this metric. CHO 4, 5, 6, 7 and 9 run the X-PERT programme.
- DESMOND is a 6 hour structured programme jointly facilitated by 2 educators (i.e. a Community Dietitian and/ or Diabetes Nurse specialist). A patient must complete all sessions (i.e. 2 out of 2 sessions) for the activity to be reflected in this metric. CHO 2 and 3 run the DESMOND programme.

- X-PERT and DESMOND programmes: Both CHO 1 and CHO 8 run the X-PERT and DESMOND programmes in their areas.

YTD June a total of 1,541 people completed a structured diabetes education programme against a target of 2,256. This is -31% behind expected activity. Capacity to deliver these programmes varies across the CHOs and the KPI performance is sensitive to any reduction in capacity in cases of unfilled vacancies and unplanned absences which may arise during the reporting period. All CHOs have reported activity this month.

Immunisations: % of children aged 24 months who have received three doses of the 6 in 1 vaccine

The World Health Organisation (WHO) recommends that immunisation uptake rates should reach at least 95% to ensure individual, community and population immunity is achieved. Immunisation is a proven, safe and effective public health measure to protect against serious diseases. Nationally, the percentage of children aged 24 months who have received three doses of the 6 in 1 vaccine during Q1 2018 was 94.8% (target of 95%). The uptake rate varies across the CHOs for e.g. CHO 2, 3, 4 and 8 are above target, with CHO 2 achieving the highest uptake at 96.6%. All other CHOs were within 5% of target.

Immunisations: % of children aged 24 months who have received the (MMR) vaccine

The World Health Organisation (WHO) recommends that immunisation uptake rates should reach at least 95% to ensure that community and population immunity is achieved and to provide individual protection. Immunisation is a proven, safe and effective public health measure to protect against serious diseases. The MMR vaccine protects children against Measles, Mumps and Rubella. Nationally, the percentage of children aged 24 months who have received the MMR vaccine YTD Q1 was 92.5% (target of 95%). CHO 8 achieved the highest uptake at 95.2% followed by CHO 2 at 94.8%. All other CHOs were within 5% of target with the exception of CHO 6 who reported an uptake rate of 89%.

Physical Activity: Number of 5k Parkruns completed by members of the public

Parkrun events are free, weekly, 5km timed runs/walks currently held in 33 locations around Ireland. This metric counts the total number of runs completed by registered participants in all parkrun events each month. The total number of Parkruns completed YTD June is 206,207 (target of 206,114).

Healthy Ireland

Healthy Ireland (HI) Implementation Plans are now developed in 3 of the 9 Community Healthcare Organisations (CHOs) and 5 of the 7 Hospital Groups (HGs). To date the (CHO 3) Mid-West, (CHO 9) Dublin North City/County and (CHO 4) Cork Kerry have all launched their Healthy Ireland 5 year implementation plans. These plans set out a clear pathway for the implementation of Healthy Ireland in the Health Service with a comprehensive set of tangible actions. The plans focus on the opportunities CHOs/HGs have to support and encourage lifestyle behaviour change among the populations they service whilst also improving the health and wellbeing of their staff. (CHO 8) Midlands Louth Meath will be launching their HI Implementation Plan on the 19th July 2018.

Healthy Ireland Summer Campaign

The Healthy Ireland 2018 summer campaign, launched in June, is a government led awareness campaign encouraging people to *'Eat Well, Be Well and Think Well'* and to make positive lifestyle choices to improve their physical and mental health.

Making Every Contact Count (MECC)

The Making Every Contact Count Programme is a key priority of the Healthy Ireland agenda. It aims to improve the health of the whole population. The objective of the MECC training programme is support healthcare professionals across all disciplines to have the confidence and skills to deliver brief interventions to service users in the key lifestyle areas of smoking, alcohol consumption, healthy eating and active living. The National Service Plan 2018 includes two 'new' MECC programme training metrics for CHOs and Hospital Groups as follows:

- Number of frontline staff to complete the online Making Every Contact Count Training in brief intervention
- Number of frontline staff to complete the 'face to face' module of the Making Every Contact Count training in brief intervention, which is 20% of those completing the online module.

The overall annual target set for CHOs and Hospital Groups is 7,523. This target was set based on the training programme being available from the 1st January 2018. Due to unforeseen delays, the MECC training programme only became available to staff on the 6th June 2018. Consequently the delivery of full year MECC targets is now compromised. All staff are encouraged to undertake MECC training. The Hospital Groups have identified 20 target sites for implementation and the CHOs are currently identifying target sites for implementation. The face to face module of this training will commence when a sufficient number of staff have completed the e-learning module.

Acute Services

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Childrens	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Incidents														
	Review completed within 125 calendar days	M	90%	1% [R]	-98.9%										
	Service User Experience														
	Complaints investigated within 30 working days	Q	75%	70% [A]	-6.7%	98% [G]	76% [G]	73% [G]	71% [A]	65% [A]	64% [A]	20% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	< 1	1.4 [R]	+36.3%	1.3 [R]	1.6 [R]	0.9 [G]	1.5 [R]	0.8 [G]	1.5 [R]	2.8 [R]	0.9	0.6	1.4
	C Difficile (per 10,000 bed days)	M	< 2	1.8 [G]	-10.3%	2.5 [R]	1.5 [G]	2.0 [G]	1.1 [G]	2.6 [R]	1.9 [G]	1.4 [G]	2.1	2.3	1.8
	CPE - number of new cases ²	M		189		3	58	27	10	35	26	30	37	24	44
Access & Integration	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	159 [R]		0 [G]	11 [R]	64 [R]	0 [G]	77 [R]	7 [R]	0 [G]	22	24	44
	Surgery														
	Hip fracture surgery within 48 hours	M-1M	95%	88.1% [A]	-7.3%		88.9% [A]	96.2% [G]	86.8% [A]	91.8% [G]	87.2% [A]	70.6% [R]	87.7%	90.3%	88.9%
	Emergency Department Patient Experience Time														
	75 years or older within 24 hours (zero tolerance)	M	100%	90.1% [R]	-9.9%		90.7% [R]	91.9% [R]	92% [R]	94% [R]	84.8% [R]	78.2% [R]	90.4%	92.9%	93.8%
	ED within 6 hours	M	75%	64% [R]	-14.7%	85.3% [G]	53.7% [R]	69.3% [A]	57% [R]	67.2% [R]	60.9% [R]	53.7% [R]	64.6%	65.9%	67%
	Waiting times for procedures														
	Adult waiting <15 months (inpatient)	M	90%	83.1% [A]	-7.7%		79% [R]	88.6% [G]	87.2% [G]	76.2% [R]	85% [A]	87.6% [G]	84.0%	83.2%	83.1%
	Adult waiting <15 months (day case)	M	95%	91.4% [G]	-3.8%		87.1% [A]	92.8% [G]	99.1% [G]	91.1% [G]	87.8% [A]	94.3% [G]	91.4%	91.1%	91.4%
	Children waiting <15 months (inpatient)	M	90%	86.8% [G]	-3.6%	86.7% [G]	100% [G]	100% [G]	98.6% [G]	78.9% [R]	93.2% [G]	84.1% [A]	88.4%	87.1%	86.8%
	Children waiting <15 months (day case)	M	90%	85.4% [A]	-5.1%	81.5% [A]	100% [G]	97.5% [G]	100% [G]	87.8% [G]	91.8% [G]	89.4% [G]	83.7%	84.9%	85.4%
	Outpatient < 52 weeks	M	80%	71% [R]	-11.2%	61.7% [R]	70.8% [R]	71.8% [R]	80% [G]	73.4% [A]	68% [R]	69.6% [R]	71.3%	71.2%	71%

² CPE are quoted above but not RAG rated as the target has not been finalised
Health Service Performance Profile April to June 2018 Quarterly Report

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Childrens	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Finance, Governance & Compliance	Delayed Discharges														
	Number of beds subject to Delayed Discharge ³ (zero tolerance site specific targets)	M	500	578 [R]	+15.6%	11	144	169	113	52	81	8	599	595	578
	Cancer														
	Urgent Breast Cancer within 2 weeks	M	95%	73.5% [R]	-22.7%		45.1% [R]	78% [R]	100% [G]	97.1% [G]	45.7% [R]	99.4% [G]	64%	53.8%	54.7%
	Lung Cancer within 10 working days	M	95%	86.7% [A]	-8.7%		98.5% [G]	100% [G]	99.4% [G]	94.2% [G]	73.7% [R]	59.6% [R]	89.8%	89.9%	78%
	Prostate Cancer within 20 working days	M	90%	77.3% [R]	-14.1%		59.1% [R]	75.8% [R]	100% [G]	99.4% [G]	85.6% [G]	9.9% [R]	81.7%	82.1%	79.1%
	Radiotherapy treatment within 15 working days	M	90%	77.7% [R]	-13.7%		83.6% [A]			83% [A]	54.4% [R]	96.6% [G]	78.2%	81%	82.8%
Finance, Governance & Compliance	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	80.4% [G]	+0.5%								84.7%	80.1%	82.4%
	Delta within 18 minutes, 59 seconds	M	80%	57.4% [R]	-28.3%								60.3%	60.4%	59.2%
	Financial Management – Expenditure variance from plan⁴														
	Net expenditure (total)	M	≤0.1%	2,604,317	5.81% [R]	6.53% [R]	3.96% [R]	7.46% [R]	5.23% [R]	5.90% [R]	6.02% [R]	9.68% [R]	5.31%	5.66%	5.81%
	Gross expenditure (pay and non-pay)	M	≤0.1%	3,016,139	3.52% [R]	2.12% [R]	1.53% [R]	4.70% [R]	3.46% [R]	3.93% [R]	3.62% [R]	6.70% [R]	3.03%	3.45%	3.52%
	Non-pay expenditure	M	≤0.1%	992,551	7.44% [R]	9.84% [R]	2.16% [R]	8.18% [R]	9.51% [R]	9.50% [R]	8.20% [R]	8.30% [R]	5.85%	6.88%	7.44%
Work-force	Financial Management - Service Arrangements														
	Monetary value signed	M	100%	100%	0%								82.7%	85.4%	100%
	Funded Workforce Plan														
	Pay expenditure variance from plan	M	≤0.1%	2,023,588	1.69% [R]	-0.90% [G]	1.20% [R]	3.10% [R]	1.09% [R]	1.42% [R]	1.54% [R]	5.89% [R]	1.71%	1.86%	1.69%
	Attendance Management														
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.36% [R]	24.57%	4.16% [R]	4.21% [R]	3.94% [A]	4.32% [R]	4.39% [R]	4.12% [R]	5.95% [R]	4.12%	3.97%	3.90%
	European Working Time Directive (EWTD) Compliance														
	< 48 hour working week	M	95%	83.8% [R]	-11.8%	62.2% [R]	76.8% [R]	79% [R]	79.1% [R]	93.1% [G]	90.4% [G]	73.3% [R]	83.4%	83.8%	83.8%

³ Delayed Discharges figures are quoted above but not RAG rated as the site specific targets have not been finalised

⁴ Includes Hospital Groups, regional and National Cancer Control Programme and Ambulance Services

Acute Hospitals Services

Overview of Key Acute Hospital Activity

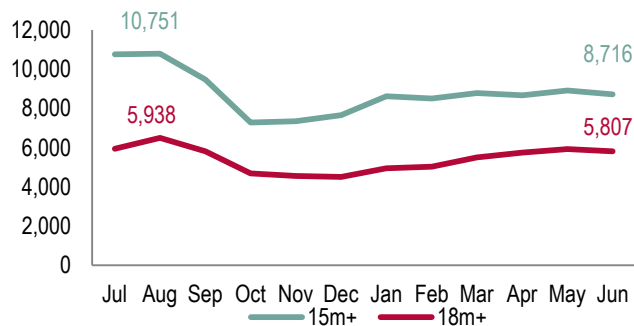
Activity Area	Expected Activity YTD	Result YTD Jun 2018	Result YTD Jun 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	707,919	728,638	707,716	+3%	123,298	133,619	123,455
New ED Attendances	586,012	607,688	587,854	+3.4%	102,694	110,452	102,231
OPD Attendances	1,698,178	1,665,733	1,672,277	-0.4%	276,719	308,899	265,087

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD May 2018	Expected Activity % Var	Result YTD May 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient [IP] Discharges *	263,733	266,721	+1.1%	264,037	+1%	53,507	52,507	57,380
Inpatient Weighted Units *	264,887	267,420	+1%	270,769	-1.2%	54,395	52,388	56,074
Daycase [DC] Discharges *	444,167	447,538	+0.8%	447,687	-0.03%	85,383	87,167	96,279
Daycase Weighted Units *	433,384	438,520	+1.2%	443,218	-1.1%	82,357	85,898	94,979
IP & DC Discharges *	707,900	714,259	+0.9%	711,724	+0.4%	138,890	139,674	153,659
% IP	37.3%	37.3%		37.1%	+0.7%	38.5%	37.6%	37.3%
% DC	62.7%	62.7%		62.9%	-0.4%	61.5%	62.4%	62.7%
Emergency IP Discharges *	180,946	183,192	+1.2%	180,968	+1.2%	36,854	35,553	38,867
Elective IP Discharges *	37,282	38,093	+2.2%	37,522	+1.5%	7,431	7,833	8,924
Maternity IP Discharges *	45,505	45,436	-0.2%	45,547	-0.2%	9,222	9,121	9,589

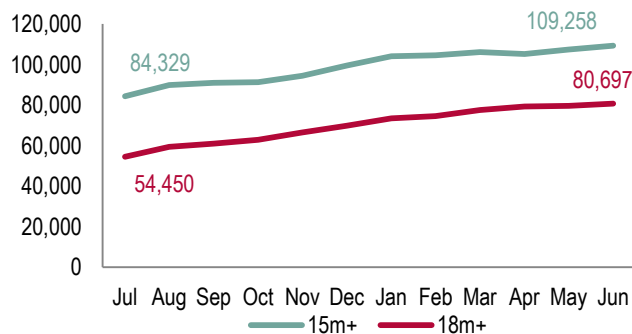
* Activity targets in the Operational Plan differ slightly (0.03%-0.8%) from those published in NSP 2018 following analysis by Health Pricing Office based on a later version of the national HIPE file

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	90%	M	83.1%	83.9%	-0.8%	84%	83.2%	83.1%	22 out of 40 hospitals reached target	GUH (73.9%), UHW (74.7%), Tullamore & CUH (75.6%)
Daycase adult waiting list within 15 months	95%	M	91.4%	89.6%	+1.8%	91.4%	91.1%	91.4%	29 out of 41 hospitals reached target	Columcilles (67.8%), UHW (82.3%), Tallaght - Adults (83.9%)
Inpatient children waiting list within 15 months	90%	M	86.8%	84.7%	+2.1%	88.4%	87.1%	86.8%	20 out of 26 hospitals reached target	SUH (76.4%), OLCHC (80%), GUH (81.6%)
Daycase children waiting list within 15 months	90%	M	85.4%	86.7%	-1.3%	83.7%	84.9%	85.4%	25 out of 30 hospitals reached target	Tallaght – Paeds (78.2%), OLCHC (79%), CUH (83.8%)
Outpatient waiting list within 52 weeks	80%	M	71%	75.5%	-4.4%	71.3%	71.2%	71%	19 out of 45 hospitals reached target	RVEEH (47.6%), Croom (54.8%), UHW (59.1%)

Inpatient and Daycase Waiting List (Adult & Child)



Outpatient Waiting List

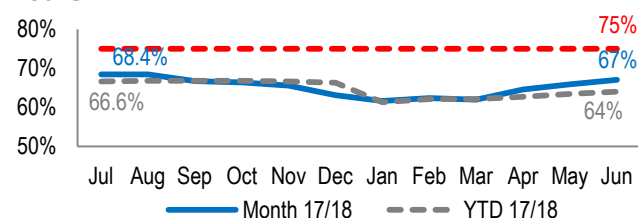


Waiting List Numbers

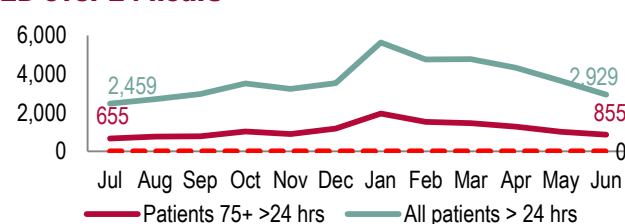
	Over 12 Months	Over 15 Months	Total
Adult IP	4,612	3,291	19,509
Adult DC	7,274	4,449	51,531
Adult IPDC	11,886	7,740	71,040
Child IP	619	381	2,888
Child DC	918	595	4,086
Child IPDC	1,537	976	6,974
OPD	148,209	109,258	511,415

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	75%	M	64%	66.6%	-2.6%	64.6%	65.9%	67%	St. Michael's (93.9%), SLK (92.4%), Tallaght – Paeds (92.1%)	Tallaght - Adults (41.6%), Beaumont (48.6%), Mercy (51.8%)
% in ED < 24 hours	100%	M	96%	96.8%	-0.8%	96.1%	97%	97.4%	7 hospitals were at 99.9% or above	UHL (92.6%), UHK (92.9%), GUH (93.3%)
% 75 years within 24 hours	100%	M	90.1%	92.3%	-2.2%	90.4%	92.9%	93.8%	SLK, St. Michael's, Cavan, MUH, PUH (100%), SUH (99.8%), SJH (99.7%)	UHL (77.4%), GUH (84.1%), UHW (84.3%)

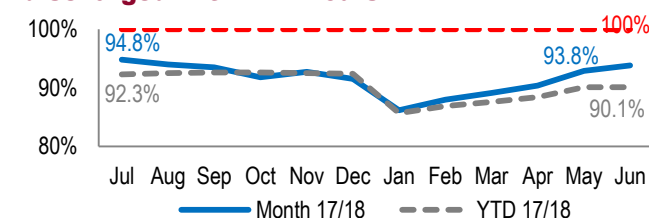
% patients admitted or discharged within 6 hours



ED over 24 hours

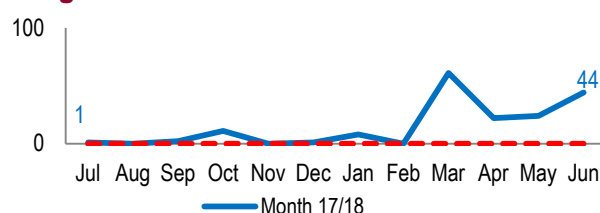


% 75 years old or older admitted or discharged within 24 hours



Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – number of people waiting > 4 weeks	0	M	159	53	+106	22	24	44	34 out of 38 hospitals achieved target	Columcille's (22), MUH (20), Tullamore, Tallaght - Adults (1)
Bowelscreen – number colonoscopies scheduled > 20 working days		M	828			126	192	173	Clonmel & RGH (0)	GUH (27), Mater (26), SJH (22)
Routine Colonoscopy and OGD <13 weeks	70%	M	56.7%	55.3%	+1.4%	55%	54.6%	56.7%	19 out of 39 hospitals achieved target	Naas (23.7%), UHL (27.5%), MMUH (37.5%)

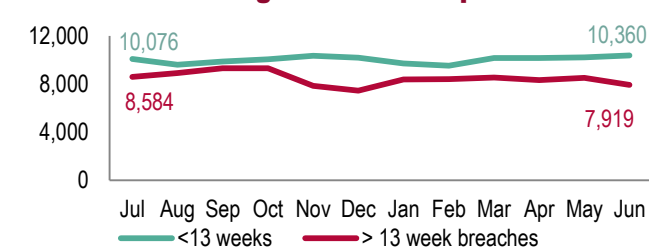
Urgent Colonoscopy – number of people waiting > 4 weeks



BowelScreen - Urgent Colonoscopies

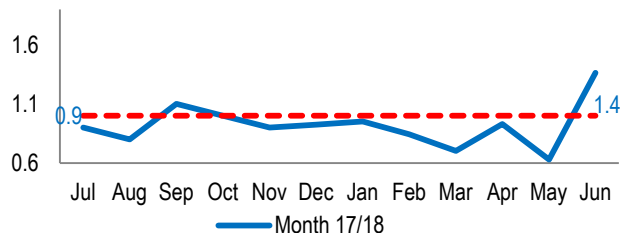
	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	309	342	278

Number on waiting list for GI Scopes

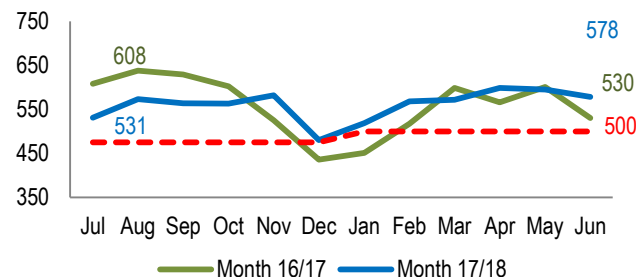


Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HCAI – Rate of new cases of Staph. Aureus infection	<1	M	1.4	0.8	+0.6	0.9	0.6	1.4	29 out of 48 hospitals achieved target	Cavan (5.2), SIVUH (4.5), St. John's (4.2)
HCAI – Rate of new cases of C Difficile infection	< 2	M	1.8	2.0	-0.2	2.1	2.3	1.8	37 out of 48 hospitals achieved target	MUH (7.4), Ennis (6.5), TSCUH (4.2)
Number of new cases of CPE (new KPI)		M	189			37	24	44		
Ambulance Clearance Times < 60 minutes	95%	M	89.1%	92.2%	-3.1%	89.2%	90.8%	90.6%	16 out of 34 hospitals achieved target	UHK (73%), UHW (77%), CUH (79.3%)
Number of beds subject to Delayed Discharges	500	M	578	530	+48	599	595	578	Tallaght-Paeds, Mullingar, Mallow, Ennis (0)	SJH (68), Beaumont, MMUH (49), Tallaght – Adults (37)
Hip fracture surgery within 48 hours	95%	M-1M	88.1%	85.5%	+2.6%	87.7%	90.3%	88.9%	5 out of 16 hospitals achieved target	MUH (0%), UHL (30.8%), SUH (80%)

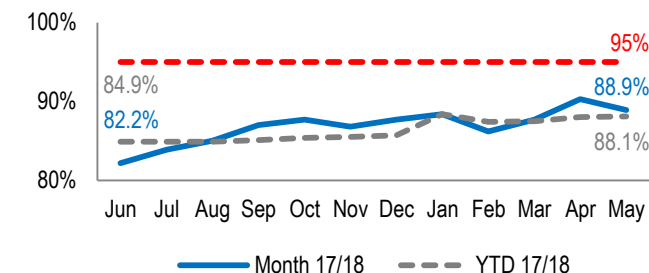
Rate of Staph. Aureus bloodstream infections in Acute Hospital per 10,000 bed days



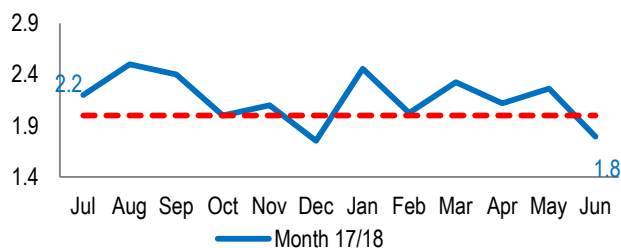
Delayed Discharges



% of emergency hip fracture surgery carried out within 48 hours



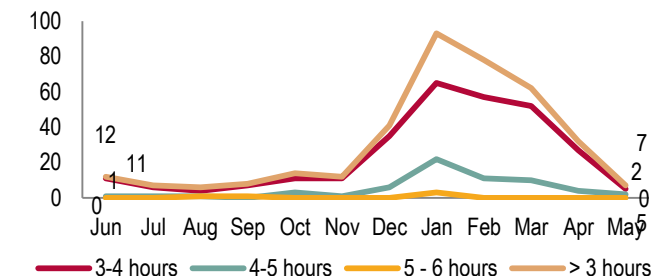
Rate of new cases of Clostridium Difficile associated diarrhoea in Acute Hospitals per 10,000 bed days used



Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	122	36	158	27.3%
Long Term Nursing Care	275	36	311	53.8%
Other	67	42	109	18.9%
Total	464	114	578	100%

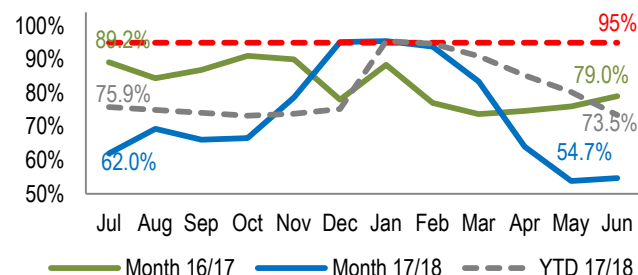
Ambulance Turnaround Times



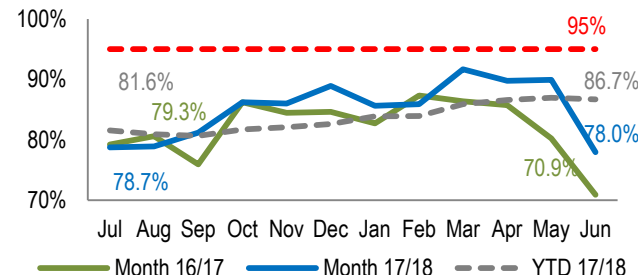
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent breast cancer within 2 weeks	95%	M	73.5%	78.1%	-4.6%	64%	53.8%	54.7%	Beaumont, UHL (100%), SVUH (99.5%), LUH (98.1%).	UHW (8.2%), SJH (16.2%), MMUH (23.8%)
Non-urgent breast cancer within 12 weeks	95%	M	72%	71.5%	+0.5%	69.3%	72.5%	74.2%	SVUH, Beaumont (100%)	SJH (18.4%), UHW (31.7%), CUH (59.8%)
Lung Cancer within 10 working days	95%	M	86.7%	82.3%	+4.4%	89.8%	89.9%	78%	SJH, SVUH, MMUH (100%)	CUH (31.9%), UHL (55%), GUH (85.4%)
Prostate cancer within 20 working days	90%	M	77.3%	50.6%	+26.7%	81.7%	82.1%	79.1%	6 out of 8 hospitals reached target	UHL (10.3%), MMUH (14.8%)
Radiotherapy within 15 working days	90%	M	77.7%	74.3%	+3.4%	78.2%	81%	82.8%	UHW, UHL (100%), GUH (92.3%)	CUH (53%), Altnagelvin (78.6%), SLRON (85.5%)

Breast Cancer within 2 weeks



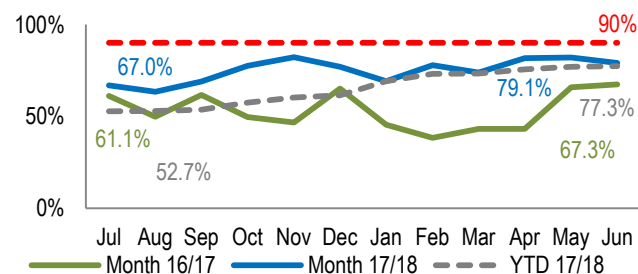
Lung Cancer within 10 working days



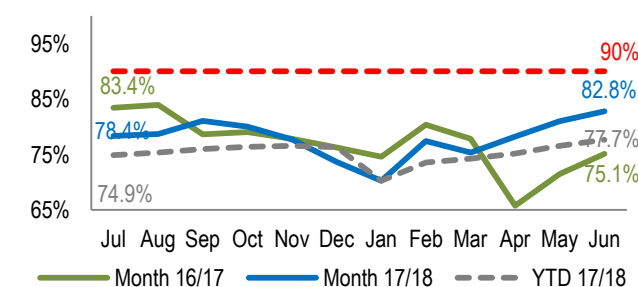
Volume of patients attending cancer clinics

Service	Category	Current (-2)	Current (-1)	Current
Breast	Urgent	1,635	1,943	1,633
	Non urgent	1,883	2,052	1,736
Lung	Rapid Access Clinic	322	308	313
Prostate	Rapid Access Clinic	263	290	239
RT	Number completed treatment	432	469	471

Prostate Cancer within 20 working days



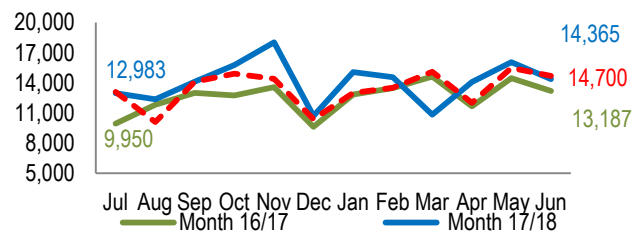
Radiotherapy within 15 working days



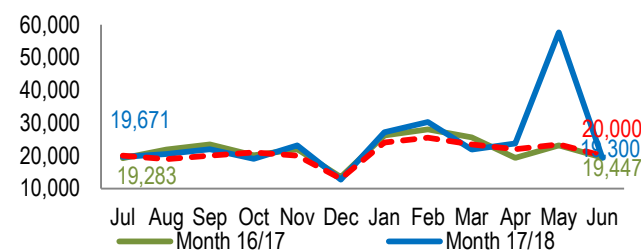
National Screening Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	83,800 YTD/ 170,000 FYT	M	84,975	80,274	+4,701	14,089	16,071	14,365
BreastCheck - % screening uptake rate	70%	Q-1Q	76.3%	70.5%	+5.8%	71.5%	70.3%	76.3%
CervicalCheck - number of eligible women who had screening	138,500 YTD/ 255,000 FYT	M	180,095	141,815	+38,280	23,788	57,700	19,300
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	79.8%	79.7%	+0.1%	79.9%	80.1%	79.8%
BowelScreen - number of people who completed a satisfactory FIT test	66,300 YTD / 125,000 FYT	M	59,920	61,790	-1,870	12,247	12,690	9,232
Bowelscreen - % client uptake rate	45%	Q-1Q	38.7%	41.2%	-2.5%	42.9%	43.5%	38.7%
Diabetic RetinaScreen - number of people who participated	45,478 YTD / 93,000 FYT	M	49,082	47,261	+1,821	7,832	8,851	8,471
Diabetic RetinaScreen - % uptake rate	65%	Q-1Q	61.4%	60.7%	+0.7%	71.6%	60.5%	61.4%

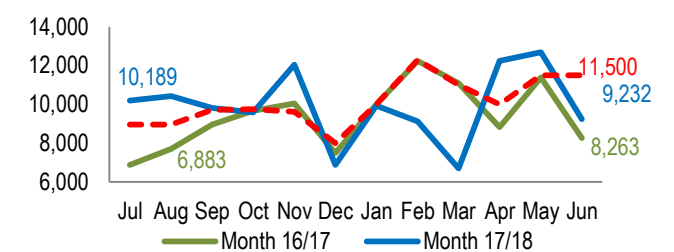
BreastCheck-number who had a mammogram



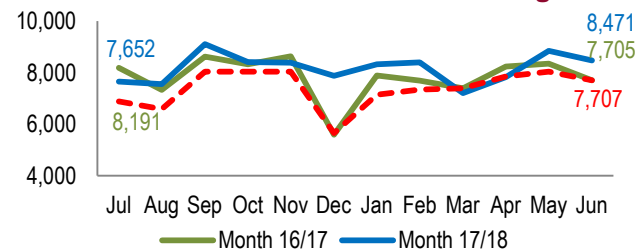
CervicalCheck-number who had screening



BowelScreen-number who had screening



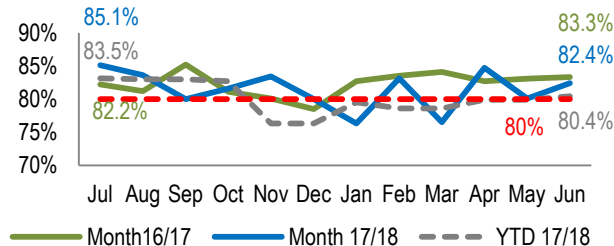
RetinaScreen-number who had screening



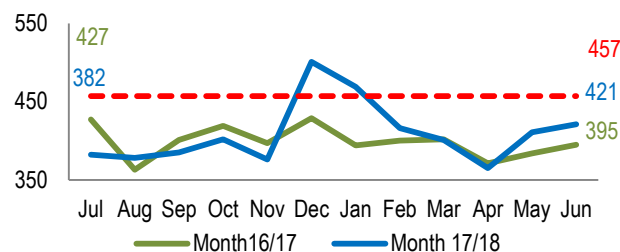
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times - ECHO	80%	M	80.4%	83.3%	-2.9%	84.7%	80.1%	82.4%	North Leinster 85.7%, Dublin Fire Brigade 88.2%,	Western Area 75.3%, South 74.3%,
Response Times - DELTA	80%	M	57.4%	62.3%	-4.9%	60.3%	60.4%	59.2%	North Leinster 64.7%	Western Area 57.6%,Southern Area 54.8%, Dublin Fire Brigade 57.8%
Allocation of Resource within 90 seconds - ECHO	95%	M	97.6%	98.2%	-0.6%	97.7%	98.9%	97.1%	South 98.8%, West 96.1%, North Leinster 96.7%	
Allocation of Resource within 90 seconds - DELTA	90%	M	88.7%	91.9%	-3.2%	90.5%	87.4%	88.3%	West 90.1%,South 91.7% North Leinster 84.5%	
ROSC	40%	Q-1Q	37%	38.8%	-1.8%	45.1%	40%	37%		

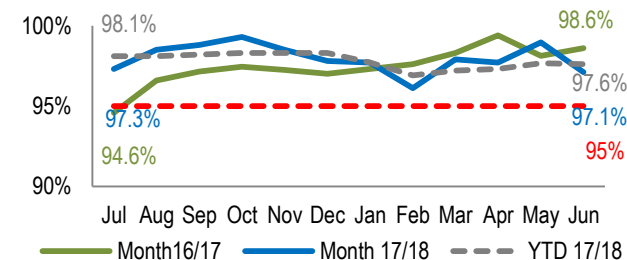
Response Times (within 18 minutes, 59 seconds) – ECHO



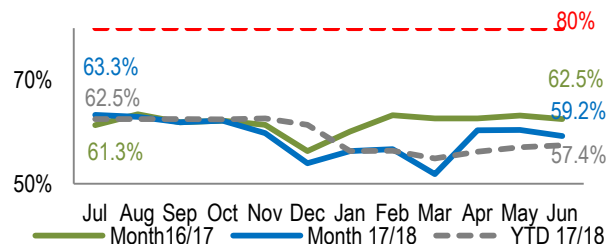
Call Volume (arrived at scene) – ECHO



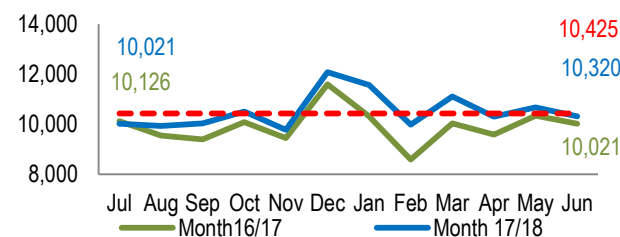
Allocation of Resource within 90 seconds - ECHO



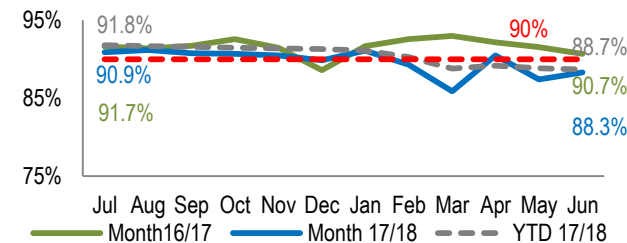
Response Times (within 18 minutes, 59 seconds) – DELTA



Call Volume (arrived at scene) – DELTA



Allocation of Resource within 90 seconds - DELTA



Acute Hospitals Services Updates

Emergency Department (ED) Performance

- There was 102,231 new ED attendances in June 2018 and 607,688 year to date June 2018. This is a 3.4% increase on the same period, year to date, in 2017. In addition, there was a 3.7% increase in the year to date June new ED attendances versus the target (586,012-attendances).
- ED PET less than 24 hours (all patients) was 97.4% and less than 9 hours was 81.6% in June 2018. Ten of the Emergency Departments excluding the Children's Hospital Group reported ED PET less than 24 hours compliance greater than 99%.
- ED PET less than 24 hours for patients aged 75+ was 93.8% in June 2018.

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

Reduction in Delayed Discharges (DD)

There were 578 Delayed Discharges at the end of June 2018. This included 158 Delayed Discharges that were waiting to go home, 311 were waiting on long term nursing care and 109 complex patients that require bespoke care provision.

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

Day Case Discharges (including dialysis)

The number of day case procedures year to date May 2018 was 447,538 versus 447,687 for the same period in 2017, that is, a decrease of 149 (0.03%) cases year to date and 0.8% higher than the target of 444,167.

Inpatient Discharges

The number of inpatient discharges was 266,721 year to date May which is 1.0% higher than the same period last year which had 264,037 cases. Inpatient discharges year to date May 2018 are 1.1% higher than the target of 263,733 cases for this period.

Elective Inpatient Discharges

There were 38,093 elective inpatient discharges year to date May 2018 versus 37,522 for the corresponding period in 2017, that is, an increase of 1.5%. Elective inpatient discharges were 2.2% higher than the target of 37,282

Emergency Inpatient Discharges

There were 183,192 emergency inpatient discharges year to date May 2018 and 180,968 for the corresponding period in 2017, that is, an increase of 1.2%. Emergency discharges were 1.2% higher than the target of 180,946.

Maternity Inpatient Discharges

There were 45,436 maternity inpatient discharges year to date May 2018 which is a decrease of 0.2% on activity for the same period last year of 45,547 discharges. Maternity inpatient discharges were 0.2% less than the target of 45,505 year to date May 2018.

Waiting Lists

Inpatient/Day Case Waiting Lists

The National Service Plan (NSP) 2018 target is that 90% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure and 95% will wait less than 15 months for a day case procedure. Compliance with these targets in June was 83.1% and 91.4% respectively. In the case of the children's inpatient waiting list, 86.8% of children were waiting less than 15 months versus the NSP 2018 target of 90% and 85.4% of children on the day case waiting list waited less than 15 months versus the NSP 2018 target of 90%.

Each Hospital was required to undertake a self-assessment against the waiting list protocols by the end of November 2017. The outputs from this process include the following;

- Actions arising from self-assessment including requirements in relation to training, hospital policies and procedures will be fully complete by June 2018, assuming that there is no systems development required.
- The HSE will seek to prioritise an audit of compliance with the Waiting List Management protocols as part of its audit plans in 2018/2019. Voluntary Hospitals will also be obliged to include audit as part of their audit programme for 2018/2019.

The HSE NSP 2018 sets out a planned activity level for 2018 which encompassed the requirement to deliver 1.14m elective discharges. The NTPF was allocated €50m in respect of 2018. It is proposed that €40m of this funding will be used to remove 17,000 long waiting patients from the Active inpatient and day case (IPDC) waiting list between January and October 2018 and an additional 3,000 patients will be removed from the waiting list in November and December 2018. In total 20,000 patients will be removed from the Active IPDC waiting list in 2018, having accepted offers of treatment funded by the NTPF.

The NTPF will do the following;

- Offer 13,800 treatments to all patients who are clinically suitable for outsourcing who are waiting more than 9 months in relation to seven high volume procedures.
- Arrange 5,000 procedures across an expanded range of over 40 'other procedures'.
- Engage with the HSE and the public hospitals to seek solutions for very long waiters either in the private sector or through insourcing and plan to fund treatment for 1,200 patients in 2018 through this mechanism.

The NTPF is proposing to commit €4m in 2018 to purchase 4,000 GI scopes throughout the year.

Outpatients Waiting Lists

The National Service Plan 2018 target is that 80% of people on the outpatients' waiting list will be waiting less than 52 weeks for an outpatients' appointment. Compliance with this target was 71.0%-in June 2018.

The Acute Operations Unit submitted a proposal to the Department of Health in October 2017 for consolidating and validating hospital waiting lists. It was agreed with the Department of Health and the National Treatment Purchase Fund that the focus of validation will be on the outpatients' waiting list, having regard to the additional resources targeted at patients on the inpatient/day case waiting lists which will require patient contact. A phased approach to outpatient waiting list validation was agreed as follows;

- Phase 1 - All patients waiting greater than 24 months will be subject to validation (n=28,360). This phase was to be completed by the end of January 2018.
- Phase 2- All patients waiting 12 to 24 months will be subject to validation (n=104,573). This phase is to be completed by the end of April 2018.
- Phase 3 - All patients waiting 6 to 12 months will be subject to validation (n=117,021). This phase is to be completed by the end July 2018.

Based on returns received to date, 87,230 patients on the OPD waiting list have been validated in the first phase of the validation process. 18% of patients contacted by Hospital Groups came off the list.

Cancer Services

National Cancer Control Programme

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

Phase 2 of the project will focus on the implementation of the improvement initiatives by the eight cancer sites. The improvement initiatives will be implemented in waves having regard to resource requirements and timeframe for delivery. The Wave I initiatives are currently being implemented in the eight cancer centres. The core objective of these initiatives is to drive process improvement, efficiency and enhance the patient pathway. The Wave I improvement initiatives are 88% complete. The implementation of the National Cancer Strategy 2017 – 2026 will drive the delivery of the Wave II cancer services improvement initiatives.

Compliance with the NSP 2018 targets in the Symptomatic Breast Cancer Clinics and the Rapid Access Clinics for lung and prostate cancer services in June 2018 was as follows:

Symptomatic Breast Cancer Clinics

Four of the nine Symptomatic Breast Cancer Clinics achieved or exceeded the 2018 National Service Plan (NSP) target in relation to urgent symptomatic breast patient referrals to Symptomatic Breast Cancer Clinics. The following hospitals complied with the NSP target for urgent referrals;

- St Vincent's University Hospital – 99.5%
- Beaumont Hospital - 100%
- University Hospital Limerick – 100%
- Letterkenny University Hospital – 98.1%

Rapid Access Clinics for Lung Cancer Services

Three of the eight cancer centres complied with the NSP target for referrals to Rapid Access Clinics for Lung Cancer. The following hospitals complied with the NSP target;

- St James's Hospital – 100%
- Mater Misericordiae University Hospital – 100%
- St Vincent's University Hospital - 100%
- Beaumont Hospital – 95.8%

Rapid Access Clinic for Prostate Cancer Services

Six of the eight cancer centres complied with the NSP target for referrals to Rapid Access Clinics for prostate cancer. The following hospitals complied with the NSP target:

- St Vincent's University Hospital - 100%
- Beaumont Hospital - 100%
- University Hospital Galway – 100%
- University Hospital Waterford - 100%
- Cork University Hospital – 94.4%
- St James Hospital – 100%

Radiotherapy

Three of the five radiotherapy centres complied with the NSP target to commence treatment within 15 working days of the patient being deemed ready to treat. The hospitals that complied with the NSP 2018 target were as follows:

- University Hospital Galway – 92.3%
- UPMC, Whitfield, Waterford - 100%
- Mid-Western Radiation Oncology Centre, Limerick – 100%

Healthcare Associated Infections (HCAI)

There were 29 hospitals with no cases of Staphylococcus Aureus blood stream infection and 24 hospitals with no cases of Clostridium Difficile related diarrhoea reported in June. There were 41 cases of hospital acquired Staphylococcus Aureus blood stream Infections in HSE hospitals and 54 cases of Clostridium Difficile associated diarrhoea in June.

It is important to acknowledge that national averages and uniform national targets do not take full account of extreme variation in the case mix of hospitals. One might expect for example that there is a greater intrinsic risk of hospital acquired Staphylococcus Aureus blood stream infection in level 4 hospitals that provide care for the most complex and vulnerable patients. Adjustments based on bed days therefore do not fully account for variations between hospitals. It is important therefore to consider results for each hospital group and each hospital in the context of its own baseline and to consider that some month to month variation is to be expected.

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

National Screening Service

BreastCheck

- The number of women who had a complete mammogram in the period (June 2018) was 14,365 below of the target of 14,700 by 2.3%
- The number of women who had a complete mammogram YTD (June 2018) was 84,975 ahead of the target of 83,800 by 1.4%
- The number of women aged 65+ who had a complete mammogram YTD (June 2018) was 14,005 ahead of the target of 7,000 by 100%
- Uptake was measured at 76.3% (Mar 2018) ahead of the target of 70%

Recruitment of additional staff to support the age extension to women aged 65+ remains a key priority for the programme during 2018. A PNS strategy for 2018 has been agreed which will enable staff to be hired as expeditiously as possible subject to funding being available.

Numbers screened in June were below target however, YTD numbers screened have recovered and are now ahead of target.

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period (June 2018) notified to report date was 19,300 – this will substantially increase when the final figures are reported.
- The number of unique women who had one or more smear tests in a primary care setting YTD (June 2018) was 180,095 ahead of the target of 138,500 by 30%
- Coverage of 79.8% was achieved (Mar 2018) against a target of 80%

Planning for the implementation of the HIQA HTA on HPV testing as the primary screening tool for the detection of cervical cancer in Ireland is continuing.

Following the decision to facilitate out-of-sequence tests for women free of charge, the publicity around the programme and this offer contributed to the sharp increase in screening numbers in May (57,700 exceeding the target by over 140%). The numbers screened in June are those notified by report date – the backlog in laboratories due to out-of-sequence tests has resulted in delays in notifying tests. The number for June will substantially exceed target (20,000). The programme is at least 30% ahead of YTD target. The increase in numbers of

women screened has had an impact on waiting times in colposcopy in June and the time taken to report results.

Planning for the RCOG review continued with the Department of Health. The Terms of Reference are hoped to be finalised early in July.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (June 2018) was 9,232, below of the target of 11,500 by 19.7%
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (June 2018) was 59,920 behind the target of 66,300 by 9.6%
- Uptake was measured at 38.7% (Mar 2018) against a target of 42%

Screening numbers are behind target YTD (bad weather in March and the CervicalCheck controversy in May/June). It is expected, however, that numbers will increase over the coming months and by the end of Q3 target levels of FIT tests taken and sent for analysis will start to recover towards year end targets.

Waiting times for a colonoscopy for those that have a FIT positive test (urgent) saw a disimprovement on the previous month with 36.86% (43.86% May) seen within 20 working days in June. St. James's Hospital, Kerry General, Letterkenny General, Galway University Hospital, Mercy Hospital, Louth County Hospital and Wexford wait times again being most impacted in June. Overall, 51% (57% May) were seen within 20 working days during the period January 2018 to June 2018 behind the target of 90%.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period (June 2018) was 8,471 ahead the target of 7,707 by 9.9%
- The number of diabetics screened with a final grading result YTD (June 2018) was 49,082 ahead of the target of 45,478 by 7.9%
- Uptake was measured at 61.4% (Mar 2018) behind the target of 65%

Waiting times for routine retinopathy referrals and for detected non-diabetic eye disease (NDED) continue to be outside target in certain treatment clinics (acute hospitals CUH and MMUH) and the programme is working closely with those

hospitals to ensure that plans are put in place so that patients are seen within agreed referral timeframes. For example, Kerry General is assisting with referrals in the South region and a private provider has been sourced to assist with NDED referrals in the eastern area.

National Ambulance Service

Activity volume for AS1 and AS2 calls received this month increased by 1,448 calls (5%) since the same month last year (June 2017)

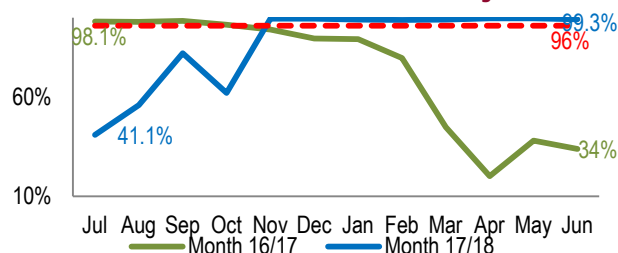
- The daily average call rate for AS1 and AS2 calls this month was 932 (30 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was on target at 82.4% this month.
- DELTA (life-threatening illness 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 at 59.2%.
- 90.2% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Pressures within Emergency Departments are continuing to have an impact on ambulance turnaround times.
 - 47.6% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 54.5% of vehicles being released within 30 minutes or less last year (June 2017).
 - 90.6% of vehicles were released and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 93.5% of vehicles being released within 60 minutes or less last year (June 2017).

National Services

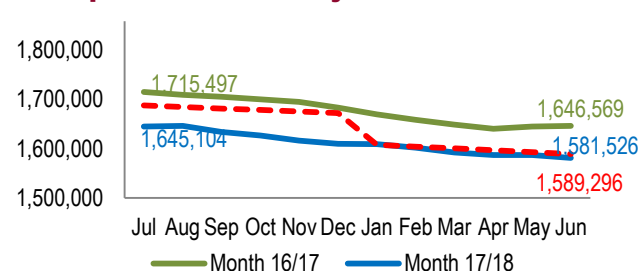
National Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	96%	M	99.3%	34%	+65.3%	99.8%	99.8%	99.3%
No of persons covered by Medical Cards	1,589,296YTD/ 1,564,230FYT	M	1,581,526	1,646,569	-65,043	1,587,447	1,587,062	1,581,526
No of persons covered by GP Visit Cards	488,096YTD/ 492,293FYT	M	496,820	480,787	+16,033	496,583	496,574	496,820
Number of initial tobacco sales to minors test purchase inspections carried out	192 YTD/ 384 FYT	Q	261	162	99	50	107	154
Number of official food control planned, and planned surveillance inspections of food businesses	16,500 YTD/ 33,000 FYT	Q	15,362	16,105	-743	8,523	6,593	8,769

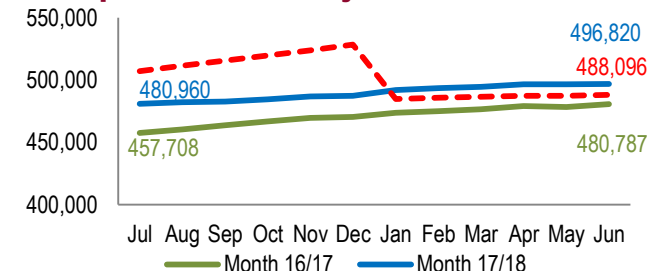
Medical card turnaround within 15 days



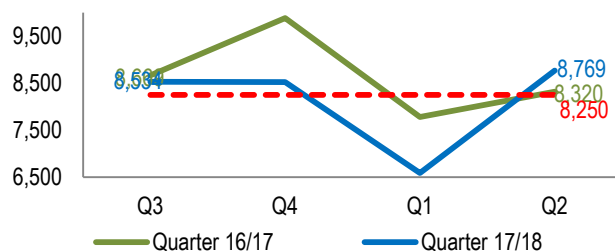
No of persons covered by Medical Cards



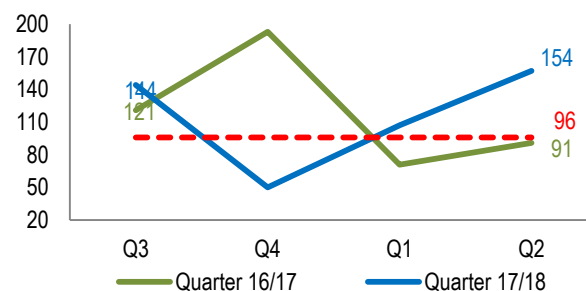
No of persons covered by GP Visit cards



Number of official food control planned, and planned surveillance inspections of food businesses



Number of initial tobacco sales to minors test purchase inspections carried out



National Services Update

PCRS

June saw the lowest monthly figure for new Medical Cards and GP Visit Cards issued YTD, although the trend downward in the overall number of people eligible for a Medical Cards and the trend upward for GP Visit Cards eligibility continues. As at 30th June 2018, 2,078,345 people had Medical Card or GP visit card eligibility. 374 people gained eligibility for a medical card in June in relation to the Cervical Check Screening Programme. The % of applications processed within 15 days in June is ahead of the KPI target of 96%.

Environmental Health

Food business establishments are routinely inspected to assess compliance with official food control requirements. A total of 15,362 planned and planned surveillance inspections of food business establishments have been carried out year to date which is 46.55% of the annual target. Of those planned and planned surveillance inspections, 20.42% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome.

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 261 initial tobacco sales to minors test purchase inspections have been carried out YTD. This is 67.96% of the annual target.

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 97% of relevant consultation requests from planning authorities received a response from the Environmental Health Service (Target: 95%).

There have been 21 inspections carried out of e cigarette and refill container manufacturers, importers, distributors and retailers under the E.U. (Manufacturer, Presentation and Sale of Tobacco and Related Products) Regulations 2016 YTD. This is a 52.5% of the annual target.

There have been 2,346 complaints received YTD of which 2,230 were risk assessed with 1 working day. 95% of environmental health complaints received by the Environmental Health Service from the public were risk assessed within 1 working day which is on target. Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. In quarter 2, 600 drinking water samples have been taken to assess compliance which is 97.47% of the YTD target. Non achievement of the target was due to plants not fluoridating during the quarter, which is outside of the control of the HSE

Emergency Management

- The “Integrated Coordination response Framework for a Mass Casualty Incident (MCI) in the Greater Dublin Area” was approved by leadership in June. Leadership have requested a summary of potential Revenue and Capital cost estimates for the funding required addressing the risks or areas requiring actions within the MCI Framework. EM continues to engage with the relevant service leads in order to identify what actions are required to mitigate the risk or if they are willing to accept the risk.
- Emergency Management continued to support the response to the Cervical Check crisis until the 22nd of June providing operational crisis management and oversight within National Screening Services.
- Emergency Management chairs the Business Continuity Management Working Group. The group are working off the Terms of Reference approved by Leadership Team. The current, on-going work involves the development of the policy and framework for BCM within the HSE. Each member of the working group is considering a draft document from their service’s perspective with the group due to meet again on July 26th.

- HSE EM has continued its work through the CBRN WG. The CBRN needs assessment for the whole organisation is continuing and will be ready for HSE leadership this autumn.
- HSE EM continued to meet its legislative requirements under Seveso legislation. A Seveso exercise was held in the Southern Region at Eli Lilly & Co.
- HSE EM continued to meet its legislative requirement regarding Crowd Events (both Licenced and Unlicensed). This is particularly busy period with a large number of concerts, festivals and other large scale public events underway nationally. 2018 has seen a significant increase in the number of commercial concert events with multiple events taking place each weekend.
- HSE EM continued planning throughout June for the medical services element of the upcoming Papal visit in August. Medical support needs to be delivered in four main venues, the RDS, Croke Park, Phoenix Park and the Basilica at Knock. EM are involved in the detailed planning of all aspects of the vents in Dublin and Knock with Emergency Management Officers (EMOs) attending a large volume of planning meetings with various Government Departments led by the OPW. EM has also met with key HSE stakeholders, CHO9 and Hospitals.
- HSE EM ran a large scale Table Top Exercise in the Mater Hospital in June. The scenario focused on a Mass Casualty Incident following a terrorist bombing of a Dublin Hotel. The exercise was presented in three key parts, the Hospital Emergency Control Team (HECT), Emergency Department (ED) and remaining hospital services (ICU, theatre, communications, diagnostics etc.). There was a very positive response to the exercise by those involved with a number of learning outcomes identified.
- EM continues to engage with a range of bodies through the structures established under a Framework for Major Emergency Management. EM facilitated a Local Coordination Exercise in Louth County Council in June. Work also continues on a major interagency exercise, Operation Barracuda, focusing on a Terrorism scenario with large numbers of casualties.
- EM engaged with the National Coordination Group towards the end of June with regard to the forecast for a period of high temperatures and water shortages. The first HSE “Hot Weather Advice” was issued on the 26th of June.

EU and North South unit

Brexit

- Update on Brexit prepared for May HSE Leadership meeting.
- Ongoing Risk registry for Brexit co-ordination.
- Ongoing work on compilation of a list of SLA's and MOU's that work East West (Ireland-UK), similar to North South list of SLA's and MOU's that was completed for DoH for their use at the Oireachtas committee.
- Work ongoing on preparation of Brexit Workshop to be held in August 2018.
- Ongoing Brexit Steering Group meetings.
- Attended HSE Masterclass in Dublin in April.
- Organised and attended Risk Management Workshop with the Assistant National Director, Office of the National Director Quality Assurance and Verification Director presenting.
- Ongoing presentations, PQ's, FOI's, etc on Brexit completed, as HSE's project Coordinator for Brexit

Cross Border Work

- Co-ordination of the CAWT sponsored Humanitarian Courses held in the Curragh from 3rd to 5th April on behalf of Irish Aid and the Department of Defence. Participants included Medical personnel from both jurisdictions including Defence Forces and Medical Officers; senior personnel from Medical Corps from both jurisdictions; Ministerial representation from both jurisdictions; senior CAWT personnel; senior personnel from Health Services from both jurisdictions; senior personnel from UK Medical Reserves; personnel from Irish Aid Rapid Response Initiative in addition to personnel from the National Ambulance Services.
- Co-ordinated and attended Clinical Indemnity meeting in Belfast along with State Claims Agency Director. Ongoing work for a cross border solution to clinical Indemnity, North & South relevant personnel meeting in Belfast, paper to follow.
- Attended Steering Committee meeting of Derry's Graduate Entry Medical School
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Launch of Interreg VA Acute project in Letterkenny

- Launch of Interreg VA CoH-Sync project in Newtownabbey, Northern Ireland
- North South Unit meeting with Tusla to establish reporting relationships and requirements for MACE project.
- Exploratory meetings held in relation to creation of all-island Epilepsy service
- CAWT Management Board meeting held
- Ongoing work on a PEACE IV project with DPER and Northern Ireland colleagues on a possible cross border Mental Health project involving CHO1.

Finance

Introduction

The net revenue budget for the HSE in 2018 is €14.500 billion. This represents an increase of €344m or 2.4% over the final 2017 budget (which included once-off supplementary funding).

2018 Risks and First Charge

Following the finalisation of the audit of the Annual Financial Statements of the HSE, the recorded deficit for 2017 is €139m. Under Section 10 of the Health Service Executive (Financial Matters) Act, any excess expenditure must be charged to the Income and Expenditure Account the following year and is effectively a first charge on the following year's budget, and is a first draw on cash in 2018. In addition some voluntary providers are also experiencing cash flow challenges. Both the statutory and the voluntary sector have required cash acceleration during Q2 to manage their working capital. This situation is particularly evident in the acute & disability sector and is being kept under on-going review.

As part of the 2018 service planning process, the HSE set targets for improving efficiency within the services being delivered totalling €346m under a Value Improvement Programme. Through the Value Improvement Programme we will target improvement opportunities to address the overall financial challenge while maintaining levels of activity. The Programme, seeks to improve services while also seeking to mitigate the operational financial challenge in services for 2018. This will only be delivered via realistic and achievable measures that do not adversely impact services. The HSE is engaging closely with Department of Health with the aim of securing increased delivery of these value improvement savings in line with the National Service Plan

The primary risks in each care area are as follows;

Within Acute Hospitals in the case of some services, there is a requirement to respond to service need. This primarily applies to emergency and maternity services.

Within disability services the main service and financial risk is in the area of residential places and emergency cases. This relates primarily to the costs of

providing residential care to people with an intellectual disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts.

Within primary care services this principally relates to the provision of support for complex paediatric discharges, medical & surgical supplies and virus reference laboratory services.

Specific pressures are also evident in the areas of the NHSS, home support, and short stay and transitional care beds, where the level of provision is directly determined by the funding available.

Mental Health Services will rely on a combination of the timing of funded development posts and adherence to funded workforce plans to break even financially.

Costs within demand led areas are largely demand driven, including drug costs in relation to HIV and statutory allowances such as Blind Welfare allowance, and are therefore not amenable to normal budgetary control measures.

Financial Performance

The HSE had expenditure of €7.475 billion against a budget of €7.133 billion for 2018 leading to a deficit of €341.7m or 4.8%.

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Variance €000s	
Acute Hospitals Division	4,776,980	2,490,630	2,347,971	142,659	6.08%
National Ambulance Service	162,122	79,639	80,954	(1,314)	-1.62%
National Cancer Control Programme (NCCP)	7,221	1,787	1,870	(83)	-4.44%
National Screening Service	63,864	32,261	30,630	1,631	5.32%
Acute Operations	5,010,186	2,604,317	2,461,425	142,892	5.81%
Primary Care Total	847,638	413,293	413,215	79	0.02%
Social Inclusion Total	153,110	73,861	75,147	(1,286)	-1.71%
Palliative Care Total	80,841	39,865	40,092	(227)	-0.57%
Primary Care Division Total (Note 1)	1,081,589	527,019	528,454	(1,434)	-0.27%
Mental Health Division - Total	908,813	442,244	443,115	(871)	-0.20%
Older Persons Services - Total	832,873	424,383	402,453	21,930	5.45%
Nursing Home Support Scheme - Total	944,403	463,124	468,620	(5,496)	-1.17%
Disability Services - Total	1,814,887	909,495	885,014	24,480	2.77%
CHO HQs & Community Services - Total	9,520	6,388	4,748	1,641	34.56%
Community Total (CHO & Regional/National)	5,592,084	2,772,653	2,732,404	40,249	1.47%
Clinical Strategy & Programmes Division	48,304	15,465	18,166	(2,701)	-14.87%
Quality Assurance & Verification	5,461	2,266	2,623	(356)	-13.59%
Quality Improvement Division	8,443	3,559	3,852	(292)	-7.59%
Health & Wellbeing Division	109,841	49,784	50,711	(926)	-1.83%

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Variance €000s	
Environmental Health	41,452	20,684	20,548	136	0.66%
Office of Tobacco Control	452	183	208	(25)	-11.98%
Emergency Management	1,551	668	770	(102)	-13.21%
Support Services	306,734	175,042	147,509	27,533	18.67%
Value Improvement Programme	(150,000)		(75,000)	75,000	-100.00%
Other Operations/Services	372,239	267,653	169,386	98,266	58.01%
Total Operational Service Areas	10,974,509	5,644,623	5,363,216	281,408	5.25%
Statutory Pensions	537,474	291,146	266,465	24,681	9.26%
S.38 Pensions	101,968	58,098	50,828	7,270	14.30%
Statutory Pension Levy	(155,845)	(90,289)	(77,344)	(12,946)	-16.74%
S.38 Pension Levy	(80,522)	(47,609)	(40,229)	(7,380)	-18.35%
Pensions	403,076	211,345	199,720	11,625	-5.82%
State Claims Agency	274,000	156,089	137,000	19,089	13.93%
Primary Care Reimbursement Service (Note 1)	2,582,775	1,321,483	1,301,055	20,429	1.57%
Demand Led Local Schemes (Note 1)	251,425	125,902	124,934	969	0.78%
Overseas Treatment	14,157	15,181	7,041	8,140	115.60%
Total Pensions & Demand Led Areas	3,525,434	1,830,000	1,769,749	60,251	3.40%
Overall Total	14,499,944	7,474,623	7,132,965	341,658	4.79%

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

There is a net deficit within Operational Services of €281.4m or 5.2%. This includes a net deficit of €142.9m in Acute Operations or 5.8%.

Pensions have a year to date deficit of €11.6m. The Primary Care Reimbursement Service & Local Demand Led Schemes have a deficit of €21.4m while the State Claims Agency and Overseas Treatment have deficits of €19.1m and €8.1m respectively.

Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	732,321	380,284	361,393	18,891	5.2%
Dublin Midlands	891,374	459,530	442,013	17,517	4.0%
Ireland East	937,089	498,673	464,068	34,605	7.5%
South / South West	813,048	426,939	402,710	24,229	6.0%
Saolta University Health Care	764,134	400,428	378,115	22,312	5.9%
UL Hospitals	309,453	167,396	152,617	14,779	9.7%
National Children's Hospital	294,545	154,021	144,586	9,435	6.5%
Regional & National Services	35,015	3,359	2,469	890	36.0%
Acute Hospitals Division	4,776,980	2,490,630	2,347,971	142,659	6.1%
National Ambulance Service	162,122	79,639	80,954	(1,314)	-1.6%
National Cancer Control Programme (NCCP)	7,221	1,787	1,870	(83)	-4.4%
National Screening Service	63,864	32,261	30,630	1,631	5.3%
Total Acute Operations	5,010,186	2,604,317	2,461,425	142,892	5.8%

Acute Operations has expenditure of €2,604m against a budget of €2,461m leading to an adverse variance of €142.9m (5.8%).

€142.7m of deficit arises within the Acute Hospitals Division. The National Ambulance Service has a surplus of €1.3m while the National Screening Service has a deficit of €1.6m.

The Acute Hospitals deficit is comprised of €35.5m pay, €66.5m non pay and €40.7m income.

Within non-pay, there is a €9.4m deficit on bad debts. The income deficit is driven by maintenance charges which have a year to date adverse variance of €50m. Year on year, maintenance income is €32.9m lower than last year - this represents a reduction of 11%.

Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	80,492	42,947	38,855	4,093	10.5%
CHO 2	78,028	40,300	38,699	1,601	4.1%
CHO 3	70,717	34,620	34,619	1	0.0%
CHO 4	124,910	63,135	62,101	1,034	1.7%
CHO 5	77,527	39,266	38,048	1,219	3.2%
CHO 6	62,492	31,580	30,632	948	3.1%
CHO 7	95,356	54,032	44,884	9,148	20.4%
CHO 8	67,666	33,673	32,679	994	3.0%
CHO 9	105,615	56,378	52,865	3,513	6.6%
Regional & National	70,070	28,452	29,071	(620)	-2.1%
Subtotal	832,873	424,383	402,453	21,930	5.4%
NHSS	944,403	463,124	468,620	(5,496)	-1.2%
Overall Total	1,777,276	887,507	871,073	16,434	1.9%

Older Persons core services - excluding NHSS -have expenditure of €424.4m against a budget of €402.5m leading to a deficit of €21.9m. This is comprised of €3.4m in pay, €17.5m in non-pay and €1.0m in income.

The main deficit drivers within services for Older Persons are reduced occupancy in NHSS beds, public residential care unit gross expenditure exceeding budget and home support (incl. Storm Emma) levels in excess of budgets.

NHSS has expenditure of €463.1m against a budget of €468.6m leading to a surplus of €5.5m. Within this, non-pay has a surplus of €2.5m while income has a surplus of €3m.

Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	134,420	66,022	65,587	435	0.7%
CHO 2	172,241	86,577	85,102	1,475	1.7%
CHO 3	157,698	79,591	78,086	1,505	1.9%
CHO 4	232,611	118,229	115,229	3,000	2.6%
CHO 5	170,805	88,250	84,653	3,597	4.2%
CHO 6	190,749	95,063	93,241	1,822	2.0%
CHO 7	225,137	116,654	109,949	6,705	6.1%
CHO 8	219,039	112,474	107,247	5,227	4.9%
CHO 9	281,943	143,592	140,160	3,432	2.4%
Regional & National	30,244	3,044	5,760	(2,717)	-47.2%
Total	1,814,887	909,495	885,014	24,480	2.8%

Disability Services have expenditure of €909.5m against a budget of €885.0m leading to an adverse variance of €24.5m. This is driven by a deficit in non-pay.

Emergency placements remain a significant financial risk area due to a combination of the full year cost of 2017 placements and a number of high cost placements made in the current year.

Financial pressures are also arising in relation to HIQA costs.

Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	74,930	36,520	36,263	257	0.7%
CHO 2	106,141	53,716	52,351	1,365	2.6%
CHO 3	67,342	32,668	32,801	(133)	-0.4%
CHO 4	119,414	59,254	58,638	616	1.1%
CHO 5	100,489	50,723	49,530	1,193	2.4%
CHO 6	59,837	29,420	28,420	1,001	3.5%
CHO 7	93,755	45,061	45,761	(699)	-1.5%
CHO 8	96,018	48,014	47,590	424	0.9%
CHO 9	117,772	57,759	58,343	(585)	-1.0%
Central Mental Hospital	28,446	14,028	14,079	(51)	-0.4%
Suicide Prevention	9,443	4,008	4,906	(898)	-18.3%
Regional & National	35,225	11,072	14,434	(3,362)	-23.3%
Total	908,813	442,244	443,115	(871)	-0.2%

The Mental Health division spent €442.2m against a budget of €443.1m, representing a net surplus of €0.9m. This is mainly due to a favourable non-pay variance related to grant funding.

Primary Care

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	95,174	49,194	46,400	2,794	6.0%
CHO 2	101,490	54,667	49,612	5,055	10.2%
CHO 3	80,531	40,256	39,880	376	0.9%
CHO 4	134,421	67,822	66,672	1,150	1.7%
CHO 5	95,350	48,257	47,101	1,155	2.5%
CHO 6	64,013	32,641	31,224	1,417	4.5%
CHO 7	162,616	79,552	80,366	(814)	-1.0%
CHO 8	132,171	64,816	65,172	(356)	-0.5%
CHO 9	133,438	64,923	65,398	(475)	-0.7%
Regional	11,907	8,064	5,925	2,139	36.1%
National	70,478	16,827	30,704	(13,876)	-45.2%
Sub Total	1,081,589	527,019	528,454	(1,434)	-0.3%
PCRS	2,582,775	1,321,483	1,301,055	20,428	1.6%
DLS	251,425	125,902	124,934	969	0.8%
Sub Total PCRS & DLS	2,834,201	1,447,385	1,425,988	21,397	1.5%
Total Primary Care Division	3,915,789	1,974,405	1,954,442	19,963	1.0%

The Primary Care division spent €1,974.4m versus a budget of €1,954.4m leading to a deficit of €19.9m.

Within Operational Primary Care, there is a year to date surplus of €1.4m. This is made up of a surplus on National of €13.9m, a deficit of €10.3m across the CHOs. This nationally held funding will transition to CHO's at various times during 2018.

There is also a deficit of €2.1m in Regional which mainly relates to the National Virus Reference Laboratory.

Paediatric Home Care Packages within the CHOs, show a deficit ytd of €4.74m despite funding being distributed in June.

Other key drivers of CHO deficits are property related costs, medical supplies and grants to outside agencies. In addition there are funding issues related to the running costs of Primary Care centres opened pre 2017.

Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	109,841	49,784	50,711	(926)	-1.8%

The Health and Wellbeing division - which no longer includes Environmental Health - spent €49.8m versus a budget of €50.7m leading to a surplus of €0.9m.

Within this there is a deficit in vaccines of €0.036m, a surplus of (€0.643m) in Health Promotion and small surpluses in other areas.

National Support Services

The June results for Support Services show net expenditure of €175.0m against the available budget reported at €147.5m. This gives rise to year to date deficit of €27.5m or 18.7%.

The main areas showing a deficit are HBS €11.3m, Human Resources €2.9m, National Contracts Office €7.2m, DG/Legal/System Reform €7.5m and CIO €3.6m.

A VIP target of €7.6m has been applied in 2018.

Pensions / Demand Led areas / State Claims (SCA)

Pensions and Demand Led areas are currently running a little ahead of NSP expectations.

Pension costs increased significantly in the month due to some large increases in accruals for both pensions and lump sums due.

The likely outlook for the State Claims Agency is being kept under review.

Human Resources

Health Sector Workforce – Key Messages

As previously advised, reporting methodology changed from the start of 2018 on direction from the Department of Health, to better align census reporting with pay reporting and the Pay & Staffing Strategy. Directly employed Home Helps (on HSE payroll) are now included in the census numbers and pre-registration student nurses on their 4th year placement (previously discounted at 50%) are currently returned at their actual WTE value. These changes only impact two staff categories; Nursing and Patient & Client Care.

At the end of June 2018, health services' employment (*including Home Helps*) stands at **116,719 WTEs**. When compared with the May 2018 figure (116,571 WTEs), the change is an increase of **+149 WTEs (+0.1%)**.

Reporting Methodology Impacts

Of note in regard to the reporting methodology changes outlined above, we have received a new instruction from the Department of Health, on foot of a recent WRC agreement, directing the reporting of Pre-Registration Student Nurses, on their 4th year clinical placement, to revert to the previously discounted 50% WTE value. This change will impact one staff category, Nursing. This change will be reflected in the July census reports onwards. Additionally, the previously published Census reports as directed by the Department of Health are to be restated via a technical adjustment. This work is currently underway, with the anticipated re-statement and republication of reports on the website, in advance of the July employment report. Restated reports will be clearly indicated on the website. During this period of restatement, there may be some interruption to the availability of ad hoc reports on request.

Key findings:

- All Hospital Groups (HGs) with the exception of the Children's Hospital Group increased this month, while four of the Community Healthcare Organisations (CHOs) recorded increases also.
- The HSE and Voluntary Agencies (Non-Acute) sectors recorded increases from last month at **+76 WTEs (+0.1%)** and **+82 WTEs (+0.5%)** while the Voluntary Agencies Hospital Sector recorded a decrease **-10 WTEs (-0.04%)**.
- The Year-to-Date figure is **+2,423 WTEs (+2.1%)**.
- The increase of +149 WTEs this month, when compared to the same period last year is at a lower level with last year's increase of 204 WTEs. In addition, this month's increase is less than that seen last month by 78 WTEs.

Staff Category & Staff Group Changes – growth/change factors:

- Four of the staff categories recorded growth this month. Patient & Client Care staff category recorded the greatest increase at **+145 WTEs (+0.6%)** with the main increases seen in Care Assistant (Disability Services) +63.8 WTEs, Health Care Assistants +53.5 WTEs and EMT Students +17.4 WTEs.
- Nursing decreased by **-68 WTEs** this month. This is largely attributable to the reduction in post-registration nurse students at the end of the academic year. It should be noted that on a year on year basis, the recorded growth in nursing is **+1,605 WTEs**. The assessed impact of the removal of the discounting of 4th year student placements is of the order of 628 WTEs, (the grade group of student nurses includes some that discounting was never applied to), thus based on this, the nursing workforce has increased by **977 WTEs** in the last 12 months and 667 WTEs in 2018. In addition to directly employed nurses, expenditure on nursing agency continues to be a significant resource and based on May 2018 expenditure data, the derived figure in WTEs was assessed at 1,377 WTEs. Using this figure as a proxy a more correct WTE figure for Nursing at end of June is **39,449 WTEs**.
- Some of the other notable monthly increases in staff groups and individual grades were seen in; Staff Nurse General +69.9 WTEs, Staff Midwives +24.2 WTEs, Therapists +28 WTEs and the net effect of General Support is +56 WTEs.

Pay and Staffing Strategy 2018

- 2018 Funded Workforce Plan is work-in progress.

Organisation Structure - new Ways of Working Structure

The Workforce Planning, Analytics & Informatics (WPAI) unit are currently working on building the new structure issued from the Director General on the 21st December 2017, in order to report on the New Ways of Working.

All cost centres will be examined on a case by case basis to determine alignment within the new organisational structure and to ensure all staff are reported correctly under the new structure. In order to complete this piece of work this office will collaborate with Finance and HBS and all other relevant stakeholders to ensure all systems are aligned.

By Staff Group including Home Helps: June 2018 (May figure: 116,571)

Staff Category /Group	WTE Jun 2018	change since Jun 2017	% change since Jun 2017	change since Dec 2017	% change since Dec 2017	change since May 2018
Total Health Service	116,719	+4,596	+4.1%	+2,423	+2.1%	+149
Medical/ Dental	10,147	+398	+4.1%	+26	+0.3%	-26
Consultants	3,001	+118	+4.1%	+31	+1.0%	+5
NCHDs	6,334	+276	+4.6%	+4	+0.1%	-19
Medical (other) & Dental	812	+4	+0.5%	-8	-1.0%	-12
Nursing	38,072	+1,605	+4.4%	+1,295	+3.5%	-68
Nurse Manager	7,606	+224	+3.0%	+173	+2.3%	+13
Nurse Specialist	1,776	+125	+7.6%	+70	+4.1%	+10
Staff Nurse	25,307	+505	+2.0%	-8	-0.0%	-7
Public Health Nurse	1,486	+14	+1.0%	-29	-1.9%	-3
Post-registration Nurse Students	263	+56	+27.2%	-18	-6.3%	-51
Pre-registration Nurse Students	1,256	+641	+104.1%	+1,156	+1152.4%	-3
Pre-registration Nursing/ Midwifery	70	+39	+127.4%	-49	-41.2%	-26
Nursing Student	1,589	+736	+86.3%	+1,089	+217.8%	-80
Nursing (other)	308	+0	+0.0%	+0	+0.1%	-1
Health & Social Care	16,140	+574	+3.7%	+190	+1.2%	+14
Therapists (OT, Physio, SLT)	4,482	+136	+3.1%	+41	+0.9%	+28
Health Professionals (other)	11,658	+438	+3.9%	+149	+1.3%	-14
Management/ Admin	18,004	+701	+4.1%	+289	+1.6%	+28
Management (VIII+)	1,683	+158	+10.4%	+74	+4.6%	+5
Clerical & Supervisory (III to VII)	16,320	+543	+3.4%	+216	+1.3%	+23
General Support	9,513	+64	+0.7%	+59	+0.6%	+56
Patient & Client Care	24,844	+1,254	+5.3%	+563	+2.3%	+145
Ambulance	1,790	+83	+4.8%	+45	+2.6%	+22
Care	19,545	+878	+4.7%	+511	+2.7%	+112
Home Help	3,509	+293	+9.1%	+7	+0.2%	+11

By Division: June 2018

Division	WTE Jun 2018	change since Jun 2017	% change since Jun 2017	change since Dec 2017	% change since Dec 2017	change since May 2018
Total Health Service	116,719	+4,596	+4.1%	+2,423	+2.1%	+149
Acute Services	59,817	+2,725	+4.8%	+1,715	+3.0%	+129
Acute Hospital Services	57,928	+2,636	+4.8%	+1,669	+3.0%	+106
Ambulance Services	1,889	+89	+5.0%	+46	+2.5%	+23
Mental Health	9,998	+260	+2.7%	+200	+2.0%	-6
Primary Care	11,045	+108	+1.0%	+109	+1.0%	-16
Social Care	31,348	+1,360	+4.5%	+362	+1.2%	+52
Disabilities	18,099	+713	+4.1%	+287	+1.6%	+51
Older People	13,249	+647	+5.1%	+76	+0.6%	+1
Health & Wellbeing	579	+15	+2.7%	-3	-0.5%	-6
Corporate	2,412	+33	+1.4%	+10	+0.4%	+2
Health Business Services	1,519	+95	+6.6%	+30	+2.0%	-7

By Administration: June 2018

HSE/Section 38	WTE Jun 2018	change since Jun 2017	% change since Jun 2017	change since Dec 2017	% change since Dec 2017	change since May 2018
Overall	116,719	+4,596	+4.1%	+2,423	+2.1%	+149
HSE	75,683	+3,113	+4.3%	+1,573	+2.1%	+76
Voluntary Hospitals	25,037	+817	+3.4%	+609	+2.5%	-10
Voluntary Agencies (Non-Acute)	16,000	+665	+4.3%	+241	+1.5%	+82

By Service Delivery Area: June 2018

Service Area	WTE Jun 2018	change since Jun 2017	% change since Jun 2017	change since Dec 2017	% change since Dec 2017	change since May 2018
Total Health Service	116,719	+4,596	+4.1%	+2,423	+2.1%	+149
Ambulance	1,889	+89	+5.0%	+46	+2.5%	+23
Children's	3,195	+173	+5.7%	+91	+2.9%	-5
Dublin Midlands	10,436	+246	+2.4%	+134	+1.3%	+8
Ireland East	11,740	+489	+4.4%	+358	+3.1%	+29
RCSI	9,148	+459	+5.3%	+371	+4.2%	+46
Saolta Healthcare	8,930	+341	+4.0%	+256	+3.0%	+3
South/ South West	10,302	+549	+5.6%	+323	+3.2%	+5
University of Limerick	4,100	+367	+9.8%	+126	+3.2%	+18
other Acute Services	77	+10	+15.5%	+9	+12.8%	+2
Acute Services	59,817	+2,725	+4.8%	+1,715	+3.0%	+129
CHO 1	5,455	+99	+1.8%	+19	+0.3%	-21
CHO 2	5,458	+166	+3.1%	+67	+1.2%	+34
CHO 3	4,284	+153	+3.7%	+115	+2.8%	+16
CHO 4	8,051	+246	+3.2%	+68	+0.9%	-16
CHO 5	5,193	+455	+9.6%	+113	+2.2%	+18
CHO 6	3,798	-595	-13.5%	+26	+0.7%	-5
CHO 7	6,526	+840	+14.8%	+48	+0.7%	+12
CHO 8	6,173	+77	+1.3%	+62	+1.0%	-10
CHO 9	6,587	+267	+4.2%	+149	+2.3%	-5
PCRS	387	+8	+2.1%	-5	-1.4%	-3
Other Non-Acute	478	+10	+2.2%	+11	+2.3%	+11
Community Services	52,392	+1,728	+3.4%	+671	+1.3%	+31
Health & Wellbeing	579	+15	+2.7%	-3	-0.5%	-6
Corporate	2,412	+33	+1.4%	+10	+0.4%	+2
Health Business Services	1,519	+95	+6.6%	+30	+2.0%	-7

Absence Rate

Service	Med/Den	Nursing	Health & Social Care	Man/ Admin	General Support	Patient & Client Care	Overall	Certified
Acute Services	0.9%	4.2%	3.2%	3.8%	5.3%	6.1%	3.9%	88.3%
Mental Health	1.9%	4.5%	3.2%	3.1%	5.7%	4.9%	4.2%	90.8%
Primary Care	3.3%	5.0%	3.5%	4.4%	4.0%	4.7%	4.3%	92.9%
Social Care	2.7%	5.3%	4.1%	3.2%	4.7%	5.3%	4.9%	91.1%
Community Services	2.7%	5.0%	3.7%	3.9%	4.8%	5.2%	4.6%	91.5%
Health & Wellbeing	4.5%	1.5%	2.6%	4.1%	18.6%	1.6%	3.7%	88.8%
Corporate & HBS	0.0%	5.6%	0.0%	4.3%	2.5%	6.7%	4.2%	93.9%
Overall	1.3%	4.5%	3.4%	3.9%	5.1%	5.5%	4.2%	
Certified	86.3%	88.3%	91.4%	92.5%	91.8%	90.0%	89.9%	89.9%

Latest monthly figures

- There is no change from the May rate at 4.2% to the April rate. Previous May rates were 5.9% (2008), 4.5% (2009), 4.4% (2010), 4.6% (2011), 4.8% (2012), 4.5% (2013), 3.9% (2014), 4.0% (2015) and 4.1% (2016), 4.2% (2017).
- May 2018 absence rate stands at **4.2%**, similar trend as seen in 2017, 4.1% in 2016.

Annual Rate for 2017 and Trend Analysis from 2008

- The 2017 full year rate is 4.4% which is down from 4.5% in 2016. 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.
- 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. Annual rates are as follows:

5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017

- Latest NHS Scotland's absence rate for March 2017 was 5.2%, NHS England absence rates for November recorded an overall rate of 4.43%, an increase from the previous one of 4.0% (July 2017), while in NHS Wales the rate recorded was 5.4% for Q4 2017.
- It needs to be recognised that health sectors' workforce 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.

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	98.4%	83.8%
Mental Health Services	93.6%	92%
Other Agencies	100%	92%

- The data deals with 4,534 NCHDs – approximately 77% 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 June 2017 was 5,642, in June 2016 it was 5,497;
- Compliance with a maximum 48 hour week is at 84% as of end June – unchanged from May;
- Compliance with 30 minute breaks is at 99% - unchanged from May;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from May;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 98% - unchanged from May;
- Compliance with a daily 11 hour rest period is at 98% unchanged from May. This is closely linked to the 24 hour shift compliance above.

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report

Level 3/Level 4

August 2018

Version 0.3

06 09 18

Escalation Summary

1. Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Division
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2. Areas of Level 3 Escalation (NPOG oversight)

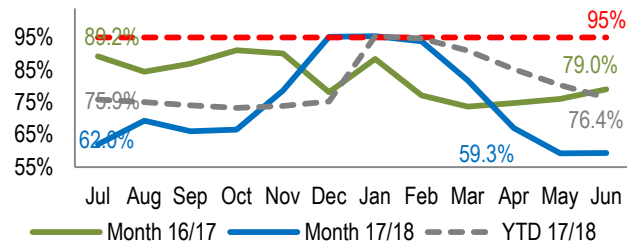
No.	Area of escalation	Division
1	Cancer Services – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Hospitals
2	Waiting List > 18 months for an elective procedure / Waiting List >18 months for an OPD appointment	Acute Hospitals
3	Serious Reportable Events (SREs)	Acute Hospitals
4	Assessment of Need (Disability Act Compliance) and Network Teams	Social Care
5	Patients waiting in ED > 24 hours and people over 75 years	Acute Hospitals
6	Colonoscopy - % of people waiting > 13 weeks for a routine colonoscopy/OGD and urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
7	Financial Position: Projected net expenditure to year end including pay management	Acute Hospitals

i	Appendix 1: Services in Escalation
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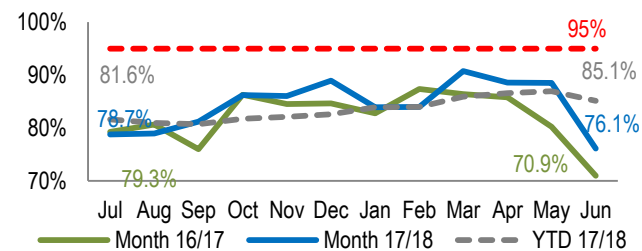
Performance summary areas of escalation

Level 3 escalation

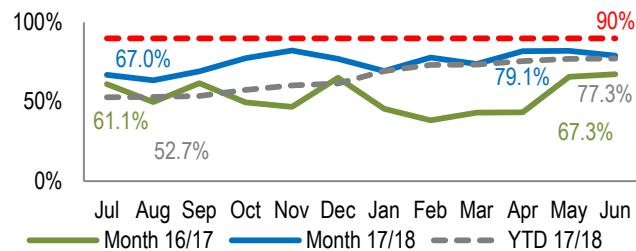
Breast Cancer within 2 weeks Acute Hospitals



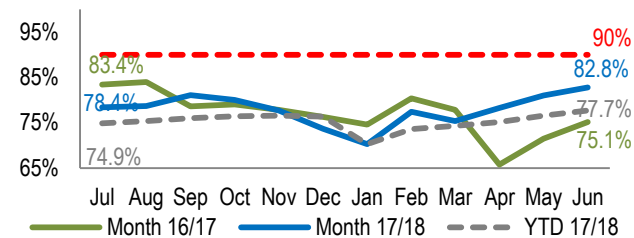
Lung Cancer within 10 working days Acute Hospitals



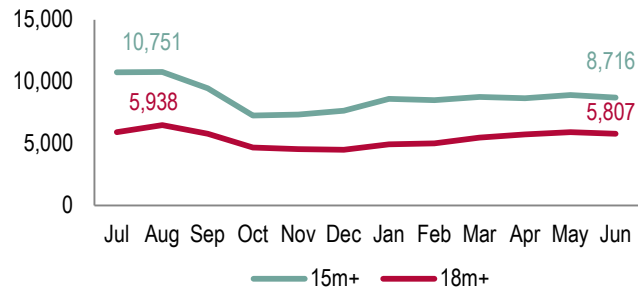
Prostate Cancer within 20 working days Acute Hospitals



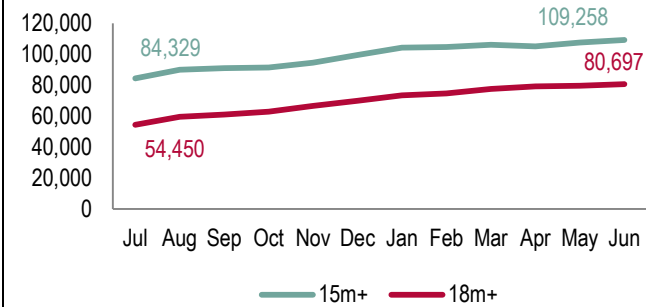
Radiotherapy within 15 working days Acute Hospitals



Inpatient and Day Case Waiting List Acute Hospitals



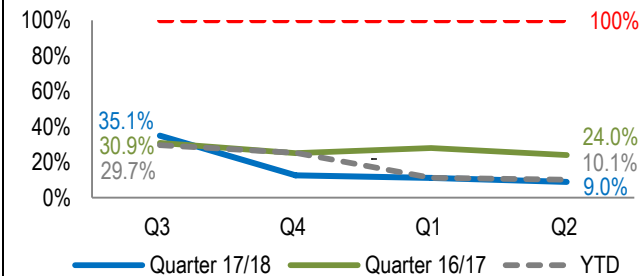
Outpatient Waiting List Acute Hospitals



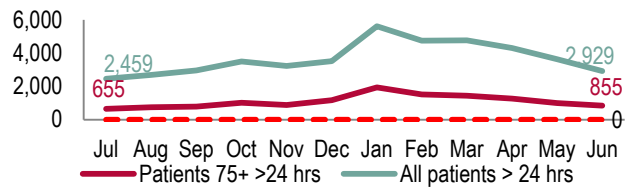
Total Number of SREs Reported Acute Hospitals

Division	Total SRE Occurrence
Acute Hospitals	29

Disability Act Compliance Social Care



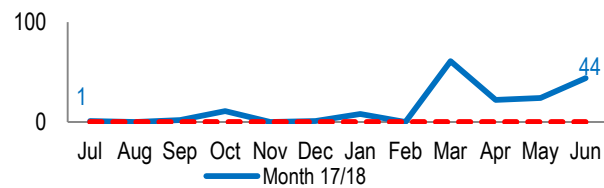
ED over 24 hours Acute Hospitals



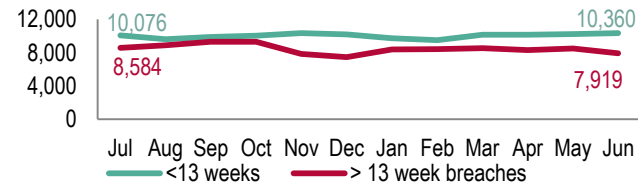
Financial position: projected net expenditure to year end including pay management – Acute Hospitals

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Acute Hospitals Division	2,490,630	2,347,971	142,659	6.08%

Urgent Colonoscopy patients greater than 4 weeks Acute Hospitals

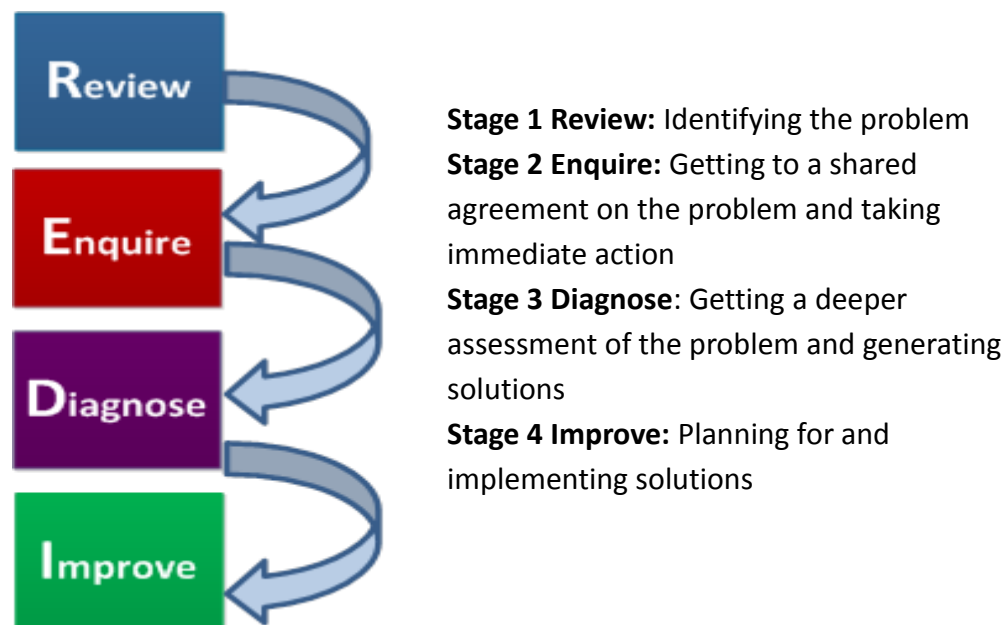


Number on waiting list for GI Scopes Acute Hospitals



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]



Areas of Level 3 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	3	⁵ May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AHD ND CCP
NPOG REDI elements				
		Date agreed	Due date	Status
1	Improve: RAC performance will be monitored by NPOG on a monthly		06.12.17	on-going
2	Review: Predictive Tool Model to be implemented in CUH Radiotherapy RAC and UHL Prostate RAC and Lung RAC		01.05.18	05.06.18
				Implemented in UHL

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

⁵ 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.
Health Service Performance Profile April to June 2018 Quarterly Report

Serious Reportable Events [SREs]						
Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals		3	March 2015	Escalated due to concerns about the reporting and investigation of SREs	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status	
1	Review: SRE compliance will be monitored by NPOG on a monthly basis			05.07.17	on-going	on-going

Assessment of Need (Disability Act Compliance) and Network Teams						
Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care		3	August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND SC	
NPOG REDI elements				Date agreed	Due date	Status
1	Review: ND to provide a report on assessment of longest waiters by CHO.			10.04.18	03 07 18	Update provided
2	Improve: ND to provide a progress report on Implementation of the Improvement Plan			10.04.18	03 07 18	Progress Report provided

Colonoscopy: [% of people waiting > 13 weeks and Urgent]				
Division	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Hospitals	3 (re-assigned Jan 2018)	⁶ March 2015	Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies	ND AHD
NPOG REDI elements				
		Date agreed	Due date	Status
1	Review: Monthly review of urgent colonoscopy breach data		07.06.17	on-going

ED: Patients waiting in ED > 24 hours and people over 75 years				
Division	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Hospitals	3 (re-assigned Jan 2018)	May 2015	Due to the number of people continuing to wait in ED for > 24 hours	ND AHD
NPOG REDI elements				
		Date agreed	Due date	Status
1	Diagnosis: Under the auspices of the National Patient Flow Improvement Programme the diagnostic, actions and projections for service improvement for projects at Galway and UL hospitals will be completed		07.06.17	on-going
2	Diagnosis: Escalation actions in relation to scheduled and un-scheduled care will be aligned with the work on the 3 Year Plan which has been commissioned by the DDG Operations		06.09.17	on-going

⁶ Routine colonoscopies escalated Red to Black in September 2015
Health Service Performance Profile April to June 2018 Quarterly Report

Financial position including pay management					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals	3 (re-assigned Jan 2018)	February 2016	Due to the risks to financial performance within acute hospitals	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	Enquire: Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		04.05.16	on-going	Complete

Appendix 1: Services in Escalation – 30th July 2018

Acute Services - Services in Escalation Table - August 2018 (June 2018 data cycle)			
Service	Accountable Officer	Escalation Area	Level
Children's Hospital Group (Accountable Officer - Eilish Hardiman CEO)			
National Children's Hospital at Tallaght Hospital	David Slevin	Routine Colonoscopy > 13 weeks	Level 3
Temple Street Children's University Hospital	Mona Baker	ED > 24 hours	Level 3
Dublin Midlands Hospital Group (Accountable Officer - Trevor O'Callaghan (Acting CEO)			
MRH Portlaoise	Michael Knowles	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
MRH Tullamore	Noreen Hynes	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
Naas General Hospital	Alice Kinsella	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
		ED > 75 yrs > 24 hours	Level 3
St. James's Hospital	Lorcan Birthistle	ED > 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
Tallaght Hospital - Adults	David Slevin	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3

Acute Services - Services in Escalation Table - August 2018 (June 2018 data cycle)			
Service	Accountable Officer	Escalation Area	Level
Ireland East Hospital Group (Accountable Officer - Mary Day CEO)			
Mater Misericordiae University Hospital	Gordon Dunne	ED > 24 hours Routine Colonoscopy > 13 weeks Breast Cancer within 2 weeks Prostate Cancer within 20 days	Level 3 Level 3 Level 3 Level 3
MRH Mullingar	Shona Schneemann	ED > 24 hours	Level 3
Our Lady's Hospital Navan	Ken Fitzgibbon	ED > 24 hours	Level 3
St. Columcille's Hospital	Linda O'Leary	Routine Colonoscopy > 13 weeks	Level 3
St Luke's General Hospital Kilkenny	Ann Slattery	Routine Colonoscopy > 13 weeks	Level 3
St. Michael's Hospital	Seamus Murtagh	Routine Colonoscopy > 13 weeks	Level 3
St. Vincent's University Hospital	Kay Connolly	ED > 24 hours	Level 3
Wexford General Hospital	Lily Byrnes	ED > 24 hours Routine Colonoscopy > 13 weeks	Level 3 Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO))			
Beaumont Hospital	Ian Carter	ED > 24 hours	Level 3
Connolly Hospital	Margaret Boland	ED > 24 hours	Level 3
Our Lady of Lourdes Hospital	Catriona Crowley	ED > 24 hours	Level 3
Saolta University Health Care Group (Accountable Officer - Maurice Power (CEO))			
Galway University Hospitals	Chris Kane	ED > 24 hours Routine Colonoscopy > 13 weeks ED > 75 yrs > 24 hours	Level 3 Level 3 Level 3
Letterkenny University Hospital	Sean Murphy	Routine Colonoscopy > 13 weeks	Level 3
Mayo University Hospital	Catherine Donohoe	Routine Colonoscopy > 13 weeks	Level 3

Acute Services - Services in Escalation Table - August 2018 (June 2018 data cycle)			
Service	Accountable Officer	Escalation Area	Level
South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara	ED > 24 hours	Level 3
		Radiotherapy	Level 3
Mercy University Hospital	Sandra Daly	ED > 24 hours	Level 3
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Level 3
UH Kerry	Fearghal Grimes	ED > 24 hours	Level 3
UH Waterford	Richie Dooley	ED > 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
University of Limerick Hospital Group (Accountable Officer - Colette Cowan CEO)			
Nenagh Hospital	Prof Colette Cowan	Routine Colonoscopy > 13 weeks	Level 3
St. John's Hospital Limerick	John Cummins	Routine Colonoscopy > 13 weeks	Level 3
UH Limerick	Prof Colette Cowan	ED > 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Lung Cancer within 10 working days	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
		ED > 75 yrs > 24 hours	Level 3

Community Services - Services in Escalation Table - August 2018 (June 2018 data cycle)			
Service	Accountable Officer	Escalation Area	Level
CHO 4	Ger Reaney	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 7	Ann O'Shea	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 9	Mary Walshe	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3

Appendices

Appendix 1: Report Design Overview

The Performance Profile provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources. It will be published quarterly together with the Management Data Report for each performance cycle.

An update on year to date (YTD) performance is provided on the heat map for each metric on the National Scorecard. The service area updates provide an update on performance in graph and table format for the metrics on the National Scorecard and also for other key metrics taken from the National Service Plan (NSP).

Heat Maps:

- Heat Map provided for Community Healthcare and Acute Hospital Services
- The heat maps provide the YTD position for the metrics listed on the National Scorecard in the NSP (Performance and Accountability Framework metrics)
- The results for last three months are provided in the final three columns Current, Current (-1) and Current (-2)
- Metrics relevant to the current performance cycle under review are only displayed on the heat map i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)
- [R], [A] and [G] are added after the results on the heat map to comply with visualisation requirements for colour vision deficiencies

1.1 [R]	0.9 [G]
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- The table below and across the page provides details on the rulesets in place for the Red, Amber, Green (RAG) ratings being applied on the heat maps. A Green rating is added in cases where the YTD performance is on or exceeds target or is within 5% of the target

Performance RAG Rating	Finance RAG Rating
Red ● > 10% of target	Red ● ≥ 0.75% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target

Workforce – Absence	Workforce – Funded Workforce Plan	Workforce - EWT
Red ● ≥ 4%	Red ● ≥ 0.75% of target	Red ● > 10% of target
Amber ● ≥ 3.7% < 4%	Amber ● ≥ 0.10% < 0.75% of target	Amber ● > 5% ≤ 10% of target
Green ● < 3.7%	Green ● < 0.10% of target	Green ● ≤ 5% of target

Performance Table:

- The Performance Overview table provides an overview on the YTD and in month performance
- In-month results for the current and previous two cycles added are present to facilitate trends review
- Details of the three best performers and outliers are presented alongside the results of the metric
- Metrics relevant to the current performance cycle under review are only displayed on the table i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)

Graphs:

- The graphs provide an update on in month and YTD performance for metrics with percentage based targets
- The result labels on the graphs are colour coded to match the relevant line colour on the graph to make it clearer which results refer to which lines on the graph
- The legend below provides an update on the graph layout. Solid lines are used to represent in-month performance and dashed lines represent the YTD performance and target/expected activity

Graph Layout:	
Target	-----
Month 17/18	—————
Month 16/17	—————
YTD 17/18	-----

Service Commentary:

- Service update for Community Services, Acute Services and National Services will be provided each cycle

Appendix 2: Data Coverage Issues

Service Area	Metric Name	Data Coverage Issue
Primary Care	Audiology No of Patients Seen % on waiting list for treatment $\leq$ 12 weeks % on waiting list for treatment $\leq$ 52 weeks	Non Return – CHO2 (Roscommon)
Primary Care	Public Health Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks	Non Return – CHO1 (Cavan/Monaghan), CHO6 (Dublin South East)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of hospital discharge	Non Return – CHO1 (Sligo/Leitrim), CHO2 (Galway), CHO6 (Dublin South East)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return – CHO1 (Sligo/Leitrim)
Palliative Care	Children Community No of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	Non Return – CHO5 (Carlow/Kilkenny, South Tipperary, Waterford, Wexford), CHO8 (Laois Offaly, Longford Westmeath), CHO9 (Dublin North West, Dublin North Central, Dublin North)
Social Inclusion	Total. No of clients in receipt of opioid substitution treatment (outside prisons) Average waiting time (days) from referral to assessment for Opioid Substitution Treatment Average waiting time (days) from opioid substitution assessment to exit from Waiting list or treatment commenced.	Non Return (All CHOs)
Social Inclusion	No of unique individuals attending pharmacy needle exchange	Non Return (All CHOs)
Social Inclusion	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Non Return – CHO7 (Dublin South West), CHO6 (Dublin South East)
Social Inclusion	% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return – CHO8 (Louth, Meath)
Mental Health	<u>Psychiatry of Later Life</u> % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months % of new (including re-referred) cases offered appointment and DNA in the current month	CHO2 – 1 Team – (Mayo POA) CHO5 – 1 Team – (Tipperary South) CHO8 – 1 Team – (North Louth)

Service Area	Metric Name	Data Coverage Issue
	No. of PLL (including re-referrals) seen by Mental Health Services	
Mental Health	<u>CAMHS</u> % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months % of new (including re-referred) cases offered appointment and DNA in the current month No. of CAMHS referrals (including re-referrals) received by Mental Health Services No. of CAMHS referrals (including re-referrals) seen by Mental Health Services	CHO7 – 1 Team – (Linn Dara Ballyfermot/St James)
Health and Wellbeing	Immunisation % of children 24 months who have received three doses of the 6 in 1 vaccine % of children 24 months who have received (MMR) vaccine	Non Return - CHO1 (Cavan/Monaghan), CHO8 (Louth/Meath)
Acute Hospitals	% Maternity Units which have completed and published Maternity Patient Safety Statements and discussed at Hospital Management team/ Hospital Group/ NWIHP meetings each month	Cavan and OLOL outstanding for Feb and Mar 18
Acute Hospitals	CPE	SJH, MUH, SLRON, UHW did not submit returns for Jun
Acute Hospitals	AMAU 6 hours	GUH, LUH, data is outstanding during June-18.
Acute Hospitals	% of Hospitals who have completed second assessment against the NSSBH	Coombe outstanding

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Childrens Hospital Group	National Children's Hospital at Tallaght University Hospital	Tallaght - Paeds	Saolta University Health Care Group	Galway University Hospitals	GUH
	Our Lady's Children's Hospital, Crumlin	OLCHC		Letterkenny University Hospital	LUH
	Temple Street Children's University Hospital	TSCUH		Mayo University Hospital	MUH
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWUIUH		Portiuncula University Hospital	PUH
	Midland Regional Hospital Portlaoise	Portlaoise		Roscommon University Hospital	RUH
	Midland Regional Hospital Tullamore	Tullamore		Sligo University Hospital	SUH
	Naas General Hospital	Naas	South/South West Hospital Group	Bantry General Hospital	Bantry
	St. James's Hospital	SJH		Cork University Hospital	CUH
	St. Luke's Radiation Oncology Network	SLRON		Cork University Maternity Hospital	CUMH
	Tallaght University Hospital	Tallaght - Adults		Lourdes Orthopaedic Hospital Kilcreene	Kilcreene
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Cappagh		Mallow General Hospital	Mallow
	Mater Misericordiae University Hospital	MMUH		Mercy University Hospital	Mercy
	Midland Regional Hospital Mullingar	Mullingar		South Infirmary Victoria University Hospital	SIVUH
	National Maternity Hospital	NMH		South Tipperary General Hospital	Sth Tipperary
	Our Lady's Hospital Navan	Navan		University Hospital Kerry	UHK
	Royal Victoria Eye and Ear Hospital	RVEEH		University Hospital Waterford	UHW
	St Luke's General Hospital Kilkenny	SLK	University of Limerick Hospital Group	Croom Orthopaedic Hospital	Croom
	St. Columcille's Hospital	Columcille's		Ennis Hospital	Ennis
	St. Michael's Hospital	St. Michael's		Nenagh Hospital	Nenagh
	St. Vincent's University Hospital	SVUH		St. John's Hospital Limerick	St. John's
	Wexford General Hospital	Wexford		University Hospital Limerick	UHL
RCSI Hospitals Group	Beaumont Hospital	Beaumont		University Maternity Hospital Limerick	LUMH
	Cavan General Hospital	Cavan			
	Connolly Hospital Blanchardstown	Connolly			
	Louth County Hospital	Louth			
	Monaghan Hospital	Monaghan			
	Our Lady of Lourdes Hospital Drogheda	LOL			
	Rotunda Hospital	Rotunda			

Appendix 4: Community Health Organisations

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